Programme of Research Exploring Issues of Private Healthcare Among General Practitioners and Medical Consultants

Survey Analysis Report for the Office of Fair Trading

August 2011

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Survey Analysis Report for the Office of Fair Trading

A report submitted by GHK
in association with

ICM Research

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Contents

1 Introduction

This section provides an introduction and overview for this report including relevant background and contextual information and a summary of the method used.

1.1 This report

GHK Consulting (GHK), supported by ICM Research (ICM), was commissioned by the Office of Fair Trading (OFT) in April 2011 to undertake a programme of research exploring issues of private healthcare amongst General Practitioners (GPs) and Consultants.

The study consists of two research elements:

- the production of a concise but information rich report about the nature of the populations of GPs and Consultants in the United Kingdom in 2011, or as recently as information is available
- the conduct and reporting of two sample surveys directed separately at GPs and Consultants.

This Survey Analysis Report addresses the second of these two research activities, and presents the analysis of the surveys of GPs and Consultants. The Population Overview Report for GPs and Consultants has been published separately[1].

1.2 Purpose of the GP and Consultant surveys

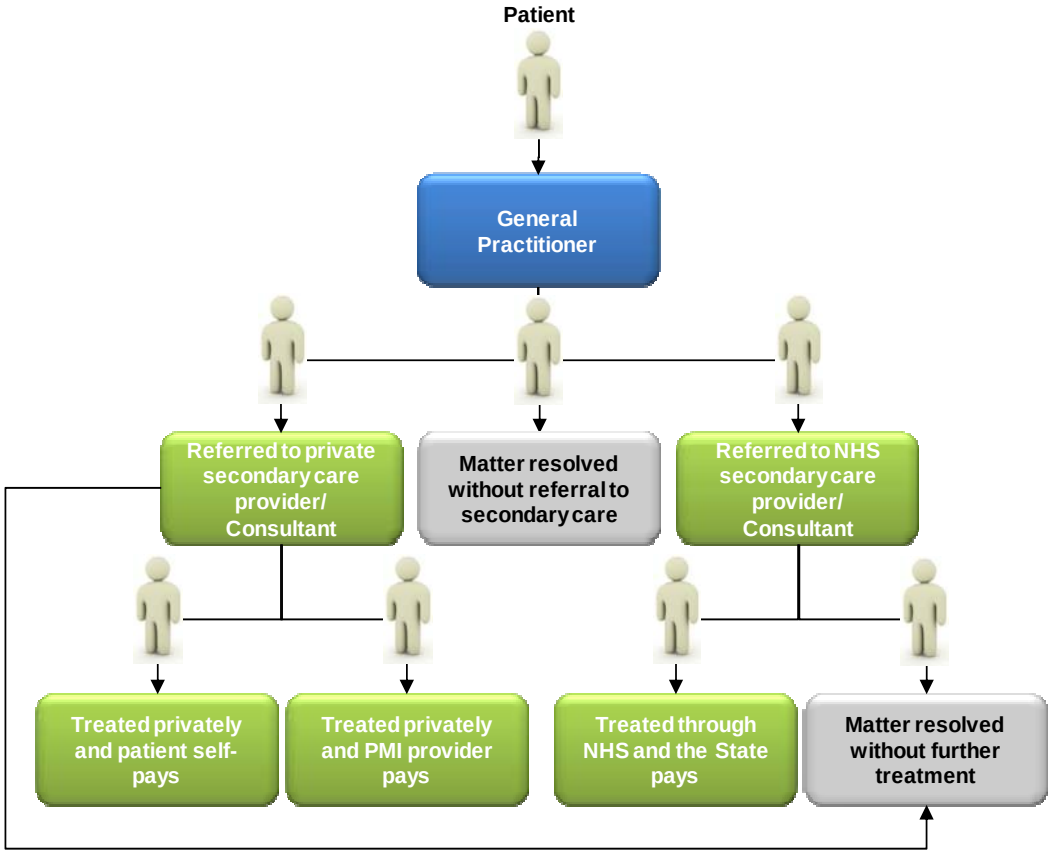
The purpose of the surveys of GPs and Consultants was to capture evidence on the behaviours observed amongst these two groups in order to inform an assessment of how the private healthcare market operates. Specifically, the surveys have been designed to provide evidence and information on the relationship and interactions between GPs, Consultants and patients, particularly in the context of private healthcare provision.

Figure 1.1 illustrates the key milestones within a simplified patient 'journey' through primary and secondary care, including the points at which GPs and Consultants interact with patients. In summary:

- GPs are 'gateways' to secondary care and are responsible for referring patients to a specific secondary care facility and/or Consultant, where this is needed. This facility/Consultant may be within the NHS or may be within the private healthcare sector
- Consultants are responsible for treatment once a patient has been referred to them (they may also re-refer a patient to another provider). Treatment can be provided through the NHS, or it can be provided privately. In the case of the latter a patient may use their private medical insurance (PMI) to cover the cost, or they may elect to pay for the treatment themselves (henceforth referred to as self-pay).

[1] GHK (2011) Population Overview Report.

Figure 1.1Illustration of a simplified patient 'journey' through primary and secondary care



Source: GHK analysis

The surveys of GPs and Consultants investigated the operation of the patient journey shown in Figure 1.1 ***where patients have elected to be treated privately*** (i.e. excluding NHS treatments).

For GPs this included consideration of:

- the process through which patients choose the private facility/ Consultant they wish to go to for treatment, and the role of the GP within this decision
- whether the process of referral to secondary care varies depending on whether a patient has PMI or has chosen to self-pay
- how well informed GPs themselves are about private facilities and Consultants.

For Consultants this included consideration of:

- Consultants' balance between private and NHS work
- Consultant usage of private facilities, including how this affects patient choice
- the process by which Consultants set their fees, and the influence of PMI providers on fee levels
- the influence of PMI providers on patient treatment.

1.3 Method of approach

The method of approach used to carry out the surveys of GPs and Consultants is set out below.

1.3.1 Survey instrument design

Survey instruments for use with GPs and Consultants were drafted by the OFT and sent to GHK and ICM for comment. On the basis of these comments, amended versions of the surveys were developed and finalised by the OFT. The two survey instruments:

- were designed to be completed within 20 minutes
- consisted as far as possible of closed questions, with a small number of open ended questions which enabled respondents to provide additional detail where relevant (e.g. to provide text explanations where 'other' had been selected).

The final versions of the two surveys were converted by ICM into an online survey. The online survey format was selected instead of a telephone survey since it suited the type of questions asked (largely closed), and fitted with the working practices of GPs and Consultants (who would be less willing to spare time during the day and more willing to complete a survey in their own time in the evenings or at weekends).

1.3.2 Survey sampling

The populations for the two surveys were as follows:

- *all GPs in the United Kingdom*: in 2010 there were 42,540 GPs[2]
- *all Consultants in the United Kingdom who practise privately* (whether purely privately or in combination with NHS work): the population is not known, since there are no accurate data on the number of Consultants who practise privately[3]. An estimate from 1992 put the figure at 17,300 privately practising Consultants, and there are no data on the likely direction of change from this point. We have used this estimate of the population size in order to estimate the statistical significance of the sample (see below).

It was agreed with the OFT that the sample frames for the two surveys would be drawn from ICM's online panels of GPs and Consultants. These panels consist of databases of GPs and Consultants who have signalled a willingness to participate in surveys. Fieldwork with medical professionals is traditionally challenging since they receive large numbers of such requests and tend to have very little time available for the completion of surveys. Using a database of GPs and Consultants who have already indicated a willingness to complete surveys thus reduces the amount of time required to identify potential survey participants. ICM's online panels cover the whole of the United Kingdom and consist of approximately 15,000 GPs and 22,000 Consultants (note that this includes Consultants who do not practise privately), thus ensuring that they are of a suitable size to be representative of GP and Consultant populations.

The target number of survey responses was 400 GPs and 400 Consultants. Quotas were employed in order to ensure that the two samples corresponded to the populations in relation to:

- the age profile of GPs and Consultants
- the Strategic Health Authority (SHA) or Devolved Administration (DA) within which GPs and Consultants worked.

1.3.3 Survey distribution and achieved response rate

Between 8 June 2011 and 25 June 2011, GPs and Consultants from the sample frame were contacted by ICM and asked to complete the online survey. In order to provide an incentive for survey completion, a voucher was offered to all respondents. At the outset of the survey, Consultants were screened to ensure that they undertook some private practice. Response rates were monitored on an ongoing basis to ensure that target quotas were matched.

[2] GHK (August 2011) Population Overview Report.

[3] GHK (August 2011) Population Overview Report.

A total of 403 surveys were completed with GPs, and 401 surveys were completed with Consultants. At a 95 per cent level of confidence, therefore, the confidence intervals for the two surveys were as follows:

- GP survey: +/- 4.86 per cent
- Consultant survey: +/- 4.84 per cent.

Table 1.1 compares quota targets against the characteristics of the achieved sample for the GP survey. Table 1.2 does the same for the Consultant survey, though note that the population share data relates to the *NHS Consultant workforce* since no data are available on the characteristics of the population of privately practising Consultants (see above). These tables show that:

- *GP survey*: the achieved sample broadly matched the population characteristics for the two quota areas, indicating that the sample corresponds to the population
- *Consultant survey*: the achieved sample was similar to the population characteristics in respect of the location of Consultants, but was somewhat different in relation to the age of Consultants (where there was a lower proportion within the 30-44 age group and a higher proportion within the 45-54 age group). Nevertheless, as noted above, the population for the Consultant survey was actually privately practising Consultants, for which there were no specific data available. The Laing and Buisson healthcare market review for 2010/11[4] reported that privately practising Consultants tend to be older, and that private practice rates amongst new Consultants were relatively low. This would suggest that the achieved sample is a closer match to the population than Table 1.2 indicates.

Table 1.1 Comparison between the quota targets and sample share for the GP survey

Quota variable	Quota categories	Population share	Sample share	Difference (percentage points)
SHA/ DA within which GPs worked	North East	3%	4%	-1%
	North West	8%	11%	-3%
	Yorks & Humber	9%	8%	1%
	East Midlands	7%	7%	0%
	West Midlands	9%	8%	0%
	Eastern	9%	9%	1%
	South East Coast	7%	7%	1%
	South Central	7%	6%	0%
	South West	9%	9%	-1%
	London	14%	13%	2%
	N. Ireland	2%	3%	-1%
	Scotland	10%	10%	0%
	Wales	5%	5%	1%
Age of GPs	Under 30	1%	1%	0%
	30-44	42%	42%	0%
	45-54	39%	36%	3%
	55-64	16%	18%	-2%

[4] Laing and Buisson (2011) Laing's Healthcare Market Review 2010/11.

Quota variable	Quota categories	Population share	Sample share	Difference (percentage points)
	Over 65	2%	3%	-1%

Source: GHK analysis and GHK (2011) Population Overview Report

Table 1.2 Comparison between the quota targets and sample share for the Consultant survey

Quota variable	Quota categories	Population share#	Sample share	Difference (percentage points)
SHA/ DA within which Consultants worked	North East	5%	3%	-2%
	North West	12%	9%	-2%
	Yorks & Humber	8%	8%	0%
	East Midlands	6%	7%	1%
	West Midlands	8%	11%	3%
	Eastern	8%	12%	4%
	South East Coast	6%	5%	0%
	South Central	6%	6%	1%
	South West	8%	6%	-1%
	London	16%	15%	-1%
	N. Ireland	3%	2%	-1%
	Scotland	10%	6%	-4%
	Wales	5%	3%	-2%
Age of Consultants	Under 30	0%	0%	0%
	30-44	28%	41%	-12%
	45-54	47%	39%	8%
	55-60	13%	12%	1%
	Over 60	11%	8%	3%

Source: GHK analysis and GHK (2011) Population Overview Report; Note: This is the NHS Consultant population not the privately practising Consultant population

1.3.4 Analysis of the survey results

Once the survey was completed, the results were coded and analysed using Microsoft Excel. The outputs of this analysis process are summarised in this report. Anonymous raw data were also submitted to the OFT in SPSS format.

1.4 Structure of this report

The remainder of this report is structured as follows:

- Section 2 presents the results of the survey of GPs
- Section 3 presents the results of the survey of Consultants.

Supporting material is included within the Annexes to this report:

- Annex 1 contains tables of GP survey data
- Annex 2 contains tables of Consultant survey data.

2 Survey of General Practitioners

This section of the report presents an analysis of the results of the survey of GPs. The section is divided into three main parts:

- a review of the characteristics of the GP workforce
- analysis of the process through which GPs refer patients to private facilities and Consultants who practise privately
- analysis of the process through which GPs access information about private facilities and privately practising Consultants.

Data supporting the analysis presented in this section of the report are provided in Annex 1.

2.1 Characteristics of the GP workforce

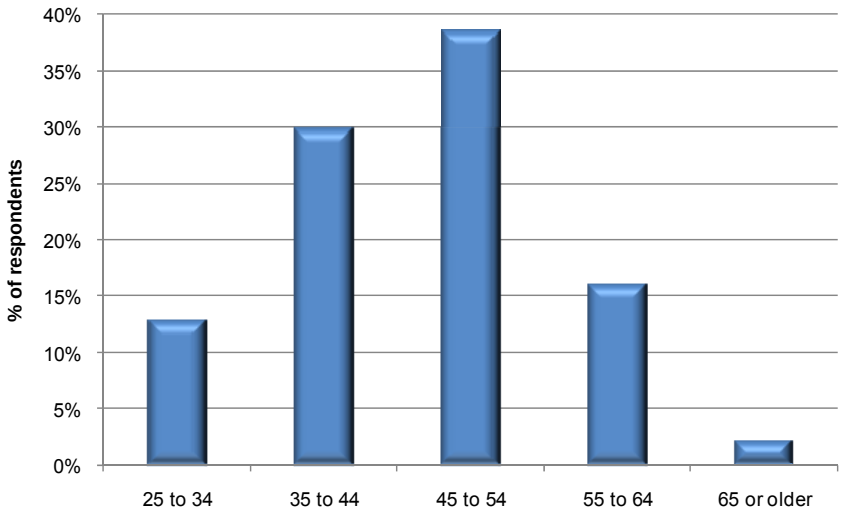
This sub-section analyses survey data relating to the characteristics of the GP workforce, including demographic data and information relating to GP working practices.

2.1.1 GP age

Figure 2.2 shows the age of GPs who responded to the survey:

- the single most common age group amongst survey respondents was 45-54, which accounted for 39 per cent of respondents
- relatively few GPs were aged over 65 (2 per cent of respondents), or under 35 (13 per cent of respondents).

Figure 2.2 The age of GPs



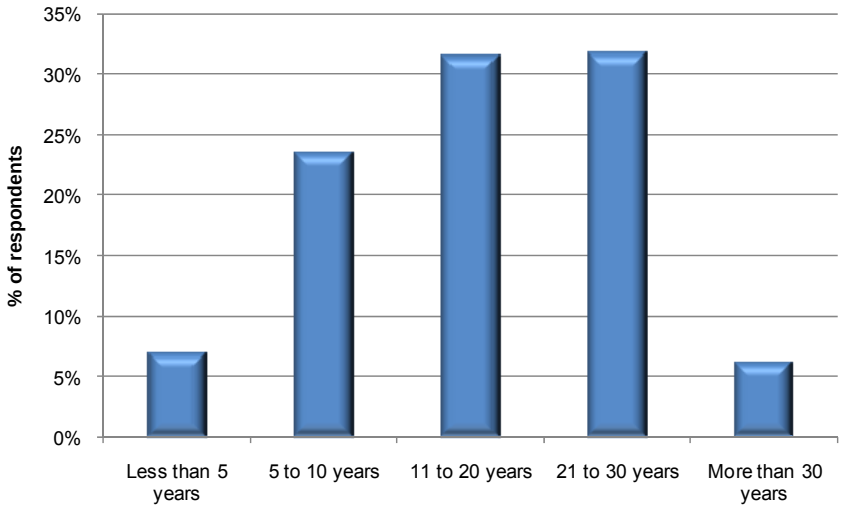
Base = All respondents (403)

2.1.2 GP experience

Figure 2.3 shows the number of years that survey respondents had worked as a GP:

- some 32 per cent of respondents had worked as a GP for between 11 and 20 years, and another 32 per cent of respondents had worked as a GP for between 21 and 30 years
- just 6 per cent of survey respondents had worked as a GP for over 30 years.

Figure 2.3 The number of years that respondents had worked as a GP



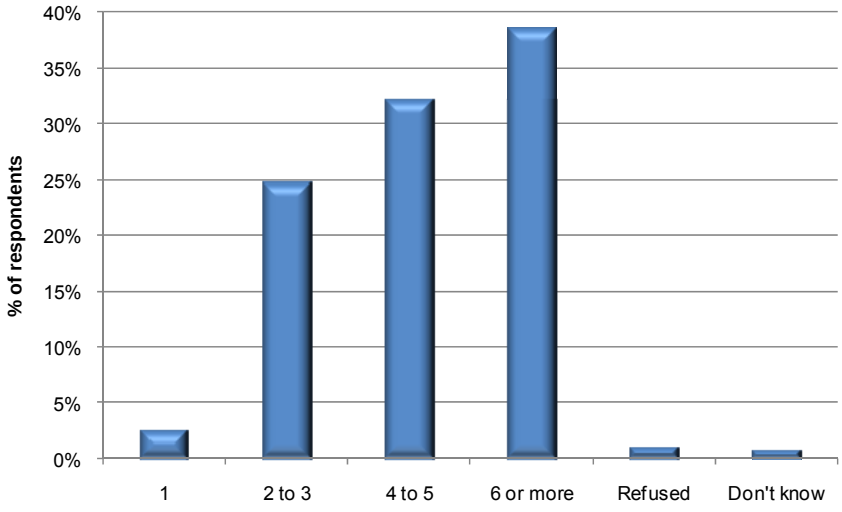
Base = All respondents (403)

2.1.3 Practice size

Figure 2.4 shows the number of GPs working in the respondents' practices:

- the most common practice size was 6 or more GPs, accounting for 39 per cent of survey respondents
- just 2 per cent of survey respondents were working single handed (i.e. they were the only GP within their practice).

Figure 2.4 The number of GPs working in survey respondents' GP practices, including themselves (full-time and part-time positions)



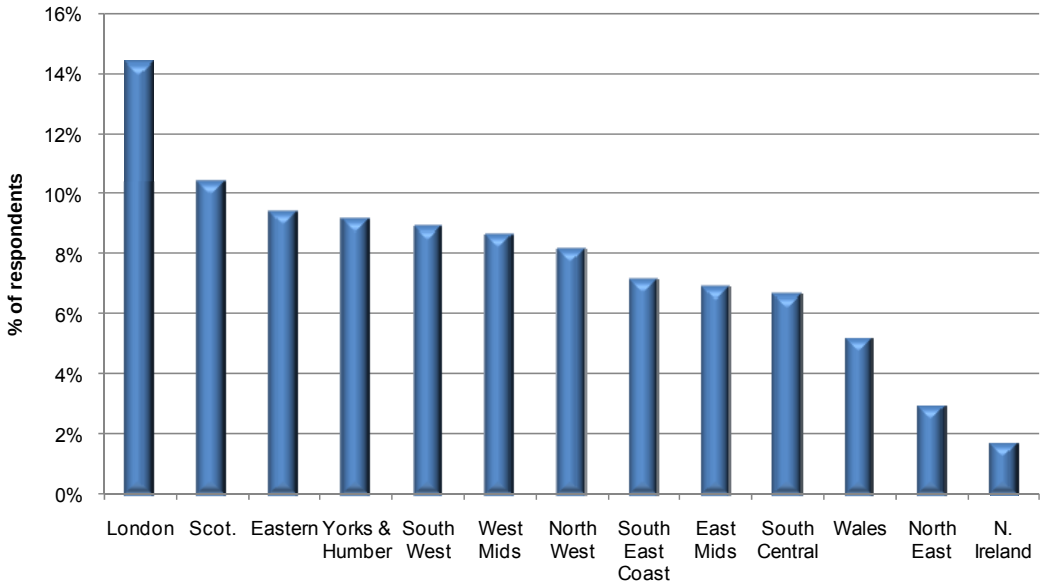
Base = All respondents (403)

2.1.4 GP location

Figure 2.5 shows the Strategic Health Authority (SHA) or Devolved Administration (DA) within which survey respondents worked:

- some 14 per cent of survey respondents worked in London, the highest proportion of GPs of all the SHAs or DAs
- just 2 per cent of GPs worked in Northern Ireland.

Figure 2.5 The Strategic Health Authority (SHA) or Devolved Administration (DA) within which GPs worked



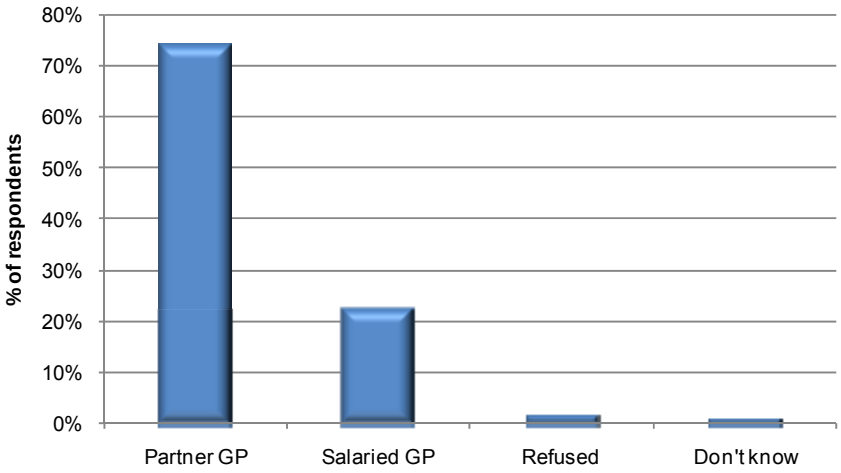
Base = All respondents (403)

2.1.5 GP employment status

Figure 2.6 shows the employment status of survey respondents:

- the majority of GPs, 74 per cent of survey respondents, worked as partners within a GP practice
- a further 23 per cent of survey respondents were employed as salaried GPs.

Figure 2.6 The employment status of GPs



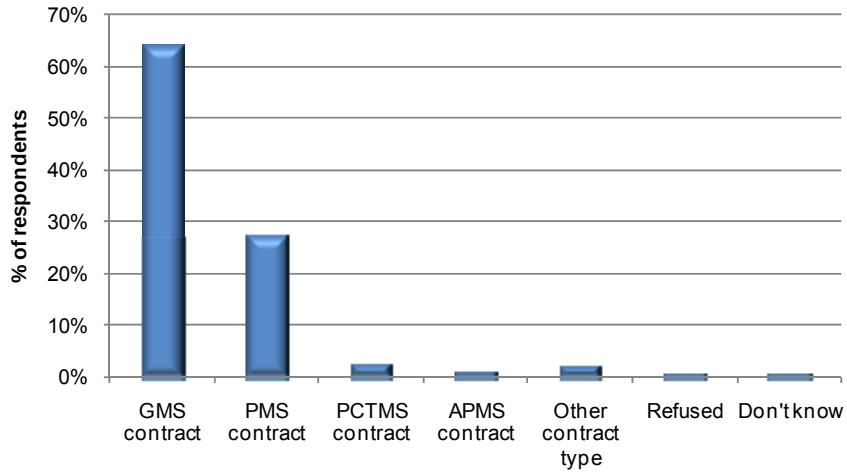
Base = All respondents (403)

2.1.6 GP contract type

Figure 2.7 shows the type of contract that GPs held[5]:

- most survey respondents (64 per cent of the total) were employed on a GMS contract
- a further 28 per cent of respondents were employed on a PMS contract
- just 1 per cent of GPs were employed on an APMS contract, and another 3 per cent were employed on a PCTMS contract.

Figure 2.7 The type of GP contract



Base = All respondents (403)

Key findings:

- The GPs who responded to the survey had typically been employed as GPs for some time (most commonly for 21 to 30 years), and were most commonly aged between 45 and 54. London accounted for the single largest share of GPs.
- GPs typically worked in practices with several other GPs (the most common size was 6 or more GPs). Most GPs worked as partners within their practices (rather than as salaried GPs), and the majority were employed on GMS contracts (most of the remainder worked on PMS contracts).

2.2 Referrals to private facilities and privately practising Consultants

This sub-section of the report presents an analysis of the survey results concerning the process through which GPs refer patients for private treatment. This includes consideration of the demand for and supply of private secondary care, and the ways in which GPs provide information to patients, discuss choice and provide recommendations.

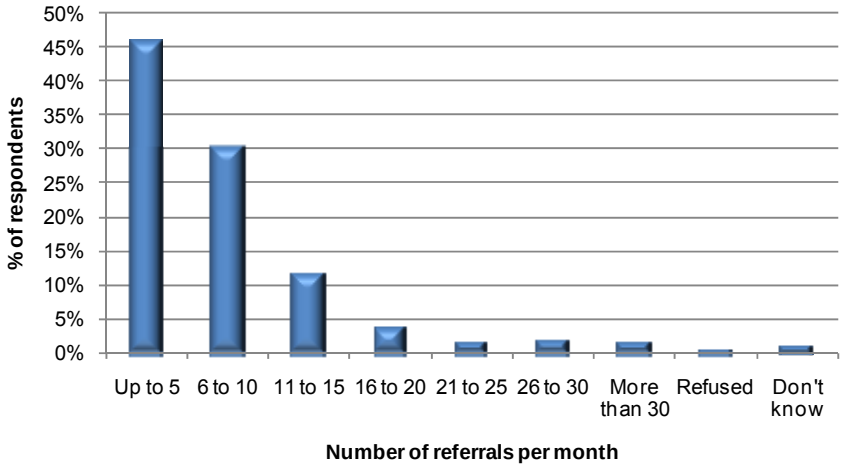
2.2.1 The volume of referrals to private facilities and/or Consultants

Figure 2.8 shows the average number of referrals per month that respondents make to private facilities and/or privately practising Consultants:

[5] There are four GP contract types: the General Medical Services (GMS) contract; the Personal Medical Services (PMS) contract; the Alternative Provider Medical Service (APMS) contract; and the Primary Care Trust Medical Services (PCTMS) contract. Further details are contained in the Population Overview Report (submitted separately).

- just under half of GPs (46 per cent of survey respondents) reported that they made 5 or less referrals per month. A further 31 per cent of GPs made between 6 and 10 referrals per month. In total, therefore, 77 per cent of GPs made up to 10 referrals per month
- a small minority of GPs make significant numbers of referrals to private facilities and/or privately practising Consultants each month. Some 2 per cent of survey respondents made over 30 referrals each month.

Figure 2.8 The average number of referrals per month to a private facility or privately practising Consultant



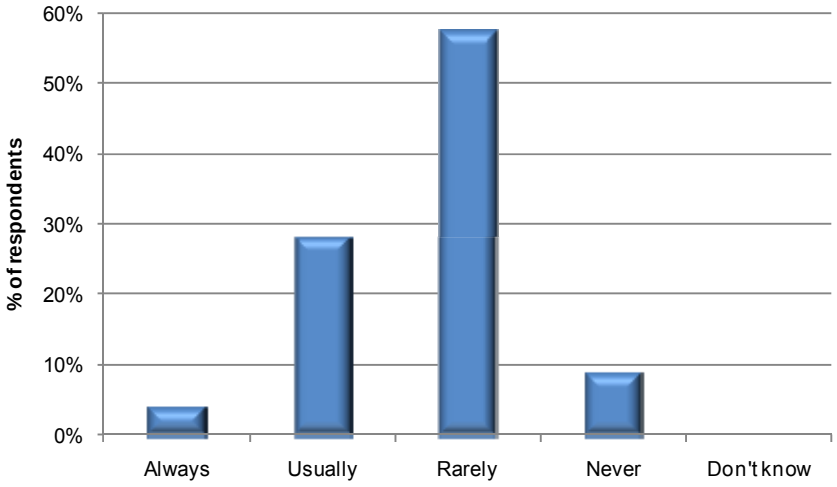
Base = All respondents (403)

2.2.2 Establishing the intentions of patients

GPs were asked if, when anticipating the need to make a referral to a secondary care provider, they ask a patient if they wish to be treated privately (Figure 2.9):

- the majority of GPs – 58 per cent of the individuals who responded to the survey – reported that they rarely ask patients if they wish to be treated privately
- a minority of GPs (9 per cent of respondents) noted that they would never ask a patient if they wished to be treated privately
- one-third of GPs indicated that they would always (4 per cent) or usually (29 per cent) ask if a patient wished to be treated privately.

Figure 2.9 Whether GPs would typically ask a patient if they wished to be treated privately when anticipating the need to make a referral

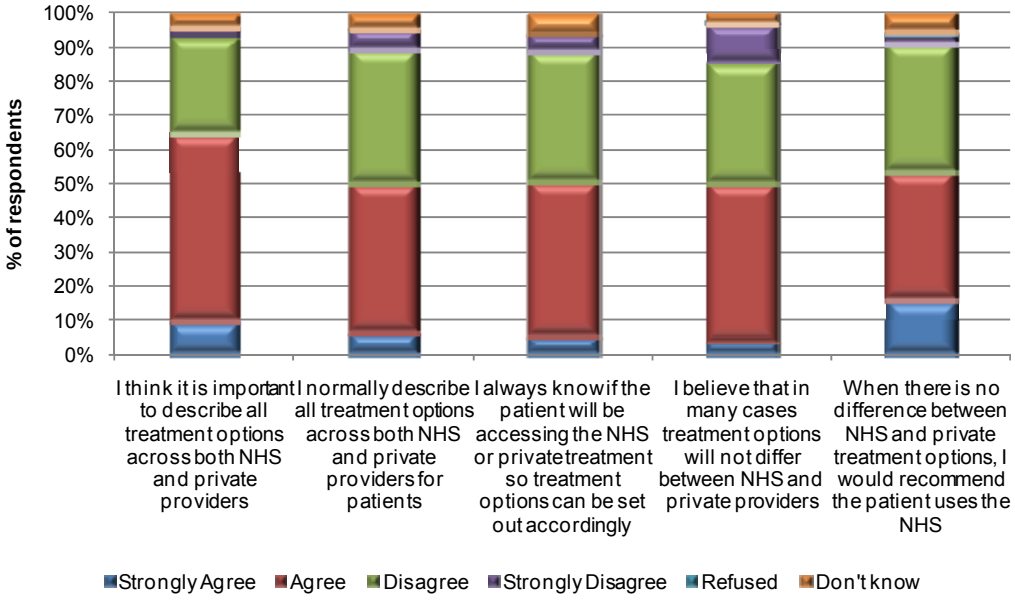


Base = All respondents (403)

More broadly, GPs were asked how they saw their role in terms of reviewing with patients whether they should be treated privately, or whether they should be treated using the NHS (Figure 2.10):

- some 65 per cent of survey respondents supported the view that '*it is important to describe all treatment options across both NHS and private providers*' (either agreeing or strongly agreeing with the statement), although only one-in-two GPs agreed or strongly agreed that they would typically do so ('*I normally describe all treatment options across both NHS and private providers*')
- around half of GPs were supportive of each of the other statements shown in Figure 2.10.

Figure 2.10 Whether GPs agreed with a series of statements regarding their role in reviewing with patients whether they should be treated privately or using the NHS



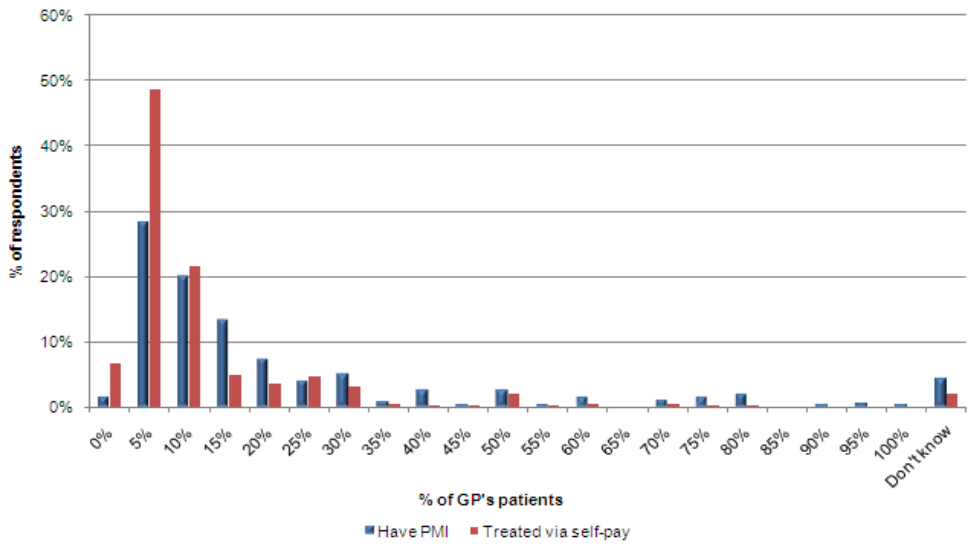
Base = All respondents (403)

2.2.3 Establishing the circumstances of patients

There are two possible ways in which a patient may pay for private secondary care: through their private medical insurance (PMI) provider, or using their own resources (self-pay). GPs were asked to estimate the proportion of their patients who have PMI and the proportion that are sometimes treated privately on a self-pay basis (Figure 2.11):

- some 75 per cent of GPs estimated that up to 25 per cent of their patients had PMI. Just 1 per cent of GPs estimated that none of their patients had PMI, indicating that whilst they usually represented a minority of a GP's patient list, almost all GPs had experience of referring PMI patients to secondary care at some point
- a further 9 per cent of GPs estimated that the majority of their patients (i.e. at least 51 per cent) had PMI
- some 90 per cent of GPs estimated that up to 25 per cent of their patients sometimes paid for their own private treatment (7 per cent of respondents thought that none of their patients did so), suggesting that, whilst not common, most GPs had experience of patients who wished to self-pay for private treatment.

Figure 2.11 The estimated proportion of GPs' patients who have PMI and the estimated proportion of GPs' patients who are sometimes treated privately on a self-pay basis (to the nearest 5%)



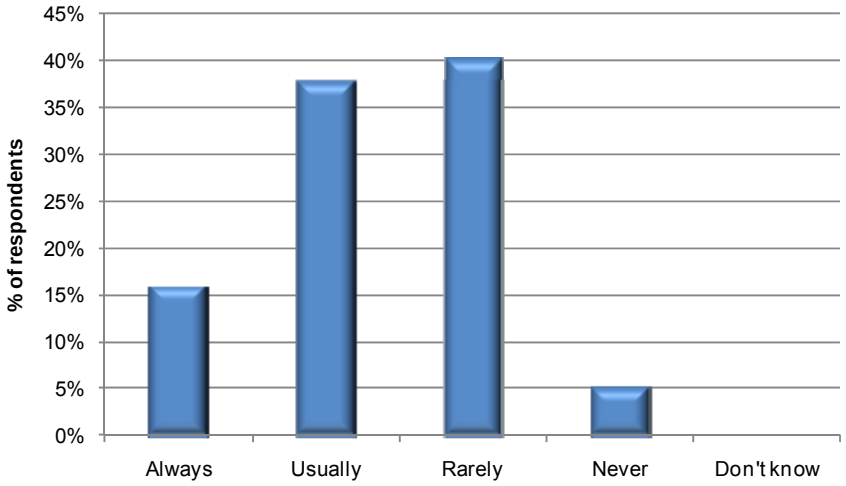
Base = All respondents (403)

The process of referring a patient to secondary care may initially involve clarification as to whether patients have PMI, since this will to some extent influence their choice of secondary care provider. GPs were asked whether they typically ask for this information (Figure 2.12):

- some 16 per cent of GPs always ask their patients whether they have PMI. A further 38 per cent usually seek to ascertain whether this is the case
- a further 40 per cent of GPs rarely ask whether a patient has PMI, and 5 per cent of survey respondents indicated that they would never ask this question
- GPs may not ask whether a patient has PMI because they may already know this information, perhaps through previous experience with the patient. As shown in Figure 2.11,

GPs are able to estimate the proportion of their patients who have PMI, meaning that they do have access to this information.

Figure 2.12 Whether GPs would typically ask a patient if they have PMI

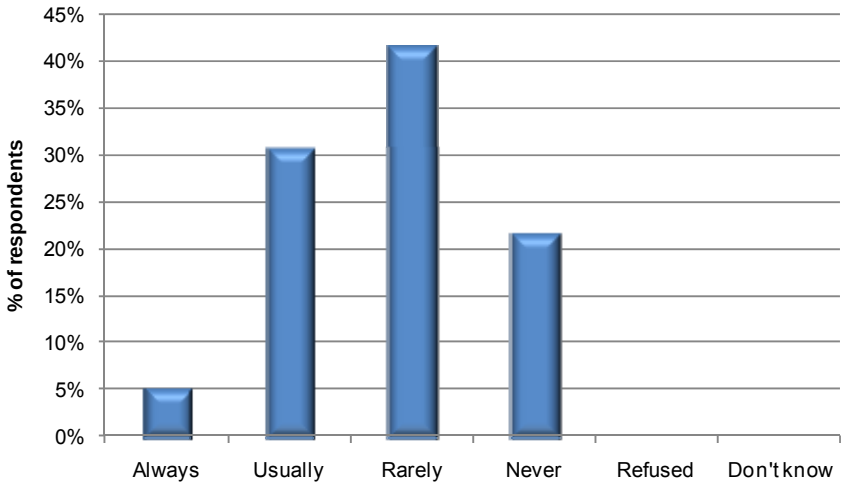


Base = All respondents (403)

GPs might also need to know the details of a patient's PMI policy (Figure 2.13):

- just 5 per cent of GPs indicated that they would always ask a patient about the details of their PMI policy, and another 31 per cent reported that they would usually do so
- some 42 per cent of survey respondents indicated that they rarely ask a patient about the PMI policy, and 22 per cent reported that they would never seek this information.

Figure 2.13 Whether GPs would typically ask a patient about the details of their PMI policy



Base = All respondents (403)

Key findings:

- Most GPs made relatively small numbers of referrals to private facilities and/ or privately practising Consultants (most made fewer than 10 such referrals in an average month).

- The majority of GPs 'rarely' asked patients if they wished to be treated privately, and a small minority 'never' asked patients this question. Despite this, around half of GPs supported the view that it was important to describe treatment options across both the NHS and private providers. Around half of GPs also supported the view that they always know whether a patient will use the NHS or will seek to be treated privately, and tailor their discussions accordingly.
- The majority of GPs estimated that a under a quarter of their patients had PMI or were on occasion treated privately on a self-pay basis, though almost all GPs had at least some patients within these two categories.

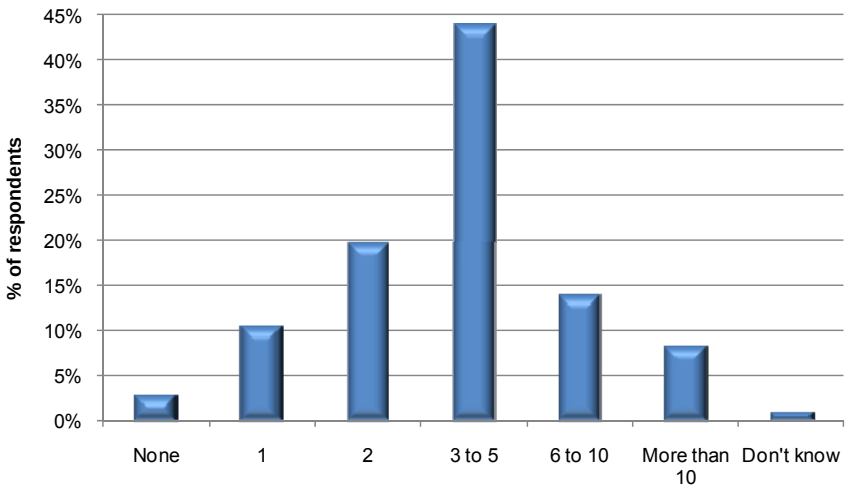
2.2.4 Patient access to private facilities and privately practising Consultants

How patients choose where to be treated is shaped by their access to private facilities and privately practising Consultants. As described in the Population Overview Report for GPs and Consultants[6] (submitted separately), the Consultant workforce is not distributed evenly around the country and the level of access to private facilities and Consultants varies depending on the patient's location.

In order to explore the issue of access in more detail, GPs were asked to indicate the number of private facilities that they were aware of that were within 30 minutes travel time[7] of their surgery (Figure 2.14):

- just under half of GPs (44 per cent of survey respondents) believed that there were between 3 and 5 private facilities within 30 minutes travel time of their surgery
- a further 22 per cent of survey respondents reported that there were 6 or more private facilities within 30 minutes travel time of their surgery
- some 10 per cent of survey respondents indicated that there was only 1 private facility within 30 minutes travel time of their surgery, and 3 per cent of respondents reported that there were no private facilities within 30 minutes travel time of their surgery.

Figure 2.14 The number of private facilities that GPs were aware of that were within 30 minutes travel time of their surgery



Base = All respondents (403)

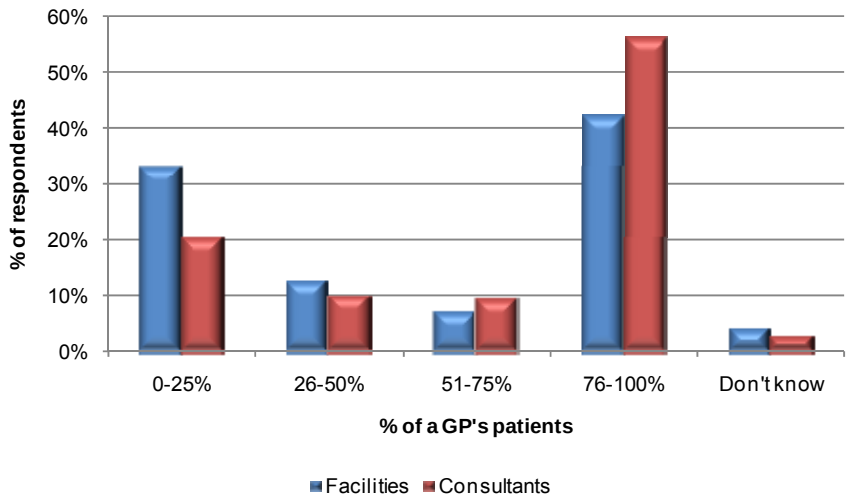
[6] GHK Consulting (August 2011) Population Overview Report: GPs and Consultants.

[7] This was considered to be an 'acceptable/reasonable' distance which a patient would consider travelling to access a private facility and/or privately practising Consultant.

GPs were also asked to estimate the proportion of their patients who typically had a choice of at least two private facilities for any given treatment and the proportion that had a choice of at least two privately practising Consultants. The results are shown in Figure 2.15.

- some 42 per cent of survey respondents believed that 76 to 100 per cent of their patients had a choice of at least two private facilities, and 57 per cent of survey respondents believed that 76 to 100 per cent of their patients had a choice of at least two privately practising Consultants
- some 22 per cent of survey respondents reported that all of their patients had a choice of at least two facilities, and 28 per cent that all of their patients had a choice of at least two Consultants
- at the other end of the scale, 33 per cent of GPs believed that 0 to 25 per cent of their patients typically had a choice of at least two private facilities. Some 21 per cent of respondents believed that 0 to 25 per cent of their patients had a choice of at least two Consultants
- some 5 per cent of survey respondents reported that none of their patients had a choice of at least two private facilities, and 2 per cent of respondents believed that none of their patients had a choice of at least two privately practising Consultants
- typically, a greater proportion of a GP's patients had a choice of at least two Consultants than had a choice of at least two private facilities according to the GPs we surveyed
- the distribution of responses demonstrates a choice limitation for some patients.

Figure 2.15 The proportion of patients who typically had a choice of at least two private facilities and/or at least two privately practising Consultants for any given treatment



Base = All respondents (403)

2.2.5 Discussing the choice of private treatment providers with patients

Once a patient has indicated that they wish to be treated privately, GPs may or may not discuss with them their choice of facility and/or Consultant.

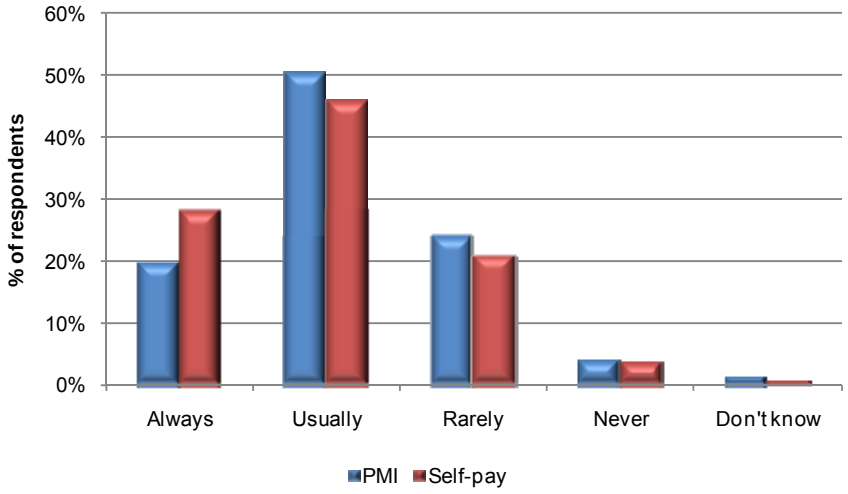
The frequency with which GPs discuss choice with patients is shown in Figure 2.16 (in relation to the choice of facility) and Figure 2.17 (in relation to the choice of Consultant):

- the most common response from GPs was that they usually discuss choice with patients who wish to be treated privately. In relation to PMI patients, 51 per cent of survey respondents indicated that they usually discuss the choice of facility and 50 per cent that they usually

discuss the choice of Consultant (the proportions were slightly lower in relation to self-pay patients)

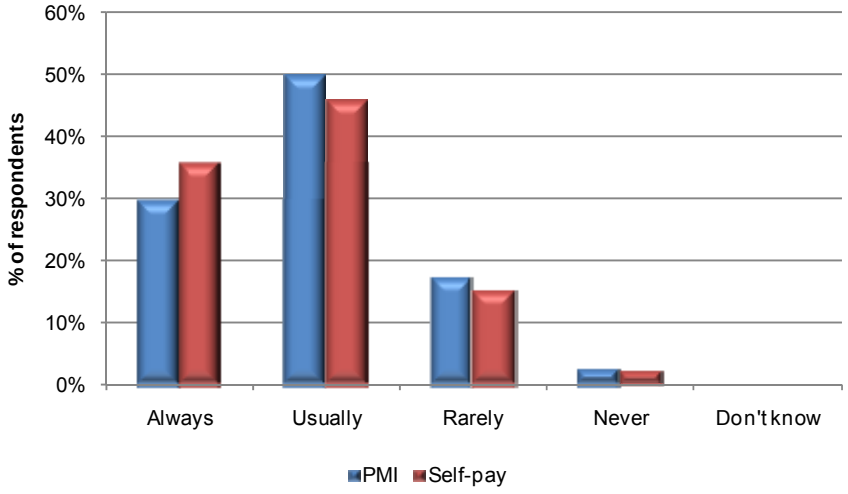
- some 20 per cent of GPs reported that they always discuss the choice of facility with PMI patients, and 30 per cent that they always discuss the choice of Consultant with PMI patients
- GPs were slightly more likely to always discuss choice with self-pay patients, with 29 per cent of survey respondents reporting that they always discuss the choice of facility, and 36 per cent that they always discuss the choice of Consultant
- a small minority of GPs reported that they never discuss choice with patients who wish to be treated privately. Some 4 per cent of respondents indicated that they never discuss the choice of facility, and 2 per cent that they never discuss the choice of Consultant (the proportions were the same for both PMI and self-pay patients).

Figure 2.16 How frequently GPs discuss the choice of facility with a patient who wished to be treated privately (PMI patients and self-pay patients)



Base = All respondents (403)

Figure 2.17 How frequently GPs discuss the choice of Consultant with a patient who wished to be treated privately (PMI patients and self-pay patients)

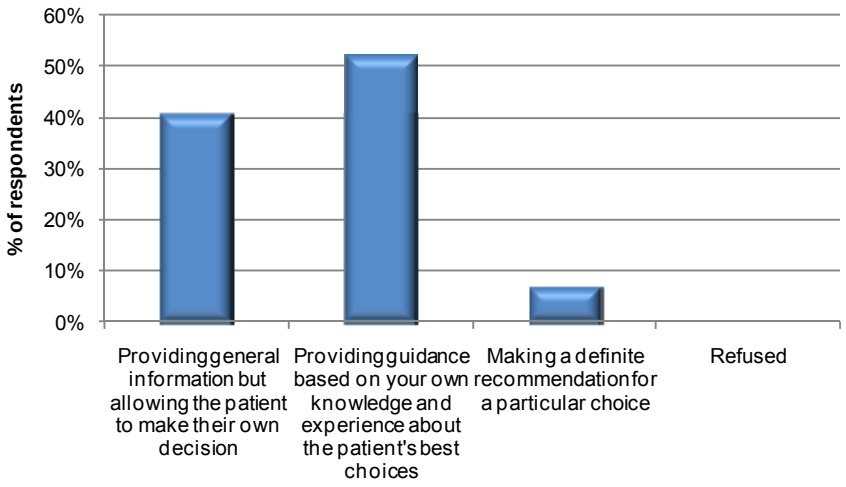


Base = All respondents (403)

GPs who indicated that they do discuss choice with patients, however frequently, were also asked which of a series of statements best described how they saw their role (Figure 2.18):

- some 41 per cent of GPs believed that their role was simply to provide the '*general information*' that patients needed in order to make their choice of facility and/or Consultant
- just over half of GPs (52 per cent of survey respondents) believed that they had a slightly more engaged role which supported the decision making process, and involved '*providing guidance based on [their] knowledge and experience about the patient's best choices*'
- just 7 per cent of GPs saw their role as '*making a definite recommendation for a particular choice [of facility and/or Consultant]*'.

Figure 2.18 How GPs best saw their role in respect of discussing the choice of private treatment providers with patients (one answer permitted)



Base = Respondents who indicated that they always, usually or rarely discuss the choice of facility and/or Consultant with patients (393)

Those GPs who indicated that they never discuss the choice of facility or Consultant with patients were asked which of a series of statements best described how they saw their role:

- Of the 403 surveys completed, only 10 GPs did not discuss choice with patients, meaning that the results should be treated with caution
- 6 out of 10 survey respondents believed that their role was simply to guide a patient towards an appropriate treatment, and that the choice of facility and/or Consultant was their responsibility
- another 3 out of 10 respondents noted that they would provide administrative support (e.g. setting up appointments), but would not review the choice of facility and/or Consultant.

2.2.6 Providing patients with information

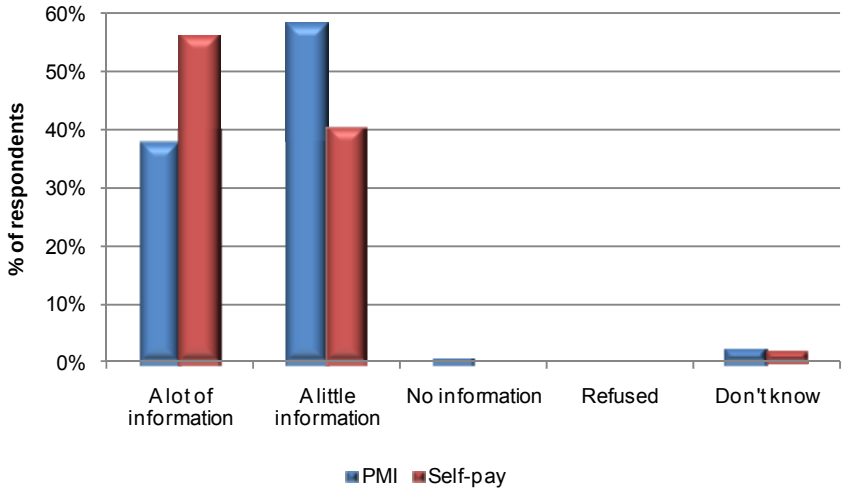
Although the provision of information about private facilities and privately practising Consultants is part of the process of discussing choice with patients, it is considered separately here. GPs were asked how much information they think that their PMI and self-pay patients typically need (Figure 2.19):

- GPs reported that the amount of information that patients require depends on whether they have PMI or whether they are self-pay patients:
- In relation to PMI patients, the majority of GPs – 59 per cent of the total – felt that only a little information is needed. Such attitudes could potentially influence the amount of time and effort

they are prepared to invest in both seeking out information and providing it to the patient. Just 38 per cent of survey respondents suggested that a lot of information is needed

- Conversely, the majority of GPs (57 per cent of respondents) reported that self-pay patients typically require a lot of information about private facilities and/or Consultants, and only 40 per cent of GPs felt that a little information was needed.

Figure 2.19 The amount of information about private facilities and privately practising Consultants that GPs think their patients need (PMI patients and self-pay patients)

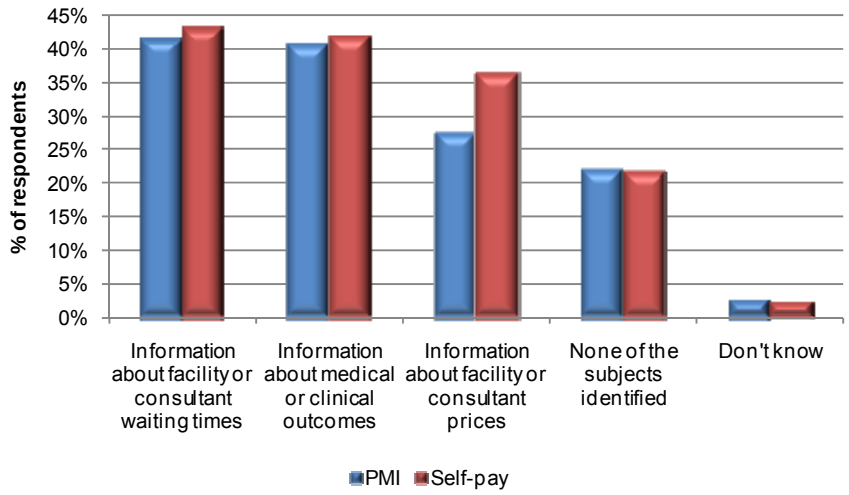


Base = All respondents (403)

GPs were also asked whether they routinely provided their patients with detailed information about service delivery and outcomes which will inform the decision making process (Figure 2.20):

- just over 40 per cent of GPs reported that they routinely provided patients with information about both waiting times and/or medical or clinical outcomes. The proportions were similar whether patients had PMI or were self-pay
- some 28 per cent of GPs noted that they routinely provided PMI patients with information about the prices of facilities and/or Consultants, whereas 37 per cent of GPs provided this information to self-pay patients
- a further 22 per cent of GPs did not routinely provide their patients with information about any of these subjects (there was no difference between PMI and self-pay patients).

Figure 2.20 Whether GPs routinely provided their patients with information about selected performance measures for private facilities and/or privately practising Consultants (PMI patients and self-pay patients)



Base = Respondents who indicated that they always, usually or rarely discuss the choice of facility and/or Consultant with patients (393)

Key findings:

- Most GPs believed that the majority of their patients had a choice of at least two private facilities and/or privately practising Consultants. Almost all GPs reported that there were at least two private facilities within 30 minutes travel time of their practice.
- The majority of GPs indicated that they 'always' or 'usually' discussed the choice of facility and/or Consultant with a patient who wished to be treated privately. Around a quarter of GPs either 'rarely' or 'never' discussed choice with patients – the latter because they either restricted themselves to recommending treatment and/or only provided administrative support.
- As regards discussions of choice of facility and/or Consultant, just under half of GPs saw their role primarily as providing general information that enabled patients to make their own choice. Another half of GPs believed their role involved providing more detailed guidance. Only a small proportion of GPs believed that they should recommend a specific facility and/or Consultant to a patient who wished to be treated privately.
- The majority of GPs believed that self-pay patients needed 'a lot' of information in order to decide where to be treated (fewer GPs thought that PMI patients needed 'a lot' of information).
- Nevertheless, under half of GPs indicated that they routinely provide information to patients on key performance measures (waiting times, medical or clinical outcomes, or prices). GPs were less likely to inform patients about facility and/or Consultant prices if they had PMI.

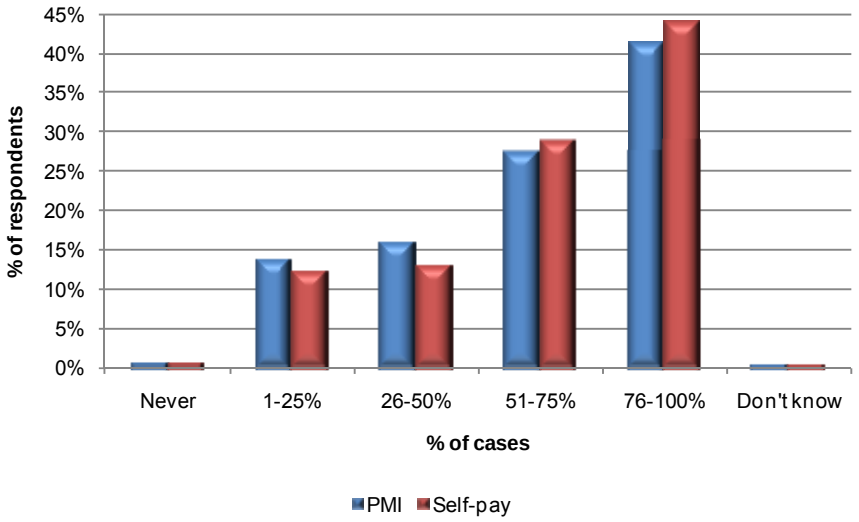
2.2.7 Recommending private facilities and privately practising Consultants to patients

Having discussed the choice of facility and/or Consultant with patients who wished be treated privately, GPs may then make a specific recommendation. As noted previously (Figure 2.18), GPs tend not to see their role as making a recommendation to patients as to the choice of facility or Consultant. However, patients may still ask for a recommendation (Figure 2.21):

- some 41 per cent of GPs reported that in between 76 and 100 per cent of cases the patient asks them to make a recommendation, whilst the equivalent proportion for self-pay patients was similar at 44 per cent of GPs

- in total, just under three quarters of GPs indicated that in the majority of cases (i.e. at least 51 per cent) their patients asked for a recommendation, with little difference between PMI and self pay patients (69 per cent and 73 per cent of GPs respectively)
- just 1 per cent of GPs reported that they were never asked to make a recommendation by their patients (the same proportion for both PMI and self-pay patients).

Figure 2.21 The proportion of cases where a patient asks their GP to recommend a facility and/or Consultant for a given treatment (PMI patients and self-pay patients)



Base = Respondents who indicated that they always, usually or rarely discuss the choice of facility and/or Consultant with patients (393)

GPs were asked to identify the factors that influence them if and when they choose to recommend a private facility to a patient (*apart from medical and clinical outcomes*). GPs were presented with a list of factors, and asked to rank the three factors that typically had the greatest influence on their choice of recommendation. In order to analyse the results, for each response the top ranked factor was awarded a score of 3 and the bottom ranked factor a score of 1. The scores awarded by each survey respondent were then aggregated in order to produce a single score for each factor. The maximum possible score for any factor would thus be 1,209[8], indicating that all survey respondents regarded this as the single most important factor influencing their behaviour.

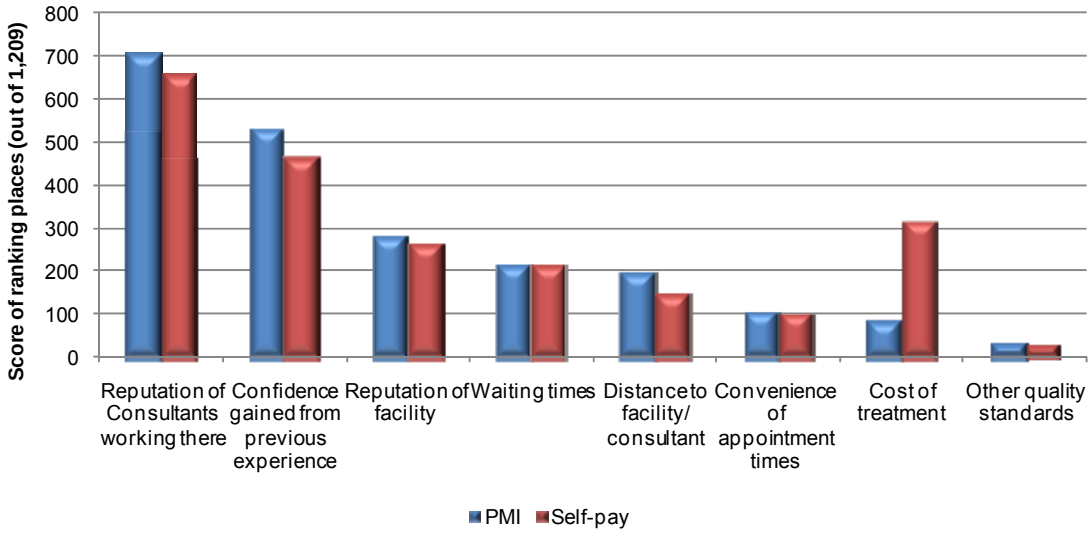
The results of this analysis are shown in Figure 2.22:

- GPs indicated that the most important factor influencing their choice of recommendation (other than medical and clinical outcomes) was the reputation of the Consultants working in the private facility, which was awarded an aggregate score of 708 ranking places in respect of PMI patients, and 662 ranking places in respect of self-pay patients
- following this, confidence gained from previous experience with a private facility was identified as the next most significant influencing factor, then the reputation of a facility, and then a facility's waiting times
- the most significant difference between PMI and self-pay patients was in respect of the importance of the cost of treatment as a factor influencing their choice of recommendation. Just 13 per cent of survey respondents identified it as an influencing factor with regard to PMI patients, and just 2 per cent of GPs as the single most important factor. For self-pay patients, however, 36 per cent of GPs identified the cost of treatment as an influencing factor, and 15

[8] On the basis of all 403 respondents awarding a top ranking, and thus a score of 3 (3 x 403 = 1,209).

per cent of GPs nominated it as the single most important factor when making a recommendation.

Figure 2.22 The relative importance of selected factors in influencing GPs' choice of which private facility to recommend to patients (PMI patients and self-pay patients) (aggregated score of ranking places)

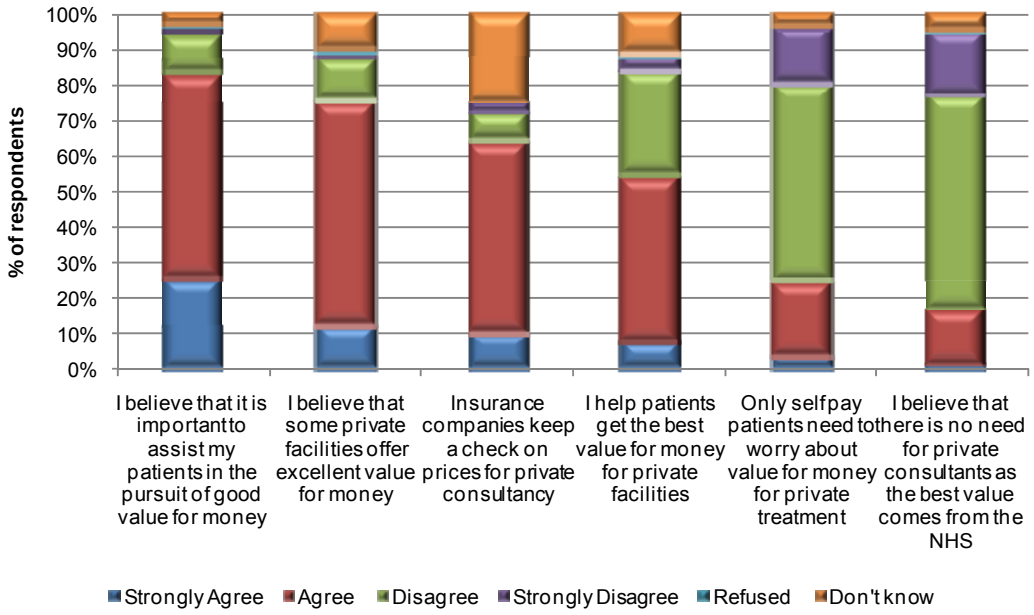


Base = All respondents (403)

As Figure 2.22 indicates, the cost of treatment is a factor that influences GPs in their choice of which private facility to recommend to patients. To explore this issue in more detail, GPs were asked whether they supported a series of statements concerning value for money within the process of referral to private secondary care providers (Figure 2.23):

- the majority of GPs (83 per cent of survey respondents) supported the view that '*it is important to assist my patients in the pursuit of good value for money*', though a smaller proportion, 54 per cent of the total, indicated that they actually '*help patients get the best value for money from private facilities*'
- the majority of GPs (64 per cent of survey respondents) agreed that '*insurance companies keep a check on prices for private consultancy*'
- most GPs believed that '*some private facilities offer excellent value for money*' (75 per cent of respondents either strongly agreed or agreed with the statement), and just 18 per cent of GPs supported the view that '*there is no need for private consultants as the best value comes from the NHS*'.

Figure 2.23 The extent to which GPs supported selected statements regarding value for money within private secondary care provision



Base = All respondents (403)

Key findings:

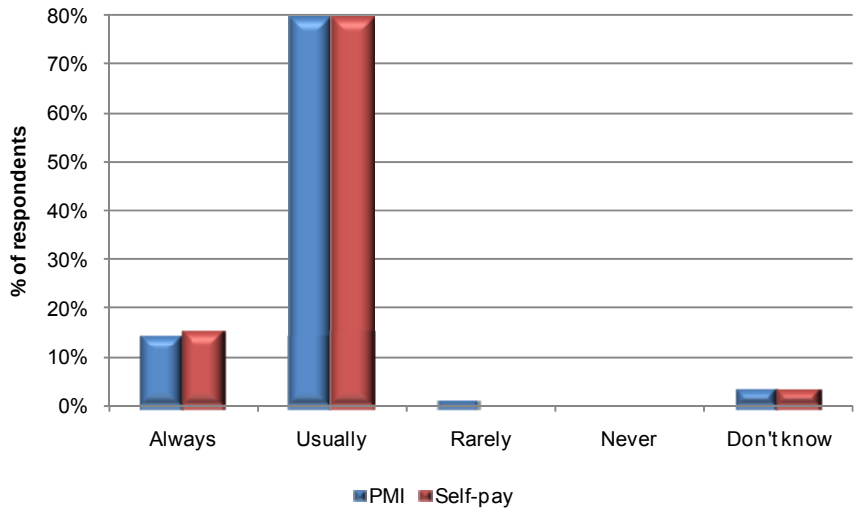
- Most GPs indicated that the majority of their patients asked them to recommend a specific facility/ Consultant as part of the referral process. The proportion was higher amongst self-pay patients than it was amongst PMI patients.
- GPs regarded the reputation of the Consultants working in a facility as the most important factor influencing their decision as to whether to recommend a facility to patients, followed by confidence gained as a result of previous experiences with a facility. The cost of treatment was a factor that influenced GPs when making a recommendation, but was not the most important factor, and was not seen as an important issue for patients with PMI.
- Achieving value for money for patients who wished to be treated privately was regarded as important by a majority of GPs, and there was support for the view that private facilities could offer excellent value for money.

2.2.8 The outcome of the referral process

GPs were asked whether patients tended to follow their recommendation about the most appropriate facility and/or Consultant (Figure 2.24):

- the majority of GPs (80 per cent of respondents) believed that patients usually followed their recommendations (there was no difference between PMI and self-pay patients)
- Most of the remaining GPs believed that patients always followed their recommendations.

Figure 2.24 Whether patients tended to follow GPs' recommendations as to their choice of facility and/or Consultant

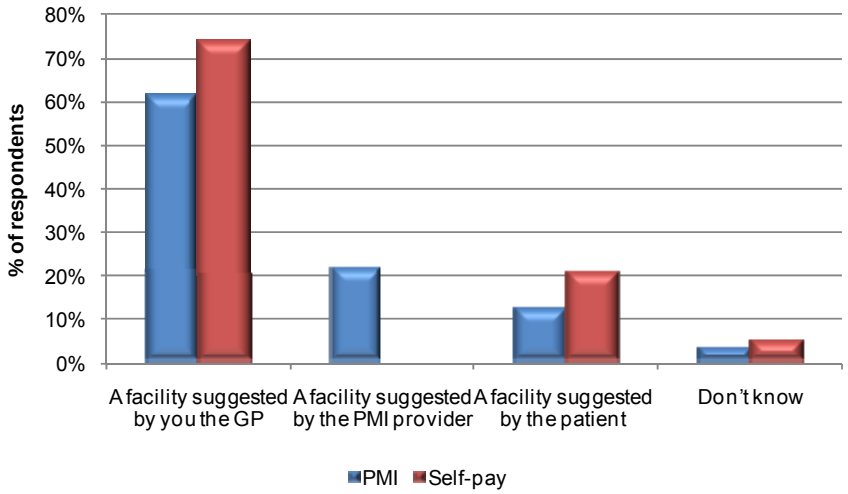


Base = Respondents who indicated that they always, usually or rarely discuss the choice of facility and/or Consultant with patients (393)

More broadly, GPs were asked to indicate, to the best of their knowledge, whether patients most commonly chose a facility and/or Consultant suggested to them by either a GP, by the patient themselves, or by the patient's PMI provider. The results are shown in Figure 2.25 (in relation to the choice of facility) and Figure 2.26 (in relation to the choice of Consultant):

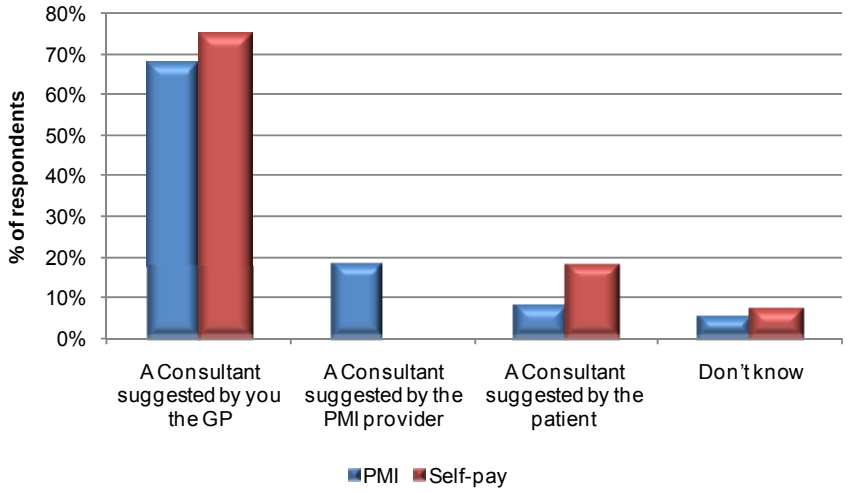
- the majority of GPs believed that the most common outcome was for patients to select a facility and/or Consultant suggested by their GP. Some 74 per cent of GPs believed that self-pay patients typically followed their suggestion of private facility, and 75 per cent of GPs believed that their suggestion of Consultant was the most common outcome
- a number of GPs instead thought that when selecting a facility and/or Consultant, most patients followed their own personal preference, rather than the suggestion of their GP or PMI provider. This was particularly true of self-pay patients, where 21 per cent and 18 per cent of GPs believed that a patient's suggestion was the most common choice of facility and Consultant respectively
- patients with PMI could also follow the suggestion of their PMI provider. Some 22 per cent of GPs believed that the most common choice of facility was that suggested by a patient's PMI provider, and 19 per cent of GPs believed that a Consultant suggested by the provider was the most common outcome.

Figure 2.25 The most common choice of treatment facility (PMI patients and self-pay patients)



Base = All respondents (403)

Figure 2.26 The most common choice of Consultant (PMI patients and self-pay patients)

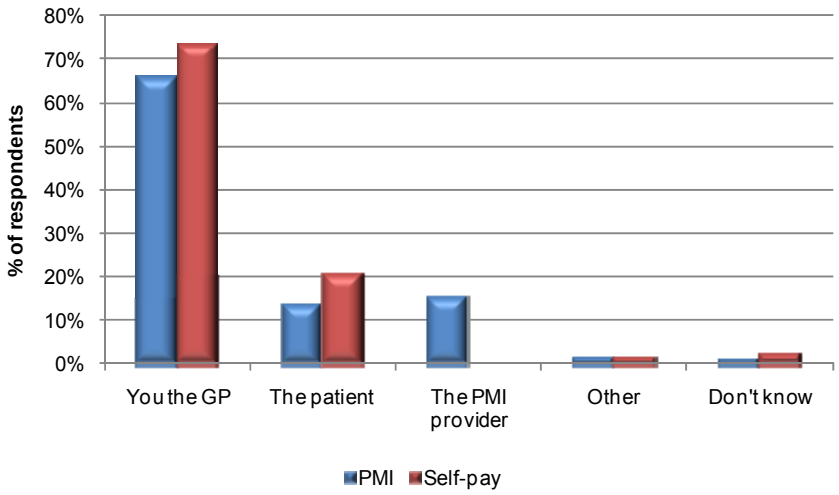


Base = All respondents (403)

GPs were also asked to identify the single most important influence on a patient's choice of facility and/or Consultant (Figure 2.27):

- the majority of GPs believed that they were typically the single most important influence on a patient's choice of facility and/or Consultant, particularly amongst self-pay patients (74 per cent of GPs thought that they were the most important influence)
- again, amongst patients with PMI the PMI provider was an important influencer of patient opinion, with 16 per cent of GPs identifying a patient's provider as the most important influence on the choice of facility and/or Consultant.

Figure 2.27 The most important influence on a patient's choice of facility and/or Consultant (PMI patients and self-pay patients)

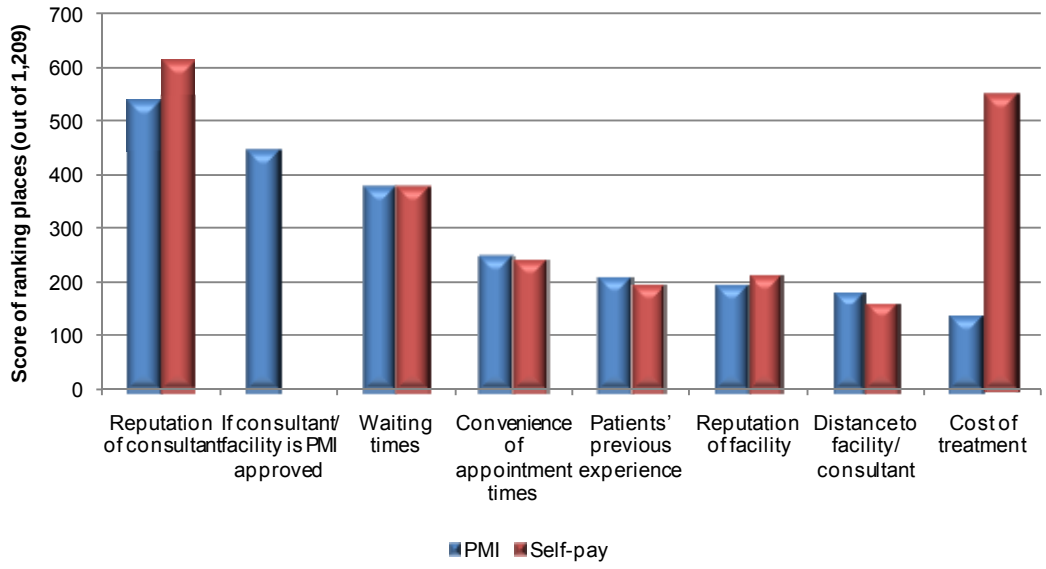


Base = All respondents (403)

In order to explore the reasons why patients selected one facility and/or Consultant over another, GPs were asked to identify, to the best of their knowledge, which factors influence patients most strongly in their decision about where to go for treatment. GPs were presented with a list of factors and asked to rank the three factors that they believed typically had the greatest influence on patients. As previously (Figure 2.22), a score of 3 was awarded to the top ranked factor and a score of 1 awarded to the lowest ranked factor. Scores were then aggregated to give a single score for each factor (out of a possible maximum of 1,209). The results are shown in Figure 2.28:

- amongst patients with PMI, GPs regarded the reputation of the Consultant as the most influential factor, followed by whether the Consultant is PMI approved, then the waiting times
- for self-pay patients, GPs also believed that the reputation of the Consultant was the most important influence on patients' choice of where to go for treatment (slightly more so than was the case for PMI patients)
- the cost of treatment was regarded as the least important influencing factor by GPs amongst PMI patients, but the second most important factor amongst self-pay patients
- comparisons can be made between the responses here and the responses presented earlier in Figure 2.22 (which showed the relative importance of selected factors in influencing *GPs' choice* of which private facility to recommend to patients). Comparing the responses raises some interesting questions regarding the extent to which the views of GPs and patients actually align, or whether there is a tendency for GPs to assume the factors they think are important also apply to patients rather than having a true understanding.

Figure 2.28 The relative importance of selected factors in influencing patients' choice of where to go for treatment (PMI patients and self-pay patients) (aggregated score of ranking places)



Base = All respondents (403)

Key findings:

- As far as GPs were aware, the majority of patients typically chose a facility and/or Consultant suggested and/or recommended by their GP, particularly if they were self-pay patients.
- The majority of GPs regarded themselves as the single most important influence on a patient's choice of treatment location (particularly amongst self-pay patients).
- Factors that GPs believed influenced patients when they made their choice of private facility and/or Consultant included the reputation of the Consultant and, for self-pay patients, the cost of treatment. Whether a facility and/or Consultant were PMI approved was also regarded by GPs as an important influence on patients (the second biggest factor affecting choice).

2.3 Information about private facilities and privately practising Consultants

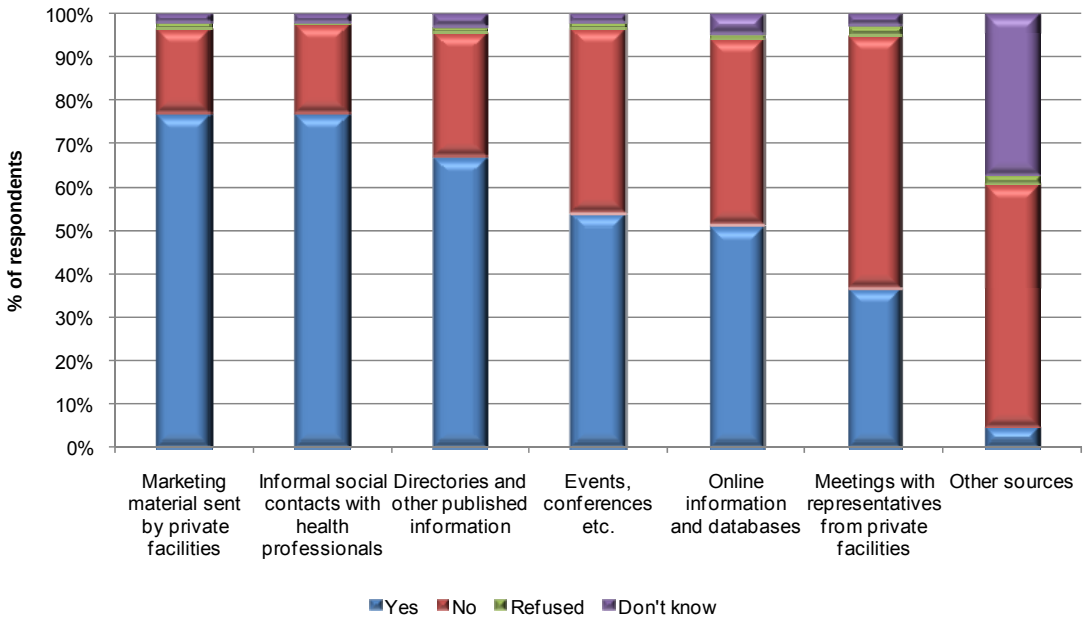
This sub-section of the report analyses the data that were collected from GPs as regards the information that they access about private facilities and Consultants who practise privately in their area, and whether this information meets their needs.

2.3.1 Access to information about private facilities

GPs were asked to indicate which of a range of sources of information they accessed in order to get the information that they needed about private facilities in their area (Figure 2.29):

- marketing material sent by private facilities and informal social contacts with health professionals were the two most commonly used sources of information (both used by 77 per cent of survey respondents)
- of the named sources in Figure 2.29, meetings with representatives from private facilities were the least used, accessed by just 37 per cent of survey respondents.

Figure 2.29 Whether over the course of an average year GPs access various sources of information about private facilities

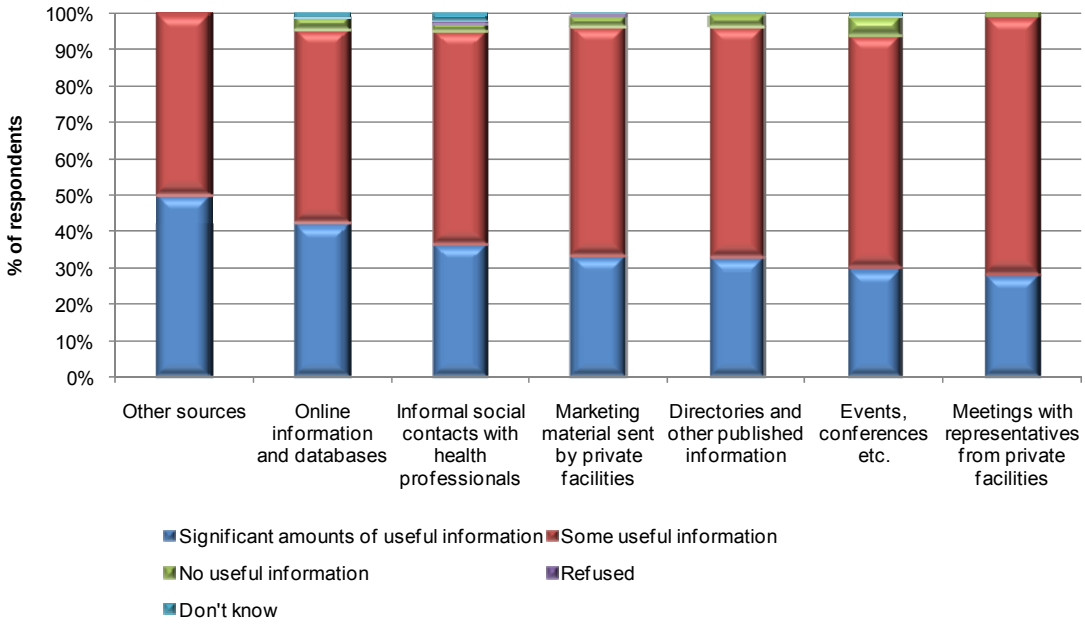


Base = All respondents (403)

For each of the information sources shown in Figure 2.29, GPs were asked to indicate whether these sources provided useful information about private facilities (Figure 2.30):

- of the named sources in Figure 2.30, the proportion of respondents indicating that sources provided significant amounts of useful information ranged from 42 per cent of GPs in the case of online information/ databases to 28 per cent of GPs in respect of meetings with representatives of private facilities
- the proportion of survey respondents who indicated that the information sources provided no useful information was typically very low. The highest proportion – 5 per cent of survey respondents – was in relation to events and conferences.

Figure 2.30 If they are accessed, the extent to which various sources of information provide GPs with useful information about private facilities

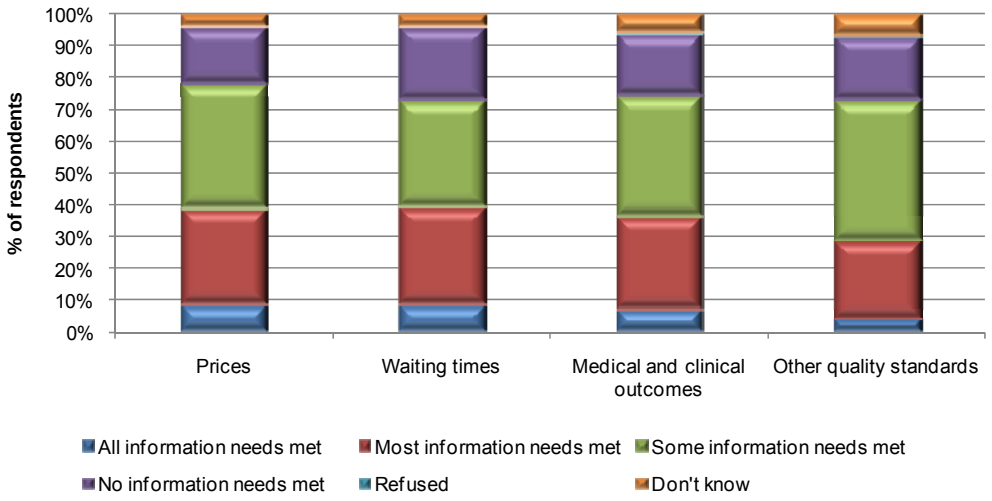


Base = All respondents who accessed each information source (from left to right: 20; 206; 310; 310; 270; 218; 148)

GPs were asked whether the information available about private facilities was sufficient to meet their needs in respect of a selection of key performance variables (Figure 2.31):

- for each variable in Figure 2.31, a minority of GPs reported that the majority of their information needs (i.e. either 'all' or 'most') were met. For example, 36 per cent of GPs felt that the majority of their information needs in respect of the medical and clinical outcomes of private facilities were met
- sizeable minorities of GPs reported that none of their information needs were met. Some 20 per cent of GPs, for instance noted that none of their information needs in respect of the medical and clinical outcomes of private facilities were met
- comparison with Figure 2.30 suggests that, whilst GPs tended to regard individual information sources as useful, collectively they did not provide all of the information that was needed about private facilities.

Figure 2.31 Whether GPs are able to access the information that they need about various aspects of private facilities in order to make recommendations to patients

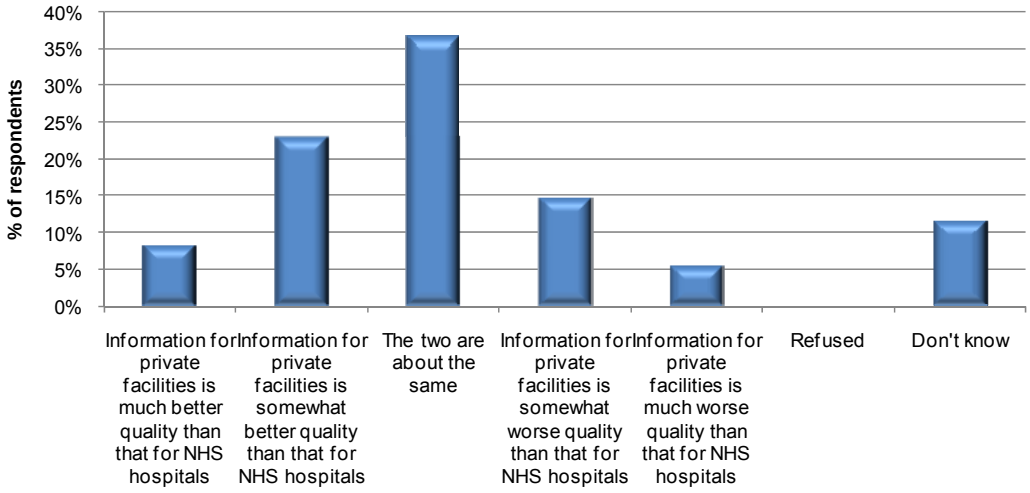


Base = All respondents (403)

GPs were asked to compare the quality of the information available about private facilities with that available about NHS hospitals (Figure 2.32):

- the most common response amongst GPs was that the quality of information was the same for both private facilities and NHS hospitals (36 per cent of survey respondents)
- some 31 per cent of survey respondents believed that the quality of the available information was higher for private facilities than for NHS hospitals, with 8 per cent reporting that the information on private facilities was much better
- a further 20 per cent of GPs believed that the quality of the information available about NHS hospitals was superior, with 6 per cent of respondents reporting that the information available about private facilities was much worse than it was for NHS hospitals.

Figure 2.32 A comparison between the quality of the information available about private facilities with that available about NHS hospitals



Base = All respondents (403)

Key findings:

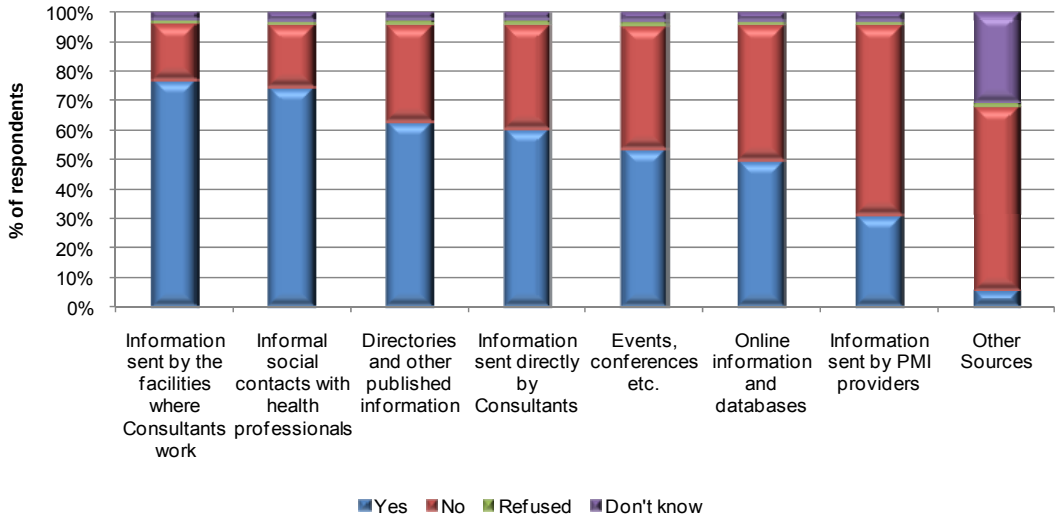
- GPs accessed a range of different sources of information about the private facilities to where they refer patients, of which the most commonly identified were material sent directly by facilities, followed by informal social contacts.
- For the most part GPs believed that these information sources provided 'some' useful information about private facilities, rather than 'significant' amounts of information. As a result, significant proportions of GPs believed that 'some' or even 'none' of their information needs were met as to key private facility performance indicators (covering medical and clinical outcomes, prices, waiting times etc).
- Despite this, approximately equal numbers of GPs believed that the information available about private facilities was better, the same, or worse than that available about NHS hospitals.

2.3.2 Access to information about privately practising Consultants

GPs were asked about the information that they access about privately practising Consultants in their area. Figure 2.33 shows the information sources that GPs access over the course of an average year:

- information sent by private facilities where Consultants work was the most commonly used source of information (mentioned by 77 per cent of survey respondents), followed by informal social contacts with health professionals (mentioned by 74 per cent of respondents)
- of the named sources shown in Figure 2.33, information sent by PMI providers was the least used, accessed by just 31 per cent of survey respondents.

Figure 2.33 Whether over the course of an average year GPs access various sources of information about privately practising Consultants



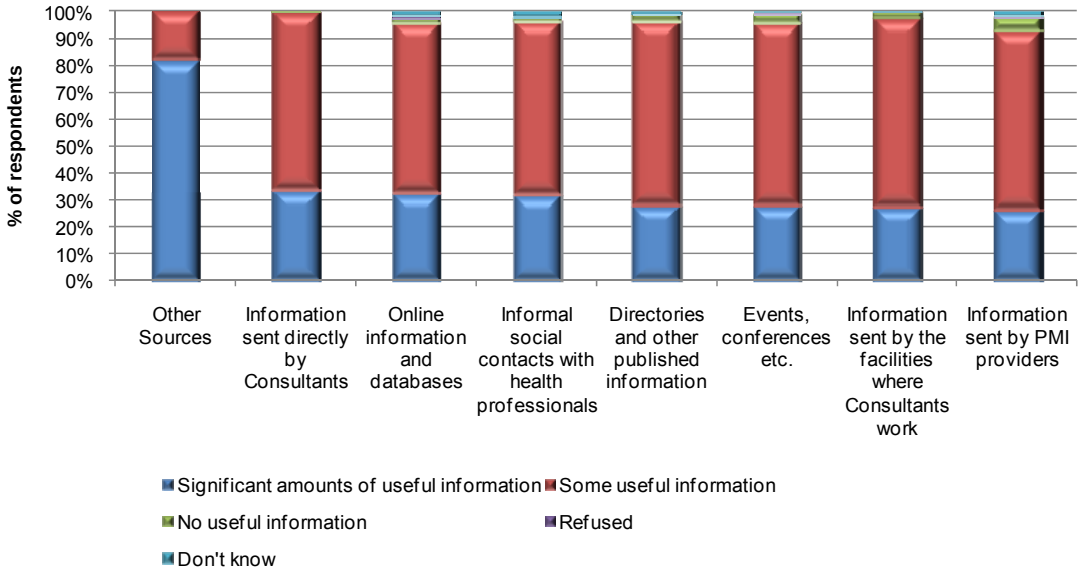
Base = All respondents (403)

For each of the information sources shown in Figure 2.33, GPs were asked to indicate whether these sources provided useful information about Consultants (Figure 2.34):

- of the named sources in Figure 2.34, the proportion of respondents indicating that sources provided significant amounts of useful information ranged from 34 per cent of GPs (information sent by Consultants) to 27 per cent of GPs (information sent by PMI providers)

- the proportion of survey respondents who indicated that the information sources provided no useful information was typically very low. The highest proportion, 5 per cent of survey respondents, was in relation to information sent by PMI providers.

Figure 2.34 If accessed, the extent to which various sources of information provide GPs with useful information about privately practising Consultants

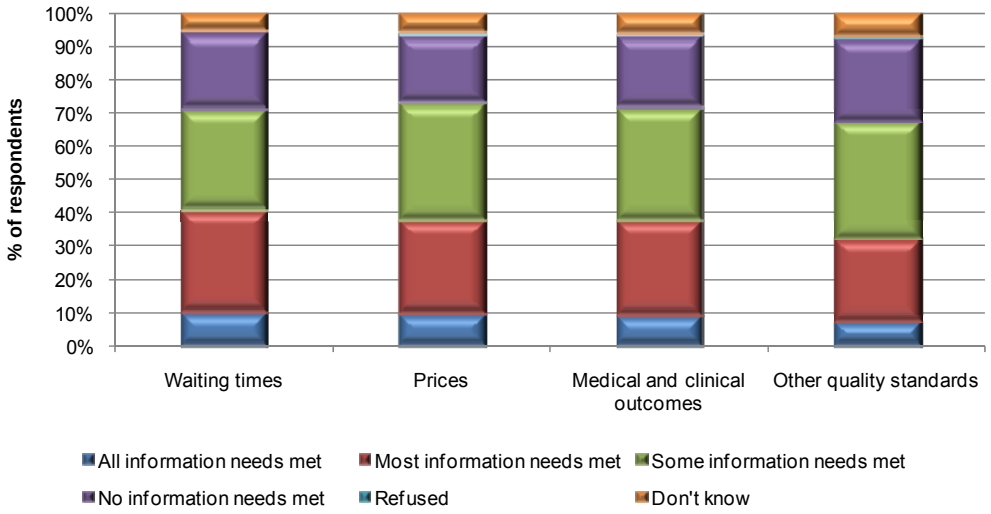


Base = All respondents who access each type of information (from left to right: 22; 243; 200; 300; 253; 215; 311; 124)

GPs were asked whether the information available about Consultants was sufficient to meet their needs in respect of a selection of key performance variables (Figure 2.35):

- For each variable in Figure 2.35, only a minority of GPs reported that 'all' or 'most' of their information needs were met. For example, 37 per cent of GPs felt that the majority of their information needs in respect of the medical and clinical outcomes of Consultants were met
- sizeable minorities of GPs reported that none of their information needs were met. Some 21 per cent of GPs, for instance noted that none of their information needs in respect of the medical and clinical outcomes of Consultants were met
- comparison with Figure 2.34 suggests that, whilst GPs tended to regard individual information sources as useful, collectively they did not provide all of the information that was needed about Consultants.

Figure 2.35 Whether GPs are able to access the information that they need about various aspects of privately practising Consultants in order to make recommendations to patients

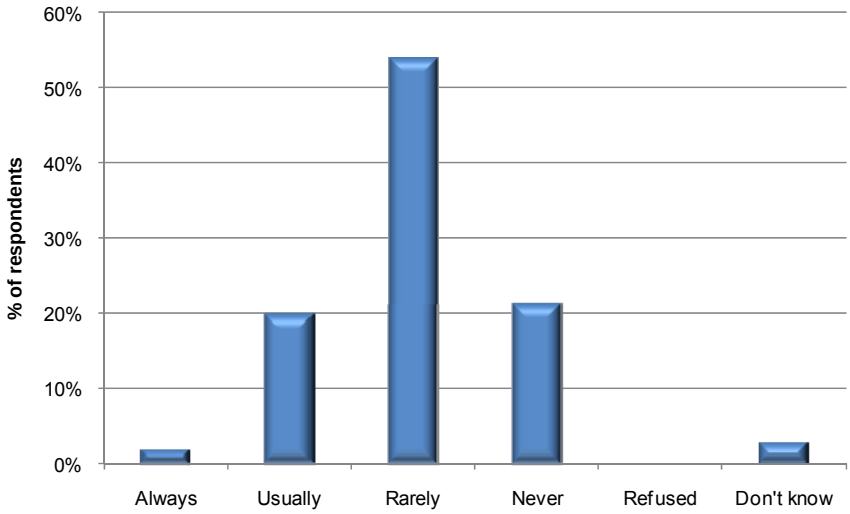


Base = All respondents (403)

Figure 2.36 shows the frequency with which GPs know a Consultant's fees for a first consultation with a patient:

- the majority of GPs, 54 per cent of survey respondents, reported that they rarely know a Consultant's fees for a first consultation with a patient, and a further 21 per cent noted that they never know this information
- a small minority of GPs (just 2 per cent of respondents) indicated that they always know a GPs fees, and a further 20 per cent that they usually have this information
- these results are similar to those shown in Figure 2.35, which suggested that GPs do not have all the information that they need as regards the prices charged by Consultants.

Figure 2.36 The frequency with which GPs know a Consultant's fees for the first consultation with a patient who wishes to be treated privately



Base = All respondents (403)

Finally, GPs were asked whether there is anything else that would help them to recommend patients to a private facility or a consultant well suited to the patient's needs. Common responses included:

- more information on waiting times and prices
- feedback from other patients who have used the facility or consultant
- more opportunity for face to face contact with consultants and familiarity with their work
- information on which consultant and which facility is accredited by which insurance company.

The most common request was for information related to fees. For example one respondent stated that:

> *'It would be very useful to have the information on fees for consultation for each individual consultant - I have had a patient refused a consultation with a particular consultant by their insurance company as he was too expensive.'*
>
> GHK survey respondent

Key findings:

- GPs accessed a range of sources of information about privately practising Consultants, of which information sent by the facilities within which Consultants worked and informal social contacts were the most commonly mentioned.
- The majority of GPs indicated that these sources provided 'some' useful information. As a result, most GPs also indicated that only 'some' or even 'none' of their information needs as regards key Consultant performance measures (such as medical and clinical outcomes, prices and waiting times) were met.
- Most GPs noted that they 'rarely' or 'never' know a Consultant's fee during their first consultation with a patient who wishes to be treated privately, again suggesting an information deficit.
- Overall, GPs indicated that they access/receive information through numerous channels and are generally positive about its usefulness, although their responses suggest some degree of information deficit especially in relation to key information issues, such as medical outcomes and prices.

3 Survey of Consultants

This section of the report presents an analysis of the results of a survey of Consultants. The section is divided into seven main parts:

- a review of the characteristics of the Consultant workforce
- patient referrals and re-referrals
- analysis of Consultants' balance between NHS and private practice work
- Consultants' usage of private facilities
- Consultant fees
- Consultant participation in equity stakes within private facilities and within Consultant groups
- the influence of PMI providers on patient treatment.

Data supporting the analysis presented in this section of the report are provided in Annex 2.

3.1 Characteristics of the Consultant workforce

This sub-section analyses survey data relating to the characteristics of the Consultant workforce, including demographic data and information concerning Consultant working practices.

Whilst the population between the ages 35 and 44 as specified in our population report is 38 per cent. In our sample, the proportion of Consultants between 35 and 44 is 28 per cent of the total number of consultants surveyed, so our survey contains a lower proportion of Consultants aged 35-44.

This is consistent with the fact that our sample excluded consultants that undertook no private healthcare work. Whilst it is hard to pin down exactly how many consultants in the population fall into this category, figures presented in our population overview report indicate that the majority of consultants are employed in the NHS and only 50-60 per cent of these NHS consultants also undertake private work, which suggests that there is in fact a large proportion of consultants that do not undertake private sector work and such Consultants would have been excluded from our sample. The BMA also suggests that the proportion of NHS consultants practising privately has been decreasing in recent years with the new 'generation' of consultants coming through the system (and limiting themselves to NHS work). This suggests that:

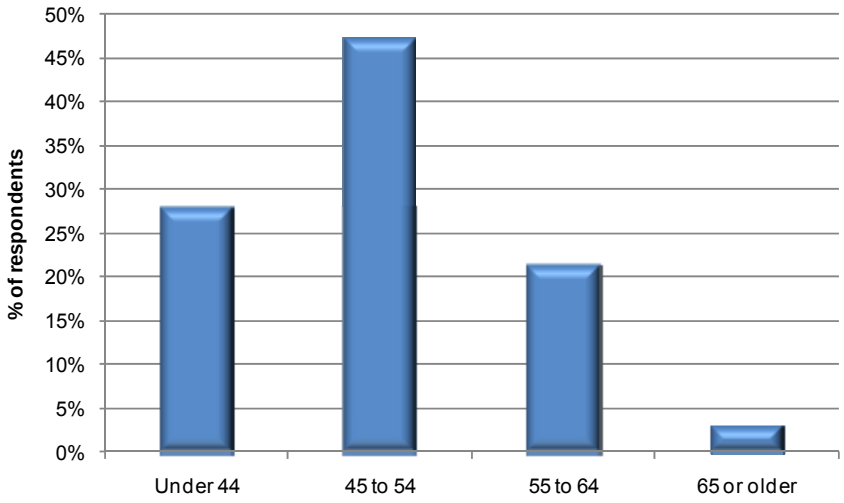
- a) our sample age categories would not necessarily match the population figures; and
- b) our sample would include fewer 'younger' consultants (35-44) given that these are the consultants coming through the system who are most likely to not practise privately (and hence get screened out from our sample).

3.1.1 Consultant age

Figure 3.37 shows the age of Consultants who responded to the survey:

- the most common age group amongst survey respondents was 45-54, which accounted for 47 per cent of survey respondents
- few Consultants were aged over 65 (3 per cent of the total).

Figure 3.37 The age of Consultants



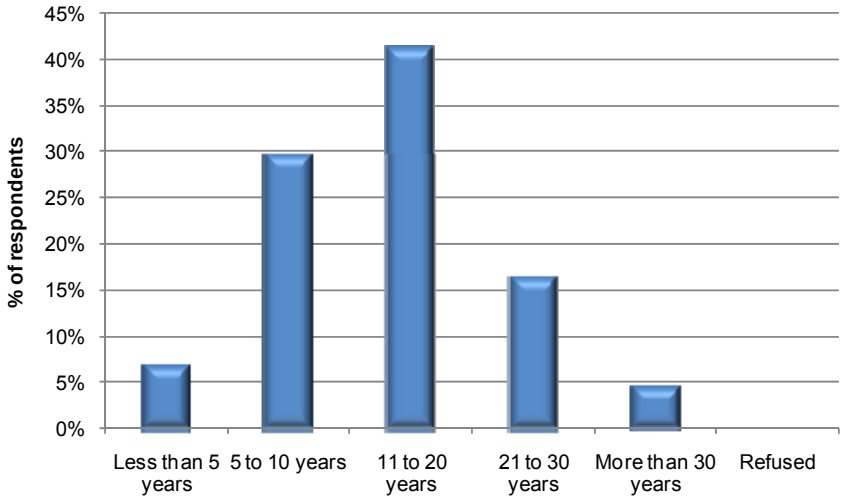
Base = All respondents (401)

3.1.2 Consultant experience

Figure 3.38 shows the number of years that Consultants had been on the specialist register:[9]

- some 42 per cent of survey respondents had been on the specialist register for between 11 and 20 years, and another 30 per cent for between 5 and 10 years
- just 5 per cent of survey respondents had been on the specialist register for over 30 years.

Figure 3.38 The number of years that Consultants had been on the specialist register



Base = All respondents (401)

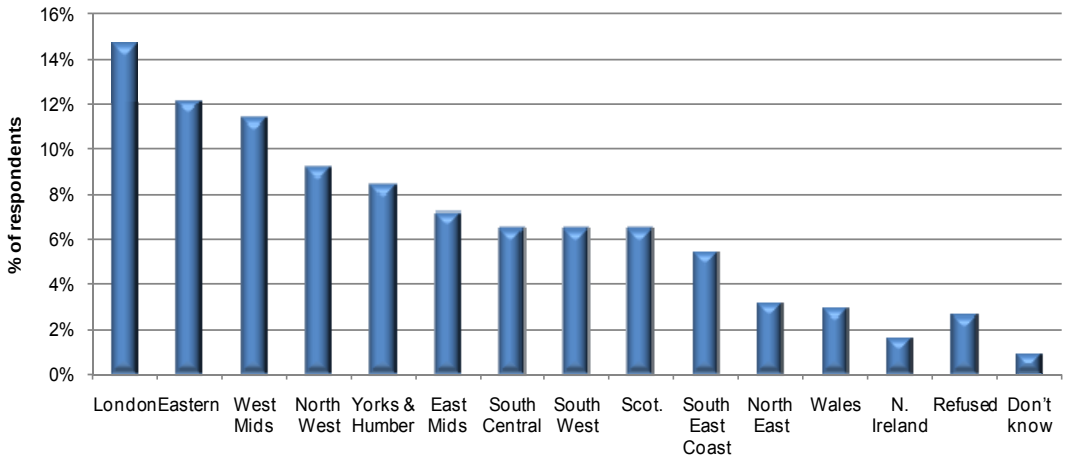
[9] The Specialist Register (a register of doctors who are eligible to work as substantive, fixed term or honorary Consultants in the health service in the UK) was introduced on 1 January 1997. From 1 January 1997, all doctors taking up a post as a substantive, fixed term or honorary consultant in the health service in the UK, are required to be on the Specialist Register (Source: GMC website). The length of time listed on the Specialist Register therefore corresponds to the number of years experience gained as a Consultant.

3.1.3 Consultant location

Figure 3.39 shows the Strategic Health Authority (SHA) or Devolved Administration (DA) within which Consultants worked:

- some 14 per cent of Consultants worked in London, followed by Eastern England (12 per cent of the total) and then the West Midlands (11 per cent of the total)
- just 2 per cent of Consultants worked in Northern Ireland.

Figure 3.39 The Strategic Health Authority (SHA) or Devolved Administration (DA) within which Consultants worked

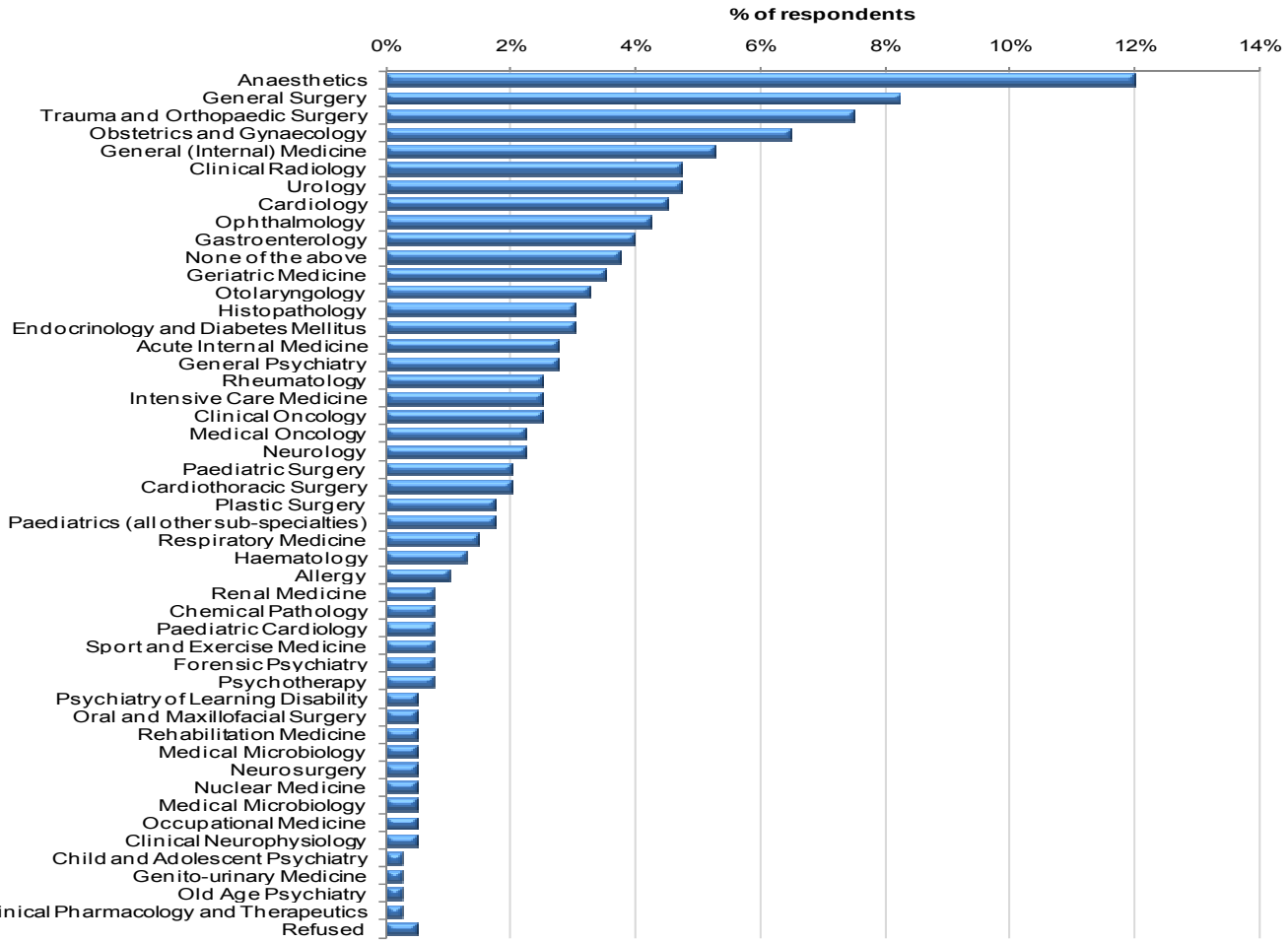


Base = All respondents (401)

3.1.4 Consultant area of specialty

- shows the different specialisms in which Consultants offer private treatment.
- the results show a wide spread of specialisms, however the most common specialism was anaesthetics offered by 12 per cent of Consultants
- the second most common specialism was general surgery, offered by 8 per cent of Consultants followed by trauma and orthopaedic surgery and offered by 7 per cent of Consultants.

Figure 3.40 The specialism in which Consultants offer private treatment



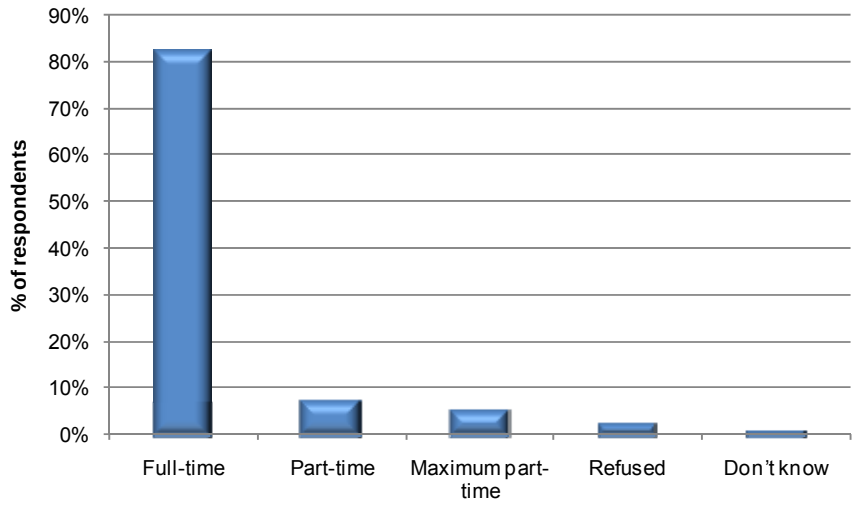
Base = All respondents (401)

3.1.5 Consultant contract type

Figure 3.41 shows the type of contract held by Consultants:

- the majority of Consultants were employed full-time (83 per cent of survey respondents)
- a further 7 per cent of Consultants worked part-time, and a further 5 per cent were still employed on maximum part-time contracts (which pre-date the 2003 introduction of the new Consultant contract[10])

Figure 3.41 The type of contract held by Consultants



Base = All respondents (401)

Key findings:

- The Consultants who responded to the survey had commonly been present on the specialist register for 11 to 20 years and most were aged between 45 and 54. London accounted for the single largest share of Consultants.
- The majority of Consultants were employed on full-time contracts and were most likely to specialise in anaesthetics.

3.2 Referrals and re-referrals

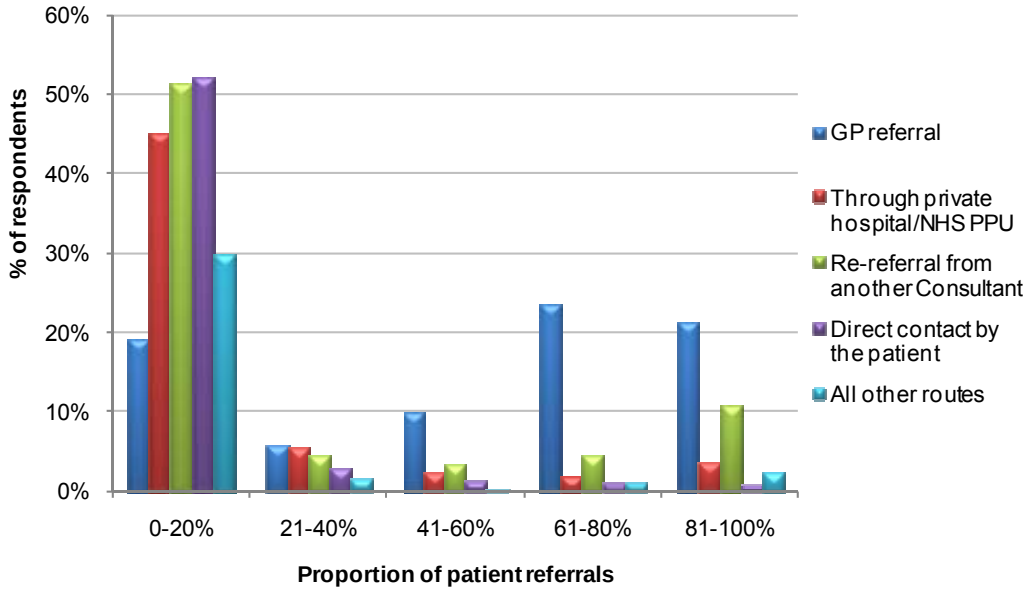
Consultants were asked to identify what proportion of their private patients came to them through different referral routes, split between PMI patients (Figure 3.42) and self-pay patients (Figure 3.43):

- the most common referral route identified by Consultants was GP referral. Some 54 per cent of Consultants indicated that over 40 per cent of their PMI patients came through this route, and 51 per cent of Consultants indicated that over 40 per cent of their self-pay patients came through this route
- the other referral routes shown in Figure 3.42 and Figure 3.43 typically accounted for small minorities of a Consultant's patients. There was little difference between PMI and self-pay patients in this respect

[10] GHK (August 2011) Population Overview Report.

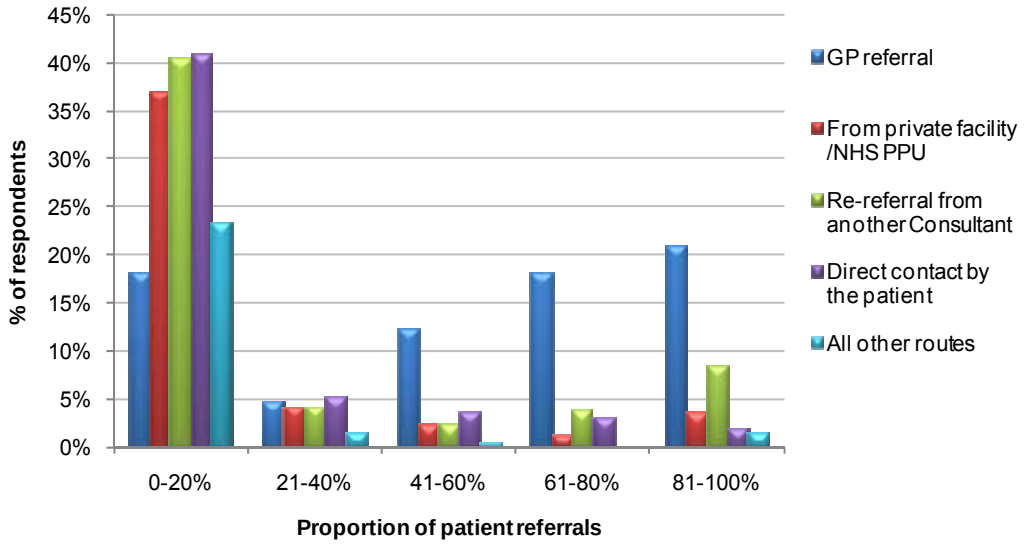
- in most cases large proportions of Consultants indicated that they did not know the share of their patients who came through the referral routes identified.

Figure 3.42 The proportion of Consultants' patients who came to them through selected referral routes (PMI patients)[11]



Base = All respondents (401)

Figure 3.43 The proportion of Consultants' patients who came to them through selected referral routes (self-pay patients)[12]



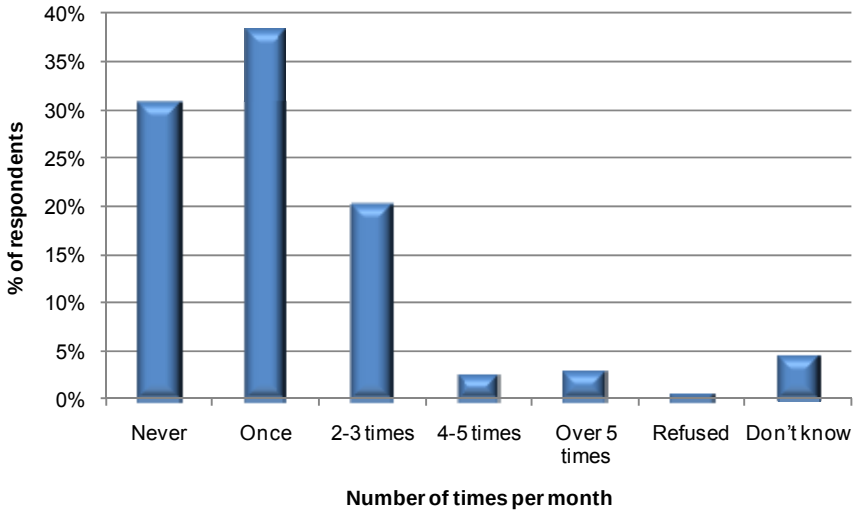
[11] In both Figure 3.42 and Figure 3.43 the 'don't know' responses have been excluded from the graph to better present the results.

Base = All respondents (401)

On occasions Consultants may need to re-refer a patient to another Consultant (as shown in Figure 3.42 and Figure 3.43, most Consultants received at least some of their patient referrals through this route). Survey respondents were asked how often this happened in an average month (Figure 3.44):

- the majority of Consultants do need to re-refer patients in an average month (just 31 per cent reported that they never do so)
- the most common response from Consultants was that they only re-refer a single patient in an average month (38 per cent of survey respondents)
- just 5 per cent of survey respondents indicated that they typically re-refer at least 4 patients in an average month.

Figure 3.44 The frequency with which Consultants re-refer patients to another Consultant

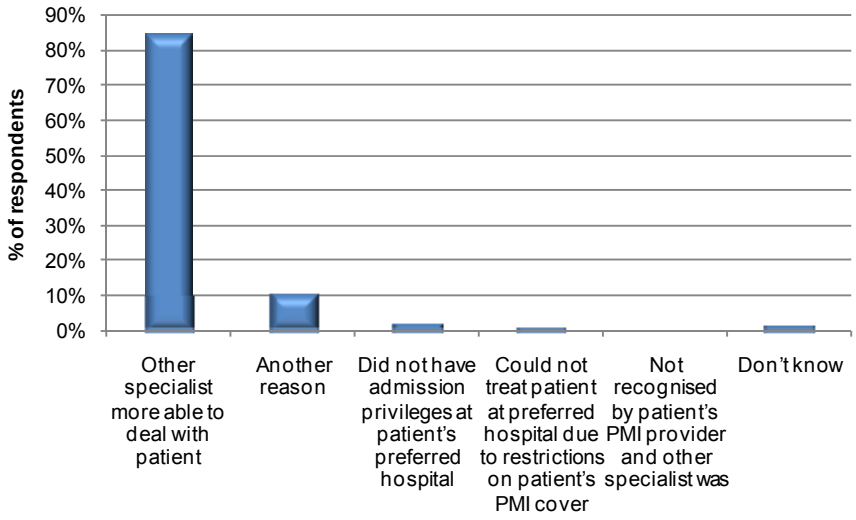


Base = All respondents (401)

Consultants who indicated that they do typically re-refer at least one patient a month were asked to identify the most common reason why they did so (Figure 3.45):

- the majority of Consultants who usually re-referred at least one patient a month typically did so because the other Consultant was more able to treat the patient (identified by 85 per cent of survey respondents)
- just 1 per cent of Consultants identified either of the two PMI provider related reasons as the most common reason for a re-referral
- some 11 per cent of Consultants reported that there were other reasons for re-referrals. In almost all cases this was in order to obtain the opinion of another specialist (usually in a different area of specialty) or for a specific test. One respondent reported that their earnings limit for the year had been reached.

Figure 3.45 The most common reason why Consultants re-referred at least one patient in an average month (one answer permitted)



Base = All respondents who re-referred at least one patient a month (257)

Key findings:

- Referrals from a GP were identified by Consultants as the most common source of private patients, with other referral routes typically accounting for very small numbers of a Consultant's patients.
- Most Consultants re-refer at least one patient in an average month, though almost none re-refer more than 4 patients a month. Re-referral to a specialist more able to treat a patient was identified as the most common reason for a re-referral.

3.3 NHS and private practice work balance of Consultants

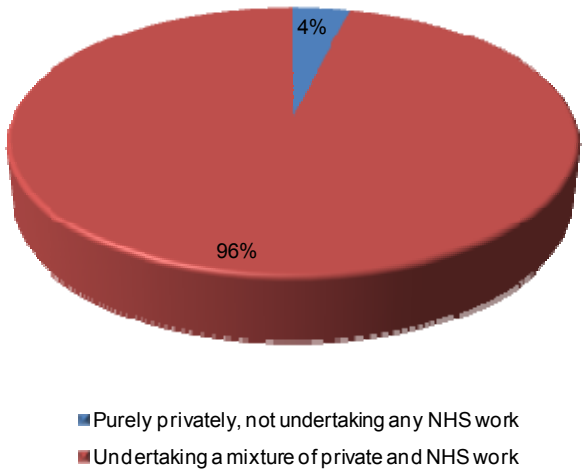
This sub-section of the report presents data on the way in which Consultants combined work for the NHS with their private practice (if they did any NHS work). This includes the hours that Consultants worked and whether they had any spare capacity, and also the ways in which Consultants organised their NHS work and private practice.

3.3.1 The balance between NHS work and private practice

Consultants were asked whether they worked exclusively privately or whether they undertook a balance of private and NHS work (Consultants who only worked for the NHS were excluded from the survey since they did not have direct experience of the operation of the private healthcare market). The results are shown in Figure 3.46:

- almost all Consultants undertook a mixture of private and NHS work (96 per cent of survey respondents)
- a small minority of Consultants only worked privately (4 per cent of respondents).

Figure 3.46 The balance of private and NHS work undertaken by Consultants

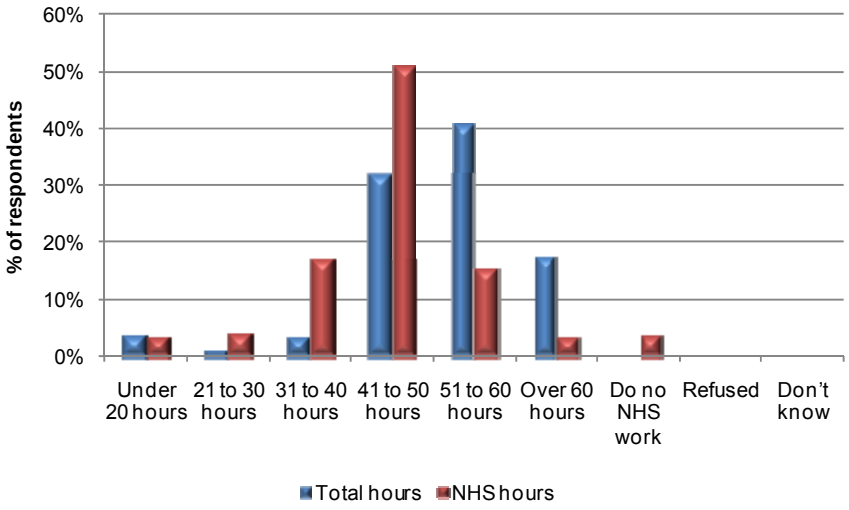


Base = All respondents (401)

Figure 3.47 shows the average hours per week worked by Consultants (total and NHS only):

- some 41 per cent of Consultants worked on average for 51 to 60 hours per week, whilst another 32 per cent indicated that they typically worked for between 41 and 50 hours per week
- the majority of Consultants (51 per cent of survey respondents) reported that they worked between 41 and 50 hours in an average week for the NHS.

Figure 3.47 The hours worked by Consultants in an average week (total and NHS only)



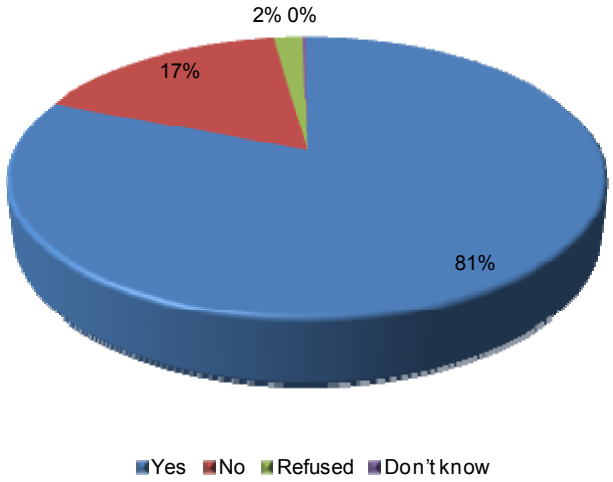
Base = All respondents (401)

Consultants were asked whether they have any spare capacity in an average month which they could fill with private work (Figure 3.48):

- the majority of Consultants, 81 per cent of survey respondents, did have spare capacity that could be filled with private work

- just 17 per cent of Consultants indicated that they typically did not have any spare capacity in an average month.

Figure 3.48 Whether Consultants typically had any spare capacity in an average month that could be filled with private work

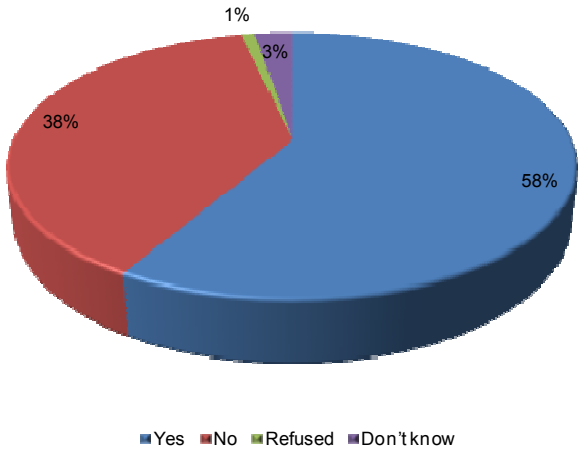


Base = All respondents who provided an answer (390)

Those Consultants who reported that they did have spare capacity within an average month were asked whether they sought to fill this capacity with private work (Figure 3.49):

- just over half of the survey respondents (58 per cent) who usually had spare capacity reported that they would seek to fill this capacity with private work
- another 38 per cent of survey respondents indicated that whilst they had spare capacity in an average month that could be filled with private work, they did not seek to do so.

Figure 3.49 Whether those Consultants who had spare capacity in an average month sought to fill this capacity with private work

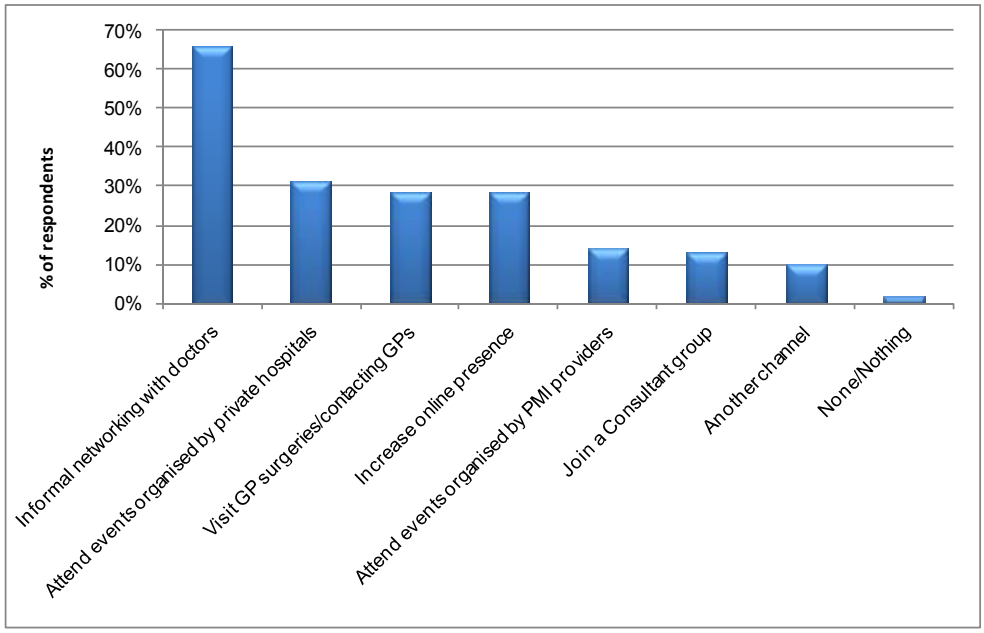


Base = All respondents who had spare capacity in an average month (315)

Consultants who typically had spare capacity and sought to fill it with private work were asked to indicate which channels they tended to use (Figure 3.50):

- the majority of Consultants (66 per cent of the total) used informal networking with other doctors in order to fill their spare capacity with private work
- around 30 per cent of Consultants attended events organised by private facilities and/or visited GPs in order to generate private work.

Figure 3.50 The channels used by Consultants when seeking to fill spare capacity with private work (multiple answers permitted)



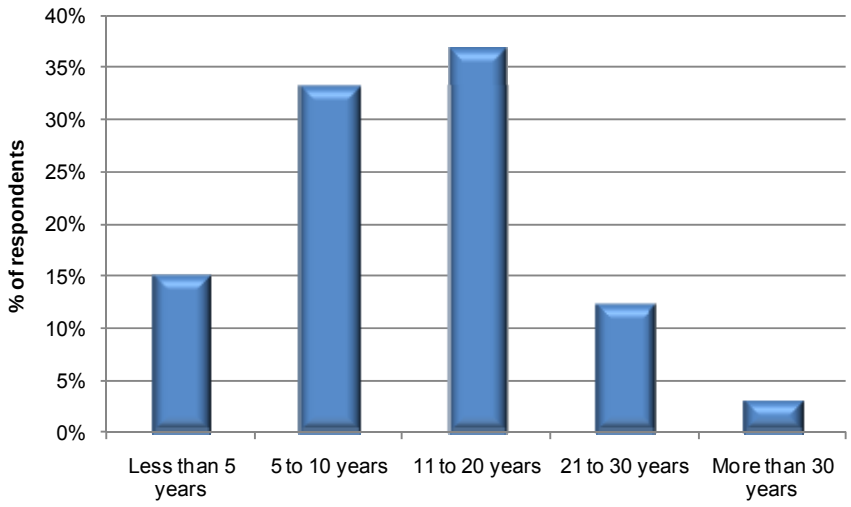
Base = All respondents who had spare capacity in an average month and sought to fill it (184)

3.3.2 The length of time Consultants had practised privately

Consultants were asked how long they had practised medicine privately (Figure 3.51):

- some 37 per cent of Consultants had practised privately for between 11 and 20 years, and another 33 per cent had done so for between 5 and 10 years
- just 3 per cent of Consultants had practised privately for over 30 years.

Figure 3.51 The length of time that Consultants had practised privately



Base = All respondents (401)

Key findings:

- Almost all of the Consultants surveyed undertook a mixture of NHS and private practice work; a very small minority only practised privately (note that the survey excluded those Consultants who only undertook NHS work). Published data on the Consultant workforce, whilst somewhat out of date, also report that very few Consultants only practise privately[13].
- Most Consultants had practised privately for either 5 to 10 years or 11 to 20 years.
- Consultants tend to work relatively long hours, with just under half indicating that they worked between 51 and 60 hours in an average week (Consultants were more likely to work longer hours on average in the private sector rather than in the NHS). Despite this, most Consultants indicated that they do have spare capacity that could be filled with private work, and of these individuals, around a half reported that they actively seek to fill this capacity with private work. Common channels used to secure private work included informal networking with other doctors, visits to private hospitals, and visits to GPs.

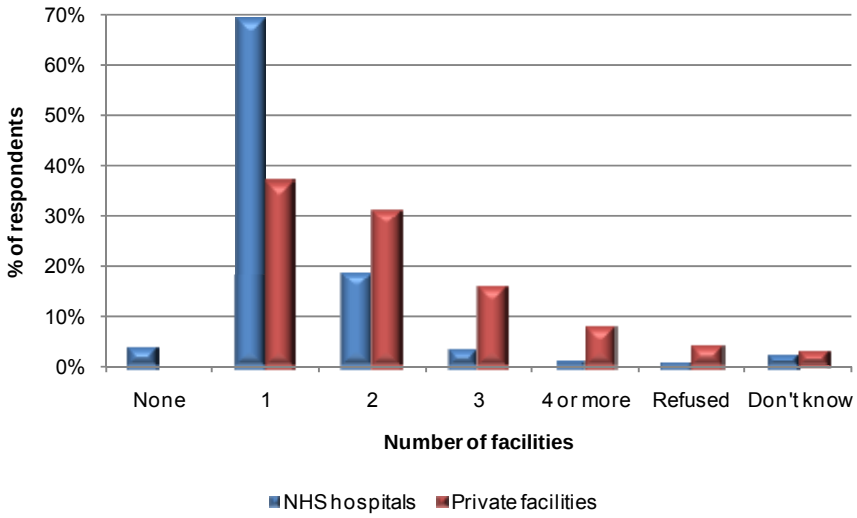
3.3.3 Access to NHS facilities and private facilities

Figure 3.52 shows the number of NHS hospitals and the number of private facilities that Consultants were contracted to or at which they possessed admission rights:

- the majority of Consultants (69 per cent of survey respondents) were contracted to or possessed admission rights at a single NHS hospital
- in comparison, Consultants were more likely to be connected to several private facilities, with just 37 per cent contracted to or possessing admission rights at one private facility, and 8 per cent indicating that they were contracted to or possessed admission rights at four or more facilities.

[13] Cited in GHK (August 2011) Population Overview Report.

Figure 3.52 The number of NHS hospitals and the number of private facilities that Consultants were contracted to or possessed admission rights

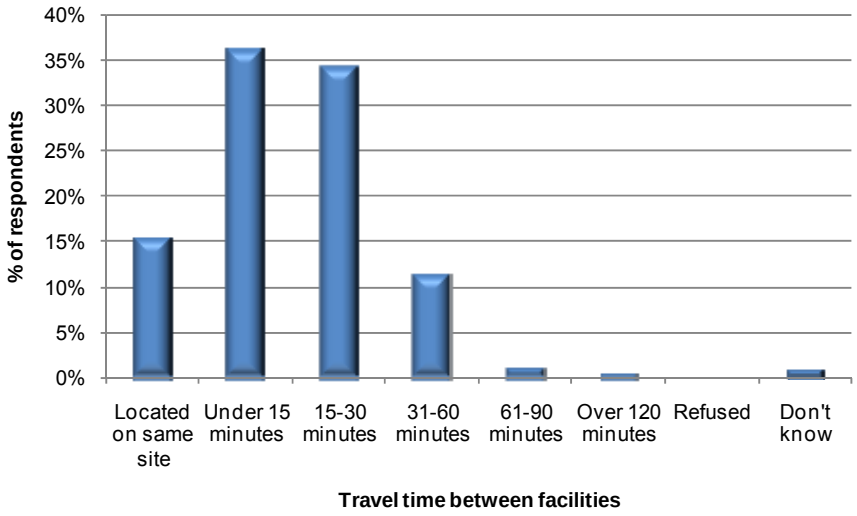


Base = All respondents (401)

Consultants who were contracted to or possessed admission rights at both an NHS hospital and a private facility were asked to estimate the average travel time between their main NHS hospital and their main private facility (Figure 3.53):

- some 15 per cent of Consultants indicated that their main NHS hospital and their main private facility were located on the same site
- a further 36 per cent of survey respondents estimated their average travel time between the two sites to be under 15 minutes, whilst another 34 per cent put the figure at between 15 and 30 minutes. In total, therefore, the majority of Consultants, 85 per cent of the total, had a travel time of zero to 30 minutes between their two main facilities
- just 2 per cent of survey respondents indicated that the average travel time between their main NHS hospital and their main private facility was over an hour.

Figure 3.53 The average travel time between Consultants' main NHS hospital and their main private facility

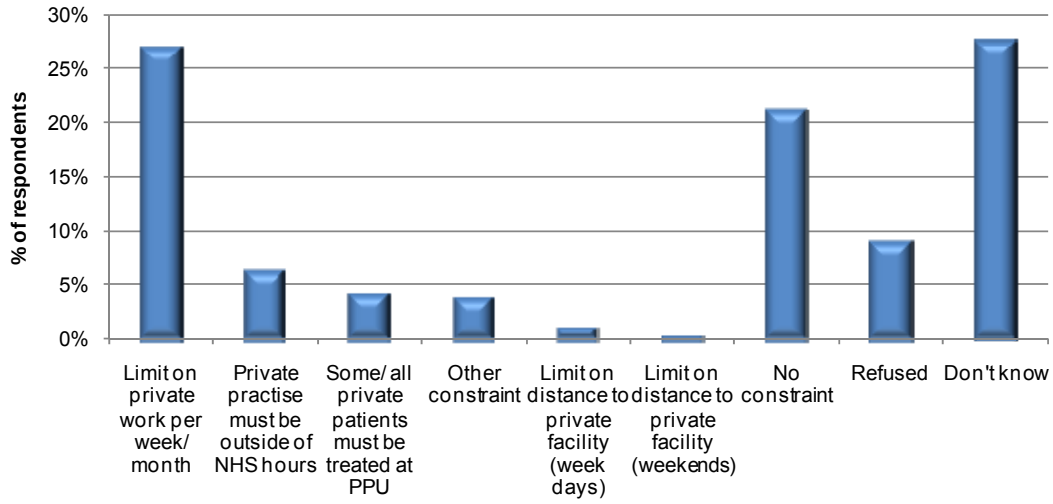


Base = All respondents who undertake a mixture of NHS and private practice (385)

Consultants were also asked whether their terms of employment with their main NHS hospital imposed any constraints on the terms under which they could practise privately (Figure 3.54):

- some 27 per cent of Consultants reported that their terms of employment at their main NHS hospital included a limit on the number of hours of private work that they could undertake per week or per month
- some 21 per cent of survey respondents indicated that their main NHS hospital did not impose any constraints on their private practice
- a high proportion of Consultants – 28 per cent of survey respondents – indicated that they did not know whether their terms of employment imposed any constraints on their private practice
- of the 4 per cent of Consultants (16 Consultants) that stated 'other', common responses were that the private practice of Consultants must not impinge on NHS commitments and also that their time must first be offered to the NHS.

Figure 3.54 The constraints, if any, that Consultants' main NHS hospitals impose on their private practice



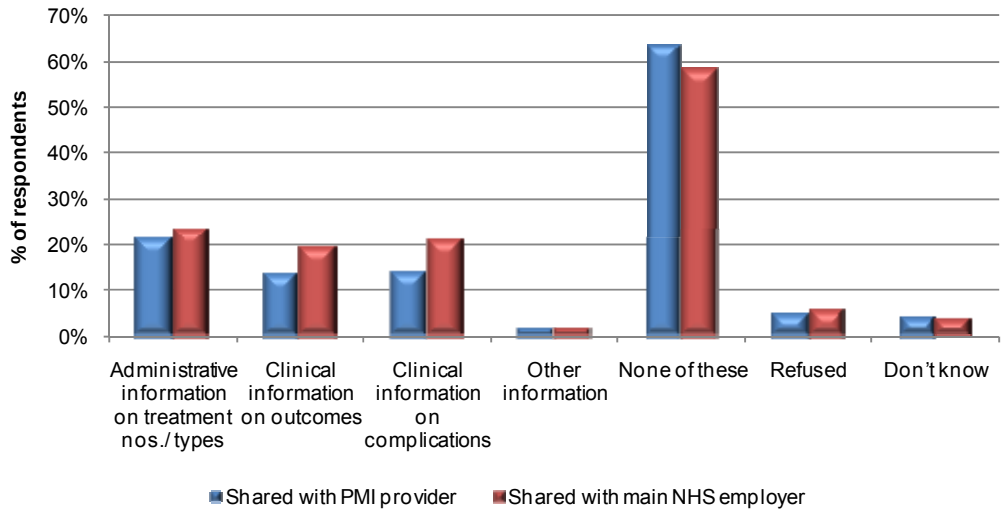
Base = All respondents who undertake a mixture of NHS and private practice (385)

3.3.4 Information sharing

Figure 3.55 shows the information that Consultants typically provided to their main NHS employer and/or PMI providers about their private practice:

- the majority of Consultants (59 per cent of the total) did not provide their main NHS employer with any of the types of information shown in Figure 3.55
- where Consultants did share information with their main NHS employer, administrative information was the most common type (mentioned by 24 per cent of respondents), followed by clinical information on treatment complications and treatment outcomes (mentioned by 22 and 24 per cent of respondents respectively)
- a slightly higher proportion of Consultants did not share information with PMI providers (64 per cent of survey respondents).

Figure 3.55 Information typically provided by Consultants to their main NHS employer and/or PMI providers about their private practice



Base = All respondents (401)

Key findings:

- Consultants who undertook private practice tended to be contracted to or possessed admission rights at a small number of NHS hospitals (typically a single hospital), whilst simultaneously possessing admission rights at more than one private facility.
- A Consultant's main NHS hospital and their main private facility tended to be relatively near to each other (almost all Consultants estimated the travel time at between zero (co-located) and 30 minutes).
- Where a Consultant's NHS hospital imposed constraints on their private practice, this tended to be a limit on the amount of private work that they could undertake in a week or month. Many Consultants indicated that there were no such constraints on their private practice, or did not know whether there were any constraints in place.
- Consultants tended not to share information about their private practice with their main NHS employer. Those Consultants who did provided a mixture of administrative information on the volume of treatment and/or information on clinical complications or outcomes.

3.4 Consultant usage of private facilities

As Figure 3.52 indicated, many Consultants possess admission rights at more than one private facility, meaning that they can offer patients a choice as to which facility they are treated at. This sub-section explores the characteristics of the private facilities that Consultants use, and reviews the behaviour of Consultants as they decide where to treat patients. Note that the data presented below only concern *private facilities* (though these facilities may be Private Patient Units – PPUs – within NHS hospitals).

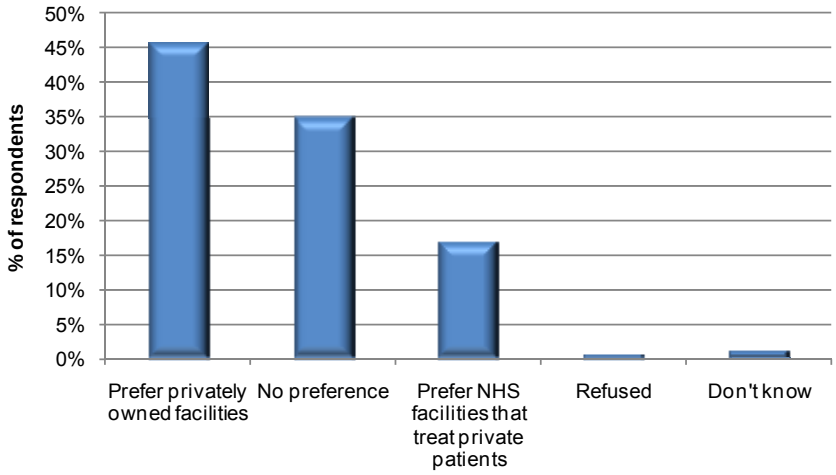
3.4.1 Consultant preference for types of private facility

Consultants were asked whether, in relation to the private facilities at which they possessed admission rights, they preferred to work from a purely privately owned facility or an NHS facility that treats private patient (a Private Patient Unit – PPU). The results are shown in Figure 3.56:

- just under half of Consultants (46 per cent) preferred to work from a privately owned facility

- another 35 per cent of survey respondents did not have a preference as to where they worked
- just 17 per cent of Consultants preferred to work from an NHS facility that treated private patients (a PPU).

Figure 3.56 Whether Consultants prefer to work from a privately owned facility or an NHS facility that treats private patients (a PPU)

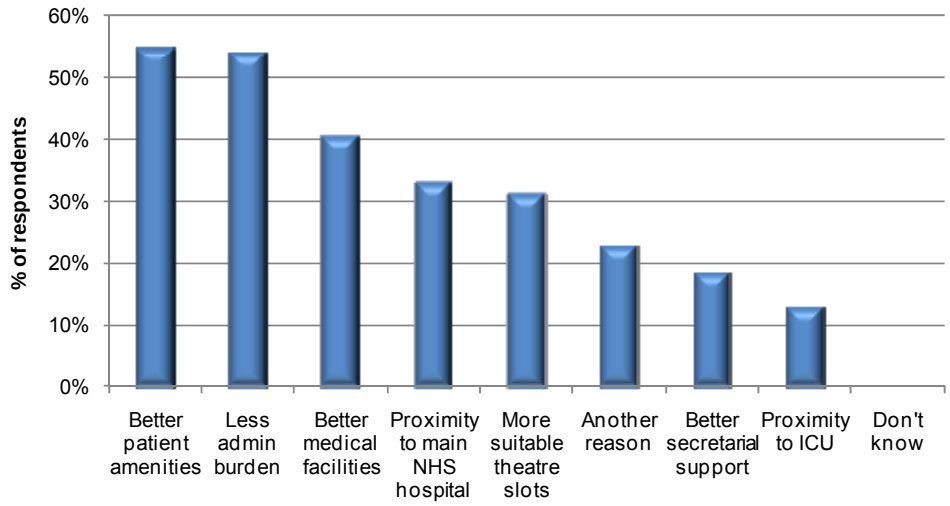


Base = All respondents (401)

Those Consultants who expressed any kind of preference as to the private facility where they worked were asked why this was the case (Figure 3.57):

- the two most common reasons why Consultants preferred one type of private facility over another were that one type had better patient amenities and/or that one type was associated with less of an administrative burden
- some reasons were unrelated to the facility itself, but were instead connected to its proximity to other facilities (e.g. the Consultant's NHS facility and/or to an Intensive Care Unit – ICU)
- the most common 'other' reason identified by Consultants was that they preferred to carry out their private work at a private facility, rather than at a PPU within an NHS hospital, in order to make a clear distinction between their NHS and private practice.

Figure 3.57 The reasons why Consultants preferred one type of private facility over another (multiple answers permitted)



Base = All respondents who preferred one kind of private facility over another (325)

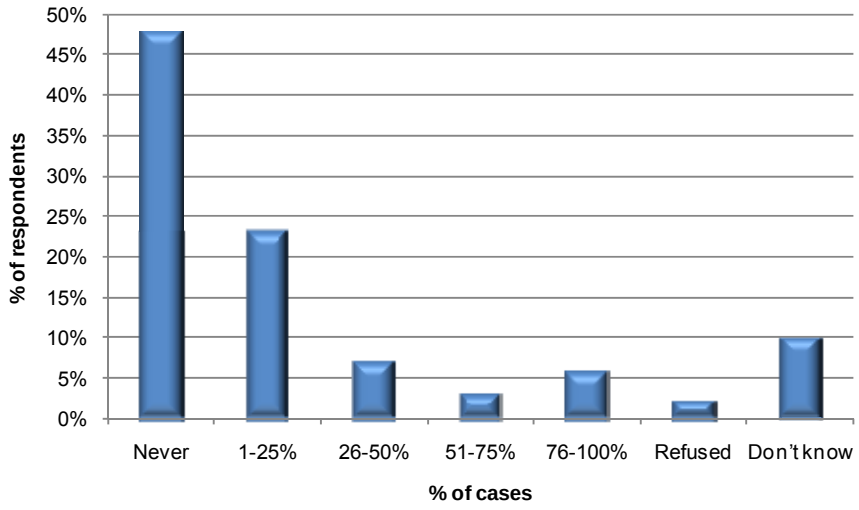
3.4.2 Providing patients with a choice of private facility

Consultants were asked whether they typically offer their patients a choice between their main private facility and one of the other private facilities at which they possess admission rights (Figure 3.58):

- just under half of Consultants (48 per cent of survey respondents) indicated that they never offer patients a choice between their main private facility and another private facility
- a further 23 per cent of survey respondents believed that a choice of facility was offered in between 1 and 25 per cent of cases
- just 9 per cent of Consultants indicated that the majority of their patients are offered a choice of private facility
- some 48 per cent stated that they never provide a choice. This result is particularly high as many of these respondents (approximately 60 per cent) were Consultants who possessed admission rights to just one private facility.[14]

[14] These respondents are included in the analysis because 24 of the 149 Consultants that only possess admission rights at one private facility also suggested that they do offer patients a choice between their main private hospital and another private hospital, suggesting a minor degree of inconsistency in the responses.

Figure 3.58 The proportion of cases where a Consultant will offer patients a choice between their main private facility and another private facility



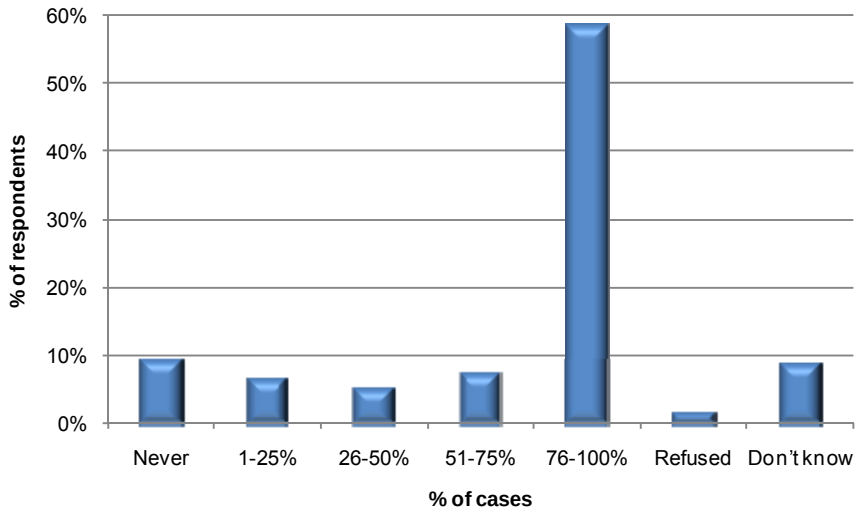
Base = All respondents (401)

Similarly, Consultants were asked how often the facility at which they undertake their first consultation with a patient was also the facility at which they were eventually treated (Figure 3.59):

- the majority of Consultants (59 per cent of respondents) estimated that in between 76 and 100 per cent of cases the location of a patient's first consultation is also the location of their treatment. This figure is particularly high as many of these respondents were Consultants who possessed admission rights to just one private facility[15]
- some 7 per cent of Consultants estimated that the location of a patient's first consultation is also the location of their treatment in between 1 and 25 per cent of cases, 5 per cent stated that the location was the same in between 26 and 50 per cent of cases and some 8 per cent stated that location was the same in between 51 and 75 per cent of cases some 10 per cent of survey respondents indicated that patients were never treated at the same location as their first consultation.

[15] As with Figure 3.58, these results are included in the analysis because some Consultants who possessed admission rights for just one private facility also stated that the private facility where the first consultation was carried out was not the same facility as where treatment eventually took place. Again, this points to a minor degree of inconsistency in the responses on admission rights to faculties and the responses given here.

Figure 3.59 The proportion of cases where the private facility where the first consultation with a patient is carried out is also the same facility where they are eventually treated



Base = All respondents (401)

Key findings:

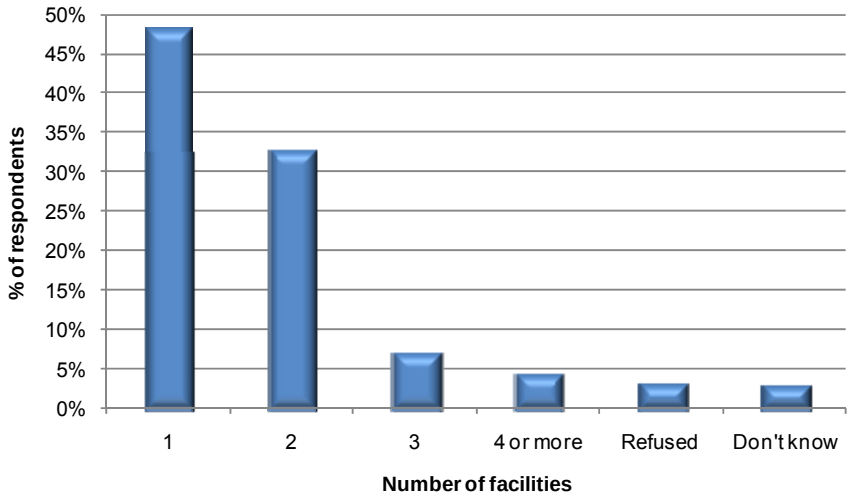
- Just under half of Consultants preferred to work in a purely private facility, as opposed to a PPU within an NHS hospital. Most of the other survey respondents had no preference either way. The quality of patient amenities and medical facilities were identified as key reasons why Consultants preferred one type of facility over another. The level of the administrative burden within a facility was another important reason for a Consultant's preference.
- Consultants typically do not offer patients a choice between the private facilities that they have admission rights for, or do so in a small proportion of cases.
- In almost all cases Consultants treated patients in the facility where the first consultation was held.

3.4.3 Consultant usage of private facilities in an average month

Figure 3.60 shows the number of private facilities within which Consultants would expect to treat patients within an average month:

- just under half of Consultants (48 per cent of survey respondents) reported that they would usually treat their private patients within a single facility over the course of an average month
- another 33 per cent of survey respondents indicated that they would typically treat patients within two private facilities
- a small proportion of Consultants (12 per cent of the total) would usually treat patients in 3 or more different facilities over the course of a month.

Figure 3.60 The number of private facilities within which Consultants would expect to treat patients within an average month



Base = All respondents (401)

Consultants were presented with a list of reasons as to why they might choose to treat their patients in more than one private facility over the course of an average month, and were asked to rank the reasons in order of importance. In order to analyse the results, for each response the top ranked reason was awarded a score of 3 and the bottom ranked reason a score of 1. The scores awarded by each survey respondent were then aggregated in order to produce a single score for each reason. The maximum possible score for any reason would thus be 1,203[16], indicating that all survey respondents regarded this as the single most important reason.

The results are shown in (Figure 3.61):

- the most important factor identified by Consultants was whether private facilities provide the specialist treatments that patients need
- whether facilities are acceptable to patient' preferences was an important issue for both PMI patients and self-pay patients
- whether private facilities were recognised by patients' PMI providers was identified as an important influence with respect to PMI patients. For self-pay patients the affordability of private facilities was identified as an important influence on Consultants' choice of private facility
- another influence grouped together a number of options.[17] Common additional influences that were identified by respondents included the following:
  - convenience for the patient and/or the Consultant

[16] On the basis of all 401 respondents awarding a top ranking, and thus a score of 3 (3 x 401 = 1,203).

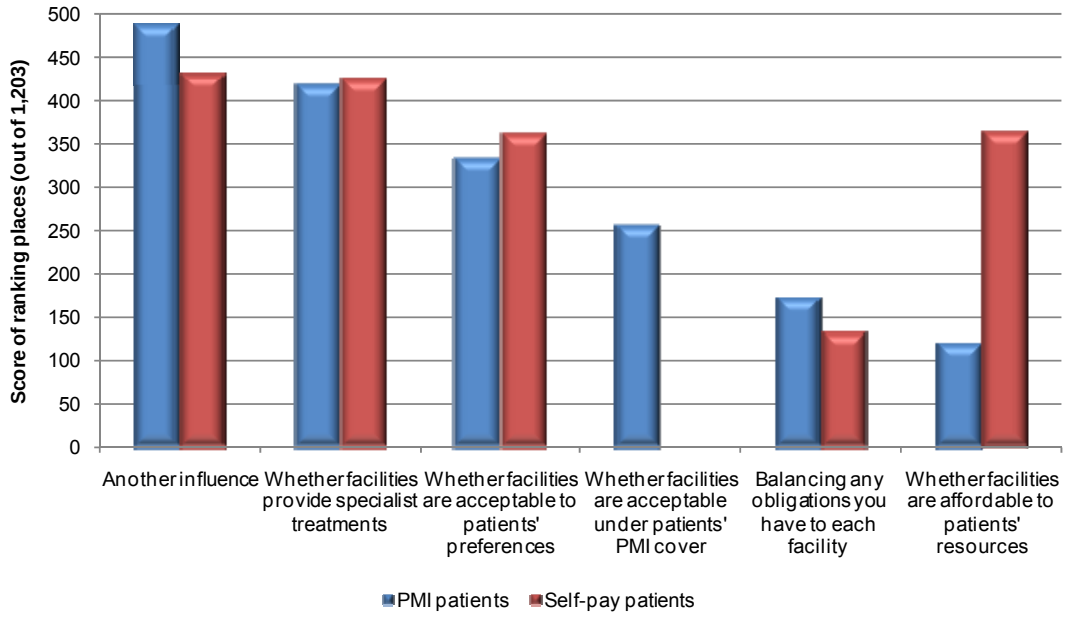
[17] Another influence includes the options: Prefer not to say, Access/availability, Availability of operations sessions/theatre slots, Location/location of patients/proximity, Convenience for me/patient, Location/geographical split/coverage, Only use one/no choice/option, Lack of appropriate/specific instruments, Quality of service/staff/knowledge/training, Referral patterns, Paediatric/children requirement, Surgeon's choice, Cost/charges/collecting payment, Other, None.

The above options had low cumulative scores and have been grouped together to enable better presentation of the results. Option 'Don't know' was ranked most highly by a significant amount and has been excluded from this graph to better present the results.

– the preference of another health professional involved in a patient's treatment (e.g. a surgeon or an anaesthetist)

– the availability of theatre slots

Figure 3.61 The relative importance of selected factors in influencing Consultants to treat their patients in more than one private facility over the course of an average month (PMI patients and self-pay patients) (aggregated score of ranking places)



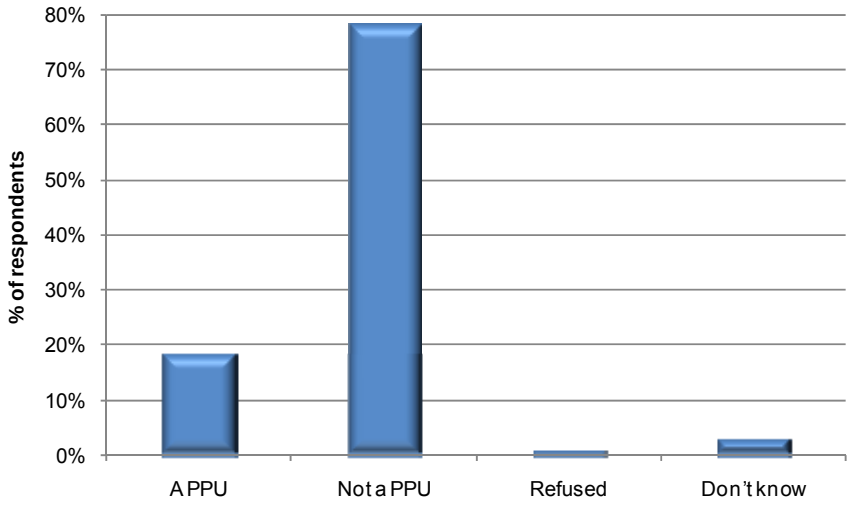
Base = All respondents (401)

3.4.3.1 *Consultants who treat patients in one facility*

Those Consultants who reported that they only treat patients in a single private facility over the course of an average month were asked whether or not this facility was a PPU (Figure 3.62):

- almost all Consultants reported that this private facility was not a PPU (78 per cent of respondents)
- a further 19 per cent of survey respondents indicated that the private facility was a PPU.

Figure 3.62 If Consultants treated patients in a single private facility over the course of an average month, whether or not this facility was a PPU



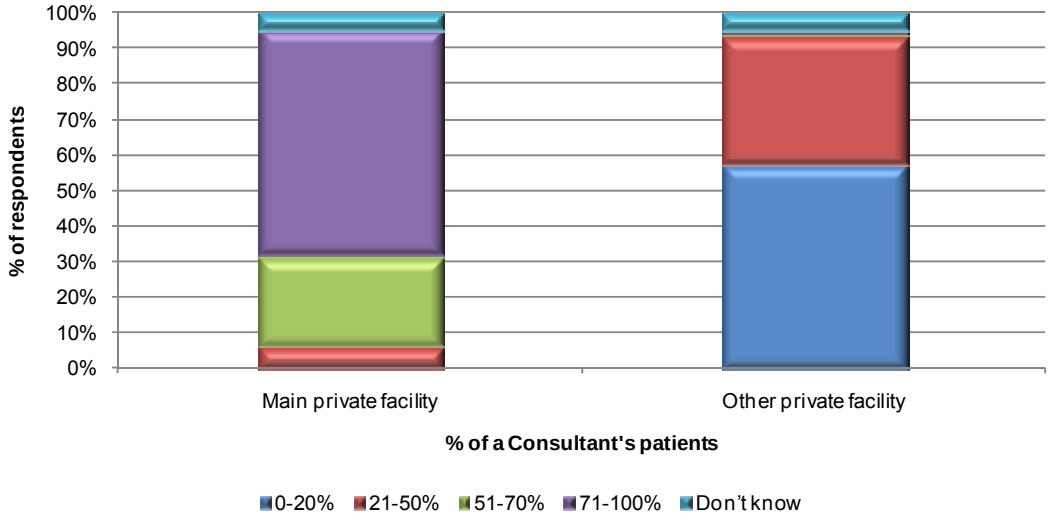
Base = All respondents who treat patients in one private facility in an average month (194)

3.4.3.2 *Consultants who treat patients in two facilities*

Consultants who indicated that they would usually treat patients in two different private facilities over a month were asked what proportion they would treat in their main facility, and what proportion they would treat in their alternative facility (Figure 3.63):

- most Consultants reported that they would treat between 71 and 100 per cent of their patients in their main private facility
- in total, 89 per cent of Consultants indicated that they treat over half of their patients in their main private facility
- some 57 per cent of Consultants would usually treat between 0 and 20 per cent of their patients within their alternative private facility.

Figure 3.63 The proportion of a Consultant's patients who would usually be treated in either their main or their alternative private facility over the course of an average month

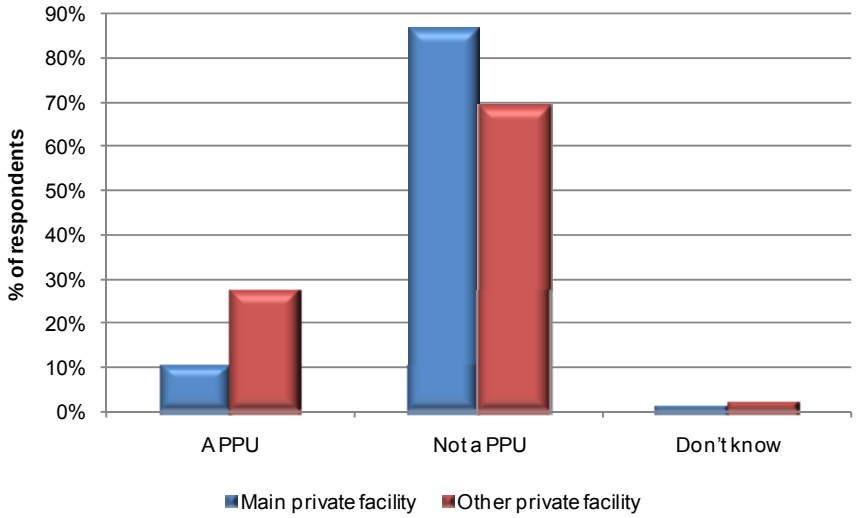


Base = All respondents who treat patients in two private facilities in an average month (132)

Again, Consultants were asked whether either of the two private facilities that they would normally use over the course of an average month were PPUs (Figure 3.64):

- a Consultant's main private facility was unlikely to be a PPU (just 11 per cent of survey respondents)
- a Consultant's other private facility was more likely to be a PPU, with 28 per cent of survey respondents indicating that this was the case).

Figure 3.64 If Consultants treated patients in two private facilities over the course of an average month, whether these facilities were PPUs

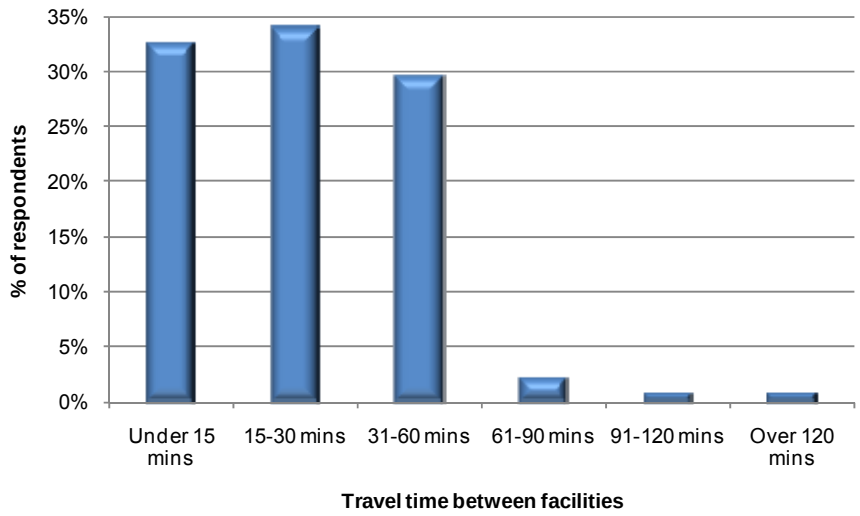


Base = All respondents who treat patients in two private facilities in an average month (132)

Consultants were then asked to estimate the travel time between the two private facilities that they used to treat patients in an average month (Figure 3.65):

- one-third of Consultants (33 per cent of respondents) reported that the two facilities were under 15 minutes travel time from each other
- a further one-third of Consultants (34 per cent) believed that the travel time between the two facilities was between 15 and 30 minutes
- just 4 per cent of survey respondents estimated that the travel time between the two facilities where they treated patients in an average month was over one hour, however all reported working only at different facilities on different days.

Figure 3.65 The travel time between the two private facilities that Consultants used to treat patients in an average month



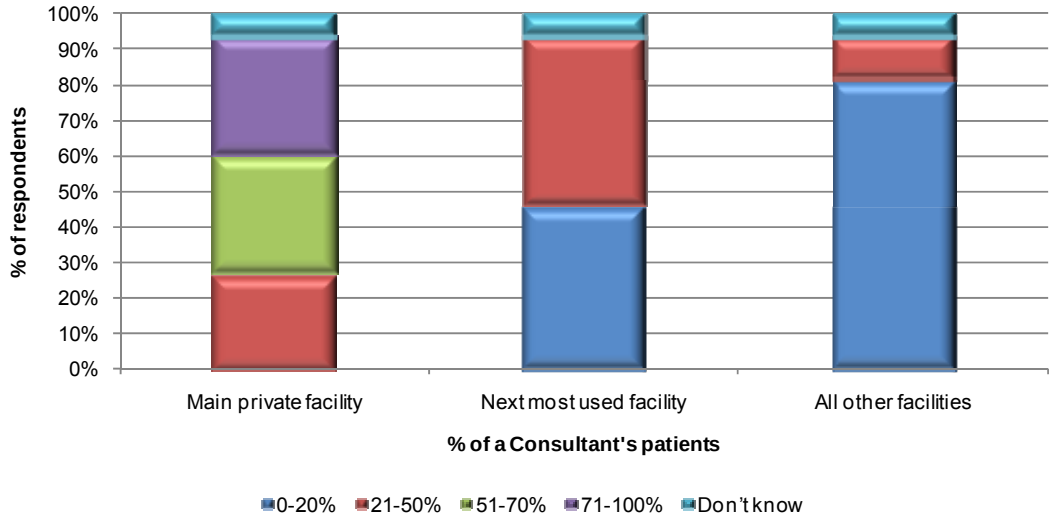
Base = All respondents who treat patients in two private facilities in an average month (132)

3.4.3.3 *Consultants who treat patients in three or more facilities*

Consultants who treated patients at three or more facilities within an average month were asked what proportion they would treat in their main facility, and what proportion they would treat in their other facilities (Figure 3.66):

- some 66 per cent of Consultants indicated that they would usually treat over half of their patients within their main facility
- around a half of Consultants reported that they would usually treat between 21 and 50 per cent of their patients within their next most used facility
- a Consultant's remaining facilities would typically only account for between 0 and 20 per cent of their patients.

Figure 3.66 The proportion of a Consultant's patients who would usually be treated in their main facility, their next most used facility, or their other private facilities over the course of an average month

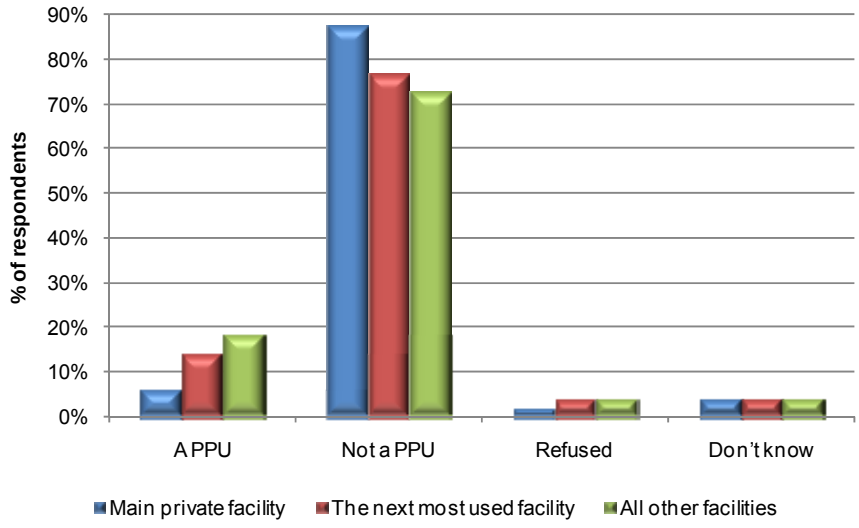


Base = All respondents who treat patients in three or more private facilities in an average month (48)

Again, Consultants were asked whether the private facilities that they would normally use over the course of an average month were PPUs (Figure 3.67):

- a Consultant's main private facility was unlikely to be a PPU (just 6 per cent of survey respondents)
- a Consultant's next most used privately facility was only slightly more likely to be a PPU (15 per cent of survey respondents)
- some 19 per cent of Consultants indicated that any one of their other private facilities was a PPU.

Figure 3.67 If Consultants treated patients in three or more private facilities over the course of an average month, whether these facilities were PPUs

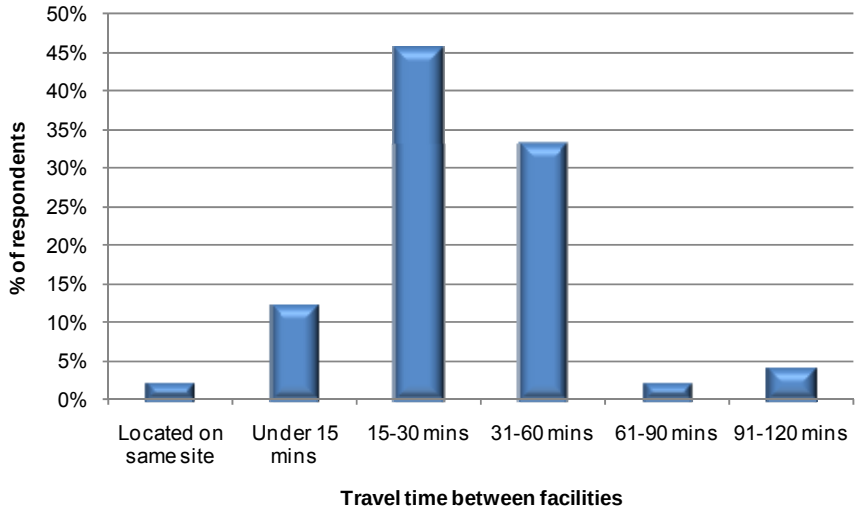


Base = All respondents who treat patients in three or more private facilities in an average month (48)

Consultants were asked to estimate the average travel time between their main facility and their next most used private facility (Figure 3.68):

- just under half of Consultants (46 per cent of the total) estimated that their main facility and their next most used facility were between 15 and 30 minutes travel time apart
- a further 33 per cent of survey respondents believed that their two most used facilities were between 31 and 60 minutes travel time apart
- just 6 per cent of survey respondents estimated that the travel time between their two most used facilities was over one hour.

Figure 3.68 The travel time between a Consultant's main private facility and the facility that they used next most often



Base = All respondents who treat patients in three or more private facilities in an average month (48)

Key findings:

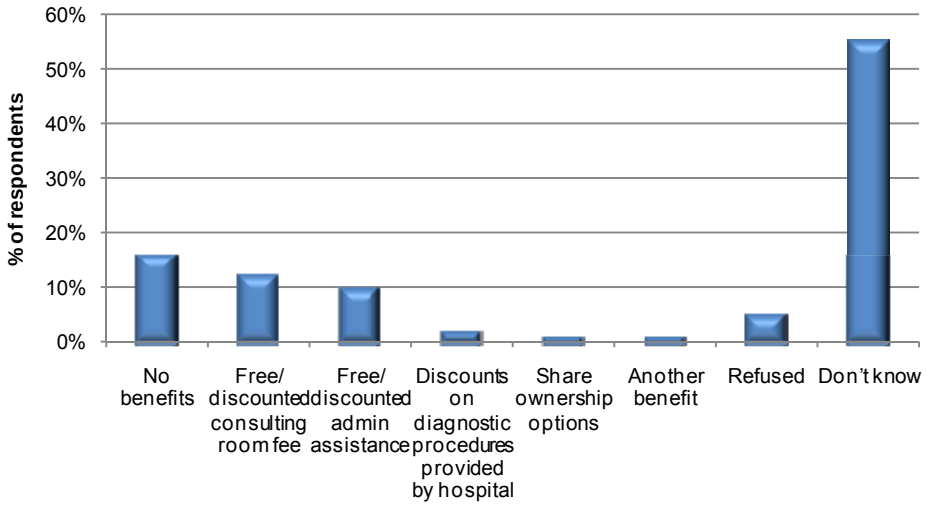
- Over the course of an average month, almost half of Consultants would only treat private patients in a single private facility. In most cases this facility was not a PPU.
- Around one-third of Consultants would treat private patients in two different facilities over the course of an average month, though the majority of these private patients were typically treated in the Consultant's main facility. Again, very few of these facilities were PPUs. Most Consultants reported that these two facilities were within 30 minutes travel time.
- A small minority of Consultants treated patients at three or more private facilities over a month, most of whom were treated at the Consultant's main facility. Very few of these facilities were PPUs. The travel time between the Consultant's two most used facilities was typically under 30 minutes.
- Those Consultants who typically treat their patients at more than one private facility identified a range of reasons for this, including access to specialist facilities, the convenience of facilities, the availability of theatre slots, whether facilities were PMI approved and, for self-pay patients, the affordability of facilities.

3.4.4 Incentives and agreements between Consultants and private facilities

Consultants were asked to identify the benefits to Consultants offered by their main private facility (Figure 3.69):

- the majority of Consultants (56 per cent of the total) did not know whether their main private facility offered any of the benefits listed in Figure 3.69
- a further 16 per cent of Consultants reported that their main private facility did not offer any benefits
- where benefits were offered, a free or discounted consulting room fee was the most common benefit identified by Consultants (13 per cent of survey respondents), followed by free or discounted administrative assistance (10 per cent of survey respondents).

Figure 3.69 The benefits offered by a Consultant's main private facility

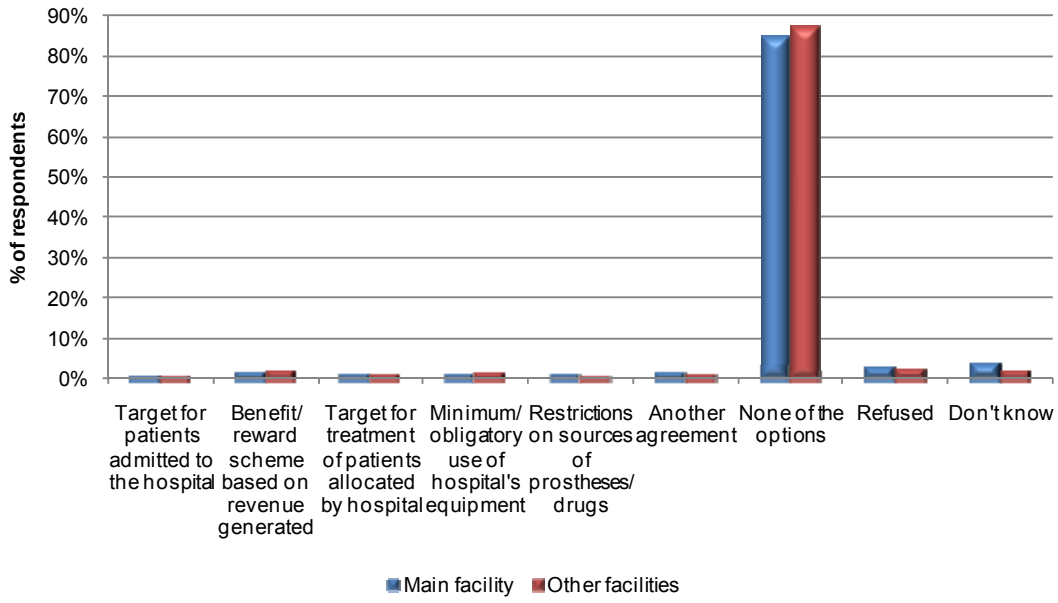


Base = All respondents (401)

Consultants were also asked whether they had entered into any agreements with their main private facility or their other private facilities in order to gain admission rights (Figure 3.70):

- most Consultants had not entered into any agreements with either their main private facility (85 per cent of respondents) or their other facilities (88 per cent of respondents)
- the remaining Consultants had entered into agreements of varying types with no more than 1 or 2 per cent of respondents in each case highlighting a specific form of agreement, indicating that they were very uncommon.

Figure 3.70 Whether Consultants had entered into any agreements with their main private facility and/or other facilities in order to gain admission rights



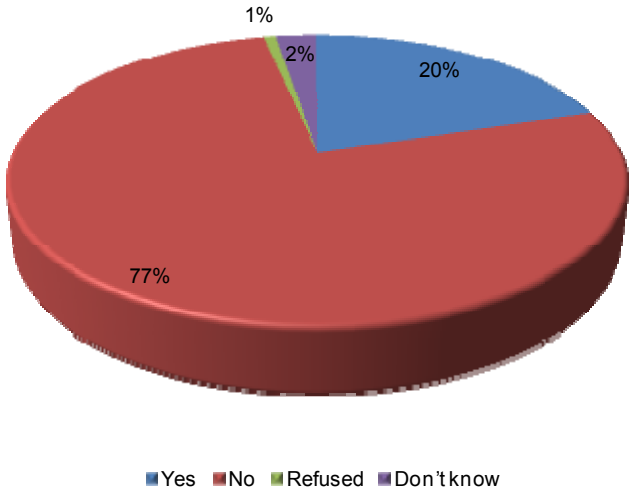
Base = All respondents (401)

3.4.5 Whether Consultants have switched switch or have considered switching between private facilities

Figure 3.71 shows whether Consultants have considered switching from their main private facility to an alternative private facility in the last 5 years:

- most Consultants (77 per cent of the total) had not considered switching from their main private facility in the last 5 years
- another 20 per cent of Consultants stated that they had considered switching between private facilities.

Figure 3.71 Whether Consultants have switched or considered switching from their main private facility to an alternative private facility in the last 5 years



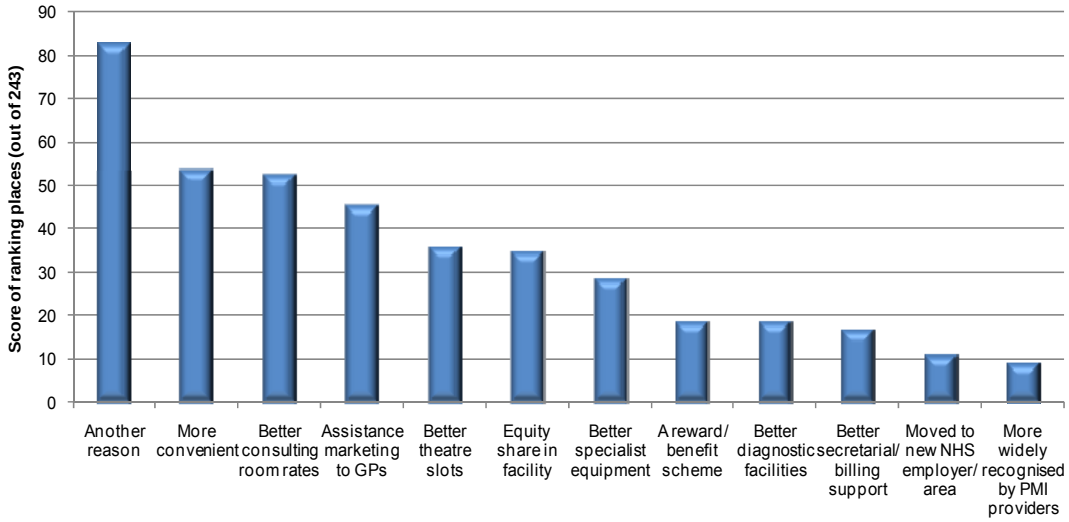
Base = All respondents (401)

Those Consultants who stated that they had considered switching their main private facilities were asked to rank in order of importance the factors they thought would be the most influential in their decision to switch. In order to analyse the results, for each response the top ranked factor was awarded a score of 3 and the bottom ranked factor a score of 1. The scores awarded by each survey respondent were then aggregated in order to produce a single score for each factor. The maximum possible score for any factor would thus be 243[18], indicating that all survey respondents regarded this as the single most important benefit.

The results of this analysis are shown in Figure 3.72:

- Consultants identified 'another factor' as the most important reason for switching between facilities. These factors included the following:
  - greater numbers of available patients
  - better facilities
  - an improved patient service or experience
- each of the factors listed within Figure 3.72 was identified as important by some Consultants, indicating that individuals are influenced by a wide range of factors. Broadly, the reasons for switching included:
  - improved convenience
  - financial incentives such as better consulting room rates (the second most important named factor), an equity share in an alternative facility, and participation in a reward or benefit scheme
  - access to improved facilities or services, including assistance in marketing their services to GPs, better theatre slots, and better specialist equipment

Figure 3.72 The importance of different factors in the decision to switch or consider switching to an alternative main private facility



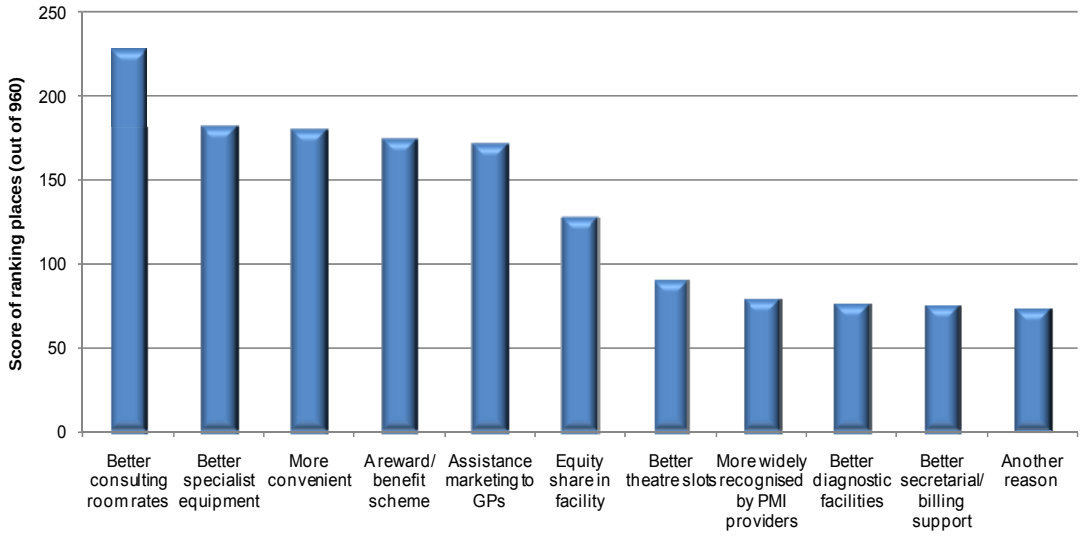
Base = All respondents who have either switched or considered switching from their main private facility to an alternative in the last 5 years (81)

[18] On the basis of all 81 respondents awarding a top ranking, and thus a score of 3 (3 x 81 = 243).

Consultants who had not considered switching between private facilities in the past 5 years were asked whether, if they were to do so today, which factor would be the most influential in making such a decision. The different factors were ranked and the same scoring system as described above was applied. Responses are shown in Figure 3.73:

- as above, a wide range of factors were identified by Consultants as influential, including:
  - financial incentives, including better consulting room rates (identified as the single most important factor) and participation in a reward or benefit scheme
  - access to improved facilities or services
  - improved convenience

Figure 3.73 The most influential factor if Consultants were to consider switching their main private facility today



Base = All respondents who had not considered switching from their main private facility to an alternative in the last 5 years (320)

Key findings:

- Consultants typically had not entered into any agreements with the private facilities at which they possessed admission rights, nor were many able to identify any incentives that had been offered to them.
- The majority of Consultants had not considered switching between their main private facility and another facility in the past 5 years.
- Those Consultants who had considered switching between facilities identified a wide range of reasons behind their decision, including greater access to patients, improved convenience, financial incentives (better consulting room rates, reward schemes, equity shares) and access to better facilities and associated services.
- Where Consultants had not considered switching between private facilities, they still identified a range of factors which might encourage them to do so, again including financial incentives, improved convenience, and access to better facilities and associated services.

3.5 Consultant fees

As discussed in Section 2.2.7 and Section 2.2.8, the prices charged by Consultants are a key factor influencing a GP's decision as to whether to recommend them to patients, and have also been identified as an important factor in a patient's decision as to where to go for treatment.

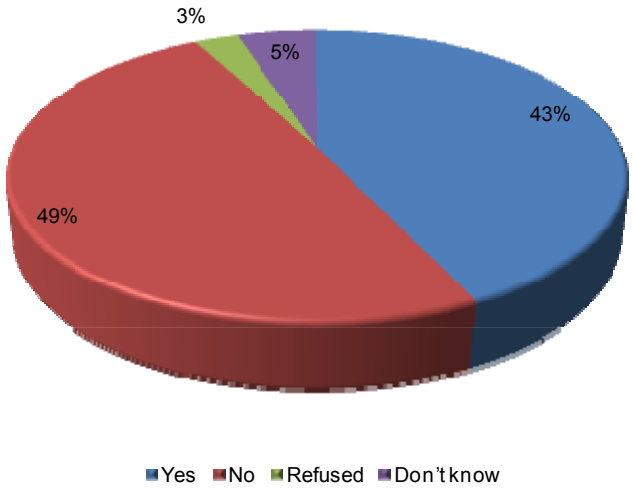
The following sub-section of the report considers the evidence collected as to Consultant fees, looking first at if and how Consultants review fees with patients, and then exploring how Consultants set their fees, including the influence of PMI providers on this process. As shown in Figure 2.23, most GPs support the view that PMI providers 'keep a check' on the prices charged by Consultants for private practice. This view is tested with Consultants.

3.5.1 Reviewing fees with patients

Consultants were asked whether information is made available to patients on their fees before an appointment (Figure 3.74):

- just under half of all Consultants (43 per cent) indicated that information on fees was made available to patients before an appointment
- the other half of survey respondents (49 per cent) reported that they do not make this information available to patients before an appointment.

Figure 3.74 Whether Consultants make available to patients information on their fees before the first appointment

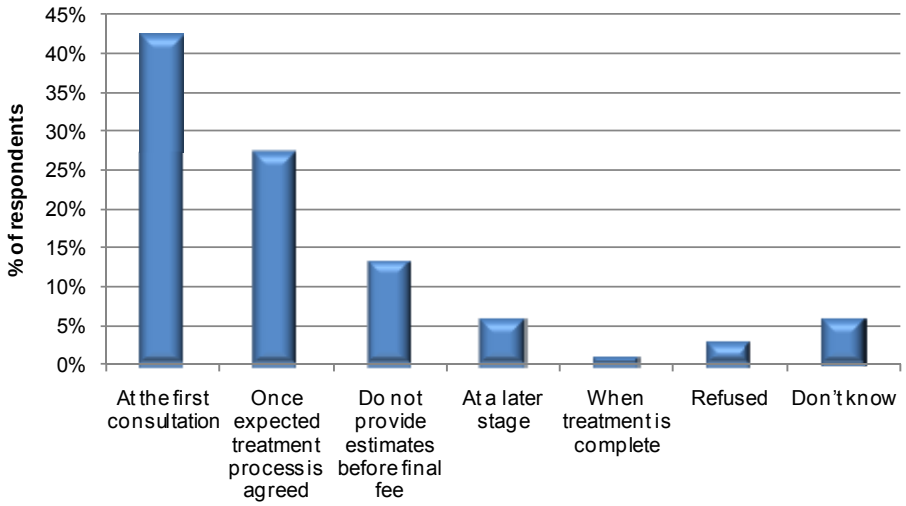


Base = All respondents (401)

More broadly, Consultants were asked to indicate when, typically, they provide patients with a fee estimate (Figure 3.75):

- as also shown in Figure 3.74, 43 per cent of Consultants make available their fee estimate at a patient's first consultation
- a further 28 per cent of Consultants stated they would provide their fees once the expected treatment process is agreed
- some 13 per cent of survey respondents indicated that they would not usually provide patients with a fee estimate at all, instead providing this information as part of the final payment process.

Figure 3.75 The point at which Consultants typically provide patients with a fee estimate

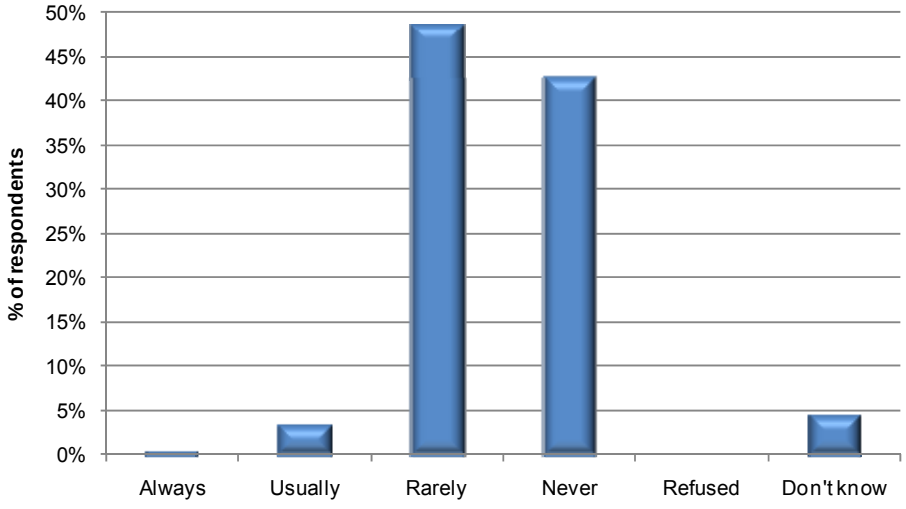


Base = All respondents (401)

Patients may seek to negotiate their fees with Consultants once they have been referred, though this would typically only be likely for self-pay patients. Figure 3.76 shows the frequency that self-pay private patients attempt to negotiate with Consultants about the level of their fees:

- negotiations over fees are relatively rare. Around half of Consultants (49 per cent) stated that self-pay private patients 'rarely' attempted to negotiate the level of their fees
- a further 43 per cent of Consultants reported that self-pay private patients 'never' attempted to negotiate on the level of their fees.

Figure 3.76 The frequency with which self-pay private patients attempt to negotiate with Consultants about the level of their fees



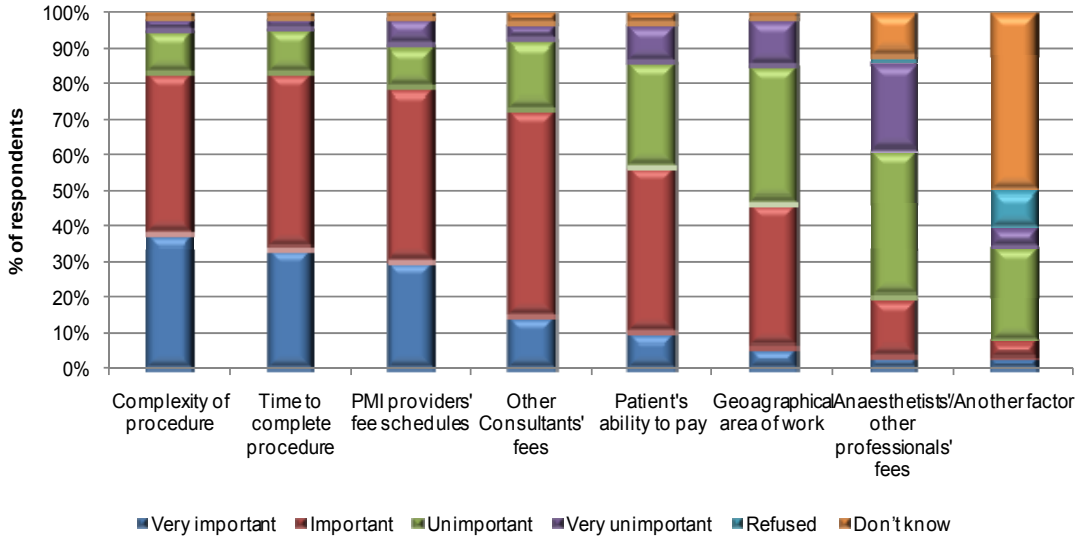
Base = All respondents (401)

3.5.2 How Consultants set their fees

Consultants were asked to rate the importance of a range of factors in terms of influencing how they set their fees (Figure 3.77):

- the complexity of the procedure was identified as the single most important factor affecting fees, with 38 per cent of Consultants rating this as 'very important', and another 45 per cent rating this as 'important'. This was followed by the time to complete the procedure, which is related to the complexity of the procedure
- PMI providers' fees schedules were identified as the third most important influence on fees by Consultants, with 30 per cent rating these as 'very important' and 49 per cent rating these as 'important'.

Figure 3.77 The importance of selected factors in influencing Consultants' fees

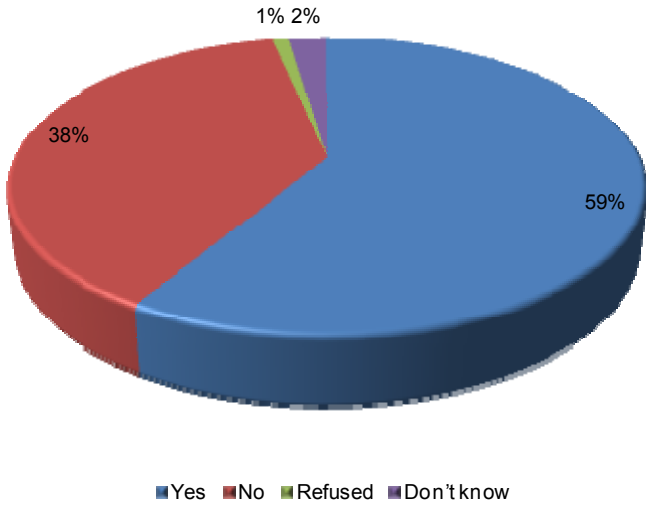


Base = All respondents (401)

Consultants who reported that PMI providers' fee schedules were an important influence on their fees were asked whether there was a particular PMI provider upon whose schedule they tended to base their own fees (Figure 3.78):

- over half of Consultants (59 per cent of survey respondents) indicated that they did base their fees on the fee schedule of a particular PMI provider
- another one-third of Consultants (38 per cent of the total) indicated that whilst PMI providers' fee schedules were an important influence on their fees, there was no one particular provider upon which they based their fees

Figure 3.78 Whether Consultants tended to base their fees on the fee schedule of a particular PMI provider

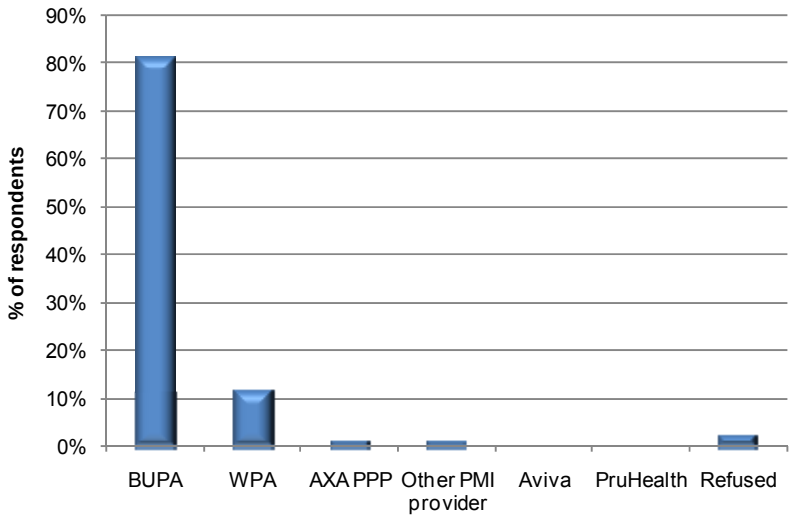


Base = All respondents who reported that PMI providers' fee schedules were either a very important or important influence on their own fees (286)

Consultants who did base their fees on one particular PMI provider's fee schedule were asked to identify the PMI provider (Figure 3.79):

- the majority of Consultants identified BUPA as the PMI provider whose fee schedule they based their own fees on (mentioned by 80 per cent of those Consultants who did base their fees on one particular PMI provider's fee schedule).

Figure 3.79 PMI providers upon whose fee schedules Consultants based their own fees

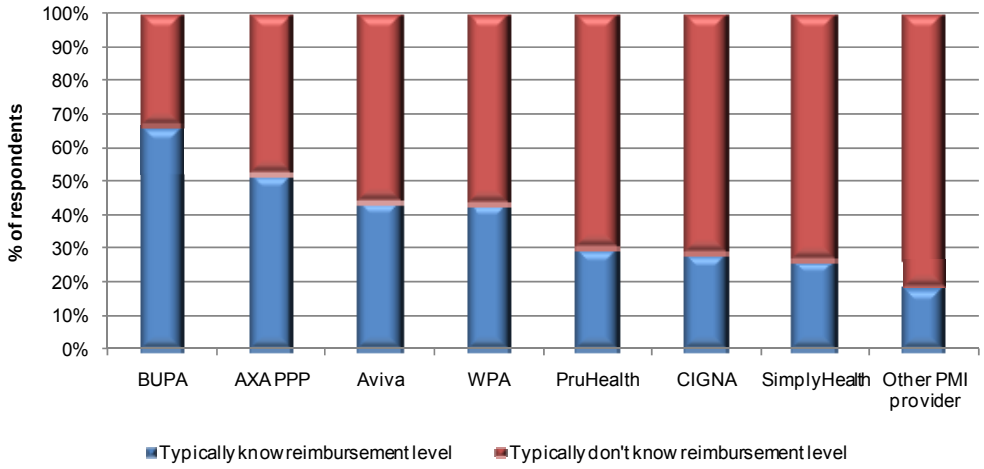


Base = All respondents who reported that they based their fees on the fee schedule of a particular PMI provider (173)

The influence of PMI providers on Consultant fees is in part shaped by Consultants' knowledge about the fee levels that PMI providers are prepared to meet. Consultants were asked about their level of knowledge about selected PMI providers' fee schedules (Figure 3.80):

- levels of knowledge of fee schedules were highest in respect of BUPA (about which 67 per cent of survey respondents typically knew their reimbursement levels) and AXA PPP (where 52 per cent of respondents knew about reimbursement levels)
- for each of the remaining PMI providers, the majority of Consultants reported that they typically did not know about the provider's reimbursement level.

Figure 3.80 Consultant knowledge of PMI provider's fee schedules

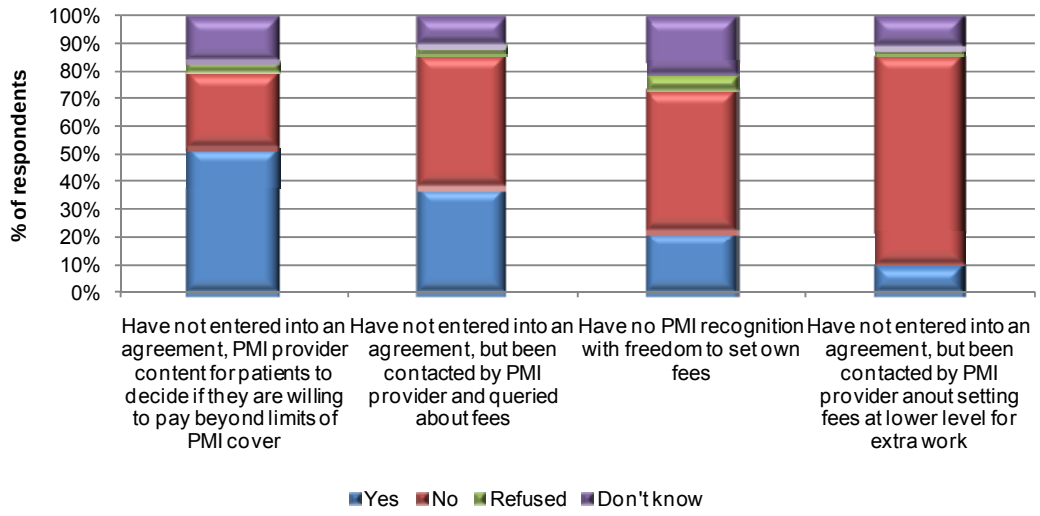


Base = All respondents (401)

The process of recognition by a PMI provider may involve a Consultant entering into an agreement with a provider about the level of fees that they charge. Survey respondents were asked whether a series of statements concerning these agreements applied to them (Figure 3.81):

- around a quarter of Consultants (23 per cent of survey respondents) reported that their recognition by PMI providers did not leave them with any freedom to set their own fees
- half of survey respondents indicated that they had no agreement with PMI providers over fees, and that PMI providers were thus content for patients to decide if they were willing to pay beyond the limits of their PMI cover
- in other cases, Consultants noted that their recognition by PMI providers had not involved a formal agreement over prices, but that providers did influence their fees in other ways. This included the following:
  - some 38 per cent of Consultants indicated that they had been contacted by PMI providers and queried about the fees that they charged
  - some 10 per cent of Consultants had been contacted by PMI providers about setting their fees at a lower level for extra work.

Figure 3.81 PMI providers for which Consultants are recognised, but where they have not entered into agreement about the level of fees they charge



Base = All respondents (401)

Key findings:

- Just under half of all Consultants provide patients with a fee estimate during their first Consultation, whilst most of those who do not instead provide this information once treatment has commenced. A small proportion of Consultants typically do not provide patients with any fee estimate prior to the final bill.
- Self-pay patients typically either rarely or never negotiate fees with Consultants.
- The complexity and duration of a procedure were identified by Consultants as the two most important influences on how they set their fees. PMI providers' fee schedules were the third highest ranked influence on Consultant fees, identified as either very important or important by the majority of Consultants.
- Just over half of the Consultants whose fees were influenced by PMI providers' fee schedules based their fees on the schedule of a single PMI provider. Of these Consultants, almost all based their fees on BUPA's fee schedule.
- Despite the extent to which PMI providers influenced their fees, Consultants' knowledge of PMI providers' reimbursement levels was typically quite poor. Knowledge of BUPA and AXA PPP was highest.
- The process of being recognised by a PMI provider may require a Consultant to fix their fee levels for that PMI provider. Around a quarter of Consultants indicated that their recognition left them without any freedom to set their fees. In other cases some Consultants indicated that whilst they had no formal agreements in place, PMI providers had contacted them and queried them about fees, or had indicated that extra work would be provided if fees were set at a lower level. Half of all Consultants, however, suggested that they had no agreements in place with PMI providers over their fees, and that patients had the option of paying beyond the limits of their PMI cover.

3.6 Facility ownership and Consultant group practice

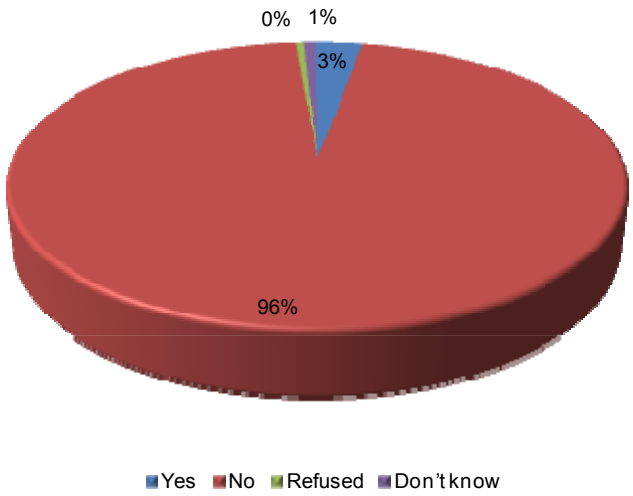
This sub-section analyses survey data relating to whether Consultants had equity stakes in private facilities and whether they were part of a Consultant group.

3.6.1 Consultant equity stakes in private facilities

Figure 3.82 shows the proportion of Consultants who worked at a private facility where they had an equity stake in the ownership of that facility:

- the vast majority of Consultants (96 per cent of survey respondents) did not work at a private facility where they had an equity stake in the ownership of that facility
- just 3 per cent of Consultants (12 individuals) stated that they did work in a private facility in which they owned an equity stake.

Figure 3.82 The proportion of Consultants who worked at a private facility where they had an equity stake in the ownership of that facility



Base = All respondents (401)

Those Consultants who worked at a private facility within which they owned an equity stake were asked a series of questions about the operation of this system. However, since the number of respondents was so small (12 individuals), the results have not been presented graphically.

Consultants with an equity stake were asked whether this was within the main private facility in which they worked:

- some 7 out of 12 Consultants stated that their equity stake was in their main private facility
- another 4 out of 12 Consultants stated that their stake was in another private facility.

Those Consultants who had an equity stake in their main private facility were asked whether this facility was an all purpose hospital or a specialist unit focussing on their medical or clinical specialty:

- in 5 out of 7 cases the facility was a specialist unit
- in a further 1 out of 7 cases the facility was an all purpose private hospital.

Those Consultants who had an equity stake in their main private facility (7 individuals) were asked about the perceived benefits of this ownership model:

- some 6 out of 7 respondents reported that having an equity stake gave them greater personal involvement in the management of the facility
- another 4 out of 7 respondents believed that an equity based ownership structure typically resulted in greater levels of investment in the facility than more traditional forms of hospital ownership and management

Finally, those Consultants who had an equity stake in their main private facility (7 individuals) were also asked whether they were obliged to treat patients at this facility:

- all 7 Consultants reported that they were under no obligation to treat patients at their main private facility because they had an equity stake in that facility.

Key findings:

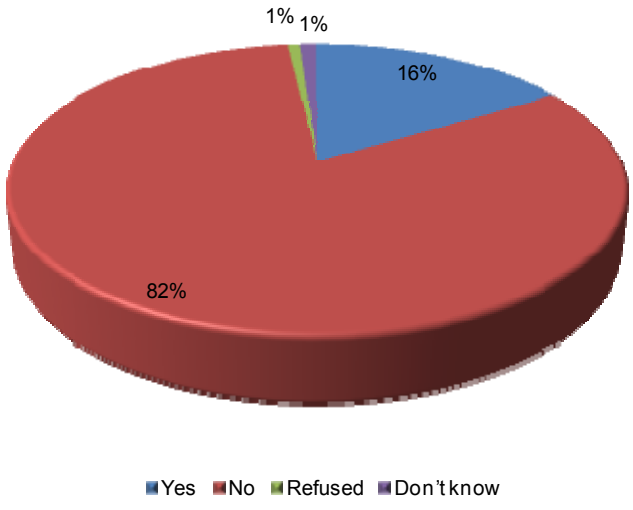
- Just 3 per cent of the Consultants surveyed had an equity stake in a private facility, meaning that limited conclusions can be drawn about the influence that this ownership model has on Consultant working practices.
- Most of the Consultants who had an equity stake in a hospital did so within their main private facility. This facility was typically a specialist unit. Consultants were not under any obligation to treat patients at the facility where they had an equity stake. The main perceived benefit of having an equity stake in a private facility was that this enabled a Consultant to have greater involvement in managing the facility.

3.6.2 Consultant group membership

Consultants were asked whether they were members of a Consultant group[19] that undertook private practice (Figure 3.83):

- the majority of Consultants (82 per cent) were not part of a Consultant group
- a further 16 per cent of Consultants stated that they were part of a Consultant group (66 individuals).

Figure 3.83 The proportion of Consultants who were part of a Consultant group



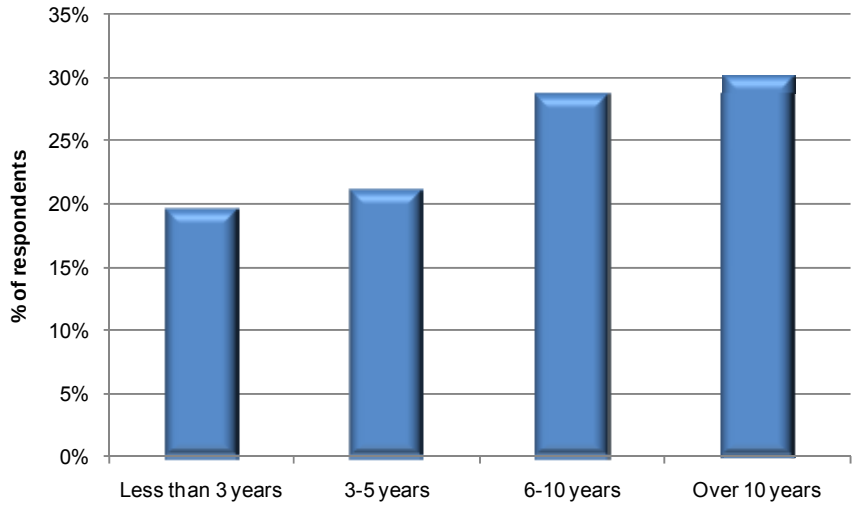
Base = All respondents (401)

Those Consultants who stated that they were part of a Consultant group were asked how long they had been part of this group (Figure 3.84):

- the majority of Consultants (59 per cent of the total) had been members of a group for at least 6 years, and 30 per cent for over 10 years
- another 20 per cent of Consultants had been members of a group for less than 3 years.

[19] Defined as a group of Consultants who share a practice manager and share the same office and facilities etc.

Figure 3.84 The length of time that Consultants had been members of a Consultant group



Base = All respondents who are part of a Consultant group (66)

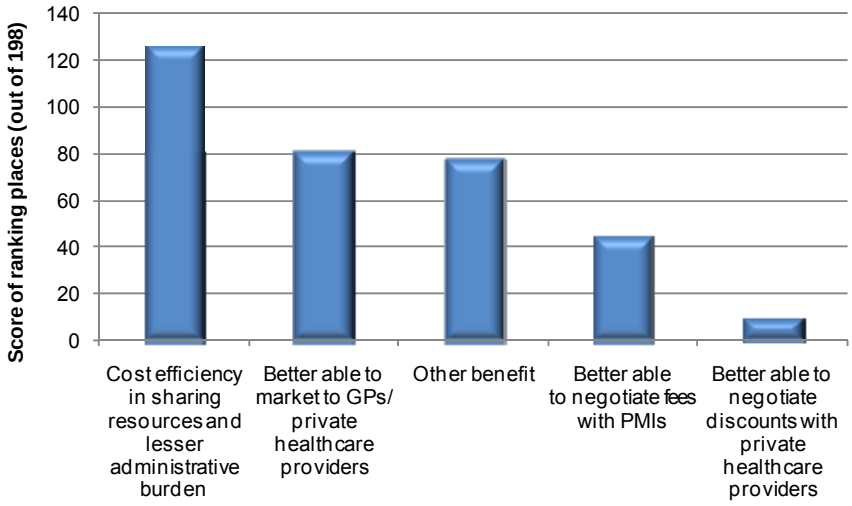
Consultants were presented with a list of possible benefits to being a member of a Consultant group, and were asked to rank the benefits in order of importance. In order to analyse the results, for each response the top ranked benefit was awarded a score of 3 and the bottom ranked benefit a score of 1. The scores awarded by each survey respondent were then aggregated in order to produce a single score for each benefit. The maximum possible score for any factor would thus be 198[20], indicating that all survey respondents regarded this as the single most important benefit.

The results of this analysis are shown in Figure 3.85:

- the highest ranked benefit was the cost efficiency gained from sharing resources, including a reduced administrative burden
- Consultants considered the benefit of being better able to market themselves to GPs and/or private healthcare providers to be the second most important benefit to joining a Consultant group
- responses under the option 'other benefit' were varied and included the following:
  - access to a wider variety of experts and professional opinion than would otherwise be the case
  - the ability to cover for absences more easily (including the availability of 24 hour 'back-up')
  - a steadier stream of private work and thus a more stable source of income.

[20] On the basis of all 66 respondents awarding a top ranking, and thus a score of 3 (3 x 66 = 198).

Figure 3.85 The relative importance of selected benefits to participation in a Consultant group (aggregated score of ranking places)



Base = All respondents who are part of a consultant group which offers private practice (66)

Key findings:

- The majority of survey respondents were not part of a Consultant group.
- Those individuals who were part of a Consultant group had typically been a member of the group for over 6 years, and believed that membership brought cost efficiencies through shared resources, gave them a more effective platform for marketing themselves to GPs and private hospitals, and provided access to a wider range of experts and professional opinion.

3.7 The influence of PMI providers on patient treatment

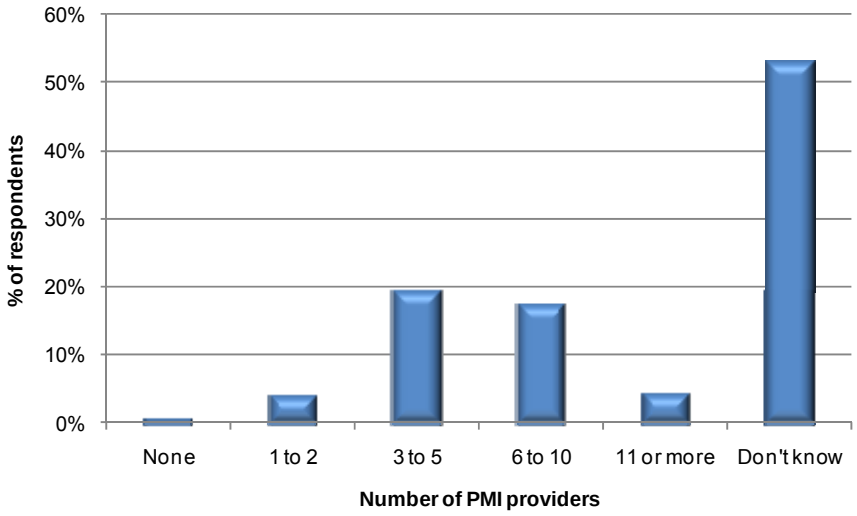
This sub-section analyses survey data relating to Consultants' experiences of the influence that PMI providers have on patient treatment.

3.7.1 Recognition by PMI providers

Consultants were asked to indicate the number of PMI providers who had recognised them (Figure 3.86):

- just over half of Consultants (53 per cent of respondents) did not know how many PMI providers had recognised them
- amongst those Consultants who did know how many PMI providers had recognised them, between 3 and 5 providers and between 6 and 10 providers were the most common responses

Figure 3.86 The number of PMI providers that Consultants were recognised by



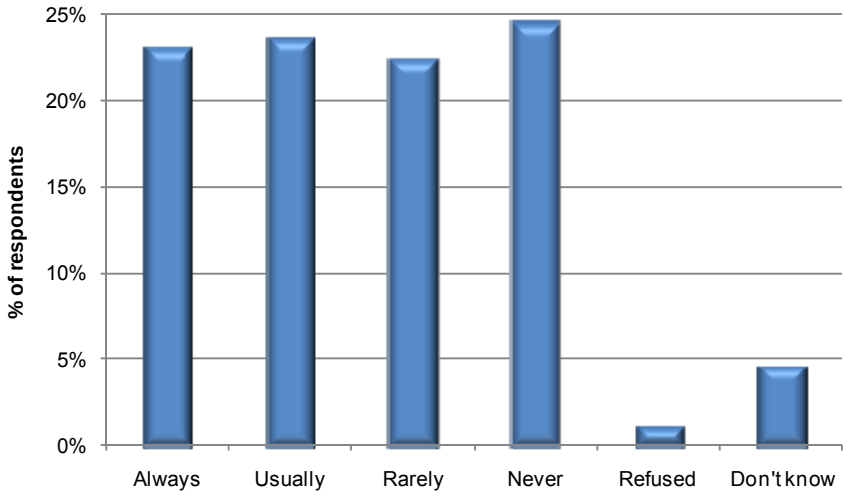
Base = All respondents (401)

3.7.2 Assessing PMI patients' circumstances

Figure 3.87 shows the frequency with which Consultants checked the details of a patient's PMI cover in order to establish that is it appropriate to treat the patient:

- some 23 per cent of Consultants 'always' checked the details of a patient's PMI cover
- another 47 per cent of survey respondents reported that they 'rarely' or 'never' check the details of a patient's PMI cover.

Figure 3.87 The frequency with which Consultants checked the details of a patient's PMI cover



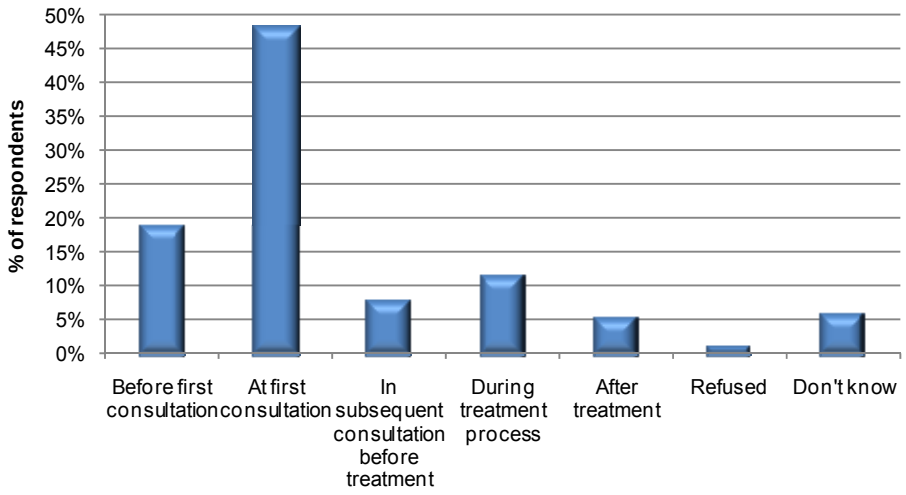
Base = All respondents (401)

Consultants were asked at what stage they typically check the details of the private patient's PMI cover. These results are displayed in Figure 3.88:

- the most common point at which the details of a patient's PMI cover are checked is at the first consultation (48 per cent of Consultants)

- some 19 per cent of Consultants typically check the details of a patient's PMI cover before the first consultation
- a further 17 per cent of survey respondents indicated that they usually check the details of a patient's PMI cover once treatment has commenced (either during or after the process is complete).

Figure 3.88 The stage at which Consultants typically check the details of the private patient's PMI cover

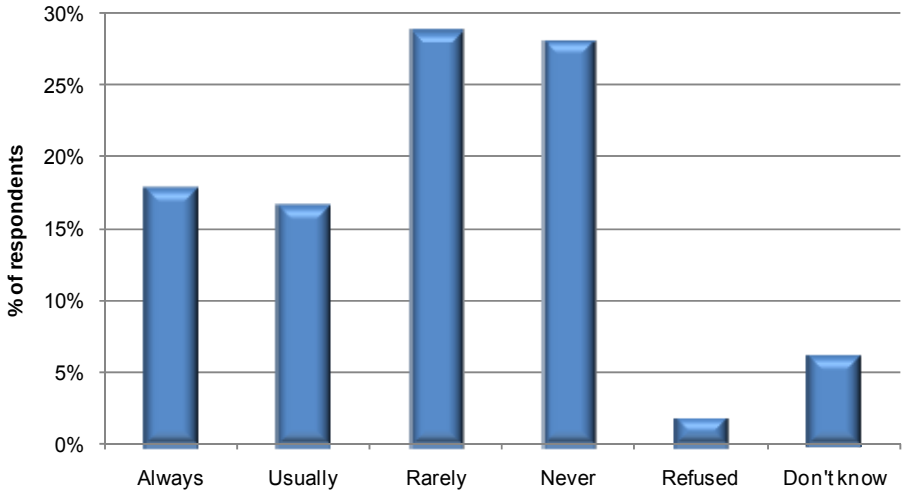


Base = All respondents who always, usually or rarely check the details of a patient's PMI cover (278)

Figure 3.89 shows the frequency with which Consultants contact a patient's PMI provider in order to obtain authorisation to admit and treat the patient:

- some 28 per cent of Consultants indicated that they 'never' contact a patient's PMI provider to obtain authorisation, and a further 29 per cent reported that they 'rarely' do so
- a further 18 per cent always contacted the patient's PMI provider.

Figure 3.89 The frequency with which Consultants obtain authorisation from a patient's PMI provider in order to treat a patient



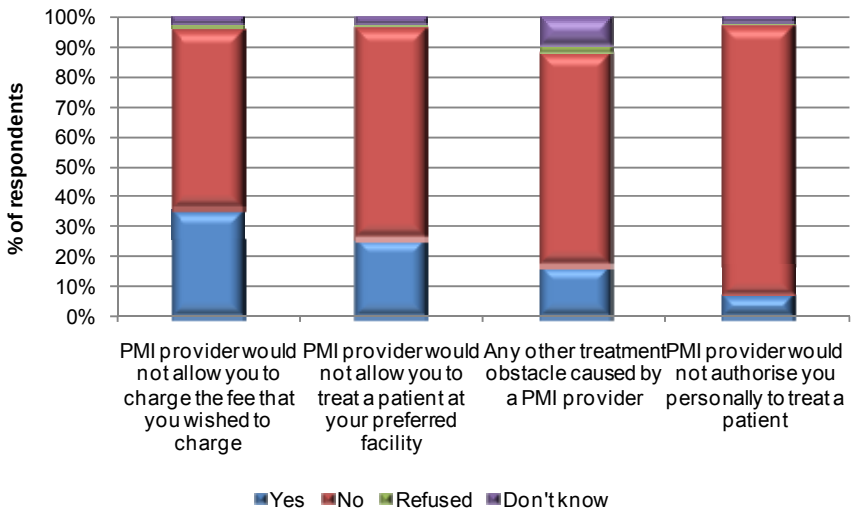
Base = All respondents (401)

3.7.3 PMI providers' influence on patient treatment

PMI providers can influence patient treatment in a number of ways. Consultants were asked whether they had experienced a selection of 'obstacles', where PMI providers had sought to influence the conditions under which they could treat a patient (Figure 3.90):

- some 36 per cent of Consultants reported experiencing occasions where PMI providers would not allow them to charge the fees that they wished to charge, the most common of the obstacles shown in Figure 3.90
- over a quarter of Consultants (26 per cent) noted an instance where a PMI provider would not allow them to treat patients at their preferred facility
- a small minority of Consultants (8 per cent of survey respondents) had found that PMI providers would not authorise them personally to treat a patient (e.g. because their recognition had expired)
- some 18 per cent of survey respondents reported experiencing other types of treatment obstacle. The most common obstacle was that a PMI provider would not pay for a specific procedure, or that conditions were attached to certain procedures (e.g. the completion of an authorisation form for knee arthroscopies). In other cases complexities with a treatment meant that a patient's PMI cover would not meet all of the costs, and thus patients had to cover the shortfall.

Figure 3.90 Whether Consultants had experienced a selection of treatment obstacles originating from a PMI provider

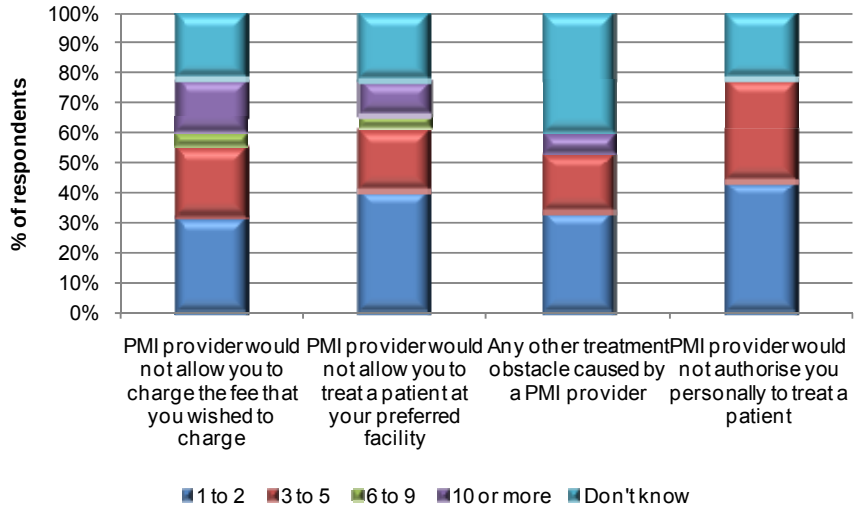


Base = All respondents (401)

Figure 3.91 shows the number of times the above incidents had occurred over the past year:

- for the most part, the treatment obstacles experienced by Consultants had occurred either between 1 and 2 times in the past year, or between 3 and 5 occasions
- some 17 per cent of Consultants indicated that a PMI provider would not allow them to charge the fee that they wished to charge on 10 or more occasions within the past year
- some 11 per cent of survey respondents reported that PMI providers had not allowed them to treat a patient at their preferred facility on 10 or more occasions in the past year

Figure 3.91 The number of times within the past year that Consultants had experienced treatment obstacles originating from a PMI provider

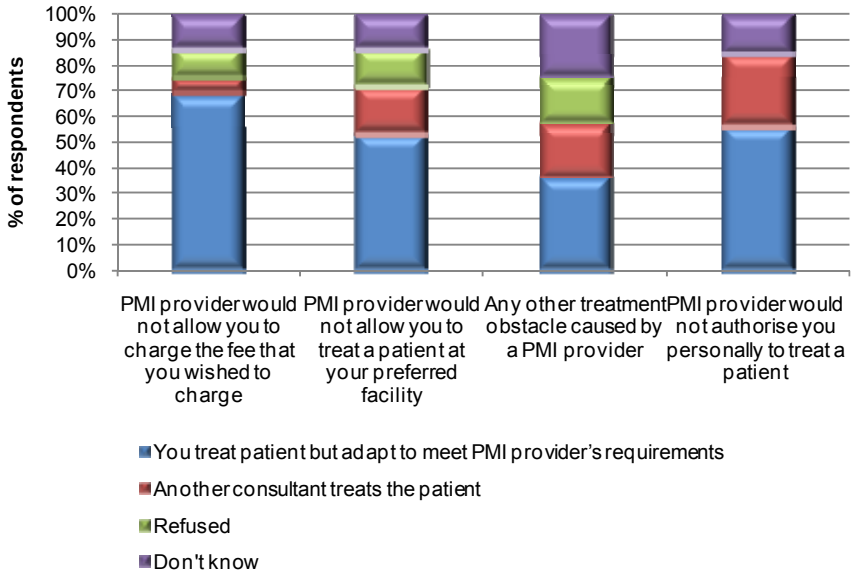


Base = All respondents who had experienced treatment obstacles originating from a PMI provider (from left to right 144; 106; 71; 32)

Consultants were then asked to consider the most common outcome where these treatment obstacles were experienced. The results are shown in Figure 3.92:

- for most of the treatment obstacles experienced by Consultants, the most common outcome was that Consultants would treat the patient but would adapt to the PMI provider's requirements. This was particularly true where the obstacle was fee-related, where 69 per cent of Consultants indicated that adaptation to PMI providers' requirements was the most common outcome (i.e. that fees were lowered)
- 'other' treatment obstacles were less likely to end in adaptation to PMI providers' requirements, though 24 per cent of Consultants indicated that they did not know what the outcome was. As noted above, 'other' obstacles tended to include unwillingness by a PMI provider to pay for a particular procedure.

Figure 3.92 The most common outcome where treatment obstacles were experienced



Base = All respondents who had experienced treatment obstacles originating from a PMI provider (from left to right 144; 106; 71; 32)

Key findings:

- Almost half of all Consultants reported that they rarely or never check a patient's PMI cover in order to ensure that it is appropriate for them to provide treatment. The majority of Consultants also rarely or never checked with a patient's PMI provider in order to obtain authorisation to treat a patient
- Where Consultants did check the details of a patient's PMI cover, this was typically done before or during the first consultation (though a number did so after treatment had commenced).
- Consultants had experienced a range of 'obstacles' to treatment that originated with PMI providers, though for each obstacle the majority of Consultants indicated that they had not experienced this obstacle. A PMI provider refusing to meet a Consultant's fees was the most common treatment obstacle, with around a quarter of Consultants experiencing this at least 6 times in the past year.
- Where PMI providers did present an obstacle to treatment, the most common outcome was that a Consultant would adapt to meet the provider's requirements.

Annex 1 The Results of the Survey of GPs

A1.1 The characteristics of the GP workforce

Table A1.1 The age of GPs

	Count	%
25 to 34	52	13%
35 to 44	121	30%
45 to 54	156	39%
55 to 64	65	16%
65 or older	9	2%
Total	**403**	**100%**

Source: GHK analysis

Table A1.2 The number of years that respondents had worked as a GP

	Count	%
Less than 5 years	28	7%
5 to 10 years	95	24%
11 to 20 years	127	32%
21 to 30 years	128	32%
More than 30 years	25	6%
Total	**403**	**100%**

Source: GHK analysis

Table A1.3 The number of GPs working in survey respondents' GP practices, including themselves (full-time and part-time positions)

Number of GPs	Count	%
1	10	2%
2 to 3	100	25%
4 to 5	130	32%
6 or more	156	39%
Refused	4	1%
Don't know	3	1%
Total	**403**	**100%**

Source: GHK analysis

Table A1.4 The Strategic Health Authority (SHA) or Devolved Administration (DA) within which GPs worked

Strategic Health Authority/ Devolved Administration	Count	%
London	58	14%
Scotland	42	10%
Yorkshire & Humber	37	9%
West Midlands	35	9%
Eastern England	38	9%
South West	36	9%
North West	33	8%
East Midlands	28	7%
South East Coast	29	7%
South Central	27	7%
Wales	21	5%
North East	12	3%
Northern Ireland	7	2%
Total	**403**	**100%**

Source: GHK analysis

Table A1.5 The employment status of GPs

	Count	%
Partner GP	298	74%
Salaried GP	92	23%
Refused	8	2%
Don't know	5	1%
Total	**403**	**100%**

Source: GHK analysis

Table A1.6 The type of GP contract

	Count	%
GMS contract	258	64%
PMS contract	112	28%
PCTMS contract	11	3%
Other contract type	9	2%
APMS contract	5	1%
Refused	4	1%
Don't know	4	1%
Total	**403**	**100%**

Source: GHK analysis

A1.1.2 Referrals to private facilities and privately practising Consultants - The volume of referrals to private facilities and/or Consultants

Table A1.7 The average number of referrals per month to a private facility or privately practising Consultant

Number of referrals	Count	%
Up to 5	186	46%
6 to 10	123	31%
11 to 15	48	12%
16 to 20	16	4%
21 to 25	7	2%
26 to 30	8	2%
More than 30	7	2%
Refused	3	1%
Don't know	5	1%
Total	**403**	**100%**

Source: GHK analysis

A1.1.3 Establishing the intentions of patients

Table A1.8 Whether GPs would typically ask a patient if they wished to be treated privately when anticipating the need to make a referral

	Count	%
Always	18	4%
Usually	115	29%
Rarely	232	58%
Never	37	9%
Don't know	1	0%
Total	**403**	**100%**

Source: GHK analysis

Table A1.9 Whether GPs agreed with a series of statements regarding their role in reviewing with patients whether they should be treated privately or using the NHS

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Refused	Don't know	Total
I think it is important to describe all treatment options across both NHS and private providers	41	221	114	11	0	16	403
I normally describe all treatment options across both NHS and private providers for patients	28	174	160	23	0	18	403
I always know if the patient will be accessing the NHS or private treatment so treatment options can be set out accordingly	23	183	152	20	0	25	403
I believe that in many cases treatment options will not differ between NHS and private providers	16	188	142	45	1	11	403
When there is no difference between NHS and private treatment options, I would recommend the patient uses the NHS	65	151	151	13	3	20	403

Source: GHK analysis

A1.1.4 Establishing the circumstances of patients

Table A1.10 The proportion of patients who have PMI (to the nearest 5%)

	Count	%
0%	6	1%
5%	114	28%
10%	81	20%
15%	54	13%
20%	30	7%
25%	16	4%
30%	21	5%
35%	4	1%
40%	11	3%
45%	2	0%
50%	11	3%
55%	2	0%
60%	6	1%
65%	0	0%
70%	5	1%
75%	6	1%
80%	8	2%
85%	1	0%
90%	2	0%
95%	3	1%
100%	2	0%

Don't know	18	4%
Total	**403**	**100%**

Source: GHK analysis

Table A1.11 The proportion of patients who sometimes treated privately on a self-pay basis (to the nearest 5%)

	Count	%
0%	27	7%
5%	196	49%
10%	87	22%
15%	20	5%
20%	14	3%
25%	19	5%
30%	13	3%
35%	2	0%
40%	1	0%
45%	1	0%
50%	8	2%
55%	1	0%
60%	2	0%
65%	0	0%
70%	2	0%
75%	1	0%
80%	1	0%
85%	0	0%
90%	0	0%
95%	0	0%

100%	0	0%
Don't know	8	2%
Total	**403**	**100%**

Source: GHK analysis

Table A1.12 Whether GPs would typically ask a patient if they have PMI

	Count	%
Always	65	16%
Usually	153	38%
Rarely	163	40%
Never	21	5%
Don't know	1	0%
Total	**403**	**100%**

Source: GHK analysis

Table A1.13 Whether GPs would typically ask a patient about the details of their PMI policy

	Count	%
Always	21	5%
Usually	124	31%
Rarely	168	42%
Never	88	22%
Refused	1	0%
Don't know	1	0%
Total	**403**	**100%**

Source: GHK analysis

A1.1.5 Patient access to private facilities and privately practising Consultants

Table A1.14 The number of private facilities that GPs were aware of that were within 30 minutes travel time of their surgery

	Count	%
None	11	3%
1	42	10%
2	80	20%
3 to 5	177	44%
6 to 10	56	14%
More than 10	33	8%
Don't know	4	1%
Total	**403**	**100%**

Source: GHK analysis

Table A1.15 The proportion of patients who typically had a choice of at least two private facilities for any given treatment

	Count	%
0-25%	134	33%
26-50%	52	13%
51-75%	29	7%
76-100%	171	42%
Don't know	17	4%
Total	**403**	**100%**

Source: GHK analysis

Table A1.16 The proportion of patients who typically had a choice of at least two privately practising Consultants for any given treatment

	Count	%
0-25%	83	21%
26-50%	41	10%
51-75%	39	10%
76-100%	229	57%
Don't know	11	3%
Total	**403**	**100%**

Source: GHK analysis

A1.1.6 Discussing the choice of private treatment providers with patients

Table A1.17 How frequently GPs discuss the choice of facility with a patient who wished to be treated privately (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
Always	80	115	20%	29%
Usually	204	185	51%	46%
Rarely	98	85	24%	21%
Never	16	15	4%	4%
Don't know	5	3	1%	1%
Total	**403**	**403**	**100%**	**100%**

Source: GHK analysis

Table A1.18 How frequently GPs discuss the choice of Consultant with a patient who wished to be treated privately (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
Always	120	144	30%	36%
Usually	201	186	50%	46%
Rarely	70	62	17%	15%
Never	10	9	2%	2%
Don't know	2	2	0%	0%
Total	**403**	**403**	**100%**	**100%**

Source: GHK analysis

Table A1.19 How GPs saw their role in respect of discussing the choice of private treatment providers with patients

	Count	%
Providing general information but allowing the patient to make their own decision	160	41%
Providing guidance based on your own knowledge and experience about the patient's best choices	205	52%
Making a definite recommendation for a particular choice	27	7%
Refused	1	0%
Total	**393**	**100%**

Source: GHK analysis

Table A1.20 How GPs saw their role if they did not discuss choice with patients

	Count	%
Guiding the patient towards an appropriate treatment then allowing the patient to make their own choices of facility, consultant etc	6	60%
Providing suitable administrative support to sort out appointments and details with private facilities and consultants	3	30%
Refused	1	10%
Total	**10**	**100%**

Source: GHK analysis

A1.1.7 Providing patients with information

Table A1.21 The amount of information about private facilities and privately practising Consultants that GPs think their patients need (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
A lot of information	153	228	38%	57%
A little information	237	163	59%	40%
No information	3	2	1%	0%
Refused	1	2	0%	0%
Don't know	9	8	2%	2%
Total	**403**	**403**	**100%**	**100%**

Source: GHK analysis

Table A1.22 Whether GPs routinely provided their patients with information about selected performance measures for private facilities and/or privately practising Consultants (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
Information about facility or consultant waiting times	164	170	42%	43%
Information about medical or clinical outcomes	160	165	41%	42%
Information about facility or consultant prices	109	144	28%	37%
None of the above	88	87	22%	22%
Don't know	11	10	3%	3%
Total	**393**	**393**	**100%**	**100%**

Source: GHK analysis

A1.1.8 Recommending private facilities and privately practising Consultants to patients

Table A1.23 The proportion of patients who asked GPs to recommend a facility and/or Consultant for a given treatment (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
Never	3	3	1%	1%
1-25%	54	49	14%	12%
26-50%	63	52	16%	13%
51-75%	108	114	27%	29%
76-100%	163	173	41%	44%
Don't know	2	2	1%	1%
Total	**393**	**393**	**100%**	**100%**

Source: GHK analysis

Table A1.24 The relative importance of selected factors in influencing GPs' choice of which private facility to recommend to patients (PMI patients)

	Count	Count	Count	
	Rank 1	Rank 2	Rank 3	Score of ranking places#
Other quality standards	3	6	15	36
Distance to facility/ consultant	30	32	45	199
Reputation of the facility	27	62	78	283
Reputation of the consultants working there	156	98	44	708
Confidence gained as a result of previous experience	97	91	61	534
Cost of treatment	9	16	27	86
Waiting times	25	40	61	216
Convenience of appointment times	9	23	34	107
Do not make such recommendations	43	6	2	
Don't know	4	29	36	
Total	**403**	**403**	**403**	

Source: GHK analysis; Note: # where 1st rank = 3 points, 2nd rank = 2 points, and 3rd rank = 1 point

Table A1.25 The relative importance of selected factors in influencing GPs' choice of which private facility to recommend to patients (self-pay patients)

	Count	Count	Count	
	Rank 1	Rank 2	Rank 3	Score of ranking places#
Other quality standards	2	6	13	31
Distance to facility/ consultant	17	28	44	151
Reputation of the facility	32	48	73	265
Reputation of the consultants working there	134	108	44	662
Confidence gained as a result of previous experience	85	73	66	467
Cost of treatment	60	50	37	317
Waiting times	25	45	52	217
Convenience of appointment times	10	19	37	105
Do not make such recommendations	30	3	5	
Don't know	8	23	32	
Total	**403**	**403**	**403**	

Source: GHK analysis; Note: # where 1st rank = 3 points, 2nd rank = 2 points, and 3rd rank = 1 point

Table A1.26 The extent to which GPs supported selected statements regarding value for money within private secondary care provision

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refused	Don't know	Total
It is important to assist my patients in the pursuit of good value for money	104	231	45	9	1	13	403
I believe that some private facilities offer excellent value for money	53	251	48	7	1	43	403
There is no need for private consultants as best value comes from the NHS	8	63	240	70	2	20	403
I help patients get the best value for money for private facilities	33	186	119	17	1	47	403
Only self-pay patients should worry about private treatment value for money	16	85	221	67	0	14	403
Insurance companies keep a check on prices for private consultancy	43	216	33	11	0	100	403

Source: GHK analysis

A1.1.9 The outcome of the referral process

Table A1.27 Whether patients tended to follow GPs' recommendations as to their choice of facility and/or Consultant

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
Always	58	62	15%	16%
Usually	314	314	80%	80%
Rarely	5	3	1%	1%
Never	1	0	0%	0%
Don't know	15	14	4%	4%
Total	**393**	**393**	**100%**	**100%**

Source: GHK analysis

Table A1.28 The most common choice of treatment facility (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
A facility as suggested by you the GP	250	299	62%	74%
A facility suggested by the PMI provider	88	0	22%	0%
A facility as suggested by the patient	50	83	12%	21%
Don't know	15	21	4%	5%
Total	**403**	**403**	**100%**	**100%**

Source: GHK analysis

Table A1.29 The most common choice of Consultant (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
A Consultant as suggested by you the GP	276	303	68%	75%
A Consultant suggested by the PMI provider	75	0	19%	0%
A Consultant as suggested by the patient	32	72	8%	18%
Don't know	20	28	5%	7%
Total	**403**	**403**	**100%**	**100%**

Source: GHK analysis

Table A1.30 The most important influence on a patient's choice of facility and/or Consultant (PMI patients and self-pay patients)

	Count	Count	%	%
	PMI	Self-pay	PMI	Self-pay
You the GP	267	298	66%	74%
The patient	58	86	14%	21%
The PMI provider	64	0	16%	0%
Other	8	8	2%	2%
Don't know	6	11	1%	3%
Total	**403**	**403**	**100%**	**100%**

Source: GHK analysis

Table A1.31 The relative importance of selected factors in influencing patients' choice of where to go for treatment (PMI patients)

	Count	Count	Count	
	Rank 1	Rank 2	Rank 3	Score of ranking places#
Waiting times	82	42	51	381
The reputation of the Consultant	108	78	61	541
The reputation of the facility	20	46	45	197
Convenience of appointment times	27	59	52	251
Distance to facility/ consultant	20	34	56	184
Cost of treatment	16	31	30	140
Patients' previous experience of the facility or Consultant	27	46	40	213
Whether the Consultant or facility is approved by the patient's PMI	96	54	51	447
Don't know	7	13	17	
Total	**403**	**403**	**403**	

Source: GHK analysis; Note: # where 1st rank = 3 points, 2nd rank = 2 points, and 3rd rank = 1 point

Table A1.32 The relative importance of selected factors in influencing patients' choice of where to go for treatment (self-pay patients)

	Count	Count	Count	
	Rank 1	Rank 2	Rank 3	Score of ranking places#
Waiting times	72	50	63	379
The reputation of the Consultant	127	86	63	616
The reputation of the facility	23	50	46	215
Convenience of appointment times	25	49	71	244
Distance to facility/ consultant	19	26	54	163
Cost of treatment	102	93	62	554
Patients' previous experience of the facility or Consultant	29	40	32	199
Whether the Consultant or facility is approved by the patient's PMI	0	0	0	0
Don't know	6	9	12	
Total	**403**	**403**	**403**	

Source: GHK analysis; Note: # where 1st rank = 3 points, 2nd rank = 2 points, and 3rd rank = 1 point

A1.2 Information about private facilities and privately practising Consultants

A1.2.1 Access to information about private facilities

Table A1.33 Whether over the course of an average year GPs access various sources of information about private facilities

	Yes	No	Refused	Don't know	Total
Marketing material sent by private facilities	310	79	6	8	403
Informal social contacts with health professionals	310	83	1	9	403
Directories and other published information	270	115	5	13	403
Events, conferences etc.	218	171	6	8	403
Online information and databases	206	173	5	19	403
Meetings with representatives from private facilities	148	234	10	11	403
Other sources	20	225	9	149	403

Source: GHK analysis

Table A1.34 If accessed, the extent to which various sources of information provide GPs with useful information about private facilities

	Significant amounts of useful information	Some useful information	No useful information	Refused	Don't know	Total
Informal social contacts with health professionals	113	182	6	3	6	310
Marketing material sent by private facilities	103	195	10	1	1	310
Directories and other published information	88	172	9	0	1	270
Online information and databases	87	110	7	0	2	206
Events, conferences etc.	65	140	11	0	2	218
Meetings with representatives from private facilities	42	105	1	0	0	148

Other sources	10	10	0	0	0	20

Source: GHK analysis

Table A1.35 Whether GPs are able to access the information that they need about various aspects of private facilities in order to make recommendations to patients

	All information needs met	Most information needs met	Some information needs met	No information needs met	Refused	Don't know	Total
Prices	33	123	157	72	3	15	403
Waiting times	33	125	135	92	2	16	403
Medical and clinical outcomes	27	119	153	80	2	22	403
Other quality standards	17	99	176	83	2	26	403

Source: GHK analysis

Table A1.36 A comparison between the quality of the information available about private facilities with that available about NHS hospitals

	Count	%
The information from private facilities is much better quality than that from NHS hospitals	33	8%
The information from private facilities is somewhat better quality than that from NHS hospitals	93	23%
The two are about the same	147	36%
The information from private facilities is somewhat worse quality than that from NHS hospitals	59	15%
The information from private facilities is much worse quality than that from NHS hospitals	23	6%
Refused	1	0%
Don't know	47	12%
Total	**403**	**100%**

Source: GHK analysis

A1.2.2 Access to information about privately practising Consultants

Table A1.37 Whether over the course of an average year GPs access various sources of information about privately practising Consultants

	Yes	No	Refused	Don't know	Total
Information sent directly by Consultants	243	145	6	9	403
Information sent by the facilities where Consultants work	311	78	5	9	403
Information sent by PMI providers	124	263	5	11	403
Events, conferences etc.	215	171	6	11	403
Online information and databases	200	188	4	11	403
Directories and other published information	253	135	5	10	403
Informal social contacts with health professionals	300	87	4	12	403
Other Sources	22	252	6	123	403

Source: GHK analysis

Table A1.38 If accessed, the extent to which various sources of information provide GPs with useful information about privately practising Consultants

	Significant amounts of useful information	Some useful information	No useful information	Refused	Don't know	Total
Informal social contacts with health professionals	96	192	5	1	6	300
Information sent by the facilities where Consultants work	86	217	6	1	1	311
Information sent directly by Consultants	82	159	2	0	0	243
Directories and other published information	71	172	8	0	2	253
Online information and databases	65	126	4	2	3	200
Events, conferences etc.	60	145	8	1	1	215
Information sent by PMI providers	33	82	6	1	2	124

Other Sources	18	4	0	0	0	22

Source: GHK analysis

Table A1.39 Whether GPs are able to access the information that they need about various aspects of privately practising Consultants in order to make recommendations to patients

	All information needs met	Most information needs met	Some information needs met	No information needs met	Refused	Don't know	Total
Waiting times	39	125	123	92	2	22	403
Prices	37	114	142	83	3	24	403
Medical and clinical outcomes	35	116	138	86	2	26	403
Other quality standards	27	102	143	100	2	29	403

Source: GHK analysis

Table A1.40 The frequency with which GPs know a Consultant's fees for the first consultation with a patient who wishes to be treated privately

	Count	%
Always	7	2%
Usually	80	20%
Rarely	218	54%
Never	86	21%
Refused	1	0%
Don't know	11	3%
Total	**403**	**100%**

Source: GHK analysis

Annex 2 The Results of the Survey of Consultants

A2.1 Characteristics of the Consultant workforce

A2.1.1 Consultant Age

Table A2.41 The age of Consultants

	Count	%
Under 44	113	28%
45 to 54	190	47%
55 to 64	86	21%
65 or older	12	3%
Total	**401**	**100%**

Source: GHK analysis

A2.1.2 Consultant experience

Table A2.42 The number of years that Consultants had been on the specialist register

	Count	%
Less than 5 years	28	7%
5 to 10 years	120	30%
11 to 20 years	167	42%
21 to 30 years	66	16%
More than 30 years	19	5%
Refused	1	0%
Total	**401**	**100%**

Source: GHK analysis

A2.1.3 Consultant location

Table A2.43 The Strategic Health Authority (SHA) or Devolved Administration (DA) within which Consultants worked

	Count	%
North East	13	3%
North West	37	9%
Yorks & Humber	34	8%
East Mids	29	7%
West Mids	46	11%
Eastern	49	12%
South East Coast	22	5%
South Central	26	6%
South West	26	6%
London	59	15%
N. Ireland	7	2%
Scot.	26	6%
Wales	12	3%
Refused	11	3%
Don't know	4	1%
Total	**401**	**100%**

Source: GHK analysis

A2.1.4 Consultant area of Speciality

Table A2.44 The specialism in which Consultant's offer private treatment

	Count	%
Anaesthetics	48	12%
General Surgery	33	8%
Trauma and Orthopaedic Surgery	30	7%
Obstetrics and Gynaecology	26	6%
General (Internal) Medicine	21	5%
Clinical Radiology	19	5%
Urology	19	5%
Cardiology	18	4%
Ophthalmology	17	4%
Gastroenterology	16	4%
None of the above	15	4%
Geriatric Medicine	14	3%
Otolaryngology	13	3%
Histopathology	12	3%
Endocrinology and Diabetes Mellitus	12	3%
Acute Internal Medicine	11	3%
General Psychiatry	11	3%
Rheumatology	10	2%
Intensive Care Medicine	10	2%
Clinical Oncology	10	2%
Medical Oncology	9	2%
Neurology	9	2%

Paediatric Surgery	8	2%
Cardiothoracic Surgery	8	2%
Plastic Surgery	7	2%
Paediatrics (all other sub-specialties)	7	2%
Respiratory Medicine	6	1%
Haematology	5	1%
Allergy	4	1%
Renal Medicine	3	1%
Chemical Pathology	3	1%
Paediatric Cardiology	3	1%
Sport and Exercise Medicine	3	1%
Forensic Psychiatry	3	1%
Psychotherapy	3	1%
Psychiatry of Learning Disability	2	0%
Oral and Maxillofacial Surgery	2	0%
Rehabilitation Medicine	2	0%
Medical Microbiology	2	0%
Neurosurgery	2	0%
Nuclear Medicine	2	0%
Medical Microbiology	2	0%
Occupational Medicine	2	0%
Clinical Neurophysiology	2	0%
Child and Adolescent Psychiatry	1	0%
Genito-urinary Medicine	1	0%
Old Age Psychiatry	1	0%

Clinical Pharmacology and Therapeutics	1	0%
Refused	2	0%
Total	**407**	**117%**

A2.1.5 Consultant contract type

Table A2.45 The type of contract held by Consultants

	Count	%
Full-time	332	83%
Part-time	30	7%
Maximum part-time	22	5%
Refused	12	3%
Don't know	45	1%
Total	**401**	**100%**

Source: GHK analysis

A2.2 Referrals and re-referrals

Table A2.46 The proportion of Consultants' patients who came to them through selected referral routes (PMI patients)

	0-20%	21-40%	41-60%	61-80%	81-100%	% - Don't know
GP referral	19%	6%	40%	94%	85%	20%
From private facility /NHS PPU	45%	5%	10%	8%	15%	41%
Re-referral from another Consultant	51%	4%	14%	18%	43%	25%
Direct contact by the patient	52%	3%	5%	4%	3%	42%
All other routes	30%	1%	1%	4%	10%	65%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: GHK analysis

Table A2.47 The proportion of Consultants' patients who came to them through selected referral routes (self-pay patients)

	0-20%	21-40%	41-60%	61-80%	81-100%	% - Don't know
GP referral	18%	5%	12%	18%	21%	25%
From private facility /NHS PPU	37%	4%	2%	1%	3%	52%
Re-referral from another Consultant	40%	4%	2%	4%	8%	41%
Direct contact by the patient	41%	5%	3%	3%	2%	45%
All other routes	23%	1%	0%	%	1%	73%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: GHK analysis

Table A2.48 The frequency with which Consultants re-refer patients to another Consultant

	Count	%
Never	124	31%
Once	154	38%
2-3 times	81	20%
4-5 times	10	2%
Over 5 times	12	3%
Refused	2	0%
Don't know	18	4%
Total	**401**	**100%**

Source: GHK analysis

Table A2.49 The most common reason why Consultants re-referred at least one patient in an average month (one answer permitted)

	Count	%
Other specialist was more able to deal with patient	218	85%
You were not recognised by the patient's PMI provider and other specialist was	1	0%
You did not have admission privileges at patient's preferred hospital	5	2%
You could not treat patient at your preferred private hospital due to restrictions on patient's PMI cover	2	1%
Another reason	27	11%
Don't know	4	2%
Total	**257**	**100%**

Source: GHK analysis

A2.3 NHS and private practice work balance of Consultants

A2.3.1 The balance between NHS work and private practice

Table A2.50 The balance of private and NHS work undertaken by Consultants

	Count	%
Purely privately, not undertaking any NHS work	16	4%
Undertaking a mixture of private and NHS work	385	96%
Total	**401**	**100%**

Source: GHK analysis

Table A2.51 The hours worked by Consultants in an average week (total and NHS only)

	Count (Total hours)	Count (NHS hours)	% Total hours	% NHS hours
Under 20 hours	15	14	4%	3%
21 to 30 hours	5	17	1%	4%
31 to 40 hours	14	70	3%	17%
41 to 50 hours	129	205	32%	51%
51 to 60 hours	164	63	41%	16%
Over 60 hours	71	14	18%	3%
Do no NHS work		16		4%
Refused	1	1	0%	0%
Don't know	2	1	0%	0%
Total	**401**	**401**	**100%**	**100%**

Source: GHK analysis

Table A2.52 Whether Consultants typically had any spare capacity in an average month that could be filled with private work

	Count	%
Yes	315	81%
No	67	17%
Refused	7	2%
Don't know	1	0%
Total	**381**	**100%**

Source: GHK analysis

Table A2.53 Whether those Consultants who had spare capacity in an average month sought to fill this capacity with private work

	Count	%
Yes	184	59%
No	120	38%
Refused	3	1%
Don't know	8	2%
Total	**309**	**100%**

Source: GHK analysis

Table A2.54 The channels used by Consultants when seeking to fill spare capacity with private work (multiple answers permitted)

	Count	%
Informal networking with other doctors	121	66%
Attending events organised by private hospital owners	57	31%
Attending events organised by PMI providers	25	14%
Visiting GP surgeries/contacting GPs	52	28%
Increasing online presence	52	28%
Joining a Consultant group	24	13%
Another channel	19	10%
None/nothing	8	2%
Total	**354**	**100%**

Source: GHK analysis

A2.3.2 The length of time Consultants had practised privately

Table A2.55 The length of time that Consultants had practised privately

	Count	%
Less than 5 years	60	15%
5 to 10 years	132	33%
11 to 20 years	148	37%
21 to 30 years	49	12%
More than 30 years	12	3%
Total	**401**	**100%**

Source: GHK analysis

A2.3.3 Access to NHS facilities and private facilities

Table A2.56 The number of NHS hospitals and the number of private facilities that Consultants were contracted to or possessed admission rights

	Count (NHS Hospitals)	Count (Private facilities)	% NHS Hospitals	% Private facilities
None				
1	278	149	72%	37%
2	76	125	20%	31%
3	14	65	4%	16%
4 or more	5	33	1%	8%
Refused	3	17	1%	4%
Don't know	9	12	2%	3%
Total	**385**	**401**	**100%**	**100%**

Source: GHK analysis

Table A2.57 The average travel time between Consultants' main NHS hospital and their main private facility

	Count	%
Located on same site	59	15%
Under 15 minutes	140	36%
15-30 minutes	132	34%
31-60 minutes	44	11%
61-90 minutes	4	1%
Over 120 minutes	2	1%
Refused	1	0%
Don't know	3	1%
Total	**385**	**100%**

Source: GHK analysis

Table A2.58 The constraints, if any, that Consultants' main NHS hospitals impose on their private practice

	Count	%
Other constraint	123	32%
Limit on private work per week/ month	104	27%
Some/ all private patients must be treated at PPU	17	4%
Limit on distance to private facility (week days)	2	1%
Refused	35	9%
Don't know	107	28%
Total	**393**	**100%**

Source: GHK analysis

A2.3.4 Information sharing

Table A2.59 Information typically provided by Consultants to PMI providers and their main NHS employer about their private patient work

	Count -Shared with PMI provider	Count - Shared with main NHS employer	% - Shared with PMI provider	% - Shared with main NHS employer
Administrative information on treatment nos./ types	88	97	22%	24%
Clinical information on outcomes	57	80	14%	20%
Clinical information on complications	58	87	14%	22%
Other information	7	8	2%	2%
None of these	256	235	64%	59%
Refused	22	25	5%	6%
Don't know	19	17	5%	4%
Total	**507**	**549**		

Source: GHK analysis

A2.4 Consultant usage of private facilities

A2.4.1 Consultant preference for types of private facility

Table A2.60 Whether Consultants prefer to work from a privately owned facility or an NHS facility that treats private patients (a PPU)

	Count	%
Prefer privately owned facilities	184	46%
Prefer NHS facilities that treat private patients	68	17%
No preference	141	35%
Refused	3	1%
Don't know	5	1%
Total	**401**	**100%**

Source: GHK analysis

Table A2.61 The reasons why Consultants preferred one type of private facility over another (multiple answers permitted)

	Count	%
Less administrative burden	137	54%
Better medical facilities	103	41%
Proximity to your main NHS hospital	84	33%
Proximity of ICU	33	13%
Better secretarial support	47	19%
Better patient amenities	139	55%
Better provision of suitable theatre slots	79	31%
Other reason	58	23%
Don't know	1	0%
Total	**401**	**100%**

Source: GHK analysis

A2.4.2 Providing patients with a choice of private facility

Table A2.62 The proportion of cases where a Consultant will offer patients a choice between their main private facility and another private facility

	Count	%
Never	192	48%
1-25%	93	23%
26-50%	29	7%
51-75%	13	3%
76-100%	24	6%
Refused	9	2%
Don't know	41	10%
Total	**401**	**100%**

Source: GHK analysis

Table A2.63 The proportion of cases where the private facility where the first consultation with a patient is carried out is also the same facility where they are eventually treated

	Count	%
Never	39	10%
1-25%	28	7%
26-50%	22	5%
51-75%	31	8%
76-100%	236	59%
Refused	8	2%
Don't know	37	9%
Total	**401**	**100%**

Source: GHK analysis

A2.4.3 Consultant usage of private facilities in an average month

Table A2.64 The number of private facilities within which Consultants would expect to treat patients within an average month

	Count	%
1	194	48%
2	132	33%
3	29	7%
4 or more	19	5%
Refused	14	3%
Don't know	13	3%
Total	**401**	**100%**

Source: GHK analysis

Table A2.65 The relative importance of selected factors in influencing Consultants to treat their patients in more than one private facility over the course of an average month (PMI patients and self-pay patients) (aggregated score of ranking places)

	Score - PMI Patients	Score - Self-pay patient
Whether facilities provide specialist treatments	420	426
Whether facilities are acceptable under patients' PMI cover	258	0
Whether facilities are acceptable to patients' preferences	334	365
Whether facilities are affordable to patients' resources	121	366
Balancing any obligations you have to each facility	174	135
Another influence	489	433

Source: GHK analysis

A2.4.4 Consultants who treat patients in one facility

Table A2.66 If Consultants treated patients in a single private facility over the course of an average month, whether or not this facility was a PPU

	Count	%
A PPU	36	19%
Not a PPU	152	78%
Refused	1	1%
Don't know	5	3%
Total	**401**	**100%**

Source: GHK analysis

A2.4.5 Consultants who treat patients in two facilities

Table A2.67 The proportion of a Consultant's patients who would usually be treated in either their main or their alternative private facility over the course of an average month

	% - Main private facility	% - Other private facility
0-20%	1%	57%
21-50%	6%	36%
51-70%	25%	1%
71-100%	64%	2%
Don't know	5%	5%
Total	**100%**	**100%**

Source: GHK analysis

Table A2.68 If Consultants treated patients in two private facilities over the course of an average month, whether these facilities were PPUs

	Count - Main private facility	Count - Other private facility	%- Main private facility	% - Other private facility
A PPU	15	37	11%	28%
Not a PPU	115	92	87%	70%
Don't know	2	3	2%	2%
Total	**132**	**132**	**100%**	**100%**

Source: GHK analysis

Table A2.69 The travel time between the two private facilities that Consultants used to treat patients in an average month

	% - Main private facility	% - Other private facility
Under 15 mins	43	33%
15-30 mins	45	34%
31-60 mins	39	30%
61-90 mins	3	2%
91-120 mins	1	1%
Over 120 mins	1	1%
Total	**132**	**100%**

Source: GHK analysis

A2.4.6 Consultants who treat patients in three or more facilities

Table A2.70 The proportion of a Consultant's patients who would usually be treated in their main facility, their next most used facility, or their other private facilities over the course of an average month

	% - Main private facility	% - Next most used facility	% - All other facilities
0-20%	0%	46%	81%
21-50%	27%	48%	13%
51-70%	33%	0%	0%
71-100%	33%	0%	0%
Don't know	6%	6%	6%
Total	**100%**	**100%**	**100%**

Source: GHK analysis

Table A2.71 If Consultants treated patients in three or more private facilities over the course of an average month, whether these facilities were PPUs

	Count - Main private facility	Count - The next most used facility	Count - All other facilities	%- Main private facility	% - The next most used facility	%- All other facilities
A PPU	3	7	9	6%	15%	19%
Not a PPU	42	37	35	88%	77%	73%
Refused	1	2	2	2%	4%	4%
Don't know	2	2	2	4%	4%	4%
Total	**48**	**48**	**48**	**100%**	**100%**	**100%**

Source: GHK analysis

Table A2.72 The travel time between a Consultant's main private facility and the facility that they used next most often

	% - Main private facility	% - Other private facility
Located on same site	1	2%
Under 15 mins	6	13%
15-30 mins	22	46%
31-60 mins	16	33%
61-90 mins	1	2%
91-120 mins	2	4%
Total	**48**	**100%**

Source: GHK analysis

A2.4.7 Incentives and agreements between Consultants and private facilities

Table A2.73 The benefits offered by a Consultant's main private facility

	Count	%
Any other benefit	71	18%
Free/ discounted consulting room fee	51	13%
Free/ discounted admin assistance	42	10%
Discounts on diagnostic procedures provided by hospital	10	2%
Share ownership options	5	1%
Refused	22	5%
Don't know	223	56%
Total	**424**	**100%**

Source: GHK analysis

Table A2.74 Whether Consultants had entered into any agreements with their main private facility and/or other facilities in order to gain admission rights

	Count – Main facility	Count – Other facilities	% – Main facility	% – Other facilities
Target for patients admitted to the hospital	4	2	1%	1%
Benefit/reward scheme based on revenue generated	7	5	2%	2%
Target for treatment of patients allocated by hospital	6	3	1%	1%
Minimum/ obligatory use of hospital's equipment	6	4	1%	2%
Restrictions on sources of prostheses/ drugs	5	2	1%	1%
Another agreement	7	3	2%	1%
None of the options	342	196	85%	88%
Refused	13	6	3%	3%
Don't know	17	5	4%	2%
Total	**407**	**226**	**100%**	**100%**

Source: GHK analysis

A2.4.8 Whether Consultants switch or have considered switching between private facilities

Table A2.75 Whether Consultants have switched or considered switching from their main private facility to an alternative private facility in the last 5 years

	Count	%
Yes	81	20%
No	307	77%
Refused	3	1%
Don't know	10	2%
Total	**401**	**100%**

Source: GHK analysis

Table A2.76 The importance of different factors in the decision to switch or consider switching the main private facility to an alternative main private facility

	Count – Rank 1	Count – Rank 2	Count – Rank 3	Score
A reward/ benefit scheme	2	6	1	19
Equity share in facility	10	2	1	35
More convenient	15	3	3	54
Better consulting room rates	9	9	8	53
Better theatre slots	6	7	4	36
Better diagnostic facilities	2	4	5	19
Better secretarial/ billing support	1	4	6	17
Assistance marketing to GPs	6	10	8	46
Moved to new NHS employer/ area	1	3	2	11
More widely recognised by PMI providers	1	1	4	9
Better specialist equipment	5	6	2	29
Another reason	21	8	4	83
Total	**81**	81	**81**	

Source: GHK analysis

Table A2.77 The most influential factor if Consultants were to consider switching their main private facility today

	Count – Rank 1	Count – Rank 2	Count – Rank 3	Score
A reward/ benefit scheme	36	24	19	175
Equity share in facility	26	20	11	129
More convenient	36	29	15	181
Better consulting room rates	43	35	30	229
Better theatre slots	9	23	18	91
Better diagnostic facilities	9	20	10	77
Better secretarial/ billing support	5	16	29	76
Assistance marketing to GPs	30	23	36	172
More widely recognised by PMI providers	10	16	17	79
Better specialist equipment	36	25	25	183
Another reason	16	8	10	74
Total	**320**	**320**	**320**	

Source: GHK analysis

A2.5 Consultant fees

A2.5.1 Reviewing fees with patients

Table A2.78 Whether Consultants make available to patients information on their fees before the first appointment

	Count	%
Yes	172	43%
No	198	49%
Refused	11	3%
Don't know	20	5%
Total	**401**	**100%**

Source: GHK analysis

Table A2.79 The point at which Consultants typically provide patients with a fee estimate

	Count	%
At the first consultation	171	43%
Once expected treatment process is agreed	111	28%
At a later stage	24	6%
When treatment is complete	4	1%
Do not provide estimates before final fee	54	13%
Refused	13	3%
Don't know	24	6%
Total	**401**	**100%**

Source: GHK analysis

Table A2.80 The frequency with which self pay private patients attempt to negotiate with Consultants about the level of their fees

	Count	%
Always	2	0%
Usually	14	3%
Rarely	195	49%
Never	171	43%
Refused	1	0%
Don't know	18	4%
Total	**401**	**100%**

Source: GHK analysis

A2.5.2 How Consultants set their fees

Table A2.81 The importance of selected factors in influencing Consultants' fees

	% - Very important	% - Important	% - Unimportant	% - Very unimportant	% - Refused	% - Don't know
Complexity of procedure	38%	45%	12%	3%	1%	2%
Time to complete procedure	34%	49%	12%	2%	1%	2%
PMI providers' fee schedules	30%	48%	12%	7%	0%	1%
Other Consultants' fees	15%	58%	20%	4%	1%	3%
Patient's ability to pay	10%	47%	29%	10%	1%	3%
Geographical area of work	6%	40%	38%	13%	1%	2%
Anaesthetists'/ other professionals' fees	4%	17%	41%	25%	2%	12%
Another factor	3%	5%	26%	6%	11%	49%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: GHK analysis

Table A2.82 Whether Consultants tended to base their fees on the fee schedule of a particular PMI provider

	Count	%
Yes	173	60%
No	99	35%
Refused	3	1%
Don't know	11	4%
Total	**286**	**100%**

Source: GHK analysis

Table A2.83 PMI providers upon whose fee schedules Consultants based their own fees

	Count	%
BUPA	141	82%
WPA	21	12%
AXA PPP	2	1%
Aviva	1	1%
PruHealth	1	1%
Other PMI provider	2	1%
Refused	5	3%
Total	**173**	**100%**

Source: GHK analysis

Table A2.84 Consultant knowledge on PMI provider's fee schedules

	Count - Typically know reimbursement level	Count - Typically don't know reimbursement level	Count - Total	% - Typically know reimbursement level	% - Typically don't know reimbursement level	% - Total
Aviva	178	223	410	67%	33%	100%
AXA PPP	210	191	410	52%	48%	100%
BUPA	269	132	410	44%	56%	100%
CIGNA	117	284	410	44%	56%	100%
PruHealth	122	279	410	30%	70%	100%
SimplyHealth	108	293	410	29%	71%	100%
WPA	176	225	410	27%	73%	100%
Other PMI provider	75	326	410	19%	81%	100%

Source: GHK analysis

Table A2.85 PMI providers for which Consultants are recognised, but where they have not entered into agreement about the level of fees they charge

	Yes	No	Refused	Don't know	% - Total
Have no PMI recognition with freedom to set own fees	52%	27%	4%	16%	100%
Have not entered into an agreement, but been contacted by PMI provider and queried about fees	38%	48%	4%	10%	100%
Have not entered into an agreement, but been contacted by PMI provider in regard to setting my fees at a lower level for extra work	23%	51%	5%	21%	100%
Have not entered into an agreement, PMI provider content for patients to decide if they are willing to pay any additional amount above limits of their PMI cover	10%	76%	3%	11%	100%

Source: GHK analysis

A2.6 Facility ownership and Consultant group practice

A2.6.1 Consultant equity stakes in private facilities

Table A2.86 The proportion of Consultants who worked at a private facility where they had an equity stake in the ownership of that facility

	Count	%
Yes	12	3%
No	384	96%
Refused	2	0%
Don't know	3	1%
Total	**401**	**100%**

Source: GHK analysis

Table A2.87 Whether this is the main private facility in which Consultants work

	Count	%
Yes	7	58%
No	4	33%
Don't know	1	8%
Total	**12**	**100%**

Source: GHK analysis

Table A2.88 Whether this private facility is an all purpose private hospital or a specialist unit focusing only on their medical or clinical specialty

	Count	%
All purpose private hospital	1	14%
Specialist unit	5	71%
Don't know	1	14%
Total	**7**	**100%**

Source: GHK analysis

Table A2.89 Perceived benefits to this ownership model over more usual or traditional ownership models of private hospitals

	Count	%
Greater personal involvement in management	6	86%
Increased investment in hospital facilities	4	57%
Lower consultant fees charged to patient/PMI	1	14%
Lower hospital charges to patient/PMI	1	14%
Other benefit	1	14%
Total	**13**	**100%**

Source: GHK analysis

Table A2.90 The existence of any obligations, via the terms of this ownership model with the private provider, to treat private patients at this facility rather than an alternative medical facility

	Count	%
Yes	0	0%
No	7	100%
Total	**7**	**100%**

Source: GHK analysis

A2.6.2 Consultant Group membership

Table A2.91 The proportion of Consultants who were part of a Consultant group

	Count	%
Yes	66	16%
No	328	82%
Refused	3	1%
Don't Know	4	1%
Total	**401**	**100%**

Source: GHK analysis

Table A2.92 The length of time that Consultants had been members of a Consultant group

	Count	%
Less than 3 years	13	16%
3-5 years	14	82%
6-10 years	19	1%
Over 10 years	20	1%
Total	**401**	**100%**

Source: GHK analysis

A2.6.3 Perceived benefits of Consulting Groups

Table A2.93 The relative importance of selected benefits to participation in a Consultant group (aggregated score of ranking places)

	Count – Rank 1	Count – Rank 2	Count – Rank 3	Score
Better able to negotiate fees with PMIs	5	11	8	45
Better able to negotiate discounts with private healthcare providers	0	3	4	10
Cost efficiency in sharing resources and lesser administrative burden	30	15	6	126
Better able to market to GPs/ private healthcare providers	15	15	6	81
Other benefit	15	10	13	78
Don't know	1	12	29	56
Total	**66**	**66**	**66**	

Source: GHK analysis

A2.7 The influence of PMI providers on patient treatment

A2.7.1 Recognition by PMI providers

Table A2.94 The number of PMI providers that Consultants were recognised by

	Count	%
None	4	1%
1 to 2	17	4%
3 to 5	78	19%
6 to 10	70	17%
11 or more	18	4%
Don't know	214	53%
Total	**401**	**100%**

Source: GHK analysis

A2.7.2 Assessing PMI patients' circumstances

Table A2.95 The frequency with which Consultants checked the details of a patient's PMI cover

	Count	%
Always	93	23%
Usually	95	24%
Rarely	90	22%
Never	99	25%
Refused	5	1%
Don't know	19	5%
Total	**401**	**100%**

Source: GHK analysis

Table A2.96 The stage at which Consultants typically check the details of the private patient's PMI cover

	Count	%
Before first consultation	53	19%
At first consultation	134	48%
In subsequent consultation before treatment	22	8%
During treatment process	33	12%
After treatment	15	5%
Refused	4	1%
Don't know	17	6%
Total	**278**	**100%**

Source: GHK analysis

Table A2.97 The frequency with which Consultants obtain authorisation from a patient's PMI provider in order to treat a patient

	Count	%
Always	72	18%
Usually	67	17%
Rarely	116	29%
Never	113	28%
Refused	8	2%
Don't know	25	6%
Total	**401**	**100%**

Source: GHK analysis

A2.7.3 PMI providers' influence on patient treatment

Table A2.98 Whether Consultants had experienced a selection of treatment obstacles originating from a PMI provider

	Count – Yes	Count – No	Count – Refused	Count – Don't Know	Total
PMI provider would not authorise you personally to treat a patient	32	356	4	9	401
PMI provider would not allow you to charge the fee that you wished to charge	144	239	6	12	401
PMI provider would not allow you to treat a patient at your preferred facility	106	279	4	12	401
Any other treatment obstacle caused by a PMI provider	71	281	10	39	401

Source: GHK analysis

Table A2.99 The number of times within the past year that Consultants had experienced treatment obstacles originating from a PMI provider

	1 to 2 (%)	3 to 5 (%)	6 to 9 (%)	10 or more (%)	Don't Know (%)	Total (%)
PMI provider would not authorise you personally to treat a patient	32%	24%	4%	17%	22%	100%
PMI provider would not allow you to charge the fee that you wished to charge	41%	21%	5%	11%	23%	100%
PMI provider would not allow you to treat a patient at your preferred facility	34%	20%	0%	7%	39%	100%
Any other treatment obstacle caused by a PMI provider	44%	34%	0%	0%	22%	100%

Source: GHK analysis

Table A2.100 The most common outcome where treatment obstacles were experienced

	You treat patient but adapt to meet PMI provider's requirements (%)	Another consultant treats the patient (%)	Refused (%)	Don't Know (%)	Total (%)
PMI provider would not authorise you personally to treat a patient	69%	6%	12%	13%	100%
PMI provider would not allow you to charge the fee that you wished to charge	54%	19%	14%	13%	100%
PMI provider would not allow you to treat a patient at your preferred facility	37%	21%	18%	24%	100%
Any other treatment obstacle caused by a PMI provider	56%	28%	0%	16%	100%

Source: GHK analysis