



# Private Healthcare Market Investigation

Technical Report - GP and private consultants survey

**TECHNICAL REPORT**  
February 2013

Prepared by: Bridget Williams/Sarah McHugh/Chris Holmes

## Table of Contents

<b>1</b>	<b>Background .....</b>	<b>1</b>
1.1	Previous research	2
<b>2</b>	<b>Method.....</b>	<b>4</b>
2.1	Panel recruitment/maintenance	4
2.2	Sampling	4
<b>3</b>	<b>Questionnaire design.....</b>	<b>8</b>
3.1	Questionnaire development	8
3.1.1	Piloting	8
3.1.2	Questionnaire coverage	13
<b>4</b>	<b>Survey process.....</b>	<b>15</b>
4.1	Eligibility criteria:	15
4.2	Fieldwork	16
4.2.1	Summary of response	16
<b>5</b>	<b>Data analysis .....</b>	<b>19</b>
5.1	Weighting	19
5.1.1	GPs	19
5.1.2	Private consultants	20
5.2	Coding	22
5.3	Data processing	22
5.3.1	Significance testing	22
<b>6</b>	<b>APPENDIX .....</b>	<b>23</b>
6.1	GP Survey Final Questionnaire	23
6.2	Consultant Survey Final questionnaire	41
6.3	Healthcare Professional Pilot Recruitment Spec	16
6.4	Screeners for recruitment of healthcare professionals for the pilot	19
6.5	Codeframes	21
6.5.1	GPs Codeframes	21
6.5.2	Codeframes – Private consultants	22
6.6	Crossbreak headers and definitions	28
6.6.1	GP crossbreak headers and definitions	28
6.6.2	Private consultant crossbreak headers and definitions	29
6.7	Nets	31
6.7.1	GP table NET definitions	31
6.7.2	Private consultant table NET definitions	32
6.8	Introductory text to the online survey	34

# 1 Background

On the 4th April 2012 the private healthcare market was referred to the Competition Commission for an inquiry. The Competition Commission's inquiry will focus on privately funded healthcare services which are provided to patients either at private hospitals or in NHS hospitals in Private Patients Units (PPUs).

The total value of the market for acute private healthcare in 2010 was £5 billion and three fifths of this can be accounted for through private hospitals and clinics. More than three quarters of acute private healthcare encounters are paid for by private medical insurance policies. Overall just under sixteen per cent of the UK population have a private medical insurance policy.

The Office of Fair Trading<sup>1</sup> research identified a number of issues within the private healthcare market that may affect competition and long term cost of the provision of healthcare. Some of these issues are laid out below.

1. There is a shortage of accessible, standardised and comparable information provided to patients and their advisors in relation to the quality of private healthcare facilities and consultants. Patients with private medical insurance do not have sufficient information to allow them to judge how much they may have to pay if the limit is exceeded within their insurance and self-pay patients have difficulties comparing the prices charged by different private healthcare facilities.
2. This lack of information (as described above) makes it difficult for patients and GPs to drive efficiencies and competition between private healthcare providers.
3. Consultants currently choose which private healthcare facility they use and this seems to be based upon alliances and contracts. This dynamic does not help to improve the quality of patient care and keep costs down.
4. Some private medical insurance organisations appear to have some "buyer" power but this is generally limited.

These issues have led the Office of Fair Trading to refer private medical healthcare to the Competition Commission. The Competition Commission wishes to build upon the research conducted by the Office of Fair Trading to understand how the private healthcare market works in relation to:

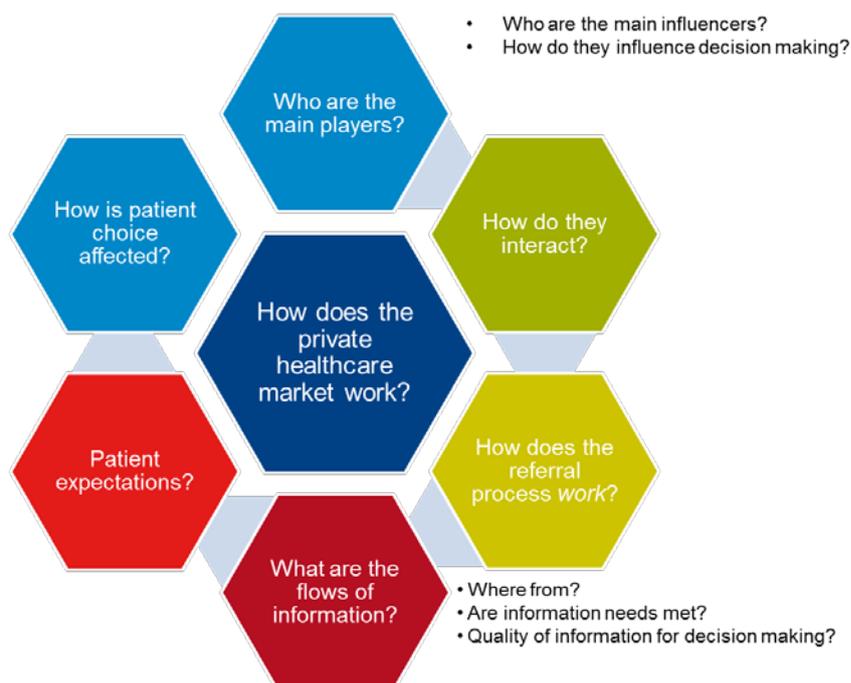
- how patients access private healthcare
- interactions between patient and the healthcare professionals
- influence of private medical insurer's
- information available

Figure 1 provides an overview of the main research questions that the inquiry is aiming to ascertain.

---

<sup>1</sup> OFT report: [http://www.oft.gov.uk/shared\\_offt/market-studies/Final-Survey-Report-08-2011.pdf](http://www.oft.gov.uk/shared_offt/market-studies/Final-Survey-Report-08-2011.pdf)

**Figure 1: Research questions**



## 1.1 Previous research

The Office for Fair Trading (OFT) previously conducted a survey amongst GPs and consultants about the private healthcare market<sup>1</sup>. A list of the areas covered in the OFT survey can be found below.

### Questions to GPs covered to a greater extent in the OFT surveys:

- How GPs see their role when referring patients
- What do GPs ask patients about their insurance policies
- GPs' awareness of private facilities in their local area
- Number of alternative private providers typically available locally to patients
- Information provided by GPs to patients
- GPs' views on whether patients follow their recommendations
- Relative importance of factors influencing patients' choices

### Questions to consultants covered to a greater extent in the OFT surveys:

- Frequency and reasons of re-referrals
- Hours worked for the NHS and privately and spare capacity
- Consultants' travel time to their hospitals
- Information on private work given by consultants to PMIs and NHS
- Reasons why consultants prefer certain private facilities over others
- Frequency of treating patients in more than one private facility for a single episode
- Travel time between private facilities where consultants work
- Whether and why consultants switch private facility
- Information provided by consultants to patients
- Relationship with insurers and insurers' influence on treatment decisions

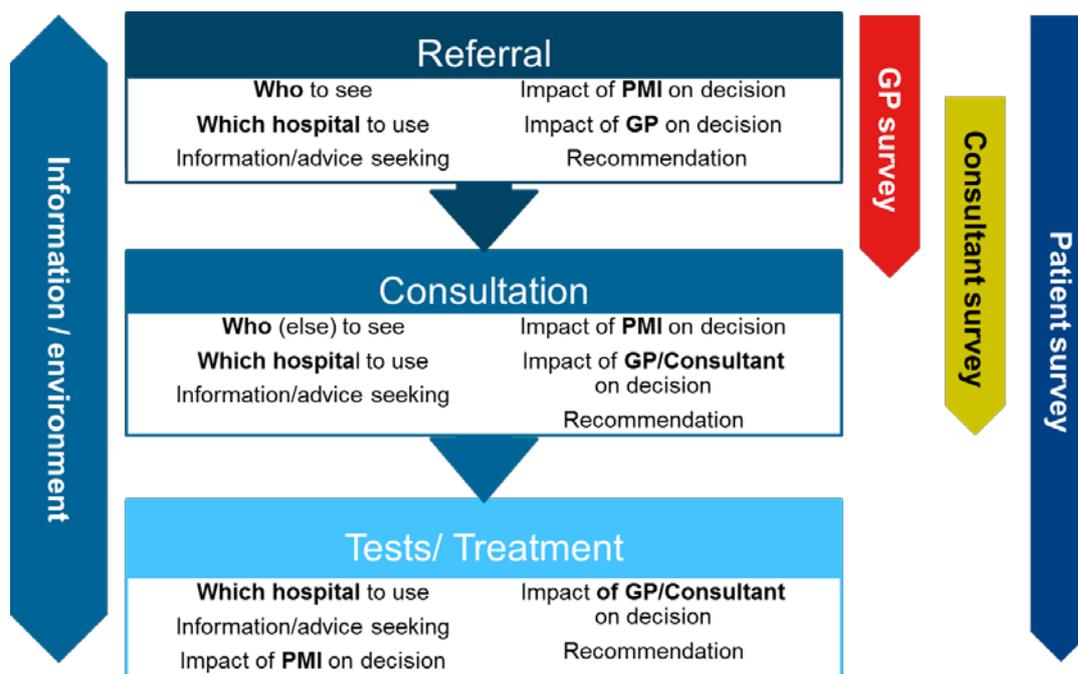
The topic areas listed above were not covered in the GfK surveys because it was felt that the OFT surveys had already provided sufficient information.

GfK NOP was commissioned by the Competition Commission to conduct quantitative online surveys with the following groups:

1. patients who had received treatment/tests as a private patient
2. Consultants who work in the private healthcare market
3. GPs who refer patients to private healthcare

The data from these surveys would feed directly into the Competition Commission’s inquiry.

**Figure 2: Survey coverage**



This technical report deals solely with the GP and private consultant surveys. A separate technical report has been produced for the patient survey.

## 2 Method

The quantitative surveys of GPs and private consultants aimed to provide robust evidence on how the private healthcare market works: it filled gaps identified in the previous OFT reports to fully support the Commission's inquiry. Some of the interactions that were included within the surveys were very complex and sensitive in nature, so it was necessary to ensure that an interviewing environment was provided where respondents could answer honestly and confidentially.

An online survey was therefore recommended for this project to provide not only an environment where respondents felt comfortable to answer the questions but to also allow time-poor individuals the opportunity to complete the survey in their own time. Both GPs and consultants are difficult to contact due to the nature of their occupation and the need to negotiate with a "gate-keeper" to access our target audience, so an online method allows them to be contacted directly. The other major benefit of undertaking the surveys online was that the method also provided a degree of comparability with the previous OFT surveys<sup>1</sup> (also conducted online). This latter point is important, as it will allow the Competition Commission to build on the OFT survey<sup>1</sup> findings and provide a point of triangulation and comparison to add further credence to the findings and interpretation for the overall inquiry.

### 2.1 Panel recruitment/maintenance

Respondents were recruited for interview from the bespoke panels held by GfK NOP's approved supplier: Medefield. Medefield is a global expert in fieldwork services, with over 10 years' experience in delivering online market research to meet the unique requirements of the healthcare industry. All their work is to the same quality standards as GfK NOP uses: their work is to appropriate standards for data protection and they are members of the Market Research Society, Council of American Survey Research Organisations, the Pharmaceutical Medical Research Group, European Pharmaceutical Market Research Association and The Pharmaceutical Business Intelligence and Research Group.

Medefield recruits respondents to their panel from a range of sources, including partnerships with professional organisations and special recruitment campaigns; recruitment methods are both online and offline to target professionals who are harder to reach. All recruited members are double opted-in: after registration, each new member receives a confirmation email which describes community membership and provides instructions for continuing membership as well as the option to opt-out of community participation. Their credentials are verified with reference to the relevant professional associations, including the GMC, and they are closely profiled to ensure that we can accurately access samples of precisely who is needed.

The average voluntary attrition rate is approximately 1% and the database is cleaned every 6 months. The global Medefield community comprises more than 900,000 physicians, of which 75,000 are in the UK.

### 2.2 Sampling

The sample size suggested was, as for all surveys, based upon a trade-off between statistical reliability and budget. On this occasion, the availability of potential respondents and timeframe also needed to be taken into account, i.e. the number of interviews that could be completed within the target audiences based on knowledge about the online panel, the subject matter, likely response rates, etc.

At the outset there were no requirements for breakdowns by individual countries or specialties, although it was assumed that some degree of sub-group analysis would be required (e.g. by length of

time since registration, or by groups of specialties). However, during the development discussions it was noted that:

- the primary healthcare system in Scotland was slightly different to the rest of the UK
- anaesthetists were of particular interest to the Competition Commission owing to their unique position

Separate targets were set for both of these groups to enable resulting data to be analysed separately. After discussion with the Competition Commission it was agreed that 400 interviews with GPs and 550 with private consultants would be conducted, with the sample structured as shown in Table 2.

The proportion of interviews amongst GPs in Scotland was boosted slightly from a nationally representative sample of 36 interviews (which would have been nationally representative) to 50 interviews.

The anaesthetists sample was also boosted slightly from 72 interviews (nationally representative sample) to 100 interviews. This boost was included to ensure that it possible to look at some sub-group differences.

**Table 2: Target sample breakdown**

Occupation	Grouping	No of Interviews
GP	Scotland	50
	Rest of UK	350
Private consultants	Anaesthetists	100
	Non-anaesthetists	450
<b>Total</b>		<b>950</b>

### GP survey

The GP panel list was stratified by region prior to the selection of the sample for the survey to ensure that a representative sample was achieved across the UK. The sampling interval in Scotland was adjusted to reflect the requirement to complete a minimum of 50 interviews in Scotland.

The target proportion of interviews to be completed in each country are laid out in table 3. Please note the proportion below takes into account the booster in Scotland.

**Table 3: GP survey – country proportions**

Country	Proportion%
England	80
Northern Ireland	3
Scotland	13
Wales	5

### Private consultant survey

The consultant panel list was stratified prior to selection by region and specialty. The consultant sample selected was drawn across region and specialty in the proportions shown in tables 4 and 5. It should be noted that differential response rates amongst specialties was taken into account during the sample selection process.

**Table 4: Proportions by region selected for the consultant survey**

<b>Regions</b>	<b>Proportions %</b>
North East	5
North West	12
Yorkshire and The Humber	8
East Midlands	6
West Midlands	8
East of England	8
London	16
South East Coast	6
South Central	6
South West	8
Scotland	9
Wales	5
Northern Ireland	3

**Table 5: Proportions of specialties selected for the consultant survey**

<b>Consultant specialty</b>	<b>Proportion %</b>
<b>A&amp;E</b>	<b>4</b>
Emergency Medicine	4
<b>Anaesthesiology</b>	<b>18</b>
Anaesthesiology	18
<b>General Medicine</b>	<b>46</b>
Cardiology	7
Dermatology	4
Endocrinology & Diabetes	3
Gastroenterology	3
Geriatrics	2
Respirology/Pulmonology	3
Haematology	3
Infectious Diseases	4
Internal Medicine	2
Nephrology	2
Neurology	5
Rheumatology	3
<b>Oncology/Radiology</b>	<b>11</b>
Oncology	7
Radiology	4
<b>Paediatrics</b>	<b>5</b>
Paediatrics	5
<b>Surgical</b>	<b>21</b>
Ophthalmology	4
Otolaryngology	2
Orthopaedics	5
Podiatry	1
General/Vascular surgery	6
Urology	3

## 3 Questionnaire design

### 3.1 Questionnaire development

The questionnaire was developed by GfK NOP and the steering group at the Competition Commission, and a draft of the questionnaire was shared with parties for comment. Some of the comments received from the parties were incorporated into the questionnaire.

#### 3.1.1 Piloting

In order to ensure that the questionnaires covered all the relevant issues and were clear to the respondents they were tested through a cognitive pilot.

The pilot recruitment was undertaken by our approved supplier for qualitative fieldwork recruitment, Adkins Medical. GfK NOP agreed a recruitment specification and recruitment questionnaire with the Competition Commission and these documents were then provided to Adkins Medical. The recruitment questionnaire can be found in sections 6.3 and 6.4. Pilot respondents were given a £100 incentive to participate in the pilot.

The profile of the pilot sample was agreed with the Competition Commission and can be seen in table 6.

**Table 6: Sample breakdown by country for cognitive pilot**

	England	Northern Ireland	Scotland	Wales	Total
<b>GPs</b>	1	1	2	1	5
<b>Consultants (must do some private work)</b>	2	1	1	1	5

Amongst private consultants there was an additional requirement that we interview one anaesthetist, two surgeons and two non-surgeons, as it was felt that these groups may have different experiences.

Full details of the recruitment specification can be found in section 6.3.

The cognitive interviews took between 30 to 40 minutes depending on the extent of the discussion. Pilot respondents were sent a copy of the questionnaire via email prior to the interview. They were asked to complete the questionnaire during the interview by reading out the questions and 'thinking aloud' to talk the researcher through their answers and the reasons for them. The researcher probed to check understanding and to ensure that questions were working as expected.

The Competition Commission listened in to some of the pilot interviews after permission had been sought from the respondent. Interviews were also recorded to assist in analysis. A pilot report was provided to the Competition Commission, who agreed changes to the questionnaire.

Tables 7 and 8 provide details of some of the changes that were made to the questionnaire based upon pilot feedback.

**Table 7: Changes agreed to the GP questionnaire after feedback from the pilot**

Question	Pilot Question Wording	Changes agreed
<b>A3</b>	First I would like you to think about referring patients for private healthcare. Which of these things have you done in the last 12 months?	GPs understood “open referral” differently to the definition intended. The text was changed to: “referred a patient for private healthcare specifying neither the name of the consultant nor the hospital”  This change was also made to D1 and G1.
<b>B2</b>	And of these, what proportion have private medical insurance?	Additional text: “Please estimate if you are not sure”  This additional text was added to D1, D2, I1 and I2.
<b>C4</b>	What are the main reasons your patients give for choosing to go private?	An additional code: “more time with private consultant” was added to the precoded list.
<b>D2</b>	And what proportions of the patients you refer for private healthcare come to you already knowing the private consultant or hospital they wish to be referred to?	This question caused some confusion amongst GPs. Text and answer options were changed to: “When you are discussing the referral with them; what proportion know the following?” <ul style="list-style-type: none"> <li>• Know the private consultant they want to see</li> <li>• Know the private hospital/PPU that they want to go to</li> <li>• Know neither the private consultant nor the hospital/PPU they want to go to</li> </ul>
<b>E2</b>	When suggesting the names of several private consultants to a patient, do you usually recommend one of them over the others?	GPs in the pilot found it difficult to give a definitive answer to this question. It was agreed to change the answer options from a simple yes/no to a scale - always, usually, sometimes, never.
<b>E3</b>	Why do you usually suggest only one named private consultant to a patient?	Agreed to expand the existing code of “usually I know what is the best choice for my patients” to “usually I know which consultant is clinically the best choice for my patients”. GPs wanted to make it clear that they were making decisions on the basis of best clinical judgement.
<b>E6</b>	Which of these factors are important to you when deciding which private consultant to recommend to a patient?	Agreed to add code “feedback from the patients they had referred in the past”  This code was also added to H2 and H3.
<b>F5</b>	Overall, how important are the following factors to you when deciding to recommend a private hospital/facility to a patient?	This question was felt to not read well. The wording was changed to:  “Which, if any, of the following are important to you when deciding to recommend a private hospital or

Question	Pilot Question Wording	Changes agreed
		PPU at an NHS hospital to a patient?"
<b>I1</b>	<p>How far typically are the private consultants, private hospitals and private patient units you consider when referring a patient for private healthcare?</p> <p>a) Furthest private consultants typically considered</p> <p>b) Furthest private hospital/PPU considered</p>	<p>It was generally felt that the question and answer codes did not complement each other and could lead to some confusion. It was agreed to refine both the question and answer codes.</p> <p>"For the majority of your private patients, how far from your practice typically are the private consultants, private hospitals or PPUs at NHS hospitals you consider?"</p> <p>Answer codes:</p> <p>a) Furthest private consultant considered for most patients</p> <p>b) Furthest private hospital/PPU considered for most patients</p>
<b>I2</b>	<p>How often do patients explicitly ask you to refer them to a private consultant within a certain area?</p>	<p>"Certain area" meant different things to different people. Wording changed to:</p> <p>"How often do patients explicitly ask you to refer them to a private consultant or hospital within an area that they specify?"</p>
<b>K1-G3</b>	<p>To your knowledge do any of the private hospitals in your area offer benefits to consultants to encourage them to use their facilities or equipment?</p>	<p>The pilot probed how comfortable consultants felt being asked questions about benefits. On the whole the GPs were happy to answer these questions and they tended to think about a wide range of benefits such as educational meetings, as well as days out etc.</p> <p>The question text was changed to refer to "benefits or incentives" in line with comments made during the pilot.</p> <p>The question asking about which incentives or benefits they had been offered was moved to after G1 and changed to ask about what benefits or incentives were offered in general.</p>
<b>General</b>	<p>"Local area"</p>	<p>The questionnaire referred on several occasions to "local area". Pilot respondents were asked what they defined as their local area and the responses varied depending on the area of the country they were situated in. A question was added into the questionnaire asking respondents to define what they considered to be their local area so that responses could be analysed in the appropriate context.</p>

**Table 8: Changes agreed to the private consultants questionnaire after feedback from the pilot**

<b>Question No</b>	<b>Pilot question wording</b>	<b>Changes agreed</b>
<b>B1</b>	Now thinking of the last 12 months, how many patients in a month do you typically see privately?	Additional text: "Please estimate if you are not sure"  This text was also added to B3, E9
<b>C5</b>	What proportion of your private patients are accounted for by the main private hospital or PPU you work at?	It was felt that a time period needed to be specified. Question revised to:  "Over the past year, what proportion of your private patients are accounted for by the main private hospital or PPU you work at?"  The routing was changed so only those who worked at 2 or more private hospitals/PPUs were asked this question.  This routing change was also implemented for C6.
<b>C9</b>	Does the agreement you have with your main private hospital or PPU contain any restrictions on the amount of private work you can do in other private hospitals or PPUs?	It was mentioned that NHS contract restricted amount of private work.  Additional text added for clarification: "Please do not think about any restrictions placed by the NHS on any private work that you do"
<b>D5</b>	In the last 12 months, what proportion of your insured patients were unable to use the hospital or PPU that you recommend as being the most appropriate because the hospital or PPU was not recognised by their insurance?	The word "recognised" was not liked by some consultants.  Wording changed to: "was not covered (either fully or partly)"
<b>E2</b>	Do you belong to a consultant group?  Please note by consultant group we mean a group or partnership of individual consultants of the same specialty. However structured this is, it is set up for the purposes of providing services to consultants jointly rather than individually.	The definition was changed to "Please note by consultant group we mean a formal or informal group or partnership of individual consultants of the same specialty".

<b>E7</b>	For the same treatment, do you charge the same fees to all patients?	Private consultants found this question difficult as they felt their answer could vary in certain situations.  The answer options were changed from yes/no to a scale of always, usually, sometimes, never.
<b>F1</b>	Thinking of the ways you keep in touch with GPs. Which of the following are most important to you?	Private consultants found this difficult. The question was changed to:  "In which, if any, of the following ways do you inform GPs about the private work that you do?"  Other changes:  Code expanded to: Face-to-Face – at professional development meetings/educational meetings.  Additional code – I don't have contact with GPs added.
<b>G1-G3</b>	To your knowledge do any of the private hospitals in your area offer benefits to consultants to encourage them to use their facilities or equipment?	The question text was changed to benefits or incentives in line with comments made during the pilot.  The question asking about which incentives or benefits they had received was moved after G1 and changed to ask about what benefits or incentives were offered in general.

After the pilot recommendations were agreed, further discussions were held within the Competition Commission and the questionnaire was refined further.

### 3.1.2 Questionnaire coverage

The basic questionnaire structure is shown in Figures 3 and 4 and a copy of the questionnaire is appended (sections 6.1 and 6.2). The GP and private consultant surveys covered different topics to reflect their different role in private patients' treatment journeys.

**Figure 3: GP questionnaire topic areas**

Screeener	<ul style="list-style-type: none"><li>• Eligibility to participate in survey.</li></ul>
Patient population	<ul style="list-style-type: none"><li>• Number of patients referred to private healthcare , the proportion of patients who had private medical insurance or were self-pay.</li></ul>
Choice of private healthcare	<ul style="list-style-type: none"><li>• Who raised the option of going private, when GPs raise the issue, reasons given by patients.</li></ul>
The referral process	<ul style="list-style-type: none"><li>• Proportion of referrals made by type, whether patients know who they want to see/where they want to go.</li></ul>
Choice of Consultant	<ul style="list-style-type: none"><li>• Discussions about private consultants and the level of choice given to the patient.</li></ul>
Choice of Hospital	<ul style="list-style-type: none"><li>• Discussions about private hospitals/PPUs and the extent choice is given to patients.</li></ul>
Un-named referrals	<ul style="list-style-type: none"><li>• How often open-referrals are made.</li></ul>
Information and importance	<ul style="list-style-type: none"><li>• Information discussed or provided to patients and information GPs feel is lacking.</li></ul>
Willingness to travel	<ul style="list-style-type: none"><li>• Distance patients are currently referred and how far GPs think patients would be willing to travel.</li></ul>
Incentives	<ul style="list-style-type: none"><li>• Knowledge of incentives or benefits and whether offered.</li></ul>
Demographics	<ul style="list-style-type: none"><li>• Number of years worked as GP, in local area, list size.</li></ul>

**Figure 4: Private consultant questionnaire topic areas**

Screener	<ul style="list-style-type: none"><li>• Eligibility to participate in survey</li></ul>
Patient population	<ul style="list-style-type: none"><li>• Number of private patients seen, how paid (PMI or self-pay)</li></ul>
Relationship with private hospitals	<ul style="list-style-type: none"><li>• Hospitals used, link between private insurers and main hospital used, any restrictions imposed on them by main private hospital/PPU</li></ul>
Relationship with patients	<ul style="list-style-type: none"><li>• Discussions with patients about private hospital/PPU, recommendations by private consultant and choice given to patients</li></ul>
Your fees	<ul style="list-style-type: none"><li>• Which private insurers recognised by and how fees are set</li></ul>
Relationship with GPs	<ul style="list-style-type: none"><li>• How private consultants provide information to GPs about their work and what they tell GPs</li></ul>
Incentives	<ul style="list-style-type: none"><li>• Knowledge of private hospitals/PPUs offering incentive or benefits</li></ul>
Demographics	<ul style="list-style-type: none"><li>• Number of years worked as consultant</li></ul>

## 4 Survey process

The agreed questionnaire was provided to Medefield to script the online survey. The script was provided to GfK NOP and the Competition Commission to review. GfK NOP provided final sign off of the questionnaire.

In order to double check that the online script was working correctly a “soft launch” of the survey was instigated. The “soft launch” meant that only a small proportion of the selected sample was sent the email invitation, this allowed Medefield and GfK NOP to check the topline data before too many interviews had been completed. As soon as Medefield and GfK NOP were satisfied that no errors existed in the online script the full survey was launched.

Selected panel members were invited to participate in the survey through an email invitation sent by Medefield. Non-responders were sent a reminder email three days after the initial mailout; and up to three reminders were sent out.

Responses were monitored throughout the survey period and additional GPs and consultants were invited to take part as necessary to achieve the required number of interviews within each target cell. The representativeness of the sample was checked by comparing the screened sample (i.e. all respondents who completed the screener sections of the questionnaires) against the overall profile of the panel. Because there is no known profile of private consultants or GPs referring to private healthcare, the aim was instead to ensure that the sample screened for eligibility was broadly representative.

Incentives were provided to respondents by Medefield to reflect the amount of time needed to complete the survey.

### 4.1 Eligibility criteria:

In order to assess whether a respondent was eligible to undertake the survey, screening questions were placed at the beginning of the survey. Anyone failing the screening criteria was considered to be ineligible and they were closed out of the survey.

The screening criteria were as follows:

#### **GPs had to:**

- Conduct their work within the UK.
- Have referred at least one patient for private healthcare in the last 12 months.
- Not worked exclusively as a locum.

The eligibility criteria were chosen to ensure:

- All GPs interviewed were within the boundary covered by the Competition Commission inquiry.
- GPs had some recent relevant experience in referring patients to private healthcare so that we were able to gain an accurate picture of how GPs interact with patients in the decision process about private healthcare.
- To ensure that all GPs were fixed to a local area; this was important so that they were able to provide us with feedback about what happened in their local areas and ensure that we were gaining a picture about the “usual” experience for patients.

### **Private consultants had to:**

- Conduct their work in the UK.
- Undertake private work as a consultant (including those conducting a mixture of private/NHS work), and
- Not only specialise in Cosmetic Surgery, Dentistry, Psychiatry or Gynaecology & Obstetrics.

The eligibility criteria were chosen to ensure:

- All private consultants interviewed were within the boundary covered by the Competition Commission inquiry.
- Consultants worked within private healthcare at least some of their time and could therefore provide us with information on how they conduct their private work.
- Consultants who only work in certain specialties were excluded from the survey.

## **4.2 Fieldwork**

Fieldwork was conducted online between the following dates:

- GPs – 7<sup>th</sup> November to 30<sup>th</sup> November 2012
- Private consultants – 5<sup>th</sup> November to 3<sup>rd</sup> December 2012

### **4.2.1 Summary of response**

#### **GPs**

A total of 400 GPs completed the online survey. This equated to an adjusted response rate of 14%.

#### **Private consultants**

A total of 570 private consultants completed the online survey, 102 anaesthetists and 468 non-anaesthetists. This equated to an adjusted response rate of 8%.

A full response breakdown is shown in table 9.

**Table 9: Response summary**

	GP	Consultants
Consent forms received from hospital groups	<b>3,945</b>	<b>27,297</b>
<b>Started survey</b>	576	2,339
Eligible base	<b>3630</b>	<b>20,200</b>
<i>Ineligible - total</i>	<b>46</b>	<b>604</b>
Completed screener – eligible	<b>530</b>	<b>1,735</b>
<b>Quota full</b>	99	1,111
<b>Incomplete</b>	31	54
Full completes	<b>400</b>	<b>570</b>

**Figure 5: Adjusted response rate for GPs**

**GPs - the adjusted response rate of 14% was calculated in the following way:**

1. Number completing screener and eligible (530) / Number who completed screener, both eligible and ineligible (576) = Eligibility rate (92%)
2. Number of email invitations sent out (3,945) x Eligibility rate (92%)= Adjusted eligible sample (3,630)
3. Complete (400) + incomplete (31) = Non-complete adjustment (92%)
4. Quota full (99) x Non-complete adjustment (92%)= Adjusted quota full (92)
5. Total number of completes (400) + adjusted quota full (92) = Total responses (492)
6. Total responses (492)/eligible base (3,630) = Response rate (14%)

**Figure 6: Adjusted response rate for private consultants**

**Private Consultants - the adjusted response rate of 8% was calculated in the following way:**

1. Number completing screener and eligible (1,735) / Number who completed screener, both eligible and ineligible (2,339) = Eligibility rate (74%)
2. Number of email invitations sent out (27,297) x Eligibility rate (74%)= Adjusted eligible sample (20,200)
3. Complete (570) + incomplete (54) = Non-complete adjustment (91%)
4. Quota full (99) x Non-complete adjustment (91%)= Adjusted quota full (90)
5. Total number of completes (570) + adjusted quota full (90) = Total responses (660)
6. Total responses (660)/eligible base (20,200) = Response rate (3.3%)

## Definitions for the response summary

- **Ineligible** - this refers to the number of respondents who were ineligible to conduct the survey as they did not qualify because:

### **GPs**

- they worked outside the UK,
- they had not referred at least one patient for private healthcare in the last 12 months,
- they worked exclusively as a locum.

### **Consultants:**

- they worked outside the UK,
  - they did not undertake private work as a consultant,
  - they only specialised in Cosmetic Surgery, Dentistry, Psychiatry or Gynaecology & Obstetrics.
- **Incomplete** – this refers to the number of respondents who started the survey but did not finish it.
  - **Quota full** – this refers to the number of respondents who were eligible to undertake the survey but they did not continue past the screening questions as the quota on region or specialty that they fell into was already completed.

## 5 Data analysis

### 5.1 Weighting

#### 5.1.1 GPs

The data for the GP survey were not weighted. This is because there are no known sources detailing the profiles of GPs who refer to private healthcare. However, nearly all GPs completing the screener had referred patients to private healthcare, with only 4 GPs screened out from the survey on the basis they had not made a referral to private healthcare in the past 12 months. It should however be noted that GPs were informed that the survey was about the private healthcare market at the outset and this may have influenced their decision on whether to start the survey (i.e. if they have not referred a patient to private healthcare they may have just ignored the invitation to participate). The introductory text from the survey can be found in section 6.8.

The profile of the GPs in our survey was compared with the profiles for the NHS workforce data<sup>2</sup> and the profiles from the OFT survey<sup>1</sup>. By comparing against these two sources we were able to establish that the profiles were very similar and the Competition Commission survey dataset was broadly representative of the population in question. On this basis, it was decided not to weight the data.

**Table 10: Comparison between the proportion of GPs interviewed in the GfK NOP survey against the OFT report and NHS workforce data – by region**

Region	Number of GPs interviewed (GfK NOP)	GPs interviewed (GfK NOP) %	GPs OFT report %	GPs in NHS Workforce Data %
<b>Base:</b>	400	400	403	42,967
<b>North East</b>	7	2	3	4
<b>North West</b>	35	9	8	11
<b>Yorkshire and The Humber</b>	40	10	9	8
<b>East Midlands</b>	26	7	7	7
<b>West Midlands</b>	30	8	9	8
<b>East of England</b>	35	9	9	8
<b>London</b>	49	12	14	13
<b>South East</b>	50	12	14	13
<b>South West</b>	44	11	9	10
<b>Wales</b>	21	5	5	5
<b>Scotland</b>	50	12	10	10
<b>Northern Ireland</b>	12	3	3	3
<b>Blank</b>	1	*	-	-
<b>Total</b>	400	100	100	100

<sup>2</sup> NHS workforce data from NHS Information Centre:

<http://www.ic.nhs.uk/searchcatalogue?productid=4876&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=2#top>

NHS Workforce data was not available on the length of time practicing for GPs and therefore this data was only compared against the OFT report<sup>1</sup> (see table 11). Again the profiles between the two surveys were very similar, so weighting on this dimension was not required.

**Table 11: Comparison between the number of GPs interviewed in the GfK NOP survey against the OFT report – number of years practicing as a GP**

No of years practicing	No GPs interviewed (GfK NOP)	GPs interviewed (GfK NOP) %	OFT report %
<b>Base:</b>	400	400	403
<b>Less than 5 years</b>	22	6	7
<b>5 -20 years</b>	220	55	55
<b>21-30 years</b>	145	36	32
<b>More than 30 years</b>	11	3	6
<b>Don't know</b>	2	*	-
<b>Total</b>	400	100	

### 5.1.2 Private consultants

The private consultants' survey data were not weighted. This is again because there are no known comprehensive sources detailing the profile of consultants who work in private healthcare. The consultants' data was compared to the screened sample from the survey and was found to be broadly comparable.

Table 12 provides details of the profile of consultants broken down by specialty and shows the following:

- NHS workforce data –the breakdown of specialties based upon NHS workforce data (after excluding the specialties ineligible for the survey)<sup>2</sup>.
- Screened sample – the profile of all the consultants who completed the initial screener to determine their eligibility to complete the survey. This was monitored with a view to checking that the sample of consultants screened was reasonably representative of the national consultant population.
- All consultants who completed the survey – the profile of all those who were eligible to complete the survey and who completed the full interview.

The screened sample was felt to be broadly similar to the national NHS consultant profile. In table 12 paediatricians appear to be under-represented in the screened sample but it was felt that paediatricians were much less likely to undertake private healthcare, so fewer paediatricians were screened at the outset. The lack of detailed profile information on private consultants and the fact that the screened sample was felt to be broadly similar representative of the population in question led to the decision to not weight the consultant data.

**Table 12: Profile of consultants screened**

	NHS workforce data	Screened sample	All consultants who completed the survey**
<b>Base</b>	30,034*	2,339	570
<b>A&amp;E</b>	4%	2%	0.4%
<b>Anaesthetics</b>	23%	14%	18%
<b>General Medicine</b>	31%	39%	37%
<b>Oncology/ Radiology</b>	4%	4%	5%
<b>Paediatrics</b>	10%	2%	3%
<b>Surgical</b>	28%	38%	37%

\* proportions based upon those specialties eligible to take part in survey

\*\* i.e. after those who were ineligible to complete the survey (e.g. those who did not conduct any private healthcare) were excluded

A comparison of the profiles of the private consultants interviewed by region was made against the profile of private consultants within the OFT report<sup>1</sup> and NHS workforce data<sup>2</sup> (Table 13). Overall the proportions seen across the three estimates were similar, further reinforcing the decision not to weight the consultant data.

**Table 13: Comparison between the proportion of private consultants interviewed in the GfK NOP survey against the OFT report and NHS workforce figures – by region**

	Number of private consultants interviewed (GfK NOP)	Private consultants interviewed (GfK NOP) %	Private Consultants OFT Report %	Consultants in NHS Workforce data %
<b>Base</b>	570	570	401	46,745*
<b>North East</b>	16	3	3	5
<b>North West</b>	67	12	9	12
<b>Yorkshire and The Humber</b>	47	8	8	8
<b>East Midlands</b>	25	4	7	6
<b>West Midlands</b>	51	9	11	8
<b>East of England</b>	55	10	12	8
<b>London</b>	90	16	15	16
<b>South East Coast</b>	35	6	5	6
<b>South Central</b>	44	8	6	6
<b>South West</b>	63	11	6	8
<b>Scotland</b>	32	6	6	9
<b>Wales</b>	28	5	3	5
<b>Northern Ireland</b>	9	2	2	3
<b>Blanks</b>	8	1	7	
<b>Total</b>	570	100	100	100

\* please note proportions based upon all NHS consultants

## **5.2 Coding**

The final GP questionnaire contained one open-ended question and 7 other answers; and the consultant questionnaire contained two open-ended questions and 11 other answers.

In order to get the most out of these open responses codeframes were developed with reference to the objectives of the question, and these were signed off by the Competition Commission before coding commenced.

Only codes with 2 or more mentions were shown separately in the data.

Codeframes are included in section 6.5 of this report.

## **5.3 Data processing**

Medefield provided GfK NOP with the coded survey data. Data tabulations were run by GfK NOP to a specification agreed with Competition Commission. The tables included key sub-groups as crossbreaks (e.g. location, experience, etc.), as well as a number of derived variables. The crossbreak definitions and definitions of derived variables are shown in section 6.6 of this report. A number of net codes (or overcodes) were also created to assist with analysis (for example, to group a number of similar codes together) and the specifications are shown in section 6.7 of the report.

Crossbreaks with bases of less than 30 respondents were suppressed in the computer tables, because of the level of variability in the data that can be found with very small base sizes.

Once the computer tables had been finalised, excel tables were produced along with an SPSS file. The SPSS file was created to a specification agreed with the Competition Commission.

### **5.3.1 Significance testing**

Significance testing was added to the computer tabulations to assist in the identification of significant differences. A two-tailed test was used at the 95% confidence interval.

Significant differences are indicated in the tables by labeling each column in the crossbreaks with a letter: where significant differences are found, the letter(s) from the column(s) which were significantly different from each other are shown. Significance testing is applied between sub-groups, rather than between the sub-group and the total sample.

## 6 APPENDIX

### 6.1 GP Survey Final Questionnaire

COMPETITION COMMISSION – GP SURVEY  
Draft: FINAL Revised – 5th November 2012

#### A About you

A 1 In which country do you work?  
PROGRAMMING NOTE: SINGLE CODE

1. England
2. Northern Ireland
3. Scotland
4. Wales
5. Other

PROGRAMMING NOTE: IF CODE 1 TO 4 CONTINUE. IF CODE 5 THANK AND CLOSE

A 2 Is your main job based at one GP Practice or do you usually work across a number of Practices?  
PROGRAMMING NOTE: SINGLE CODE

1. One GP Practice only
2. Work across a number of GP practices as a locum
3. Work across a number of GP practices but not as a locum

PROGRAMMING NOTE: IF CODE 1 or 3 CONTINUE. IF CODE 2 THEN THANK AND CLOSE

A 3 First I would like you to think about referring patients for private healthcare. Which of these things have you done in the last 12 months?

Please note: this could be private treatment paid for by private medical insurance or by the patient themselves.

Please do not include patients who only had a test privately and who then required no further treatment or the treatment was provided on the NHS.

SELECT ALL THAT APPLY

PROGRAMMING NOTE: MULTI CODE

1. Referred a patient to see a named private consultant and named private hospital or private patient unit (PPU) at an NHS hospital
2. Referred a patient to see a named private consultant without specifying the name of the hospital
3. Referred a patient to a named private hospital, without specifying the name of a consultant
4. Referred a patient to a named private patient unit (PPU) at an NHS hospital, without specifying the name of a consultant
5. Referred a patient for private healthcare specifying neither the name of the consultant nor the hospital
6. None of these
7. Don't know

PR: IF NONE OF THESE OR DON'T KNOW CLOSE.  
IF CODE 1- 5 CONTINUE

**B Patient population**

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODE 1 TO 5 AT A3)

B 1 Now thinking of the last 12 months, how many patients have you referred for private healthcare in the last year? Please enter an estimate if you are not sure.

1. ENTER NUMBER
2. Don't know

PROGRAMMING NOTE: ALLOW 1 TO 1,000

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODE 1 TO 5 AT A3)

B 2 And of these, what proportion had private medical insurance?

Please enter an estimate if you are not sure.

	Had private medical insurance	Did not have private medical insurance	
Enter proportion	%	%	Sum = 100%
Don't know			

PROGRAMMING NOTE: (PUT IN A RUNNING TOTAL - SOFT CHECK IF SUMS DO NOT EQUAL 100%)

**C Choice of private healthcare**

ASK C1 IF B1 IS A DON'T KNOW OR B2 IS MORE THAN ZERO FOR "HAVE PRIVATE MEDICAL INSURANCE" OR DON'T KNOW. IF ZERO AT B2 FOR "HAVE PRIVATE MEDICAL INSURANCE" GO TO INSTRUCTION BEFORE C2.

C 1 Thinking of the patients you referred for private healthcare in the last 12 months who had private medical insurance. Who first raised the option of going private?  
SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Always me
2. Mostly me
3. Half and half
4. Mostly the patient
5. Always the patient
6. Don't know

ASK C2 IF B1 IS A DON'T KNOW OR B2 IS MORE THAN ZERO FOR "DO NOT HAVE PRIVATE MEDICAL INSURANCE" OR DON'T KNOW. IF ZERO AT B2 FOR "DO NOT HAVE PRIVATE MEDICAL INSURANCE" GO TO INSTRUCTION AT C3

C 2 Thinking of the patients you referred for private healthcare in the last 12 months who did not have private medical insurance. Who first raised the option of going private?  
SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Always me
2. Mostly me
3. Half and half
4. Mostly the patient
5. Always the patient
6. Don't know

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODE 1 TO 5 AT A3)

C 3 In which, if any, of these circumstances do you usually raise the idea of going private with a patient?

SELECT ALL THAT APPLY

PROGRAMMING NOTE: MULTI CODE AND ROTATE

1. If the waiting times on the NHS are long
2. If the appropriate treatment/test is not available on the NHS
3. If I know the patient has already gone private in the past
4. I usually ask all patients if they would like to go private
5. I ask patients if I know they have a private medical insurance
6. I don't usually ask, patients ask me
7. I never ask patients
8. Other (specify)
9. Don't know

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODE 1 TO 5 AT A3)

C 4 What are the main reasons your patients give for choosing to go private?  
SELECT ALL THAT APPLY

PROGRAMMING NOTE: MULTI CODE AND ROTATE

1. Better clinical expertise of private consultants
2. Ability to choose a specific private consultant
3. More time with the private consultant
4. Better clinical outcome at the hospital (e.g. lower infection rates / higher recovery rates)
5. )
6. Better medical facilities (e.g. specialist medical equipment)
7. Better quality of care (e.g. care by nurses)
8. Better aftercare
9. Better comfort and quality of accommodation (e.g. characteristics of waiting rooms, overnight rooms)
10. Better reputation of private healthcare
11. Reduced waiting times
12. Availability of appointment times
13. More convenient geographic location
14. Because they have private medical insurance
15. The tests/treatment needed are not available under the NHS
16. To access the expertise of private hospitals/private consultants based in London
17. Recommendation from friends/family
18. Other (specify)
19. Don't know/can't remember

## D The referral process

The next few questions ask you about the referral process. We understand that this process is both patient and condition specific but we would like you to answer the questions thinking about what you would usually do.

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODES 1 TO 5 AT A3)

D 1 Thinking of the last 12 months, what proportion of referrals for private healthcare have you made to each of the following?

Please enter an estimate if you are not sure.

a) Named private consultant – either with or without specifying the hospital or PPU at an NHS hospital	%
b) Named private hospital or PPU at an NHS hospital without specifying a named consultant	%
c) Referrals specifying neither the name of the private consultant nor the hospital/PPU	%
Don't know	

(PROGRAMMING NOTE: ADD A RUNNING TOTAL AND PUT A SOFT CHECK IN IF DOESN'T ADD UP TO 100%)

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODES 1 TO 5 AT A3)

D 2 When you are discussing the referral with them; what proportion know the following?

Please enter an estimate if you are not sure.

Please note that your response may add up to more than 100% if the patient already knew the consultant AND hospital they wanted to go to

	%
Know the private consultant they want to see	
Know the private hospital/PPU that they want to go to	
Know neither the private consultant nor the hospital/PPU they want to go to	
Don't know	

(PROGRAMMING NOTE: ADD A RUNNING TOTAL AND SOFT CHECK IF THE % IS LESS THAN 100%)

**E Choice of a Consultant**

The next few questions ask you about referrals to named private consultants (as opposed to referrals to private hospitals or referrals where you name neither the private consultant nor the hospital).

IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE CONSULTANT IE A CODE 1 OR 2 AT A3. CODES 3, 4, 5 AT A3 GO TO SECTION F

E 1 When you are referring a patient to a named private consultant, how many private consultants do you usually suggest to your patient to choose from?

Please enter an estimate if you are not sure

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5 or more
- 6. Don't know

ASK E2 IF RESPONDENT SUGGESTS 2 OR MORE CONSULTANTS OR DON'T KNOW (CODES 2 TO 6 ) AT E1. IF ONE (CODE 1) GO TO E3

E 2 When suggesting the names of several private consultants to a patient, how often do you usually recommend one of them over the others?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

- 1. Always
- 2. Usually
- 3. Sometimes
- 4. Never
- 5. Don't know

ASK E3 IF ONE (CODE 1) AT E1. OTHERWISE (IF 2 OR MORE OR DON'T KNOW AT E1) GO TO E4

E 3 Why do you usually suggest only one named private consultant to a patient?

PROGRAMMING NOTE: SINGLE CODE

- 1. Usually there is only one appropriate private consultant in my local area
- 2. Patients usually expect me to make the choice
- 3. Usually I know which consultant is clinically the best choice for my patients
- 4. It's quicker
- 5. Other (specify)
- 6. Don't know

ASK E4 IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE CONSULTANT IE CODE 1 OR 2 AT A3

E 4 When you suggest a named private consultant to a patient, how likely is it that you would suggest a consultant of whom you have had experience under the NHS?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Very likely
2. Likely
3. Unlikely
4. Very unlikely
5. Don't know

ASK E5 IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE CONSULTANT IE A CODE 1 OR 2 AT A3. IF CODES 3 TO 5 AT A3 GO TO SECTION F

E 5 When referring patients to **named private consultants**, how often do you have a discussion with patients about the private hospitals or PPU's at NHS hospitals where private consultants will see them?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE EMPHASIZE "NAMED PRIVATE CONSULTANTS"

1. Always
2. Usually
3. Sometimes
4. Never
5. Don't know

ASK E6 IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE CONSULTANT IE A CODE 1 OR 2 AT A3. IF CODES 3 TO 5 AT A3 GO TO SECTION F

E 6 Which of these factors are important to you when deciding which private consultant to suggest to a patient?

SELECT ALL THAT APPLY

PROGRAMMING NOTE: MULTI CODE AND ROTATE

1. Reputation
2. Clinical expertise
3. Waiting times for appointment
4. Appointment times offered
5. Convenient geographic location for the patient
6. Fees
7. Recognition by the patient's private insurance
8. Private hospitals or PPU's at NHS hospitals where he/she works
9. Feedback from patients referred in the past
10. Other (specify)
11. None of these
12. Don't know

ASK E7 IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE CONSULTANT IE A CODE 1 OR 2 AT A3. CODES 3 TO 5 AT A3 GO TO SECTION F

E 7 When considering referring patients to named private consultants, do you typically put more weight on the selection of the private consultants themselves or do you put more weight on the selection of the hospital the consultants work at?

SELECT ONE ONLY.

PROGRAMMING NOTE: SINGLE CODE AND FLIP SCALE FOR EVERY SECOND INTERVIEW

1. The choice of hospital is usually much more important than the choice of consultant
2. The choice of hospital is usually more important than the choice of consultant
3. The choice of hospital and the choice of consultant are usually equally important
4. The choice of consultant is usually more important than the choice of hospital
5. The choice of consultant is usually much more important than the choice of hospital
6. Don't know

## F Choice of Hospital

ASK F1 IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE HOSPITAL IE A CODE 1, 3 OR 4 AT A3. IF THEY HAVE NOT MADE A REFERRAL TO A PRIVATE HOSPITAL THEN GO TO WORDING BEFORE F6.

The next few questions ask you about referrals to particular private hospitals or PPU's at NHS hospitals (as opposed to referrals to named private consultants and referrals where you name neither the private consultant nor the hospital).

F 1 When referring patients to a private hospital or PPU at an NHS hospital, how often do you have a discussion with patients about the private hospitals or PPU's at NHS hospitals they can be referred to?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Always
2. Usually
3. Sometimes
4. Never
5. Don't know

Ask F2 IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE HOSPITAL IE A CODE 1, 3 OR 4 AT A3. IF they have not made a referral to a private hospital then go to wording before (IE CODES, 2 AND/OR -5 ONLY) F6.

F 2 When you are considering referring a patient to a private hospital or PPU at an NHS hospital, how many of them do you usually suggest to your patient to choose from? Please enter an estimate if you are unsure.

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. Don't know

ASK F3 IF RESPONDENT SAYS 2 OR MORE OR DON'T KNOW (CODES 2 TO 6) AT F2. IF ONE (CODE 1) AT F2 GO TO F4.

F 3 When providing a patient with the names of several private hospitals or PPUs at NHS hospitals, how frequently do you recommend one of them over the others?

SELECT ONLY ONE

PROGRAMMING NOTE: SINGLE CODE

1. Always
2. Usually
3. Sometimes
4. Never
5. Don't know

ASK F4 IF RESPONDENT SUGGESTS ONLY ONE HOSPITAL (CODE 1) AT F2. OTHERS (2 OR MORE OR DON'T KNOW AT F1) GO TO F5

F 4 Why do you usually suggest only one private hospital or PPU at an NHS hospital to a patient?

SELECT ALL THAT APPLY

PROGRAMMING NOTE: MULTI CODE

1. Usually there is only one private hospital/PPU at an NHS hospital in my local area offering the required tests or treatment
2. Patients usually expect me to make the choice
3. Usually I know what is the best choice for my patients
4. It's quicker
5. Other (specify)
6. Don't know

ASK F5 IF RESPONDENT HAS MADE A REFERRAL TO A PRIVATE HOSPITAL IE A CODE 1, 3 OR 4 AT A3. IF THEY HAVE NOT MADE A REFERRAL TO A PRIVATE HOSPITAL(IE CODES, 2 AND/OR 5 ONLY AT A3) THEN GO TO WORDING BEFORE F6.

F 5 Which, if any, of the following are important to you when deciding to recommend a private hospital or PPU at an NHS hospital to a patient?

SELECT ALL THAT APPLY

PROGRAMMING NOTE: MULTI CODE AND ROTATE

1. Reputation
2. Better clinical outcome at the hospital (e.g. lower infection rates / higher recovery rates)
3. Medical facilities (e.g. specialist medical equipment)
4. Quality of care (e.g. care by nursing)
5. Comfort and quality of accommodation (e.g. characteristics of waiting rooms, overnight rooms)
6. Waiting times
7. Appointment times offered
8. Convenient geographic location for the patient
9. Cost for the patient
10. Recognition by the patient's private insurance
11. Clinical expertise of consultants and other healthcare professionals working there
12. Feedback from patients referred in the past
13. Other (specify)
14. None of these
15. Don't know

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODES 1 TO 5 AT A3)

Now thinking about private patient units at NHS hospitals.

F 6 Are there any private patient units at any of the NHS hospitals in your local area?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Yes
2. No
3. Don't know

IF YES (CODE 1) AT F6 GO TO F8. IF NO OR DON'T KNOW (CODE 2 OR 3) GO TO F7.

ASK F7 IF CODE 2 OR 3 AT F6

F 7 If there were a private patient unit at an NHS hospital in your local area, would you prefer to refer a patient locally to {a named private consultant working in} a private hospital or {to / in} a PPU at an NHS hospital?

SELECT ONLY ONE

PROGRAMMING NOTE: SINGLE CODE TEXT SUBSTITUION. IF REFERRED TO NAMED PRIVATE CONSULTANT (CODE 1 OR 2) AT A3 THEN SAY "REFER A PATIENT LOCALLY TO A NAMED PRIVATE CONSULTANT WORKING IN A PRIVATE HOSPITAL OR IN A PPU...". ALL OTHERS (NOT CODE 1 OR 2) AT A3 THEN SAY "REFER A PATIENT LOCALLY TO A PRIVATE HOSPITAL OR TO A PPU..."

1. Private hospital
2. PPU (private patient unit) at an NHS hospital
3. I have no preference
4. Don't know

ASK F8 IF CODE 1 (YES) AT F6

F 8 In general, do you prefer to refer a patient locally to {a named private consultant working in} a private hospital or {to / in} a PPU at an NHS hospital?

SELECT ONLY ONE

PROGRAMMING NOTE: SINGLE CODE TEXT SUBSTITUION. IF REFERRED TO NAMED PRIVATE CONSULTANT (CODE 1 OR 2) AT A3 THEN SAY "REFER A PATIENT LOCALLY TO A NAMED PRIVATE CONSULTANT WORKING IN A PRIVATE HOSPITAL OR IN A PPU...". ALL OTHERS (NOT CODE 1 OR 2) AT A3 THEN SAY "REFER A PATIENT LOCALLY TO A PRIVATE HOSPITAL OR TO A PPU..."

1. Private hospital
2. PPU (private patient unit) at an NHS hospital
3. I have no preference
4. Don't know

ASK ALL WHO DIDN'T FAIL THE SCREENER (CODES 1 TO 5 AT A3)

F 9 The last few questions asked about your local area. Can we just check what you mean by local? What travel time from your practice would you consider to be local?

ENTER TRAVEL TIME IN MINUTES

Don't know

## G Un-named Referrals

PROGRAMMING NOTE: ASK THIS SECTION IF CODE 5 AT A3. ALL OTHERS (CODES 1, 2, 3, 4 AT A3) GO TO SECTION H.

The next question- asks you about making referrals specifying neither the name of the private consultant nor the private hospital/PPU.

ASK G1 IF RESPONDENT HAS MADE A REFERRAL WITHOUT SPECIFYING NEITHER THE NAME OF THE CONSULTANT NOR THE HOSPITAL IE CODE 5 AT A3, OTHERS GO TO SECTION H

G 1 You said you had made referrals in the past year which specified neither the name of the private consultant nor the hospital. In those cases, how often do you usually discuss with patients their choices in relation to either a private consultant or a private hospital or PPU at an NHS hospital?

SELECT ONE ONLY PER ROW

PROGRAMMING NOTE: SINGLE CODE EACH ONE. SHOW AS A GRID

- Private consultant
- Private hospital/PPU at NHS hospital

1. Always
2. Usually
3. Sometimes
4. Never
5. Don't know

## H Information and importance

PROGRAMMING NOTE: SECTION H IS ASKED OF ALL WHO SAID A CODE 1 TO 5 AT A3.

Now please think about all the referrals you make to private healthcare.

H 1 Removed (2 questions)

ASK ALL WHO DIDN'T FAIL THE SCREENER (I.E. A CODE 1 TO 5 AT A3)

H 2 When discussing options for referral to private consultants or private hospitals or PPU's at NHS hospitals with your patients, which, if any, of these things do you usually discuss with them or provide information on?

SELECT ALL THAT APPLY.

PROGRAMMING NOTE: MULTI CODE AND ROTATE BLOCK 1 AND BLOCK 2. DO NOT PUT THE WORDING BLOCK 1 OR BLOCK 2 ON SCREEN

### Block 1 – Private consultant

1. Reputation
2. Clinical expertise
3. Waiting times for appointment
4. Appointment times offered
5. Geographic location
6. Fees
7. Recognition by the patient's private insurance
8. Private hospitals or PPU at NHS hospitals where he/she works
9. Feedback from patients referred in the past
10. Contact details

### Block 2 – Private hospital or PPU

1. Reputation
2. Better clinical outcome at the hospital (e.g. lower infection rates / higher recovery rates)
3. Medical facilities (e.g. specialist medical equipment)
4. Quality of care (e.g. care by nurses)
5. Comfort and quality of accommodation (e.g. characteristics of waiting rooms, overnight rooms)
6. Waiting times
7. Appointment times offered
8. Geographic location
9. Cost
10. Recognition by the patient's private insurance
11. Clinical expertise of consultants and other healthcare professionals working there
12. Feedback from patients referred in the past
13. Contact details

### Always keep at end of list

14. Other (specify)
15. None of these
16. Don't know

ASK ALL WHO DIDN'T FAIL THE SCREENER (I.E. A CODE 1 TO 5 AT A3)

**H 3** When identifying the most appropriate options of private consultant, private hospital or PPU at an NHS hospital; which, if any, of the following do you not have enough information on?

SELECT ALL THAT APPLY.

PROGRAMMING NOTE: MULTI CODE AND ROTATE BLOCK 1 AND BLOCK 2. DO NOT PUT THE WORDING BLOCK 1 OR BLOCK 2 ON SCREEN

**Answer list to match H2**

**Block 1 – Private consultant**

1. Reputation
2. Clinical expertise
3. Waiting times for appointment
4. Appointment times offered
5. Geographic location
6. Fees
7. Recognition by the patient's private insurance
8. Private hospitals or PPU at NHS hospitals where he/she works
9. Feedback from patients referred in the past
10. Contact details

**Block 2 – Private hospital or PPU**

1. Reputation
2. Better clinical outcome at the hospital (e.g. lower infection rates / higher recovery rates)
3. Medical facilities (e.g. specialist medical equipment)
4. Quality of care (e.g. care by nurses)
5. Comfort and quality of accommodation (e.g. characteristics of waiting rooms, overnight rooms)
6. Waiting times
7. Appointment times offered
8. Geographic location
9. Cost
10. Recognition by the patient's private insurance
11. Clinical expertise of consultants and other healthcare professionals working there
12. Feedback from patients referred in the past
13. Contact details

**Always keep at end of list**

14. Other (specify)
15. None of these
16. Don't know

**I Willingness to travel**

PR: ASK ALL WHO DIDN'T FAIL THE SCREENER (I.E. A CODE 1 TO 5 AT A3)

Next, I would like you to think about the private consultants, private hospitals or PPU's at NHS hospitals to which you refer patients. We understand that in some unusual cases you may refer patients to travel longer distances, but we would ask you to think about the ones you would use for your typical patients.

ASK ALL WHO DIDN'T FAIL THE SCREENER(I.E. A CODE 1 TO 5 AT A3)

I 1 For the majority of your private patients, how far from your practice typically are the private consultants, private hospitals or PPU's at NHS hospitals you consider? Please enter an estimate if you are not sure.

PLEASE ENTER THE TRAVEL TIME IN MINUTES FROM THE PRACTICE WHERE YOU TYPICALLY SEE YOUR PATIENTS.  
PLEASE ENTER AN ANSWER IN EACH COLUMN

	a) Furthest private consultant considered for most patients	b) Furthest private hospital/PPU considered for most patients
Enter travel time in minutes		
Don't know		

PROGRAMMING NOTE: ALLOW A RANGE OF 1 TO 300 MINUTES

ASK ALL WHO DIDN'T FAIL THE SCREENER (I.E. A CODE 1 TO 5 AT A3)

I 2 How often do patients explicitly ask you to refer them to a private consultant or hospital within an area that they specify?

SELECT ONE ANSWER IN EACH COLUMN

PROGRAMMING NOTE: SINGLE CODE IN EACH COLUMN

	1. Private consultant	2. Private hospital/PPU
Always		
Usually		
Sometimes		
Never		
Don't know		

ASK ALL WHO DIDN'T FAIL THE SCREENER (I.E. A CODE 1 TO 5AT A3)

I 3 In the last 12 months, how many patients have you referred to a private consultant, private hospital or PPU at an NHS hospital outside your local area?

You previously said that your local area was X minutes travel time (get from F8) from your practice.

PROGRAMMING NOTE: DO NOT BRING UP THE WORDING "YOU PREVIOUSLY SAID ETC IF SAID DO NOT KNOW AT F9)

Please enter an estimate if you are not sure.

1. ENTER NUMBER
2. Don't know

**J Sources of Information – section removed**

- J 1 Removed
- J 2 Removed
- J 3 Removed

**K Incentives**

ASK ALL WHO DIDN'T FAIL THE SCREENER (I.E. A CODE 1 TO 5 AT A3)

K 1 To your knowledge do any of the private hospitals or PPU's at NHS hospitals in your area offer any type of incentive or benefit to GPs to encourage them to refer patients to their facilities or to consultants working there?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Yes
2. No
3. I would prefer not to say
4. Don't know

ONLY ASK K2 IF YES IE CODE 1 AT K1. OTHERS (CODES 2, 3 OR 4 AT K1) TO GO SECTION L

K 2 And what incentives or benefits do private hospitals or PPU's at NHS hospitals offer to GPs in your area?

We would like to remind you that your responses are entirely confidential

1. Open ended
2. Prefer not to answer

ONLY ASK K2 IF YES IE CODE 1 AT K1

K 3 In the past 5 years have you been offered any type of incentive or benefit by a private hospital or a PPU at an NHS hospital to encourage you to refer patients to their facilities or to consultants working there?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Yes
2. No
3. I would prefer not to say
4. Don't know

## L Demographics

And finally some questions about you and your practice.

L 1 For how many years have you worked as a GP?

Please enter an estimate if you are not sure. If you have been practicing as a GP for less than year enter zero.

PROGRAMMING NOTE: ALLOW A RANGE OF 0 TO 50

1. ENTER NUMBER
2. Don't know

L 2 For how many years have you been practising within your current local area?

Please enter an estimate if you are not sure. If you have been practising within your current local area for less than a year enter zero.

PROGRAMMING NOTE: ALLOW A RANGE OF 0 TO 50

1. ENTER NUMBER
2. Don't know

L 3 How many patients are registered at your practice? Please enter an estimate if you are not sure.

PROGRAMMING NOTE: ALLOW A RANGE OF 1 TO 90,000

1. ENTER NUMBER
- 2.

L 4 What is the postcode of your practice (enter first 3-4 digits up to the space e.g. SE1, AB30, BT25, CF72)?

1. ENTER POSTCODE
2. Prefer not to say

L 5 In which {former PCT area/Health Board} is your Practice based?

PCT AREA/HEALTH BOARD

L 6 And finally, would you be willing to be re-contacted through Medefield to answer some more questions on this subject?

Yes  
No

**THANK AND CLOSE**

## 6.2 Consultant Survey Final questionnaire

COMPETITION COMMISSION – CONSULTANT SURVEY  
Draft: FINAL Revised – 7th November 2012

### A About you

ASK ALL

A 1 In which country do you work?

PROGRAMMING NOTE: SINGLE CODE

1. England
2. Northern Ireland
3. Scotland
4. Wales
5. None of these

CODES 1 TO 4 CONTINUE TO A2. IF NONE OF THESE THANK AND CLOSE

A 2 Which of the following best applies to you?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Consultant
2. Speciality Registrar
3. F1/F2 doctor

ASK A3 IF CONSULTANT IE CODE 1 AT A2. CODES 2 AND 3 CLOSE

A 3 And which of these best describes your work as a consultant?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Purely private, I do not undertake NHS work
2. A mixture of NHS work and private work
3. Purely NHS, I do not undertake private work

IF THE CONSULTANT ONLY UNDERTAKES NHS WORK IE A CODE 3 AT A3 – CLOSE. CODES 1 AND 2 CONTINUE TO A4

A 4 Do you carry out surgical procedures or operations?

Yes

No

IF YES AT A4

A4a In the last 12 months, how many surgical procedures or operations?

Please enter an estimate if you are not sure.

Enter number

Range 0 to 2,000

A 5 In which specialisms do you conduct your private work?

SELECT ALL THAT APPLY

- |   |                             |
|---|-----------------------------|
| 1. Accident and Emergency                               | 16. Internal Medicine       |
| 2. Anaesthetics   | 17. Nephrology              |
| 3. Cardiology   | 18. Neurology               |
| 4. Cosmetic Surgery                                     | 19. Oncology                |
| 5. Dentistry  | 20. Ophthalmology           |
| 6. Dermatology  | 21. Otolaryngology          |
| 7. Endocrinology  | 22. Orthopaedic             |
| 8. Gastroenterology                                     | 23. Pain management         |
| 9. Geriatrics   | 24. Paediatrics             |
| 10. Gynaecology and Obstetrics<br>(including midwifery) | 25. Podiatry                |
| 11. General surgery                                     | 26. Psychiatry              |
| 12. Haematology   | 27. Radiology               |
| 13. Hepatology  | 28. Respiratory/Pulmonology |
| 14. Histopathology                                      | 29. Rheumatology            |
| 15. Infectious Disease including<br>HIV/aids            | 30. Urology                 |
|   | 31. Vascular surgery        |
|   | 32. Other (specify          |

**Gynaecology and Obstetrics (including midwifery), DENTISTRY, PSYCHIATRY OR COSMETIC SURGERY ONLY THEN CLOSE. ALL OTHERS CONTINUE TO A6**



A 6 Which of the following best describes your involvement with the treatment of your patients?

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. Most of the time I am the main consultant in charge of my patients' course of treatment
2. Sometimes I am the main consultant, and sometimes I provide my services alongside another consultant who is primarily in charge
3. Most of the time another consultant is primarily in charge and I provide my services alongside them
4. I am rarely or never the main consultant

**B Patient population**

ASK ALL WHO DIDN'T FAIL THE SCREENER

B 1 Now thinking of the last 12 months, how many patients did you see privately in the last year? Please enter an estimate if you are not sure.

3. ENTER NUMBER
4. Don't know

PROGRAMMING NOTE: ALLOW A RANGE OF 1 TO 4,500

ASK ALL WHO DIDN'T FAIL THE SCREENER

B 2 And what proportion of all the patients you saw in the last 12 months do private patients represent? Please enter an estimate if you are not sure.

1. ENTER PERCENTAGE
2. Don't know

ASK ALL WHO DIDN'T FAIL THE SCREENER

B 3 Of the patients that you saw privately in the last 12 months, what proportion were funded by private medical insurance and what proportion were self-pay? Please enter an estimate if you are not sure.

By self-pay we mean that they paid for the consultation, treatment, or tests in full themselves rather than being paid for, either fully or partially, by private medical insurance.

	<i>Fully or partially funded by a private medical insurance</i>	<i>Self-pay</i>	
<i>Enter proportion</i>	%	%	<i>Sum = 100%</i>
<i>Don't know</i>			

(PROGRAMMING NOTE: SOFT CHECK IF SUMS AT B3 DO NOT EQUAL 100%)



B 4 Which statement, if any, best applies to you?

*SELECT ONE ONLY*

PROGRAMMING NOTE: SINGLE CODE

1. I am happy with the amount of private work I do
2. I have time available and would like to do more private work
3. I don't have time available but if I had more time I would increase the amount of private work I do
4. I intend to reduce the amount of private work I do
5. I intend to stop doing private work in the near future
6. Don't know

ASK B5 IF TRY TO REDUCE or want to stop PRIVATE WORK (CODE 4-5 AT B4). codes 1,2,3 or 6 go to section c.

B 5 Why do you intend to reduce or stop doing private work?

*OPEN-ENDED*

Don't know

## C Relationship with private hospitals

ASK ALL WHO DIDN'T FAIL THE SCREENER

C 1 Where do you conduct your work as **private consultant**?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE AND PLEASE EMPHASISE "PRIVATE CONSULTANT" IN QUESTION WORDING BY EITHER UNDERLINING OR PUTTING IN BOLD

1. Private hospitals
2. NHS hospital – private patient unit (PPU)
3. Consulting room outside a hospital
4. Other (specify)
5. Prefer not to say

PROGRAMMING NOTE: IF ONLY SAY A CODE 3 (CONSULTING ROOM) ASK A CHECK QUESTION – "Do you conduct any of your work as private consultant in either a private hospital or PPU at an NHS hospital?" Code correct option.

IF CODE 3, 4 OR 5 ONLY AT C1, GO TO SECTION D. ASK C2 IF A CODE 1 OR 2 AT C1

C 2 In how many private hospitals or PPUs do you have practising rights? Please enter an estimate if you are not sure.

Please note that PPU stands for private patient unit at an NHS hospital throughout this survey.

1. ENTER NUMBER
2. Don't know

PROGRAMMING NOTE: allow range of 1 to 99. If more than 4 then add a check question. You have just entered X (enter number from the question) private hospitals or PPUs. Is this correct? Yes/No



ASK C3 IF 2 OR MORE HOSPITALS/PPUS OR DON'T KNOW AT C2. IF ONE HOSPITAL/PPU AT C2 GO TO C4

C 3 Thinking of the last 12 months, at how many private hospitals or PPUs have you actually seen or treated patients privately? Please enter an estimate if you are not sure.

1. ENTER NUMBER
2. Don't know

PROGRAMMING NOTE: allow range of 1 to 30. If more than 4 then add a check question. You have just entered X (enter number from the question) private hospitals/PPUs is this correct? Yes/No

PROGRAMMING NOTE: IN THIS SECTION PLEASE EMPHASISE "MAIN" EITHER BY PUTTING IN BOLD OR UNDERLINE IN THE REST OF THIS SECTION.

The next few questions ask about the main private hospital or PPU at which you work. By that, we mean the private hospital or PPU where you do most of your private work.

ASK C 4 IF C 1 IS BOTH A CODE 1 AND 2 (IE CONDUCT WORK FROM BOTH A PRIVATE HOSPITAL AND A PPU). IF CODED EITHER 1 OR 2 GO TO C5 (IE EITHER CONDUCT WORK FROM A PRIVATE HOSPITAL OR PPU). IF CODED 3,4,5 ONLY GO TO SECTION D

C 4 Is your main hospital for private work a PPU at an NHS hospital or a private hospital?

*SELECT ONE ONLY*

PROGRAMMING NOTE: SINGLE CODE

1. Private patient unit (PPU) in an NHS hospital
2. Private hospital

ASK C 5 IF C 1 IS A CODE 1 OR 2 (IE EITHER CONDUCT WORK FROM A PRIVATE HOSPITAL OR PPU) AND C3 IS 2 OR MORE

C 5 Over the past year, what proportion of your private patients are accounted for by the main private hospital or PPU you work at? Please enter an estimate if you are not sure.

1. ENTER PERCENTAGE % OF PRIVATE PATIENTS
2. Don't know

ASK C 6 IF C 1 IS A CODE 1 AND/OR 2 (IE EITHER CONDUCT WORK FROM A PRIVATE HOSPITAL AND/OR PPU

C 6 Must a private hospital or PPU be recognised by certain private medical insurers for you to choose it as your main private hospital or PPU?

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE

1. Yes
2. No
3. Don't know



ASK C7 IF YES (CODE 1) AT C6. IF A CODE 2 OR 3 AT C6 GO TO INSTRUCTION BEFORE C9

C 7 By which of these private medical insurers does the private hospital or PPU need to be recognised?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE AND ROTATE

1. Aviva
2. AXA PPP Healthcare
3. BUPA
4. PRU Health
5. Simply Health
6. WPA
7. Other (specify)
8. Don't know

C 8 C8 REMOVED

ASK C 9 IF C 1 IS A CODE 1 AND/OR 2 (IE EITHER CONDUCT WORK FROM A PRIVATE HOSPITAL AND/OR PPU).. OTHERS GO TO SECTION D

C 9 In which, if any, of these ways are you restricted by your main private hospital or PPU in the private work you can do in other private hospitals or PPUs?

Please do not think about any restrictions placed by the NHS on any private work that you do.

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE. FOR HALF THE RESPONDENTS PUT NO FIRST AND HALF AT THE END

1. I cannot work in any other private hospitals or PPUs at all
2. I am restricted in the number of private hospitals or PPUs I can work in
3. I am restricted in the amount of work I can do in other private hospitals or PPUs
4. I am restricted in some other way (specify)
5. No – I am not restricted in any way
6. Don't know

**D Relationship with patients**

ASK THIS SECTION OF THOSE WHO SAID A CODE 1 OR 2 AT A6 ONLY.  
D6 SHOULD BE ASKED OF ALL ANAESTHETISTS.

The next few questions ask you about the process of discussing with patients the choice of hospitals where they can have treatment/tests. We understand that this process is both patient and condition specific, but we would like you to answer the questions thinking about what you usually do.

ASK D1 IF CODE 1 OR 2 AT A6

- D 1 When you are discussing treatment/tests options with a private patient, how many private hospitals or PPUs do you typically suggest to your patient to choose from? Please enter an estimate if you are not sure.

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. I do not discuss these options with patients
7. Don't know

ASK D2 IF RESPONDENT SUGGESTS MORE THAN ONE HOSPITAL (CODE 2-5 AT D1) OR DON'T KNOW (CODE 7 AT D1), CODES 1 OR 6 AT D1 GO TO D3

- D 2 When making suggestions of more than one private hospital or PPU to a patient, how often do you recommend one of them over the others?

*SELECT ONE ONLY*

PROGRAMMING NOTE: SINGLE CODE

1. Always
2. Usually
3. Sometimes
4. Never
5. Don't know

ASK D3 IF ONLY SUGGESTS ONE HOSPITAL (CODE 1 AT D 1), IF SUGGESTS 2 OR MORE HOSPITALS (CODE 2-5 AT D 1) OR DO NOT DISCUSS/DON'T KNOW (CODE 6-7 AT D 1) GO TO D4.

- D 3 Why do you usually suggest only one private hospital or PPU to a patient?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE

1. I only do private work at one private hospital or PPU
2. Usually there is only one private hospital or PPU in the local area suitable for the required consultation, treatment, tests
3. Patients usually expect me to make the choice
4. Usually I know what is the best choice for my patients
  5. It's quicker
  6. Other (specify)
  7. Don't know



DO NOT ASK D4 IF A CODE 1 AT C3 AND CODE 1 AT D1. INSTEAD SKIP D4 AND GO TO D5

D 4 Which, if any, of the following are important to you when deciding to recommend a particular private hospital or PPU to a patient?

SELECT ALL THAT APPLY

PROGRAMMING NOTE: MULTI CODE and ROTATE

17. Better clinical outcome at the hospital (e.g. lower infection rates / higher recovery rates)
18. Medical facilities (e.g. specialist medical equipment)
19. Quality of care (e.g. care by nurses)
20. Comfort and quality of accommodation (e.g. characteristics of waiting rooms, overnight rooms)
21. Waiting times
22. Appointment times offered
23. Convenient geographic location for the patient
24. Closeness to my other places of work
25. Cost for the patient
26. Cost to me (e.g. renting of consulting rooms)
27. Recognition by the patient's private insurance
28. Clinical expertise of other consultants and healthcare professionals working there
29. Feedback from patients treated in the past
30. Quality of the administrative support I receive
31. None of these
32. Don't know

ASK D5 IF CODE 1 OR 2 AT A6

D 5 In the last 12 months, what proportion of your insured patients were unable to use the hospital or PPU that you recommended as being the most appropriate because the hospital or PPU was not covered (either fully or partly) by their insurance? Please enter an estimate if you are not sure.

SELECT ONE ONLY

PROGRAMMING NOTE: SINGLE CODE

1. More than 75%
2. 51% to 75%
3. 26% to 50%
4. 16% to 25%
5. Up to 15%
6. None
7. Don't know



ASK D6 IF ANAESTHETIST (CODE 2 AT A5)

D 6 What proportion of patients undergoing a procedure that requires you to administer anaesthesia came to you via each of the following channels in the last 12 months?

Please enter an estimate if you are not sure.

d) The <u>primary consultant</u> in charge of the procedure asked you to be the anaesthetist	%
e) The <u>patient</u> undergoing the procedure asked for you to be the anaesthetist	%
f) The <u>private hospital or PPU</u> where the procedure took place appointed you to be the anaesthetist	%
g) Other (specify)	%
h) Don't know	

(PROGRAMMING NOTE: ADD A RUNNING TOTAL AND PUT A SOFT CHECK IN IF DOESN'T ADD UP TO 100%. IF DON'T KNOW THEN SHOULD BE 0%. EMPHASIZE "PRIMARY CONSULTANT", "PATIENT" AND "PRIVATE HOSPITAL OR PPU")

**Re-Referrals Section REMOVED**

**E Your fees**

ASK ALL WHO DID NOT FAIL THE SCREENER

We are aware that some of this information is patient and condition specific, but please answer the following questions thinking about typical patients and their conditions.

ASK ALL WHO DID NOT FAIL THE SCREENER

E 1 Which, if any, of the following private medical insurers would cover your fees either fully or partially?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE and ROTATE

1. Aviva
2. AXA PPP Healthcare
3. BUPA
4. PRU Health
5. Simply Health
6. WPA
7. Other (specify)
8. None – I would not be reimbursed by any private medical insurer
9. Don't know

ASK ALL WHO DID NOT FAIL THE SCREENER

E 2 Do you belong to a consultant group?

*Please note by consultant group we mean a formal or informal group or partnership of individual consultants of the same specialty.*

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE

1. Yes
2. No
3. Don't know

ASK E3 IF YES IE CODE 1 AT E 2, IF CODE 2 OR 3 AT E2 GO TO E4

E 3 How do you typically set your fees?

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE

1. Independently of the group
2. With reference to guidelines set by the group
3. At the level specified by the group
4. Other (specify)
5. Don't know



ASK ALL WHO DID NOT FAIL THE SCREENER

- E 4 Are there any {other} consultant groups of the same specialty as you, active in your local area? Please only consider groups that are in addition to the consultant group that you already said you belong to.

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE. TEXT SUBSTITUTION "OTHER". IF NO AT E2 THEN LEAVE OUT THE WORD "OTHER" FROM THE SENTENCE. IF YES AT E2 THEN INCLUDE THE WORD "OTHER"

1. Yes
2. No
3. Don't know

ASK E5 IN THE FOLLOWING TWO CASES:

- IF YES (CODE 1) AT E2  
OR
- IF NO (CODE 2) AT E2 AND YES (CODE 1) AT E4
- OTHERS GO TO INSTRUCTION BEFORE E6

- E 5 Are there any {other} individual consultants of the same specialty as you, who do not belong to any group of this type in your local area?

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE TEXT SUBSTITUTION "OTHER". IF YES (CODE 1) AT E2 THEN LEAVE OUT THE WORD "OTHER" FROM THE SENTENCE. IF NO (CODE 2) AT E2 AND YES (CODE 1) AT E4 THEN INCLUDE THE WORD "OTHER"

1. Yes
2. No
3. Don't know

ASK E6 IN THE FOLLOWING TWO CASES:

- IF YES (CODE 1) AT E2 AND CODE 2-3 AT E3 AND YES (CODE 1) AT E5  
OR
- IF NO (CODE 2) AT E2 AND YES (CODE 1) AT E4 AND YES (CODE 1) AT E5
- OTHERS GO TO E7

- E 6 In your local area, {does your / do} consultant {group / groups} typically set higher fees than individual consultants who do not belong to a consultant group of this type?

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE TEXT SUBSTITUTION. IF YES (CODE 1) AT E2 AND CODE 2-3 AT E3 AND YES (CODE 1) AT E5 THEN SAY "DOES YOUR CONSULTANT GROUP". IF NO (CODE 2) AT E2 AND YES (CODE 1) AT E4 THEN SAY "DO CONSULTANT GROUPS"

1. Yes
2. No
3. Don't know



Now thinking about your fees and charges to patients.

ASK ALL WHO DID NOT FAIL THE SCREENER

E 7 For the same consultation, treatment or tests, how often do you charge the same fees to all patients?

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE

1. Always
2. Usually
3. Sometimes
4. Never
5. Don't know

ASK E8 IF CODE 3 OR 4 (SOMETIMES OR NEVER) AT E7. OTHERS GO TO E10

E 8 Which of the following applies to you?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE

1. I usually set different fees for self-pay and insured patients
2. I usually set different fees for insured patients depending on the insurer
3. Don't know

ASK E9 IF CODE 1 (I.E. USUALLY SET DIFFERENT FEES FOR SELF PAY AND INSURED PATIENTS) AT E8. IF A CODE 2 OR DON'T KNOW AT E8 GO TO E10

E 9 Which of the following best describes how you usually set fees for self-pay patients?

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE

1. I usually set HIGHER fees for self-pay patients than for insured patients
2. I usually set LOWER fees for self-pay patients than for insured patients
3. Don't know

ASK ALL WHO DID NOT FAIL THE SCREENER

E 10 When setting {these/the} fees {for insured patients}, do you usually set them at the same level as the reimbursement levels set by certain private insurers?

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE. TEXT SUBSTITUTION IF A CODE 3 TO 5 AT E7 TEXT SUBSTITUTE "THE" AND ADD WORDING "FOR INSURED PATIENTS". IF A CODE 1 OR 2 AT E7 ASK When setting these fees, do you usually set them at the same level as the reimbursement levels set by certain private insurers?

1. Yes
2. No
3. Don't know



ASK E11 IF YES (CODE 1) AT E10. IF NO OR DK (CODE 2-3) AT E10 GO TO E13

E 11 Which of the following private insurers' reimbursement levels do you set your fees at the same level as?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE and Rotate

1. Aviva
2. AXA PPP Healthcare
3. BUPA
4. PRU Health
5. Simply Health
6. WPA
7. Other (specify)
8. None
9. Don't know

ASK E12 IF CODES 1-7 AT E11, ASK ONLY FOR ANSWERS CODED AT E11. CODES 8 OR 9 AT E11 GO TO E13

E 12 Which, if any, of the following private insurers do you have an agreement with that requires you to abide by the insurer's schedule of reimbursement levels when setting your fees?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE and Rotate

1. Aviva
2. AXA PPP Healthcare
3. BUPA
4. PRU Health
5. Simply Health
6. WPA
7. [TEXTFILL OTHER(specify)]
8. None
9. Don't know

ASK ALL WHO DID NOT FAIL THE SCREENER

E 13 Thinking just about insured patients, in what percentage of cases are your fees above the levels of reimbursement set by the patient's insurer? Please enter an estimate if you are not sure.

*SELECT ONLY ONE*

PROGRAMMING NOTE: SINGLE CODE

1. More than 75%
2. 51% to 75%
3. 26% to 50%
4. 16% to 25%
5. Up to 15%
6. None
7. Don't know

ASK E14 IF CODE 1 TO 5 AT E13. IF CODES 6 OR 7 (NONE/DON'T KNOW) AT E13 GO TO SECTION F

E 14 When your fees are set above the insurer's reimbursement levels for a given patient, what usually happens?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE

1. The patient pays a top-up fee to cover the shortfall
2. The patient pays the full amount so as not to claim on the insurance
3. The patient opts for another consultant whose fees are fully covered
  4. The patient is referred to the NHS
  5. Other (specify)
  6. Don't know

## F Relations with GPs

ASK ALL WHO DID NOT FAIL THE SCREENER

F 1 In which, if any, of the following ways do you inform GPs about the private work that you do?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE

1. Face to face – in individual meetings with some GPs
  2. Face to face – during visits to GP practices
3. Face to face – at professional development meetings/educational meetings
  4. Face to face – at informal social gatherings
5. Written communication – through personal emails and post
6. Written communication – through mailing of information materials
  7. Telephone – through phone calls with some GPs
  8. Through social media and internet communities
  9. I don't have contact with GPs
  10. Other (specify)
  11. None

ASK F2 IF CODES 1-8 OR 10 AT F1. IF CODE 9 OR 11 AT F1 GO TO SECTION G.

F 2 What do you usually tell GPs about yourself and your private work?

*SELECT ALL THAT APPLY*

PROGRAMMING NOTE: MULTI CODE

1. My clinical expertise
  2. My sub-specialty
3. My recent professional achievements
  4. The facilities where I work
  5. My fees
6. The private insurers which fully or partially cover my fees
  7. My waiting times to see new patients
  8. My appointment times
  9. Other (specify)
  10. Don't know



**G Incentives**

ASK ALL WHO DID NOT FAIL THE SCREENER

- G 1 To your knowledge do any of the private hospitals or PPU's at NHS hospitals in your area offer any type of incentives or benefit to consultants to encourage them to use their facilities or equipment?  
*SELECT ONLY ONE*

*PROGRAMMING NOTE: SINGLE CODE*

5. Yes  
6. No  
7. I would prefer not to say  
8. Don't know

ASK G2 IF YES (CODE 1) AT G1. IF CODE 2 TO 4 AT G1 GO TO SECTION H

- G 2 And what incentives or benefits do private hospitals or PPU's at NHS hospitals offer to consultants in your area?

WE WOULD LIKE TO REMIND YOU THAT YOUR RESPONSES ARE ENTIRELY CONFIDENTIAL

*OPEN ENDED*

ASK G3 IF YES (CODE 1) AT G1

- G 3 In the past 5 years have you been offered any type of incentive or benefit by a private hospital or a PPU at an NHS hospital to encourage you to use their facilities or equipment?  
*SELECT ONLY ONE*

*PROGRAMMING NOTE: SINGLE CODE*

5. Yes  
6. No  
7. I would prefer not to say  
8. Don't know



## H Demographics

And finally some questions about you.

ASK ALL

H 1 For how many years have you been working as a consultant? Please enter an estimate if you are not sure. If you have been working as a Consultant for less than a year please enter zero.

PROGRAMMING NOTE: ALLOW A RANGE OF 0 TO 50.

1. ENTER NUMBER
2. Don't know

H 2 REMOVED (IN LINE WITH GP QUESTIONNAIRE)

H 3 REMOVED (IN LINE WITH GP QUESTIONNAIRE )

H 4 What is the postcode of the main private hospital or PPU at an NHS hospital where you work (please enter the first 3-4 digits before the space e.g. SE1, AB30, BT25, CF72)?

1. ENTER POSTCODE

L5 In which former {PCT area/Health Board area} is the main private hospital or PPU where you work?

PCT AREA OR HEALTH BOARD.

H 5 And finally, would you be willing to be re-contacted through Medefield to answer some more questions on this subject?

Yes  
No

**THANK AND CLOSE**

### **6.3 Healthcare Professional Pilot Recruitment Spec**

#### **Background:**

The Competition Commission have been asked to hold an inquiry into the private healthcare market across the UK. The inquiry wishes to understand how the private healthcare market works in relation to how patients are referred to private healthcare for example are actively involved in the process or do they prefer to be told how to access the care they need by a health professional. The inquiry will not only look at the referral patient from the patients perspective but will also try to understand the interactions between different healthcare professionals, the facilities as well as the impact of the private medical insurance companies on the market. It will also be used to ascertain the sources of information used to inform decisions by both patients and health professionals to determine whether there are any existing gaps in information sources.

The Competition Commission has therefore commissioned GfK NOP to conduct this research on their behalf. The survey will look into the views of patients, GPs, Practice Managers and Consultants who work in private healthcare.

Our current requirement is to recruit healthcare professionals (GPs, Practice Managers and Consultants) to undertake a pilot survey. The respondents would be asked to complete the survey and an interviewer will ask them detailed questions about their understanding of particular questions and how well the questionnaire works overall.

#### **Sample:**

We would like to recruit 15 healthcare professionals - 5 GPs, 5 Practice Managers and 5 Consultants who work in (at least partially) the private sector. We will be speaking to them on an individual basis and the majority of interviews will be conducted by telephone.

The following recruitment criteria have been specified:

Health professional group	In	Out
GPs	<ul style="list-style-type: none"> <li>• They must work for the NHS or be contracted to work for the NHS</li> <li>•</li> <li>• All GPs who have made a referral to private healthcare in the last 12 months (we would assume all GPs have done so)</li> </ul>	<ul style="list-style-type: none"> <li>• GPs who have not made a referral to private healthcare in the last 12 months</li> </ul>
Practice Managers	<ul style="list-style-type: none"> <li>• All Practice Managers whose Practice have made a referral to private healthcare in the last 12 months (we would assume that all Practices would have made at least one referral in this period)</li> <li>• Practice Managers must have some involvement with private healthcare at work</li> </ul>	<ul style="list-style-type: none"> <li>• Practice Managers who have no involvement at all in private healthcare at work</li> </ul>
Consultants	<ul style="list-style-type: none"> <li>• They must be a Consultant</li> <li>• They must work in private healthcare. They can either work solely in the private sector or undertake a mixture of NHS and private work</li> <li>• All specialisms excluding those mentioned in the OUT section but include: <ul style="list-style-type: none"> <li>▪ Essential cosmetic surgery (i.e. non-elective undertaken for health reasons e.g. reconstructions, skin grafts etc)</li> <li>▪ Oral and maxillofacial surgery</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Speciality Registrars and F1/F2 doctors</li> <li>• Those who only work in the NHS</li> <li>• Those who only work in one or more of the following specialisms: <ul style="list-style-type: none"> <li>▪ Obstetrics/gynaecology</li> <li>▪ Fertility (including IVF)</li> <li>▪ Routine dentistry (including cosmetic work, orthodontics, surgical implants)</li> <li>▪ Laser eye surgery</li> <li>▪ Psychiatry/Mental Health</li> <li>▪ Elective cosmetic surgery that is not essential for health</li> </ul> </li> </ul>

## Tele-depths

The healthcare professionals should be recruited across the UK.

	England	Northern Ireland	Scotland	Wales
GPs	1	1	2	1
Practice Managers	2	1	1	1
Consultants (must do some private work)	2	1	1	1

- *GPs*: aim to include GPs working in a range of surgery types e.g. single GP surgeries, health centres and poly clinics.
- *Practice Managers*: aim to include practice managers working in a range of surgery types e.g. small GP surgeries, health centres and poly clinics.
- *Consultants*: aim to include the following types of consultants those who only conduct their private work out of one private hospital/facilities, those who use multiple hospitals/facilities and those who conduct some of their private work at private patient units in NHS Hospitals (i.e. a private ward in an NHS Hospital).
- Within each group (GPs, Practice Managers, Consultants) please could you recruit 1 or 2 in London, and at least one in a rural area. The balance can be from any other area (e.g. a large town, another city)

## Timings

Project Stage		Action by
Recruitment screener provided	17 <sup>th</sup> September	GfK
Recruitment begins	18 <sup>th</sup> September	Adkins
Fieldwork (15 in-depth interviews)	5 <sup>th</sup> -12 <sup>th</sup> October	GfK

#### 6.4 Screener for recruitment of healthcare professionals for the pilot

S1. What is your medical specialty? **(SELECT ONLY ONE)**

GP	1	<b>CONTINUE TO S2</b>
Practice Manager	2	<b>CONTINUE TO S2</b>
Hospital Doctor	3	<b>CONTINUE TO S1b</b>
Other	4	<b>TERMINATE</b>

#### HOSPITAL DOCTOR ONLY:

S1b. Could I please take your exact title?

.....

Sample: 1 x Anaesthetist

2 x Surgeon

2 x Non-Surgeon

PLEASE NOTE: TERMINATE IF RESPONDENT WORKS IN MENTAL HEALTH, ELECTIVE COSMETIC SURGERY, MATERNITY OR FERTILITY.

S2. In which age bracket do you fall? **(SELECT ONLY ONE)**

18-24 years	1	<b>CONTINUE</b>
25-34 Years	2	<b>CONTINUE</b>
35-44 Years	3	<b>CONTINUE</b>
45-54 Years	4	<b>CONTINUE</b>
55+ Years	5	<b>CONTINUE</b>

S3. In which region do you work? **(SELECT ONLY ONE)**

South East	1	<b>CONTINUE</b>
London	2	<b>CONTINUE</b>
East of England	3	<b>CONTINUE</b>
South West	4	<b>CONTINUE</b>
Midlands	5	<b>CONTINUE</b>
North West	6	<b>CONTINUE</b>
Yorkshire & Humber	7	<b>CONTINUE</b>
North East	8	<b>CONTINUE</b>
Wales	9	<b>CONTINUE</b>
Scotland	10	<b>CONTINUE</b>

S4. Approximately how many years have you been in practice since completing your training? (**RECORD WHOLE NUMBER. RANGE 0-99**)

____#	years in practice
<b>IF UNDER 2 YEARS OR GREATER THAN 30 YEARS TERMINATE</b>	

**HOSPITAL DOCTORS ONLY:**

S5. In which type of setting do you work?

Teaching / University Hospital	1	<b>CONTINUE</b>
Non-teaching / General Hospital	2	<b>CONTINUE</b>
Private Clinic	3	<b>CONTINUE</b>
Community	4	<b>CLOSE</b>
Other	5	<b>CLOSE</b>

S6. Do you treat patients with acute conditions?

Yes	1	<b>CONTINUE</b>
No	2	<b>CLOSE</b>

S7. Are you or is any member of your family currently affiliated with any pharmaceutical company or other health care organisation, serving as a clinical investigator, consultant, or researcher?

Yes	1	<b>TERMINATE</b>
No	2	<b>CONTINUE</b>

## 6.5 Codeframes

### 6.5.1 GPs Codeframes

<b>C3_GP</b>	<b>In which, if any, of these circumstances do you usually raise the idea of going private with a patient?</b>
01	If the waiting times on the NHS are long
02	If the appropriate treatment/test is not available on the NHS
03	If I know the patient has already gone private in the past
04	I usually ask all patients if they would like to go private
05	I ask patients if I know they have a private medical insurance
06	I don't usually ask, patients ask me
07	I never ask patients
09	Don't know
99	Other (net)
12	<i>If the patients can afford (additional code)</i>

<b>E3_GP</b>	<b>Why do you usually suggest only one named private consultant to a patient?</b>
01	Usually there is only one appropriate private consultant in my local area
02	Patients usually expect me to make the choice
03	Usually I know which consultant is clinically the best choice for my patients
04	It's quicker
06	Don't know
99	Other (net)
10	<i>Usually patients request for a specific consultant (additional code)</i>
11	<i>Usually I only recommend the consultant I had experience with (additional code)</i>

<b>E6_GP</b>	<b>Which of these factors are important to you when deciding which private consultant to suggest to a patient</b>
01	Reputation
02	Clinical expertise
03	Waiting times for appointment
04	Appointment times offered
05	Convenient geographic location for the patient
06	Fees
07	Recognition by the patient's private insurance
08	Private hospitals or PUs at NHS hospitals where he/she works
09	Feedback from patients referred in the past
11	None of these
12	Don't know
99	Other (net)
20	<i>Personal relationship/knowledge of the consultant (additional code)</i>

<b>F4_GP</b>	<b>Why do you usually suggest only one private hospital or PPU at an NHS hospital to a patient</b>
01	Usually there is only one private hospital/PPU at an NHS hospital in my local area offering the required tests or treatment
02	Patients usually expect me to make the choice
03	Usually I know what is the best choice for my patients
04	It's quicker
06	Don't know
99	Other (net)
10	<i>Usually patients request for a specific consultant (additional code)</i>

<b>K2_GP</b>	<b>And what incentives or benefits do private hospitals or PPUs at NHS hospitals offer to GPs in your area? Open ended question</b>
01	<i>Educational meetings</i>
02	<i>Postgraduate meetings</i>
03	<i>Clinical meeting</i>
04	<i>Meetings with meals</i>
05	<i>Continuing medical education (CME)</i>
10	<i>Wine</i>
11	<i>Sports</i>
12	<i>Film premiere</i>
98	None
99	DK/NA
100	<i>Meetings (net)</i>

### 6.5.2 Codeframes – Private consultants

<b>B5_Cons</b>	<b>Why do you intend to reduce or stop doing private work</b>
01	Old age/retiring soon
02	Stressful
03	Time consuming
04	Too much hassle in private work
10	<i>Financially unviable (additional code)</i>
11	<i>Remuneration is decreasing (additional code)</i>
12	Other
98	None
99	DK/NA

<b>C1_Cons</b>	<b>Where do you conduct your work as a private consultant</b>
01	Private hospitals
02	NHS hospital - private patient unit (PPU)
03	Consulting room outside a hospital
05	Prefer not to say
10	<i>Dental practice (additional code)</i>
11	<i>Independent sector treatment centre (additional code)</i>
12	<i>Private clinic (additional code)</i>
99	Other

<b>C7_Cons</b>	<b>By which of these private medical insurers does the private hospital or PPU need to be recognised by?</b>
01	Aviva
02	AXA PPP Healthcare
03	BUPA
04	PRU Health
05	Simply Health
06	WPA
08	Don't know
10	<i>Benenden Healthcare (additional code)</i>
12	<i>Cigna (additional code)</i>
14	<i>Exeter Friendly Society (additional code)</i>
15	<i>Groupama (additional code)</i>
17	<i>Police Healthcare Scheme (additional code)</i>
99	Other

<b>C9_Cons</b>	<b>In which, if any, of these ways are you restricted by your main private hospital or PPU in the private work you can do in other private hospitals or PPUs</b>
01	I cannot work in any other private hospitals or PPUs at all
02	I am restricted in the number of private hospitals or PPUs I can work in
03	I am restricted in the amount of work I can do in other private hospitals or PPUs
04	I am restricted in some other way
05	No - I am not restricted in any way
06	Don't know
10	<i>I am restricted by insurance reimbursement/policy (additional code)</i>
11	<i>I am restricted by time and location for operation (additional code)</i>
13	<i>I am restricted in time arrangement (additional code)</i>

<b>D3_Cons</b>	<b>Why do you usually suggest only one private hospital or PPU to a patient?</b>
01	I only do private work at private hospital or PPU
02	Usually there is only one private hospital or PPU in the local area suitable for the required consultation, treatment, tests
03	Patients usually expect me to make the choice
04	Usually I know what is the best choice for my patients
05	It's quicker
07	Don't know
10	<i>Usually patients request for a specific consultant (additional code)</i>
99	Other (net)

<b>E1_Cons</b>	<b>Which, if any, of the following private medical insurers would cover your fees either fully or partially?</b>
01	Aviva
02	AXA PPP Healthcare
03	BUPA
04	PRU Health
05	Simply Health
06	WPA
08	Don't know
10	<i>Benenden Healthcare (additional code)</i>
12	<i>Cigna (additional code)</i>
14	<i>Exeter Friendly Society(additional code)</i>
15	<i>Groupama (additional code)</i>
17	<i>Police Healthcare Scheme(additional code)</i>
99	Other

<b>E3_Cons</b>	<b>How do you typically set your fees?</b>
01	Independently of the group
02	With reference to guidelines set by the group
03	At the level specified by the group
05	Don't know
10	<i>With reference to insurer's guidelines (additional code)</i>
99	Other

<b>E11_Cons</b>	<b>Which of the following private insurers' reimbursement levels do you set your fees at the same level as?</b>
01	Aviva
02	AXA PPP Healthcare
03	BUPA
04	PRU Health
05	Simply Health
06	WPA
08	Don't know
10	<i>Benenden Healthcare (additional code)</i>
12	<i>Cigna (additional code)</i>
14	<i>Exeter Friendly Society (additional code)</i>
15	<i>Groupama (additional code)</i>
17	<i>Police Healthcare Scheme (additional code)</i>
99	Other

<b>E14_Cons</b>	<b>When your fees are set above the insurer's reimbursement levels for a given patient, what usually happens?</b>
01	The patient pays a top-up fee to cover the shortfall
02	The patient pays the full amount so as not to claim on the insurance
03	The patient opts for another consultant whose fees are fully covered
04	The patient referred to the NHS
06	Don't know
10	<i>Negotiate with insurance company to pay in full (additional code)</i>
11	<i>I don't charge them for the shortfall (additional code)</i>
99	Other (net)

<b>F1_Cons</b>	<b>In which, if any, of the following ways do you inform GPs about the private work that you do?</b>
01	Face to face - in individual meetings with some GPs
02	Face to face - during visits to GP practices
03	Face to face - at professional development meetings/educational meetings
04	Face to face - at informal social gatherings
05	Written communication - through personal emails and post
06	Written communication - through mailing of information materials
07	Telephone - through phone calls with some GPs
08	Through social media and internet communities
10	I don't have contact with GPs
20	<i>I don't inform GPs about my private work (additional code)</i>
21	<i>Hospital referral guide (additional code)</i>
22	<i>Local newspaper educational column (additional code)</i>
23	<i>Hospital marketing (additional code)</i>
24	<i>Private hospital (e.g. published directory) (additional code)</i>
25	<i>Reputation (additional code)</i>
26	<i>Word of mouth (additional code)</i>
99	Other (net)

<b>F2_Cons</b>	<b>What do you usually tell GPs about yourself and your private work?</b>
01	My clinical expertise
02	My sub-specialty
03	My recent professional achievements
04	The facilities where I work
05	My fees
06	The private insurers which fully or partially cover my fees
07	My waiting times to see new patients
08	My appointment times
10	Don't know
23	<i>My private work (additional code)</i>
98	None
99	Other (net)

<b>G2_Cons</b>	<b>And what incentives or benefits do private hospitals or PPU's at NHS hospitals offer to consultants in your area? Open ended question</b>
01	Contract with patients/increased patients referral
10	<i>Educational meetings</i>
11	<i>Social meetings</i>
12	<i>Meetings with GPs/patients</i>
20	<i>Entertainment (unsp.)</i>
21	<i>Free film/sports tickets</i>
22	<i>Meals</i>
23	<i>Sports</i>
24	<i>Vouchers</i>
40	<i>Payment/bonus reward</i>
41	<i>Reduced administrative fees</i>
42/43	<i>Free or reduced room fees (net)</i>
44	<i>Shareholdings</i>
45	<i>Marketing benefits</i>
50	<i>Given preferred operation time</i>
51	<i>No waiting list</i>
52	<i>Permit use of portable equipments</i>
53	<i>Provide good quality facilities</i>
54	<i>Provide help in practice setting</i>
60	<i>Administrative support</i>
61	<i>Clinical support</i>
62	<i>Partnership</i>
98	None
99	DK/NA

## 6.6 Crossbreak headers and definitions

### 6.6.1 GP crossbreak headers and definitions

CROSSBREAK	HEADER	SOURCE	DEFINITION
<b>Country</b>	England	A1	Code 1
	Scotland	A1	Code 3
	Non-England	A1	Codes 2-4
	Greater London	A1	Derived from postcode and PCT information
	UK minus Greater London	A1	Derived from postcode, PCT information and urbanity measures
	UK minus Greater London - urban	A1	Derived from postcode, PCT information and urbanity measures
	UK minus Greater London - rural	A1	Derived from postcode, PCT information and urbanity measures
	England minus Greater London	A1	Code 1 and derived from postcode and PCT information
<b>Experience</b>	High	L1	18 years and over (median or higher)
	Low	L1	Less than 18 years (less than median)
<b>Experience - local area</b>	High	L2	15 years and over (median or higher)
	Low (lower than median - dependent on holecount)	L2	Less than 15 years (less than median)
<b>Experience / experience local area</b>	High exp / high local area	L1/L2	18 years and over (median or higher) at L1 and 15 years and over (median or higher) at L2
	High exp / low local area	L1/L2	18 years and over (median or higher) at L1 and less than 15 years (less than median) at L2
	Low exp / high local area	L1/L2	Less than 18 years (less than median) at L2 and 15 years and over (median or higher) at L2
	Low exp / low local area	L1/L2	Less than 18 years (less than median) at L1 and 15 years and over (median or higher) at L1 and Less than 15 years (less than median) at L2
<b>Size of business</b>	High	L3	8,700 and over
	Low	L3	Less than 8,700
<b>Number private patients</b>	High	B1	40 or over
	Low	B1	Less than 40
<b>Who raised referral option</b>	Patient both	C1/C2	Code 1 or 2 at C1 and C2
	Inconsistent	C1/C2	C1 does not equal C2
<b>Patient knows who they want to see</b>	High	D2	70% or more cases
	Low	D2	Less than 70% of cases
<b>How many consultants suggested</b>	1	E1	Code 1

CROSSBREAK	HEADER	SOURCE	DEFINITION
	2	E1	Code 2
	3 or more	E1	Codes 3 - 5
How many hospitals suggested	1	F2	Code 1
	2	F2	Code 2
	3 or more	F2	Codes 3 - 5
Relative importance	Hospital more	E7	Codes 1-2
	Same	E7	Code 3
	Consultant more	E7	Codes 4-5
PPU in area	Yes	F6	Code 1
	No	F6	Code 2
Supposed Preference PPU	Private hospital	F7	Code 1
	PPU	F7	Code 2
Actual Preference PPU	Private hospital	F8	Code 1
	PPU	F8	Code 2
Refer outside the area	High	I3	Refers 5 or more
	Low	I3	Refers less than 5

## 6.6.2 Private consultant crossbreak headers and definitions

CROSSBREAK	HEADER	SOURCE	DEFINITION
Country	England	A1	Code 1
	Non-England	A1	Codes 2-4
	Greater London	A1	Derived from postcode and PCT information
	UK minus Greater London	A1	Derived from postcode, PCT information and urbanity measures
	UK minus Greater London - urban	A1	Derived from postcode, PCT information and urbanity measures
	UK minus Greater London - rural	A1	Derived from postcode, PCT information and urbanity measures
	England minus Greater London	A1	Code 1 and derived from postcode and PCT information
Surgeon	Surgeon	A4	Code1
	Non-surgeon	A4	Code 2
	Anaesthetist	A5 not a code 2	Code 2
	Non-Anaesthetist	A5	Codes 1 to 32 excluding code 2 and those who only said a code 4, 5, 10 or 26
Role in patient interface (A6)	Mostly main	A6	Code 1
	Sometimes main	A6	Code 2
	Mostly not main / rarely or never main	A6	Codes 3 - 4
Experience	High	H1	10 years and over (median or higher)
	Low	H1	Less than 10 years (less than median)
Size of business	High	B1	130 and over (median or higher)
	Low	B1	Less than 130 (less than median)

CROSSBREAK	HEADER	SOURCE	DEFINITION
<b>Proportion private patients</b>	High	B2	10% and over (median or higher)
	Low	B2	Less than 10% (less than median)
<b>Size / proportion integrated</b>	Large / mostly private	B1/B2	130 and over (median or higher) B1 and 10% and over (median or higher) B2
	Large / minority private	B1/B2	130 and over (median or higher) B1 and less than 10% (less than median) B2
	Small / mostly private	B1/B2	Less than 130 (less than median) B1 and 10% and over (median or higher) B2
	Small / minority private	B1/B2	Less than 130 (less than median) B1 and less than 10% (less than median) B2
<b>How many hospitals / PPUs worked in past 12 months</b>	1	C3	Code 1
	2	C3	Code 2
	3 or more	C3	Code 3 - 5
<b>Where work</b>	Private hospital - solus	C1	Code 1 and not code 2
	Private hospital + PPU	C1	Code 1 and Code 2
	Any PPU	C1	Code 2
	Solus PPU	C1	Code 2 and not code 1
	Consulting room	C1	Code 3
<b>Main hospital</b>	Private	C1/C4	Code 1 only at C1 or C4 code 2
	PPU	C1/C4	Code 2 only at C1 or C4 code 1
<b>Proportion self-pay patients</b>	51% or more	B3	51% or more (median or higher)
	50% or less	B3	50% or less (less than median)
<b>Insurance coverage</b>	BUPA - yes	E1	Code 3
	BUPA - no	E1	Not code 3
	AXA - yes	E1	Code 2
	AXA - no	E1	Not code 2
<b>Consultant group - belong to</b>	In consultant group	E2	Code 1
	Not in consultant group but aware of one locally	E2	Code 2 at E2 and code 1 at E4
	Not in consultant group or aware of one locally	E2	Code 2 at E2 and code 2-3 at E4

## 6.7 Nets

### 6.7.1 GP table NET definitions

Question No	NET	Definition
C1	All me	Codes 1- 2
	All patient	Codes 4 - 5
C2	All me	Codes 1- 2
	All patient	Codes 4 - 5
C4	Any reason relating to private consultant	Codes 1 - 3
	Any reason relating to private hospital/PPU	Codes 4 – 8
	Any reason relating to benefits of private healthcare in general	Codes 9 - 15
E1	2 or more	Codes 2 - 5
E2	Always/usually	Codes 1 - 2
E4	All likely	Codes 1- 2
	All unlikely	Codes 3 - 4
E5	Always/usually	Codes 1 - 2
E6	Reputation/expertise	Codes 1 – 2
	Appointments	Codes 3 – 4
	Financial reasons	Codes 6 - 7
E7	All hospital more important	Codes 1 – 2
	All consultant more important	Codes 4 – 5
F1	Always/usually	Codes 1 - 2
F2	2 or more	Codes 2 - 5
F3	Always/usually	Codes 1 - 2
F5	Any reason relating to clinical care	Codes 1 - 3
	Any reason relating to private hospital/PPU	Codes 4 – 8
	Any reason relating to cost	Codes 9 - 15
	Reputation/Feedback	Code 1 or 13
H2	Consultant: Any Consultant	Codes 1 – 10 block 1
	Consultant: Reputation/clinical expertise	Codes 1 – 2 block 1
	Consultant: Appointments	Codes 3 – 4 block 1

Question No	NET	Definition
	Consultant: Financial	Codes 6 – 7 block 1
	Hospital/PPU: Any Consultant	Codes 1 – 13 block 2
	Hospital/PPU: Any clinical/medical	Codes 2, 3, 4, 11 block 2
	Hospital/PPU: Waiting times/ appointments	Codes 7 – 8 block 2
	Hospital/PPU: Financial	Codes 9 – 10 block 2
H3	Consultant: Any Consultant	Codes 1 – 10 block 1
	Consultant: Reputation/clinical expertise	Codes 1 – 2 block 1
	Consultant: Appointments	Codes 3 – 4 block 1
	Consultant: Financial	Codes 6 – 7 block 1
	Hospital/PPU: Any Consultant	Codes 1 – 13 block 2
	Hospital/PPU: Any clinical/medical	Codes 2, 3, 4, 11 block 2
	Hospital/PPU: Waiting times/ appointments	Codes 7 – 8 block 2
	Hospital/PPU: Financial	Codes 9 – 10 block 2
I2	Always/usually	Codes 1 - 2

### 6.7.2 Private consultant table NET definitions

Question No	NET	Definition
A6	Main consultant	Codes 1- 2
	Not main consultant	Codes 3 - 4
B4	Reduce/stop private	Codes 4 - 5
C7	Any	Codes 1 - 7
D1	2 or more	Codes 2 - 5
D2	Always/usually	Codes 1 - 2
D4	Any clinical/medical	Codes 1, 2, 3, 12
	Waiting times/appointments	Codes 5 – 6
	Financial reasons	Codes 9 - 11
E1	Any	Codes 1 - 7
E11	Any	Codes 1 - 7
E12	Any	Codes 1 - 7

Question No	NET	Definition
F1	Face to face	Codes 1 - 4
	Written communication	Codes 5 – 6
F2	Expertise	Codes 1 - 3
	Financial	Codes 5 - 6
	Waiting times/appointments	Codes 7 - 8
G2	Financial benefits	Codes 40, 44, 62
	Administration benefits	Codes 41, 60
	Marketing	Codes 1, 10, 11, 12, 45
	Entertainment	Codes 20, 21, 22, 23



## **6.8 Introductory text to the online survey**

The Competition Commission is collecting evidence from healthcare professionals for their inquiry into the private healthcare market and they are keen to hear your views. Please be assured that your responses will be kept confidential. Anonymous data will be passed on to the Competition Commission and to GfK NOP (an independent market research organisations working on behalf of the Competition Commission). The results from this survey will only be used in aggregate and will not be attributed to any individual or organisation.

Please click “next” to confirm your acceptance and continue this survey