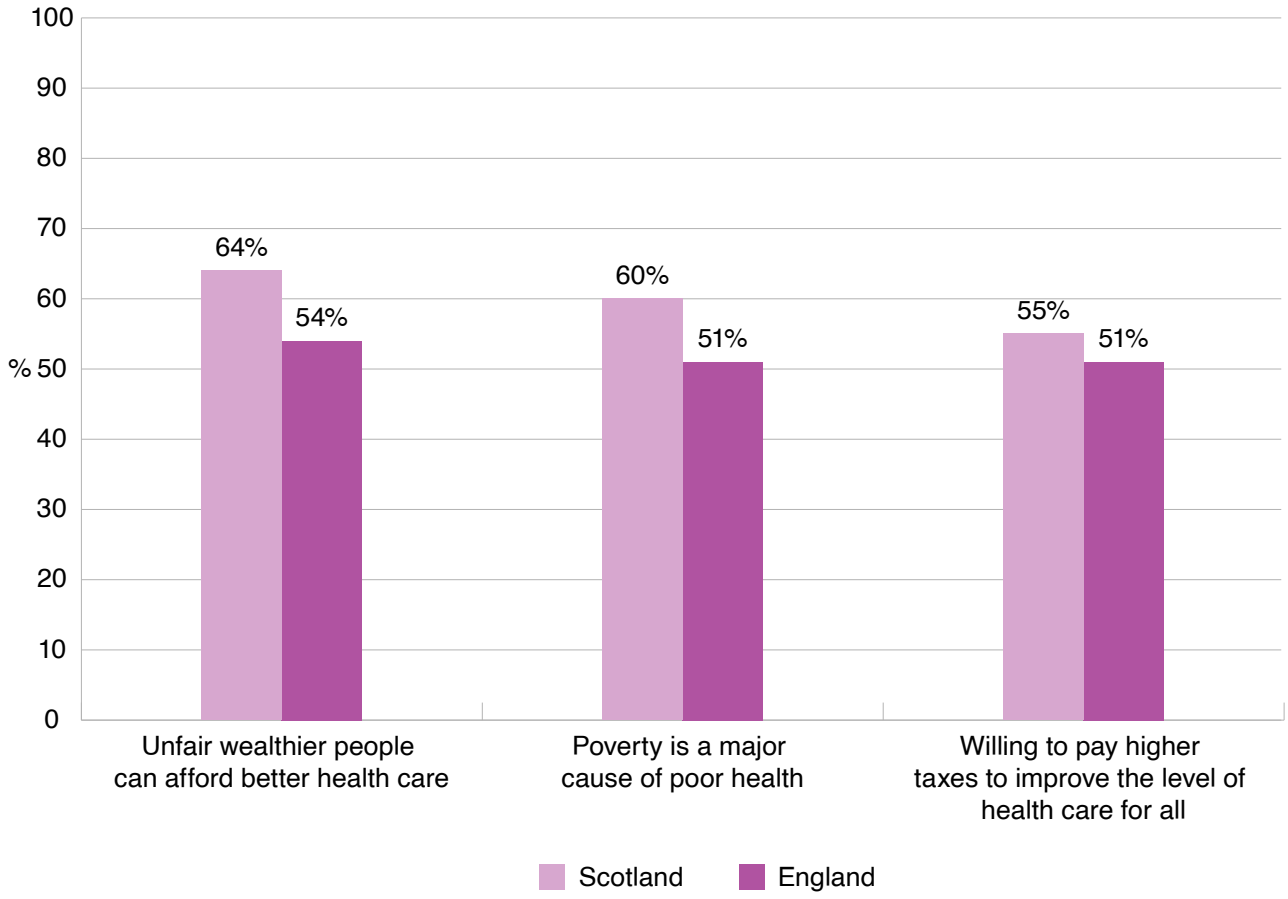
The NHS in Scotland and England

Attitudes towards health and health care in Scotland and England during COVID-19

In this chapter, we compare attitudes towards health and health care in Scotland with those in England. If Scotland is more social democratic in outlook, then we might expect to see some important differences between the two nations in attitudes towards health and social justice, in evaluations of NHS performance, and in views on collective action to promote and protect public health in severe epidemic situations, such as the COVID-19 pandemic.

More people in Scotland than England are concerned about health and social justice

Percentage who say…



Source: 2021 ScotCen and NatCen panels

Overview

More people in Scotland are concerned about health and social justice

- 64% of people in Scotland say it is unfair that wealthier people can afford better health care – compared with 54% in England.
- 60% of people in Scotland say that poverty is a major cause of poor health – compared with 51% in England.

People in Scotland are more confident of getting the treatment they need – but express similar levels of confidence in the NHS overall

- 63% of people living in Scotland are confident of receiving the best treatment available if they became seriously ill – compared with 56% in England.
- 8% in England claim they did not get the medical treatment they needed during the past 12 months because they could not pay for it – compared with just 5% in Scotland.
- 37% in Scotland have 'a great deal' or 'complete' confidence in the health care system – as do 36% in England.

People in Scotland are more likely than in England to support higher taxes to improve health services – though many would not allow non-citizens to access the NHS

- 55% of people in Scotland say they would be willing to pay higher taxes to improve the level of health care for everyone in Scotland, compared with 51% in England.
- 49% of people in both Scotland and England feel that people who do not hold citizenship should not have access to publicly funded health care.

People in Scotland are more supportive of public health restrictions in a pandemic

- 66% of people living in Scotland say the government should have the right to require people to wear face masks in severe epidemics – compared with 60% in England. 46% of people in Scotland say government should have the right to shut down places of employment and close schools in severe epidemics – compared with 41% in England.
- 37% of people in Scotland say confidence in government has increased due to the Scottish government's handling of the COVID-19 pandemic. Only 20% of people in England say this about the Westminster government's handling of the pandemic.

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Introduction

Although people still talk of the 'British' National Health Service (NHS), the health systems found in England (NHS England), Wales (NHS Wales) and Scotland (NHS Scotland) today are slightly different. The health service in Scotland has always formally been separate from that in England and Wales. The legislative authority for the creation of the service in Scotland was provided by the National Health Service (Scotland) Act 1947, while for England and Wales it was enshrined in the National Health Services Act 1946. Still, both services came into existence on the same day (5th July 1948) and both were founded on much the same principles. According to the chief architect of the NHS, Aneurin "Nye" Bevan, Labour Minister for Health, these principles represented "pure socialism". More specifically the NHS everywhere provided: universal health care, equally available to all (regardless of income); comprehensive health care that covered all manner of health issues and conditions (doctors, dentists, opticians, hospital treatments and ambulance services to cope with emergencies); and free health care at the point of need or delivery (patients did not pay for treatment at the point of use).[1]

Ever since, the NHS has been regarded as the 'jewel in the crown' of the British welfare state, and one that is much valued by the British public. For example, a survey conducted in 2018 on the 70th anniversary of the founding of the NHS reported that 87% of people across Britain were proud of the service, a figure that was only bettered for the fire brigade (which scored 91%) (Smith, 2018). Thus, irrespective of the formal differences, we might anticipate that attitudes towards the NHS are similar on both sides of the Anglo-Scottish border.

However, the evolution of the Scottish health service has been somewhat different from its counterpart in England and Wales, not least thanks to a distinctive history and geography (Stewart, 2003). In the years immediately prior to the creation of the NHS, Scotland had pioneered new forms of organised health care, such as the Highlands and Islands Medical Service (HIMS) (1913) and the Clyde Basin Experiment in Preventative Medicine (1941), both of which anticipated some of the provisions in the 1947 Act. Thereafter, Scotland offered more integrated services than England; for example, teaching hospitals were incorporated into the health system and served general needs. The NHS Scotland Act of 1972 further integrated health services, with 15 Health Boards acting on behalf of the Secretary of State for Scotland (National Health Service (Scotland) Act 1972), and today health care is still the responsibility of 14 geographically based Health Boards in which professionals manage the NHS, drawing on the existing structure of medicine and clinical networks. This approach, it is claimed, is more appropriate given the country's terrain, remoteness and population distribution

1 In an effort to contain costs however user charges were introduced, for prescriptions in 1950, then for dentist and eye checks.

than the more decentralised, quasi-market system in place in England, where GPs as purchasers (of health care) and hospitals as providers compete with each other in an attempt to improve service delivery, choice and efficiency (Greer, 2004; Klein, 2013).

The differences in the provision of health care on the two sides of the border are, however, not simply driven by history and geography. Devolution has given Scotland some ability to depart from the policy direction of UK governments. Arguably, it has adopted a more 'universalist' approach, that is, access to health and social care services are regarded as a social right, and therefore made available to all, rather than only to those deemed to be in most need (Deeming, 2019). Personal care is provided to older people in Scotland who need it, whereas access is financially assessed in England using a 'means test'. 'Free' NHS eye and dental checks were introduced in 2006, while prescription charges were abolished in 2011, whereas none of these steps have been taken in England. The internal market in health care (introduced before devolution) was dismantled in Scotland in 2004, with the abolition of NHS Trusts, but remains in existence in England. Such policy differences might reflect or engender greater public support in Scotland for a more 'universalist' approach.

Devolution also played a role in shaping how Scotland and England responded to the COVID-19 pandemic. Responsibility for public health is a devolved matter and thus responsibility for the measures that were taken in Scotland to limit the spread of the disease (together with responsibility for rolling out the vaccine) lay with the Scottish Government (Barber et al., 2021). This resulted in some differences between the measures that were adopted in Scotland and those in place in England, and indeed Scotland was the most stringent of all four governments in the UK in its application of lockdown measures (Tatlow et al., 2021). Restrictions on commercial activity and social mixing, together with a requirement to wear a face mask, tended to be tightened more quickly and eased more slowly than in England. Perhaps this policy difference also reflected different public attitudes towards the merits of taking public health measures rather than relying on individual responsibility when dealing with a pandemic?

Meanwhile, Scottish National Party (SNP) politicians who are intent on 'building a new Scotland' have increasingly come to represent the country as a progressive social democratic nation that has embraced a more inclusive Nordic-style welfare state, rather than one that, like Westminster, places emphasis on individualism and personal responsibility (Deeming, 2019, 2021; Scottish Government, 2022). If this portrayal is accurate, and the differences in public policy reflect a divergence between Scotland and England in their core social and political values, not least in relation to their attitudes towards social justice (see Yarde and Wishart, 2020; Deeming, 2021), we might anticipate it being reflected in attitudes to health care. Despite the similarity of the values that underpinned the original creation of the

NHS in England and Scotland, are there now discernible differences in public attitudes in England and Scotland towards health and social justice together with differences in attitudes towards the funding and provision of health care services?

In this chapter, we draw on data collected as part of the International Social Survey Programme (ISSP) 2021 module on health and health care (see the appendix to this chapter for further details). The data used in this chapter were collected in November 2021 using the ScotCen and NatCen panels which provide data from representative samples in Scotland and Britain respectively. Using the Scottish sample and the data collected via the Britain-wide sample from respondents living in England, we examine whether people living in England and Scotland express similar or different attitudes to health and health care. The first section looks at attitudes towards health and social justice in Scotland and England. The second compares public satisfaction and confidence in the two national health care systems and examines a range of access and equity-related issues facing service users in Scotland and England. The third section looks at levels of public support for government action in severe epidemic situations, while we conclude the chapter by considering whether there are differences between the two countries in attitudes towards the future funding of health care.

Attitudes towards health and social justice

Poverty is both a major cause and a consequence of poor health, and it is a barrier to accessing health care when needed (Commission on Social Determinants of Health, 2008; Marmot et al., 2020). In a country with a social democratic outlook, such as Scotland is claimed to be, we might expect more people to be concerned about health and social justice, and to recognise the damaging effect that poverty has on health. Certainly, the right to health has been a central feature of public health policy initiatives in Scotland (Public Health Scotland, 2021).

To assess people's appreciation of the link between poverty and health, respondents were asked how far they agreed or disagreed with the following statement:

> ***People suffer from severe health problems because they are poor.***

Table 1 presents the answers provided by those living in Scotland and those living in England. Someone in Scotland is more likely to say that people suffer from severe health problems because they are poor. In Scotland 60% agree with this statement, compared with 51% in England – a difference of nine percentage points. The strength of feeling on this issue is also slightly more pronounced in Scotland, with 14% agreeing strongly with this statement, compared with 9% in England.

Table 1 Agreement with the view that people suffer from severe health problems because they are poor, Scotland and England

	Scotland	England
People suffer from severe health problems because they are poor	%	%
Strongly agree	14	9
Agree	46	42
Neither agree nor disagree	23	30
Disagree	13	15
Strongly disagree	2	3
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

As we noted earlier, the social democratic ideal of universal access to health care based on need rather than ability to pay is the hallmark of the British NHS. If Scotland is more social democratic than England, however, we might expect to find people in Scotland are more likely than their counterparts in England to feel that it is unfair for better-off people to obtain better public services like health care – and, conversely, we might expect more people in England to say it is fair for wealthier people to be able to purchase better health care. Put simply, if public opinion in Scotland is more social democratic than England in its outlook, more people should say buying better health care is unfair.

To measure attitudes to this issue, we asked respondents the following question:

> ***Is it fair or unfair that people with higher incomes can afford better health care than people with lower incomes?***

The responses are presented in Table 2. As expected, more people living in Scotland say it is either ”very unfair” or “somewhat unfair” that people with higher incomes can afford better health care. Overall, nearly two-thirds of people living in Scotland (64%), but only just over half in England (54%), feel it is unfair that wealthier people can afford better health care – an attitudinal difference between the two countries of 10 percentage points.

Table 2 Attitudes towards people with higher incomes being able to buy better health care, Scotland and England

	Scotland	England
Buying better health care	%	%
Very fair	5	7
Somewhat fair	14	15
Neither fair nor unfair	15	21
Somewhat unfair	28	22
Very unfair	36	32
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

But is apparently greater support in Scotland for the equitable provision of health care accompanied by a more generous interpretation of what is meant by universal care? Throughout Britain, the NHS operates on a residence-based principle – health care is available free at the point of use for everyone considered 'ordinarily resident', irrespective of citizenship. However, the potentially negative impact of immigration on the legitimacy of and support for the welfare state has been noted internationally (Garand, 2017; Burgoon and Roodujin, 2021). Those who are concerned about immigration are more likely to question whether immigrants should have the same social rights and access to public services, such as health care, as those who hold citizenship of a country. As public opinion in Scotland is often thought to be more favourable towards immigration, perhaps that view is less common north of the border (Sturgeon, 2016; but see Curtice and Montagu, 2018). Meanwhile, it is sometimes suggested that people's access to the NHS should be circumscribed if they engage in behaviours that damage their health (Goodin, 1989; Persaud, 1995; Pillutia et al., 2018). But again, is Scotland, where poor health outcomes associated with smoking, alcohol and obesity are somewhat more common (Office for National Statistics, 2020; 2021a) less likely to feel that way?

To ascertain people's views on these matters, respondents were asked whether they agreed or not with the following statements:

People should have access to publicly funded health care even if they…

… do not hold citizenship of Britain.
… behave in ways that damage their health.

The responses given by people living in England and Scotland in answering the first item are presented in Table 3. Here there proves to be little difference in the balance of opinion. Almost half of those living in Scotland and in England disagree with the proposition that people should have access to publicly funded health care even if they

do not hold citizenship. True, the strength of feeling is marginally more pronounced in England than in Scotland, but not by much; 21% of people in England "strongly disagree" with this proposition compared with 18% in Scotland. Meanwhile, in both cases around a third agree with the proposition. In short, it is an issue on which people in both countries are similarly divided.

Table 3 Agreement that people should have access to publicly funded health care even if they do not hold British citizenship, Scotland and England

	Scotland	England
Non-citizens should have access	%	%
Strongly agree	10	10
Agree	24	23
Neither agree nor disagree	14	17
Disagree	31	28
Strongly disagree	18	21
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

Table 4 shows there is even more of a divide in both countries on the question of whether people should have access to publicly funded health care, even if they behave in ways that damage their health. But whereas in England the balance of opinion is tilted in the direction of those who disagree, in Scotland the opposite is true. Forty percent of people in England either "disagree" or "strongly disagree", whereas 34% either "agree" or "strongly agree". In Scotland, in contrast, the equivalent figures are 33% and 38% respectively.

Table 4 Agreement that people should have access to publicly funded health care even if they behave in ways that damage their health, Scotland and England

	Scotland	England
Limit access for risky health behaviours	%	%
Strongly agree	7	6
Agree	31	27
Neither agree nor disagree	26	25
Disagree	24	30
Strongly disagree	9	10
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

Meanwhile, if people in Scotland regard a universal healthcare system that addresses need as an essential element of a just society, we would certainly expect them to be less likely to agree with propositions that might be thought to question that point of view. The extent to which this is the case is now tested by examining how people responded to the following three statements:

- ***The government should provide only limited health care services.***
- ***People use health care services more than necessary.***
- ***In general, the health care system in Britain/Scotland is inefficient.***[2]

The first of these statements addresses the issue of universality directly. The other two reflect criticisms that are sometimes made of a publicly funded health service that is free at the point of use and is relatively insulated from the market mechanism that helps to promote efficiency (Le Grand, 1990).[3]

As the first part of Table 5 shows, the vast majority of people in both Scotland and England disagree with the first statement. However, at 85%, the proportion is somewhat higher in Scotland than it is in England, where it stands at 77%. The strength of feeling in Scotland on this matter is also clearly more pronounced, with 48% strongly disagreeing, compared with 40% in England.

2 At this and similar questions respondents in England were asked about the health care system in Britain while respondents in Scotland were asked about the system in Scotland.

3 This is the rationale for the introduction of a quasi-market health system in England (Le Grand, 2007), while others claim this represents a move to privatise the NHS (Pollock, 2004; see also Taxpayers' Alliance, 2015; Ramanauskas, 2018).

Table 5 Support for core principles of the NHS as being universal and comprehensive, Scotland and England

	Scotland	England
The government should provide only limited health care services	%	%
Strongly agree	1	1
Agree	5	8
Neither agree nor disagree	7	12
Disagree	38	36
Strongly disagree	48	40
People use health care services more than necessary	%	%
Strongly agree	12	13
Agree	37	35
Neither agree nor disagree	27	29
Disagree	17	17
Strongly disagree	3	3
In general, the health care system in Britain/ Scotland is inefficient.	%	%
Strongly agree	9	7
Agree	27	32
Neither agree nor disagree	28	26
Disagree	25	26
Strongly disagree	8	7
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

People living in England (39%) are also marginally more likely than people in Scotland (39%) to say that the health care system is inefficient. However, at just below a half, the proportion who think that people use health care more than necessary is virtually identical in the two countries.

For the most part then, people in Scotland are somewhat more social democratic in their attitudes towards health and social justice, compared with people in England. There is both somewhat greater concern about the impact of inequality on health and, in respect of those who are citizens at least, some tendency to express a stronger commitment to a universal service based on need. But does this mean that people in Scotland have more confidence in the effectiveness and equity of the NHS or, alternatively, that they judge it by a higher standard and are therefore more critical? We turn to this issue in the next section.

Confidence, satisfaction and access to the health care system

Although people in Scotland have a somewhat greater commitment to an equitable and universal system of health care, this does not necessarily mean that they are more likely to think that the NHS is successful at delivering on these principles. On the one hand, their commitment to its principles may incline them to regard the service as successful in their delivery. On the other hand, they might be more concerned about any perceived failure by the service to meet their expectations. To assess how people in Scotland and England view how the NHS works in practice, in this section, we compare their views on the funding and provision of health care services, and examine a range of access and equity-related issues that might face service users.

As we noted earlier, ensuring everyone can access health care services on an equal basis has been a key priority for the NHS since its foundation. Equally, the United Nations Sustainable Development Goals (SDG) declaration emphasizes the importance of universal health coverage (UHC) and equitable access to quality health (United Nations, 2015).[4]

To assess whether people in the two countries think that, in practice, some sections of the population find it easier than others to access health care, respondents were asked the following questions:

> ***In [country], do you think it is easier or harder to get access to health care…***
>
> ***… for rich people than for poor people.***
> ***… for women than for men.***
> ***… for old people than for young people.***
> ***… for citizens of Britain than for people who do not hold British citizenship.***

The pattern of responses to the first of these questions is shown in Table 6. It shows that as many as 47% of people in England believe it is 'much easier' for richer people than for poorer people to get access to health care. In contrast, only 37% of those in Scotland express this view, a difference of 10 percentage points. Meanwhile, while about one in ten of those in England who claim it is much easier for rich people to get access to health care also say that this is 'very' or 'somewhat' fair, in Scotland, we find the equivalent proportion is only one in twenty. In other words, people in Scotland are more likely to think that rich and poor people can access the health service equally well – and to find it to be unacceptable when they feel this is not the case.

4 Universal healthcare systems are vital for promoting global public health security, a global priority objective of the World Health Organization (WHO, 2021), the global health agency of the UN. The inclusion of UHC in the SDGs (Target 3.8) is rooted in the right to health.

Table 6 Views regarding whether it is easier or harder to get access to health care for rich people than for poor people, Scotland and England

	Scotland	England
Easier for richer people than for poorer people	%	%
Much easier	37	47
Somewhat easier	30	28
About the same	25	17
Somewhat harder	3	4
Much harder	2	2
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

However, people in Scotland and England have largely similar views on whether sex, age or citizenship makes a difference to people's access to the health service. As many as 79% of people in England and 75% in Scotland think that it is neither easier nor harder for women to access health care than it is for men. In the case of older as compared with younger people, the proportion who say about the same is lower, but is exactly the same in both countries (52%), while the proportion who think it is easier for older people to gain access is exactly counterbalanced by the proportion who think it is harder. Meanwhile, there is only a slight tendency for people in England (33%) to be more likely than those in Scotland (29%) to think that it is easier for non-citizens to secure access to the health service.

But how confident are people in the two countries that they themselves would get the best treatment if they were seriously ill? In the first place, we asked respondents:

> ***How likely is it that if you become seriously ill, you would get or not get the best treatment available in Britain/Scotland?***

Table 7 reveals that people in Scotland are somewhat more confident than people in England that they would receive the best treatment available. Specifically, 63% of people living in Scotland say that it is either "certain" or "likely" they would receive the best treatment available. The comparable figure for people in England is 56% – seven percentage points lower.

Table 7 Likelihood of getting the best treatment available if you became seriously ill, Scotland and England

	Scotland	England
Receive best treatment if seriously ill	%	%
It's certain I would get the best treatment	17	14
It's likely I would get the best treatment	46	42
Equal chance of getting or not getting the best treatment	23	27
It's likely I would not get the best treatment	9	12
It's certain I would not get the best treatment	2	2
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

Some difference between the two countries was also observed when we asked people about their actual experiences of receiving medical treatment over the past 12 months. Respondents were asked, as follows, whether during the past 12 months they had not received the treatment because of financial considerations, the length of the waiting list, or because of work commitments:

> ***During the past 12 months did it ever happen that you did not get the medical treatment you needed because…***
>
> ***… you could not pay for it.***
> ***… the waiting list was too long.***
> ***… you could not take the time off work or had other commitments.***

While the NHS offers a comprehensive service, it is also the case that people living in England face user charges and means-testing for some services, including personal care, prescriptions, eye and dental checks. In contrast, charges for these services have been abolished in Scotland. As we might anticipate therefore, the first part of Table 8 shows that while only five per cent of people in Scotland said they could not pay for the treatment they needed, in England the figure was eight per cent. If these estimates are correct, they imply that, according to current population estimates, approximately 3.5 million people in England and over 220,000 people in Scotland did not get the medical treatment they needed during the past 12 months because they could not afford to pay for it.[5]

5 Figures calculated on the basis of population estimates produced by the Office for National Statistics (2021b).

Table 8 Whether people did not get the medical treatment they needed for various reasons in past 12 months, Scotland and England

	Scotland	England
Could not pay for medical treatment	%	%
Yes	5	8
No	62	62
Long waiting lists	%	%
Yes	24	26
No	43	42
Could not take the time off work or had other commitments	%	%
Yes	8	9
No	57	61
Unweighted base	*1144*	*986*

About a third said that they had not needed medical treatment in Scotland and in England.

Source: 2021 ScotCen and NatCen panels

However, in both countries the length of the waiting list was cited by far more people as a barrier to getting the treatment they needed. In both cases, around a quarter said they had been in that position during the last year, indicating that here perceptions of the service were much the same on both sides of the Anglo-Scottish border. Pressures on waiting times that existed in both Scotland and England before COVID-19 were exacerbated during the pandemic. As detailed in the chapter in this report by Morris and Maguire on satisfaction with the NHS across Britain as a whole, waiting times increased in prominence as a reason for dissatisfaction during the course of the COVID-19 pandemic.

The NHS pledges to provide services at a time that is convenient for patients, but access can still be an issue for some full-time workers. Evenings, weekends and public holidays are generally 'out-of-hours' for many health services in both Scotland and England. Nearly one in ten people in Scotland and in England claim they did not get the medical treatment they needed because they could not take the time off work or had other commitments. So here the prevalence of the problem is also similar in the two countries.

But what of people's confidence in and satisfaction with their health system? Given the slightly more positive outlook towards (and experience of) the NHS in Scotland we have documented so far, we might expect people in Scotland to express somewhat greater confidence in and satisfaction with the NHS, compared with people living in England.

To explore views in this area, we asked respondents the following two questions:

> ***In general, how much confidence do you have in the health care system in Britain/Scotland?***
>
> ***In general, how satisfied or dissatisfied are you with the health care system in Britain/Scotland.***

The responses obtained in relation to these questions are shown in Table 9.

Overall, the vast majority of people in Scotland and in England appear to have at least "some confidence" in the health care system – and there is no difference between the two nations in this regard. An identical proportion (81%) of people living in Scotland and those living in England have either "some", "a great deal" or "complete" confidence in the health care system.

Table 9 Confidence and satisfaction in the health care system, Scotland and England

	Scotland	England
Confidence in the health care system	%	%
Complete confidence	5	5
A great deal of confidence	32	31
Some confidence	44	45
Very little confidence	15	15
No confidence at all	4	4
Satisfaction with the health care system	%	%
Completely satisfied	6	3
Very satisfied	21	22
Fairly satisfied	42	40
Neither satisfied nor dissatisfied	10	12
Fairly dissatisfied	12	14
Very dissatisfied	4	5
Completely dissatisfied	4	3
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

Levels of satisfaction with the health care system are also very similar in England and Scotland. In both cases around two-thirds say they are at least "fairly satisfied" with the health care system. At 69%, the figure in Scotland is only slightly higher than it is in England (65%), a difference largely accounted for by the fact that twice as many in Scotland (6%) than in England (3%) say they are "completely satisfied".

Although people in Scotland are somewhat more concerned about health inequalities and the need for a universal health service, this does not necessarily mean that they have different views of how well the NHS is performing. True, they are less likely to think that richer people can access the NHS more easily, are rather more confident that they would get the best treatment, and are somewhat less likely to say that lack of finance has stopped them obtaining treatment. However, levels of confidence and satisfaction with the service are similar in the two countries, while in most respects it is regarded as no more or no less equitable in Scotland than in England. The differences in the organisation of the service on the two sides of the border, and the apparently rather different expectations of the people in the two countries, therefore does not necessarily translate to different evaluations of its performance.

Government action in response to COVID-19

Health care systems around the world faced new challenges as they grappled with the COVID-19 pandemic. When the ISSP questions discussed in this chapter were fielded in the UK towards the end of November 2021, the Omicron variant was spreading rapidly, while what eventually proved to be its lower virulence was, at that stage, unknown. It looked as though the country might be facing another significant wave of the disease. In order to reduce transmission and slow the spread of the Omicron variant, the Prime Minister, Boris Johnson, announced on 8th December a move to tighter 'Plan B' measures in England, while in Scotland (where somewhat tighter restrictions were already in place), the First Minister, Nicola Sturgeon, urged people to stay at home as much as possible. The issue of how to manage public health in a pandemic will thus have been salient in respondents' minds when they were answering the ISSP survey questions.

Meanwhile, as we noted in the introduction, there was a tendency throughout the pandemic for the Scottish Government to be more cautious than the UK government in its approach to easing public health restrictions. But did this different approach to handling the pandemic in the two countries reflect, or induce, a different attitude among their citizens towards the merits of taking public health measures in a pandemic? The ISSP survey did not attempt to cover all aspects of lockdown. Nevertheless, it does offer some insight into the relative levels of public support in Scotland and in England for governmental action to protect public health in severe epidemic situations, such as the COVID-19 pandemic. Respondents were asked:

Do you think the (British/Scottish) government should or should not have the right to do the following at times of severe epidemics?

- Shut down businesses and places of employment.

- Suspend compulsory education and close schools and kindergartens.

- Demand that people stay at home.

- Require people to wear face masks.

The responses obtained are presented in Table 10. They suggest that people in Scotland are a little more supportive than people in England of the government having the right to introduce various restrictions in severe epidemic situations.

More people in Scotland (46%) than in England (41%) say government "definitely should have the right" in an epidemic to shut down businesses and places of employment. Similarly, more people in Scotland say government, "definitely should have the right" to suspend compulsory education and close schools and kindergartens in severe epidemics – 46% said this in Scotland compared with 41% in England. At the same time, slightly more people in Scotland (49%) than in England (45%) say that government "definitely should have the right" to demand that people stay at home in a severe epidemic. We also find more people in Scotland say government "definitely should have the right" to require people to wear face masks – 66% support this in Scotland compared with 60% in England.

Table 10 Attitudes towards the government's right to take various actions at times of severe epidemics, Scotland and England

	Scotland	England
Shut down schools	%	%
Definitely should have the right	46	41
Probably should have the right	35	39
Probably should not have the right	7	11
Definitely should not have the right	8	6
Shut down businesses and places of work	%	%
Definitely should have the right	46	41
Probably should have the right	33	36
Probably should not have the right	10	10
Definitely should not have the right	7	6
Demand that people stay at home	%	%
Definitely should have the right	49	45
Probably should have the right	30	36
Probably should not have the right	9	9
Definitely should not have the right	8	7
Require people to wear face masks	%	%
Definitely should have the right	66	60
Probably should have the right	22	24
Probably should not have the right	5	8
Definitely should not have the right	6	6
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

Clearly then, there is slightly greater support among people in Scotland than in England for government imposing tough restrictions in response to severe epidemics. Given the Scottish Government did impose tougher restrictions than those that were put in place in England, does this mean that people in Scotland were generally happy with their government's handling of the pandemic?

To examine this issue respondents were asked:

> ***Did the way the COVID-19 pandemic was handled in Britain/ Scotland increase or decrease your confidence in the government?***

Table 11 shows that twice as many people in Scotland (compared with England) said their government's handling of the COVID-19 pandemic had increased their confidence in the government. In Scotland, just over one in three (37%) say their confidence in the government increased either "a little" or "a lot" as a result of the way

the pandemic was handled in Scotland. In contrast, only one in five (20%) in England say that their confidence in government increased either "a little" or "a lot" in the wake of the way the pandemic was handled across Britain. In England, well over half (57%) said their confidence in government had decreased either "a lot" or "a little" due to the way the COVID-19 was handled across Britain, whereas only 40% expressed that view about the handling of the pandemic in Scotland.[6]

Table 11 Attitudes towards the government's handling of the COVID-19 pandemic and reported change in confidence in government, Scotland and England

	Scotland	England
Confidence in the government	%	%
Increased it a lot	15	6
Increased it a little	22	14
Neither increased it nor	21	20
Decreased it a little	16	17
Decreased it a lot	24	40
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

Trust and confidence in government are clearly very important for the capacity of a society to organise and mobilise an effective collective response to an epidemic like COVID-19 (Bargain and Aminjonov, 2020; Covid-19 National Preparedness Collaborators, 2022). Although even in Scotland slightly more people said that their confidence in government had decreased than increased in the wake of the pandemic, for the most part it seems as though the somewhat more restrictive approach to the handling of the pandemic that was adopted in Scotland did not significantly harm people's confidence in their government, a finding that is consistent with the evidence above that people in Scotland are somewhat more supportive of enforcing tougher restrictions in a pandemic. The same cannot necessarily be said of views in England of the Westminster government's handling of the pandemic (see also Fancourt et al., 2020).

6 As we might anticipate, responses to this question are related to the party people support. People in England who identify with the Conservatives were more likely to say that their confidence had increased than were those who identify with the opposition Labour Party. Equally, supporters of the SNP in Scotland were more likely to report increased confidence than those who identify with one of the opposition parties in the Scottish Parliament. Even so, at 53%, the proportion of SNP identifiers who say that their confidence had increased was much higher than the equivalent proportion for Conservative identifiers (37%) in England. The different pattern of responses is thus not simply a reflection of the different pattern of party support in the two countries.

Support for future health care spending

Finally, given the greater concern about inequality and universalism in Scotland, we might wonder whether, in the wake of the pandemic, more people in Scotland than in England are willing to pay higher taxes to fund an improved health service.

To ascertain whether this is the case, we asked respondents:

> ***How willing would you be to pay higher taxes to improve the level of health care for all people in Britain/Scotland?***

As Table 12 shows, in both countries a little over half of the population say they would be "very" or "fairly" willing to pay higher taxes to improve the level of health care. However, at 55% the figure is a little higher in Scotland than in England (51%).[7] Meanwhile, just under a quarter in Scotland (24%) and just under a third in England (29%) say they would either be "fairly" or "very" unwilling to do so. At the margin – though no more than that – people in Scotland are somewhat more willing than those in England to pay higher taxes to fund a better health service.

Table 12 Attitudes towards paying higher taxes to improve the level of health care for all, Scotland and England

	Scotland	England
Pay higher taxes to improve health care	%	%
Very willing	15	13
Fairly willing	40	38
Neither willing nor unwilling	16	18
Fairly unwilling	14	16
Very unwilling	10	14
Unweighted base	*1144*	*986*

Source: 2021 ScotCen and NatCen panels

7 It is worth noting the survey was fielded in the UK after Prime Minister Boris Johnson announced – on the 7th September 2021 – a UK-wide 1.25% increase on earnings from April 2022, to raise extra funding for the NHS and social care. From April 2023, this will be referred to as the Health and Social Care Levy (Health and Social Care Levy Act 2021).

Conclusions

In this chapter, we have compared attitudes towards health and health care in Scotland with those in England – benefiting from the inclusion of Scotland in ISSP since 2019.

Scotland is somewhat more social democratic in its attitudes towards health and social justice. There is both somewhat greater concern about the impact of inequality on health and, in respect of those who are citizens at least, a rather stronger commitment to a universal service based on need. However, while people in Scotland are more concerned about health inequalities and the need for a universal health service, this does not necessarily mean that they have different views on how well the NHS is performing.

True, they are less likely to think that richer people can access the NHS more easily, are rather more confident that they would get the best treatment, and are somewhat less likely to say that lack of finance has stopped them from obtaining treatment. However, levels of confidence and satisfaction with the service are similar in the two countries, while in most respects it is regarded as no more or no less equitable in Scotland than in England. This is not altogether surprising. The two nations have similar health care systems after all, so we would not necessarily expect to see major differences. Such differences as do exist in the organisation of the NHS on the two sides of the border, together with the rather different expectations of the people in the two countries, are not sufficient necessarily to translate into different evaluations of the NHS' performance.

Scotland and England did, however, diverge in their approach to COVID-19. Scotland experienced some of the toughest restrictions, in the UK. Yet over one in three people living in Scotland say their confidence in government has increased due to the way the COVID-19 pandemic was handled in Scotland. In contrast, only one in five people living in England say their confidence in government has increased as a result of the way the COVID-19 pandemic was handled in Britain. Doubtless, the handling of the pandemic, strengthening the right to health in Scotland, and tackling deep-rooted inequality and child poverty are all likely to feature heavily in the debate about Scotland's constitutional status that is now likely to follow Nicola Sturgeon's statement that she would like to hold another independence referendum on Thursday, 19th October 2023 (Sturgeon, 2022).

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Appendix

The International Social Survey Programme (ISSP) is run by a group of research organisations in different countries, each of which undertakes to field annually an agreed module of questions on a chosen topic area. Between 1985 and 2019, an International Social Survey Programme module was included on BSA as part of the self-completion questionnaire. In 2019, the ISSP module was also included as a self-completion questionnaire on the Scottish Social Attitudes (SSA) survey for the first time. Each ISSP module is chosen for repetition at intervals to allow comparisons both between countries (membership is currently standing at 44) and over time. Further information on ISSP is available on their website: www.issp.org.

The data collection for the ISSP 2021 module on health and healthcare was affected by the COVID-19 pandemic and was not collected as part of the British Social Attitudes (BSA) or Scottish Social Attitudes (SSA) surveys. The module was instead included on the NatCen and ScotCen Panels in November 2021. These are mixed mode random probability panels, which comprise people who were originally selected for interview as part of the annual BSA or SSA series and who have agreed to participate in further follow-up interviews, usually online but in some instances by phone. A total of 1,103 out of the 1,341 eligible adults (18+) recruited from BSA, and 1,153 of the 2,363 eligible adults (18+) recruited from SSA that were invited to take part in the survey did so, representing an 82% and 49% response rate respectively. Accounting for non-response at the recruitment survey and at the point of recruitment to the Panel, the overall responses rates were 12% and 11%. The NatCen and ScotCen Panel has been weighted to make the sample representative of the British/Scottish adult (18+) population. The weighting adjusts for unequal chances of selection and non-response to the recruitment survey (BSA or SSA), refusal to join the panel, and non-response in the survey of panel members itself. The analysis in this chapter uses only the responses from NatCen Panel respondents resident in England and ScotCen Panel respondents resident in Scotland.

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