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Public satisfaction with the NHS and social care in 2025

Results from the
British Social Attitudes survey

Danielle Jefferies
Dan Wellings
Bea Taylor
Mark Dayan
Leonora Merry

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Contents

Foreword	2
Key findings	3
Introduction and context	6
1 How satisfied is the British public with the NHS overall?	9
2 How satisfied is the British public with different NHS services?	17
3 Attitudes to standards, access to services and staffing in the NHS	21
4 Attitudes to NHS financing and efficiency	24
5 NHS priorities and principles	28
6 How satisfied is the British public with social care?	32
Conclusion	38
Methodology	40
References	43
Acknowledgements	44



Foreword

This year's responses to the annual British Social Attitudes survey on the NHS and social care are as complex to interpret as they are hopeful. A significant six percentage point increase and the biggest fall in dissatisfaction in a quarter of a century are, without a doubt, positive and encouraging results. It is right to greet them with relief, hope and a degree of optimism.

But the results don't offer a clear indication of why the public are more satisfied. Unlike in recent years, significant changes in NHS satisfaction haven't been accompanied by changes in satisfaction with services. In fact, any year-on-year change within NHS services was not statistically significant.

Furthermore, optimism that care will get better is lower than at any point in the past. And the overall NHS result, while notably better than previous years, still shows that just over 1 in 4 people are satisfied – the third lowest score in the survey's 42-year history. Hardly the heights of satisfaction we saw in the early 2010s. Satisfaction with social care remains at an appalling 14%.

So, what is going on? Can government claim – as it surely will – that this result shows that its reforms are already working? It is true that there are some signs of clear progress that would have meant that a continued fall in satisfaction would have felt unfair: patient experience surveys show small signs of improvement; waiting lists have stabilised; productivity has begun to improve.

But these changes are perhaps less the result of the government achieving some kind of sudden change in the NHS, and more the result of its presiding over a continued slow, steady recovery. The former NHS England Chief Executive Amanda Pritchard warned in 2023 that clearing the backlog created by the pandemic could take up to five years. Progress, in other words, was always likely to come through gradual improvement rather than dramatic change.

For policy-makers the message is clear: things are looking up, but from a low base. Malaise is widespread. Divisions – between younger and older respondents, and those supporting the range of political parties now established in our politics – pose real challenges for the future. And optimism is low.

Britain is a country where trust in government and faith in the economy have fallen to disturbingly low levels, yet this survey shows that people still overwhelmingly support the NHS's founding principles. The challenge ahead is whether or not the NHS can also regain the public's support in how well it is run.

What is much less clear, amid our divided politics and fragile economy, is whether the sorts of changes needed to sustain increases in NHS satisfaction and kick-start improvements in social care can be delivered in a consistent way that is noticeable to the British public. And, crucially for a government that has made the NHS a top priority, whether this can be done quickly enough for people to feel the benefit at the next election.

Sarah Woolnough, Chief Executive, The King's Fund

Thea Stein, Chief Executive, Nuffield Trust



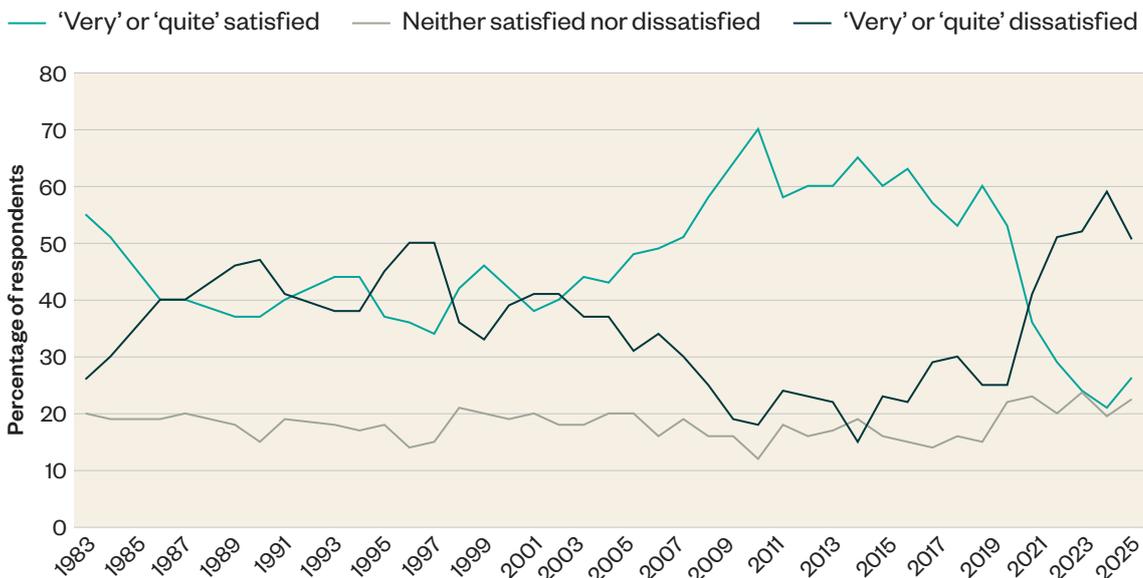
Key findings

Satisfaction with the NHS

- In 2025, 26% of British adults were ‘very’ or ‘quite’ satisfied with the way in which the NHS runs – a statistically significant 6 percentage point increase from 2024.
- Around half of respondents (51%) were dissatisfied with the NHS in 2025, a statistically significant fall of 8 percentage points compared to 2024 when it was 59%.
- This is the first increase in satisfaction since 2019, and the largest fall in dissatisfaction in more than 25 years.
- People under 35 (20%), supporters of Reform (20%) and people in Wales (18%) were significantly less satisfied with the NHS than the survey average.
- Despite the increase in satisfaction only 16% of respondents thought the standard of NHS care would improve in the next 5 years compared to 53% who said they expected care to get worse.

Overall satisfaction with the way the NHS runs over time, 1983 to 2025

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



Source: The King’s Fund and Nuffield Trust analysis of NatGen’s BSA survey data
 2025 sample size = 3,464. This question was not asked in 1985, 1988 and 1992. ‘Don’t know’ and ‘refusal’ responses are not shown, in 2025 these response categories were selected by 0.6% of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.





Satisfaction with different NHS services

- Satisfaction with GP services was 35% and dissatisfaction was 45%. Neither was a statistically significant change on the previous year.
- Just over 1 in 5 respondents (22%) said they were satisfied with NHS dentistry, with 54% saying they were dissatisfied. These are similar results to the previous year.
- 22% of respondents said they were satisfied with A&E services. Dissatisfaction was 53%. In 2024, 19% said they were satisfied with A&E services, although the change is not statistically significant.
- 37% of respondents were satisfied with inpatient and outpatient hospital care, an increase of 5 percentage points since 2024, although not statistically significant. 29% were dissatisfied – no change on last year.

Attitudes to NHS standards, access and staffing

- Half of respondents (50%) were satisfied with the quality of NHS care in 2025, and 28% were dissatisfied. There was no statistically significant change since 2024.
- Only a minority of respondents were satisfied with waiting times for GP appointments (27%), hospital appointments (16%) and in A&E (14%). There were no statistically significant changes compared to last year.
- Only 12% agreed that ‘there are enough staff in the NHS these days’. 71% disagreed. There was no significant change compared to 2024.

Attitudes to NHS financing and efficiency

- 9% of respondents said that the government spent too much or far too much money on the NHS, 22% said that it spent about the right amount and 66% said that it spent too little or far too little. There were no statistically significant changes compared to 2024.
- Only 13% of respondents agreed that the NHS spends the money it has efficiently. 55% disagreed with this statement. There was no change compared to 2024.
- When asked about government choices on tax and spending on the NHS, the public remain closely divided between raising taxes and spending more on the NHS (45%) and keeping taxation and spending at the same level (43%). Only 8% would choose to cut taxes and spend less on the NHS. There was no statistically significant change since 2024.
- Supporters of the Green party (70%) and the Labour party (57%) were significantly more likely to support higher taxes and higher NHS spending than supporters of Reform (32%) and the Conservative party (30%)



NHS priorities and principles

- On being asked what the top three most important priorities for the NHS should be, both making it easier to get a GP appointment and improving A&E waiting times were selected as top priorities by 46% of respondents, followed by 45% for waiting times for planned operations and 43% for increasing the number of NHS staff.
- People aged 18–64 were more likely than those aged 65 and over to prioritise A&E waiting times (48% vs 38%) and increasing NHS staff (46% vs 35%) whereas those aged 65 and over prioritised prevention and staying healthy (48% vs 36%).
- As in previous years, a large majority of respondents agreed that the founding principles of the NHS should ‘definitely’ or ‘probably’ apply in 2025: that the NHS should be free of charge when you need to use it (89%), primarily funded through taxes (81%) and available to everyone (74%).
- There has been some decrease across the past five years in the proportion who think these principles should ‘definitely’ or ‘probably’ apply since the questions were first asked in 2021. The greatest decrease over time has been support for the principle that ‘the NHS should be available to everyone’.
- Support for the principle that the NHS should be available to everyone varied significantly by supporters of different political parties, with 68% of Labour supporters agreeing this principle should ‘definitely’ apply compared to 45% of Conservative supporters and 30% of Reform supporters.

Social care

- In 2025, 14% of respondents said they were satisfied with social care. 49% were dissatisfied with social care – a statistically significant decrease from 2024 when this figure was 53%.
- The top three priorities for social care were helping people stay independent at home for as long as possible (46%), making social care more affordable to those who need it (45%) and improving the quality of social care services (44%).
- When asked about government choices on tax and spending on social care, 51% said the government should keep taxes and spending on social care at the same level as now. 38% said the government should increase taxes and spend more on social care. 6% said the government should reduce taxes and spend less on social care.
- Support for increasing taxes and spending more on social care was lower than for the NHS – it was 45% for the NHS. The difference was statistically significant.



Introduction and context

Introduction

The British Social Attitudes Survey (BSA) is a 'gold standard', nationally representative survey that uses a robust methodology to explore public views on what it is like to live in Britain and how respondents think the country is run. Since 1983, National Centre for Social Research (NatCen), which carries out the survey, has been asking the British public their views on health and social care services. The King's Fund and the Nuffield Trust jointly sponsor these questions to measure and track the public's views over time.

The BSA methodology uses random probability sampling to select British households to take part. Since 2020 the BSA survey interviews have been conducted primarily online with a telephone option also available: households receive a letter inviting up to two adults to take part online, or over the phone if they prefer.

The core elements of the survey remain the same and have done since 1983. Keeping consistency over time is key to ensure comparability year on year. The main questions regarding overall satisfaction with the NHS have not changed since the survey began, but new questions have been added to reflect new areas of interest, such as views on social care.

In 2024 new questions were introduced to allow better analysis of people's satisfaction with aspects of the NHS – including views on staffing and quality of care, and efficiency and funding. These questions were asked again in 2025. For the 2025 survey, new questions have been added on expectations for NHS care over the next five years, government priorities for social care and options for tax and spending on social care. A question on contact with NHS and social care services has also been reintroduced in a new format.

Context

The NHS in 2024 and 2025

2025 marked the first full year of a Labour government since 2009, during which the new administration sought to establish its policy priorities against a backdrop of continued economic pressure, ongoing political turbulence and uncertainty in the international environment. The most recent BSA survey was carried out between 26 August and 6 October 2025, shortly after the publication of the government's 10 Year Health Plan and amid continued concern about waiting times for NHS care.

Public debate on the NHS during the months running up to the 2025 fieldwork was characterised by persistent pressures on health and care services, industrial action in the NHS workforce and a political drive for reform. Whereas the 2024 fieldwork took place amid ministers claiming the NHS was 'broken' ([Streeting 2024](#)), the 2025 fieldwork was carried out as politicians implored the NHS to 'reform or die' ([Department of Health and Social Care 2025a](#)).



Rhetoric around funding echoed this narrative, with the Prime Minister stating in 2024 that the NHS would not receive more funding without reform. Despite annual budget increases of £22 billion announced at the 2024 Autumn Budget and £29 billion at the June 2025 Spending Review, in 2025 NHS spending remained below its historic long-run average and large cuts were announced to NHS bodies as part of reform plans.

The government's 10 Year Health Plan for England sought to outline a vision for the reformed NHS of the future, based on three shifts in how care is delivered and backed by significant structural changes to the organisation of the NHS. The BSA findings themselves were referenced in the plan as part of the evidence base demonstrating diminished public confidence that the plan aimed to address, and NHS England Chief Executive Jim Mackey commented on a 'growing disconnect between the service and the population'.

The public's view on the NHS was more nuanced: the largest public engagement exercise ever undertaken on the NHS, carried out as part of the government's Change NHS programme, suggested that dissatisfaction with performance coexisted with strong attachment to the principles of the NHS. Participants often reported positive experiences of care once they accessed it but frustrations about a service hampered by slow processes, poor co-ordination between services and patchy communications with patients.

Staff reported similar tensions. Contributions from NHS staff to the Change NHS engagement exercise reflected commitment to the values and principles of the NHS but frustration with workload, administrative burdens and staffing levels. These issues were prominent alongside the issue of pay in the resident doctors' dispute, which saw strikes during 2024 and into 2025.

Meanwhile, findings from the GP Patient Survey suggested improvements in patient experience with GP services ([NHS England 2025](#)), while the Adult inpatient survey showed similar improvements in people's experience of hospital care ([CQC 2025](#)). There have been signs of increases in NHS productivity and some positive news about waits for hospital care as the number of people waiting for planned NHS treatment stabilised, albeit at a high level ([Department of Health and Social Care 2025b](#)). By the time the fieldwork was underway in September 2025, the waiting list for planned care was 7.39 million, a drop of around 200,000 on the year before.

The Scottish and Welsh governments pursued their own reform agendas but against a similar backdrop of operational pressures, long waiting times and staffing concerns. While industrial action in the devolved nations was less sustained than in England, similar concerns persisted.

Social care in 2024/25

Financial pressures and aspirations for reform were also part of the story for adult social care in the months before the survey was carried out. In England, the government announced the establishment of an independent commission on adult social care, chaired by Baroness Casey, alongside commitments to develop a fair pay agreement for the care workforce. But by the time of the 2025 fieldwork, the commission had only been announced and substantive reform had yet to begin.

In the meantime, the social care sector continued to face significant financial and operational pressures. The announcement of higher employer National Insurance Contributions at the 2024 Autumn Budget caused experts and providers to warn of real risks to the viability of social care providers.



In Scotland, proposals for a National Care Service had not yet resulted in major changes to service delivery by the time of the 2025 fieldwork, while in Wales policy attention focused on strengthening community-based care and integration with health services. Across all nations there were concerns about provider sustainability, access to services and the capacity of the care workforce to meet growing need.

About this report

This report presents findings from the 2025 British Social Attitudes survey on public attitudes to the NHS and social care. It examines satisfaction with the NHS overall and with individual services, alongside views on standards of care, access to services and staffing levels.

Subsequent chapters consider public attitudes towards NHS funding and finance, and towards priorities and principles for the future of the service. The final chapter focuses on satisfaction with social care. Together, these chapters provide insight into how the public viewed health and care services in 2025 and the issues shaping those views.



1 How satisfied is the British public with the NHS overall?

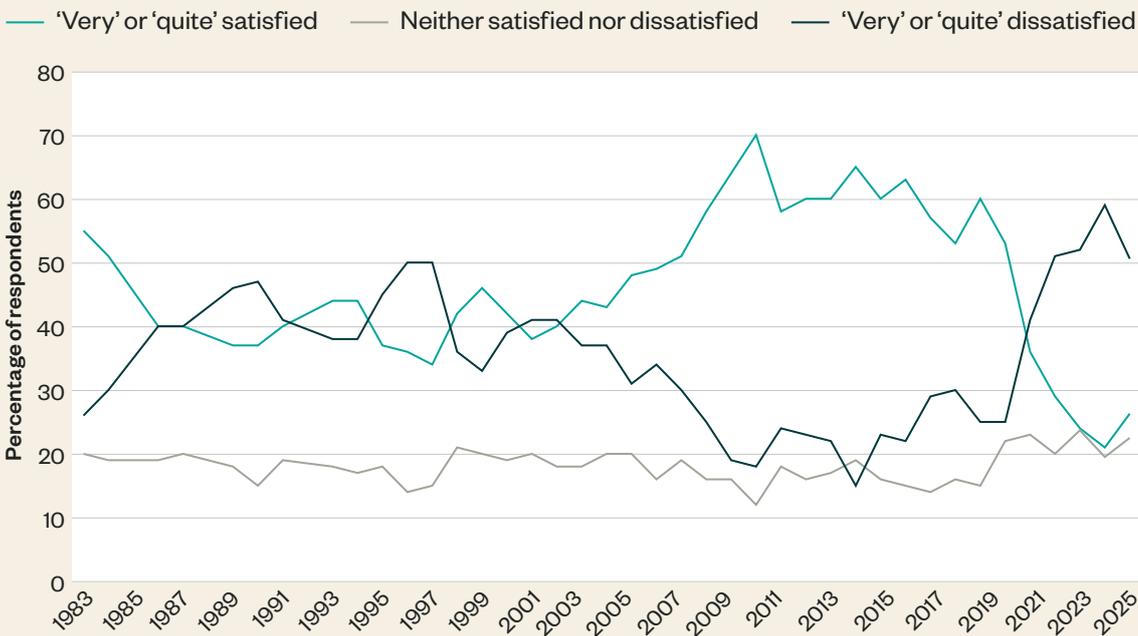
Overall satisfaction with the NHS

For 42 years, the BSA survey has asked a representative sample of the public how satisfied or dissatisfied they are 'with the way in which the NHS runs nowadays'. In 2025 this question was asked to 3,464 respondents.

In 2025, 26% of the public were 'very' or 'quite' satisfied with the NHS (Figure 1), roughly equivalent to just 1 in 4 people in Britain being satisfied. Only 4% of respondents were 'very' satisfied. The rise in overall satisfaction represents a statistically significant increase of

Figure 1 Overall satisfaction with the way the NHS runs over time, 1983 to 2025

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



Source: The King's Fund and Nuffield Trust analysis of NatGen's BSA survey data
2025 sample size = 3,464. This question was not asked in 1985, 1988 and 1992. 'Don't know' and 'refusal' responses are not shown, in 2025 these response categories were selected by 0.6% of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.





6 percentage points¹ compared to 2024, when overall satisfaction was 21%. This was the first increase in satisfaction since 2019. The recent increase in satisfaction reverses the downward trend seen between 2019 and 2024, when overall satisfaction fell by 39 percentage points to the lowest levels of satisfaction ever recorded.

The increase in satisfaction mirrors a decline in dissatisfaction with the NHS in 2025. In 2025, 51% of respondents were 'very' or 'quite' dissatisfied. This is a statistically significant drop of 8 percentage points compared to 2024, when dissatisfaction was 59%. This is the second largest fall in dissatisfaction in the survey's history. The largest fall in dissatisfaction was between 1997 and 1998, when dissatisfaction fell by 14 percentage points.

How does satisfaction and dissatisfaction vary by population group?

The BSA survey provides the opportunity to analyse results broken down by different population groups: age, sex, household income, country and political affiliation (see methodology for definitions). In this section we look at how satisfaction and dissatisfaction varied among these groups in 2025 and how satisfaction has changed since 2024.

In 2025, satisfaction and dissatisfaction with the NHS varied by population groups. Satisfaction was low across all population groups (Figure 2, page 11). However, there was a clear relationship between satisfaction and age. A significantly higher proportion of people aged 65 and over (35%) were satisfied. This remained statistically significant when controlling for other factors, including controlling for contact with NHS services in the past 12 months. People aged between 35 and 64 were significantly less satisfied (26%) compared to those aged 65 and over. People under 35 were significantly less satisfied (20%) compared to the survey average and compared to both older age groups.

Reform supporters (20%) were significantly less satisfied than the survey average, which remained statistically significant when controlling for other factors like age and sex. Labour (33%) and Liberal Democrat supporters (35%) were significantly more satisfied than average. Supporters of the Conservatives (30%) and Greens (25%) were not significantly different from the average.

Statistical significance

When looking at percentages, if a change or difference is statistically significant, this means we can be 95% confident that the survey result reflects a real change or difference in public views, rather than being down to chance. Where a change or difference is not statistically significant, we cannot be confident that it reflects a real change or difference in public views.

We also use logistic regression models to check whether differences are still significant even when controlling for other factors (age, sex, household income, country and political affiliation).

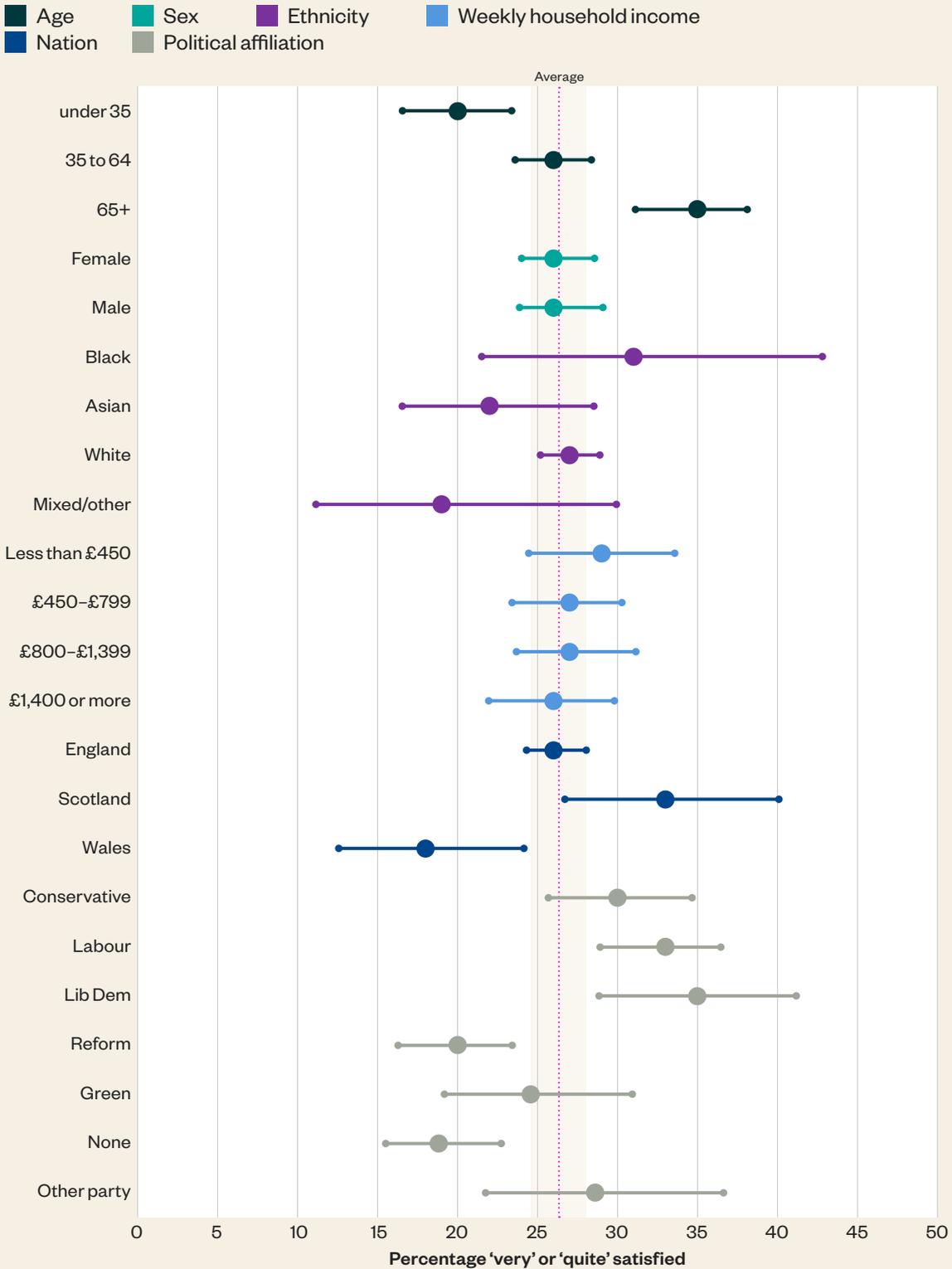
In this report we highlight groups where we can be at least 95% confident the difference between groups is real.

¹ Figures have been rounded to the nearest whole number. Overall satisfaction with the NHS rose by 5.6 percentage points between 2024 and 2025, from 20.7% to 26.3%.



Figure 2 Satisfaction with the NHS in 2025, by population group

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



Source: The King's Fund and Nuffield Trust analysis of NatGen's BSA survey data 2025 sample size = 3,464. Average values and 95% confidence intervals.





Supporters of the governing political party have historically reported higher satisfaction than supporters of the official opposition party. This pattern was not true in 2024 but has returned in 2025 – Labour supporters were more satisfied with the NHS than Conservative supporters, although this difference was not statistically significant.

Figure 3 Satisfaction by political party across Labour- and Conservative-led governments

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



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2025 sample size = 3,464. This question was not asked in 1985, 1988 and 1992.
 Data has been carefully weighted to minimise differences due to the change in methodology from 2020 onwards.



Political support

The BSA survey asks respondents to identify with a political party (see the methodology). In 2025, there was a shift in the proportion of respondents affiliating with the main political parties in Great Britain. Of the 3,464 sample, a large proportion were still supporters of Labour (24%), Conservatives (14%) and Liberal Democrats (8%). However, in 2025 the survey showed a growth in support for Reform (18%) and the Green party (9%). In response, our results now include breakdowns for these five political parties.



A significantly lower proportion of people in Wales (18%) were satisfied with the NHS than the survey average. This remained statistically significant when controlling for other factors. People in Scotland (33%) were significantly more satisfied than people in Wales, but not compared to people in England (26%).

Levels of dissatisfaction were similar across different population groups. Only Reform supporters (60%) and people from households with the highest income (58%) were significantly more dissatisfied compared to the average.

Changes in satisfaction from 2024 by population group

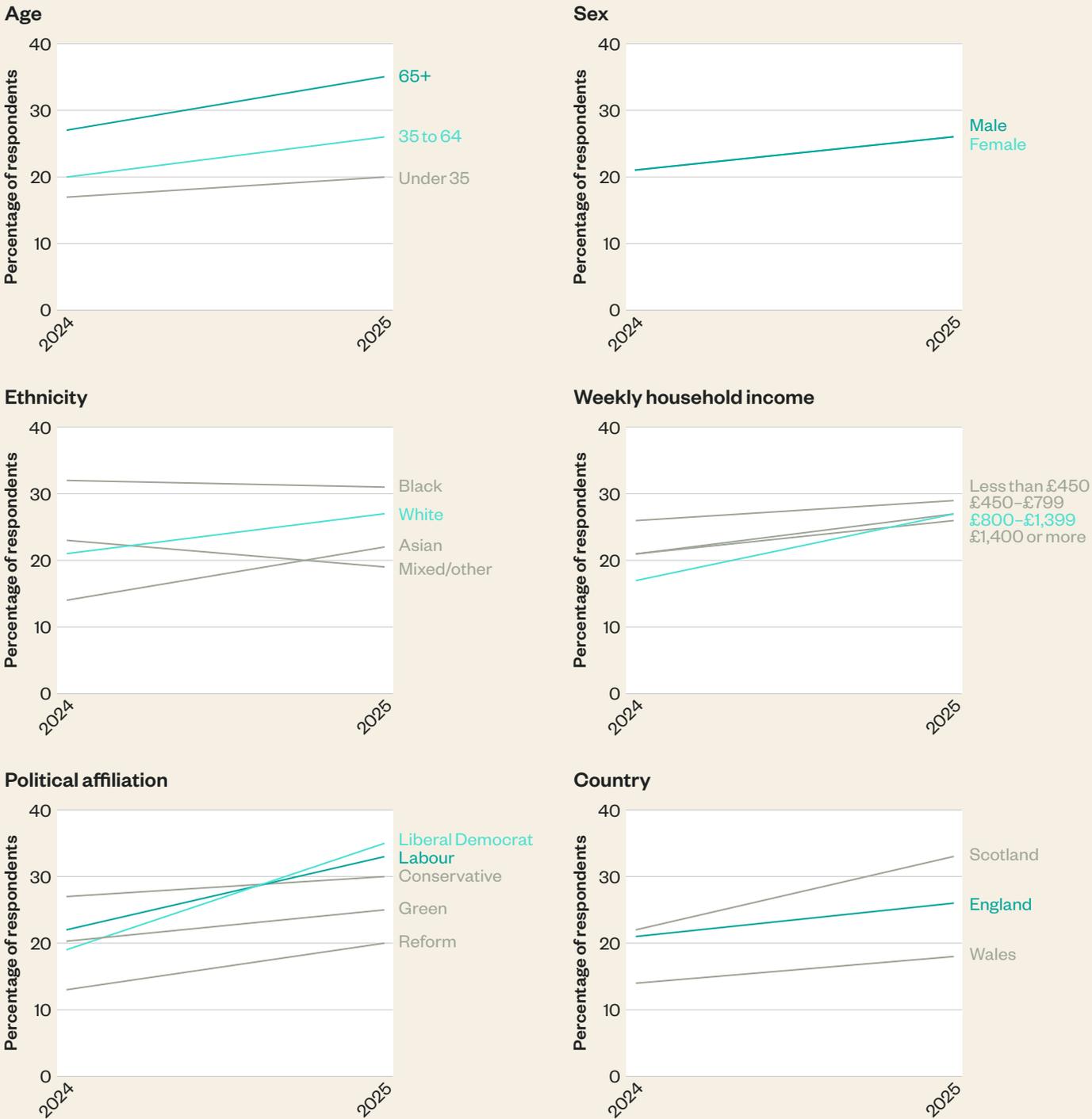
Between 2024 and 2025 satisfaction increased in almost all population groups (Figure 4, page 14), although the increase was only statistically significant for some groups. There was a significant increase in satisfaction for respondents aged 65 and over and those aged 35–64. The same was true of white respondents, both male and female respondents, respondents from the second highest household income and supporters of the Labour party and the Liberal Democrats. While satisfaction increased in Wales, Scotland and England the only one of these where the change was statistically significant was England.



Figure 4 Percentage of respondents in different population groups who are ‘very’ or ‘quite’ satisfied with the NHS, 2025 compared to 2024

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

— Statistically significant — Not statistically significant



Source: The King’s Fund and Nuffield Trust analysis of NatGen’s BSA survey data
 2025 sample size = 3,464. Grey results are not statistically significant at the 5% level.





Attitudes towards the standard of care in next five years

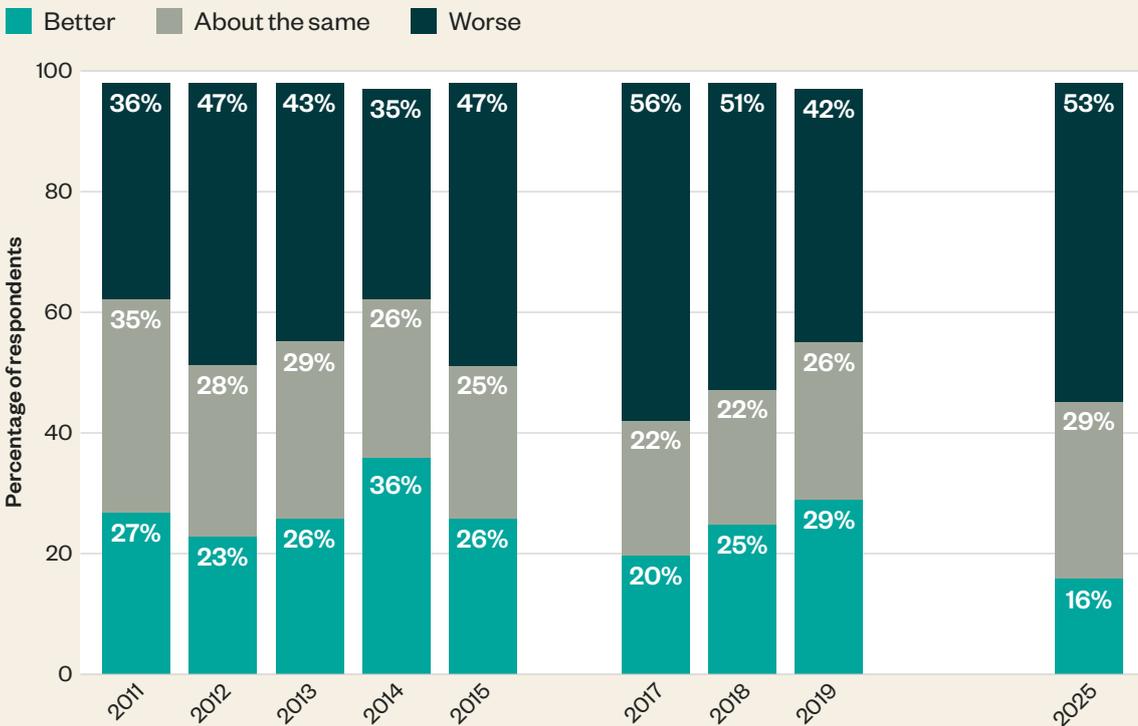
In 2025, respondents were asked ‘Thinking about the general standard of care of the NHS, over the next five years do you expect this to get better or worse?’. The majority of respondents (53%) said they expected care to get worse, including 15% saying ‘much’ worse. Only 16% said they expected care to get better, including 2% saying ‘much’ better. 29% said they expected care to be ‘about the same’.

This question had previously been asked between 2011 and 2019. The proportion of people saying better was lower in 2025 than any previous year when the question has been asked (Figure 5).

Of the respondents who said they were satisfied with the NHS, 30% still said they expected NHS care to get worse or ‘much’ worse, and 39% said it would stay ‘about the same’. Labour supporters were significantly more optimistic (28% said better or ‘much’ better) than the survey average, and Reform supporters were significantly more pessimistic (only 9% said better or ‘much’ better).

Figure 5 Percentage of respondents who think the standard of NHS care will get better in the next 5 years

Question asked: ‘Thinking about the general standard of care on the NHS, over the next five years do you expect this to get better or worse?’



Source: The King’s Fund and Nuffield Trust analysis of NatGen’s BSA survey data
 2025 sample size = 1,460. Data has been carefully weighted to minimise differences due to the change in methodology since 2020.





Northern Ireland

In 2024 and 2025, NatCen extended the BSA survey to include people from Northern Ireland and 16- and 17-year-olds (see methodology). To maintain compatibility over time, this report covers the result from respondents over 18 years old in Great Britain and does not include Northern Ireland or 16- or 17-year-olds. There were no significant differences between the over-18 British sample and the over-16 UK sample on the health and care questions.²

The 2025, 150 respondents from Northern Ireland were surveyed in the health and care module. This gives us some insight into public attitudes towards the health and care services in Northern Ireland, which are organised and run differently to other UK countries. Unlike other countries, the health and social care services in Northern Ireland are integrated, meaning both services are managed under one system .

Services in Northern Ireland face severe challenges. Northern Ireland has longer elective waiting lists than other parts of the UK ([Dayan 2025](#)), with the majority of patients waiting more than a year for their first outpatient appointment ([Department of Health 2025](#)). During the summer before the survey period, GPs voted to work to rule, limiting the appointments they would take as part of a funding dispute with the devolved government ([Wise 2025](#)).

Results from the overall NHS satisfaction question showed that only 7% of respondents in Northern Ireland were satisfied with the NHS. This is significantly lower than satisfaction in England, Scotland or Wales, even when controlling for other factors. This was not significantly different to 2024 when satisfaction was 11%. In 2025, 68% were dissatisfied with the NHS and the remaining respondents (25%) said neither satisfied nor dissatisfied.

In 2025, 12% of respondents in Northern Ireland were satisfied with social care services, which is similar to other UK countries, and to levels of satisfaction in 2024.

2 The UK sample includes 75 respondents aged 16 and 17, and the Northern Ireland sample includes two respondents aged 16 and 17.



2 How satisfied is the British public with different NHS services?

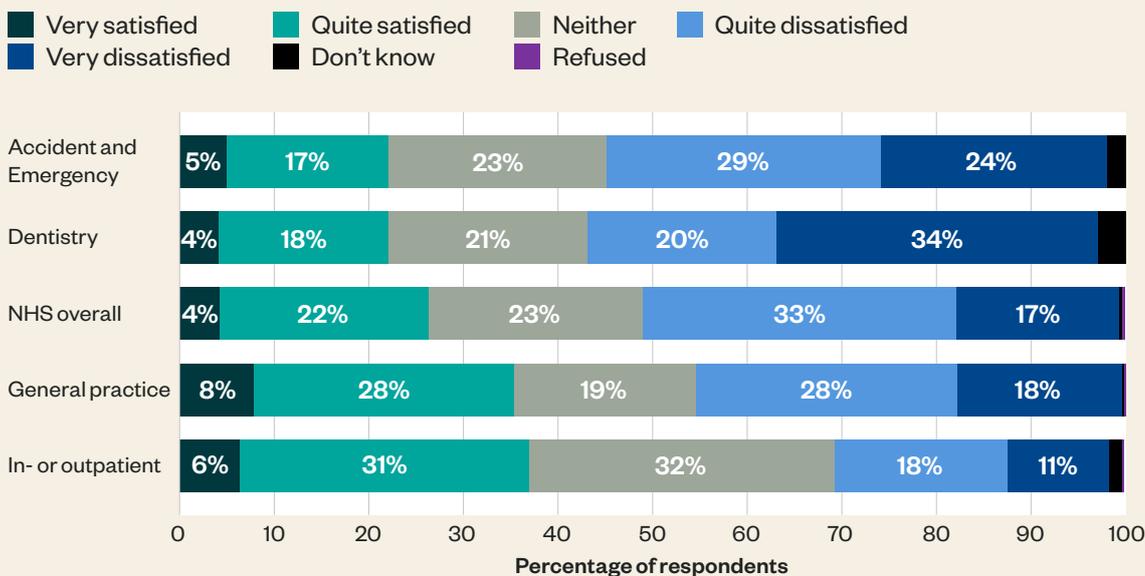
NHS services

In addition to asking about overall satisfaction with the NHS and social care, the BSA survey also asks a smaller sample of respondents how satisfied they are with different NHS services: general practice, NHS dentistry, A&E services, and inpatient and outpatient services. In 2025 this smaller sample group was 1,460 respondents.

Figure 6 summarises the results from the 2025 survey’s questions on individual services.

Figure 6 Satisfaction with different NHS services in 2025

Question asked: ‘From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays: First, local doctors or GP services? National Health Service dentists? being in hospital as an inpatient or outpatient? Accident and Emergency departments?’



Source: The King’s Fund and Nuffield Trust analysis of NatGen’s BSA survey data 2025 sample size = 1,460. Figures have been rounded to the nearest whole number.





In 2025, satisfaction with all four NHS services remained close to historic lows – and equally dissatisfaction remained at or close to historic highs. Each service did see overall satisfaction increase compared to 2024, but none of these changes were statistically significant, meaning that we cannot be confident that these increases represent a real change in the public's views.

GP services

Overall satisfaction with GP services was 35% and dissatisfaction was 45%. While neither was a statistically significant change on the previous year when GP satisfaction was 31%, this does represent the highest level of GP satisfaction since 2021 and ends the downward trend of the past few years.

Analysis by age groups reveals that respondents aged 65 and over were significantly more likely (43%) to be satisfied with GP services than the 18–64 age group (33%). The least satisfied group were those under 35, with just 31% 'very' or 'quite' satisfied.

NHS dentistry

Just over 1 in 5 respondents (22%) said they were 'very' or 'quite' satisfied with NHS dentistry, with 54% saying they were 'very' or 'quite' dissatisfied. These are similar results to the previous year, meaning that satisfaction with NHS dentistry remains close to the lowest level recorded since the survey began.

While there were no significant differences between the age groups, analysis reveals that Scottish respondents are significantly more satisfied (40%) with NHS dentistry than both English (21%) and Welsh (14%) respondents. Scottish respondents were more satisfied than dissatisfied with NHS dentistry, in sharp contrast to English and Welsh respondents who were significantly more dissatisfied than satisfied.

A&E services

Satisfaction with A&E services also remained close to historic lows, with just 22% of respondents 'very' or 'quite' satisfied. Dissatisfaction was 53%. In 2024, 19% said they were satisfied and 52% said dissatisfied – neither change was statistically significant.

Respondents aged 65 and over were significantly more likely to be satisfied with A&E services than both under-65 age groups (30% of those 65 and over were satisfied, compared to 21% for those aged 35–64 and 18% for those under 35). Dissatisfaction was significantly higher in both under-65 age groups (57% for those under 35 and 55% for 35–64 compared to 42% for those over 65).

Scottish respondents were significantly more satisfied (40%) with A&E services than English (21%) and Welsh (14%) respondents.

Inpatient and outpatient services

The survey asked respondents if they were satisfied with the way both inpatient and outpatient services were run (a change implemented in 2024; previously these services were asked about separately). Satisfaction with these services was highest of all four services asked about, with 37% of respondents 'very' or 'quite' satisfied with these services. 29% were 'very' or 'quite' dissatisfied. In 2024, 32% were satisfied while 28% were dissatisfied. Neither year-on-year change was statistically significant.

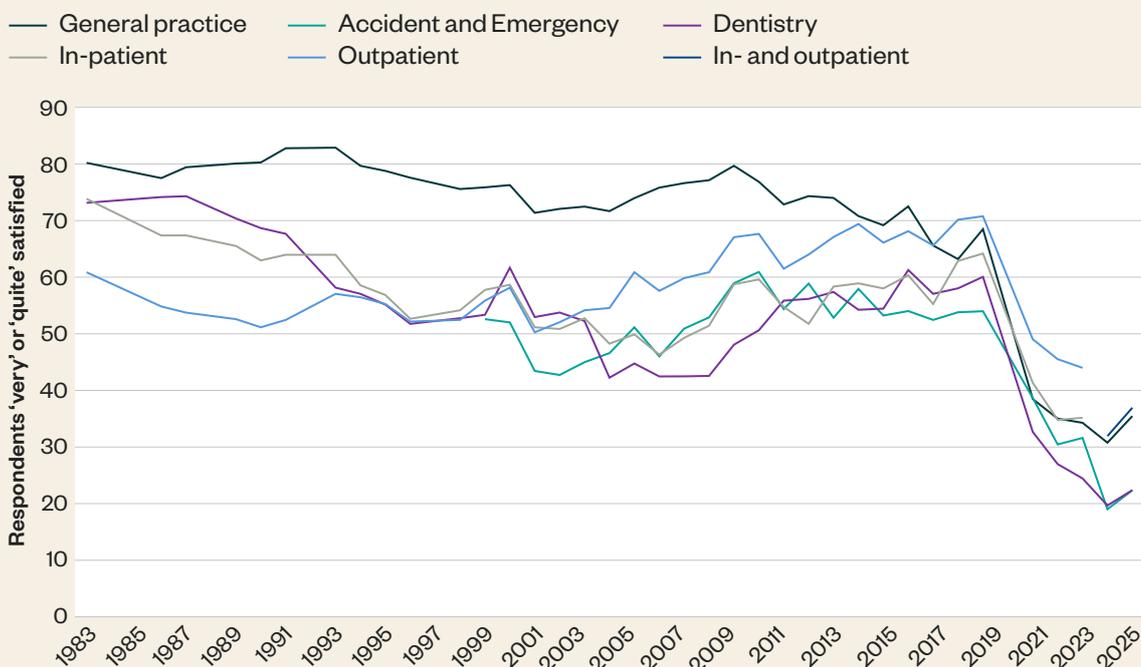
There were statistically significant age differences here, with those over 65 more likely to be satisfied (50%) versus those aged 35–64 (35%) or under 35 (28%). It is too early to tell



whether 2025 marked a turning point in satisfaction with individual services – and the lack of statistically significant change in satisfaction with NHS services makes it difficult to draw firm conclusions. But, as Figure 7 below shows, 2025’s findings did not see the same pattern of continued declines in service satisfaction that have been a feature of every survey since the pandemic.

Figure 7 Overall satisfaction with different NHS services, 1983 to 2025

Question asked: ‘From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays: First, local doctors or GP services? National Health Service dentists? being in hospital as an inpatient? being in hospital as an outpatient? Accident and Emergency departments?’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2025 sample size = 1,460. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years. In 2024, the questions were changed to ask about in- and outpatient services together.



Contact with NHS services

The BSA survey is not a patient experience survey – it tracks changes in public attitudes towards the NHS and social care, not how they have experienced specific services. Other surveys – like the GP Patient Survey – fulfil that role.

However, it is likely that respondents will, in many cases, be drawing on their own experiences if they have had recent contact with the NHS. People who have not had contact with the NHS will rely on more indirect information, such as media or social media coverage or anecdotal evidence from friends and family. So, does contact with the NHS affect how satisfied or not people are with it?



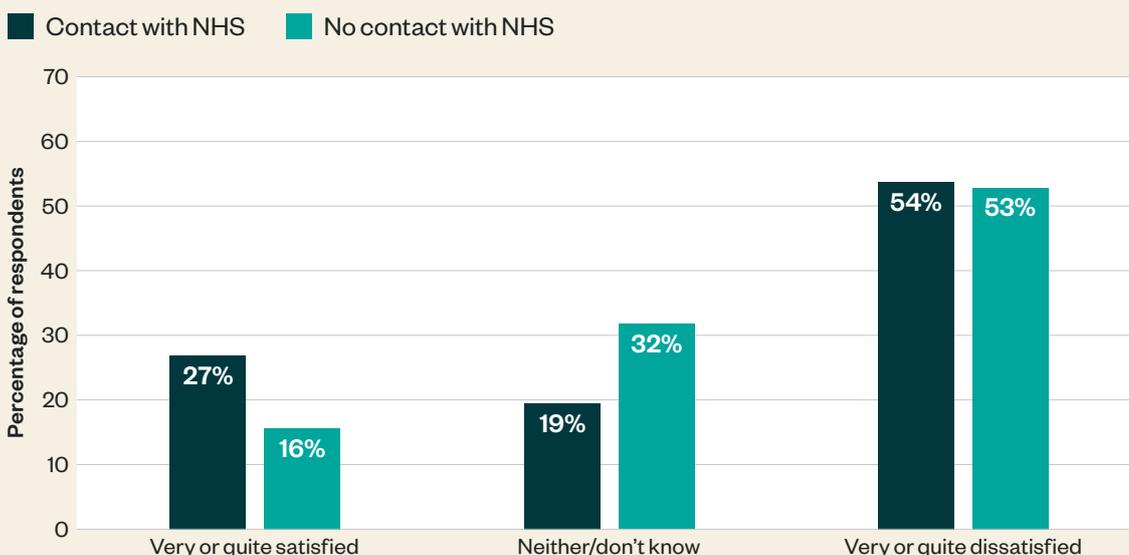
Between 2019 and 2023, the BSA survey asked the public whether they had used or had contact with individual NHS services in the previous 12 months, either for themselves or for someone else. In each of those four years, the service with which people had most contact was – unsurprisingly – general practice, with more than 80% of respondents reporting contact. The service where respondents reported least contact was inpatient services (just 24% in 2023). Across the surveys, this question revealed that people who had had contact tended to feel more strongly about the NHS – respondents who had contact were less likely to answer ‘neither satisfied nor dissatisfied’ with the service than those who had no contact.

In 2025, this question was simplified to ask respondents whether they had used or had contact with NHS services in the past 12 months (rather than individual services), either for themselves or someone else. The survey found that 87% of respondents reported contact with NHS services. Use of the NHS increased with age: 80% of those under 35, 88% of those aged 35–64 and 93% of those aged 65 and over said they had used or had contact with the NHS in the previous 12 months.

Figure 8 below shows that satisfaction was significantly higher among those who had contact with the NHS than those that had not, with 27% of those who had experienced the NHS, either for themselves or someone else, saying they were ‘very’ or ‘quite’ satisfied with the way the NHS runs, compared to just 16% of those who had no contact. There were no statistically significant differences in dissatisfaction between those who had and had not had contact with the NHS. Perhaps unsurprisingly, those who had not had contact with the NHS were more likely to say they were neither satisfied nor dissatisfied or did not know.

Figure 8 Public satisfaction with the NHS by contact with NHS services in 2025

Question asked: ‘In the last 12 months, have you used or had contact with any NHS services? This could be for yourself or someone else.’ and ‘All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
2025 sample size = 1,460.





3 Attitudes to standards, access to services and staffing in the NHS

Since 2024 the BSA has asked respondents their attitudes to different aspects of NHS care, including quality of care, waiting times for care and the levels of staffing. There were no statistically significant differences between 2024 and 2025 across any of these aspects.

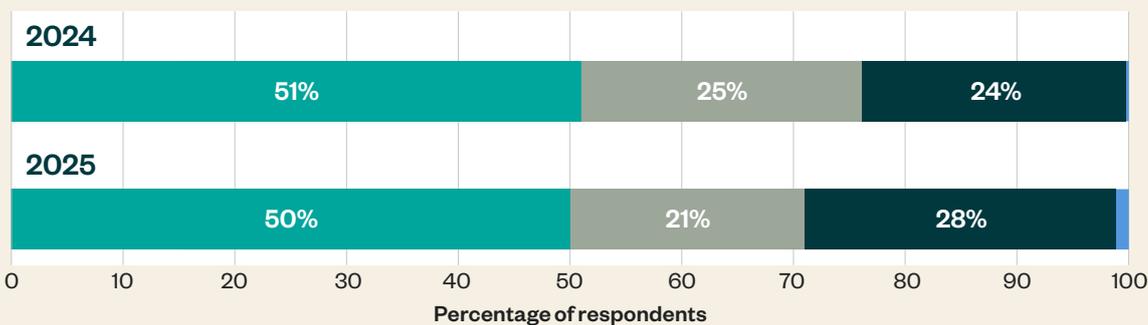
Quality

Of all the aspects of care asked about, the quality of care had the highest levels of satisfaction. Overall, 50% were satisfied with the quality of care in 2025, including 15% who were 'very' satisfied (Figure 9). People who have had contact with the NHS were more likely to be satisfied with the quality of care (54%) compared to people who have not had contact (30%). Overall, 28% of respondents were dissatisfied with the quality of care, including 10% who were 'very' dissatisfied.

Figure 9 Satisfaction with the quality of NHS care

Question asked: 'From what you have seen or heard, how satisfied or dissatisfied would you say you are with the quality of care provided by the NHS?'

Very/quite satisfied Neither satisfied nor dissatisfied Very/quite dissatisfied
Don't know



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data
2025 sample size = 1,460.





Waiting times

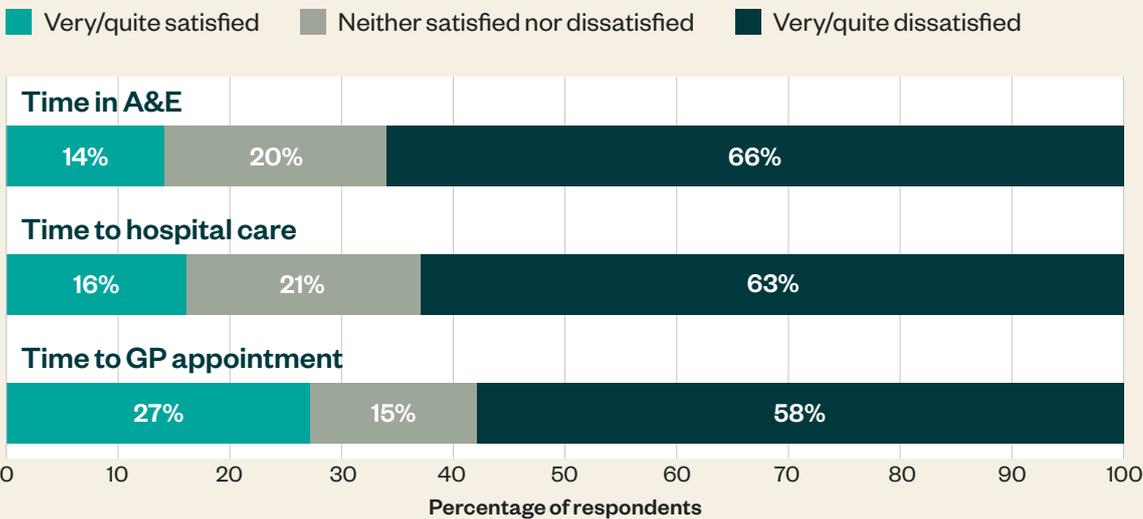
In 2024 and 2025, respondents were asked about their satisfaction with waiting times for three aspects for care:

- the length of time it takes to get an appointment at a GP practice
- the length of time it takes to get hospital care
- the length of time it takes for someone to be seen in A&E.

Across all three, the levels of satisfaction were significantly lower than for quality of care. 27% of people were satisfied with the length of time it takes to get an appointment at a GP practice, 16% were satisfied with the length of time it takes to get hospital care and just 14% were satisfied with the length of time it takes for someone to be seen in A&E (Figure 10). More than half of respondents were dissatisfied with the length of time it takes to get an appointment at a GP practice (58%), 63% were dissatisfied with the length of time it takes to get hospital care and 66% were dissatisfied with the length of time it takes for someone to be seen in A&E.

Figure 10 Satisfaction with time waiting for NHS care

Question asked: 'From what you have seen or heard, how satisfied or dissatisfied would you say you are with each of the following aspects of the NHS nowadays? The length of time it takes to get an appointment at a GP practice; the length of time it takes to get hospital care; the length of time it takes for someone to be seen in Accident and Emergency (A&E).'



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2025 sample size = 1,460.





Of the respondents who were satisfied with the NHS overall, a large proportion were still dissatisfied with waiting times for GPs (30%), hospital appointments (29%) and in A&E (40%).

Respondents aged 65 and over were more likely to be satisfied with waiting times for GP appointments (33% versus 25%) and hospital appointments (24% versus 13%), compared to those under 65.

There were no significant differences in satisfaction with waiting times by supporters of different political parties.

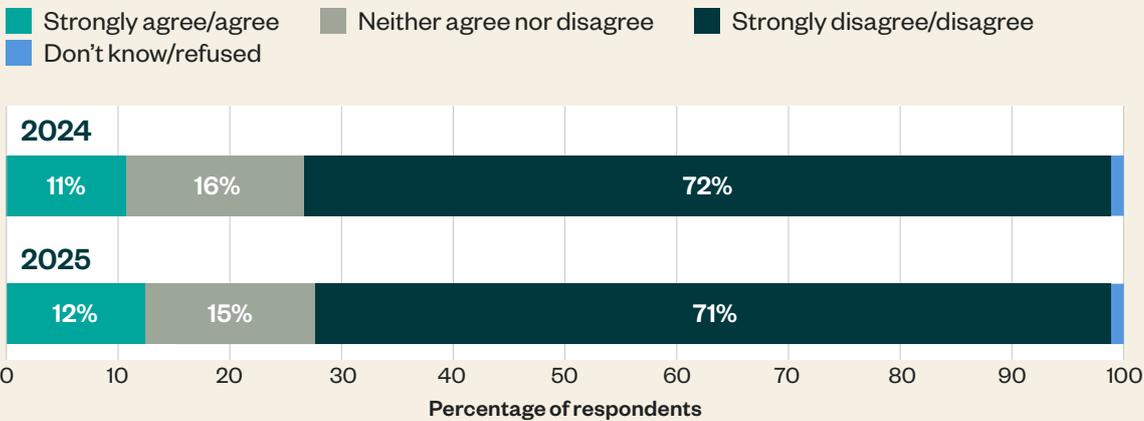
Staffing

In 2024 and 2025, respondents were asked whether they agreed or disagreed with the statement: 'There are enough staff in the NHS these days'. Most respondents (71%) disagreed with the statement and only 12% agreed. This has not changed significantly since the previous year (Figure 11).

Supporters of Reform were significantly more likely to agree (22%) that there were enough staff and Green supporters were significantly less likely to agree (3%).

Figure 11 Agreement or disagreement that there are enough staff in the NHS these days

Question asked: 'To what extent do you agree or disagree with the following statement? "There are enough staff in the NHS these days."'



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data 2025 sample size = 1,460.





4 Attitudes to NHS financing and efficiency

In recent years, we have added questions to the BSA survey to explore public attitudes to NHS finance and funding in greater depth. We have asked for views on taxation since 2023, and on whether enough was spent, and whether it was spent efficiently, since 2024.

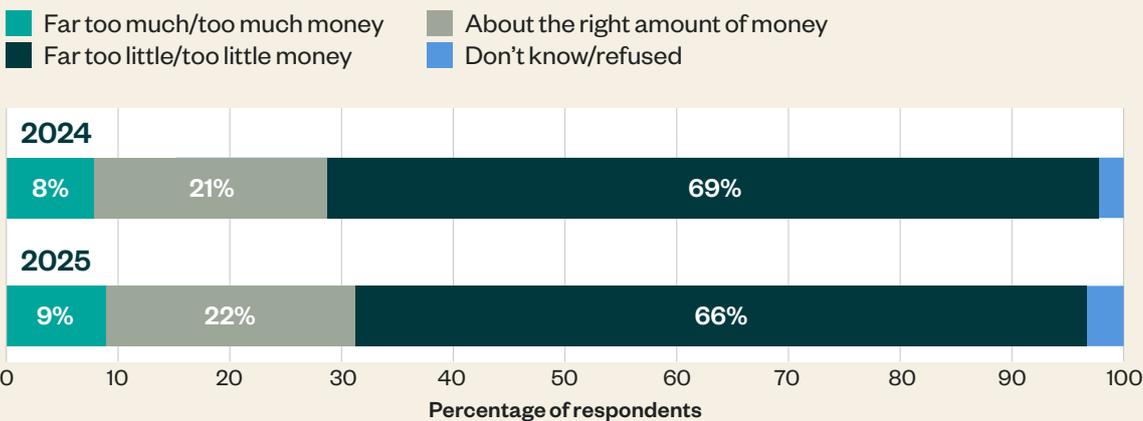
These questions were repeated in 2025 to examine any changes following a year of painful fiscal decisions for the UK, and a Spending Review granting extended funding increases to the health service. The results show relatively stable views on each question, with no statistically significant changes.

Government spending

The survey asked respondents whether they believed that government was spending too much or too little money on the NHS. 9% said that the government was spending 'too much' or 'far too much', 22% that it was spending about the right amount and 66% that it was spending 'too little' or 'far too little'. This was not significantly different to the result the previous year, where 8% answered 'too much', 21% the 'right amount', and 69% 'too little' (Figure 12).

Figure 12 Does the government spend too little money on the NHS, or too much?

Question asked: 'From what you have seen or heard, would you say that at the moment the government spends too much money on the NHS, too little money, or about the right amount?'



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data
2025 sample size = 1,460.





The view that the government spent too much or far too much on the NHS was significantly more likely to be held by supporters of the Reform party (21%) and Conservative party (15%), compared to supporters of the Labour party (4%).

The view that too little was spent on the NHS was significantly more likely to be held by respondents in Scotland (80%) compared to England (64%).

From 2014 to 2023 (except in 2020), the BSA survey included a question on whether the NHS was ‘facing a funding problem’. In 2014, 72% of respondents believed that the health service faced a ‘severe’ or ‘major’ funding problem: this rose to 80% the following year and remained above 80% for each subsequent year to 2023.

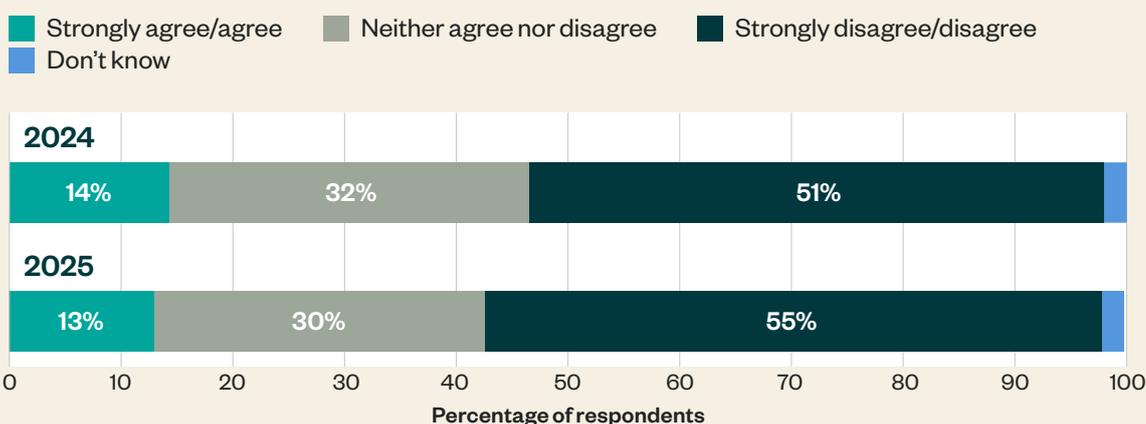
Efficiency

The survey asked respondents if they agree that the NHS spends the money that it does have efficiently. 55% disagreed or strongly disagreed, while 13% agreed or strongly agreed, and 30% neither agreed nor disagreed (Figure 13). These results were not significantly different to results for the same question in 2024.

Respondents aged 65 and over were significantly more likely to disagree that the NHS spends money efficiently (63%) relative to those under 65 (53%). Supporters of the Reform party were significantly more likely to disagree (72%) than supporters of Labour (50%) or the Green party (45%).

Figure 13 Does the NHS spend money efficiently?

Question asked: ‘To what extent do you agree or disagree with the following statement?’
 “The NHS spends the money it has efficiently.”



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2025 sample size = 1,460.





Tax

For the third consecutive year, the survey asked people whether, if they had to choose, they would rather reduce taxes and spend less on the NHS, keep taxes and spending on the NHS at the same level as now or increase taxes and spend more on the NHS. 45% said that they would choose to raise taxes and spend more, 43% would choose the same level, and 8% said that they would choose to cut both taxes and spending (Figure 14).

This picture, with most people closely divided between taxing more to spend more and the status quo, has changed little. There was no statistically significant difference to the previous year.

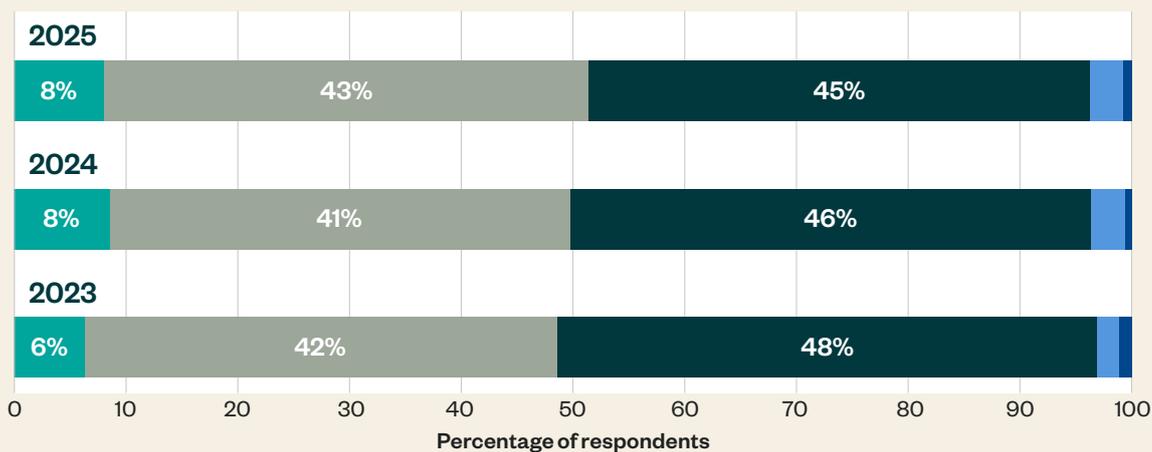
Supporters of the Green party (70%) and the Labour party (57%) were significantly more likely to support higher taxes and higher NHS spending than supporters of the Conservative party (30%) and Reform (32%). Conversely, support for cutting tax and NHS spend was highest among supporters of Reform, but even here support reached only 17%.

Respondents were significantly more likely to favour increasing taxes to spend more on the NHS if they were over the age of 65 (53%), rather than in working-age groups (42%).

Figure 14 Options for tax and spending on the NHS

Question asked: ‘Suppose the government had to choose between the following three options. Which do you think it should choose?’

- Reduce taxes and spend less on the NHS
- Keep taxes and spending on the NHS at the same level as now
- Increase taxes and spend more on the NHS
- Don't know
- Prefer not to answer



Source: The King’s Fund and Nuffield Trust analysis of NatGen’s BSA survey data
2025 sample size = 1,460.





Wider attitudes to tax and spending

The wider BSA also asks a question on taxation and spending across multiple public services, including health, which offers us a look at whether opinions vary when other public services are included. This question again asks respondents whether they would prefer to reduce taxes and spend less on health, education and social benefits, keep taxes and spending the same, or increase taxes and spend more on these public services.

In 2025, 37% of respondents said they would favour increasing taxes and spending more across health, education and social benefits. This is lower than support for increasing taxes specifically to fund the NHS, where 45% of respondents said they would favour higher taxation and spending.

Similarly, 19% of respondents said they would prefer to reduce taxes and spending across health, education and social benefits, compared to 8% who supported reduced taxes on the NHS specifically. However, of those supporting reduced taxes for health, education and social benefits, 60% said they would not choose to reduce taxes and spending on the NHS.

Although attitudes towards NHS taxation have not changed significantly compared with the previous year, support for increasing taxes and spending across health, education and social benefits has fallen significantly.

There also appears to be less appetite for reducing spending on social care. While 19% favoured reducing taxes and spending across health, education and social benefits, only 6% said they would choose to reduce taxes and spend less on social care.

Source: [Curtice *et al* 2026](#)



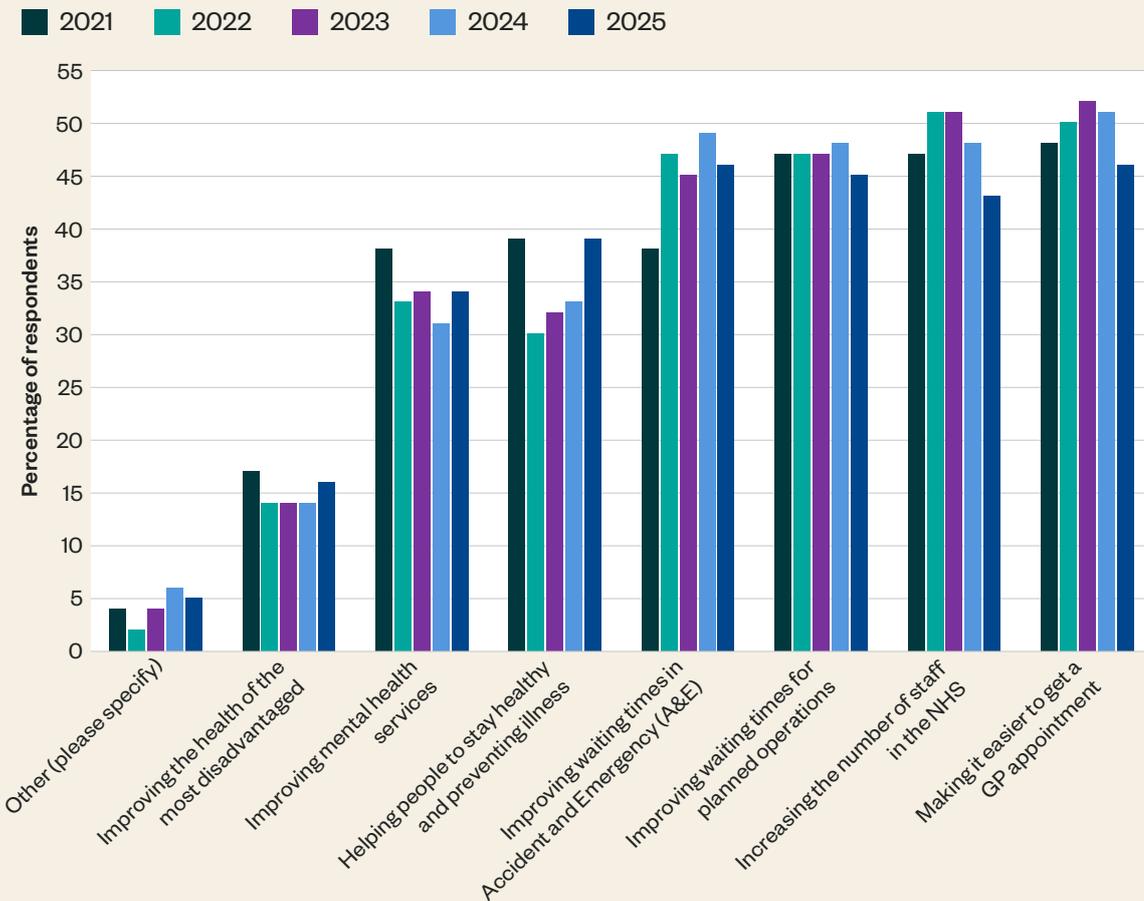
5 NHS priorities and principles

NHS priorities

Since 2021, respondents have been asked to select up to three priorities for the NHS (Figure 15). In 2025, the most frequently chosen priorities were ‘making it easier to get a GP appointment’, and ‘improving waiting times in accident and emergency (A&E)’. Both priorities were selected by 46% of respondents. ‘Improving waiting times for planned operations’ (45%) and ‘increasing the number of staff in the NHS’ (43%) followed close behind. There were no significant changes year on year in the proportion choosing each priority. Furthermore, the order in which respondents ranked each priority did not change between 2024 and 2025.

Figure 15 What should be the most important priorities for the NHS?

Question asked: ‘Which of the following do you think should be the most important priorities for the NHS? Please select up to three.’



Source: The King’s Fund and Nuffield Trust analysis of NatGen’s BSA survey data 2025 sample size = 1,460. Figures have been rounded to the nearest whole number.





In 2025, some priority choices differed significantly by age group. People aged under 65 were more likely than those aged 65 and over to select ‘improving waiting times for accident and emergency (A&E)’ (48% compared to 38%) and ‘increasing the number of staff in the NHS’ (46% compared to 35%). By contrast, people aged 65 and over were more likely to select ‘helping people stay healthy and preventing illness’ than those under 65 (48% compared to 36%). Unlike in 2024, there were no significant age differences in selecting ‘improving mental health services’ and ‘improving waiting times for planned operations’ in 2025.

There were also some significant differences by supporters of different political parties. Compared to the survey average, supporters of Labour were more likely to choose ‘improving the health of the most disadvantaged’ (25%), Liberal Democrat supporters were more likely to say ‘helping people stay healthy and preventing illnesses’ (57%), and Green supporters were more likely to say ‘increasing the number of NHS staff’ at 56% and ‘improving mental health services’ (48%).

NHS principles

In questions first introduced in 2021, people were asked about the extent to which they thought the founding principles of the NHS should still apply today. These principles are that the NHS should be:

- free of charge when you need to use it
- available to everyone
- primarily funded through taxes.

In 2025, 89% said that the NHS should ‘definitely’ (69%) or ‘probably’ (20%) be free of charge when needed. 74% said that it should ‘definitely’ (54%) or ‘probably’ (19%) be available to everyone. 81% answered that the NHS should ‘definitely’ (45%) or ‘probably’ (36%) be funded through taxes (Figure 16, page 30).

25% of respondents said that the principle of the NHS being available to everyone should ‘definitely’ or ‘probably’ not apply, and 16% of respondents believed the tax funding principle should ‘definitely’ or ‘probably’ not apply. Just 9% stated that the NHS being free of charge should ‘definitely’ or ‘probably’ not apply.

While there has been no statistically significant change since 2024 there has been a decline in the proportion who say the principles should ‘definitely apply’ since the questions were first asked in 2021.

As in previous years, there were significant differences between supporters of different political parties in 2025. Looking at differences in the number of people who said each principle should ‘definitely’ apply, most Labour supporters believed that the NHS being free at the point of use should ‘definitely’ apply (78%), while just 59% of Conservative supporters and 61% of Reform supporters agreed.

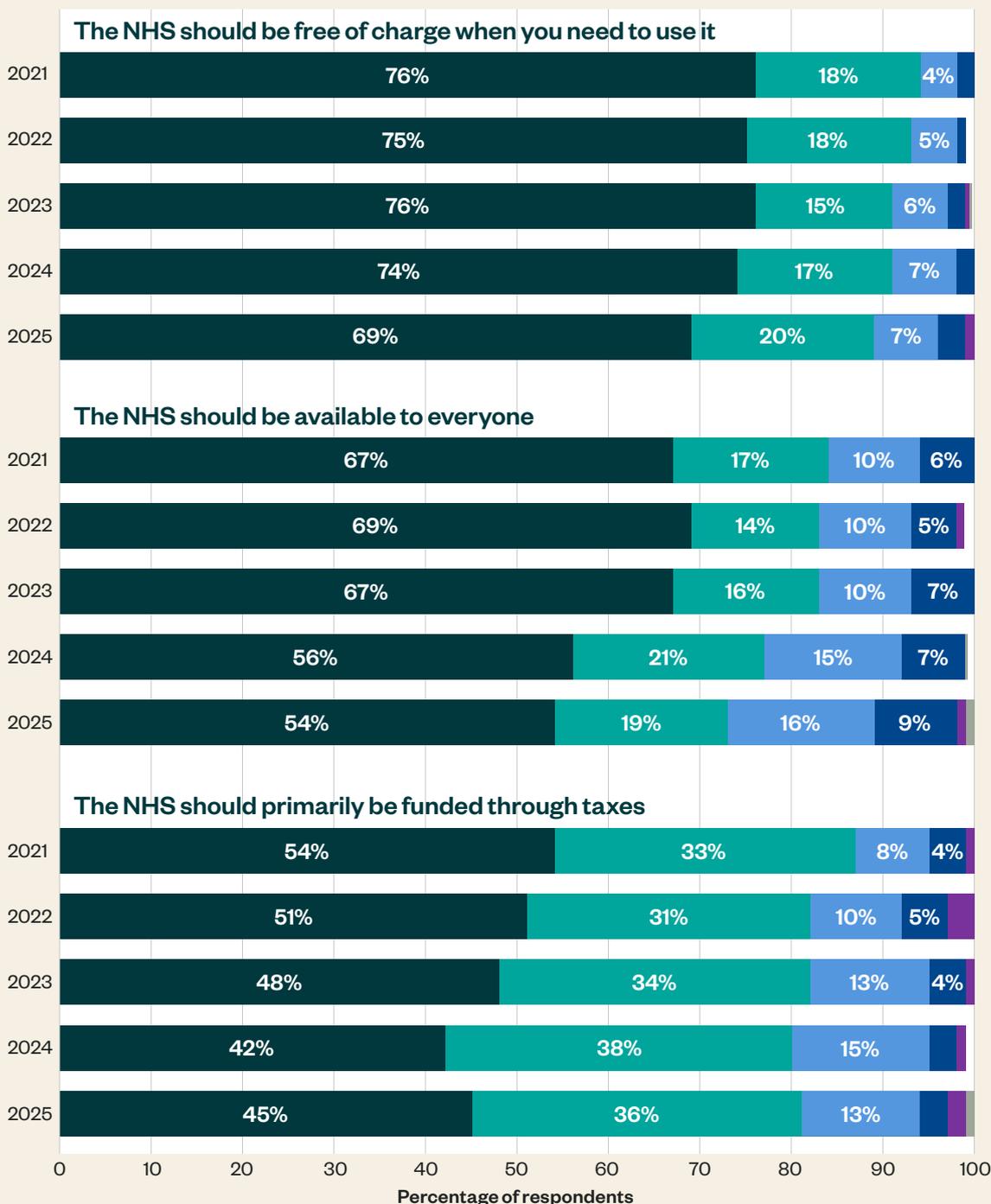
There was no significant difference in the proportion of Conservative and Labour supporters who believed NHS funding through tax should ‘definitely’ apply (43% and 56% respectively). However, compared to Labour supporters, a significantly smaller proportion of Reform supporters (36%) thought this principle should ‘definitely’ apply.



Figure 16 The extent to which people think founding principles should still apply to the NHS today

Question asked: 'For each of the following statements, please tell me the extent to which you think the principle should still apply to the NHS today.'

- Definitely applies
- Probably applies
- Probably does not apply
- Definitely does not apply
- Don't know
- Prefer not to answer



Source: The King's Fund and Nuffield Trust analysis of NatGen's BSA survey data 2025 sample size = 1,460. Figures have been rounded to the nearest whole number.





Differences between Labour, Conservative and Reform supporters for the principle ‘the NHS should be available to everyone’ were especially pronounced. 68% of Labour supporters thought this principle should ‘definitely’ apply, which was significantly higher than the proportion of Conservative supporters (45%). The proportion of Reform supporters who thought this principle should ‘definitely’ apply (30%) was significantly lower than that of both Labour and Conservative supporters.

Immigration attitudes and support for NHS principles

To explore what might lie behind the marked decline, over time, in support for the principle of the NHS being available to everyone, we examined responses from the wider British Social Attitudes survey published by NatCen ([Curtice *et al* 2026](#)). These show that over the same period there has been an increase in the proportion of respondents who believe migration is bad for the economy and undermines Britain’s culture.

In the 2025 survey, views on migration were strongly associated with views on whether the NHS should be available to everyone. Among respondents who believed migration was good for the economy, 83% said the principle should definitely apply. Similarly, 80% of those who believed migration enriches Britain’s cultural life supported the principle. Among respondents who believed migration was bad for the economy or undermines Britain’s culture,³ support fell to 37% and 38% respectively.

These findings suggest that changing attitudes towards migration may be linked to declining certainty about the principle that the NHS should be available to everyone.

Source: [Curtice *et al* 2026](#)⁴

- 3 These questions are answered on a scale of 0 to 10. Scores 0 to 3 have been grouped together and defined as believing migration is ‘bad’ for the economy or overall ‘undermines’ Britain’s culture. Scores 7 to 10 have been grouped and defined as believing migration is ‘good’ for the economy or ‘enriches’ Britain’s culture.
- 4 In previous year the wider results from the BSA have been published after The King’s Fund and Nuffield Trust analysis of the NHS and Social Care questions. This year NatCen, which runs the BSA, has published the results of some questions earlier. For the first time this report has used the questions on immigration that NatCen asks to better understand what might be driving views on this principle ([Curtice *et al* 2026](#)).



6 How satisfied is the British public with social care?

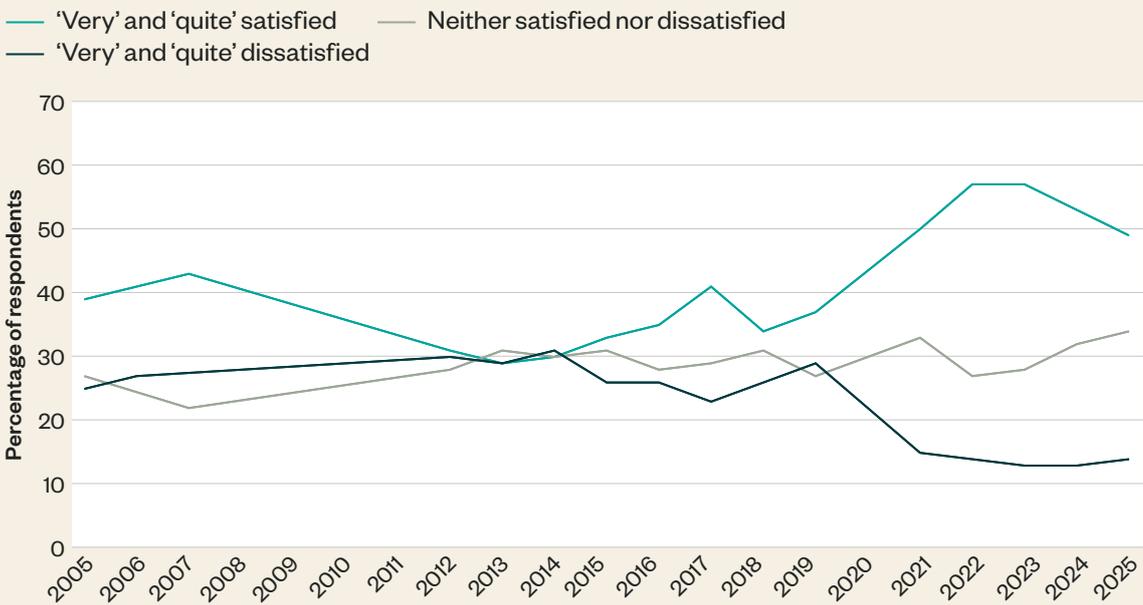
Social care satisfaction

The BSA survey asks respondents about their satisfaction with social care services aimed at those who need assistance due to illness, disability or old age.

In 2025, 14% of respondents said they were ‘very’ or ‘quite’ satisfied with social care, including 2% who said they were ‘very’ satisfied (Figure 17). In 2024, 13% of respondents were ‘very’ or ‘quite’ satisfied – the change is not statistically significant.

Figure 17 Satisfaction with social care over time

Question asked: (until 2021) ‘How satisfied or dissatisfied are you with social care provided by local authorities for people who cannot look after themselves because of illness, disability or old age?’; (from 2021) ‘From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care for people who cannot look after themselves because of illness, disability or old age?’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2025 sample size = 3,464. This question was not asked in 2020; ‘don’t know’ and ‘refusal’ responses are not shown, in 2024 these response categories were selected by 3% of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.





49% said they were 'very' or 'quite' dissatisfied with social care – a statistically significant decrease from 2024 when this figure was 53%. In 2025, 17% said they were 'very' dissatisfied while 32% said they were 'quite' dissatisfied. The proportion saying neither satisfied nor dissatisfied has risen over the past few years from 27% in 2022 to 34% in 2025.

How does dissatisfaction vary by population group?

This section focuses on the respondents who said they were dissatisfied with social care. This is a much larger group of people than those who said they were satisfied, allowing for more meaningful estimates of population differences. Figure 18 (page 34) shows how dissatisfaction differed among different population groups and from the average for the whole survey.

As with the overall NHS question the increased sample size for the satisfaction with social care allows a more in-depth analysis of differences between groups where these exist. The only statistically significant differences between different demographic groups this year were that black respondents were less likely to be dissatisfied (28% dissatisfied compared to the survey average of 49%) and that those in the highest weekly income group were more likely to be dissatisfied with social care (57%) compared to the average.

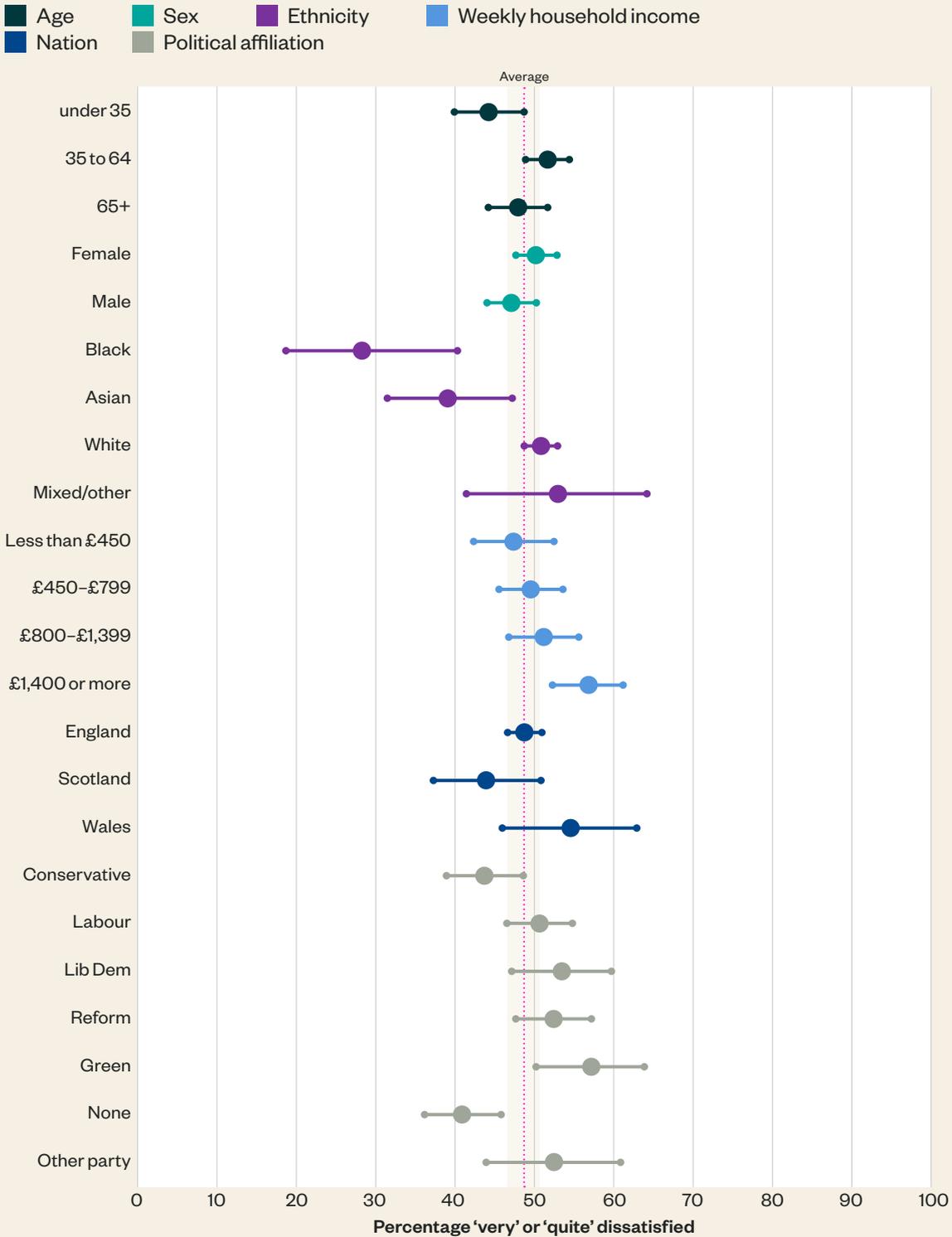
In line with the results from 2024 there were no significant differences between those under 65 and those aged 65 and over, nor were there any differences by gender. There were no significant differences between supporters of different political parties.

Despite a significant fall in dissatisfaction in the overall sample, there were no significant falls in dissatisfaction by population group between 2024 and 2025.



Figure 18 Dissatisfaction with social care in 2025, by population group

Question asked: 'From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care for people who cannot look after themselves because of illness, disability or old age?'



Source: The King's Fund and Nuffield Trust analysis of NatGen's BSA survey data 2025 sample size = 3,464. Average values and 95% confidence intervals.





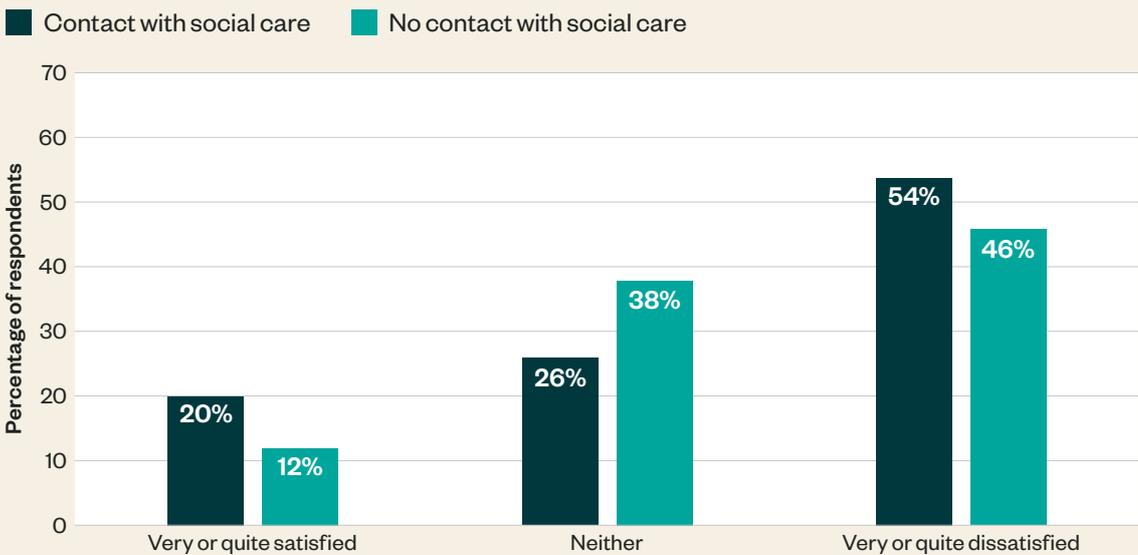
Contact

Respondents were asked whether they had contact with social care in the previous 12 months either for themselves or for someone else. 15% of respondents said they had had contact with social care in the previous 12 months. There were no differences by age on this.

Overall, respondents who had used or had contact with social care either for themselves or for someone else were, unsurprisingly, more likely to have an opinion about it than those who had not used it. Those who had contact were more likely to be satisfied. 20% of those who had contact were satisfied compared to 12% of those who had not had contact. 54% of those who had contact were dissatisfied compared to 46% of those who had not had contact (Figure 19).

Figure 19 Public satisfaction with social care by contact with social care services in 2025

Question asked: 'In the last 12 months, have you used or had contact with social care services? This could be for yourself or someone else.' and 'From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care?'



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2025 sample size = 1,460.



Priorities

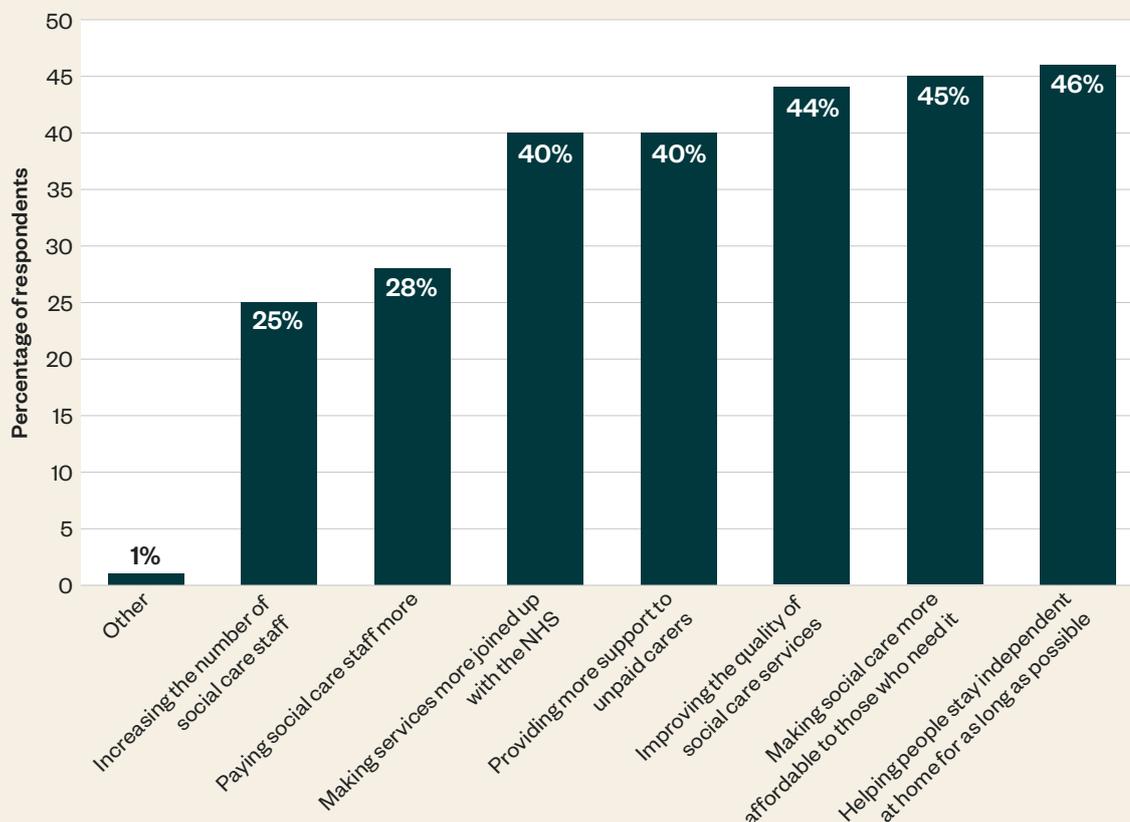
A new question was introduced in 2025 that asked people what they thought the most important priorities for social care should be. This question replaced a previous question last asked in 2023 which asked people to give reasons why they were either satisfied or dissatisfied with social care.

The top three priorities were helping people stay independent at home for as long as possible (46%), making social care more affordable to those who need it (45%) and improving the quality of social care services (44%) (Figure 20, page 36).



Figure 20 What should be the most important priorities for social care?

Question asked: 'Which of the following do you think should be the most important priorities for social care? Please select up to three.'



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data 2025 sample size = 1,460. Figures have been rounded to the nearest whole number.



There were some significant differences by age. Those aged 65 and over were more likely to answer 'helping people stay independent at home for as long as possible' – 66% of those over 65 selected this compared to 40% of those under 65.

People under 65 were more likely to answer 'making social care affordable to those who need it' – 49% of those under 65 selected this compared to 34% of those aged 65 and over.

More people under 65 said 'improving the quality of social care services' was a priority (48%) compared to those 65 and older (34%).

Tax

A new question was introduced in 2025. Similar to the NHS question on taxes it asked respondents: 'Suppose the government had to choose between the following three options. Which one do you think it should choose?'

- Reduce taxes and spend less on social care.
- Keep taxes and spending on social care at the same level as now.
- Increase taxes and spend more on social care.'

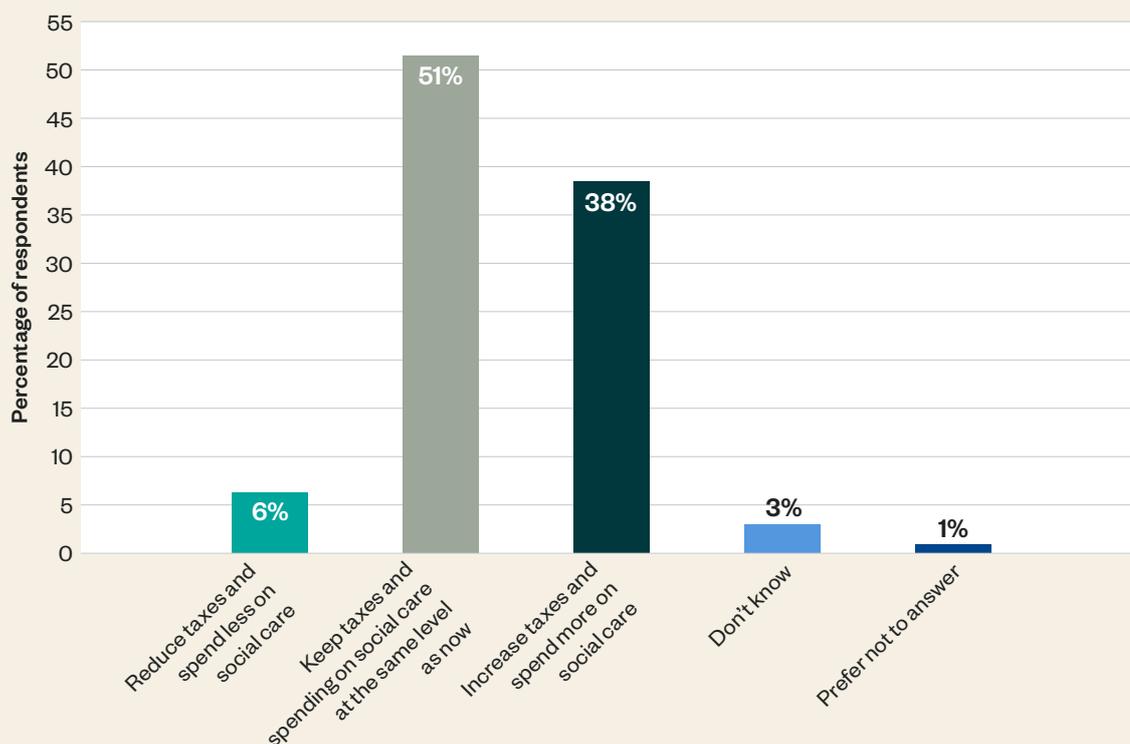


As shown in Figure 21 most people selected 'keep taxes and spending on social care at the same level as now' (51%). 38% chose 'increase taxes and spend more on social care', while 6% chose 'reduce taxes and spend less on social care'. Support for increasing taxes, and spending more on social care was lower than for the NHS – it was 45% for the NHS. The difference was statistically significant.

Respondents aged 65 and over were significantly more likely to answer, 'increase taxes and spend more on social care' (52%) than those under 65 (34%). There were also differences between supporters of different political parties. Supporters of the Green Party (63%) and the Labour Party (51%) were more likely to answer 'increase taxes and spend more on social care'. Supporters of the Reform Party were significantly less likely to select this option (26%).

Figure 21 Options for tax and spending on social care

Question asked: 'Suppose the government had to choose between the following three options. Which do you think it should choose?'



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data
2025 sample size = 1,460.





Conclusion

The six-percentage point increase in satisfaction with the NHS is the first time public satisfaction has risen since 2019. Dissatisfaction has dropped 8 percentage points, the second largest drop in the survey's history.

These are significant findings and ones that will be greeted with relief from the governing parties and those responsible for running its health service alike. While overall satisfaction is still lower than at any point in the survey's pre-pandemic history, the relentless year-on-year falls in public satisfaction with the NHS, which have been a feature of the British Social Attitudes survey since the Covid-19 pandemic, appear to have eased.

Other sources suggest that 2025 saw improved satisfaction with GP services ([NHS England 2025](#)) and inpatient care ([CQC 2025](#)) alongside progress in stabilising long waits for elective care and A&E waiting times. Against the government's shift in rhetoric from the NHS being 'broken' to the language of reform, it might be reasonable to conclude that the rise in satisfaction documented in this year's BSA reflects improved experience of NHS care and signs of improvement.

But this year's BSA does not offer a clear indication of whether the 6% bounce in overall NHS satisfaction marks a decisive turning point. When we asked a smaller sample of 1,460 respondents about specific NHS services, including GP, A&E, dentistry or hospital care, overall levels of satisfaction did not significantly change and remain close to historic lows.

What's more, when asked whether they felt the standard of NHS care was likely to get better or worse, respondents were not optimistic – just over one in six (16%) said they thought it would get better, the lowest recorded. It is hard to conclude that the overall increase in satisfaction represents an unequivocal vote of confidence in the future of the NHS.

The long time-series in the BSA offers some further insight. The last time dissatisfaction with the NHS overall fell by a greater amount than in 2025 – in 1998, also the second year of a Labour government – satisfaction with GP services was 75%. In this year's survey it is 40 percentage points lower, at 35%. Satisfaction with dentistry is nearly 30 percentage points lower than in 1998. Until satisfaction with NHS services shifts decisively, any recovery in overall NHS satisfaction will remain extremely fragile.

A striking finding is that this improvement in perceptions of the NHS seem mostly to be coming from Britain's older adults, who have always been most likely to see the best in the health service and are those most likely to need it. As in previous years, respondents aged 65 and over report markedly higher levels of satisfaction than younger adults: 2025 saw a statistically significant year-on-year increase which was greatest among those aged 65 and over but also present in the 35–64 age group. Among those under 35, satisfaction remains far lower and largely unchanged.

The survey offers no simple explanation for this gap. Older people are more likely to use NHS services and to rely on them for managing long-term conditions, and greater exposure may shape perceptions. Yet differences by age persist even when controlling for whether respondents report recent contact with the NHS, suggesting that patterns of service use alone cannot account for the divide.



The generational divide in attitudes to the way in which the NHS runs is not new and nor is it a case of younger groups losing faith in the fundamental model of the NHS. We see no significant differences by age in how strongly people support the NHS's founding principles – that it should be free at the point of use, available to all and funded by tax. While younger and older respondents differ markedly in how they judge the way the NHS runs, they remain united in their attachment to the model on which it is built.

Social care presents a more ambiguous picture. While satisfaction with the NHS has edged upwards, satisfaction with social care remains at 14% and shows no comparable sign of recovery. Dissatisfaction has fallen significantly, from 53% to 49%, yet this easing of negativity has not translated into any increase in positive sentiment. The result is a more muted, but no more enthusiastic, assessment of social care. As with the NHS, the signal is difficult to interpret – there is little evidence of an age divide shaping these views. The survey reflects a sector still grappling with rising demand, workforce shortages and financial strain, and in which substantive reform remains elusive.

If the NHS appears to have stepped back from the brink of ever-falling satisfaction, social care has yet to do so. The BSA survey suggests that while tentative progress may be visible in parts of the health service, the underlying signal about the direction of travel remains indistinct. Any sustained recovery in public sentiment will need to be clearly and consistently transmitted through people's experience of accessing services – not only within the NHS, but also in social care – if it is to cut through the noise and take hold.



Methodology

From 1983 to 2019, NatCen selected addresses at random from the postcode address file (a list of all mail delivery points in Great Britain kept by the Royal Mail), and NatCen interviewers visited these addresses. After randomly selecting one adult at the address, the interviewer carried out an hour-long interview. The participant answered most questions by selecting an answer from a list on showcards.

With the need to move to remote completion of the questionnaire while social distancing measures for Covid-19 remained in place, in 2020 participants continued to be selected at random from the postcode address file as before but were then sent an invitation asking up to two adults to participate via an online survey or over the telephone if they preferred (or were unable to take part online). Since 2020, participants have continued to be offered the option of taking part online or by telephone only. The fieldwork for the 2025 survey was conducted between 26 August and 6 October. In 2024 and 2025, NatCen extended the BSA survey sample to people from Northern Ireland and 16- and 17-year-olds. To ensure comparability with previous years, our analysis excluded under-18s and people in Northern Ireland, and used weights calibrated to the adult population of England, Scotland and Wales, unless otherwise stated.

NatCen, the survey organiser, has made efforts to minimise the possible impact of the change in survey methodology. The data is weighted to correct for any unequal probabilities of selection, and for biases caused by non-response from different households selected for the survey. The weighted sample was calibrated to match the population in terms of age, sex, education, ethnicity and region. Additionally, surveys from 2020 onwards were conducted on the same methodology and so are directly comparable and showed falls in overall satisfaction with the NHS. The falls in satisfaction with individual services are consistent with this overall fall in satisfaction. For these reasons, we feel confident in making comparisons in this report with earlier years of the BSA survey. As with any sample surveys, though, readers should exercise general caution when comparing results with earlier years.

The achieved sample size for the overall NHS satisfaction question and the social care satisfaction question was 3,464 in 2025. For questions about satisfaction with specific NHS services, aspects of NHS care, funding, priorities and principles, the sample size was 1,460.

Survey demographics

The BSA survey collects a number of demographic variables from respondents. Below are some definitions of these variables.

Weekly household income: Respondents were asked to place themselves into banded income quartiles based on their average pre-tax weekly household income.

Ethnicity: Respondents were asked to self-identify their ethnicity, which due to small sample sizes are then summarised into just four categories: White, Black, Asian, and mixed/other. The survey results are carefully weighted to be representative of the ethnic mix of the British public. Due to smaller sample sizes of some ethnic minority groups (eg 135 Black respondents), caution should be taken with interpreting the statistical



significance of results for this group. These samples are not necessarily representative of the relevant ethnic group.

NatCen is currently developing techniques to increase participation rates among ethnic minority groups in Britain, as these groups are historically under-represented in survey samples. In 2025, this work included an experiment using differential incentives to increase response rates in areas of higher deprivation, as previous research indicates respondents from ethnic minority groups are more likely to live in these areas.

Country: For the overall NHS and social care satisfaction questions, the 2025 unweighted sample sizes for the three countries were 2,984 in England, 273 in Scotland, and 207 in Wales. The survey results are carefully weighted to be representative of the British public but are not weighted for the individual countries.

Political affiliation: Respondents are asked to identify with a political party on one of three counts: if they consider themselves a supporter of a political party; if they see themselves as closer to one political party than another; or the party they are likely to support in the event of a general election.

Statistical significance

If a change or difference in attitudes is statistically significant, we can be 95% confident that the survey result reflects a real change or difference in public views rather than being down to chance.

Figure rounding

Text and data labels within the charts have been rounded to the nearest whole number.

Logistic regression

As well as looking at differences in NHS and social care satisfaction by population group, this report sought to understand whether these differences held when controlling for other factors. To achieve this, we used weighted logistic regressions. All logistic regression models controlled for age, sex, ethnicity, household income, country and political affiliation. Statistical significance was assessed at the 95% level.

Topics and questions

The topics covered by the full BSA survey change from year to year, depending on the identities and interests of its funders. Some questions are asked every year, some are asked every couple of years, and others are asked less frequently.

All new and reworded questions are tested with respondents before the main stage of fieldwork. This cognitive testing confirmed that survey questions captured what they were intended to capture and were well understood by a range of respondents.

Questions changes

In 2024, the wording of the question on satisfaction with GP services changed slightly, to future-proof the question as the way we refer to seeing our GP changes. The wording changed from referring to 'local doctors or GPs' to 'local doctors or GP services'.



In 2024 and 2025, the survey asked people about their satisfaction with inpatient and outpatient services together, to reflect that the public often do not differentiate between these two types of hospital care.

The exact wording of the social care satisfaction question has changed over the years. Questions asked were:

- 2021–24: ‘From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care for people who cannot look after themselves because of illness, disability or old age?’
- 2012–19: ‘And how satisfied or dissatisfied are you with social care provided by local authorities for people who cannot look after themselves because of illness, disability or old age?’

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