

Experience versus perceptions. Accounting for the NHS ‘perception gap’ and assessing its impact on voting in the 2005 British general election.

Since 2003, annual opinion polls produced by Populus have revealed a significant gap between evaluations of public services based on personal experience and evaluations based on perceptions of the performance of national public services. The gap is most pronounced on the NHS. In this paper, it is examined whether partisanship, newspaper readership, and variation in the levels of political awareness, issue salience, and partisanship account for differences in experience and perceptions of the NHS. It also assesses the impact of NHS evaluations on support for the Labour Party in the 2005 British general election and considers the ramifications for Labour vote in the next general election.

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Since 2003 annual opinion polls produced by Populus have revealed a significant gap between those evaluations of public services based on personal experience and evaluations based on perceptions of the performance of national public services. On health, education, and transport, respondents consistently report feeling more positive about the state of local services than they are about the national picture. This disparity has become known among some commentators as the 'perception gap'. This gap, however, is not a stable phenomenon. The size of the perception gap on the NHS, for example, has varied between 9 to 20 points. This largely appears to be due to changing national perceptions, which have fluctuated between a net positive rating of 26 and 45 per cent, rather than evaluations of personal experience of the NHS, which have varied by the smaller margin of nine percentage points.

The existence of the perception gap seems at odds with recent political developments, at least with regard to health and education. Since 1997, the Labour government has doubled spending on the NHS and increased the education budget by £25 billion (Driver 2006: 275). Numerous reforms have been undertaken to allow greater choice and to improve standards. Yet, many people claim to be pessimistic about the state of health and education in Britain, while their view of the quality of local services has gradually improved (Populus 2006).¹ Clearly, the government have reasons to be concerned. The Prime Minister, Tony Blair, referred to the perception gap in his monthly press conference of 24th April 2006, which was devoted to extolling the virtues of the government's NHS reforms. When pressed to explain the 'gulf between people's individual experience of the NHS and the general perception of the service', the Prime Minister replied:

Well, why do you think it is? Look, what I have asked today from you, and I ask for nothing more than this, is a sense of balance. If all that they are hearing is bad stories then their perception is likely to be bad, their personal experience is obviously their personal reality. Now the trouble with that is you say something like that and people say ah, so you are saying there are no problems in the Health Service at all. No-one is saying that. It is the feature, and it is not actually your fault, it is just the way that public debate is conducted now, it is just the way it is, but there is never any sense of balance. There is no problem that isn't a crisis and no difficulty that isn't a catastrophe, and if it is not a crisis or a catastrophe it kind of doesn't exist. So that is I think probably the reason, but this would require another entire press conference to dwell on that. (Prime Minister's Office 27 April 2006).

The Prime Minister may not have provided a coherent explanation of the perception gap but the overall message is that patients judge their local experience on its merits but assessments of the NHS are shaped by media coverage that exaggerates every problem or failure of public services. Hence, the public is left with a sense of impending crisis in the public services.

Mr. Blair's evaluation of the problem is simplistic and wide of the mark, however. For one thing, rather than there being a net negative perception of national public services it is positive overall, just not as positive as for personal experiences. Secondly, there is surprisingly little evidence to suggest that people blindly follow the lead of the newspapers they read. Rather they tend to select newspapers which fit with their political views. If media coverage has any effect, it is to reinforce existing prejudices (Norris, Curtice, Sanders, Scammell, and Semetko 1999: 13). The real cause of the perception gap may be partisanship in conjunction with media effects. Those people who support other parties and read newspapers that are critical of the Labour government may display the most pronounced perception gap. Thirdly, there may be other factors at work. People may give 'top of the head' responses to survey questions rather than considered views which reflect their underlying attitudes to public services (Zaller and Feldman 1992; Alvarez and Brehm, 2002). Indeed, it seems all too plausible to suggest that this is all the more likely where respondents have fewer direct experiences to draw upon or where they are based on remote objects (as when they are asked to evaluate national conditions). The persistence of the perception gap over repeated surveys, and evidence from the 2005 BES, however, suggests that the perception gap is more than a statistical curiosity. In the rest of this paper, I develop and explore these alternative explanations of the perception gap.

The perception gap is an interesting puzzle in its own right. It also may have wider implications. Over recent years, voters seem unwilling to give Labour credit for satisfaction with their local public services and Labour's loss of support in the 2005 general election can be attributed, in part, to concern over public services nationally. Did the mismatch between local experience and national perceptions have any significant effect on Labour's support in the election? Furthermore, the impact of the perception gap on vote in the 2005 British general election is relevant to the continuing debate about the value of issue voting models in explaining vote. According to some models, party choice is strongly influenced by retrospective evaluations of the government on important issues of the day (Fiorina, 1981). A major problem these models is that judgements are often mixed (some favour the government, others do not) and most models are remarkably silent as to the implicit 'decision rules' that voters make (Scarborough, 1987). If voters place more weight on their direct experiences, Labour should have less to fear from the perception gap. If they place more weight on their perceptions of their more distant understanding of national conditions, then it will have more to fear.² There are, of course, more complex possibilities and evaluations may only have been a significant impact on voting where they reinforce each other. In the final section of this paper, I test alternative hypotheses of the impact of public service evaluations on vote in the 2005 general election.

Before moving on to the discussion of what may account for the perception gap, there is a brief description of the data used in this paper, as well as a closer look at the evidence for the perception gap.

Evidence of the perception gap

There are two main sources of data for this paper – opinion polling data and individual-level survey data. Over the last 3 years Populus has compiled data on the perception gap.

Samples of over 1,000 randomly selected adults aged over 18 have been interviewed by telephone. One half of the sample is asked to rate ‘the NHS, schools, and transport on the basis of their own personal experience of using them’, while the other half is asked about the same services ‘on the basis of their impression of how well they are delivered nationally’. Respondents can answer very good, quite good, neither, quite bad, or very bad. Each evaluation is given a net score based on the percentage total of good versus bad responses. The perception gap is, then, calculated by the difference between the net percentages for the two types of evaluation (Populus 2006).

This paper also draws on data from the MORI delivery index. Since 2002, MORI has been conducting surveys on perceptions of the NHS, the quality of education, public transport, policing, and the quality of the environment. The surveys are carried out 4 times a year and MORI interviews over 800 adults aged over 18 for each survey. The data is weighted to match the national population profile. Supplementary polling data on the partisan nature of perceptions of the NHS compiled by Populus is included in the paper.

The individual-level data used in this paper is drawn from the pre-election and post-election panel waves of the 2005 British Election Study. Data was collected via face-to-face interviews with the same sample of respondents immediately before and after the general election. The data is weighted to compensate for the effects of panel attrition. The BES dataset contains questions on local experience of public services in the post-election wave of the survey, and on perceptions of national public services in both the pre- and post-election waves. Respondents were asked two questions about public services: (1) ‘During the last 12 months, did you or a family member seek assistance from the authorities over a crime committed in your home, in your neighbourhood, or at work?’ (2) ‘During the last 12 months, did you or a family member seek or receive NHS medical treatment – that is, from a general practitioner or a dentist, or as a hospital patient?’ Respondents replied either ‘yes’ or ‘no’. If they answered ‘yes’ they were then asked to say how satisfied they were – whether they were very satisfied, fairly satisfied, a little dissatisfied or very dissatisfied. On national perceptions, respondents were asked: (1) ‘let’s talk for a few minutes about how things have been developing in Britain in the last few years. How would you describe the crime situation in Britain these days?’ (2) ‘How would you describe the National Health service these days?’ The choice of responses was a lot better, a little better, the same, a little worse, and a lot worse.

The perception gap

Evidence of a gap between evaluations based on experience and evaluations based on perceptions on the NHS is found both in data produced by the polling company Populus and in the 2005 BES. Evidence of perception gaps on education and public transport are only found in the polling data, while evidence of a perception gap on crime is only found in the BES data. This paper, therefore, focuses primarily on NHS evaluations.

Before examining the possible reasons for the perception gap on the NHS, let us take a closer look at what constitutes the gap. In Table 1, the net rating of personal experience and national perceptions of the NHS for every year between 2003 and 2006. The perception gap is the difference between personal experience and national perceptions. Experience is distinguished by reference to personal use of the NHS in the Populus question. Perceptions are impressions of national delivery of healthcare – a more

abstract construction encompassing personal experience and second-hand accounts of the NHS. What is evident is that both types of evaluations of the NHS are strongly positive. Evaluations based on personal experience are even more positive than those based on perceptions. Another difference between these evaluations is that while ratings of experience have been steadily improving since 2003, perceptions are much more variable – ranging between 26 and 45 per cent. Consequently, the perception gap is also unstable – shifting from 9 to 20 points. It would appear that variation in the NHS perception gap is, therefore, driven by the instability of national perceptions.³

The data in Table 1 also imply that national perceptions of the NHS, and by association the perception gap, are sensitive to events. The substantial improvement in perceptions of the NHS between 2004 and 2005 (the year leading up to the general election) is suggestive of some kind of campaign effect. It is less obvious what kind of event may have caused the gap to widen between 2003 and 2004.

Table 1: Annual net ratings of personal experience and perceptions of the NHS

Evaluations	Year			
	2003	2004	2005	2006
Net personal experience (good v. bad)	+44	+46	+50	+53
Net national perception (good v. bad)	+35	+26	+45	+34
Perception gap (experience - perception)	9	20	5	19

Source: Populus 2006.

Additional evidence of the instability of perceptions of the NHS is found in the MORI Delivery Index 2002-2006. The index, shown in Table 2, gives the net difference between the percentage of respondents who thought the NHS would get better over the next few years, as opposed to those who thought it would get worse. What we see supports the pattern found in Table 1. Perceptions of the NHS worsened over 2003 and 2004, and, then, improved in the lead-up to the 2005 general election. By the date of the election – May 2005 – more people claimed that the NHS would get better rather than worse over the next few years, producing a positive net rating of nine points. This is an indication that the election campaign did have a beneficial effect on attitudes towards the NHS (though it may be that respondents' evaluations became more reflective and considered as the election approached). Since the election, though, perceptions have become decidedly negative. By May 2006, the difference between positive and negative assessments was minus 23 – a fall of 32 points since the election.

Table 2: MORI Delivery Index: Improving Public Services – NHS

Date	Better %	Worse %	Net
March 2002	33	35	-2
May 2002	42	28	14
September 2002	36	28	8
December 2002	33	32	1
March 2003	29	36	-7
June 2003	28	38	-10
September 2003	27	39	-12
December 2003	29	34	-5
March 2004	33	35	-2
June 2004	32	31	1
September 2004	32	35	-3
November 2004	29	33	-4
February 2005	32	34	-2
May 2005	37	28	9
September 2005	26	37	-11
November 2005	25	41	-16
March 2006	22	44	-22

Source: MORI 2006.

Other polling data corroborates the mismatch between experience and perception of the NHS. In a Populus poll conducted for the News of the World in June 2004, 31 per cent of respondents reported, on the basis of their personal experience, that the NHS had got better, 22 per cent that it had got worse, and 42 per cent that it had stayed the same (6 per cent said ‘don’t know’) (Populus 2004). Yet in the same poll, a larger proportion of respondents (47 per cent) disagreed that extra investment by the Labour government in the NHS since 1997 had led to improvement in the quality of the NHS while only 41 per cent agreed.

Another Populus poll, from May 2005, hints at the partisan nature of evaluations of the NHS (Populus 2005). When asked whether hospitals would get better, stay the same, or get worse over the next four or five years overall respondents said by a margin of 35 points that the NHS would get better. When these responses are broken down by party support, Labour supporters (+72) were considerably more optimistic about the future prospects of the NHS than Conservative (+20) or Liberal Democrat (+32) supporters.

While there has been evidence of a perception gap in opinion polling data over the last few years, questions on both experience and perceptions of public services have not been much in evidence in recent vote surveys. As has already been noted, the 2005 BES questions were limited to the NHS and crime. In common with opinion surveys, BES respondents were asked first about their experience and then their perceptions. The BES findings corroborate the Populus data. Respondents were more positive about their experience of the NHS than they were in their perceptions of the service. If anything, the

BES respondents exhibit an even larger perception gap than found for the poll respondents. Fully 85 per cent of BES respondents rated their personal experience good as opposed to the 15 per cent that rated it as bad, giving a net difference of + 70. On national perceptions, more BES respondents thought the NHS was getting worse (40 per cent) rather than better (33 per cent), giving an overall rating of -7. The NHS perception gap, according to the BES is a staggering +77. This evidence is somewhat at odds with the polling data, which suggests that the gap closed around the time of the general election. Unfortunately, questions about NHS experience and perceptions were only asked in the post-election wave of the BES. A similar question asking about how well people thought the present government has handled the NHS was asked at the beginning and the end of the campaign⁴ Comparing responses to this question across the two survey waves reveals a small improvement in ratings of the government, as can be seen in Table 3. The proportion of respondents who thought the government was doing badly fell, especially those who thought the government was doing very badly (from 16 to 9 per cent). Conversely, those who thought the government was doing fairly well or very well increased by over 3 points. Those who thought the government was doing neither well or badly increased by over 4 points, presumably many of these at the start of the campaign thought the NHS was being badly managed by the Labour government.

Table 3: Labour government evaluations of its handling of the NHS before and after the 2005 general election

Evaluations	Pre-election	Post-election
Very well	4.4	4.6
Fairly well	30.3	33.5
Neither well or badly	20.6	24.8
Fairly badly	29.0	28.1
Very badly	15.8	9.0
N	2930	2942

Source: BES 2005 (weighted data).

Accounting for experiences and perceptions of the NHS

Closer inspection of the NHS perception gap has yielded three clues as to why people evaluate their experiences of local public services differently from their perceptions of national public services. Firstly, we have found that, generally, people’s views of the NHS are positive, but assessments of local NHS services have become increasingly positive over the last three years, while perceptions have vacillated. Secondly, there was a marked improvement in perceptions of the NHS in the run-up to the 2005 general, which significantly reduced the size of the perception gap. Evidence from the polls and the BES suggest that there was something of a campaign effect – judgements of the government’s handling of the NHS improved over the course of the campaign. Finally, there is also

evidence that partisanship influences NHS perceptions; Labour supporters are far more favourable in their assessments of the NHS than other party supporters.

Given the sometimes divergent trends in experience and perceptions of the NHS, it appears that direct experience of healthcare services is relatively unimportant in judging the state of the health service nationally. Evaluations based on direct personal experience are not well correlated with impressions of service delivery (Pearson's R of 0.33) For the most part, people do not extrapolate from their personal experience to judgements of the NHS; rather, they seem to be basing their judgements on different criteria. What at first, seems counterintuitive becomes more understandable when we examine the reasons why evaluations may differ. To begin with, not everyone has recent direct experience of the NHS. To be sure, the vast majority of BES respondents had sought or received NHS medical treatment in the previous 12 months but over ten per cent had not. For these people, judgements of the NHS could not *possibly* be based on their own experience. What is being judged, therefore, differs. On the one hand, the Populus poll and BES respondents are asked about local health services. On the other, they are being asked the National Health Service. What is to say that their experience of one part of the service in their locality – whether it be GPs, hospitals, midwifery, physiotherapists, etc. – is representative of the NHS as a whole? It, therefore, becomes logical for people to have divergent experiences and perceptions. Also relevant is where people attribute responsibility for the successes and failures of the NHS. There is frequent confusion as to who is responsible for local services. Many people erroneously believe that local health services are the responsibility of local government. If so, it then becomes possible to judge local and national health services on different criteria.

The above provides plausible reasons why evaluations may differ on the NHS. There is, however, little direct evidence as to how evaluations are reached. The convergence of the NHS perception gap around the time of the 2005 general election – a trend that was also evident on schools and public transport- may be an important clue in explaining how the influences on experience and perceptions differ.⁵ Experience is an important source of information in itself, but, as far as perceptions are concerned, experience may be either lacking or insufficient. In which case, there is a need for further information. For the vast majority of people, the most important source of information about political issues is the media. It would be reasonable to assume, therefore, that changes in the volume, intensity, and content of information about the NHS, for example during an election campaign, would lead to changes in perceptions of the NHS. The reduction in the perception gap in the run-up to the election would suggest that the balance of information about the state of the NHS became more favourable. Much of the Labour Party's campaign was devoted to defending its record on public service reform, and media coverage of the campaign would have reported Labour's claims that its policies had improved the state of the NHS. Defending its record would have provided a significant counterweight to what is, by and large outside of election time, critical media coverage of the government's management of the NHS. People would have been exposed to more balanced messages (Gelman and King 1993: 434-5) about the state of the NHS, improving perceptions of the NHS, and, consequently, reducing the perception gap. The enlightened preferences argument suggests that variation in media coverage of the NHS is, in part, responsible for the divergence in evaluations on the issue.

Although media coverage provided important information in forming evaluations of the NHS this was not sufficient. What is also required is the motivation to reach a conclusion (Zaller 1992: 6). Partisan predispositions may provide just one such motivation. There is certainly evidence from the polling data that impressions of the state of the NHS are shaped by party identification. Labour Party supporters have much more favourable views of the NHS than other party supporters. That perceptions of the NHS appear prone to partisan influence is understandable given that the government is responsible for the service. Whether evaluations of NHS experience are equally mediated by party identification is doubtful; though some individuals are undoubtedly so partisan that they are willing to distort their perceptions of the service that they received to conform to their partisan predispositions.³ Hospitals and healthcare professionals are not readily identifiable with party labels. Party identification is, therefore, of limited use in judging one's experience of the NHS.

In summary, the perception gap derives from fundamental differences in the nature of experiences and perceptions of the NHS. One key difference is the mediating influence of partisan predispositions. The other is in the extent of influence of media coverage of the NHS. Hence, this suggests the following hypotheses:

- H1. Evaluations of the NHS are influenced by party identification: Labour Party identifiers are more positive in their evaluations than other party supporters
- H2. Party identification has a greater influence on perceptions than experience of the NHS because of the mediated nature of perceptions.
- H3. Media coverage shapes evaluations of the NHS, but this is more pronounced for impressions of national services than for local services because of the greater need for information.

Partisan and media influences on experiences of the NHS

The influence of partisanship and media coverage on NHS evaluations is analysed using a series of OLS regressions. The first model contains a number of dummy variables representing social characteristics that are commonly used as controls in analyses of public opinion and voting behaviour (Miller and Shanks 1996:7). These are: gender (male v. female), age by cohort, ethnicity (non-white v. white), housing tenure (owner-occupation v. renting), educational status (degree-educated v. not degree-educated), Goldthorpe-Heath categories of social class, employment status (public sector v. private sector). The second model includes Labour, Conservative, and Liberal Democrat party identification as measured in the first wave of the 2002 BES panel study. The base category for party identification is non-identifiers and other party identifiers (a very small group indeed). Measures of media exposure are added to the social characteristic and party identification variables in the third model. These take the form of readership of the main national newspapers, with the base category being readership of other newspapers. It would have been preferable to include measures of exposure to television and radio political coverage, as well as newspaper readership, in the analysis but these were not available in either the first or second waves of the BES. This is particularly regrettable

given that most respondents indicate that they rely on and trust television rather more than the print media (which is often partisan).

Table 4 shows the results of analysis of the three models of respondents' direct experiences of the NHS. With regard to the social characteristics model, it appears that age, ethnicity, and class had significant effects on how experiences of the NHS were evaluated. Younger age groups were less positive about their experience than the over 65s (who perhaps remember a time when the NHS was not there). Ethnic minority respondents were less positive than whites. Members of the salariat gave significantly less favourable assessments than the petty bourgeoisie. Adding party identification variables to the equation (Model 2) had little effect on the social characteristic variables – except that semi-skilled and unskilled worker status emerged as a significant influence on assessments of NHS experience (-0.14). Labour identification has a positive impact on reported views of NHS experience. Labour supporters are 0.16 of a unit more favourable in their evaluations than the base category. In Model 3, the addition of newspaper readership indicates that *Telegraph* and *Guardian* readers are more positive about their experience, although regular readers of the *Independent* are less positive than readers of other newspapers. While all models are statistically significant, the addition of the party identification and newspaper readership variables adds little to explanations of direct experiences of the NHS.

Table 4: Effects of party identification and newspaper readership on NHS experience

Variables	Model 1	Model 2	Model 3
Male	0.01	0.01	0.00
Age: (base category 65+)			
18 to 24	-0.45***	-0.43***	-0.43***
25 to 34	-0.33***	-0.34***	-0.32***
35 to 44	-0.27***	-0.29***	-0.27***
45 to 54	-0.20***	-0.21***	-0.22***
55 to 64	-0.09	-0.09	-0.08
Not white	-0.45***	-0.47***	-0.45***
Homeowner	-0.03	0.00	-0.02
Degree educated	0.05	0.03	0.01
Class: (base category petty bourgeoisie)			
Salariat	-0.15*	-0.15*	-0.16*
Routine Non-Manual	-0.11	-0.11	-0.12
Foreman/technician	-0.17	-0.19	-0.21
Semi-skilled/unskilled worker	-0.11	-0.14*	-0.14*

Public sector worker	0.06	0.04	0.04
Party identification: (base category non/other)			
Labour		0.16***	0.16***
Conservative		-0.08	-0.10*
Liberal Democrat		0.07	0.08
Newspaper readership: (base category other)			
Mail			0.08
Star			0.27
Telegraph			0.20*
Express			0.01
Financial Times			-0.26
Guardian			0.23*
Independent			-0.40*
Mirror			-0.02
Sun			-0.01
Times			0.12
Summary statistics			
Adjusted R ²	0.05	0.06	0.06
F	9.88***	9.99***	7.17***

N=2607 *Missing*=352
 p*=0.05, *p*<0.01, ****p*<0.001

Source: BES 2005 (weighted data).

Partisanship and media influences on impressions of the NHS

Table 5 displays the results from the analysis of NHS perceptions. Many of the same variables have significant effects on NHS perceptions as on experience – age, class, party identification, and newspaper readership. Yet, there are also notable differences – the size of effects, the significance of other variables and the model R²s.

As for experience, the under 65s are less positive about their perceptions of the NHS than the over 65s by roughly the same amount. There are marked differences to be found, nevertheless, in the effects of class, party identification and newspaper readership on perceptions and experience. On NHS perceptions, it is the foremen/technicians and semi-skilled/unskilled workers, and not the salariat, whose views differ significantly from the petty bourgeoisie. And rather than being less positive, as when asked about their experience, these respondents were more positive than the base group in their perceptions of the NHS. As for the impact of other variables, we see in the models of NHS perceptions that gender and education emerge as significant influences, even in the

presence of party identification and newspaper readership. Men and the degree educated are more positive about the state of the NHS than women and the non-degree educated. Ethnicity, which had a significant impact on evaluations of experience, had no such effect on NHS perceptions.

The biggest differences, however, are in the size of the effects of party identification and newspaper readership. Labour and Conservative Party identification have more than twice as large an effect on perceptions than on experience. Newspaper readership is more difficult to compare as only *Guardian* readership significantly affected both experience and perceptions. Yet, the effect of *Guardian* readership is almost 50 per cent larger on NHS perceptions. Furthermore, while there seemed to be no obvious pattern to the effect of reading certain newspapers on evaluations of NHS experience, their effect on NHS perceptions appears to follow predictable lines. Readers of newspapers critical of the Labour government – the *Mail*, *Express*, and the *Sun*⁷– are significantly more negative in their perceptions than readers of Labour supporting newspapers, such as the *Guardian*.

Finally, while the addition of the party identification and newspaper readership variables did not improve the explanatory power of the experience models, there was a sizeable improvement in the R^2 when these variables were added to the perception variables – an increase from four to ten per cent.

Table 5: Effect of party identification and newspaper readership on NHS perceptions

Variables	Model 1	Model 2	Model 3
Male	0.18***	0.16***	0.17***
Age: (base category 65+)			
18 to 24	-0.32***	-0.26**	-0.28**
25 to 34	-0.17*	-0.19**	-0.19**
35 to 44	-0.12	-0.19**	-0.21**
45 to 54	-0.37***	-0.41***	-0.43***
55 to 64	-0.22**	-0.21**	-0.22**
Not white	-0.07	-0.12	-0.14
Homeowner	-0.16**	-0.07	-0.06
Degree educated	0.24***	0.19**	0.15*
Class: (base category petty bourgeoisie)			
Salariat	0.05	0.05	0.05
Routine Non-Manual	-0.10	-0.12	-0.12
Foreman/technician	0.30*	0.25	0.28*
Semi-skilled/unskilled worker	0.22*	0.12	0.13

Public sector worker	0.06	0.01	0.00
Party identification: (base category non/other)			
Labour		0.43***	0.42***
Conservative		-0.27***	-0.22***
Liberal Democrat		0.04	0.04
Newspaper readership: (base category other)			
Mail			-0.14*
Star			0.06
Telegraph			-0.15
Express			-0.28**
Financial Times			-0.70
Guardian			0.34*
Independent			0.25
Mirror			0.16
Sun			-0.17*
Times			0.12
Summary statistics			
Adjusted R ²	0.04	0.09	0.10
F	9.06***	17.65***	12.47***

N=2930 *Missing*=29
p*<0.05, *p*<0.01, ****p*<0.001

Source: BES 2005 (weighted data).

Comparing the influences of party identification and newspaper readership on NHS experience and perceptions sought to provide support for two claims. Party identification significantly affects evaluations of the NHS but has a greater impact on perceptions than on experience. The other was that readership of certain newspapers would affect NHS evaluations, but again this would be more pronounced for perceptions than for experience. The evidence from Tables 4 and 5 suggests that party identification is an important influence on NHS evaluations, even on judgements of experience. Party identification also appears to have a stronger effect – indeed twice as strong an effect – on perceptions of the NHS. Similarly, newspaper readership appears to influence both experience and perceptions, although whether its effects are greater on perceptions is difficult to discern from the size of the coefficients. There is a greater effect of *Guardian* readership on perceptions than on experience but the effects of readership of other daily national newspapers is not comparable. The lack of any substantial increase in the R²

between the party identification model of perceptions and the newspaper readership model also suggests that the difference between experience and perceptions is largely due to party identification, with some small additional effect contributed by newspaper readership.

There were no expectations concerning the effects of social characteristics on NHS evaluations, as they were merely intended to act as control variables. That older age groups, ethnic minorities, men, and the degree-educated rated their experience significantly more positively than younger age groups, whites, women, and the less educated suggests that knowledge and usage of the NHS may, in part, account for the differences between experience and perceptions. It is well-documented that the over 65s have a much higher level of usage of the NHS than their younger counterparts, and that men and the degree educated are the most knowledgeable about politics (Harrop and Miller 1987: 103). It would be logical to assume that the most politically aware would also be the most knowledgeable about issues such as the NHS.⁴

So far, we have examined the constituent elements of the perception gap – experience and perceptions – and compared the influence of partisanship and newspaper readership on them. Another way of looking at the perception gap is to consider what may contribute the size of the perception gap. Several alternative but related explanations are possible.

First of all, the size of the perception gap may be a product of political awareness (meaning the ‘extent to which an individual pays attention to politics and understands what he or she has encountered’ (Zaller 1992: 21)). Logically, evaluations of the NHS, even if people are asked about different aspects of that object, should be broadly similar. That they diverge for some people, but not all, would suggest a lack of awareness amongst some people of the contradiction in their positions. This is most likely to occur amongst those with low levels of knowledge of an issue than for those with higher levels of knowledge. Attitude consistency increases with levels of knowledge because the more knowledge of an issue a person has the more likely they are to realise where there are inconsistencies (Zaller 1992: 126). We would expect, therefore, that the size of the perception gap diminishes as awareness of the issue increases. It is also possible to argue, however, that with greater awareness of the NHS, rather than less, it may become more evident that experience of local health services is atypical of national health services generally. In which case, increased awareness of the NHS may increase the inconsistency in evaluations, rather than reduce them.

As with political awareness, the salience of an issue is likely to correspond to the extent of the perception gap. Those who consider the NHS to be an important issue might be expected to have a greater incentive to pay attention to information about the NHS, and, therefore, become more knowledgeable about it than those who do not consider it the most important issue. If so, those who attach greater importance to the NHS will also display more consistent evaluations.

Finally, the strength of attachment to a party, in addition to party identification, might be a factor in the consistency of evaluations towards the NHS. We have already found evidence that Labour supporters are more likely to rate both their experience and perceptions of the NHS more positively, and Conservative supporters to rate the NHS less positively, than non/other party identifiers. If people are following their parties in the way they evaluate the NHS, then it seems reasonable to argue that the stronger their

attachment the greater the influence of partisanship on their evaluations of the NHS (Bartels 2002: 133-8)).

Thinking in terms of the size of the gap between experience and perceptions, rather than these evaluations separately, has suggested three further hypotheses:

H3. The greater political awareness, the smaller the size of the perception gap.

H4. The more importance attached to the NHS as an issue, the greater the consistency in evaluations of the NHS.

H5. The stronger the attachment to a party, the greater the effect of party identification on the NHS perception gap.

Analysis of the perception gap

The findings of two perception gap models are displayed in Table 6. Model 1 is the same equation as found in Model 3 in Tables 4 and 5. Model 4 includes three new variables – salience of the NHS, political knowledge, and an interaction term of identification with the three main parties x strength of partisanship. Salience of the NHS was measured by asking BES respondents to choose from a list which was the single most important issue facing the country at the present time. This was then recoded as a dummy variable so that the NHS as the most important issue was coded as 1 and all other issues as 0. There was no measure of knowledge of the NHS on the BES survey, so an additive scale of the number of correct responses to eight questions on general political knowledge was used as a less than perfect substitute.⁵ The interaction term consisted of identification with the Labour, Conservative, and Liberal Democrat parties multiplied by strength of attachment to these parties. Strength of attachment was treated as an interval measure, which ranged from not very strong, fairly strong, to very strong.

Many of the same variables were significantly related to the size of the perception gap as to experience and perceptions of the NHS. The size of the perception gap was significantly affected by gender, age, ethnicity, education, class, party identification, and newspaper readership. For men, ethnic minorities, those educated to degree level, Labour party identifiers and readers of the *Times* the gap was smaller than for the base category groups. The perception gap was larger for the 45 to 54 and the 55 to 64 age groups compared with the over 65s, and for Conservative Party identifiers and readers of the *Telegraph* and *Express* newspapers. The significant impact of party identification and newspaper readership, in particular, on the size of the perception gap add further weight to the claims of Hypotheses 1 and 2.

As to the findings of Model 2, the inclusion of the salience, political knowledge, and the interaction terms remove nearly all of the partisan and newspaper readership effects. On the other hand, all but one of the social characteristics – education – remain significantly related to the size of the perception gap, although the impact is somewhat reduced. The effect of NHS salience, political knowledge, and partisanship only partially follows expectations. No evidence was found to support Hypothesis 3. Changes in the level of political knowledge had no impact on the size of the perception gap (0.00). It is possible that had a measure of NHS knowledge been available we may have found a significant relationship with the size of the perception gap. That the degree-educated were more consistent in their evaluations of the NHS in Model 1 suggests that there is a knowledge effect on the perception gap but a better measure is needed to capture the

effect. On the impact of issue salience (Hypothesis 4), for those claiming that the NHS was the single most important issue facing the country the perception gap increased by 0.35 of a unit. It was acknowledged that attaching greater importance to the NHS may actually increase the gap between experience and perception by increasing the realisation that experience may not be typical, and, therefore, not a reliable basis on which to judge the whole NHS. Importance may also be a misnomer. When faced with a question about what is the most important single issue facing the country, people may interpret this as what is the **biggest problem** facing the country. If the balance of messages about the NHS is of a service in crisis, it is not, therefore, surprising that those who pick out the NHS as the most important issue should rate their experience as somewhat better than their perceptions. Of the hypotheses relating to the size of the perception gap, the strongest supporting evidence was found for Hypothesis 5. Labour Party identifiers with the strongest attachments to their party had a significantly smaller gap between their experience and perceptions of the NHS than those with weaker affiliations by 0.15 of a unit. For Conservative and Liberal Democrat identifiers, however, the strength of identification did not appear to affect the consistency of their NHS evaluations.

Table 6: Effect of political awareness, issue salience, and partisanship on the size of the perception gap⁶

Variables	Model 1	Model 2
Male	-0.21***	-0.18***
Age (base category: 65+)		
18 to 24	0.00	-0.01
25 to 34	0.01	-0.01
35 to 44	-0.02	-0.06
45 to 54	0.19**	0.17*
55 to 64	0.20**	0.19*
Not white	-0.36***	-0.34***
Homeowner	0.04	0.02
Degree educated	-0.14*	-0.13
Class (base category: petty bourgeoisie)		
Salariat	-0.03	-0.01
Routine Non-Manual	0.06	0.08
Foreman/technician	-0.42**	-0.41**
Semi-skilled/unskilled worker	-0.17	-0.14
Public sector worker	0.04	0.05
Party identification (base category: non/other)		
Labour	-0.28***	-0.05

Conservative	0.17**	0.04
Liberal Democrat	0.06	-0.11
Newspaper readership (base category: other)		
Mail	0.13	0.13
Star	0.05	0.10
Telegraph	0.25*	0.23*
Express	0.22*	0.20
Financial Times	0.41	0.62
Guardian	-0.19	-0.12
Independent	-0.37	-0.31
Mirror	-0.14	-0.14
Sun	0.06	0.04
Times	-0.27*	-0.24
NHS most important issue		0.35***
Political knowledge		0.00
Party identification x strength		
Labour		-0.15**
Conservative		0.07
Liberal Democrat		0.11
Summary statistics		
Adjusted R ²	0.09	0.10
F	9.03***	9.06***

N=2373 Missing=586
p=0.05, **p<0.01, *p<0.001*

Source: BES 2005 (weighted data).

NHS experience and perceptions and Labour vote in 2005

According to pure issue voting models, voters calculate the costs and benefits of voting for a particular party. The party that provides the greatest expected utility for voters gets their support. Calculations of utility might be made according to the parties' issue positions, past performance, prospective competence, or the qualities of their leaders. In evaluating a government's record or its handling of an issue, people make judgements in the light of their experience and partisan predispositions (Butler and Stokes 1974: 289; Sanders 1996: 203-31). In the case of the NHS, if a government is judged to have performed poorly in the provision of healthcare, it will lose support to other parties in the next election. If the government is thought to have done well on healthcare, alternatively, it will be rewarded with another term in office.

The existence of the perception gap poses problems for issue voting models. If personal experience leads in one direction and perceptions in another, even on single issues, it becomes impossible to make coherent judgements of the government, let alone reach decisions on which party to support in an election. In which case, voters may employ decision rules. For example, greater credence may be given to either experience or perceptions. The question, though, is which is more salient to vote? One might assume that concrete experience would carry more weight, but for the reasons discussed above assessments of the National Health Service based on experience of a small part of that service may be neither representative nor relevant. That there is often a wide gap between experience and perception of the NHS suggests that the two are not strongly related in people's minds. On the contrary, it seems logical to argue that perceptions are more salient in determining vote choice. This may be because they relate more explicitly to a political object – the National, as in the government, Health Service. Or, that responsibility for local public services is not attributed to the government. Either way, perceptions are likely to count more in voting than experience.

But what about those with either roughly similar, or perfectly consistent, evaluations? Some 55 per cent of BES respondents rated their experience and perceptions the same or deviated by just one unit. Where experiences and perceptions are running in the same direction – either both positive or both negative – we might expect to see a multiplicative effect on vote. In other words, the combined influence of experience and perceptions of the NHS might have an even stronger influence on vote choice than they do as separate evaluations.

We have, therefore, two possible explanations of the influence of NHS evaluations on Labour vote in the 2005 general election:

H6. NHS perceptions have a greater influence on Labour vote than experience.

H7. When experience and perceptions are broadly similar or entirely consistent their effect on vote is multiplied (i.e., they will have non-additive effects).

2005 election vote analysis

Binomial logistic regression is used to determine the impact of NHS evaluations on vote in the 2005 British general election. Vote is coded 1 for Labour and 0 otherwise. It is intuitively plausible to suggest that experience and retrospective evaluations of government performance influence votes for Labour only. Initially, vote is regressed on experience and perception variables controlling for social characteristics and party identification. This model examines whether experience was more important than perceptions when deciding whether to vote Labour by comparing the size of the coefficients for these variables for the large sub-set of respondents who had experience of the NHS.

In the second part of the vote analysis, an interaction term was added (experience x perception) to assess whether consistency between experience and impressions of the NHS had a superadded effect on vote.

The analysis displayed in Table 7, contains the same control variables as used in the previous analyses. The influence of experience and perceptions of the NHS on vote were as anticipated. Those who were more positive in their evaluations of the NHS – both

experience and perceptions – were more likely to vote Labour. Each unit improvement in experience of the NHS yielded a 0.15 increase in the logged odds of voting Labour in the election. Perceptions of the NHS, however, had a greater effect on Labour vote.

For each step movement towards the favourable end of the perception scale the logged odds of voting Labour improved by 0.33. It seems, as claimed in Hypothesis 6, that perceptions of the NHS carry more weight in deciding whether to support the governing party than experience. Yet, experience was still influential on voting in 2005. There was, however, no evidence to support Hypothesis 7, that the more similar experience and perceptions the stronger the influence of NHS evaluations on vote. Although there was a small increase in the logged odds of voting Labour if evaluations ran in the same directions (0.03), the interaction term was not statistically significant. It seems that those who had some experience of the NHS placed no more weight on their perceptions when they came to vote than those who did not.

These results are hardly comforting for New Labour's electoral strategies. Experience is positive and must have produced some benefit. Perceptions, however, appear to matter more than experience. While the former can be affected by central government action (issuing targets, introducing incentives to improve delivery) the latter cannot be so easily influenced. Perceptions are undoubtedly influenced by the media: the press and television. As Bartle (2006) has demonstrated, New Labour had few firm friends in the national press by the time of the 2005 election. Its critics, like the Mail and Express, were just as hostile to Blair as they had been to Foot and Kinnock before them. Its new friends provided less than emphatic support and some, like the Sun, questioned just how much of the additional spending on the NHS had been wasted. Its former friends in the Mirror, Guardian and Independent were disillusioned after eight years of government. Television remained formally neutral and subject to regulation. Yet media logic, the pursuit of viewers and advertising revenue, coupled with growing distrust of a government with an unenviable reputation for spin meant that the coverage focused on 'failures' rather than successes. It may be that this steady 'drip drip' of bad news stories about the public services, coupled with a general (and possibly growing) reluctance to credit government with responsibility for improvements may increase the 'costs of ruling', especially for a social democratic government.

Table 7: Labour vote in the 2005 general election

Variables	Model 1	Model 2
Male	-0.37**	-0.37**
Age (base category: 65+)		
18 to 24	-0.08	-0.07
25 to 34	-0.23	-0.22
35 to 44	0.06	0.07
45 to 54	-0.15	-0.14
55 to 64	0.02	0.02
Not white	0.25	0.25
Homeowner	0.40**	0.40**
Degree educated	-0.06	-0.05
Class (base category: petty bourgeoisie)		
Salariat	0.11	0.11
Routine Non-Manual	-0.09	-0.09
Foreman/technician	-0.03	-0.03
Semi-skilled/unskilled worker	0.14	0.14
Public sector worker	0.27*	0.27*
Party identification (base category: non/other)		
Labour	2.01***	2.01***
Conservative	-1.21***	-1.21***
Liberal Democrat	-0.77**	-0.76**
NHS experience	0.15*	0.07
NHS perceptions	0.33***	0.22
Experience x perceptions		0.03
Summary statistics		
Nagelkerke R ²	0.41	0.41
Log likelihood	817***	817***

N=2405 Missing=554
p=0.05, **p<0.01, *p<0.001*

Source: BES 2005 (weighted data)

Conclusions

For some years, Populus has been providing evidence of a perception gap concerning British public services. While it would be easy to dismiss the perception gap as nothing more than an interesting statistical anomaly, data from the BES suggests that, on the NHS at least, the perception gap is real. People do rate their experience differently from their perceptions and often by a large margin. The polling evidence also suggests that while assessments of personal experience of the NHS have been steadily improving since 2003, perceptions have varied substantially. Even more worrying for the government, is evidence that gap may have been increasing since the general election.

The purpose of this paper was to investigate what may account for the wide divergence between experience and perceptions of the NHS, and assess the impact of the perception gap on Labour support in the 2005 general election. The divergence between experience and perceptions appears to result from a number of factors. Closer inspection of the perception gap suggested that partisan affiliations and media coverage were likely to influence judgements of experience of the NHS but that perceptions of the service as a whole would be more susceptible to their influence than evaluations of local provision. Partisan attachments because evaluations of national health services were more likely to encourage consideration of the government's management of the NHS. Media coverage because people lack experience of the whole NHS and, therefore, are reliant on media coverage of the issue to provide them with information on which to base their judgements. Party identification and readership of certain newspapers appeared to affect perceptions to a greater extent than experience. For party identification, the effect was twice as large for perceptions as for experience. For newspaper readership the findings were not clear-cut, but there was limited evidence – mainly amongst Guardian readers – that newspapers shaped perceptions of the NHS more than assessments of experience.

Consideration of what may affect the size of the perception gap, rather than experience and perceptions, suggested further lines of inquiry. These were that the more knowledgeable about the NHS would be more consistent in their evaluations of the service, that attaching greater importance to the NHS would increase awareness of the issue and, therefore, reduce the perception gap, and that strength of attachment combined with party preference would have a multiplied effect on the size of the perception gap. Evidence was found only to support the last claim, and then only for Labour Party identifiers – the stronger Labour Party identification the smaller the perception gap. As to the effects of political knowledge and importance of the NHS as an issue, the level of political knowledge had no effect on the size of the perception gap and amongst those who attached the greatest importance to the NHS the gap was greater, not smaller, than for those concerned about other issues.

The persistence of significant effects of a number of social characteristics on evaluations of the NHS and the size of the perception gap suggested that, in addition to partisan affiliations and media coverage, awareness and usage of the NHS were also important. Men and the degree educated, who might be considered to be more knowledgeable about political issues, were more favourable and more consistent in their evaluations. Those groups that might be considered to be heavier users of the NHS, the elderly in particular, also tended to be more positive and more steadfast in their views. This evidence is tentative, however. More work needs to be done to establish how far knowledge and usage of public services affect evaluations of them.

While much of this paper was devoted to accounting for the NHS perception gap, there was also consideration of what impact the gap may have had on vote in the 2005 British general election. Foremost, was whether evaluations had to be consistent to significantly influence vote or whether voters employed some kind of decision rule, which gave greater weight to the more politically mediated perceptions over simple evaluations of experience. The evidence supports the latter. Both experience and perceptions significantly influenced support for the Labour Party versus the other main parties, but perceptions had the larger influence. Consistency in evaluations slightly increased the likelihood of voting Labour but this was not statistically significant.

These findings are significant. Blair called for a ‘sense of balance’ from the media in reporting the NHS. But voters do not share the Prime Minister’s sense of balance. According to the MORI Delivery Index, people have become increasingly pessimistic about the state of the NHS since the election, in spite of the improvement in their personal experiences of the NHS. The figure for May 2006 show that the index is at its lowest point ever and some 32 points down on May 2005. Doubtless, perceptions have been adversely affected by recent coverage of the NHS debt crisis. People have been struck by the seemingly impossible situation of hospital trusts millions of pounds in the red despite claims by the government of record investment in the NHS. The decline in optimism over the prospects for NHS improvements in the next few years predates the current controversy over indebted hospitals, however. At best, positive experiences of the NHS may cushion Labour against the full impact of pessimistic perceptions, but they are unlikely to be enough to salvage Labour’s reputation on healthcare, or prevent a substantial loss in support at the next election.

The findings of this paper also contribute to the debate over the utility of issue voting models in understanding voting compared with sociological and social-psychological models. What the findings of this research reiterate is that no single model explains all. Even evaluations of objective conditions are mediated by partisan considerations (Bartels 2002). In the case of NHS evaluations, social characteristics condition the ways in which the NHS is used and understood, and social-psychological factors determine whether the service is judged favourably or unfavourably. Both experience and perceptions of the NHS were viewed through the lens of party attachments. Where they differed was in the degree to which they were influenced by partisan commitments. When it came to voting, though, it was the overtly partisan evaluation – in this case NHS perceptions – that counted more. A further implication of this research relates to a common criticism of issue voting models, that evaluations are required to run in the same direction. What this research suggests is that where evaluations vary in the degree of political mediation, consistency is not required. Instead, the less mediated evaluation is discounted in favour of the more mediated evaluation in deciding how to vote.

Endnotes

- ¹ The percentage claiming to have had a good experience of schools has risen from 51 per cent in 2003 to 68 per cent in 2006. Likewise, only 35 per cent claimed to have had a good experience of public transport but by 2006 this had increased to 49 per cent.
- ² Budge (1999: 136) suggests that voters may rank order their issue preferences and then base their vote decision on the party with the closest positions on the issues most salient to them.
- ³ A similar pattern is found in the perception gaps on schools and public transport.
- ⁴ This question is not strictly comparable with that used by Populus to elicit perceptions of the NHS; it makes no reference to the government.
- ⁵ The perception gap reduced from 17 to 10 points on schools between 2004 and 2005, and fell from 20 to 11 points on public transport over the same period (Populus 2006).
- ⁶ Political evaluations can be divided into two types: simple and mediated (Fiorina 1981: 106). Simple evaluations refer to conditions occurring over a specific period of time where there is no partisan reference. Mediated evaluations reflect appraisal(s) of the performance of political parties on an issue or in dealing with an event or problem.
- ⁷ The *Sun* endorsed Labour, but its coverage in 2005 was almost unrelentingly critical of the government's record. Most of its criticism focused on crime, immigration, and Europe, but some of it was also directed at waste in the public services, and other criticisms may have spilled over to the NHS (Bartle 2006).
- ⁸ General measures of political knowledge tend to be highly correlated with knowledge of specific issues (Zaller 1992: 336-7).
- ⁹ Measures of general political knowledge are suitable alternatives for measures of specific issue knowledge, as they are closely correlated (Zaller 1992: 336-7) and generally more reliable (Bartle 2000: 471-3).
- ¹⁰ The perception gap was calculated by taking the absolute differences between responses to the NHS experience and perceptions questions on the BES survey. The differences were then recoded to produce an interval scale ranging from 0 (for perfectly consistent responses) to 4 (four categories difference between responses).

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