



Private Healthcare Market Investigation

Technical Report - survey of patients

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Prepared by: Bridget Williams/Chris Holmes/Sarah McHugh

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1 Background

2 Background

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

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

The Office of Fair Trading¹ research identified a number of issues within the private healthcare market that may affect competition and long term cost of the provision of healthcare. Some of these issues are laid out below.

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

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

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

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

¹ OFT report: http://www.of.gov.uk/shared_of/market-studies/Final-Survey-Report-08-2011.pdf

Figure 1: Research questions



2.1 Previous research

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

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

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

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

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

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

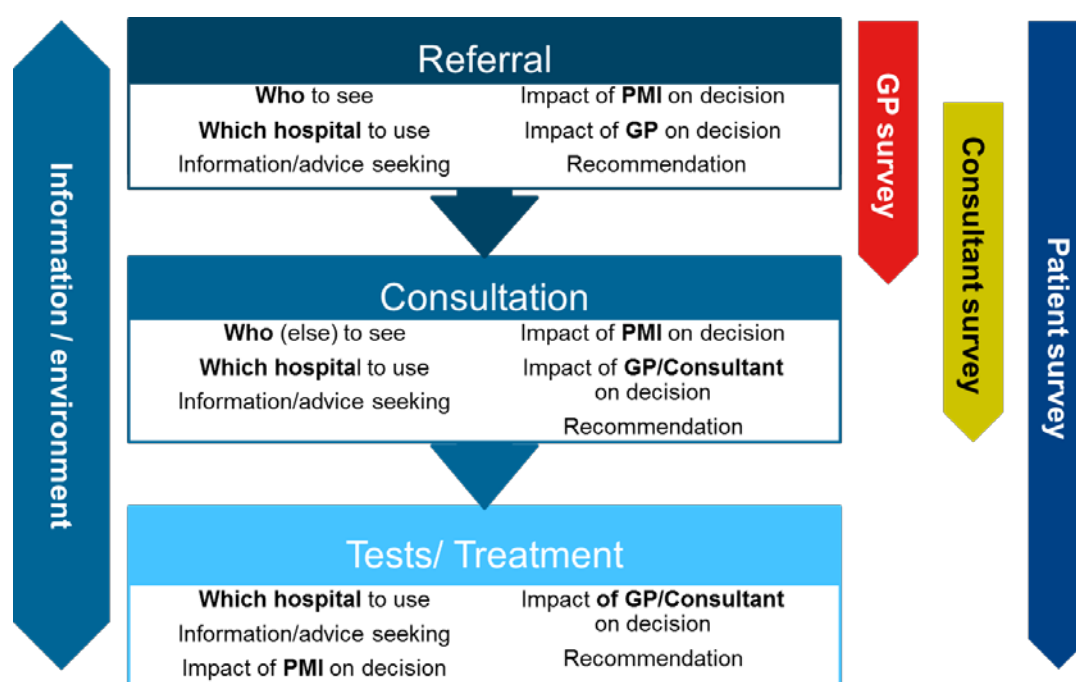
GfK NOP was commissioned by the Competition Commission to conduct quantitative online surveys with the following groups:

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

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

Our rationale for each survey was to show the stages in the patient journey when using private healthcare. The patient survey looked at the entirety of their patient journey, covering their interactions with GPs, consultants, hospitals and insurers. Patients answered in relation to their own patient journey the last time they used private healthcare to have eligible tests or treatment. This means that patients' frame of reference when answering questions was different from that of GPs and consultants (who answered on aggregate, about what they typically do), and this should be borne in mind when interpreting the resulting data.

Figure 2: Survey coverage



This technical report deals solely with the patient survey only. A separate technical report has been produced for the GPs and consultants survey.

3 Method

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

A key requirement of the patient research was to incorporate the use of conjoint analysis, to enable the Competition Commission to understand the relative utilities of different aspects of private healthcare in driving respondent decisions on which facilities to use to access private healthcare. To enable this, the research needed to use a 'visual' interviewing method: this is because conjoint requires respondents to trade off a number of attributes of the initiative at once, and in order to properly understand and engage with the task respondents needed to be shown the different packages of features visually.

An online survey was therefore recommended for this project to facilitate this as well as to provide an environment where respondents felt comfortable to answer questions related to their treatment/tests. The other benefit of undertaking an online survey was that it also provides a degree of comparability with the GP and consultant surveys which were being conducted using the same approach.

As part of the project set-up phase, an online panel test was conducted to explore the suitability of recruiting patients to the survey via internet access panels. The panel test screened 5,018 respondents to determine the incidence of patients that would be eligible for the survey (see section 3.2.2 for further discussion of eligibility) if it was conducted via an internet access panel. The test revealed a low incidence of eligible private patients (particularly that had had treatment within a recent timeframe), which meant that a very large number of online panelists would need to be screened to achieve a suitable sample. It was therefore decided that recruiting patients directly via private hospitals offered the most suitable way of achieving a robust sample.

3.1 Sample selection

The sample of patients to be included in the research was collated by private hospitals and private patient units (PPUs) in NHS hospitals in the UK. The Competition Commission obtained agreement from private hospital groups and PPUs that patients could be approached for recruitment to the survey directly at the hospitals.

The private hospitals participating in the research were all from the main 5 providers of private healthcare: Spire, BMI, HCA, Nuffield and Ramsay. These providers accounted for almost four-fifths (78.1%) of total admissions (inpatient plus day case) of private patients in 2010 (*source: Laing & Buisson*). In total, 148 private hospitals were included in the recruitment exercise across the five hospital groups.

A sample of 20 private patient units in NHS hospitals (PPUs) was also included. These included a number of independent PPUs as well as PPUs run by BMI and HCA.

A full list of the participating hospitals is included in the section 7.1.

3.1.1 Patient recruitment

The research used an opt-in recruitment process, with patients asked to complete a consent form giving their agreement to be contacted to participate in the survey. Patients were recruited directly by staff in the participating hospitals, with hospital staff asked to recruit patients who were discharged during the following dates:

- 15th – 21st October 2012 (Private hospitals only)
- 5th – 18th November 2012 (Private hospitals and PPU's)

The Competition Commission (with input from GfK NOP) produced an information sheet for staff and a consent form and information sheet for patients. The information sheets told staff and patients about the purpose of the research, who was eligible to participate, and how and by whom the survey would be conducted. The consent forms collected the name, email address and telephone number of the patient, the hospital they had been treated at, and their signature as agreement to be contacted by GfK NOP to take part in the survey.

Around 50,000 consent forms were distributed by the Competition Commission across the participating hospitals. However, no information is available on how patients were selected and approached to complete consent forms within hospitals, though numbers of forms returned differed greatly from hospital to hospital, and it is likely that within individual hospitals, approaches will have varied from department to department.

Completed consent forms were sent to GfK NOP (via the Competition Commission) for data capture. In total, 6,904 forms were received by GfK NOP.

3.2 Fieldwork

Fieldwork was conducted online between 16th November and 16th December 2012, being undertaken in two tranches to reflect the two recruitment periods discussed above:

- The first tranche started on 16th November 2012
- The second tranche started on 30th November 2012

Both tranches finished on 16th December 2012. A total of 1,377 patients completed the online survey.

3.2.1 Inviting patients to participate

All patients who provided a valid email address were sent an email invitation asking them to participate in the online survey, by clicking on a link included in the email. As well as reminding patients about the purpose of the survey and why they were being contacted, the email invitation included reassurances about respondent confidentiality and that the research was being conducted in accordance with the Market Research Society's (MRS) Code of Conduct.

A copy of the email invitation is included in section 7.3.

Email bouncebacks (those that could not be delivered due to an incorrect email address or because they were blocked by the recipient's email settings) were reviewed against the original consent form to ensure that the correct email address had been captured and invitations were resent where appropriate.

3.2.1.1 Maximising response

A number of strategies were used in order to maximize response during the fieldwork period:

- Non-responders were sent two reminder emails to encourage them to participate
- A freephone helpline and survey email address were available for patients who had any questions about the survey or any difficulties in participating. Project executives responded to individual requests from patients via email and telephone, for example, in providing instructions on how to access the survey where patients had difficulty due to their email/computer security settings.
- Email invitations and reminders included instructions on how to access the survey link (for both desktop/laptop users and iPad users) in case patients had any difficulties due to their email/computer security settings
- A progress bar was included on the survey screen so patients could see how much of the survey they had completed
- Patients were able to stop the survey and return to the same point at a later date if they were unable to complete it all in one sitting

3.2.2 Eligibility

In order to ask detailed questions about the decisions faced when making choices about private healthcare treatment, it was important that patients had gone through a sufficiently involved decision- making process. The research therefore focused on patients who had undergone a significant level of treatment i.e. treatment or tests for which they were likely to have been admitted, as opposed to patients who had low-level contact with the private hospital/PPU (e.g. blood test, urine test) where the decision-making process about where to be treated would have been less important.

Patients were eligible to participate in the survey if they fulfilled the following criteria:

- Aged 18+ *AND*
- Normal place of residence is in the UK *AND*
- Their treatment/tests was for a valid condition (this excluded mental health, elective cosmetic surgery, laser eye treatment, dental surgery or maternity and/or fertility) *AND*
 - They had an overnight stay *OR*
 - They had surgery *OR*
 - They had medication or treatment requiring a period of medically supervised recovery *OR*
 - They had tests for which they were most likely to be admitted (e.g. imaging tests, endoscopic tests, biopsy)
- *AND* the eligible treatment/tests were paid for by private medical insurance or the patient paid themselves (i.e. those whose private treatment/tests had been paid for by the NHS were excluded)

Although hospital staff pre-screened patients at the point of recruitment, their eligibility to participate in the survey was re-checked at the start of the interview.

3.2.3 Summary of response

A total of 1,377 patients completed the online survey, of which 1,288 had been recruited from a private hospital and 89 from a private patient unit (PPU). This equated to an adjusted response rate of 22% (see Figure 3).

A full response breakdown is shown below in Table 1.

Table 1: Response summary

| | n |
|--|--------------|
| Consent forms received from hospital groups | 6,904 |
| <i>Consent forms received without an email address</i> | 731 |
| Survey invitations sent | 6,173 |
| <i>Undelivered survey invitations (e.g. incorrect email address)</i> | 231 |
| Delivered survey invitations | 5,942 |
| Started survey | 1,927 |
| <i>Did not complete survey screener</i> | 139 |
| Ineligible - total | 161 |
| <i>Age (Under 18)</i> | 6 |
| <i>Reside outside UK</i> | 19 |
| <i>Ineligible reason for treatment</i> | 75 |
| <i>Payment type</i> | 41 |
| <i>Treatment type</i> | 20 |
| Completed screener – eligible | 1,627 |
| <i>Did not complete survey post screening</i> | 250 |
| Full completes | 1,377 |

Figure 3: Adjusted response rate calculation

The adjusted response rate of 22% was calculated in the following way:

1. Number completing screener and eligible (1,627) / Number who completed screener, both eligible and ineligible (1,788) = Eligibility rate (91%)
2. Number of consent forms received (6,904) x Eligibility rate (91%) = Adjusted consent forms received (6,283)
3. Number of completed surveys (1,377) / Adjusted consent forms received (6,283) = Response rate (22%)

4 Questionnaire design

4.1 Questionnaire development

The questionnaire was developed by GfK NOP and the Competition Commission. A questionnaire development phase was undertaken between GfK NOP and the steering group at the Competition Commission prior to sharing the questionnaire with “parties” for comment. Some of the comments received from the “parties” were incorporated into the questionnaire.

4.1.1 Piloting

The questionnaire was tested through a cognitive pilot. The patients who participated in the pilot were recruited through a qualitative fieldwork recruitment agency. The recruitment agency was given a full briefing by GfK NOP on the background of the survey and the details of the types of patients that were required and GfK NOP provided the recruitment agency with a recruitment questionnaire to ensure that the correct respondents were recruited. Pilot respondents were given an incentive of £30 to participate in the research.

The cognitive pilot was undertaken via telephone interviews with 10 patients who had undergone private healthcare treatment in the past 12 months. Each telephone interview lasted up to an hour. The patients in the pilot were sent a copy of the questionnaire via email prior to the interview. During the cognitive interview the patients completed the questionnaire: reading out the questions and ‘thinking aloud’ to talk the researcher through their answers and the reasons for them. The researcher probed to check understanding and to ensure that questions were working as expected. A detailed pilot report was provided to the Competition Commission along with recommendations for changes to the questionnaire where appropriate.

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

The key changes made to the questionnaire following the pilot are shown below.

Table 2: Changes agreed after feedback from the pilot

| Question No | Pilot question | Changes agreed |
|-------------|--|---|
| A6 | How has/will your [TREATMENT] be paid for? | Include additional text: "(include excess or coinsurance payments)" to code 4 |
| A7 | Thinking of the treatment/tests you have had so far in relation to your [TREATMENT], which of the following reflects your current situation? | Highlight words “so far” |
| A8 | Which of these things did you have for your [TREATMENT]? | Add word “privately” to question text. Combined answer options 3 to 5 to make the list simpler Add "regional" to code 1, e.g. "Surgery or any |

| | | |
|------------------------------|---|---|
| | | procedure under a general, regional or local anaesthetic" |
| B1 | Why did you choose to be treated privately for your [TREATMENT]? | Add the extra precode: "Ability to spend more time with the private consultant" |
| C1 | Did a private consultant prescribe the treatment/tests you had for your [TREATMENT]? | Question wording changed to: Did you see a private consultant to discuss your [TREATMENT] before it was done? |
| After C2 new question | | An additional question was added after C2: Which of these best describes your situation before you were referred by [HEALTHCARE PROFESSIONAL]? I already knew which consultant(s) I wanted to see I had a good idea of which consultant(s) I wanted to see but was open to considering other options I didn't know which consultant I wanted to see Don't know |
| C6 | What were the most important reasons for choosing the private consultant you saw? | Change code 11 to: Whether your private medical insurance would cover their fees (partially or fully) |
| D6 | Had the hospital you attended not been available (e.g. say it had closed down), which other hospital would you have used? | Split code 1 into 2 codes: "...at another private hospital..." "...at a private patient unit/wing at an NHS hospital..." |
| E2 | How much further would you have been prepared to travel to...? | Patients were answering question using different ways. Question changed to: How far would you have been prepared to travel from your home to...? |
| F2 | What types of information about available private consultants or hospitals did you obtain from these alternative sources? | Question wording simplified to: What types of information did you look up or find out? |
| G7 | Were there any private hospitals or private consultants that you wanted to use but couldn't because of the financial limits in your policy? | Question wording amended to: Were there any private consultants that you wanted to see but couldn't because their fees were not fully covered by your policy? |
| Conjoint | Definitions and examples | The layout of the definitions used and the example was reviewed to make them clearer. |

4.1.2 Scripting

The online survey was programmed by GfK NOP and was subject to extensive checking procedures by GfK NOP project executives before being released to respondents. A link of the final online script was also provided to the Competition Commission for final review before commencing fieldwork.

4.1.3 Questionnaire coverage

The patient questionnaire was carefully designed to cover all the various journeys (routes into treatment) that patients could have taken, including:

- whether patients had seen a consultant to discuss their treatment/tests before it was done
- whether patients had been referred into private treatment by a health professional such as a GP, another consultant or an NHS consultant, or whether they had accessed private treatment without a referral
- whether they had paid for their treatment/tests via private medical insurance or in full themselves (or a combination of the two)

Although hospital staff pre-screened patients at the point of recruitment, their eligibility to participate in the survey was re-checked at the start of the interview. In addition, the questionnaire was carefully designed to ensure that patients only answered about the eligible treatment/tests that they had received at the time they were recruited to participate in the research, as it was recognised that some patients could have been having more than one course of private treatment. Therefore at the start of the questionnaire, patients were asked to enter a succinct description of the treatment/tests they had received at the time they were recruited. This description was then used as a textfill throughout the remainder of the survey to ensure that patients' responses were focused on this specific treatment episode.

The basic questionnaire structure is shown below and a copy of the final questionnaire is appended in section 7.4.

Figure 4: Questionnaire structure

| | |
|----------------------------------|---|
| Screeners | <ul style="list-style-type: none"> • Eligibility to participate in survey: <ul style="list-style-type: none"> • Gender, age and region information • Type of treatment/tests received, whether patient stayed overnight and how treatment was paid for |
| The choice of private healthcare | <ul style="list-style-type: none"> • Reasons for choosing to be treated privately • Whether considered being treated on the NHS |
| Choice of private consultant | <ul style="list-style-type: none"> • How referred into private healthcare, number of private consultants and type of information about private consultant discussed with GP/healthcare professional, whether already knew which private consultant they wanted to be seen by and whether recommended a private consultant by a GP/healthcare professional • Reasons for choosing which private consultant to be seen by |
| Choice of private hospital | <ul style="list-style-type: none"> • Number of hospitals and type of information about hospitals discussed with consultant/healthcare professional, whether already knew which hospital they wanted to be treated at and whether recommended a hospital by a consultant/healthcare professional • Reasons for choosing which private hospital/PPU to be treated at • Whether the choice of private consultant or private hospital/PPU was more important |
| Travel to hospital | <ul style="list-style-type: none"> • Travel time to the consultant/hospital for treatment/tests • How far patients would have been prepared to travel and what would have encouraged them to travel further |
| Sources of information | <ul style="list-style-type: none"> • Sources and type of information patients found out about before having treatment/tests • Type of information that patients would have liked to have had available to them |
| Paying for treatment | <ul style="list-style-type: none"> • Private medical insurance coverage • Reasons for having to pay towards treatment/tests and whether made aware of any policy restrictions regarding consultant fees • Amount paid towards treatment/tests and whether quotes were obtained before receiving treatment/tests |
| Conjoint exercise | <ul style="list-style-type: none"> • How to complete the conjoint exercise and an explanation of the attributes and levels • 11 conjoint tasks |
| Respondent information | <ul style="list-style-type: none"> • Perceptions of severity of health condition for which patients had been treated and extent to which this was felt to affect their ability to lead a full life • Working status and social grade • Postcode information |

4.2 Conjoint exercise

In order to enable the Competition Commission to understand which aspects drive patient decisions on which hospitals to use to access private healthcare, the research used a technique called conjoint analysis. Conjoint (or trade-off) analysis is used widely in quantitative research to measure the perceived values of specific product or service features.

While direct questioning could be used, it is likely that such an approach would be removed from the real world and would, as a result, produce unreliable estimates. The use of conjoint analysis negates the need for direct questions about respondent preferences, or which attributes of a product or service they consider to be important. Instead, conjoint analysis seeks to understand these questions by asking respondents to consider potential offers or packages jointly (hence 'conjoint').

The method works by decomposing the product or service into a number of attributes (e.g. cost, travel time, waiting time etc. in the case of private healthcare), which are in turn broken down into a number of levels. It involves respondents trading-off these attributes against each other, by forcing them to indicate their preferences. From this information, it is possible to establish the relative importance of each of the attributes, and levels within those attributes in driving uptake levels – thus providing a wealth of useful, clear information and powerful modeling capabilities. An advanced modelling technique called Hierarchical Bayes is used to produce part-worth utilities for each level of each of the attributes. These utilities are a measure of the value or attractiveness of each attribute level to respondents and the higher the utility score the more 'worth' a respondent has put on that level.

The conjoint method used was called Choice Based Conjoint (CBC), which is the most widely used conjoint-related method. The main characteristic distinguishing CBC from other types of conjoint analysis is that the respondent expresses preferences by choosing from sets of concepts, rather than by rating or ranking them. This means that it more closely reflects decisions that consumers make in the real world – making this a more simple and natural task that everyone can understand.

A further strength of CBC is that respondents can choose to not select any of the concepts so it does not force them to make a decision.

4.3 Development of the conjoint inputs

The inputs to the conjoint analysis were developed by GfK NOP and the Competition Commission and included both information about the consultant in charge of the patient's care and the hospital that they would attend.

Six of the seven attributes were the same for both patients that had paid for their treatment/tests via private medical insurance (PMI patients) and those that had paid in full themselves (self-pay). The cost attribute and levels presented were different for PMI patients and for self-pay patients, to account for the different situations faced in financing their treatment/tests.

The full list of inputs and levels is shown below in Table 3.

Table 3: Conjoint attributes and levels

| Attributes | | Levels | | | | |
|------------|-----------------------------------|--|---|--------------------------------------|--------------------------------------|--|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | Type of hospital | Private hospital | Private unit/private wing in NHS hospital | | | |
| 2 | Waiting time | 1 week | 2-3 weeks | 4-5 weeks | 6-8 weeks | |
| 3 | Travel Time | 15 minutes | 30 minutes | 45 minutes | 60 minutes | 120 minutes |
| 4 | Clinical expertise of consultant | Excellent | Very good | Good | Fair | No information |
| 5 | Clinical quality of hospital | Excellent | Very good | Good | Fair | No information |
| 6 | Standard of patient accommodation | Excellent | Very good | Good | Fair | |
| 7 | Cost to you (PMI) | No cost to you - fully paid for by insurance | £100 payment, rest paid by insurance | £250 payment, rest paid by insurance | £500 payment, rest paid by insurance | £1,000 payment, rest paid by insurance |
| | Cost to you (Self Pay) * | 20% less | 10% less | Same | 10% more | 20% more |

* For self-pay patients, the cost amount was shown as an actual amount in £ calculated on the amount they had paid for their treatment/tests. Twelve out of 130 self-pay respondents did not give an amount (i.e. answered 'Don't know') when asked how much their treatment/tests cost/will cost and were therefore shown the text "20% less", "10% less", etc during the conjoint exercise.

4.4 Overview of the conjoint task

The key elements of the conjoint task included in this research were as follows:

- Patients were asked to imagine that they were making decisions again about the treatment/tests they were having on the day they consented to participate in the survey.
- They evaluated three hospital 'packages' at a time, being asked to select the one they would choose based on the information presented to them.
- If none of the options presented to them were acceptable, then they were able to select the option "I would not choose any of these options".
- Patients were asked to complete 11 iterations of the task. Ten of the iterations were used for analysis purposes. The hospital 'packages' shown in the other task (called the "holdout task") were the same for all patients. The holdout task was not included in the analysis but was used to test the validity of the model estimation, namely, could the utility estimates

predict what respondents actually said in the holdout task (this is discussed further in section 6.4).

Twenty versions of the conjoint task were used, each with 11 iterations. Multiple versions are created to avoid any order bias so respondents were randomly assigned to a version and answered the 11 tasks within that version. Academic studies show that once you generate more than 20 versions the improvement in efficiency is minimal.

4.4.1 Introducing the conjoint exercise to respondents

Before completing the conjoint exercise, patients were given a detailed introduction to the task ahead and were shown a description of each of the seven attributes they would see. The introductory text and attribute descriptions are shown below in Table 4.

Table 4: Description of conjoint attributes

For the next few questions, please imagine that you were making decisions about your treatment/tests again.

Over the next few screens, you will see some options that you might have had to consider. When responding to the questions, please imagine these options were available to you.

Each option will refer to both the consultant in charge of your care and the hospital that you would attend and we will ask you to tell us which one you would choose.

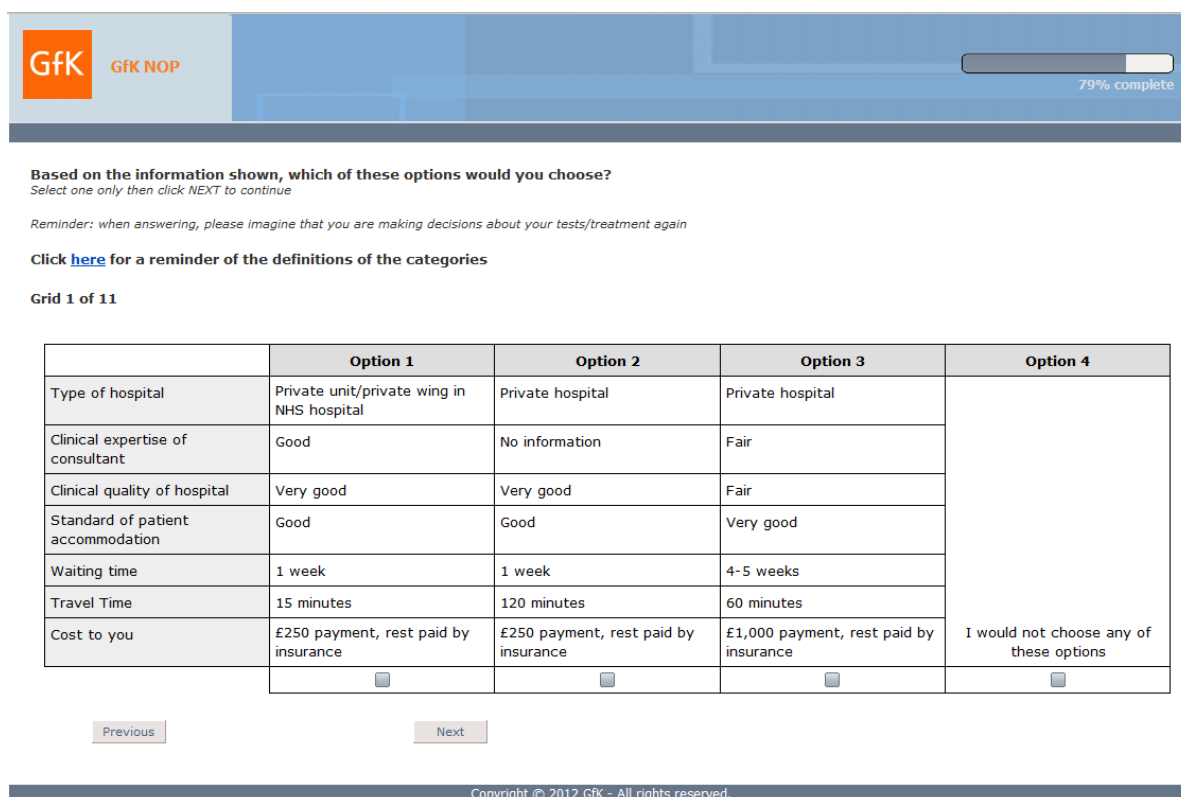
For each option, we will give you some information to help you decide:

| Attributes | | Description of attribute provided to respondents |
|------------|-----------------------------------|--|
| 1 | Type of hospital | <ul style="list-style-type: none"> - Private hospital - Private unit/private wing in an NHS hospital: this is where you are treated privately within an NHS hospital |
| 2 | Waiting time | Waiting time for the first appointment – <i>1 to 8 weeks</i> . |
| 3 | Travel Time | The travel time from your home to the hospital – <i>15 minutes to 120 minutes (2 hours)</i> |
| 4 | Clinical expertise of consultant | The quality of the medical care provided by the consultant – <i>fair, good, very good or excellent</i> |
| 5 | Clinical quality of hospital | The quality of the medical care provided by the hospital – <i>fair, good, very good or excellent</i> |
| 6 | Standard of patient accommodation | Comfort and quality of accommodation at the hospital (e.g. characteristics of overnight rooms, waiting rooms, food) – <i>fair, good, very good or excellent</i> |

| Attributes | | Description of attribute provided to respondents |
|--|-------------------------------|--|
| 7 | Cost to you (PMI) | The total cost to you, excluding costs covered by your private medical insurance but including any excess or coinsurance you may have to pay. <i>This would range from no cost to you (i.e. fully paid for by your private medical insurance) to £1,000.</i> |
| | Cost to you (Self Pay) | The total cost to you, including consultant fees and hospital costs. <i>This would range from 20% less than the amount you paid for your treatment to 20% more.</i> |
| Additional information given to respondents | | In some cases, some of these will say “No information available”. This means that you would not have this information when making your choice. |

Before completing the first ‘live’ conjoint task, patients were asked to complete an example, so that they were familiar with the task ahead. They then completed the 11 iterations of the conjoint exercise. Throughout the exercise, they could remind themselves of the full attribute descriptions by clicking on a link on screen.

The screenshot below illustrates how the conjoint task was presented to respondents.



Based on the information shown, which of these options would you choose?
Select one only then click NEXT to continue

Reminder: when answering, please imagine that you are making decisions about your tests/treatment again

Click [here](#) for a reminder of the definitions of the categories

Grid 1 of 11

| | Option 1 | Option 2 | Option 3 | Option 4 |
|-----------------------------------|---|--------------------------------------|--|---|
| Type of hospital | Private unit/private wing in NHS hospital | Private hospital | Private hospital | |
| Clinical expertise of consultant | Good | No information | Fair | |
| Clinical quality of hospital | Very good | Very good | Fair | |
| Standard of patient accommodation | Good | Good | Very good | |
| Waiting time | 1 week | 1 week | 4-5 weeks | |
| Travel Time | 15 minutes | 120 minutes | 60 minutes | |
| Cost to you | £250 payment, rest paid by insurance | £250 payment, rest paid by insurance | £1,000 payment, rest paid by insurance | I would not choose any of these options |

Previous Next

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To complete the exercise, patients had to click on the tick box beneath their chosen option and then select the “Next” button to move to the next task.

5 Data analysis

5.1 Weighting

Population profiles of private hospital patients were collected by the Competition Commission from the five hospital groups sampled for the patient survey. These were based on hospital throughputs during 2011 and included the number of patients treated by each hospital group (in the eligible treatment categories), broken down by method of payment (paid via private medical insurance/self-paid). Following a review of the achieved sample of private hospital patients, it was decided to weight the data by hospital group and payment method to correct for differences between this and the known population profile.

Whilst population profiles were available for private hospital patients, there was no similar information available about the prevalence and profile of private patients in PPUs. A decision was therefore taken to treat the PPU patient sample as a separate comparator group to the private hospital patient sample, and not to combine the two for the following reasons:

- Because there was no information available on the proportion of all private patients who attended PPUs, it was not possible to combine PPU patients with private hospital patients in the analysis.
- There was no information available on the profile of PPU patients, so it was not possible to weight the PPU sample, or check whether it is representative of all PPU patients.
- Not all PPUs were approached to be included in the PPU sample

Two sets of data tables were therefore produced:

- A weighted set containing private hospital patients only (1,288 patients). Private hospital patient data were weighted by payment method (self-pay v paid using private medical insurance) and by hospital group, using rim weighting.
- A second set showing unweighted PPU patients compared against the total weighted private hospital patients (89 patients)

The table below shows both the unweighted and weighted sample profiles of private hospital patients for key demographics and for the cells which were weighted (payment and hospital group).

Table 5: Private hospital patients: unweighted and weighted sample profile

| | | Unweighted profile | | Weighted profile | |
|---|-------------------------|--------------------|------|------------------|------|
| | | n | % | n | % |
| PAYMENT (weighting variable) | PMI | 1163 | 90 | 1047 | 81 |
| | Self-pay | 125 | 10 | 241 | 19 |
| HOSPITAL GROUP (weighting variable) | BMI | 253 | 20 | 431 | 33 |
| | HCA | 90 | 7 | 131 | 10 |
| | Nuffield | 361 | 28 | 228 | 18 |
| | Ramsay | 110 | 9 | 122 | 10 |
| | Spire | 474 | 37 | 375 | 29 |
| | | | | | |
| GENDER | Female | 623 | 48 | 622 | 48 |
| | Male | 665 | 52 | 666 | 52 |
| AGE | 18-44 | 270 | 21 | 261 | 20 |
| | 45-64 | 725 | 56 | 688 | 53 |
| | 65+ | 293 | 23 | 339 | 26 |
| SOCIAL GRADE | AB | 773 | 60 | 780 | 61 |
| | C1 | 299 | 23 | 302 | 23 |
| | C2DE* | 113 | 9 | 109 | 8 |
| COUNTRY | England | 1199 | 93 | 1188 | 92 |
| | Northern Ireland | 2 | <0.5 | 1 | <0.5 |
| | Scotland | 40 | 3 | 63 | 5 |
| | Wales | 47 | 4 | 35 | 3 |

* 103 patients gave insufficient information to be classified

The effective sample size was calculated. This describes the effect of the weighting on the accuracy of survey estimates. The effective sample size is dependent upon the size of weights applied to respondents: the more the weights deviate from 1, the smaller the effective sample size and the less accurate estimates will be. The majority of weights ranged between 0.56 and 1.55 and the lowest weight was 0.56 while the highest weight was 3.34. The effective sample size for this survey was 1,009, or 78% of the interviewed sample size.

5.1.1 Confidence intervals

The estimated confidence intervals for a range of findings can be found below in Table 6. Confidence intervals are based on effective sample size. The table shows that if we find that 50% of private hospital patients gave a particular response, the confidence interval associated with an effective sample size of 1,000 would be +/- 3.1%. This means that we can be sure (19 times out of 20) that if we had interviewed all eligible private hospital patients in the population the survey estimate would be between 46.9 % and 53.1%.

Table 6: Confidence intervals associated with different effective sample sizes

| Effective sample size | 10%/90% | 30%/70% | 50%/50% |
|-----------------------|---------|---------|---------|
| 50 | 8.3% | 12.7% | 13.9% |
| 100 | 5.9% | 9.0% | 9.8% |
| 150 | 4.8% | 7.3% | 8.0% |
| 200 | 4.2% | 6.4% | 6.9% |
| 300 | 3.4% | 5.2% | 5.7% |
| 400 | 2.9% | 4.5% | 4.9% |
| 500 | 2.6% | 4.0% | 4.4% |
| 1,000 | 1.9% | 2.8% | 3.1% |

5.2 Coding

The final patient questionnaire contained 2 open-ended questions and 14 other answers.

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

In addition, the text that was entered by patients at the start of the survey to describe their treatment/tests (see section 4.1.3) was coded by treatment specialty area (e.g. orthopedics, urology etc.). This data was not included in the data tabulations, but was added as a variable to the SPSS file for use by the Competition Commission.

Codeframes are included in section 7.7 of this report.

5.3 Data processing

Data tabulations were run by GfK NOP to a specification agreed with Competition Commission. The tables included key sub-groups as crossbreaks (e.g. age, region, how treatment was paid for, who provided medical insurance etc.), as well as a number of derived variables. The crossbreaks layout and definitions are shown in section 7.5 of this report. A number of net codes (or overcodes) were created were also created to assist with analysis (for example, to group a number of similar codes together) and the specifications are shown in section 7.6 of the report.

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

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

5.3.1 Significance testing in the computer tables

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

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

6 Conjoint data analysis

6.1 Overview

In analysing the outcomes from the conjoint module of the questionnaire, a part-worth utility is calculated for each attribute and level: the higher the utility, the more desirable the attribute level. Levels that have high utilities (positive or negative) have a large impact on respondent choice: levels with utilities close to 0 have less of an impact.

Utilities are scaled to an arbitrary additive constant within each attribute and are interval data. It is not valid to compare a single value from one attribute with a single value from another: instead, one must compare differences in values.

Utilities are calculated using Hierarchical Bayes, which is an individual Multinomial Logit analysis. It is an iterative procedure to find the maximum likelihood solution for fitting a multinomial logit model to the data. The computation starts with estimates of zero for all effects (utilities), and determines a gradient vector indicating how those estimates should be modified for greatest improvement. A step is made in the indicated direction, with a step size of 1.0. Further steps are taken until the solution stops improving. Hierarchical Bayes analysis assumes all respondents come from a Normal population and effectively conditions a person's actual choice by "Borrowing" information from other respondents.

6.2 Data cleaning

The first stage in the conjoint data analysis was data cleaning. The conjoint data was subject to four stages of data cleaning:

1. The first stage identified respondents who consistently selected the same position across the iterations in the conjoint section: for example, in all 11 tasks the respondent always chose the option presented at the furthest left on the screen. As the conjoint design is randomised it is extremely unlikely that a respondent giving full and considered answers would always choose the same position.
2. The second stage identified respondents who changed their behaviour significantly during the exercise, based on choosing the 'none' option, for example, if a respondent said 'none' to 4 of the first 5 tasks but said 'none' to 4 or 5 of the last 5 tasks.
3. The third stage of cleaning is conducted later in the analysis: using a goodness of fit metric called Root Likelihood (RLH)². This is calculated based on the utility scores for each respondent. A low RLH indicates that respondents have not answered the conjoint tasks in a consistent manner. The possible range for RLH is from 0-1000 and if a respondent had a RLH below 250 it meant that their utility estimates were no better than chance, i.e. there was no pattern to their responses and they had effectively made random choices.
4. The final stage was to remove respondents who had many reversals in utility scores across the attributes, i.e. there were 4 or more instances where a respondent had a higher utility for a level than a more desirable level (Good > Excellent).

² RLH is computed by taking the nth root of the likelihood, where n is the total number of choices made by all respondents in all tasks. RLH is therefore the geometric mean of the predicted probabilities. If there were k alternatives in each choice task and there was no information about part worths, one would predict that each alternative would be chosen with probability 1/k, and the corresponding RLH would also be 1/k. RLH would be 1 if the fit were perfect.

From a starting sample of 1,377 respondents, after data cleaning there were 1,286 respondents included in the conjoint analysis.

6.3 The modelling process

Because patients who had paid for their treatment/tests via private medical insurance were presented with a different cost attribute and levels from those who paid for their treatment/tests in full themselves, the two datasets were analysed separately.

The analysis was run using Sawtooth Software's CBC/HB software which produced a utility score for each level tested within the conjoint grid, for every respondent. A Share of Preference (SoP) simulation model was used to predict share for each hospital package simulated. The SoP model calculates the probability of a respondent choosing a package and is based on the total utility for each package. Within the SoP model, a package with a high negative utility (i.e. a low desirability) will have a probability that tends to 0%.

6.4 Data validation

The conjoint data was subjected the following internal validation processes:

Internal validation 1:

The Sawtooth software provides an internal measure of goodness known as Root Likelihood (discussed in section 6.2). For the patient survey conjoint, minimum value of 250 indicated a completely random model.

- PMI patient conjoint: RLH = 763 (meaning the model was more than 3 times better than chance)
- Self-pay patient conjoint: RLH = 775 (meaning the model was more than 3 times better than chance)

Internal validation 2:

Within the set of tasks, a holdout task was included. This was a task that was identical across all versions of the tasks that were generated. It was not included in the estimation procedure but, using the utility estimates created, it allowed the simulation of the holdout task in the simulation tool to determine how accurate the simulation model was in terms of predicting the actual patient's choice.

For the patient survey conjoint, the following levels of accuracy were achieved:

- PMI patient conjoint: Accuracy = 68% (meaning the model was more than 2.7 times better than chance)
- Self-pay patient conjoint: Accuracy = 66% (meaning the model was more than 2.7 times better than chance)

These figures were above average for this type of study.

6.5 Simulator

The final outcome from the modelling was a simulator which enables researchers and the Competition Commission to access the data and conduct 'what if?' experiments.

This simulation tool uses respondents' utilities to estimate likely preference for hypothetical scenarios. It adds each respondent's utilities for the attribute levels characterising each product, and then makes estimates of likely uptake for that respondent, based on the total utilities for each simulated product.

This allows the user to create hypothetical "hospital packages" and to model and compare the share of preference amongst patients for each package. Examples of questions the simulator could help to answer include:

- How would patients respond to changes in attribute levels?
- How would patients respond to an option being removed from the marketplace?
- How would patients respond to no information being available (for clinical expertise of consultant and clinical quality of hospital)?

Three versions of the simulation tool were developed by GfK NOP for the Competition Commission, to account for the different conjoint tasks presented to PMI and self-pay patients, as well as the split of private hospital and PPU patients (because PPU patient data was unweighted, this could not be combined with the weighted private hospital patient data):

- Private hospital patients who paid for their treatment/tests via private medical insurance (either in full or partially) – this included 1086 patients
- Private hospital patients who paid for their treatment/tests in full themselves – this included 113 patients
- PPU patients who paid for their treatment/tests via private medical insurance (either in full or partially) – this included 82 patients³

There were insufficient numbers of PPU patients who paid for their treatment/tests in full themselves to be modeled separately (5 respondents).

6.5.1 Notes on using simulator estimates

The estimates produced by the simulation tool are subject to a number of considerations:

- Estimates are a snapshot in time based on patients' current medical, financial, economic and household situation
- Estimates assume recognition of hospital/consultant by the patient's PMI and a free choice of consultant/hospital
- Estimates are based on a hypothetical decision based on the information shown to patients (which they may or may not have taken into account when making their actual decision about where to be treated)

Each patient was answering from a different frame of reference. For example:

- The severity of their condition

³ Caution: low base size. It is generally recommended that a minimum base size of 100 respondents is included in a simulation tool.

- The amount they paid towards their treatment/tests (this doesn't include the amount paid for their actual insurance)

It is important to recognise that the preference shares indicated by the simulation tool cannot be assumed to represent actual "Market share". There are many factors which are not taken into account that would need to be in order to refer to these estimations as "Market Share".

- Estimates may be influenced by good/poor reputation, word of mouth/recommendation, press, marketing, etc
- Estimates are only based on the tested attributes and measures

6.5.2 Notes on significance testing

The figures produced by the simulation tool are probabilities rather than mean scores or percentages and so it is not generally appropriate to conduct significance testing on these estimates.

The probabilities are generated from a Hierarchical Bayes estimation as part of the SoP analysis. Because of this, the figures on which we would want to conduct significance testing are not single probabilities, but a composite of a number of probability scores, so significance testing would not be appropriate.

6.5.3 Conjoint simulator overview

Below is a brief guide on the functionality of the GfK NOP Conjoint simulation tool:

Simulator

The simulator allows the user to create up to 10 scenarios of current/hypothetical hospitals and for each scenario specified the model will determine the likely uptake for each scenario. These shares of preference are shown along the bottom of the screen for each scenario (see simulator screenshot on the following page). In addition to the scenarios, the "None" option indicates the proportion of respondents who would not take up any of the scenarios specified.

To alter the specification of any scenario the user should double click in the cell they wish to change and a menu with the list of alternative levels will appear. The user should select the appropriate level and the scenario will be modified.

Filter: Total Sample
N = 1086

MODEL OPTIONS

FILTER SUMMARY

SENSITIVITY CHART

PRICE ELASTICITY

UTILITIES

SAVE SCENARIO

LOAD SCENARIO

ABOUT PROJECT

ATTRIBUTE GRID

HELP

Type of hospital

Waiting time

Travel Time (Minutes)

Clinical expertise of consultant

Clinical quality of hospital

Standard of patient accommodation

Cost to you (£)

| Scenario 1 | Scenario 2 | Scenario 3 | Scenario 4 | Scenario 5 |
|------------------|---|------------------|------------------|---|
| Private hospital | Private unit / private wing in NHS hospital | Private hospital | Private hospital | Private unit / private wing in NHS hospital |
| 1 week | 2-3 weeks | 4-5 weeks | 6-8 weeks | 1 week |
| 15 minutes | 30 minutes | 45 minutes | 60 minutes | 120 minutes |
| Excellent | Very good | Very good | Fair | Excellent |
| Very good | Very good | Excellent | No information | Excellent |
| Excellent | Very good | Good | Very good | Very good |
| £500 | £250 | £500 | £0 | £0 |

None of these

| | | | | | | |
|-------|---------------------|-------|-------|------|------|-------|
| 24.9% | Share of preference | 25.4% | 18.5% | 1.1% | 1.7% | 28.4% |
|-------|---------------------|-------|-------|------|------|-------|

To navigate to other sheets and/or perform analysis on the scenarios there are a number of circular icons to the left of the screen. By clicking on the icon next to the specified text the simulation tool will perform the analysis and/or take the user to a different part of the simulation tool. Each of these is described below.

Model Options

The user can select the scenarios to include/exclude from the simulation by clicking on the check boxes. The user can also select up to three simultaneous filters.

GfK NOP Conjoint: Model Options

Scenarios

- ☒ Scenario 1
- ☒ Scenario 2
- ☒ Scenario 3
- ☒ Scenario 4
- ☐ Scenario 5
- ☐ Scenario 6
- ☐ Scenario 7
- ☐ Scenario 8
- ☐ Scenario 9
- ☐ Scenario 10

Select Filter

Total Sample

<No filter>

<No filter>

<No filter>

Gender: Female

Gender: Male

Age: 18-44

Age: 45-54

Age: 55-64

Age: 65+

Social grade: A

Social grade: B

Social grade: C1

OK Cancel

Filter Summary

For each pre-coded filter, the simulation tool will iteratively loop through each filter and output the shares into a table to allow the user to review how shares differ by filter group. The user can export the results to a separate Excel sheet.

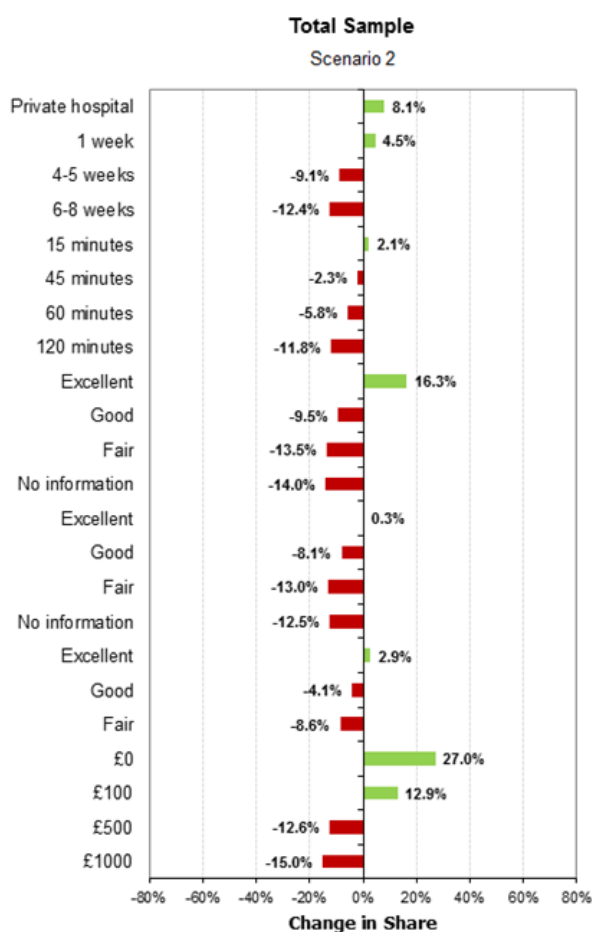
Sensitivity Chart

For a scenario specified by the user, the simulation tool will iterate through every level of each attribute and output the share for that scenario. This analysis shows how sensitive the scenario is to changes in levels for each attribute. The figures in the chart show the difference from the base scenario percentage, which is the scenario at its current levels and shows the change in share when the level from an attribute is changed to another level from the same attribute. Within the chart it omits the share for the current level as this is constant. The summary table shows what the share for the scenario is for each level in the attribute. Cell highlighted in blue indicate the current level of the scenario. The user can export the results to a separate Excel sheet or create a copy of the chart, which can then be pasted into another application, such as PowerPoint.



Attribute Sensitivity

SIMULATOR 
EXPORT 



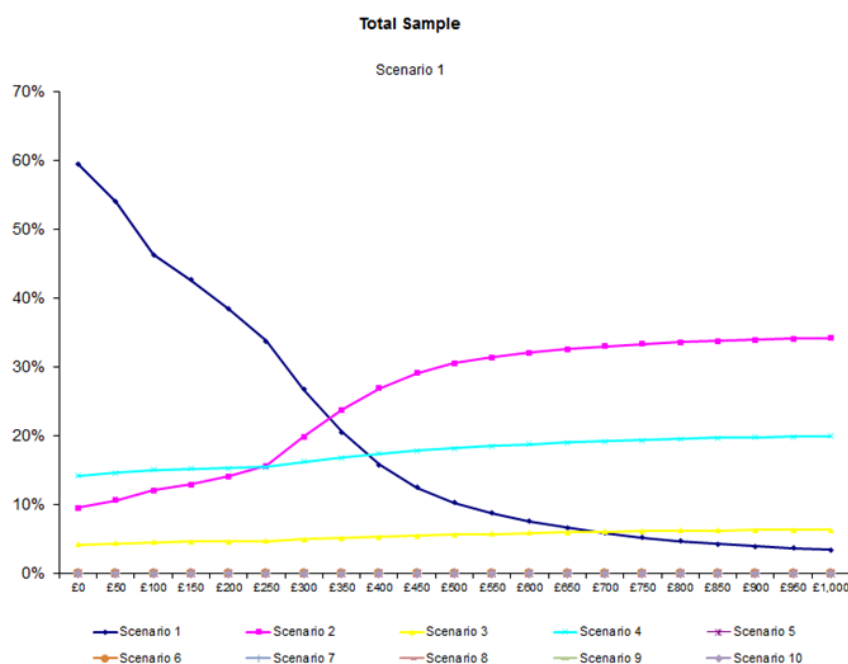
Elasticity Chart

For a scenario specified by the user, the simulation tool will iterate through the range of levels tested (at a pre-determined gap) and output the shares. In addition, the simulation tool will plot the shares for all competitor scenarios that have been specified. The user can export the results to a separate Excel sheet or create a copy of the chart, which can then be pasted into another application, such as PowerPoint.



Price Elasticity

SIMULATOR 
EXPORT 



Utilities

Displays the average importances and utility scores for each filter group.

Save/Load Simulation

The user may wish to save a specific simulation to save time re-specifying the attribute levels. The simulation tool allows the user to save and load up to 10 different simulations by selecting the "Save Simulation" or "Load Simulation" icons.

About Project

The About Project page provides basic details of the project for users that may not be familiar with the study.

Attribute Grid

The Attribute Grid provides details (and exact text) of all the attributes and levels that were in the study.

7 Appendix

7.1 Participating hospitals/PPUs

| Hospital group | Hospital type | Hospital name |
|----------------|------------------|-------------------------------|
| BMI | Private hospital | Albyn Hospital |
| | Private hospital | Alexandra Hospital |
| | Private hospital | Bath Clinic |
| | Private hospital | Beardwood Hospital |
| | Private hospital | Beaumont Hospital |
| | Private hospital | Blackheath Hospital |
| | Private hospital | Carrick Glen Hospital |
| | Private hospital | Cavall Hospital |
| | Private hospital | CCH Hospital |
| | Private hospital | Chaucer Hospital |
| | Private hospital | Chelsfield Park Hospital |
| | Private hospital | Chiltern Hospital |
| | Private hospital | Droitwich Spa Hospital |
| | Private hospital | Ducy (aka Harrogate) Hospital |
| | Private hospital | Edgbaston Hospital |
| | Private hospital | Esperance Hospital |
| | Private hospital | Fawkham Manor Hospital |
| | Private hospital | Fernbrae Hospital |
| | Private hospital | Fitzroy Square Hospital |
| | Private hospital | Foscote Hospital |
| | Private hospital | Gisburne Park Hospital |
| | Private hospital | Goring Hall Hospital |
| | Private hospital | Hampshire Clinic |
| | Private hospital | Harbour Hospital |
| | Private hospital | Highfield Hospital |
| | Private hospital | Huddersfield Hospital |
| | Private hospital | Kings Park Hospital |
| | Private hospital | Lancaster Hospital |
| | Private hospital | Lincoln Hospital |
| | Private hospital | London Independent Hospital |
| | Private hospital | Manor Hospital |
| | Private hospital | Mount Alvernia |
| | Private hospital | Park Hospital |
| | Private hospital | Princess Margaret Hospital |
| | Private hospital | Priory Hospital |
| | Private hospital | Ross Hall Hospital |
| | Private hospital | Sarum Road Hospital |
| | Private hospital | Saxon Clinic |
| | Private hospital | Sefton Hospital |
| | Private hospital | Shirley Oaks Hospital |
| | Private hospital | Sloane Hospital |
| | Private hospital | Somerfield Hospital |
| | Private hospital | St Edmunds Hospital |
| | Private hospital | The Garden Hospital |
| | Private hospital | The Ridgeway Hospital |

| Hospital group | Hospital type | Hospital name |
|----------------|------------------|--|
| | Private hospital | Thornbury Hospital |
| | Private hospital | Three Shires Hospital |
| | Private hospital | Werndale Hospital |
| | Private hospital | Weymouth Hospital |
| | Private hospital | Winterbourne Hospital |
| | Private hospital | Woodlands Hospital |
| | PPU | Bishops Wood Hospital |
| | PPU | Coombe Wing Hospital |
| | PPU | Kings Oak Hospital |
| | PPU | McIndoe Hospital |
| | PPU | Meriden Hospital |
| | PPU | Runnymede Hospital |
| | PPU | Sandringham Hospital |
| | PPU | Shelburne Hospital |
| | PPU | South Cheshire Hospital |
| HCA | Private hospital | Harley Street Clinic |
| | Private hospital | Portland Hospital for Women and Children |
| | Private hospital | Princess Grace Hospital |
| | Private hospital | The Lister Hospital |
| | Private hospital | The London Bridge Hospital |
| | Private hospital | Wellington Hospital |
| | PPU | Harley Street at Queen's |
| | PPU | HCA International |
| | PPU | The Christie Clinic |
| Nuffield | Private hospital | Bournemouth Hospital |
| | Private hospital | Brentwood Hospital |
| | Private hospital | Brighton Hospital |
| | Private hospital | Bristol Hospital |
| | Private hospital | Cambridge Hospital |
| | Private hospital | Cheltenham Hospital |
| | Private hospital | Chichester Hospital |
| | Private hospital | Derby Hospital |
| | Private hospital | Exeter Hospital |
| | Private hospital | Glasgow Hospital |
| | Private hospital | Guildford Hospital |
| | Private hospital | Haywards Heath Hospital |
| | Private hospital | Hereford Hospital |
| | Private hospital | Ipswich Hospital |
| | Private hospital | Leeds Hospital |
| | Private hospital | Leicester Hospital |
| | Private hospital | Newcastle upon Tyne Hospital |
| | Private hospital | North Staffordshire Hospital |
| | Private hospital | Plymouth Hospital |
| | Private hospital | Shrewsbury Hospital |
| | Private hospital | Taunton Hospital |
| | Private hospital | Tees Hospital |
| | Private hospital | The Grosvenor Hospital Chester |
| | Private hospital | The Manor Hospital Oxford |

| Hospital group | Hospital type | Hospital name |
|----------------|------------------|------------------------------------|
| | Private hospital | Tunbridge Wells Hospital |
| | Private hospital | Vale Healthcare |
| | Private hospital | Warwickshire Hospital |
| | Private hospital | Wessex Hospital |
| | Private hospital | Woking Hospital |
| | Private hospital | Wolverhampton Hospital |
| | Private hospital | York Hospital |
| Ramsay | Private hospital | Ashtead Hospital |
| | Private hospital | Duchy Hospital |
| | Private hospital | Euxton Hall Hospital |
| | Private hospital | Fitzwilliam Hospital |
| | Private hospital | Fulwood Hall Hospital |
| | Private hospital | Mount Stuart Hospital |
| | Private hospital | New Hall Hospital |
| | Private hospital | North Downs Hospital |
| | Private hospital | Nottingham Woodthorpe Hospital |
| | Private hospital | Oaklands Hospital |
| | Private hospital | Oaks Hospital |
| | Private hospital | Orwell Suite |
| | Private hospital | Park Hill Hospital |
| | Private hospital | Pinehill Hospital |
| | Private hospital | Renacres Hospital |
| | Private hospital | Rivers Hospital |
| | Private hospital | Rowley Hall Hospital |
| | Private hospital | Springfield Hospital |
| | Private hospital | The Berkshire Independent Hospital |
| | Private hospital | The Westbourne Centre |
| | Private hospital | The Yorkshire Clinic |
| | Private hospital | West Midlands Hospital |
| | Private hospital | Winfield Hospital |
| | Private hospital | Woodlands Hospital |
| Spire | Private hospital | Alexandra |
| | Private hospital | Bristol |
| | Private hospital | Bushey |
| | Private hospital | Cambridge |
| | Private hospital | Cardiff |
| | Private hospital | Cheshire |
| | Private hospital | Clare Park |
| | Private hospital | Dunedin |
| | Private hospital | Edinburgh |
| | Private hospital | Elland |
| | Private hospital | Fylde Coast |
| | Private hospital | Gatwick Park |
| | Private hospital | Harpenden |
| | Private hospital | Hartwood |
| | Private hospital | Hull |
| | Private hospital | Leeds |
| | Private hospital | Leicester |
| | Private hospital | Little Aston |

| Hospital group | Hospital type | Hospital name |
|----------------|------------------|------------------------|
| | Private hospital | Liverpool |
| | Private hospital | Manchester |
| | Private hospital | Methley Park |
| | Private hospital | Norwich |
| | Private hospital | Parkway |
| | Private hospital | Portsmouth |
| | Private hospital | Regency |
| | Private hospital | Roding |
| | Private hospital | South Bank |
| | Private hospital | Southampton |
| | Private hospital | St Saviours |
| | Private hospital | Sussex |
| | Private hospital | Thames Valley |
| | Private hospital | Tunbridge Wells |
| | Private hospital | Washington |
| | Private hospital | Wellesley |
| | Private hospital | Wirral |
| | Private hospital | Yale |
| Independent | PPU | Charing Cross Hospital |
| | PPU | Frimley Park Hospital |
| | PPU | Hammersmith Hospital |
| | PPU | Oxford Radcliffe |
| | PPU | Royal Brompton |
| | PPU | Royal Marsden |
| | PPU | Spencer |
| | PPU | St Mary's Hospital |

7.1.1 Number of completed surveys by hospital group

| Hospital type | Hospital group | Consent forms received | Completed surveys |
|---|----------------|------------------------|-------------------|
| Private hospital | BMI | 1,362 | 253 |
| | HCA | 509 | 90 |
| | Nuffield | 1,783 | 361 |
| | Ramsay | 492 | 110 |
| | Spire | 2,345 | 474 |
| | TOTAL | 6,491 | 1,288 |
| PPU | BMI | 152 | 34 |
| | HCA | 142 | 29 |
| | Independent | 119 | 26 |
| | TOTAL | 413 | 89 |
| TOTAL (PRIVATE HOSPITALS + PPUs) | | 6,904 | 1,377 |

7.2 Patient consent collection forms

7.2.1 Patient consent form



Private Healthcare Survey

Please help....

Dear Sir or Madam,

The Competition Commission is an independent public body which helps to ensure healthy competition between companies in the UK for the ultimate benefit of consumers and the economy. It conducts in-depth investigations into mergers and markets.

We are currently conducting an investigation into privately funded healthcare services. As part of our investigation, we are carrying out an online survey of patients who use private healthcare services. The results of the survey will help us to understand the patient journey from initial referral and the choices and decisions you have made through the treatment process. The survey is not about your medical condition or the quality of the treatment you received.

We would greatly value your input into this survey. If you are willing to take part please complete the details below:

PLEASE PRINT CLEARLY:

Name:

Email address:

Telephone number:

Name of hospital:

Signature and date:

Confidentiality

The survey will be carried out on our behalf by GfK NOP, one of the world's leading market research companies.

The Competition Commission will not retain any of your personal information. Your details will be sent securely to GfK NOP, who may contact you and ask you to complete a short online survey (estimated 20 minutes). A small number of patients may be contacted by telephone if an online survey is not possible.

Your information will be kept strictly confidential and will be used solely for the purposes of the Competition Commission's investigation. Further information can be found on the attached information sheet for you to keep.

GfK NOP is wholly committed to meeting the requirements of the UK Data Protection Act 1998 and the Market Research Society's (MRS) Code of Conduct. See information sheet for more details.

Thank you very much



The Market Research Society (MRS) is the professional body for market and social researchers. This project is being conducted by an MRS Company Partner. You can verify this by calling **MRS Freephone 0500 39 69 99** and giving the name of the organisation that interviewed you.

7.2.2 Patient information sheet

Private Healthcare Survey: information for patients

Competition Commission investigation

The Competition Commission (CC) is an independent public body which helps ensure healthy competition between companies in the UK for the ultimate benefit of consumers and the economy.

We are currently conducting an investigation into privately funded healthcare services. As part of our investigation, we are carrying out a survey of people who use private healthcare services and we would like to know your views.

Why are we asking you to take part?

- You have recently used private healthcare services. We want to get the views of people with a wide range of experiences of the private healthcare sector across the UK.
- Over 180 private hospitals in the UK are helping us to recruit patients to take part.

How do you take part?

- Please complete the consent form you have been given and hand it back to a member of the hospital staff, before you leave.

What will happen next?

- You may be contacted by GfK NOP, the market research company which is doing the research on our behalf.
- If contacted, you will be asked to complete a short online survey (about 20 minutes).
- You do not have to complete the survey, but we would really appreciate it if you can.
- A small number of patients may be contacted by phone if an online survey is not suitable for them.

What will I be asked about?

- The survey is to help us understand the journey you have followed to access private healthcare from initial referral to treatment. The questions are about the choices and decisions you may have made, either on your own or together with your consultant or GP or other medical professionals. The survey is not about your medical condition or the quality of the treatment you received.
- Your hospital and, if applicable, your insurer are not involved in this survey. The survey is being conducted by GfK on behalf of the CC and solely for the purposes of the CC's current investigation into private healthcare.
- Your hospital (and possibly your insurer if relevant) may also ask you to complete a patient satisfaction survey. This is completely different from and unconnected to our survey.

What about confidentiality?

- Your information will be kept strictly confidential and will be used only for the purposes of this CC investigation. The results of the survey will be published in aggregated form only, so you will not be identified in any way.
- GfK NOP is wholly committed to meeting the requirements of the UK Data Protection Act 1998 and the Market Research Society's (MRS) Code of Conduct. The MRS is the professional body for market and social researchers. This project is being conducted by an MRS company partner. You can verify this by calling MRS Freephone 0500 39 69 99

Thank you very much

7.2.3 Hospital staff information sheet



Private Healthcare Survey: background note for hospital staff

Competition Commission investigation

The Competition Commission (CC) is an independent public body which helps ensure healthy competition between companies in the UK for the ultimate benefit of consumers and the economy.

We are currently conducting an investigation into privately funded healthcare services. As part of our investigation we are carrying out a survey of people who use private healthcare services. In order for us to be able to conduct this survey, over 180 private hospitals in the UK are helping to recruit patients to take part in the survey. Patients are being asked to provide us with their contact details so that we can conduct an online survey with them. A small number of patients may be contacted by phone if an online survey is not suitable for them. It is therefore important for them to provide us with their email address and telephone number.

What do you need to do?

- Inform your patients about the survey which is being carried out by the CC.
- Hand the patient the patient information sheet and consent form.
- Patients are not under any obligation to take part but the CC would appreciate their assistance. Individual patient details will be kept confidential.
- Collect any consent forms from patients who wish to participate in the survey.
- Secure arrangements have been agreed with the hospital for the return of all completed consent forms to the CC by 24th October at the latest.

Which patients should you hand the consent form to?

- All patients who will be discharged between Mon 15th – Sun 21st Oct (one week).
- They must be:
 - in-patients only (either overnight or day case patients); and
 - be paying for the treatment themselves or via private medical insurance.

You should **NOT** include the following types of patients if possible:

- Non-UK residents
- NHS-funded patients
- Outpatients
- Those who are undergoing the following treatments:
 - Paediatric
 - Dental surgery (eg dental implants) but do include oral surgery patients
 - Elective cosmetic surgery (eg breast augmentation, rhinoplasty, abdominoplasty, laser eye treatment, weight loss)
 - Standard maternity and/or fertility care

Why do we need as many patients as we can to be contacted?

- To ensure we can survey a wide range of people who use private healthcare services.
- To understand the patient journey through the treatment process.

Who is doing the research?

- GfK NOP, a major global market research company, is doing the survey on our behalf.
- GfK NOP is wholly committed to meeting the requirements of the UK Data Protection Act 1998 and the Market Research Society's (MRS) Code of Conduct. All information will be treated with the utmost confidentiality and will be used solely for the purposes of the CC's investigation.

THANK YOU FOR YOUR HELP

7.3 Email invitation sent to patients

Dear <Name>

Important survey on your use of private healthcare

The Competition Commission is carrying out a national survey of people who have recently used private healthcare with the help of GfK NOP, an independent research agency. The results of the survey will help us to understand the patient journey from initial referral and the choices and decisions you have made through the treatment process.

You kindly filled in a form to say you would be interested in taking part in the survey when you recently visited <name of hospital>. Depending on the answers you give, the survey will take about 20 minutes to complete and we hope that you find it interesting. For more information and to take part, please click once on the link below or paste the URL into your browser. You can only complete the survey once but do not worry if you can't complete all of the questions in one go, your responses will be saved and you can access the survey again by simply clicking on the link/copying and pasting it into your browser - this will enable you to pick up where you left off.

<http://.....>

Some people's security settings in their email or internet accounts will not allow them to open the survey directly from the link. If this happens to you, we have included some instructions on what to do below.

Your information will be kept strictly confidential and will be used only for the purposes of this Competition Commission investigation. The results of the survey will be published in aggregated form only, so you will not be identified in any way.

GfK NOP is wholly committed to meeting the requirements of the UK Data Protection Act 1998 and the Market Research Society's (MRS) Code of Conduct. The Market Research Society is the professional body for market and social researchers. This project is being conducted by an MRS company partner. You can verify this by calling MRS Freephone 0500 39 69 99 or visiting www.mrs.org.uk

If you have any questions about the survey, you can call email patientsurvey@gfk.com or call 0800 528 0722 (voicemail outside of office hours).

Thank you very much in advance for your help.

Chris Holmes
GfK NOP

Instructions on how to paste link into laptop/desktop computer

- Move the cursor using your mouse to the end of the link. It doesn't matter whether it is at the beginning or end of the link.
- Hold down the left button on the mouse and drag the cursor over the link; this should highlight it. Release the left button; the link should remain highlighted.

- Copy the link by clicking the right button of your mouse and selecting "Copy" (you can also copy with the keyboard by simultaneously pressing the Control button and 'C').
- Open the internet (or open up another internet page if you are already accessing your email through the internet).
- Double-click your mouse inside of the address bar at the top of the page. This will cause the current address that is in the bar to become highlighted. Press the "Delete" button on your computer keyboard to delete the address..
- Paste the survey link by clicking the right button of your mouse and selecting "Paste" (you can also paste with the keyboard by simultaneously pressing the Control button and 'V').
- Press "Enter" on your keyboard to access the page link.

Instructions on how to paste the link if you are accessing it through an IPAD or iphone:

- Hold your finger on the link until a box pops up, once the box pops up you should select "Copy" You should make sure that the whole link is highlighted – if it isn't you can drag the blue bars at the end to highlight the whole link
- Open safari and hold your finger in the address bar until another box pops up where you can select "Paste"
- Once the link has been pasted then press "GO"

7.4 Questionnaire

Introduction

Thank you for agreeing to take part in this survey.

Before you begin, you need to make sure that your browser is maximised (i.e. that it covers your whole screen). If necessary, you can do this by clicking the maximise button in the top, right hand corner of your browser.

It's very easy to navigate through the questionnaire: just click on the answer or answers that apply and click on the Next button. If you wish to change an answer, click on the Previous button until you reach the required question.

Please avoid using the browser buttons. You may need to use the scroll bar if you cannot see the whole screen at once.

To start click on the Next button below.

To view our privacy policy please [click here](#).

We would like to find out how you made your decision on which consultant and/or hospital to use recently. To start with, here are some questions about you and the reasons for your recent visit to [hospital name].

A Screener

A 1 Are you...

1. Female
2. Male

A 2 Please enter your age:

1. ENTER EXACT AGE – **CLOSE IF AGED UNDER 18**

A 3 In which country/region do you live?

1. North East
2. North West
3. Yorkshire and Humberside
4. West Midlands
5. East Midlands
6. Eastern
7. South West
8. South East
9. London
10. Scotland
11. Wales
12. Northern Ireland
13. My normal place of residence is outside of the UK – **CLOSE**

Please think about the visit to the hospital when you gave consent to participate in this survey.

A 4 Which of these reasons was your visit to the hospital for?

SELECT ALL THAT APPLY

1. Mental health
2. Elective cosmetic surgery (e.g. breast enlargement, facelift, tummy tuck, rhinoplasty/nose re-shaping, skin peels, etc.)
3. Laser eye treatment
4. Dental surgery (e.g. dental implants)
5. Maternity and/or fertility (e.g. IVF treatment, 3-D pregnancy scans, delivery of child in a private hospital)
6. For some other reason

CLOSE IF ONLY CODES 1-5 AT A4. IF CODE 6 CONTINUE

IF ANY INELIGIBLE CONDITIONS (CODES 1-5) ALSO CODED AT A4, DISPLAY:
For the following questions, please don't think about the **<ineligible treatments from A4>**.
We only want you to answer in relation to the other reason why you attended the hospital on that occasion.

TEXTFILL TO USE FOR **<ineligible treatments from A4>**

1. treatment for mental health
2. elective cosmetic surgery
3. laser eye treatment
4. dental surgery
5. maternity and/or fertility treatment

If multiple selection made, separate textfills with a comma / separate the last one with an "or"

ASK ALL QUALIFYING

I am going to ask you some questions about the visit to the hospital.

Please type in a brief description of the tests or treatment that you had when you visited the hospital in the box below. We've shown some examples. What you write here will appear in later questions.

| | They would enter in the box below |
|---|-----------------------------------|
| Chris has had keyhole surgery to remove an inflamed gall bladder. | Gall bladder surgery |
| Gayle has been diagnosed with cancer and has been receiving chemotherapy | Chemotherapy |
| Sean has had stomach problems which have been investigated using endoscopic tests (where a camera is inserted into their stomach) | Gastroscopy |
| Phyllis has had surgery to remove her cataracts | Cataract removal |
| Bert has had arthritis in his hip which recently has been replaced | Hip replacement |

1. ENTER TEXT **[TREATMENT]** (limit to 40 characters)

THE TEXT ENTERED HERE IS TO BE USED AS THE **[TREATMENT]** TEXTFILL THROUGHOUT THE SCRIPT

NEW SCREEN

The remainder of these questions ask you about when you went to the private hospital/private unit in an NHS hospital for your **[TREATMENT]**.

Does the sentence above read correctly, or would you like to go back and change the way you describe your tests or treatment?

1. Reads correctly – **CONTINUE**
2. Would like to go back and change – **LOOP BACK**
3. Prefer not to say – **DISPLAY NEW SCREEN IF SELECTED**: The rest of the questions in this survey will ask about 'your tests/treatment'. When this happens, please think about the reason why you went to the private hospital on the day you gave consent to participate in this survey.

ASK ALL

A 5 Did you stay overnight at the private hospital/private patient unit at an NHS hospital for your **[TREATMENT]**?

1. Yes
2. No

A 6 How has/will your **[TREATMENT]** be paid for?

SELECT ALL THAT APPLY

1. By the NHS – **CLOSE**
 2. Through a health cash plan *[ADD HOVER OVER DESCRIPTION OF A HEALTH CASH PLAN]* - **CLOSE IF NOT MULTICODED WITH 4 OR 5 BELOW**
 3. In full by my private medical insurance
 4. My private medical insurance paid/will pay for some of it and I paid/will pay the rest (includes excess payments or coinsurance)
 5. I paid/will pay for it directly myself without the use of a cash plan or private medical insurance
 6. Don't know/Can't remember – **CLOSE**
- CODE 1, 3, 4 AND 5 CANNOT BE CODED TOGETHER.
 - CODE 2 CAN BE CODED WITH ANY OF 1, 3, 4 AND 5.

**CLOSE IF ONLY PAID BY NHS OR CASH PLAN OR DK (CODE 1 OR 2 OR 6 ONLY).
CONTINUE IF ANY OF CODES 3-5 SELECTED.**

TEXT FOR THE HOVER OVER DESCRIPTION OF A HEALTH CASH PLAN:

A health cash plan does not pay for treatment and operations that are performed privately like private health insurance does. Instead it helps fund everyday health treatments, complimenting what you receive on the NHS or privately. For example, a health cash plan pays money towards the cost of a wide range of treatments such as dentist or optician appointments, therapy costs such as homeopathy, acupuncture or physiotherapy, or the costs of having to go into a hospital (e.g. car parking, telephone calls, TV rental, transport costs).

**IF PAYING FOR ANY PART OF THE TREATMENT/TESTS (CODES 4 OR 5 AT A 6)
OTHERS GO TO A 8**

A 7 Thinking of the treatment/tests you have had **so far** in relation to your [TREATMENT], which of the following reflects your current situation?

SELECT ONE ONLY

1. I know how much my treatment/tests cost and I have paid for it in full
2. I know how much my treatment/tests cost and I have already paid for some of it
3. I know how much my treatment/tests cost but I have not paid for it yet
4. I do not yet know how much my treatment/tests cost
5. Don't know

ASK ALL

A 8 Which of these things did you have privately for your [TREATMENT]?

SELECT ALL THAT APPLY

1. Surgery or any procedure under a general or local anaesthetic– **Check eligibility**
2. Administration of medication or treatment which required a period of medically supervised recovery (e.g. for chemotherapy, radiotherapy) – **Check eligibility**
3. Tests
4. I/they did not attend a private hospital or private patient unit – **CLOSE**
5. None of these –**Check eligibility**
6. Don't know – **Check eligibility**

IF TESTS AT A8 (CODE 3) AND CODES 1-2 NOT CODED AT A8 ASK A9, OTHERS GO TO CHECK ELIGIBILITY

A 9 Which of these tests did you undergo?

SELECT ALL THAT APPLY

1. Analysis of body fluids - e.g. blood test, urine test
2. Measurement of body function - e.g. heart activity ECG, brain activity EEG
3. Imaging test - e.g. x-ray, ultrasound, radioisotope scan, CT scan, MRI scan, PET scan, angiograph
4. Endoscopic test - e.g. using a camera or viewing tube to see inside the body
5. Biopsy - tissue samples removed and examined
6. Genetic testing
7. Other (specify)
8. None of these
9. Don't know

CHECK ELIGIBILITY

ELIGIBLE FOR FULL SURVEY IF:

- AGED 18+ *AND*
- NORMAL PLACE OF RESIDENCE IS IN UK (CODE 1-12 AT A3) *AND*
- TREATMENT WAS FOR A VALID CONDITION (CODE 6 AT A4) *AND*
 - HAD OVERNIGHT STAY (CODE 1 AT A5) OR

B The choice of private healthcare

ASK ALL

B 1 Why did you choose to have your [TREATMENT] privately rather than on the NHS?

SELECT ALL THAT APPLY

ROTATE

1. Better clinical expertise of private consultants
2. Ability to choose a specific private consultant
3. Ability to spend more time with the private consultant
4. Better clinical outcomes at private hospitals/private units at NHS hospitals (e.g. lower infection rates, higher recovery rates)
5. Better medical facilities (e.g. specialist medical equipment)
6. Better quality of care (e.g. care by nurses)
7. Better aftercare in follow-up visits
8. Better comfort and quality of accommodation (e.g. characteristics of overnight rooms, waiting rooms)
9. Better reputation of private healthcare
10. Reduced waiting times
11. Availability of appointment times
12. More convenient geographic location
13. Because I have private medical insurance
14. The tests/treatment I needed were not available under the NHS
15. To access the expertise of private hospitals/private consultants based in London
16. Recommendation from my GP
17. Recommendation from friends/family

ALWAYS AT THE END

18. Other (specify)
19. Don't know/can't remember

ASK ALL

B 2 Did you consider having your [TREATMENT] done on the NHS?

1. Yes
2. No
3. Don't know/can't remember

C Choice of private consultant

Please remember that these questions ask you about the [TREATMENT] you were having when you visited the private hospital on the day you gave your consent to take part in this survey.

ASK ALL

C 1 Did you see a private consultant to discuss your [TREATMENT] before it was done?

This could be at any time before, not specifically on the day it was done.

1. Yes
2. No
3. Don't know/Can't remember

IF SAW A PRIVATE CONSULTANT (CODE 1 AT C1), OTHERS GO TO C2

C1a We are going to ask you some questions about the private consultant you saw to discuss your [TREATMENT]. So that we can refer to him/her please type his/her name in the box below.

This information will **not** be used to link your responses to the individual private consultant.

Please enter consultant name (e.g. Mr Williams, Dr Williams, Mr W) – ENTER TEXT
[CONSULTANT]
Don't know/would prefer not to say

IF DON'T KNOW/PREFER NOT TO SAY: The questions that follow will refer to **this** consultant as 'your private consultant'

THE TEXT ENTERED HERE IS TO BE USED AS THE [CONSULTANT] TEXTFILL
THROUGHOUT THE SCRIPT

C 2 **IF SAW A CONSULTANT (CODE 1 AT C1)**

Who referred you for this private consultation?

IF DIDN'T SEE A CONSULTANT (CODE 2 OR 3 AT C1)

Thinking of the private hospital/private patient unit at an NHS hospital you visited, who referred you there?

SELECT ONE ONLY

1. A GP
2. Another private consultant – *ONLY SHOW IF SAW A CONSULTANT (CODE 1 AT C1)*
3. An NHS consultant
4. I was not referred, I visited him/her/the hospital without a referral
5. Other (specify)
6. Don't know/can't remember

C2 GENERATES THE [HEALTHCARE PROFESSIONAL] TEXTFILL. USE THE FOLLOWING TEXTFILLS:

1. the GP
2. the other private consultant
3. the NHS consultant

- IF DIDN'T SEE A CONSULTANT (CODE 2 OR 3 AT C1), GO TO SECTION D
- IF SAW A CONSULTANT (CODE 1 AT C1) AND REFERRED TO A CONSULTANT (CODE 1-3 AT C2), ASK C2A
- IF SAW A CONSULTANT (CODE 1 AT C1) AND NOT REFERRED (CODES 4-6) GO TO C6

C2a Which of these best describes your situation before you were referred by [HEALTHCARE PROFESSIONAL]?

1. I already knew which consultant(s) I wanted to see
2. I had a good idea of which consultant(s) I wanted to see but was open to considering other options
3. I didn't know which consultant I wanted to see
4. Don't know

C 3 How many named private consultants did you discuss with [HEALTHCARE PROFESSIONAL] that referred you for private consultation in relation to your [TREATMENT]?

Select number, including any consultants you personally already had in mind.

SELECT ONE ONLY

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None
7. Don't know/can't remember

ASK ALL WHO DISCUSSED CONSULTANT WITH HEALTH PROFESSIONAL (CODES 1-5 OR 7 AT C3)

C 4 Did [HEALTHCARE PROFESSIONAL] discuss any of these things with you about the named private consultants you spoke about?

SELECT ALL YOU DISCUSSED

ROTATE

1. Reputation
2. Clinical expertise
3. Waiting times for appointments
4. Appointment times offered
5. Geographic location
6. Fees
7. Whether your private medical insurance would cover their fees (partially or fully)
8. Private hospitals or private units of NHS hospitals where he/she works
9. Feedback from patients they had referred in the past

ALWAYS AT THE END

10. Other (specify)
11. None of these things were discussed
12. Don't know/can't remember

**IF MORE THAN ONE CONSULTANT SUGGESTED BY HEALTH PROFESSIONAL
(CODE 2-5 AT C3)**

- C 5 Did **[HEALTHCARE PROFESSIONAL]** make a recommendation of one of these private consultants over the others?

1. Yes
2. No
3. Don't know/can't remember

IF SAW A CONSULTANT (CODE 1 AT C1)

- C 6 Once you had decided to go private, what were the most important reasons for choosing which private consultant to see?

SELECT ALL THAT APPLY

ROTATE

1. **[HEALTHCARE PROFESSIONAL]**'s recommendation – *IF CODE 1,2 OR 3 AT C1*
2. Your private medical insurer's recommendation
3. Your friends'/family's recommendation
4. Your previous experience with this private consultant
5. Reputation
6. Clinical expertise
7. Waiting times for appointments
8. Appointment times offered
9. Geographic location
10. Fees
11. Whether your private medical insurance would cover their fees (partially or fully)
12. Private hospitals or private units of NHS hospitals where he/she works
13. Feedback from their other patients

ALWAYS AT THE END

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

D Choice of private hospital

The next few questions are about your choice of private hospital/private patient unit at an NHS hospital.

Remember that these questions ask about the [TREATMENT] you were having when you visited the private hospital/private patient unit at an NHS hospital on the day you gave your consent to take part in this survey.

IF NOT REFERRED TO THE HOSPITAL AND DIDN'T SEE A CONSULTANT (4-6 AT C2 AND 2-3 AT C1), GO TO D5

D1a IF SAW A CONSULTANT (CODE 1 AT C1)

Which of these best describes your situation before you saw your private consultant?

IF DIDN'T SEE A CONSULTANT AND REFERRED TO A HOSPITAL (CODE 2 OR 3 AT C1 AND CODE 1-3 AT C2)

Which of these best describes your situation before you were referred by [HEALTHCARE PROFESSIONAL]?

1. I already knew which private hospital(s)/private unit(s) at NHS hospital(s) I wanted to attend
2. I had a good idea of which hospital(s) I wanted to attend but was open to considering other options
3. I didn't know which hospital I wanted to attend
4. Don't know

D 1 IF SAW A CONSULTANT (CODE 1 AT C1)

How many named private hospitals/private units at NHS hospitals did you discuss with [CONSULTANT] in relation to your [TREATMENT]?

Select number, including any hospitals you personally already had in mind.

IF DIDN'T SEE A CONSULTANT AND REFERRED TO A HOSPITAL (CODE 2 OR 3 AT C1 AND CODE 1-3 AT C2)

How many named private hospitals/private units at NHS hospitals did you discuss with [HEALTHCARE PROFESSIONAL] that referred you for private healthcare in relation to your [TREATMENT]?

Select number, including any hospitals you personally already had in mind.

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None
7. Don't know / can't remember

D 2

IF SAW A CONSULTANT (CODE 1 AT C1)

Did **[CONSULTANT]** discuss any of these things with you about the *[IF CODE 2-5 AT D1: hospitals you spoke about/ IF CODE 1, 6 OR 7 AT D1: hospital you attended]*?

IF DIDN'T SEE A CONSULTANT AND REFERRED TO A HOSPITAL (CODE 2 OR 3 AT C1 AND CODE 1-3 AT C2)

Did **[HEALTHCARE PROFESSIONAL]** discuss any of these things with you about the *[IF CODE 2-5 AT D1: hospitals you spoke about/ IF CODE 1, 6 OR 7 AT D1: hospital you attended]*

SELECT ALL THAT APPLY

ROTATE

1. Reputation
2. Clinical outcomes (e.g. lower infection rates, higher recovery rates)
3. Medical facilities (e.g. specialist medical equipment)
4. Quality of care (e.g. care by nurses)
5. Better aftercare in follow-up visits
6. Comfort and quality of accommodation (e.g. characteristics of overnight rooms, waiting rooms)
7. Waiting times for appointments
8. Appointment times offered
9. Geographic location
10. Cost
11. Whether your private medical insurance would cover their cost (partially or fully)
12. Clinical expertise of consultants and other healthcare professionals working there
13. Feedback from their other patients

ALWAYS AT THE END

14. Other (specify)
15. None of these things were discussed
16. Don't know/can't remember

ASK D3 IF OFFERED A CHOICE OF HOSPITALS (CODE 2-5 AT D1):

D 3

IF SAW A CONSULTANT (CODE 1 AT C1)

Did **[CONSULTANT]** recommend one of these hospitals over the others?

IF DIDN'T SEE A CONSULTANT AND REFERRED TO A HOSPITAL (CODE 2 OR 3 AT C1 AND CODE 1-3 AT C2)

Did **[HEALTHCARE PROFESSIONAL]** recommend one of these hospitals over the others?

1. Yes
2. No
3. Don't know / can't remember

IF CONSULTANT/HEALTH PROFESSIONAL GAVE A RECOMMENDATION (CODE 1 AT D3)

D 4 IF SAW A CONSULTANT (CODE 1 AT C1)

Were you actually treated at the private hospital/private unit in an NHS hospital recommended to you by [CONSULTANT]?

IF DIDN'T SEE A CONSULTANT AND REFERRED TO A HOSPITAL (CODE 2 OR 3 AT C1 AND CODE 1-3 AT C2)

Were you actually treated at the private hospital/private unit in an NHS hospital recommended to you by [HEALTHCARE PROFESSIONAL]?

1. Yes
2. No
3. Don't know/can't remember

ASK ALL

D 5 Once you had decided to go private, what were the most important reasons for choosing which private hospital/private unit in an NHS hospital to attend?

SELECT ALL THAT APPLY

ROTATE

1. [CONSULTANT]'s recommendation – IF CODE 1 AT C1
2. [HEALTHCARE PROFESSIONAL]'s recommendation – IF CODE 2 OR 3 AT C1
3. Your private medical insurer's recommendation
4. Your friends'/family's recommendation
5. It was the only place where I could see my chosen private consultant
6. Your previous experience at that particular private hospital/private unit in NHS hospital
7. Reputation
8. Clinical outcomes (e.g. lower infection rates, higher recovery rates)
9. Medical facilities (e.g. specialist medical equipment)
10. Quality of care (e.g. care by nurses)
11. Better aftercare in follow-up visits
12. Comfort and quality of accommodation (e.g. characteristics of overnight rooms, waiting rooms)
13. Waiting times for appointment
14. Appointment times offered
15. Geographic location
16. Cost
17. Whether your private medical insurance would cover their cost (partially or fully)
18. Clinical expertise of consultants and other healthcare professionals working there
19. Feedback from other patients

ALWAYS AT THE END

20. Other (specify)
21. None of these
22. Don't know/can't remember

ASK ALL

- D 6 Had the hospital you attended not been available (e.g. say it had closed down), which other hospital would you have used?

SELECT ONE ONLY

ROTATE THE FIRST THREE

1. I would have had treatment/tests at [*IF SAMPLE FLAGGED AS PPU: a / IF SAMPLE FLAGGED AS PRIVATE: another*] private hospital
2. I would have had the treatment/tests at [*IF SAMPLE FLAGGED AS PPU: another / IF SAMPLE FLAGGED AS PRIVATE: a*] private unit at an NHS hospital
3. I would have had treatment/tests at an NHS hospital as an NHS patient
4. Other (specify)
5. Don't know

ASK ALL

- D 7 When choosing where/by whom to be treated privately, which was more important to you?

SELECT ONE ONLY

FLIP SCALE FOR EVERY SECOND INTERVIEW

1. Only the choice of hospital was important to me
2. The choice of hospital was more important to me than the choice of consultant
3. The choice of hospital and the choice of consultant were equally important
4. The choice of consultant was more important to me than the choice of hospital
5. Only the choice of consultant was important to me
6. Don't know/can't remember

E Travel to hospital

These questions ask you about your travel to [*IF SAW A CONSULTANT (CODE 1 AT C1): see the consultant and*] the hospital to have your tests or treatment. Remember that we are talking about [*IF SAW A CONSULTANT (CODE 1 AT C1): [CONSULTANT]* and] the hospital at which you gave consent to participate in this survey.

NEW SCREEN

ASK ALL

E 1 **IF SAW A CONSULTANT (CODE 1 AT C1):** Thinking of the travel time (one-way journey from your home) to see [CONSULTANT] for your first private consultation with him/her and to the hospital where you had your [TREATMENT]...

IF DIDN'T SEE A CONSULTANT (CODE 2 OR 3 AT C1): Thinking of the travel time (one-way journey from your home) to the hospital where you had your [TREATMENT]...

How long did it take for you to travel from your home to... ?

| | IF SAW A CONSULTANT (CODE 1 AT C1) a) ...see [CONSULTANT] for your first private consultation | b) ...the hospital |
|--------------------------------------|---|--------------------|
| Enter travel time in hours & minutes | | |
| Don't know/can't remember | | |

NOTE: If you saw your private consultant at the same place where you were treated/had tests, then enter the same travel time for both

E 2 How far would you have been prepared to travel from your home to...?

| | IF SAW A CONSULTANT (CODE 1 AT C2) a) ... see a better private consultant | b) ...a attend a better private hospital |
|--------------------------------------|--|---|
| Enter travel time in hours & minutes | | |
| Don't know | | |

Please enter total travel time of a single one-way journey from your home. If you wouldn't have been prepared to travel any further than you actually did, please enter the same travel time as in the previous question.

E 3 Which, if any, of the following would have encouraged you to travel further for your **[TREATMENT]**?

SELECT ALL THAT APPLY
ROTATE BLOCKS AND WITHIN BLOCKS

1. A recommendation from your GP or private consultant
2. A recommendation from friends/family
3. A recommendation from your private medical insurer
4. A private hospital with better reputation
5. A private hospital with better clinical outcomes (e.g. lower infection rates, higher recovery rates)
6. A private consultant with better reputation
7. A private consultant with better clinical expertise
8. If it was the only way you could see **[CONSULTANT]**
9. Better medical facilities (e.g. specialist medical equipment)
10. Better quality of care (e.g. care by nurses)
11. Better aftercare in follow-up visits
12. Better comfort and quality of accommodation (e.g. characteristics of overnight rooms, waiting rooms)
13. Reduced waiting times for appointments
14. More convenient appointment times
15. More convenient geographic location
16. Lower fees paid to the private consultant
17. Lower cost of the hospital

ALWAYS AT THE END

18. Other (specify)
19. None of these
20. Don't know

IF RESPONDENT HAD A CHOICE OF HOSPITALS (CODE 2-5 AT D1)

E 4 Which of the following better describes your experience?

SELECT ONE ONLY

1. Some of the hospitals that were suggested to me were beyond the distance I was willing to travel
2. All of the hospitals that were suggested to me were fine in terms of distance and I wouldn't have been prepared to travel further
3. I would have been willing to travel further than any of the hospitals that were suggested to me
4. Don't know

F Sources of information

ASK ALL

- F 1 Where did you ask for or look up information before deciding on either the private consultant or hospital to have your **[TREATMENT]**?

SELECT ALL THAT APPLY

ROTATE BLOCKS AND WITHIN BLOCKS

Talked to...

1. My GP
2. Other medical staff at my GP practice
3. Other non medical staff at my GP practice
4. My private medical insurer
5. Friends/family
6. Staff in the private hospitals/private units in NHS hospitals I was interested in
7. The private consultants I was interested in (including members of their staff)

Looked-up...

8. Websites of private consultants
9. Websites of private hospitals/private units in NHS hospitals
10. NHS Choices/other NHS websites
11. Dr Foster website
12. Private Medical Insurer's website
13. Other internet websites (e.g. Google search)

ALWAYS AT THE END

14. Other (specify)
15. None
16. Don't know/can't remember

IF CONSULTED SOURCES OF INFORMATION (CODE 1-14 AT F1)

- F 2 What types of information did you look up or find out?

1. OPEN-ENDED QUESTION – ENTER TEXT
2. Nothing
3. Don't know

ASK ALL

- F 3 What types of information about private consultants or hospitals would you like to have had, but was not provided to you or you didn't manage to find?

1. OPEN-ENDED QUESTION – ENTER TEXT
2. Nothing
3. Don't know

G Paying for treatment

The next few questions are about how you paid for the [TREATMENT] you had when you visited the private hospital/private unit in an NHS hospital on the day you gave your consent to take part in this survey.

G 1 IF PAID/WILL PAY FULLY/PARTIALLY VIA PMI (CODES 3-4 AT A6)

Which one of the following types of private medical insurance were you covered by for your [TREATMENT]?

IF PAID/WILL PAY ENTIRELY THEMSELVES (CODE 5 AT A6)

Though you paid/will pay entirely yourself for your [TREATMENT], did you have private medical insurance at that time?

If yes, please specify which type you had.

(If you had a company policy from previous employment that you are now paying into yourself, please count this as a private policy)

SELECT ONE ONLY

1. [IF PAID FOR DIRECTLY THEMSELVES – CODE 5 AT A6] No – did not have private medical insurance
2. Private policy – fully paid for by myself or by another member of my household
3. Corporate policy – partly or fully paid for by my employer or by the employer of another member of my household
4. Other (specify)
5. Don't know

IF HAD PRIVATE MEDICAL INSURANCE (CODE 2-4 AT G1)

G 2 Which insurer provided your private medical insurance at the time?

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

IF PAID/WILL PAY PARTLY THEMSELVES AND PARTLY VIA PMI (CODE 4 AT A6)

- G 3 You said that you paid/will pay for part of your [TREATMENT] yourself. Why did/will you pay for part of it?

SELECT ALL THAT APPLY

1. My insurance includes an excess (fixed amount payable)
2. My insurance includes a coinsurance (percentage of cost payable)
3. My insurance did not fully cover the tests or treatment I needed
4. I chose a private consultant that was not fully covered by my insurance
5. I chose a private hospital that was not fully covered by my insurance
6. The treatment/tests I had were covered by my insurance, but my claim was only partially approved by my insurer
7. I had reached the financial limit of my policy
8. Other (specify)
9. Don't know - I was not given this information
10. Don't know/can't remember

IF PAID/WILL PAY ENTIRELY THEMSELVES, DESPITE HAVING PMI (CODE 5 AT A6 AND CODE 2-4 AT G1)

- G 4 You said that you paid/will pay for all of your [TREATMENT] yourself. Which of these were reasons for you having to pay for all of it?

SELECT ALL THAT APPLY

1. I chose a private consultant that was not covered by my insurance
2. I chose a private hospital that was not covered by my insurance
3. The treatment/tests I had were not covered by my insurance
4. The treatment/tests I had were covered by my insurance, but my claim was not approved by my insurer
5. I decided not to claim, in spite of being partly or fully covered by my insurance
6. I had reached the financial limit of my policy
7. Other (specify)
8. Don't know/can't remember

IF CHOSE A CONSULTANT NOT COVERED/FULLY COVERED (CODE 4 AT G3 OR CODE 1 AT G4)

- G 5 You said you chose a private consultant whose fees were not fully covered by your insurance. Were you aware or made aware of any monetary restrictions in your policy regarding the consultant fees?

SELECT ALL THAT APPLY

1. Yes – I was made aware when I took out the policy
2. Yes – I was made aware before I was referred to my private consultant/hospital
3. Yes – I was made aware before the treatment/tests were done
4. No – I was not aware until after the treatment/costs had been incurred
5. Don't know/can't remember

IF MADE AWARE BEFORE TREATMENT/TESTS (CODES 1-3 AT G5)

G 6 Who made you aware of any monetary restrictions in your policy regarding the consultant fees?

SELECT ALL THAT APPLY

1. My private medical insurer
2. GP
3. Consultant who carried out the treatment/procedure (including members of their staff)
4. I checked my policy documents myself
5. Other (specify)
6. Don't know/can't remember

IF HAD PRIVATE MEDICAL INSURANCE (CODE 2-4 AT G1)

G 7 Were there any private consultants that you wanted to see but couldn't because their fees were not fully covered by your policy?

SELECT ALL THAT APPLY

1. Yes
2. No
3. Don't know/can't remember

IF PAID/WILL PAY PARTIALLY OR ENTIRELY THEMSELVES (CODES 4-5 AT A6)

G 8 You said that you paid/will pay for [IF CODE 4 AT A6: some / IF CODE 5 AT A6: all] of your **[TREATMENT]** yourself. Did you get a quote for it before it was carried out?

SELECT ONE ONLY

1. Yes – I got more than one quote (from different consultants/hospitals)
2. Yes – I got only one quote
3. No – I only found out about the cost of treatment after the treatment/tests had happened
4. Don't know/can't remember

IF PAID/WILL PAY PARTIALLY OR ENTIRELY THEMSELVES (CODES 4-5 AT A6)

G 9 How much [IF CODE 1 AT A7: did / IF CODE 2-5 AT A7: will] you pay yourself for your **[TREATMENT]** in total, excluding what was paid by your insurance but including any excess or coinsurance you had to pay? Please also include VAT (if payable)

Please provide your best estimate in £

1. ENTER NUMBER IN £
2. Don't know/can't remember

H Conjoint exercise

First screen

For the next few questions, please imagine that you were making decisions about your **[TREATMENT]** again.

Over the next few screens, you will see some options that you might have had to consider. When responding to the questions, please imagine these options were available to you.

Each option will refer to both the consultant in charge of your care and the hospital that you would attend and we will ask you to tell us which one you would choose.

For each option, we will give you some information to help you decide:

Type of hospital

- **Private hospital**
- **Private unit/private wing in an NHS hospital:** this is where you are treated privately within an NHS hospital.

Waiting time

Waiting time for the first appointment – *1 week to 8 weeks*.

Travel time

The travel time from your home to the hospital – *15 minutes to 120 minutes (2 hours)*.

Clinical expertise of the consultant

The quality of the medical care provided by the consultant – *fair, good, very good or excellent*.

Clinical quality of the hospital

The quality of the medical care provided by the hospital – *fair, good, very good or excellent*.

Standard of patient accommodation

Comfort and quality of accommodation at the hospital (e.g. characteristics of, overnight rooms, waiting rooms, food) – *fair, good, very good or excellent*.

Cost

IF PMI (codes 3-4 at A6): The total cost to you, excluding costs covered by your private medical insurance but including any excess or coinsurance you may have to pay. *This would range from no cost to you (i.e. fully paid for by your private medical insurance) to £1,000.*

IF Self-pay (code 5 at A6): Total cost to you, including consultant fees and hospital costs. *This would range from £XX to £XX [IF AMOUNT ENTERED AT G9 THEN £XX IS CALCULATED BASED ON +/- 20% OF THE AMOUNT ENTERED] / [IF 'Don't know' AT G9] 20% less than the amount you paid for your [TREATMENT] to 20% more.*

In some cases, some of these will say 'No information available'. This means that you would not have this information when making your choice.

Second screen

Over the next few screens you will see three different options at one time, as in the example below. On each screen, the information given to you about the three options will be different and may be shown in a different order.

Based on the information provided for each option you should decide where you would prefer to have your **[TREATMENT]**.

If none of the options shown are acceptable to you, then you can choose Option 4 - 'I would not choose any of these options'

So, looking at the example below...

Based on the information shown, which of these options would you choose?

SHOW EXAMPLE CONJOINT GRID

Select one only then click NEXT to continue

Third screen

The next few screens will ask you to make your choice "for real". Please take your time when answering each question.

Reminder: when answering, please imagine that you are making decisions about your **[TREATMENT]** again

QUESTION SCREENS

Based on the information shown, which of these options would you choose?

Select one only then click NEXT to continue

*Reminder: when answering, please imagine that you are making decisions about your **[TREATMENT]** again*

Click [here](#) for a reminder of the definitions of the categories

Grid [1-11] of 11

SHOW CONJOINT GRID

SCRIPT SET UP SO RESPONDENT HAS TO SELECT OPTION THEN CLICK ON THE NEXT BUTTON TO CONTINUE

ATTRIBUTES 2-6 ROTATED FOR EACH RESPONDENT

CONJOINT ATTRIBUTES AND LEVELS

| Attributes | | Levels | | | | |
|------------|-----------------------------------|--|---|--------------------------------------|--------------------------------------|--|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | Type of hospital | Private hospital | Private unit/private wing in NHS hospital | | | |
| 2 | Waiting time | 1 week | 2-3 weeks | 4-5 weeks | 6-8 weeks | |
| 3 | Travel Time | 15 minutes | 30 minutes | 45 minutes | 60 minutes | 120 minutes |
| 4 | Clinical expertise of consultant | Excellent | Very good | Good | Fair | No information |
| 5 | Clinical quality of hospital | Excellent | Very good | Good | Fair | No information |
| 6 | Standard of patient accommodation | Excellent | Very good | Good | Fair | |
| 7 | Cost to you (PMI) | No cost to you - fully paid for by insurance | £100 payment, rest paid by insurance | £250 payment, rest paid by insurance | £500 payment, rest paid by insurance | £1,000 payment, rest paid by insurance |
| | Cost to you (Self Pay) | 20% less | 10% less | Same | 10% more | 20% more |

IF NONE (OPTION 4) SELECTED AT LEAST ONCE IN THE CONJOINT

H 1 When you said that none of the choices offered was acceptable to you, which of these would you have been more likely to do?
SELECT ALL THAT APPLY

1. Look at options to have the tests/treatment on the NHS
2. Look for other options in private hospitals
3. Look for other options in private units/private wings in NHS hospitals
4. Not have the tests/treatment at all
5. Don't know

I Respondent information

Finally a few questions about you to help us to analyse your responses.

ASK ALL

- I 1 How much was/is the condition for which you had your **TREATMENT** affecting your ability to lead a full life? Please answer on a scale of 1 to 5 where 1 is 'not affected at all' and 5 is 'affected a great deal'.

1. Not affected at all
- 2.
- 3.
- 4.
5. Affected a great deal
6. Don't know
7. Prefer not to say

ASK ALL

- I 2 In the context of general health and all the health problems people may have...
How would you describe the severity of the health problem for which you were at the hospital?

1. Not severe at all
- 2.
- 3.
- 4.
5. Very severe
6. Don't know
7. Prefer not to answer

ASK ALL

- I 3 Are you...

1. Employed full time (30+ hours per week)
2. Employed part-time (less than 30 hours per week)
3. Self-employed full time (30+ hours per week)
4. Self-employed part-time (less than 30 hours per week)
5. In full time higher education
6. Retired
7. Not able to work
8. Unemployed and seeking work
9. Not working for other reason

ASK ALL

- I 4 **SOCIAL GRADE QUESTION BLOCK**

ASK ALL

I 5 Finally, please enter the first part of your postcode (e.g. B95, SE1, TQ1)

This information is confidential and will be passed to the Competition Commission who will use it for analysis purposes only, for example to look at which private hospitals/private patient units in NHS hospitals are near to you.

1. ENTER POSTCODE
2. Prefer not to say

To view our privacy policy please [click here](#).

Thank you for taking the time to complete this questionnaire.

7.5 Crossbreak headers and definitions

| CROSSBREAK | HEADER | SOURCE | DEFINITION |
|-----------------|--|--|---|
| Gender | Female | A1 | Code 1 |
| | Male | A1 | Code 2 |
| Age | 18-44 | A2 | Banded from exact age |
| | 45-54 | A2 | Banded from exact age |
| | 55-64 | A2 | Banded from exact age |
| | 65+ | A2 | Banded from exact age |
| Social grade | A | I4 | Derived from social grading question block |
| | B | I4 | Derived from social grading question block |
| | C1 | I4 | Derived from social grading question block |
| | C2DE | I4 | Derived from social grading question block |
| Working status | Working full or part time | I3 | Codes 1-4 |
| | Not working | I3 | NOTE: Includes 'Retired'. Codes 5-9 |
| | Retired | I3 | Code 6 |
| Country | England | A3 | Codes 1-9 |
| | Rest of UK (Scotland/Wales/NI) | A3 | Codes 10-12 |
| | Greater London | Derived from respondent postcode information | Derived from respondent postcode information |
| | UK minus Greater London urban | | Derived from respondent postcode information and standard urbanity measures |
| | UK minus Greater London mixed/rural | | Derived from respondent postcode information and standard urbanity measures |
| Affect on life | Affected (4-5) | I2 | Codes 4-5 |
| | Not affected (1-2) | I2 | Codes 1-2 |
| Severity | Severe (4-5) | I1 | Codes 4-5 |
| | Not severe (1-2) | I1 | Codes 1-2 |
| Affect/severity | Affected/ severe | I1/I2 | Code 4-5 at I1 and code 4-5 at I2 |
| | Affected AND not severe/ Not affected AND severe | I1/I2 | Code 4-5 at I1 and code 1-2 at I2 OR Code 1-2 at I1 and code 4-5 at I2 |
| | Not affected/ not severe | I1/I2 | Code 1-2 at I1 and code 1-2 at I2 |
| Hospital group | BMI | Sample | |
| | HCA | Sample | |
| | Nuffield | Sample | |
| | Ramsay | Sample | |
| | Spire | Sample | |
| Overnight stay | Yes | A5 | Code 1 |

| CROSSBREAK | HEADER | SOURCE | DEFINITION |
|----------------------------|--------------------------------------|--------|----------------------------------|
| | No | A5 | Code 2 |
| Treatment type | Surgery/ procedure under anaesthetic | A8 | Code 1 |
| | Medically supervised recovery | A8 | Code 2 |
| Consider NHS | Yes | B2 | Code 1 |
| | No | B2 | Code 2 |
| See private consultant | Yes | C1 | Code 1 |
| | Yes AND referred | C1/C2 | Code 1 at C1 and codes 1-3 at C2 |
| Referral | GP | C2 | Code 1 |
| | Private consultant | C2 | Code 2 |
| | NHS consultant | C2 | Code 3 |
| | Not referred | C2 | Code 4 |
| Prior knowledge consultant | Already knew | C2a | Code 1 |
| | Already knew/ had a good idea | C2a | Code 1 or 2 |
| | Didn't know/ DK | C2a | Code 3 or 4 |
| Prior hospital knowledge | Already knew | D1a | Code 1 |
| | Already knew/ had a good idea | D1a | Code 1 or 2 |
| | Didn't know/ DK | D1a | Code 3 or 4 |
| Number of consultants | 0 | C3 | Code 6 |
| | 1 | C3 | Code 1 |
| | 2 or more | C3 | Codes 2-5 |
| Number of hospitals | 0 | D1 | Code 6 |
| | 1 | D1 | Code 1 |
| | 2 or more | D1 | Codes 2-5 |
| Diversion | Private hospital | D6 | Code 1 |
| | PPU | D6 | Code 2 |
| | NHS | D6 | Code 3 |
| Relative importance | Consultant more | D7 | Code 4 or 5 |
| | Equally | D7 | Code 3 |
| | Hospital more | D7 | Code 1 or 2 |
| PMI | PMI – yes | G1 | Codes 2-4 |
| | PMI – no | G1 | Code 1 |
| | Private policy | G1 | Code 2 |
| | Corporate policy | G1 | Code 3 |
| Insurance coverage | AXA | G2 | Code 1 |
| | Aviva | G2 | Code 2 |
| | BUPA | G2 | Code 3 |
| | PRU Health | G2 | Code 4 |
| | Simply Health | G2 | Code 5 |
| | Not BUPA | G2 | Not code 3 |
| | Not AXA | G2 | Not code 1 |
| | Not BUPA or AXA | G2 | Not code 1 or 3 |
| Treatment paid for | In full by PMI | A5 | Code 3 |
| | Partly PMI/ partly myself | A5 | Code 4 |
| | Myself | A5 | Code 5 |

| CROSSBREAK | HEADER | SOURCE | DEFINITION |
|--|-------------------------|--------|-------------|
| | In full/partly by PMI | A5 | Code 3 or 4 |
| Stage of payment (those paying partially themselves/partly PMI) | Know total | A7 | Codes 1-3 |
| | Do not know yet | A7 | Code 4 |
| | Know/ have paid in full | A7 | Code 1 |
| | Know/ paid some | A7 | Code 2 |
| | Know/ not paid | A7 | Code 3 |

7.6 Net code definitions

| Question No | NET | Definition |
|--------------|---|--------------------------------------|
| A6 | Any PMI | Codes 3-4 |
| A7 | Know how much treatment/tests cost | Codes 1-3 |
| | Already paid for some/all | Codes 1-2 |
| | Not yet paid | Codes 3-4 |
| B1 | Any reason relating to private consultants | Codes 1-3 |
| | Any reason relating to private hospitals/PPUs | Codes 4-8 |
| | Any recommendation | Codes 16-17 |
| C2 | Referred by GP/other private consultant/NHS consultant | Codes 1-3 |
| | Saw a consultant – referred by GP/other private consultant/NHS consultant | Code 1 at C1 AND codes 1-3 at C2 |
| | Did not see a consultant – referred by GP/other private consultant/NHS consultant | Codes 2-3 at C1 AND codes 1-3 at C2 |
| C2a | Already knew/had a good idea | Codes 1-2 |
| C3 | 2 or more | Codes 2-5 |
| C6 | Any recommendation | Codes 1-3 and <i>code 17 (coded)</i> |
| D1a | Already knew/had a good idea | Codes 1-2 |
| D1 | 2 or more | Codes 2-5 |
| D5 | Any recommendation | Codes 1-4 |
| D6 | Private hospital/private unit at an NHS hospital | Codes 1-2 |
| D7 | Choice of hospital more important | Codes 1-2 |
| | Choice of consultant more important | Codes 4-5 |
| E1/2a | Would be prepared to travel further | E2a > E1a |
| E1/2b | Would be prepared to travel further | E2b > E1b |
| E3 | Any recommendation | Codes 1-3 |
| | Lower cost of consultant/hospital | Codes 16-17 |
| F1 | Talked to anyone | Codes 1-7 and <i>code 18 (coded)</i> |
| | Talked to any GP/practice staff | Codes 1-3 |
| | Talked to any staff at the hospital/private consultant they were interested in | Codes 6-7 |
| | Looked-up any information online | Codes 8-13 |
| G1 | Had PMI | Codes 2-4 |
| G5 | Yes – made aware before treatment/tests | Codes 1-3 |
| G8 | Yes – got a quote | Codes 1-2 |
| H1 | Private hospital/private unit in NHS hospital | Codes 2-3 |
| I1 | Affected | Codes 4-5 |
| | Not affected | Codes 1-2 |
| I2 | Severe | Codes 4-5 |
| | Not severe | Codes 1-2 |
| I3 | Working (full/part time) | Codes 1-4 |
| | Not working (including retired) | Codes 5-9 |

7.7 Codeframes

Codeframes are shown below for all questions where new codes were added to the existing response list as part of the coding exercise (*codes shown in italics were added during the coding exercise*).

| Patient treatment specialty | |
|-----------------------------|-----------------------------------|
| | |
| 01 | <i>Other</i> |
| 02 | <i>No answer</i> |
| 03 | <i>Insufficient information</i> |
| 04 | <i>Cardiology</i> |
| 05 | <i>Cosmetic Surgery</i> |
| 06 | <i>Dermatology</i> |
| 07 | <i>Endocrinology</i> |
| 08 | <i>Gastroenterology</i> |
| 09 | <i>Gynaecology and Obstetrics</i> |
| 10 | <i>General surgery</i> |
| 11 | <i>Hepatology</i> |
| 12 | <i>Histopathology</i> |
| 13 | <i>Nephrology</i> |
| 14 | <i>Neurology</i> |
| 15 | <i>Oncology</i> |
| 16 | <i>Ophthalmology</i> |
| 17 | <i>Otolaryngology</i> |
| 18 | <i>Orthopaedic</i> |
| 19 | <i>Pain management</i> |
| 20 | <i>Podiatry</i> |
| 21 | <i>Radiology</i> |
| 22 | <i>Respiratory/Pulmonology</i> |
| 23 | <i>Rheumatology</i> |
| 24 | <i>Urology</i> |
| 25 | <i>Vascular surgery</i> |

| B1 | Why did you choose to have your treatment privately rather than on the NHS? (MULTICODE) |
|----|--|
| | |
| 01 | Better clinical expertise of private consultants |
| 02 | Ability to choose a specific private consultant |
| 03 | Ability to spend more time with the private consultant |
| 04 | Better clinical outcomes at private hospitals/private units at NHS hospitals (eg lower infection rates, higher recovery rates) |
| 05 | Better medical facilities (eg specialist medical equipment) |
| 06 | Better quality of care (eg care by nurses) |
| 07 | Better aftercare in follow-up visits |
| 08 | Better comfort and quality of accommodation (eg characteristics of overnight rooms, waiting rooms) |
| 09 | Better reputation of private healthcare |
| 10 | Reduced waiting times |
| 11 | Availability of appointment times |
| 12 | More convenient geographic location |

| | |
|----|---|
| 13 | Because I have private medical insurance |
| 14 | The tests/treatment I needed were not available under the NHS |
| 15 | To access the expertise of private hospitals/private consultants based in London |
| 16 | Recommendation from my GP |
| 17 | Recommendation from friends/family |
| 18 | Other (please specify) |
| 19 | Don't know / can't remember |
| 20 | <i>Poor reputation / experience of NHS (eg mis-diagnosis / no diagnosis)</i> |
| 21 | <i>Recommendation from other health care professional (eg consultant, physio)</i> |

| | |
|-----------|--|
| C2 | If saw a consultant - who referred you for this private consultation? / If didn't see a consultant, thinking of the private hospital you visited, who referred you there? (SINGLE CODE) |
| | |
| 01 | A GP |
| 02 | Another private consultant |
| 03 | An NHS consultant |
| 04 | I was not referred, I visited him/her/the hospital without a referral |
| 05 | Other (specify) |
| 06 | Don't know / can't remember |
| 07 | <i>On-going treatment</i> |
| 08 | <i>PMI organised referral</i> |
| 09 | <i>Friend / Family recommendation</i> |
| 10 | <i>Previous treatment with consultant</i> |
| 11 | <i>Other health care professional recommendation (physio / optician / dentist etc)</i> |
| 12 | <i>Previously seen consultant at NHS hospital</i> |

| | |
|-----------|---|
| C4 | Did the healthcare professional discuss any of these things with you about the named private consultants you spoke about ? (MULTICODE) |
| | |
| 01 | Reputation |
| 02 | Clinical expertise |
| 03 | Waiting times for appointment |
| 04 | Appointment times offered |
| 05 | Geographic location |
| 06 | Fees |
| 07 | Whether your private medical insurance would cover their fees (partially or fully) |
| 08 | Private hospitals or private units of NHS hospitals where he/she works |
| 09 | Feedback from patients they had referred in the past |
| 10 | Other (specify) |
| 11 | None of these things were discussed |
| 12 | Don't know / can't remember |
| 13 | <i>Recommended by GP / Consultant/ other HCP / Family / Friend</i> |
| 14 | <i>Previous knowledge of consultant</i> |

| C6 | Once you had decided to go private, what were the most important reasons for choosing which private consultant to see? (MULTICODE) |
|-----------|---|
| | |
| 01 | Healthcare professional recommendation |
| 02 | Your private medical insurer's recommendation |
| 03 | Your friends'/family's recommendation |
| 04 | Your previous experience with this private consultant |
| 05 | Reputation |
| 06 | Clinical expertise |
| 07 | Waiting times for appointments |
| 08 | Appointment times offered |
| 09 | Geographic location |
| 10 | Fees |
| 11 | Whether your private medical insurance would cover their fees (partially or fully) |
| 12 | Private hospitals or private units of NHS hospitals whether he/she works |
| 13 | Feedback from their other patients |
| 14 | Other (specify) |
| 15 | None of these |
| 16 | Don't know / can't remember |
| 17 | <i>Recommended by other professional - Physiotherapist, Optician etc</i> |

| D2 | If saw a consultant did they discuss any of these with you about the hospitals you spoke about. If didn't see a consultant and referred to a hospital did healthcare professional discuss any of these things with you about the hospitals you spoke about. (MULTICODE) |
|-----------|--|
| | |
| 01 | Reputation |
| 02 | Clinical outcomes (eg lower infection rates, higher recovery rates) |
| 03 | Medical facilities (eg specialist medical equipment) |
| 04 | Quality of care (eg care by nurses) |
| 05 | Better aftercare in follow-up visits |
| 06 | Comfort and quality of accommodation (eg characteristics of overnight rooms, waiting rooms) |
| 07 | Waiting times for appointments |
| 08 | Appointments times offered |
| 09 | Geographoc location |
| 10 | Cost |
| 11 | Whether your private medical insurance would cover their cost (partially or fully) |
| 12 | Clinical expertise of consultants and other healthcare professionals working there |
| 13 | Feedback from their other patients |
| 14 | Other (specify) |
| 15 | None of these things were discussed |
| 16 | Don't know / can't remember |
| 17 | <i>Previous experience at the hospital</i> |
| 18 | <i>Where the consultant is based</i> |

| D5 | Once you had decided to go private, what were the most important reasons for choosing which private hospital/private unit in an NHS hospital to attend? (MULTICODE) |
|-----------|--|
| | |
| 01 | Consultant recommendation |
| 02 | Healthcare professional recommendation |
| 03 | Your private medical insurer's recommendation |
| 04 | Your friends'/family's recommendation |
| 05 | It was the only place where I could see my chosen private consultant |
| 06 | Your previous experience at that particular private hospital/private unit in NHS hospital |
| 07 | Reputation |
| 08 | Clinical outcomes (eg lower infection rate, higher recovery rates) |
| 09 | Medical facilities (eg specialist medical equipment) |
| 10 | Quality of care (eg care by nurses) |
| 11 | Better aftercare in follow-up visits |
| 12 | Comfort and quality of accommodation (eg characteristics of overnight rooms, waiting rooms) |
| 13 | Waiting times for appointment |
| 14 | Appointment times offered |
| 15 | Geographic location |
| 16 | Cost |
| 17 | Whether your private medical insurance would cover their cost (partially or fully) |
| 18 | Clinical expertise of consultants and other healthcare professionals working there |
| 19 | Feedback from other patients |
| 20 | Other (specify) |
| 21 | None of these |
| 22 | Don't know / can't remember |
| 23 | <i>Work at the hospital</i> |

| D6 | Had the hospital you attended not been available (eg say it had closed down), which other hospital would you have used? (SINGLE CODE) |
|-----------|--|
| | |
| 01 | I would have had treatment/tests at another private hospital |
| 02 | I would have had the treatments at another private unit/wing at an NHS hospital |
| 03 | I would have had treatment/tests at an NHS hospital as an NHS patient |
| 04 | Other (specify) |
| 05 | Don't know |
| 06 | <i>Guided by where consultant suggested / worked / advised</i> |

| F1 | Where did you ask for or look up information before deciding on either the private consultant or hospital to have your treatment ? (MULTICODE) |
|-----------|---|
| | |
| 01 | My GP |
| 02 | Other medical staff at my GP practice |
| 03 | Other non-medical staff at my GP practice |
| 04 | My private medical insurer |
| 05 | Friends / Family |
| 06 | Staff in the private hospitals/private wings in NHS hospitals I was interested in |
| 07 | The private consultants I was interested in (including members of their staff) |
| 08 | Websites of private consultants |
| 09 | Websites of private hospitals/private wings in NHS hospitals |
| 10 | NHS Choices / other NHS websites |
| 11 | Dr Foster website |
| 12 | Private medical insurer's website |
| 13 | Other internet websites (eg google search) |
| 14 | Other (specify) |
| 15 | None |
| 16 | Don't know/can't remember |
| 17 | <i>Previous experience of hospital / consultant</i> |
| 18 | <i>Other healthcare professional (not at GP practice) / other consultant</i> |
| 19 | <i>Existing patient</i> |

| F2 | What types of information did you look up or find out? |
|-----------|--|
| | |
| 01 | <i>Other</i> |
| 02 | Nothing / None |
| 03 | Don't know |
| 04 | <i>Consultants reputation / Qualifications / Expertise / Specialisms / CV</i> |
| 05 | <i>Patient Review / Forums / Feedback / ratings</i> |
| 06 | <i>Procedure information / treatment</i> |
| 07 | <i>Cost / value</i> |
| 08 | <i>Post operative care / recovery / success rate / procedure outcomes</i> |
| 09 | <i>Facilities at hospital / hospital information / performance</i> |
| 10 | <i>Found everything I needed / wanted to</i> |
| 11 | <i>Location of hospitals</i> |
| 12 | <i>General information (not further specified)</i> |
| 13 | <i>Recommendation from Medical Professional / Friends / Family</i> |
| 14 | <i>Appointment times / waiting times / admissions</i> |
| 15 | <i>Previous experience of consultant / hospital</i> |
| 16 | <i>Approved by / covered by / rated by / recommended by insurer / registered</i> |

| F3 | What types of information about private consultants or hospitals would you like to have had, but was not provided to you or you didn't manage to find? |
|-----------|---|
| | |
| 01 | <i>Other</i> |
| 02 | Nothing / none |
| 03 | Don't know |
| 04 | <i>Consultants reputation / Qualifications / Expertise / Specialisms / CV</i> |
| 05 | <i>Patient Review / Forums / Feedback / ratings</i> |
| 06 | <i>Procedure information / treatment</i> |
| 07 | <i>Cost / value</i> |
| 08 | <i>Post operative care / recovery / success rate / procedure outcomes</i> |
| 09 | <i>Facilities at hospital / hospital information / performance</i> |
| 10 | <i>Found all I needed / all provided</i> |
| 11 | <i>Happy with / relied on recommendation from GP</i> |
| 12 | <i>Comparative information / checking information on consultants / track records / rating / stats / ranking</i> |

| G2 | If had a PMI, which insurer provided your private medical insurance at the time? |
|-----------|---|
| | |
| 01 | AXA PPP Healthcare |
| 02 | Aviva |
| 03 | BUPA |
| 04 | PRU Health |
| 05 | Simply Health |
| 06 | WPA |
| 07 | Other (specify) |
| 08 | Don't know |
| 09 | CIGNA |
| 10 | CS Health Care |
| 11 | Beneden Health Care |
| 12 | Exeter Family Friendly |