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The Health of the NHS

The National Mood on Healthcare in Britain's New Politics



Foreword by Dr Nick White

Introduction by Fred de Fossard



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About the authors



Dr Nick White is a healthcare leader with over twenty-five years of clinical and leadership experience. He has held four consecutive medical director posts for the last ten years: one in the NHS (one each at national, regional, and local level) and one in the independent healthcare sector. Throughout his career, he has held significant positions such as National Clinical Lead at NHS Improvement working to turnaround struggling providers, Regional Medical Director for Commissioning where he led both strategic and operational responses during the COVID-19 pandemic, and an ICB Chief Medical Officer as executive director of a £1bn turnover public sector statutory body. As well as continuing to practice as a consultant surgeon in the NHS, he is currently using his breadth and depth of subject matter expertise to support the development of new healthcare facilities and health tech start ups.

Fred de Fossard is Director of Strategy at the Prosperity Institute. He previously worked as a special advisor for the Rt. Hon Sir Jacob Rees-Mogg. He is the author of the report *Woke Capitalism in Britain* and co-author of *A Road to Nowhere: Why the UK-EU Reset is Not the Answer*.

Foreword



This new polling, conducted by Merlin Strategy and published by the Prosperity Institute, reveals a public more ready than ever for reform of our healthcare system. As a practicing surgeon who has worked as a medical director in both the NHS and the independent sector, it is my view that these findings accurately reflect the growing call for genuine reform from both frontline clinical staff and those who lead healthcare organisations.

The findings in this report underscore an opportunity to improve outcomes and deliver financial sustainability. Voters recognise that funding alone isn't the answer, with 59% prioritising reform over increased funding. This aligns with evidence that structural shifts can deliver better value, reduce waiting lists, and improve survival rates without endless budget escalations.

This can be done through greater patient choice, delivered through a more mixed model of provision which blends the public and independent sectors. This approach can enhance outcomes by fostering competition and innovation, while controlling government expenditure by leveraging multiple funding streams and efficiencies. Many international peers take this approach, such as Switzerland, Australia, and the Netherlands, whose models all poll well in Britain.

Internal to the NHS, policymakers must prioritise reforms that empower frontline staff and streamline operations. The polling highlights high trust in doctors and nurses (82% and 80%) but scepticism toward management (only 31% trusted). Addressing this requires clearer accountability and genuine incentives against poor management. Conversely, frontline staff, particularly doctors, need greater incentives for positive performance, as they currently face no meaningful financial or professional rewards for improvement. Alongside this there is a sense of a loss of autonomy from clinical staff.

During COVID-19, frontline teams thrived when given the freedom to innovate, but this came with relaxed budgetary controls, leading to spiralling costs. True autonomy must pair responsibility with accountability. This is incredibly difficult in the current structure of a single NHS purchaser and provider of care. By contrast, Australia's mixed model of provision has some of the highest levels of autonomy for frontline workers and delivers far better healthcare outcomes than the UK with the same spend in terms of GDP.

Externally, policymakers should cultivate a more mixed model by encouraging choice in providers and purchasers. Drawing from international examples where multiple insurers and independent facilities thrive, we could expand the independent sector from its current 10% share. Policies such as tax incentives for medical insurance and support for not-for-profit entities could stimulate new entrants, offering patients greater choice and reducing NHS strain. Increased independent sector activity is not to be seen as "instead of" but "as well as" the NHS, augmenting and supporting it.

This would provide necessary capital which has been lacking when compared to other healthcare systems around the world. It aligns with the 64% of voters open to private options if affordable, promising shorter waits without compromising universal access free at the point of care. Interest-

ingly, despite private healthcare attracting lower overall trust among voters than the NHS, 53% still say they trust private healthcare companies, with only 17% saying they do not. This is without even adding provision by mutual associations, charities, and academic centres into the mix.

Productivity may never rise significantly without a mixed model of provision. More commissioners and providers—public, private, mutual, and charitable—would foster genuine choice. Failing organisations would exit, and successful ones would grow, unlike today's stagnant status quo. There is a good example of this already in the UK with GPs, whose financial accountability as partners in doctor-owned practices drives better decision-making. GPs cannot run deficits without personal consequences, so they innovate and optimise. Extending this owner-delivered model to hospitals, where clinicians have a stake in success, could foster a sense of ownership absent in the current system. Again, this is seen in many healthcare systems around the world.

This polling powerfully demonstrates that the British public, while deeply valuing the NHS's founding principles of universality and free access at the point of use, is pragmatic and open to meaningful change. With widespread recognition that the current model is unsustainable the appetite for reform is clear and cross-party.

This scene is set for a new policy platform for British healthcare. Later in 2026, I look forward to commencing the publication of a series of more than a dozen policy pamphlets with the Prosperity Institute which will provide such a platform—one capable of rejuvenating the health of the NHS itself, and with it the health of the nation.

Dr Nick White

February 2026

Introduction



British politics has avoided seriously grappling with healthcare reform for over a decade. Ever since the bungled Tory-Liberal Democrat reforms of 2012, our approach has been to simply provide the NHS with more money and hope for the best. Public spending on the NHS has increased by over 50 percent in that time, standing today at around £242bn per year—equivalent to over 11 percent of GDP. This is, unsurprisingly, a record figure.

What are we getting for all that money? According to Prosperity Institute's latest opinion research on the subject, conducted by Merlin Strategy, not very much. The public are disillusioned with the NHS, its funding model, the quality of its services, and its priorities.

It appears that spending taxpayers' money and hoping for the best is no longer a suitable health-care policy. As with many things, the disruption and expenditure of the pandemic have accelerated the structural problems facing the NHS and will force policymakers to reckon with the end of the status quo.

Despite huge increases in funding, waiting lists remain near record highs and are only declining slowly. The public are starting to seek healthcare elsewhere: in 2024, out-of-pocket private healthcare expenditure reached £46bn.¹ This is equivalent to 19 percent of the NHS's total budget and was driven by a mixture of spending on hospital treatments, long-term care, and medical goods. British people are spending more on private medical care than ever before, and a record number—over 8.4 million in 2024—are now covered by private medical insurance.²

Household budgets are more stretched than ever, with taxes at peacetime highs, poor wage growth, and a cost-of-living crisis. Meanwhile, the NHS's budget continues to grow. Yet despite minimal cash at home and increasing cash flowing into the NHS, more and more Britons are abandoning the NHS for other options. Something is clearly broken.

The current Labour Government struggles on, and although the Health Secretary, Wes Streeting, is well regarded even by some of his political opponents, few believe Labour have the appetite for what is really needed. However, the wider centre-right policy and political ecosystem in Britain is not coming up with meaningful ideas for reform or ways to fix the system. Despite Brexit presenting opportunities for greater innovation—such as new approaches to clinical trials and the use of data—in recent years, the Conservative Party in office focused on sticking plasters like funding and headcount pressures rather than anything structural.

This is the context in which Prosperity Institute is launching a new healthcare policy research project. Serious conversations about healthcare policy and reform have sat outside political discussion for too long. Attempts to improve the way the NHS processes and manages data, along

| 1 Office for National Statistics, "Healthcare and expenditure, UK Health Accounts: 2023 and 2024", 30 April 2025. ([link](#))

| 2 Independent Doctors Federation, "A week in UK healthcare: Tax reform and the rise of private medical insurance", 6 October 2025. ([link](#))

with endless reviews and investigations into how to fund elder care—renaming the Department of Health to the “Department of Health and Social Care” without changing the fundamentals of the system, for example—amount to marginal skirmishes. While some of these bring improvements—and making the transfer and flow of data throughout Britain's bureaucratic and disjointed health service is certainly important—they still fall into the same category as previous policies: squeeze extra money out of the taxpayer, funnel it to the NHS, and hope for the best. This does not serve the British public interest, nor does it provide what the public want.

We conducted an opinion survey of 5,000 British adults, examining their views of the state of the health service in detail. The findings are clear: the British public are disillusioned with the health service and want it to change. While they remain attached to the concept of a national health service which is free at the point of use and believe it must be well funded, they are sceptical that more money is the way to fix the system—indeed 59 per cent of voters now believe structural NHS reform should be prioritised over increases to funding.

Healthcare remains one of the top three priorities for British voters. 49 percent of voters ranked healthcare in their top three priorities, beaten only by 66 percent listing the economy and 50 percent listing immigration. These are the three fundamental issues facing the British voter: living standards, the quality of their public services, and their cultural way of life. As this polling reveals, the state of the health service cuts across all three of these big issues.

Regarding immigration, more than double the number of voters believe that immigration is now a burden on the NHS than believe it is a benefit. This is a strongly held view among voters across political parties, including Reform UK, the Conservatives, the SNP, Plaid Cymru, and even the Liberal Democrats. Only current supporters of Labour and the Green Party believe that immigration is a net benefit to the health service.

Similarly, voters believe that the NHS should prioritise training British doctors and nurses instead of recruiting from abroad, and there is a growing scepticism among the public of the quality of care offered by overseas recruits. The NHS workforce is often the first thing mentioned when the topic of reduced immigration arises in Britain, and it has become an unquestionable shibboleth for many that the NHS would collapse without migrant labour, even that it was built on it. But it is worth remembering that the growing NHS reliance on immigrant workers is a relatively recent phenomenon, a consequence of government policy rather than the solution to a structural problem. The public routinely overestimate how many NHS workers were born overseas, on average imagining a figure around 42%.³ In reality it is 21%.⁴ As recently as 2010 it was only 11%.

Since the introduction of the Health and Care Visa, there have been many documented cases of fraudulent applications, with nurses practising in the UK on false qualifications provided by overseas colleges in various countries⁵, the illegal hiring of Pakistani doctors in Birmingham⁶, and many cases of people on the Care Visa working in care homes which turned out not to exist.⁷

| 3 IPSOS, “Election 2024: The NHS and Immigration,” June 2024. ([link](#))

| 4 House of Commons Library, “NHS staff from overseas: statistics”, Wednesday 26 November 2025, 8. ([link](#))

| 5 Rebecca Thomas, “Scandal-hit nursing regulator wrongly approved hundreds of nurses to work in UK, damning report reveals”, *The Independent*, 20 June 2025. ([link](#))

| 6 Rebecca Coombes, “Trust’s £40.5m overseas training scheme is axed after audit raises red flags”, *BMJ*, 2026; 392:S39, 8 January 2026. ([link](#))

| 7 Tamasin Ford, “Secret filming reveals brazen tactics of UK immigration scammers”, *BBC*, 31 March 2025. ([link](#))

Extricating the NHS from its recent reliance on overseas workers—encouraged by the Treasury, which has been hesitant to fund more training places for British doctors and nurses—will be easier said than done, however.

Looking beyond immigration, the British public are also frustrated by the way the NHS works and show an increasing interest in learning from other countries around the world. They look enviously upon the healthcare systems in Switzerland, the Netherlands, and Australia in particular, all of which have higher standards of care, shorter waiting times for routine procedures, and make greater use of private provision, insurance models, and competition, while maintaining universal access to healthcare.

However, the public remain strongly opposed to adopting an American-style model and are attached to universal provision. All policymakers interested in reforming the health service and improving healthcare outcomes in Britain should bear this in mind. Despite this, the public are keenly aware of the potential for abuse in a universal, taxpayer-funded system. For example, 73 percent of voters believe that too many people are abusing the NHS and wasting resources by going to A&E unnecessarily, and 66 percent of voters felt that people should be fined for wasting time if they do not show up to a GP or hospital appointment.

Naturally, public opinion surveys are snapshots of what the country thinks at a given moment. Policymakers should avoid trying to design ideas and solutions based on polling, but this opinion research provides a very useful device for framing a future healthcare reform agenda. The British public is keenly aware of the large amount of taxpayers' money spent on the NHS, its poor value for money, and its strange priorities. The public are also much more open-minded about examining different models for healthcare provision, provided it remains a universal service.

This publication marks the start of a new project at the Prosperity Institute. We are collaborating with Dr Nick White, a senior clinician with decades of experience in the NHS, to produce a series of policy papers advocating greater innovation, choice, and competition in the health service, which we believe will improve outcomes for British patients and British taxpayers.

This will be a multi-volume series published throughout 2026 and 2027 and we intend to build a compelling coalition around our ideas for healthcare reform. The health and prosperity of the nation go hand in hand. Public services, especially the health service, are in desperate need of reform, and the British public deserve an honest and open-minded conversation on how to make that a reality in a way which address the fiscal, economic, and demographic pressures facing the country.

Fred de Fossard

Director of Strategy, Prosperity Institute

February 2026

Overall diagnosis: priorities, trust, and a growing appetite for reform



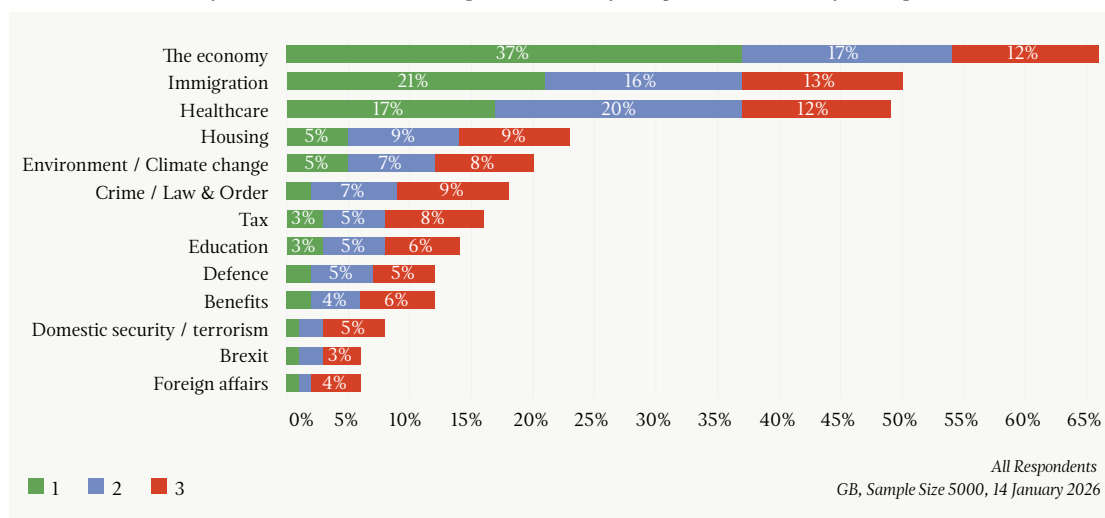
Main points

- 55% of Labour voters and 62% of Green voters rank healthcare in their top three issues, compared with 45% of Conservatives and only 35% of Reform voters
- 59% of voters would opt for prioritizing NHS reform over increased funding
- Over 60% of all voter groups would use private healthcare if they could afford it

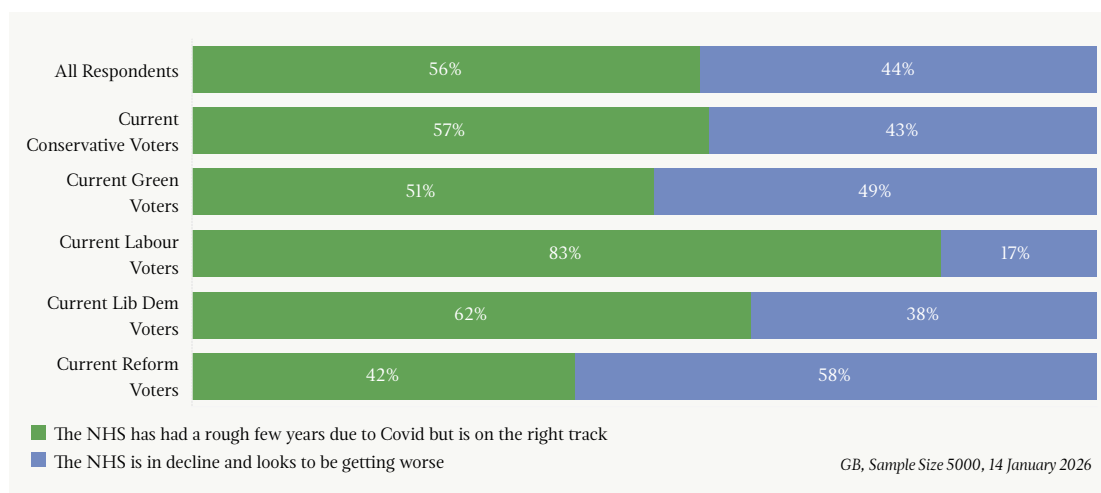
Healthcare continues to sit at the heart of British political life, with attitudes shaped by a prolonged period of strain on the NHS and an emotionally charged political debate about what levers should be pulled to help it recover. **The shock of the COVID-19 pandemic, record waiting lists, and persistent workforce shortages have left the NHS as, paradoxically, both a symbol of national solidarity as people grin and bear with its weaknesses and an object of constant public anxiety as it struggles to meet the demands of an aging population, growing levels of chronic illness, and the pressures of immigration.** These pressures are widely understood by voters, who, although they continue to support its core principles, increasingly view the NHS as struggling to keep pace with structural and societal change and demands. Against this backdrop, our research highlights just how salient healthcare remains for voters, even as political and media attention is dominated by geopolitical events and economic pressures.

Nearly half of voters (49%) ranked healthcare in their top three issues facing the UK, making it one of the most important public concerns, behind only the economy (66%) and immigration (50%). By contrast, issues such as education, crime and policing, foreign affairs, Brexit, tax and defence ranked far lower in voters' priorities. This suggests a disconnect between the breadth of political debate that dominates Westminster and the narrower set of issues that voters feel most directly affect their daily lives. It also highlights how proximity to an issue matters: **an overwhelming majority of the people we polled (80%) had interacted with the NHS within the last two years,** either for themselves or on behalf of another such as a parent or child. It is not an abstract issue to them but one which directly and personally impacts them and the people close to them, often at moments of vulnerability.

Yet while healthcare is widely seen as important, its salience varies markedly by political affiliation. Among Labour and Green voters, one in five ranked healthcare as their number one priority, compared with 16% of Conservative voters and just 9% of Reform voters. **Overall, 55% of Labour voters and 62% of Green voters placed healthcare in their top three issues, compared with 45% of Conservatives and only 35% of Reform voters.** These differences reflect not only varying ideological approaches to public services, but, as we will see, differing levels of confidence in the NHS and contrasting diagnoses of what ails it.

Figure 1: What do you think are the most important issues facing the UK? (Rank your top three in order)

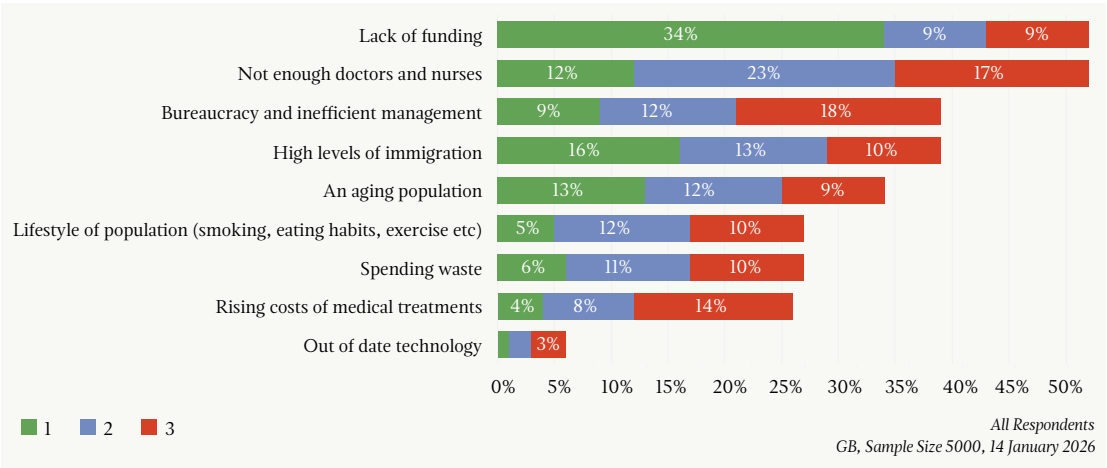
This is reflected in public opinion on the government's handling of healthcare. **Overall, 44% of voters disapproved of the government's approach, compared with just 35% who approved, underscoring a prevailing sense that while the NHS is valued, its stewardship is an area of weakness.** This gap points to a credibility challenge for government: voters appear willing to accept that the NHS faces deep-rooted problems but are unconvinced that current leadership has a sufficiently clear or effective plan to address them. This is particularly striking given the NHS has been a pivotal area for the government and for Wes Streeting, with his approach to cutting quangos like NHS England and reducing NHS waiting lists being broadly well received in the media.⁸

Figure 2: Which of the following is closer to your view?

When asked for a broader 'health check' of the NHS, voters offered a mixed but revealing picture. Just over half (56%) felt that the NHS had endured a difficult period due to COVID but is on the right track. **This view was particularly prevalent amongst Labour voters, 83% of whom expressed optimism compared to just 42% of Reform voters.** These findings illustrate how party-political views translate directly into opinion about NHS management and direction. Conversely, the belief that the NHS is in long-term decline and set to worsen was highest among

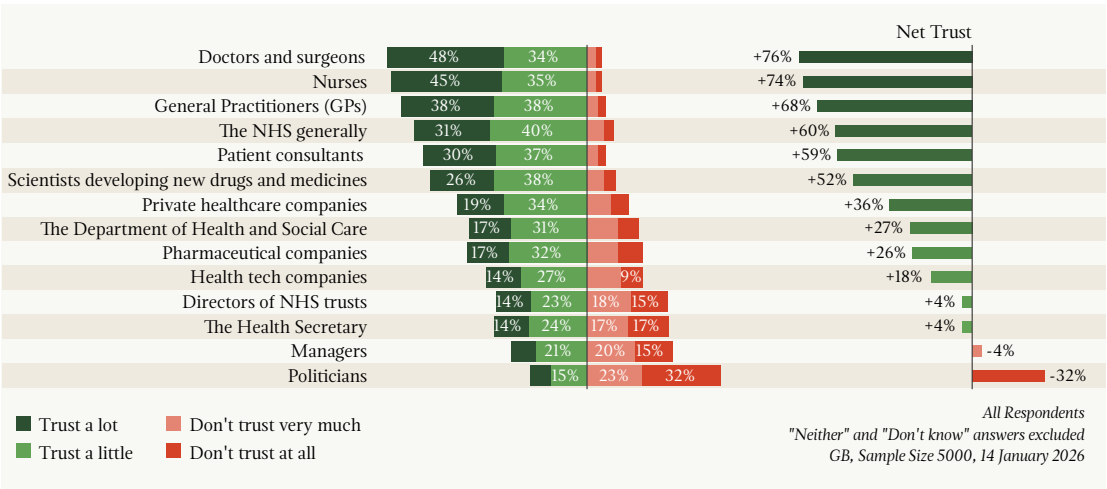
Reform voters (58%), followed by Green (49%) and Conservative voters (43%). These perceptions appear to map closely onto broader political narratives about state competence, funding and population pressures. They also help explain why Reform voters are consistently more sceptical about the NHS's ability to deliver.

Figure 3: Which of the following do you think is the biggest challenge facing the NHS? (Rank your top 3)



Drilling down into specific challenges facing the NHS further illustrates these divides. Among Labour, Green and Conservative voters, funding emerged as the single biggest issue (40%, 46% and 28% rating it as their top concern respectively). However, despite this perceived challenge, **when asked whether the government should prioritise increased funding for the NHS, or reforming the NHS, 59% opt for the latter option with only 41% prioritising increased funds.** For Reform voters, however, the leading concern was immigration (33%), highlighting a distinct interpretation of NHS pressures that aligns closely with the party's wider political framing. **This divergence is important: while most voters see solutions in terms of investment and workforce expansion, a significant number of voters believe that the problem lies outside of the NHS itself.**

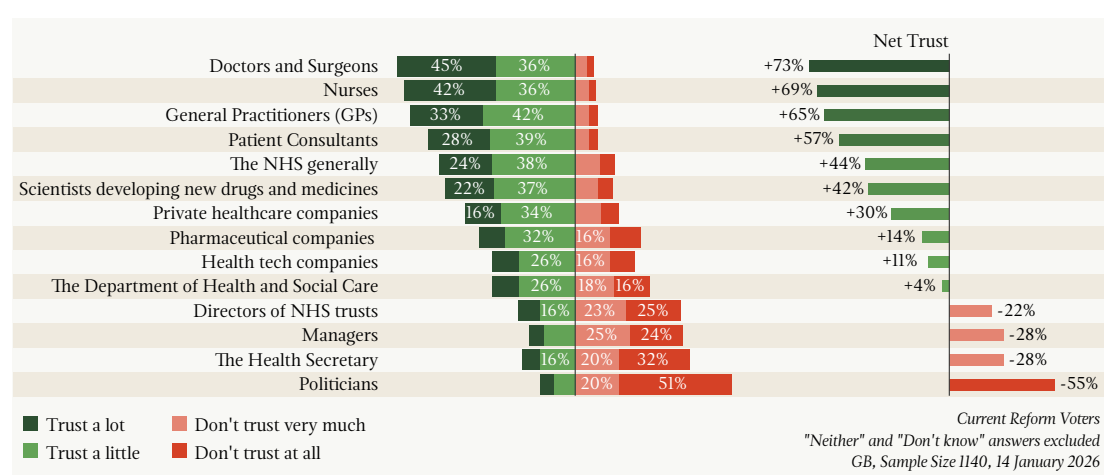
Figure 4: When it comes to your health how much do you trust, if at all, the following groups?



Despite these concerns, **trust in frontline NHS staff remains high.** Doctors and surgeons are trusted by 82% of voters, nurses by 80% and GPs by 76%, while scientists developing new medicines are trusted by 64%. By contrast, trust drops sharply when voters consider

NHS management: only 31% trust NHS managers and 37% trust directors of NHS trusts. This distinction between faith in clinical professionals and scepticism towards institutional leadership mirrors broader attitudes towards public sector governance. Trust in the NHS as an institution remains strong overall, at 71%, particularly among Labour (84%), Green (74%), and Conservative voters (71%). Among Reform voters there was a marked gap, with 62% trusting the NHS as an institution. **Interestingly, despite private healthcare attracting lower overall trust among voters, a majority still say they trust private healthcare companies, with 53% saying they trust them and only 17% say they do not trust private healthcare companies.** They also command greater confidence among Conservatives (65%) and Labour voters (68%) than Reform (50%) and Green (46%), but even amongst the populist left party more voters trust (48%) than distrust (23%) private healthcare.

Figure 5: When it comes to your health how much do you trust, if at all, the following groups?



Trust in politicians is strikingly weak. **Only 23% of voters said they trusted politicians in general, and when asked what party is best to deal with the NHS, IPSOS polling has shown that Labour have lost their lead with only 18% selecting the governing party and 41% of voters opting for "None" or "Don't know".**⁹ However, trust in the health Secretary is noticeably higher: 38% said they trusted Wes Streeting, driven largely by Labour voters (69%) and to a lesser extent, Conservative voters (45%). This suggests that individual political figures can partially transcend broader cynicism towards politicians, particularly when associated with core public services.

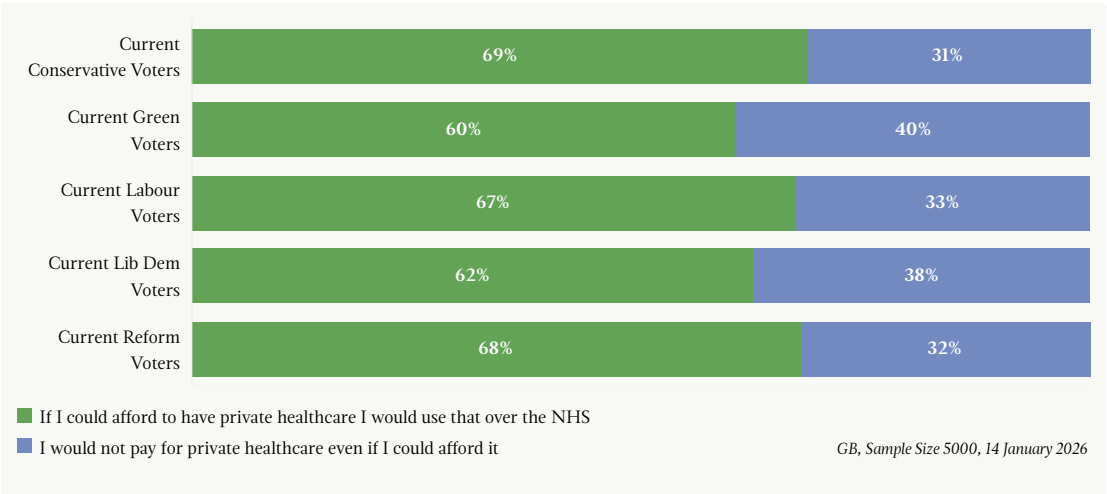
We asked voters about their personal use of and impact on the NHS. Amongst those we polled, over half had used the NHS within the past 6 months (60%) and 80% had used the NHS within the last 2 years. These were largely doctor's appointments (54%) and scheduled hospital appointments (26%). Despite high usage of the NHS across the board, most voters were of the view that they will contribute more to the NHS through taxation over their lifetime than they will personally cost it (with the exception of Labour voters). Amongst the oldest population who use the NHS the most, almost 2 in 3 (64%) say that they think throughout their lifetime they will have paid more into the NHS than they will have cost. **The majority, however, did still view the NHS as good value for money (68%) showing a willingness to fund this British institution even if**

9 Pete Stilwell and Kate Duxbury, "Will progress on the NHS shape the outcome of the next election?", *The Health Foundation*, 15 October 2025. ([link](#))

they are not an overall beneficiary. In contrast, one third say that the NHS does not provide value for money, including 45% of Reform voters.

Voters were also generally positive about the NHS being available should they need it (72%), although this was markedly lower amongst Reform voters (63%). However, this reassurance sits alongside a pragmatic willingness to opt out: nearly two-thirds of voters (64%) said they would choose private healthcare over the NHS if they could afford it. The preference for private healthcare goes across party lines with 69% of Conservative voters, 67% of Labour voters and 68% of Reform voters stating that they would use private healthcare if they could afford it. Even a majority (60%) of Green voters state they would opt for a private option.

Figure 6: Which of the following is closer to your view?



Attitudes to the NHS are highly politicised: Labour and Green voters are more likely to prioritise healthcare and Labour voters more likely to express optimism about the NHS's future, while Reform voters are markedly more pessimistic and more likely to frame the NHS pressures through the lens of immigration, with Conservative voters sitting between the two groups. Trust sharply declines when voters consider NHS management or politicians, even while the NHS as an institution retains broad support and is seen as good value for money. Voters clearly separate the delivery of healthcare from its management, with the latter not adversely affecting the overall view of the NHS. There are high levels of trust in doctors, nurses, and NHS staff, however the persistent dissatisfaction and lack of trust in management neatly encapsulates the views of the public who support the staff and principles of the NHS but show a lack of faith in the management and the current performance of the health service. The picture painted from our initial questioning does present a public institution under strain, but whose challenges are known and understood by the general public who in turn wish to see it succeed and are willing to look at different ways to remove pressure from it.

What is your biggest concern with NHS reform?

"Ending up paying for using the hospitals"
(Female, 65+, voting Reform UK)

"Our tendency to go American style when Switzerland & Australia are far better to follow"
(Male, 65+, voting Reform UK)

"Getting it wrong and costing more."
(Female, 25-34, voting Conservative)

"My biggest concern with NHS reform is that changes focus on short term fixes rather than long term issues"
(Female, 25-34, voting Labour)

"Corporate takeovers, US influence"
(Female, 65+, Won't Vote)

"Making services non-free or increasing waiting lists"
(Male, 35-44, voting Conservative)

"My biggest concern with NHS reform is the risk of undermining its core principle, namely free, universal healthcare"
(Male, 35-44, voting Liberal Democrat)

"Too many managers not enough Drs and nurses"
(Female, 65+, voting Reform UK)

"My biggest concern with NHS reform is that it may focus on cost-cutting rather than long-term sustainability"
(Male, 25-34, voting Labour)

"That it cuts back on the wrong things or reduces budget on vital areas."
(Male, 35-44, voting Reform UK)

"That it ends up not being free at point of use"
(Female, 65+, voting Scottish National Party (SNP))

What is your biggest concern if there is no NHS reform?

"My biggest concern if there's no real NHS reform is that the service will just keep limping along" (Male, 35-44, voting Conservative)

"NHS will collapse"
(Male, 65+, voting Labour)

"I worry that waiting times will keep getting longer and it will be harder to get help"
(Female, 25-34, voting Labour)

"That the NHS collapses"
(Male, 35-44, voting Liberal Democrat)

"Money being wasted"
(Male, 35-44, voting Liberal Democrat)

"Continued Misuse and waste of resources"
(Male, 45-54, Undecided)

"Increased taxation funding a failing system"
(Male, 45-54, voting Conservative)

"Wasted funds no improvement"
(Male, 35-44, voting Reform UK)

International comparison

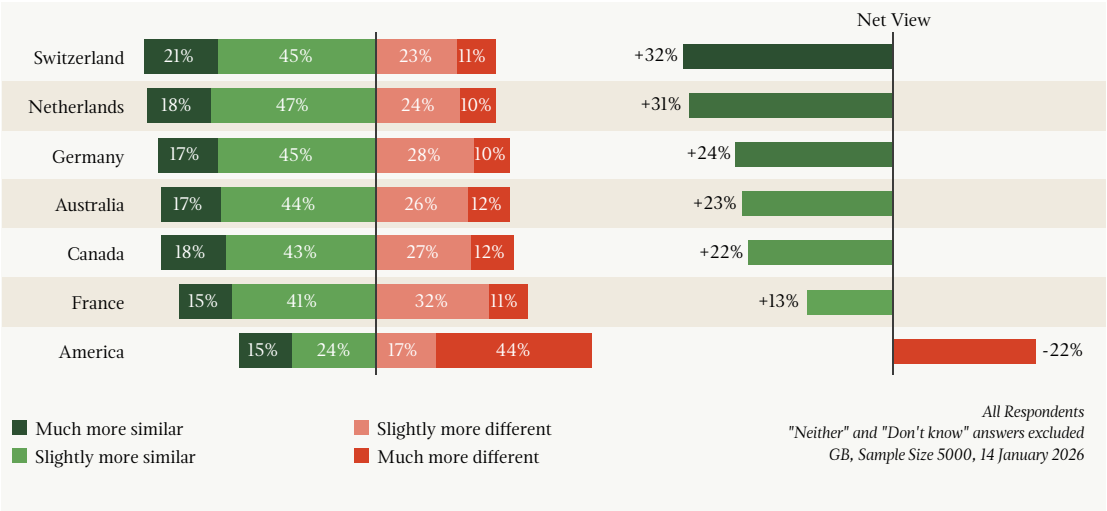


- **32% of voters feel Britain should follow a similar healthcare model to Switzerland**, with the Netherlands (31%) and Germany (24%) also viewed favourably.
- **Reform voters express negative views of the US healthcare system** in line with voters of all other parties.
- 45% of voters think Britain lags behind other nations due to lack of funding, whereas 48% blame structural causes, including 44% of Labour voters

The political debate in this country tends to view our NHS system in isolation. However, there is a growing awareness of how healthcare systems operate elsewhere and an increasing willingness to compare the UK's performance against international peers, particularly those seen to combine universality with greater choice, access, and efficiency.

Switzerland, the Netherlands, Germany, and France all operate universal healthcare systems that sit outside a single, state-run model, instead combining mandatory insurance with strong government regulation. Switzerland and the Netherlands rely most heavily on mandatory private insurance, requiring all residents to purchase a standardised basic package from competing insurers that must accept all applicants, while the state tightly regulates benefits, pricing and access to ensure universality. Germany and France, by contrast, are built around social health insurance systems funded largely through income-based contributions, with coverage provided by non-profit public funds and a stronger link between earnings and contributions.

Figure 7: Thinking about the following countries, do you think we should aim for a similar or a different healthcare system?



Across all four systems, healthcare delivery is largely provided by independent doctors and hospitals rather than the state, and patients typically experience greater choice and shorter waiting times than in more centralised models. Key differences lie in cost-sharing and affordability: Switzerland places a higher financial burden on individuals through premiums and deductibles,

while France mitigates out-of-pocket costs through widespread complementary insurance, and Germany emphasises solidarity through income-linked contributions. Despite these structural differences, all of these systems combine strong health outcomes with high public satisfaction, even as they face familiar political pressures around rising costs, ageing populations, and workforce shortages.

When presented with these international models, alongside options such as Australia, Canada, and America, and asked whether the UK should aspire to a similar system, Switzerland, the Netherlands and Germany emerged as the most favourably viewed, with net positive views of 32%, 31%, and 24% respectively. By contrast, the US healthcare system was viewed overwhelmingly negatively, with a net favourability of -22%, reinforcing long-standing public resistance to market-led, unequal access models.

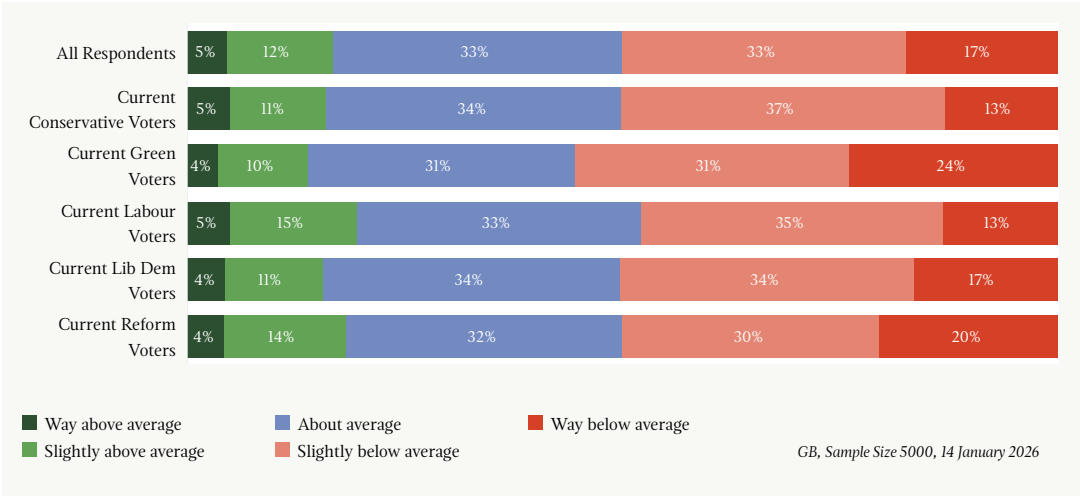
The pattern among Reform voters broadly mirrored these results, with Australia entering the top 3, behind the Netherlands and Switzerland. **Notably, Reform voters also expressed negative views of the US healthcare system,** suggesting that while some areas of American politics may resonate with this group, healthcare remains an area where British voters across the political spectrum continue to favour universal access and strong state involvement.

We also presented respondents with a series of graphs comparing the UK to other countries to drill down into why they think the UK is lagging behind in certain key areas. For example, the UK has fewer doctors per 1,000 inhabitants than countries such as Germany, Austria, and Norway. When asked why they thought this was the case, respondents were fairly split between the cause being not enough funding (45%) and the structure of the NHS model (48%). Notably, however, Conservative and Reform voters were more inclined to select the structural cause at 59% and 57% respectively, whilst even 44% of Labour say the structure is more to blame than lack of funding (53%).

We also asked why lung cancer survival rates in the UK lag behind similar countries including Ireland, Canada, and Australia. Voters were broadly equally split between the reasons being NHS funding (32%), the structure of the NHS (33%), and higher levels of smoking or lifestyle differences (30%). However, when looking at individual parties, Conservative and Reform voters were again more likely to blame the NHS structure or model (on 41% and 42% respectively). This was again the case when we asked why life expectancy at birth in the UK lags behind similar countries, with the exception of the US, with the results reiterating that the UK's lagging performance against similar European countries points to a faltering model and the public acknowledging the merits of different structures and their link to better outcomes.

Despite the central role that insurance plays in many international healthcare systems, voters largely believe that other governments spend more on healthcare per person than the UK. **Across the electorate, half of voters thought the UK ranked below average in healthcare spending compared to similar countries, while only 17% believed it spent more. This perception of underinvestment appears to harden with age, rising to 58% among those aged over 65, compared with 46% of 18-24-year-olds.** It suggests that as exposure to the healthcare system over time increases so does scepticism about whether it is adequately funded.

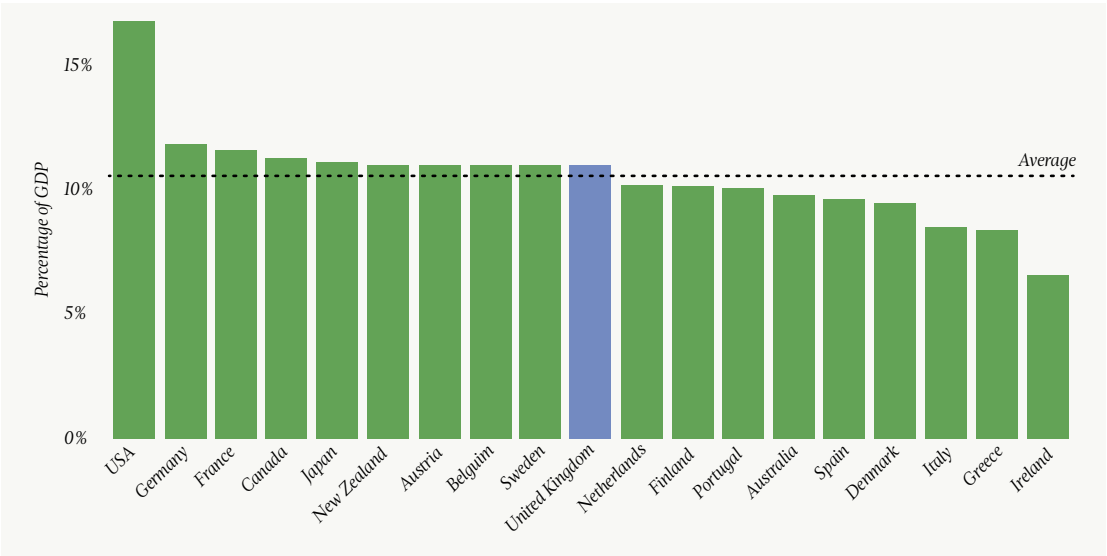
Figure 8: Where do you think the UK ranks in terms of government healthcare spending per person compared to similar countries?



Revealingly, when asked to estimate what percentage of state spending is allocated to healthcare, voters displayed significant uncertainty, with the most common answers ranging widely between 0-50%. While healthcare spending as a percentage of GDP is roughly 11%, these findings suggest that perceptions of underfunding are deeply rooted and not necessarily anchored in an accurate understanding of actual spending levels. Instead, views appear to be shaped more by personal experience of access, waiting times, and service pressures—as well as media stories—reinforcing the political challenge of addressing public dissatisfaction through spending alone. Indeed, when we drilled down into this data, **amongst those who estimated that healthcare spend as a proportion of GDP was upwards of 31% (a significantly higher number than the reality), 40% would still prioritise increased funding over reform—suggesting that no amount of funding will satisfy a certain segment of voters.**

Look at the graph below. It suggests the UK is around average for government spending on healthcare and spends more than countries like Netherlands, Ireland, and Australia.

Figure 9: Percentage of GDP spent on health, 2023



In a sentence, what do you think this shows about the NHS?

"It spends a lot but still could spend a lot more"

(Female, 18-24, voting Green)

"It obviously does not spend it the right way"

(Male, 65+, voting Reform UK)

"This is actually not bad"

(Female, 25-34, voting Conservative)

"Governments in other countries care more about healthcare than the UK."

(Male, 45-54, voting Liberal Democrat)

"It might spend more but the money is not being used effectively"

(Female, 65+, voting Reform UK)

"We need to increase spending in the NHS"

(Female, 35-44, voting Labour)

"That it isn't performing as well as it should"

(Female, 45-54, voting Labour)

"It shows that maybe the NHS shouldn't be in the state it is."

(Male, 55-64, voting Labour)

"The NHS could be so much better with a little more spent"

(Male, 45-54, voting Green)

"It seems that we are no different than many other countries yet still failing."

(Male, 45-54, voting Labour)

"That its current structure isn't fit for purpose"

(Female, 45-54, voting Reform UK)

"It shows that funding is not the problem of the NHS but structuring and modernising."

(Female, 35-44, voting Labour)

"That we are ploughing money into it like water into a bucket with holes in it"

(Male, 65+, voting Conservative)

"It's how the money is spent it, not how much is spent"

(Male, 25-34, voting Green)

"They are wasting money"

(Female, 65+, voting Conservative)

"I am surprised that it spends more on healthcare, yet performs worse than the Netherlands, Ireland and Australia. It suggests that the model needs changing, but also that the model and funding cannot be separated out & are linked."

(Female, 65+, voting for Another party)

"It's not keeping up with other countries"

(Female, 35-44, voting Reform UK)

Specific issues



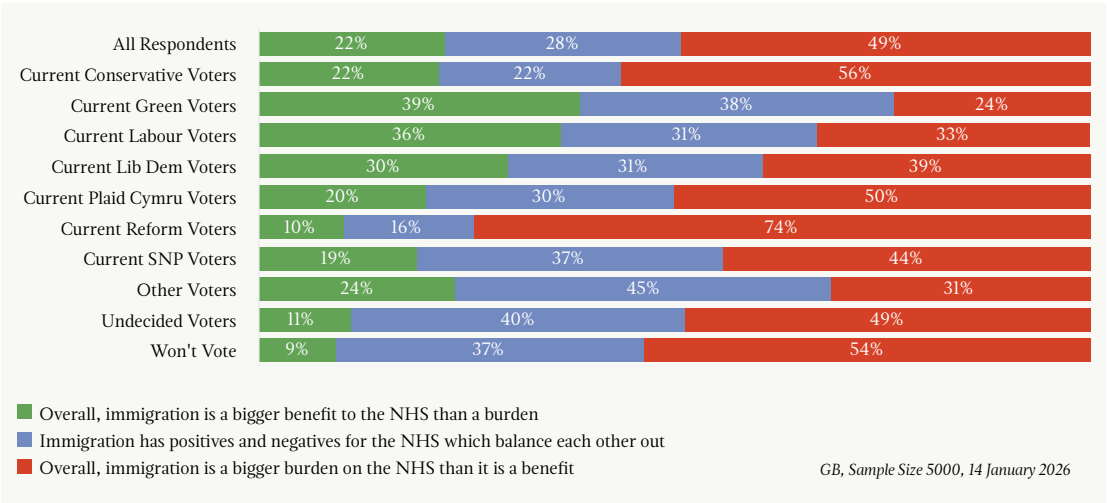
Immigration

Main points

- **49% of voters now believe immigration to be a bigger burden to the NHS than it is a benefit, more than double the 22% who see it as an overall benefit**
- 65% of voters favour prioritisation of hiring British doctors over foreigners, including 65% of Labour voters and even 42% of Greens
- **42% of voters believe the standard of care by foreign NHS staff is worse than that of British staff**, including 47% and 46% of Labour and Conservative voters respectively

Immigration has become one of the most salient issues in British politics in recent years, increasingly dominating the news agenda and shaping public debate. Reform UK's success has in large part been driven by its ability to place immigration at the centre of its political identity; framing it as evidence of broader institutional failings. The Conservatives, having elevated immigration as a defining priority in government, failed to make tangible progress, with flagship policies such as the 'Safety of Rwanda' Bill thrown out by the Labour government in office. This has left both traditional parties vulnerable to accusations of losing control of the issue. As a result, **immigration has evolved from a policy challenge to a broader proxy issue for trust in political leadership and the ability of the government to deliver on high-profile promises.**

Figure 10: Which of the following is closer to your view?



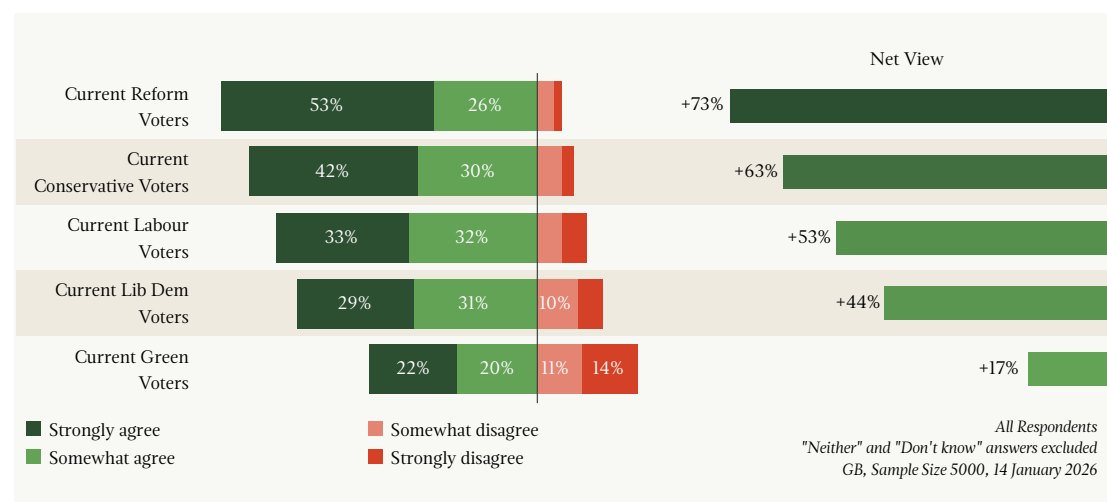
We posed a number of questions around immigration and its effect on the NHS to voters in order to see how the wider policy debate is shaping their perceptions. **When asked whether immigration is an overall benefit, burden, or whether it has positives and negatives which balance each other out, half of voters (49%) stated that it was a burden.** Amongst Reform

voters, this was much higher, with 74% viewing it as an overall burden and just 10% believing it is a net benefit. This was much higher than the Conservative voters (56%) and Labour voters (33%) who saw immigration as a burden. However, it does show that scepticism around immigration is not confined to the political fringes. The immigration debate has long centred on the benefits and challenges of immigration to the UK's public services. **It is now clear the public's view is that immigration is a burden to the biggest public service, the NHS. Less than half as many, 1 in 4 (22%), say that immigration is a bigger benefit than a burden, with the remainder (28%) saying immigration has its positives and negatives that balance out.**

We also drilled down into what immigration means in relation to the doctors and nurses who work in the NHS, asking whether voters thought the NHS depends on immigration and would collapse with fewer numbers or whether the NHS can survive on British staff if we cut immigration. Unsurprisingly, 70% of Reform voters thought that the UK would be better off without immigration in the NHS, as do half of Conservative voters and even 34% of Labour voters say the UK would be better off without immigration in the NHS. This highlights the appetite for reduced migration across the divide with even large chunks of Labour voters opting for an NHS with reduced migration.

However, there is certainly scepticism about whether any of this desired change will happen. We posed the question of whether the NHS will always be reliant on foreign doctors and nurses, and 60% of Conservatives, 67% of Labour voters, 41% Reform, and 72% of Green voters agreed. When flipped round, 59% of Reform voters believe that the NHS can survive without a need for immigration as did 40% of Conservatives, 33% of Labour voters and 28% of Green voters. This apparent contradiction points to a tension between aspiration and realism: **while voters may want a reduced reliance on overseas staff, they simultaneously doubt the capacity of politicians and the system to deliver it.**

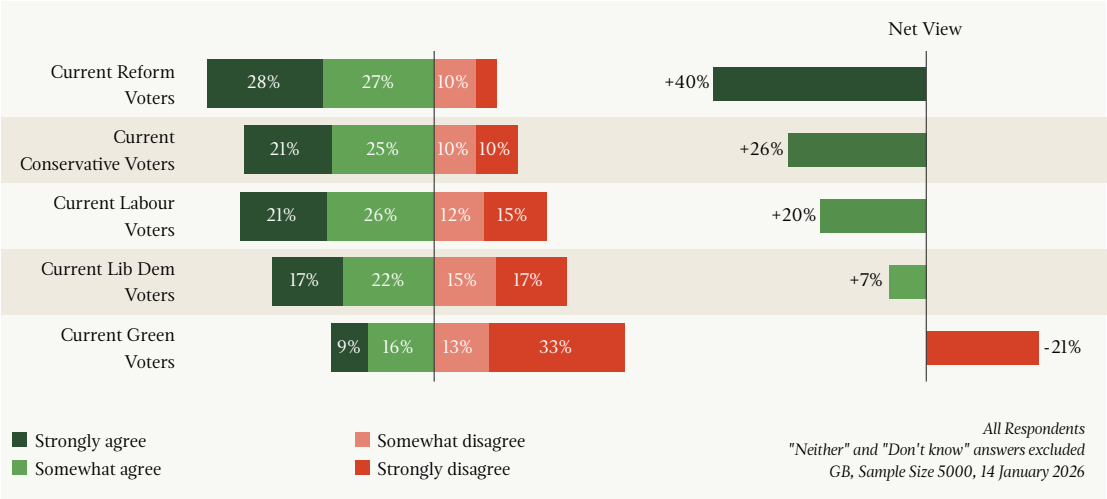
Figure 11: Do you agree or disagree with the following statements? "The NHS should prioritise hiring British doctors over foreign workers."



When asked whether the NHS should prioritise hiring British doctors over foreign doctors, voters net agreed (65% overall), with just 11% disagreeing. This was naturally higher amongst Reform ranks (79% agreed) and Conservatives (72%) but there was still agreement amongst a large majority of Labour (65%) and a significant minority of Greens (42%). However, these attitudes extend beyond workforce hiring into perceptions of the quality

of care itself. When asked whether the standard of care provided by foreign doctors and nurses was the same as that of British staff, 42% of voters overall believed it was not, rising to 55% among Reform voters. Notably, this view was also relatively high among Labour and Conservative voters (47% and 46% respectively), indicating that concerns about immigration and healthcare are now cutting across traditional party lines.

Figure 12: Do you agree or disagree with the following statements? "The standard of care by foreign workers is not on the same level as British workers."



These findings show that immigration has become deeply entangled with public perceptions of the NHS, shaping how voters understand its staffing, funding, and future sustainability. While many recognise the service's current dependence on overseas workers and would like to see this reduced, across the political spectrum, and even with Labour voters, there is appetite for reducing the burden on the NHS through lower levels of immigration and an acknowledgement that the current levels are overall not a benefit to the NHS.

Maternity care

Main points

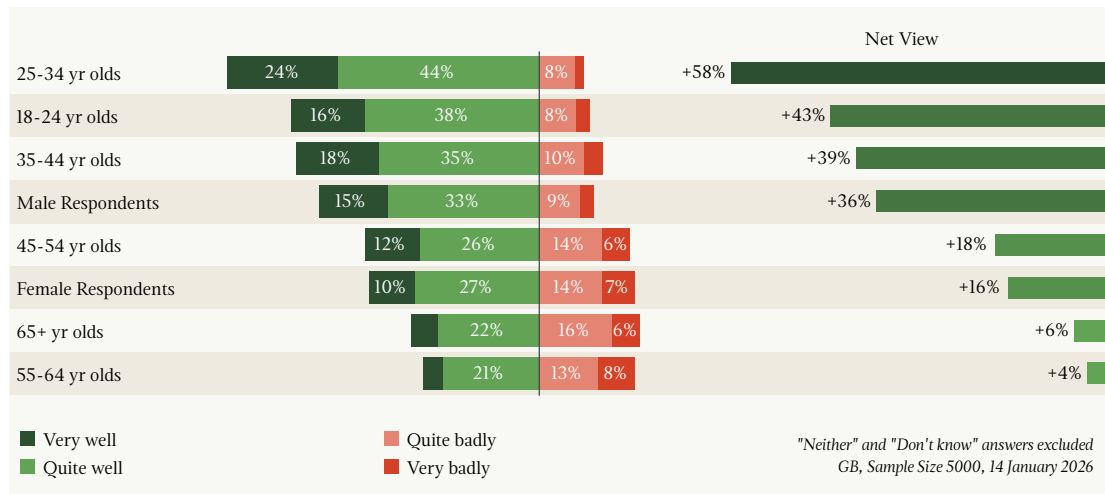
- **50% of voters say they are worried about maternity care when asked initially, rising to 59% after seeing facts on the state of care**
- Only 25% of older voters (55-64 year olds) think maternity care is going well
- People overwhelmingly blame **poor management** for bad maternity care (46%), rather than funding (24%) or poor care from staff (9%)

Maternity care occupies a sensitive position within the NHS, often shaping long-lasting perceptions of safety, trust, and competence at moments of acute vulnerability. In recent years, high-profile failures¹⁰ and rising maternity negligence costs have brought increased public and political scrutiny to these areas, with MPs such as Theo Clarke forcefully campaigning on the issue

| 10 Michael Buchanan, "Fourteen NHS trusts' maternity care to be investigated over 'failures'", *BBC*, 15 September 2025. ([link](#))

of 'birth trauma'.¹¹ Because of this, maternity care is a helpful lens through which to understand wider attitudes towards NHS performance and accountability, especially as an area of care which touches so many people's lives and their experience of the service.

Figure 13: How well or badly do you think maternity services are going in the NHS?



We asked voters how they think maternity services are going within the NHS. **Notably, younger voters (25–34-year-olds) were more inclined to think they are going well (68%) compared with older voters (55–64-year-olds) amongst whom only 25% thought they were going well.** This would suggest that those who have used the system have a more negative outlook on the quality of maternity care. This was replicated in our findings amongst men and women. Men were more likely to have a positive view of maternity services (48%) than women (37%). Labour and Conservative voters were more likely to have a positive view of maternity services than Reform and Green.

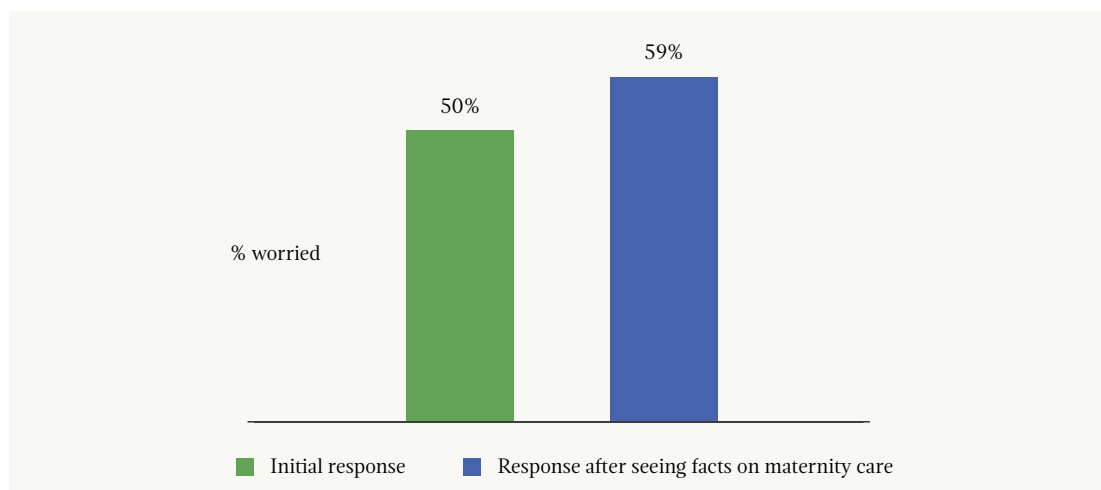
We presented respondents with a statement about the NHS bill for maternity negligence and asked where the blame for this lies. **Overwhelmingly, people told us that it was down to poor management (46%) rather than the lack of funding (24%), poor care by staffers (9%), or the structure of the NHS (17%).** Again, this was consistent across all parties with 46% of Conservative voters, 44% of Labour voters, and 51% of Reform voters all putting the blame on poor management over lack of funding. Only 21% of Conservatives, 30% of Labour voters, and 18% of Reform voters say that funding was the primary reason for maternity failings. We also posed the question of what needs to be prioritised in order to improve maternity care overall. Voters told us by quite a clear margin that changes to management and structure should take precedence over increased funding (68% to 32%). Again, this was consistent across parties, with the exception of Labour voters who were more evenly split between the two. An overwhelming three quarters (75%) of Reform voters say the priority should be in changing management, as do 71% of Conservative voters and a majority (53%) of Labour voters.

Before and after the statements we presented on maternity care, we asked voters whether they would be concerned if they or someone close to them was using maternity services within the NHS. Originally, half of voters overall said they would be worried if they or someone close to them

| 11 Theo Clarke, "Birth trauma", *Theo Clarke*. ([link](#))

was using maternity services within the NHS. This was largely consistent across parties, suggesting that maternity care is generally a cause for concern. After we presented these statements, this concern rose steeply to 59%, suggesting that **voters' concerns have not reached their ceiling and can even increase when exposed to additional negative information.**

Figure 14: *How worried are you, if at all, of yourself or someone close to you using the maternity services within the NHS?*



These findings suggest that attitudes towards maternity care may be strongly shaped by experience and information exposure, with women and older voters consistently more sceptical. While funding remains a part of this picture, voters overwhelmingly see management as a primary lever for improvement. The rapid increase in concern after additional context was provided shows both the sensitivity of the issue and the potential risk for policymakers: confidence in maternity services can erode quickly, reinforcing broader doubts about NHS oversight and accountability.

Differences in England, Wales, and Scotland



- **Welsh voters are significantly likely to say the NHS is in decline (57%) compared to English (43%) and Scottish (42%) counterparts**
- 80% of Scottish voters see the NHS as good value for money, compared to 64% in Wales and 67% in England
- 38% of Welsh voters back wholesale reform and a different NHS model, compared to 30% in Scotland and 35% in England

Devolution in the UK has led to four different health systems, each taking slightly different approaches to delivering health and care. While all systems are funded by general taxation, their structure and how services are delivered varies between the different nations. In England, the model is built around NHS Trusts which impact hospital services, community services and other aspects of patient care such as their transport facilities. These trusts form an organisational unit that operates within the NHS and tends to serve a fixed geographical area. 42 Integrated Care Systems (ICIs) were established in 2022 to join up health and care services in an area, with integrated care boards within these ICIs planning and commissioning the services that patients need.

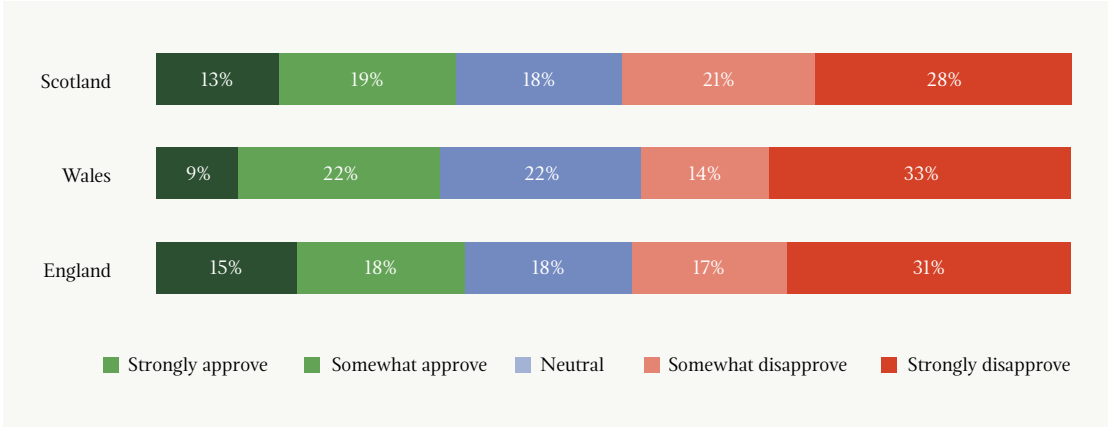
In Scotland, meanwhile, there are 14 regional health boards in place which are further divided into 32 Health and Social Care Partnerships aimed at improving community care. The re-structuring of services that occurred in NHS England did not take place in Scotland following the devolution of healthcare, meaning that there are no clinical commissioning groups (CCGs) in Scotland. Another key difference is that general practices can be owned and managed by private health care organisations in England, while in Scotland this is forbidden by law.

Similarly to Scotland, Wales receives a grant from the British central government. Services are then delivered through seven health boards and three NHS trusts, each responsible for particular geographical area. The three trusts focus on the ambulance service, a specialist cancer care trust, and Public Health Wales. The main difference for patients in Wales is that prescriptions for medicines are free for all.

Because of the differing structures and the way in which referrals are made, it is challenging to directly compare the performance of Wales, Scotland, and England. However, there are certain metrics which have been used to analyse performance. For example, Full Fact has compiled data which compares A&E targets between the three nations, with the percentage of attendances involving waits of more than four hours at A&E highest in Wales at 42.9%, followed by England

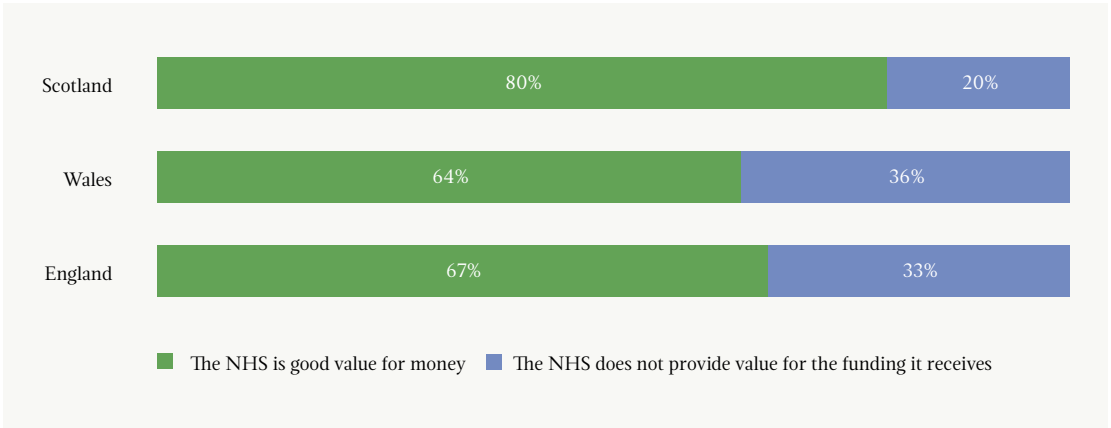
(40.2%) and Scotland (34.2%).¹² Data reported by the BBC compares the performance in England and Wales around hospital treatment waiting times, showing **the median wait after referral is 21.8 weeks in Wales compared to 14.9 weeks in England.**¹³ It also showed that waits of more than a year for treatment after referral were higher in Wales, with around 21% of patient pathways on the waiting list for more than a year compared to 4.1% in England.

Figure 15: Do you approve or disapprove of the government’s handling of the following issues? Healthcare.



It is not surprising, therefore, that our polling shows that the issue of healthcare is most salient in Wales, with 58% of Welsh adults placing healthcare in their top three most important issues, compared to 48% of English adults and 51% of Scottish. Disapproval of the government's running of the health service is lowest in England with 42% disapproving compared to 50% in Wales. Welsh voters are significantly more likely to say the NHS is in decline (57%) compared to 43% who say the same in England and 42% in Scotland.

Figure 16: Which of the following is closer to your view?

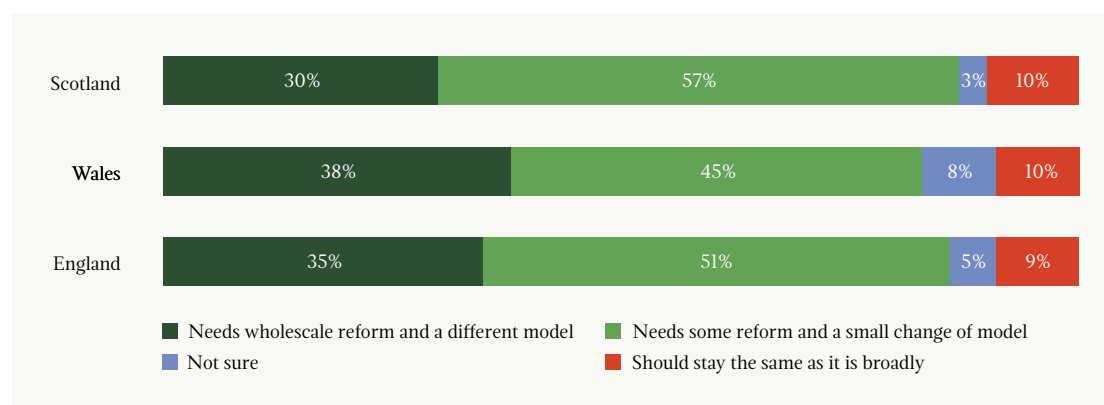


Scotland, on the other hand, remains more positive about the NHS, with 80% of Scottish adults saying that the NHS provides good value for money, compared to just 64% in Wales and 67% in England. However, when it comes to prioritising reform of the NHS or increasing funding, Scottish adults fall in line with the English and Welsh. 59% of Scottish adults say the government should prioritise reforming the NHS, as do the same number (59%) of English adults,

| 12 Full Fact, "NHS performance: how do the four nations compare?", 19 July 2024. [\(link\)](#)
| 13 Owain Clarke, "Are NHS patients waiting longer in Wales?", BBC, 5 June 2024. [\(link\)](#)

whilst 54% of Welsh voters say that reform should be prioritised with 46% opting for increased funding as a priority instead. In Scotland, only 14% say that the NHS should stay as it is, with 47% supporting some reform and a small change of model, and a third (33%) opting for wholesale reform and a different model. **In Wales 8% support keeping the NHS as it is, 49% choose some reform and a small change of model whilst 34% opt for wholesale reform, with similar numbers in England (10% stay as it is, 49% small reform, 34% wholesale reform).** These figures reveal that while the nations making up Great Britain have slightly differing healthcare models as a result of devolution, their voters are in lockstep when it comes to the need for change to the NHS.

Figure 17: Which of the following is closer to your view?



What should we do next?



Main points

- 61% of voters say it would improve their view of politicians if they got a grip on the issue and fundamentally reformed the NHS
- A majority of voters (52%) believe the NHS will cease to exist without reform
- Only 2% of voters see preventing American healthcare companies from taking a stake in the NHS as their number one priority

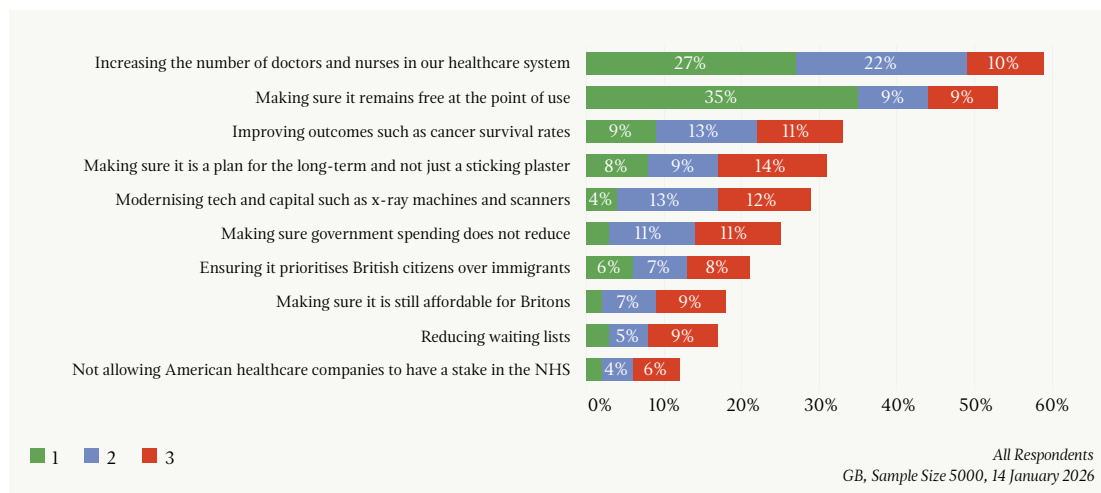
Where does this leave the NHS? These findings clearly illustrate widespread awareness of a system which is creaking under pressure and frustrations with a mismanaged system which does not provide the required service. Issues such as immigration have entered into the debate about healthcare provision in this country, impacting how voters perceive the care provided as well as increasing concerns about the strain on the service.

While it has become a political staple of the Left to call for increased funding and to blame the Conservatives and the policies of austerity for the challenges the NHS faces, the picture amongst voters is far more nuanced. **What is clear is that voters do not necessarily know what proportion of total government spending the NHS currently accounts for but are aware that it receives a substantial sum and that root and branch reform of the institution should be prioritised over increasing funding.** But equally, NHS funding is not the top issue amongst voters. At the end of this survey, we presented voters with a question about what their top three priorities are when thinking about how the NHS can be reformed. By a significant margin, increasing the number of doctors and nurses in the healthcare system and making sure it remains free at the point of use were the top two, with a very significant number of voters selecting both of these issues as their number one priority. This highlights the support for the principles of the NHS and trust and admiration put into doctors. Any reform should focus on boosting the independence and ability for doctors to perform their necessary tasks with a system designed to put doctors first.

This was followed by improving outcomes such as cancer survival rates. Much further down the list were options around funding and reducing waiting lists, a key campaigning area for the Labour government. **Notably, only 2% of voters selected 'Not allowing American healthcare companies to have a stake in the NHS' as a number one issue, and only 12% listed it in their top three, suggesting that while some issues may be politically charged in Westminster, they do not resonate as clearly with voters.** What people want is an NHS that is well-staffed at the front line, that is free to use, and that delivers excellent health outcomes for them. However, the level of dissatisfaction shown in our survey highlights the public's appetite for reform around these three key aims. Changes should be presented as conducting root and branch reform

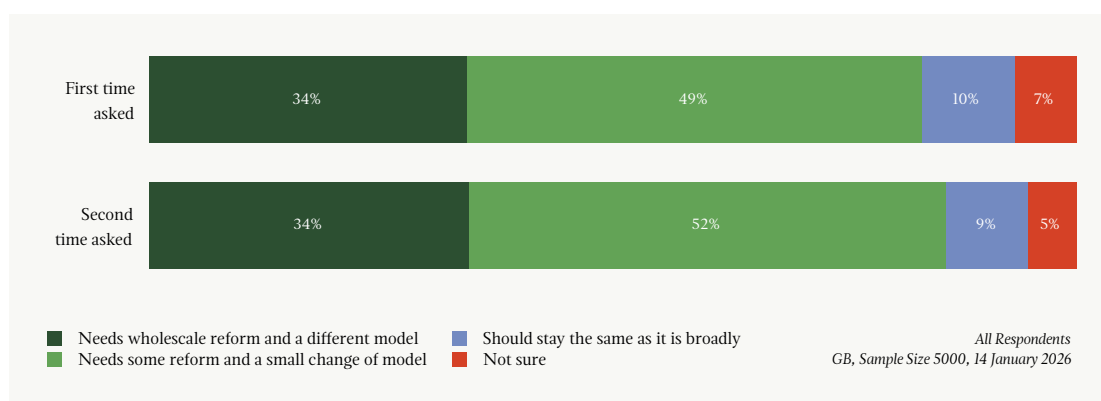
focused on keeping the NHS free at the point of use, hiring and putting doctors at the heart of the NHS, and improving outcomes for patients.

Figure 18: When thinking about reforming the NHS, what do you think should be the priority? (Please rank your top three priorities)



It is not surprising, therefore, that voters had little tolerance for those who abuse the NHS and its 'free at the point of use' principle. High numbers of voters (73%) thought that too many people are abusing the NHS by going to A&E when they are not in urgent need of help. This was high amongst all voters but notably higher amongst Conservatives (79%) and Reform (81%). **Similarly, 66% of those surveyed thought that if a GP or hospital appointment is missed, people should be charged for the wasted time, suggesting that this is a policy area which would have wide support across parties.** Policies such as these enjoy overwhelming cross-party support from the public, and would be worth further consideration.

Figure 19: Do you think the NHS needs reform or should stay broadly as is?



A narrow majority (52%) say that the NHS would cease to exist if it was not reformed, with half of Labour voters (50%), Reform voters (57%), and Conservative voters (53%) saying that health service will cease to exist. This suggests that while voters are very aware of the issues facing the NHS, they see it as an enduring part of the UK's health and political landscape no matter how poorly it is performing.

However, if politicians were to get a grip on the issue and fundamentally change the NHS model, voters were overwhelmingly inclined to say that it would improve their view of them (61%) compared to just 9% who said it would worsen their view of them. The dissatisfaction goes beyond party allegiances with Labour, Reform, and Conservative voters all expressing frustrations with the current state of the NHS. **Voters are clear that they want the principles of the NHS to remain the same, and that it should stay free at the point of use. However, there is a desire for more imaginative reform within the existing model.** Respondents were also prepared to look favourably on politicians who said they wanted to copy the healthcare systems of comparative countries like Germany and Austria, with 56% looking favourably on this compared to 9% who were against it.

In keeping with views about NHS management, voters were more positive towards hospitals being given more autonomy to be run in the way that is best for the local community, rather than by government (67% to 33%). But interestingly, voters are still anxious about reforms that would require sweeping or radical change. Most voters told us that some reform and a small change of model is needed (52%) compared to 34% who said it needs wholesale reform and just 9% who said it should stay the same. Again, this was broadly representative across the parties.

This clearly leaves politicians with a huge opportunity. Reform to the NHS could be welcomed across the board and the public is ready to accept change and reward leadership that takes this seriously. However, patience is thin and trust is fragile. What parties of all colours must do now is adapt a cherished institution to respond to modern pressures without breaking the values that underpin it.

Methodology



Fieldwork Dates: 12th – 21st December 2025

Population Sampled: 5,000 GB Adults

Weights and Quotas: Weighted and quota-ed to be representative of GB Adults on age, gender, education, past vote, and region.

Additional information: Merlin Strategy is a member of the British Polling Council (BPC) and will abide by its disclosure rules.

Information about this poll: All question ordering when multiple options are presented were randomised. The sample was collected through online panels. For more information about this poll contact info@merlinstrategy.com

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