



Different policies, different priorities? Comparing public attitudes to personal care and patient choice in England and Scotland

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When the Scottish Parliament was established in 1999, the intention was to improve policy-making north of the border by allowing public policies to be tailored to the specific needs and aspirations of people in Scotland. Using data from the 2005 *Scottish Social Attitudes* and the 2004 and 2005 *British Social Attitudes* surveys, we report on public attitudes towards two key devolved policy areas – personal care for older people and the NHS – comparing the attitudes of people in Scotland with those in England.

- More people in Scotland than in England favour the idea of providing personal care for older people free of charge (57% compared with 42%).
- This greater level of support in Scotland exists even though many people are sceptical about whether the government will actually pay for the care they need in their old age.
- Two thirds (63%) of people in Scotland think patients should be able to choose which hospital they go to. The level of support for 'patient choice' in the delivery of healthcare is almost as high as that in England, despite patient choice being lower down the Scottish political agenda.
- People on both sides of the border are sceptical about the reality of patient choice (though this scepticism is higher in Scotland).
- However, politicians seeking to improve perceptions of the NHS should note that beliefs about 'patient choice' appear to have relatively little impact on public satisfaction with the NHS. On the other hand, perceptions about outpatient waiting times are strongly associated with levels of satisfaction with the health service in both Scotland and England. People who expect to wait longer are less satisfied with the NHS overall.

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The creation of the Scottish Parliament in 1999 has led to some notable policy differences between Scotland and England.

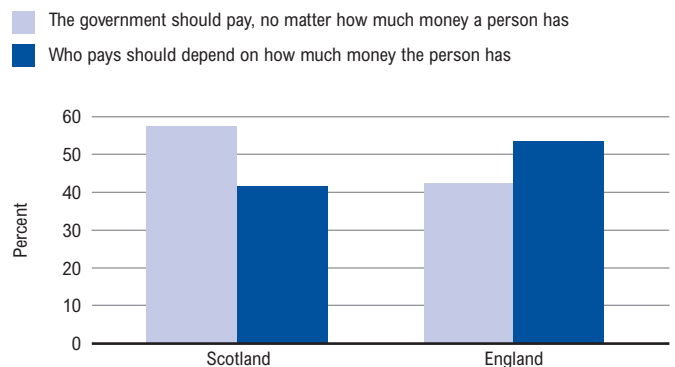
Perhaps the most widely publicised of these was the decision by the Scottish Parliament, in 2002, to pay for any personal care required by those aged 65 or over, irrespective of people's ability to cover the cost themselves.¹ There have also been significant, though less high profile, differences in health policy, with the Scottish Executive placing less emphasis than the UK government on increasing patient choice to help improve service efficiency. This paper summarises key findings from the 2005 *Scottish Social Attitudes* survey and compares them with equivalent findings for England from the 2004 and 2005 *British Social Attitudes* surveys.² It uses the results to assess how far these policy divergences are reflected in differences in people's preferences in Scotland and England. Are people in Scotland more in favour of free personal care? And is choice in healthcare a greater priority for people in England?

A majority of the Scottish public favours the policy of providing personal care free of charge to all older people.

The policy of free personal care in Scotland has divided politicians and commentators, both north and south of the border. Many hail it as a great success for devolution (and suggest England and Wales should move towards a similar model). Others are critical of the cost and thus the sustainability of the policy, and question whether spreading resources across *all* older people rather than focusing on those who need them most is really the more equitable option.

Our data show that in 2005 a majority of the Scottish public was in favour of universal free personal care rather than means testing. Six in ten (57%) said the government should pay for personal care for all older people, irrespective of how well off they are. Support for free personal care was considerably higher in Scotland than in England, where just four in ten (42%) were in favour (see *Figure 1*).

Figure 1. Who should pay for care for older people?



Base: adults in England/Scotland, 2005

People in Scotland support the policy of free care despite doubt over whether it will be available for them in the future.

Doubts have been raised about how effective Scottish local councils have been in delivering free personal care. Media reports in 2006 suggested that some were operating 'waiting lists' for care. Scepticism about the actual availability of free care appears to be reflected in public attitudes. In 2005, just 17% of people in Scotland agreed that 'there is no need to save for care in old age because the government will pay for it'.

However, even among the 69% of people who disagreed with this statement, a majority (52%) still supported the principle of free care. This suggests that support for universal provision of personal care in Scotland is not simply driven by an expectation that it will be available in practice. Rather, there seems to be a genuine difference of opinion between the Scottish and English publics about the best way of financing care for older people.

Scottish:UK policy differences regarding patient choice in the NHS are not so clearly reflected in public attitudes towards patient choice.

In recent years the UK Labour government has emphasised the importance of patient choice as a way

1 Personal care is defined in the 2002 Community Care and Health (Scotland) Act as "care which relates to the day to day physical tasks and needs of the person cared for (as for example, but without prejudice to that generality, to eating and washing) and to mental processes related to those tasks and needs (as for example, but without prejudice to that generality, to remembering to eat and wash)". Essentially, the term describes most non-medical care older people might need because of frailty or disability.

2 Data is from 2005 unless otherwise specified.

3 See for example Appleby, J (2006) 'Choice a right in England – but what about Scotland's patients?' in *The Scotsman*, 3 June.

of 'reforming' the health service in England. The Scottish Executive has been less keen to embrace this agenda (although there are signs that policy has started to shift).³ Instead, the focus has been on treatment and prevention of cancer and heart disease, and access to local hospitals.

Our data suggest, however, that the principle of patient choice over the location, nature and timing of NHS treatment is almost as popular in Scotland as it is in England. For example, 63% of people questioned in the 2005 *Scottish Social Attitudes* survey thought people should have a 'great deal' or 'quite a lot of say' over which hospital they go to. This is almost as high as the 68% who said this in England in the same year (see Figure 2).

People on both sides of the border are sceptical about the reality of 'patient choice' (but more so in Scotland).

In spite of high levels of enthusiasm for patient choice, few people in either Scotland or England appear to believe it happens much in reality. For example, just 10% of people in Scotland and 12% in England thought patients actually do have 'a great deal' or 'quite a lot' of say over which hospital they go to. However, the proportion who thought patients have 'no say at all' over where, when and how they are treated was higher in Scotland than in England. For example, 34% of people in England thought patients have *no* say over the timing of appointments, compared with 43% in Scotland. So, while the UK government may still have a long way to go to satisfy the high expectations of people in England, Scotland may be even further away from meeting public aspirations for patient choice.

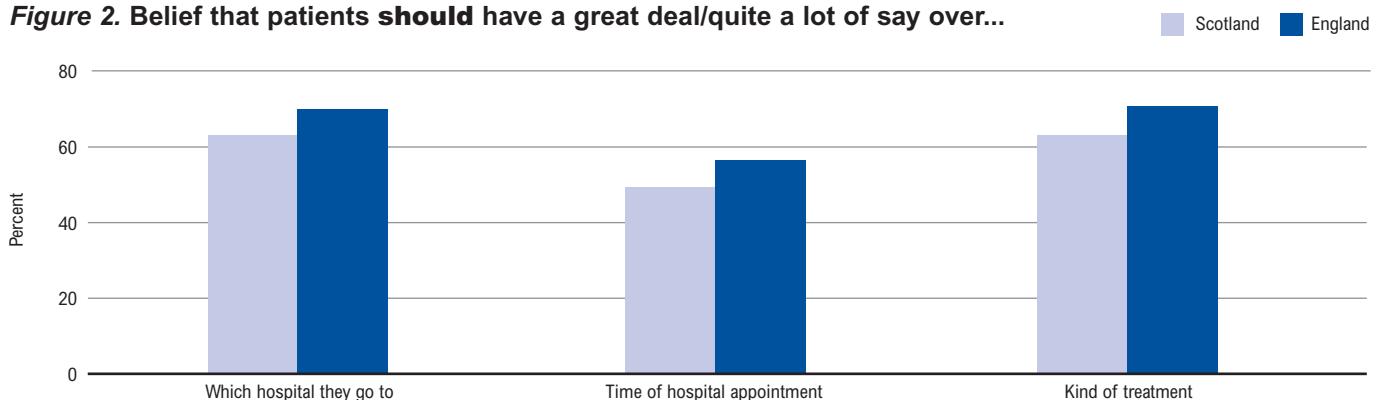


However, while choice is popular, it is does not seem to be the key to public satisfaction with the NHS in Scotland or England. Waiting times are more important.

Despite public support for patient choice, in Scotland the only element of the 'choice' agenda that appears to be strongly related to satisfaction levels is the belief that patients have a say in their medical treatment. In England, those who believe that patients have a say over which hospital they go to were more likely to be satisfied with the NHS as a whole.

But beliefs about the reality of patient choice are less strongly connected with satisfaction with the NHS than beliefs about waiting times. In particular, those least likely to be satisfied with the NHS overall in both England (in 2004) and Scotland (in 2005) were those who did *not* believe they would get an outpatient's appointment for a back problem within three months. In Scotland, just 20% of those who thought they definitely would not get an appointment within three months were 'very' or 'quite' satisfied with the NHS, compared with 55% of those who thought they definitely or probably

Figure 2. Belief that patients should have a great deal/quite a lot of say over...



Base: adults in England/Scotland, 2005

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would. Figures for England in 2004 were very similar. Thus, while the desire for patient choice is much the same in Scotland and England, it could be argued that the Scottish Executive has been correct not to give the issue particular prominence, since it does not appear to be a very important predictor of satisfaction.

In summary

Eight years on from devolution, our data suggest that people in England and Scotland hold different views about key areas of public policy. The Scottish Executive's decision to provide personal care free of charge for all older people is reflected in public support for that policy in Scotland (in spite of apparent scepticism about whether the government will eventually meet their care needs). English public opinion, on the other hand, appears to back the status quo south of the border. That said, in both countries a significant minority hold opposing views. It will be interesting to see whether public attitudes in either country shift over time, particularly as the cost and impact of the Scottish policy become clearer.

Policy differences between Scotland and England in how the NHS is run have been less well publicised, but here too there is evidence that these are reflected in differences in public attitudes. It is less clear that the lower focus on patient choice in Scotland reflects less desire for choice among the Scottish public. However, in England, where there has been a longer-standing focus on promoting choice, people are less negative about the degree to which patients actually have a say over the nature, timing and location of their treatment. That said, to date it is not clear that providing more choice will help to make people significantly more satisfied with the NHS. Policies on waiting times and choice continue to evolve in both countries. It will be interesting to explore the extent to which this is reflected in shifts in future public attitudes towards (and evaluations of) the NHS.

Methodology

- The findings in this summary are from the 2005 *Scottish Social Attitudes* (SSA) survey and the 2004 and 2005 *British Social Attitudes* (BSA) surveys.
- For the last 23 years, BSA has provided robust data on public attitudes in Britain. Since the advent of devolution in 1999, SSA has fulfilled a similar role in Scotland.
- BSA typically interviews 3,300 people across England, Scotland and Wales each year, while SSA involves 1,500 interviews across Scotland.
- Both surveys are based on random probability samples, thereby making it possible to make statistical inferences to the population as a whole with known probabilities of error. Fieldwork is conducted face-to-face using computer-assisted personal interviewing, together with a self-completion supplement.
- SSA findings in this summary are based on a module of questions on attitudes to providing for old age, sponsored by the Nuffield Foundation, together with a module of questions on attitudes to the NHS, funded by the Scottish Centre for Social Research (part of NatCen). This report also uses BSA data funded by the Department of Health.

To obtain further details about British and Scottish Social Attitudes

Findings on attitudes to care for older people are reported in a chapter in Park, A., Curtice, J., Thomson, K., Phillips, M. and Johnson, M. (eds) (2007) *British Social Attitudes: the 23rd Report – Perspectives on a changing society*, London: Sage, available from www.sagepub.co.uk, priced £45. Further results and findings from the SSA module on attitudes towards the NHS are available from the Scottish Centre for Social Research. For more information on SSA, contact Rachel Ormston, r.ormston@scotcen.org.uk. For more information on BSA, contact Miranda Phillips, m.phillips@natcen.ac.uk.