

# National Health Report 2016



Are public health messages really working?

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# Foreword

This report – our third – into the state of the nation’s health confirms the suspicions of some that there remains a very real lack of personal responsibility and accountability when it comes to health and spending. We, as a society in the UK, must do more to educate ourselves and our children on the effects of a healthy diet and lifestyle. There is vast majority of us who either ‘don’t know or don’t care’ when it comes to diet and lifestyle, which is having a knock-on effect on the level of service the NHS can provide.

Despite legislation and attempts on a voluntary basis by the food production and manufacturing industry, there remains a woeful lack of awareness about basic dietary advice and the labelling of foods. Whether this is down to poor education or a lack of interest is not clear, but we need to rethink how we try and engage with individuals and try and encourage them to assume greater personal responsibility and accountability for their health.

Too frequently there are instances where poor lifestyle choices have contributed heavily to causing illness and this report has found that, as a society, we expect the NHS to pick up the pieces of poor lifestyle choices. Half of the population say they would take greater care of themselves if there was no NHS to fall back on. It seems that the public are too remote and insulated from having to face the reality of where funding for the NHS comes from.

If this way of thinking continues, the NHS will reach ‘breaking point’. It can no longer be all things to all people, and if we want to continue a ‘cradle to grave’ health service it is up to us to make a conscious change. This raises important questions about whether an individual’s

contribution to their personal healthcare costs should be more closely aligned to their overall utilisation of services or lifestyle choices.

With the NHS facing growing demands from an ageing and seemingly less fit population, compounded by increasingly limited resources that result in an ever widening funding gap, we think it is now time to have a serious debate in UK society. This should be a debate which focuses on how we encourage individuals to assume a greater personal responsibility for themselves and their family’s future health and well-being, and perhaps more importantly how we pay for it.



A handwritten signature in black ink, appearing to read "John Giles".

**Dr. John Giles, Medical Director, Benenden**

# Introduction

The Benenden National Health Report 2016 is a follow-up to last year's in-depth examination of public awareness of, and attitudes to, the costs of healthcare in the UK last year.

This year's report examines how effectively, or not, public health messages around healthy diets and lifestyles are reaching UK consumers and, in turn, how well those messages are understood and interpreted. It also takes a look at some topical questions around NHS responsibilities and funding.

The results prove that while messages around healthy diet and lifestyles are getting through – particularly to younger consumers – there's still a lot of work to be done.

For instance, with only half (**51%**) of consumers reading the nutrition labels on the back of food packaging, it's clear that **not enough people pay attention to their daily intakes of fat, sugar and salt** in particular.

Amongst younger consumers who – according to the survey results – are the best informed about healthy eating, there appears to be an unhealthy attitude towards alcohol – highlighted by the fact that **40% of 25-34 year-olds skip food to save the calories for drinking**.

Encouragingly, **parents are taking on the task of teaching their children about healthy eating**, and with this coinciding with an increased emphasis at school on health, wellbeing and diet, this should hopefully achieve positive results over time.

When it comes to individual responsibility for health, there appears to be an unrealistic expectation about the role medicine will have in reversing the results of unhealthy lifestyles in the future. Meanwhile, a large percentage of people (**67%**) believe those people who do not take charge of their own health and wellbeing should pay an additional fee to the NHS.

It's clear from the survey results that many UK citizens are open to a serious debate, not only around which areas of public health the NHS might take responsibility for in the future, but also how those responsibilities are funded and the individual's role in that.

# Does what it says on the label

The first part of our research sought to test consumer nutrition knowledge and attitudes in terms of how they apply that knowledge - both to their own diet choices and those of their children. The research paid particular attention to the key nutrients - fat, carbohydrate, sugars, protein and salt.

These nutrients fall under EU Food Information to Consumers (EU FIC) legislation and must be labelled on the majority of pre-packed food from December 13, 2016.

This mandatory back-of-pack labelling includes: energy value in both kilojoules (KJ) and kilo calories (Kcal), plus amounts in grams (g) of fat, saturates, carbohydrates, sugars, protein and salt.

Food manufacturers must express the nutrition information per 100g or per 100ml of the food. They may also give the information per portion - but only in addition to the mandatory per 100g/100ml details.

It's worth noting that most food manufacturers have already implemented the nutrient labelling - and of course some form of labelling has existed on most food sold in the UK for more than 20 years (see page 8).

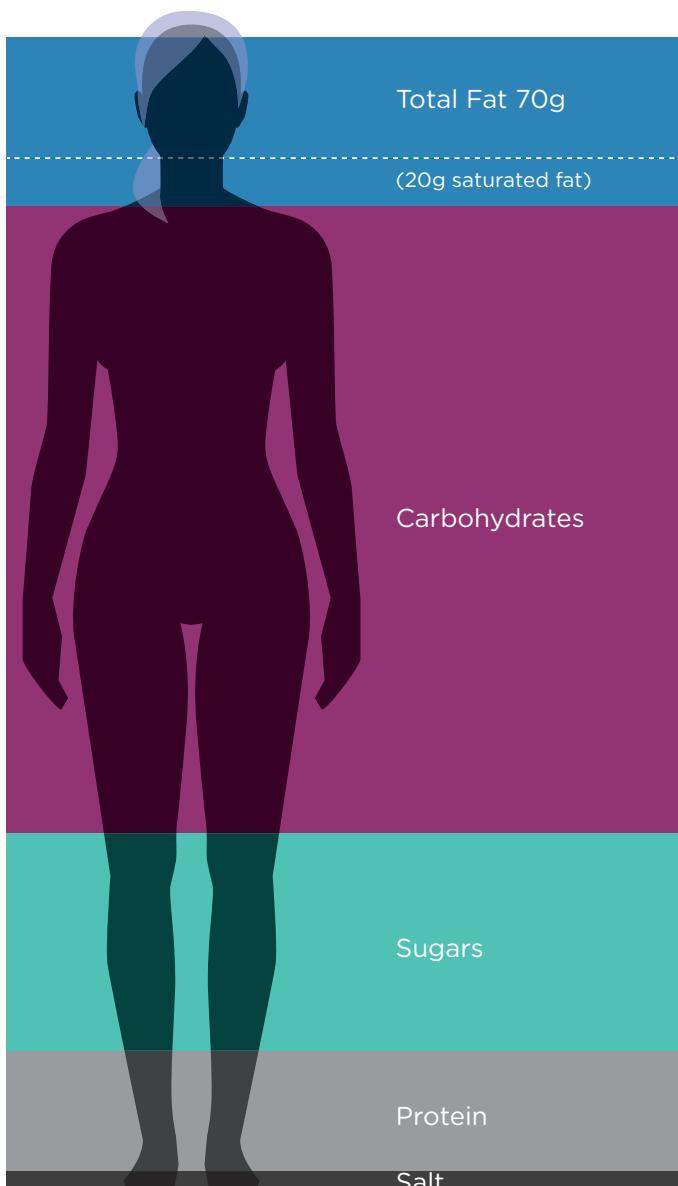
The EU FIC legislation also allows for other nutrients to be declared on a voluntary basis. They are: mono-unsaturates, polyunsaturates, polyols, starch, fibre and a selection of approved vitamins and minerals. No other nutrient or substance can be declared in the official product nutrient list.

# How much is enough?

Reference Intake (RIs) are set out in European law and replace Guideline Daily Amounts (GDAs). They are designed to encourage healthier eating by showing what contribution a particular product, or portion of a product, can make to daily nutrient intake.

While everyone has different energy and nutrient requirements, RIs provide a useful indication of how much energy the average person needs and how a particular nutrient fits into your daily diet. They are usually included as part of nutrition information on product packaging as part of the nutrient label.

RI values are based on an average-sized woman doing an average amount of physical activity, with no special dietary needs and an assumed energy intake of 2000 kcals per day.<sup>1</sup>



ENERGY OR NUTRIENT	REFERENCE INTAKE
ENERGY	8400kJ / 2000kcal
TOTAL FAT	70g
OF WHICH, SATURATES	20g
CARBOHYDRATES	260g
SUGARS	90g
PROTEIN	50g
SALT	6g

Ref 2

1 Source: Department of Health Technical Guidance on Nutrition Labelling

2 Sources and for more information: [www.nutrition.org.uk](http://www.nutrition.org.uk); [www.nhs.uk/livewell/goodfood/pages/reference-intakes-RI-guideline-daily-amounts-GDA.aspx](http://www.nhs.uk/livewell/goodfood/pages/reference-intakes-RI-guideline-daily-amounts-GDA.aspx); <http://www.foodlabel.org.uk/label/reference-intakes.aspx>

# Salt

When questioned on the RI for salt, the public is clearly confused on how much is healthy; 44% correctly said it was just 1 teaspoon (6g) per day, but that still left nearly 20% saying they didn't know the correct RI and 22% believed it was twice the amount at two teaspoons.

Unsurprisingly, the older age groups were the most knowledgeable about how much salt should form part of their daily diet – probably a result of a greater awareness of how an excessive amount of salt can have a negative effect on blood pressure as we age.

Older respondents are also more likely to have their blood pressure checked as part of regular health screening, meaning they probably receive more reminders about the importance of keeping salt consumption down.

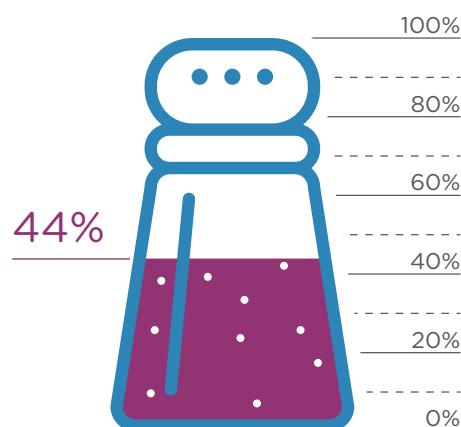
57% of those aged 55+ and 45% of 45-54 year-olds understood the RI to be 1g. The percent of respondents guessing the correct amount dropped to just 23% of 18-24 year-olds.

Just 25% of 18-24 year olds and 18% of 25-34 year-olds believed the salt RI to be three teaspoons.

Both men and women were fairly evenly matched in their knowledge about salt, with 47% of women and 40% of men choosing 1g per day.

However, that still left nearly 20% of both men (18%) and women (18%) who professed not to know. Overall, 11% of men and 8% of women believed the RI to be three teaspoons.

## Only 44% knew the correct RI: one teaspoon



# Saturated Fat

There appears to be a lot of misunderstanding around how much saturated fat adults should consume each day.

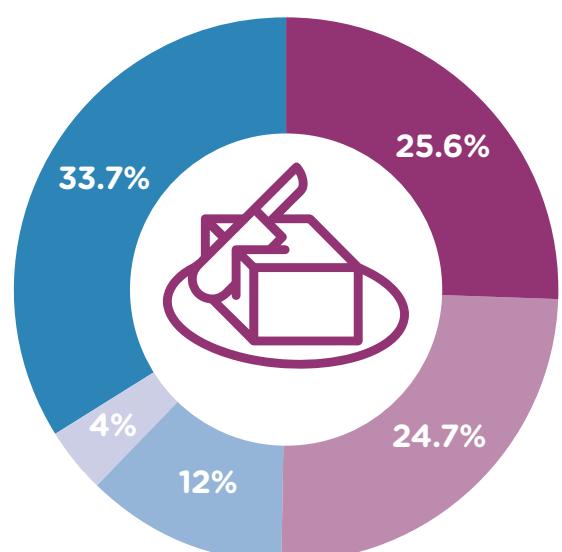
A third of survey respondents admitted to not knowing how much they can healthily have with the percentage rising to 37% of 45-54 year-olds and 55+ year-olds. Just a quarter of respondents selected the official RI of 20g per day.

A further quarter of all respondents believed the RI to be 30g per day, with significant numbers of all age groups – ranging from 32% of 25-34 year-olds to 21% of 45-54 year-olds selecting this amount.

There was little difference between men and women on this question with roughly a quarter of both selecting 20g and 30g respectively. However, a further 32% of men and 36% of women – still relatively high considering the intensity of public health campaigns, professed not to know.

From the options below, which is the maximum amount of saturated fat the average adult should consume daily?

20g  30g  50g  70g  I don't know



In the mid-2000s two labelling schemes ran concurrently. Both schemes came in for criticism, with GDAs branded as too complex and sometimes misleading, and traffic lights as too simplistic.



## Labelling over the years

Consumer guidelines for the daily consumption of key nutrients have taken many forms in the UK over the past 25 years or so.

Some form of on-pack nutritional labelling has existed since the end of the 90s when, what were then called Guideline Daily Amounts, were developed for food labelling out of the then Ministry of Agriculture, Fisheries and Food's (MAFF) Daily Guideline Intakes.

In the mid-2000s two labelling schemes ran concurrently, with many food manufacturers and some supermarkets showing product portions on labels as a percentage of GDAs, while others favoured a simpler 'traffic light' scheme championed by the Food Standards Agency. It used red, amber and green signals to show shoppers, at a glance, whether a product was high, medium or low in fat, saturated fat, sugars and salt.

Both schemes came in for criticism, with GDAs branded as too complex and sometimes misleading, and traffic lights as too simplistic.

Since the EU Food Information to Consumers legislation was first launched in 2012, most pre-packed food sold in shops has pre-empted the rules coming into force this December by including the mandatory back-of-pack nutrients, plus many voluntary ones.

Many brands and supermarket own labels have also chosen to include an at-a-glance, front-of-pack label incorporating traffic lights.<sup>3</sup>

<sup>3</sup> Food and Drink Federation. [www.foodlabel.org.uk/label/history.aspx](http://www.foodlabel.org.uk/label/history.aspx) and Faculty of Public Health [www.fph.org.uk](http://www.fph.org.uk)]

# Back of pack labelling

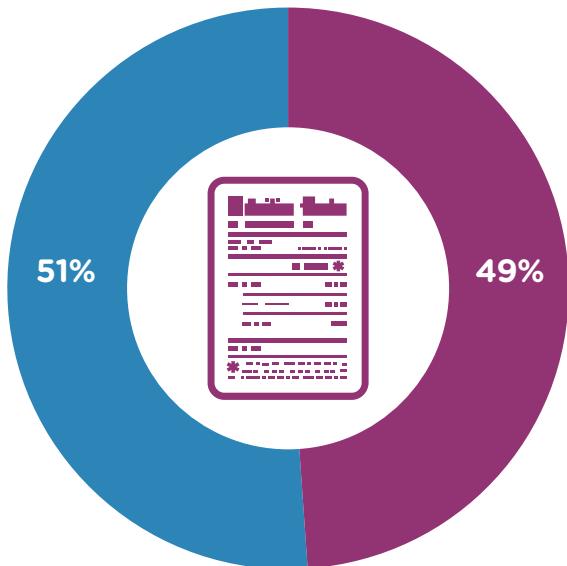
Respondents were almost split squarely down the middle when asked whether they read back of pack labels, with 51% saying they do, but 49% admitting they don't.

The younger age groups paid far more attention to back of pack labels, with 66% of 18-24 year-olds taking the trouble. The percentage of people reading labels dropped amongst older respondents, but nevertheless still stood at a respectable 47% of 45-54 years-olds and 48% of those aged 55+.

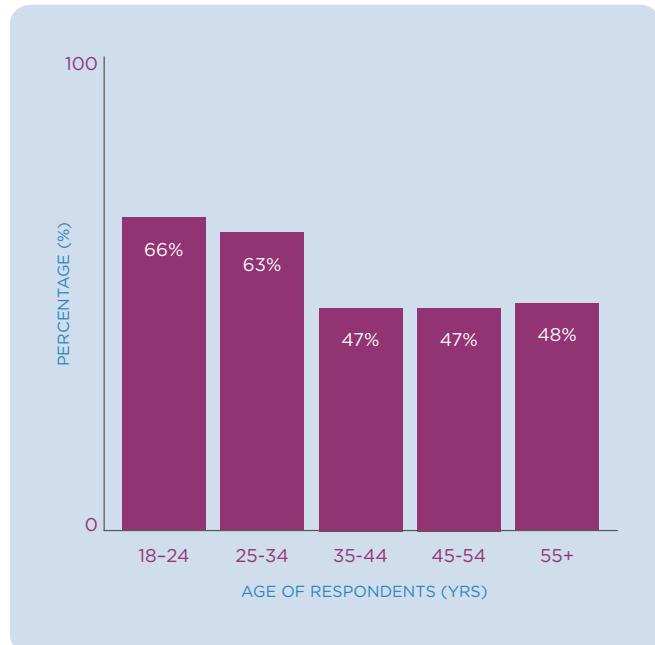
Women are marginally more diligent in label reading, with 51% saying they do, compared to 49% of men. However, this still leaves around half of both sexes not paying any attention to the labels that are designed to help them make healthier choices.

Do you read the back of pack labels?

Yes      No

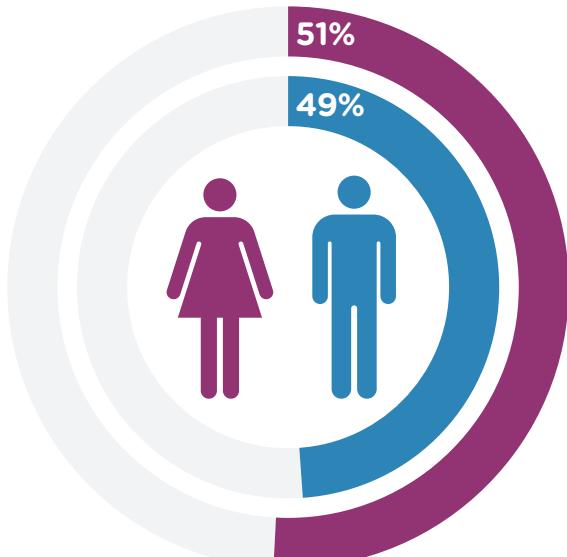


Percentage reading back of pack labels (by age group)



Percentage reading back of pack labels (women versus men)

Women      Men



# Not all fat is equal

While fat is a good source of energy and all fat contains roughly the same amount of calories (with 1 gram providing 9kcals), not all fat is equal.

Saturated fat, found in foodstuffs such as cakes and biscuits, ready-meals and processed meats, can increase the amount of blood cholesterol, which in turn can increase the risk of heart disease or stroke.

Unsaturated fats or ‘good’ fats, are usually liquid at room temperature – such as olive, rapeseed and sunflower oils, plus those contained in foods such as avocados, nuts and seeds.

Mono-unsaturated fats are found in avocados, olive oil and nuts such as almonds, peanuts, cashews, pistachios and hazelnuts.

Poly-unsaturated fat is found in oily fish, such as salmon and sardines and in smaller amounts in oils such as sunflower, flax and linseed. It also contains essential fatty acids, such as omega-3, which are associated with good heart health.<sup>4</sup>

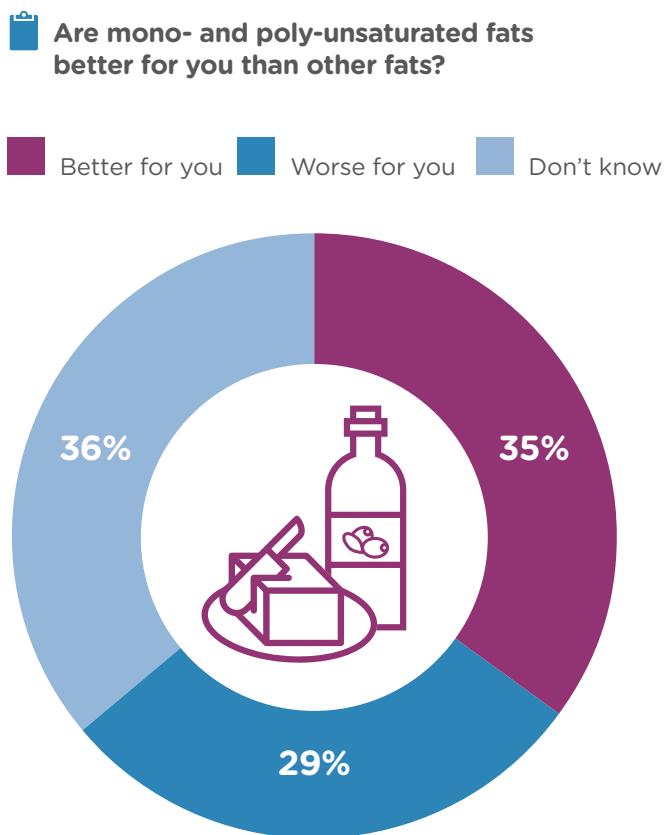
## Fat

When it comes to deciphering which fats are good for you, only marginally more respondents believed mono and polyunsaturated fats to be better for them at 35%, compared to 29% who believed they’re bad for you. 36% didn’t know either way.

And, once again, it appears that younger consumers are more receptive to healthy eating messages. 46% and 41% of 18-24 and 25-34 year-olds respectively agreed that mono-unsaturated and poly-unsaturated fats were good for them.

However, the percentages of respondents of all ages who believed these kinds of fat were bad for them was also relatively high – ranging from 31% of 35-44 year-olds to 29% of 18-24 year-olds.

Knowledge about the fats was evenly spread amongst men and women, with 36% of men agreeing mono and polyunsaturated fats were good for them and 34% of women. But this still left high percentages of both men and women – 28% and 30% respectively, who believed these kinds of fat were in fact unhealthy.



4 Source and more information: [www.nutrition.org.uk/healthylivingbasics/fats.html](http://www.nutrition.org.uk/healthylivingbasics/fats.html)

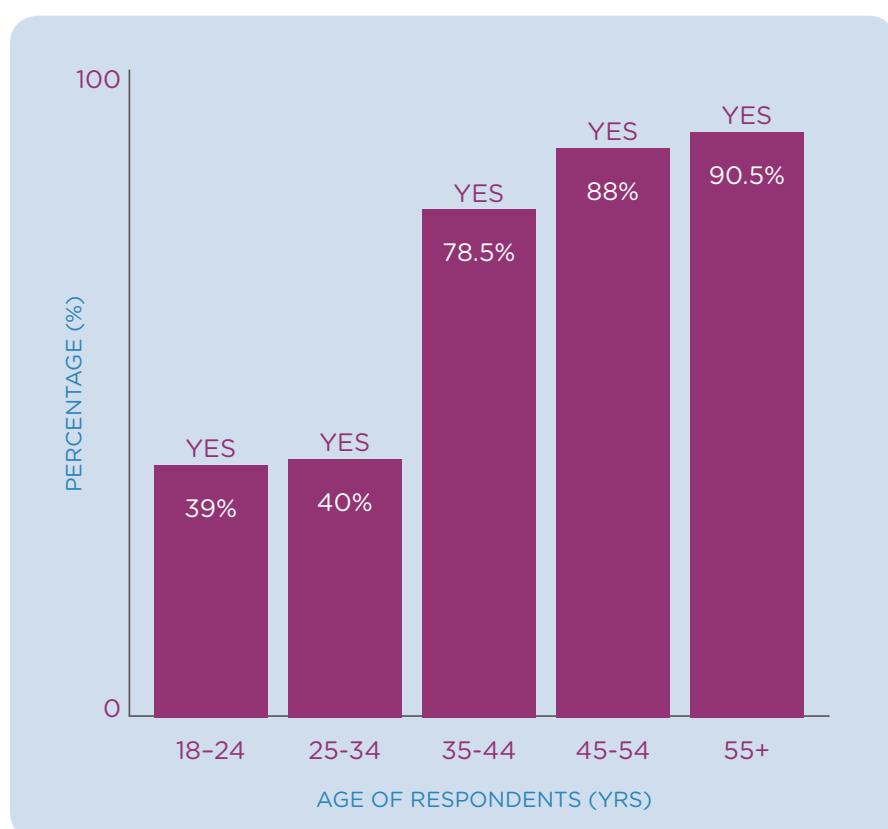
# Alcohol - a weighty issue

Alcohol has an energy value of 7kcal/g, second only to fat, which is the most energy-dense macronutrient at 9kcal/g.

Many people are not aware of the calories contained in alcoholic drinks and there's also evidence that alcohol consumption can lead to an increase in food intake.

## Alcohol

 **Have you ever skipped a meal in order to save calories to drink alcohol later in the day?**



Almost one in five (18%) of all people surveyed admitted to eating less so they could drink more. When you break the statistics down further, the concern runs deeper than initially anticipated and reveal some worrying findings.

78.5% of 35-44 year-olds, 88% of 45-54 year-olds and 90.5% of 55+ year-olds all said they'd never skipped a meal in favour of drinking the calories instead.

But 39% of 18-24 year-olds and 40% of 25-34 year-olds admitted they'd skipped a meal to save calories for alcohol.

The statistics showed that women are more inclined to skip food in favour of booze (19%) vs 17% of men.

# Sugar – public enemy no.1

Sugar intakes for all population groups are above recommendations, according to Public Health England, contributing between 12%-15% of energy intake.

The Scientific Advisory Committee on Nutrition (SACN) has concluded that the recommended average population maximum intake of sugar should be halved and not exceed 5% of total dietary energy.

The SACN believes that by meeting these recommendations, within 10 years the UK would not only improve the quality of life for thousands of people, but could also save the NHS a conservative £500m every year.<sup>5</sup>

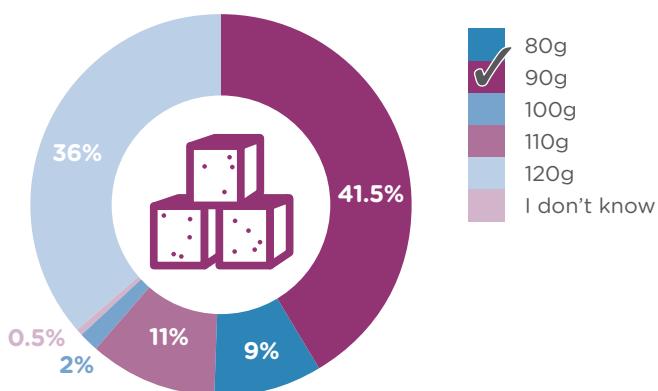
## Sugar

Just 9% of survey respondents knew the RI of sugar is 90g, 22 teaspoons, and 36% admitted to not having a clue. However, despite the huge shortfall in knowledge, 41.5% of respondents believed it to be lower than that, at 80g a day, indicating that at least messages about limiting daily sugar intake must be getting through.

Women were particularly cautious about the amount of sugar they think they should be consuming, with 47% of those questioned settling on 80g per day, compared to 36% of men. Just 7% and 12% respectively guessed right at 90g, while 37% (women) and 35% (men) admitted to not knowing.

For more information about how your body is affected by sugar visit:  
<https://www.benenden.co.uk/your-body-on-sugar/>

 Which do you think is the recommended daily allowance of sugar per day according to Government guidelines?



Which of the following statements do you think is true?

- Red Bull contains more sugar than Tropicana Pressed Apple Juice per 100ml
- Tropicana Pressed Apple Juice contains more sugar than Red Bull per 100ml
- Red Bull and Tropicana Pressed Apple Juice contain the same amount of sugar per 100ml



The actual answer is that both contain the same amount of sugar, but, this question had our survey respondents scratching their heads.

While it's a positive that the majority – 42% – believed that Red Bull contained the most sugar, just 35% said that both contained the same amounts of sugar, showing how the public haven't fully grasped just how sugary fruit juices can be.

There was little to choose between age groups and sexes too, with the various age cohorts as well as men and women, roughly reflecting the total percentages.

5 Sugar Reduction: The Evidence for Action. Public Health England

# Which is healthier – fresh fruit or confectionery?

This may seem like a simple question, but, when quizzed on whether a medium-sized banana containing 14g of sugar or a Curly Wurly with 12.5g of sugar is better for you, a worrying number of respondents were completely bamboozled.

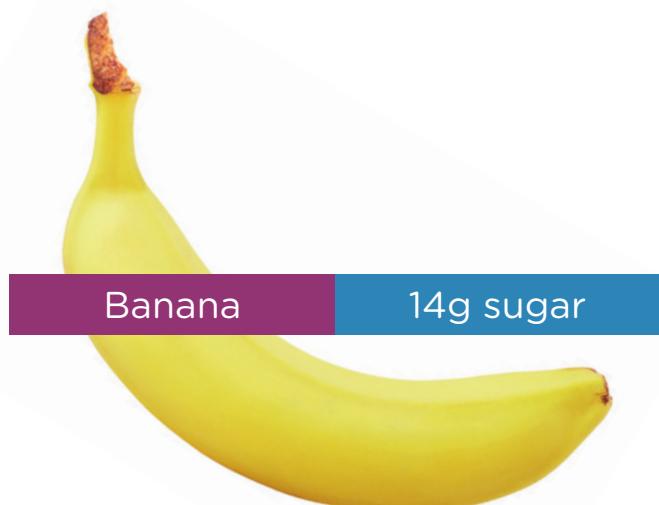
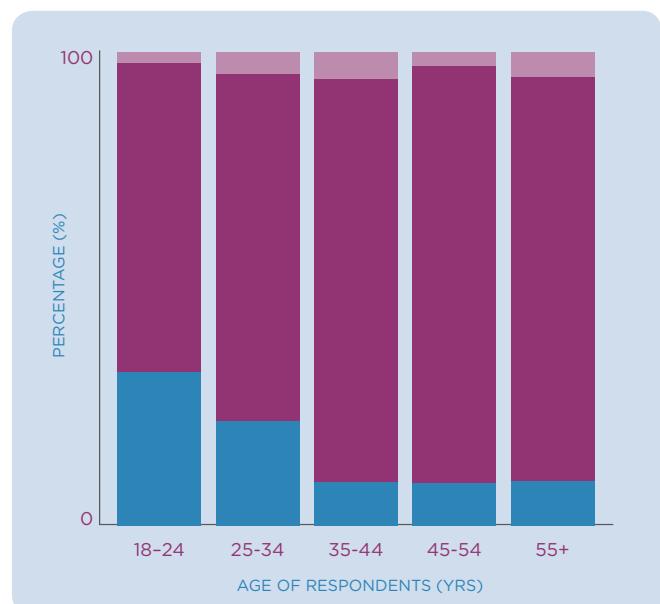
12% of all respondents chose the Curly Wurly, and a further 5% claimed not to know the answer.

This confusion is almost certainly a result of the intense media (and sometimes health professional) demonisation of all sugar, regardless of source, that can confuse people into believing that they should always choose foods with a lower sugar content, even if the overall nutrient profile of that product is not good for them. The added benefits of the essential vitamins, minerals and fibres present in the banana will always be healthier than the processed additives in the Curly Wurly, but recent media scrutiny tends to focus on the sugar content alone – disregarding the other benefits of eating fruit – thus confusing consumers.

The uncertainty was most marked amongst the younger survey respondents, with 32% of 18-24 year-olds opting for the Curly Wurly and 22% of 25-34 year-olds.

■ A medium sized banana contains 14g of sugar. A Curly Wurly has 12.5g of sugar. Which do you think is better for you?

■ Curly Wurly ■ Banana ■ I don't know



12% of all respondents chose the Curly Wurly, and a further 5% claimed not to know the answer.



# Children and healthy eating

One in five children in the Reception class at school is overweight or obese (boys 22.6%, girls 21.2%).<sup>6</sup> One in three children in Year 6 is overweight or obese (boys 34.6%, girls 31.5%).

Sugar is a major source of excess calories in children. Soft drinks (excluding fruit juice) are the largest single source of sugar for children aged 11 to 18 years, providing on average 29% of daily sugar intake for this group as a whole.

For younger children (aged 4 to 10 years) soft drinks, biscuits, buns, cakes, pastries and puddings, breakfast cereals, confectionery and fruit juices are major sources of their sugar intake.<sup>7</sup>

## Healthy eating for the next generation

Encouragingly, the overwhelming majority of all respondents – 84% – said they passed on healthy eating knowledge to their children, although the figure was highest amongst 18–24 year-olds at 87% and lowest amongst 55+ year olds at 77% (although that percentage is still high).

Rather than this being a reflection of negative attitudes towards healthy eating education amongst older survey respondents, it's more likely that parents now aged 55+ didn't feel the need to drill their children about healthy eating because historically there was much less choice of snacks and 'junk' food. Families tended to eat together more often and of course there was much less media and health professional focus on healthy diet choices.

This question did highlight the point that more women (88%) than men (79%) say they teach their children about healthy eating. This discrepancy is probably because mums, rather than dads, can often be the 'gate-keepers' when it comes to food shopping choices, and are more likely to 'police' meal and snack choices – particularly those of their younger children.

Despite expensive, and lengthy, public health campaigns and the intense media focus on healthy eating issues, many parents still feel they don't know enough to teach their children about healthy eating.

While 72% said they were well-enough informed, more than a quarter – 28% – said they were not.

Confidence was highest amongst 18–24 year-olds, with 87% believing they were well enough informed to pass their healthy eating knowledge to their children.

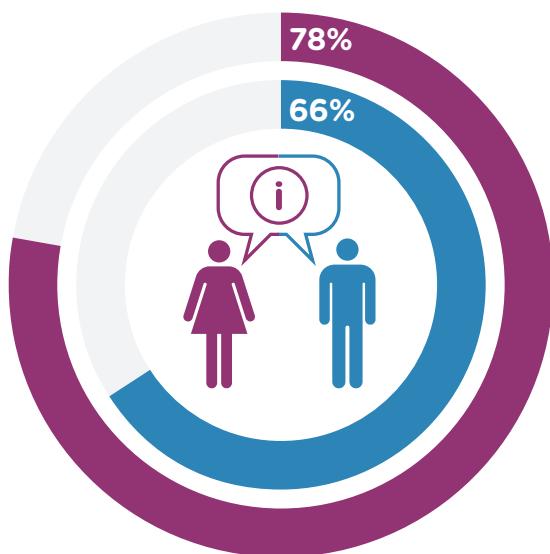
Conversely, 26% of 25–34 year-olds and 26% of 35–44 year-olds didn't feel knowledgeable enough about healthy eating to teach their children.

Significantly more women (78%) than men (66%) believed they knew enough to pass on healthy eating advice to their children, almost certainly a reflection of the intense focus on the subject in media aimed at women.

When it comes to letting their offspring choose their own meals parents were decidedly split: 51% said they do and 49% said not.

 **Parents who felt they had enough knowledge to pass on healthy eating advice to their children:**

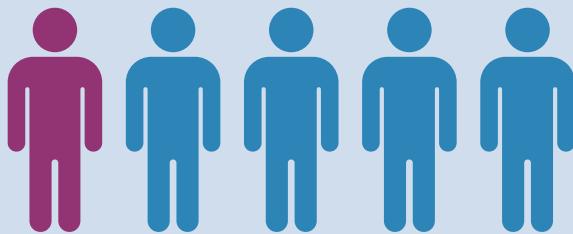
 Women  Men



# Overweight or obese – child ratios

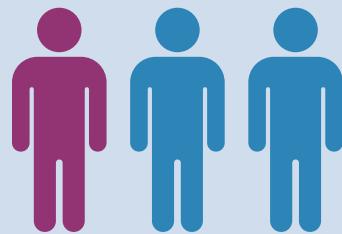
## Reception class

One in five



## Year 6 class

One in three



The total split was broadly reflected across most of the age groups. However, 18-24 year-olds were the most likely to let their young children choose – 69% said they do and 31% said not.

Not surprisingly, more men (53%) than women (49%) admitted letting children choose their own meals – a reflection of the overall totals.

Despite all the information around the health dangers of sugary snacks for children, it seems that the majority of parents are prepared to ignore the advice in favour of allowing their children treats...

A KitKat ice cream cone contains 19.6g of sugar. The recommended daily amount of sugar for a child aged four-six is 19g. However, 57% of all respondents said they'd let their children eat the KitKat ice cream cone, while 42% said not.

Younger parents were more likely to allow the treat, with 75% of 18-24 year-olds answering 'yes', dropping to 72% of 25-34 year-olds, 68% of 35-44 year-olds, 56% of 45-54 year-olds and 46% of over 55s.

Slightly more men (60%) than women (55%) said they'd allow the treat.

The good news is that children seem to be eating a wide variety of vegetables. When faced with a selection of vegetables such as avocado, broccoli, cabbage, peas and spinach, just 1.7% of respondents reported their children had eaten nothing on the list.

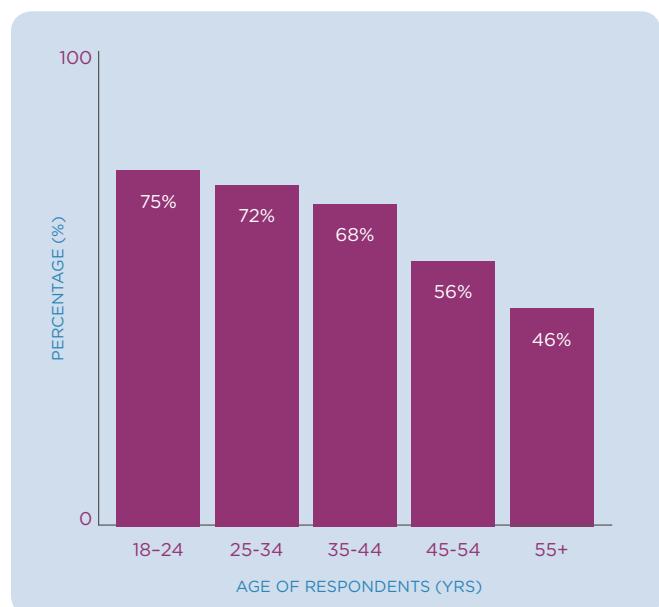
The most popular veg was, unsurprisingly, carrots at 92%, closely followed by peas at 87% and broccoli at 86%. The veg the fewest children had tried was aubergine at 33% and kale at 34%.

The recommended daily amount of sugar for a child aged four-six is 19g

KitKat ice cream cone

19.6g sugar

Percentage of parents allowing their child to eat the ice cream treat – by age group



6 [http://www.noo.org.uk/NOO\\_about\\_obesity/child\\_obesity](http://www.noo.org.uk/NOO_about_obesity/child_obesity)

7 Sources and more information: Patterns and trends in child obesity. March 2016. Public Health England; Sugar Reduction: The Evidence for Action. October 2015. Public Health England

# Health and wellbeing

This section of the National Health Report takes a closer look at attitudes towards health and wellbeing amongst UK adults and what might influence on them...

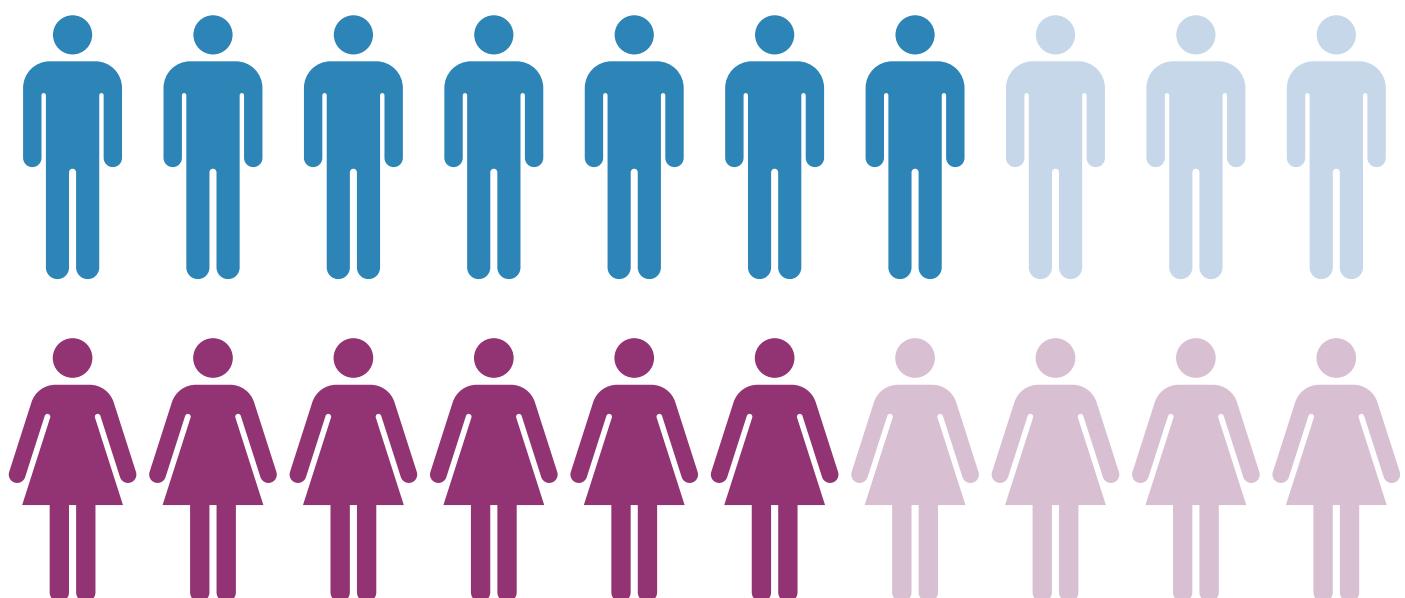
## The bitter-sweet truth

Almost 7 out of 10 men are overweight or obese (66.4%) and almost 6 in 10 women (57.5%).<sup>8</sup>

Statistics show that the trend in obesity in both men and women climbed steadily from the early 90s, but has somewhat levelled off since 2012. The UK also has the 3rd highest rates of obesity in the EU.<sup>9</sup>

As with children, sugar is cited as a major cause of adult obesity and excess weight. Adults are reportedly consuming around twice the maximum recommended level.<sup>10</sup>

Almost 7 out of 10 men are overweight or obese (66.4%) and almost 6 in 10 women (57.5%) .



8 Patterns and trends in adult obesity. April 2016. Public Health England.

9 <http://foodfoundation.org.uk/challenges/>

10 Patterns and trends in adult obesity. April 2016. Public Health England. Sugar Reduction: The Evidence for Action. October 2015. Public Health England

# Healthy motivations

The vast majority of people taking part in the survey – 48% – were motivated to eat a good diet to promote better health and wellbeing, while 26% said it was to lose weight and look better. Just 7.2% admitted to not eating healthily.

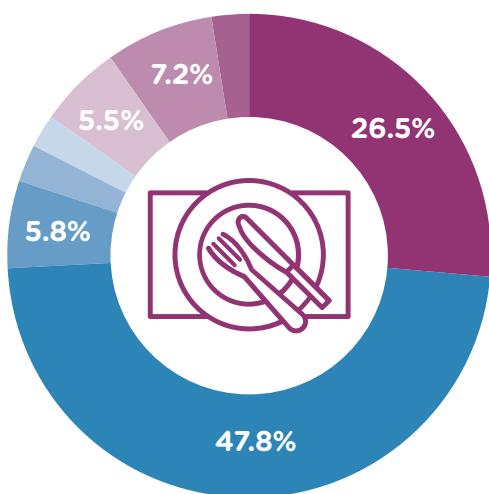
A range of other health reasons were cited by much smaller numbers of respondents – including 6% of people who said they ate healthily to reduce cholesterol, 2% to reduce the chances of developing type 2 diabetes and 2% to decrease their chances of developing heart disease.

The younger survey respondents were most eager to eat healthily to lose weight and look better – 41% with this reason dropping to just 17% of the 55+ age group who instead cited better health and wellbeing as their main motivation for eating a healthy diet (54%)

In fact, numbers were fairly evenly split across all age groups in favour of healthy eating for vanity, health and wellbeing reasons.

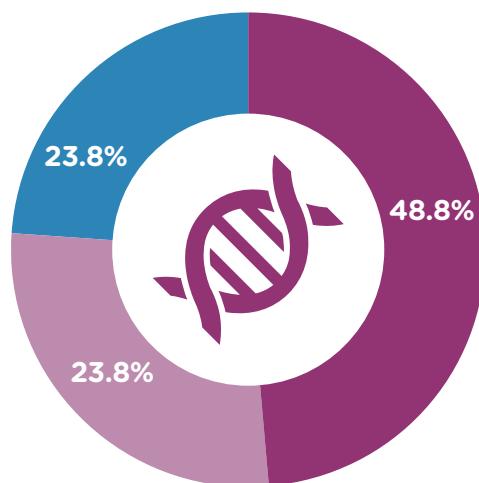
## When you're eating healthily, what is your main motivation?

- To lose weight and look better
- To help towards better health and wellbeing
- To lower my cholesterol
- To decrease my chances of developing type 2 diabetes
- To decrease my chances of developing heart disease
- To set a good example for my children
- I do not eat healthily
- Other (please specify)



Do you think that your genes influence whether or not you'll get diseases such as type 2 diabetes more than an unhealthy lifestyle?

Yes      No      I don't know



Lowering cholesterol, decreasing the chances of developing type 2 diabetes and heart disease were a low priority, even for older respondents.

Responses for both men and women reflected the total trend, with 23% of men and 29% of women saying that losing weight and looking better were their motivations for healthy eating. Improving health and wellbeing was cited by 46% of men and 49% of women.

9% of men, compared to just 5% of women said they didn't eat healthily at all.

Most respondents appear to think fate, or more accurately their genes, are responsible for their health, or lack of it: 49% believe genes dictate chances of getting diseases such as type 2 diabetes, with just 27% citing the role of diet in influencing health outcomes; 24% said they didn't know either way. Science tells us that very few health conditions are only caused by genes – most are caused by the combination of genes and environmental factors including diet and exercise.<sup>11</sup>

This is an attitude held across the age groups, with 50% (give or take a percentage point or two) believing genes to be the key influencing factor in their health.

Marginally more men (50%), than women (47%), believe genes to be the principal influencing factor. Approximately a quarter of each sex (23% of men and 24% of women) said they didn't know which has the greatest influence.

11 <http://www.nhs.uk/Conditions/Genetics/Pages/Facts.aspx>



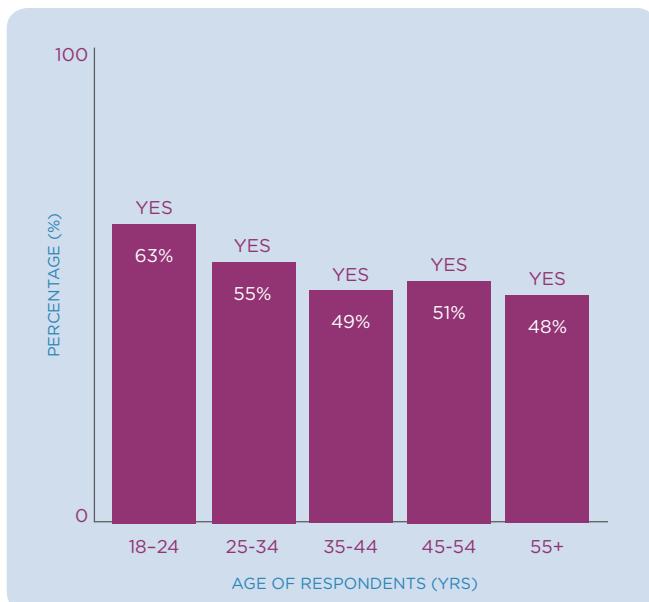
Centre image: Marbury / Shutterstock.com

# The National Health Service

It appears that the NHS plays a significant role in a healthy diet and lifestyle. When faced with the prospect of having to fund your own medical care, 51% said they would address their diet and lifestyle if there was no NHS to fall back on, but 48% said they wouldn't. The split for men and women also reflected the total responses.

The younger the respondent, the more likely they were to say they'd eat more healthily without the NHS safety net – 63% of 18-24 year-olds, dropping to 55% of 25-34 year-olds, 49% of 35-44 year-olds, 51% of 45-54 year-olds and 48% of people aged over 55.

## Would you eat more healthily without the NHS safety net?



However, it's hard to tell how many respondents already considered themselves to be living and eating healthily and how many would simply expect to fall back on private health cover.

When it came to attitudes towards whether costs incurred due to obesity or leading an unhealthy lifestyle should be paid for by the individual with a supplementary charge, the UK public proved to be pretty unforgiving. A resounding 67% believe obese people should pay more into the NHS to cover any future medical costs, with the genders and age groups basically reflecting the total split.

Money talks: 80% of respondents said they'd make more effort to eat a balanced diet, exercise regularly and maintain a lean BMI if given a cash incentive... something that could give future Governments food for thought.

Both men and women of all age groups reacted positively to this question, with 18-24 year-olds the most enthusiastic supporters at 87% and only the over-55s dropping below 80%.

Currently some life insurance companies offer discounts and incentives to customers, such as gym membership.

However, applying cash incentives or tax breaks to the entire population would throw up complicated (and costly) administration and monitoring issues.

Worryingly, more than half – 56% – of our survey



**“A resounding 67% believe obese people should pay more into the NHS to cover any future medical costs, with the genders and age groups basically reflecting the total split.”**

respondents seem to be relying on medical science to come up with solutions to health issues associated with being overweight, such as type 2 diabetes, high cholesterol, high blood pressure, stroke and kidney failure.

This figure rose to 68% of 18–24 year-olds, perhaps reflecting their optimism in medical science advances during their lifetime.

Slightly more men (59%), than women (53%) thought science would solve medical problems in the future.

54% answered “yes” when asked if they believe that medical advances will stop them from developing diseases in later life. The 18–24 year-old age group was the most convinced the science would prevail.

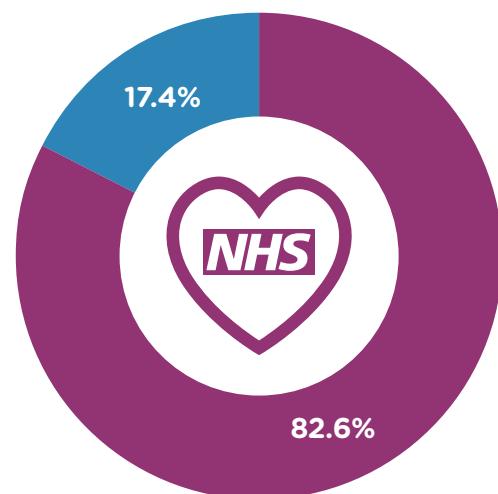
As with the previous question, men (57%) were slightly more optimistic about science finding a cure for many diseases currently exacerbated by an unhealthy diet and lifestyle than women (51%).

Evidently there’s a lot riding on the continued existence of the NHS: 83% of respondents expect it to pick up their care when they’re older regardless of how much, or not, they’ve taken responsibility for their diet and general wellbeing. Male and female opinions reflected the national results.

The older the respondent, the more convinced they were that the NHS would be there for them – for instance 86% of the over 55s, decreasing slowly to 80% of 25–34 year-olds.

If you do contract diseases later in life, do you expect the NHS to provide care for you regardless of whether you've lived a healthy lifestyle or not?

Yes   No



However, the extensive media and Government discussions around NHS funding problems appear to be influencing the thinking of younger respondents. Nearly a quarter – 23%, of 18–24 year-olds said they did not expect the NHS to care for them in later life regardless of lifestyle choices. Recent data from ONS shows that younger people are doing more to take care of themselves, one particularly interesting finding showed that more young people aged between 16 and 24 are opting to be teetotal, rising from 19 per cent in 2005, to 27 per cent in 2013.<sup>12</sup> Perhaps their distrust in the NHS being able to provide for them later in life is influencing these kind of decisions to be healthier and take better care of themselves before it’s too late.

12 <http://www.independent.co.uk/life-style/health-and-families/health-news/binge-drinking-in-decline-among-young-adults-10045870.html>

# Mind the gap

The NHS in England deals with more than one million patients every 36 hours – equating to 54.4m people in England alone and 64m people in the UK as a whole.

Funding for the NHS comes directly from taxation. When it first launched in 1948, it had a budget of £437m (roughly £15 billion in today's value). For 2015/16 the overall NHS budget is approximately £116.4 billion, with NHS England managing the lion's share of £101.3 billion.

In 2014, a major report into NHS funding – *Power to the People. The mutual future of our National Health Service*, researched and written by think-tank ResPublica and sponsored by Benenden, attested that the NHS in its current form is not sustainable. It pointed to a potential funding gap of some £19 billion per annum within 10 years unless drastic measures are taken to restructure the way the NHS operates, including introducing a new way of funding care.

## Big budgets but tough choices



Despite all the publicity around NHS funding in the media and the current and projected future funding shortfalls, our survey respondents were wildly ignorant of the actual annual NHS budget figure of £116bn.

46% of all respondents admitted to not knowing, 10% and 13% respectively guessed £216bn and £316bn.

Just 8% got it right.

Younger respondents were more likely to know, with 16% of 18-24 year-olds guessing correctly – the highest percentage to get it right.

Just 10% of men and 6% of women guessed correctly, while 38% of men and 53% of women admitted they didn't know.

One of the most popular petitions of 2016 so far has been a call for the Government to fund meningitis B vaccinations for children up to the age of 11 – the petition gathered 823,346 signatures and was debated in Parliament in April this year with the Government concluding only the most vulnerable children should be offered the vaccine on account of cost vs outcome.

It would cost the NHS approximately £630m per year to vaccinate all children.<sup>13</sup>

A clearly emotive question was whether the public believe the NHS should make cuts elsewhere to fund these vaccinations.

<sup>13</sup> Source and more information: <https://petition.parliament.uk/petitions/108072>

57% of survey respondents said the NHS should fund the vaccinations with the younger age groups slightly more in favour (64% of 18-24 year-olds, 64% of 25-34 year-olds, dropping to 50% of 45-54 year-olds). The percentages might reflect the fact that more of the younger respondents have young children, although this reason is unlikely to account for the 58% of over 55s who also said the NHS should fund the vaccinations. Perhaps more of this age cohort are concerned grandparents?

More women than men (62% vs 52%) agreed that the NHS should pick up the vaccination tab.

However, respondents were then asked to theoretically make the choice between hip replacements that last year helped 62,000 people get back on their feet at a cost of £553m, plus liver transplants which cost the NHS £60m, or meningitis B vaccinations for children under 11 that would potentially save six deaths per year, yet cost significantly more than both hip replacements and the transplants put together.

Faced with this dilemma, our survey respondents took a measured, rational view.

Just 30% of our total survey believed the vaccinations should take a precedent over hip operations and this split was reflected in the results for both sexes.

Perhaps unsurprisingly, the older the respondents, the more they favoured hip ops and transplants (75% of the over 55s) compared to the 39% of 25-34 year-olds who wanted the vaccinations to be prioritised.

Most people – 65% – were happy to leave it to the experts and policy makers to make the funding decisions about what medical and clinical procedures money should be allocated to. However, 35% indicated that the wider public should also have some say in how funds are allocated. The national split was broadly replicated across the age groups and gender.

30% of people thought this was a good idea to implement a lifetime limit on how much is spent on your NHS care... but a large majority – 70%, were not convinced, with virtually no differing of opinion between men and women.

The younger respondents were more likely to agree that it was a good idea, with 44% of 18-24 year-olds, dropping to 42% of 25-34 year-olds, 34% of 35-44 year-olds, 26% of 45-54 year-olds and just 20% of the over 55s.

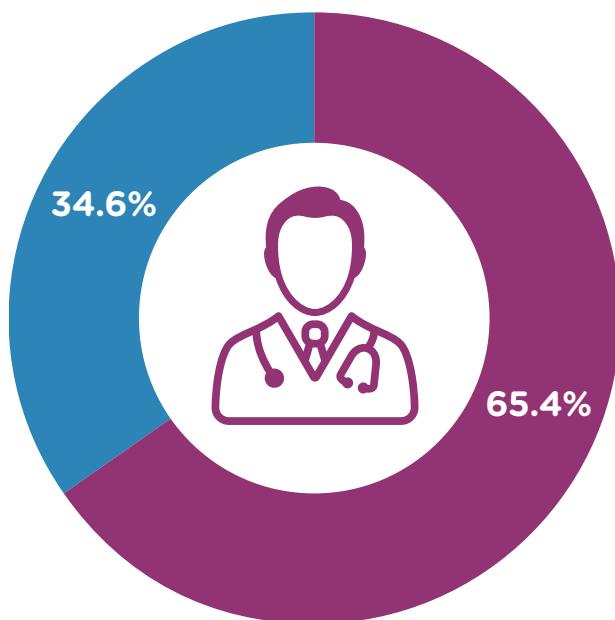
One way to help ease pressure on NHS services would be to stop funding non-emergency procedures such as varicose veins, cataracts and knee and hip replacements. Clearly, our survey respondents see the value in an NHS that has a scope beyond only treating critical illness and accidents, with 70% believing non-emergency care should continue.

However, that still leaves nearly a third of respondents (30%) who believe non-emergency funding should stop.

Slightly more men (33%) than women (25%) thought the NHS should no longer fund minor procedures.

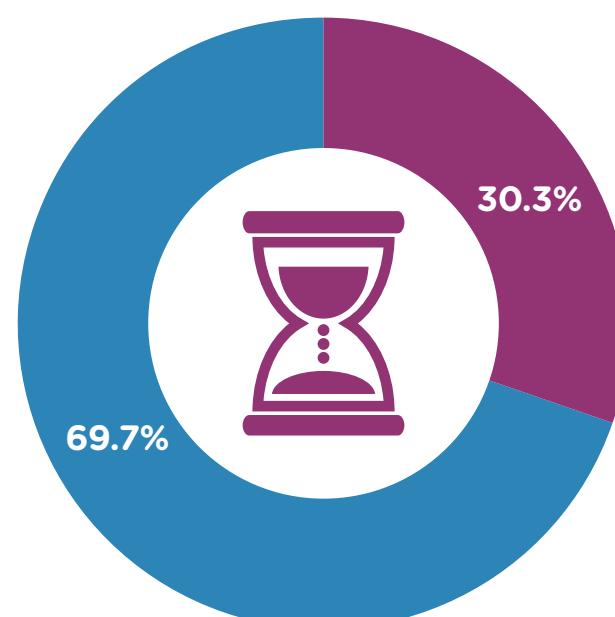
 **Are you happy for doctors and politicians to make the funding decisions about which medical/clinical procedures to allocate money to?**

 Yes  No

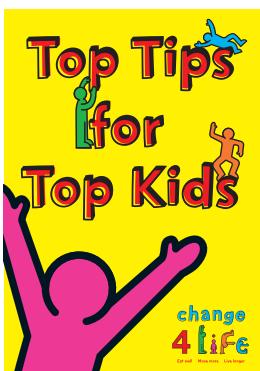


 **Do you think you should have a lifetime limit on how much is spent on your NHS care? That way you can make the decision yourself, which procedures to fund privately. Once you reach your limit, you have to pay for all treatment thereafter.**

 Yes  No



# All change



The Department of Health launched Change for Life in 2009 as a public health campaign in a bid to address growing health and wellbeing issues associated with poor diets and lack of exercise. It is primarily aimed at families and middle-aged adults – encouraging them to make small, yet sustainable improvements to their diets in the form of sugar swaps, cutting back on fatty foods, consuming less alcohol and taking up a moderate form of exercise. The campaign says more than one million people are registered to its website [www.nhs.uk/change4life](http://www.nhs.uk/change4life) and around 2.7m people have made positive changes to their diets and lifestyles since the campaign began.

## Change4Life

Despite running for nine years, and over that time benefiting from a multi-million-pound marketing and advertising budget, there's still consumer confusion about what Change4Life actually is: 30% of respondents admitted not knowing, 20% believed it was a Government organisation responsible for setting nutritional reference values and promoting healthy diet advice; 12% believed it was a private organisation set up to promote healthier lifestyles.

Just 38% understood Change4Life for what it actually is – a Government-instigated organisation responsible for informing and encouraging healthy diets and lifestyles.

Men were more likely to be ignorant about Change4Life (33% said they didn't know), compared to women (26%); 36% of men and 40% of women answered correctly.

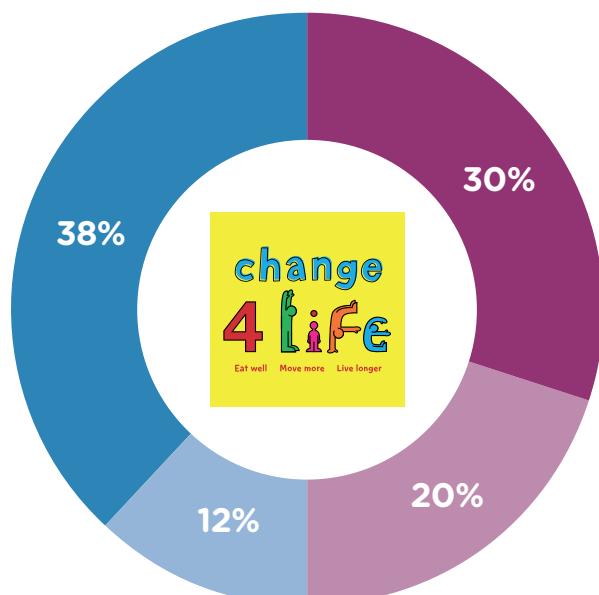
An overwhelming 86% of survey respondents were unable to name a single Change4Life campaign, with just 14% claiming to know of at least one.

This result was heavily skewed towards younger respondents with 25% of 18-24 year-olds and 22% of 25-34 year-olds claiming they knew of one campaign. At the other end of the scale, just 7.3% of the over 55s said they could name a campaign.

Fewer than 20% of both men (16%) and women (12%) could name a campaign.

### What is Change4Life?

- Admitted they didn't know
- Believed it was a Government organisation responsible for setting nutritional reference values and promoting healthy diet advice
- Believed it was a private organisation set up to promote healthier lifestyles.
- Answered correctly – A Government-instigated organisation responsible for informing and encouraging healthy diets and lifestyles.



# Notes for editors

[www.benenden.co.uk](http://www.benenden.co.uk)

Benenden is the trading name of The Benenden Healthcare Society Limited and its subsidiaries. Based in York, our vision is to be the leading health & wellbeing mutual community in the UK.

The Benenden Healthcare Society Limited is a Friendly Society, founded in 1905. It offers affordable, discretionary healthcare services that complement rather than replace the care offered by the NHS. For £8.71 per person, per month, members can request a range of healthcare services, with no exclusions for pre-existing medical conditions or upper age restrictions. It was a five-time winner of 'Most Trusted' healthcare provider at the 2011-2015 Moneywise Customer Service Awards.

Also part of Benenden are the wholly-owned subsidiaries of The Benenden Healthcare Society:

- Benenden Wellbeing Limited, which offers a range of other wellbeing products and services including health cash plans, health assessments and insurance products.
- The Benenden Charitable Trust, which aims to help people who find themselves in financial difficulty due to sickness, disability, infirmity or any other medical condition; and
- The Benenden Hospital Trust, which provides treatment to members of The Benenden Healthcare Society, those who wish to fund their own treatment (directly or through insurance) and NHS patients through the NHS E-referral.

Benenden also provide a range of business healthcare services covering diagnosis and treatment for the most common causes of employee absence.

## About the research

The Benenden National Health Report research was conducted by 3 Gem using an online fieldwork methodology. 4,000 people were surveyed between June and July 2016. Respondents were invited to participate from a nationally representative online panel.

## Contact us

If you are a journalist looking for further information about Benenden, case studies or would like an interview, please contact Storm Communications:



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The logo consists of a stylized 'b' and 'n' formed by two overlapping circles, one blue and one purple, followed by the word "benenden" in a lowercase sans-serif font.