ASHFORD AND ST PETER'S HOSPITALS AND ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUSTS MERGER INQUIRY

A research report prepared for:

The Competition and Markets Authority May 2015

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Issue FINAL: 4 June 2015

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1 Executive Summary

Background

1. The Competition and Markets Authority (CMA) is investigating the anticipated merger between Ashford and St Peter's Hospitals NHS Foundation Trust and Royal Surrey County Hospital NHS Foundation Trust. As part of the inquiry the CMA commissioned this research to help understand how patient choice for elective treatment might be affected by the merger. The key research objective was to understand from both referring GPs and patients the current choice set offered in the local area for elective treatments, and how these might be affected by the merger. Because of its geographical location, Ashford Hospital was excluded from the survey scope, and the survey interviewed only patients of Royal Surrey County Hospital (RSC) and St Peter's Hospital (StP).

2. 479 quantitative telephone interviews were conducted with patients who had been referred for one of the specialties of interest by a GP within the last six months: 251 interviews among StP and 228 among RSC patients.

3. 17 qualitative telephone depth interviews were conducted among GPs who had made a referral to either of the hospitals for one of the specialties of interest in the last three months.

Patient Survey

4. Almost all patients travelled to the hospital from their home, and the great majority lived within 30 minutes travel time of the hospital. StP patients tended to live closer, with one in three within 15 minutes' travel time compared with one in four RSC patients.

5. Four in five normally travelled to the hospital by car.

6. In the large majority of cases the first hospital appointment had been booked by the patient's GP and very few had used the online NHS Choose and Book online system.

7. One in two patients were aware before they visited the GP that they had a choice of hospitals to go to, and only a very small minority said they were unaware in advance but were informed by the GP that they had a choice. Most of those who were aware they had a choice before they went to the GP also knew which hospital they wanted to go to if the GP said they needed to be referred (about three in four).

8. The most important source of information used to decide which hospital to attend, among those who were aware they had a choice, was their own experience of the hospital, followed by information from their GP. No other source was mentioned by more than one in ten, and a significant minority did not look for any information at all.

9. One in four of those who were aware they had a choice discussed with their GP which hospital they might go to, and just over a quarter said their GP gave a recommendation of a hospital,

and in the large majority of these cases this recommendation was for the hospital that the patient actually attended. These results were consistent across hospital.

10. Those who were aware they had a choice were likely to say that the quality of their particular specialty was a more important factor in their choice of hospital than the quality of the hospital overall. Opinion was split more evenly between the relative importance of considerations about the initial appointment at the hospital or possible future treatment in making the choice of hospital.

11. When asked (without being prompted with possible reasons) why they had decided to go to the hospital they attended, the overwhelming single reason for StP patients was that it was close to their home: 62% said this, compared with 45% of RSC patients. Second choice in each case was good previous experience at that hospital, and among RSC patients this was almost as common a reason as proximity to home.

12. However, when patients were asked to rate the importance of features after prompting with a list of different features, the priority order changed. Top in importance was the expertise of the consultants and other healthcare professionals, and the next most important features were the quality of nursing care, good previous experience at the hospital, the availability of specialist medical equipment, and treatment outcomes. This finding appears to contradict the fact that spontaneously patients mentioned proximity to home as the most important driver of hospital choice. However, the explanation may be that whilst these top mentioned features (when prompted) are considered to be important in assessing a hospital, they are not necessarily the things that differentiate hospitals in the local area and influence choice. Both RSC and StP were rated equally highly in terms of the 'quality they offer' by the patients in this survey, and therefore there is not seen to be much difference on these quality features that are considered important. The features that differentiate hospitals are those mentioned spontaneously: proximity to home, previous experience at the hospital, and to some extent GP recommendation, and these are the things that are driving choice between hospitals.

13. Patients were asked which hospital they would have gone to had they not been able to get an appointment at the hospital they attended. Among RSC patients one in four (27%) said they would have gone to Frimley, while 16% would have gone to StP. However, the most common answer was that they did not know which other hospital they would have gone to (31%). The lack of a known second choice was even more evident among StP patients, with 41% saying they did not know which hospital they would have gone to instead. The most popular alternative was RSC (22%) followed by Frimley Park hospital (9%) and West Middlesex hospital (6%).

14. In calculating the diversion ratio responses, those who 'did not know' or 'would have asked GP/consultant' have been distributed pro-rata to the distribution between mentions of the merging and third party.

15. The diversion ratio was significantly higher among StP patients, at 0.41, then it was among RSC patients, where it was 0.25. This reflects the fact that more StP patients would have gone to the merging party than RSC patients, and that one particular third party, Frimley, was named more often as the second choice among RSC patients.

16. The diversion ratio was significantly higher among RSC patients who lived in the overlap area than those who lived in the RSC non-overlap area.

17. Around half the patients would have strongly preferred to have gone to the hospital they attended rather than their second choice, and a further one in ten would have slightly preferred the attended hospital. One in three felt there was no difference between the two and there were just under one in ten who would have actually preferred to go to the alternative hospital rather than the one they attended. There was no difference in the pattern of these results by hospital.

18. The preference for the hospital attended over the second choice hospital correlated strongly with travel time to the hospital. Among those who lived less than 15 minutes from the hospital attended nearly two in three said they would strongly have preferred that hospital, while this figure dropped to under one in three among those who lived 30 minutes or more away.

19. Patients were asked how they perceived the quality of the hospital they attended at the time they had made their choice (on a 5-point scale). They were then asked to imagine they had received new information (at the time they were deciding where to go) that led them to rank the quality of the hospital as one point lower on this five point scale, and asked how their choice of hospital would have been affected, if at all, by this new information. The overwhelming majority said their choice of hospital would not have been affected (and this was true of patients at each hospital).

GP Survey

20. GPs noted that **patient awareness of choice** was mixed. Some patients specified the hospital that they wanted to attend whilst others did not express a preference and asked for the GP recommendation. However it was clear that in the vast majority of cases – both amongst those who had a stated preference, and those who asked the GP for recommendation - patients expected that their referral would be to their local hospital. In most cases this expectation was realised.

21. Overall, most referral choices were made on the basis of **hospital location** and proximity to the patients' home. GPs particularly focused and prioritised location in the referral decision if they felt patients were more vulnerable and therefore may struggle with travelling further to access services further away.

22. This was also the case where GPs envisaged that the patient pathway could include multiple follow-up visits or appointments. For example, if they suspected that the patient may need surgery, and knew that surgery only took place at one site, they would consider recommending the patient go to the surgery site in the first instance. GPs agreed that location was the key priority for patients, and that the rationale needed to be strong for patients to consider travelling further afield for an appointment.

23. GPs were happy to reflect this local preference as they were confident in the quality of local services and knew that convenience and ease of access to hospitals was a key concern for patients, especially vulnerable patients. Where GPs knew that any potential follow-up treatment would be likely to take place at an alternative hospital site, some explained this to the patient giving them the option to have their initial appointment and any follow-up treatment at the same site, or their initial appointment at one site and follow-up treatment elsewhere. GPs noted that patient decisions in this regard were varied, with many still preferring for their initial appointment to be at their closest hospital even if this meant follow-up treatment would be elsewhere.

24. Patients who specified the hospital that they would like to attend were also driven by **previous experience** of the hospital. Positive experiences meant that patients were happy to return to a hospital. GPs also often felt it was beneficial to return to a hospital a patient had already attended as their notes were held at the hospital and it could ensure continuity of care from a holistic viewpoint. Where a patient had already attended a hospital and was happy to return, the referral decision was made on this basis with limited additional discussion of alternative options.

25. **Waiting times** could impact on patient experience, but information regarding these was only available via Choose and Book. Only a small number of GPs were using Choose and Book and therefore overall, waiting times was not a key priority when making a referrals decision for patients or GPs. In instances where Choose and Book was not used, GPs based their knowledge of waiting times on any reported negative feedback regarding these from patients; if they had not heard negative reports from patients regarding long waiting times, they assumed that waiting times were satisfactory.

26. **Expertise of a consultant or unit** was often the GP priority, with GPs keen to recommend on the basis of expertise where they had this knowledge. Given that GPs were most familiar with consultants and units at local hospitals, this recommendation would typically be to a nearby hospital. However, GPs felt that there was limited tolerance amongst patients to travel further afield for their appointment, and they would often still prefer to attend the closest hospital.

27. General quality of both StP and RSC was considered good and therefore GPs felt comfortable referring to either. However, where they had knowledge or awareness of a particular consultant or unit expertise they would make recommendations on this basis. Some specialties appeared to have strong reputations as shown below:

St Peters

- Cardiology
- Paediatrics
- Maternity
- Respiratory
- Orthopaedics
- Ophthalmology
- Urology
- Dermatology
- ENT

Royal Surrey County

- Oncology
- Endoscopy
- Urology
- ENT
- Dermatology (outreach)

Others

Frimley Park

- Neurology

Kingston

- Paediatrics
- Gynaecology

28. GPs were asked to consider situations that would result in them **diverting referrals to an alternative hospital.** Many spontaneously cited concerns with specialty level quality and service as reasons that they envisaged would result in referrals diversion. The research suggests that specialty level factors were often top of mind for two reasons. Firstly, that these were the types of factors that had historically resulted in diversion of referrals and therefore it was easy for GPs to reflect that these could cause a future diversion to an alternative. Secondly, GPs were able to evaluate these aspects of quality and service provision via patient feedback. Frequent occurrences of the following types of negative feedback from patients could potentially result in diverting referrals elsewhere (although some noted that they would speak to the consultant or unit in the first instance seeking to rectify any issues or concerns):

- Very long waiting times
- Bounce-back referrals (where referrals are returned to the GP)
- Staffing capacity (with particular concerns cited for availability of staff to provide sufficient aftercare for patients following treatment)
- Poor consultant attitude

29. GPs generally found it more difficult to envisage hospital-wide situations that would result in them diverting referrals. The confidence in local hospitals meant that many suggested that significant deterioration would need to occur for them to divert their referrals, and they felt that this degree of deterioration would be unlikely to happen. Significant deterioration was associated with circumstances such as the outbreak of a super-bug or MRSA, or a notable increase in mortality rates.

30. Overall there were mixed **views towards the proposed merger**, with some concerns regarding the location of services. GPs noted that whilst there would be potential to create centres of excellence many wondered whether their patients would be willing to travel further to access these. Should the merger go ahead, GPs expressed concern that patients would be

required to travel further to access services (for example, services for one specialty are sited at either StP or RSC).

31. However, there was agreement amongst GPs that if required to travel further to access services there are good local alternatives that are similarly further afield and currently not often considered for referrals, that could be considered as part of the decision making process. Some felt that broadening out the number of hospitals considered for a referral, to include these alternatives could be beneficial as it would increase patient choice. However, some noted that they and other GPs may lack knowledge and experience regarding expertise of consultants and units at these other alternative hospitals. They currently tended to refer to the closest hospitals for the majority of referrals and therefore knowledge and awareness of consultant and unit expertise tended to focus on their most local hospitals only.

32. Overall, the key concern for GPs is how the merger will work in practice and how this will impact on referrals decisions given that location and proximity of service is the key patient priority when making decisions.

Overall Summary

33. Some consistent themes have been identified across the two surveys. Hospital proximity to the patient home is a key driver of patient choice and is also a strong rationale for GP's in the referral process.

34. It is evident that there is not always information available to choose on other criteria, such as waiting times or expertise of consultancy/clinical outcomes. This is evident amongst both patients and GPs. Only a few patients undertake detailed research before seeing their GP, and GPs are busy individuals and may not have the time, particularly in smaller practices, to keep up-to-date with the latest statistics, relying instead on patient feedback or other anecdotal information.

35. It is also evident that both merging parties are seen to offer high quality services, by both patients and GPs.

36. In most cases therefore GPs are happy to make referrals based on hospital proximity to patient home, or previous experience, which are the key drivers of choice among patients.

2 Background and Research Objectives

37. The Competition and Markets Authority (CMA) has been investigating the anticipated merger between Ashford and St Peter's Hospitals NHS Foundation Trust and Royal Surrey County Hospital NHS Foundation Trust. As part of the inquiry the CMA commissioned GfK NOP to undertake a research exercise to help understand how patient choice for elective treatment might be affected by the merger. Because of its geographical location, Ashford Hospital was excluded from the survey scope, and the survey interviewed only patients of Royal Surrey County Hospital (RSC) and St Peter's Hospital (StP).

38. The key research objective was to understand from both referring GPs and patients the current choice set offered in the local area for elective treatments, and how these might be affected by the merger.

39. The research among referring GPs was designed to establish how they decide which hospitals to refer patients to for various types of care; the choice they offer to patients; and the action they would take if one of the merging hospitals stopped offering a specialism or lowered quality.

40. The research among patients who had been referred recently by local GPs to one of the merging hospitals was designed to cover their choice of hospitals; the reasons they chose the hospital they attended; and what they would have done if the hospital they were attending did not offer the treatment they required or lowered quality.

3 Research Design

3.1 Patient Survey

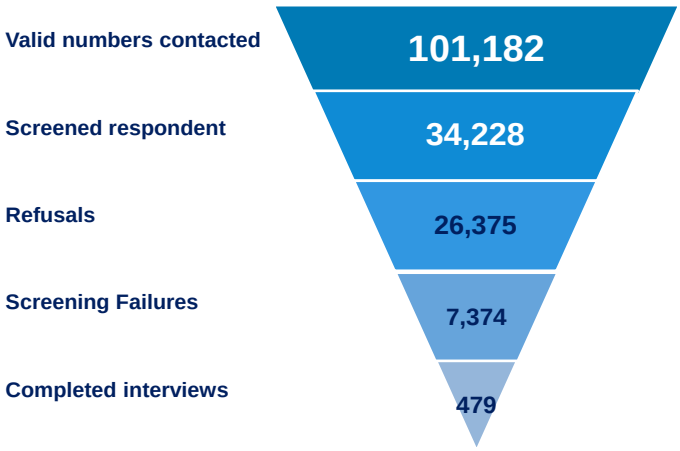
41. 10-minute telephone interviews were undertaken with patients who lived within the catchment area of Royal Surry County (RSC) and Ashford St Peter's (StP) hospitals. The Ashford hospital in Ashford was not included within survey scope due to its geographical location.

42. Households within each area were selected by random digit dialling. This covered all postcode areas within the StP catchment area which also covered part of the RSC catchment that overlapped with the StP area. Within the part of the RSC catchment area that does not overlap with the StP area (hereafter referred to as the non-overlap area), household telephone numbers were selected from postcode areas which included a GP practice that had made at least five referrals to the specialties of interest in the last 12 months (to increase the efficiency of recruiting eligible patients).

43. Respondents within the selected households were screened to identify patients who had been referred to the hospital for one of the specialties of interest within the last 6 months. Within the overlap area interviews were taken among patients referred to either hospital, but only among RSC patients in the non-overlap RSC area. The initial referral must have been made by a GP (or a Dentist or Optometrist for relevant specialties) to qualify for an interview. The full list of qualifying specialties is shown in the questionnaire (appended).

44. Figure 1 below shows the breakdown of sample used. 101,182 valid telephone numbers were dialled, from which we contacted 34,228 respondents (the difference is households where we made no contact with a respondent e.g. no answer, answerphone, appointments made to call back later etc.). 7,853 respondents were screened and 26,375 refused to take part, so of all those contacted 23% participated in the survey. 7,374 of the screened respondents were ineligible to take part, in the great majority of cases because they had not been referred to the hospital within the last six months, this leaving 479 completed interviews with eligible patients.

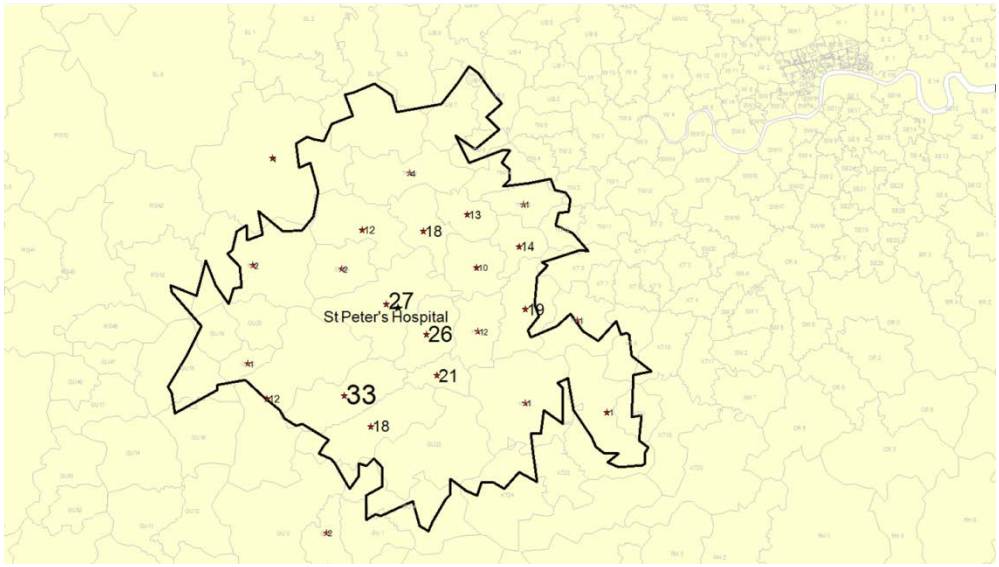
Figure 1: Sample breakdown



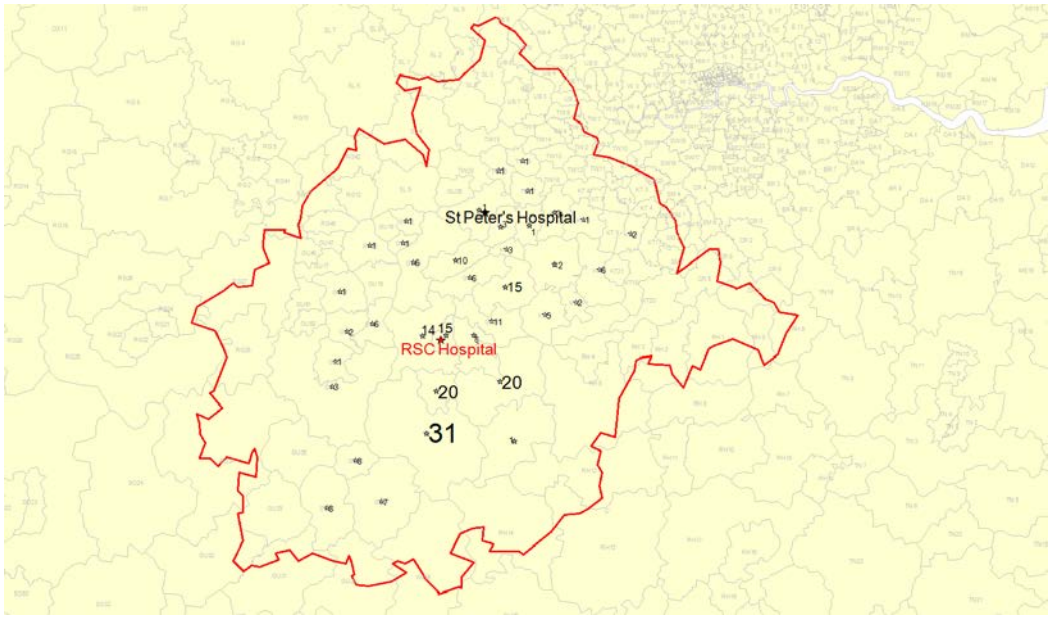
45. 251 interviews were undertaken with StP patients and 228 with RSC patients, conducted 30 April – 17 May 2015. Looking at the latter by place of residence, 47 RSC patients lived in the overlap area and 181 in the non-overlap area, and this split matched the estimated RSC patient profile almost exactly (based on known adult population figures and the incidence of eligible respondents measured in the screening). The Figures below show the distribution of interviews achieved by postcode area for each hospital (note different map scales).

Figure 2: Patient home postcode area

Home location - StP patients



Home location – RSC patients



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46. Significance testing has been applied to identify statistically significant differences in results (at the 95% level). These differences are marked by an asterisk in the Figures.

47. References are made throughout the patient survey of 'GP' influence and behaviour. It should be noted that for some specialties the initial referral may have been made by a Dentist or Optometrist rather than a GP. The term 'GP' should therefore be viewed as the generic one that also covers Dentist or Optometrist referrals where applicable.

3.2 GP Survey

48. The qualitative stage of the project was conducted with referring GPs, to obtain in-depth information about GP opinions and experiences of making referral decisions and views on the proposed merger. It was thus not designed to represent the whole population of GPs, but instead to understand the referral process in more detail and amplify the quantitative findings.

49. The sample of GPs included a spread of the following in the sample profile;

- Hospital catchment area
- Size of the GP practice
- Number of GPs at the practice
- Years of experience as a GP

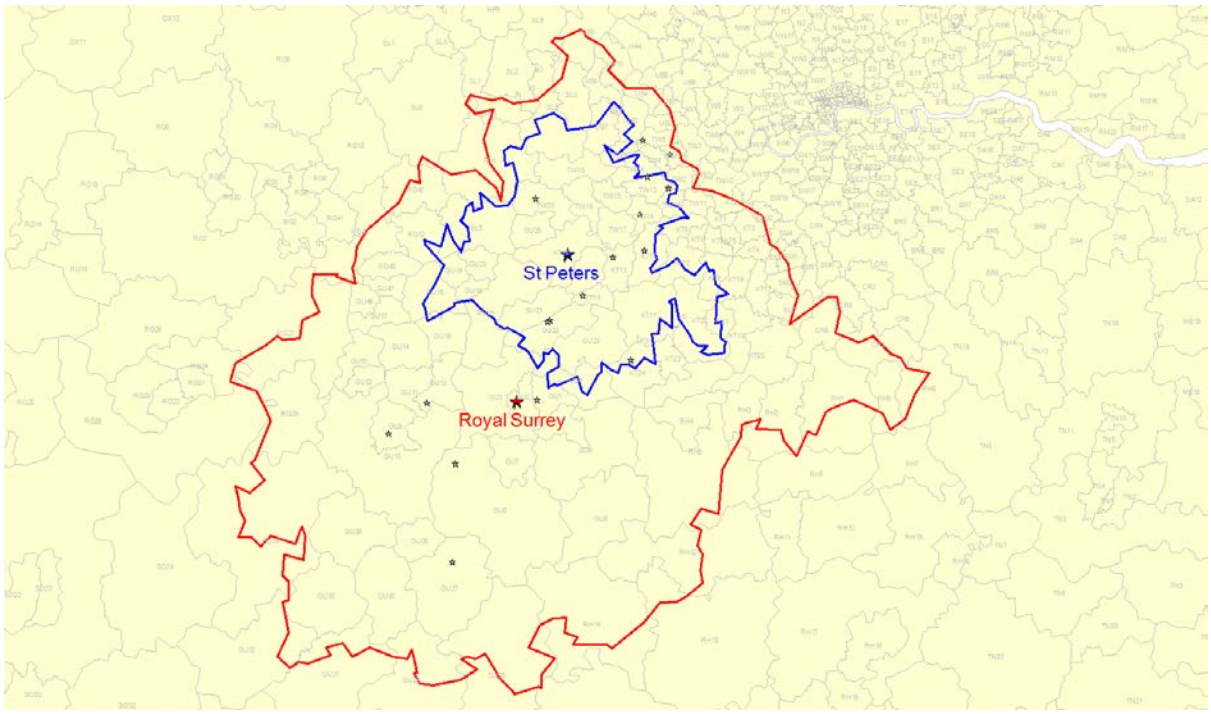
50. 17 telephone depth interviews were carried out, and Figure 3 below details the breakdown by GP type. Only one interview was conducted at any GP practice.

Figure 3: Qualitative sample

Quotas		Total
Catchment area	RSC only	6
	StP only	6
	Overlap	5
Job title	Partner	17
Practice size	7,000 or more	13
	Fewer than 7,000	4
Total GPs at Practice	1-3	3
	4-6	6
	7-10	8
Number of years experience	Under 20 years	7
	20+ years	10

51. The map in the Figure below indicates the catchment areas of RSC and StP hospital and the stars on the map represent the location of GP surgeries where we interviewed.

Figure 4: GP locations



52. The first draft of the discussion guide was produced by GfK after a meeting with CMA, discussing the main aims of the research and the amount of information that could be collected within a 45 minute telephone depth interview. The initial draft was refined over several iterations, and the final version is appended.

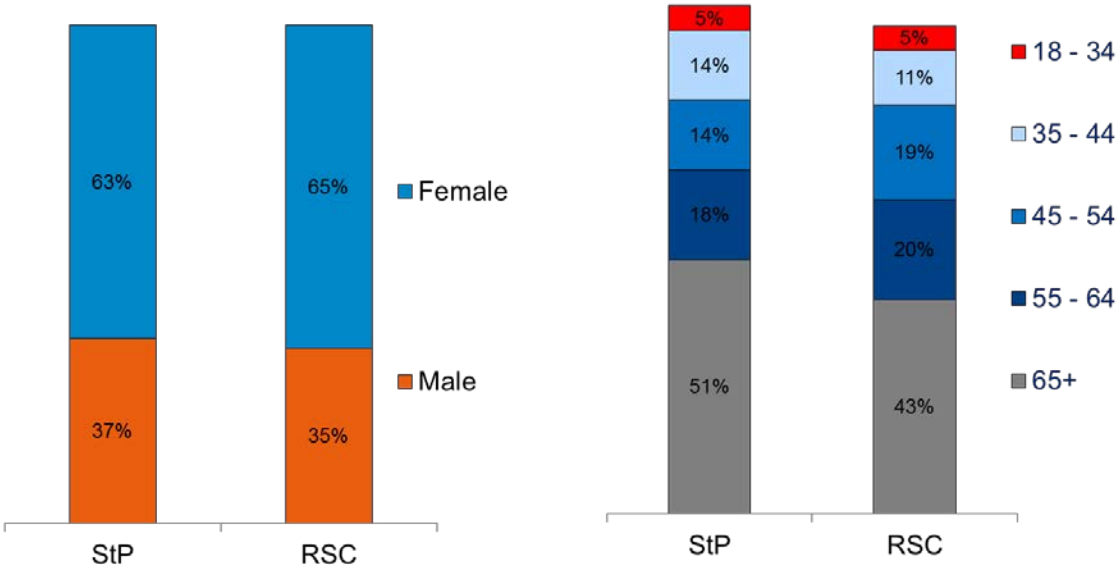
53. Interviewing was conducted between 21 April and 20 May, 2015.

4 Patient Survey

4.1 Patient Characteristics

54. The gender split was almost identical between the two hospitals, with each being very close to two-thirds female and one-third male patients. There was a difference by age, however, with StP patients being noticeably older: 51% were 65+ years compared with 43% of RSC patients. At each hospital only 5% of patients were aged 18-34.

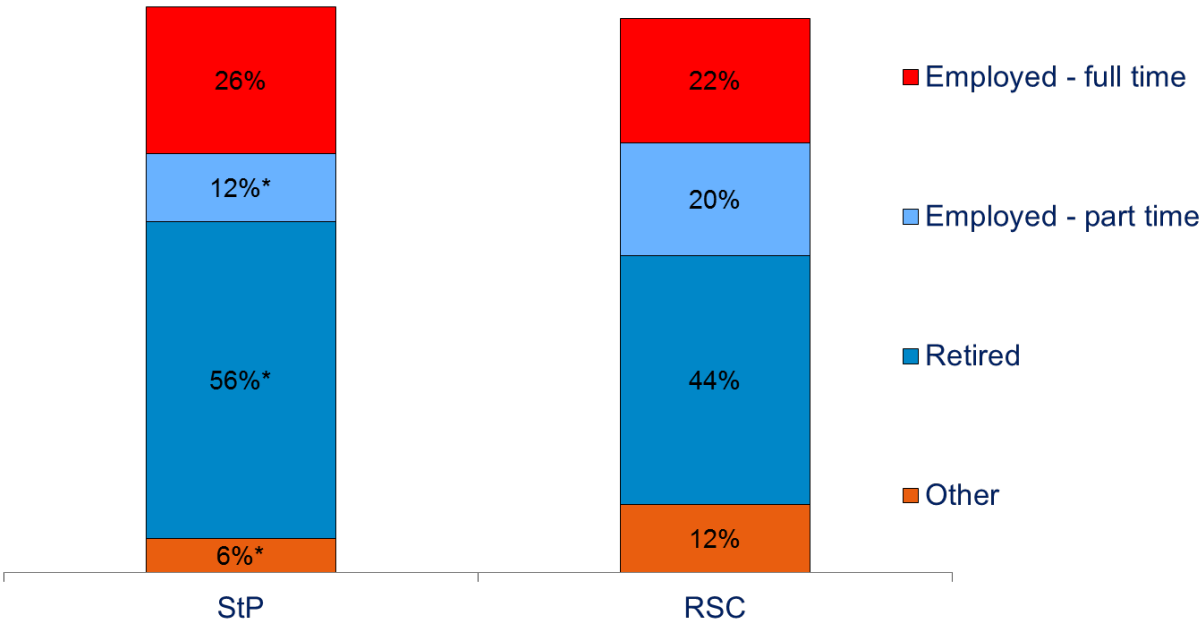
Figure 5: Gender and Age



E5. Record gender E6. Into which of these age bands do you fall?
Base All (StP 251; RSC 228)

55. Given the older profile of StP patients it is not surprising that more of them were retired (56% versus 44% at RSC), although the retired were still the largest group at RSC as well, very slightly ahead of the 42% who were employed.

Figure 6: Working status

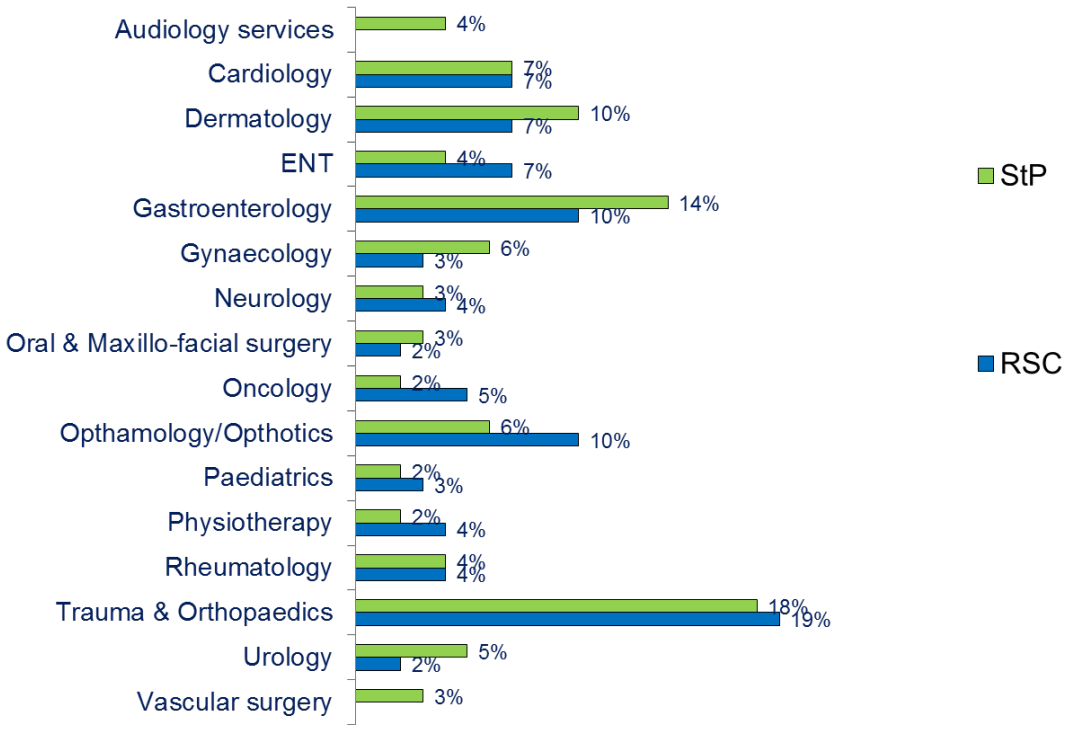


E7. What is your working status?

Base All (StP 251; RSC 228)

56. The most common specialty among patients at each hospital was Trauma and Orthopaedics (19% RSC, 18% StP). In second place at StP was Gastroenterology (14%), while at RSC Gastroenterology was in equal second place with Ophthalmology/Opthotics (both 10%). The only other specialty accounting for 10% of patients at either hospital was Dermatology (10% at StP).

Figure 7: Specialty patients were initially referred for



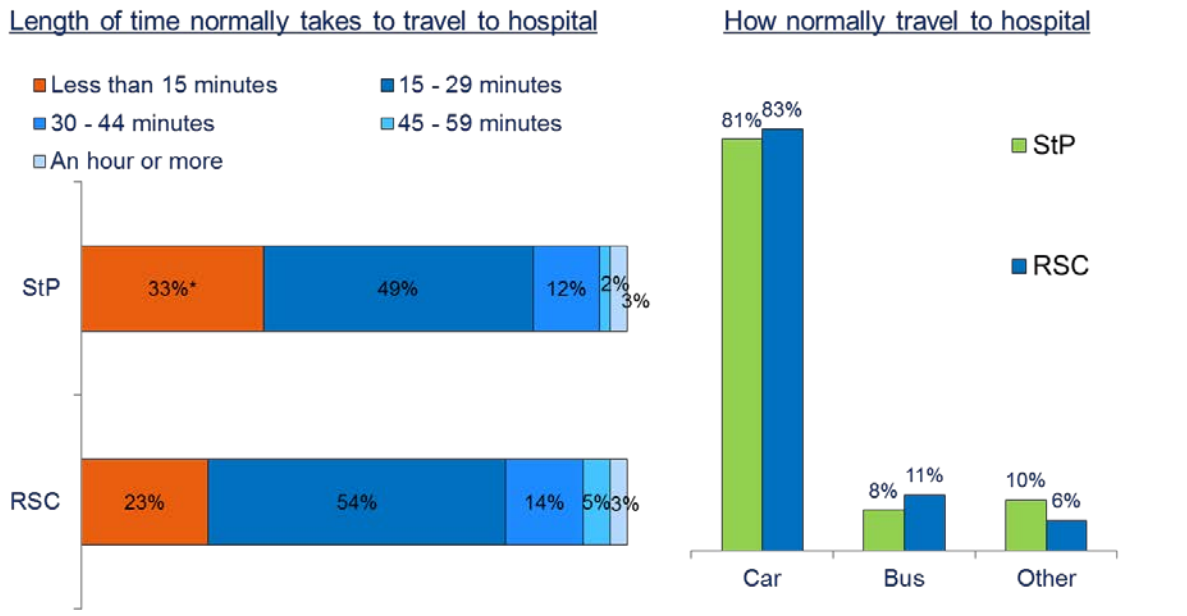
S3/A4/A5. For which hospital specialty was your condition initially referred?

Base All (StP 251; RSC 228)

57. Almost all patients travelled to the hospital from their home (97% StP, 96% RSC), and the great majority lived within 30 minutes travel time of the hospital. StP patients tended to live closer, with 33% within 15 minutes' travel time compared with 23% of RSC patients. Only 3% from each hospital lived an hour or more from the hospital.

58. Four in five normally travelled to the hospital by car (83% RSC, 81% StP) and around one in ten went by bus (11% RSC and 8% StP).

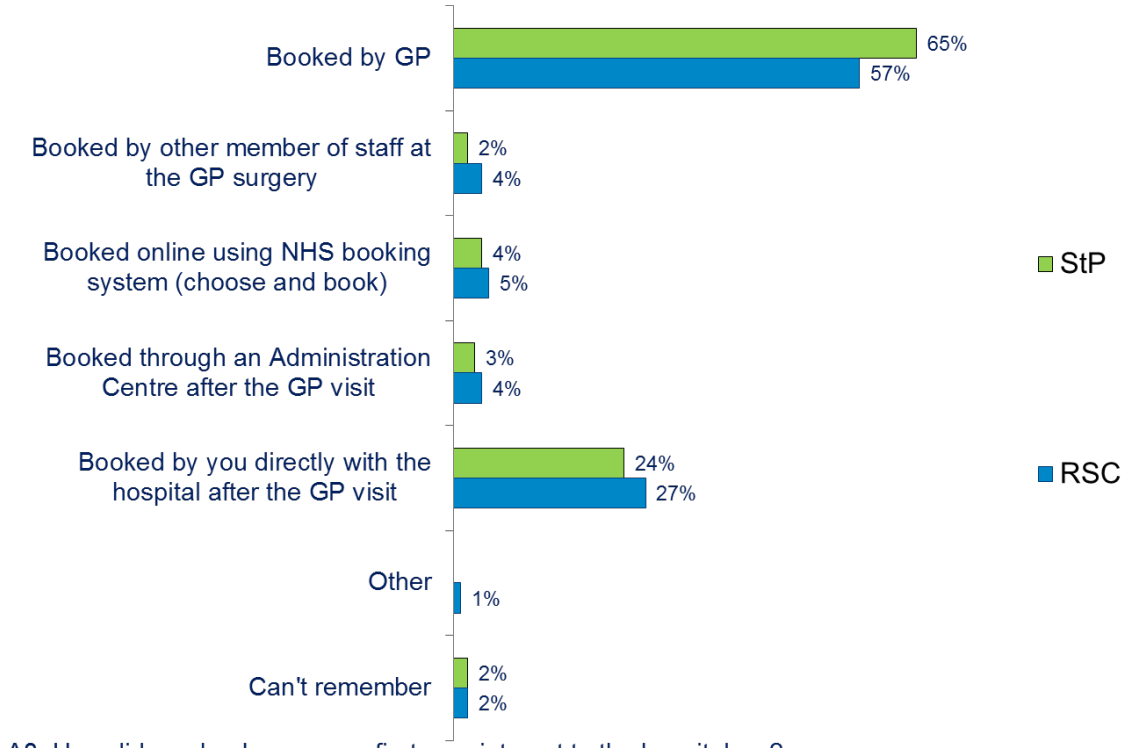
Figure 8: Travel to the hospital



E2. How long does it normally take you to travel to the hospital? E3. How do you normally travel to the hospital?
Base All (StP 251; RSC 228)

59. Patients were asked how they booked their very first appointment to the hospital. Some care is required interpreting the results, as quite a few could only recall receiving a letter from the hospital with their appointment, and were not sure whether this had been booked by the GP or the hospital (and some interpreted this as being booked by themselves with the hospital after the GP visit). However, it is clear that in the majority of cases the first hospital appointment had been booked by the patient's GP (65% StP, 57% RSC), and very few had used the online NHS Choose and Book online system (4% StP, 5% RSC).

Figure 9: How booked first hospital appointment

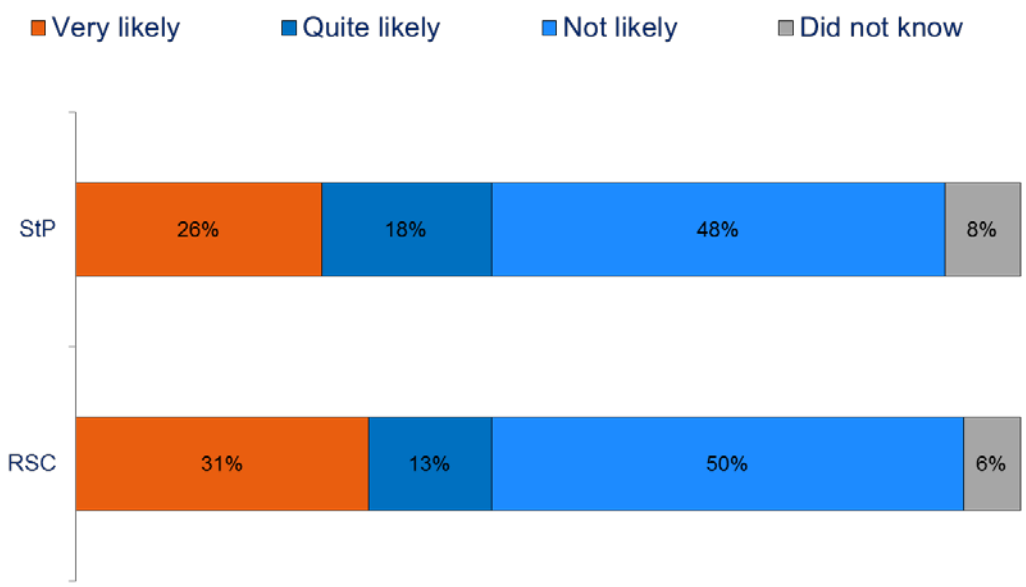


A8. How did you book your very first appointment to the hospital…..?

Base All (StP 251; RSC 228)

60. Patients were evenly split as to whether or not they had expected at the time of their initial referral that they would subsequently need treatment or surgery, with half saying they thought it was not likely (50% RSC and 48% StP), and slightly fewer saying they thought it was very or quite likely. There was no difference in the pattern by hospital.

Figure 10: Perceived likelihood of having surgery/treatment at time of referral



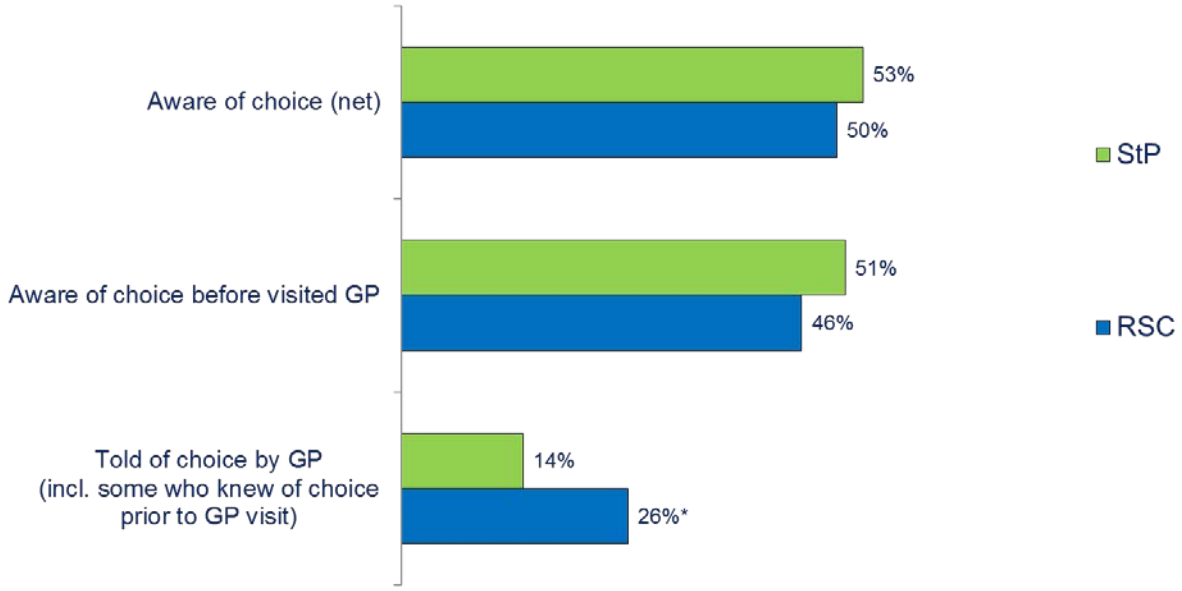
A9. At the time of your initial referral to the hospital, how likely did you think it was that you would be admitted to the hospital for planned surgery or treatment?

Base All (StP 251; RSC 228)

4.2 Patient Choice

61. Half the patients (51% StP, 46% RSC) were aware before they visited the GP that they had a choice of hospitals to go to. Only a very small minority (4% RSC, 2% StP) said they were unaware in advance but were informed by the GP that they had a choice. Thus overall 53% of StP and 50% of RSC patients were aware after the GP consultation that they had a choice of hospital.

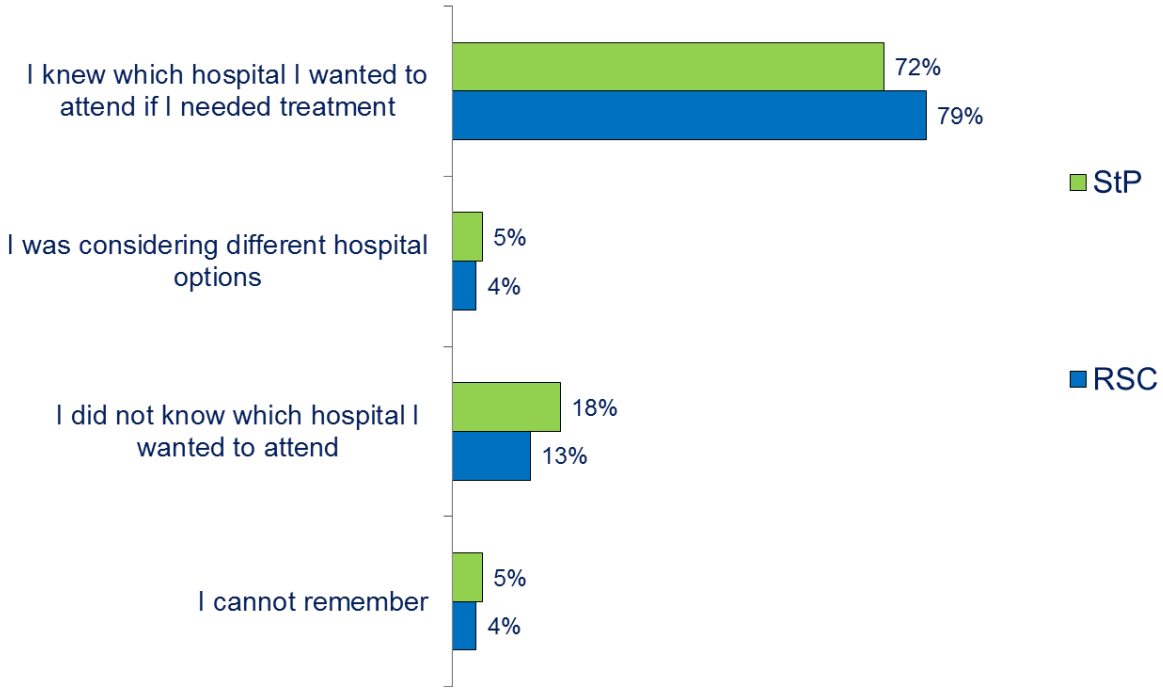
Figure 11: Awareness of hospital choice



B1. Before you first visited the GP for the condition you were originally referred for, did you know that you had a choice of hospitals that you could have gone to if you needed treatment, or not?
B3. At the time of your initial referral, did the GP tell you that you had a choice of hospitals that you could have gone to for your condition, or not?
Base All (StP 251; RSC 228)

62. Most of those who were aware they had a choice before they went to the GP also knew which hospital they wanted to go to if the GP said they needed to be referred (79% RSC, 72% StP). Only one in twenty (5% StP, 4% RSC) were considering different hospital options, with most of those who had not chosen a hospital saying they did not know which one they wanted to go to (18% StP, 13% RSC).

Figure 12: Whether knew which hospital wanted to attend before seeing GP

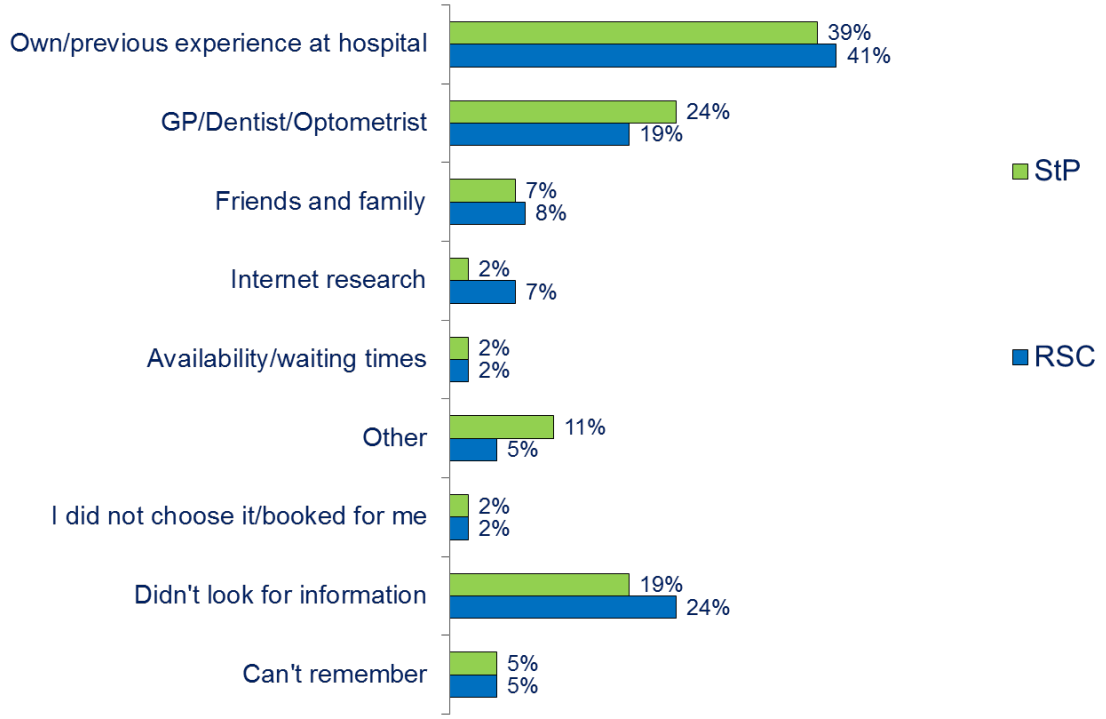


B2. Which of the following best describes your situation before you first visited the GP for the condition you were originally referred for?

Base All who were aware that they could choose a hospital before seeing GP (StP 129; RSC 105)

63. The most important source of information used to decide which hospital to attend, among those who were aware they had a choice, was their own experience of the hospital (41% RSC, 39% StP), followed by information from their GP (24% StP,19% RSC). No other source was mentioned by more than 10%, and a significant minority did not look for any information at all (24% RSC, 19% StP).

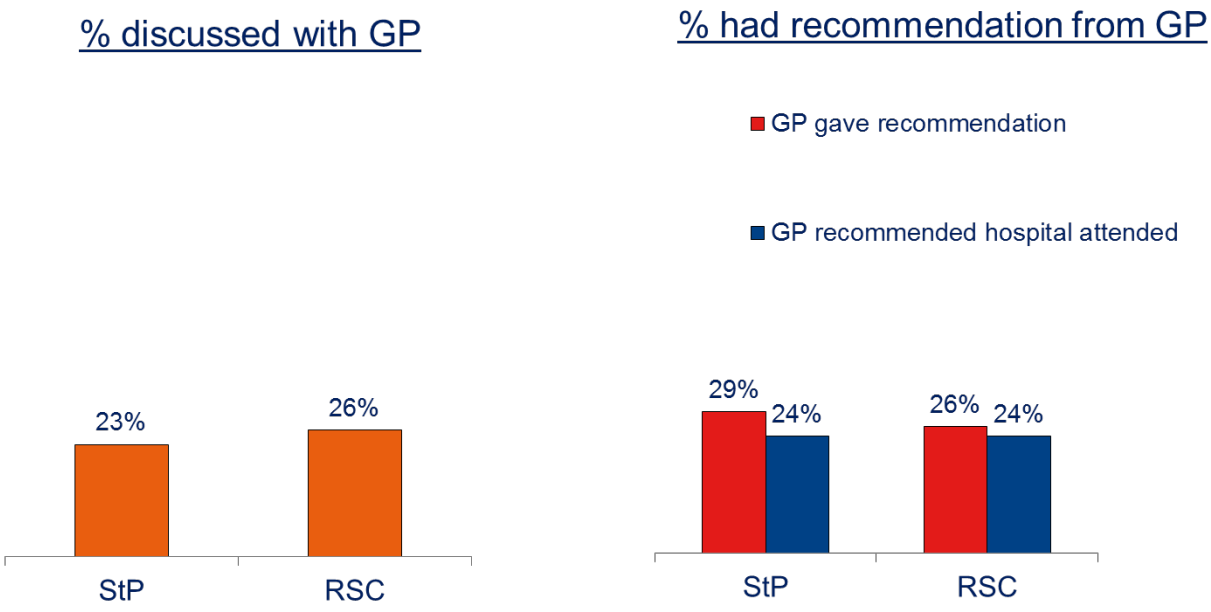
Figure 13: Information sources used to decide which hospital to attend



B4. What sources of information did you use to decide which hospital to attend?
Base All who were aware that they could choose a hospital (StP 132; RSC 115)

64. One in four of those aware they had a choice discussed with their GP which hospital they might go to (26% RSC, 23% StP). Just over a quarter (29% StP, 26% RSC) said their GP gave a recommendation of a hospital, and in the large majority of these cases the recommendation was for the hospital that the patient actually went to.

Figure 14: Whether discussed choice with GP or received recommendation



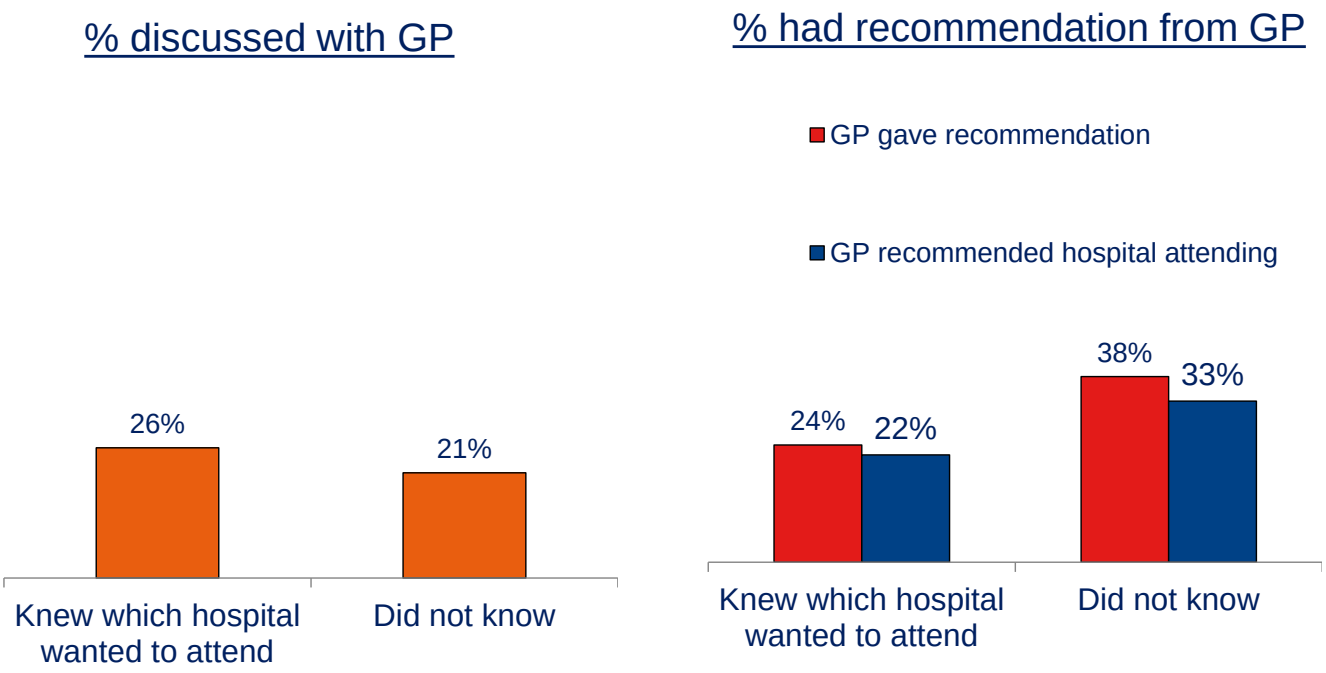
B5. Did you discuss which hospital you might go to for your condition with the GP who referred you, or not?
B6. Did the GP recommend a hospital, or not?
B7. Did the GP recommend {Text insert eligible hospital from S1, A1,A3} hospital, or not?

Base All who were aware that they could choose a hospital (StP 132; RSC 115)

65. There was little correlation between knowing in advance which hospital patients wanted to go to and whether they discussed it with their GP. Among those who knew which hospital they wanted to go to 26% discussed it in advance, while among those who did not have a pre-existing preference 21% discussed hospital choice with the GP.

66. However, there was a greater difference as far as GP recommendations were concerned: among those who did not have a pre-existing preference the GP made a recommendation for 38%, while among those with a preference the GP made a recommendation in only 24% of cases. The same pattern held for GPs recommending the hospital the patient actually went to: this happened in 33% of cases where the patient did not have a pre-existing preference, and 22% of cases where they did.

Figure 15: Whether discussed choice with GP or received recommendation

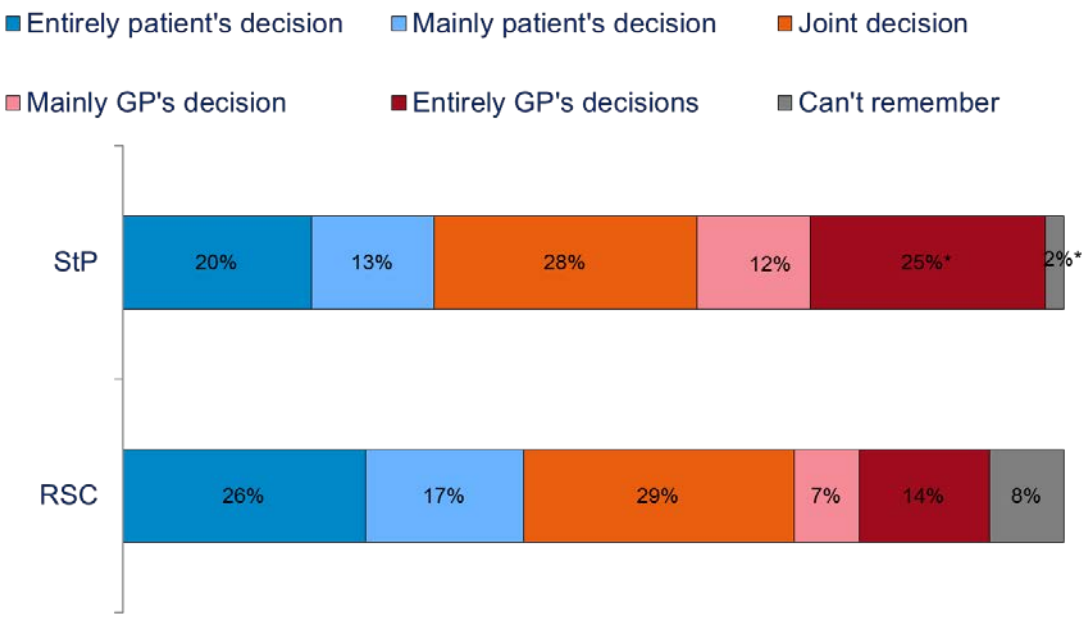


B5. Did you discuss which hospital you might go to for your condition with the GP who referred you, or not?
B6. Did the GP recommend a hospital, or not?
B7. Did the GP recommend {Text insert eligible hospital from S1, A1,A3} hospital, or not?

Base All aware of choice who knew which hospital they wanted to attend (176), All who did not know (58)

67. Patients said they played at least some part in the choice of hospital in a clear majority of cases, though less so at StP than RSC. Among StP patients who knew they had a choice 25% said it was entirely their GP's choice which hospital they went to, compared with just 14% at RSC. At the other extreme, 26% of RSC patients said it was entirely their choice, as did 20% of StP patients.

Figure 16: Who made decision about hospital to attend

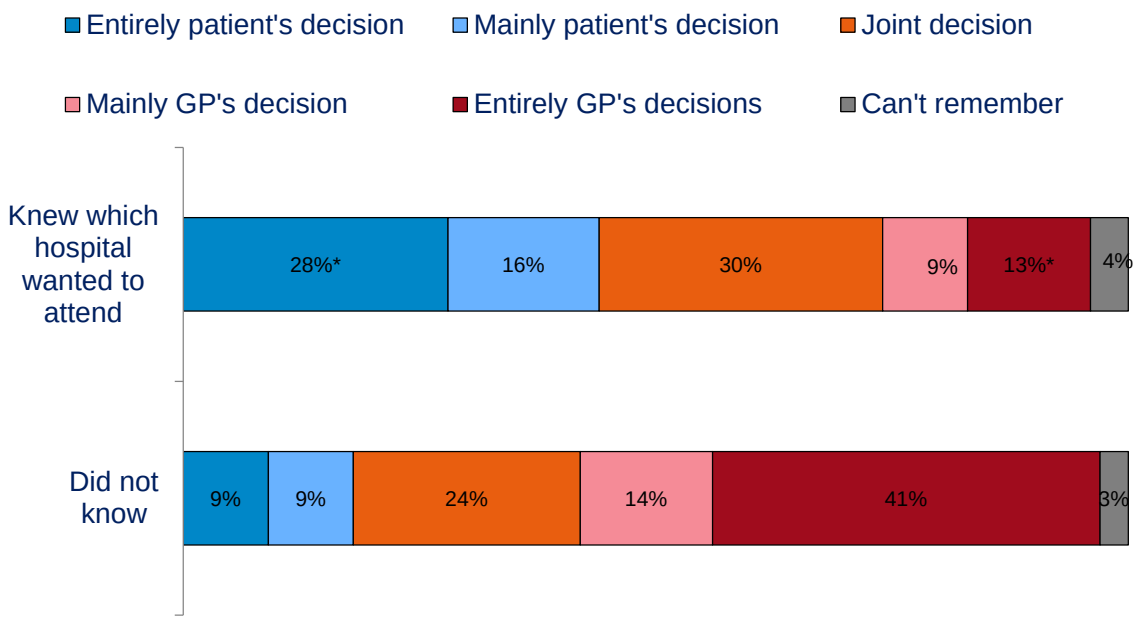


B8. Thinking about when you decided which hospital to go to, how much input did you have, and how much input did the GP have in the decision?

Base All who were aware that they could choose a hospital (StP 132; RSC 115)

68. Those who knew in advance which hospital they wanted to go were much more likely to say the final choice of hospital was entirely their decision: 28% did so, compared with only 9% of those who did not know in advance which hospital they preferred. In contrast, 41% of those with no advance preference said the final decision was entirely their GP's, while only 13% of those with an advance preference said it ended up being entirely their GP's decision.

Figure 17: Who made decision about hospital to attend

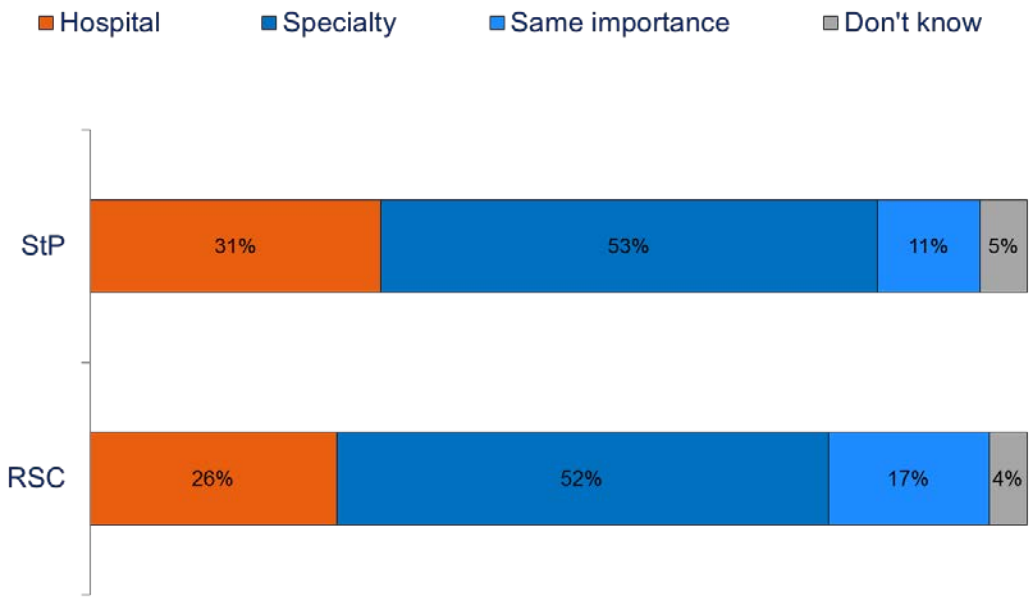


B8. Thinking about when you decided which hospital to go to, how much input did you have, and how much input did the GP have in the decision?

Base All aware of choice who knew which hospital they wanted to attend (176), All who did not know (58)

69. Half of those who were aware they had a choice said the quality of their particular specialty was a more important factor in their choice of hospital than the quality of the hospital overall, and there was no difference in this regard between StP and RSC patients. A minority said the overall quality of the hospital was the more important (31% at StP and 26% at RSC), and the remainder said both were equally important.

Figure 18: Whether quality of hospital overall or quality of specialty seen as more important in choice of hospital



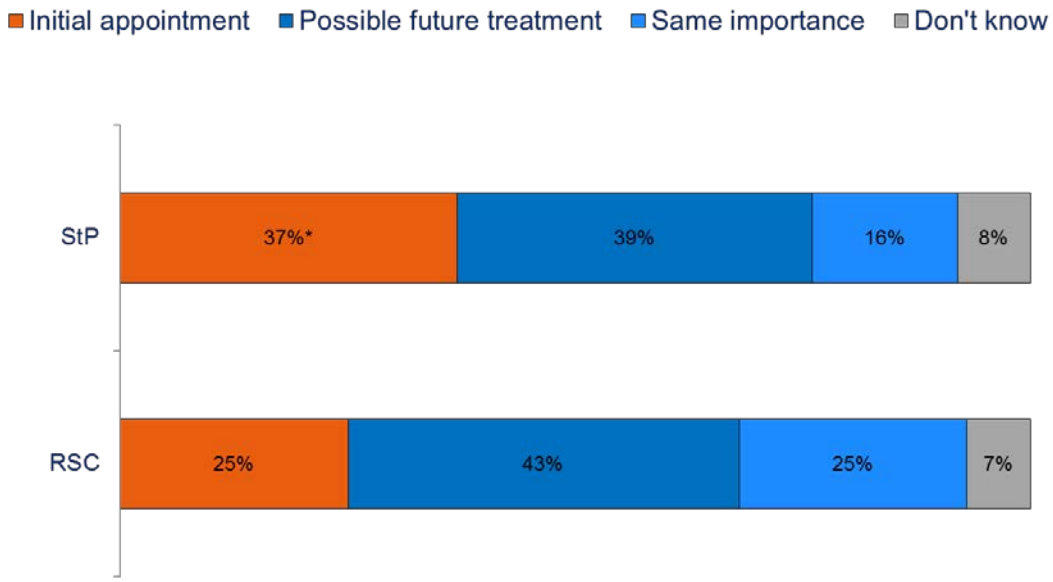
C3. In choosing the hospital for the condition you were originally referred for, which was more important to you – the quality of the hospital overall or the quality of the speciality you were initially referred for?

Base All who were aware that they could choose a hospital (StP 132; RSC 115)

70. Things were less clear-cut when it came to assessing the relative importance of considerations about the initial appointment at the hospital or possible future treatment in making the choice of hospital. StP patients were evenly split on this question, with 37% saying the initial appointment was more important and 39% said future treatment considerations were. Just 16% said they were equally important.

71. RSC patients were significantly less likely to say the initial appointment was more important: 25% said this while 43% said subsequent treatment considerations were more important, and another 25% said both were equally important.

Figure 19: Whether considerations about initial appointment or possible future treatment seen as more important in choice of hospital



C4. In choosing the hospital for the condition you were originally referred for, which was more important to you – considerations about your initial appointment, or considerations about possible future treatment?

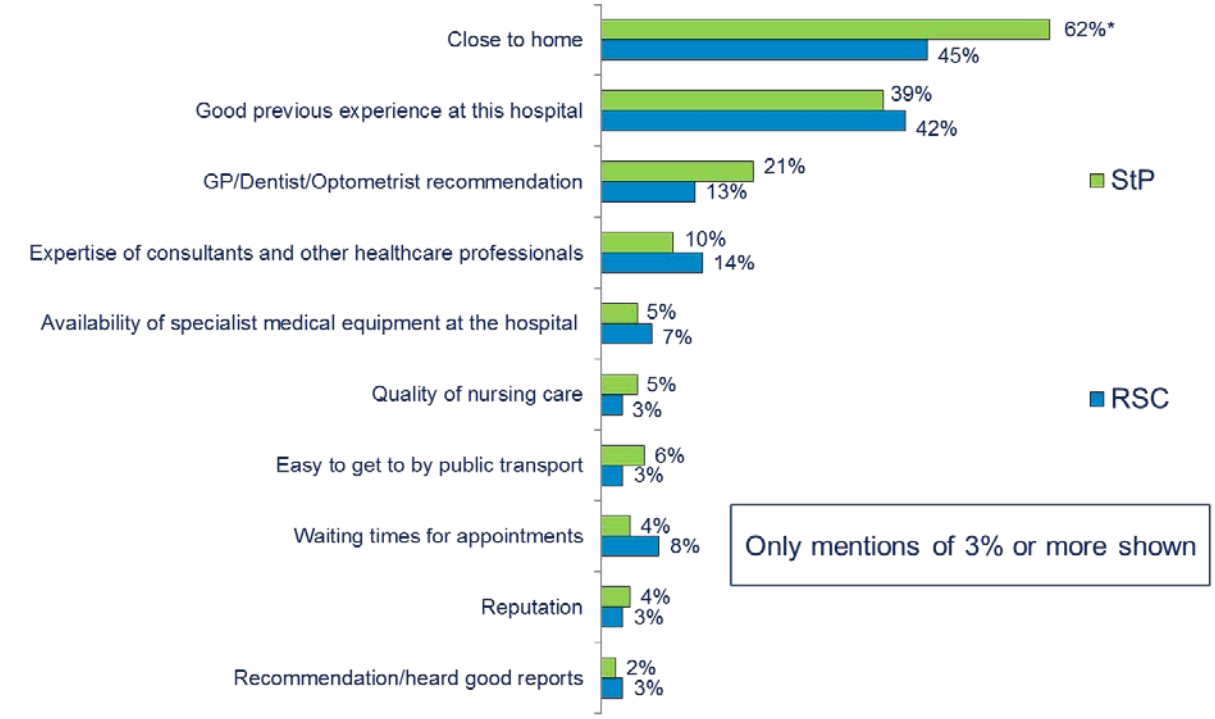
Base All who were aware that they could choose a hospital (StP 132; RSC 115)

72. When asked (without being prompted with possible reasons) why they had decided to go to the hospital they chose, the overwhelming single reason for StP patients was that it was close to their home: 62% said this, compared with 45% of RSC patients.

73. Second choice in each case was good previous experience at that hospital, and among RSC patients this was almost as common a reason as proximity to home, with 42% saying this. The equivalent figure for StP was similar, at 39%, but the gap between first and second most often mentioned reason was far greater at StP.

74. Among StP patients GP recommendation came third, on 21%, and the expertise of consultants and other healthcare professionals came fourth on 10%. These two were also third and fourth among RSC patients, but effectively equal (13% and 14% respectively), rather than the differential seen at StP. No other reason was mentioned at either hospital by more than 8%.

Figure 20: Reasons why chose hospital – spontaneous



C1. Why did you decide to go to {text insert} hospital for the condition you were originally referred for, rather than go to another hospital?

Base All who were aware that they could choose a hospital (StP 132; RSC 115)

75. Various features were then read out to patients who were asked to rate the importance of each feature in assessing which hospital to attend, on a 4-point 'Essential/Very important/Quite important/Not important' scale. The Figure below shows the proportion rating each aspect as 'Essential' or 'Very important'. When patients were asked to rate the importance of features in this way (after prompting), the priority order changed. Top in importance was the expertise of the consultants and other healthcare professionals (91% RSC,89% StP). The next most important features were the quality of nursing care, good previous experience at the hospital, the availability of specialist medical equipment, and treatment outcomes.

76. This finding on first inspection appears to contradict the fact that when asked spontaneously patients mentioned proximity to home as the most important driver of hospital choice. However, the explanation may be that whilst these top mentioned features (when prompted) are considered to be important in assessing a hospital, they are not necessarily the things that differentiate hospitals in the local area and influence choice. As reported later (see section 4.3) RSC and StP are rated equally highly in terms of the quality they offer by patients in this survey.

77. The features that differentiate hospitals are those mentioned spontaneously: proximity to home, previous experience at the hospital, and to some extent GP recommendation, and these are the things that are driving choice between hospitals.

78. The one feature where there was a significant difference between the hospitals (after prompting) was waiting times for appointments: 74% of StP patients said this was essential or very important, compared with just 55% of RSC patients.

Figure 21: Importance of features in assessing a hospital for your condition – prompted responses

C2. I am going to read out a list of features. For each one I'd like you to tell me how important it was when choosing a hospital for the condition you were originally referred for.
Base All who were aware that they could choose a hospital (StP 132; RSC 115)

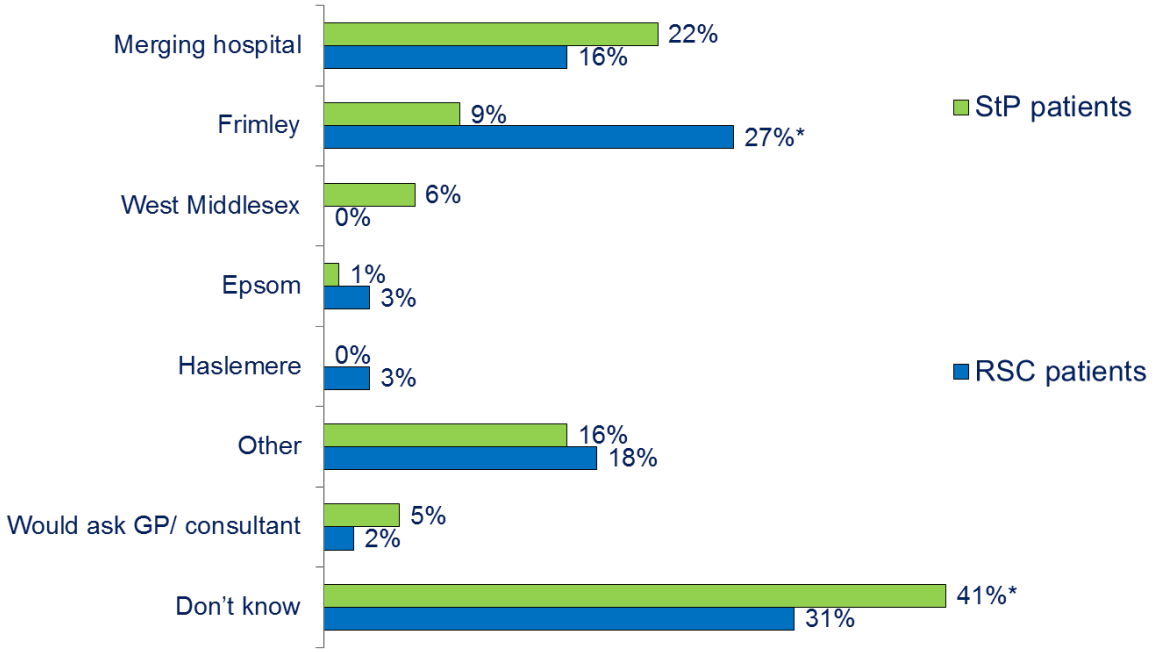
4.3 Diversion

79. Patients were asked which hospital they would have gone to had they not been able to get an appointment at the hospital they attended. Among RSC patients one in four (27%) said they would have gone to Frimley, while 16% would have gone to Ashford or St Peter's. However, the most common answer was that they did not know which other hospital they would have gone to (31%).

80. The lack of a known second choice was even more evident among StP patients, with 41% saying they did not know which hospital they would have gone to instead. The most popular alternative was RSC (22%) followed by Frimley Park hospital (9%) and West Middlesex hospital (6%).

81. There was a long tail to the distribution of responses, with 16% of StP and 18% of RSC patients saying they would have gone to one of a large number of alternatives, none of which were mentioned by more than 2%.

Figure 22: Choice of alternative hospital



D1 Suppose you had not been able to get an appointment for the condition you were originally referred for at {text insert} hospital. Which other hospital would you have gone to instead?

Base All (StP 251; RSC 228)

82. Responses to this diversion question have been used to calculate a diversion ratio, as follows:

$$\{M+[D*(M/(M+T))]\}/(M+T+D) = M/(M+T)$$

Where

M = Diversion to the Merger party

T = Diversion to a Third Party

D = Don't know or would ask my GP/consultant

83. In calculating the diversion ratio responses, those who 'did not know' or 'would have asked GP/consultant' have been distributed pro-rata to the distribution between mentions of the merging and third party. Note that this is exactly equivalent to removing these respondents.

84. The diversion ratio was significantly higher among StP patients, at 0.41, then it was among RSC patients, where it was 0.25. This reflects the fact that more StP patients would have gone to the merging party than RSC patients, and that one particular third party, Frimley, was named more often as the second choice among RSC patients.

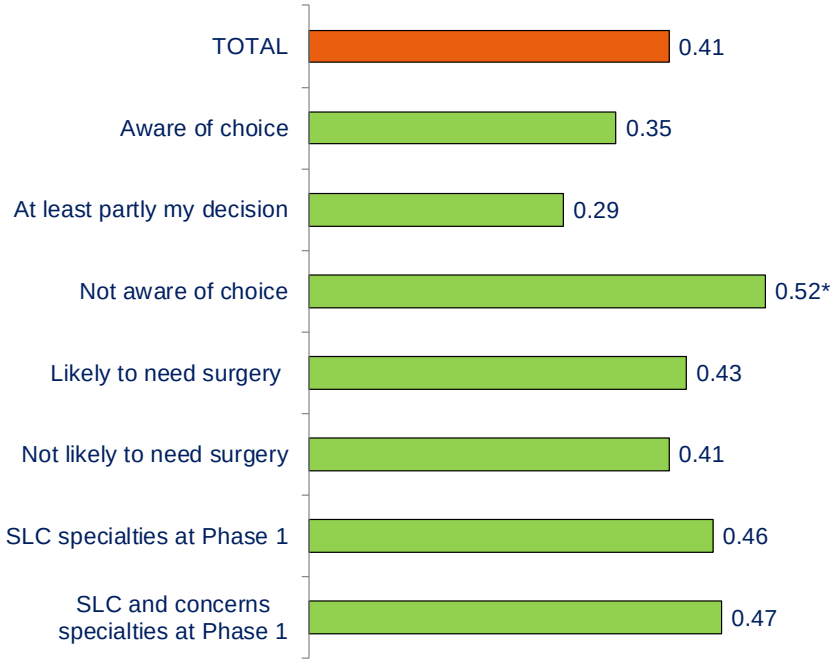
85. The Figures below shows the diversion ratio among different sub-groups. Some care is required when analysing results at this level, due to the small sample sizes for some of these sub-groups and relatively high level of patients who did not know their second choice, which reduces the base size of those giving a second choice within sub-groups. The Figures below show the diversion ratio for each of the merging parties by awareness of hospital choice (and whether the decision to choose a particular hospital was at least in part influenced by the patient), the perception of whether it was likely or not that treatment would be required, by specialty groups of particular interest from the Phase 1 investigation[1], and whether the patient lived in the StP and RSC overlap area or not (RSC patients only).

86. Looking first at StP patients, there is little difference in the diversion ratios by whether or not treatment was considered likely by the patient at the time of the initial referral, or by specialties of particular interest from Phase 1. However, among StP patients the diversion ratio was significantly higher (at 0.52) among those who were not aware they had a choice of hospitals compared with StP patients overall.

1 'SLC specialties at Phase 1' are defined as those specialties where a significant lessening of competition was considered likely from the Phase 1 investigation (Joined Oral and Maxillofacial Surgery, Breast Surgery, General Surgery, Joined Audiology and Audiological Medicine, Medical Oncology, Gynaecology). There were other specialties which were considered to be of concern from Phase 1 (Endocrinology, Gastroenterology, Diabetic Medicine, Geriatric Medicine, Trauma and Orthopaedics) which have been added to the SLC specialties to define a larger group of specialties called 'SLC and concerns specialties at Phase 1'.

87. Diversion ratios for those people who said that there was no difference between their first and second choices (Figure 26) and those who would have gone to a different hospital if the quality score they had given the hospital was a point lower (Figure 27) were both calculated to be 0.35 (these were based on small samples of 87 and 36 respondents respectively).

Figure 23: Diversion ratio – StP patients



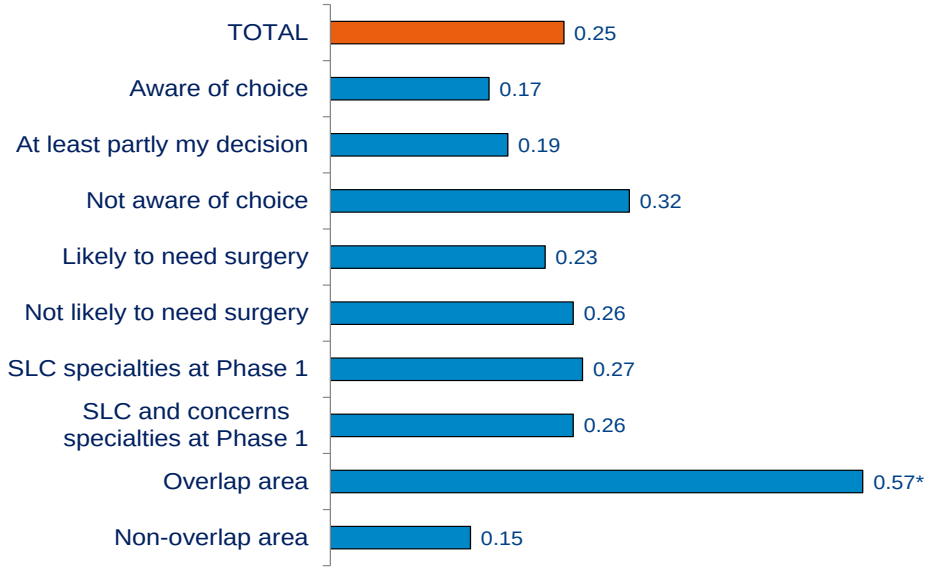
D1 Suppose you had not been able to get an appointment for the condition you were originally referred for at {text insert} hospital. Which other hospital would you have gone to instead?

Base All (Aware of choice = 132, At least partly my decision = 97, Not aware of choice = 113, Likely to need surgery = 111, Not likely to need surgery = 120 SLC specialties at Phase 1 = 40, SLC and concerns at Phase 1 =128

34

88. Similarly among RSC patients there was little difference in the diversion ratio by sub-group, with the exception that the diversion ratio was far higher among patients living in the overlap area, at 0.57, than in the non-overlap area.

Figure 24: Diversion ratio – RSC patients

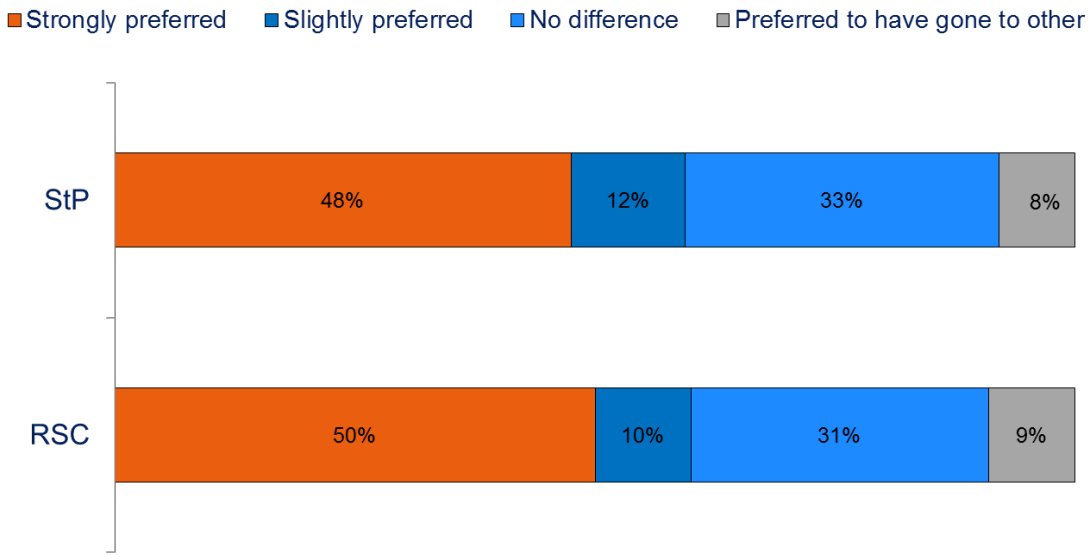


D1 Suppose you had not been able to get an appointment for the condition you were originally referred for at {text insert} hospital. Which other hospital would you have gone to instead?

Base All (Aware of choice = 115, At least partly my decision = 82, Not aware of choice = 104, Likely to need surgery = 101, Not likely to need surgery = 113 SLC specialties at Phase 1 = 53,SLC and concerns specialties at Phase 1 =121, Overlap area = 41, Non-overlap area = 187

89. Around half the patients (50% RSC, 48% StP) would have strongly preferred to have gone to the hospital they did go to rather than their second choice, and a further one in ten (10% RSC, 12% StP) would have slightly preferred their initial choice. One in three (33% StP, 31% RSC) felt there was no difference between the two and there were just under one in ten (9% RSC, 8% StP) who would have actually preferred to go to the alternative hospital rather than the one they attended.

Figure 25: Strength of preference for hospital attended over second choice

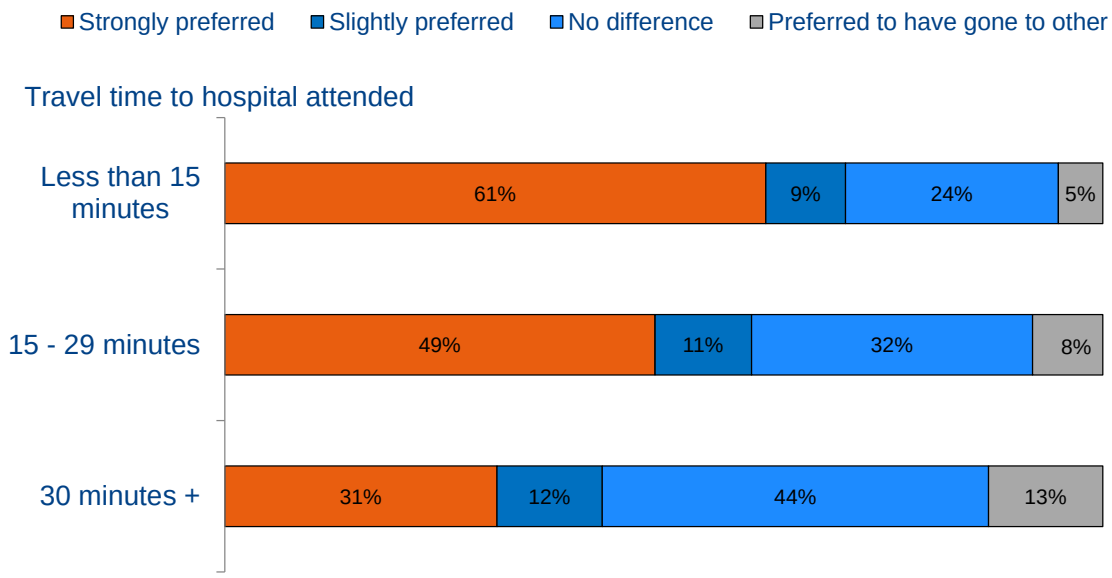


D2 Would you have strongly preferred to go to {text insert attended} hospital instead of {text insert second choice} hospital, slightly preferred, or would it have made no difference?

Base All who gave a named an alternative hospital (StP 130; RSC 141)

90. The preference for the hospital attended over the second choice hospital correlated strongly with travel time to the hospital. Among those who lived less than 15 minutes from the hospital attended 61% said they would strongly have preferred that hospital, while this figure dropped to only 31% among those who lived 30 minutes or more away. Among this latter group 44% felt there was no difference between their first and second choice hospitals, and 13% would have preferred the alternative.

Figure 26: Strength of preference for hospital attended over second choice by travel time to hospital



D2 Would you have strongly preferred to go to {text insert attended} hospital instead of {text insert second choice} hospital, slightly preferred, or would it have made no difference?

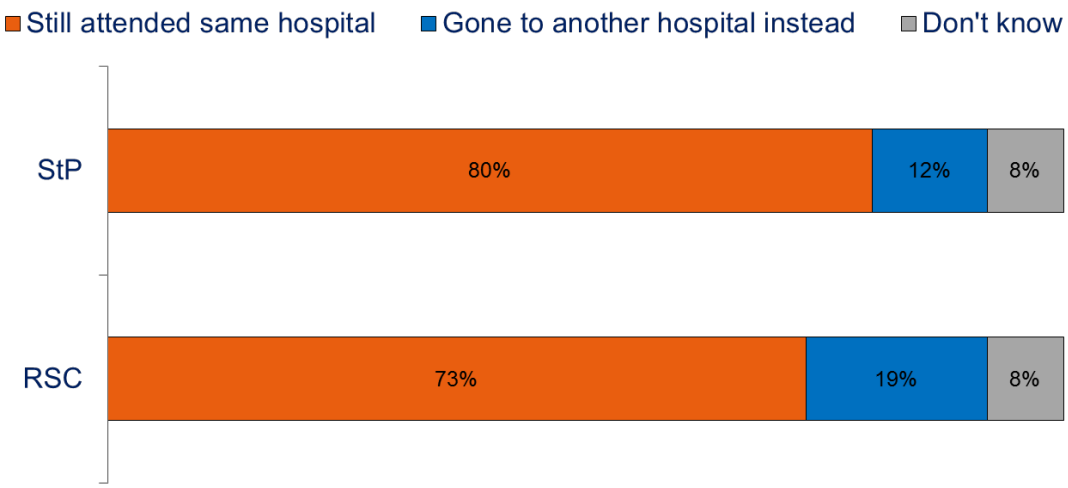
Base All who gave a named an alternative hospital (Less than 15 minutes = 75, 15 -29 minutes = 144, 30+ minutes = 52)

91. Finally, patients were asked how they perceived the quality of the hospital they attended at the time they had made their choice, using a five-point scale from very poor to excellent. They were then asked to imagine they had received new information (at the time they were deciding where to go) that led had them to rank the quality of the hospital as one point lower on this five point scale, and asked how their choice of hospital would have been affected, if at all, by this new information.

92. The overwhelming majority said their choice of hospital would not have been affected, with 80% of StP patients saying they would still have gone to StP, and 73% of RSC saying they would still have gone to RSC.

93. The mean score given by patients to the original question about the quality of their chosen hospital was the same for both hospitals - 4.5 on the scale from 1 to 5, with 87% scoring a 4 or a 5. This means that for the great majority of patients taking one from their original quality score would still have left a score of well above average.

Figure 27: Whether would still have attended same hospital if quality score were 1 point lower



D4 Suppose you had received new information at the time you were choosing about the {hospital/speciality} that influenced you to give it a quality rating of {D3 – 1} rather than {D3 score}. Would you still have chosen to have your treatment at {text insert hospital attended}, or would you have gone to another hospital instead?

Base All who gave a named a quality rating of between 2 to 5 (StP 118; RSC 107)

5 GP Survey

5.1 Patient awareness of choice

94. GPs noted that patient awareness of choice was mixed. Some patients specified the hospital that they wanted to attend whilst others did not express a preference and asked for the GP recommendation. However it was clear that in the vast majority of cases – both amongst those who had a stated preference, and those who asked the GP for recommendation - patients expected that their referral would be to their local hospital. In most cases this expectation was realised.

> *"In 95% of cases before the discussion, the patients expect to go to our local hospital and that's agreed upon in the discussion."* (Postcode area TW)

95. Patients who specified the hospital that they would like to attend were largely driven by previous experience of the hospital. Positive experiences meant that patients were happy to return to a hospital. GPs also often felt it was beneficial to return to a hospital a patient had already attended as their notes were held at the hospital and it could ensure continuity of care from a holistic viewpoint. Where a patient had already attended a hospital and was happy to return, the referral decision was made on this basis with limited additional discussion of alternative options.

96. Negative experiences, as expected, meant that patients were keen not to return to a specific hospital. For some, a negative experience was related to a close family member or friend dying at a hospital which they then preferred not to attend.

> *"I have some patients who have been to Royal Surrey and would want to keep going back there. Patients who have had a difficult experience or someone who passed away will want somewhere different. Those that are patient driven choices tend to be [based on] convenience or historic experience, or where their house is. It's not really to do with quality of care at all unless they've had a negative experience somewhere else."* (Postcode area GU)

97. GPs noted that some patients had proactively researched their options online prior to discussing the referral with the GP. The number of patients carrying out this type of research was varied across practices, but most reflected that it was a small minority of patients.

> *"You have some patients, they read every piece of literature from NHS England so they know about patient choice, charter rights etc., and we have a few more of those you would expect to find in an average choice. But the vast majority of patients aren't aware of the fact that they've got choices at all, only by the fact that we've got quite a few hospitals in the area."* (Postcode area KT)

5.2 Referrals process and mechanisms

98. Across the qualitative research, three referrals processes emerged. The first of these was frequently cited by GPs and is summarised in the diagram below.

99. This referrals process began with a meeting between GP and patient to discuss the referral decision. Initial discussion would involve the GP asking whether the patient had any particular preference for where they were referred to. If no particular preference was cited, the GP would sometimes set out a few referral options for discussion. However, many patients simply asked the GP for their recommendation.

> *"I wouldn't say we go through and there's this hospital, and that hospital. We say do you have a particular preference for where you get seen? And normally the answer is, what would you recommend doctor?"* (Postcode area TW)

100. The final referral decision was typically based on a combination of three key factors:

1. Location of the hospital/ proximity to the patient home
2. Patient experience
3. Consultant/ unit expertise

101. Each of these factors is discussed in more detail later within this report.

102. Most referral decisions following this process were made then and there with the GP booking the appointment on behalf of the patient.

103. The second type of referral process identified used referral services including the Referral Facilitation Service (RFS) and the Referral Support Service (RSS). These were services offered by some Clinical Commissioning Groups (CCGs) and available to relevant GP practices. Some GP practices had chosen to use the service for all referrals – these were typically smaller practices. Other practices used the service for some referrals, giving the GP a discretionary role in when to use it. The overall process for referrals using one of these systems is summarised in the diagram below.

104. The first stage of this process involved the GP and patient meeting to discuss the referral decision. As already seen in the first process described above, this initial meeting typically involved identifying any patient preferences, sometimes discussing options, and with many patients asking for the GP recommendation. Once a preference had been established the GP submitted the referral to the referral service alongside a letter describing the patient preference. This referral was then reviewed by a CCG panel. GPs noted that this review took into account the patient preference stated in the letter as well as other factors such as waiting times and the locality of hospitals.

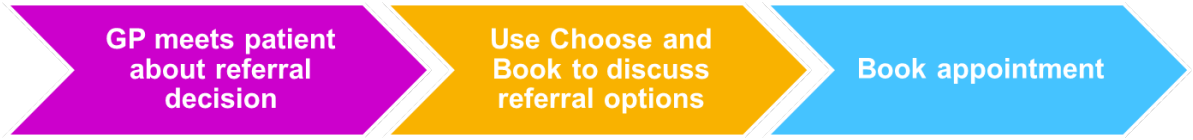
"For the past year the patients are being referred to the Referral Facilitation Service and the referrals all go to that…above all, when we see the patient we ask them for their preference and we do include that in their referral letter that goes to the RFS…otherwise it directly goes through the RFS and patients are allocated hospitals there. If the waiting time is too long, the patient is referred in their best interest to the place where they can be seen first." (Postcode area TW)

105. The next stage of the process, in theory, was for someone on the review panel to contact the patient to discuss the referral decision. However, GPs were unsure if this was actually happening, and many felt that the process moved straight to the final stage. This final stage involved a referral letter being sent to the patient confirming the referral decision. GPs felt that the majority of patients were happy with this referral decision and in most cases, it reflected the patient preference identified at the outset of the referral process.

106. Overall, GPs using the referrals system noted that it was a good way of supporting GPs who may struggle to keep up to date with services and quality of local providers. The system would ensure that the referrals best suited the patient needs. This was particularly noted by smaller GP practices. However, some equally felt that the system removed the GP to some extent from the decision making process which in turn did not help build their own knowledge of local providers.

"Usually how we learn about new services and audits that have been undertaken of patient throughput and outcomes are a better route [than marketing materials]. However, I regard this as the responsibility of RSS [Referral Support Service], that's why we signed up to them. It's needing to know everything about minutiae, we couldn't possibly do that, that's why we use RSS." (Postcode area GU)

107. The third referrals process mentioned across the research was the use of Choose and Book (or previous use of a Patient Management System as mentioned by one participant).



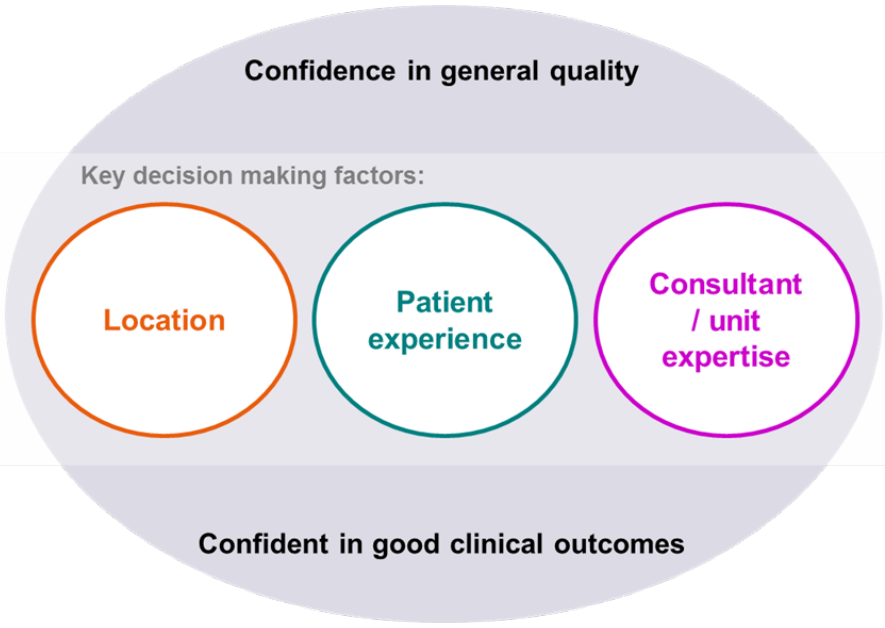
108. As seen with the other processes, the first stage of this process involved a meeting between GP and patient to discuss existing preferences and any GP recommendations. The GP and patient then looked at the Choose and Book site to consider the options. At this stage the GP and patient had access to waiting times which they could review then and there; waiting time information was not readily available for the other referrals processes described above. GPs noted that this gave patients the option to prioritise waiting time as a decision making factor over other factors such as location of the hospital.

"On Choose and Book they can go anywhere they like. If they want to go to London they can. If they want a short waiting time they can go for that and they can decide if they don't mind the travel." (Postcode area KT)

109. After reviewing the options on Choose and Book most decisions were made then and there; GPs felt that it was reassuring to both themselves and the patient to have a booked date confirmed. In instances where the patient was undecided, the GP printed relevant information for them to take home and GPs informed the patients that they should book through the Choose and Book system either online or via telephone once they had made their choice.

5.3 Referral decision making

110. Across the research GPs noted that they typically referred the majority of their cases to one hospital, and three key decision making factors emerged.



111. These key factors were location, patient experience, and consultant or unit expertise and prioritisation of these were impacted by two key things. Firstly, patient choice; GPs agreed that they are patient-led with decision making, and were happy to be so given that they had confidence in the general quality, and clinical outcomes of local hospitals. Secondly, whether the GP had knowledge and awareness of consultant or unit expertise determined whether they would make recommendations on this basis.

5.3.1 Location

112. GPs felt that the location of the hospital was the key deciding factor for patients making referral decisions with a focus on easy and convenient access. GPs cited that most patients expected to go to their local hospital, but GPs would guide patients towards units or consultants if they felt they had particular expertise. This was dependent on whether the GP was aware of and had this knowledge. They would equally steer patients away from units or consultants where other patients had reported a poor experience.

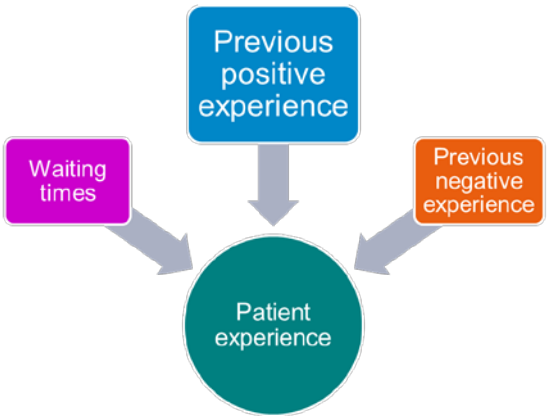
113. Overall, most referral choices were made on the basis of location and proximity to the patients' home. GPs particularly focused and prioritised location in the referral decision if they felt patients were more vulnerable and therefore may struggle with travelling further to access services further away. This was also the case where GPs envisaged that the patient pathway could include multiple follow-up visits or appointments. For example, if they suspected that the patient may need surgery, and knew that surgery only took place at one site, they would consider recommending the patient go to the surgery site in the first instance.

> *"If they're elderly or have difficulty with transport I might consider which hospital has ease of public transport or parking. If a patient has been to a hospital before they may have relevant clinical notes and may have a bearing on their current medical condition"* (Postcode area KT)

114. However, the confidence in quality at the closest hospital meant that GPs were happy to refer on the basis of proximity unless they were aware of a centre of excellence or expert consultant who they felt would offer greater quality of care for the patient.

5.3.2 Patient experience

115. GPs noted that patient experience impacted on the referral decision and cited three key factors as shown in the model below.



116. In particular, previous positive experience resulted in patients either specifying a preference to return to a hospital/ consultant, or agreeing with this decision when recommended by the GP. Negative experiences, as to be expected, deterred patients from attending a hospital or seeing a particular consultant again.

> *"Sometimes patients say I don't want to go to that hospital because I had a bad experience. So I will refer them to a different hospital."* (Postcode area TW)

117. Waiting times could impact on patient experience, but information regarding these was only available via Choose and Book. Only a small number of GPs were using Choose and Book and therefore overall, waiting times was not a key priority when making a referrals decision for patients or GPs. In instances where Choose and Book was not used, GPs based their knowledge of waiting times on any reported negative feedback regarding these from patients; if they had not heard negative reports from patients regarding long waiting times, they assumed that waiting times were satisfactory.

5.3.3 Consultant or unit expertise

118. General quality of both StP and RSC was considered good and therefore GPs felt comfortable referring to either. However, where they had knowledge or awareness of particular consultant or unit expertise they would make recommendations on this basis. Some specialties appeared to have strong reputations as shown below:

St Peters

- Cardiology
- Paediatrics
- Maternity
- Respiratory
- Orthopaedics
- Ophthalmology
- Urology
- Dermatology
- ENT

Royal Surrey County

- Oncology
- Endoscopy
- Urology
- ENT
- Dermatology (outreach)

Others

Frimley Park

- Neurology

Kingston

- Paediatrics
- Gynaecology

119. The fact that some specialties appear on both lists may illustrate the individualised way in which GPs build their knowledge of expertise. A range of sources of information used to build this knowledge were cited and are discussed below.

GP Experience

120. Many of the GPs taking part in the qualitative research were very experienced, having been GPs in their local area for more than 20 years. During this time they had built up experience and knowledge of expert consultants and units at local hospitals they referred to. Some of this knowledge was based on a historical reference point, and where a diversion of referrals had happened in the past, this diversion had often become habitual over time.

> *"For cardiology they've got a very good website at St Peter's and the consultants all do different things. I had one patient who went to Royal Surrey and she had to wait ages for her appointment and I don't think I've sent anybody since because I've got so used to using St Peter's cardiology and they've got a good lab."* (Postcode area GU)

121. Whilst GPs did not mention clinical networks they did note that sub-specialisms within specialties could make identifying the right consultant difficult. In these instances the GP would consider recommending a referral to the unit and envisaged that the unit would then identify the most relevant consultant.

Information sharing

122. Teaching and training links with hospitals and consultants was a way in which GPs gathered information about local expertise. For example, where a consultant provided training regarding a particular specialty it would highlight relevant expertise which would help GPs identify referral recommendation routes for patients.

"I went to a prostate day at the Royal Surrey a couple of years ago and what they seem to be doing in the prostate department, I thought I must start sending people here." (Postcode area GU)

"There are educational half days at the CCG level but we are a big practice so the specialists are willing to come down to us and this is better as it's a better meeting. It ends up more as a tutorial style than as a lecture and we have an opportunity for Q&A." (Postcode area GU)

123. Information sharing was also taking place – typically among larger practices – during practice meetings with one GP noting that a daily practice meeting discussed all referrals.

"We have a weekly clinical meeting with all the doctors where in addition to dealing with business of the days we will have a clinical discussion about difficult patients, diagnosis, delivery of a service – we will pass that information on." (Postcode area KT)

Marketing materials

124. There were mixed experiences of receiving marketing materials. Some did not recall receiving any but noted that it would be useful to receive information from hospitals regarding services.

"You have to be quite up to date to know these things and what is going on in the hospitals because they're not always advertised." (Postcode area GU)

125. Others did receive newsletters. Whilst these were sometimes read, in other instances they were discarded as GPs did not have time to read all of the literature they received.

Patient and hospital feedback

126. A key source of information for GPs was patient and hospital feedback after the patient had completed their hospital appointment and any follow-up treatment. Where patients reported positive or negative experiences, GPs would bear these in mind for future referrals, and where negative experiences were frequently reported, this suggested to GPs that they should either speak to the unit or consultant concerned or consider diverting referrals elsewhere.

"The quality of the providers you only come to know when you get the patient back and if there is a problem or any complaint…otherwise it is difficult to assess the quality before you refer the patient." (Postcode area TW)

127. GPs also gleaned information from the letters received from hospitals following the patient appointment or treatment.

> *"I know St Peter's have a got a really good cardiology and orthopaedics departments because I've seen the letter come back and see the care they take over patients. I couldn't necessarily vouch for other departments in that way."* (Postcode area GU)

128. Overall, there was little evidence to suggest that knowledge and awareness of consultant or unit expertise or quality was determined via GP practice data analysis of patient or clinical outcomes. It was suggested that this type of analysis would be done at CCG level who would then provide information to GPs should there be key concerns about any hospital or specialty level provision.

5.4 Referral decision priorities

129. Across the research it was clear that the referral decision was typically based on three key factors (where information regarding these was available) and which of these was the patient and GP priority.

130. GPs agreed that **location** was the key priority for patients, and that the rationale needed to be strong for patients to consider travelling further afield for an appointment. GPs were happy to reflect this local preference as they were confident in the quality of local services and knew that convenience and ease of access to hospitals was a key concern for patients, especially vulnerable patients. Where GPs knew that any potential follow-up treatment would be likely to take place at an alternative hospital site, some explained this to the patient giving them the option to have their initial appointment and any follow-up treatment at the same site, or their initial appointment at one site and follow-up treatment elsewhere. GPs noted that patient decisions in this regard were varied, with many still preferring for their initial appointment to be at their closest hospital even if this meant follow-up treatment would be elsewhere.

131. **Waiting times** featured as a key consideration only for those who were aware of these – typically those using Choose and Book. Only a small number of GPs were using Choose and Book. In these instances waiting times were a priority for patients who were keen for a quick appointment or sought the flexibility to pick an appointment date that could be scheduled around other commitments. GPs promoted waiting times as a key consideration where they too felt that a quick appointment would be beneficial. However overall, waiting times was not a key priority as this information was typically not available to GP and patient.

132. **Expertise** of a consultant or unit was often the GP priority, with GPs keen to recommend on the basis of expertise where they had this knowledge. Given that GPs were most familiar with consultants and units at local hospitals, this recommendation would typically be to a nearby hospital. However, GPs felt that there was limited tolerance amongst patients to travel further afield for their appointment, and they would often still prefer to attend the closest hospital.

"You're giving people choice. The majority of people want to get seen locally but want to make sure the people are good. They don't want to travel 45 minutes to an hour to a different hospital unless there is something they are unhappy with locally, or they have heard that something is outstanding." (Postcode area TW)

5.5 Diverting to alternatives

133. GPs were asked to consider situations that would result in them diverting referrals to an alternative hospital. Many spontaneously cited concerns with specialty level quality and service as reasons that they envisaged would result in referrals diversion. The research suggests that specialty level factors were often top of mind for two reasons. Firstly, that these were the types of factors that had historically resulted in diversion of referrals and therefore it was easy for GPs to reflect that these could cause a future diversion to an alternative. Secondly, GPs were able to evaluate these aspects of quality and service provision via patient feedback. Frequent occurrences of the following types of negative feedback from patients could potentially result in diverting referrals elsewhere (although some noted that they would speak to the consultant or unit in the first instance seeking to rectify any issues or concerns):

- Very long waiting times
- Bounce-back referrals (where referrals are returned to the GP)
- Staffing capacity (with particular concerns cited for availability of staff to provide sufficient aftercare for patients following treatment)
- Poor consultant attitude

"If I've had feedback on a particular consultant that their bedside manner isn't very good then I'd tend to avoid them." (Postcode area KT)

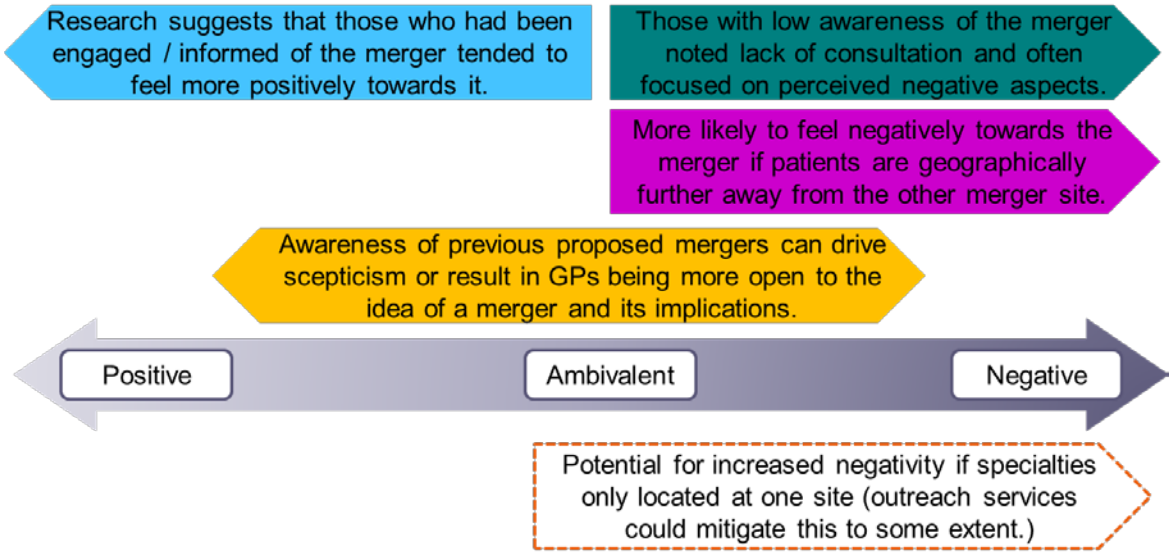
134. GPs generally found it more difficult to envisage hospital-wide situations that would result in them diverting referrals. The confidence in local hospitals meant that many suggested that significant deterioration would need to occur for them to divert their referrals, and they felt that this degree of deterioration would be unlikely to happen. Significant deterioration was associated with circumstances such as the outbreak of a super-bug or MRSA, or a notable increase in mortality rates.

> *"If I was concerned about the quality then that would influence my decision making. If you've got a department that's not very good and not functioning well, you don't really want to send your patients there. It depends, if there's somewhere where their mortality rates are horrendous, I wouldn't want to send them there because you're supposed to be the patients' advocate."* (Postcode area TW)

135. When considering diverting referrals, GPs noted that there were other hospitals within the local area that they felt were of a good quality and that they could refer to.

5.6 Attitudes towards the proposed merger

136. Overall there were mixed attitudes towards the proposed merger with some feeling ambivalent. The model below highlights factors that influenced positive and negative attitudes towards the proposed merger.



137. The research suggested that those who were most likely to be positive towards the proposed merger seemed to be those who had been engaged or formally informed of the merger. Those who were more likely to feel negatively towards the merger noted a lack of awareness and felt that there had been a lack of consultation to gauge views towards the merger.

"The big thing is that there needs to be a huge amount of communication about any changes that are being made and I think it might be nice to have a degree of consultation…'we're planning to move this, how do you feel about it?'. It might be nice to have that conversation because maybe there will be something that they haven't considered or alternatively, something…that makes huge sense to them from a management point of view but may not be so good on a clinical or patient based level." (Postcode area GU)

138. Some GPs mentioned previously proposed mergers they had heard about and this resulted in mixed views towards the merger. Some who had previously heard of mergers were sometimes more open towards the idea of a merger and its' implications. However, others noted that the mergers had not gone ahead, and cited scepticism regarding the motivation for the merger proposal.

"They were talking about them [Royal Surrey County] merging with Frimley; there's always been something about them merging." (Postcode area GU)

139. GPs were also more likely to feel negatively towards the proposed merger if they felt that their patients were geographically further away from the other proposed merger site. This factor was particularly compounded if the GP perceived that services offered at the local hospital were to be withdrawn or relocated to the other merger site, meaning that the patient would have to travel further to access services. However, some GPs commented that they were uncertain what would happen in regards to this, and said that this information would be important to know in order to communicate this to patients so they can make an informed choice when making a referral decision.

"The difficulty with these allied hospitals is that you don't know where they (specialties) are going to end up and patients have that uncertainty as well." (Postcode area TW)

140. This was a key concern amongst GPs who sought greater clarification for how the proposed merger would actually work in practice. They were particularly keen to know where specialties would be located, or whether certain services would only be provided at one of the merger sites. GPs were concerned that this could affect the referral decision as they felt that patients would be unlikely or unwilling to travel to the other merger site. There was some suggestion that outreach services may mitigate this to some extent.

"We would be anxious to get other providers to provide outreach clinics down here if Royal Surrey County didn't provide them." (Postcode area GU)

141. Overall both benefits and drawbacks of the proposed merger were identified by GPs.

5.6.1 Benefits

142. In terms of benefits, GPs felt that the proposed merger could lead to improvements in the **management** and **coordination** of services. For example, some GPs had experienced 'bounce back' referrals, whereby they had sent a referral to the hospital and this had been sent back to them. GPs commented that this created additional administration as they would have to make the referral again. It was felt the proposed merger could help mitigate this, as GPs perceived that the merger would result in greater organisation of services.

143. There was also the suggestion amongst some GPs that the proposed merger could promote **financial efficiencies** which could be achieved by reduced duplication of services at the hospitals. There was the perception amongst these GPs that the proposed merger would entail the streamlining of management and administration, which could reduce costs and contribute towards effective budgeting and financial management.

"I don't have a negative view to it, I think that if it is going to make the two hospitals more efficient from a structural point of view i.e. they can streamline the management and make use of economies of scale to reduce their costs and bring their budgets in line, it's those types of things that I think would be a positive." (Postcode area GU)

144. **Expertise** was often considered to be the greatest benefit to the proposed merger, with opportunities for centres of excellence attracting specialist staff and potentially greater buying power from a larger trust to attract or buy in specialist services. GPs felt that these factors would greatly enhance patient care with the potential for greater specialist knowledge and treatments being available. Some further positively noted the potential for 24/7 access to consultants for patients, although a couple were sceptical that this would not be available at both sites and queried whether this benefit was strong enough to outweigh the potential drawbacks of the merger.

"Could they buy in some services so that patients don't have to travel to London? Obviously Royal Surrey is a regional neonatal unit and Ashford is a regional cardiology unit, could they bring more specialisms down more locally?" (Postcode area KT)

"I think it will be for the good. It could improve patient care as departments will work together and they'll probably learn from each other as well. If they have a really good service in one they might start to offer it in the other one." (Postcode area GU)

"More consultants being able to talk to each other, more multi-disciplinary team meetings where you're really looking at best practice and sometimes you have departments that do some things in certain ways together but then they haven't thought about doing them in a different way which may be better which another department in another trust might be doing." (Postcode area TW)

145. Finally, there were a few comments amongst GPs regarding the proposed merger **'widening the net'** for patient choice. They felt that if patients were required to travel a further distance to access services at the merger site, they may consider other hospitals that are equally the same distance of travel which in turn would broaden their choice of hospitals. Currently, GPs felt that most patients did not consider these potential alternatives due to their location but may take these wider services into account during the referral decision if the travel distance to the merger site is likely to be increased.

"If patients are travelling as far as St. Peter's, they will have a wider choice of other hospitals." (Postcode area GU)

5.6.2 Drawbacks

146. There were strong concerns amongst GPs regarding the drawbacks of the proposed merger with the key focus on reduced location choice. Some felt that the rationalisation of services would result in the withdrawal or relocation of local services and patients would therefore be required to travel further to access services. This was a key concern amongst GPs as they felt a key priority for patients, and a key driver of referral decision, was access to good local services. This concern was heightened for vulnerable patients, and GPs expressed that the referral decision may be influenced if services were moved from the local provider.

"It's fine if all the services that we want, every specialty that we want remains at Royal Surrey County, but at the stage when they start to get split apart and there are gaps in the services because the distance away is so great, as it would take 50 minutes at best to get up to Ashford and St. Peter's from here, then actually we would certainly think about other referrals that we could make because Frimley Park would become significantly closer" (Postcode area GU)

"Patients will be fed up if they have to go to Ashford as Royal Surrey is so handy, as we're on the extreme western edge of catchment, it's a longer drive (to Ashford) and public transport impossible." (Postcode area GU)

147. There was a perception amongst GPs that the proposed merger may produce centres of excellence. However, it was felt that the lack of location choice could require patients to travel to one of the merger sites to access these centres of excellence if they were sited at the alternative merging hospital. GPs were concerned that patients may be unwilling or unable to travel to access this expertise and therefore may not benefit from this potential benefit of the merger.

148. It should be noted that location was not something that was expected to impact on maternity services, as it was envisaged that local service provision would still be provided for this specialty.

149. Another drawback cited by GPs focused upon the management of putting a merger in place, with some envisaging disruption to services and the potential for chaotic service provision, administration and management.

5.7 Overall impact of the proposed merger

150. Overall the proposed merger generated key concerns regarding the location of services. GPs noted that whilst there would be potential to create centres of excellence many wondered whether their patients would be willing to travel further to access these.

"One of the reasons for merging is quality…we are seeing more and more that the NHS is setting up fewer but more specialised and bigger units. The theory is that if you have bigger units they can have better quality…but if some services go to Royal Surrey from St. Peter's, I don't think I will be sending patients that far…some patients may then want to go to West Middlesex." (Postcode area TW)

151. Should the merger go ahead, GPs expressed concern that patients would be required to travel further to access services (for example, services for one specialty are sited at either St Peter's or Royal Surrey County). However, there was agreement amongst GPs that if required to travel further to access services there are good local alternatives that are similarly further afield and currently not often considered for referrals, that could be considered as part of the decision making process.

"There are sufficient numbers round here (of alternative hospitals) so I don't think you'll end up lacking competition." (Postcode area GU)

152. Some felt that broadening out the number of hospitals considered for a referral, to include these alternatives could be beneficial as it would increase patient choice. However, some noted that they and other GPs may lack knowledge and experience regarding expertise of consultants and units at these other alternative hospitals. They currently tended to refer to the closest hospitals for the majority of referrals and therefore knowledge and awareness of consultant and unit expertise tended to focus on their most local hospitals only.

"Normally I refer to Royal Surrey and I would probably suggest St Peter's as the alternative as it's the next closest hospital. I know Royal Surrey and St Peter's consultants better than I know some of the consultants at Kingston or St Helier." (Postcode area KT)

153. Overall, the key concern for GPs is how the merger will work in practice and how this will impact on referrals decisions given that location and proximity of service is the key patient priority when making decisions and GP knowledge of consultant and unit expertise is focused on the most local hospitals.

APPENDIX - QUESTIONNAIRE

STP - RSC NHS HOSPITAL MERGER

PATIENT SURVEY QUESTIONNAIRE

VERSION FINAL: 20 April 2015

A Introduction and screener

Good morning/afternoon. My name is [name] and I am calling from GfK an independent research agency.

GfK has been commissioned by the Competition and Markets Authority, an independent Government body, to carry out research about hospitals in your local area. As part of this research we would like to hear the views of local people.

REASSURANCES, ONLY READ OUT IF NECESSARY:

- This research is being used as part of an inquiry by the Competition and Markets Authority, and your views are important.
- Everything you say is confidential and no responses will be attributed to you.
- There will be no attempt to sell you anything, either during or as a result of the survey.
- The survey will take 10 minutes to complete.

A 1 Have you been referred to either St Peter's Hospital in Chertsey, or to Royal Surrey County Hospital in Guildford, in the last 6 months? CAN CODE BOTH HOSPITALS IF APPLIES

1. St Peter's, Chertsey
2. Royal Surrey County, Guildford
3. Neither of these

ASK A2 IF BEEN REFERRED TO STP (CODE 1 AT A1). IF BEEN REFERRED TO RSC (CODE 2 AT A1) GO TO A3.IF NOT BEEN REFERRED TO EITHER (CODE 3 AT A1) THANK AND CLOSE.

A 2 Can I just check that you have been referred to St Peter's hospital in Chertsey and not the Ashford hospital in Ashford itself?

RECODE A1 AS NECESSARY, THEN GO TO A3

ASK A3 IF BEEN REFERRED TO BOTH HOSPITALS IN THE LAST SIX MONTHS (BOTH CODE 1 AND CODE 2 AT A1). REST GO TO A4

A 3 You mention you have been referred to both hospitals. Which one were you referred to most recently?

1. St Peter's, Chertsey
2. Royal Surrey County, Guildford

A 4 Thinking about your referral to {Insert text hospital name at A1 or A3}, for which hospital specialty was your condition **initially** referred? DO NOT READ OUT BUT PROBE TO PREDCODES. SINGLE CODE ONLY

1. Audiology services (Hearing)
2. Breast surgery
3. Cardiology (heart)
4. Dermatology (skin)
5. Diabetic medicine
6. Endocrinology (glands)
7. ENT (Ears, Nose, Throat)
8. Gastroenterology (stomach, digestion)
9. Gastro-intestinal surgery – upper (stomach, digestion)
10. Gastro-intestinal surgery – lower (colorectal)
11. General Medicine
12. General Surgery
13. Geriatric medicine (older people)
14. Gynaecology
15. Haematology (blood)
16. Maxillo-facial surgery (Head)
17. Neurology (nervous system)
18. Obstetrics/Midwife episode (pregnancy/childbirth)
19. Oncology (cancer)

20. Opthalmology/Opthotics (Eye)
21. Oral surgery (mouth, teeth, gum)
22. Orthodontics (Teeth)
23. Orthopaedics (Bones & Joints)
24. Pain Management
25. Respiratory medicine (breathing)
26. Rheumatology (joints, arthritis, rheumatism)
27. Transient Ischaemic attack (mini stroke)
28. Urology (kidney, bladder)
29. None of these
Don't know/not sure

CLOSE IF BEEN REFERRED TO JUST ONE OF THE HOSPITALS IN THE LAST SIX MONTHS AND HAVE NOT BEEN REFERRED FOR ANY OF THE SPECIALISMS OF INTEREST IN THE LAST SIX MONTHS.

IF NOT BEEN REFERRED FOR ANY OF THE SPECIALISMS OF INTEREST IN THE LAST SIX MONTHS, BUT HAVE BEEN REFERRED TO BOTH HOSPITALS, ASK A5

A 5 Thinking about your referral to {Insert text of OTHER hospital name at A1}, for which hospital specialty was your condition **initially** referred?

LIST AS A4

CLOSE IF HAVE NOT BEEN REFERRED FOR ANY OF THE SPECIALISMS OF INTEREST IN THE LAST SIX MONTHS.

IF BEEN REFERRED TO BOTH HOSPITALS IN LAST SIX MONTHS, SAY The rest of this interview is about your initial referral to (Text insert Hospital from A3 DEPENDING ON WHICH IS THE QUALIFYING REFERRAL (from A4 or A5)

A 6 Did a GP, Dentist or Optometrist initially refer you to {Text insert eligible hospital from A1,A3, A5}, or were you referred by a consultant or community based clinician?

1. GP
2. Dentist
3. Optometrist
4. Consultant
5. Community based clinician
6. Other
7. Don't know/can't remember

CLOSE IF NOT INITIALLY REFERRED BY A GP/DENTIST/OPTOMETRIST (CLOSE IF CODE 4, 5, 6,7 AT A6)

A 7 When did the GP/Dentist/Optometrist {Text insert from A6} first refer you?

1. Less than a month ago
2. 1-2 months ago
3. 3-4 months ago
4. 5-6 months ago
5. More than 6 months ago
6. Don't know/can't remember

CLOSE IF MORE THAN SIX MONTHS AGO, OR CAN'T REMEMBER (CLOSE IF CODE 5 OR 6 AT A5).

ASK ALL

A 8 How did you book your very first appointment to {Text insert eligible hospital from A1,A3,A5} hospital for the condition you were originally referred for? READ OUT AND SINGLE CODE

1. Booked by the {A6 text insert}
2. Booked by other member of staff at the {A6 text insert} surgery
3. Booked online by you using NHS booking system (choose and book)
4. Booked through an Administration Centre after the {A6 text insert} visit
5. Booked by you directly/arranged with the hospital after the {A6 text insert} visit
6. Other (WRITE IN)
7. Don't know/can't remember

A 9 At the time of your initial referral to {Text insert eligible hospital name from A1,A3,A5}, hospital, how likely did you think it was that you would be admitted to the hospital for planned surgery or treatment? Would you say …

SINGLE CODE ONLY

1. Very likely
2. Quite likely
3. Not likely
4. Didn't know (DO NOT READ OUT)

B Patient Choice

B 1 Before you first visited the {GP/Dentist/Optometrist (ANSWER AT A6)} for the condition you were originally referred for, did you know that you had a choice of hospitals that you could have gone to if you needed treatment, or not?

1. Yes – aware of choice
2. No – not aware
3. Don't know/can't remember

ASK B2 IF AWARE COULD CHOOSE HOSPITAL (CODE 1 AT B1). REST GO TO B3

B 2 Which of the following best describes your situation before you first visited the {GP/Dentist/Optometrist (ANSWER AT A6)} for the condition you were originally referred for? READ OUT. SINGLE CODE

1. I knew which particular hospital I wanted to attend if I needed treatment
2. I was considering different hospital options
3. I did not know which hospital I wanted to attend
4. Don't know/can't remember

ASK ALL

B 3 At the time of your initial referral, did the {GP/Dentist/Optometrist (ANSWER AT A6)} tell you that you had a choice of hospitals that you could have gone to for your condition, or not?

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

ASK B4 IF AWARE COULD CHOOSE HOSPITAL (CODE 1 AT B1 OR CODE 1 AT B3). REST GO TO D1.

B 4 What sources of information did you use to decide which hospital to attend? DO NOT READ OUT. PROMPT: Which others? CODE ALL THAT APPLY

1. GP/Dentist/Optometrist
2. Friends and family
3. Internet/research on internet
4. Own experience/previous experience
5. Other (Write in)
6. Don't know/can't remember

Didn't look for information chose the nearest hospital

B 5 Did you discuss which hospital you might go to for your condition with the {GP/Dentist/Optometrist (ANSWER AT A6} who referred you, or not?

1. Yes - discussed
2. No – did not
3. Don't know/can't remember

B 6 Did the {GP/Dentist/Optometrist (ANSWER AT A6)} recommend a hospital, or not?

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

ASK B7 IF GP/DENTIST/OPTOMETRIST RECOMMENDED HOSPITAL (CODE 1 AT B6). REST GO TO B8.

B 7 Did the {GP/Dentist/Optometrist (ANSWER AT A6)} recommend {Text insert eligible hospital from A1,A3, A5} hospital, or not?

1. Yes – recommended this hospital
2. No – did not
3. Don't know/can't remember

B 8 Thinking about when you decided which hospital to go to, how much input did you have, and how much input did the {GP/Dentist/Optometrist (ANSWER AT A6) have, in the decision? Was it …. READ OUT

NOTE TO SCRIPTWRITER: REVERSE ORDER OF SCALE BETWEEN INTERVIEWS

1. Entirely your decision
2. Mainly your decision
3. Joint decision
4. Mainly {A6 text insert} decision
5. Entirely {A6 text insert} decision
6. Don't know

C Factors important to patient choice

C 1 Why did you decide to go to {Text insert eligible hospital from A1,A3, A5} for the condition you were originally referred for, rather than go to another hospital? PROMPT: Why else? PROMPT UNTIL NO FURTHER RESPONSE

1. Close to your home
2. Easy to get to by public transport
3. Parking at the hospital
4. {GP/Dentist/Optometrist – ANSWER AS A6} recommendation
5. Expertise of consultants and other healthcare professionals
6. – Treatment outcomes e.g. lower infection rates, higher recovery rates
7. Availability of specialist medical equipment at the hospital
8. Quality of nursing care
9. Waiting times for appointments
10. Good previous experience at this hospital
11. Bad previous experience at another hospital
12. Other (Write In)
13. Don't know/can't remember

C 2 I am going to read out a list of features. For each one I'd like you to tell me how important it was when choosing a hospital for the condition you were originally referred for. Please use one of the phrases on the following scale to describe your answer.

READ OUT SCALE
ESSENTIAL

VERY IMPORTANT
FAIRLY IMPORTANT
NOT IMPORTANT
DON'T KNOW (NOT ON SHOWCARD)

So, first of all (READ OUT FIRST STATEMENT). How important was that to you, was it …? INTERVIEWER: READ OUT EACH STATEMENT IN TURN. READ OUT SCALE FOR FIRST THREE ATTRIBUTES ONLY.

NOTE TO SCRIPTWRITER: ROTATE ORDER BETWEEN INTERVIEWS

1. How close the hospital is to your home
2. Ease of getting to the hospital by public transport
3. Parking at the hospital
4. {GP/Dentist/Optometrist ANSWER AS A6} recommendation
5. Expertise of consultants and other healthcare professionals
6. Treatment outcomes e.g. lower infection rates, higher recovery rates
7. Availability of specialist medical equipment at the hospital
8. Quality of nursing care

9. Waiting times for appointments
10. Good experience at the hospital
11. Bad experience at another hospital

C 3 In choosing {Text insert eligible hospital from A1,A3, A5} hospital for the condition you were originally referred for, which was more important to you – the {quality of the hospital overall}, or the {quality of the specialty you were initially referred for}?

NOTE TO SCRIPTWRITER. ROTATE ORDER OF INSERTED TEXT BETWEEN INTERVIEWS

1. Hospital overall
2. Specialty
3. Same importance
4. Don't know/Can't remember

C 4 In choosing {Text insert eligible hospital from A1,A3, A5} hospital for the condition you were originally referred for, which was more important to you – considerations about your initial appointment, or considerations about possible future treatment?

1. Initial appointment
2. Possible future treatment
3. Same importance
4. Don't know/Can't remember

D Current and potential choices

D 1 Suppose you had not been able to get an appointment for the condition you were originally referred for at {Text insert eligible hospital from A1,A3, A5}, which other hospital would you have gone to instead?

DO NOT READ OUT. SINGLE CODE ONLY. NOTE TO SCRIPTWRITER: DO NOT INCLUDE A1 HOSPITAL IN PRECODE LIST.

1. Ashford hospital – Ashford
2. St Peter's hospital - Chertsey
3. Epsom Hospital - Epsom
4. Frimley Park hospital - Camberley
5. Heatherwood hospital - Ascot
6. Royal Marsden hospital - Chelsea
7. Royal Marsden hospital - Sutton
8. Royal Surrey County hospital - Guildford
9. St George's hospital – Tooting
10. Sutton hospital – Sutton
11. Surrey & Sussex Healthcare hospital - Redhill
12. West Middlesex University Hospital – Isleworth
13. Wexham Park hospital - Slough
14. Other

Name of Hospital (WRITE IN)
Location (WRITE IN)

Would ask my GP/consultant
Don't know

INTERVIEWER NOTE: IF INTERVIEWING AT ST PETER'S HOSPITAL, AND PATIENT MENTIONS "ASHFORD HOSPITAL" AS ALTERNATIVE, SAY:

For this survey we would like you to consider St Peter's and Ashford as the same hospital, so please tell me which other hospital you would have gone to instead.

ASK D2 IF ANSWER AT D1 IS ANOTHER NAMED HOSPITAL. REST GO TO D3

D 2 Would you have strongly preferred to go to {Text insert eligible hospital from A1,A3, A5} hospital instead of {Insert name of hospital from D1} hospital, slightly preferred, or would it have made no difference to you?

1. Strongly preferred
2. Slightly preferred
3. No difference

ASK D3 IF KNEW THEY HAD A CHOICE OF HOSPITAL (CODE 1 AT B1 OR CODE 1 AT B3), REST GO TO E1.

D 3 At the time you chose {Text insert eligible hospital from A1,A3, A5} hospital for your condition, how did you rate {the quality of the hospital/the quality of the specialty you were referred for/the quality of the hospital and specialty you were referred for – insert text according to which most important at C3}. Please use a scale of 1 to 5, where 1 means very poor and 5 means excellent. The higher the number you give, the higher the quality.

1. 1 – Very poor
2. 2
3. 3
4. 4
5. 5 – Excellent
6. Don't know

ASK D4 IF QUALITY RATING OF 2 – 5 AT D3. REST GO TO E1

D 4 Suppose you had received new information at the time you were choosing about the {hospital/specialty/hospital and specialty – insert text according to which most important at C3} that influenced you to give it a quality rating of {insert number from D3 minus 1} rather than {insert number from D3}. Would you still have chosen to have your treatment at {Text insert eligible hospital from A1,A3, A5} hospital, or would you have gone to another hospital instead?

1. Still have treatment at same hospital
2. Gone to another hospital instead
3. Don't know

E PATIENT PROFILE

E 1 These last few questions are for classification purposes only. Do you normally travel to {Text insert eligible hospital from A1,A3, A5} hospital from home, work, or somewhere else?

1. Home
2. Work
3. Somewhere else

E 2 How long does it normally take you to travel to the hospital?

CODE TO RANGE.

1. Less than 15 minutes
2. 15 – 29 minutes
3. 30-44 minutes
4. 45-59 minutes
5. An hour or more
6. Don't know

E 3 How do you normally travel to the hospital?

1. Car
2. Bus
3. Train
4. Taxi
5. Hospital transport
6. Walked
7. Other
8. Depend/varies

E 4 What is the name and address of the {GP/Dentist/Optometrist} practice that initially referred you to {Text insert eligible hospital from A1,A3, A5} hospital? INTERVIEWER: WRITE IN AS MUCH DETAIL AS KNOWN BY PATIENT, EVEN IF NOT COMPLETE.

WRITE IN:
NAME:
ADDRESS:

E 5 RECORD GENDER

1. Male
2. Female

E 6 Into which of these age bands do you fall? READ OUT AND STOP WHEN CODED

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65-74
7. 75+

E 7 What is your working status?

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

E 8 Thank you very much for your help that is the end of the interview. We may be conducting further research on this subject. Would you be willing to be re-contacted by any of the following about this research? READ OUT AND CODE ALL THAT APPLY

1. Competition and Markets Authority
2. GfK NOP
3. Another market research agency
4. No – none of these

E 9 Would be willing for us to pass on the first four digits of your postcode details to the Competition and Markets Authority, which is the Government body that is carrying out this survey. These details will only be used for analysis purposes, for example to look at which hospitals are near to you?

1. Yes – willing
2. No – not willing

APPENDIX – DISCUSSION GUIDE

GP Discussion Guide FINAL

Objectives:

To explore:

- The role of GPs in patient decisions
- Factors that have an effect on these decisions
- Extent to which patient choice is prevalent
- Potential responses to possible reductions in quality at the merging providers
- Views on the proposed merger

Please note: this is intended to guide discussion in a qualitative interview, therefore not all questions may be asked in each interview in the order shown below, or in the exact wording shown below.

1. Introductions

(Aim: introduce the interview and provide reassurances)

- Thank you for agreeing to take part.
- Introduce GfK and self
- Explain: GfK is an independent research agency who has been commissioned by the Competition and Markets Authority to explore GP views regarding the proposed merger between Ashford and St Peter's Hospital NHS Foundation Trust and Royal Surrey County Hospital NHS Foundation Trust. The CMA is considering whether the merger could materially reduce patient choice and competition for NHS services and whether or not the merger will bring benefits for patients.
- During our discussion, I would like to focus on referrals that you make/ have made to these hospitals within the last 3 months, for any specialty for which you could refer patients to both of these trusts including:

- Audiology services
- Breast surgery
- Cardiology
- Dermatology
- Diabetic medicine
- Endocrinology
- ENT
- Gastroenterology
- Gastro-intestinal surgery – upper
- Gastro-intestinal surgery – lower
- General Medicine
- General Surgery
- Geriatric medicine
- Gynaecology
- Haematology

- Maxillo-facial surgery
- Neurology
- Obstetrics/Midwife episode
- Oncology
- Opthalmology/Opthotics
- Oral surgery
- Orthodontics
- Orthopaedics
- Pain Management
- Respiratory medicine
- Rheumatology
- Transient Ischaemic attack
- Urology

- Discussion will last 30-45 minutes
- Gather permission to audio record and reassure regarding the MRS Code of Conduct.
- Any questions?

Participant introduction (if not already asked at recruitment):

- Please can you tell me if you are salaried, a locum or a partner at your practice?
- And roughly, how many patients are currently registered with your practice?
- How many GPs work at your practice?
- How long have you been qualified as a GP?
- PLEASE ASK ALL: How does the catchment policy work for your Practice? How nearby do your patients tend to live?

2. Key factors

(Aim: identify key factors taken into account by GPs during the referrals process)

I'd like to start by thinking about discussing referral choices in general with patients…

- When discussing referral choices with patients, which factors do you take into account?
    - *Moderator: please ask participants to consider:*
    - Factors relating to the hospital
    - Factors relating to experience
    - *Then prompt:*
    - Close to patient home
    - Easy to get to by public transport
    - Parking at the hospital
    - Expressed patient preferences
    - Clinical expertise of consultants and other healthcare professionals
    - Clinical outcomes e.g. lower infection rates, higher recovery rates
    - Availability of specialist medical equipment at the hospital
    - Quality of nursing care
    - Waiting times for appointments
    - Good previous experience at this hospital
    - Bad previous experience at another hospital
    - Have always referred to this provider

- Overall which factors do you consider important when making choices about patient referrals?

- Which factors do you typically prioritise?
- To what extent to do you base your decisions on the anticipated patient pathway and how likely you think it will be that the patient will be admitted for a procedure/ treatment?
  - Do you typically think about the outpatient appointment, future treatment or a mix of these things?
  - How does this vary across specialties?
  - In which cases do you think more about the outpatient appointment? Why?
  - In which cases do you think more about anticipated future treatment? Why?

- How are your priorities similar or different to patient priorities?

- Overall, to what extent do you find that patients are aware of the rights they have around choice?
- And to what extent do you find that patients are aware of the different providers to choose from in the area?
- What role do you find you have in the choices made?
  - How does this differ for different patients? For example, are there particular types of patients who tend to be more aware of their choices or options? If so, why is this the case?
  - Overall, how active do you find patients are in exercising choice?

- To what extent do patients know which hospital they want to be referred to?
  - Do they tend to know before any discussion with you or are decisions made during the course of discussions with you?
  - How have they come to this decision?
  - What sources of information do they use/ request when making their decision?
  - What helps patients make their choice?
  - To what extent do you try to influence/ guide patients?

- And overall, to what extent do you feel that you are up to date with services and quality at the different providers your patients are referred to?
  - How easy or difficult is this?
  - How do you gauge differences between providers?
    - What type of information do you use when making choices/ recommendations?
    - How up to date is this information?
    - How reliable do you feel this information is?
  - To what extent do marketing materials help?
    - What types of materials are useful? E.g. leaflets, hospital visits etc.?
  - To what extent do you talk to colleagues at your Practice about services and the quality of different providers that your patients are referred to?
    - How much do you tend to discuss this?
    - Do you have any policies in place around this? If so, what are these?
    - To what extent do colleague views influence your views?
    - To what extent are your colleagues' views similar to your own?
  - When making referral decisions do you tend to think at a hospital, unit, specialty or consultant level?
    - Why/ why not?
  - To what extent do you tend to think about clinical networks for more specialist services?
    - How aware do you feel you are of clinical networks?
    - *Explain if required: by clinical networks we mean arrangements between providers about the patient pathway in a particular specialty (for example,*

arrangements that determine which provider a patient would go to for inpatient/day-case services for that specialty).

- How does knowledge of these affect your recommendations/ choices?
  - *Spontaneous then prompt:*
  - To what extent do you refer to the centre of the network? When/ why is this the case? When/ why is this not the case?

- And overall, to what extent do you feel aware of services and quality at Ashford and St Peter's Hospitals and Royal Surrey County Hospital?
-

3. Referrals process and patient choice

(Aim: explore how the referrals process works and GP views of prevalence of patient choice)

I'd now like to talk about the last time you made a referral to Ashford and St Peter's Hospital or Royal Surrey County Hospital for one of the relevant specialities I mentioned earlier…

- For which specialty was this referral made?
- And when was this referral made?
- How was the hospital chosen for this referral?
  - *Moderator: please ask participants to consider:*
  - Who was the main decision maker? To what extent was this mixed?
  - To what extent was there discussion?
  - *Then prompt:*
  - GP decision
  - GP recommendation
  - Patient's pre-existing preference
  - GP/ patient discussion
  - Other reason?
- How many hospitals were discussed?
  - Which hospitals did this include?
- How was the final decision made?
  - What was the most important deciding factor in your recommendation?
  - What was the most important deciding factor for your patient?
- When was the decision made?
  - Then and there or a later date?
  - How did the patient let you know their final decision?
- To what extent was this last referral typical of most referral decisions in this specialty? If not, how did it differ? What is more typical?
- To what extent was this last referral typical of most referral decisions? If not, how did it differ? What is more typical?

4. Referral alternatives

(Aim: explore where referrals would have been made if deterioration of quality of care/ lack of availability at preferred hospital)

Thinking more about the last time you made a referral to Ashford and St Peter's Hospitals or Royal Surrey County Hospital…

- Thinking about this situation, if the patient had been unable to get an appointment at this hospital which other hospital would you have recommended instead?
    - How would you have felt about recommending this alternative over the original choice? Why?
    - How would you feel about recommending an alternative hospital over the original choice for other specialties?
        - *Moderator: explore views regarding different specialties and rationale for these views.*

Moderator: for the following questions please refer to the factors cited as important by the participant in the previous section.

- And thinking about the hospital that you recently referred to (Ashford and St Peter's Hospitals or Royal Surrey County Hospital) if there was some deterioration at this hospital, what impact would it have had on your referral?
    - What degree of deterioration would have resulted in you choosing/ recommending to refer elsewhere?
    - *Moderator: if participant struggles to answer this please ask them to consider the hospital they referred to for their most recent referral and give it a rating score from 1 – 5 (1 means very poor and 5 means excellent) then discuss how many ratings it would need to drop (e.g. to 4, or 3) before they would recommend another hospital.*
    - What types of deterioration would have resulted in you choosing/ recommending to refer elsewhere?
        - Spontaneous then prompt factors from section 2
    - Which other hospital/s would you have recommended for your most recent referral?
    - How would you have felt about recommending an alternative over the original choice? Why?
- Overall, how do your views on recommending an alternative over the original choice differ for different specialties?
- Are there any specialties for which you consider Ashford and St Peter's, and Royal Surrey County to be good alternatives?
    - Which other hospitals offer a good alternative to Ashford and St Peter's for these specialties?
    - Which other hospitals offer a good alternative to Royal Surrey County for these specialties?

5. Views on the proposed merger

(Aim: gather overall views on the proposed merger)

The Ashford and St Peter's and Royal Surrey County are planning to merge…

- To what extent were you aware of this proposed merger before you were approached to participate in this research?
    - What had you heard?
    - Where and when did you hear about this?

- Overall, to what extent do you think this will improve or worsen the quality of patient care in the local area?
    - Why?

- Thinking specifically about how the merger could improve the quality of patient care – what do you consider to be the key potential benefits?
    - *Spontaneous then prompt exploring what their views are based on:*
    - Resources and expertise
    - Opportunities for centres of excellence
    - Financial savings
    - Removing duplication

- And thinking specifically about how the merger could worsen the quality of patient care – what are your key concerns?
    - *Spontaneous then prompt exploring what their views are based on:*
    - Financial issues
    - Accessibility of services
    - Reduction in choice
    - Reduction in quality of care due to lack of competition

- To what extent do you think any specific specialties will be affected? For example because Ashford and St Peter's and Royal Surrey County are important alternatives to patients in certain specialties. Why/ why not?

- Finally, are there any other comments you would like to make with regards to the proposed merger?

Thank and close