When the going gets tougher ... what do people really think of the NHS?

Patient satisfaction and improving service experience are at the top of the political agenda. So for this article, Georgina Craig, of the NHS Alliance Pharmacy Commissioning Network, spoke to Jonathan Nicholls, head of health research at Ipsos MORI, on his insights into public opinion about the NHS. She considers the implications for pharmacy service providers and commissioners.

Ipsos MORI runs a myriad of public opinion surveys. Among other things, it regularly surveys public opinion of the NHS, and so it can benchmark how health policy is impacting on public perceptions.

A decade ago, public concern about the NHS was consistently high. Seventy per cent mentioned it as one of their top concerns. Since then, people’s concerns have fallen steeply. In the run up to the election, public satisfaction with the NHS was higher than Ipsos MORI had ever recorded. The NHS is now typically mentioned as a concern by less than 20 per cent of people — a massive shift by any standards.

A political Catch 22

Yet, governments and their policies get little credit from the public for their role in improving in the NHS. The data show that while 65 per cent of people believed their local NHS provided a good service, and 79 per cent believed their local hospital provided a good service, at the same time, only 26 per cent thought that government managed the NHS well.

At the same time, people have high expectations of what the NHS should provide. In one Ipsos MORI study in 2006, 48 per cent disagreed that there should be limits on NHS spending: 72 per cent of people thought the NHS should provide whatever drugs people need whenever they need them – no matter the cost.

It seems there is a tacit psychological contract between the NHS and all of us. It says that “the NHS will be there for me personally, whenever I need it” — and at that point, people do not expect cost to be a consideration.

We know we live in a “have it your way” world where people believe you can get it if you really want it, and Google their medical condition to find out about all the available treatment options. What is more, people are less likely to believe health professionals when they say that the treatment they are expecting to receive is not the best one for them personally.

This is perhaps the ultimate commissioning challenge: how to marry the fact that as individuals we want it all, no matter the cost, with a commissioner’s need to spend a limited budget to maximise health gain at a population level.

Spending cuts

Against this backdrop of public expectation, even though the Government says it will ring-fence NHS spending, slashing management budgets may not be enough to protect front-line services. Ipsos MORI data show that despite clear messages in the media, the public still believes efficiency savings will address this financial challenge. Less than a year ago, surveys showed that the 62 per cent of the public believed efficiency would pay off the national debt. That proportion has fallen today, but 59 per cent — most of those surveyed in June 2010 — still believe efficiency savings will be key. Two groups, neither of them heavy users of the NHS, may well be critical to this:

• The i-Pod generation: insecure, pressured, overtaxed and debt-ridden. How soon will they start asking awkward questions about the cost of the NHS?
• The “responsible” middle class: they look after themselves, are healthy and increasingly are asking why their taxes should go on the NHS paying to treat people who are overweight, smoke and do not look after themselves.

Real-world commissioning

Tomorrow’s commissioners are going to have to manage the bad news. The NHS needs to make savings of 20 per cent and redirect these into front-line services. At the same time, we are facing pressures from being more and new treatments will continue to rise. Service cuts and reconfigurations are going to be the reality. Commissioners are going to have to make tough decisions about what the NHS will and will not fund — possibly particularly in relation to medicines. Given people’s high expectation, that is a challenging place to be. So minimising conflict is going to be key. Two groups, neither of them heavy users of the NHS, may well be critical to this:

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These trends are supported by Ipsos MORI’s data. Since 1997, there has been a significant fall in the number of people supporting tax rises to pay for improved services. And 55 per cent
think it is the responsibility of individuals to keep themselves healthy. That has not translated into people having a tougher stance on what the NHS should fund — yet. Only 15 per cent think the NHS should give less priority to those who do not look after their health. But this could be changing too. In the face of cuts, 53 per cent think patients should be required to change their lifestyles before the NHS treats them.

Before the election, there was strong public support for more control resting with doctors and nurses at a local level, and reduced numbers of NHS managers.

Compared with most public policy, the recent White Paper has attracted a lot of public attention. Ipsos MORI found 20 per cent of people spontaneously mentioned that it was about delivering GP commissioning. Over a third reported that it was about delivering cuts — although there were differences of perception about whether this was about cutting the front line or cutting managers and bureaucracy.

When people are asked whether the changes in the White Paper will make the NHS better or worse, more people are pessimistic than optimistic (38 per cent versus 29 per cent). However, they are more positive about the idea of GP commissioning: 44 per cent think it will make the NHS better compared with only 20 per cent who think it will make the NHS worse.

What remains to be seen is how people will respond when they find their beloved front-line health professionals telling them that they, as a GP collective, have decided not to fund the treatment people believe they deserve. That psychological contract is about to take a pounding — and this time, it is going to be GPs, in control of 80 per cent of the budget, who will be in the firing line.

What about me?

Against this challenging backdrop, pharmacy is developing its future. The reality of people’s perceptions provides some challenging food for thought, and to end this piece, we would like to pose some questions:

• How might pharmacy work in partnership with GP commissioning groups to better communicate local medicines management strategies? If the public are going to find that the treatments they believe they deserve are denied, the need for a clear rationale and joined up communication is critical.

• How can GP commissioning groups and pharmacy providers collaborate to provide people with choice? If medicines are rationed and people still want access to them, could private prescribing flourish and might co-payment become a reality?

• How can pharmacy best contribute to radical service redesign and, where it does, how can it leverage its close relationship with local people to ensure they support the change?

The bottom line is that it is going is get extremely tough for GP commissioners. For pharmacy, it is crunch time. Are you in or are you out? If you want to be in, start thinking about how you can help GP commissioners to manage the message. It is, undoubtedly, a massive challenge.

Jonathan Nicholls
Jonathan Nicholls can be contacted by email at jonathan.nicholls@ipsos.com

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