

Factors that influence general practitioners' choice of hospital when referring patients for elective surgery

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SUMMARY. *To describe the factors that influence general practitioners' choice of hospital when referring patients for elective surgery in three specialties, a postal questionnaire was distributed in January 1991 to 449 doctors who had referred patients to one of six hospitals in the North Western Regional Health Authority. Responses were received from 260 general practitioners (58%). Of the respondents 95% selected 'local and convenient' as a factor that commonly influenced their choice of hospital for at least one specialty and 65% mentioned this across all three specialties. Seventy four per cent mentioned patient preference as influencing choice for at least one specialty and 57% across all three specialties. Only 32% of doctors mentioned waiting times for appointment across the three specialties and 26% waiting times for surgery across the three specialties. When asked to select the single most important factor 'local and convenient' was selected by 33% of general practitioners for at least one specialty, the general standard of clinical care by 28% and waiting time for appointment by 23%. Patient preference was only selected by 6% of doctors as the most important factor. It is of note that 33% of general practitioners perceived there to be no choice of hospital for at least one specialty and 14% thought this to be the single most important influence on choice for at least one specialty. Approximately half the general practitioners (49%) considered it always or often appropriate to give their patients a choice. Most general practitioners received waiting time information from hospitals in their own health district but fewer received such information from hospitals outside their district. Only 6% of general practitioners thought the reforms to the National Health Service would increase the choices available to them.*

This study questions the extent to which the assumptions made in the white paper describing the reforms to the health service reflect the views and experiences of general practitioners prior to the introduction of the new hospital contracts in April 1991.

Keywords: *referral of patients to hospital for investigation; patient choice; doctors' attitude; health service internal market.*

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Introduction

GENERAL practitioners play a central role in deciding whether, when and where to refer patients for specialist care. One of the underlying themes of the government white paper *Working for patients* was to increase the choices available to both general practitioners and their patients.¹ In the past general practitioners were free to refer to any National Health Service hospital in the United Kingdom. In practice such choice was often constrained by what Enthoven has termed the 'perverse incentives' of traditional funding arrangements whereby district health authorities were inadequately compensated for the services they provided for patients outside their district boundary and which offered no incentive to overcome the wide variation in waiting lists between districts.² The primary motivating force behind the NHS reforms was to remove such 'perverse incentives' and to encourage efficiency by channelling financial resources to the services that attracted more patients and offered shorter waiting times and higher quality care. District health authorities and general practice fundholders are free to negotiate with a range of competing service providers — directly managed units, self governing trusts and private services — and to place contracts with those services that most meet the needs and preferences of their patients.

Many contradictory ideas have been expressed about the potential effects of the internal market. Some general practitioners are concerned that their referral decisions are being constrained by contracts made on their behalf by the district health authority³ and also that extra-contractual referrals (those not covered by district contracts) are subject to the scrutiny of health authority purchasers and are ultimately dependent on the contingency funds available.⁴ The development of general practice fundholding has also raised concerns. Some believe that fundholders may actually drive the internal market as power shifts from the district health authorities to these practices,⁵ while for others the concept, at least in the first instance, means the inevitable emergence of a two tier service with more choice and higher quality services for patients of fundholding practices.⁶ Furthermore, as the 'steady state' gives way to increased competition, hospitals that fail to secure contracts may be threatened with closure, effectively reducing choice.

The effects of the internal market are unknown. It is possible, however, to identify a number of key assumptions made in the white paper on which the development of an internal market depends.¹ It is assumed that a range of alternative service providers exists from which general practitioners may choose, that information relating to these services is readily available, that general practitioners are prepared to refer their patients some distance from home and that general practitioners enthusiastically embrace the concept of consumerism.

However, if health authorities and fundholders are to agree contracts that reflect the needs and preferences of their patient population it is essential that more is known about the factors that influence general practitioners' choice of hospital, the information available to them and their attitudes towards their patients' involvement.

The survey reported here, performed in January 1991, is part of a King's Fund project which aims to evaluate the initial impact of the health service reforms on the nature and extent of the choices available to patients and general practitioners in elective surgery referral to three specialties: general surgery, orthopaedics and ophthalmology. Elective surgery referrals are commonly cited as an area where the internal market will work best given the wide variation in waiting time between hospitals and the apparent relative ease with which procedures can be costed. The aim of the survey was to assess the extent to which the assumptions in the white paper,¹ referred to above, are justified.

Method

Five NHS hospitals (two specialist hospitals, two district general hospitals and one teaching hospital) and two private hospitals within the North Western Regional Health Authority agreed to participate in the King's Fund project. The hospitals were selected to reflect a wide range of hospitals; most attracted referrals from a wide area beyond the immediate district or region.

In order to obtain a sample of general practitioners who were known to refer to these hospitals six of the hospitals provided lists, between November 1990 and January 1991, of general practitioners who had referred at least one patient to one or more of the three chosen specialties within the past year (referral letters at the hospitals were used to identify the general practitioners). One of the private hospitals did not provide a list owing to late inclusion in the King's Fund project.

A list of 502 general practitioners was compiled. Twenty one of these doctors were approached for initial interview and 19 agreed. In these semi-structured interviews the factors that affected referral decisions were discussed and the answers provided the basis for the construction of a questionnaire. The questionnaires were sent out, with an accompanying explanatory letter and a post paid reply envelope, to the remaining 481 general practitioners in January 1991. Thirty two doctors were found to have died, moved or retired leaving 449 general practitioners eligible for inclusion in the study. Of the sample, 392 general practitioners (87.3%) practised in the North Western Regional Health Authority — 344 in Greater Manchester and 48 in Lancashire. The remaining 57 practised outside the region.

The questionnaire asked general practitioners about their choice of hospitals within and outside their own health district. They were also asked about the specific factors that influenced

choice of hospitals for each specialty. A total of 15 factors had been identified from the pilot interviews and respondents were requested to select the factors commonly influencing their choice, and which they considered to be the single most important factor. The factors covered five areas: the hospital itself in terms of convenience, familiarity or the fact that it was the only hospital available; clinical factors; logistic factors, such as waiting times and communication; patient-oriented factors, such as patient's preferred hospital; and subjective or interpersonal influences, such as the doctor's knowledge of a consultant or the personality of the patient. Respondents could list other influences. The questionnaire also asked about general practitioners' attitudes towards the involvement of patients in choice, receipt of waiting time information and about their attitudes to the impending health services reforms.

Reminders were sent to non-respondents in February and March 1991. Questionnaires received after 31 March 1991 were not included in the analysis as the contracts between purchaser and providers were then in place.

The data were analysed using the SPSS/PC+ statistical package. The chi square test was used to test levels of statistical significance.

Results

A total of 260 completed questionnaires were returned (response rate 57.9%). Four additional questionnaires, photocopied by a group practice, were also returned and are included in the analysis. Respondents were representative of the sample population in terms of their geographical location — 227 of the respondents (86.0%) practised in the North Western Regional Health Authority (198 in Greater Manchester and 29 in Lancashire). The remaining 37 practised outside the region from as far away as Avon and Powys, although the majority (29/37, 78.4%) were located in neighbouring districts and were making relatively short distance, cross boundary referrals to specialist and private hospitals.

Factors influencing hospital choice

Table 1 shows the relative importance of the factors influencing general practitioners' choice of hospital. Only four additional factors were mentioned and these were performance and experience of hospital, patient's access to a family car (all of which fit

Table 1. Factors commonly influencing general practitioners' choice of hospital, by specialty.

Factor	% of GPs selecting factor (rank order)				
	General surgery (n = 262)	Ophthalmology (n = 261)	Orthopaedics (n = 261)	For at least one specialty (n = 260)	For all three specialties (n = 260)
Only hospital available	14.1 (15)	30.7 (10)	14.2 (15)	33.1 (14)	10.4 (13)
Local and convenient	93.1 (1)	70.1 (1)	85.1 (1)	95.0 (1)	65.0 (1)
Familiar with hospital	67.2 (6)	45.6 (6)	53.6 (6)	68.4 (6)	41.9 (6)
Good overall service	53.1 (10)	34.1 (8)	40.2 (10)	55.4 (10)	31.2 (8)
Sub-specialty available	35.9 (13)	14.9 (14)	26.8 (13)	46.1 (13)	9.6 (14)
Good clinical care	75.6 (3)	56.7 (4)	64.4 (4)	79.2 (3)	51.5 (4)
Patient's clinical needs	42.0 (12)	29.5 (12)	36.8 (11)	47.3 (12)	26.2 (10)
Waiting time for appointment	58.4 (8)	41.4 (7)	48.3 (7)	67.7 (7)	32.3 (7)
Waiting time for surgery	54.2 (9)	30.7 (10)	41.4 (8)	60.0 (9)	26.2 (10)
Good communication at hospital	52.7 (11)	29.1 (13)	35.2 (12)	55.0 (11)	24.2 (12)
Patient's preference	71.4 (4)	60.2 (2)	66.7 (2)	74.2 (4)	57.3 (2)
Patient's previous attendance	69.8 (5)	58.2 (3)	64.0 (5)	71.9 (5)	55.4 (3)
Patient's personality	15.3 (14)	10.0 (15)	15.3 (14)	18.9 (15)	9.2 (15)
Consultant's manner towards patients	63.0 (7)	33.3 (9)	41.0 (9)	65.8 (8)	28.1 (9)
Know consultant	84.7 (2)	46.7 (5)	66.7 (2)	88.1 (2)	43.5 (5)

n = number of general practitioners.

into the 15 categories) and lack of adverse experience. Overall the most common influences on the choice of hospital were its proximity and convenience, knowledge of the consultant, the general standard of clinical care, the patient's own preferences and the patient's previous attendance at the hospital. These factors were mentioned by over two thirds of general practitioners as commonly influencing their choice in at least one specialty; when all three specialties were considered together the same five were rated most highly. The personality of the patient was ranked consistently low, as was the perception that there was only one hospital available for referral. It is of note that over a quarter of practitioners (27.3%) mentioned neither waiting time for outpatient appointments nor waiting time for surgery in any of the three specialties, and only for general surgery referrals did more than half the general practitioners consider these to be factors that commonly influenced their selection.

A greater range of factors influenced the general practitioners' choice of hospital for general surgical referrals (mean number of factors selected 8.52) than for orthopaedic (mean 7.01) and ophthalmology (mean 5.93) referrals. Differences in the absolute numbers of factors selected for each specialty make comparison between specialties problematic, however ranking the factors in order of frequency shows considerable agreement between the specialties with only two factors differing by more than two rank places: personal knowledge of consultant and only one hospital available. For ophthalmology referrals the doctor's personal knowledge of the consultant appears to have been less influential but the perception that there was only one hospital available for referral was more important.

Although of low importance overall, it is of interest that one in three general practitioners perceived there to be only one hospital available to which they could refer patients for at least one of the specialties and one in 10 perceived this to be so for all three specialties. Nearly one in three general practitioners perceived there to be only one hospital available for ophthalmology referrals and general practitioners practising in the Manchester conurbation of the region were more likely to hold this perception (22/42, 52.4%) than those practising in other areas of Greater Manchester (43/154, 27.9%), in Lancashire (6/29, 20.7%) and outside the region (9/36, 25.0%) (chi square = 11.76, 3 degrees of freedom, $P < 0.01$). For general surgical referrals the perception that there was only one hospital available for referral was more influential for general practitioners practising in Lancashire

(6/29, 20.7%) and outside the region (8/36, 22.2%) than in the Manchester conurbation (2/42, 4.8%) and in other areas of Greater Manchester (21/155, 13.5%).

Table 2 shows the factors selected by respondents as the most important factor influencing their choice of hospital. The proximity and convenience of the hospital and good clinical care were the most important factors. Waiting time for appointments and surgery increased in relative importance although in any one specialty they were considered the most important factor by less than one in six general practitioners. Patient preference was seen as relatively less important; being selected as the most important factor by only one in 20 general practitioners. Again, there was considerable agreement between the specialties with only one factor, the availability of only one hospital, differing more than two rank places between the specialties.

Involvement of patients in hospital choice

When questioned about the involvement of patients in the referral decision approximately half of the general practitioners thought it was always or often appropriate to give patients a choice of hospital and one in five thought it never or rarely appropriate (Table 3). Those who mentioned patient's preference as an influential factor for at least one specialty were more likely to consider it appropriate to give patients a choice and to say that their patients ask for a specific hospital.

Waiting time information

Of the 264 general practitioners 95.8% received information about waiting times for outpatient appointments and 81.4% information on waiting lists for surgery from their own district general hospital. Fewer general practitioners received information from hospitals outside their district; 53.4% received outpatients information and 40.5% information on surgery waiting times. Receipt of waiting time information from hospitals outside the district appeared to have some relation to whether general practitioners considered that such information was an important factor in choice of hospital in general surgery. Of the 123 general practitioners who said they were influenced by waiting times for both appointment and surgery for general surgical referrals, 49.6% (61/123) received such out of district information compared with 33.1% (46/139) of those who did not mention these factors (chi square = 6.69, 2 df, $P < 0.01$).

Table 2. Most important factor influencing general practitioners' choice of hospital, by specialty.

Factor	% of GPs selecting factor as most important (rank order)				
	General surgery (n = 243)	Ophthalmology (n = 237)	Orthopaedics (n = 241)	For at least one specialty (n = 234)	For all three specialties (n = 234)
Only hospital available	1.6 (10)	13.9 (4)	4.1 (7)	14.1 (6)	1.7 (9)
Local and convenient	21.8 (2)	19.4 (2)	22.4 (1)	32.5 (1)	11.1 (2)
Familiar with hospital	1.2 (11)	0.8 (11)	0.4 (12)	0.9 (13)	0.4 (11)
Good overall service	6.2 (6)	3.4 (8)	4.1 (7)	6.0 (7)	2.6 (7)
Sub-specialty available	0.4 (13)	0.4 (12)	0.8 (11)	1.3 (11)	0 (13)
Good clinical care	24.3 (1)	20.3 (1)	21.6 (2)	27.8 (2)	17.5 (1)
Patient's clinical needs	2.9 (8)	2.1 (9)	2.1 (10)	3.0 (10)	2.1 (8)
Waiting time for appointment	12.8 (3)	16.5 (3)	16.2 (3)	23.0 (3)	8.5 (3)
Waiting time for surgery	7.0 (5)	8.9 (5)	10.4 (4)	15.0 (4)	4.3 (6)
Good communication at hospital	1.2 (11)	0.4 (12)	0.4 (12)	1.3 (11)	0.4 (11)
Patient's preference	5.3 (7)	5.1 (7)	5.0 (6)	5.5 (8)	5.1 (5)
Patient's previous attendance	0 (14)	0.4 (12)	0.4 (12)	0.9 (13)	0 (13)
Patient's personality	0 (14)	0 (15)	0 (15)	0 (15)	0 (13)
Consultant's manner towards patients	2.9 (8)	1.7 (10)	2.9 (9)	4.3 (9)	1.3 (10)
Know consultant	12.3 (4)	6.8 (6)	9.1 (5)	14.2 (5)	6.0 (4)

n = number of general practitioners.

Table 3. General practitioners' attitude towards patient involvement in the referral decision.

Statement	% of GPs reporting		
	Never/rarely	Occasionally	Often/always
<i>Appropriate to give patients choice^a</i>			
All (n = 259)	18.5	32.4	49.0
Influenced by patient's preference (n = 191)	9.9	33.0	57.0
Not influenced by patient's preference (n = 68)	42.6	30.9	26.5
<i>Patients ask for specific hospital^b</i>			
All (n = 260)	30.8	46.2	23.1
Influenced by patient's preference (n = 191)	23.6	48.2	28.3
Not influenced by patient's preference (n = 69)	50.7	40.6	8.7

n = number of general practitioners in group. ^aChi square = 38.57, 2 degrees of freedom, P<0.001. ^b $\chi^2 = 21.21$, 2 df, P<0.001.

Effect of new hospital contracts

General practitioners were asked how they envisaged the new hospital contract system would affect their choice of hospitals — 260 responded. Only 5.8% thought the changes would increase the choices available to them while nearly half, 49.6%, thought their choice would be reduced, 23.8% thought it would make no difference and 20.8% did not know what the effects would be.

Discussion

The 58% response rate achieved in this study was somewhat disappointing, but the response may well have been affected by the imminent start of the new hospital contract system. The geographical distribution of the respondents shows them to be representative of the study population as a whole. However, the study design did not define the study population as representative of all general practitioners in the region or in the UK. Although the findings do not enable definitive statements about the factors that influence general practitioners' choice of hospital to be made they do provide valuable insight into their perceptions and attitudes prior to the introduction of the new hospital contracts. The content validity of the questions relating to factors influencing choice of hospital is supported by the fact that only four additional factors were suggested by respondents, three of which were synonymous with factors listed.

Traditional hospital funding arrangements have treated cross boundary flows as problematic. With the introduction of an internal market model into the NHS such flows are seen as an opportunity for achieving greater efficiency by creating competition between service providers.⁷ Such competition depends on the validity of key assumptions made in the white paper¹ and the results of this survey question the extent to which such assumptions were valid prior to the introduction of the internal market and suggest that, in the light of factors that influence general practitioners, the degree of competition, even for elective surgery referral, will be limited.

While a diverse literature on general practitioners' referrals to hospital exists^{8,9} most studies have been concerned with referral rates and patterns of referral.⁹ Few studies have looked at which hospital general practitioners refer to and why, or at general practitioners' perceptions of the factors that influence choice. This study found that the single most important factor influenc-

ing general practitioner choice of hospital was that it was local and convenient. The influence that proximity to patients' homes and patients' convenience have on making the choice of hospital is supported by other studies.¹⁰⁻¹²

The factors that general practitioners perceived as influential in their selection of hospital were generally applicable across the specialties although there were important differences. It is clear that an appreciable minority of the general practitioners did not perceive there to be a range of hospitals to which referrals could be made for each specialty, especially ophthalmology. Perhaps surprisingly this was not confined to doctors in rural areas. Even in a conurbation with a number of district hospitals within a five mile radius general practitioners felt their choice was limited. This may have been because they were unaware of all the alternatives, but it is clear that the assumption that a range of alternative services exists was not a perception shared by all general practitioners.

The internal market depends on general practitioners referring their patients to the hospitals that offer shorter waiting times, better quality care and competitive prices. Doctors clearly place a premium on local services and it is unclear to what extent they will be prepared to make non-urgent elective surgery referrals out of their locality. One study for example found that 46% of general practitioners said the maximum distance they would consider sending their patients to hospital for routine outpatient appointment and routine surgery was 10 miles.¹³

The majority of general practitioners in this study recognized the importance of patient preference. However, when forced to choose the most important factor patient preference did not prevail as a major influence. This indicates that the patient's wishes were in competition with other influences such as general practitioners' views of the general standard of clinical care and the proximity and convenience of services. The fact that general practitioners who mentioned patient preference as an influential factor were more likely to believe it is appropriate for patients to have a choice and were more likely to have patients who ask for a specific hospital, emphasizes the need to examine the situational variables influencing doctor-patient communication.

Variation between hospital waiting times for first appointment and for surgery are often seen as major driving forces in the development of a competitive internal market. The evidence presented here suggests that these factors did not strongly influence the majority of general practitioners; indeed less than a third said waiting times commonly influence choice across all three specialties. When forced to choose the most important factor, waiting times apparently emerged as more relevant but are still less influential than good clinical care and the proximity and convenience of the hospital. At least for general surgery referrals, general practitioners who received information were more likely to say that waiting times commonly influenced their choice. However, this survey challenges the assumption that such information is readily available. Many doctors did not receive such information about hospitals outside their own district. One study, assessing the effects of information about waiting time on referral location, concluded that informing both general practitioners and patients of waiting times in their own locality would initiate some, although not a large, movement of patients from one area to another.¹² Given that the success of an internal market is dependent on accurate, accessible and usable information, the lack of basic waiting time details from neighbouring districts is likely to hamper informed rational choice.

A follow-up survey of general practitioners is in progress and will allow assessment of the initial impact of the health service reforms on general practitioners' choice of hospital and the extent to which the assumptions made in the white paper have developed.

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