
BRITISH PUBLIC OPINION ON NATIONAL HEALTH SERVICE REFORM

by Robert J. Blendon and Karen Donelan

Prologue: *What role does public opinion play in forging health policies in a democracy? That is a complicated question to answer, because all democracies are different and thus the role of public opinion varies greatly. In the United Kingdom, the public is generally more accepting of changes in policy than are the populations of many other countries. But that docility often changes when it comes to the subject of Britain's National Health Service (NHS). Indeed, politicians of every persuasion in the United Kingdom seem duty-bound not to be seen as attacking the NHS. The NHS became a particular source of controversy in 1989 because British Prime Minister Margaret Thatcher proposed some major reforms through a White Paper that was tabled in January. In the article that follows, Robert Blendon and Karen Donelan of the Harvard School of Public Health analyze twenty British national opinion polls regarding public attitudes toward the NHS. The analysis of public opinion seems to be a less well developed activity in the United Kingdom. Thus, this may be the first essay that looks broadly at British public opinion, as measured by scientifically valid survey instruments. Blendon is a long-time student of the role of public opinion in health policy making, first as an executive of The Robert Wood Johnson Foundation who supported a variety of survey pursuits and in the past two years as chairman of the Department of Health Policy and Management at Harvard's School of Public Health. Under the leadership of Blendon, who holds a doctorate in science from The Johns Hopkins University, the department is developing a program on public opinion and health care. This program will deal with public opinion as it influences health policy in the domestic and international spheres. Donelan, who holds a master of education degree, is a research associate in the same department. Following their essay is an invited response from David Willetts, director of studies for the Centre for Policy Studies in London.*

Britain's once-renowned National Health Service (NHS) apparently has fallen on difficult times. Long waiting queues for hospital admission, the shortage of modern diagnostic technology, the rationing of certain high-technology medical services, and the presence of clearly aging hospital and health center facilities are some signs of distress.¹ Prime Minister Margaret Thatcher announced her solution to these serious problems in January 1989: reorganize the NHS and introduce more private-sector activity and market forces into the health care system.² In this analysis, we examine British public opinion on the proposed Thatcher health care reforms and the future of the forty-year-old NHS.

Data and methods. The data presented here come from a review of more than twenty British national opinion surveys, including more than a hundred questions, conducted between 1983 and 1989. These surveys were undertaken by four survey organizations—Social Surveys (Gallup Poll) Ltd. (U.K.), Social and Community Planning Research (U.K.), Harris Research Centre, and Market and Opinion Research International—using slightly different research methods. Nearly every survey cited here was conducted by personal household or telephone interviews with between 1,000 and 3,000 randomly selected adults. Also included are survey results from polls of 500 British general practitioners and 500 nurses conducted in 1987 and 1988.

When interpreting these findings, one should recognize that all such surveys are subject to sampling error. Therefore, results may differ from those that would have been obtained had the whole population been interviewed. The size of these errors varies with the number of people in the survey sample and the magnitude of the difference between the responses to each question. The sampling error of the survey of a thousand respondents is estimated at approximately ± 4 percent for each question.³

The Political Climate In Great Britain

Before analyzing British public opinion about the debate over the NHS, it is necessary to frame this issue in the context of other events that have occurred in Great Britain during Margaret Thatcher's tenure as prime minister. It has been eleven years since Thatcher's government (the Conservative Party) took office. For more than two decades prior to Thatcher's election, the nation had been in serious economic decline.⁴ In the prime minister's view, this was due in part to the increasing control of and dominance by the government in key areas of British life. This growing reliance on the public sector was seen as fostering the develop-

ment of a culture that condoned both inefficiencies and a lack of concern for productivity. Since assuming her responsibilities, Thatcher has appeared driven to reverse the overall policy direction of Great Britain and to lead what many consider to be a social revolution.⁵

In many aspects of the British economy, the Thatcher government's cure for the perceived problems of a dominant public sector was privatization. Coining the phrase, "rolling back the frontiers of public sector," the Conservative Party advocated the transfer of ownership of government businesses and services to the private sector and the introduction of more competitive market forces.⁶ Since 1979, twenty government-controlled enterprises have been sold to private groups, including British Telephone, Sealink (ferries), British Aerospace, British Gas, Rolls-Royce, and Associated British Ports (seaports). Throughout this period, the Thatcher government has led Europe in the aggressive pursuit of privatization. Current proposals to privatize now include the British electric utility industry, British Airways, British Rail, British Coal, and the British Water Authorities.⁷

In most cases, the government's decisions to privatize have been made with limited factual evidence of whether the public sector was more or less efficient than the private in managing these entities. Earlier empirical studies indicated clear advantages of private-sector management in such areas as ferry operations but were inconclusive in most other cases. In general, strong ideological views have dominated both sides of the debate on questions of the value of the privatization policies.⁸ Although Britons remain sharply divided on this issue, half of the public have supported the prime minister's policy of privatizing government entities.⁹

Unlike the cases of British Natural Gas or Sealink, however, it has not been considered politically feasible or, to many, desirable to transfer the NHS to the private sector. In 1979, the Conservative Party raised this issue in its election manifesto but retreated from it by 1983.¹⁰ Instead, a series of more intermediate and, as Thatcher's time in office increased, more dramatic proposals emerged to reform the British health care system. These included: (1) encouraging the growth of a parallel track of private medicine and health insurance; (2) restraining public-sector spending for health (the proposed rate for real growth was to be 0.5 percent per year for a decade); (3) decentralizing the management of the NHS; and (4) providing more incentives for choice and competition among hospitals and physicians in the government service. Included within these were the more recent proposals presented in a new White Paper to create an "internal" market system within the governmentally owned NHS.¹¹

To many, the proposed direction of these policies appeared to be based

on faulty evidence. In the broader debate over the role of the private versus the public sector in providing more efficient services, the NHS was one entity for which comparative data already existed. In fact, independent studies showed that Great Britain, with its government-dominated system, spent less of its economy on health and medical care than did *eighteen* other major industrialized countries, many of which had more private, market-oriented systems. At 6.1 percent of its economy (gross domestic product, or GDP), Great Britain devoted only slightly more of its national resources to health than its poorer neighbor, Spain (6 percent). Likewise, Britain's health expenditures of \$758 per person per year were dramatically less than those of its sister English-speaking countries, Canada (\$1,483 U.S.) and the United States (\$2,051).

In the 1980s, all three of these countries faced similar pressures of aging populations, the availability of new medical technologies (such as transplants and hip replacements), and severe nursing shortages. Yet even with Great Britain's significantly lower base of health spending at the beginning of the decade, its predominantly public-sector system grew at the slowest rate of the three nations. Between 1980 and 1987, per capita health spending (adjusted for general inflation) grew 33 percent in the United States, 31 percent in Canada, and 21 percent in Britain. In terms of the share of GDP devoted to health during this period, the U.S. proportion rose by 22 percent, Canada's by 16 percent, and Britain's by 5 percent.¹² Thus, Thatcher has been attempting to introduce market reforms in the NHS and to develop a parallel private health sector in a country that has had one of the least costly health systems of any industrialized nation.

The British Public's Perspective

How do Britons view Thatcher's policies regarding the NHS?

The British public see Prime Minister Thatcher's long-term policies for the NHS precipitating a major national crisis. Today, Britons see the future of the NHS as the single most serious problem facing their nation—more serious than the condition of the economy, unemployment, the needs of schools, or crime.¹³ In contrast, in the fifty years the Gallup organization has been asking Americans about the most important problems facing the United States, our health care system has never emerged among the top issues.

Britons see the quality of the operation of the NHS as having deteriorated sharply under the Thatcher government. In 1983, 52 percent of the public saw the NHS as well-managed. By 1987, this figure was 35 percent, the sharpest decline in confidence in any major British institution.

During this period, public dissatisfaction with the NHS increased from 25 percent of Britons to 39 percent.¹⁴ British nurses were even more strongly critical, with 88 percent saying they were dissatisfied with the government's management of the NHS.¹⁵

Public anxiety goes beyond the concern about Thatcher's recent White Paper. Though government officials deny it, most Britons believe the prime minister has a hidden agenda. Although the complete privatization or dismantling of the NHS may not be her ultimate goal, the majority (69 percent) now believe otherwise.¹⁶ These fears are not completely surprising, given the prime minister's efforts to greatly expand the role of the private sector in many other areas of British life. More than three-quarters (81 percent) of the British public say they think less favorably about their government because of the direction of these health policies.¹⁷ The majority (60 percent) believe these proposals, if implemented, will lead to even worse conditions in the NHS ten years from now.¹⁸

Even though half of the public (51 percent) believe the NHS wastes some resources, most (72 percent) see it as needing considerably more public money, not another reorganization as proposed by the government.¹⁹ Today, 56 percent of Britons see health as the single most important priority for new national spending. Health is now a higher spending priority in Britain than in the United States or Canada.²⁰ In another survey, six of ten say they would pay additional taxes if the money were earmarked for the NHS.²¹ Britons ages thirty to thirty-nine are most strongly in favor of these increased outlays (66 percent); those over age seventy-five are the least supportive (42 percent).²² This finding is contrary to what might be expected. Support for less spending is found among the elderly population, for whom the most rationing of services is alleged to occur.²³

No debate is without its humor. Surveys show the most popular approach to raising funds for the financially strapped NHS is not an increase in progressive income taxes, but rather the launching of a new national lottery (65 percent).²⁴

The British public are very concerned that Prime Minister Thatcher's policies are creating long waiting lines for specialized hospital and medical services. Unlike U.S. citizens, few Britons perceive they face financial barriers to receiving the medical care they need (7.5 percent of Americans versus 0.1 percent of Britons).²⁵ Rather, the two most serious health care problems Britons report are the long waiting times required for hospital admission, particularly for elective surgery (87 percent), and the difficulty in obtaining an appointment to see a medical specialist as a consultant (83 percent).²⁶ As of February 1989, an estimated 700,000

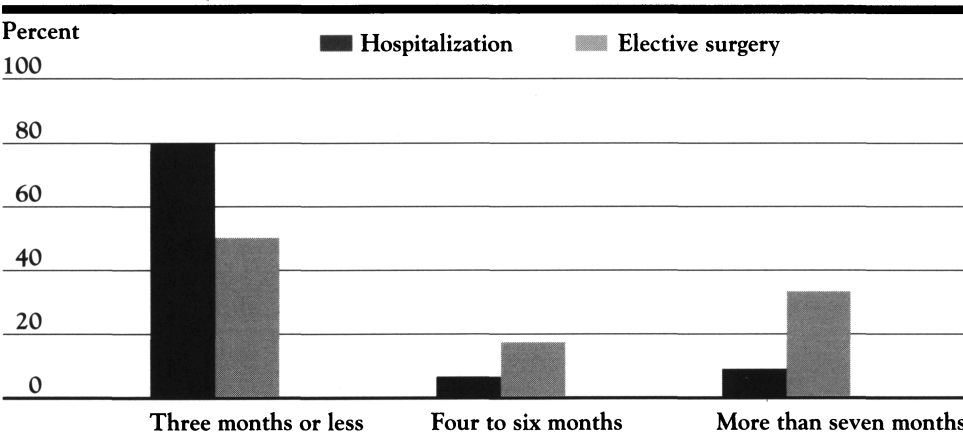
Britons were on waiting lists for a range of surgical procedures. As shown in Exhibit 1, 50 percent of Britons who report being placed on a waiting list for elective surgery waited more than three months for admission to a hospital; 33 percent say they waited more than seven months. Waiting times were less prolonged for other types of hospitalization. Though the government reports no substantial change in the number of people on the waiting lists for hospital admission, most Britons (76 percent) see the problems of longer queues in the NHS worsening in recent years and believe they are a result of the serious shortage of doctors (70 percent) and nurses (75 percent) in NHS hospitals.²⁷

However, once admitted to a hospital, 70 percent of Britons report they are very satisfied with the medical and nursing care they receive.²⁸ Similar high marks go to the British system of general practitioners (GPs). The majority (79 percent) report they can see their family physician within a day if necessary, and that the physician is available to them on nights and weekends if needed (73 percent). Most (64 percent) report they have to wait less than twenty minutes in the office before the doctor sees them. With respect to the services provided by GPs, 75 percent of the public rate them as good, and 72 percent say they are satisfied that the doctor spends enough time with them in the course of their treatment. Only one in nine report they have ever felt sufficient dissatisfaction with their family doctor to change to another.²⁹

Today there is little public support in Britain for the concept of gradually substituting a U.S.-type private health insurance system for the NHS. The overwhelming majority of the British public oppose

Exhibit 1

Length Of Waiting Times For Medical Care, Great Britain, 1988–1989



Source: Social Surveys (Gallup) Ltd. (U.K.)

Note: Data for elective surgery are for subset that reported being put on waiting list.

replacing the government-managed NHS with a mixed private/public health insurance program such as the U.S. system. The extent of this opposition can be gauged by comparing it to the public response to recent Thatcher proposals to privatize government-owned public services. Whereas 88 percent of the British public (and 80 percent of British nurses) oppose the adoption of an American-type system, only 59 percent oppose selling to the private sector the public water authorities; 56 percent, the electric power industry; and 43 percent, the nation's airports.³⁰

The majority of the public even oppose the idea of a two-tiered health system. More than two-thirds (68 percent) say they do not favor a system in which most middle-class Britons would have private health insurance and the NHS would be used primarily by those with lower incomes. In fact, the opposition to a dual system is greatest (72 percent) among middle-income groups, the population most likely to benefit from a private system with an increasing range of choices.³¹

Opinion polls find most Britons unenthusiastic about the prime minister's initiative to encourage more widespread private insurance coverage. In Great Britain today, only 14 percent of the population now have a private health insurance policy, a figure that has been growing at one-half percent a year over the past five years. Coverage is concentrated in upper-income families—one in four of this group have private insurance—the population that also reports the least satisfaction with the NHS.³² Principal reasons given for having the policies are to reduce waiting times at the NHS (51 percent), to gain access to improved quality of care (32 percent), and to enjoy more attractive patient care surroundings (10 percent). Most of the insurance is employer-provided (58 percent), and nearly half of those who have such policies have never used them.³³

Most Britons (68 percent) report they are not interested in purchasing a private insurance policy for themselves. Thus, there is little inclination on their part (68 percent are opposed) to giving a tax deduction for this purpose to people who are primarily of upper-income groups.³⁴

Most Britons do not support the prime minister's recent proposals to create an "internal" market system within the NHS. Surveys show that the British public do not believe that better health care would flow from the creation of a market system in the NHS (71 percent disapprove).³⁵ Most Britons do not support these Thatcher government proposals that would give GPs incentives to "shop around" for less-expensive hospital care for their patients. In a country where concerns over the length of hospital queues are so high, the thought of adding another barrier to a more speedy admission is unpopular (56 percent). Similarly, the public are very negative (72 percent) about a suggestion to give physicians

budgets for medicines for their patients and to impose fiscal penalties if they overspend. The public share the views of the bulk of general practitioners (78 percent) that these incentives will lead to the deterioration of the quality of health care.³⁶

The British public do, however, support the availability of more private health care alternatives as long as they are not subsidized by the government. Britons continue to oppose government policies that directly encourage the growth of private medicine (47 versus 37 percent).³⁷ But the public are supportive of the increased availability of private-sector choices. Thus, 61 percent do not want private-pay beds in the government-owned NHS hospitals, but 88 percent support the availability of private medical treatment in private hospitals, and 54 percent say office-based GPs should be able to take on private patients.³⁸

Although most Britons do not object to the presence of private medical treatment, they do not envision availing themselves of it. Studies show that only a small number of elective surgical procedures (13 percent) and hospital admissions (9 percent) are provided on a private-pay basis.³⁹ When queried about their response to the requirement to be put on a waiting list for elective surgery in the NHS, most (66 percent) said they would be willing to wait their turn or to seek care at a more distant NHS facility. Only 28 percent of the British indicated that they would seek elective private surgical care.⁴⁰

Lessons For American Health Care

It is clear from these surveys that the direction of Prime Minister Thatcher's policies for the NHS is extraordinarily unpopular with the British populace. These results raise two obvious questions for Americans. First, why, if Thatcher's health program has so little public support, doesn't Parliament overturn the direction of her policies? Experience in the United States suggests that Congress would not allow an administration to pursue such an unpopular health program for long periods of time.

The answer to this question lies in the differences between the U.S. and British political systems. For a number of practical reasons, members of Parliament are not as sensitive to swings in public opinion on single issues as are members of the U.S. Congress. For example, in the British political system, if majority-party members of Parliament vote against the prime minister on a single major issue, such as the future of the NHS, they risk the fall of their party's government and the necessity to run for reelection. In addition, because there are no primary elections in England, candidates for Parliament have little reason to fear a challenge from within

their party as long as they vote for their party's position on major issues such as health.

The second question raised by these findings is, why, if the British people are so dissatisfied with their nation's health policy, do they continue to return the Thatcher government to power? Surveys show that 68 percent of Britons feel the future of the NHS remains in jeopardy under the rule of the Conservative Party, and half see Labour as the political party most likely to remedy its serious problems.⁴¹

Once again, however, there are mitigating circumstances. Though there has been growing controversy in recent months about certain Thatcher policies, our analysis suggests that there remains a public mandate for continuing many of Prime Minister Thatcher's other initiatives, but not her program for the NHS. More than half of the public (58 percent) say that her long-term policies for economic recovery are improving the British economy.⁴² In addition, the public appear fearful of returning the Labour Party to power. At the time of the most recent elections in 1987, more than half (56 percent) said Labour leadership was too politically extreme to the left and would not be the best party for the economy (59 percent). Fifty-two percent believed Labour's defense policies were dangerous.⁴³ Thus, the British public's strong desire to change the direction of the Thatcher government's health policies has been thwarted by other important but unrelated national concerns.

If there are any lessons for American policymakers from the British experience, it is that the public view health care differently from other areas of the economy. Even when there is public support, as there has been in Britain, for economic reform by increasing the influence of the private sector in many activities where government has traditionally played a large role, this support does not imply a public mandate for such significant market reforms in the health care system.

In addition, recent British experience illustrates the dilemmas of having a single source of public financing for health care. Though a nationalized system may be a vehicle for more effectively controlling costs, as it has been in Great Britain, it also poses the enormous danger of leading to the politicization of health care around issues that have little to do with treating patients most appropriately.

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NOTES

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