



Patient priorities: Research into patient confidence and choice in the UK's private healthcare sector

July 2024



Contributing team

- Greg Swarbrick and Caroline Bodman, authors of the report and conductors of the patient research
- Alistair Moses, report editor and liaison with YouGov for quantitative survey design and execution
- Jason Frazer, format and design of the report
- Lea McMahon and Leonardo Falaschini, advice on research approach
- Paulo Arana, Data analysis and validation
- Dr Chris Smith-Brown, Clinical advice
- Jonathan Finney, Overall oversight

Contents

Executive summary	4
Illustrative findings	6
Chapter 1 Why we did this research	8
Chapter 2 Key findings	10
2.1 Why patients go private	10
2.2 Degrees of choice in private healthcare	12
2.3 Choosing a consultant	13
2.4 Choosing a hospital	16
2.5 Confidence in navigating private healthcare	18
2.6 Making complaints and other topics of patient uncertainty	20
2.7 Topics researched by patients	22
2.8 Sources of information used	24
2.9 Awareness of PHIN as a resource	26
2.10 Travelling abroad for medical treatment	27
Chapter 3 Guidance from patients to other patients considering private healthcare	30
Chapter 4 Patients' messages for the sector	32
4.1 Consultants	32
4.2 Hospitals	33
4.3 Insurers	34
4.4 PHIN	34
Chapter 5 Areas for further investigation by the sector	36
5.1 Continued collaboration	37
Annex 1: How we approached the research	38
Annex 2: YouGov survey questions	40
Annex 3: Demographics of private patients and of our research groups	46

Executive summary

The Private Healthcare Information Network (PHIN) exists to help inform patients' private healthcare decisions. This primary purpose and output is mandated by the Competition and Markets Authority (CMA) in its Private Healthcare Market Investigation Order 2014¹, namely to provide patients with 'easily comparable information on the quality and costs of private healthcare services.'

As such, we have worked to better understand patients' healthcare journeys, information needs and priorities, expectations and experiences. Building on past efforts, by PHIN and other industry stakeholders, we have conducted new research by engaging directly with patients who have used, or would consider using, private treatment.

We did this in two ways:

1. A series of **in-depth qualitative focus groups** with a total of 41 patients in distinct clinical specialty areas. The focus groups were conducted online, to allow us to reach a broad demographic group. We reached out to over 30 organisations, consisting of hospitals, charities, patient research organisations, user research platforms, survey hosts and Royal Colleges to help us recruit participants. This meant that many of those involved were more knowledgeable than the general population might be about healthcare and might take a more sophisticated approach. This is demonstrated in some of their responses and proved useful in terms of peer-to-peer learning and short-cutting to specific issues rather than having to take a very broad view.
2. A **broader online quantitative survey** of 2,036 people (based on the themes that emerged through the focus groups and conducted by international online research data and analytics technology group, YouGov).

¹ <https://www.gov.uk/government/publications/private-healthcare-market-investigation-order-2014> - Accessed 4 July 2024

Further details of our approach are available in Annex 1 with demographic information in Annex 3.

We believe the findings outlined in this report provide useful information to the whole of the private sector, as well as to patients.

We wanted to ensure we engaged with a representative sample of the UK's private healthcare patients; specifically for inpatient and day surgery procedures, as supplied by private hospitals, and NHS facilities, offering private care and published on PHIN's website.

We also wanted to engage with people who may be treated in the NHS but could access private healthcare as an alternative option, and people who might not have ever considered themselves as private patients.

After consideration we opted to do most of the patient research ourselves and use external input to challenge and improve our approach. This helped us to substantially reduce our costs and to expand our scope of participation. It also allowed us greater opportunity to follow up on points of interest in the discussions, to respond in an informed way to questions, and to hear more clearly and directly the patients' own voices, experiences and concerns.



Illustrative findings

1. Not all patients have a 'consumer mindset' when navigating private healthcare; guidance is contained in this report to help both patients and the sector ensure that there is better communication, understanding and use of the choices that are distinctive to private healthcare.
2. Patients' private journeys are very diverse because of their priorities and circumstances. So too their appetites for information, which can depend on their physical or emotional state, confidence in handling such information and previous experience in the private sector.
3. Participants told us there's a lack of clarity and completeness in how private healthcare costs are represented, particularly the full set of in-hospital fees, as well as financing options. This prevents patients from making an informed choice and managing trade-offs. This was especially true for self-pay patients who felt that costs often seemed opaque, if not misleading.
4. Patients told us that consultants should invest in their 'shop windows,' including participation in legally-mandated processes like PHIN and provide information that adds a human touch to their clinical information.
5. The focus group participants liked PHIN's website, neutrality and centrality in the sector, and felt it needed greater promotion; the majority had never heard of it before. However, many thought it would benefit from better navigation and search function, and greater use of everyday health terms.



6. Many patients² (71% in our research) are going private not because they want to, but because they feel they have to, especially in the context of much longer waiting-lists and their impact; they also 'mix and match' between NHS and private treatments.
7. Patients consult multiple sources of information before making their healthcare choices, with 51% citing the significantly persuasive value of a recommendation from a friend, family member or colleague.
8. Patients would value a 'map of private healthcare,' with key decision points highlighted. 30% of people surveyed overall were not confident about using private healthcare, and 19% of those who'd had prior treatment in the past three years were still not confident about navigating through it. The lack of knowledge creates anxiety and, for some, the sense that people with better access to information or understanding of the process can obtain faster or better outcomes.
9. Location is the key factor when choosing a hospital (58%).
10. When researching private healthcare, top topics are hospitals (54%) and procedures (52%).
11. A significant majority (84%) of patients said they hadn't considered treatment abroad. In our focus groups, many spoke of their concern if something went wrong in a foreign context without comparable standards and support that patients might find in the UK.

² In the quantitative survey 'patients' are those who have received treatment from a private healthcare service in past three years, or would consider doing so in next three years.

Chapter 1

Why we did this research

We want to deliver a service that meets patient needs, so it's imperative that we engage with patients and hear their voices. Over time we have increased our use of diverse types of engagement and information to build a richer picture of patient behaviour in the private sector, and their diverse wants, needs and experiences. Our information sources have included:

- **Healthcare data:** Private hospitals supply PHIN with admitted patient care (APC) data which gives details of people's treatment (what, where, when), alongside outcomes such as patient satisfaction, health improvement, and infections and other adverse events if they occur.
- **Website data:** Through Google Analytics, we can see what the c.400,000 people who annually visit the PHIN website do. On average 60% of them look for a consultant, 15% for a hospital, and 25% for PHIN guidance on navigating private healthcare, procedures and other relevant information. Visitors spend on average 1 minute 19 seconds on the website, compared with an average across all types of internet content of 45 seconds; and around 90% of visitors to PHIN's content come through search engines.
- **PHIN website user feedback:** We have received over 10,000 responses to the brief online survey we launched on the PHIN website in November 2021. The survey respondents are 'self selecting' and we do not capture data on them beyond their responses. The survey tells us that over 33% of visitors are ready to contact their GP, consultant or insurer; 33% will continue to look at other sources of information, and 33% are not planning any further action for the time being. An increasing proportion of visitors find PHIN's website useful (59%) and easy to navigate (69%). We use this data to improve our service to patients.
- We asked nearly 1,800 people whether they find the guidance on PHIN's website useful and 81% of content was rated as helpful. The most popular types of content are the private healthcare guides, information about PHIN and PHIN's news articles. The most-viewed single article was 'Understanding your consultant's fees' (over 31,000), and of the articles viewed at least 5,000 times, the highest-rated was 'Self-funding your private treatment' (which 97% found useful).
- **User calls:** We also speak regularly and directly with patients who have queries about private healthcare. 66% of the 250 calls handled to date have been in the past 12 months, and 33% of all queries have been people asking about choosing a consultant. 17% requested help in navigating their way through private healthcare journeys, and the remainder ask questions about PHIN's website, outpatient treatments and other health-related topics.

However, in addition to these sources – which largely focus on the service PHIN provides – we wanted to capture wider views of the sector through more systematic and deliberate engagement with patients. This would help us to increase transparency in the sector and help those providing healthcare services to improve their services for the benefit of patients.

To deliver this added value, we opted for a dual approach, the first part informing the scope and question set of the second:

- **Depth:** Six two-hour qualitative focus groups each with 6-8 patients (a total of 41) across diverse treatment areas. These looked at the patient journey from having a need or desire for treatment right through to the actual treatment itself and any follow-ups. Participants also gave us written feedback before these discussions about their expectations and experiences of PHIN's website. We discovered that many of our focus group participants were more inclined to conduct research than the broader population. This meant they were more 'informed' as patients and often gave more sophisticated responses than might be expected from a first-time patient in private healthcare. Holding focus groups allowed us to engage patients to discuss points of agreement and highlight differences. The approach has drawbacks which are important to note: dominant personalities may mean some individual thoughts are over-represented and conversely that quieter individuals' views are under-represented, there may also be occurrences of 'groupthink' in which the views of the participants may drift towards conformity. This can both diminish representation of individuals, as well as over-inflating potential differences between our different focus groups. It is also important to recognise that insights are not necessarily representative of the whole group (or wider population), but can none-the-less be valuable.
- **Breadth:** Several themes emerged in the focus groups, which we used to shape the questions for a quantitative online YouGov survey. This was distributed nationally and 2,036 people responded.

Further details of our approach are available in Annex 1. Annex 2 contains the full question set for the survey conducted by YouGov. These have been shortened elsewhere in the report for convenience/brevity. The Demographic details of all participants are available in Annex 3.



Chapter 2

Key findings

We have arranged our findings into 10 main themes. They cover a range of feedback topics from patients in the focus groups, including insights from participants about their expectations and experiences as patients in private healthcare. These include a combination of what we found interesting, not just those mentioned by lots of people. In each section, the focus group's findings are followed by the YouGov responses³.

2.1 Why patients go private

"[The NHS is] just on its knees, it's absolutely on its knees and so many people are really struggling with long waiting lists times... You're leaving people to a point where they're completely broken before you're fixing them and then their recoveries are a lot more complicated, [and] their outcomes are less favourable." - Young self-funded patient and NHS nurse seeking an arthroscopy privately

By far the most common response in the focus groups as to why patients go private was around speed of access, specifically in reference to the NHS waiting lists. Many patients expressed a deep affection for the NHS but felt they had no choice but to go private. Two stated that on principle they never thought that they would go private, but felt they had no option but to do so.

This supports the results of research by the Independent Healthcare Providers Network (IHPN), published in its 'Going Private' report⁴, which found that not being able to get an appointment quickly enough was the main reason for choosing the independent sector, followed by it being easier to book a private healthcare appointment.

A key issue when considering speed of access to healthcare is worsening symptoms – which was of particular concern among the Hip & Knee and Chemotherapy groups – along with the risk of further complications.

Other factors were the impact of delays and cancellations on mental health and accompanying stress – particularly pertinent in the Bowel Diagnostics group – limited functionality and reduced ability to work, affecting quality of life, earning capacity, and reduced productivity.

Other significant factors included:

- Having private medical insurance or access to other funding options, such as the cross-border Ireland-Northern Ireland scheme.
- Interest in innovative treatments unavailable on the NHS, allowing for less invasive or more exploratory medicines and techniques, and thereby more choice in their treatment.
- Not qualifying for NHS treatment due to protocols such as the condition's progression or feeling like their GP wasn't taking their concerns seriously.

³ All figures used in the quantitative responses have been weighted by YouGov and are representative of all UK adults aged 18+. Data was weighted according to the dimensions of sex, age and geography based on an ideal weighting from Statistics UK, so that the results are representative of the population in relation to the target group.

⁴ <https://www.ihpn.org.uk/going-private-2023/> - Published 9 October 2023

- Participants feeling that the private sector was better at communication. The patient had a contact person that they could reach when needed, could arrange appointments more easily through simpler processes, could access consultations through a more flexible range of mediums (telephone, video, in-person). They could also arrange appointments more flexibly at times and locations that better suited their schedules, especially if they had carer / parental / work responsibilities.
- The perceived quality of care provided, particularly around the quality of the consultant where patients might expect the 'best of the best' and an 'expert in the field'.
- Positive previous experience in private care.
- A sense of a more holistic approach to healthcare in the private sector, finding consultants who would go 'the extra mile' and do more comprehensive investigations.
- Some valued the greater privacy afforded.

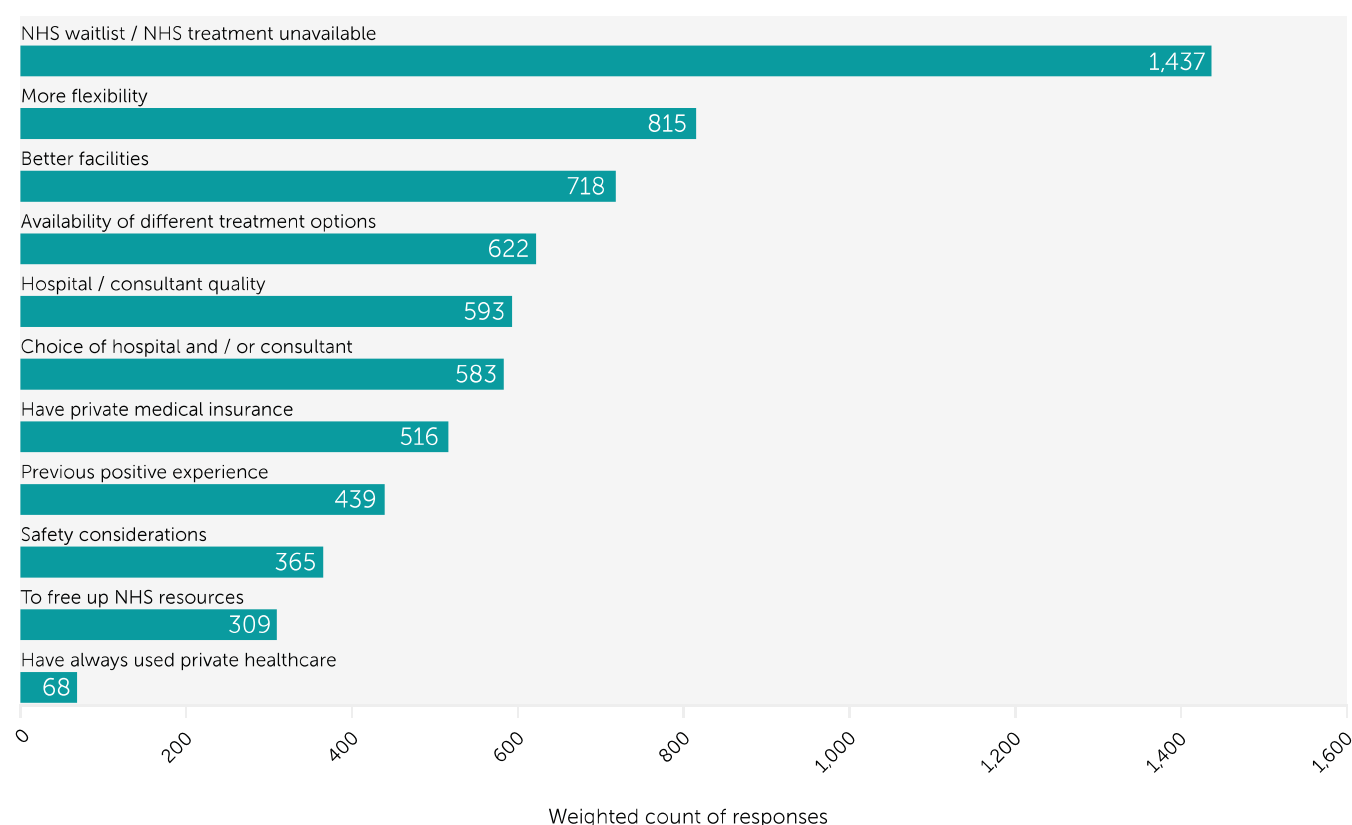
However, many focus group patients said that cost could be a limiting factor for them. They found that costs were opaque and they often had little sense about what the full cost could be.

Some were actually surprised that it was not as expensive as initially thought. They wanted more guidance on base prices and factors that might affect the full cost. This could allow them to make more informed decisions, weighing up the health cost against the financial cost.

This aligns with IHPN's 'Going Private' report findings which showed that 67% of their 1,771 respondents were not very or not at all familiar with how much different treatments of service cost.

Fig. 1 – YouGov survey results: Influences

Question: Which, if any, of the following has influenced or would influence your decision to use private healthcare services? (Please select all that apply)



- Respondents also valued greater flexibility (40%), better facilities (35%), and the availability of different treatment options (31%).
- Generally, females surveyed were more influenced by NHS waiting lists and treatment unavailability in their decision to seek private treatment with 75% of females citing this, against 66% of males.
- We found that among 18–24-year-olds there was less interest in NHS waiting lists and treatment availability (57%) as well as freedom of choice (18% versus 29% for all respondents) as compared to other age groups.
- The factor of having insurance rose from 25% to 52% when looking at insured respondents only.

"[The private consultant] noticed things that I didn't know... and the NHS hadn't even noticed... because the NHS weren't looking at that... because he was a private surgeon." - Middle-aged woman from London

Several participants across the sessions noted a mix-and-match approach to their use of private or NHS healthcare, even if they have insurance, dependent on the urgency and nature of the illness at hand.

2.2 Degrees of choice in private healthcare

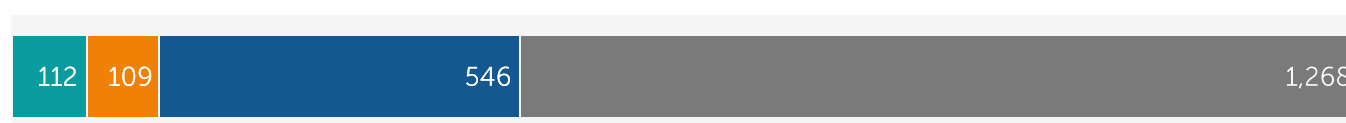
We also looked at whether patients wanted very broad choices for their private healthcare options, limited options (for example on the guidance of their insurers), or to be essentially directed as to where to go.

A defining characteristic of private healthcare is choice and empowerment, and we can see how patients valued having a greater choice in their options.

Fig. 2 – YouGov survey results: Choice

Question: When thinking about your private treatment for you...Which ONE, if any, of the following would you prefer? (Please select the option that best applies)

■ Don't know ■ To have no choice ■ To have limited choice ■ To have complete choice



Weighted count of responses

- 89% of YouGov respondents wanted some degree of choice in the treatment, and the majority, 62%, wanted to have complete choice.
- It appears that female respondents had a stronger desire for "complete choice" at 66% while this was only the case for 59% of male respondents.

2.3 Choosing a consultant

“You need to have a feel for somebody... How is their personality? How conscientious are they? How do I connect with this person? Is this person sincere? You’ve got to build that trust.” - Self-funded cosmetic surgery patient from the North West

The most frequently cited factor in the focus groups when choosing a consultant was their manner and sense of rapport with the patient. Patients wanted to feel like they would be treated like a partner rather than a recipient of their care, and for this to be done with kindness, building a sense of trust which helps with continued care.

Patients look for evidence that consultants really care about their work. They read biographies, academic publications, patient reviews, watch videos, listen to voice recordings and seek word-of-mouth feedback to inform this perception.

As one participant noted, it was important to gain as much understanding as possible of a consultant’s manner before the initial consultation as they could not afford to trial several consultants.

Other significant factors included:

- Readily-available information and data, especially online, was important. By contrast, the absence of information was definitely off-putting, with one participant noting they had previously requested a new consultant when unable to find any information on the original one.
- Some focus group participants were interested in finding the most qualified and expert consultant, considering factors such as seniority, qualifications, plus when and where these were gained.
- Patients wanted information to understand the consultant’s outcomes – such as surgical success rate – and patient satisfaction scores.
- Some participants looked for consultants who were actively involved in research and/or employed innovative techniques and medicine.
- Others were keen to see the numbers of a consultant’s admissions for the procedure of interest as an indicator of their expertise and skill.
- Again, some participants also wanted to see specific clinical interests, especially those that reflected their needs.
- Others, particularly those who’d had bad experiences, wanted to see fitness to practice and complaints raised against a consultant.

Fig. 3.1 – YouGov survey results: Deciding on a consultant

Question: Which, if any, of the following elements are important to you when deciding on a consultant? (Please select all that apply)

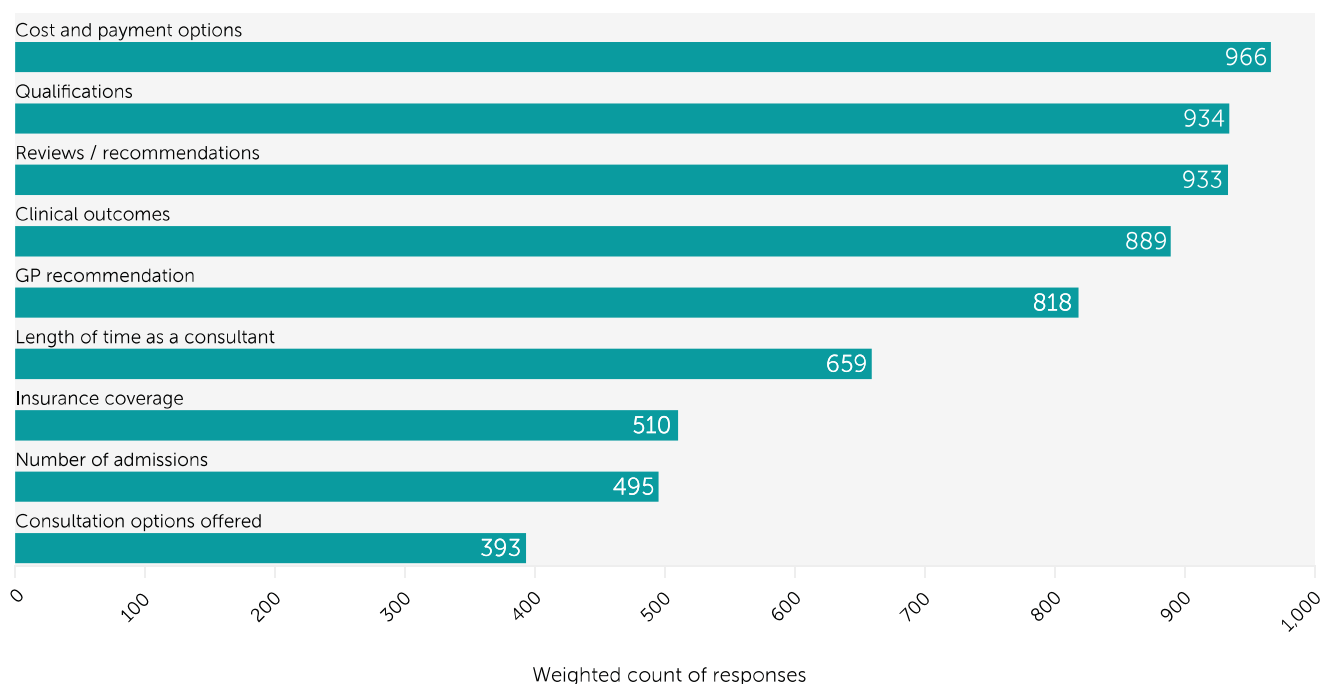


Fig. 3.2 – YouGov survey results: Deciding on a consultant split by sex

Male Female

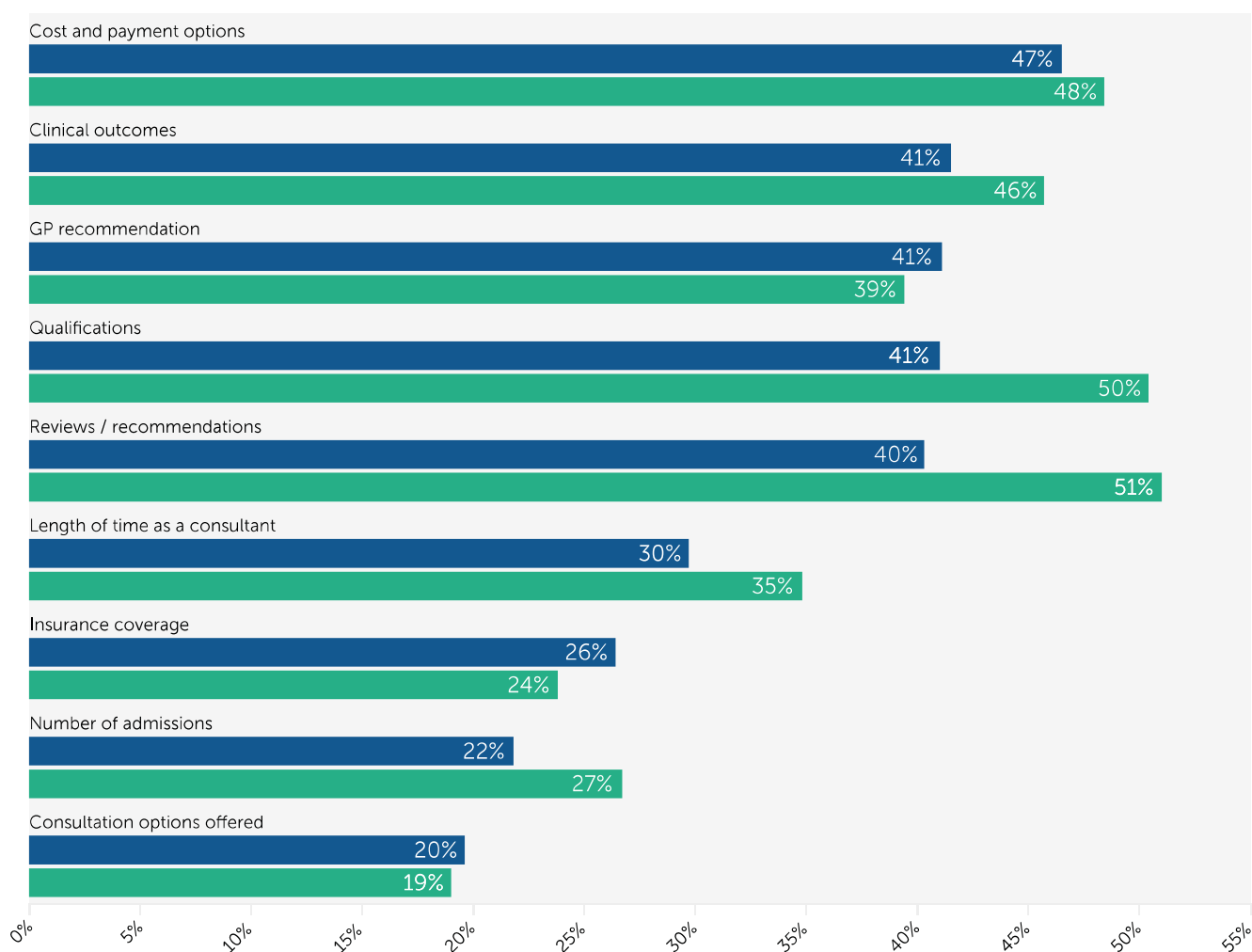
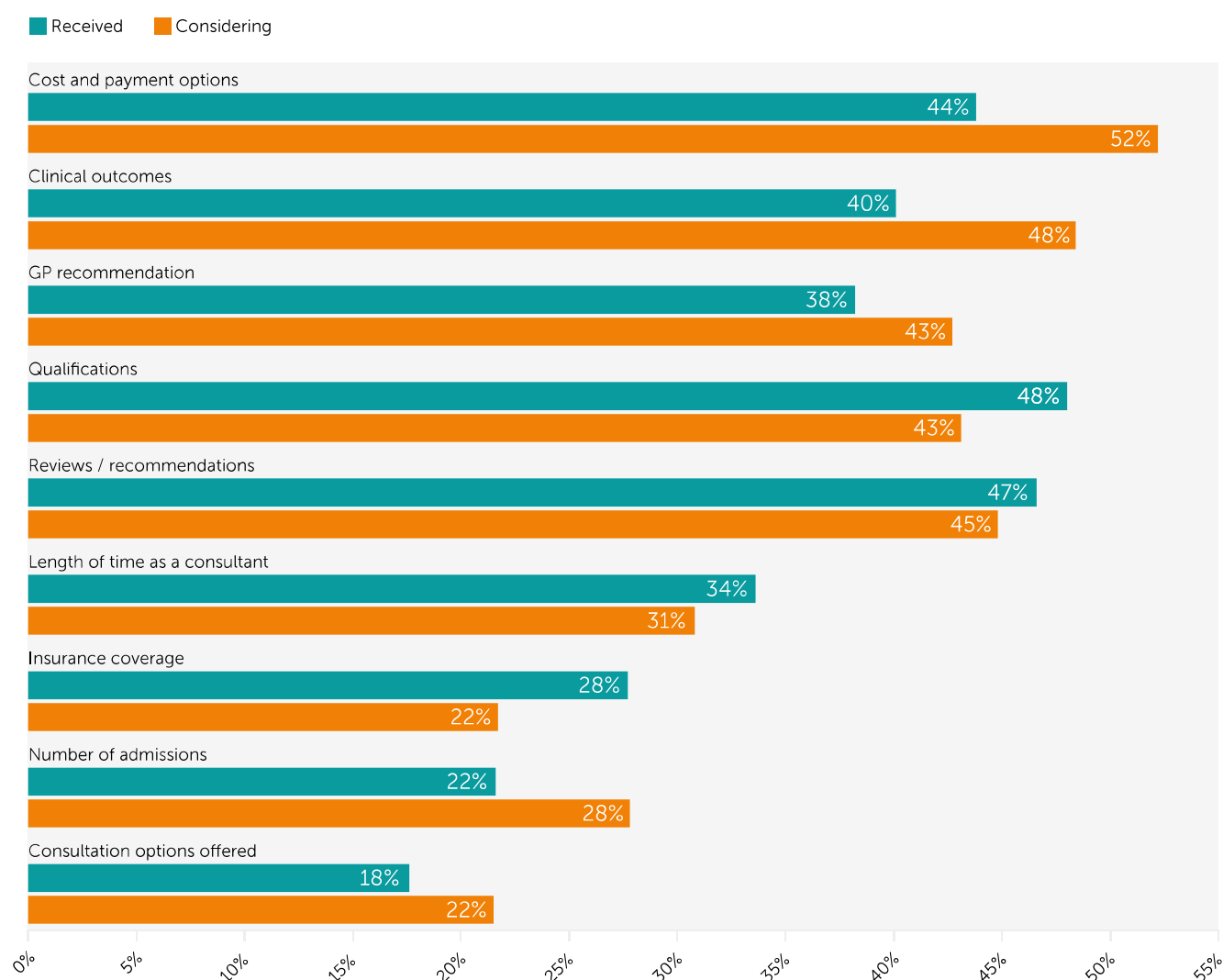


Fig. 3.3 – YouGov survey results: Deciding on a consultant split by whether received or considering treatment

- Female respondents express more interest in a broader range of topics, particularly consultant qualifications and patient reviews/recommendations, than male respondents.
- For those who are looking for treatment as compared to those who have received treatment there appears to be more emphasis put on clinical outcomes, number of admissions, and cost/payment options.
- It appears that those who haven't yet received treatment have more concerns about consultant performance (as well as the financial implications) than those who have had treatment. This indicates that as expected, experience breeds confidence and reassurance, and that information requirements do change through experience.
- Insurance coverage rose as a factor from 25% to 50% when looking at insured respondents only.

"I definitely would be more drawn to looking further into the consultants who had provided more information because I would feel more confident about them from the outset, that they care enough... and that they're confident enough... to present that information." - White Scottish NHS patient

"I think the consultants need to understand the value of making the effort to put their details in." - Cataracts patient from the South East who received NHS-funded treatment in a private facility



2.4 Choosing a hospital

The biggest consideration for the focus group participants was a convenient location for their chosen hospital. This was particularly important for those with work, carer, or parental responsibilities, and for those who had mobility concerns. Having family and friends nearby was also a consideration for a smaller group.

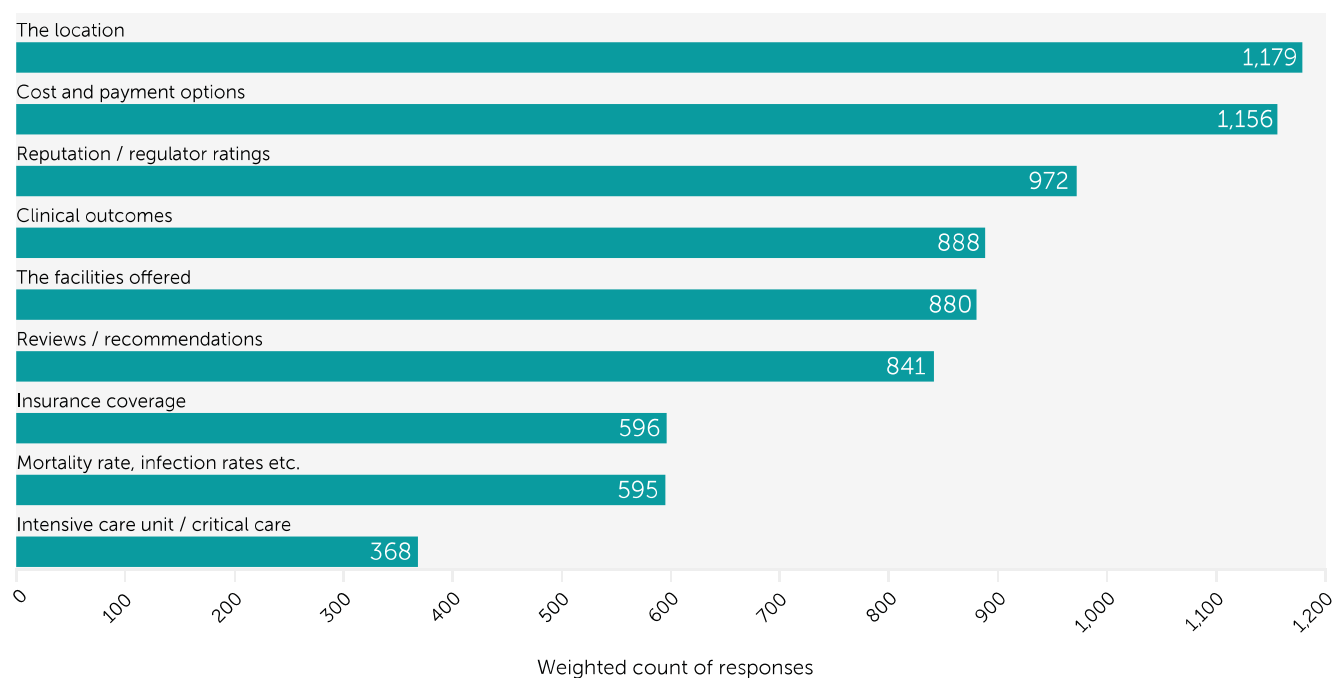
Some reported that location was not a significant factor for them, and that they would be willing to travel far if it meant receiving the right care. Others suggested that a nearby location was important, but for certain procedures they would be willing to travel further.

Other significant factors included:

- More readily-available information about cost would be incredibly helpful to patients. Those in the focus groups often found that finding cost information could be very difficult, so its absence would be off-putting and anxiety-inducing.
- Reputation was particularly pertinent when talking about hospitals, with a fifth of participants noting this.
- Facilities and services were a common consideration for participants. This included after-hours support, cleanliness and quality. The highest number of mentions came for arrangements such as medication management, knowing how to handle possible side-effects, aftercare and the availability of services like physiotherapy. These topics came out most strongly in the Chemotherapy and Hip & Knee focus groups.
- Several participants commented on aspects of safety measures being important in their decision-making, most commonly with regards to infection rates. Notably, this was mentioned by those who had already had safety incidents or those with comorbidities: they were also interested in critical care facilities and appropriate resourcing/training for these.
- Patient outcomes, or how good the hospital was at delivering high quality, effective treatment, were also important.
- A few participants were interested in being treated at the same hospital they'd previously been treated at, as they felt that builds trust and familiarity.

Fig. 4 – YouGov survey results: Deciding on a hospital

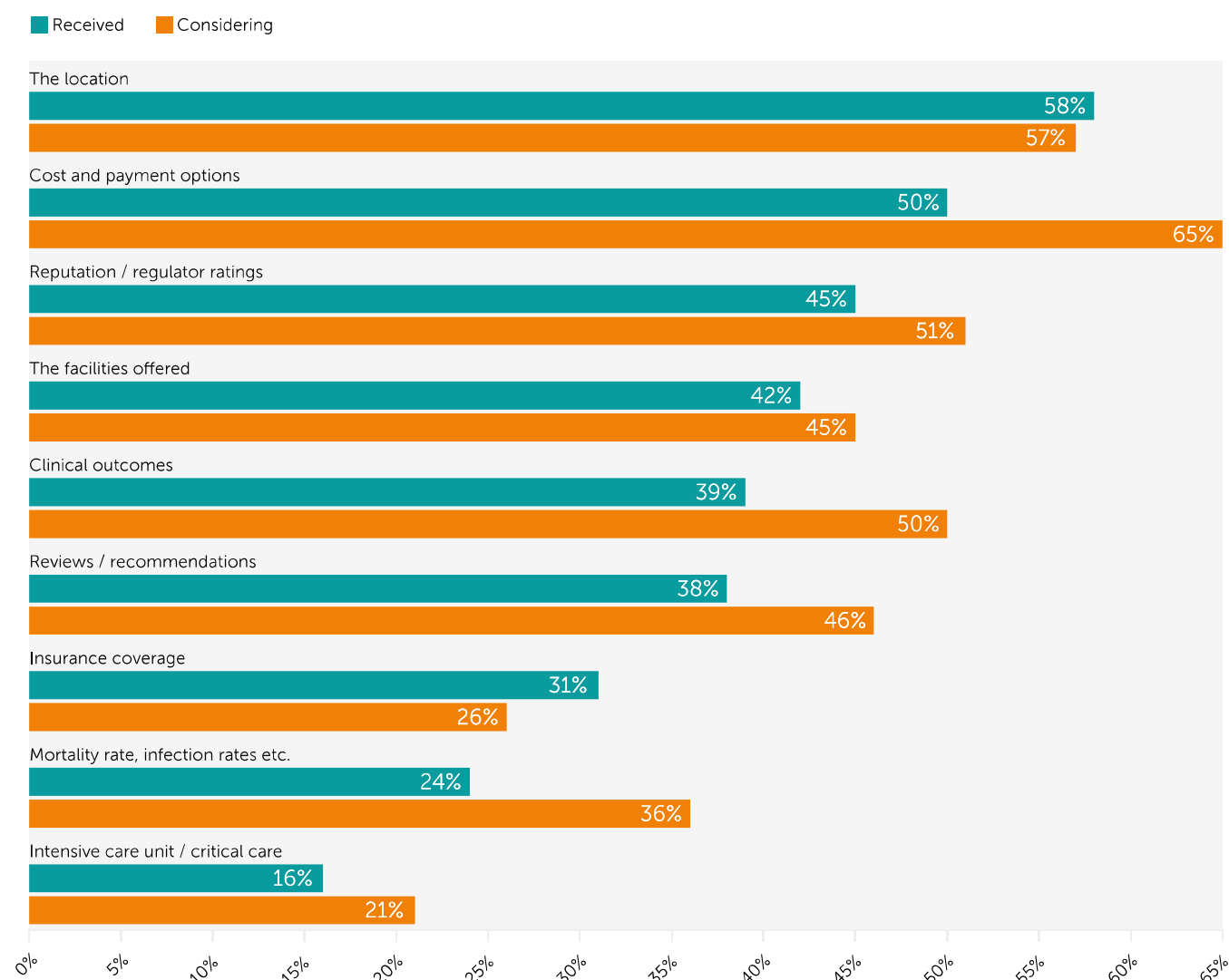
Question: Which, if any, of the following elements are important to you when deciding on the hospital where you'd like to have private healthcare treatment? (Please select all that apply)



- Location came through as the strongest consideration when choosing a hospital in both the focus groups and in the YouGov survey (above). This was most strongly raised by the older respondents with 69% of respondents aged 65+ respondents selecting this as an important factor, dropping to around 43% of those in the 18-34 age range, who are presumably typically more mobile.
- Interest in safety metrics and safety-related facilities were the lowest consideration in this research. Based on our focus group research it appeared that it was particularly those who had experienced an issue who took this into consideration.
- The factor of insurance coverage rose from 29% to 57% when looking at insured respondents only.

"It's not just the actual procedure itself, it's the level of support and the aftercare." - Insured older patient from the West Midlands

Fig. 5 – YouGov survey results: Deciding on a hospital split by received or considering treatment



We also looked at how the importance of these factors differs for those who had treatment compared with those who were just considering it. There was a lessening of importance around cost once people had experienced private healthcare.

"It can be an absolute minefield knowing who and where to go to." - Woman from the East of England awaiting treatment

2.5 Confidence in navigating private healthcare

Some people know what to do, who to speak with, how and when to engage, and the terminology to use. In our focus groups these were primarily insurer-funded patients or those who had experienced private healthcare before. Our intention is to help increase the proportion of people who feel confident using private healthcare.

The sentiment expressed by many across the focus groups, and especially those new to private healthcare (but not only these) was that navigating its landscape can be overwhelming and confusing.

Participants wanted clear guidance in what for some can be a very emotionally difficult period, especially when their health may be at stake. They often cited having little time to perform proper research, especially if they had other carer responsibilities. They wanted something to simplify or demystify the private healthcare space, when research might require them to draw on multiple resources.

Fig. 6 – YouGov survey results: Confidence in seeking treatment

Question: Thinking about using private healthcare...In general how confident, if at all, would you be in knowing how to organise and use private healthcare? (Please select the option that best applies).



When asking our YouGov respondents about their confidence in seeking private treatment, they reported a high-level of confidence. 69% of the 2,036 respondents expressed some degree of confidence (fairly or very), of those who had received treatment 81% expressed some degree of confidence, and among those considering this was only 53%. This indicates a need to instil more confidence in those who have not yet gone through the pathways.

Over a third of focus group participants also expressed concern about potential disparity in treatment.

They felt there was a need for education to improve both self-funded and insured patients' abilities to advocate for themselves to receive the best quality care that they could.

Relevant factors that they cited which might cause disparity included, in no particular order:

- Previous experience as a patient or carer
- Having a network of people working in the healthcare sector, or doing so themselves
- Someone having word-of-mouth knowledge of healthcare providers
- Personality and confidence
- Local availability of relevant private hospitals and consultants
- Having a consultant who knows how to use the system to accelerate the patient's care
- The 'postcode lottery' which can impact access to a GP, their wait times, and GP willingness to refer privately
- Culture and community, and proficiency in the English language
- Education and socioeconomic status
- Digital skills or poverty.

Patients felt this affected the treatment they received in the following ways:

- Knowing how to search effectively
- Knowing when you can influence the choice of consultant, hospital, procedure, timeline or access a second opinion
- Confidence in knowing what to do if unhappy with the suggested course of action or the treatment they had received
- Knowing what to ask or mention at different stages; feeling comfortable asking questions.

2.6 Making complaints and other topics of patient uncertainty

Fortunately, as might be hoped, the numbers of people who make complaints are relatively low, but their concerns are important as if things go wrong, in the worst cases, it can be life changing.

Although a minority, some of the focus group participants who said that they'd had to complain about their private treatment, expressed frustration and confusion at the process. They felt they had nowhere to go, that the system was not built to protect them and required too much work on the part of the patient.

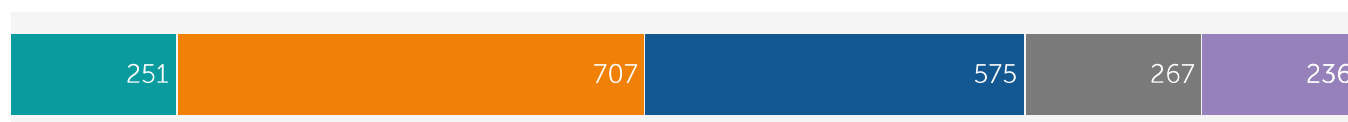
One patient who experienced significant trauma in surgery spoke about how distressing it had been to tell her full story to the matron, only then to be informed that she had to send an email instead. She and others felt that the first instinct of staff was self-protection and questioned who in the organisation would really listen to complaints.

When we asked if they had heard of patient advocacy organisations like the Independent Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC), no-one expressed recognition.

Fig. 7 – YouGov survey results: Comfortable making a complaint

Question: How comfortable, if at all, would you say you are in knowing what to do if you had to complain about your private medical treatment or experience?

Very Fairly Not very Not at all Don't know



Weighted count of responses

The YouGov survey shows that although nearly half (47%) felt fairly or very comfortable at the prospect of complaining about private medical treatments or experiences, a significant number (over 41%) of respondents felt either 'not very' or 'not at all' comfortable. This suggests either an unfamiliarity about the process or some underlying factors which might inhibit them from doing so.



Links to the NHS

Patients in the focus groups also expressed uncertainty about the degree to which NHS and private healthcare systems connected with each other, how this transition might impact on patients and whether their records would follow them from one system to another, for example the use of diagnoses. Some experienced difficulties when trying to resolve issues between these two healthcare systems. They also expressed concern about whether private protections and regulations were to the same standard as the NHS.



Aftercare

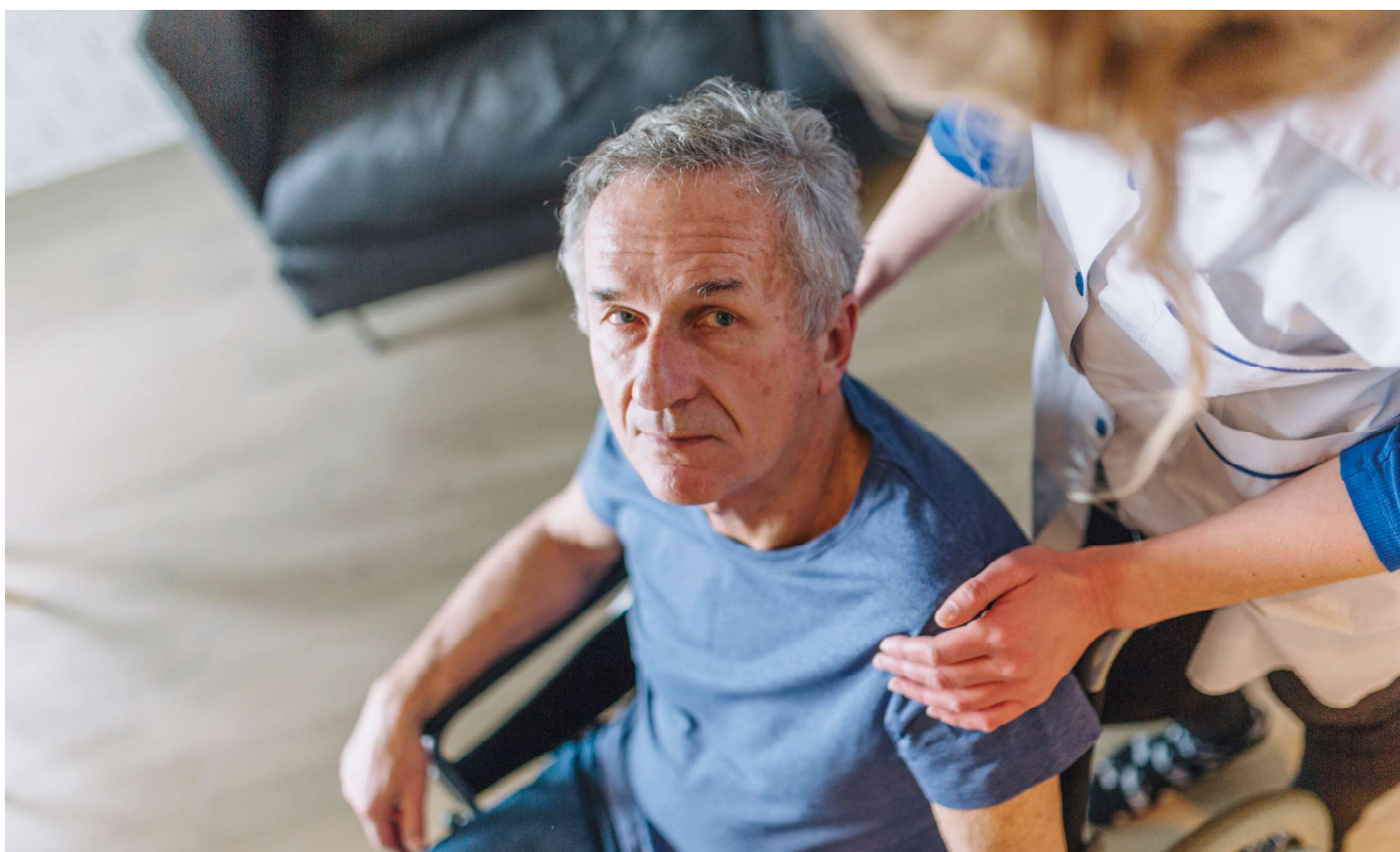
Patients wanted greater clarity on what aftercare would be included in their private treatment, both on insured and self-funded pathways. They were unclear on how accessible it was to transition to aftercare on the NHS after private treatment, and similarly unclear about whether aftercare was included in the private price or what they might have to pay out of pocket.

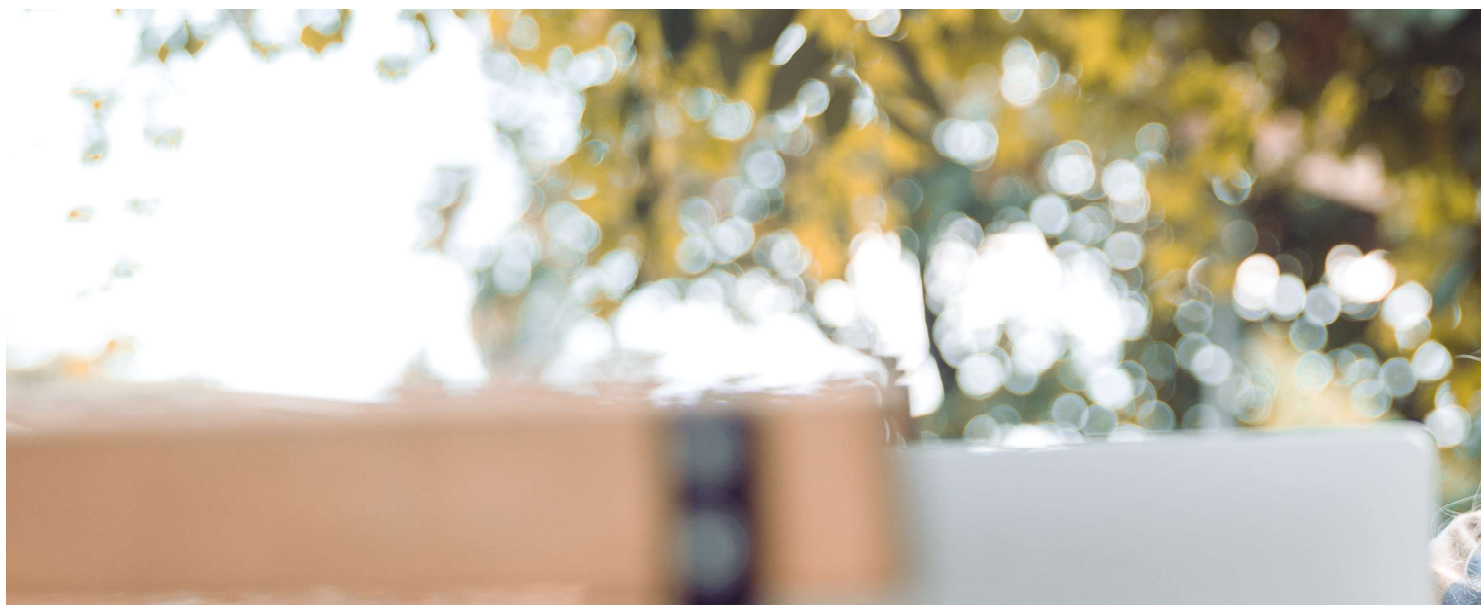
This was particularly important for the Hip and Knee groups and Chemotherapy groups in which aftercare was typically long-term (see also 2.4 Choosing a Hospital).



Terminology

The variability in medical terminology was felt by participants to be confusing and inaccessible. Different terms were used in different contexts: the healthcare condition and intervention names used by the public and the GP might vary significantly from those used by the hospital and insurer. Patients wanted to have a resource in which a full list of terms could be available. This suggests that the sector has work to do on making communications more patient focused.



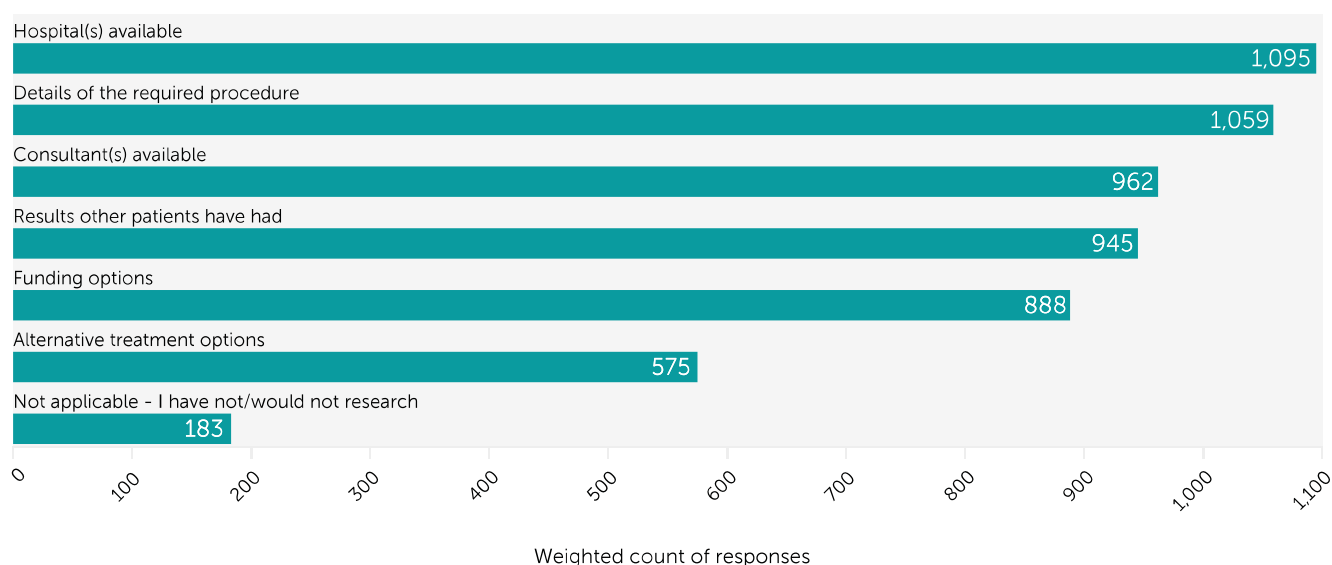


2.7 Topics researched by patients

The main research topics for respondents in the YouGov survey were hospital and consultant availability, along with details of the required procedure (See Fig. 8).

Fig. 8 – YouGov survey results: Research topics

Question: Which, if any, of the following are topics you did or would research about before deciding to use private healthcare? (Please select all that apply)



In the free-text section on research topics, YouGov respondents added that they would also investigate wait times on the NHS, indications of the cost of the private treatment and the actual location of eligible hospitals.

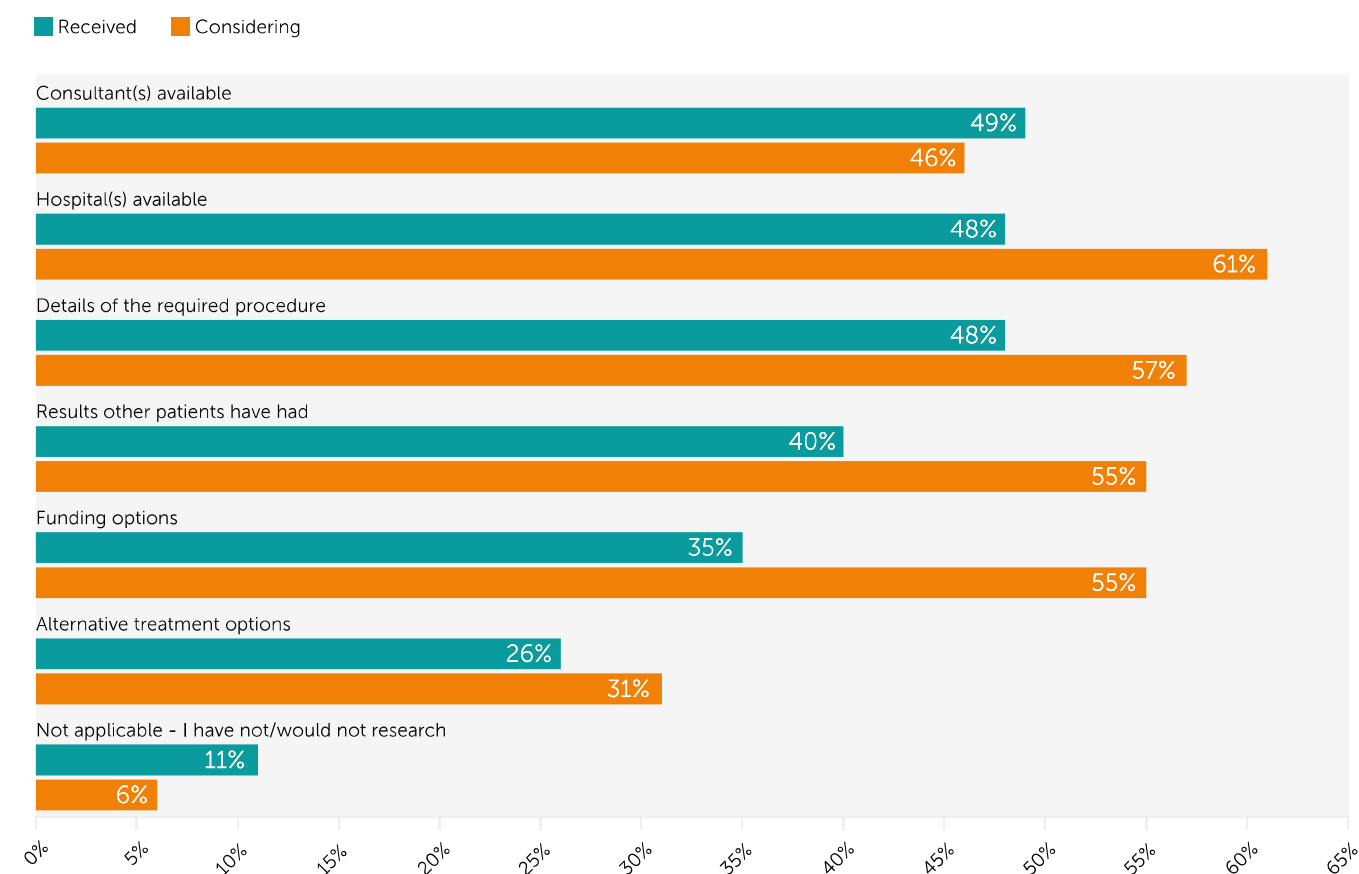
From the YouGov results there appeared to be more research carried out by those who hadn't yet received treatment as compared with those who had. This is particularly pertinent for an investigation of funding options, available hospitals and other factors we have previously explored. As with the topic of confidence, it may be that a greater usage of healthcare may instil greater reassurance for patients.



When we also examined the YouGov feedback to compare self-funded against privately-insured groupings, those who are self-funded appear keen to carry out more research related to the procedure itself, with 59% reporting that they would research the details of the required procedure, versus 50% in the insured population.

52% reported that they would look at results other patients have had, versus 44% in the insured population. It was similarly noted by a focus group participant that if they were to self-pay, they would perform more research.

Fig. 9 – YouGov survey results: Research topics by whether received or considering treatment



2.8 Sources of information used

[Regarding word-of-mouth recommendations]: "It's to do with trust, getting the whole experience and also having that ability to ask questions, because you can read a review but you can't ask questions of the reviewer. So being able to actually ask what you want to know." - Middle-aged British Indian woman with long-term experience of the healthcare sector

Word of mouth was the most commonly reported trusted resource among focus group participants. Largely this related to friends and family, especially those who have undergone similar healthcare experiences, but it also extended to professional networks. When exploring why word-of-mouth was popular, reasons such as the following were given:

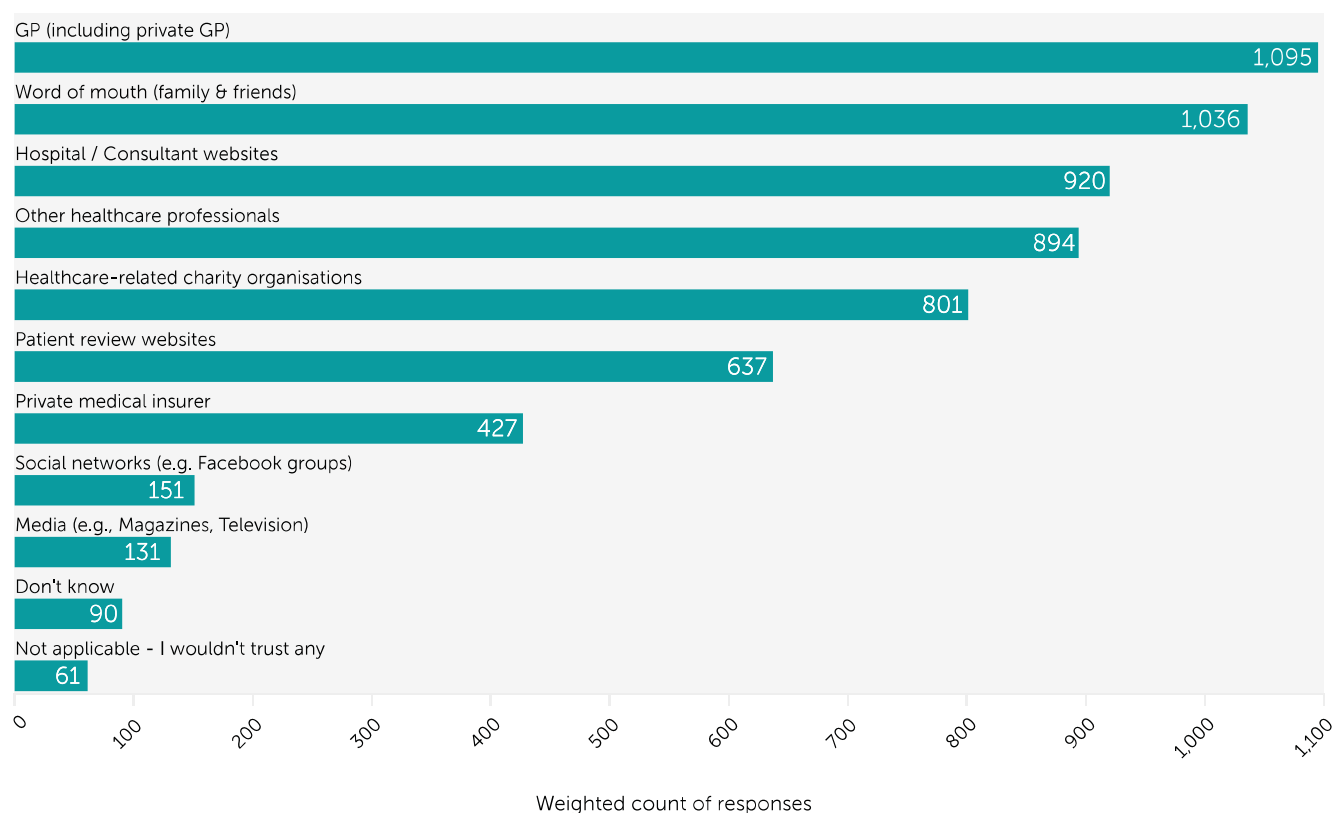
- Being able to hear the whole story
- The option to question and have a back-and-forth dialogue
- A context of trust, without any commercial or other interests
- Additional 'feel' from the other person's body language and tone when describing their experience.

Other significant factors included:

- Online verbatim patient reviews were almost as important as word-of-mouth. These allow patients to see stories from others with the same specialty, condition or procedure, and help to visualise the kind of experience they might have themselves.
- Participants quoted social media as an important resource for research and decision-making. While this included TikTok and LinkedIn, most mentions were around the use of condition- or procedure-based Facebook groups in which patients share their experiences, the full costs they'd paid and other aspects of advice. These groups are seen as being carefully managed by, and for, patients, and so are regarded as trustworthy.
- Another important resource mentioned was the use of GPs. It was felt essential that information about private healthcare options and recommendations should be given early on in their journey. Several participants mentioned that they believe there's a risk of their GP recommending based on locality and personal connections, rather than necessarily identifying the best consultant for their patient's particular healthcare situation.
- Some participants mentioned using insurer websites. Several were not insured themselves but found these websites a valuable resource.

Fig. 10 – YouGov survey results: Trusted sources of information

Question: Which, if any, of the following sources would you trust for information about private healthcare? (Please select all that apply)



- Despite GPs not coming through strongly in the focus groups, they featured as the most trusted source of information in the YouGov survey at 54% of respondents. Only 7% of participants said that they didn't know or felt they had no sources of trusted information.
- Word of mouth also came through for 51% of respondents, particularly pertinent for the female population at 57% versus 44% of males.
- It is interesting that social networks are so low among YouGov respondents, perhaps due to our focus group population being more inclined towards patient involvement activities like Facebook groups.
- Trust in insurer rose from 21% to 36% when looking at insured respondents only.

"The vast majority of private hospitals, I assume, are profit-making businesses... so yes, they put all the information they like... and I'm sure it's all correct, but... they're not going to put the negative side of it... (so) reviews from independent patients are critical." - Older man from London who has never received private treatment

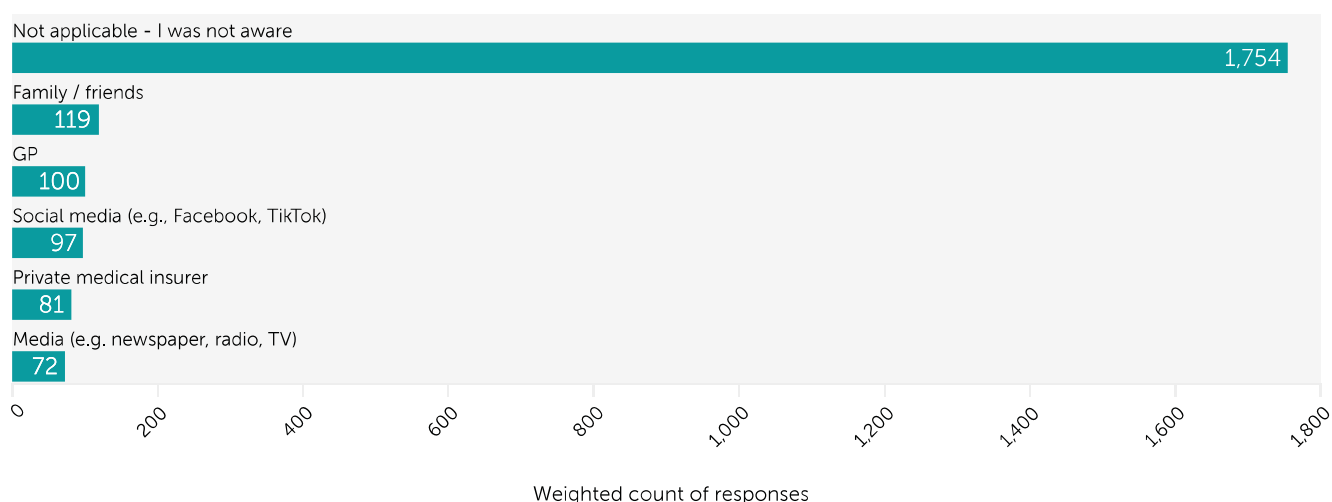
2.9 Awareness of PHIN as a resource

"I had never heard of PHIN, which I'm amazed at... that there's something out there such as this resource." - Older woman from Yorkshire and The Humber with long-term experience in patient research activities

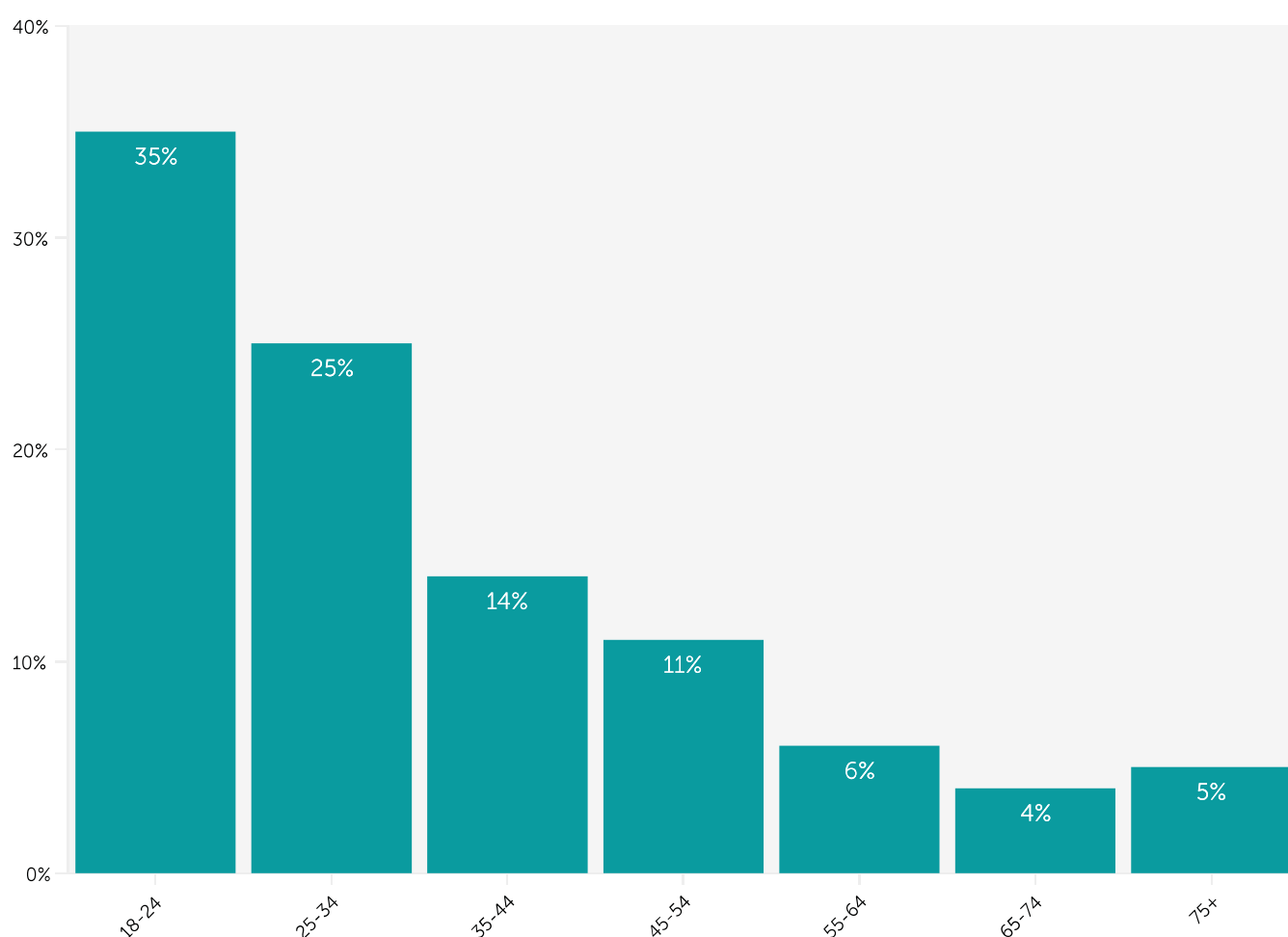
Focus group participants greatly valued the proposition that PHIN is impartial and has no commercial interest in how it presents its data.

Fig. 11 – YouGov survey results: Awareness of PHIN

Question: Through which, if any, of the following sources were you aware of PHIN? (Please select all that apply)



A small minority of the 41 focus group participants and 14% of YouGov respondents said that they had heard of PHIN previously. Those who had received treatment were more likely to have heard of PHIN, with 17% of them (as opposed to 10% in the pursuing treatment group) having heard of PHIN.

Fig. 12 – YouGov survey results: Awareness of PHIN by age bracket

There was much greater recognition of PHIN by younger generations, although the largest proportion of private healthcare usage (as shown in PHIN's data) is by those aged 50 and above.

2.10 Travelling abroad for medical treatment

This topic largely came up unprompted across the focus groups. Participants spoke about reasons for going abroad, primarily the cheaper cost, but also all-inclusive packages that cover transport and accommodation, and faster access to treatment that might require a long wait in the UK or otherwise be unavailable. At the same time, more often than not, participants were reluctant to seek medical treatment abroad.

The main reason given was fear about safety, with one participant, originally from Türkiye, claiming that the medical regulation there was not stringent enough and that "a lot of these plastic surgery places [in Türkiye]... are actually not clinics [but are] owned by tourism companies that employ a surgeon."

Some patients reported hearing of health issues from friends returning from surgery abroad or 'horror stories' that turn up in the UK press now with greater frequency.

Other reasons not to seek treatment abroad were potential language barriers and a consequent reduction in awareness of the treatment the patient would receive, and difficulties if something went wrong. Having no family or friends nearby was also raised as a concern by some.

Fig. 13.1 – YouGov survey results: Going abroad for treatment

Question: Have you ever gone or considered going abroad for medical treatment? (Please select the option that best applies)

■ Yes, I have ■ Yes, I have considered ■ No, I have not gone nor am I considering

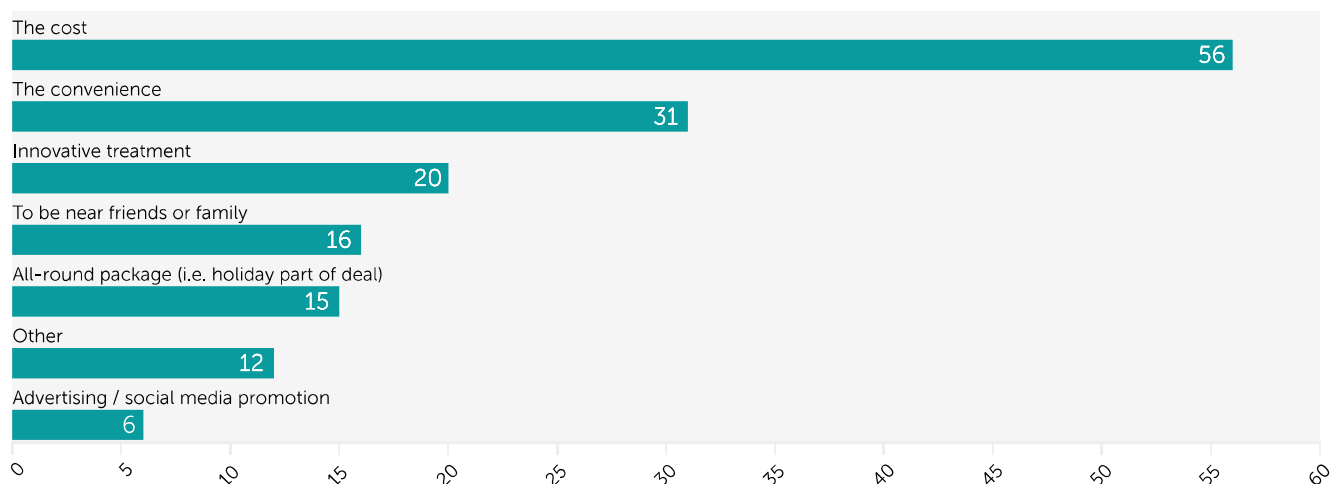


Weighted count of responses

Of respondents, only 4% had said that they had gone abroad for treatment, with a further 10% considering it.

Fig. 13.2 – YouGov survey results: Reasons for going abroad for treatment

Question: What are the reasons you went abroad for treatment? (Please select all that apply)



Of those who had gone abroad, cost came out as the major factor, applicable for two-thirds of patients who have travelled/are considering travelling abroad for treatment, matching the predominant reason given in the focus groups.

Alongside the question of people's willingness to have treatments abroad, we asked them where they did, or would, have those treatments, and what those procedures had been or would be. We received responses from 143 people for a mix of actual and intended treatments.

Of 34 countries mentioned, the most frequently cited are shown in Table 1.

Table 1 – YouGov survey results: Most frequently mentioned destinations for actual/intended treatment abroad

Country	Mentions
Türkiye	30
Poland	11
Lithuania	9
India	8
USA	7
Hungary	7
Romania	6



Of 43 treatments mentioned (see Table 2), the most frequently cited were dental treatments (implants and tooth extractions) followed by a very wide distribution of procedures, many cosmetic but not exclusively so.

Table 2 – YouGov survey results: Most frequently mentioned actual/intended procedures to travel abroad for

Procedure	Mentions
Dental	55
Knee replacement	4
Gastric band / sleeve	4
Dermatology	4
Hip replacement	3
Hair transplant	3

Chapter 3

Guidance from patients to other patients considering private healthcare

One key finding from our patient engagement is that some patients take a passive approach to their healthcare, following unquestioningly where they are directed. They take the consultant that is given to them, accept the recommended treatment and do not seem aware, or to acknowledge, that they might have any choice in the process. In several of our focus groups, a participant would express surprise with words such as “I didn’t know you could choose.”

Other patients navigating private healthcare deliberately take a more ‘consumer’ or proactive mindset. They essentially see healthcare as a service/product like any other in which, as a consumer, they can compare, influence, ask questions, express preferences and say ‘no’ if they do not agree with what’s proposed. Such patients will research their consultant and hospital, and have a greater sense of what they are looking for.

However, this consumer approach involves investment in time (‘homework’), and benefits from a certain level of confidence, but the pay-off may be significant, particularly when this is all about patients’ health.



Advice given by our participants for other patients considering or undergoing private treatment is:

- It's worth doing some research, even before you go to your GP.
- If you're insured, call your private medical insurer as soon as you can (and definitely before any treatment starts). Find out if you're covered, what the exclusions might be and are there any hospitals that you cannot access.
- If you're insured, tell your GP that. This may open up additional routes for treatment – participants said they had to specifically inform their GP, who might not otherwise ask.
- Find out if you can go private for your treatment: this may be an option you hadn't considered or didn't realise was available to you – it may even cost less than you expected.
- You have a choice of consultant, and you might get better outcomes or a better experience with a different surgeon than the one initially recommended.
- Ask to hear the pros and cons of alternative treatments, any benefits and limitations.
- Just because a consultant was good 10 years ago, or a friend recommended them, doesn't mean that consultant is necessarily right for you now, so do some research.
- Consider whether it might be cheaper to have a treatment at a hospital further away from home.
- You don't have to agree immediately or to have immediate treatment.
- Be comfortable in saying 'no' if you don't understand, or like, what's proposed.
- Join patient forums based on the treatment you're considering – for example there are many condition-specific groups on Facebook – and speak with your networks of family, friends and contacts.
- As well as looking at [PHIN's website](#) you may want to check the [General Medical Council \(GMC\) website](#) regarding a consultant's fitness to practise as well as the Care Quality Commission (CQC)'s assessments of all hospitals, including [private facilities](#).
- Be assertive. If you are paying you may feel a greater sense of wanting value for money.
- Be calm. Work out what's most important to you, consult with family members, do the research, and do consider the financial aspects. Ask if there are any additional costs or how these might change, and also find out about what aftercare might be needed.
- If you are mid-care, you should be able to contact your consultant directly if you have any queries – that is one of the benefits of private healthcare.



Chapter 4

Patients' messages for the sector

It is perhaps unsurprising that most of the patients' comments focused on the people most personally and directly affecting their care and outcomes, namely their consultants.

4.1 Consultants

Feedback from both the focus groups and YouGov survey showed that patients do substantial research into their private healthcare. For focus group participants this was particularly about their consultants. Therefore, how consultants first present themselves to potential patients, for example on PHIN's website, is critical. If a patient wants to meaningfully compare several consultants before proceeding, this will require time and expense; so really exercising 'choice' at this stage is challenging, reinforcing the importance of the information available online.

Patients primarily want to know up-to-date information on how good a consultant is, how many procedures they've carried out, their outcomes and patient satisfaction ratings. Desirable details included their career history and training – how long they've practised – their areas of specialisation, any societies of which they are members and in which organisations they currently work. Additionally, their involvement in clinical research and use of the latest technologies are all welcome.

Details that can give a view of the consultant as a whole person (for example, their out-of-work life) are all seen as important. Patients want any indications of 'how relatable' the consultant is, whether they are sincere and genuinely care. We were told that as a patient, you



want to trust a person you haven't yet met and who may have a significant impact on your life. Patients said they'd always prefer a consultant who cared enough to present all their relevant profile information – this was seen as a proxy for caring more generally – and we were told multiple times that any gaps – especially the lack of a photo – 'creates uncertainty.'

For reassurance, some patients seek out information on the GMC's website to see if there are any complaints about consultants, restrictions on their practice or any suggestions of malpractice. Patients also like to know that the consultants are supported by a safe working environment and can call on reliable, modern facilities and effective teams to help them in their work.

4.2 Hospitals

The clear request from patients to hospitals was for much greater transparency about the full set of costs, and what factors might affect them, so that meaningful comparisons can be made.

Patients recognise that a precise figure may not be possible where there are several variables (such as having multiple health conditions), but 'even a ballpark number would be helpful.'

Related to this, patients would welcome easy-to-access information about financing, such as interest-free loans, payment plans or other options to help.

Information about safety and clinical outcomes was welcome, and lastly, some patients – particularly those who had experienced problems in their care – wanted to know from hospitals whether special facilities, such as intensive care units, were frequently used and how well-trained their staff were in their use.

4.3 Insurers

Insurers were asked to remind their customers at the beginning of their healthcare journeys that they should inform their GPs that they had private healthcare. It seems that GPs rarely ask about this without prompting, and this information can significantly affect the direction of the process.

Greater clarity was sought about which procedures qualified for self-referrals and which did not; what was considered as a 'pre-existing' condition, plus exclusions such as any hospitals not covered by policies, or where 'hidden costs' might be likely.

Separately, patients needing aftercare – especially those in our Chemotherapy focus group – wanted to ask their insurers 'will you still be there for me after my treatment – and for how long?'

4.4 PHIN

Few of the research participants had heard of PHIN. However, having been introduced to it, most in the focus groups were very positive about their experiences on the website, its value and potential. And without any prompting, the majority told us at the end of our discussions that they would recommend the website to their families and friends, adding that they'd wished they had known of it before.

We collected a very large amount of sometimes very specific feedback (positive and negative) and are already using this information to prioritise and drive improvements to our service.

Overall patients:

- Said that the website is well-designed, feels accessible and is reasonably easy to navigate.
- Felt that the quality of its information, data and advice were very relevant and useful.
- Valued greatly the independent feedback from other patients, as this helps enormously with decision-making and gives greater confidence particularly when choosing a consultant.
- Found educational content such as articles, patient stories and guides to be helpful, including explanations on what the website can and can't do.

Participants told us that by having all relevant information in one place, PHIN's website can act as a useful central gateway to various aspects of private healthcare and relevant websites. They also strongly valued its impartiality, the fact it is Government-mandated and not-for-profit.



Chapter 5

Areas for further investigation by the sector

The YouGov survey was particularly fruitful in generating some unexpected – and potentially concerning – observations which we thought would benefit from further investigation. PHIN would welcome engagement or validation from hospitals, consultants, private medical insurers, or patients on any of these topics, especially any research findings.

41% of YouGov respondents said that they felt 'Not very comfortable' or 'Not at all comfortable' in knowing what to do if they had to complain about their private medical treatment or experience.

This suggests that it is essential to supply practical support for those needing to make a complaint and to encourage them to feel safe when doing so.

Anecdotal feedback suggested that some people don't like to complain for fear it might impact on their treatment, or that they do not know what they should expect from good healthcare practitioners.

Alternatively, they may feel inhibited to explicitly call out substandard care to parts of a medical profession which is reticent to hear such feedback.

30% of all YouGov respondents said that they did not have confidence in organising and using private healthcare.

While the majority (69%) of respondents have confidence in organising and using the private sector, there is a sizeable number (30%) who lack that confidence. Confidence was higher for patients funded by private medical insurance (21% lacked confidence), and for those who have previously experienced private treatment (19%).

Patients in the focus group described private healthcare as a 'minefield' and many asked for a 'map' of how to navigate it.

18% of YouGov respondents considered safety as an important factor when influencing their choice of private healthcare services.

This aligned with patients in the focus groups – the only people who spoke about safety were those who had experienced problems or had comorbidities requiring them to give safety more consideration.

On the one hand, this is encouraging – we think that patients expect exacting standards of safety in private healthcare and the vast majority do receive this.

But it may be useful to find out whether patients genuinely feel confident about the quality of private healthcare, or if they might feel uncomfortable to ask about something which should be of primary concern.

5.1 Continued collaboration

Baroness Cumberlege, who led an important 2020 report into the safety of medicines and medical devices⁵, said at a conference in June 2024⁶ that listening to patient voices “is the very heart of good care”. She commented how it’s essential to use data and feedback to detect trends, to be honest with patients about both the benefits and the risks of treatment, and to learn from patient experiences to improve healthcare.

We support all these elements and want to continue collaborating with patients and the healthcare sector, sharing our insights for that same purpose. We hope that our work can benefit the sector as a whole and make its services more transparent to a full breadth of patients.

Through this research we have collected a rich information set, of which only the highlights have been presented in this report. We will continue to explore our focus group and survey results and generate further findings, which we will share with the sector.

PHIN will soon be publishing guides to the main stages of the patient journey, as requested by the focus group participants – these are in an advanced stage of development, and we will then improve them based on user feedback. This will be followed by guides with suggested questions or topics for patients to ask their GPs and consultants, potentially insurers and hospitals too, if suitable.

Patient engagement should be an ongoing process, not a one-off, and the whole sector – hospitals, consultants and clinicians, insurers, and PHIN – should similarly continue to share insights and engage with patients (whether private or NHS) to improve care, safety and the delivery of better information.

For any questions about this report, please contact Greg Swarbrick at greg.swarbrick@phin.org.uk or Caroline Bodman at caroline.bodman@phin.org.uk.

If you have any feedback regarding this report, [please submit it using this form](#). We will use it to help us improve future patient research.

⁵ <https://www.gov.uk/government/publications/independent-medicines-and-medical-devices-safety-review-update-report-on-government-implementation/independent-medicines-and-medical-devices-safety-review-update-report-on-government-implementation>

⁶ 8th National Patient-Reported Outcome Measures Conference held at the University of Exeter, 20 June 2024.

Annex 1

How we approached the research

Qualitative research

Through this stage of the research, we were not looking for patterns or trends, but for insight from patients that could help us identify areas for further investigation. Whether the whole group agreed, or only one person made a point, we evaluated their comments to bring these insights out.

We recognised the risk of bias and/or of leading questions, either in favour of PHIN or possibly towards expected inferences. We also considered that participants might feel less comfortable if giving criticisms of PHIN or of the private healthcare sector.

To counter the risks, we had our proposed focus group questions examined by CDS, an external research organisation which has worked with the CQC and NHS England, and we received facilitation training from them.

We said at the start of each focus group discussion that all feedback was welcome, whether positive or negative, and strove to build an atmosphere of openness, inclusivity and trust. We received very positive feedback from participants on our approach.

The six online focus groups were arranged by clinical specialty to identify common themes within each specialty, and to be able to compare any distinct experiences, but also to help facilitate conversations among patients who could have needs different from other patient groups. During the sessions, participants welcomed this approach and several times acknowledged that they learnt a lot from each other.

Although the groups were designed to discuss a wide range of aspects of the patient journey, we invited participants to review PHIN's website before attending; this was done on external advice to ensure in-session feedback was more informed and to ensure equal understanding of participants. We provided minimal information in this activity to avoid leading participants.

Quantitative research

Our nationwide quantitative survey was facilitated by YouGov, which reviewed and revised our questions.

For this survey, invitations went out to YouGov's UK-wide member base. To ensure relevant responses, we requested participation only from those who had received private inpatient or day surgery treatments in the previous three years or were considering them in the next three years respectively. We asked for treatments in an outpatient setting – for example, physiotherapy, dentistry or mental health therapy to be excluded. From the feedback we received, most of the participants confirmed they had received, or were considering, private healthcare; responses revealed a mix of treatment types and settings, including some outpatients.

To explore the relationship between funding pathways and responses, we created groups with 'all private medical insurance', and another for 'all self-paying' categories. It should be noted that these groups will have overlap in participants as may use both self-funded and insured mechanisms. See Annex 3 for more detail.



Annex 2

YouGov survey questions

Filtering question	Selected participants
<p>For the following question, when we talk about receiving treatment from a “private healthcare service” within the UK, we mean one you have paid to receive treatment from. This excludes NHS provided treatment or dental care or routine optician services, physiotherapy or counselling. Which ONE, if any, of the following statements BEST describes your personal experience with receiving treatment via a private healthcare service within the UK? (Please select the option that best applies)</p>	I have previously received treatment from a private healthcare service within the past 3 years
	I have never previously received treatment from a private healthcare service, but I'd consider doing so in the next 3 years

Questions	Choice(s)
<p>DPP_Q1. Thinking about using private healthcare...In general how confident, if at all, would you be in knowing how to organise and use private healthcare? (Please select the option that best applies)</p>	Very confident
	Fairly confident
	Not very confident
	Not at all confident
	Don't know
	Net: Confident
	Net: Not confident
<p>DPP_Q3. Which ONE, if any, of the following statements best applies to you when you have received private healthcare? (Please select the option that best applies)</p>	Directly referred by my GP / other health professional
	Given a small range of hospitals and consultants to choose from
	Given a large range of hospitals and consultants to choose from
	Able to choose any hospital and consultant
	None of these
	Don't know

Questions	Choice(s)
DPP_Q4. When thinking about your private treatment for you... Which ONE, if any, of the following would you prefer? (Please select the option that best applies)	To have no choice in my treatment (i.e., I am told where, when and by whom I'll be treated by)
	To have limited choice (i.e., I am given a small selection of hospitals and consultant to choose from)
	To have complete choice (i.e., I am able to choose where, when and by whom I'll be treated by)
	Don't know
DPP_Q5. Which, if any, of the following are topics you did or would research about before deciding to use private healthcare? (Please select all that apply. If you haven't or would not research anything, please select the 'Not applicable' option)	Details of the required procedure (i.e. what will actually happen during your operation)
	Alternative treatment options
	Funding options
	Consultant(s) available
	Hospital(s) available
	The results other patients have had for similar treatment
	Other
	Don't know
DPP_Q6. Which, if any, of the following sources of information would you trust for information about private healthcare? (Please select all that apply. If you do not trust any information sources, please select the 'Not applicable' option)	Not applicable - I have/would not research anything before deciding whether or not to use private healthcare
	Word of mouth (family & friends)
	Social networks (e.g. Facebook groups)
	GP (including private GP)
	Other healthcare professionals (including organisations such as the General Medical Council (GMC))
	Private medical insurer
	Healthcare-related charity organisations (e.g. Macmillan, British Heart Foundation)
	Hospital / Consultant websites
	Patient review websites (e.g. Doctify, iWantGreatCare)
	Media (Magazines, Television, Radio, Newspapers)
	Other
	Don't know
	Not applicable - I wouldn't trust any information sources for information about private healthcare

Questions	Choice(s)
DPP_Q7. Private Healthcare Information Network (PHIN) – phin.org.uk – is a free service which helps people make decisions about using private healthcare. Through which, if any, of the following sources were you aware of PHIN? (Please select all that apply. If you were not aware of PHIN, please select the 'Not applicable' option)	Media (i.e. newspaper, radio, TV, websites etc.)
	GP
	Private medical insurer
	Family / friends
	Social media (i.e., Facebook, X formally Twitter, TikTok etc.)
	Other
DPP_Q8. Which, if any, of the following has influenced or would influence your decision to use private healthcare services? (Please select all that apply)	Not applicable - I was not aware of PHIN before taking this survey
	NHS waitlist / NHS treatment unavailable
	To free up NHS resources
	Choice of hospital and / or consultant
	Hospital / consultant quality
	Better facilities (single room, newer equipment)
	More flexibility (appointment date / time, location)
	Have private medical insurance
	Safety considerations (i.e. mortality rates at a hospital)
	Availability of different treatment options
	Have always used private healthcare
	Previous positive experience
	Other
	Don't know/ can't recall

Questions	Choice(s)
DPP_Q9. Which, if any, of the following elements are important to you when deciding on the hospital where you'd like to have private healthcare treatment? (Please select all that apply)	The location
	The clinical outcomes (i.e. measured changes in health or quality of life that result from procedure)
	The facilities offered
	The intensive care unit / critical care
	The hospital's mortality rate, readmission rates, infection rates etc.
	Patient reviews / recommendations from family and friends
	Reputation / regulator ratings
	Private medical insurance coverage
	Cost and payment options
	Other
	Don't know
DPP_Q10. Which, if any, of the following elements are important to you when deciding on a consultant? (Please select all that apply)	The consultant's qualifications
	The consultant's length of time as a consultant
	GP recommendation
	Number of admissions (i.e. the count of times they have carried out procedures)
	Clinical outcomes (i.e. changes in health or quality of life that result from procedure)
	Patient reviews / recommendations from family and friends
	The different consultation options they offer (i.e., telephone or video consultation)
	Cost and payment options
	Private medical insurance coverage
	Other
	Don't know

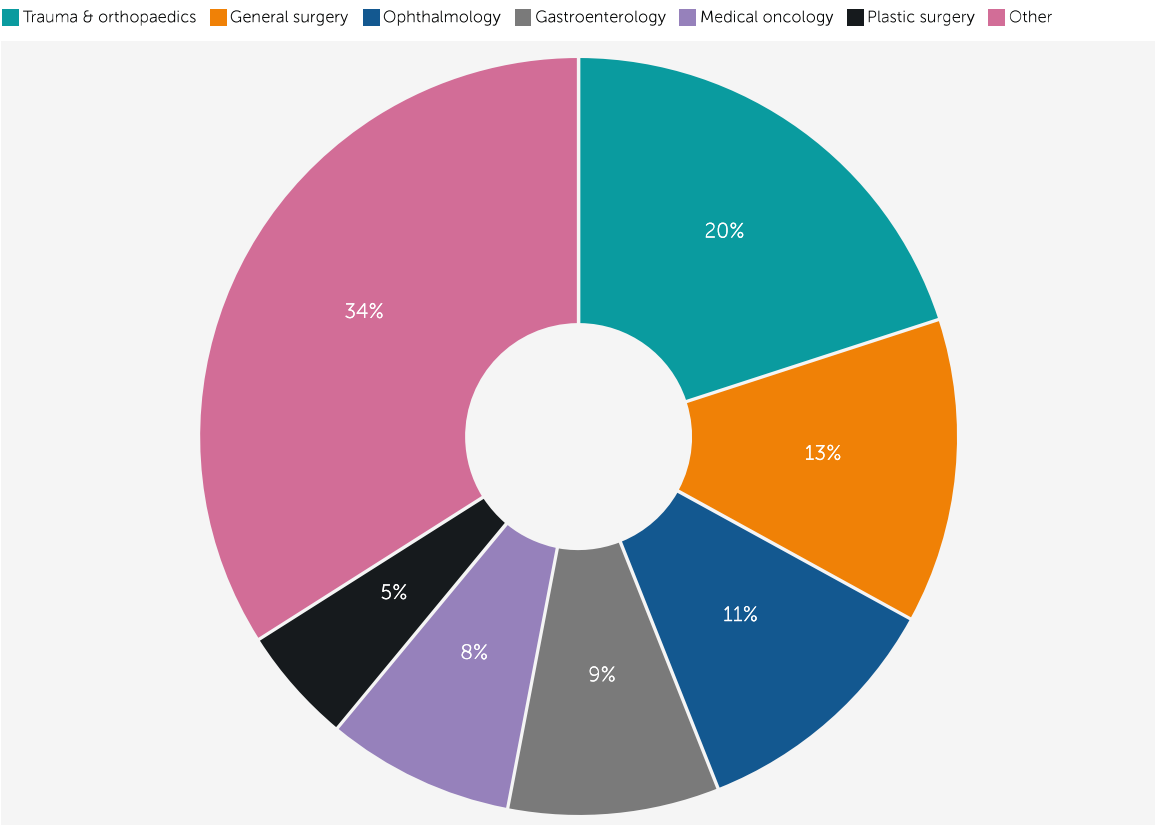
Questions	Choice(s)
DPP_Q11. Which, if any, of the following ways was or would your private treatment be paid for? (Please select all that apply)	Private medical insurance – personal
	Private medical insurance – corporate
	Private medical insurance – family (parent, partner etc.)
	Paying directly – from savings
	Paying directly – with support from family / friends (including crowd funding)
	Paying directly with loan / financing
	NHS-funded
	Other
DPP_Q12. Have you ever gone abroad or considered going abroad for medical treatment? (Please select the option that best applies)	Don't know
	Yes, I have gone abroad for healthcare treatment
	Yes, I have considered going abroad for healthcare treatment
	No, I have not gone nor am I considering going abroad for healthcare treatment
	Don't know
	Net: Yes, have gone abroad
DPP_Q14. Which, if any, of the following are the reasons you went or considered going abroad for treatment? (Please select all that apply)	Net: No, have not gone abroad
	The cost
	The convenience
	To be near friends or family
	All-round package (i.e. holiday part of deal)
	Innovative treatment
	Advertising / social media promotion
	Other
	Don't know/ can't recall

Questions	Choice(s)
DPP_Q15. How comfortable, if at all, would you say you are in knowing what to do if you had to complain about your private medical treatment or experience?	Very comfortable
	Fairly comfortable
	Not very comfortable
	Not at all comfortable
	Don't know
	Net: Comfortable
	Net: Not comfortable

Annex 3

Demographics of private patients and of our research groups

Fig. 14 – Focus group design and recruitment process
2023 private episodes by specialty, N=898,000



Specialty	Recruitment approach	Focus group (specific procedures covered)	Number of participants
Trauma & orthopaedics	Versus Arthritis	Hip & Knee Replacements and Arthroscopies	6
General surgery	Bowel Research UK	Bowel Diagnostics (upper/lower gastrointestinal endoscopy)	6
Gastroenterology			
Ophthalmology	National Institute for Health and Care Research (NIHR)'s People in Research	Cataract Surgery	8

Specialty	Recruitment approach	Focus group (specific procedures covered)	Number of participants
Other	NIHR's People in Research	Private Patients (assorted inpatient / day surgery private)	8
Plastic surgery	British Association of Aesthetic Plastic Surgeons; NIHR's People in Research	Cosmetic Surgery (assorted inpatient and day surgery)	6
Medical oncology	NIHR's People in Research; Cancer Patient Voices; PHIN's internal patient network	Chemotherapy	7

Fig. 15.1 – Age representation as split by survey, focus groups and private sector (PHIN data 2023)

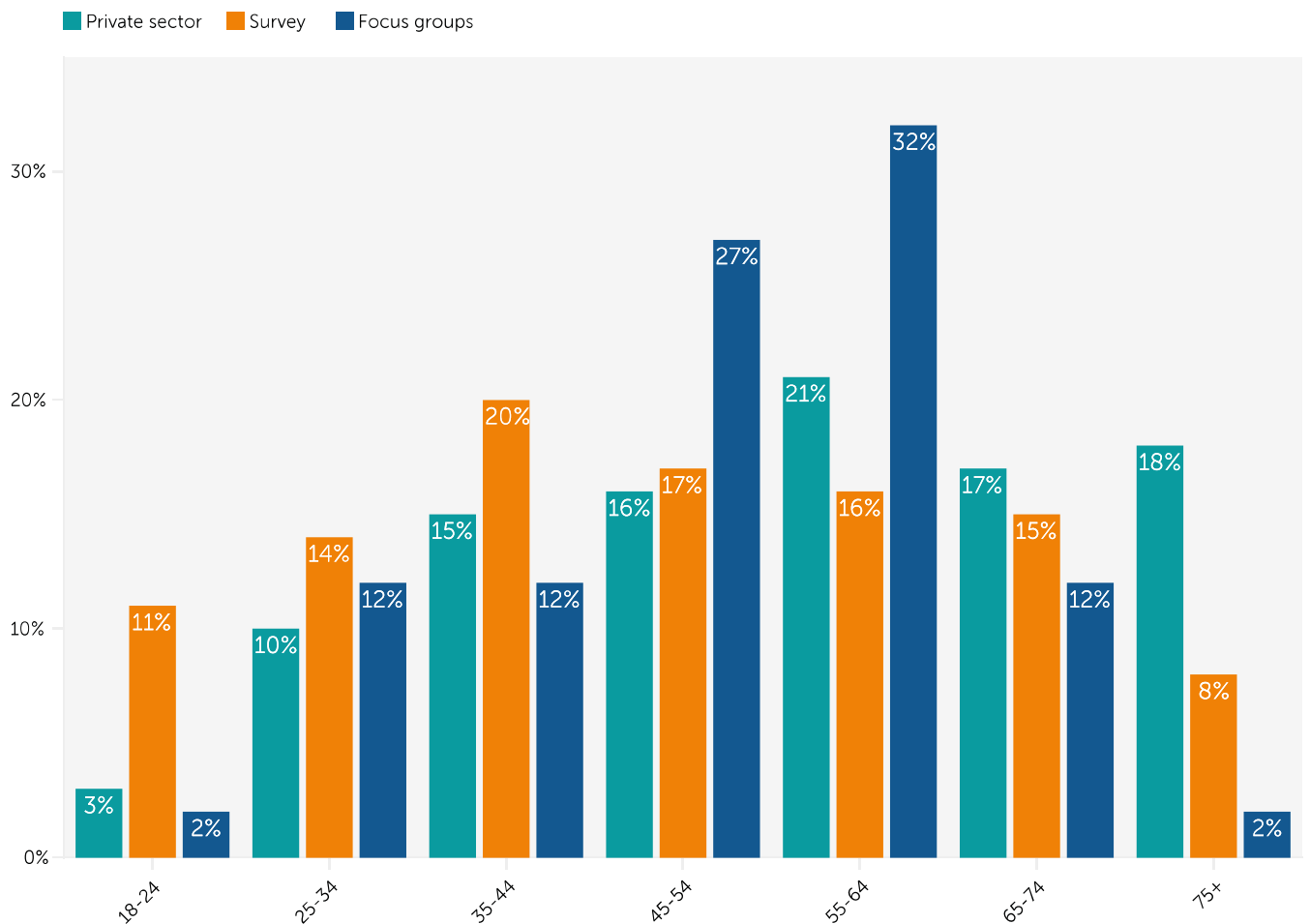


Fig. 15.2 – Sex representation as split by survey, focus groups and private sector (PHIN data 2023)

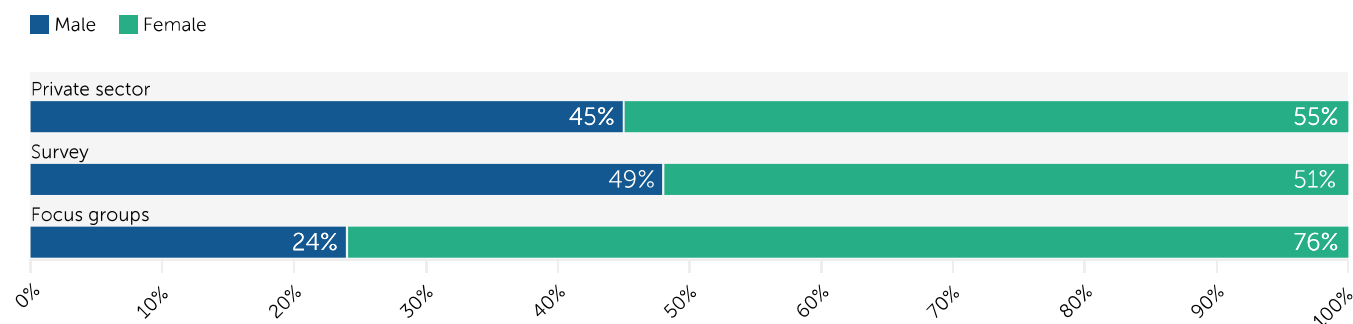


Fig. 15.3 – Devolved Nation/English region as split by survey, focus groups and private sector (PHIN data 2023)

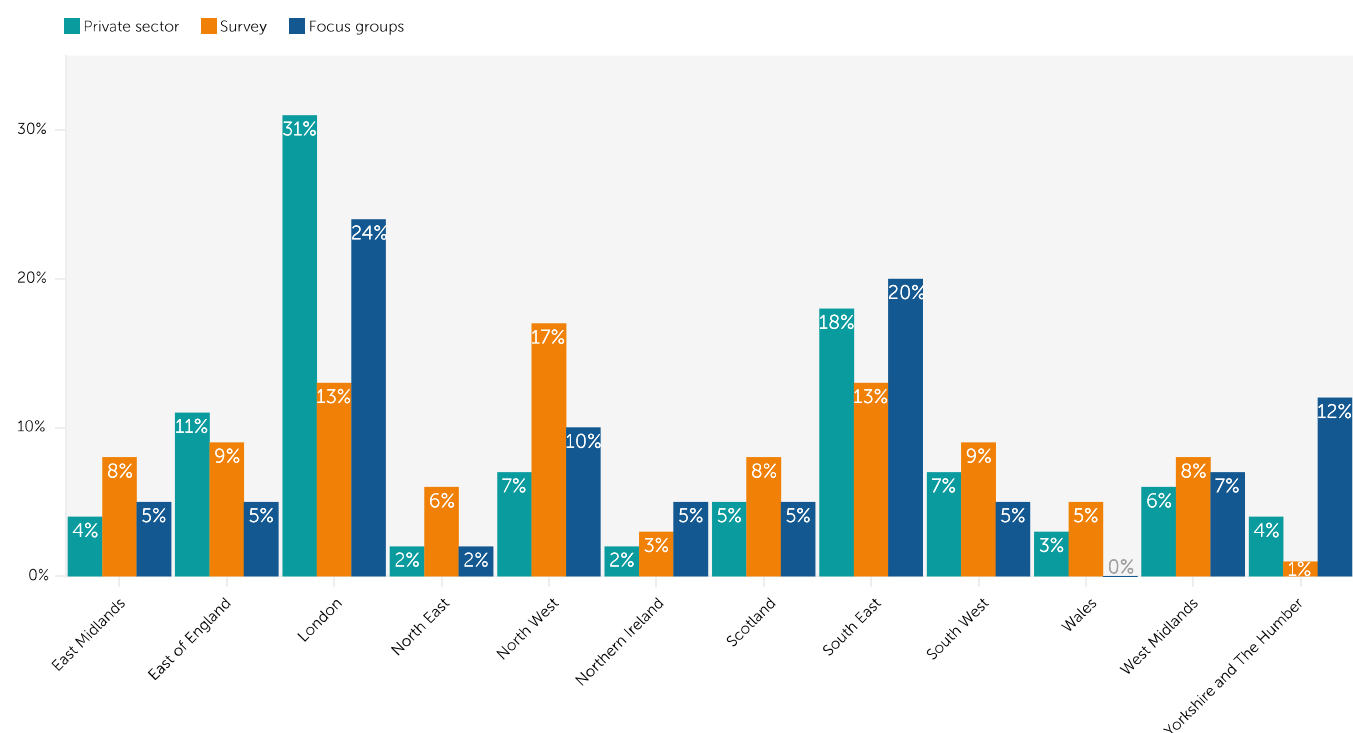


Fig. 16.1 – Patient research additional demographics and details⁷: Focus groups

Entirely insurance Entirely self-pay Funding scheme NHS-funded NHS NHS-funded private Partial insurance

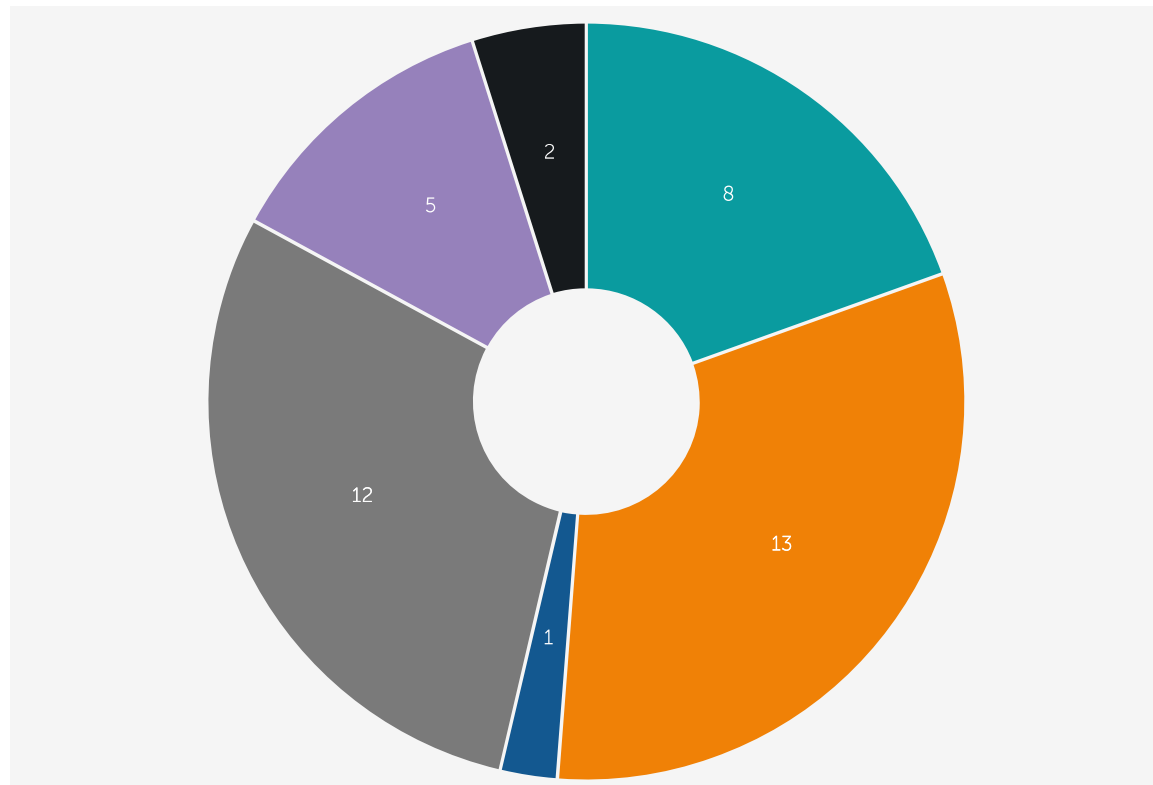
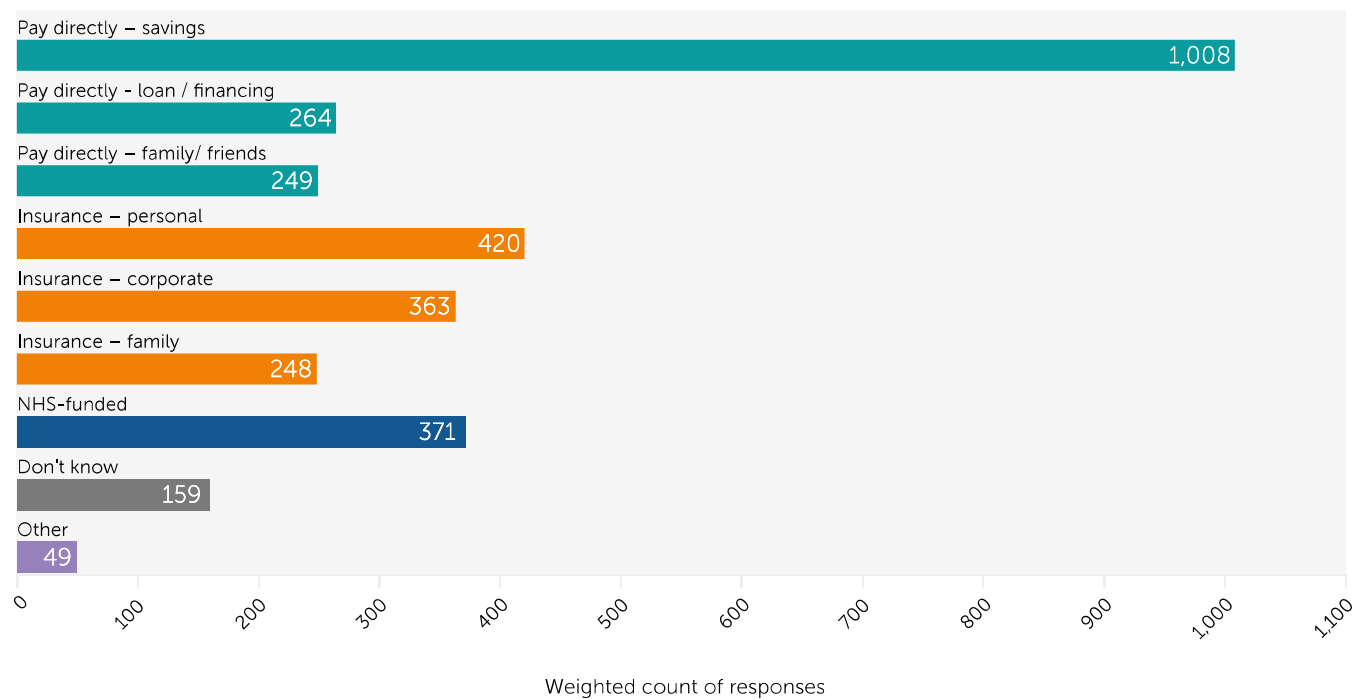


Fig. 16.2 – Patient research additional demographics and details: Survey



⁷ Calculated by weighted count of respondents

Fig. 16.3 – Patient research additional demographics and details: Focus groups

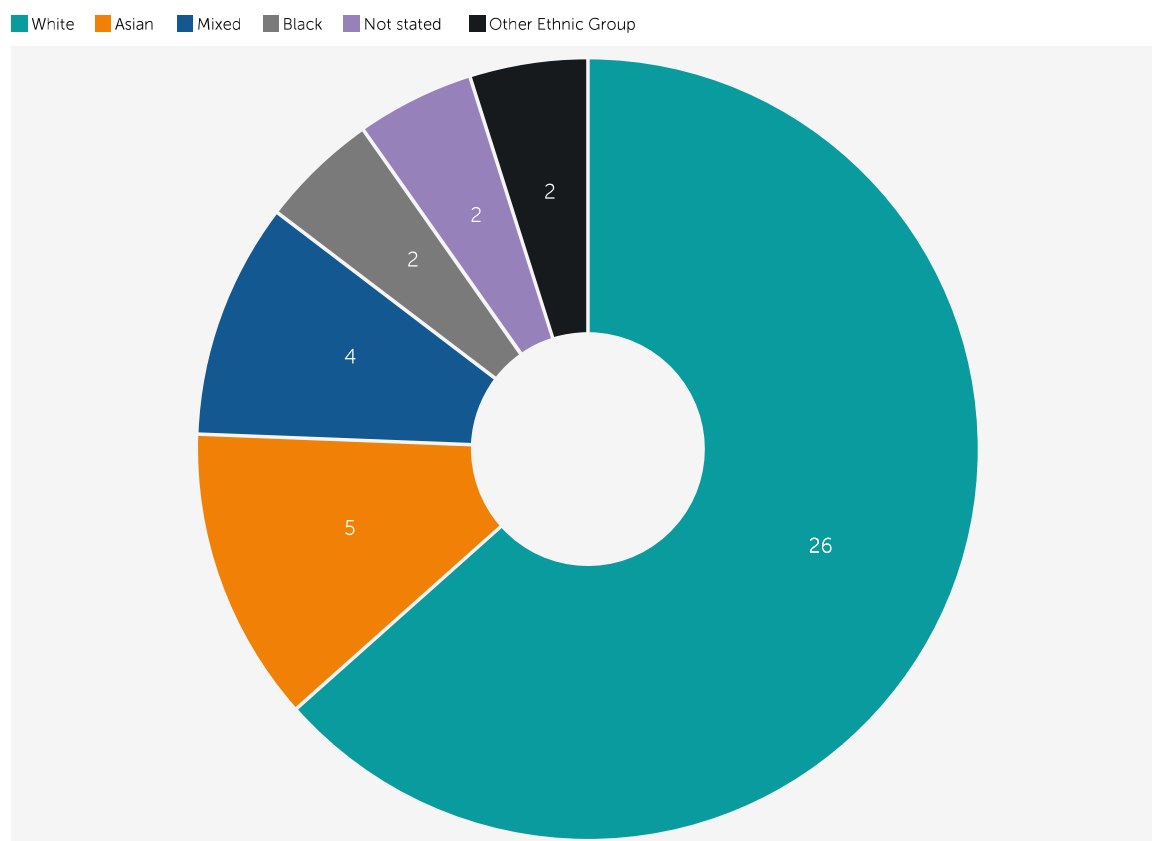


Fig. 16.4 – Patient research additional demographics and details

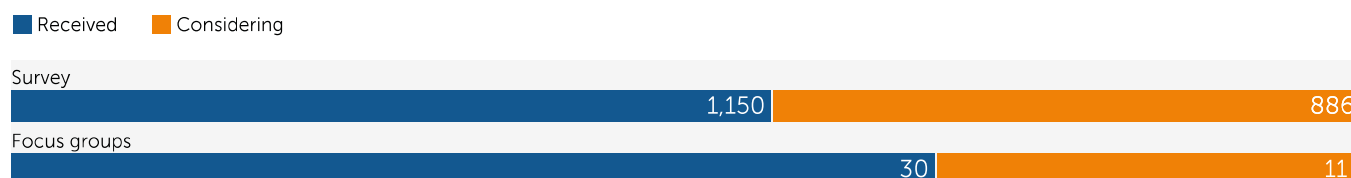


Fig. 16.5 – Patient research additional demographics and details: Focus groups

Both Carer Patient

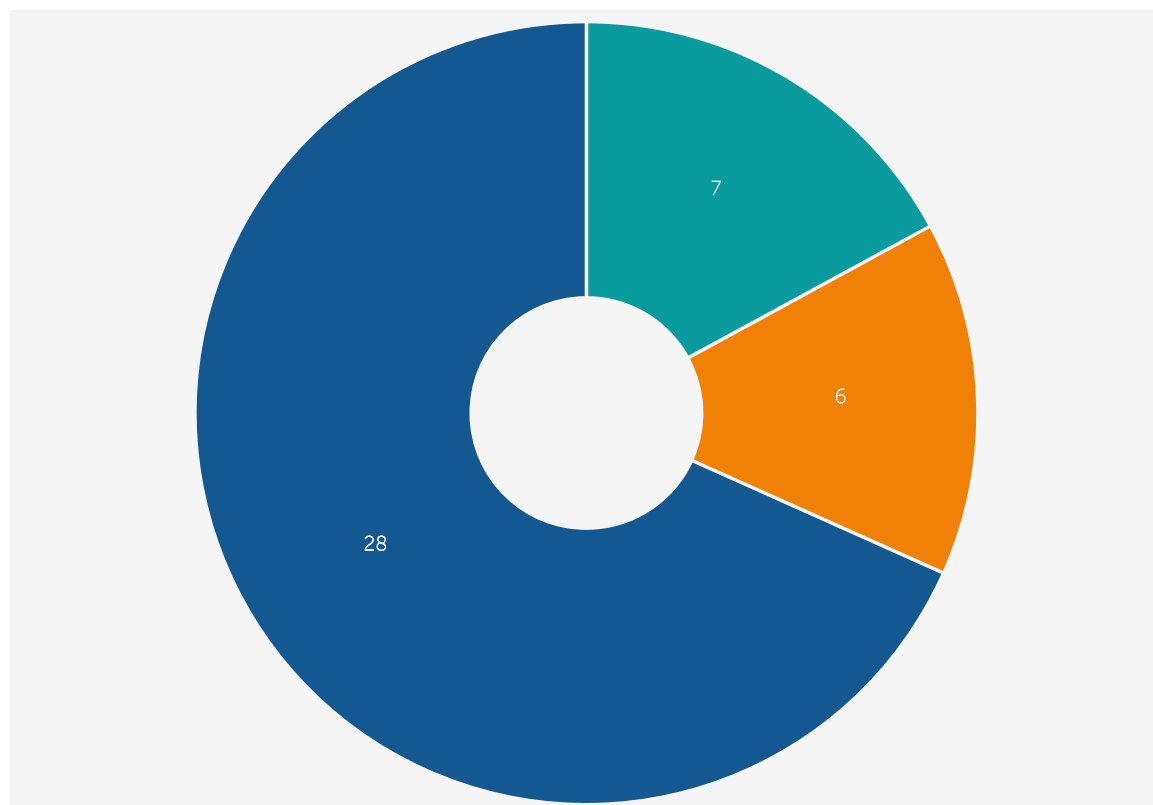


Fig. 16.6 – Patient research additional demographics and details: Focus groups

NHS Private

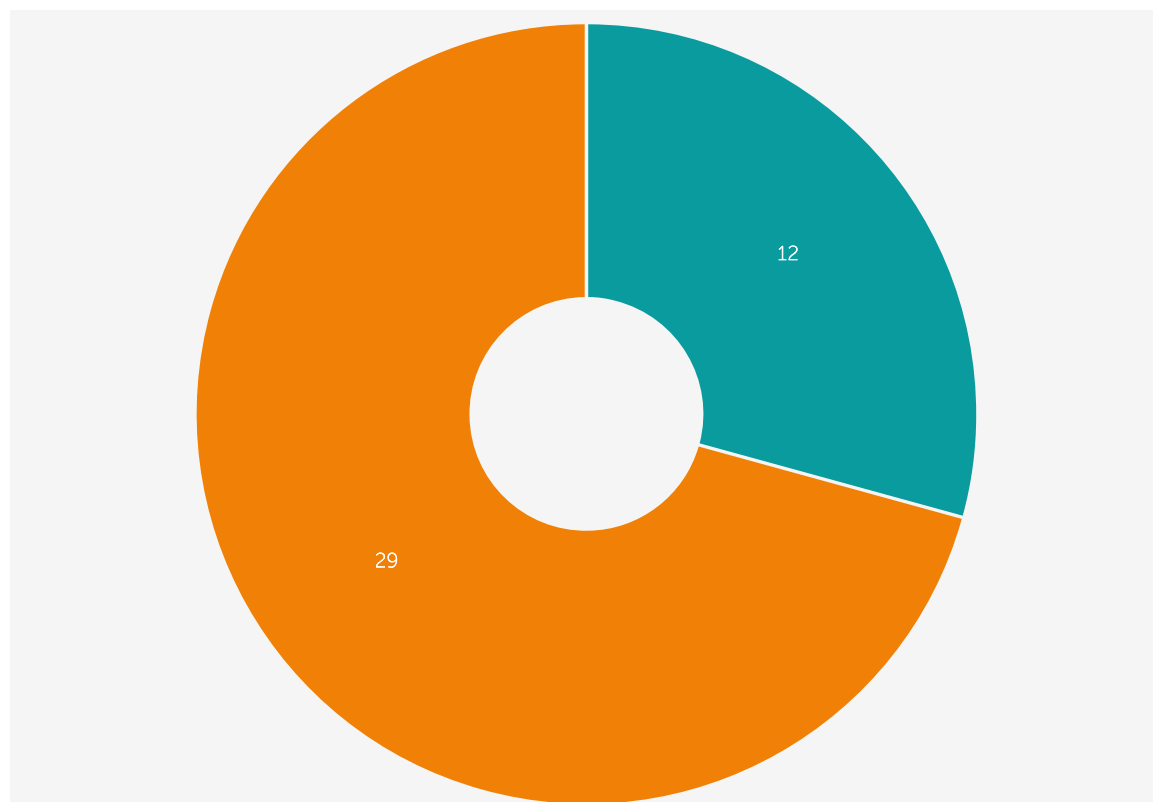
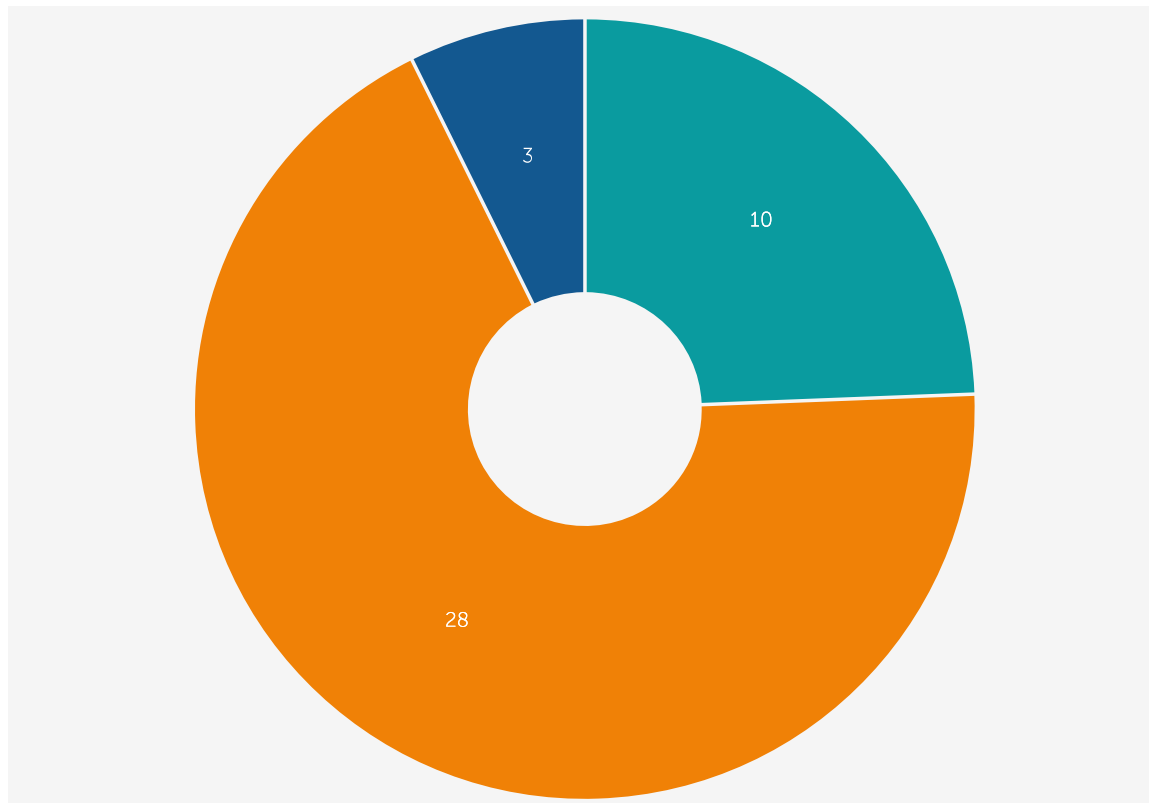


Fig. 16.7 – Patient research additional demographics and details: Focus groups

■ No ■ Yes ■ Unknown



Throughout the course of this research, we reached out to over 30 organisations consisting of hospitals, charities, patient research organisations, user research platforms, survey hosts and Royal Colleges, and of these we had conversations with over 20. Some provided advice about our approach, referred us on for other conversations, were able to support with recruitment or were unable to provide any support. We have built up a network of contacts from this range of organisations who are happy to support our efforts going forward. Figure 14 sets out which organisations directly supported our recruitment process.

For the six focus groups we consciously strove to recruit participants who represented the demographic spread of private patients, trying to match as closely as possible to PHIN's private sector statistics for 2023, considering factors including:

- Sex
- Age
- Region
- Ethnicity
- Private or NHS treatment
- Having received or considering treatment
- Carer or patient status
- Relevance of procedure.

For ethnicity, due to the poor ethnicity data in the private healthcare sector, we favoured a diverse group. We had a great deal of control and were able to select participants to ensure the right mix and breadth. We leaned selection towards those who had received treatment to get more representation of whole-pathway care, while still maintaining representation of those actively pursuing treatment.

Similarly, we selected in favour of private patients over NHS, largely focusing on those with a fuller private sector experience, while also integrating needs of people more unfamiliar with the private sector.

PHIN's vision:
Everyone can
make confident
choices about
their healthcare
to get the best
outcomes.

in f X

phin.org.uk

