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Choice at the point of referral

Early results of a patient survey



Key findings

- A postal questionnaire was sent to 5,997 NHS patients who booked their first outpatient appointment in January 2009 at eight NHS trusts and two independent sector treatment centres (ISTCs) across four case study sites in England. The response rate was 36 per cent (n = 2,181).
- Patients were asked about their experience of referral and choosing a hospital for treatment.
- Half (49 per cent) of respondents said they were offered a choice of hospital; of those, 49 per cent said they were given two options, 49 per cent between three and five options, and 2 per cent more than five options. Eight per cent remembered being offered private sector options.
- Many patients at ISTCs seemed unaware that they were run by private sector companies, with 22 per cent of patients offered a choice at one centre and 48 per cent at another saying that none of the choices they had been offered was run privately.
- Patients offered a choice were slightly more likely to travel to a non-local hospital (29 per cent) than those who were not offered a choice (21 per cent).
- Almost half (46 per cent) of respondents had been aware that they would have a choice before attending their general practitioner (GP), and those aware of choice were more likely to say they had been offered a choice of provider.
- Patients were most likely to have been offered a choice by their GP (60 per cent), in a letter outlining the options (21 per cent), or by a telephone-booking adviser (20 per cent).
- Patients drew on various information sources to help them choose, including their own past experience (41 per cent), and advice from their GP (36 per cent) and from friends and family members (18 per cent). Only 4 per cent had looked at the NHS Choices website and 1 per cent consulted other websites.
- Of patients who were offered a choice, 60 per cent were satisfied with the amount of information they were given, 22 per cent did not want any information and 14 per cent would have liked more.
- Cleanliness, quality of care, and the standard of facilities were the three most important factors that patients said had influenced their choice of hospital.

Introduction

Since April 2008, patients referred by their general practitioner (GP) for a specialist outpatient consultation have had a choice of any National Health Service (NHS) or registered independent sector provider in England (Department of Health 2007).

The NHS constitution gave legal backing to this right to choose, and tasked primary care trusts (PCTs) with ensuring implementation (Department of Health 2009b). Patients have had a more limited choice of at least four providers since January 2006 (Department of Health 2004).

The right to choose has been supported by the introduction of an electronic booking system, Choose and Book, which has been installed in GP surgeries and hospitals across the country as part of the National Programme for IT (information technology). Patients and GPs can choose a hospital and book appointments online or via a telephone booking system. However, only half of eligible appointments were booked using Choose and Book in September 2009 (Connecting for Health 2009). Low levels of usage have been due to technical issues and the reluctance of some GPs to use the system, meaning a paper-based referral system is running in parallel (British Medical Association 2009).

The government's intention was that the choices patients make would motivate quality improvement in the NHS (Department of Health 2004). In principle, at least, patients can base their choices on a variety of information sources, such as the Care Quality Commission's annual health check, or locally published patient survey results. The presumption was that patients would make informed choices based on the best match for their own needs and circumstances using the information available on quality. A per case payment is made to the providers chosen by patients, and it was hoped that this would act as a signal to providers, both those chosen and those not, prompting them to assess their services. It was expected that providers who 'lost' patients would investigate the reasons for this and address the causes of their under-performance.

However, three years after patients were first given a formal choice of hospital, little is known about its impact on the NHS, particularly on quality of care. Since May 2006, the Department of Health has monitored implementation with a bi-monthly 11-question patient survey, which gives a basic picture of how choice is operating in England (Department of Health 2009a). To gain a more detailed picture, the Department of Health commissioned The King's Fund, Picker Institute Europe, RAND Europe and the Office of Health Economics to undertake an in-depth case study research project in four areas of England.

The research team interviewed senior staff in NHS provider trusts and independent sector providers, GPs and patients to find out how the policy has been implemented and its impact on the quality of services in the NHS, with specific reference to the following questions.

- How do patients experience choice?
- What factors are important to patients when choosing between providers in practice?
- How do GPs support choice?
- How do providers respond to choice?

A questionnaire was sent to patients in each of the case-study sites that asked them about their experience of choosing a hospital, as well as how they would choose a hospital in hypothetical situations.

This report presents preliminary findings from that survey. Further regression analysis is planned to explore in more detail the factors that influence whether a patient is offered a choice, and this will be published separately. Answers to hypothetical questions conducted using a discrete choice experiment methodology will also be analysed by RAND Europe. The two and a half year project will publish its final report in spring 2010.

Method

Four areas of England were selected for the study, based on PCT areas. The PCTs were chosen to vary on two criteria: the potential for choice, as measured by the number of providers within an hour's travelling time; and the penetration of choice, as measured by the percentage of patients who recalled being offered a choice in the Department of Health's choice survey. All the PCTs were outside London, located in a mix of urban and rural areas.

NHS trusts receiving 5 per cent or more of referrals from each PCT were asked to take part in the study. One independent sector provider in each area was also asked to participate, but only two of the four selected saw enough NHS patients to be included in the survey.

A postal questionnaire was sent to NHS patients recently referred for an outpatient appointment at eight NHS trusts, three foundation trusts and two ISTCs across the four case study areas.

Questionnaire development

A small number of patients ($n = 16$) was interviewed across each of the four case study PCTs about their experience of referral. The findings (*see Henderson et al 2009*) were used to help design a survey comprising 45 questions divided into three main sections.

- The first section asked patients about their experience of referral and the offer of choice. Some questions from the Department of Health's monitoring survey on patient choice were repeated for comparison purposes (Department of Health 2009a).
- The second section asked patients which hospital they would choose in hypothetical situations, using a discrete choice experiment methodology. Respondents were given information about hypothetical hospitals and asked to choose between them.
- Finally, patients were asked a set of general demographic and background questions.

This report presents preliminary findings from section one of the survey. The full questionnaire is available at: www.kingsfund.org.uk/patientchoicesurvey.

Questionnaire distribution

This survey was distributed and administered by Picker Institute Europe. Participating organisations were asked to generate a list of all patients aged 16 and over who had booked their first outpatient appointment during January 2009. A total of 5,997 questionnaires were sent out by post between March and June 2009 to a systematic random sample of these patients. Those not eligible for choice, such as maternity cases or two-week wait referrals were excluded from the list.

Sample sizes for each provider were proportional to the overall volume of referrals seen at each, with a minimum of 200 surveys per provider.* As ISTCs see a small proportion of the total outpatient activity in each area, the minimum level of 200 meant they were over-sampled.

The initial mailing was followed up by two reminders. The overall response rate from the sample was 36 per cent ($n = 2,181$): this was similar to the 35 per cent response rate for the Department of Health's far shorter patient choice monitoring survey, but lower than the 59 per cent response rate from the most recent national outpatient survey conducted in 2004 (Healthcare Commission 2005).

* As based on a power calculation showing that a minimum sample size of 200 was required to give a maximum margin of error for binomial estimates of proportions +/- 6.9 per cent.

When answering the questionnaire, patients were asked to think about the most recent time their GP referred them to hospital. Although all patients included in the sample booked their appointment during January 2009, some may not have attended their appointment by the time they filled in their questionnaire. The sample was based on the date on which appointments were booked rather than on the appointment date so as to reduce recall bias and ensure that the GP consultation at which the referral was made was as fresh as possible in respondents' memories.

Description of the sample

The characteristics of the survey's respondents are shown in Table 1 below. Their ages ranged from 16 to 99 years, and 43 per cent were male. There were fewer respondents aged under 50, more respondents aged 51–80, and fewer older than 81 years when compared with the sample population as a whole, and, using Hospital Episode Statistics (HES), with the population of patients across England who were eligible for choice and attended a first outpatient in England during January 2009.*

Table 1 Description of the sample

Characteristic	Categories	Sample population	Percentage
Gender	Male	934	42.8
	Female	1,247	57.2
	Total	2,181	100.0
Age group (years)	16–35	228	10.5
	36–50	473	21.7
	51–65	712	32.6
	66–80	608	27.9
	81 and older	160	7.3
	Total	2,181	100.0
Ethnicity	White	1,958	89.8
	Mixed background	11	0.5
	Asian	101	4.6
	Black	42	2.0
	Chinese	2	0.1
	Other	14	0.6
	Missing	53	2.4
	Total	2,181	100.0
Employment status	In paid work	746	34.2
	Unemployed	76	3.5
	Retired from paid work	833	38.2
	Unable to work because of disability or ill health	194	8.9
	Looking after my family, home, or dependants	89	4.1
	In full-time education, including government training programmes	20	0.9
	Other	34	1.6
	Missing	189	8.7
	Total	2,181	100.0
Level of education	No formal qualifications	683	31.3
	GCSE/O-level/A-level or equivalent	604	27.7
	Professional qualification below degree level	211	9.7
	Degree level qualification, higher, or equivalent	311	14.3
	Other	32	1.5
	Missing	340	15.6
	Total	2,181	100.0

* Indicates throughout the text that the χ^2 test is significant at the 1 per cent level.

Respondents had a similar gender split to the sample population, but significantly more men answered the questionnaire compared with the HES data on first outpatient appointments in England.*

The ethnicities of respondents were similar in distribution to those found in census figures for England and Wales (National Statistics 2009), but when compared with population data from the case study PCTs, three of the four PCTs had more white respondents.*

One-third of respondents (31 per cent) had no formal qualifications, and one-third (34 per cent) were in paid work.

Respondents were attending outpatient clinics in more than 40 specialties, although more than 50 per cent of respondents were accounted for by the five main specialties:

- trauma and orthopaedics
- general surgery
- ophthalmology
- ear, nose and throat (ENT)
- dermatology.

The majority of respondents (88 per cent) were attending for routine appointments, with 12 per cent classified as urgent referrals. Respondents came from a mix of rural and urban areas, and 65 per cent had access to the internet.

ISTCs account for fewer than 0.5 per cent of first outpatient attendances in England, and so are over-represented in our sample, in which they make up 5 per cent (Hospital Episode Statistics 2007–8).

Findings

Implementation of patient choice

In principle, all patients needing to be referred for a specialist consultation should have been offered the choice of any hospital – run either by the NHS or an approved independent sector provider. However, in fact, slightly less than half (49 per cent) of those who responded to the survey said they had been offered a choice of hospital/ISTC (*see* Table 2 below). This is a similar figure to that found by the Department of Health in its March 2009 monitoring survey, which showed the proportion offered a choice to be 47 per cent (largely unchanged since January 2007) (Department of Health 2009a).

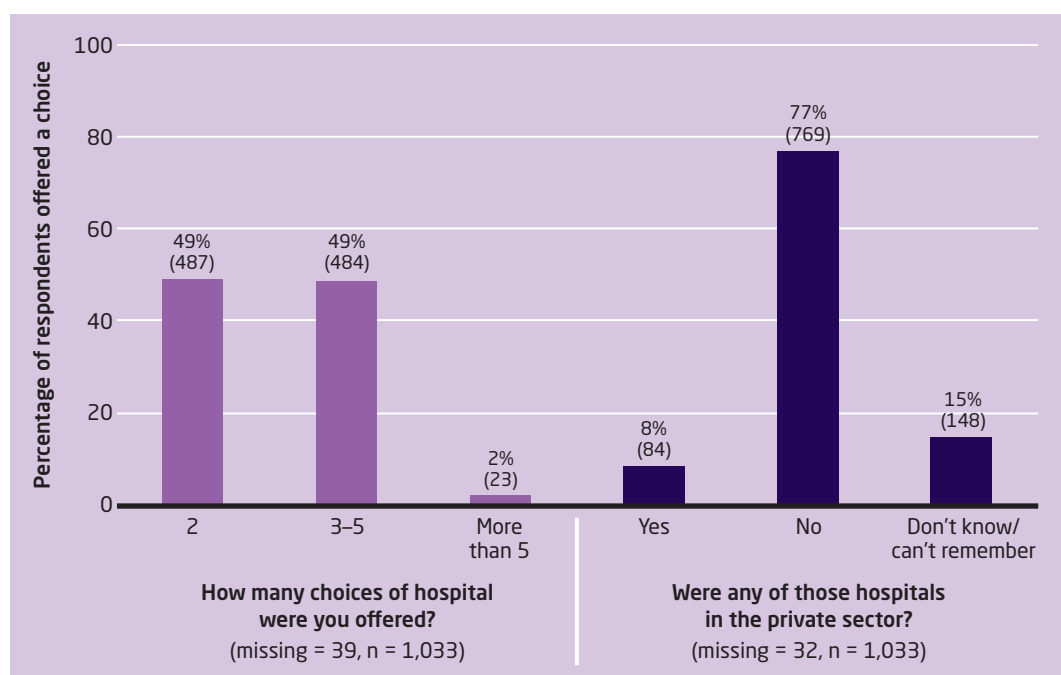
Table 2 Number (%) of patients offered a choice of hospital

	Number	Percentage
Yes	1,033	49
No	1,028	49
Don't know	50	2
Total	2,111	100
Missing	70	

Figure 1 below examines the choices that those patients were offered in more detail. It shows that only a very small proportion (2 per cent) of patients say that they were given a choice of more than five hospitals. Only 8 per cent of those offered a choice said that they remember private sector organisations having been on their option list.

This might be an indication that patients were not given the option to attend privately run centres, or that patients were unaware that some of the hospitals they could have chosen were independent of the NHS. For example, some of the patients sampled who had attended the ISTCs in the survey area seemed unaware that they were privately run hospitals, with 22 per cent of the patients offered a choice at one ISTC, and 48 per cent at the other, saying that none of the choices they had been offered were run privately.

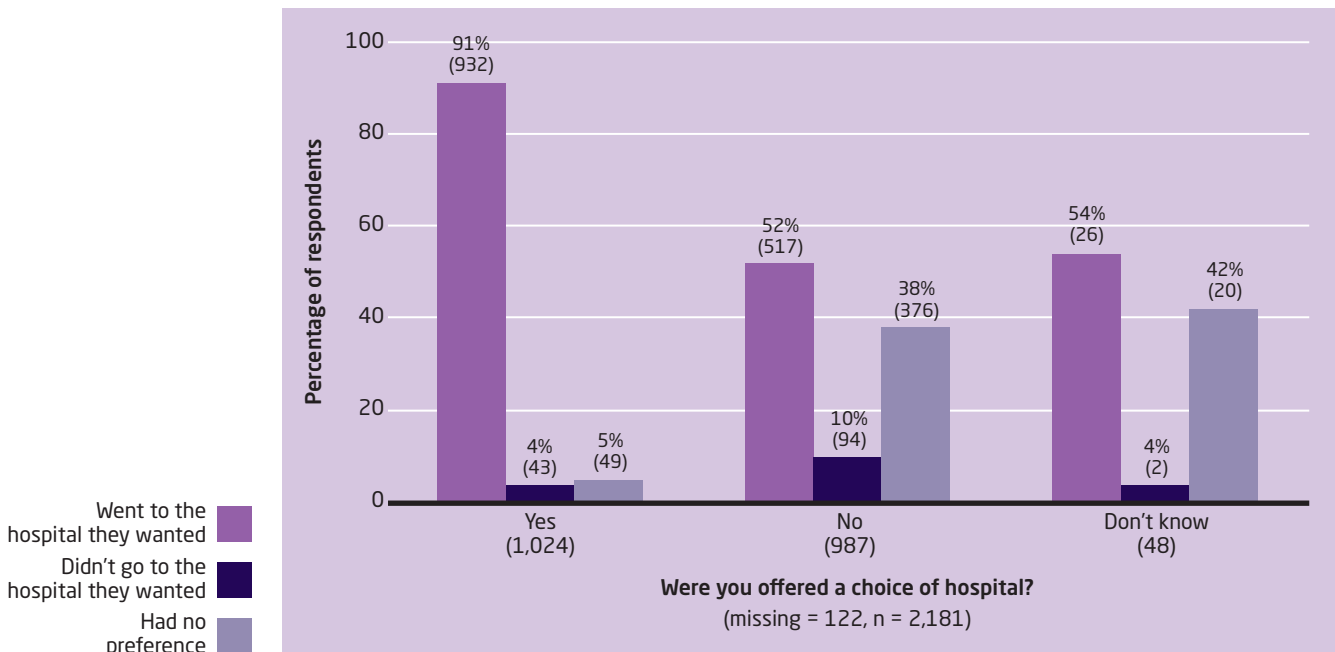
Figure 1 Number of choices offered to patients and whether private sector options were included



Patients were asked if they had been able to attend the hospital they wanted. Unsurprisingly, more of the patients who were offered a choice attended the hospital they wanted (91 per cent) than those who were not offered a choice (52 per cent). However, Figure 2 opposite shows that 38 per cent of those who did not have a choice said they had no preference over where they were treated, and only 10 per cent were not able to go to the hospital they wanted. These results are similar to those of the Department of Health's monitoring survey, which found that 10 per cent of patients who were not offered a choice were not able to go to the hospital they wanted (Department of Health 2009a).

The results show that, although most patients say choice is important to them (*see* p 8), the majority of both those who were offered a choice and those who were not either attended the hospital they wanted or had no preference over where they were treated.

Figure 2 Number (%) of patients who were offered a choice and who attended the hospital they wanted



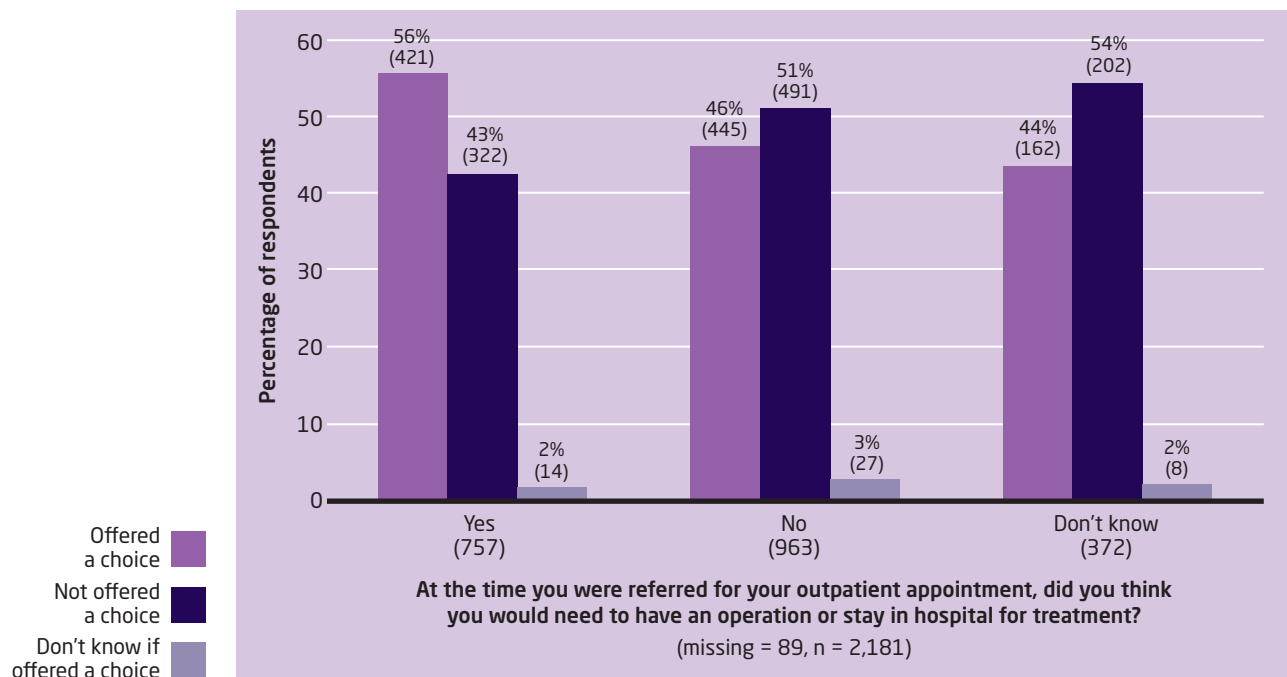
Locality of choice

Figure 3 below provides some insight into the switching behaviour of patients who were able to choose a hospital and those who were not.

Based on individual patients' own views of whether they considered the hospital they attended was their local hospital or not, a slightly lower proportion of those who were offered a choice of hospital/ISTC attended their local hospital (69 per cent) compared

Figure 3 Number (%) of patients who were offered choice and who attended their local hospital



Figure 4 Number (%) of patients who were offered choice and who expected hospital treatment

with those not offered a choice (76 per cent). And, conversely, a higher proportion of those offered a choice attended a non-local hospital (29 per cent) than those not offered a choice (21 per cent).*

Slightly more than one-third of those sampled (36 per cent) thought that their outpatient appointment would lead to an operation or a stay in hospital. These patients were significantly more likely to be offered a choice than those who did not expect to need an operation or stay in hospital (56 per cent vs 46 per cent, *see* Figure 4 above). It is possible that GPs feel it is more worthwhile to offer patients a choice if they are likely to require an operation or hospital stay, or patients might be more likely to push for choice in these circumstances, or be more aware of being offered a choice.

Patients who thought they would need an operation or inpatient stay were also more likely to travel away from their local hospital for treatment (30 per cent) than those who did not think they would need treatment (21 per cent).*

Importance and awareness of choice

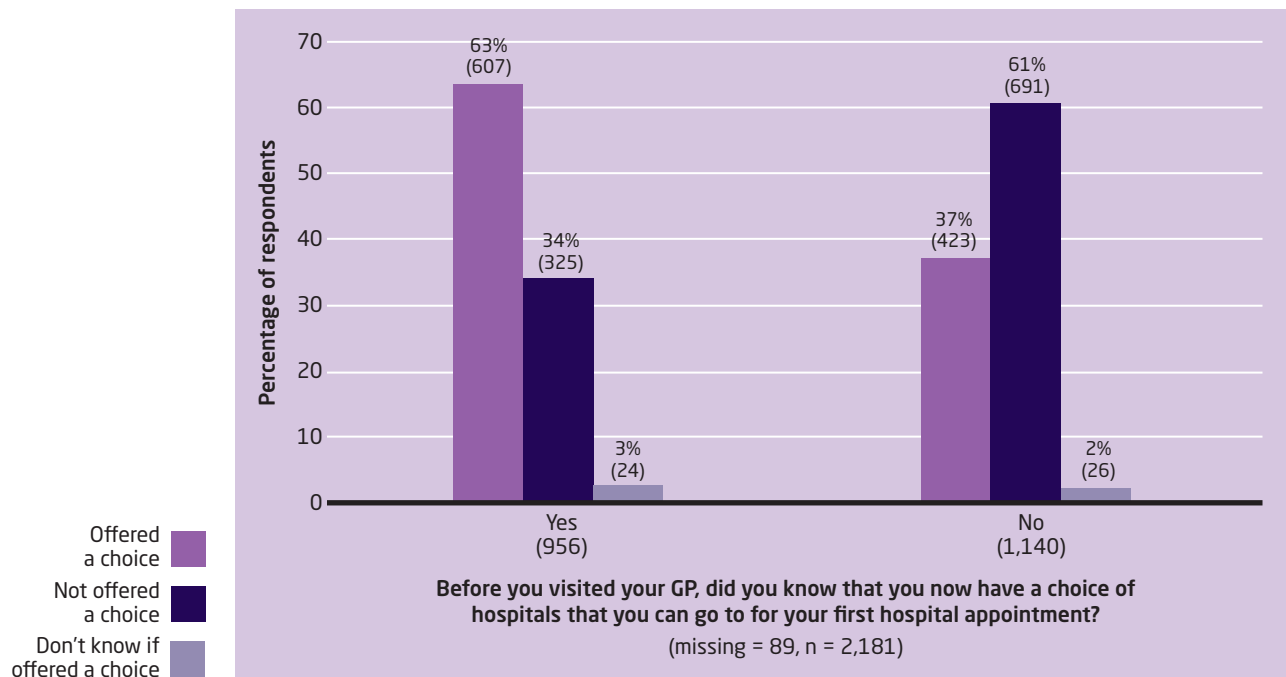
Most patients wanted a choice of hospital: 75 per cent said that being offered a choice was either important or very important to them.

Fewer than half the respondents (46 per cent) knew that they would have a choice of hospital before visiting their GP. The Department of Health found a similar level of awareness (50 per cent) in its March 2009 monitoring survey (which also showed that awareness has steadily increased from 29 per cent in May/June 2006) (Department of Health 2009a).

* Indicates throughout the text that the χ^2 test is significant at the 1 per cent level.

Figure 5 below shows that a greater proportion of the patients who were aware that they had a choice of hospital before visiting their GP were offered choice than those who were not aware (63 per cent compared with 37 per cent). The Department of Health found similar results, with 62 per cent of those aware of choice offered a choice compared with 32 per cent of those who were not aware of choice (Department of Health 2009a).

Figure 5 Number (%) of patients offered a choice who knew in advance that they had that option



One reason that half the patients surveyed were not aware of choice could be weak national and/or local promotion of choice. For example, only 16 per cent of respondents had seen an advertisement about patient choice, 18 per cent one about Choose and Book, and 10 per cent one about the NHS Choices website.

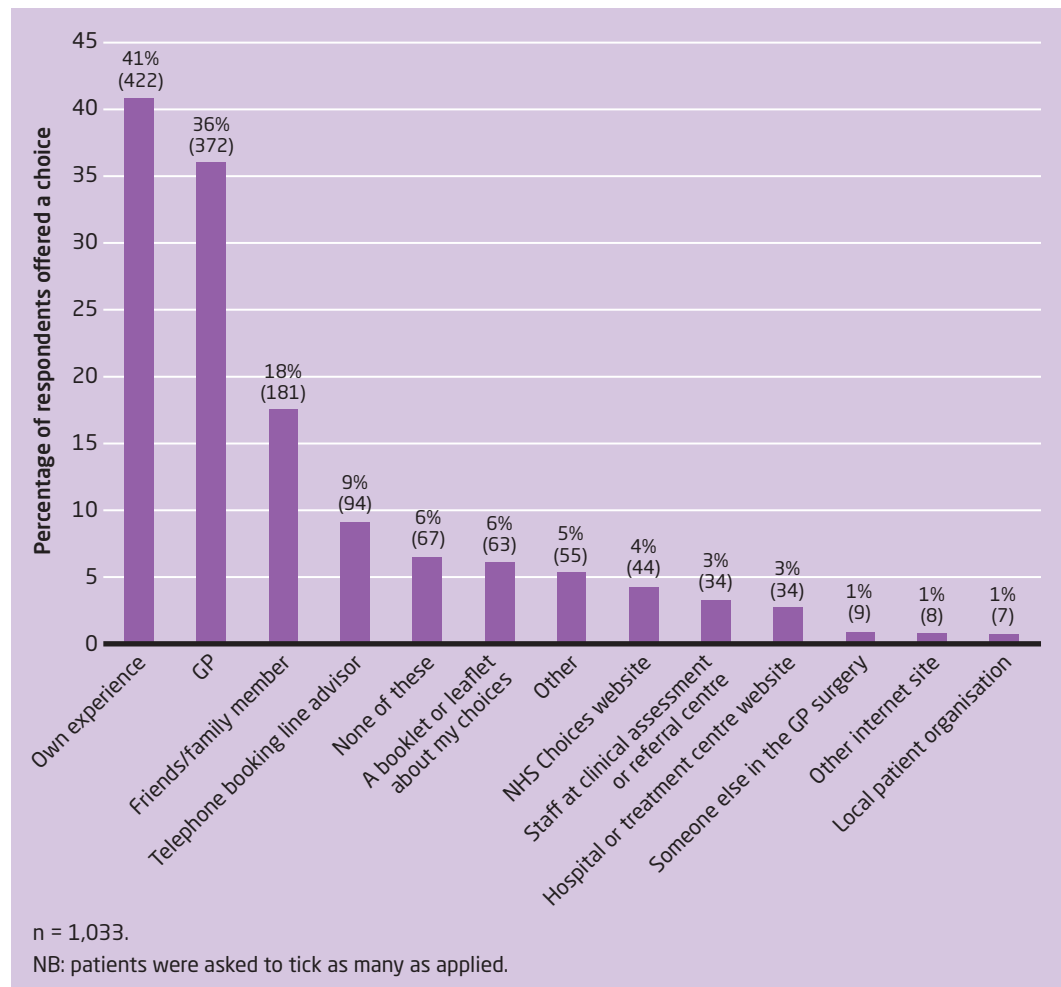
Support and information

GPs play an important role in patients' choice of hospital (Rosen *et al* 2005). GPs should not only be offering patients a choice, but also providing information to help them choose, or directing them to others who can help them to decide. When patients were offered a choice, this was generally carried out by the GP (for 60 per cent of patients), by a telephone-booking adviser (20 per cent of patients), or in a letter received by the patient outlining the options (21 per cent). Some patients were offered a choice through more than one route.

Patients who were offered a choice (whether by their GP or someone else), were most likely to seek advice from their GP (40 per cent), from their friends and family (35 per cent), and from the telephone-booking adviser (14 per cent). Slightly more than half (54 per cent) of those offered a choice by their GP also received advice from their GP on which hospital to attend.

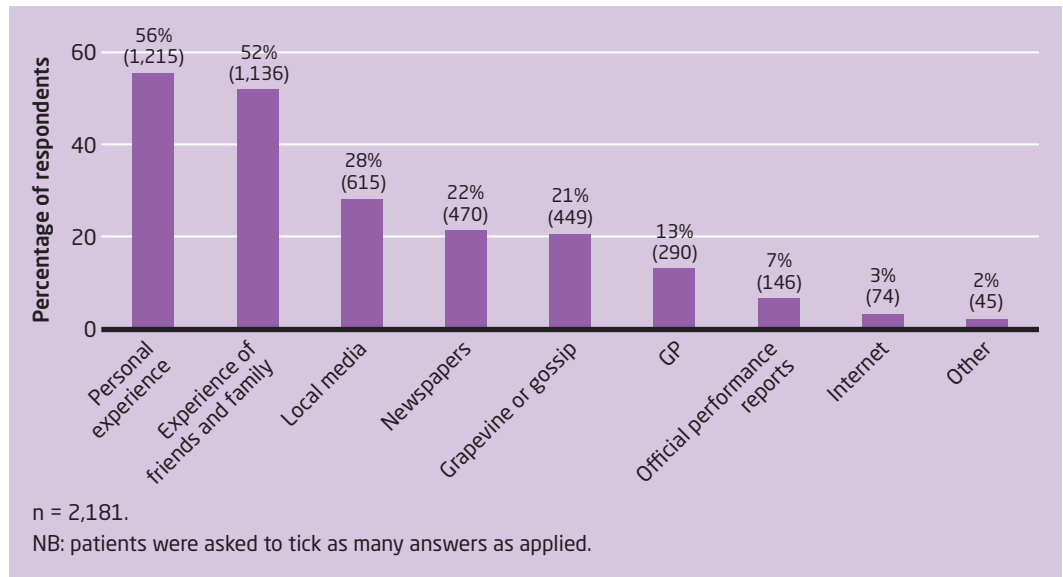
Patients were asked which information sources they consulted when choosing a hospital (see Figure 6, below). Although 65 per cent of respondents had access to the internet, only 4 per cent looked at the NHS Choices website, 3 per cent at hospital websites, and fewer than 1 per cent consulted other internet sites. These results echo those of the Department of Health’s own survey, which found that only 5 per cent of patients consulted NHS Choices and 1 per cent looked at another internet site (Department of Health 2009a). Since this data was collected, the NHS Choices website has been updated to include additional tools and information for comparing the quality of hospitals; this may lead to an increase in use of the website in the future.

Figure 6 Sources of information patients consulted to help them choose



Patients were most likely to use their own past experience when making a choice (41 per cent), consult their GP (36 per cent), ask family and friends (18 per cent) or, less often, ask the telephone-booking line adviser (9 per cent) (see Figure 6 above). Patients are also likely simply to draw on their own knowledge or broader experience of hospitals in their locality when choosing. For example, when asked in general what they knew about hospitals in their local area, patients stated that their main source of knowledge was their own experience (56 per cent) and that of their family and friends (52 per cent), followed by local media (28 per cent) and newspapers (22 per cent). Only 7 per cent knew about hospitals from official performance reports (see Figure 7 opposite).

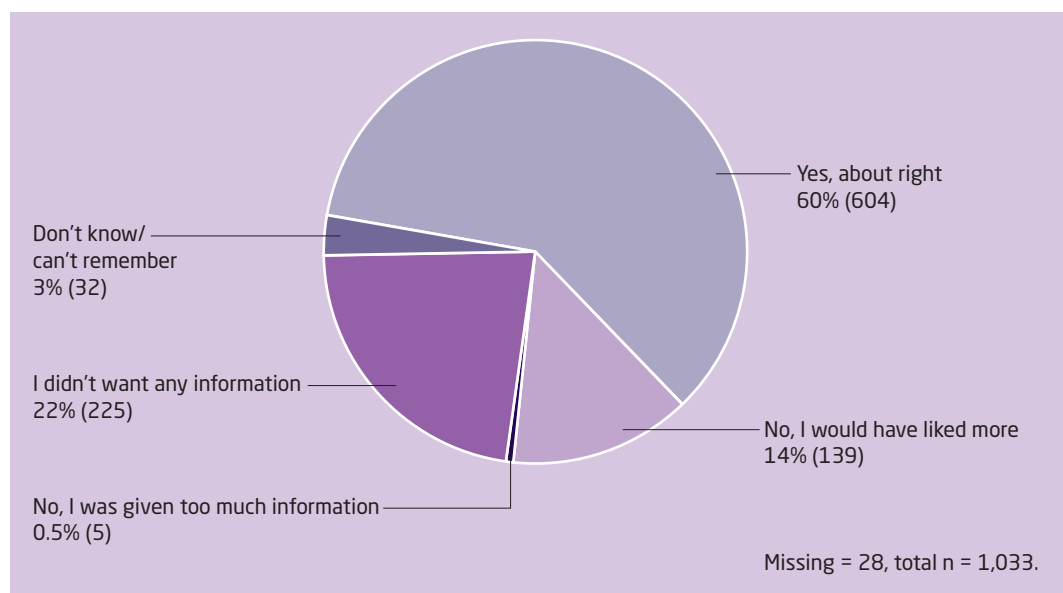
Figure 7 How patients had heard about the performance of local hospitals



Personnel from the NHS Patient Advice and Liaison Service (PALs) and patient advisers (who are available in some areas to help patients with their choices) assisted only a small number of patients, giving advice to 3 per cent of those who were offered choice, and booking the appointment for 2 per cent of patients.

Overall, however, as Figure 8 below shows, patients who were offered a choice were generally happy with the amount of information they were given to help them choose, or did not want any information. Only 14 per cent of those offered a choice would have liked more information.

Figure 8 Patients' views on whether they were given the right amount of information to help them choose



The way in which patients were offered a choice had some impact on whether they felt they had been given enough information. Table 3 below shows that more of the patients offered a choice in the GP surgery were happy with the amount of information they were given (63 per cent of those offered choice by the GP and 59 per cent by the receptionist) than those receiving choice in a letter (50 per cent) or from the telephone-booking adviser (54 per cent). Those who consulted PALs or a patient adviser were most likely to get the amount of information they wanted, although only 17 patients did this.

Table 3 How patients were offered a choice, and whether the right amount of information was given

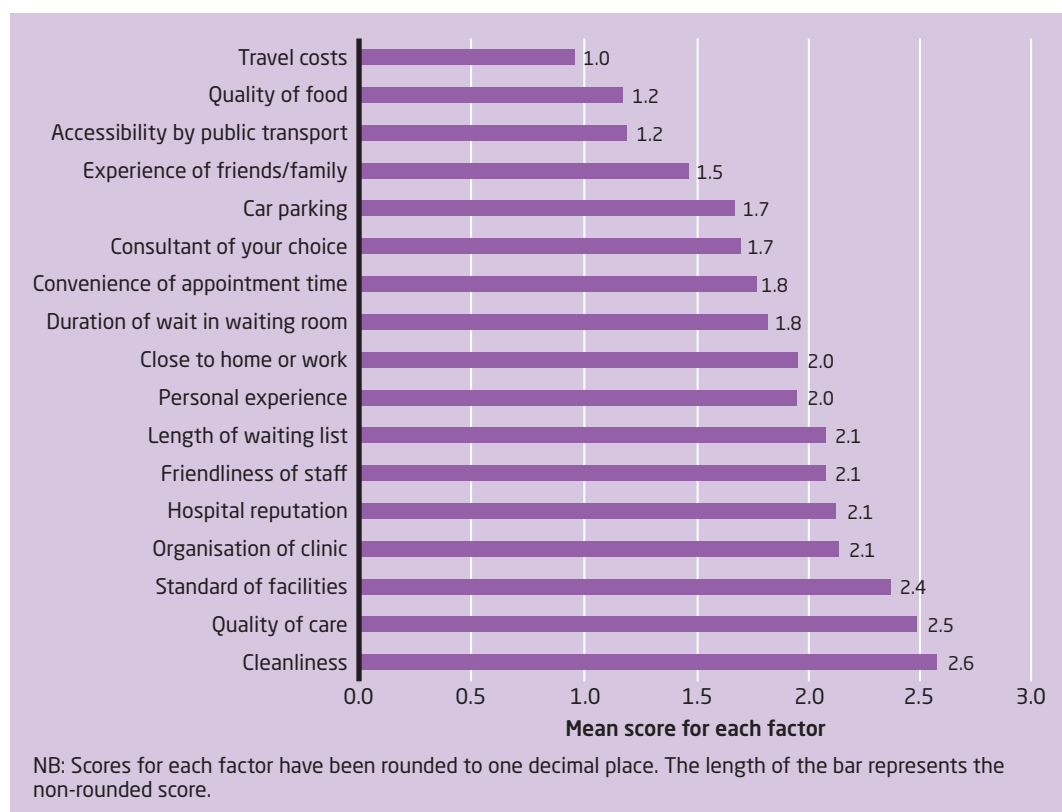
How the choice was offered*	'Were you given the right amount of information to help you choose?'									
	Yes, about right		No, I would have liked more		No, I was given too much information		I didn't want any information		Don't know/can't remember	
	No	Percentage	No	Percentage	No	Percentage	No	Percentage	No	Percentage
In a letter received after GP consultation	118	50	63	27	1	0	46	19	10	4
Telephone-booking adviser	115	54	37	17	2	1	50	24	9	4
PALs/patient adviser	14	82	2	12	0	0	1	6	0	0
Someone else in the GP surgery	7	50	3	21	0	0	4	29	0	0
GP receptionist	20	59	4	12	0	0	9	27	1	3
GP in the consulting room	418	63	75	11	2	0	145	22	23	4

* NB: when asked how choice was offered respondents ticked as many responses as applied, so totals do not equal those in Figure 8.

Factors influencing patients' choices

Patients who said they had been offered a choice were asked to state how important various factors were in influencing which hospital they chose. In Figure 9 below, factors rated as 'Essential' were scored as 3, 'very important' as 2, 'somewhat important' as 1 and 'not important' as 0. The scores shown are the mean score given by respondents for each factor.

Figure 9 Factors that influenced patients' choice of hospital



The three most important factors were:

- cleanliness
- quality of care
- standard of facilities.

Similarly, the Department of Health survey found cleanliness and quality of care to be the two most important factors to patients (Department of Health 2009a).

The 18-week referral-to-treatment target has reduced the waiting time to first outpatient appointment dramatically, and this is reflected in our results, which show waiting time ranked as the seventh most important factor influencing patients' choices. Transport and travel costs are also relatively unimportant, although being 'close to your work or home' ranked on average as 'very important', suggesting physical access may play a stronger role in patients' choices than the results suggest. (This factor is likely to depend on local circumstances, and the final report of this project will look in more detail at how survey responses differ by case-study site and the impact of local context.)

Discussion

This survey gives a patient's perspective on the progress of the implementation of patient choice policy in England. The findings do not represent experiences across England, but give a picture of how choice at the point of referral is experienced in a mix of urban and rural areas outside London by patients referred to NHS trusts, foundation trusts and ISTCs.

The results show that implementation of the policy is not yet complete, and that three years after patients were first entitled to a choice of hospital for their elective treatment, most do not experience referral as the policy envisaged. Many of the patients surveyed said that they were not offered a choice, few said that they were given the number of options they are entitled to, and fewer still realised private sector options were available. Interestingly, many patients attending ISTCs did not realise they were run by the private sector. This raises the question of whether it matters in a publicly funded health care system whether patients are aware that their health care is being provided by a private company rather than a publicly owned hospital.

There are many reasons for a GP to refer a patient to hospital, including the need for reassurance or a second opinion, to establish a diagnosis, or for treatment or an operation (Coulter *et al* 1989). The GP's approach to offering choice might differ depending on the reason for referral. In this survey, patients who thought that they would need an operation or inpatient stay were more likely to be offered a choice. GPs might be more motivated to take the time to go through the various hospital options in cases where a hospital stay or treatment is expected.

Where patients said that they were offered a choice, the experience is still different from that envisaged in the policy. The results show that most patients were not actively comparing hospitals and using performance information to select the highest quality provider. Although respondents said that quality was an important factor when choosing, very few knew about hospitals from official performance reports or consulted the NHS Choices website (which provides information on hospital performance) when choosing. Most used their past experience or the advice of their GP to select a hospital.

These results show that the pre-conditions required for the choices of individual patients to motivate hospitals to improve quality – that choice is offered and that performance information is used to select a high-quality provider – are, in many cases, not being met.

The patients who are expected to provoke a response from providers are those who 'switch' to seek care away from their local provider. When patients were offered a choice, they were more likely to travel to a non-local provider for treatment: 29 per cent of those offered a choice, compared with 21 per cent of those who were not offered a choice.

There appears to be a core of patients who are treated away from their local hospital irrespective of having been offered a choice. This may be because of limited treatments and services available locally, their GP's judgement on the best provider, or GPs' habitual referral patterns. Nevertheless, when choice is offered, 8 per cent more patients go to a non-local hospital. If replicated across the country, an 8 per cent shift in patient referrals could have a significant impact on activity levels and could motivate quality improvement. However, this requires patients to be switching to higher-quality providers, and yet most patients are not consulting information on comparative quality to help them choose. If referrals are to be quality-sensitive, then GPs and patients need to know who the highest-quality providers are.

Another argument for giving patients a choice of hospital is that it is what they want, and this is backed up by this study, in which 75 per cent of patients considered having a choice to be important. However, there are not many circumstances in which people would say that they preferred not to have a choice. In fact most got an appointment at the hospital they wanted to go to, or had no preference over where they were treated. Only 4 per cent of those offered a choice and 10 per cent of those not offered a choice said they were unable to attend the hospital they wanted.

This discrepancy between the importance of choice to patients and the low level of discontent among those not offered a choice suggests that patients might not realise that higher-quality options are available. Once again, raising awareness of information on comparative performance is likely to bring at least some increase in the number of patients who switch to a higher-quality provider.

When assessing the progress of the implementation of the patient choice policy, it is important to view the three years that patients have been entitled to choice in the wider context of their having had little or no choice for several generations. Furthermore, aside from health care professionals and a small number of patients, most people assume that all hospitals and doctors deliver care of similar quality. It will take time for professionals and patients to think and act differently.

The findings of this survey give the patient's perspective on choice at the point of referral in our four case-study sites. The larger research project, of which this survey forms one part, will also explore GP and hospital perspectives and allow a more thorough examination of the implementation of patient choice and its impact on quality. The main report outlining the findings from each of these perspectives will be published in early 2010.

References

- British Medical Association (2009). *Choose and Book: Learning lessons from local experience*. London: British Medical Association. Available at: www.bma.org.uk/images/chooseandbook_tcm41-181729.pdf (accessed on 7 October 2009).
- Connecting for Health (2009). *NHS Connecting for Health deployment statistics (for w/c 16 September 2009)* [online]. Available at: www.connectingforhealth.nhs.uk/newsroom/statistics/deployment (accessed on 7 October 2009).
- Coulter A, Noone A, Goldacre M (1989). 'General practitioners' referrals to specialist outpatient clinics. I. Why general practitioners refer patients to specialist outpatient clinics'. *British Medical Journal*, vol 299, no 6694, pp 304–6. Available at: www.ncbi.nlm.nih.gov/pubmed/2504413?ordinalpos=59&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum (accessed on 7 October 2009).
- Department of Health (2009a). *Report on the National Patient Choice Survey – March 2009 England* [online]. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103681.pdf (accessed on 7 October 2009).
- Department of Health (2009b). *The NHS Constitution: The NHS belongs to us all*. London: Department of Health. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093442.pdf (accessed on 7 October 2009).
- Department of Health (2007). *The NHS in England: The operating framework for 2008/9*. London: Department of Health. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094 (accessed on 7 October 2009).
- Department of Health (2004). *The NHS Improvement Plan: Putting people at the heart of public services*. Cm 6268. London: Department of Health. Available at: www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=28792&Rendition=Web (accessed on 1 August 2007).
- Healthcare Commission (2005). *Patient Survey Programme 2004/5. Outpatient department: Key findings*. London: Healthcare Commission. Available at: www.gloshospitals.org.uk/pdf/opdkeyfindings.pdf (accessed on 7 October 2009).
- Henderson S, Robertson R, Dixon A (2009). 'Are patients choosing?'. *British Journal of Healthcare Management*, vol 15, no 2, pp 105–8. Available at: www.bjhcm.co.uk/cgi-bin/go.pl/library/contents.html?uid=2488%3Bjournal_uid=22 (accessed on 7 October 2009).
- Hospital Episode Statistics 2007–8. *Outpatient data* [online]. Available at: www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=966 (accessed on 8 October 2009).
- National Statistics (2009). *England: Census 2001*. Available at: www.statistics.gov.uk/census2001/profiles/64-A.asp (accessed on 7 October 2009).
- Rosen R, Curry N, Florin D (2005). *Public Views on Choices in Health and Health Care: A qualitative study*. King's Fund: London. Available at: www.kingsfund.org.uk/research/publications/public_views_on.html (accessed on 7 October 2009).

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