

**Public attitudes to funding healthcare and allocating
health resources**

A report by Benenden Healthcare Society

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Foreword

By Ken Hesketh
Chief Executive
Benenden Healthcare Society

I am delighted that Benenden Healthcare Society has, for the second year running, undertaken important polling into public attitudes to healthcare provision in the UK.

Last year we looked at public attitudes to the government's then new proposals on reforming the NHS and, yes, a year is certainly a long time in health politics and policy!

This year we have decided to look at the crucial issues of funding the health system in the longer term and public attitudes to access to healthcare for different categories of patient. Our poll has been carried out by a leading polling organisation, Populus. I think the results provide some fascinating insights.

We looked at the controversial issue of longer-term healthcare funding, in particular attitudes towards 'top up' or co-payments for healthcare and the willingness -- or not -- to pay for priority access or supplementary services.

We weren't surprised to learn that there is no great support for top up payments; but we asked the question in order to be able to see how views may change over time, as the health service really begins to feel the consequences of trying to achieve its £20bn "efficiency savings" target over the next five years.

We also asked about more general funding of the NHS to see what people thought about a 'social insurance' type system. As a leading not for profit mutual we were intrigued to see that this notion becomes more acceptable to people if schemes of this kind are organised through 'not for profit' organisations.

Finally, we wanted to find out what people really think about access to healthcare for those who smoke or have conditions related to weight and lifestyle. I think you will also find these results very interesting and I encourage you to read them.

Indeed, I hope you will find all of our results and analysis as fascinating as we do at Benenden Healthcare Society and we hope these results will stimulate further debate on these important issues.



Ken Hesketh
Chief Executive
Benenden Healthcare Society

Introduction

There has been much recent debate about how our health service should be organised. Related to that, there has been some – but only some – debate about how the health service intends to achieve unprecedented efficiency savings of £20 billion, against a backdrop of ever increasing demand.

This report is intended to look beyond both the headlines of the reforms of the newly re-introduced Health and Social Care Bill, and even the immediate and on-going issue of the “savings” that the health service is required to make.

Instead, its primary purpose is to test public attitudes to how as a country we might fund our health service in the coming decades, not the coming few years. The ambition is to develop our understanding of what people think about how healthcare should be funded and how resources should be allocated.

The NHS has been paid out of general taxation, in the widest possible sense, since its creation. Not all countries in Europe, North America, or elsewhere in the developed world have adopted that principle of funding. In recent times, however, the debate in the UK has started to consider how ever growing health demands might be met in a way that ‘tops up’ the current pot of health spending.

Obviously such a concept can take on a variety of forms, from outright replacement of the current system of funding with a more European style ‘social insurance’ scheme; to a ‘top up’ or a ‘co-payment’ system for those who wish to receive priority support; to a system that rations or prioritises access dependent on ‘lifestyle’, including requiring some patients to pay a premium in order to qualify for treatment.

This report is primarily based on research carried out by Populus* and the main findings are in the following section with a full breakdown available here – www.benenden.org.uk.

It is apparent that those who wish to promote the idea of top ups/co-payments, or argue for the introduction or partial-introduction of a social insurance system, have their work cut out. The British public are not just wedded to the idea of the NHS itself, but to the way it is funded too.

The question for policy-makers in the coming decade is how to either accept the current funding system or how to convince the general population that some form of additional funding is required. And, of course, these issues will be played out against a backdrop of growing demand and ever increasing drug costs, at a time when unprecedented efficiency savings are being sought.

* Populus interviewed 2059 adults online between 24th and 27th June 2011 (www.populus.co.uk)

Public attitudes to funding the NHS and health services

Context

If there is one principle that people understand about, or apply to, the NHS it is ‘free at the point of need’, something enshrined in the NHS since 1948. This principle is paid for through general taxation: a mixture of income tax, national insurance, and value added taxes.

In some other countries, particularly in western and northern Europe, ‘social insurance’ schemes were adopted and developed as a stand-alone funding mechanism for healthcare. In addition, it is not uncommon to have to pay an initial up-front fee to access GP and other services (which can sometimes be claimed back later).

Clearly, no such mechanism has ever applied in the UK. This section therefore tests public attitudes to ‘top up’ or co-payments (either to receive priority treatment or in general); it also tests opinion in relation to replacing the current system of funding healthcare through general taxation and instead introducing a ‘social insurance’ system; finally, attitudes toward a social insurance system if provision was provided in a ‘not for profit’ context.

One of the ways of approaching NHS funding would be to introduce a ‘top-up’ or premium payment to receive priority NHS treatment, a bit like a priority boarding pass for an airline. In the light of this, how far would you agree/disagree with the following statements?

Statement	Strongly Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't Know
This is a good approach to funding the NHS	6%	17%	16%	16%	39%	6%
I would be willing to pay a premium or top up fee for priority treatment	6%	19%	14%	16%	40%	5%
This approach to funding the NHS is unfair, but in practice could help the NHS	8%	35%	24%	10%	16%	7%
This approach to funding the NHS is unfair and will be to the detriment of the NHS	27%	21%	25%	14%	6%	7%

I don't think I could afford to pay a premium or top up fee for priority treatment

41% 20% 17% 10% 6% 5%

- Over half (55%) of respondents either slightly or strongly disagreed with the idea of top-up payments as a good approach to NHS funding, with two fifths (39%) strongly disagreeing. A quarter (23%) felt it might be a good idea, with just 6% strongly agreeing that this is a good approach to NHS funding. Younger respondents were more likely to support the idea, with almost a third (31%) agreeing it would be a good approach, compared to just 14% of those aged 55-64 and 18% of those aged 45-54.
- The same small proportion (6%) strongly agreed that they would be willing to pay for priority treatment, compared to two fifths (40%) strongly disagreeing. Younger respondents were less likely to object, with half (48%) of those in the age groups 18-24 and 25-34 disagreeing compared to over three fifths (63%) of those in age groups 45-54 and 55-64. (Although the proportion dropped back to nearer half- 54%- in the case of the over 65s.)
- Two fifths (43%) at least slightly agreed that such an approach might help the NHS, compared to a quarter (26%) disagreeing.
- However, almost half (48%) felt that such a move would be to the detriment of the NHS, with just one in five (20%) disagreeing. Again, younger respondents appeared more receptive to the idea, with less than two fifths (38%) agreeing that it would be to the detriment to the NHS.
- Three fifths (61%) agreed that, in any event, they would not be able to afford to pay a top-up fee, a proportion which rose to 71% of those from social grade DE. Only 16% disagreed.

- Another way of approaching NHS funding would be to introduce a social insurance scheme, with individuals making compulsory insurance payments in order to cover the cost of the healthcare rather than it being funded by the government through taxes. How far would you agree/disagree with the following statements?

Statement	Strongly Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't Know
I think a social insurance scheme would be a better way to fund the NHS than the current approach of funding it	8%	20%	22%	13%	26%	11%
I would be happy to pay towards a social insurance scheme	6%	19%	21%	17%	30%	7%
I think a social insurance scheme would break the fundamental right to free treatment at the point of use	38%	27%	16%	8%	5%	7%
Were a social insurance scheme introduced, I think you should be allowed to opt-out if you have alternative private cover	30%	28%	19%	6%	9%	10%

- Two fifths (40%) of respondents disagreed that a social insurance scheme would be a good alternative to the current system of NHS funding, with a quarter (26%) doing so strongly. 28% agreed with the idea as a preferable alternative, with fewer than one in ten (8%) doing so strongly. Those over 65 (39%) and those from social grade AB (35%) were slightly more likely to agree.
- Whilst a quarter of respondents (25%) either slightly or strongly agree that they would be willing to contribute towards a social insurance scheme, almost half (47%) disagreed, with 30% doing so strongly. Younger respondents were particularly unlikely to be happy to contribute, with just 13% slightly or strongly agreeing, whilst again those from social grade AB were more likely to be happy, with a third (34%) slightly or strongly agreeing.

- Most (two thirds- 65%) respondents felt that a social insurance scheme would break the fundamental right to free treatment at the point of use, with almost two fifths (38%) strongly agreeing with this statement and a further quarter (27%) slightly agreeing.
- Almost three fifths (57%) of respondents agreed that, were a social insurance scheme introduced, they ought to be able to opt out if they had alternative private cover, with 30% doing so strongly. Just 15% felt such a scheme should be compulsory.

A lot of medical treatment is now provided by non-NHS providers, some of which are for-profit organisations and some of which are not-for-profit organisations. Would you be more or less willing to pay into a social insurance scheme if the payment was going to a not-for-profit provider rather than a for-profit provider?

Much more willing if payment went to a not- for-profit provider	30%
A little more willing if payment went to a not- for-profit provider	26%
A little less willing if payment went to a not- for-profit provider	4%
Much less willing if payment went to a not- for-profit provider	3%
It wouldn't make a difference where the payment went so long as the level of treatment was the same	21%
Don't know	17%

- Almost a third (30%) of respondents said that they would be much more willing to pay into a social insurance scheme if the payment were to go to a not-for-profit healthcare provider, with a further quarter (26%) saying they would be a little more willing. Younger respondents were slightly less likely to be more willing, with only a fifth (20%) of those aged 18-24 stating that they would be much more willing.
- A fifth (21%) of respondents felt that such a distinction made no difference to whether or not they would be willing to pay into a social insurance scheme.

Commentary:

Clearly the British public are not instinctively comfortable with changing how the health system is funded, i.e. moving from a system of general taxation to social insurance, or introducing the concept of co-payments and 'top-ups'.

The public have reservations about people being able to leap frog the queue through a 'top-up' system and there would seem to be little appetite for overhauling the system. However, they seem more comfortable, or certainly less uncomfortable, about a 'social insurance' system as an alternative funding mechanism. But with two thirds believing that this would break the fundamental right to free treatment at the point of use, there is a not insignificant mountain to climb in terms of any politician seriously countenancing such a proposal.

Given that the effects of the £20 billion "efficiency savings" have yet to be really felt it will be interesting to see if and how attitudes may change over time. And this, coupled with the inexorable increase in demand for services, and cost of drugs, could see this change. This is therefore something that should be tracked over time and revisited.

It is also interesting to note that the public's concern about non-NHS providers – be it as a complement to the NHS, or as a new stand-alone provider – lessens if the provider(s) is a not for profit.

Public attitudes to the accessing of health services

Context

Modern society can be quite unforgiving. A current pre-conception might be that those who are slim, who do not smoke, and who lead a healthy lifestyle might be less sympathetic to those who do smoke, who are overweight, and who do not lead a so called 'healthy lifestyle'.

Against that backdrop, this section aims to understand to what extent people do believe that those who make 'unhealthy' choices should be treated differently.

Which of the following would best describe your lifestyle?

I have a very healthy lifestyle	9%
I have a fairly healthy lifestyle	70%
I have a fairly unhealthy lifestyle	13%
I have a very unhealthy lifestyle	3%
I'm not really sure how healthy my lifestyle is	5%

How far do you agree with the following statements?

Statement	Strongly Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't Know
People who make sure they live healthier lives - by exercising, eating well, not smoking and not drinking too much -should receive priority treatment ahead of people who live less healthy lives by doing these things	10%	19%	22%	18%	27%	3%

Non-smokers with heart disease and types of cancer caused by smoking should have priority over smokers when being treated for these

16% 23% 20% 13% 24% 4%

People should not have their healthcare affected by how they choose to live their lives, even if they do unhealthy things such as smoke, drink too much, not exercise enough or eat unhealthily.

22% 19% 20% 22% 13% 4%

People who live less healthy lives - by smoking, drinking too much, eating unhealthily or not exercising enough - should have to pay a premium or top-up fee to receive NHS treatment.

10% 21% 20% 18% 27% 5%

People who live healthy lifestyles - and use the NHS less - should be offered a tax rebate

13% 24% 20% 17% 22% 5%

- 29% of respondents agreed that those who live healthier lifestyles should receive priority treatment, with one in ten (10%) agreeing strongly. Younger respondents were more likely to agree (37% of those aged 18-24). Almost half (46%) disagreed, with a quarter (27%) doing so strongly.
- Two fifths (39%) of respondents agreed that non-smokers should receive priority treatment for diseases linked to smoking, whilst a similar proportion (37%) disagreed. However, younger people were much more likely to agree, with half (50%) of those aged 18-24 agreeing.

- Two fifths (41%) of respondents agreed that people should not have the healthcare they receive affected by how they live their lives, whilst a little over a third (36%) disagreed (dropping to 22% of those aged 18-24).
- 45% of respondents disagreed that those who live less healthy lives should have to pay a premium for treatment, with a quarter (27%) doing so strongly. Less than a third (30%) agreed, and just one in ten (10%) strongly agreed.
- Two fifths (39%) disagreed that those living healthier lifestyles should receive a tax rebate, with 22% doing so strongly, compared to one in ten (13%) strongly agreeing. Again, younger respondents were much more likely to agree, with 45% of those aged 18-24 strongly or slightly agreeing compared to, for example, 30% of those over 65.

Commentary:

Leaving aside a tendency perhaps familiar to many of us (to *not* describe ourselves as 'unhealthy!') it is revealing that the public are pretty split on the issue of whether or not those who do not smoke and are not overweight should be given a priority or treated in a more positive way.

With less than a third accepting the principle of priority treatment for, say, non-smokers it demonstrates that the British public, on the whole, believe that the principle of free at the point of need is a deeply entrenched principle, regardless of the circumstances.

Again, it will be fascinating to see if this changes over time if the public feel and perceive that rising demand is impacting on services in a way that is detrimental to their own ability to access services.

Conclusion

Benenden Healthcare Society embarked upon this research to try and better understand what the public think about how we pay for and access our health services.

It is apparent that the public apply deeply held notions of fairness and equality of access to health services. It is equally apparent that the appetite for 'top-up' payments, or for the introduction of a social insurance system, is not huge, although there is a sizeable minority who do not completely rule out either.

This does not come as a huge surprise. However, part of the purpose of this research was to test opinions and attitudes now, in order to revisit this in the future.

As health demands grow, and public funding contracts, it will be interesting to see how attitudes might change in the future.



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