



# A LOCAL VIEW OF FACTORS INFLUENCING PATIENT CHOICE

*Sabena Isroliwala  
Charles Wainwright  
Kamal Sehdev*

**September 2004**

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**HMRG**  
Healthcare Management  
Research Group

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## Executive Summary

This report aims to deliver a local view on factors likely to influence Patient Choice. The findings represent coverage in selected parts of the Bedfordshire and the immediate surrounding counties. There were 22 GP practices and 29 GPs interviewed using quantitative and qualitative research methods. In addition, 11 patients falling under Bedfordshire and Heartlands PCT completed a questionnaire enabling a like-for-like comparison against the completed GP surveys.

Variations existed in the quantitative findings between GP and patient expectations, with a pragmatic approach taken by GPs, believing waiting times and locality would be the key driving forces influencing Patient Choice of provider for elective surgery. In contrast, patients considered reputation or expertise to be far more important along with a clean and comfortable environment.

Interviews with GPs highlighted further key points:

- 78% of GPs refer 90% or more patients to the local hospital in the same county. The main reasons attributed to this is local hospital/close proximity followed by offering specialty and PCT contract.
- If provided with greater choice, 68% of GPs said they were happy with the existing providers and would continue supporting local services. When probed on what criteria will be used to choose between future providers, reputation/specialty was the most commonly mentioned factor at 32% followed by local services at 29% and waiting list at 19%. Moreover, supporting comments demonstrated;
  - i) A reluctance to use alternative trusts for specialties when little information existed. A few GPs commented on the relationship which had been established over many years and would be difficult to replicate under Patient Choice.
  - ii) Many patients were perceived to be inadequate at making sense of such data on specialties and consultants; it was commented that disseminating such data would lead to confusion, incorrect decision making and ultimately a waste of time with the end approval returning to GPs.
- The results of GP authority on patients was reaffirmed with many considering the desired empowering effect of giving choice to patients will fail to materialise. Just under half the GPs surveyed said Patient Choice will have no impact with under a third stating it will have a negative impact on patients.

There was a consensus amongst GPs and patients alike on the potential influencing power of GPs on Patient Choice. However, the patient results revealed that hospital performance report, reputation of hospital/media reports and recommendation of GP

or other health professional were of equal importance, ranking at third place. This may be due to a biased sample coming from an Expert Patient group.

Impact on GPs was assessed with 57% of practices believing Patient Choice will have negative repercussions with the booking system seen as extra work, taking time away from the allotted 10 minute consultation and once again returning to not knowing who the patient is being referred to.

Overall, marketing in the NHS was seen as a good idea providing it served an informative purpose. It was interesting to observe the initial responses being negative followed by conditional positives. The idea around marketing serving to disseminate knowledge were supported with suggestions such as providing information on trusts, specialist units and consultants along with information on spare capacity and waiting times. Only 5% of practices surveyed said that marketing material would have a negative effect. The majority, 57% commented it would have a positive effect by raising awareness.

GPs are happy to use local services with comparably short waiting times where good specialties are offered. If a trust has these offerings now and is able to continue with these offerings once Patient Choice has been launched in December 2005, minimal changes can be expected.

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## ***Acknowledgements***

Cranfield University Healthcare Management Research Group would like to express our thanks to Val Bell, the PAL service coordinator at Bedfordshire and Hertfordshire Primary Care Trust, for the effort of distributing and returning the completed surveys from the Expert Patients Programme group members. In addition, we would like to extend our thanks to Bedford Hospital, in particular, Chris Myers for her help and feedback during the production of this report.

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# 1 *Introduction*

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By December 2005 National Health Service (NHS) patients who may require elective surgery will be offered a choice of four to five hospitals at the referral stage, as part of the government's vision for a responsive, patient-centric health service.

This report focuses on local factors influencing Patient Choice by providing a summary of views using quantitative and semi-qualitative research techniques undertaken between February to May 2004.

The report sets out to explore the following:

## **GPs' views on Patient Choice at point of referral**

**Current and future referral patterns** – *Which hospitals are patients currently being referred to? What are the reasons behind existing referral patterns? Which hospitals would GPs like to have on the menu? What would the selection criteria be?*

**Patient Choice under existing system** – *How often do patients request a hospital? What are their reasons? How is it possible to accommodate their choice?*

**GP influence under Patient Choice** – *How influential are GPs likely to be under Choice in helping patients choose a hospital? What information could empower the patient to make an informed choice?*

**Assessing the impact of Patient Choice** – *How will Choice impact on patients? What are the factors likely to influence patients when choosing a hospital? What are the implications of Choice on GPs?*

**Marketing of Specialties** – *How do GPs feel about hospitals marketing their specialties? What will the affect of marketing be on referral patterns under Choice?*

### **Patients' view on Patient Choice**

**Assessing the impact of Patient Choice** – *What will the key factors be for patients when choosing a hospital?*



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# 2 *Methodology*

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This report is based upon qualitative and quantitative research with a sample of GPs practicing in mid and North Bedfordshire and the surrounding counties. In addition, a small sample of patients organised by the Patient Advice and Liaison service (PAL) coordinator at Bedfordshire Heartlands PCT completed the quantitative surveys.

## *2.1 GPs in interviews - geographical coverage defined*

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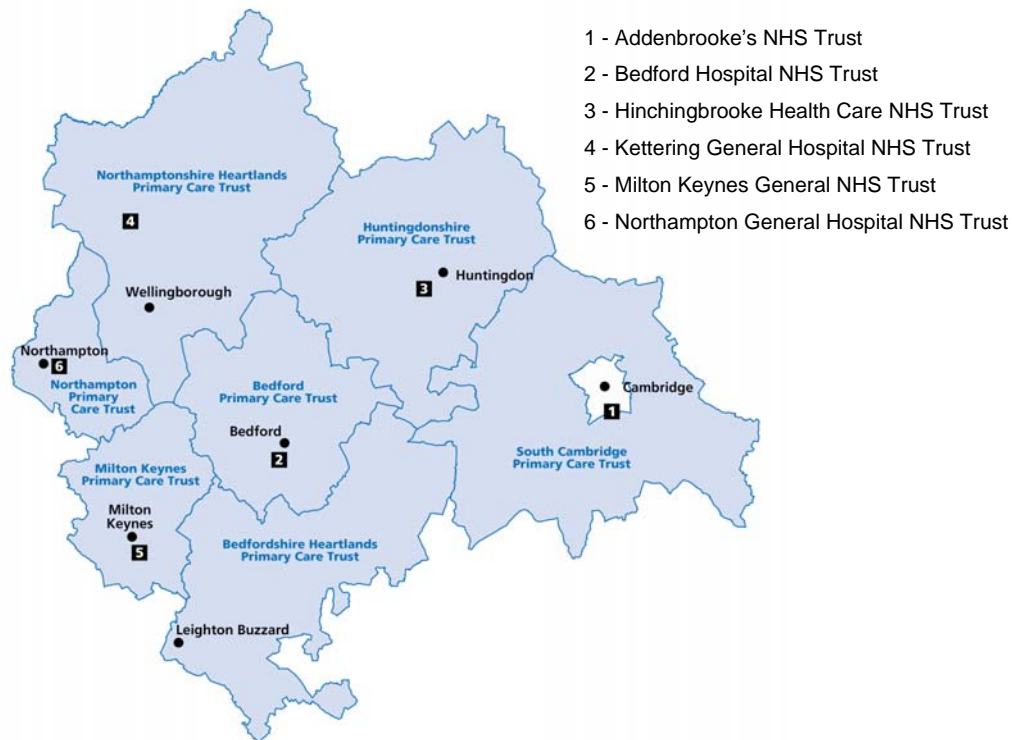
GP lists on Primary Care Trust (PCT) and Department of Health (DoH) websites were screened according to geographical location, to ensure suitable coverage in Bedfordshire and the surrounding borders. Where a GP was deemed to be outside the scope of the project, the practice was excluded from the list. This exclusion applied to:

- i) GPs in Southern Bedfordshire.
- ii) GPs practising further afield i.e. surrounding counties, away from the Bedfordshire border.

Once the analysis commenced, distinct trends emerged with those GPs practising on the borders of neighbouring county/PCT area (Cambridgeshire, Huntingdonshire, Northamptonshire and Buckinghamshire) demonstrating that these GPs were confined by PCT contract resulting in common outcome to selected qualitative questions. Where appropriate, a separate analysis of these GPs has been presented. Throughout the report the term 'Marginal Bedfordshire' will be used to

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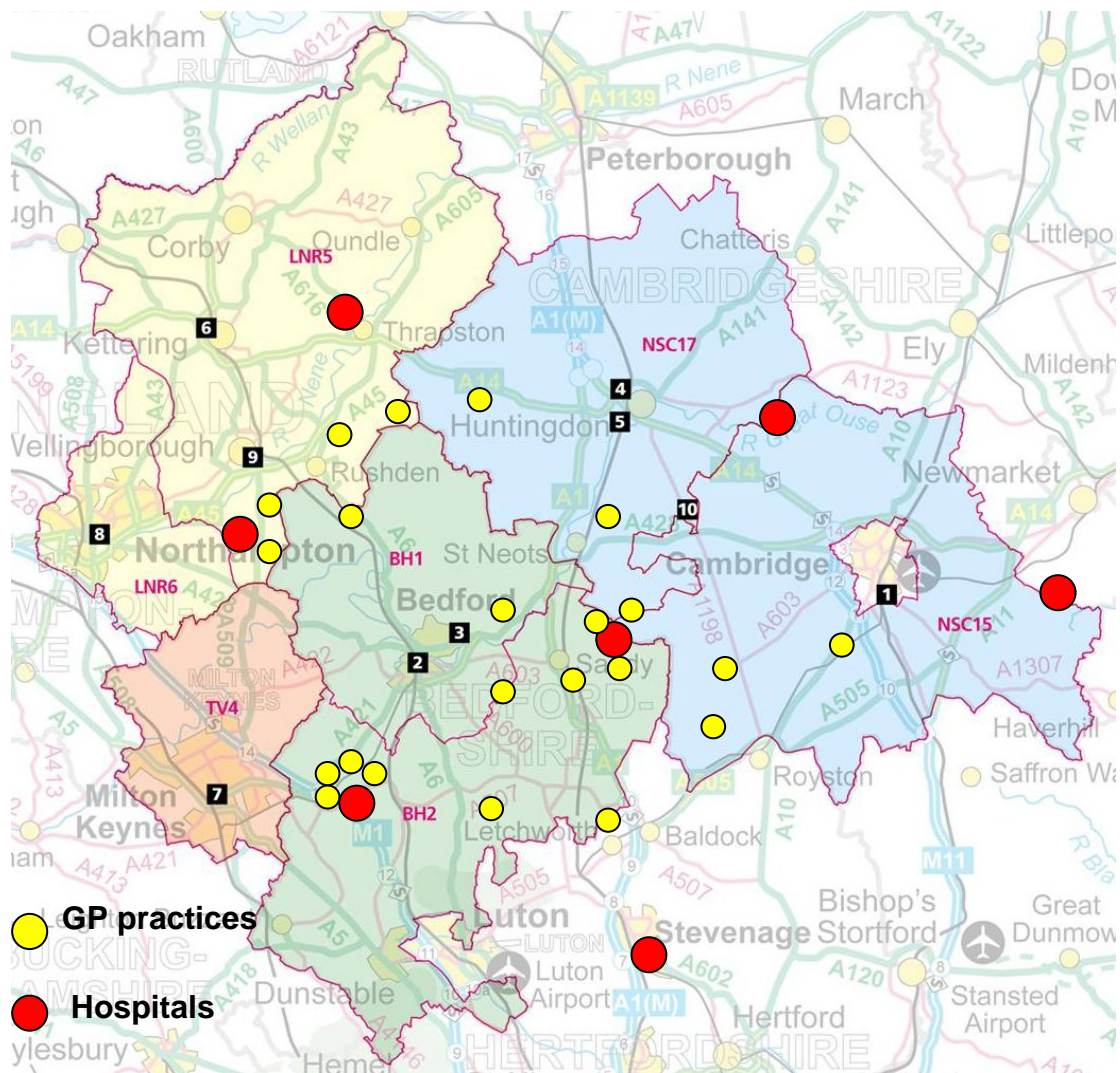
describe GP practices falling within Bedfordshire Heartlands PCT jurisdiction and practices located on the Bedford PCT border (Figure 1).



**Figure 1:** Map of Primary Care Trust Areas in and around Northern Bedfordshire border.

Initial communication was made via a telephone call to the practice manager explaining the purpose of the call. Where a practice manager agreed to consult with a GP, a flyer was sent via e-mail or fax. This was followed by one or more telephone calls to arrange a convenient date and time to visit or telephone the GP to conduct an interview.

The team encountered some problems when booking interviews, with practices unwilling to participate due to the implementation of a new contract, installation of new IT systems and GPs using the remainder of their leave before the start of a new year. There were a total of 104 practices contacted, with 22 practices agreeing to participate in the survey. The distribution of the practices is shown in Figure 2.



**Figure 2:** GP Practices that participated in the survey.

Table 1 demonstrates the spread of GP practices approached presented by PCT and the numbers which agreed to take part in the survey.

Overall, the response rate was 21% of the potential number of GPs approached for an interview. Practice and GP names, towns and full postal codes have been withheld as GPs were ensured of complete anonymity.

Lists of possible influencing factors were considered and questionnaires prepared for GP visits to ensure necessary information was collected in a consistent manner. The

interviews were semi-structured with sessions commencing with a brief background on Patient Choice.

<b>Border</b>	<b>No of GP practices contacted</b>	<b>No of practices interviewed</b>	<b>No of practices declined to be interviewed</b>	<b>No of GPs interviewed</b>
Huntingdonshire PCT	7	0	7	0
South Cambridgeshire PCT	5	1	4	1
Northamptonshire Heartlands PCT	14	6	8	6
Milton Keynes PCT	38	4	34	7
Bedford PCT & Bedfordshire Heartlands PCT	40	11	29	15
<b>Total</b>	<b>104</b>	<b>22</b>	<b>82</b>	<b>29</b>

**Table 1:** Breakdown of number of GP practices approached.

There were two research methods used to gather data from GPs:

*Qualitative research* – Questions were posed to gauge an understanding of GPs' perception of Patient Choice and how it will affect them and their patients. The interviewer asked questions and documented the responses. This part of the survey allowed GPs to elaborate on their answers.

*Quantitative research* – The subsequent part of the survey followed a structured questionnaire using a five point Likert type scale either being handed to the GPs on personal visits or read to the GPs when conducting telephone interviews.

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The majority (18) of the practice interviews were conducted by personal visits with 4 completed over the telephone. An average interview lasted between 20 and 40 minutes with the exception of 1 interview which continued for 90 minutes as the invitation was to a practice meeting where discussion ensued amongst GPs before returning to the interviewer with a consensus on the semi-structured survey.

The outcome from GP survey interviews were documented. They provide a qualitative angle to GP views on Patient Choice in addition to creating opportunities to compare the findings against the more structured Influence List survey.

A total of 29 GPs completed the Influence List survey which reflects the two practices where multiple GPs were present.

## *2.2 Patients and the Influence List*

---

Whilst attending a Patient Advice and Liaison service meeting, (part of the Expert Patients Programme group, which is a self help group for people with chronic diseases) access to patients falling under Bedfordshire Heartlands PCT jurisdiction was provided. Unfortunately, there was insufficient time to prepare questions and conduct interviews. Similarly the PAL service representative was constrained by time and therefore unable to gain approval for the next group meeting. As a compromise, the Influence List questionnaires were e-mailed to the PAL service representative who agreed to distribute the surveys and return them once completed.

There were 11 completed surveys with the profile demonstrated in Table 2.

Whilst it is acknowledged this is a small sample, the findings have nevertheless been incorporated as the PAL service is in a unique position insofar as being a representative voice for patients, providing a patient view on existing issues and ways of improving local healthcare within the NHS. The patients surveyed for this project were from Expert Patient Programme groups with differing health conditions and the majority suffering from long term illnesses. The respondents were therefore patients themselves, all having undergone an experience of elective care surgery, recognising dilemmas faced as opposed to being prospective patients answering

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questions whilst in relatively healthy state. Patients completing the influence surveys required diverse specialist treatment and not routine surgery. The views are therefore of a marginal group of local patients with requirements for specialist care treatment. Nevertheless, the results do compliment the findings and outcome from the Chronic Heart Disease Study on Patient Choice.

<b>Ethnicity</b>	
White	11
<b>Age</b>	
20 -39	2
40 - 59	5
60 +	4
<b>Sex</b>	
Male	3
Female	8
<b>Occupation</b>	
Professional	5
Clerical	4
Not stated	2
<b>Location</b>	
Bedford	3
Margins of Bedfordshire	8

**Table 2:** Demographics of patients.

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# 3 *Quantitative findings*

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## 3.1 *Results analysis*

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### 3.1.1 *Using weights to normalise results*

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The Influence List surveys were based upon a five point Likert scale of very important to not at all important. The scores obtained from the surveys were weighted using a linear scale i.e. boxes ticked as very important were weighted as 4, important weighted as 3, neither important nor unimportant weighted as 2, unimportant as 1 and not at all important as 0. The data was extracted from each response applying the weights and correlating the response for each question. Subsequently the weight by number of responses for each question and level of importance was considered. Finally the results from the previous calculation were normalized by a maximum score (number of surveys x maximum weight) and multiplied by 100 to derive a percentage. A summary of the calculation is presented below together with an example:

Total percentage importance for each question =  $\sum$  [(Number of responses to question x individual importance weight) / maximum score] x 100%

---

Example:

*From 29 surveys, 19 GPs indicating that waiting list was very important, 9 rated it as important and 1 GP considered waiting list as neither important nor unimportant. No GP considered waiting list to be unimportant or not at all important.*

$$19 \times 4 = 76 \quad (\text{very important})$$

$$9 \times 3 = 27 \quad (\text{important})$$

$$1 \times 2 = 2 \quad (\text{neither important or unimportant})$$

$$0 \times 1 = 0 \quad (\text{unimportant})$$

$$0 \times 0 = 0 \quad (\text{not at all important})$$

$$[(76 + 27 + 2 + 0 + 0) / (29 \times 4)] \times 100\% = 92\% \text{ level of importance}$$

### ***3. 1. 2 Differences dependant on geographical location***

---

The results from the GP surveys failed to show any correlation between GP views in the same county. It is for this reason that an overview is taken of all 29 GPs without referencing particular areas or counties. Similarly, little differentiation was found between patients in Bedford and Marginal Bedfordshire.

There were two practices with multiple completion of GP Influence surveys. In Bedfordshire a practice meeting was attended with five GPs and a similar Buckinghamshire practice meeting with four GPs. The Influence List findings in Bedfordshire demonstrated disparate views amongst GPs in the same practice whilst the Buckinghamshire GPs appeared to have broadly similar opinions for questions one to sixteen, of perceived level of importance.



## 3.2 Findings

Tables 3 and 4 provide an overview of the findings sorted by the ranking of perceived importance for GPs and patients respectively.

Statement	% Importance	Ranking
Waiting list	91	1
Locality (proximity to hospital)	82	2
Recommendation by GP or other health professional	80	3
Previous experience using that hospital	80	3
Recommendation by friend or family	75	4
Accessibility for friends and relatives	75	4
Reputation or expertise of surgeon/consultant	74	5
Clean, comfortable environment	70	6
Reputation of hospital/media reports	68	7
Access to public transport	68	7
Continuity and aftercare	63	8
Seriousness/type of condition	59	9
Availability of parking	59	10
Level of pain	55	11
Hospital performance report/star rating	53	12
Single sex ward	46	13
Ratio of nurses to patients and quality of staffing	45	14
Morbidity rate	43	15
Readmission rates	42	16
Cultural or religious provision (i.e. Halal food, prayer room)	39	17
Choice of male/female nurse or doctor	35	18

**Table 3:** GP scoring sorted by ranking of perceived importance.

Statement	% Importance	Ranking
Reputation or expertise of surgeon/consultant	95	1
Clean, comfortable environment	93	2
Hospital performance report/star rating	86	3
Reputation of hospital/media reports	86	3
Recommendation by GP or other health professional	86	3
Waiting list	82	4
Readmission rates	82	4
Seriousness/type of condition	82	4
Ratio of nurses to patients and quality of staffing	80	5
Morbidity rate	77	6
Availability of parking	77	6
Recommendation by friend or family	75	7
Level of pain	75	7
Continuity and aftercare	75	7
Locality (proximity to hospital)	73	8
Previous experience using that hospital	68	9
Single sex ward	68	9
Accessibility for friends and relatives	66	10
Access to public transport	52	11
Choice of male/female nurse or doctor	34	12
Cultural or religious provision (i.e. Halal food, prayer room)	0	13

**Table 4:** Patient scoring sorted by ranking of perceived importance.

### **3.2.1 Overall Influence List ratings**

Overall, patients were a little more generous than GPs with their ratings in attaching a 'Very important' or 'Important' evaluation. This is reflected in the mean with the GP average coming in at 62% and patients at 72%, a little over 10% in the weighted scores. The median demonstrated similar findings; 63% for GPs and 75% for patients. There was less of a variation in the maximum weighted scoring, with GP maximum at 91% and patients at 95%. A consensus emerged amongst patients attaching a minimum zero value on the question relating to cultural or religious provision. This is where a small biased sample may fail to adequately reflect the

local population. In contrast, GPs did not consider any criterion on the list to be 'not at all important'. The minimum score to emerge was 35% and this was for choice of male/female nurse or doctor.

Group	Minimum	Maximum	Mean	Median
GPs	35%	91%	62%	63%
Patients	0%	95%	72%	75%

**Table 5:** Overview of minimum, maximum, mean and median scores.

### *3.2.2 Overview of the key findings from Influence List*

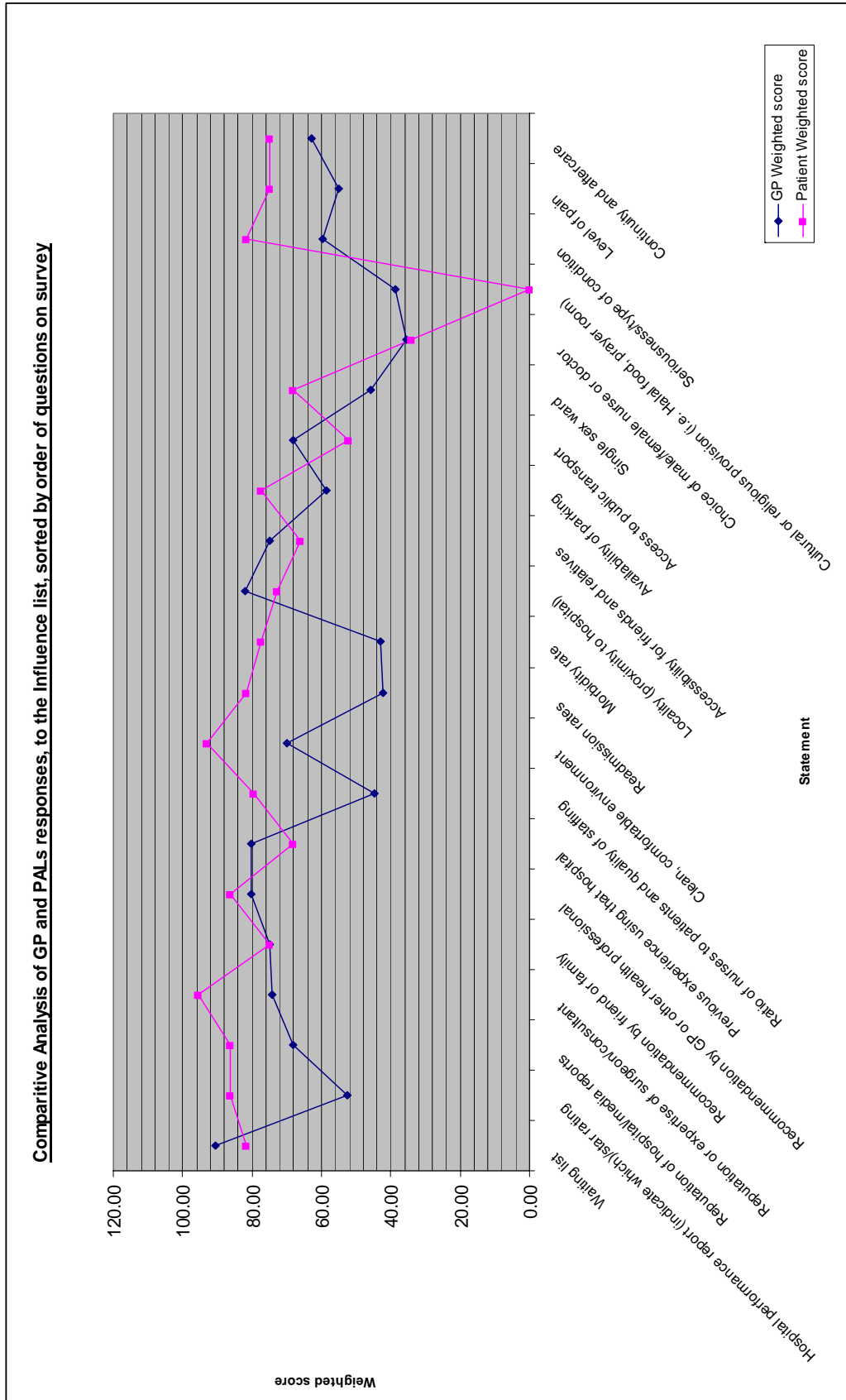
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Table 6 provides an overview of GP and patient weighted scores with Figure 3 illustrating the comparison.

There were a number of different rankings from GPs and patients respectively. This was derived from calculating the weights and finding two or more statements with identical outcome.

Question*	GP		Patient	
	% Importance	Ranking	Ranking	% Importance
Waiting list	91	1	4	82
Hospital performance report/star rating	53	12	3	86
Reputation of hospital/media reports	68	7	3	86
Reputation or expertise of surgeon/consultant	74	5	1	95
Recommendation by friend or family	75	4	7	75
Recommendation by GP or other health professional	80	3	3	86
Previous experience using that hospital	80	3	9	68
Ratio of nurses to patients and quality of staffing	45	14	5	80
Clean, comfortable environment	70	6	2	93
Readmission rates	42	16	4	82
Morbidity rate	43	15	6	77
Locality (proximity to hospital)	82	2	8	73
Accessibility for friends and relatives	75	4	10	66
Availability of parking	59	10	6	77
Access to public transport	68	7	11	52
Single sex ward	46	13	9	68
Choice of male/female nurse or doctor	35	17	12	34
Cultural or religious provision (i.e. Halal food, prayer room)	39	17	13	0
Seriousness/type of condition	59	9	4	82
Level of pain	55	11	7	75
Continuity and aftercare	63	8	7	75
* Sorted by order of question displayed on survey				

**Table 6:** Comparative view on GP and Patient weighted scores on Influence List survey.



**Figure 3:** Illustrating Influence List results.

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### **3. 2. 3**     *A comparative analysis of the top three influential factors with GPs and patients*

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The most influential factor according to GPs was waiting list at 91% followed by locality at 82%. GPs believe patients want quick treatment close to home. In contrast, patients rated waiting list to be the fourth most influential factor, alongside readmission rates and seriousness/type of condition (82%). Locality was ranked much further down the Influence List to eighth with 73%. This may indicate that GPs underestimate patient flexibility and willingness to travel for treatment.

The two most influential factors for patients when selecting a hospital were reputation or expertise of a surgeon or consultant (95%) followed by a clean and comfortable environment with an average weighting of 93%. Patients want good quality care by specialist consultants with thought being given to the environment in which they are treated. GPs were close in recognising these concerns with reputation or expertise of consultant a little further down the list ranked at fifth (74%) and a clean and comfortable environment ranked at sixth (70%). What remains unclear from the findings is how a patient would react if presented with short waiting time with little else known about the specialist unit/consultant or the hospital and vice-versa.

A consensus was reached with both GPs (80%) and patients (86%) acknowledging the importance of recommendation by GPs and other health professionals. This was rated third most influential factor by GPs and patients alike. However, the third place ranking was shared with other issues. GPs identified previous experience using that hospital to be of equivalent weighting. The premise is if a hospital is recommended by a GP, then it is just as good as having experienced the hospital care in person. More interestingly, previous experience using the hospital was rated much lower by patients with a ranking of ninth (68%). Patients placed a value on hospital performance report/star rating and reputation of hospital/media reports on the same par as GP or other health professional recommendation. It would be interesting to gain further insights into these and observe how patients would react with conflicting input. Hospital performance report/star rating was viewed by GPs to have little impact on patients and was ranked 12<sup>th</sup> (53%). Credibility was given to reputation of hospital/media reports by GPs as an influencing factor of Patient Choice with an average weight of 68%, ranking seventh place alongside access to public transport.

---

The disparate views on hospital performance reports/star rating may be due to patients sitting on the Expert Patient group having a greater exposure to such material whilst GPs were expressing views of a wider local population.

### ***3.2.4 A comparative analysis of the bottom three influential factors for GPs and patients***

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Moving further down the lists, GPs and patients deemed issues such as male/female nurse or doctor, cultural or religious provisions as the two least important factors likely to influence Patient Choice. The latter has been addressed in previous section which may be attributable to a biased sample, whilst GPs attached some weight representing a larger community. The third from the bottom of the GP list was readmission rates (43%) which contrasts sharply with patients' ranking. Patients were concerned by readmission rates, grading it as fourth most influential factor with an average weight of 82%. Access to public transport and GP/patient weighting will be considered below.

### ***3.2.5 Additional findings***

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Other factors to emerge include the following:

#### ***Logistics***

GPs ranked accessibility for friends and family as the fourth (75%) most important issue in choice of hospital, whilst patients ranked this tenth (66%). Access to public transport was considered a middle of the range issue by GPs, ranking seventh place (68%) with patients again perceiving it to be of lower priority, eleventh (52%). Instead, patients would much prefer available parking. This was weighted at 77% by patients (sixth place) and much less valued by GPs at 59%, ranking tenth in the list – a weighted differentiation of 19%.

### ***Recommendations by family and friends***

It has been noted that patients and GPs recognise the importance of recommendation by GP or other health professional in choosing a hospital. Similarly, recommendation by friend or family was perceived to be fairly important with identical weighted score of 75% although variations existed in the ranking (fourth on GP and seventh on patient list).

### ***Aftercare***

GPs and patients rank continuity and aftercare at a near similar level on the list although weighted averages demonstrate a different picture. The GP weighted score was 59% and patients at 75%. This may be linked to the level of importance attached by GPs to locality and the belief that even under Choice, patients will continue to have elective surgery locally, with aftercare being further down the list of priorities or that simply patients are willing to travel for aftercare treatment.

### ***3. 2. 6 Summary***

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Initial observations demonstrate that GPs and patients attach a different value criteria, with GPs being much more pragmatic, believing patients value shorter waiting lists and close locality when selecting a hospital for treatment. In contrast, patients rate softer issues around quality of care and treatment to be more important.



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# 4 *Qualitative findings*

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The following section will be presented in the order of the questions in the GP survey. There will be a summary of the main findings supported by a diagram where common themes emerged. This will be followed by extracts taken from the semi-qualitative interviews under the title of '*Comments.....*', which serve to provide an illustrative account of GP responses. These are not necessarily direct quotations.

## 4.1 *Referral patterns*

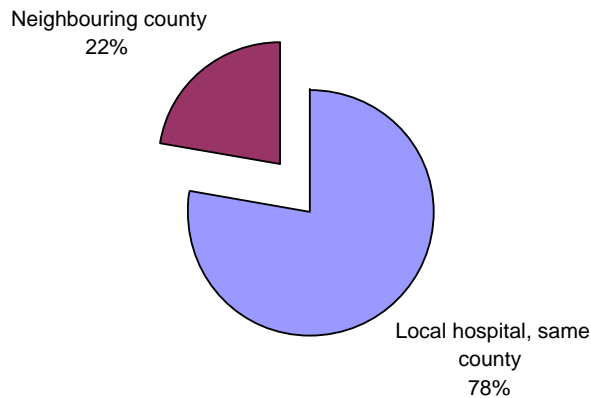
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### 4.1.1 *Current trends on GP referral*

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Excluding Marginal Bedfordshire GPs, a clear trend emerged amongst Milton Keynes, South Cambridge and Bedford GPs stating that at least 90% or more referrals were made to the local NHS trust within the same county. Northamptonshire GPs differed (forming the 22%) with only one in three referrals going to Northampton General Hospital and the remaining two thirds opting for neighboring Kettering or Banbury.

*Which hospital do you currently send patients to?*



**Figure 4:** Percentage of GP referrals to the local trust, same county and referrals to other hospitals (Figure excludes Marginal Bedfordshire GPs).

The residue of referrals (often much less than 10%) was spread thinly across neighboring hospitals. Bedford GPs selected Luton and Dunstable, Milton Keynes, Hinchingbrooke, Addenbrooke’s and Northampton NHS trusts. Similarly, Milton Keynes GPs opted for immediate neighboring hospitals including Bedford, Luton and Dunstable, Northampton and London hospitals for their specialties. GPs in Northamptonshire switched between Banbury, Kettering and Northampton along with Milton Keynes hospital.

GPs questioned in Marginal Bedfordshire had scattered referral patterns with less of a monopoly claimed by a single NHS trust. Only one GP questioned sent 95% of patients to Bedford whilst the remaining GPs spread the proportionate referrals amongst the following hospitals:

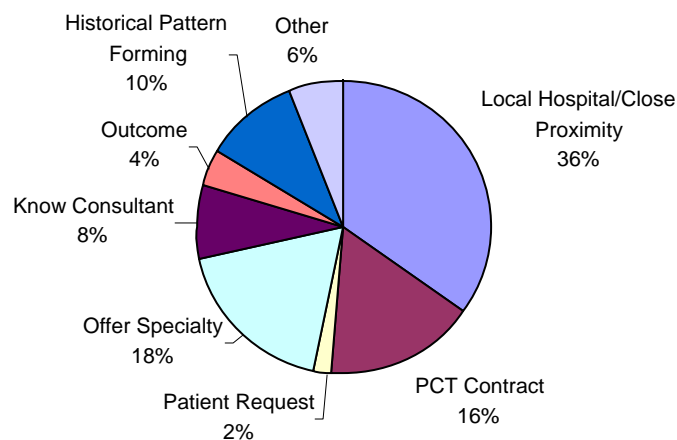
Bedford	Hinchingbrooke	Addenbrooke’s	Lister	QE2	Luton and Dunstable	Milton Keynes
58	6	11	20	1	2	2

**Table 7:** Spread of patient % referral amongst Marginal Bedfordshire GPs.

### 4. 1. 2 *Rationale for referrals*

There were seven broad reasons identified during the interviews linking current referral patterns with three distinct and recurring issues: local hospital/close proximity, offering specialty and PCT contracts dictating current referrals. Figure 5 depicts the proportionate frequency with which an issue was mentioned.

*What are your reasons for referring to NHS Trust hospital?*



**Figure 5:** Identified reasons to explain current referral patterns.

Other reasons attributed to current referrals include waiting time and other issues such as parking provisions. 75% of the Marginal Bedfordshire GPs looked for specialty when referring patients. Bedford GPs are loyal to the local trust but equally value specialties. All Northamptonshire GPs mentioned locality/close proximity as the rationale for referral to selected NHS trusts, although this may be questioned as PCT contract was mentioned by two thirds of the GPs suggesting PCT contracts actually dictate referral patterns and vice-versa.

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### 4. 1. 3 *Comments on current hospital referral patterns*

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Local hospitals and proximity are seen as an important issue for many GPs with PCT contracts either making no difference or having some normative or restrictive bearing to referrals:

*Bedford Hospital is used because of its locality and the fact that it is generally a good hospital that meets the practice's patient requirements.*

**Marginal Bedfordshire GP**

*Mainly historical reasons led them to use BH. Their practice serves patients from three different counties. They are an ex-fundholding practice. Even in fundholding days they made 50% savings because they couldn't send patients elsewhere. There were strict PCT contracts with BH that forced them to refer patients to BH. Northampton and other hospitals are their first choice.*

**Bedford GP**

*i) The GPs are strongly encouraged to use the above hospitals by the PCT as they have contracts (SLAs) with these trusts.*

*ii) Dr ..... knows and is familiar with the consultants at these hospitals so is able to make sound referrals on the basis of this knowledge.*

*iii) The trusts are local to the vast majority of the patients.*

**Northamptonshire GP**

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Specialty was an important factor in referrals to other NHS trusts. The examples below illustrate the importance of good local provisions with specialties retaining GP custom as well as evaluating alternatives for a better quality provider.

*Bedford covers most specialties, and has outreach clinics for others not included, so it is very rare to send patients elsewhere. He knows local consultants, no good reason to send patients elsewhere, and also habit. If a patient needs referring he tells them he will refer them to hospital, doesn't actually use a name.*

**Bedford GP**

*To fill in gaps in the local service.*

**Milton Keynes GP**

#### **4. 1. 4 Bedford NHS Trust and current referrals, excluding Bedford GPs**

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Excluding GPs in Bedford, the main reasons identified for referrals to Bedford Hospital encompassed the use of specialties with gynaecology, dermatology and obstetrics specifically mentioned by multiple GPs. Other reasons entailed obtaining a second opinion and reputation of consultant. However, the most frequently mentioned cause for referral to Bedford Hospital was patient request, with many patients supporting their application with reasons such as work near Bedford, moved from Bedford and wish to continue relationship, negative experience at local hospital or family and friend recommendation.

**4. 1. 5**      *Comments on circumstances where  
GPs are likely to use Bedford  
Hospital*

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The explanation provided for potential use of Bedford Hospital by those practices who are not currently the main customers of the Trust.

*The main instances for sending Patients to BH are:*

- i) Availability of service at BH not available at Milton Keynes Hospital.*
- ii) Where patients require a second opinion.*
- iii) The reputation of the consultant.*

**Milton Keynes GP**

*The majority of patients are referred to Kettering some to Northampton and only "15" to Bedford. These 15 are well known to Dr ..... and live or work in the Bedford area and for these the Dr has a small list/agreement with BH to treat these when required.*

**Northamptonshire GP**

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## *4.2 Patient Choice under current system*

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### *4.2.1 Patients actively selecting hospital*

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There is little choice being exercised at present with 76% of GPs stating patients rarely ask for a particular hospital and 24% of GPs indicating 'sometimes' (Figure 6). To put this into perspective, the alternative options were 'often', 'very often', 'sometimes', 'rarely' and 'never'.

No significant differences were identified between the marginal and non-marginal areas.

### *4.2.2 Reasons for selecting hospital*

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Of those patients who do make an active choice, there were seven possible reasons identified for their selection. Figure 7 illustrates a breakdown of these reasons. Negative past experience appears to have long lasting effect with patients actively refusing to return to the trust, preferring to go elsewhere. Closely followed was convenience/locality which has been commented upon and will be elaborated further in the following sections. Joint third was recommendation and patients own research.

How often do patients request a particular hospital?

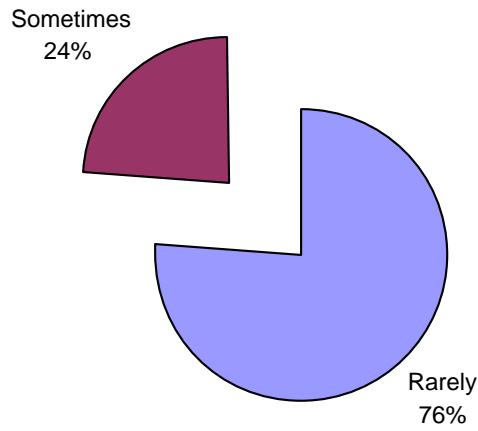


Figure 6: Patients requesting a hospital under the current system.

What are their reasons for selecting a hospital?

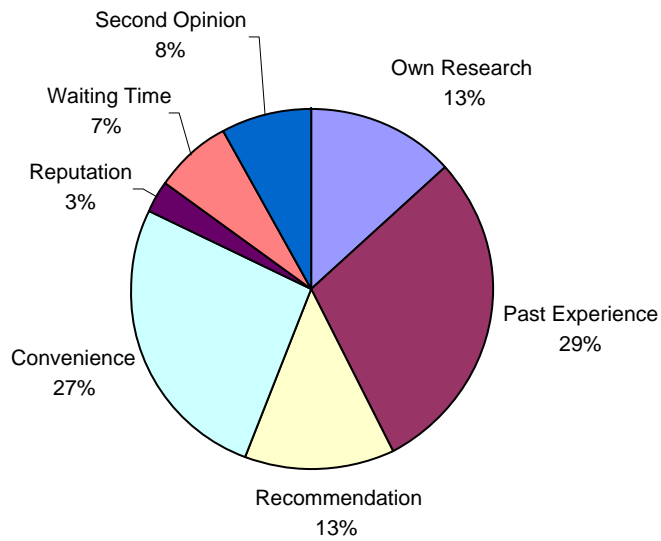


Figure 7: Breakdown of factors influencing selection shown as a percentage to other issues mentioned by GPs.



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### 4. 2. 3 *Comments on Patient Choice under existing system*

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Past experience was seen as an important factor in influencing choice.

*To be close to relatives.*

*A bad experience at another hospital.*

**Marginal Bedfordshire GP**

*If they have had a bad experience of a hospital – this might not even be the hospital's fault but, for example, a relative might have died there. Staff members often want to go elsewhere for personal reasons. Word of mouth important.*

**Bedford GP**

A patient requesting a hospital under the existing system is stereotyped as a middle class person, well read with access to latest information, widening the selection process and dictating choice of hospital referral.

*Middle class, educated, Telegraph readers! Occasionally get patients coming in with a load of papers they have printed off the Internet.*

**Bedford GP**

The local existing providers were seen as adequate with some GPs unconvinced in broadening choice of hospital treatment for elective surgery.

*At the moment choice is restricted between Addenbrooke's and Hinchingbrooke hospitals. There is no need to change after Choice comes into effect. In fact the introduction of Choice would have negative consequences in the long term.*

**Cambridge GP**

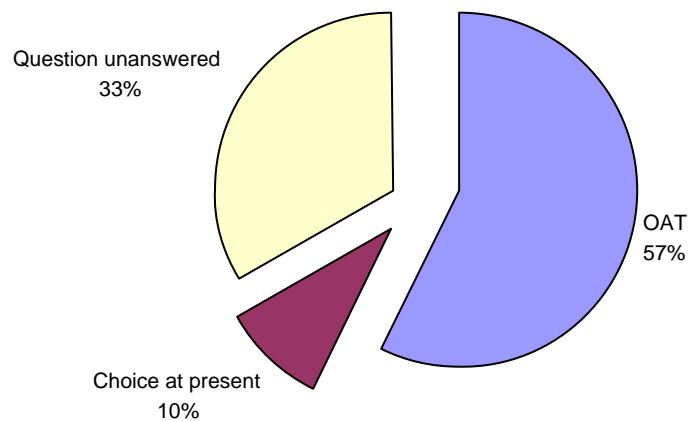
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#### 4.2.4 Accommodating Choice under existing system

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The majority (57%) of GPs acknowledged that choice beyond the existing PCT contracted provider can only be accommodated through an Out of Area Treatment (OAT) process, which many believed to be a long and tedious path with the end result being a 'No'. With such degree of scepticism this can be equated as Choice cannot be accommodated in the existing system. The GPs in Marginal Bedfordshire were content and believed Patient Choice existed within the current framework with contracts enabling referral to four or more hospitals.

*How is it possible to accommodate their choice at the moment?*



**Figure 8:** Percentage of GPs accommodating choice at present.

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#### **4. 2. 5**     *Comments on Patient Choice under existing system*

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The OAT process is seen as the only route to exercising Patient Choice under the existing system, holding a great deal of scepticism amongst GPs and often a predictive outcome.

*If an OAT is required then it is very difficult as these tend to only be authorised if there is a very good clinical reason for doing so.*

**Marginal Bedfordshire GP**

*Hard. GPs try to discourage this on the whole, as the OAT system involves paperwork and takes time. They know the local providers so well that better to send patients to their recommended consultant/specialty.*

**Bedford GP**

*Often the cost is prohibitive and the OAT system is likely to refuse them. It is a longwinded process and involves a great deal of paperwork, the answer is always no and even if the panel feels the patient has a case then they still often ask for further information.*

**Buckinghamshire GP**

*OAT - must be authorised and usually agreed only if there is a very good clinical reason.*

**Northamptonshire GP**

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## 4.3 GPs selecting future providers

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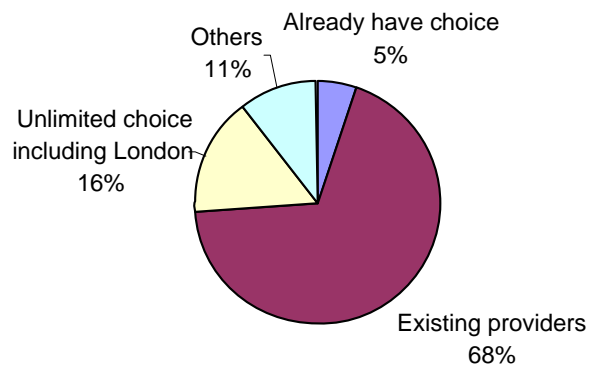
### 4.3.1 GPs' selection process for referral under Patient Choice

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Two thirds of GPs were either happy with the choice offered by existing providers or wanted extra funding and resources poured into local services. The GPs who relished unlimited choice (16%) often reminisced on times of GP fund holding days when infinite choice was available including routine referrals to London hospitals - this they claimed was real choice, not a mere 4 or 5 hospitals. Others, which accounted for 11%, mentioned specific hospitals. Milton Keynes GPs and one GP in Northamptonshire welcomed choice to any hospital with shorter waiting times.

No significant differences were observed between marginal or non-marginal areas.

*What providers would you like to be able to choose from under Patient Choice?*



**Figure 9:** Providers GPs would like to choose from.

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### 4.3.2 *Comments by GPs on selecting alternative providers*

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Treating local people with local services was a view echoed by many GPs.

*The GP doesn't see the need for extra choice as he doesn't think that extra choice is necessarily a good thing.*

*In fact the GP thinks the introduction of Choice would have negative consequences in the long term for his patients as local services are undermined by patients opting to go elsewhere in the short term.*

**Cambridge GP**

*Happy with Bedford hospital. The government should spend more money improving local services.*

**Bedford GP**

*Dr ..... thinks that good adequate local services that meet the requirements of the local population are what is important so there should be no need for Choice and therefore additional providers.*

**Northampton GP**

First choice, local hospital but unable to keep pace with changes in local community.

*Would rather have adequate local services so do not need to offer much choice. They hope that in sending patients locally the investment will follow and the hospital will improve – not always the case though. A big problem in areas such as MK where there is huge population expansion is that funding has not always kept up, so there is underinvestment. For example, there is a ratio of dermatologist to population of 1:200,000, twice the number it should be.*

**Milton Keynes GP**

Infinite choice around the UK was welcomed by many former fund holding GPs. This they categorised as choice which brought positive benefits.

*GP would prefer to choose a London hospital to get routine appointments.....GP was practising prior to 1989 when there was a free reign on choosing hospitals. After 1989, internal market was brought in.*

**Marginal Bedfordshire GP**

*Unlimited! Any possible, having seen what fund holding can achieve, he believes this is the best thing to do.*

**Bedford GP**

## ***4. 4    Cri teri a for selecting future provi ders***

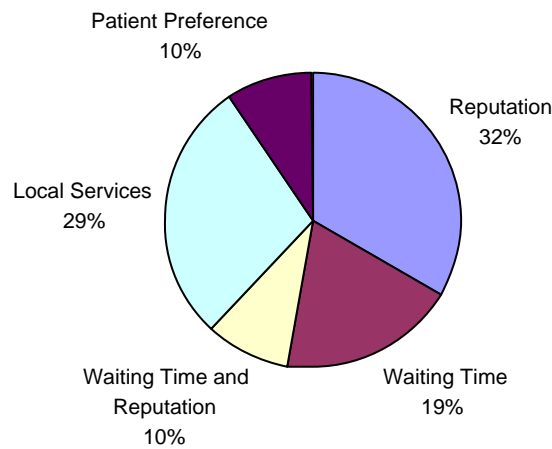
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### ***4. 4. 1    Selecti on cri teri a***

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One in three GPs commented on expertise and reputation of consultants and the trust itself to be the main factor when selecting future providers. Unsurprisingly, local services were mentioned again, with 29% GPs believing in supporting local provisions and services. The next most influential factor was waiting times, with 19% of GPs using this information to select between trusts. The combination of waiting time and reputation was mentioned by 10% of GPs. Patient preference in selecting future providers accounted for a small 10% and, surprisingly, did not come from GPs situated in Marginal Bedfordshire where greater choice of providers is currently available.

**What criteria will you use to choose between them?**



**Figure 10:** GP selection criteria for choosing between different providers.

#### **4.4.2** *Comments by GPs on possible criteria used for future providers.*

The reputation of trusts, specialty units and consultants appears to be key in transforming current referral patterns.

*If and when such a list is implemented Dr ..... said that he would have to look very carefully at the reputations of the Trusts and of specific consultants as part of the criteria used to choose which hospitals to use. He said he wouldn't be too happy in referring to a particular consultant that he did not know and a Trust that he was unfamiliar with.*

**Bedford GP**

*Clinical outcome/previous experiences.*

**Milton Keynes GP**

*The expertise and reputations of the consultants at these additional Trusts will be unknown making it very difficult to make a suitable referral to one of these other hospitals.*

**Northampton GP**

*Dr ..... knows the best consultants/surgeons to use for a given patient at the three hospitals that they currently use – but this type of knowledge is hard to replicate and produce for other consultants at other trusts that may be included in Choice. So he is somewhat sceptical of what criteria for choosing is going to be made available and the usefulness of this information.*

**Marginal Bedfordshire GP**

## ***4. 5 Following professional advice***

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### ***4. 5. 1 GPs as an influencing factor helping with Patient Choice***

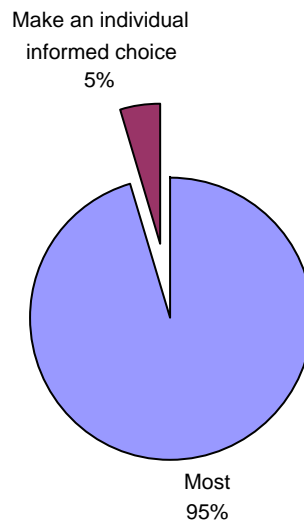
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A consensus to emerge from the survey is that an overwhelming majority (95%) of GPs believe patients will continue to follow their advice in selecting a hospital. The 5% minority is based on a practice in a marginal area of Bedfordshire where a GP commented that patients come in knowing where they would like to be referred to and the GP is happy to accommodate.

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*Which patients will follow your advice for choosing a hospital and why?*



**Figure 11:** Percentage of patients that follow the advice of GP in choosing a hospital.

As for the reasons attributed to patients following GP's advice, this ranged from a long standing relationship, GPs being respected by the community, to identifying groups within society significantly more or less likely to follow advice. The comments are elaborated below.

#### **4.5.2** *Comments on patients likely to follow advice*

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GPs were confident that most patients will follow their advice.

*Most will follow, not in a paternalistic way but in the collaborative way.*

**Bedford GP**

*Most do. Most patients will not have a clue on consultant performance etc.*

**Marginal Bedfordshire GP**

*Most do as Dr ..... has a long relationship (29 years) with the majority of his patients. As per usual, GPs are generally highly trusted. Although, new patients from outside the local area that are relatively new to the surgery can be less likely to follow Dr .....advice as the trust / relationship has not been built up and these patients often refer to the way that their previous GP went about doing things and expect Dr ..... to operate in a similar way.*

**Northamptonshire GP**

*Virtually all patients, as GPs are highly trusted and the doctor sees no reason why this will change under Choice.*

**Marginal Bedfordshire GP**

Profile of patients exercising Choice:

*The majority with exception of The Guardian readers. They will have a preference as their friend went to XYZ.*

**Milton Keynes GP**

Section of society with different needs.

*By and large older patients prefer local services and younger patients are a little more flexible.*

**Milton Keynes GP**

An example of a referral being a collaborative process

*Patients often come in knowing which hospital they would like to visit. Patients at the practice normally make an informed choice which the GP is happy to accommodate.*

**Marginal Bedfordshire GP**

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*No particular patients. Hospital choice dependant upon negotiation or agreement between GP and patient. If patient expresses an interest, GP is happy to accommodate.*

Having said this, the GP illustrated this with an example:

*The GP will turn around and say which hospital would you like to go to? The patient may think about Choice but will turn around and say 'what do you think? Where do you think I should go? Ultimately the GP has the final say.*

**Marginal Bedfordshire GP**

## ***4.6 Supporting information***

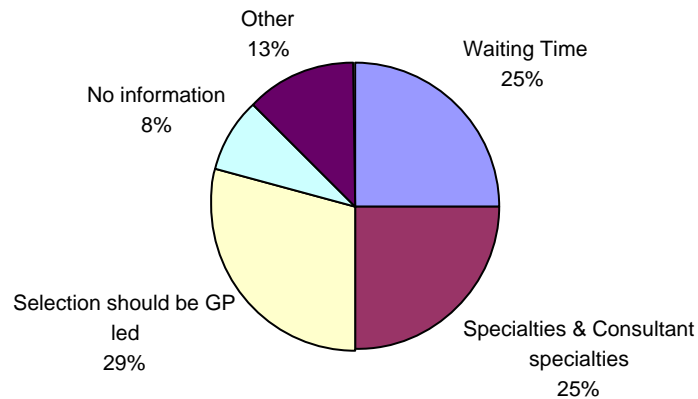
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### ***4.6.1 Supporting patients in making an informed choice***

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GPs mentioned one or more factors which would assist patients in making an informed choice. Figure 12 below presents the proportionate number of occurrences an item was mentioned. Waiting time and unit specialties, including those of consultant specialties, were the two main issues which GPs considered should be available to patients (unit specialties encompassed information on the unit whilst consultant specialties related to the individual interest and consultant specialty). Almost equally was the view that selection of a elective surgery provider should be GP led. The rationale for this was mixed with patients preferring to be guided or simply that patients are inadequate at correctly interpreting data. Providing no information can similarly be interpreted as selection being GP led, although this was not specifically stated, hence shown as a separate category. Other information was a little more sporadic though constructive, with ideas such as parking provisions, transport to hospitals case studies etc.. The comments and suggestions below are good starting points on information required to support Patient Choice.

*What support and information would you like to be available to patients to help them make an informed choice?*



**Figure 12:** Information to support Patient Choice.

A surprising finding was that 75% of the marginal GPs considered providing information to patients as unworkable either because it complicates the issue, or quite simply, patients are not able to handle information. Therefore given GPs have a menu of choices, how the existing consultation takes place and who makes the decision on selecting hospitals for elective surgery requires consideration. Although the sample in this survey is small, a possible answer to deduce from the findings is that GPs do not offer Patient Choice and lead on selecting appropriate NHS provider for elective care treatment.

#### **4.6.2** *Comments by GPs on providing support and information to patients to make an informed choice*

Providing information on consultants/specialties were mentioned.

*range of specialties and particular interests of consultants.*

**Bedford GP**

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*A leaflet perhaps with the consultants, qualifications, special interests, successes etc. Information could be initially provided which patient can then go away and look up details in their own time.*

**Northamptonshire GP**

GPs considered giving access to specialties may be a little overbearing leading to wrong decisions by patients.

*Do not want to give informed choice. Specialties go beyond the patients' heads. Choosing a hospital and not specialties/consultant is even worse!*

**Marginal Bedfordshire GP**

GPS have captured consultant/specialist information over many years. The tacit knowledge cannot be made explicit without excessive work. GPs consider they should continue advising patients.

*Dr .....does not believe that any such a system is practical. It will also be too much work for him, which could potentially, require extra consultation time of up to an hour with a patient in order to help them make any choice. Dr ..... knows the consultants at the local trusts well enough to decide who is best to use for a given treatment. In this way he can, in part, tailor make his referrals to suit the most appropriate consultant with a given patient thereby giving the patient a service/treatment that they will be happy with and which best suits their medical needs. Without knowing consultants and their reputations it will not be possible to do this to the same extent under Choice and so the situation could lead to inappropriate referrals.*

**Northamptonshire GP**

Practical suggestions in aiding Patient Choice of hospital for elective care treatment were raised.

*Sex of consultant, parking provisions, transport to hospitals,  
Number of elective surgeries cancelled.*

**Marginal Bedfordshire GP**

*Case studies/satisfaction surveys from existing patients.*

**Buckinghamshire GP**

GPs suggest referral should continue to be GP led:

*Would prefer the GP to guide them and doesn't think it is a  
good idea to inundate patients with literature, as most will  
make the wrong decision (not based on clinical need).*

**Buckinghamshire GP**

*The doctor does not believe that patients, by no fault of their  
own, are in a position to make an informed choice based on  
any information that is realistically likely to be made available  
to them.*

**Marginal Bedfordshire GP**

*There would need to be a very extensive and accurate amount  
of information available for the GPs at the surgery and for their  
patients in order to help them make any future choices of  
trusts. As far as support for the patients exercising Choice,  
Dr..... believed that this would and must be the responsibility  
of the doctors.*

**Bedford GP**

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*None to be honest. If patient wants to go elsewhere then it is up to them to find the information they require and make a decision. GP happy to sign off the referral but will not recommend anywhere else.*

**Buckinghamshire GP**

*As little as possible as a great deal of the patients, especially the older ones, are less likely to be able to (and want to) make an informed choice from the information that is realistically likely to be made available for patients. The doctor did not believe that hospital performance figures such as star ratings are of much use, as the majority of hospitals are “a much of a much-ness” so the information likely to be given about a specific hospital will not be particularly informative.*

**Northamptonshire GP**

## **4. 7    *Impact of Patient Choice***

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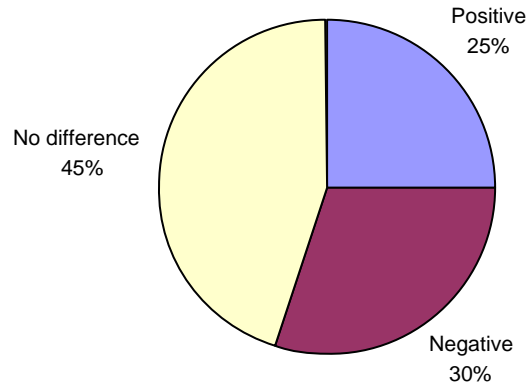
### **4. 7. 1    *Patients and how they will be affected by Choice at point of GP referral for elective care treatment***

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The feedback received on impact of initial Choice presented whilst at the GP practice for elective surgery was mixed. Only 25% GPs questioned considered Choice to have a positive impact with concrete examples used to support statements. A third of GPs believed that offering Patient Choice will have a negative effect, with confusion used as an example. Finally, the largest proportion (45%) of GPs consider Patient Choice will have no impact. A number of issues were raised such as patients going away, pondering over choice of hospital, returning only to allow the GP to make the final decision, however it was considered that the overwhelming majority will continue to listen to their GPs with the exception of the articulate middle classes.

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*What do you think the impact of Patient Choice will be on your patients?*



**Figure 13:** Impact of Patient Choice on patients.

75% of the GPs questioned in Marginal Bedfordshire went on to state that Choice will have no effect on their patients. Whilst having made this point, one of the GPs made indirect reference to the benefits of the Electronic Booking System (EBS) with a conditional statement on shorter waiting times being the only benefit of Patient Choice. No other GP county differences were cited in the findings.

#### **4. 7. 2** *Comments by GPs on impact of Choice on patients*

Potential positive outcomes were identified with the introduction of Patient Choice from being seen quicker and discarding letters to doing away with 'who you know' via personal recommendations.

- i) Letter from GP will often include dates that patient is away on holiday or otherwise unavailable.*
- ii) Convenient.*
- iii) Patient Choice will be void of any personal recommendation which is present at the moment.*

**Marginal Bedfordshire GP**



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*Wider selection of choice. Example provided was a patient who came in to the practice, unable to sit down, suffering from excruciating back pain. The GP phoned Northampton hospital to find the waiting time for an x-ray which transpired to be 9 weeks! Had Milton Keynes been on the choice of providers, then patient would have been seen within 24 hours.*

**Northamptonshire GP**

Benefits unknown. A wait and see policy before delivering a verdict on Choice.

*Don't know! If it delivers efficient care and the final outcome is better for the patient at the end of the day, then it will be embraced. If it's just five choices of bad NHS care then it's still bad NHS care.*

**Bedford GP**

Marginal Bedfordshire GP where choice of providers are available at present:

*Will not make much a difference. There is not much of a choice. Patients have a choice at the moment. Difference will be only if patients get seen quicker. Most people want to be told (by GP), but a few will look at it.*

**Marginal Bedfordshire GP**

GPs express little will change for patients under Patient Choice either due to insufficient capacity or simply patients will want a continuation of good local services.

*In all probability there would be little impact of Choice on patients as the vast majority of patients are happy with BH and its proximity so they would have no need to use Choice.*

**Bedford GP**

*It is unlikely to have much of an impact as locality is a main priority for most patients when considering a hospital,*

*providing of course that the hospital has a good basic standard of treatment and care.*

**Northamptonshire GP**

*Very little as he believes that it will still be the doctors making the recommendation of hospital and hence choice. Besides, the vast majority of his patients are served well by BH and if they have this service locally they are not going to want the choice of going further afield for what will essentially be the same treatment.*

**Marginal Bedfordshire GP**

*It could go two ways: Very little impact as it won't affect patients a great deal at all. Patients are more concerned with having good local services rather than choice. Or it could cause a great deal of confusion. Either way it is unlikely to have a positive impact.*

**Northamptonshire GP**

A GP commenting that Patient Choice will not empower patients and make them more proactive. Patients listen, and will continue to take the advice of GPs.

*Not much. There is no demand for Patient Choice and people listen to their GP's advice as he is consulted as a professional. There is little point having professionals if people don't listen to them; you listen to a builder for example as they have experience and you have to trust their judgement.*

**Bedford GP**

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A GP expressing choice is already available under present system, for those who are able to articulately request it.

*Only a minority will be interested in Choice, and these are likely to be the same patients who are informed and articulate so push for choices under the present system. It could be a self-perpetuating problem, as Choice will lead to greater expectations of choice and therefore dissatisfaction.*

**Buckinghamshire GP**

*It pampers to the middle-class, educated, Guardian reader and completely misses the poor/needy. Most patients ask the GP what he/she would do and there is no reason why this will change. The young are a bit more demanding, as are those with chronic diseases, but do still listen. Some patients are keen on self-treatment, mostly as a result of availability of information on the Internet, and this wastes valuable resources as the patient mostly misdiagnoses. The administrative costs will be high and the money should be invested elsewhere. Patients, especially the needy majority, will do as their doctor recommends.*

**Buckinghamshire GP**

Concerns were raised about patients being able to handle Choice on elective care treatment with ultimate decision falling on the GP anyway.

*Ultimate decision will fall on GP's head. Patient may walk away, gather data, ponder over decision, but return to the GP saying 'I don't know..... you make the decision GP'.*

**Marginal Bedfordshire GP**

*Confuse them. Take longer to sort out. Will not have information. Will return to GP for final approval.*

**Buckinghamshire GP**

Other concerns were raised on Ambulances crossing boundaries to post-operative care treatment.

*The GP thinks Patient Choice is not necessarily a good thing in his village. He thinks it might be a good thing in the cities such as London where there are high population numbers.*

**Cambridgeshire GP**

*Ambulances won't cross county boundaries, consultants locally won't want to care for post-operative patient who another consultant elsewhere has operated on. Aftercare is hard enough to get for patients who have received an operation at the hospital, as often it is not scheduled so that hospital can reduce their waiting list by performing procedure without having enough follow up slots.*

**Buckinghamshire GP**

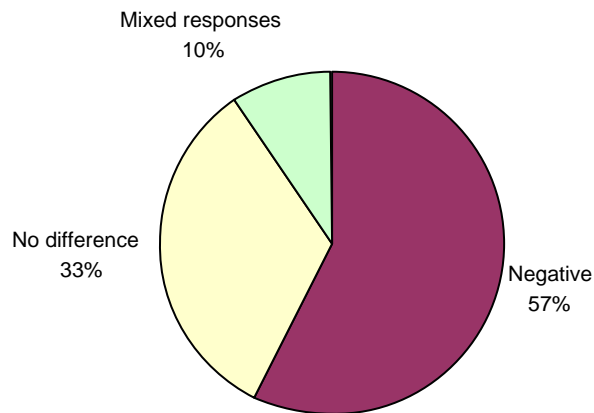
### **4. 7. 3     *Impact of Patient Choice on GPs***

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Patient Choice was viewed negatively by 57% of the GPs with extra work load often provided as a supporting statement. Only one third of GPs considered that the scheme will have minimal effect on current working practices and patterns of referral. Mixed responses (10%) are those with positive and negative views or statements which could not be categorised in either segment.

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*What do you think the impact of Patient Choice will be on you as a GP?*



**Figure 14:** Impact of Patient Choice on GPs.

All but one GP in Northamptonshire viewed Patient Choice negatively with many citing issues on time and resources as the main factor prohibiting its success. Three Bedford GPs explicitly stated Patient Choice will have very little impact.

#### **4.7.4** *Comments by GPs on how Patient Choice will affect them*

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The following illustrates the minimal effects predicted under Choice with GPs continuing to follow existing patterns of referral.

*Very little, as will continue to refer as they did before. No intention of studying all the offered providers in detail and finding out about them when there is a perfectly good referral system in operation locally. Strongly encourage patients to take their advice.*

**Buckinghamshire GP**

*Hopefully very little as GPs are likely to continue recommending to the patient that they go to BH for example, and in all probability the patient will continue to take the doctor's advice. Though there is the potential for Choice to create a great deal of unnecessary extra work for the GPs.*

**Marginal Bedfordshire GP**

*Depends on how strictly it is enforced by the DoH. It could mean an extra load of unnecessary and laborious work that will take time away from the GPs that they could have otherwise spent seeing more patients. But if Choice is left to the doctor's discretion then the impact will be very limited. This is because the doctor will just make the referral to the most appropriate place i.e. Kettering or Northampton hospital and the majority of patients will be happy with this. By ... own admission Dr ..... was a little cynical about the issue of Choice and thought that ultimately it is about votes in spite of the fact that in theory it was not a bad idea. The reality is likely to be that Choice is impractical.*

**Northamptonshire GP**

The negative repercussions of implementing Choice were addressed from after care treatment to the inadequate time available for consultation. In the latter case, GPs often highlighted the 10 minute time slot, with 7 minutes in reality for consultation.

*GPs are expected to deal with aftercare and side-activities, e.g. physiotherapy, blood tests etc.. That will create extra work for them. They will be required to have more information available for their patients.*

**Bedford GP**

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*Do not have time to sit with patients to help them decide on choice of hospital. This will increase consultation time from 10 to 20 minutes. Previously, reception staff would phone round hospitals to establish a consultant's waiting time.*

**Northamptonshire GP**

*Disaster. 10 minutes consultation. Patient Choice will extend appointment time.*

**Marginal Bedfordshire GP**

*For the NHS manager it's OK, but for the GP whose average consultation time is 7 minutes, it's going to be difficult to spend time out of his consultation. The danger will be if the decision is directed from the administrator at the call centre and not the GP who knows the patient's needs.*

**Bedford GP**

- i) Extra work for GPs looking through the list of health care providers.*
- ii) Patients seeking more consultation which also means more work for GPs.*
- iii) GPs not knowing the people they refer to.*

**Cambridgeshire GP**

*Enormous because of time and resources required. Responsibility of choosing a hospital will return to GP – 'What do you think Doctor?'*

**Northamptonshire GP**

A look to the future with a potential for downward spiral in serving and meeting local people with local needs.

*Dr .....believes that Choice will have a negative impact on GPs. It will cause unnecessary extra work and this work (needed to facilitate Choice from a GP's point of view) will cause more problems than any potential advantages that Choice could bring. He believes that it is impractical and unworkable. In essence Dr ..... believes that Choice is a government initiative which is being implemented purely for votes and that GPs are being asked to do more and play their part in providing Choice as a service without any additional financial resources. Under Choice there is the potential for trusts to become marginalised if for some reason people make the choice of being treated at an alternative hospital. If this was to happen the trust will lose out on funding and so have less money to reinvest, so in turn would be unable improve their services which would perpetuate the down turn in performance and the number of patients choosing to be treated there.*

**Northamptonshire GP**

The need for extra funding, staff and other resources was highlighted to assist in coping with the extra work load.

*Load of paper work. Don't have time. Patient Choice will require extra funding for resources i.e. extra staff to explain Patient Choice – where will the funding come for this? Someone in government has thought up the idea, but they don't need to do it!*

**Bedford GP**



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*The GP would like information to be sent to him in an electronic format so that it would be kept on his desktop computer for easy access. He also wants this information to be short and concise as he usually has a lot of reading material to go through.*

**Bedford GP**

A GP claiming the effects of Patient Choice in Marginal Bedfordshire will be minimal, but recognising the implementation of a new IT system to support policy. Marginal Bedfordshire GPs have choice of three to five referrals. It is interesting that on-line information is not perceived as a benefit, but instead, a time consuming exercise which will be transferred elsewhere.

*Minimal effect if outside i.e. booking through EBS with receptionist or a third provider. Link for the system must be fast.*

**Marginal Bedfordshire GP**

## ***4.8 NHS marketing under Patient Choice***

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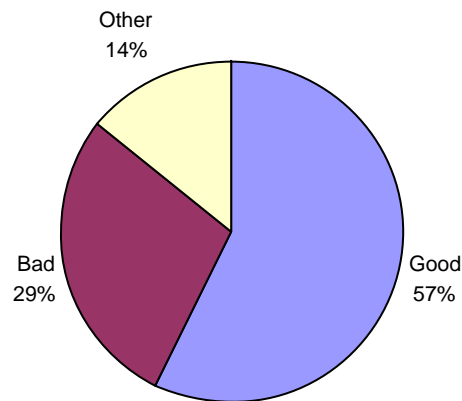
### ***4.8.1 GPs perceptions on marketing specialities***

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GPs were asked their views on marketing specialties within the NHS. Over 50% of GPs said marketing could work with a selected few attaching conditions to what they would like to see in marketing material for it to be acceptable.

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*How do you feel about hospitals marketing their specialties?*



**Figure 15:** GP views on hospitals marketing their specialties.

75% of the Bedfordshire GPs were sceptical of marketing stating no GPs would be taken in by a brochure. In contrast, all GPs questioned in Milton Keynes were interested in marketing material as a knowledge provider.

#### **4. 8. 2**      *Comments on how GPs 'feel' about hospitals marketing their specialties*

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GP recognises limitation of some patients to capture knowledge and make decisions resulting in GP analysing data to make an informed choice on patient behalf.

*Proper and faster treatment is the important issue but some information would be useful. After all not all patients have the ability to compare and analyse data so it's the GP in most cases that will form the patient's opinion.*

**Bedford GP**

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Providing the marketing material is informative there were no strong objections. Suggestions were made for content, particularly spare capacity and waiting time.

*Not a bad idea. During fund holding days a trust in London wrote to the practice with spare capacity so the GPs used this. Also found it was cheaper- for example, flying a patient to Glasgow for a hip replacement worked out cheaper than going locally.*

**Marginal Bedfordshire GP**

- i) Hospitals should be careful when marketing straight to patients as this might be a biased picture and all sorts of litigation might follow.*
- ii) Funding may go away from local services which may inadvertently take away patients' choice to be treated locally in the long term.*
- iii) Letting GPs know of spare capacity on specialist services would be a good thing and he feels this type of marketing would be sufficient.*

**Cambridgeshire GP**

*No point in marketing to patients and the only 'marketing' that GPs want to know is how long are the waiting lists?*

**Marginal Bedfordshire GP**

*Dr ..... sees no need for a hospital to market a specialty to GPs or patients but believes that hospital to hospital marketing is a good idea where appropriate. It would be appropriate when a particular hospital has capacity to treat extra patients in a certain specialty. This hospital could then liaise with other hospitals to treat patients on their waiting lists if these waiting lists were extensive. There would be no need for the GPs to get involved in the organisation of this as the trusts would arrange transport, aftercare etc..*

*Kettering has participated in such schemes in the past with hospitals in Daventry and Leicestershire, with cataract treatments and orthopaedics respectfully. These have worked well with Kettering doing the outsourcing of the actual operations but taking care of the pre and aftercare treatments and consultations. These schemes are only viable if an acceptable price for the work is agreed between the trusts and the distance that the patients have to travel is reasonable.*

**Northamptonshire GP**

*If waiting lists are advertised, then this would be a good thing. Also, the brochure must deliver what it promises to deliver.*

**Northamptonshire GP**

*Don't know about hospitals in the local area. Provide information on consultant specialties.*

**Buckinghamshire GP**

*Providing marketing is unbiased – no problems.*

**Marginal Bedfordshire GP**

Suggestions for style of marketing.

*The GP thinks it might generally be a good idea but the information needs to be concise and preferably in an electronic format. This would make the collation, cross referencing and storage of information in a format that can easily be accessed as and when required.*

**Bedford GP**

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*Decent websites for hospitals would be an asset, with details of all consultants (especially when new ones join) and their special interests.*

**Buckinghamshire GP**

Doubts were expressed about marketing, with a range of issues aired such as waste of money and inadequate space in filing cabinets to being uninformative with inaccurate facts and figures put together by a highly talented marketing team.

*Private sector has good leaflets, but wouldn't be impressed if NHS hospitals wasted money on this.*

**Buckinghamshire GP**

*No, stupid idea. With internal market, brochures and leaflets are sent with logos, thick paper which starts accumulating causing filing problems. No GPs would believe in it (i.e. marketing brochures).*

**Marginal Bedfordshire GP**

*Don't need to. This will be an incentive to boost a consultant's private work. Word of mouth. Networking is where you get information to GPs about consultants and specialties. Brochures will be dependant upon marketing teams, producing best brochures.*

**Marginal Bedfordshire GP**

*Ethical issue in marketing within the NHS.*

**Northamptonshire GP**

*Not a good idea especially if this marketing takes the form of glossy pamphlets that contain dubious facts and figures which in themselves don't mean a great deal as they are difficult to substantiate.*

**Northamptonshire GP**

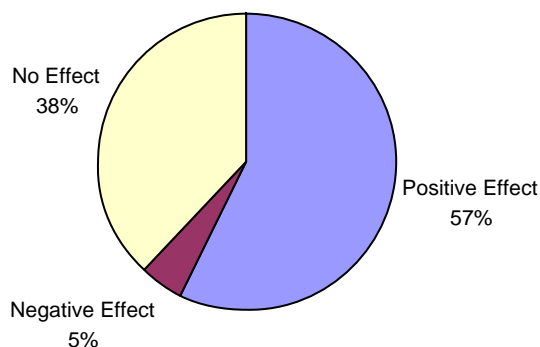
*District general hospitals should have same standards without resorting to marketing.*

**Bedford GP**

### 4.8.3 Impact of marketing specialties

Over 50% of GPs questioned considered marketing will have a positive influence on choice of hospital with a little over a third (38%) stating marketing material will have no effect on choice of hospital (the reasons behind this were not explored in the interview). A minority (5%) of GPs considered marketing to have a negative effect thus acting as a deterrent as opposed to promoting trust. To understand this feedback, further analysis has been undertaken in the proceeding section on how it will positively affect a GP choice of hospital.

*What effect might marketing have on your choice of hospital?*



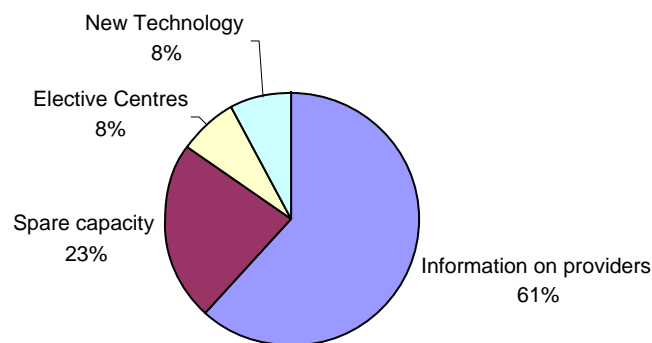
**Figure 16:** The effect of marketing on GPs and choice of hospitals.

GPs in Milton Keynes considered the material to have a positive effect. In contrast, the Marginal Bedfordshire GPs, denouncing the potential of marketing to be a 'bad' idea, did not totally condemn the potential outcome. Marketing was viewed as having no effect as opposed to negative effect, with one GP switching views, recognising the potential benefits to junior GPs.

#### **4.8.4 Breakdown on when GPs considered marketing to have a positive effect**

Figure 17 is a breakdown of the 57% of GPs who viewed marketing to have a positive effect on the choice of hospital. Most GPs simply wanted information on providers for various reasons, be it to get started as a new GP in a practice, to establish new patterns of referral or, quite simply, to broaden knowledge base of trusts. Spare capacity and waiting times (23%) were also common factors attributed as positives for potential marketing.

##### **A breakdown of suggestions for future marketing material**



**Figure 17:** Breakdown of 57% of GPs who considered marketing to have a positive effect.

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**4.8.5** *Comments by GPs on marketing material and the possible implications on the GP referral process*

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Marketing viewed as ineffective with a conditional statement that it can be useful if it is informative.

*Not much unless it provides information critical to make an informed referral.*

**Bedford GP**

*If GP has no experience, then GP will admit to this. Patients come in with an informed choice.*

**Marginal Bedfordshire GP**

Suggestions for content and style for future marketing material.

*Information of facilities available would be good. But the GP would like the information to be very brief and concise.*

**Bedford GP**

*Does not have time to assess all the different providers, especially if they all start sending marketing materials, but spare capacity or new technology might be of interest.*

**Buckinghamshire GP**

*If the capacity is there then potentially it could influence the choice of where to send a patient but a contract involving the PCTs and relevant trust would need to be in place to facilitate this. If this was the case then the GPs would have already been made aware of the specialty and its capacity regardless of any marketing campaign.*

**Marginal Bedfordshire GP**



*Patient feedback has the most impact on GP referral patterns, so marketing is more useful initially. If patient feedback from a trust is negative then there won't be much point the trust sending GPs marketing leaflets.*

**Buckinghamshire GP**

*Could be influential – not sure. If only menu of 4-5 providers anyway then they will have enough information on those, so not much point marketing.*

**Bedfordshire GP**

Whilst marketing material with the right content and style may be informative and even perhaps persuasive, GPs highlighted the ethics of marketing in the NHS as well as possible repercussions of marketing.

*Put you off. If hard selling is involved. It would suggest to me that the hospital cannot get patients any other way.*

**Bedford GP**



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# 5 *Conclusion*

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This report commenced by examining the findings from the quantitative surveys from GPs and patients. Differences were identified with GPs attributing waiting times and locality to be the two most important factors likely to influence Patient Choice. In comparison, the sample of patients questioned considered reputation of consultant together with clean and comfortable environment to be important factors when selecting a secondary care provider.

The report proceeded to look at the qualitative findings from GP interviews where the following was established:

- i) GPs consider patients value local NHS care and short waiting times.
- ii) GPs as health professionals recognise the importance of specialties in particular, coordinating patients needs with good local specialties.
- iii) Patients rely on GP advice. GP advice partially stems from past experience in referral patterns and the 'who you know' factor. The main deterrent for GPs looking elsewhere is the unknown factors, i.e. don't know enough about other trust, specialties or consultants.
- iv) If GPs are uncomfortable looking elsewhere, existing patterns of referral will ensue.

## *Loyal GPs shopping around*

The findings demonstrated it would be unwise for Bedford NHS Trust to exclusively rely on local patients and short waiting times. Local GPs equally value good local specialities. The NHS trusts encountering minimal impact following implementation of Patient Choice will be those that are able to deliver all three successfully. If these

deliverables are unachievable, local hospitals may find traditionally loyal local GPs shopping around, looking and recommending further afield for elective surgery on behalf of patients.

Opportunities, which may be dictated by extenuating circumstances, will arise for patients to have treatment at NHS trusts other than the immediate local provider. From the research undertaken with Marginal Bedfordshire GPs, the GPs listen closely for feedback from patients concerning the standard and level of service of treatment. As the numbers increase, and clear differences in service of treatments emerge, GPs may be more willing to use alternative providers based on previous patient experience. If minor differences emerge and waiting times remain competitive compared to other local providers, there will be little incentive for patients to travel and a pragmatic approach taken by GPs will be to recommend patients locally as is the current situation.

### ***Marketing***

On the question of marketing, over 50% of GPs stated that marketing will have a positive impact on their choice of referral with many agreeing to the principle of marketing on the proviso that marketing was directed at GPs and provided an informative purpose. This is interesting as marketing may go some way in serving to draw GPs away from their comfort zone and perhaps consider other possibilities. The common areas identified for marketing to be acceptable encompassed details on capacity, waiting times, details on trusts, specialties, consultants etc..

### ***Informing whilst marketing***

Similarly, little opportunity may exist in providing marketing material relating to waiting time and capacity as much of this information is likely to be available online via the Electronic Booking System.

Potential may exist to supply information on trusts, specialties and consultants. Much of the information available via the EBS is likely to be in a structure and format dictated by the software vendor hosting the system, thus leaving little identifiable differentiation both for the patient and GP. Further marketing may allow Bedford

NHS Trust to distinguish itself from its competitors, and perhaps raise the brand of certain specialties offered by the Trust.

The process of delivery of Choice is at present unclear on how and when patients will decide on a suitable provider. However, what is clear is that patients trust and listen to their GP's advice which in turns means GPs will continue to be strong influential factor in helping with the decision making process in selecting an elective surgery provider.





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