

# A Portrait of Modern Britain: Health

## The Public's Priorities for the NHS

John Power, Zachary Marsh and Sean Phillips





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## About A Portrait of Modern Britain

A Portrait of Modern Britain is a major project being undertaken by Policy Exchange. It aims to analyse current demographic trends in modern Britain, including significant regional and local variations in age and demography – and how these are changing over time – whilst charting the wide range of views held by the populous on matters from healthcare to history; immigration to economics.

The first ‘Portrait of Modern Britain’ study was carried out for Policy Exchange in 2014 by two young researchers named Rishi Sunak and Saratha Rajeswaran, the first of whom would go on to become the UK’s first ethnic minority Prime Minister of modern times. Focusing on the lives and contributions of ethnic minority citizens, it was welcomed by politicians and political leaders across the political spectrum.

Using state-of-the-art polling conducted in 2024 by Redfield & Wilton Strategies for Policy Exchange, the project aims to identify how governments can successfully focus on what unites us – and how to deliver for the country – building on the latent strengths of British identity and culture that bind us together, while fulfilling the legitimate material and economic aspirations of the younger generation.

Future reports in the series will place a spotlight on young Britons, and on national attitudes towards the economy and other key public services.

A Portrait of Modern Britain is being led by a team including Iain Mansfield, Rakib Ehsan and Lara Brown.

## About the Authors

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# Contents

About A Portrait of Modern Britain	2
About the Authors	3
Executive Summary	5
Recommendations	8
Section 1 – Population-Wide Trends	10
Section 2: Party Politics	13
Section 3 – Age, Rural/Urban and Self-Reported Financial Status	16
Age	16
Self-Reported Financial Status	18
Rural/Urban	19
Section 4 – Specific Policy Areas	21
General Practice	21
NHS Dentistry	22
Mental Health	25
Fertility Treatment and Contraception	26
Perceptions of Health Tourism	28
Section 5 - The Future of the NHS	30

# Executive Summary

**This paper is the latest in Policy Exchange’s pioneering ‘A Portrait of Modern Britain’ series which explores how attitudes toward life in Britain are changing over time. This report shines a light on how the public perceives the performance of the NHS today – and what they feel ought to be prioritised.** It draws on findings from state-of-the-art polling conducted by Redfield & Wilton Strategies for Policy Exchange, which reveals insights according to voting intention, age, ethnicity, rural/urban location and family structure.<sup>1</sup>

**The performance of our largest public service – the National Health Service (NHS) – matters deeply to the public and consistently polls among the top three ‘issues facing the country’.**<sup>2</sup> Our findings confirm significant dissatisfaction with current services and notable differences (by age and geography) in the public’s appetite for reform. It also reveals an appetite to engage in trade-offs over priorities for service provision which are often lacking in the discussion on NHS reform.

**Polling reveals that the NHS “provides all its services free at the point of use” was deemed less of a priority (41%) to respondents than improving access to GPs “if I need one” (61%) or providing “good treatment for life-threatening diseases, such as cancer” (44%).** Moreover, younger respondents (aged 18-34) were less likely (34%) to view ‘free at the point of use’ as a priority. Although support for the ‘free at the point of use’ model remains high, this suggests we may be reaching a tipping point in which frustration at the current state of the NHS and its inability to provide core services in a timely fashion begins to override, for some, commitment to one of its founding principles. In a context of worsening operational performance, this suggests that the public may have greater appetite for bolder reforms – whether that is charging for missed appointments, restricting eligibility for free prescriptions or more fundamental changes – provided this results in demonstrable improvements to service quality.

**Those who intend to vote for Reform are the most likely to be disillusioned with the current performance of the NHS.** Almost 1/3 of Reform voters (31%) were not confident they would receive good treatment from the NHS if they needed it, compared to only 18% of Labour voters and 10% of Conservative voters. They were also the most likely to believe that ‘health experts’ were trying to ‘control their lives’ (67% considered this to be ‘significantly’ or ‘fairly’ present as a problem)

1. Polling findings based on a nationally representative sample of 2,000 individuals which was conducted in 2024, prior to the General Election. It also draws on findings from additional ‘booster’ samples of 1,400 ethnic minority respondents, 200 each from the ‘Black African’, ‘Black Caribbean’, ‘Indian’, ‘Pakistani’, ‘Bangladeshi’, ‘Chinese’ and ‘Mixed-Race’ ethnic groups.
2. The most important issues facing the country, YouGov [\[link\]](#)



and that the NHS should spend its money more effectively, rather than receiving more funding (61% vs 34%).

**Young and urban respondents were more open to reforms of how NHS care is delivered.** A third (34%) of those aged 18-34 thought enabling direct access to secondary care (and by-passing the ‘gatekeeper’ role of general practice) should be a priority for the NHS, compared to 21% of those aged 65+. Urban residents, meanwhile, were also more likely (34%) to prioritise direct access to secondary care compared to those living in rural settings (25%).

**Improved access to NHS dentistry was the third-highest priority of those polled (43%)** – only a little behind ‘shorter waiting times for operations’ (56%) and ‘better access to GPs’ (48%). It was an even higher priority for those self-reporting financial difficulties (47%). Improved access to NHS dentistry was regarded as a higher priority than improving access to mental health services (21%) or adopting new treatments and technologies more quickly (13%).

**Voters of all parties believe that ‘medical tourism’ is either ‘a problem’ or ‘a significant problem’ in the NHS today. This includes those who intended to vote for left-leaning parties including Labour (57%), the Liberal Democrats (56%) or the Green Party (45%).** These numbers rose to 70% for those who intended to vote for the Conservatives and 85% for those who intended to vote Reform.

**When asked to rank priorities for reform, policies to increase the NHS’s role in encouraging people to ‘live healthy lives’ ranks low as a priority across ages, ethnicities and incomes.** No more than 10% of respondents of all groups polled this as a ‘top three’ priority, despite the prominence in Government messaging on a need to pivot to ‘prevention’.

**These findings have significant implications for the Government’s ‘mission’ for health and their policy priorities over the coming year – and over the course of this parliament.** With a significant budgetary increase for NHS England (4.75% to £181.4bn in 2024/2025) announced at the Autumn Budget and ‘ending hospital backlogs’ one of the ‘milestones’ set out in the Prime Minister’s recently-published *Plan for Change* – with further measures announced in an Elective Reform Plan in January 2025 – the Government have raised expectations for delivering improvements to the NHS, reinforced by pledges from the Prime Minister and the Health Secretary that “major surgery, not sticking plaster solutions” are required, that the NHS must “reform or die” and that “this is the year [2025] that we reform the NHS”<sup>3</sup>

3. The ‘milestone’ set out by the Prime Minister is ‘ending hospital backlogs’, “to meet the NHS standard of 92% of patients in England waiting no longer than 18 weeks for elective treatment”. See ‘Build an NHS Fit for the Future’, *Plan for Change, Prime Minister’s Office* [\[link\]](#). For details of spending plans set out in the Autumn Budget, see ‘Autumn Budget 2024’, *Gov.uk* [\[link\]](#). For cited quotations: ‘PM: ‘Major surgery, not sticking plaster solutions’ needed to rebuild NHS’, *Gov.uk*, 11 September 2024 [\[link\]](#); ‘NHS must reform or die, says Wes Streeting’, *BBC*, 26 September 2024 [\[link\]](#) and comments made during speech by the Prime Minister launching the Elective Reform Plan on 6 January 2025 [\[link\]](#)



The paper is structured as follows:

- **Section 1** – presents overarching trends (across all respondents);
- **Section 2** – analyses data by voting intention;
- **Section 3** - presents segmented analysis according to age, ethnicity, self-reported income and family structure;
- **Section 4** – considers attitudes toward a number of key policy areas, including general practice, dentistry, mental health services, health tourism and fertility treatment.
- **Section 5** – considers the future for the NHS and perceptions of core principles, including the ‘free at the point of use’ model

## Recommendations

### **1. The Government's 10 Year Health Plan should include primary care reforms which enable patients to 'book into' or 'self-refer' to a wider range of 'community clinics' for the first time.**

- This should be based upon the 'community clinic' model developed for musculoskeletal conditions (MSK) to improve access to specialist services.
- GP practices should be incentivised to more routinely host 'specialist clinics' (either via co-location or making greater use of remote consultation), building on measures set out in the Government's Elective Reform Plan.
- New roles for healthcare professionals – 'interface specialists' – should be piloted to improve coordination of care at interfaces of care and enable the shift 'from the hospital to the community'.<sup>4</sup>
- Pharmacists, optometrists and dentists should be enabled to directly refer patients to 'specialist' services without the need for additional GP input and referral, where clinically appropriate and can helpfully reduce GP workload.
- The development of 'Neighbourhood Health Services' requires supporting infrastructure (both premises and IT/data), contractual reform and amendments to financial flows to enable these changes.

### **2. A 'three strikes' rule should be introduced and those who repeatedly miss NHS appointments (and who do not rearrange) charged £50.**

- a. This reform should be regarded as a penalty to boost fairness, to address misuse of NHS services and underlying cost.
- b. A 'strike' should be removed after four years (echoing points on a driving license.)

### **3. The Government should develop a National Dentistry Plan with the aim of making access to a set of core NHS dental services an entitlement equivalent to access to a primary school place or access to a GP.**

The Plan should include:

- A commitment to expanding dentistry places in the next iteration of the NHS Long Term Workforce Plan;
- Establishment of a set of 'core' and 'preventative' services to be offered to all children and adults which should be offered

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4. For further detail on these proposals, see David Landau & Sean Phillips, 'Medical Evolution', *Policy Exchange* (June 2023) [\[link\]](#)

- ‘on the NHS’ and consistently reimbursed;
- Fundamental contractual reform to include the development of a ‘Carr-Hill’-style funding formula (modelled on that developed for general practice) so that areas with the greatest need receive greater levels of funding (as a proportion of the overall NHS dental budget);
  - Introduction of a Dental Practice Development Fund to target support and to incentivise the foundation of new dental practices in geographies of under-provision and/or the greatest need (which can which offer a mixed model of NHS and private provision). This could be funded via the suggested increase to the Immigration Health Surcharge, set out below.
  - For every primary school in England to be paired with a dental practice to boost preventative oral health and to enable improved identification and referral of children with poor dental health.
  - The plan should leverage the role played by existing charitable and private providers, recognising the importance and the necessity of a ‘mixed economy’.

**4. To tackle ‘health tourism’ – and costs to UK taxpayers of the use of the NHS by foreign nationals – the Government should increase the Immigration Health Surcharge (IHS).**

- a. The IHS should be increased to £1500 per annum (from £1,035) over the next twelve months.
- b. The Government should introduce further means-testing to reduce current fee waivers for the IHS.
- c. Current demand assumptions (which presume lower utilisation of NHS services by migrants) which are currently used to determine fee waivers for the IHS should also be reviewed by the Government.

**5. The Government and NHS organisations should re-introduce the recording of preventative healthcare spending (as they did prior to 2013) to enable improved cost-benefit analysis of ‘preventative’ healthcare measures (where NHS providers are the responsible organisation for delivery).**

- The 10 Year Health Plan should also clarify which elements of ‘preventative’ healthcare provision will not be the responsibility of the NHS and where other Government departments and/or partner organisations are expected to lead.
- To support reforms to primary care suggested above, a ‘Prevention Premium’ should be developed where, for instance, the direct costs of reduced demand in hospital (inpatient) settings due to improved vaccination uptake or falls prevention which can be quantified in-year, are ring-fenced as investment for primary and community care services.

## Section 1 – Population-Wide Trends

**This section analyses the policies which respondents regarded as top priorities for the NHS when asked to “pick three” from a list of thirteen options (see Figure 1, below).**

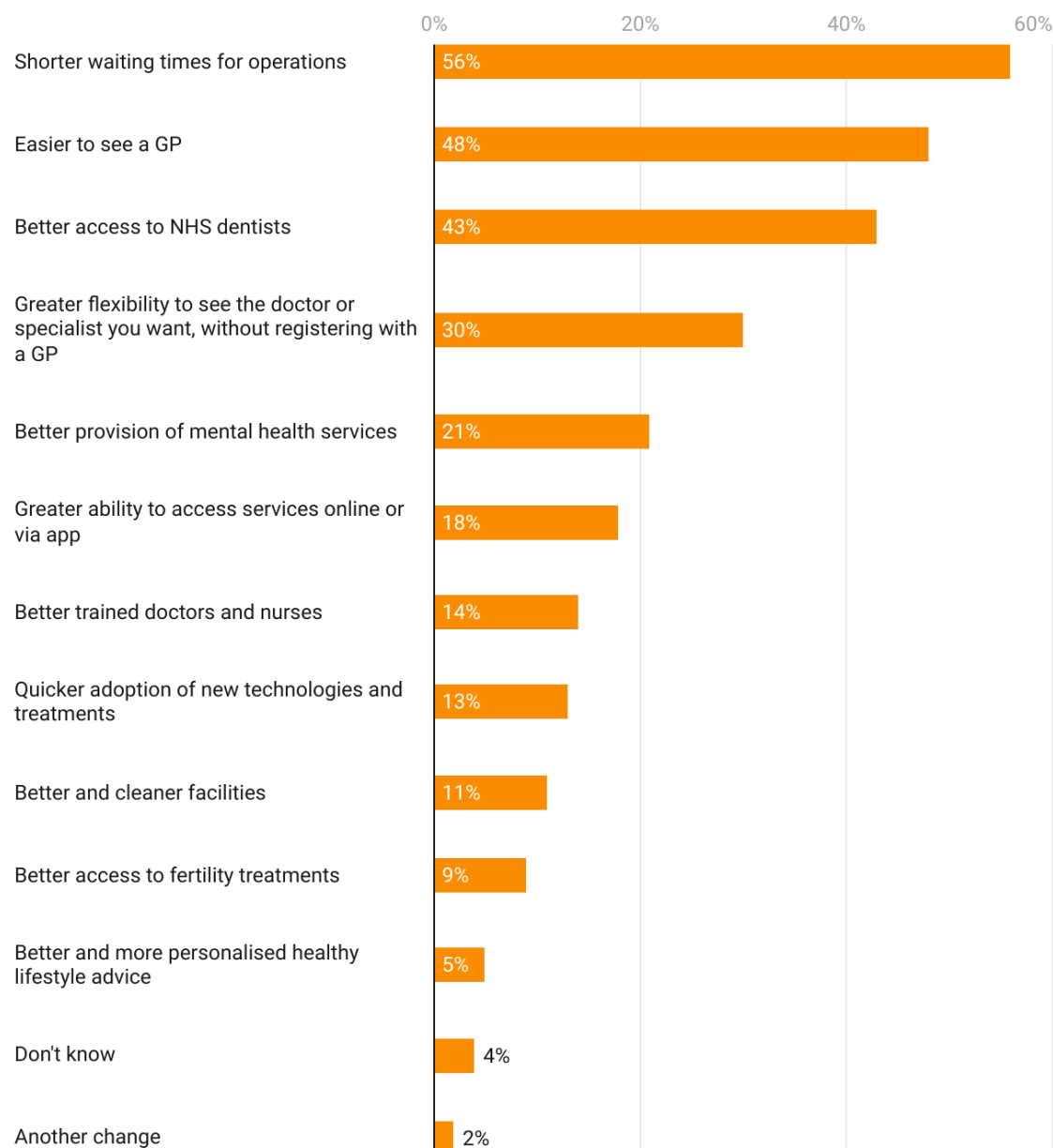
- **When asked to prioritise (“pick three”), Figure 1 shows 56% of respondents (all ages and backgrounds) indicated they want to see ‘shorter waiting times’, with 48% of respondents stating they want it to be ‘easier to see a GP’.** These are the two issues which consistently have the greatest political salience amongst the public when it comes to NHS performance, and reinforces the importance the public will place on the Government delivering upon the Prime Minister’s ‘milestone’ to recover elective waiting times – and to delivering on the reforms set out in the Elective Reform Plan, published in early January 2025.<sup>5</sup>
- **Conversely, individuals (across all ages and backgrounds) were less likely to prioritise emphasising the role of the NHS in ‘helping people to live healthy lives’, with Figure 2 showing no single age group having over 10% of respondents list this as a ‘top three’ priority.** This finding has implications for both the prioritisation and positioning of the Government’s policies regarding ‘prevention’, revealing scepticism over the role the NHS should play in supporting this objective and the level of resource and attention that ought to be paid toward it in comparison with other major policy challenges facing the health service.<sup>6</sup>
- **Better access to NHS dentistry is regarded as the third-highest priority by all respondents (43%).** This was higher than improving access to mental health services (21%) and adopting new treatments and technologies more quickly (13%). This too has implications for the Government’s reform agenda, demonstrating widespread appetite for greater prioritisation and bolder action to revitalise NHS dentistry.
- **That the NHS “provides all its services free at the point of use” was regarded as important by all age groups, ranking more highly than “if I am injured in an accident, I will receive**

5. Policy Exchange deemed these two policy areas to be ‘Mission Critical’ in our analysis of the new Government’s first hundred days in office. See: Sean Phillips, ‘Mission Critical’, *Policy Exchange*, July 2024 [\[link\]](#). On the contents of the Elective Reform Plan, see Reforming Elective Care for Patients, *DHSC*, 6 January 2024 [\[link\]](#)

6. Eliza Parr, ‘Streeting sets out three NHS ‘shifts’ ahead of Darzi review publication’, *Pulse Today*, 9 September 2024 [\[link\]](#)

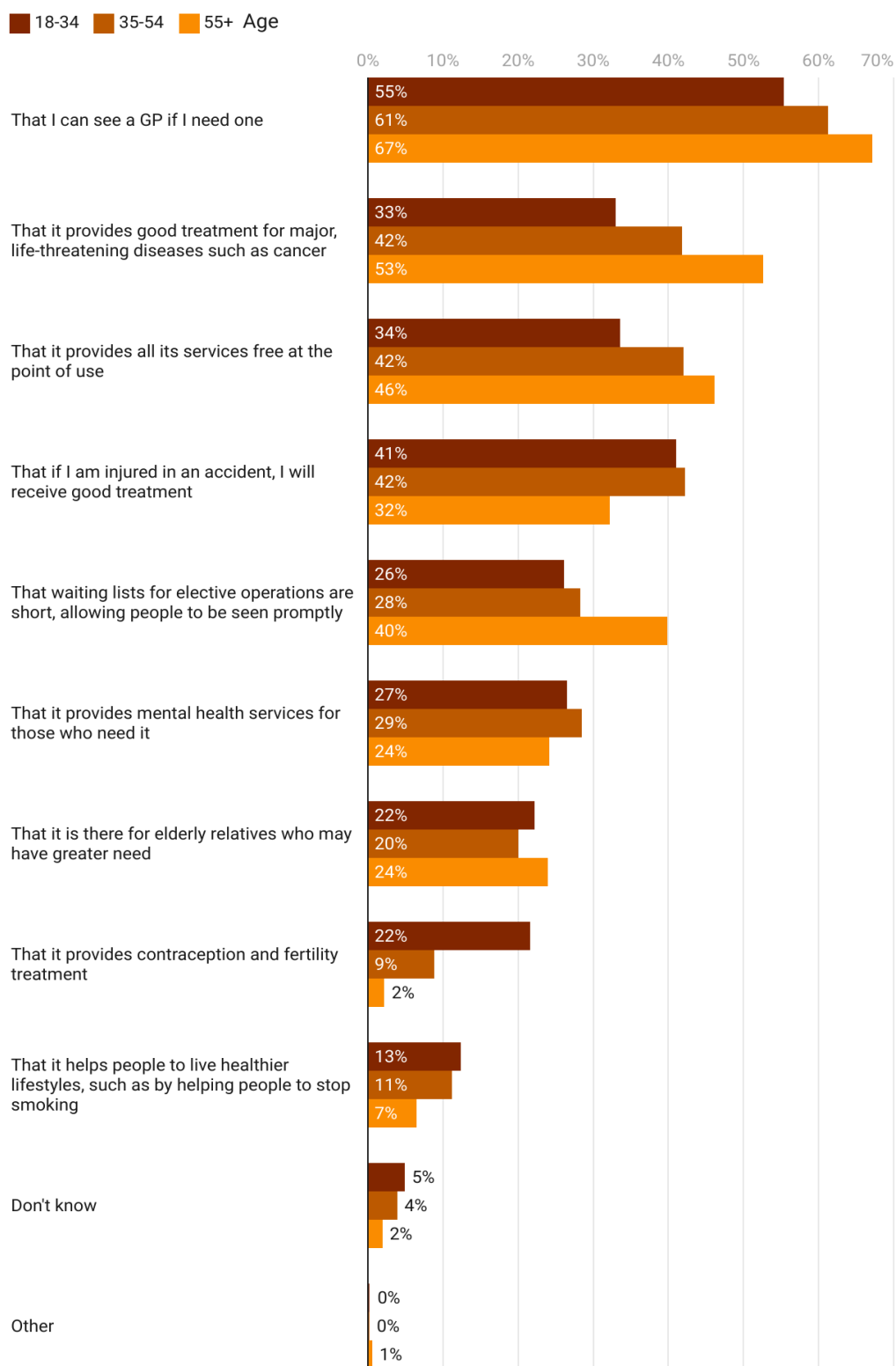
good treatment”, but behind being able to see a GP or receive treatment for major conditions (see Figure 2, below). ‘Free at the point of use’ was prioritised most often by those over 55+ (46%), compared to 35-55 (42%) and 18-34 (34%).

**Figure 1 – National Priorities: ‘Which of the following changes to the NHS would be most important to you?’ You may select up to three. (%)**



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**Figure 2 – Priorities by Age: ‘Which of the following do you think are the most important things that the NHS should do well? You may select up to three. (%)’**



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## Section 2: Party Politics

**Polling here reveals that those who intended to vote Reform (or who did not know who they were going to vote for) at the 2024 General Election were the least likely to believe that they would receive good treatment on the NHS, revealing significant levels of disillusionment with the current performance of the largest public service.** Whilst Figure 3 shows that 71% of Conservative voters and 63% of Labour voters agreed with the statement that they would get good treatment on the NHS, only 49% of Reform voters agreed. Those who didn't know who they were going to vote for were similarly pessimistic, with only 48% believing they would receive good treatment. Almost a third of those intending to vote for Reform (31%) reflected they weren't confident they would receive good treatment from the NHS if they needed it, compared to just 18% of Labour voters and 10% of Conservative voters.

**A similar conclusion can be drawn when considering attitudes toward 'health experts'. 67% of those intending to vote Reform stated that "Health experts who want to control our lives" was either a 'fairly significant' or 'significant' problem today, compared to 45% of those who intended to vote Conservative, as shown by Figure 4.** Those who intended to vote Reform, however, were also committed to the 'free at the point of use' model, with 42% of those intending to vote Reform believing this to be a priority for healthcare delivery (only a higher proportion of Scottish National Party (SNP) and Labour voters rated this a major priority).

**More voters thought the NHS required more funding, though a significant minority thought it was more important that it spent its allocation more effectively.** Figure 5 shows that whilst those intending to vote for the SNP or Labour were most likely to subscribe to the view that the NHS was in need of more funding, Conservative voters were more evenly split between believing that the NHS required more funding and needing to use its allocation more effectively.

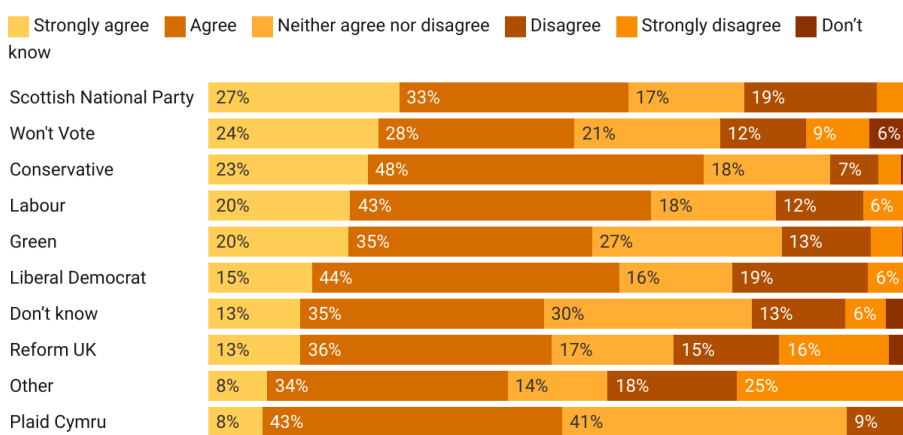
**A belief that 'medical tourism' is a problem in the NHS today remains consistent amongst voters of all political parties.** The proportion of voters who did not believe this was an issue at all was just 14%, while 63% believed it was 'significantly' or 'fairly present' as a problem in the NHS today. Figure 6 shows that this includes those who intended to vote for left-leaning parties such as Labour (57%), the Liberal Democrats (56%)



or the Green Party (45%). This reveals there is a perception of misuse and unfairness which extends across the political spectrum, proving not simply a niche concern of those on the Right.

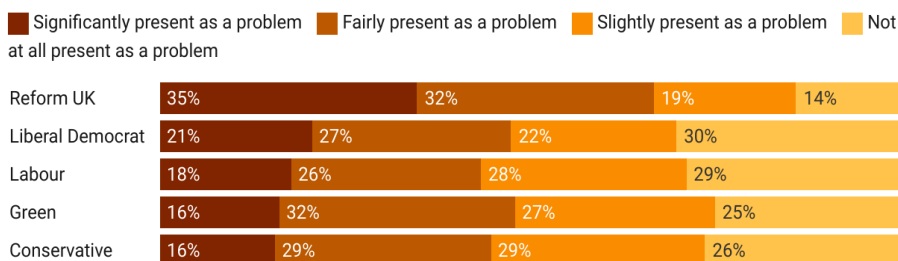
This reveals that it is important the Government demonstrates a commitment to clamping down on inappropriate use of taxpayer-funded services and effectively utilising the Immigration Surcharge.

**Figure 3 – Confidence in the NHS by Voting Intention: “To what extent, if at all, do you agree with the following statement: If I needed healthcare, I am confident I would receive good treatment from the NHS”. (%)**



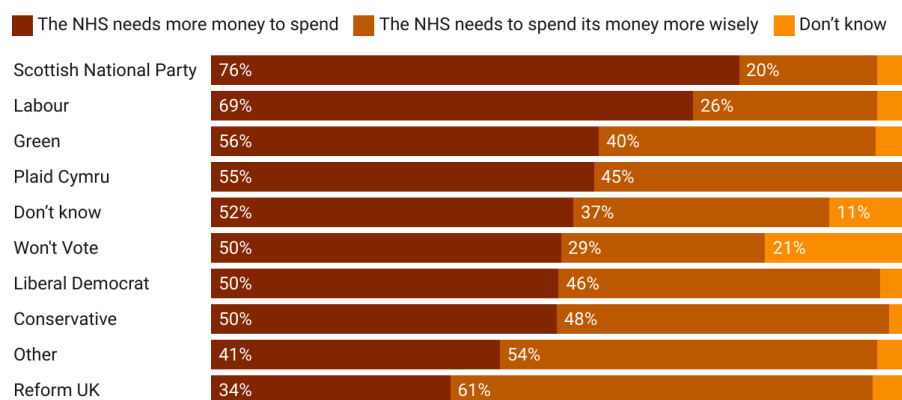
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**Figure 4 – Views on ‘Health Experts’ by Voting Intention: “To what extent, if at all, do you think the following are present as problems in the United Kingdom today: Health experts who want to control our lives”. (%)**



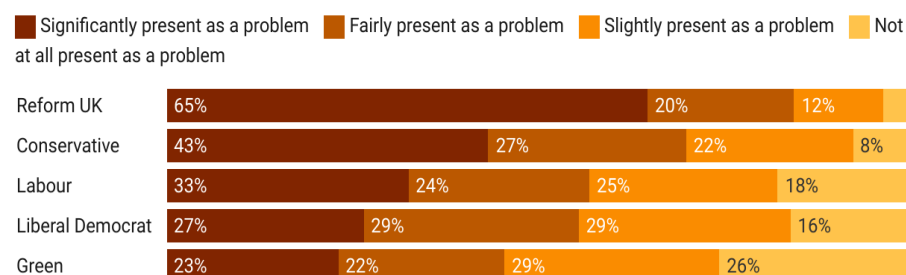
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**Figure 5 – Does the NHS need more money? By Voting Intention: “Which of the following statements comes closest to your view?” (%)**



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**Figure 6 – How problematic is medical tourism? By Voting Intention: “To what extent, if at all, do you think the following are present as problems in the United Kingdom today: People coming from abroad to access free medical treatment from the NHS”. (%)**



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## Section 3 – Age, Rural/Urban and Self-Reported Financial Status

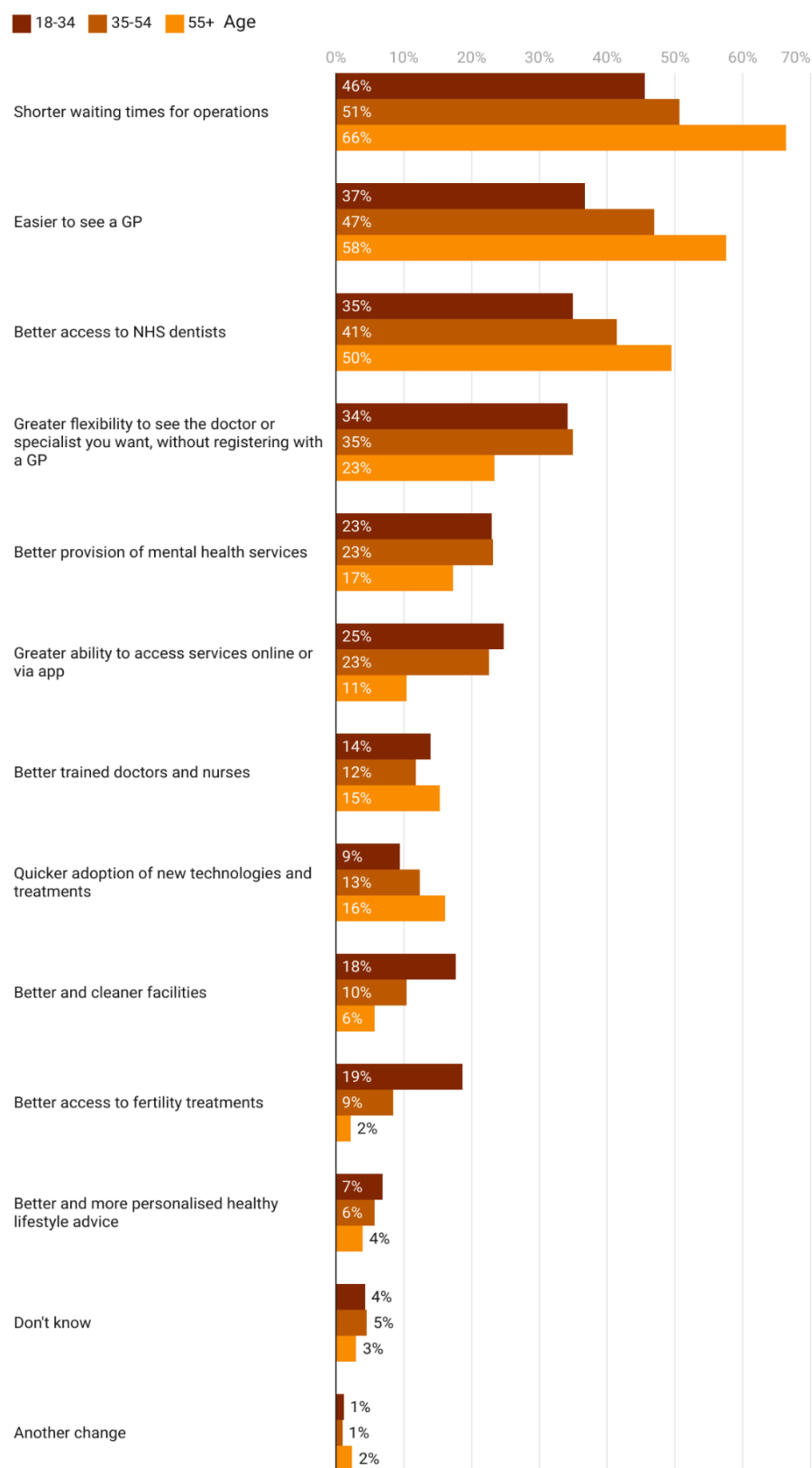
### Age

Policy Exchange's polling shows that those aged 18-34 also prioritise 'shorter waiting times for operations' (46%), making it 'easier to see a GP' (37%) and 'better access to NHS dentists' (35%) as key priorities for healthcare reform, albeit each in slightly lower proportions than older respondents.

**There are, however, notable differences in age and attitude toward the use of digital technologies to improve care.** Just 11% of those aged 55+ prioritised greater access through services online or through an app, compared to 25% of those aged 18-35 – as shown in Figure 7.

**Younger respondents (18-34) were also far more likely to cite 'better and cleaner facilities' (18%) as a priority for the NHS compared to older respondents, such as those 55+ (6%).**

**Figure 7 – Differences in NHS priorities by age: ‘Which of the following changes to the NHS would be most important to you?’**  
 You may select up to three. (%)



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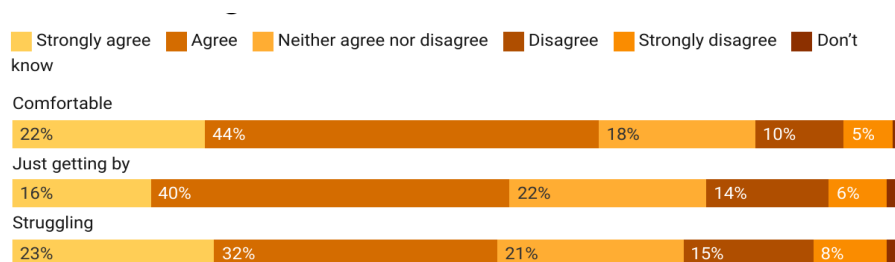
### Self-Reported Financial Status

Those self-reporting as ‘struggling’ were least likely to agree with the statement “If I needed healthcare, I am confident I would receive good treatment on the NHS”, with 54% of respondents agreeing with the statement. However, as Figure 8 shows, a slim majority across all three self-reported financial status groups polled believed that they would receive good treatment on the NHS.

Those who described themselves as ‘comfortable’ were the most likely to believe that they would receive good treatment, with Figure 8 showing 66% of respondents either agreeing or strongly agreeing that they would receive good treatment. This compares to 56% of those who described themselves as ‘just getting by’. It is difficult to unpick from the polling data how much of this disparity is related to age as opposed to wealth exclusively.

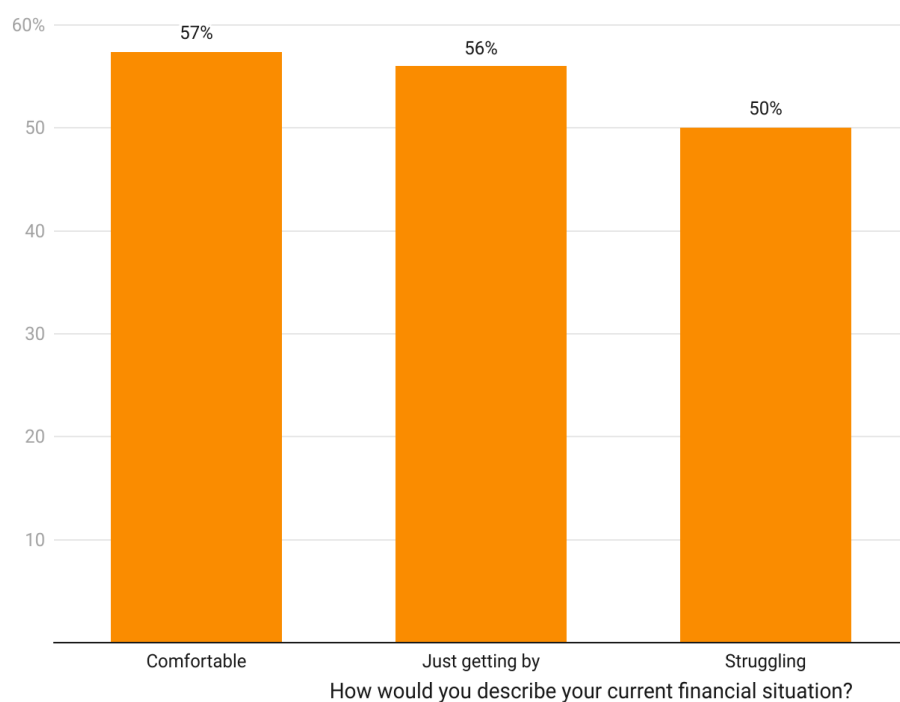
Respondents across all financial groups prioritised ‘shorter waiting times’. As Figure 9 shows, over half of respondents in all three income categories prioritised this change, suggesting that this is a universal concern.

**Figure 8 – Confidence in good treatment on the NHS by income: ‘To what extent, if at all, do you agree or disagree with the following statement: “If I needed healthcare, I am confident I would receive good treatment on the NHS”. (%)**



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**Figure 9 – Importance of waiting lists by self-reported financial status: ‘Which of the following changes to the NHS would be most important to you?’ ‘Shorter waiting times for operations.’ (%)**



## Rural/Urban

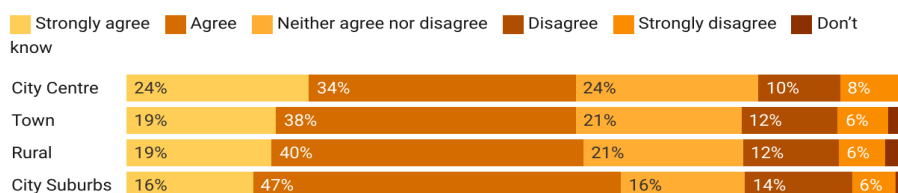
**A majority of respondents, regardless of where they live, are confident they would receive good treatment from the NHS.** Figure 10 shows those who described the area they live as ‘City Suburbs’ were most likely to agree or strongly agreed they would receive good treatment (63%). This compares to 59% of those living in ‘Rural’ areas and 58% of those living in ‘City Centres’.

**Those living in towns were least likely to feel they would receive good treatment, but this was still a clear majority of those surveyed (57%).** There was limited variation between groups in their attitudes to the quality of NHS treatment available to them, despite living in varied environments.

**The clearest divide however was that those living in ‘Urban’ environments were more likely to support greater flexibility in access to care and/or the model of healthcare delivery.** For instance, Figure 11 shows that residents in city centres were most likely to support prioritising creating flexibility to see a doctor or specialist without first accessing a GP (34%). Meanwhile, just 25% of those in ‘Rural’ locations identified this as a priority. This finding may reflect age profiles in these settings given that, as previously noted, younger people who are more likely to live in urban areas tend to be more supportive of flexible service delivery. However, this may also reflect a perception that flexible services are more likely to

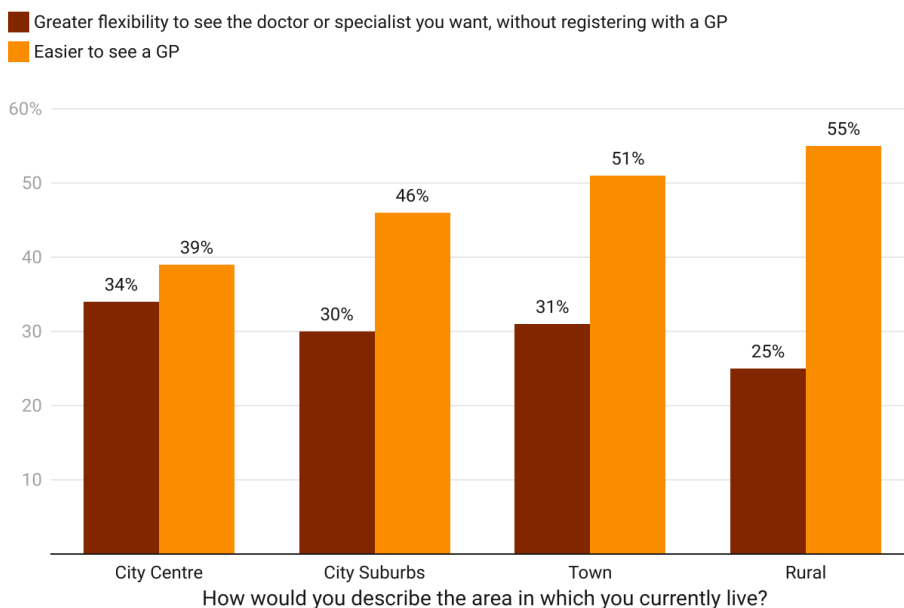
concentrate in and be more accessible to residents in urban settings. Conversely, those living in rural locations are more likely to value GP access. 55% of rural residents identified easier access to a GP as a priority. This figure declined as respondents lived in more Urban settings, with 39% of 'City centre' respondents identifying this as a 'top three' priority. This may also reflect the different age profiles of these areas. However, it may also reveal the particular value that rural communities place on having a GP practice in the locality.

**Figure 10: Confidence in NHS treatment across rural and urban settings – “To what extent, if at all, do you agree or disagree with the following statement: If I needed healthcare, I am confident I would receive good treatment from the NHS”. (%)**



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**Figure 11: Importance of GP services and flexibility across rural and urban settings – “Which of the following changes to the NHS would be most important to you?” “Greater flexibility to see the doctor or specialist you want, without register with a GP” and “easier to see a GP”. (%)**



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## Section 4 – Specific Policy Areas

This polling also reveals insights into public attitudes across a range of wider health policy matters. This section considers general practice, dentistry, mental health, fertility treatment and health tourism accordingly.

### General Practice

Shifting care ‘into the community’ is one of the three strategic aims the Government will seek to deliver through its 10 Year Health Plan.<sup>7</sup> Access to general practice, staffing levels and satisfaction, however, vary significantly across localities. ‘Under-doctored’ areas have remained a significant problem since the foundation of the NHS. Recent analysis has shown that GP practices in the most deprived areas of the country receive less per patient on average than the wealthiest practices. The number of GP appointments taking place annually has risen since 2019 by 18% with general practice is one of a few parts of the healthcare service to deliver improvements in productivity since 2020.<sup>8</sup>

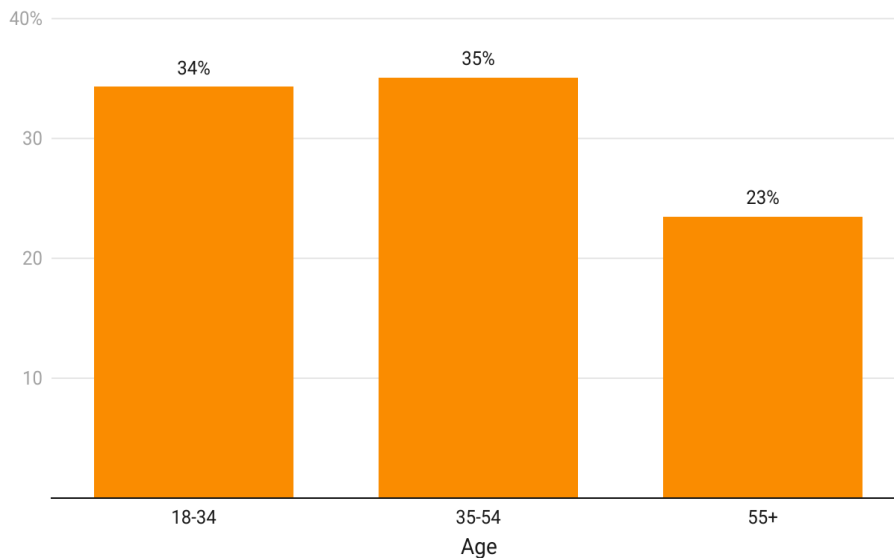
**For all respondents, making it easier to see a GP is regarded as a top priority when asked what ‘the most important things the NHS should do well’.** 55% of 18–34-year-olds identified this as a priority, compared to 61% of 35–55-year-olds and 67% of over 55-year-olds.

**There are, however, notable differences in our polling in attitudes by age toward reform.** As Figure 12 shows, the 18–34 and 35–54 age groups were much more likely (34% & 35% respectively) to support reforms to allow patients to bypass GPs to access secondary care directly than those aged 55+ (23%). This suggests that Government policy which seeks to deliver on ‘the return of the family doctor’ and to develop ‘neighbourhood health’ services will have to be sufficiently flexible to cater for both these desires; or may risk alienating one of these cohorts.

7. Tasking statements for the 10 Year Health Plan working groups, DHSC [\[link\]](#)

8. NHS key statistics: England, House of Commons Library, 15 October 2024 [\[link\]](#), p. 29

**Figure 12 – Interest in more flexible access to secondary care by age: “Which of the following changes to the NHS would be most important to you? “Greater flexibility to see the doctor or specialist you want, without registering with a GP”. (%)**



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## NHS Dentistry

NHS spending on dentistry accounts for roughly 3% of the total budget.<sup>9</sup> Many dental practices have found it increasingly financially unsustainable in recent years to undertake greater levels of NHS dental work.<sup>10</sup> 9 in 10 dental practices across the UK are not currently accepting new adult patients as a result. In 2023, less than a third of under five-year-olds visited a dentist within the recommended twelve-month period.<sup>11</sup> Tooth decay meanwhile was the most common reason for hospital admission in children aged between 5 and 9 years in 2022–23.<sup>12</sup>

**Improved access to NHS dentistry was the third highest priority amongst all those polled (43%)** – only behind ‘shorter waiting times for operations’ (56%) and ‘better access to GPs’ (48%).

**Those who considered their financial situation to be ‘struggling’ (46%) were the most likely group to state that improving NHS dentistry ought to be a priority (see Figure 13).** Families living in deprived areas are twice as likely to have tooth decay.<sup>13</sup> This compares to 40% of those who considered themselves to be ‘comfortable’. This is not a large disparity, which suggests that across the income scale, individuals are concerned about the state of NHS dentistry.

**Those who have children were also more likely to state that having access to NHS dentists should be a priority.** As Figure 14 shows, 37% of those with no children thought this was a priority. For respondents with two children (for example), 49% of respondents felt this should be a priority.

9. ‘Government underfunding contributing to a dental crisis’, *Dental Health*, 6 September 2017 [\[link\]](#)

10. ‘Now and then - NHS dentistry: pre- and post-2006’, *British Dental Journal*, Vol. 220 (2016) [\[link\]](#)

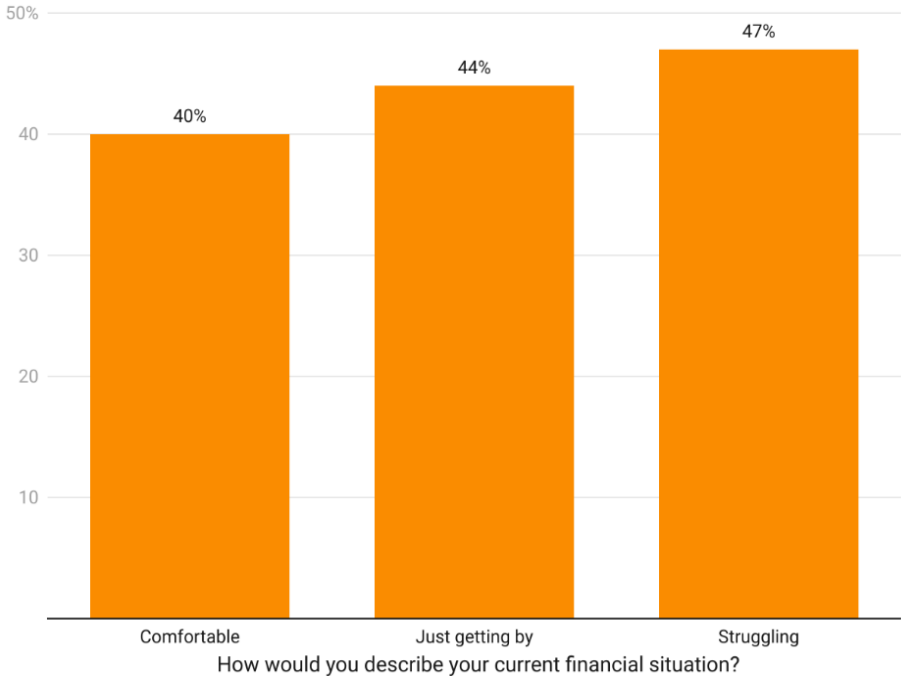
11. ‘Children’s oral health crisis must be addressed to improve overall wellbeing’, *Dental Nursing*, 24 September 2024 [\[link\]](#)

12. Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023, *Department of Health and Social Care*, 8 February 2024 [\[link\]](#)

13. Ibid.

Improved access to NHS dentistry was a lower priority for younger respondents (32% for 18–24-year-olds) compared to older people (50% for 55+ year olds), according to Figure 15. This may represent a changing expectation over what the public believe the NHS provides. In the 1970s, private dentistry was largely restricted to the very wealthy in London, with a few private clinics.<sup>14</sup> As private provision has expanded, particularly since the 1990s, generations may be growing up without associating dentistry with the NHS itself.

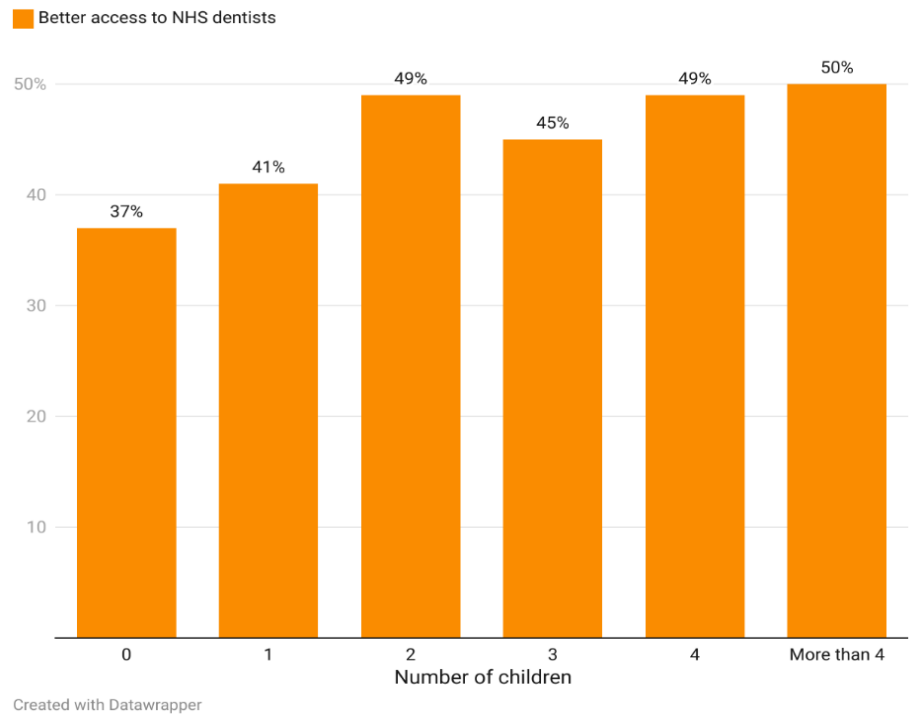
**Figure 13 – Importance of improved NHS Dentistry by self-reported income: “which of the following changes to the NHS would be most important to you? “Better access to NHS dentists”.** (%)



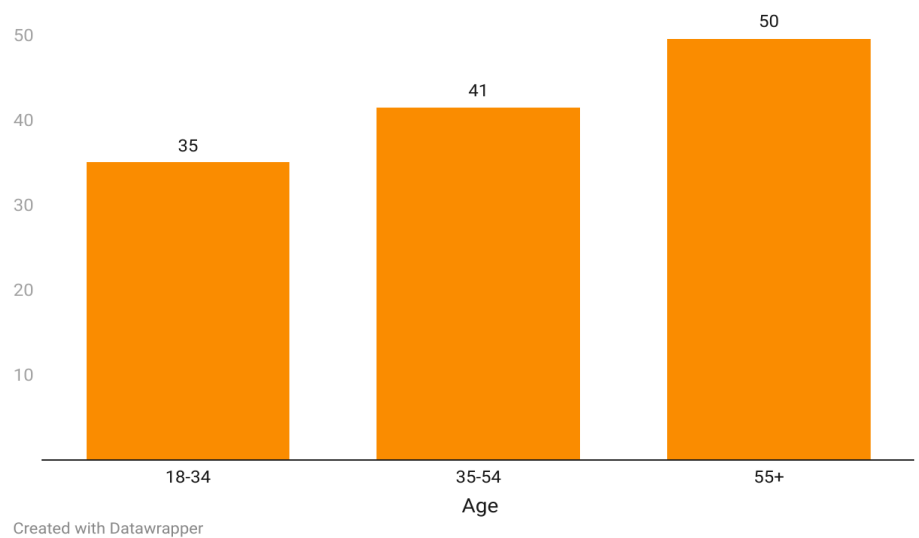
Created with Datawrapper

14. 'Now and then - NHS dentistry: pre- and post-2006', *British Dental Journal*, Vol. 220 (2016) [\[link\]](#)

**Figure 14 – Importance of improved NHS Dentistry by number of children: “Which of the following changes to the NHS would be most important to you?": ‘Better access to NHS Dentists’. (%)**



**Figure 15 – Importance of improved NHS Dentistry by age: “Which of the following changes to the NHS would be most important to you?": ‘Better access to NHS Dentists’. (%)**



## Mental Health

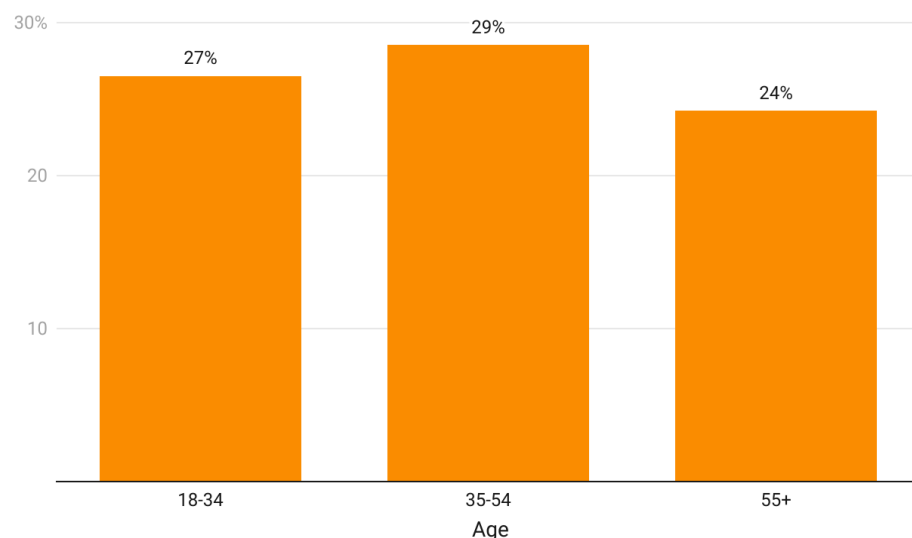
Mental health services in England have witnessed significant increases in demand in recent years. In 2023, the NHS Mental Health Dashboard reported record-high waiting times, with over 1.6 million people on waiting lists for mental health services.<sup>15</sup>

**Our polling finds a broad base of support for increased investment in mental health services across different age groups as set out in Figure 16, although it receives marginally less support among older respondents.** This may be related to rising incidences of mental health incidents and awareness amongst young people.

**There are differences in the emphasis placed in prioritising improved access to mental health services between different ethnic groups.** ‘Asian’ respondents were the least likely to use mental health services and were similarly least likely to choose mental health services as a priority for the NHS (19%), as shown in Figure 17. On the other hand, 28% of ‘White’ respondents felt this should be a priority for the NHS.

**There is some disparity in interest in mental health services between those who consider themselves ‘comfortable’ financially (22%) and those who consider themselves either to be ‘just getting by’ or ‘struggling’ (both 29%), as shown in Figure 18.** As discussed earlier, the possible relationship between age and income means that this may simply be the result of a correlation between older people prioritising mental health services less than younger people.

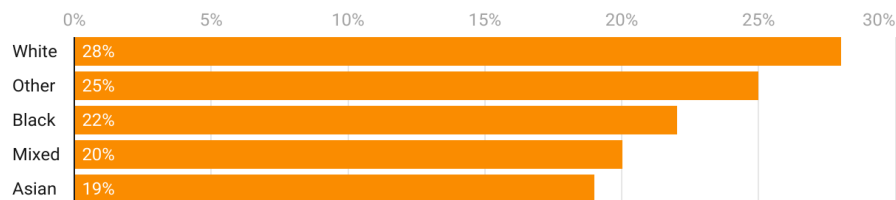
**Figure 16 – Importance of improved mental health services by age: ‘Which of the following do you think are the most important things that the NHS should do well?’ - “That is provides mental health services for those who need it”. (%)**



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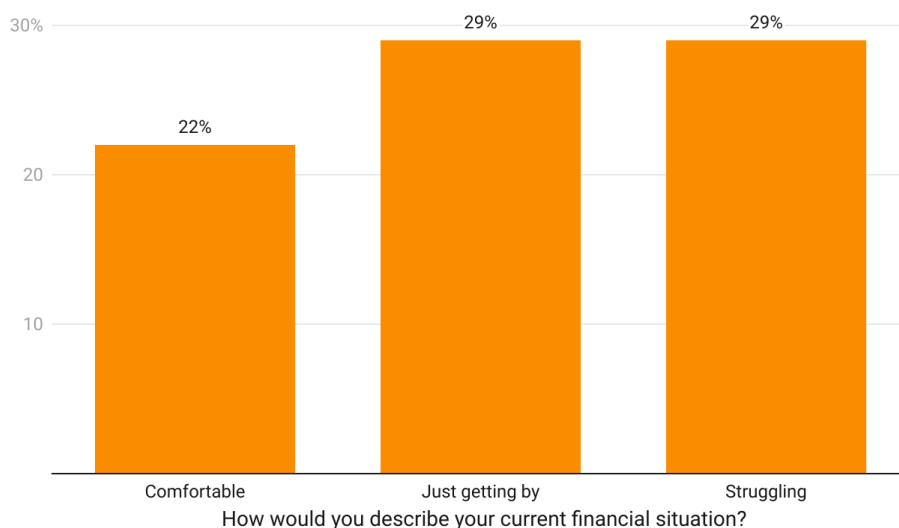
15. Written Evidence submitted by NHS Providers, House of Commons [link](#)

**Figure 17 - Importance of improved mental health services by ethnicity: 'Which of the following do you think are the most important things that the NHS should do well?' - "That is provides mental health services for those who need it". (%)**



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**Figure 18 - Importance of improved mental health services by self-reported income: 'Which of the following do you think are the most important things that the NHS should do well?' - "That is provides mental health services for those who need it". (%)**



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### Fertility Treatment and Contraception

Fertility treatment is a topic of growing prominence in the debate on healthcare provision, owing in part to the fact that women are increasingly having children later and using In vitro fertilization (IVF). The NHS spent an estimated £68 million on IVF treatment in 2018, yet there remain limitations to information collected on these services centrally and there is significant variation in access and provision across the NHS. By way of example, if you are based in Northumbria, a couple may be eligible for three cycles of IVF on the NHS, but in other parts of the country that same couple may be eligible for a single cycle only.<sup>16</sup> Wider questions meanwhile concerning the importance of declining fertility rates in Britain and other developed economies across the world have also become more prominent in recent years. In October 2024, the Total Fertility Rate for women in Britain reached its lowest rate on record (1.44 children per woman).<sup>17</sup>

16. Sally Howard, 'The Hidden Costs of Infertility Treatment', *British Medical Journal*, 22 May 2018 [\[link\]](#)

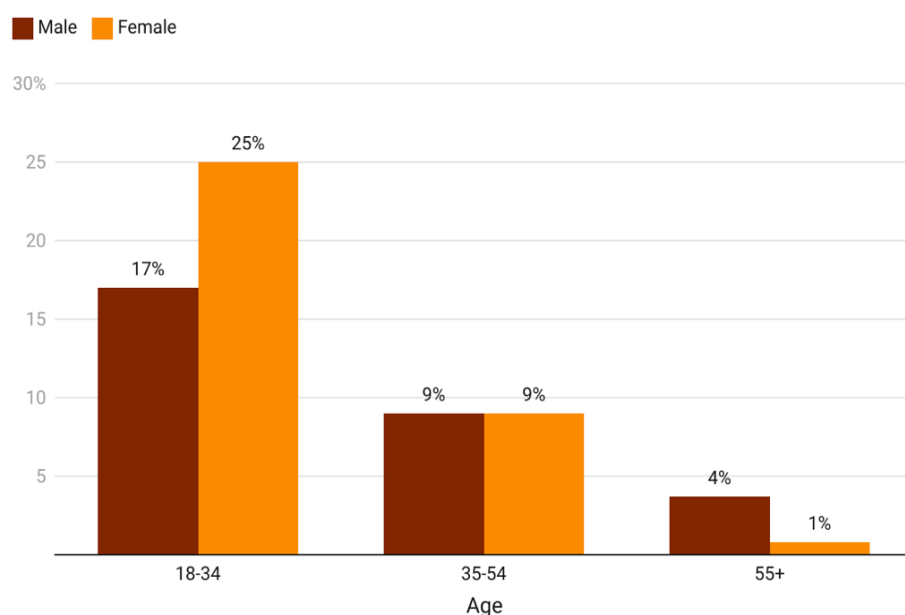
17. 'How is the fertility rate changing in England and Wales?', *The Office For National Statistics*, 28 October 2024 [\[link\]](#)

**One of the largest disparities between age groups is attitudes towards fertility treatment and contraception on the NHS.** Younger age groups are much more likely to emphasise the importance of both fertility treatments and contraception on the NHS, with 22% of those aged 18-34 marking this out as a priority. For those aged 55+ this was as low as 2% of respondents.

As Figure 19 shows, younger women were significantly more likely to believe that fertility treatment and contraception was an important priority for the NHS, with 25% of 18–34-year-old women marking this out as a priority compared to 17% of men aged 18-34. This difference varies with age. 9% of both men and women aged 35-54 believed it should be a priority, and only 1% of women aged over 55 believed it to be a priority, compared to 4% of men.

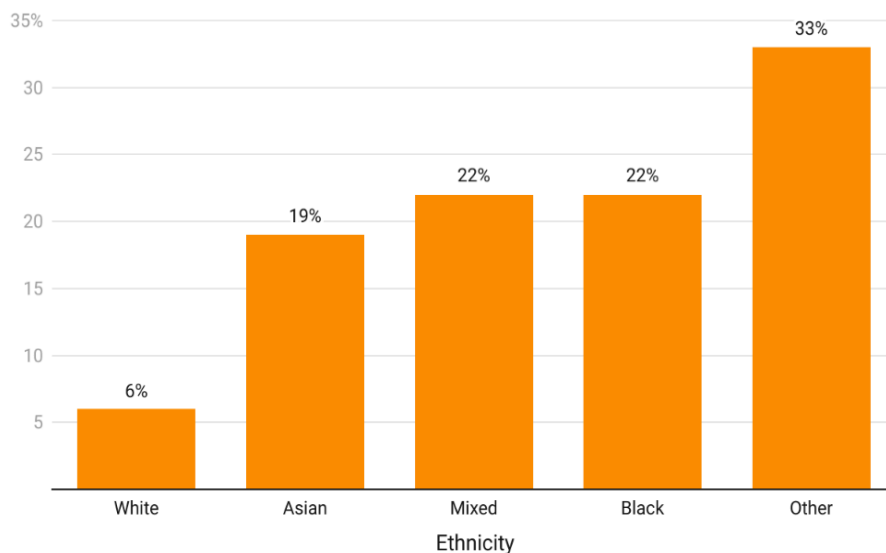
As Figure 20 shows, there are notable variations in attitude towards fertility treatment and contraception, according to the ethnicity of respondents. 6% of ‘White’ respondents believed that fertility and contraception treatment are important things for the NHS to do well, compared with 19% of ‘Asian’ respondents and 22% of ‘Black’ respondents.

**Figure 19 – Importance of improved provision of fertility treatment and contraception by age and gender: “Which of the following do you think are the most important things that the NHS should do well? “That it provides contraception and fertility treatment”. (%)**





**Figure 20 - Importance of improved provision of fertility treatment and contraception by ethnicity: “Which of the following do you think are the most important things that the NHS should do well?”**



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### Perceptions of Health Tourism

‘Health’ or ‘medical tourism’ refers to the use of NHS services by foreign nationals who make use of NHS services, but who are not contributors to the service via contributions via general taxation or who do not pay for access ‘at the point of use’. It has been estimated that this costs the NHS in the region of £300-400m a year.<sup>18</sup> An investigation by the BBC found that hospitals in London wrote-off more than £113m in unpaid treatment bills from overseas patients between 2018 and 2023.<sup>19</sup>

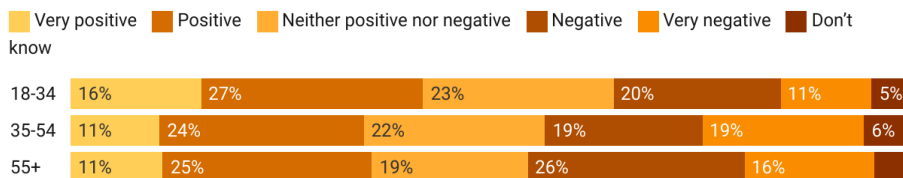
The NHS has several schemes for reducing health tourism, including a range of reciprocal arrangements with other nations to collect fees as well as the NHS Immigration Surcharge (IHS), introduced in 2015, whereby foreign nationals living in the UK contribute £1,035 a year in order to use NHS services.<sup>20</sup> Various waivers exist for the NHS Immigration Surcharge, including those who can prove they cannot afford to pay for it, workers on Health and Care Visa and those who have come over on the British National (Overseas) (BNO) visa.<sup>21</sup> A separate charge also applies to short-term residents from other nationalities, introduced in 2017, which charges non-residents 150% of the cost of NHS treatments.<sup>22</sup> This has been difficult to enforce. It is not clear that NHS staff routinely follow guidance to ask patients for evidence of eligibility.<sup>23</sup>

**A belief that ‘medical tourism’ is a problem in the NHS today is prevalent amongst voters of all political parties.** As shown in Section 2 of the report: the proportion of voters who did not believe this was an issue at all is only 14%, while 63% believed it was significantly or fairly present as a problem. Figure 7 demonstrates that this included those who intended to vote for left-leaning parties such as Labour (57%), the Liberal Democrats (56%) or the Green Party (45%), revealing there is a

18. Visitor and migrants NHS Cost Recovery Programme Impact Assessment [\[link\]](#)  
 19. ‘Hospitals write off £112m in foreign patient bills, BBC, 19 December 2024 [\[link\]](#)  
 20. The Immigration health surcharge, *House of Commons Library Research Briefing*, 13 August 2024 [\[link\]](#)  
 21. Immigration Health Surcharge: equality impact assessment 2023, *Home Office*, 19 October 2023 [\[link\]](#)  
 22. Recovering the cost of NHS treatments given to overseas visitors, *Department of Health and Social Care* [\[link\]](#)  
 23. See for instance, board minutes from one Trust: ‘Update of Overseas Visitors Policy’, *Oxford University Hospitals NHS Trust* [\[link\]](#), p. 26

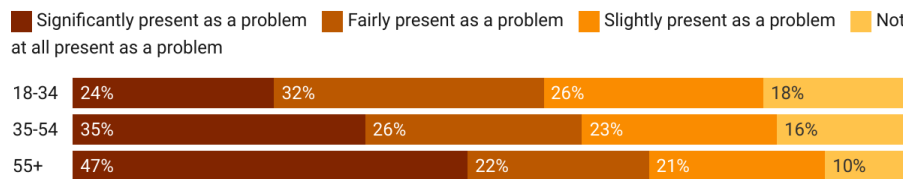
perception of misuse and unfairness which extends across the political spectrum, proving not simply a niche concern of those on the Right.

**Figure 21 – Impact of legal immigration on the NHS by age: ‘In your opinion, has legal immigration primarily had a positive or negative effect on the following in the United Kingdom: The NHS?’ (%)**



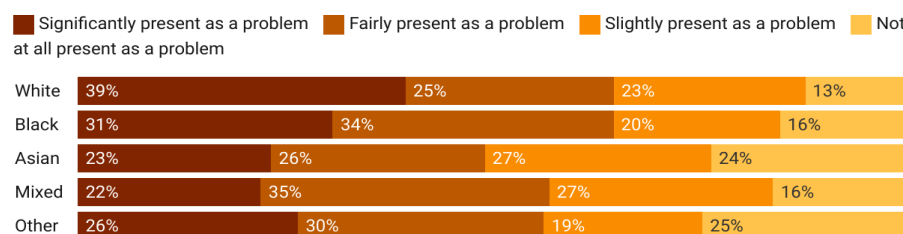
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**Figure 22 – Importance of medical tourism by age: ‘To what extent, if at all, do you think the following are present as problems in the United Kingdom today: People coming from abroad to access free medical treatment from the NHS’. (%)**



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**Figure 23 – Importance of medical tourism by ethnicity: ‘To what extent, if at all, do you think the following are present as problems in the United Kingdom today: People coming from abroad to access free medical treatment from the NHS’. (%)**



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## Section 5 - The Future of the NHS

Polling also reveals insights into changing attitudes toward the provision of NHS services ‘free at the point of use’. This section considers the possible implications of this change for the national delivery of healthcare.

The NHS has been predominantly funded through general taxation with its services ‘free at the point of use’ to all UK citizens since its inception in 1948. Today, the NHS Constitution for England – which sets out rights for patients, public and staff – begins its section on ‘Rights’ with “you have the right to receive NHS services free of charge, apart from certain limited exemptions sanctioned by Parliament”.<sup>24</sup>

Among these ‘limited exemptions’ include prescription charges, which were first introduced shortly after the NHS was founded in 1952. Although charges were briefly abolished in 1965, they were re-introduced three years later in 1968 with new exemptions related to income.<sup>25</sup> Charges were introduced for spectacles and dentures in 1951.<sup>25</sup> There has been ad hoc discussion in recent decades over whether a greater range of services ought to be subject to ‘co-payment’ or paid ‘out of pocket’ in order to expand services, to meet demand or to improve the financial sustainability of the service.

**This polling reveals that the public is perhaps more willing to engage in trade-offs between access to services and costs than is often routinely discussed by politicians and subject-matter experts.** As discussed in Section 1, and shown on Figure 2, prioritising that the NHS “provides all its services free at the point of use” was deemed less of a priority (41%) to respondents than improving access to GPs “if I need one” (61%) or providing “good treatment for life-threatening diseases, such as cancer” (44%).

**This finding may reflect the fact that the public satisfaction has declined with the performance of the health service in recent years, with greater concern that patient need may not be met.** This must, of course, be caveated by the fact that the polling question asks for ‘priorities’ and not ‘attitudes towards’. The 2023/24 British Social Attitudes survey – which has provided an overview of perspectives on the NHS since the early 1980s – indicated that services being ‘free at the point of use’ was in fact the main reason for satisfaction with the NHS (66%).<sup>26</sup> The 2022 survey found 93% believed that the NHS should ‘definitely’ or ‘probably’ remain free at the point of use.<sup>27</sup> Without historic data we cannot definitively state that support for the principle of a ‘free at the point of use’ health service has declined in recent times.

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24. The NHS Constitution for England, *Department for Health and Social Care* [\[link\]](#)

25. ‘The Birth Of The NHS’, *The Independent*, 28 June 2008 [\[link\]](#)

26. British Social Attitudes Survey, *The Kings Fund*, 2023/24 p16 [\[link\]](#)

27. Public Satisfaction with the NHS and Social Care in 2022, 29 March 2023 [\[link\]](#)

**However, as Figure 23 shows, there is a notable gap in how much this is deemed to be a priority to respondents by age.** For those under 35, 34% listed this amongst their ‘top three’ priorities. 46% of those over the age of 55 did. This may reflect the fact that younger people are, on average, less likely to be reliant on the NHS, whilst they are also more likely to have used private healthcare. A recent study from the Independent Healthcare Providers Network (IHPN) found that those aged 18-24 were the most likely group to report having used private healthcare (40.7%), compared to 32.8% of all respondents.<sup>28</sup> Analysis from The Health Foundation meanwhile has demonstrated a ‘relatively sizeable increase in activity of about 10.2% between 2019/20 and 2022/23’ in privately funded elective inpatient care, while ‘the number of elective hip replacements paid for privately almost doubled from around 17,000 in 2019 to nearly 30,000 in 2022.’<sup>29</sup>

It is plausible to suggest that declining satisfaction with the NHS, which was characterised as “broken” by the Health Secretary in his first public statement, coupled with greater use and experience of private healthcare provision, may encourage attitudinal shifts on the overall importance of the ‘free at the point of use’ principle in healthcare provision. As discussed in Section 4 (and indicated in Figure 12), there is also evidence to suggest that there is greater interest and appetite amongst younger respondents for alternative approaches to the ‘traditional’ model of care.

This opens interesting questions about the future of the NHS and how healthcare services may be paid for. Co-payments, where a portion of the cost of care has been paid by patients, have been a feature of the NHS – albeit a limited one – since prescription charges were introduced in 1952. NHS dental services, charges for eye tests and prescription charges in England all include elements of co-payment for consumers today, and this principle may be expanded to raise revenue or to expand access to services.

The case to amend current exemptions to prescription charges, such as increasing the age at which people qualify for free prescriptions to match the State Pension age (a change which the Johnson Government consulted on in 2022), or removing the benefit from wealthier pensioners, may garner more public support than the introduction of novel co-payments.<sup>30</sup> But there are other measures which have also garnered greater public support in recent years. A 2023 poll from Ipsos revealed that more than half of respondents (51%) supported the introduction of a £10 fine for missing NHS appointments.<sup>31</sup> Appetite to expand co-payments, introduce fines for missed appointments or removing some exemptions for co-payments, may rise where there is evidence to convince the public that services would improve as a result, or where it was based on a principle of fairness.

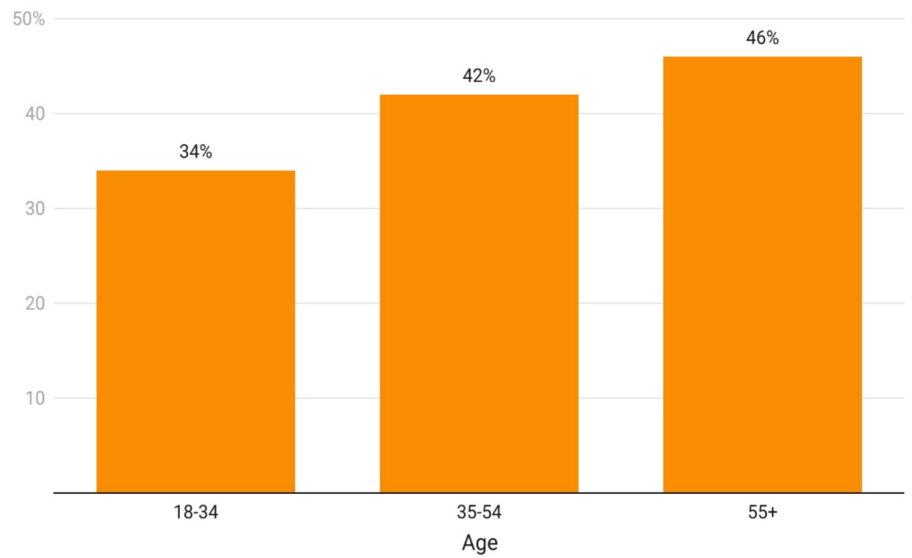
28. ‘Going Private 2023’, *Independent Healthcare Providers Network* [\[link\]](#)

29. ‘Is the Use of Privately Funded Healthcare on the Rise?’, *The Health Foundation* [\[link\]](#)

30. ‘Free Prescription Age frozen at 60’, *DHSC*, 15 June 2023 [\[link\]](#)

31. ‘Half of Britons support a £10 fine for missed NHS appointments’, *Ipsos*, 14 February 2023 [\[link\]](#)

**Figure 24 – Prioritisation of Free at the point of use by age: ‘Which of the following changes to the NHS would be most important to you?’ You may select up to three. (%)**



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