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BRITISH SOCIAL ATTITUDES

BSA 43 | Waiting for treatment

Can the NHS recover?

Authors: Sir John Curtice, Mark Dayan (The Nuffield Trust), Bea Taylor (The Nuffield Trust), Danielle Jefferies (The King's Fund), Dan Wellings (The King's Fund)

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National Centre
for Social Research
3rd Floor Block 3
Tiller and Lock
250 City Road
London, EC1V 2AB
020 7250 1866

www.natcen.ac.uk

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Summary

Labour came to power in 2024 facing record levels of dissatisfaction with the NHS. Similarly, when Tony Blair's New Labour won office in 1997, many more were dissatisfied than satisfied with the NHS. Turning around the service was one of the key priorities of that government and when, 13 years later, its tenure came to an end, satisfaction with the health service was at a record high.

Using data on how satisfied voters were with specific NHS services and on how well the service was thought to be performing across a range of criteria, this chapter analyses the legacy inherited by the 1997 government and why satisfaction with the NHS improved during its time in office. It then compares that legacy with the one inherited by Sir Keir Starmer and considers the lessons the government now led by Andy Burnham might learn from the record of its Labour predecessor.

The principal sources of dissatisfaction facing New Labour were waiting times and NHS hospital services. The public recognised its gradual successes in reducing hospital waits.

- In 1996 just 52% were satisfied with the hospital inpatient services and just 53% with outpatients.
- By 2010, the former figure had risen to 59% and the latter to 67%
- In 1996, 76% said waiting times for a non-emergency operation were in need of improvement. By 2010 the figure had dropped to 50%.
- For waiting for an outpatients' consultant appointment, the proportion saying improvement was needed fell from 79% to 56%.

Now, dissatisfaction is widespread across all NHS services rather than focused on hospital-based services.

- Satisfaction with GP services fell from 78% in 2010 to 68% in 2019, shortly before the pandemic. By the end of the pandemic in 2023, it was down to just 34%.
- Satisfaction with accident and emergency also fell – from 61% to 54% - between 2010 and 2019, before dropping to 31% in 2023 and just 22% now.
- In contrast, satisfaction with inpatients (64%) and outpatients (71%) was 4-5 points higher in 2019 than in 2010. But it was just 35% and 44% respectively by 2023.

However, waiting is once again the main source of dissatisfaction.

- In 2023, having to wait too long to get a GP or hospital appointment was the most commonly cited reason for dissatisfaction (71%).
- In the latest survey, only 16% are satisfied with the length of time before getting a hospital appointment.
- At the same time, only 14% are satisfied with the length of time people spend waiting in A&E, while only 27% say the same about a GP appointment.
- In contrast, nearly twice as many are satisfied (50%) than are dissatisfied (28%) with the quality of care provided by the NHS.

Although, as in 1997, the length of time it takes to access NHS services is the main problem the public want addressed, long waits are now thought to be embedded throughout the service and not just in hospital-based care. Repeating the policies of the last Labour government may not be sufficient to restore the service's reputation.

Introduction

One of the most significant tasks facing Labour on taking office in July 2024 was to regain public confidence in the running of the National Health Service (NHS). According to YouGov, on the eve of the election which brought the party to power 51% of the British public said that health was one of the three most important issues facing the country, slightly ahead of the economy on 49%, notably ahead of immigration on 41%, and well ahead of any other issue (YouGov, nd).

During the COVID-19 pandemic from early 2020, the NHS was widely admired. Many people stood out in the streets to clap the efforts of NHS staff trying to save the lives of those badly stricken by the hitherto unknown disease. However, the decision to delay or cancel much elective care so that the service could focus on controlling and counteracting the pandemic saw waiting lists which had already been growing during the 2010s spiral out of control. Tens of millions of general practice appointments were cancelled or moved online.

As the health service struggled with lingering disruption and long waiting lists, public satisfaction fell. It did not recover as the pandemic waned: indeed, it continued to worsen. The 2023 British Social Attitudes (BSA) survey, conducted just a few months before Labour came to power, found that just over half were dissatisfied with the performance of the NHS (Jefferies et al., 2024).

This is not the first time that an incoming Labour government has found itself confronted with a health service that was not meeting public expectations. According to Ipsos, shortly before the 1997 general election won by Tony Blair's "New Labour", as many as 51% said that the NHS was one of the

most important issues facing Britain, putting the concern well above any other (Ipsos, 1997). The 1996 BSA survey reported that half were dissatisfied with the health service – a very similar position to that in 2023.

Since the survey series began in 1983, the BSA has measured overall public satisfaction with the NHS every year. It has also built up a substantial body of evidence on how people assess specific NHS services and on their views of the service's performance across key dimensions, including waiting times, staffing levels, efficiency and quality of care. This chapter draws on these data to address two central questions.

First, are the sources of dissatisfaction with the NHS now similar to or different from those that underpinned the similarly high level of dissatisfaction that existed in the 1990s?

Second, what lessons, if any, might be learnt by the current government from how perceptions of the NHS changed during New Labour's term of office, at the end of which satisfaction with the NHS reached an all-time high?

This chapter begins by analysing a range of performance indicators, including waiting lists, waiting times and productivity, and compares how the NHS was performing in 1997 with the position in 2024. At the same time, it assesses the similarities and differences between the two years in the wider circumstances in which the NHS was operating, such as the fiscal position of the government and the age structure of the population. We also set out the approach the New Labour government adopted to try and improve the performance of the service, including on funding, the setting of targets, and patient choice.

We then look at how our key measure of interest - the level of satisfaction with the NHS overall - has changed over time. We assess how levels of satisfaction have varied by age and party support. Older people make greater use of the health service than younger people, and their experience might affect their judgement of how well the NHS is performing (see, for example, NHS Digital, 2020). Meanwhile, people's perceptions of how well the NHS is performing may well be influenced by whether or not they are supportive of the party in power - and not simply represent an independent judgement of the state of the service.

The substantive analysis that then follows is in two parts. First, we analyse the sources of dissatisfaction with the NHS in the years leading up to the 1997 general election and how the picture subsequently changed during New Labour's years in office. Thereafter, we turn to the years that were to determine the legacy that Sir Keir Starmer and now Andy Burnham were to inherit, and analyse what has led to the historically low level of satisfaction we have seen in recent surveys. Finally, in our conclusion, we note the

similarities and differences between now and the late 1990s, and the lessons the current government might usefully learn from these.

The policy challenges of the NHS in 1997 and 2024

The most immediate problem facing Labour with the NHS in 2024 was much the same as that which confronted the New Labour government in 1997 – the length of time it took for people to access care. The principal evidence of that common inheritance comes from statistics on the length of waiting lists for hospital and consultant care.[1]

Waiting times for planned care in England have been measured in various forms since 1982. In the 1990s, only the total number of people waiting for inpatient care were counted, but by the time New Labour left office in 2010, all referrals to specialist consultants were counted and this remains the position now[2]. The available data on waiting since 1982 for England are summarised in Figure 1 (where the scale on the left-hand side shows the number who were waiting).

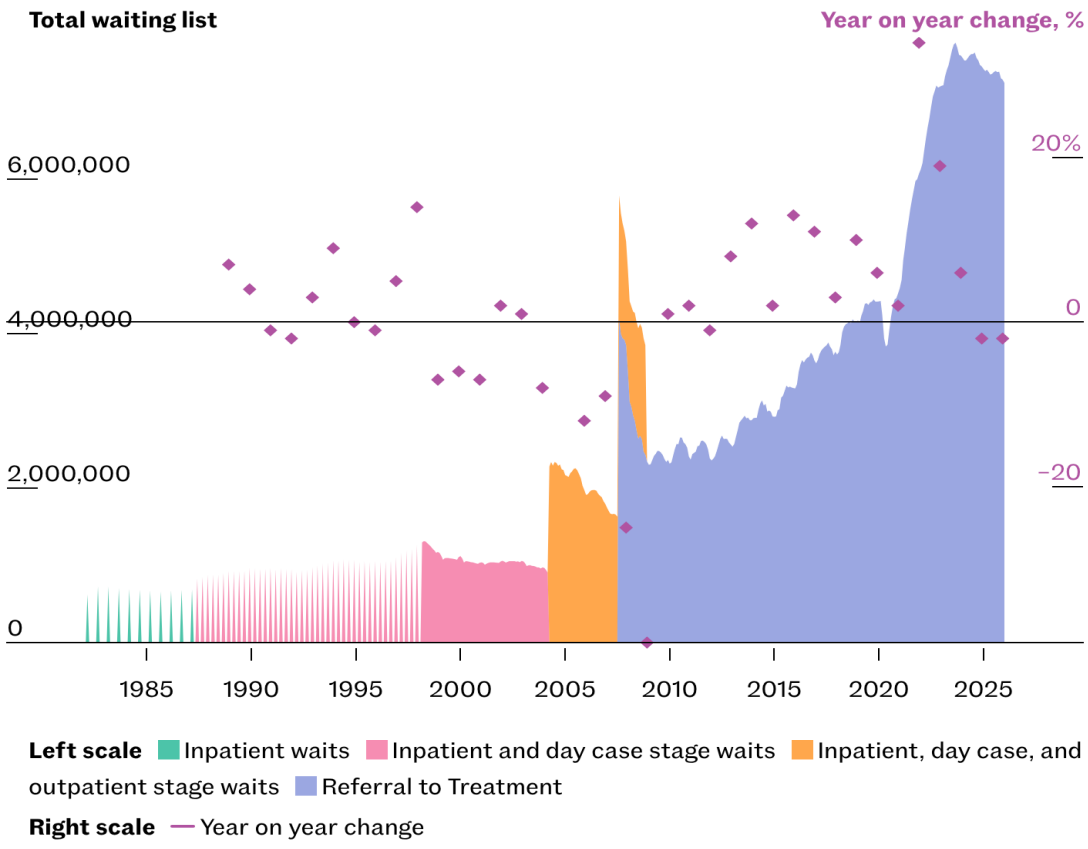
The changes in measurement make it difficult to compare directly the planned waiting list over time. However, we can also look at annual growth in waiting lists based on the measures that existed at the time. Figure 1 also

[1] This, of course, is not the only measure of waiting. So is the length of time that people had to wait, data on which were first published in 1987, and which like those on waiting times underwent significant change over the next 20 years. These data suggest the length of time people were waiting for hospital treatment fell sharply during New Labour's time in office but began to increase thereafter. Even so, it was still lower immediately before the COVID-19 pandemic than when New Labour entered office in 1997, though the pandemic then precipitated a further increase (Murray, 2021; Warner and Zaranko, 2024).
[2] Wales, Scotland and Northern Ireland, where responsibility for the health service was devolved from 1999 and whose data are not shown here, have also generally expanded their definitions, though Northern Ireland still does not include all waits from referral to treatment (Northern Ireland Statistics Research Agency and NI Dept of Health, nd).

shows the percentage year on year change in the numbers waiting, as indicated by the diamonds and scale on the right-hand side[3].

For most of the 1990s, through to 1997, immediately before New Labour came into office, the waiting list grew year on year. During most – though not all - of Labour's time in office, there were year on year falls. During the 2010s, waiting lists began once again to increase year on year – in some instances by more than 10% in a single year. However, the most dramatic increases occurred during the COVID-19 pandemic. The number of people waiting for treatment was as much as 34% higher at the end of 2021 than it had been in 2020. There were just the first small signs of a reduction in the year leading up to the 2024 election, leaving a record of worsening waits that appears to have been both more prolonged and finally more dramatic than in 1997.

Figure 1. Size of NHS waiting lists, England, 1982–2025



Source: Appleby, 2022 - with more recent data added

[3] When more than one measure is available for a year, the diamonds show the change in the older metric until the point when the new metric had existed for at least a full calendar year.

The data in Figure 1 refer to planned treatment. But another crucial hospital service is Accident and Emergency.

Here the data are even less comparable, as there was no consistent routine metric to measure waiting times prior to 2002. To address this, New Labour introduced a new metric published from 2002 onwards. The metric captured the proportion of patients attending A&E and admitted, transferred or discharged within four hours of arrival.

Despite the absence of this routine data collection previously, the Audit Commission had obtained earlier data, and concluded that, as measured by waits of up to one hour, a slightly worsening trend had existed before New Labour gained office, and that this trend then subsequently accelerated from 1998 (Hunter, 2001). After the introduction of the four-hour measure, the data indicated that a little under four in five (79%) patients in 2002/2003 were leaving A&E departments within that time frame (McIntyre and Chow, 2020). By the time New Labour left office, the figure had leapt to 98%.

However, thereafter the proportion gradually drifted downwards and on the eve of the pandemic it was once again a little below four in five – while by the time Labour regained office it was, at 59%, even lower, a figure that has since changed little (Nuffield Trust, 2026b).

Again, while comparisons are very difficult and neither Labour government enjoyed a positive inheritance, the long and slow and then sudden and extreme nature of deterioration before 2024 certainly appears to be a particularly difficult legacy.

In primary care, making comparisons between 1997 and 2024 is again difficult because data similar to that for hospital-based services on the relationship between supply and demand are not available. The number of general practice appointments has only been measured consistently since around 2021, and there remains no comprehensive measure of demand for general practice services.

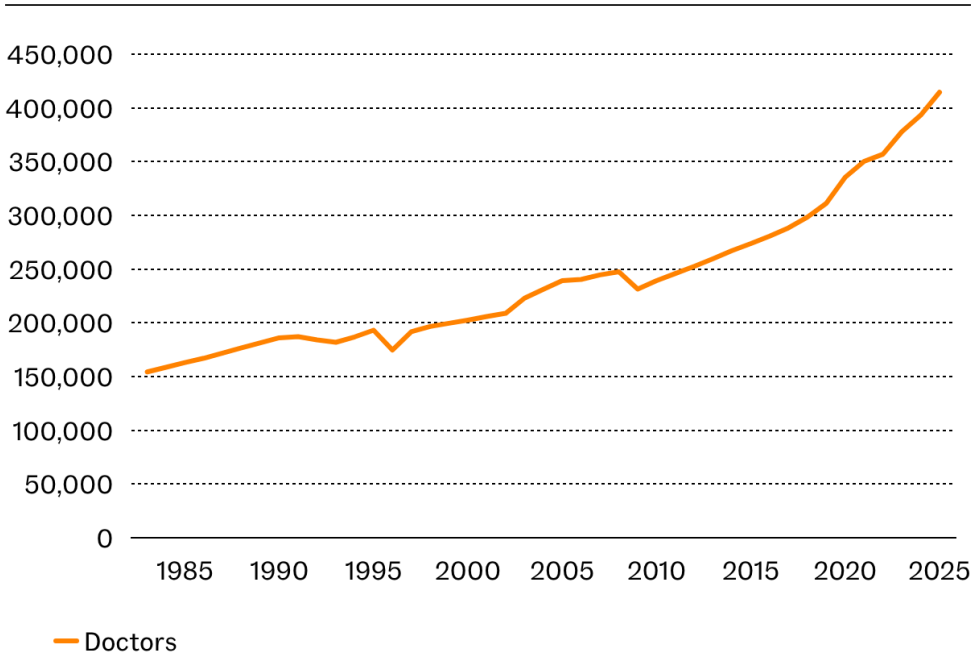
However, data on the number of GPs are available. At 26,000 the number of full-time equivalent GPs in England was relatively flat during the mid-1990s (NHS Digital, 2006; Taylor and Leese, 1997) - albeit this came after a sustained increase relative to the population since the 1970s (Palmer, 2019). GP numbers also remained largely unchanged at 28,000 in the five years leading up to the 2024 General Election. However, over the same period there was an increase of more than two million in England's population (Nuffield Trust, 2026a), while, as we show below, the country's population was ageing. Although this was partially compensated by more non-medical staff working in practices, surveys of patients showed they found it more difficult to obtain the care they wanted (NHS England, 2024). In short, although there was some pressure on GP services in 1997 (Beecham, 1996),

the current government inherited a prolonged failure to keep up with rising patient numbers and increased demand for primary care.

There is another important difference between the inheritance of the two governments. Before 1997 the problems of the NHS's hospital-based services could be blamed on a lack of resources. Although, as Figure 2 shows, the number of registered doctors in the UK had increased by 21% from 1983 to 1990, to 186,000, it then grew by just 3% to 192,000 in 1997.[4] New Labour could hope to turn the NHS around in part simply by increasing its funding and resources. By 2010, the number of doctors increased by 24% to 239,000.

In 2024, in contrast, NHS hospitals could not be said to have been starved of resources. Even before the pandemic the number of doctors had increased by 2019 to over 300,0000 and by 2024 it had leapt to nearly 400,000, a growth that was almost entirely focused on hospitals. Data since 2002 on the number of registered nurses tell a similar story of rapid growth in the mid-2000s and from 2020 onwards, with a lull in between (Nursing and Midwifery Council, response to Freedom of Information request).

Figure 2. Registered doctors, UK, 1983–2025



Source: General Medical Council response to freedom of information request

Yet, despite this huge growth in the hospital workforce, as we have already seen, waiting lists for planned care had worsened dramatically up to 2024.

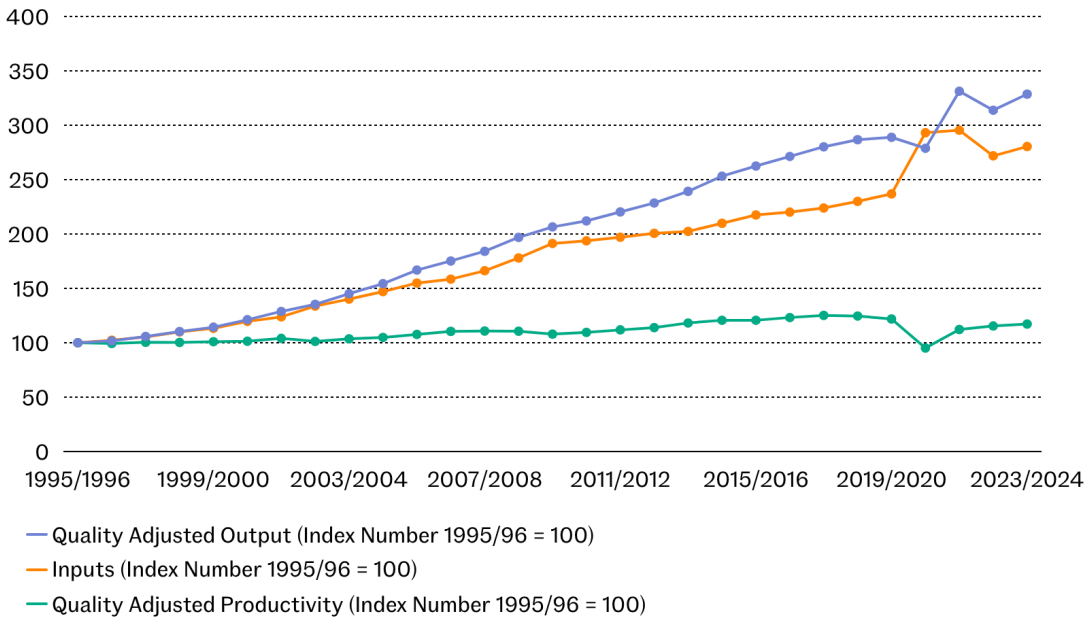
[4] Note that the dip recorded in 1996 may have been occasioned by a data migration that year.

This points to another distinctive legacy confronting the current Labour government – a sudden collapse in NHS productivity.

Data on the overall productivity of the NHS are only available from 1995/1996 onwards, so we cannot compare the trend prior to 1997 with that before 2024. However, Figure 3 reveals that during the latter years of New Labour's time in office productivity improved - outputs increased somewhat more rapidly than inputs (primarily, staffing costs) - and that this trend continued during the subsequent decade, albeit slowly.

The pandemic occasioned a reversal of all the gains that had been made over the previous 25 years. In the financial year 2023/2024 leading up to the election, productivity was still well below what it had been in 2019. The NHS might now have more staff than ever, but it has seemed to be struggling to deploy them effectively.

Figure 3: Inputs, quality-adjusted outputs, and quality-adjusted productivity of the NHS, England, 1995-2023



Source: Office for National Statistics (2026a)

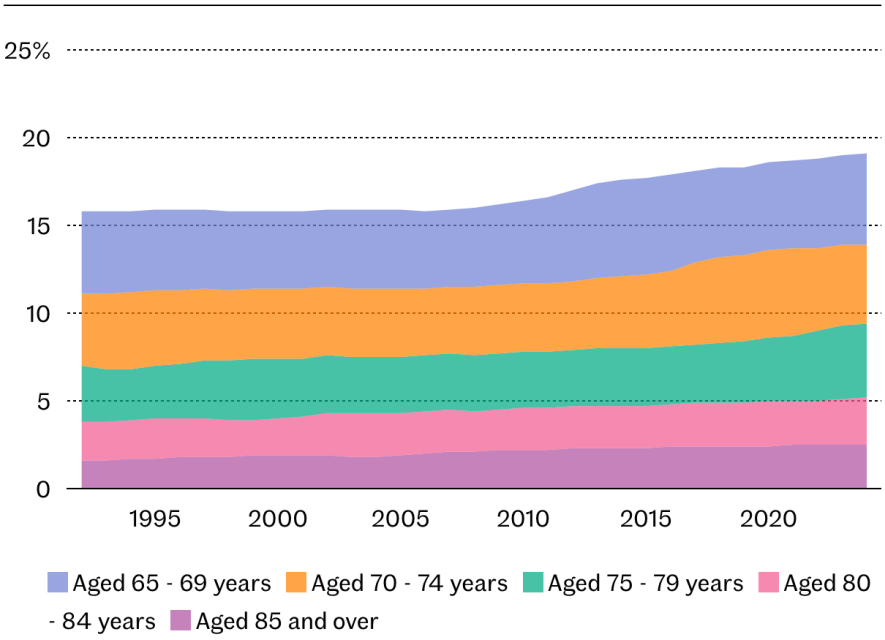
The wider context of the health service in 1997 and 2024

The legacy Labour inherited in 2024 has therefore been somewhat different to that which greeted the government in 1997. Although both governments faced recent growth in waiting lists, and worsening A&E performance – in 2024 there had been a more dramatic recent shock from COVID-19 and a longer slowdown in GP numbers. And while the current government had more resources with which to address the challenges it faced, it was also beset by a lack of productivity growth.

However, the contrast between the two inheritances of the two governments goes beyond the immediate operational performance of the NHS. Wider social, political and economic developments mean that the service faces three headwinds that were largely absent in 1997.

The first is an ageing population. Older people use the NHS more (NHS England, 2025). During the 1990s and early 2000s, the proportion of the UK's population aged 65 and above held steady (see Figure 4). However, by 2024, the 'baby boomer' generation was passing the aged 65 milestone and, together with earlier improvements in life expectancy, this meant the share of the population aged 65 and over had risen from 16% in 1997 to 19% in 2024. The increase showed no signs of slowing and was most marked among the very elderly - the proportion aged over 85 rose from 1.8% to 2.5%.

Figure 4. Proportion of (UK) population aged 65+, 1992-2024



Source: Office for National Statistics

Crucially, as the population has aged, people are on average spending more years in poor health. Between 2000 and 2024, average life expectancy grew by three years for women and five years for men (Office for National Statistics, 2026b). However, the average number of years that people were living healthily grew between 2000 and 2019 by only a little over two years (World Health Organization, nd), and then subsequently fell (Mooney et al., 2026). True, much of the increase in poor health has been due to a self-reported increase in mental ill health among people of working age (Burn-Murdoch, 2026), but this does not mean it has not had a significant impact on the level of demand for NHS services, not least because there has been an enormous increase since the 1990s in the scale of the provision for conditions such as anxiety and depression (Nuffield Trust, 2026c) and ADHD (NHS England, nd; Nuffield Trust, 2026c).

Meanwhile, the resulting increased demand for social care is still being served by a system of provision in England that is largely unchanged from the one that was identified in 1997 by Tony Blair as a priority for reform (UK Parliament, 2010). The neglect of social care contributes to delayed discharges and emergency admissions, and is a further issue for population health and resilience in England (Nuffield Trust, 2026d).

The second headwind facing the 2024 government is a greater constraint on recruiting staff via migration. We have already seen how the number of medical staff employed by the NHS grew during New Labour's tenure and subsequently. Much of this came from expanding overseas recruitment - but from a low base. In the two decades before the 1997 net migration had been low and even negative in some years (Office for National Statistics, 2015). At the time of the 1997 election only 3% felt immigration and/or racial relations was an important issue facing the country (Ipsos, 1997).

In contrast, by 2024 migration already accounted for a large proportion of NHS workforce expansion – of the total increase in registered doctors of 15,000 between 2023 and 2024, as many as 13,000 were migrants (GMC, 2026). Furthermore, migration has become a subject of public concern (Ipsos 2024). Perhaps reflecting both factors, the 2024 government promised in its manifesto to "end the long-term reliance on overseas workers" across a range of sectors including health and social care (Labour Party, 2024), thereby limiting its own political room for manoeuvre.

The third headwind is the fiscal position inherited by the current Labour government. Government borrowing per year was under £4 billion a year in 1997. In 2024, it stood at £15 billion, after adjusting for inflation (see Figure 5). Moreover, in 2024 the government had run a large deficit for most of the preceding 15 years, and especially so during the COVID-19 pandemic, whereas public finances had been much more stable in the 1980s and 1990s. As a result, the UK's GDP to debt ratio had ballooned to 93% in 2024.

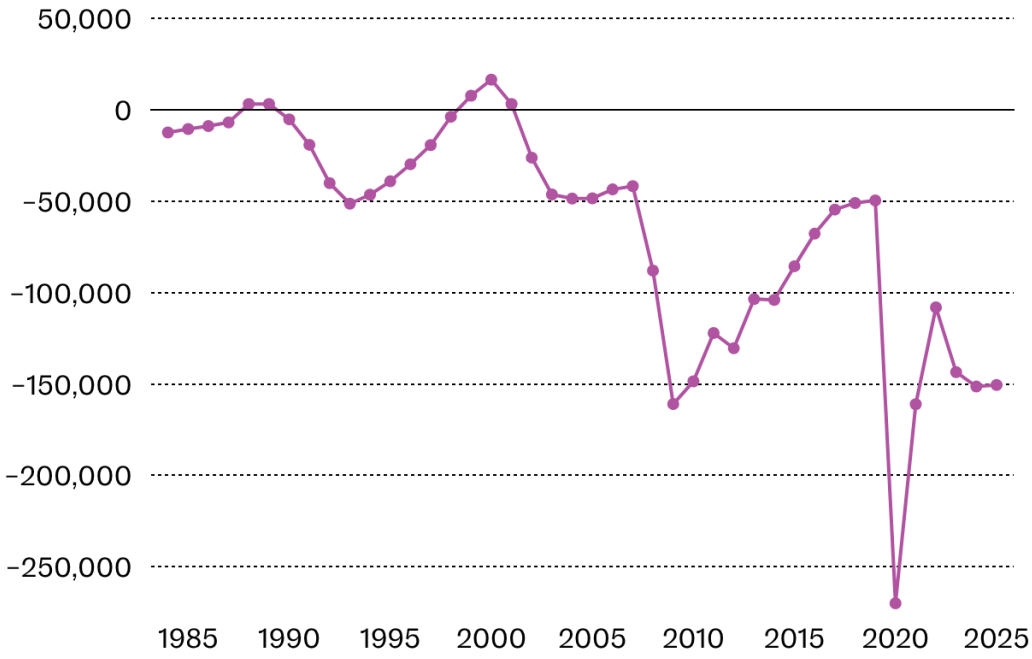
Meanwhile, the New Labour government had made considerable use of Private Finance Initiative contracts in the NHS. Under these contracts, private sector organisations funded the construction and maintenance of hospital buildings without the resulting liability being added to government debt. However, always controversial, the use of such contracts were eventually terminated by the Conservative government. As the new government's first Budget underlined, finding more money for the NHS now had to come from increased taxes rather than more borrowing (Pope, IFG, 2024).

On top of this, the proportion of GDP spent on healthcare had risen from 6.9% in 1997 to 11.1% in 2024 (Office for National Statistics, 2026c). Seen in many other countries too, this growth appears to have been driven by costly new technologies and demographic change as well as the rapid spending growth under New Labour. It has not led to financial abundance in the NHS,

yet it means proportionate increases to health budgets require either larger cuts into other areas of public spending, or higher tax increases.

Figure 5. UK Government borrowing, 1983–2025

Annual UK government borrowing, real terms, £m



Source: Office for National Statistics (2026d)

How did New Labour address the policy challenge it faced?

New Labour tried to respond to public dissatisfaction first with stability and cooperation – then, when this seemed to fail, with competition, hard targets, and unprecedented additional spending, a mixture that was then sustained over a full decade (Mays et al., 2011).

The government came to office having promised to keep to the spending plans of the previous Conservative administration, and thus there was no immediate transfusion of money into the NHS. It rowed back on some of the elements of the internal market of commissioners and providers that had been introduced by the Conservatives.

However, in 2000, recognising the level of public concern over waiting times, Tony Blair promised that NHS spending in England would be increased to the

EU average.[5] That entailed year on year real increases in funding of more than 8% - and, as we have already seen, resultant increases in NHS staffing.

At the same time, the government completely reversed its stance on the internal market in England (HM Government, 2002). NHS budgets were now to be held by Primary Care Trusts who commissioned services from a range of providers – private as well as public. Patients themselves were increasingly supposed to choose between competing providers. NHS trusts, who became more financially autonomous but were being paid a fixed price for the procedures they carried out, were incentivised to undertake more activity while also being more cost effective.

The period before 2000 had also been marked by the development of performance targets, including not least for waiting times. However, these took centre stage in the new millennium. With two new regulatory bodies now in place, competition, choice and soaring budgets were accompanied by heavy policing of performance, a regime sometimes dubbed 'targets and terror' that was designed to ensure that all providers met New Labour's aspirations for the service (Mays et al., 2011). Measurement became more sophisticated, as we have already seen. The iconic four-hour maximum waiting time target in A&E and 18-week "referral to treatment" target for planned care were introduced in 2004, albeit after rapid improvement towards achieving both had already been made (HM Government, 2004). In general practice, a totemic commitment for patients to get an appointment within 48 hours was introduced – though it led to a public backlash as practices restricted their slots (Fitzpatrick, 2005).

Although, the public debate about access to NHS care in 1997 focused primarily on hospital waiting lists and waiting times for treatment, access to primary care was also recognised as an issue at the start of the New Labour period (Kings Fund and The Sunday Times, 2005). The NHS Plan 2000 committed to ensuring that patients could see a primary care professional within 24 hours and a GP within 48 hours. These targets suggested that improving access to general practice was an important policy objective for the service, even if it did not have the salience that hospital waiting times had.

In short, improving access to NHS services was firmly in New Labour's sights, and, at least in hospitals, they were able to hit the mark.

[5] Responsibility for the running of the NHS in Scotland and Wales was transferred in 1999 to the new devolved administrations, which largely eschewed the internal market reforms introduced by New Labour in England (Bevan et al. Nuffield Trust, 2014). They did, however, pursue a similar policy with respect to targets.

How the public felt: trends in NHS satisfaction

What happened to the public's perceptions during these political eras, and is it linked to the actions of different governments? Every year since its inception in 1983, BSA has asked its respondents the following question, providing a consistent benchmark throughout all the periods we have discussed:

All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?

Very satisfied

Quite satisfied
Neither satisfied nor dissatisfied
Quite dissatisfied
Very dissatisfied

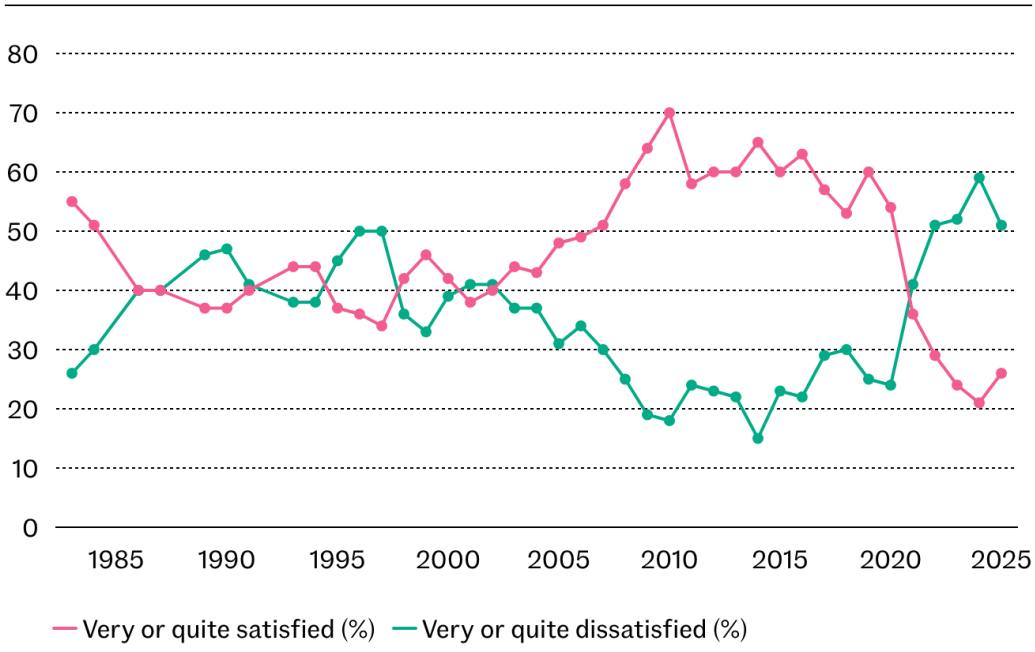
How people have answered throughout the period between 1983 and 2025 is shown in Figure 6, which shows for each year the proportion who have said they are satisfied and the proportion who have indicated they are dissatisfied. (Those saying "neither satisfied nor dissatisfied" are not shown.) Three key periods stand out. First, although as many as 55% were satisfied with the health service in 1983, the proportion declined to just 37% by 1990. There was some recovery thereafter for a while, but by 1997, on the eve of the election, the level of satisfaction had fallen back down again, this time to 34%, while as many as 50% were dissatisfied.

Second, during the New Labour years there was an initial recovery: By 1999, in the second BSA survey under the new government, the level of dissatisfaction had fallen to 33% whilst satisfaction had risen to 46%. However, this was not the start of a prolonged upward trend. Over the next couple of years satisfaction started to fall and dissatisfaction increased again. It took until 2004 – by which point Labour had embraced much higher

funding, more competition, and its 'targets and terror' regime – until those satisfied with the NHS (43%) clearly outnumbered those who were dissatisfied (37%). Thereafter, in the second half of the New Labour administration, there was a considerable and sustained increase in satisfaction; by 2009 as many as 64% were satisfied with the NHS, while just 19% were dissatisfied. A year later, shortly after the general election that saw Labour lose power in the 2010 election, satisfaction reached an all-time peak of 70%.

Much of this improvement held up during the years of David Cameron as Prime Minister and George Osborne as Chancellor, years that are often characterised as a period of 'austerity'. For much of the 2010s, the level of satisfaction mostly oscillated around the 60% mark, and it was still at that level in 2019, shortly before the onset of the pandemic. However, by the time the pandemic – our third key period - was coming to an end in 2022, a record low of 29% said they were satisfied with the NHS, while, once again, around half (51%) were dissatisfied. A year later, in the last reading before the 2024 election these figures were 24% and 52% respectively. Dissatisfaction eventually reached an all-time high of 59% in the 2024 survey conducted three months after the general election when the government itself was referring to the NHS as "broken". Meanwhile, it has since done no more than slip back to 51%, similar to the first reading (50%) after the 1997 election. The post-pandemic road back to an NHS with which most people are satisfied still looks very steep.

Figure 6. Satisfaction with the NHS, 1983-2025



The data on which Figure 1 is based can be found in Appendix Table A.1 of this chapter. In 2024 and 2025, respondents aged 16 and 17 and those living in Northern Ireland were added to the BSA sample. However, these respondents are excluded from the data reported in this chapter.
Source: British Social Attitudes

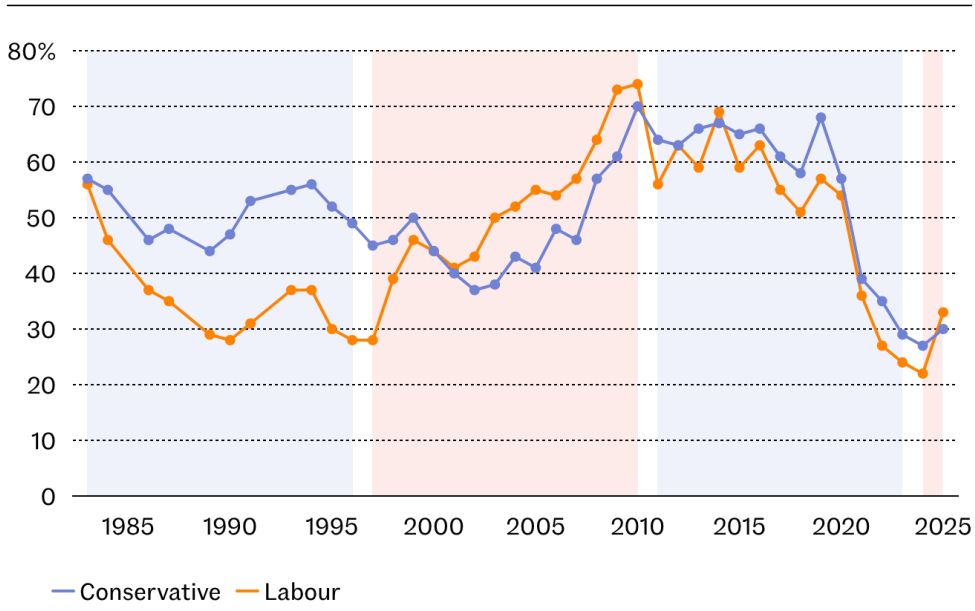
In terms of public perception, then, the NHS was in much the same position in 2024 as it found itself in 1997, with its reputation at a relatively low ebb. However, not only did New Labour reverse the reputational damage the NHS had suffered in the run-up to the 1997 election, but it also presided over a dramatic improvement in the public's perception of how the institution was performing. It would seem there might be lessons here for how the current government could improve overall levels of satisfaction.

Partisanship

However, before addressing that question, we should be aware of a couple of other factors which may be linked to people's level of satisfaction, beyond the state of the health service itself. The first is their political preference. We might anticipate that those who support whichever party is providing the government of the day might view the performance of the NHS through a more favourable lens than those who identify with an opposition party – either because they are prone to believe the government is doing a good job, or because their satisfaction with the NHS helps explain why they support the government. Over the last 40 years, government (and electoral support) has largely been dominated by the Conservative and Labour parties. The level of satisfaction among supporters of those two parties for each year since 1983 is shown in Figure 7.

Figure 7. Satisfaction with the NHS by Conservative and Labour support, 1983–2025

% satisfied with NHS



Blue/Red shading indicates the party in office at the time of the survey. The data on which this figure is based can be found in Appendix Table A.2 of this chapter. In 2024 and 2025, respondents aged 16 and 17 and those living in Northern Ireland were added to the BSA sample. However, these respondents are excluded from the data reported in this chapter.
Source: British Social Attitudes

Two key points emerge. First, those who support the party currently in government have nearly always been more likely than those who support the principal opposition party to be satisfied with the NHS. For example, between 1983 and 1996, the level of satisfaction among Conservative supporters was always higher than that among those backing Labour. And although that position did not change immediately on Labour's accession into office, by 2001 satisfaction was higher among Labour than Conservative supporters and that then remained the position all the way through to our 2010 survey. Thereafter, satisfaction tended to be lower among Labour than Conservative supporters once more – until our most recent survey in 2025, conducted after Labour had been in power again for just over a year.

Second, however, Conservative and Labour partisanship has come to be less strongly associated with people's level of satisfaction over time. Between 1983 and 1997, the level of satisfaction among Conservative identifiers was on average as much as 13 percentage points above the figure among Labour supporters. In contrast, even after satisfaction became higher among Labour than Conservative supporters in 2001, the average gap between them until 2010 was only eight points. Meanwhile, the equivalent figure for between 2011 and 2024 was just five points. Perceptions of the performance of the NHS have seemingly become much less of a political football, thereby opening up the possibility that views are more likely to be linked to perceived performance than during the era of New Labour.

Of course, politics in Britain is, currently at least, no longer simply or primarily a battle between Labour and the Conservatives. Rather it is a five-way battle in a fragmented political environment (Curtice, 2026). Table 1, therefore, shows for all five parties the relationship between satisfaction with the NHS and party support since the 2024 election. This suggests that while the difference between Conservative (30%) and Labour (33%) supporters in their level of satisfaction remains relatively small, both are more likely to be satisfied with the NHS than are those who support either of the two 'challenger' parties, that is, Reform (20%) and the Greens (25%). Rather than simply disappearing, the electoral politics of satisfaction with the NHS may now have taken on a new form in which dissatisfaction is registered in support for those parties that are attempting to overturn the traditional structure of British politics.

Table 1. Satisfaction with the NHS, by party support, 2024 and 2025

	Party Support				
% satisfied with NHS	Reform	Conservative	Lib Dem	Labour	Green
	%	%	%	%	%
2024	13	27	19	22	20
2025	20	30	35	33	25
Unweighted Bases					
2024	*314*	*627*	*273*	*892*	*223*
2025	*570*	*520*	*349*	*845*	*318*

Age

A second possible important influence on people's level of satisfaction with the health service, other than its perceived performance, is a person's age. Being less likely to be in good health, older people inevitably make greater use than younger people of the NHS's services (NHS Digital, 2020). As previous analyses of BSA data have shown, greater use is associated with a higher level of satisfaction (Morris and Maguire, 2022). And, indeed, as Table 2 shows, older people have consistently been more likely than younger people to say they are satisfied with the health service. In our latest survey, for example, 35% of those aged 65 and over say they are satisfied with the NHS, 15 points above the equivalent figure for those aged less than 35.

This might lead us to wonder whether, other things being equal, the ageing of the population that has taken place over the last 40 years has served to increase the overall level of satisfaction with the health service. However, as the far-right hand column of Table 2 reveals, the age difference in satisfaction has tended to be somewhat lower in the 2010s and 2020s than it was in the 1980s and 1990s – in our first survey in 1983, for example, the gap between the youngest and oldest age groups was 20 rather than 15 points, as in 2015. In any event, even if the age profile of our 2025 sample were the same as that of the one that was interviewed in 1983, the level of satisfaction in 2025 would be less than one point lower than that actually recorded. In short, although age is associated with satisfaction, the ageing of the population has had little impact in practice on the level of satisfaction with the NHS – and thus on the integrity of our time series.

Table 2. Satisfaction with the NHS by Age Group, 1983-2025 (selected years)

% satisfied with NHS	18-34	35-54	55-64	65+	65+ vs 18-34
1983	50	52	48	70	20
1990	30	37	38	47	17
1993	34	41	50	61	27
1996	29	33	40	51	22
1998	34	40	46	55	21
2005	43	45	49	60	17
2010	66	67	70	80	14
2015	59	57	60	67	8
2019	56	58	60	68	12
2023	24	23	26	25	1
2024	17	20	21	27	10
2025	20	24	29	35	15

See the appendix to this chapter for details of the sample sizes on which these numbers are based.

Finally, it is important to acknowledge other possible influences on public satisfaction with the NHS that cannot be easily measured or incorporated into the analysis that follows. One example is changing public expectations. Expectations of the NHS are not static; they evolve over time as medical technology advances, standards of care improve or deteriorate, and different generations develop different views about what services should be provided. While expectations may play an important role in shaping levels of satisfaction, they are inherently difficult to measure consistently over long periods (Duffy, 2018) and it is therefore impossible to quantify their precise impact. As a result, some caution is needed when comparing levels of public satisfaction across different historical periods, as changes may reflect not only differences in NHS performance but also shifts in what the public expects from the service.

Which perceptions are linked to NHS satisfaction: our expectations

This analysis of the legacy inherited by the two Labour governments, the way in which New Labour addressed the challenges that it faced, and the impact on satisfaction, give us two hypotheses to test about sources of satisfaction and dissatisfaction with the NHS over the years.

The first is that because the New Labour era combined a long period of improving waiting times with a long period of rising satisfaction, perceptions of waiting times might be strongly linked to public satisfaction.

We can analyse this alongside other factors which may be tied to waits in the public mind – such as the perceived level of staff and money – and separate issues such as the quality of care.

The other pattern we might anticipate is about which particular NHS services are the main sources of public dissatisfaction. New Labour's most demonstrable successes in improving access to care were in respect of hospital-based services, especially for inpatient and outpatient planned care. Perhaps this was closely linked to the overall views of the NHS which improved so much during their tenure?

Was this the case? And if so, did it remain so in 2024 and afterwards - when the relative lack of growth in GPs as compared with hospital doctors might lead us to anticipate that concern about primary care has become a relatively more important source of dissatisfaction with the NHS, and indeed when A&E performance had also became markedly worse?

The remainder of this chapter addresses these two sets of expectations to look at whether the government of 2024 faces a similar set of public concerns as its New Labour predecessor, or whether the sense of dissatisfaction has become different or more widely rooted.

Our analysis: what was linked to satisfaction then, and what is today?

As well as asking people how satisfied they are with the NHS in general, BSA has also in most years asked its respondents how satisfied or dissatisfied they are with specific services provided by the NHS, including general practice, inpatient and outpatient hospital services, and accident and emergency. By looking at how opinions of each service relate to overall satisfaction with the NHS, adjusting for other possible influences, we can see whether New Labour's improvements in hospital performance from its poor level in the 1990s are a plausible explanation of the eventual improvement in NHS satisfaction during its tenure – and whether the current government faces a similar challenge today.

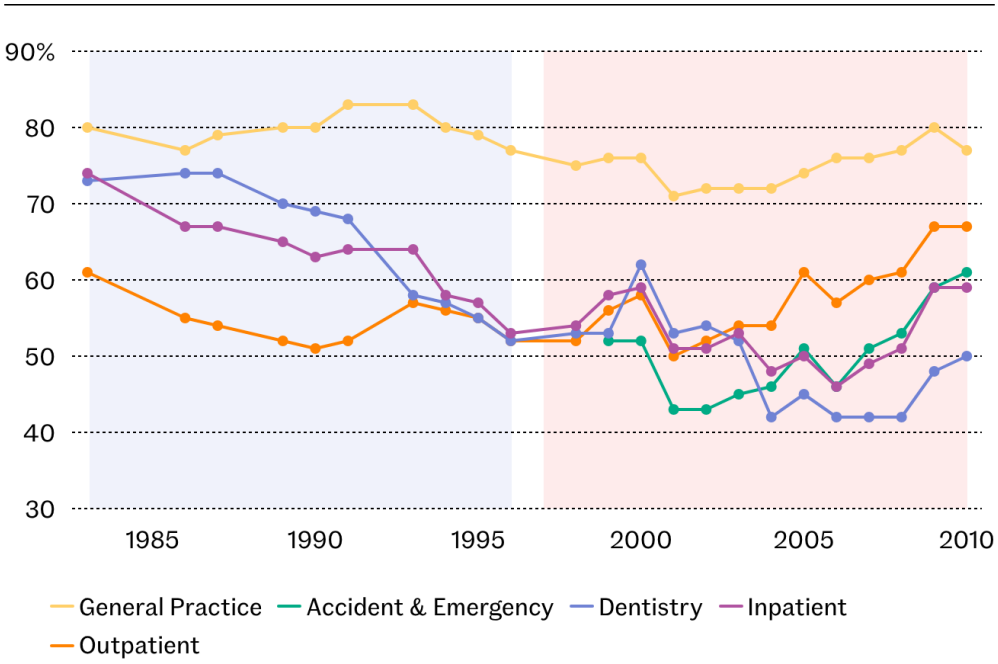
BSA has also asked its respondents how well or badly the NHS is performing in its different aspects, such as providing a good quality of care and being able to do so in a timely manner. People's responses to these questions enable us to identify whether difficulty in gaining access to services was indeed the area that was most thought to be in need of improvement during the New Labour era and whether that is once again people's primary concern now.

How did views on specific services relate to NHS satisfaction before and during the New Labour years?

We now use these two approaches to understand, first, the legacy inherited by New Labour in 1997 of a service with which, as we have already seen, more were dissatisfied than were satisfied, and, second, how it was subsequently transformed into one that enjoyed a record level of satisfaction.

Figure 8 begins our enquiry by charting the level of satisfaction between 1983 and 2010 with particular NHS services, that is, general practice, three key hospital services – inpatients, outpatients, and (although only available from 1999) accident and emergency – and the dental service. It shows there were notable differences between the five services, both in the level of satisfaction they enjoyed and how that level changed over time.

Figure 8. Satisfaction with specific NHS services, 1983–2010



Blue/Red shading indicates the party in office at the time of the survey. The data on which Figure 8 is based can be found in Table A.4 in the Appendix
Source: British Social Attitudes

Between 1983 and 1996, general practice was the jewel of the NHS crown. On average as many as four in five said they were satisfied with the GP service (see the yellow line in Figure 8), with little in the way of a discernible trend over time – in 1996, 77% said they were satisfied with the service, the same figure as ten years earlier.

In contrast, at the other end of spectrum was the outpatient service (the orange line in Figure 8), where on average only 55% were satisfied, a figure that, from 1986 onwards at least, varied little over time.

Meanwhile, inpatient services (dark blue line) and dentistry (light blue line) suffered a marked decline in satisfaction during the Thatcher and Major administrations. In both cases, nearly three-quarters were satisfied in 1983, not far short of the level enjoyed by general practice. However, by 1996 the figure had in both instances fallen to barely more than half, putting them on a par with the outpatient service. Initially the decline was more evident in respect of inpatient services, but between 1991 and 1993 there was a sharp fall of ten points in the level of satisfaction with dentistry, a drop from which the service never recovered. Controversial changes in the early 1990s to the contracts under which dentists worked for the NHS saw many of them switch to undertaking only private work and associated reports of increasing difficulty in people's ability to register as a NHS patient (UK Parliament, 2001).

New Labour thus inherited a situation where, general practice apart, only around a half of the public were satisfied with the service they were receiving and where in some instances there had been a sharp decline in satisfaction over the previous decade. But to what extent did it turn things around?

In 2005 satisfaction with outpatient services rose to over 60% for the first time since 1983, and then to a record high of two thirds by the time New Labour left office. In contrast, satisfaction with inpatients dropped to a low of 46% in 2006 before eventually recovering to 59% by the end of New Labour's term in office, the highest figure since 1993. The level of satisfaction with accident and emergency fell below half for much of the period between 2001 and 2006, before eventually reaching around 60% as Labour departed office. In the case of dentistry satisfaction fell yet further – to little more than 40% between 2004 and 2008 – but in this instance only recovered to 50% by 2010, still somewhat lower than in 1997. Meanwhile, for much of New Labour's time in power the level of satisfaction with general practice was closer to three-quarters rather than the figure of four-fifths that had pertained during the years of Conservative government.

How then, against this somewhat patchy record are we to account for the rise in satisfaction with the NHS to an all-time high during New Labour's term in office?

BSA survey data allow us to look at whether people who were more satisfied with a particular service were also more satisfied with the NHS overall, and this suggests an answer. For example, in 1983 among those who said they were satisfied with inpatient hospital services, 61% also stated they were satisfied with the NHS overall. In contrast, among those who were dissatisfied with inpatient services, only 20% indicated they were satisfied

with the NHS overall. That means there was a 41-point difference between the two groups in their level of satisfaction with the NHS overall. Is it possible that the services where perceptions improved were those which were more closely linked to overall satisfaction?

Using a technique called logistic regression, we can adjust for other possible influences on satisfaction, including age and political support as discussed earlier, and at the same time take account of the fact that those who are dissatisfied with one service may also be more likely to be dissatisfied with another, and see how much more likely people were to be satisfied than dissatisfied with the NHS overall if they were satisfied with each of these individual services. We looked at five different years - 1983 , 1996 , 1999 , 2006, 2010. Before 1999, accident and emergency could not be included as the BSA did not ask separately about it[6].

The results in Table 3 support the idea that levels of satisfaction with inpatient and outpatient care were more closely associated with satisfaction with the NHS overall than was satisfaction with any of the other services. All the way through from the year before Labour took office to the year it left, satisfaction with both inpatients and outpatients was more closely linked to overall satisfaction than views on general practice, or accident and emergency once it was added to the picture. In 1999 those who were satisfied with inpatient services were over 30 points more likely to say they were satisfied with the NHS overall. The picture was the same in 2010. In contrast, being satisfied with general practice was only associated with being 16 points more likely to be satisfied with the NHS in 1999, and 17 points in 2010 – an association little more than half as strong. Meanwhile, dentistry emerges as for the most part as distinctly less important.

[6] Apart from age and political partisanship, the models also control for sex, income, and whether the respondent lives in England, Scotland, or Wales. In 1983, people living in Wales were more likely to be satisfied with the NHS overall, and people who supported the SDP-Liberal Alliance were less so. In 1996, people who supported Labour, the Liberal Democrats, or another minor party were less likely to be satisfied. (This is consistent with the evidence of Figure 7 that the difference between Labour and Conservative supporters in their level of satisfaction with the NHS was especially wide at that time.) Over 65s were more likely to be satisfied in 1983, 1996 and 2010, and men were more likely to be satisfied in 2006. None of the other socio-demographic controls were significant in the models for 1983 to 2010.

Table 3. Estimated marginal impact of satisfaction with a specific NHS service on probability of being satisfied with the NHS overall, 1983-2010

Estimated marginal impact on probability of being satisfied vs. not being satisfied with the NHS	1983	1996	1999	2006	2010
Satisfied with:					
- Inpatient	24	27	32	27	34
- Outpatient	25	24	25	35	29
- GP	24	21	18	21	20
- Dentistry	9	11	12	15	8
- Accident & Emergency	n/a	n/a	14	8	13

n/a: not asked
All the marginal effects are significant at the 5% level.
The first four rows of the table show throughout the results of models in which accident & emergency was not included as an independent variable. The figures for Accident & Emergency are those obtained when that variable is then added to the model. The details of the estimates for the remaining variables after the inclusion of Accident & Emergency can be found in Table A.5 in the Appendix.

Together with Figure 8, where we showed the levels of satisfaction with each individual service, the findings in Table 3 give us some insight into why satisfaction with the NHS overall rose during New Labour's time in office. The party presided over a substantial improvement in evaluations of outpatient services, which had always been relatively closely linked to voters' overall levels of satisfaction and which had been evaluated unfavourably during the years of Conservative government. Also worth noting was Labour's eventual success in reversing some of the decline in evaluations of inpatient services.

The New Labour's government success in hospital-based services hit the mark. In contrast, its limited success in turning around evaluations of the NHS dental service and the struggle it had for much of its time in office in changing perceptions of A&E appear not to have mattered as much for what people thought about the NHS overall.

That said, this analysis does not account for all the changes in the level of satisfaction that occurred during this period. People were less likely to be satisfied with the NHS overall in 1996 than in other years irrespective of their evaluation of any particular NHS service. Equally, the table also indicates that people were more likely to be satisfied with the NHS in 2010 regardless of their level of satisfaction with individual services. For example, in 1996 only 42% of those who were satisfied with the GP service were satisfied with the NHS overall, whereas in 2010 78% were. Evidently, the increase in

satisfaction with the heath service during the years of New Labour government was occasioned by more than changes in the perceptions of its particular services. Rather, the whole seemingly came to be regarded more favourably than the sum of its parts – a reflection perhaps of the fact that the public was now enjoying a better resourced service as well as one whose performance had been improved by New Labour's reforms.

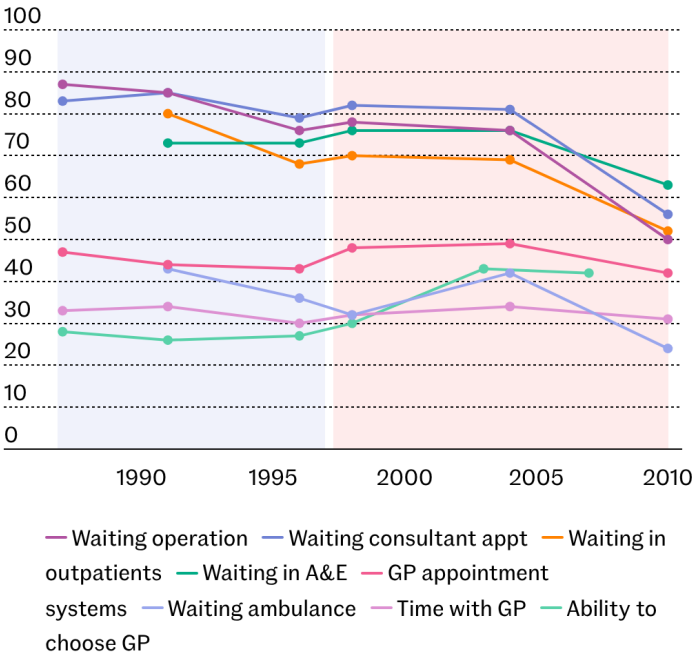
Where was the NHS thought to be failing before and during the New Labour years?

But what picture emerges if we examine people's evaluation of how well the NHS was performing against a range of criteria? Were waiting and access – and therefore perhaps also staffing – the principal source of people's dissatisfaction with the NHS?

The graphs at Figure 9 below show the proportion of people who felt that each of 17 areas of NHS activity were in need of improvement – as opposed to being "satisfactory" or "very good". One pattern immediately stands out – that in the years of Conservative government and in the initial years of New Labour's tenure the lines in all three graphs are largely flat, indicating that, for the most part, on each criterion the proportion saying the NHS's performance was in need of improvement varied little. Only in the late 2000s were there any notable shifts.

Figure 9. Aspects of NHS performance in need of improvement, selected years, 1987–2010

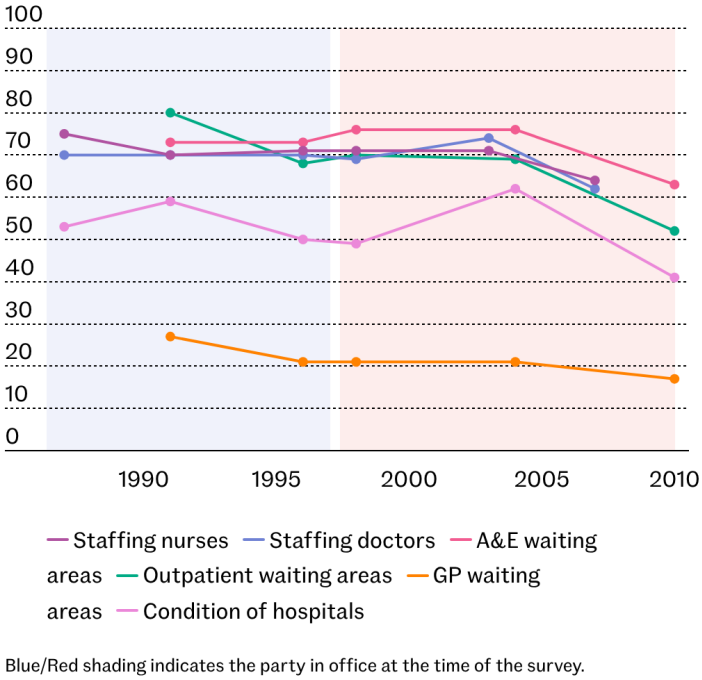
Waiting and access



Blue/Red shading indicates the party in office at the time of the survey.
Source: British Social Attitudes survey

Figure 9. (continued)

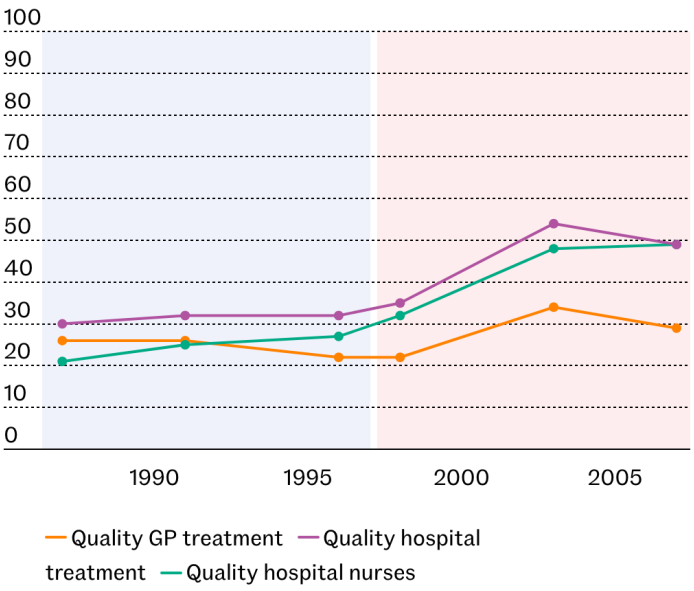
Staffing and experience



Blue/Red shading indicates the party in office at the time of the survey.
Source: British Social Attitudes

Figure 9. (continued)

Quality



Blue/Red shading indicates the party in office at the time of the survey.
Source: British Social Attitudes

The selected years are: 1987, 1991, 1992, 1996, 1998, 2003, 2004, 2007, 2010. In some years, only a subset of the questions was asked.
The data on which Figure 9 is based can be found at Table A.6 in the Appendix,
For full details of the question wording of each item see the Appendix.

Beyond that picture of general stability there are three patterns of note.

Firstly, as New Labour took office, people were most critical of how long it took to access a hospital-based NHS service, whether that was to get an appointment to see a consultant or have a non-emergency operation, or the time spent waiting in outpatients or accident and emergency (whose waiting areas came in for quite a lot of criticism too). For example, in 1987, as many as 83% felt that improvement was needed in respect of the time it took to get an appointment with a hospital consultant, while the figure was still as high as 81% in 2004. It is therefore perhaps not surprising that the level of concern about the provision of doctors and nurses in hospitals was not far behind – or indeed that most people were unenamoured of the environment in A&E and outpatients waiting areas, which were more likely to be thought to be in need of improvement than the hospital buildings in general. Between them these results help explain why satisfaction with inpatient and outpatient services reported in Table 3 was so low before New Labour came to power.[7]

Secondly, as Figure 9 shows, during the final years of Labour's time in office there was a sharp fall in those saying that waiting and waiting times were in need of improvement. In particular, by 2010 the proportion saying the length of time it took to get an appointment for an operation was 26 points down on 2004, while there was a similar 25-point drop in the case of how long it took to get an appointment with a consultant. There was a sharp 21-point drop too in the proportion who felt that the condition of the country's hospitals needed improvement, a problem on which Labour had also focused during its time in office, not least through its use of the private finance initiative to fund new buildings.

Thirdly, concern about the quality of the care being provided by either GPs or hospitals follows almost the opposite pattern. There was relatively little concern during the years of Conservative rule. But the third graph in Figure 9 shows that the middle years of New Labour saw a marked increase in concern about the quality of hospital treatment in general and of the service given by hospital nurses in particular. This increase had become evident from 2000 onwards (coinciding with the decline in satisfaction with inpatient services reported in Figure 8 above) and it was not fully reversed by the time the last reading of these items was taken in 2007. There was also rather less concern about the length of time it took to get an ambulance, or the

[7] Of those who felt that the time it took to secure an appointment with a consultant was in need of improvement, only 49% were satisfied with outpatient services and 51% with inpatient services. The equivalent figures for those who felt the time to secure a consultant appointment was at least satisfactory were 74% and 72% respectively.

environment in GP waiting areas. Indeed, the GP service generally fared relatively well on these measures, echoing the figures we saw previously in Figure 8.

In short, once again our analysis suggests that New Labour's success in improving access to hospital-based care helped bring about the rise in satisfaction with the NHS - even though there was some evidence in the middle of its term of increased concern about the quality of care. Both these patterns were gradual, starting largely after 2000 and only culminating in the latter years of its time in office. Nevertheless, further data collected by BSA during this period shows that, by 2010, 39% thought that waiting times for an appointment for an operation had got better over the last five years, while only 22% believed they had got worse. Equally, in the case of the length of time it took to get an appointment with a consultant, the equivalent figures were 36% and 19% respectively. New Labour's efforts were noticed.

Starmer's Inheritance: how did views on NHS services relate to overall NHS satisfaction from 2011 to 2025?

We have already seen that by the time Sir Keir Starmer was taking up the tenancy of 10 Downing Street, satisfaction with the NHS overall had fallen back down to the same level it had been when Tony Blair first became Prime Minister. We have also seen that, as in 1997, waiting lists for hospital-based elective care had grown in the preceding years – though in 2024, this had ended in the much sharper shock of the pandemic. At the same time, however, both accident and emergency and GP services were now demonstrable sources of concern, more so than in the years before New Labour took office.

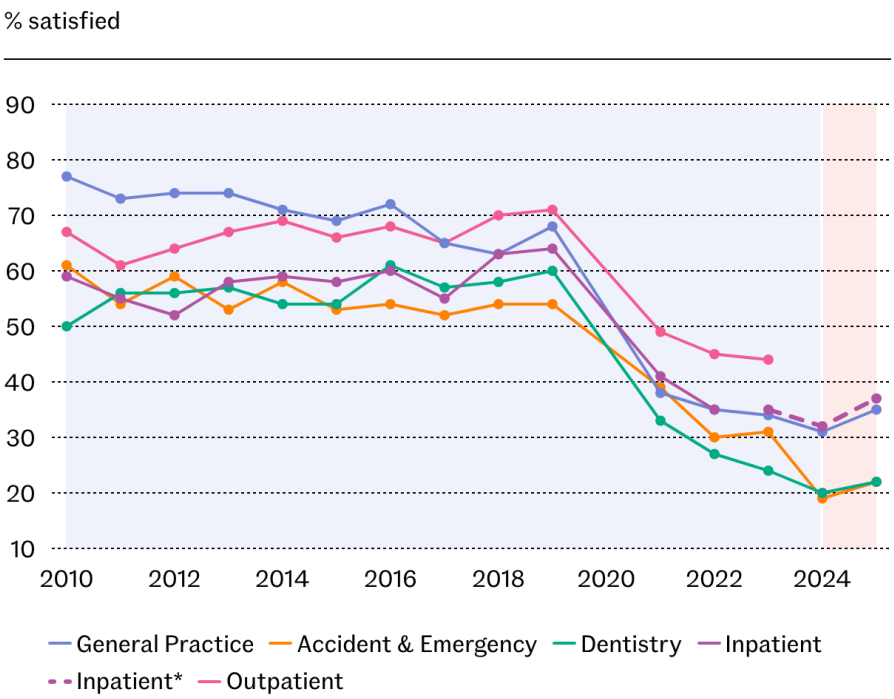
Does this mean that Labour inherited an NHS where public dissatisfaction was to be found more broadly across all of its services – with concern about waiting and access no longer largely confined to hospital-based elective care? And does this mean that the public is also still inclined to feel that the NHS is under-funded despite the substantial increase in (hospital-based) resource that it now has at its disposal?

Figure 10 analyses the legacy bequeathed to the current government by showing the level of satisfaction with specific NHS services from the end of the New Labour government through to our latest survey in 2025, when the current Labour government had been in office for just over a year. A picture emerges of two very different eras.

Across the piece, satisfaction with individual services largely held up until the onset of the pandemic in 2020 - none of the lines in the figure show any marked upward or downward trend during this period. Indeed, by 2019, satisfaction with inpatient and outpatient services was at 64% and 71% respectively, rather higher than the figures of 59% and 67% respectively

recorded in 2010. Dentistry also fared somewhat better during this period; by 2019 60% were satisfied compared with 50% in 2010. In contrast, although stable, satisfaction with accident and emergency was consistently below that registered in 2010 while evaluations of general practice actually fell somewhat - from 77% in 2010 to 68% in 2019. Indeed, unlike any other service, in the case of GPs the average level of satisfaction between 2011 and 2019 was below that recorded during the New Labour years of 1998-2010 (see Figure 8). Collectively these figures indicate that it was hardly surprising that, although never replicating the 70% level recorded in 2010, satisfaction with the NHS overall largely held up until the emergence of COVID-19.

Figure 10. Satisfaction with specific NHS services, 2010–2025



Blue/Red shading indicates the party in office at the time of the survey. *In 2024 and 2025 respondents were asked about "being in hospital as either an in-patient or an out-patient". The data on which Figure 10 is based can found at Table A.7 in the Appendix.
Source: British Social Attitudes

However, with the onset of the pandemic satisfaction with every service took a tumble - as illustrated by the sharp downward trend for all the lines in our figure. This was especially true of general practice, where on average the level of satisfaction between 2021 and 2023 was 36 points down on the 70% recorded between 2011 and 2019. Coming on top of the longer-term decline in satisfaction with the service, this drop meant that general practice had now lost its status as the jewel in the crown of the health service. Quite remarkably, it was now the hospital outpatients service, which had once been the least well-regarded part of the NHS, that now elicited the highest levels of satisfaction, albeit it too suffered a 21-point fall in the wake of the pandemic. Meanwhile, since Labour returned to power in 2024, there is so far no sign of

any improvement on the figures recorded during the pandemic. Rather, the level of satisfaction with accident and emergency in particular has fallen yet further and stands at just 22% in our latest survey.

Not only are the levels of satisfaction with GPs and accident and emergency now at near record lows, but our analysis reveals it is also no longer the case – in contrast to the position up to 2010 - that people's evaluations with these two services are somewhat less strongly related to overall satisfaction with the NHS.

Again, we used logistic regression to adjust for the effect of other possible influences such as age and party support, and to take into account the fact that those dissatisfied with one service may be more likely to be dissatisfied with others too.[8] The results, shown in Table 4, indicate that by 2019, shortly before the pandemic, those who were satisfied with general practice were, all else being equal, 29 points more likely than those who were dissatisfied to be satisfied with the NHS as a whole. For A&E, the equivalent figure was 21 points. Indeed, in both instances the relationship was actually a little stronger than that for being in hospital as an inpatient (18 points) or outpatient (19 points).

During the pandemic itself (see the figures for 2022), hospital inpatient services appear to have become a particular focus of the public's attention. Nevertheless, being satisfied rather than dissatisfied with the GP service also made just as much difference (27 points) to people's overall level of satisfaction with the NHS; this figure is much higher than when New Labour came into office (16 points in 1999) or thereafter.[9] Much the same can be said of accident and emergency.

Meanwhile, although not directly comparable with previous years because satisfaction with inpatients and outpatients was gathered by a single joint question, the estimates for our most recent survey in 2025 still suggest that perceptions of GPs and accident and emergency are more important than they were under New Labour. In short, not only did Keir Starmer's government inherit an NHS that was widely thought to be struggling across the board, but also one whose medical services outside hospitals were now at least almost as much a source of concern for the public as the service inside those institutions. Only dentistry, whose marginal impact is now almost

[8] Apart from age and political partisanship, again the models also control for sex, income, and whether respondent lives in England, Scotland, or Wales. In 2025, Labour supporters were more likely to be satisfied with the NHS. None of the other socio-demographic controls were significant in any other models for 2019-2025. The fact that age is not significant in any of these models (in contrast to some of those for 1983-2010) is consistent with the finding at Table 2 that there has been a decline in the relationship between age and overall satisfaction with the NHS.
[9] The figure quoted here for 1999 is that which was obtained for the GP service after the inclusion of accident and emergency in the model. See Table A.5 for details.

zero (and thus not statistically significant) continues to be unimportant as an influence on people's satisfaction with the NHS.

Table 4: Estimated Marginal Impact of Satisfaction with a Specific NHS service on Probability of Being Satisfied with the NHS overall, 2019-25

Estimated marginal impact on probability of being satisfied vs. not being satisfied with the NHS	2019	2022	2025
Satisfied with:			
- Inpatient	18	27	27 †
- Outpatient	19	9	27 †
- GP	29	27	21
- Accident & Emergency	26	23	17
- Dentistry	12	7	1

Marginal effects that are significant at the 5% level are highlighted in blue.

† Figure is for 'being in hospital either as an **in**-patient or an **out**-patient'.

Which aspects of performance were linked to public satisfaction with the NHS from 2011 to 2025?

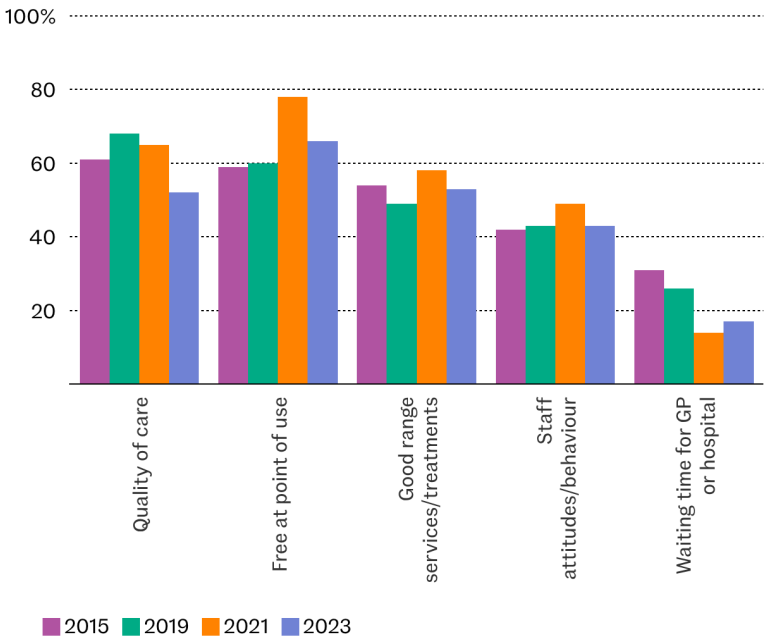
What was Starmer's inheritance in terms of the aspects of the NHS which were worrying the public most? Do concerns about waiting again predominate?

BSA has addressed this topic differently since 2010, so we cannot repeat our analysis of what the public felt needed improvement before and during the New Labour years. However, we do have access to a range of measures that, between them, give us important clues as to how far the public's concerns about specific aspects of the NHS's performance now are similar to or different from those that confronted New Labour.

Between 2015 and 2023, respondents to BSA who said they were satisfied with the NHS were invited to select up to three from a set of possible explanations as to why they felt that way. Similarly, those who indicated they were dissatisfied were invited to make a similar choice from another set of potential explanations. Figure 11 shows for selected key years the answers given by those who said they were satisfied with the NHS overall, while Figure 12 does the same for those who were dissatisfied. In interpreting the results, we should bear in mind that far fewer people were satisfied and many more were dissatisfied in the midst of the pandemic (2021) and immediately thereafter (2023) than had been in either 2015 or 2019 (see Figure 11).

Figure 11. Reasons for being satisfied with the NHS, selected years, 2015–2023

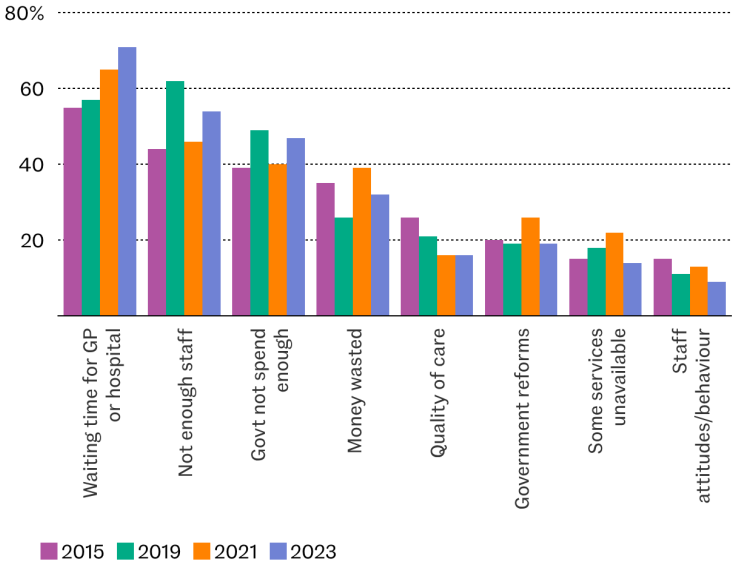
% give as reason for being satisfied



Response options on money being spent wisely, the level of spending provided by the government, government reforms, and media stories not shown – none of these was ever selected by as many as 10%. The unweighted bases for the data in this figure are: 2015: 624; 2019: 653; 2021: 410; 2023: 307. For full details of the wording of the response options see the Appendix.
Source: British Social Attitudes

Figure 12. Reasons for being dissatisfied with the NHS, selected years, 2015–2023

% give as reasons for being dissatisfied



A response option referring to media stories was never selected by as many as 10%. The unweighted bases for the data in this figure are: 2015: 252; 2019: 276; 2021: 400; 2023: 598. For full details of the wording of the response options see the Appendix.
Source: British Social Attitudes

There is an important contrast between the two figures. Quality of care is persistently widely mentioned by those who are satisfied with the NHS, while it is mentioned much less often by those who are dissatisfied. For example, in 2019, 68% indicated that quality of care was a reason for their satisfaction, whereas only 21% mentioned it as a source of dissatisfaction. Meanwhile, since the pandemic, quality of care seems to have become less important as a source of both satisfaction and dissatisfaction.

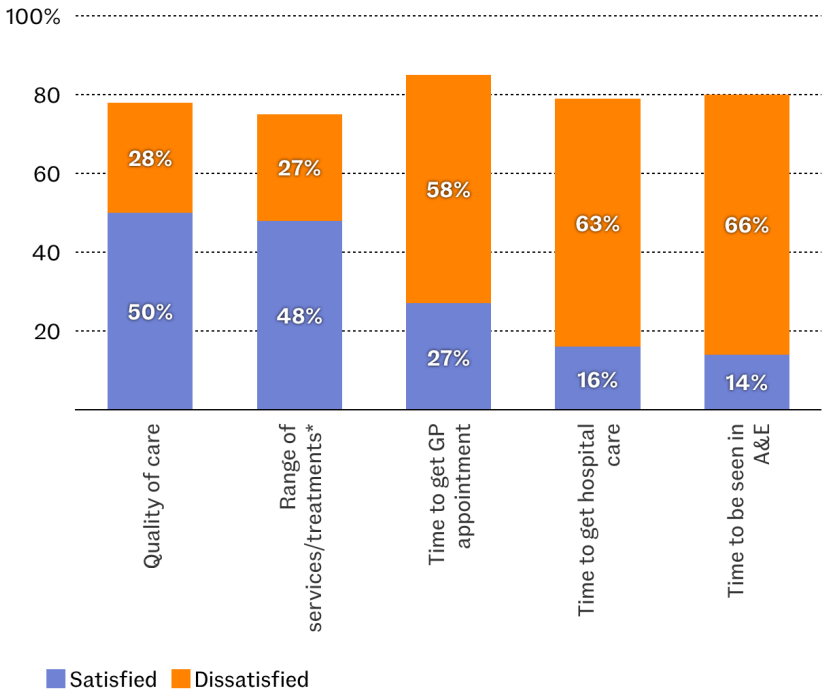
In contrast, the speed with which someone could secure a GP or hospital appointment was persistently at or near the top of the reasons as to why people were dissatisfied with the health service, while it was given much less often as a reason for satisfaction. In 2019, for example, it was given as a reason by 57% of those who were dissatisfied, but by just 26% of those who were satisfied. Moreover, by 2023 (when dissatisfaction was much more widespread) the former figure had risen to 71%, while the latter was as low as 17%. Worsening access to hospitals, general practice and other services in the wake of the pandemic evidently came to weigh heavily on the public's perception of the NHS. Meanwhile, despite the increase in NHS funding and resource that had taken place, a lack of staff and money were second only to length of wait as a stated reason for dissatisfaction.

This picture is also supported by the responses that people have given in the last two surveys when they were asked how satisfied or dissatisfied they were with the quality of care provided by the NHS and with three aspects of waiting, together with the range of services and treatments offered by the NHS.[10] As Figure 13 shows, around a half are satisfied both with the quality of care and the range of services and treatments, while only just over a quarter are dissatisfied. In contrast, well over half are dissatisfied with how long it takes to get treatment, and especially so in accident and emergency. It is, therefore, perhaps not surprising that in response to a separate question, just one in eight (12%) now agree that "there are enough staff in the NHS these days", while a little over seven in ten (71%) disagree.

[10] Further support also comes from the responses that people gave when between 2021 and 2025 they were given a set of seven possible priorities for improvement of the NHS and invited to select up to three. In 2025, 45% selected 'improving waiting times for planned operations', while the same proportion chose 'improving waiting times for accident & emergency' and 'making it easier to get a GP appointment'. Forty-three per cent picked 'increasing the number of staff in the NHS'. The remaining options (which did not include anything on quality of care) were 'helping people to stay healthy and preventing illness (38%), 'improving mental health services', and 'improving the health of the most disadvantaged' (16%). The figures were largely much the same for 2021-4.

Figure 13. Levels of satisfaction and dissatisfaction with aspects of NHS performance, 2025

% satisfied and dissatisfied



* Figure is for 2024. Unweighted base: 1460 (2024=933)
Source: British Social Attitudes

Because people's evaluations of the NHS's performance have been ascertained differently in recent years than they were in the run up to the 1997 election we are unable to compare the two directly. We cannot, for example, be sure whether concerns about staffing and funding are higher or lower now than then or not. That said, however, it does seem clear that while the breadth of services linked to public concern was wider in 2024, there was a clear similarity in the aspects of care which concerned people most. The low satisfaction Labour inherited was once again accompanied by particular and exceptional concerns about the length of time patients had to wait for care.

Conclusion

Can the current Government repeat the New Labour turnaround in public satisfaction?

There are elements of the current government's approach to managing the NHS that echo the steps taken by New Labour after 2000 (Arnold et al., 2025; HM Government, 2025). There is a very strong emphasis on the need to meet performance targets, such as ensuring that 92% of patients start receiving treatment within 18 weeks of referral to a consultant, set as the "milestone" by Prime Minister Kier Starmer (Prime Minister's Office, 2026). Payments to providers continue to be tied to activity, and there has been no initial attempt to dial down competition or the remaining elements of the internal market. A new model of "foundation trust" with autonomy is being offered – though with less autonomy than its predecessors (NHS England, 2026). The reintroduction of league tables for trusts is straight out of the New Labour playbook.

This is not surprising. This government has an opportunity to learn from its predecessor's false start, and the central challenge in reversing public dissatisfaction with the NHS is similar to that which confronted New Labour in 1997 – waiting. Thirty years ago, waiting for hospital-based treatment was the aspect of the NHS's performance that was most commonly thought to be in need of improvement – and that perception was clearly related to people's dissatisfaction with the NHS overall. Now, dissatisfaction with access and waiting is again clearly related to whether or not people say they are satisfied.

Moreover, now as then, the public are also inclined to the view that the NHS is not adequately funded, despite the substantial expansion of its resources in the meantime. In short, the challenge facing Labour now is much the same as that facing Tony Blair's government in 1997 and thus some similarity of approach is understandable, and perhaps appropriate given the successes of New Labour's later years.

What is different today?

Yet there are also three key differences between the position now and then. Firstly, whereas in 1997 the public was still reasonably happy with some areas of the NHS – most notably general practice – all parts of the health service are now at a low ebb. Our analysis shows that, before Keir Starmer

took power, overall satisfaction with the NHS has become more closely linked to satisfaction with general practice, and indeed to satisfaction in A&E as well – even as hospital waits remain crucial. While the new government has made planned waits for consultant care its absolute priority, it looks as though this time, turning public satisfaction around will require success across a broader front.

At the same time recalling the details of New Labour's time underlines the difficulties facing this government in repeating its success. Not all the indicators of public satisfaction moved in a more favourable direction between 1997 and 2010. Concern grew about the quality of treatment in hospitals, while for much of New Labour's time in office, satisfaction with inpatient services was relatively low.

Secondly, both the scale of and the backdrop to the public's dissatisfaction is different. Dissatisfaction with the NHS in 1997 was largely a consequence of a gradually growing discontent with how the NHS had been performing under the Conservative governments led by Margaret Thatcher and John Major. That gave it the appearance of a policy problem that was amenable to a solution. In contrast, the NHS that Sir Keir Starmer inherited had faced a long period of increasing struggles – but then had suddenly been holed beneath the water in the eyes of the public by the pandemic. Overcoming such a shock to the public's confidence could prove more difficult.

Thirdly, the circumstances are different too. An ageing population is experiencing more years in poor health. The government's fiscal position is more heavily constrained than 30 years ago. Public dissatisfaction with the NHS is seemingly helping fuel support for parties that are currently posing an unprecedented challenge to Britain's traditional political structure. Within the health service itself, funding and staffing rose sharply during the pandemic – but productivity fell.

Lastly, some policy options are no longer on the table. There is no plan for the level of funding growth seen during the post-2000 era of New Labour's rule: the NHS budget is due to rise at a steady but low rate of less than 3% in real terms (HM Treasury, 2025). The expansion of the statistical measures of NHS performance under New Labour enabled the government gradually to monitor more of the patient journey, identify sources of potential blockage, and incentivise providers to overcome them. In contrast, this government starts off with an all-encompassing "referral to treatment" target already in place - albeit one far from being met.

Against this backdrop it is unsurprising that the current government is not simply imitating New Labour's approach. Its ten-year plan for the service outlines three main shifts – from treatment to prevention; from hospital to community; and from analogue to digital (Arnold et al., 2025). The first of these attempts to reduce demand on the NHS, not least by reversing the

increase in unhealthy life expectancy, is a familiar theme from the New Labour years. The second aims to reverse the shift of resources towards hospitals and potentially addresses the dissatisfaction that now exists with access to primary care. The third attempts both to improve how the NHS communicates with patients and thus their ability to access services, while also addressing the lack of improvement in NHS productivity. While these aspirations are not new either, the emphasis on productivity and efficiency reflects the position in which the new government finds itself.

A tougher task?

There is a glimmer of hope in the slight increase in NHS satisfaction in the 2025 BSA survey – and in the possibility that productivity could recover from the sudden dip during COVID-19. But it looks as though this Labour government will need to improve perceptions more widely than before to lift satisfaction with the NHS as durably and as quickly as in the 2000s. Reaching the heights of satisfaction took New Labour 13 full years, with a false start even after it was blessed with an immediate boost in satisfaction in 1998 which the current government did not receive in 2025.

This time, progress will be more reliant on the tough business of grinding out efficiencies, and much less on large spending boosts from the Treasury. The government may need to reflect on the choice they inherited from previous governments to single out hospital waits as a single overarching priority, and on the significant question marks hanging over the progress so far in the implementation of the ten-year plan (Anandaciva, 2026).

New Labour's time in office should still serve as a reminder that NHS satisfaction can be far higher, and that it is closely tied to perceptions of specific aspects of the service – especially waiting times. But as far as we can tell from the comparison we have been able to make – limited though some of it has been - this is a different time. In several ways, the task that faces Andy Burnham as Prime Minister in turning around NHS satisfaction appears to be bigger and more complicated than it was when he first began his political career under New Labour, 30 years ago.

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Appendix

Tables of Data Behind Figures and Unweighted Bases

Table A.1 (Figure 6). Satisfaction with the NHS, 1983-2025

Year	Very or quite satisfied (%)	Very or quite dissatisfied (%)	*Unweighted base*
1983	55	26	*1761*
1984	51	30	*1675*
1986	40	40	*3100*
1987	40	40	*2847*
1989	37	46	*3029*
1990	37	47	*2797*
1991	40	41	*2918*
1993	44	38	*2945*
1994	44	38	*3469*
1995	37	45	*3633*
1996	36	50	*3620*
1997	34	50	*1355*
1998	42	36	*3146*
1999	46	33	*3143*
2000	42	39	*3426*
2001	38	41	*2188*
2002	40	41	*2287*
2003	44	37	*2293*
2004	43	37	*3199*
2005	48	31	*3193*
2006	49	34	*2143*

2007	51	30	*3078*
2008	58	25	*3358*
2009	64	19	*3421*
2010	70	18	*3297*
2011	58	24	*1096*
2012	60	23	*1103*
2013	60	22	*1063*
2014	65	15	*1937*
2015	60	23	*2167*
2016	63	22	*2942*
2017	57	29	*3004*
2018	53	30	*2926*
2019	60	25	*3224*
2020	54	24	*1275*
2021	36	41	*3112*
2022	29	51	*3362*
2023	24	52	*3374*
2024	21	59	*3123*
2025	26	51	*3464*

Figures for 2024 and 2025 based on those aged 18 plus living in Great Britain

Table A.2 (Figure 7) Satisfaction with the NHS by Conservative and Labour Support, 1983-2025.

	Party Support		*Unweighted Bases*	
	Conservative	Labour	*Conservative*	*Labour*
	%	%		
1983	57	56	*676*	*584*
1984	55	46	*640*	*595*
1986	46	37	*1054*	*1080*
1987	48	35	*1095*	*824*
1989	44	29	*1198*	*1017*
1990	47	28	*986*	*1074*
1991	53	31	*1053*	*1010*
1993	55	37	*964*	*1101*
1994	56	37	*1009*	*1404*
1995	52	30	*957*	*1610*
1996	49	28	*1012*	*1528*
1997	45	28	*378*	*560*
1998	46	39	*818*	*398*
1999	50	46	*785*	*1333*
2000	44	44	*937*	*1394*
2001	40	41	*486*	*995*
2002	37	43	*572*	*956*
2003	38	50	*568*	*867*
2004	43	52	*831*	*1038*
2005	41	55	*802*	*1291*
2006	48	54	*572*	*699*
2007	46	57	*786*	*1083*
2008	57	64	*1087*	*934*
2009	61	73	*961*	*905*

2010	70	74	*943*	*1011*
2011	64	56	*284*	*362*
2012	63	63	*298*	*361*
2013	66	59	*264*	*358*
2014	67	69	*523*	*563*
2015	65	59	*713*	*621*
2016	66	63	*1003*	*849*
2017	61	55	*965*	*`1130*
2018	58	51	*886*	*1011*
2019	68	57	*963*	*816*
2020	57	54	*421*	*417*
2021	39	36	*991*	*984*
2022	35	27	*970*	*1156*
2023	29	24	*776*	*1198*
2024	27	22	*627*	*892*
2025	30	33	*520*	*845*

Table A.3 (Table 2). Satisfaction with the NHS by age group, 1983-2025 (selected years): Unweighted Bases

	18-34	35-54	55-64	65+
1983	*525*	*623*	*261*	*346*
1990	*849*	*1016*	*382*	*537*
1993	*862*	*1040*	*350*	*679*
1996	*1077*	*1261*	*451*	*858*
1998	*886*	*1076*	*418*	*756*
2005	*735*	*1170*	*534*	*752*
2010	*676*	*1194*	*563*	*857*

2015	*440*	*716*	*360*	*626*
2019	*631*	*1068*	*510*	*1009*
2023	*692*	*1131*	*599*	*948*
2024	*623*	*981*	*558*	*771*
2025	*817*	*1128*	*625*	*888*

Table A.4 (Figure 8). Satisfaction with specific NHS Services 1983-2010

	% satisfied					
Year	General Practice	Accident & Emergency	Dentistry	Inpatient	Outpatient	*Unweighted bases*
1983	80	n/a	73	74	61	*1761*
1986	77	n/a	74	67	55	*3100*
1987	79	n/a	74	67	54	*2847*
1989	80	n/a	70	65	52	*3029*
1990	80	n/a	69	63	51	*2797*
1991	83	n/a	68	64	52	*2918*
1993	83	n/a	58	64	57	*2945*
1994	80	n/a	57	58	56	*3469*
1995	79	n/a	55	57	55	*3633*
1996	77	n/a	52	53	52	*3620*
Average 83-96	80	n/a	65	63	55	
1998	75	n/a	53	54	52	*3146*
1999	76	52	53	58	56	*3143*
2000	76	52	62	59	58	*3426*
2001	71	43	53	51	50	*2188*
2002	72	43	54	51	52	*2287*
2003	72	45	52	53	54	*2293*
2004	72	46	42	48	54	*3199*

2005	74	51	45	50	61	*3193*
2006	76	46	42	46	57	*2143*
2007	76	51	42	49	60	*3078*
2008	77	53	42	51	61	*3358*
2009	80	59	48	59	67	*3421*
2010	77	61	50	59	67	*3297*
Average 98-10	75	47	49	53	58	

n/a: not asked

Table A.5 (Table 3). Estimated marginal impact of satisfaction with a specific NHS service on probability of being satisfied with the NHS overall, models with accident and emergency Included, 1999-2010

Estimated marginal impact on probability of being satisfied vs. not being satisfied with the NHS	1999	2006	2010
Satisfied with:			
- Inpatient	31	24	30
- Outpatient	21	33	24
- GP	16	20	19
- Accident & Emergency	14	8	13
- Dentistry	12	15	7

All estimates are significant at the 0.1% level except Accident & Emergency in 2006 which is significant at the 5% level.

Table A.6 (Figure 9). Evaluations of NHS Performance, 1987-2010 (selected years)

	Conservative Government			Labour Government				
% say in need of improvement	1987	1991	1996	1998	2003	2004	2007	2010
Waiting and Access								
Waiting operation	87	85	76	78	n/a	76	n/a	50
Waiting consultant appt	83	85	79	82	n/a	81	n/a	56
Waiting in outpatients	n/a	80	68	70	n/a	69	n/a	52
Waiting in A&E	n/a	73	73	76	n/a	76	n/a	63
GP appointment systems	47	44	43	48	n/a	49	n/a	42
Waiting ambulance	n/a	43*	36	32	n/a	42	n/a	24
Time with GP	33	34	30	32	n/a	34	n/a	31
Ability to choose GP	28	26	27	30	43	n/a	42	n/a
Staffing and Experience								
Staffing nurses	75	70	71	71	71	n/a	64	n/a
Staffing doctors	70	70	70	69	74	n/a	62	n/a
A&E waiting areas	n/a	73	73	76	n/a	76	n/a	43
Outpatient waiting areas	n/a	80	68	70	n/a	69	n/a	35
GP waiting areas	n/a	27	21	21	n/a	21	n/a	17
Condition of hospitals	53	59	50	49	n/a	62	n/a	41
Quality								
Quality GP treatment	26	26	22	22	34	n/a	29	n/a
Quality hospital treatment	30	32	32	35	54	n/a	49	n/a
Quality hospital nurses	21	25	27	32	48	n/a	49	n/a

Unweighted bases	*1243*	*2481*	*3119*	*2531*	*1845*	*2609*	*2665*	*2791*

* Figure is for 1993, the first year this question was asked (unweighted base = 2595). From 2000 onwards, the questions were only asked every other year, with alternate halves of the set included in any one year. None of the questions were asked in 2008 or 2009.

n/a: not asked

For full details of the question wording of each item see below.

Table A.7 (Figure 10). Satisfaction with particular NHS Services, 2010-2025

		% satisfied				
Year	General Practice	Accident & Emergency	Dentistry	Inpatient	Outpatient	*Unweighted bases*
2010	77	61	50	59	67	*3297*
2011	73	54	56	55	61	*1096*
2012	74	59	56	52	64	*1103*
2013	74	53	57	58	67	*1063*
2014	71	58	54	59	69	*971*
2015	69	53	54	58	66	*1062*
2016	72	54	61	60	68	*974*
2017	65	52	57	55	65	*1002*
2018	63	54	58	63	70	*973*
2019	68	54	60	64	71	*1075*
Average 2011-19	70	55	57	58	67	
2021	38	39	33	41	49	*1039*
2022	35	30	27	35	45	*1187*
2023	34	31	24	35	44	*1206*
Average 2021-2	36	33	28	37	46	
2024	31	19	20	32*	n/a	*933*

2025	35	22	22	37*	n/a	*1460*
Average 2024-5	33	21	21	35*	n/a	

* Figure is for 'being in hospital as either an in-patient or an out-patient'
n/a: not asked
The questions were not asked in 2020.

Full question wordings

Figure 9

From what you know or have heard, please tack a box for <u>each</u> of the items below to show whether you think the National Health Service <u>in your area</u> is, on the whole, satisfactory or need of improvement.

The response options for each item were:

In need of <u>a lot</u> of improvement
In need of <u>some</u> improvement
Satisfactory
Very good

GPs' appointment systems
Amount of time GP gives to each patient
Being able to choose which GP to see
Quality of medical treatment by GPs
Hospital waiting lists for non-emergency treatment
Waiting time before getting appointments with hospital consultants
General condition of hospital buildings
Staffing level of nurses in hospitals
Quality of nursing care in hospitals
Staffing level of doctors in hospitals
Quality of medical treatment in hospitals
Quality of nursing care in hospitals
Waiting areas in accident and emergency departments in hospitals
Waiting areas at GPs' surgeries
Time spent waiting in out-patient departments
Time spent in accident and emergency departments before being seen by a doctor
Time spent waiting for an ambulance after a 999 call

Figure 11

You said you are satisfied with the way in which the National Health Service runs nowadays. Why do you say that?

Please select up to three

The quality of NHS care
Don't have to wait long for a GP or hospital appointment
Attitudes and behaviour of NHS staff
NHS care is free at the point of use
Stories in the newspapers, on the radio, on TV or on social media
How much money the government spends on the NHS
Government reforms that affect the NHS
Good range of services and treatments available on the NHS
Money is spent wisely in the NHS
Other (Please specify)

Figure 12

You said you are dissatisfied with the way in which the National Health Service runs nowadays. Why do you say that?

Please select up to three

Attitudes and behaviour of NHS staff
Some services or treatments are not available on the NHS
Government reforms that affect the NHS
The quality of NHS care
Money is wasted in the NHS
The government doesn't spend enough money on the NHS
It takes too long to get a GP or hospital appointment
Stories in the newspaper, on the radio or on TV or on social media
Other (Please specify)

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