A forward view? Public opinion and policy making in the new NHS.

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“Health is rarely out of the news, promises to defend the NHS are never far from politicians’ lips and health is regularly at the top of voters’ priorities.

Despite the often intense concern of voters and politicians regarding the NHS and health there is still a gulf between the world of health policy makers and the world that voters live in. Polling on QIPP, PREMS, PROMS, CQUINS, CCGOIS, the FYFV and any other health policy jargon won’t elicit much information. The frame of reference for the average voter is too far removed.

Nonetheless, there are major policy challenges facing health policy makers that we wanted to test out. And they are the big questions –

- Who should be responsible for future NHS performance?
- Is there a tension between varied local structures and ensuring fairness?
- How much is the public willing to spend to fund the NHS?

The answers to each of these questions go some way to define the parameters public opinion sets on the big health policy challenges that politicians, of all political persuasions, will be dealing with in the next Parliament.”

“In the run up to the most unpredictable election in recent history, voters of all types are agreed on one issue – the NHS is a key factor driving their choice of party. Historically Labour have a natural advantage but, this time around, the Labour health team should be worried about how close they are to the Conservatives in terms of public trust. For voters who are principally concerned about patient care, there is too little to choose between the main parties.

And, while the public and health professionals are – inevitably – united in calling for more funding and more resources, the parties have yet to answer the million dollar question – how will we pay for it while keeping the deficit under control? The public know that demands on the NHS have changed immeasurably since its inception and they realise the implications for patients. But voters want to know about the long term vision for the NHS. No party has yet had the courage to set that out”
Who should be responsible for future NHS performance?

It is still a matter of debate as to who should control the NHS in England. Andrew Lansley aimed to give power to GPs through Clinical Commissioning Groups, with strategic oversight for local politicians, patients and local authorities in the form of Health and Wellbeing Boards. His reforms transferred significant powers over the health service away from Parliament and towards NHS England. This appears to be power that NHSE is keen to hold on to in order to allow local health economies to take on the models of care set out in the Five Year Forward View. On the other hand, there is an emerging political divide within the Labour party between centralisers, like Andy Burnham, and devolvers, like Liz Kendall.

So where does the public sit on this key dividing line? In the midst of a healthcare debate where it is fashionable to state that the NHS has too many managers and too few frontline medics, it is striking that of all the options tested, the public are most likely to say that local NHS managers should bear the most responsibility for future NHS performance. Nearly two in five (37%) of the public select this option, jumping to just under half (46%) among Conservative voters.

And with independent commentators noting that the Lansley reforms have been “distracting and damaging” for the NHS, coalition politicians may be pleased to hear that they are not seen to be primarily responsible only – 28% of the public say that MPs should bear the most responsibility for future NHS performance, dropping to just 19% among Conservative voters.

However, despite the introduction of CCGs, only 17% of the public say that doctors and nurses should bear this responsibility, with very few party differences apparent; and only 2% of the public say the most responsibility should be borne by local councillors. And quite aptly, only two in 100 think that patients should bear the most responsibility.

It will therefore be critical for MPs to ensure that the voters are behind any moves towards a more devolved health system, both on the campaign trail and into the next Parliament.

What does this mean for healthcare campaigning?

At the very least it suggests that trends towards localism are unlikely to face much resistance. As such, there is a chance that it will continue and we could see many more examples of devolution such as the recent agreement regarding Greater Manchester. Businesses should, over the short to medium term, be prepared to engage at a local as well as a national level.

This trend is likely to lead to fragmentation and increased complexity for healthcare campaigns. There will be new power centres and new types of stakeholders to work with. To approach this providers and suppliers will need to develop strong arguments packaged in tailored ways for quite different audiences. Local data on patient outcomes would play an important role in such targeted campaigns.

It will be important to invest time in understanding the pressures and motivations driving these new stakeholders in order to develop effective relationships.
Is there a tension between varied local structures and ensuring fairness?

It is a perennial question facing the NHS and any taxpayer funded universal system. There will always need to be rationing, but who should lose out? And who should make those decisions? In the context of a move towards devolution of powers in Greater Manchester, and with other metropolitan centres such as London calling for a similar move, this is likely to be a key question on the agenda of the next Government.

Our exclusive polling of the public shows that voters hold contradictory views on this point. While 68% of voters agree that local decision makers are better placed to make decisions about the provision of care in their area than national policy makers, 79% of those surveyed agree that there should be universal criteria for who is eligible for specific healthcare services through the NHS.

It is clear that on this complex policy issue, while voters are behind the concept of local decision making, the potential consequence of this – the so-called ‘postcode lottery’ – represents a significant risk to any party wishing to champion a devolution agenda. A striking majority of 84% of the public agree that it is unfair that provision of healthcare services currently varies depending on where you live, rather than on medical need – as far as voters are concerned everyone should be treated the same both by eligibility criteria and by location.

What does this mean for health campaigning?

This has interesting implications if we continue to see trends towards ‘justified variation’ throughout the NHS in England. Variations in structures and ways of working in different areas could lead to diverging choices regarding treatment priorities. This is something the public is divided on. Policy makers, in order to keep the public and politicians happy, are going to have to find a path between local devolution and universal and fair access to medical treatment across the country. There will be a necessity for healthcare providers and suppliers, possibly by therapy area, to ensure that their voices are heard when decisions about what is local and what is national are made. How this plays out will be particularly interesting in the event of an inconclusive election result. In such a scenario, the bureaucratic institutions of the health system would have a freer hand, in particular NHS England. But parliamentarians could also be activist in defending their constituency interests.
Many voters, on the other hand, appear quite happy for taxes to be increased to pay for the NHS. A small majority, 54%, would be prepared to pay 1p or more extra on each pound earned to pay for the NHS. A generous 9% were prepared to pay 5p extra.

Unsurprisingly, there are striking differences by party here, with those who intend to vote Conservative or UKIP less likely to support such a tax than Lib Dem and Labour voters.

What does this mean for health campaigning?
It means that a tax increase to pay for the NHS is within the realm of the politically possible. Such an increase will be unlikely under a Conservative-led government. However, Labour party and Lib Dem policy makers may still consider it, even if Labour has ruled it out during this election campaign. It does, of course, signal continued debate about levels of taxation and paying for the increasing demands placed on the health service. It’s a circle that is unlikely to be squared any time soon, meaning a battle for scarce NHS resources looks set to remain. Cogent argument, hard data, and vocal supporters centrally as well as locally will be essential for successful campaigns to prioritise these resources.

ComRes surveyed 2,057 GB adults aged 18+ between March 31st and April 1st 2015. Data were weighted to be representative of all GB adults aged 18+. ComRes is a member of the British Polling Council and abides by its rules. Full data tables are available at www.comres.co.uk.
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We are highly experienced in working across the health policy environment and have worked on public affairs programmes involving NHS England, Department of Health, Monitor, Clinical Commissioning Groups, Health and Wellbeing Boards, the Care Quality Commission, related government departments, such as the Department for Business, Innovation and Skills and the Treasury, as well as local and national political representatives.

We advise our clients on:

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- How to build their business profile and raise awareness of business critical issues amongst key stakeholders.

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Within the health sector, ComRes works with a broad range of organisations spanning pharmaceuticals and private healthcare, commentators and professional bodies, and the third and public sectors. Our clients include the Association of the British Pharmaceutical Industry, the General Medical Council, and Cancer Research UK.

ComRes is a founding member of the British Polling Council, and its staff are members of the UK Market Research Society, committing it to the highest standards of research practice. ComRes won the 2014 Market Research Society Award for Public Policy / Social Research for its innovative research into online communications. The consultancy also conducts regular public research for organisations including The Independent, ITV News, the BBC, and other media outlets, as well as a wide range of public sector and corporate clients. For further information about ComRes research please contact katharine.peacock@comres.co.uk

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