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# TECHNICAL REPORT

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## Understanding Patients' Choices at the Point of Referral

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Prepared for the UK Department of Health

The research described in this report was prepared for the UK Department of Health.

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# Summary

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## Background

This research was commissioned in March 2005 by the Corporate Analytic Team at the Department of Health from a joint research team from RAND Europe, the King's Fund and City University.

The main body of the research employed Discrete Choice Experiments (DCEs) which asked a sample of over 1,000 people across England, with experience of being referred for elective treatment in the previous five years, to respond to a series of hypothetical choice scenarios. In each scenario respondents were asked to select a hospital from a set of five where each hospital had different characteristics (quality, travel times etc), one was designated as the 'local' hospital and some information was provided regarding the GP's view on the various hospitals. Respondents were also given the option of seeking treatment outside of the NHS or not taking up their referral.

Informing the structure of the DCE questionnaire were two focus groups convened in Norwich and London. These workshops produced useful insights into the way patients approach making choices, as well as the sorts of information they said they would find useful in making choices.

Alongside the DCE questionnaire, respondents were also asked to simply rate the importance or otherwise of different aspects of a hospital's performance in making their choices. These included 31 separate performance indicators - more than the DCE approach could cope with - and provided some additional insights into patients' information preferences.

Information from the DCE, focus groups and rating exercise provided a very rich data set. Below are the top-level results obtained from analysis of this data. The main body of this report contains more detailed results and descriptions of the methodological approaches.

## Provider quality

- Higher quality hospitals will tend to be chosen more often than others, all other things being equal, although on average there are diminishing returns to all aspects of a hospital's performance improvement: in making their choices, respondents attach decreasing importance to successive increases in hospital performance.
- Of the different aspects of provider performance, clinical quality (measured in terms of impact on patients' health) exerted the largest influence on choice of hospital. Those without formal educational qualifications placed significantly *less*

weight on increases in this factor above an 'average' level compared with those with qualifications (GCSE/O level and above).

- Choices appear to be influenced in similar ways regardless of whether impact on health information is hospital or clinical team based. However, further analysis is required as separate questioning indicated that the latter level was preferred.
- Reductions in waiting times below 10 weeks (from GP referral to treatment if needed) were *not* valued by respondents and exerted no influence over the choice of hospital, although as waiting times increased above 10 weeks these were found to have an increasingly negative influence of the likelihood of an individual choosing the hospital.

### **GP influence**

- GPs' advice over which hospital to choose was found to be important, but it did not override other information (e.g. about the performance of hospitals, travel time etc).
- Negative advice from the GP was given a higher weight than positive advice in favour of a particular provider.

### **Travel modes, costs and times**

- There was a general preference for shorter travel times although the exact weight placed on the travel time depends on the mode of transport adopted.
- There was also a preference for lower travel costs, regardless of eligibility for refunds under the HTCS scheme.
- Offering refunds to those who are not typically eligible under the HTCS scheme did not act as an additional incentive to select a particular hospital.

### **'Loyalty' to the local provider**

- Certain respondent characteristics (e.g. having poor health or typically travelling to the local hospital by bus) were associated with 'loyalty' (i.e. a higher propensity to select the local provider) and others (e.g. internet access or a poor perception of the local hospital) were associated with disloyalty. In addition to these patient-specific characteristics, there was an inherent bias towards the local provider that affected all respondents.

### **Socio-economic & demographic factors**

- A number of key socio-economic or demographic variables were not found to have direct influences on choice (e.g. age, marital status, gender, procedure) - although they may be correlated with factors that are determinants of choice and thus exert an indirect effect (further analysis is required to demonstrate this).
- Because loyalty effects are related to respondent characteristics there is likely to be a social gradient in the way that patients make choices, and our initial analysis in this area highlights that certain patient groups are likely to be more sensitive to differences in quality than others. Such a social gradient will mean that under choice, there may be a consistent bias between social groups, with choices being

more heavily influenced by clinical performance for some groups than others, for example. This could widen inequalities of access to high performing hospitals and the 'market' signals sent to providers by patients' choices would be inconsistent. Further analysis is required to assess the extent and significance of these effects.

### **Wider applications and further research**

- The top-level results noted above have focussed on the effects and influences that various hospital performance and characteristics had on respondents' choices, on average. They also relate to the trade-offs that respondents made in making their choices. However, the research has wider applications and there are several potentially fruitful avenues for further research. For example:
  - o Development of a forecasting/trust-level demand modelling application
  - o Collection of data on revealed preferences through Choose and Book
  - o Further analyses of the social gradient
  - o In-depth examination of ratings of items within domains
  - o More advanced modelling of demand in the context of choice