

**“The most important human activity
is decision-making, because it is
through the choices we make
that we create our lives and
become ourselves.”**

Søren Kierkegaard

How to Choose a Doctor; whatever happened to patient choice?



M a r t i n E l l i o t t
37th Gresham Professor of Physic
and
N e i l B a c o n F R C P

**particular thanks
to
Rose Thompson**



choosing



**even for doctors,
choice is difficult**

despite 'inside knowledge'

recommendation & reputation

healthcare choices

what

choice of treatment

who

choice of professional

when

choice of appointment time/date

where

choice of provider

Do you **want** to?

Can you?

How do you?

Where are the data?

TRUST

**Is choice important -
does it matter where you go?**

Over to Neil Bacon!

It is NOT the same everywhere

4 x variation
in getting to a stroke unit in <4h

September 2015

The NHS Atlas of Variation in Healthcare

Reducing unwarranted variation to
increase value and improve quality

www.rightcare.nhs.uk

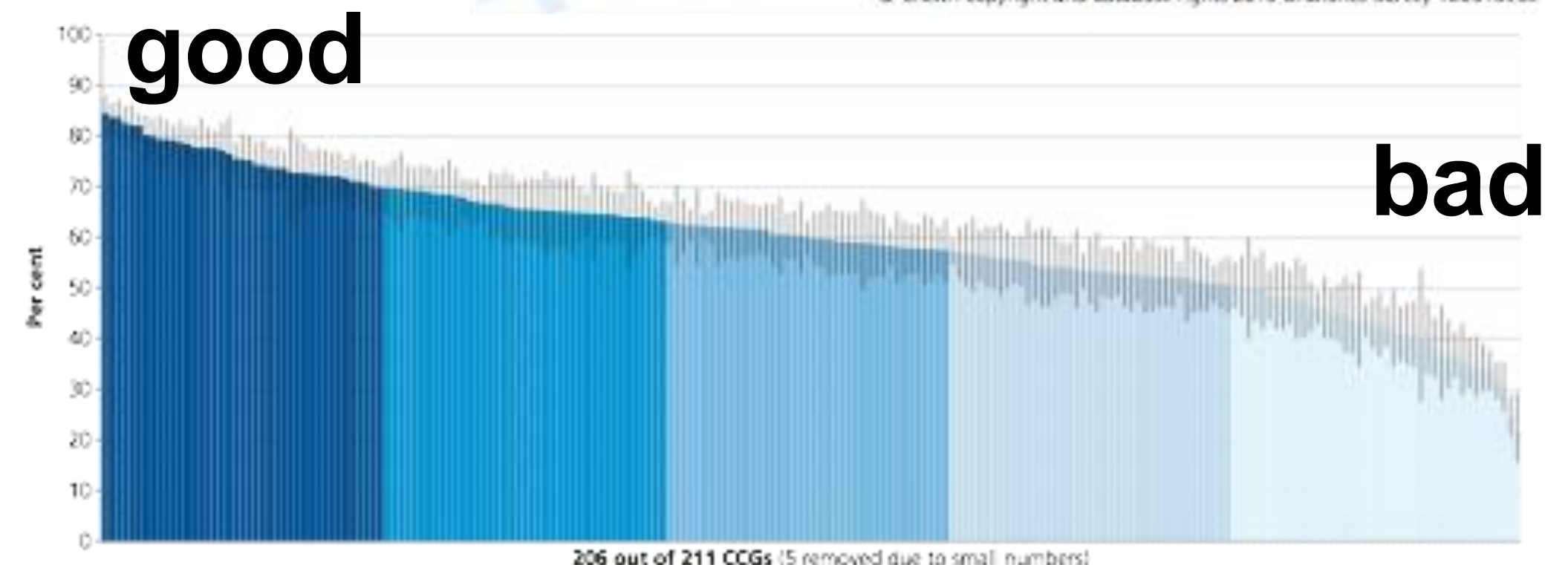
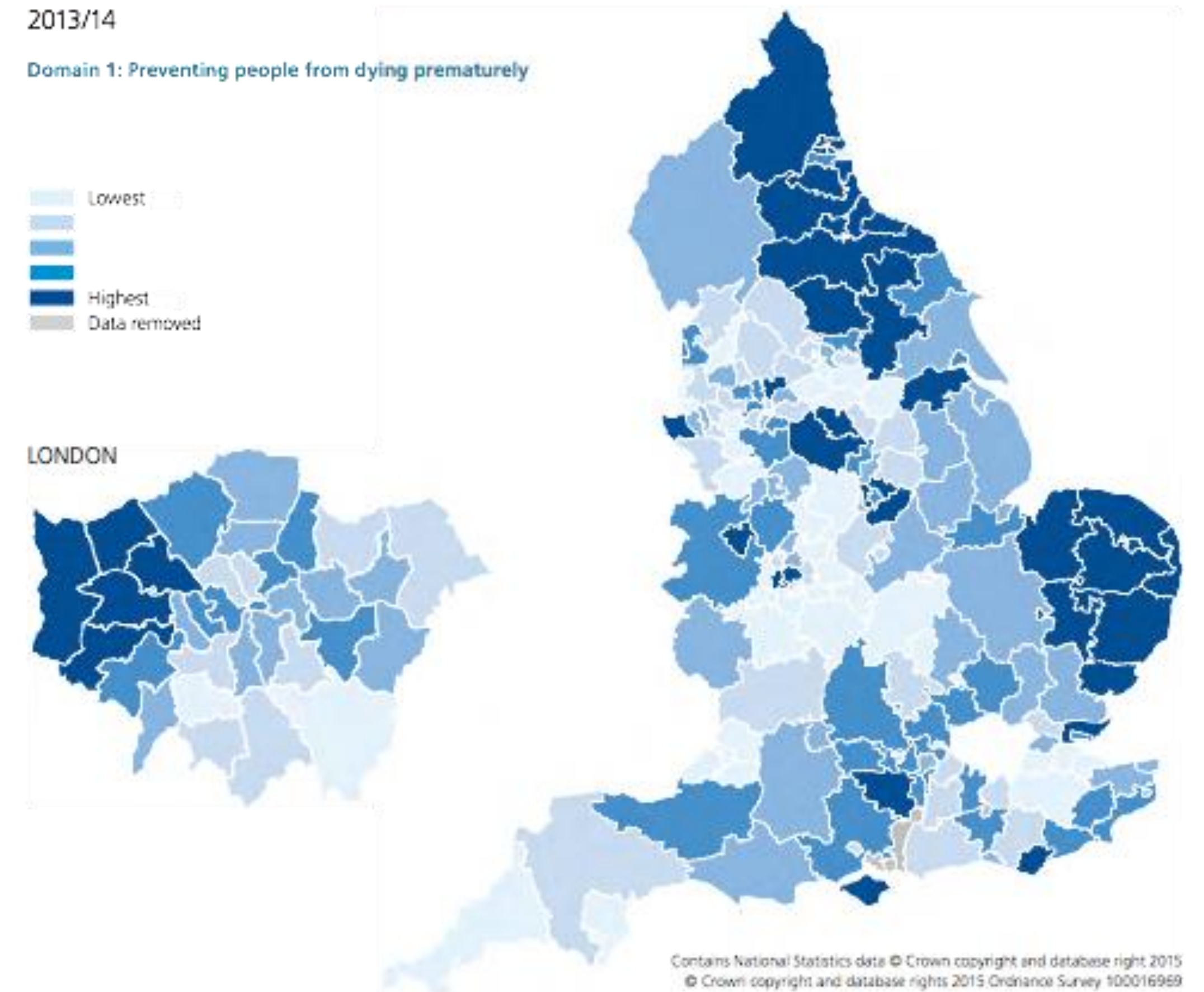
Map 40: Percentage of people with acute stroke who were directly admitted to a stroke unit within four hours of arrival at hospital by CCG

2013/14

Domain 1: Preventing people from dying prematurely

Lowest
Highest
Data removed

LONDON



It is NOT the same everywhere

4 x variation
in amputation rate in diabetes

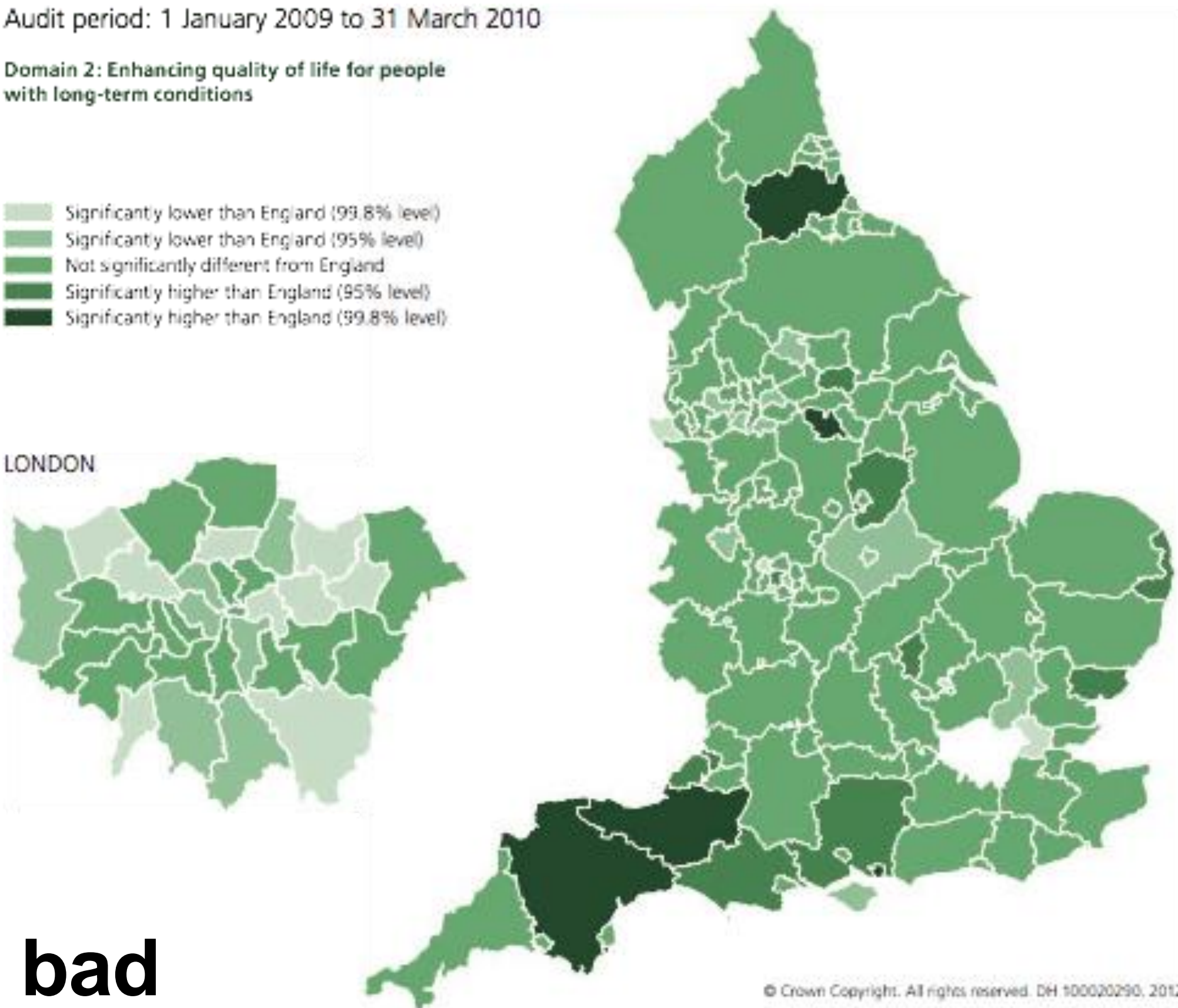
Map 22: Percentage of people in the National Diabetes Audit (NDA) having major lower limb amputations five years prior to the end of the audit period by PCT

Audit period: 1 January 2009 to 31 March 2010

Domain 2: Enhancing quality of life for people with long-term conditions

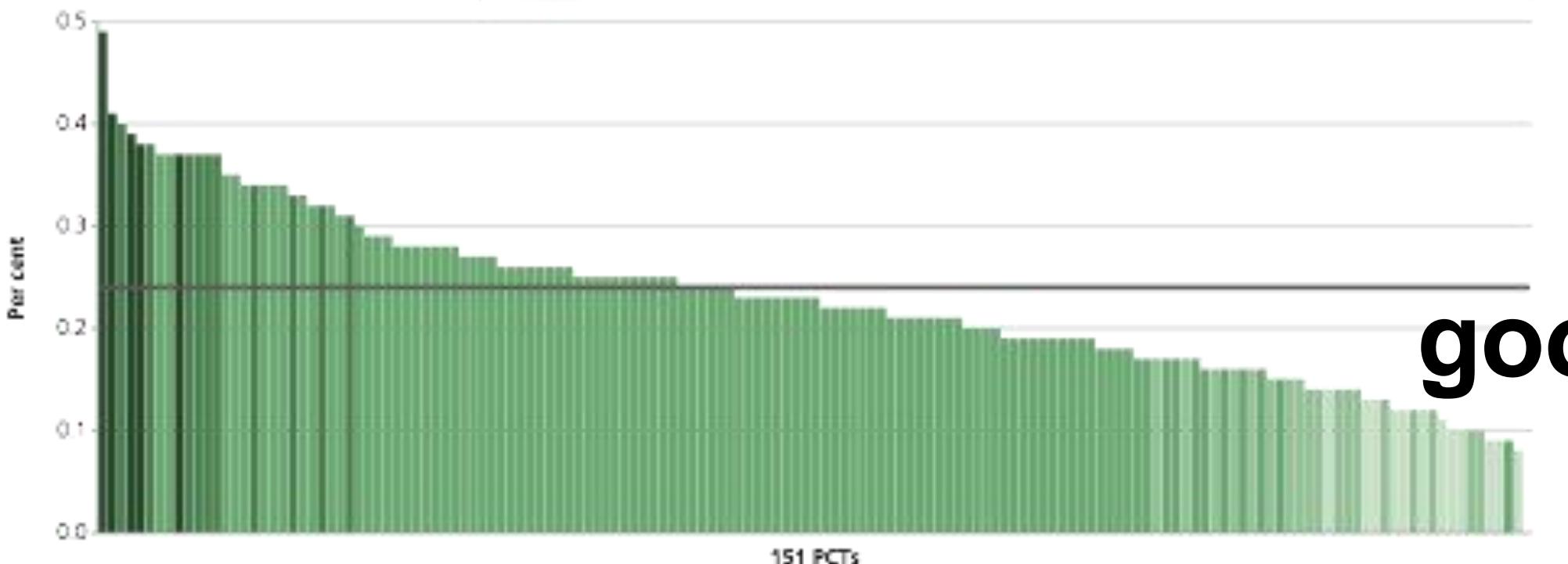
- Significantly lower than England (99.8% level)
- Significantly lower than England (95% level)
- Not significantly different from England
- Significantly higher than England (95% level)
- Significantly higher than England (99.8% level)

LONDON



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bad



good

It is not the same everywhere

2 x variation in colonoscopy rates

September 2015

The NHS Atlas of Variation in Healthcare

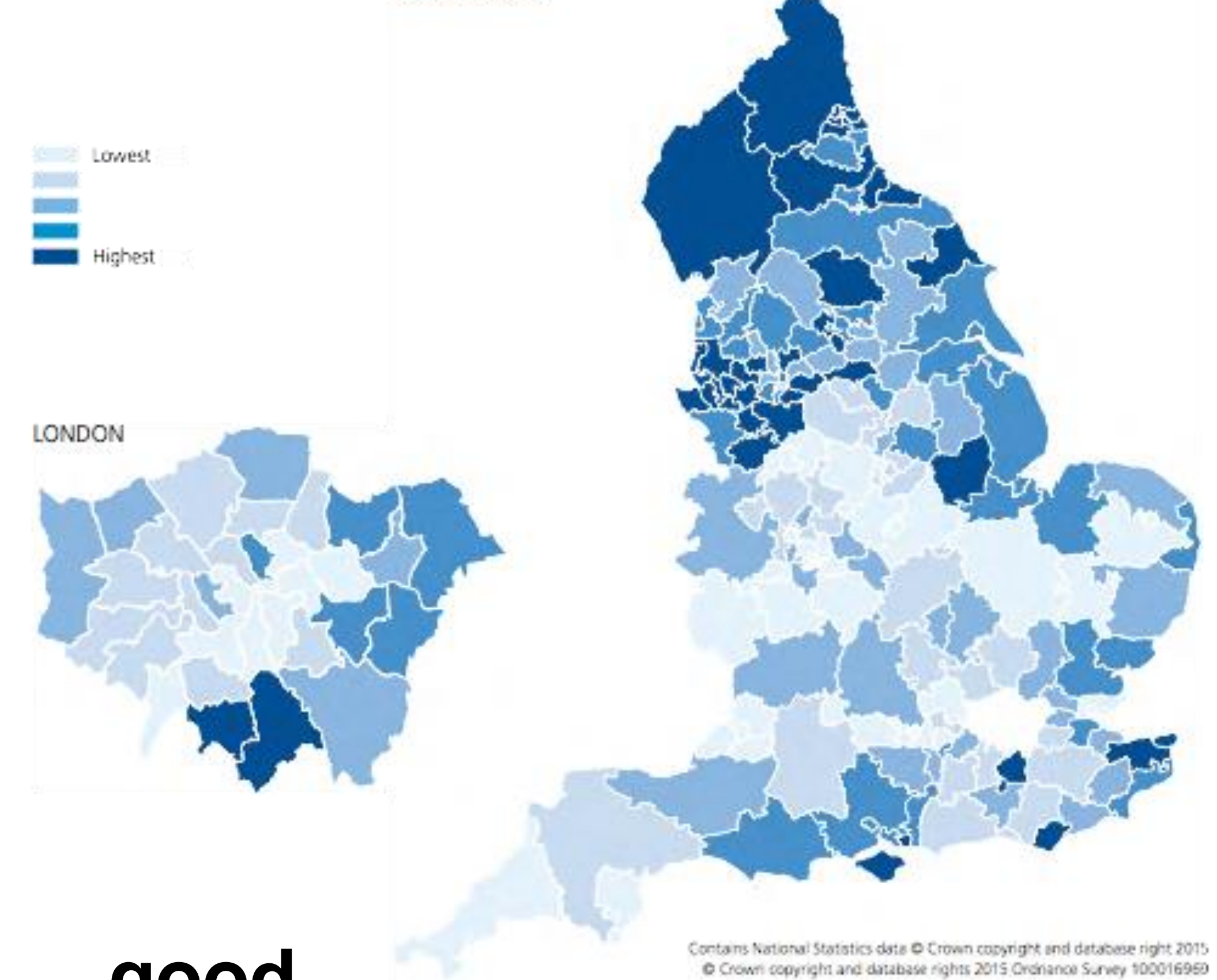
Reducing unwarranted variation to
increase value and improve quality

www.rightcare.nhs.uk

Map 9A: Rate of colonoscopy procedures and flexible sigmoidoscopy procedures per population by CCG

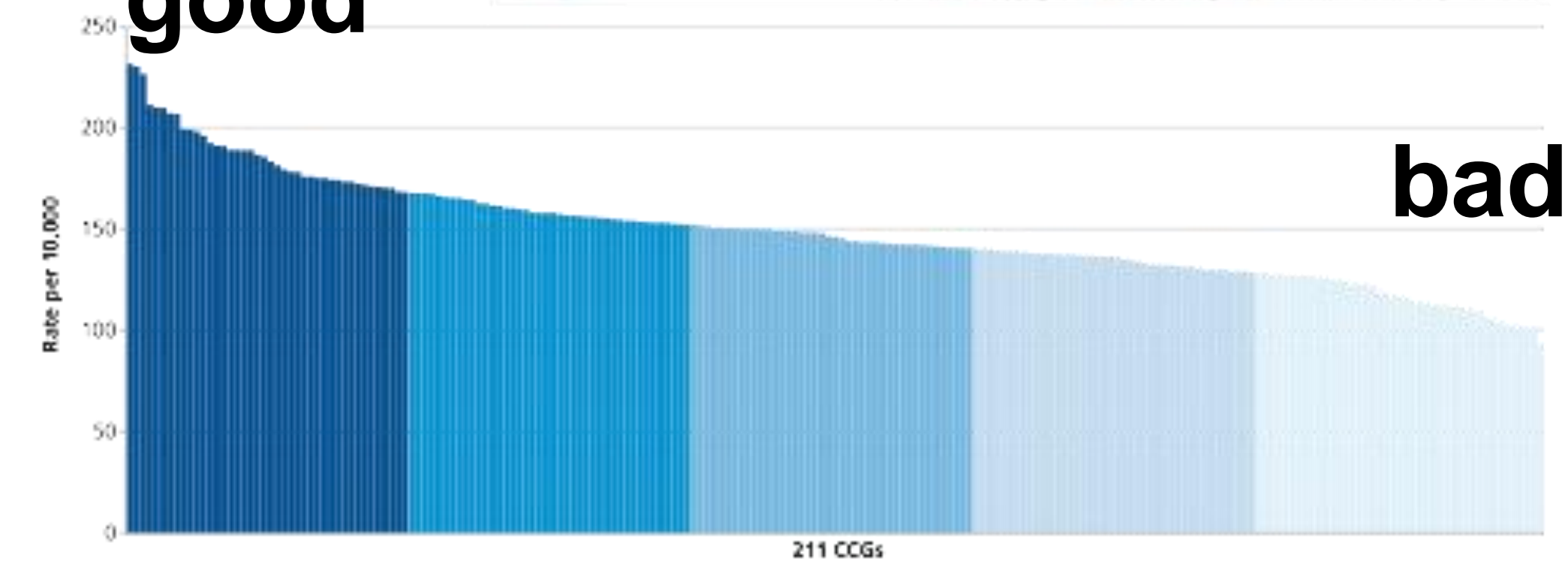
Indirectly standardised rate, adjusted for age, sex and deprivation, 2012/13

Domain 1: Preventing people from dying prematurely



good

bad





**medicine has mostly functioned
as a market**

**historically, you could see
who you wanted,
where you wanted
as long as you had the money**

**in much (most) of the world,
that is still the case**

a perfect market

involves **well-informed, rational** consumers
acting in their **own best interests** by
systematically choosing which goods and
services to buy, and from whom, in a way that
maximises their well-being
(‘happiness’ or ‘utility’)

in a *perfect market*

there would be enough providers such that
competition for consumers would
force down prices and improve service

health care is
not
a perfect market

Patients do not behave in the same way
as other consumers

Doctors do not behave in the same way as other firms

- Entry into the industry is limited by regulations.
- Overt competition is not common as in other markets.
- Advice given by doctors is supposed to be divorced from self-interest: treatment is claimed to be dictated by clinical need, not by profit.
- Providers with goals other than profit maximisation dominate provision.

Dixon, Robertson et al King's Fund 2010

choice became political

“ ... the NHS is the very embodiment of Choice: its creation extended access to treatment and care to millions of people who had previously been unable to exercise this fundamental lack of choice because of their income.”

Appelby, Harrison, Devlin, *What is the real cost of more Patient Choice?* Kings Fund, 2003

NHS

patients
=
consumers
NHS to give
more
information

the internal market

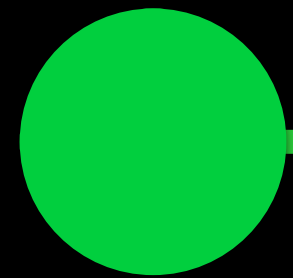
GP
Dentist
Optician

'some' choice inc.
private sector

time
place
meals

choice of
hosp.
appt. choose
&
book

choice
'pilots'
for CHD
NHS
Choices



1948

1972

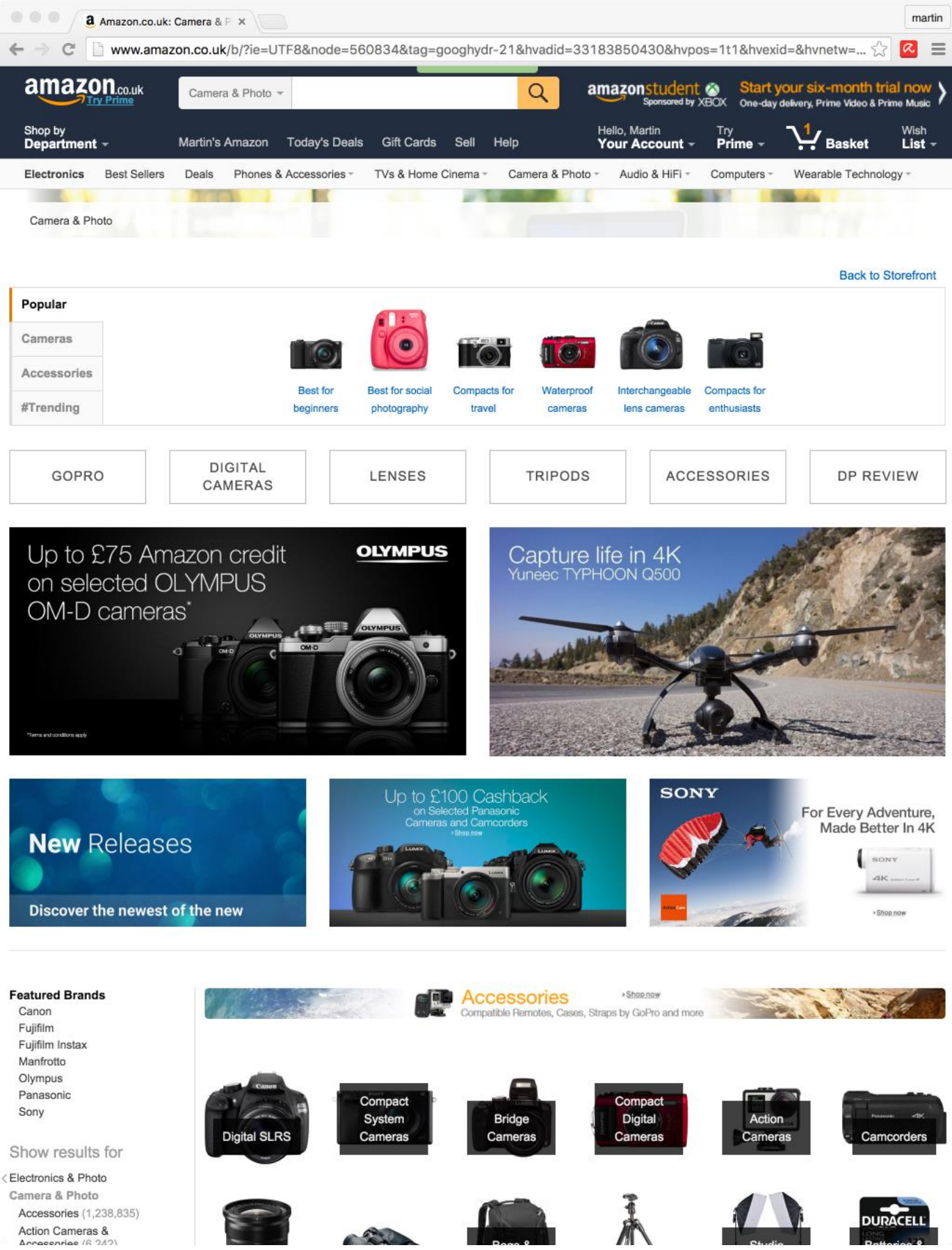
1989

2000

2007 2008



market-based reforms into the NHS
with the aim of increasing efficiency,
reducing inequities in access to care
and increasing the responsiveness
and quality of services.



amazon.com®

lowest price, best service, fastest delivery

1957



1994 **amazon.com**[®] 2000



2008

iWantGreatCare



2010



patient choice





THE NHS CONSTITUTION

the NHS belongs to us all

- * the **right** to access clear and comparable data about organisations that provide care, and **make informed choices**
- * the **right** to choose the organisation or team when referred for your **first** OPD appt.
- * the **right** to information when there is a legal right to choose
- * the **right** to **choose** a GP practice
- * within that practice, the **right** to **choose** a particular GP
- * the **right** to be **involved** in decisions about your care

the NHS belongs to us all

CONSTITUTION

where are we now?

an **internal** market

purchaser : provider split

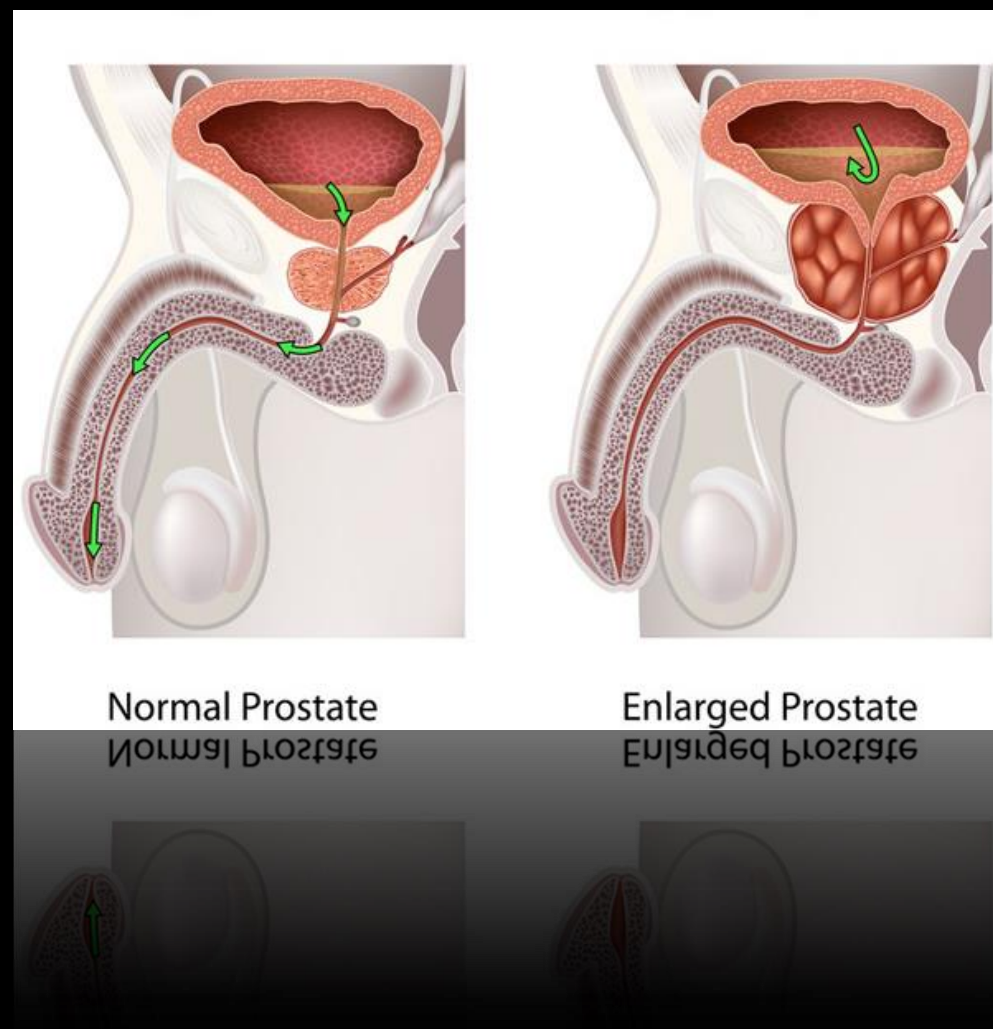
purchaser = commissioner

commissioners set price and volume

Clinical Commissioning Groups

- **211** of them, set up in Lansley reforms **2012**
- developed from idea of GP fund-holding
- a general practice **MUST** be part of a CCG
- hold **70%** of NHS commissioning budget
- thus they can influence, **or limit** your choice

Choosing a GP Practice and GP



local
reputation
word of mouth

referral to a
secondary provider

**You have the right to choose which
hospital you're referred to by your GP.**

This legal right lets you choose from **any
hospital offering a suitable treatment that
meets NHS standards and costs.**

This is NHS Choices advice

“You should think about any treatment that could follow on when your GP refers you. For example, if you expect to be prescribed a simple course of medication, your choice of hospital may be based largely on convenience, such as how far away the hospital is, waiting times and parking facilities.

If you're likely to need an operation, such as a hip replacement, your choice will probably be based on other factors. Clinical ratings such as infection and mortality rates may be more important, especially if results vary significantly between hospitals. You should choose your hospital according to what's most important to you.”

patients were asked by DoH in 2007 about what they thought important in choice of hospital



where do they find
the information they need?

Leatherman, S & Sutherland, K. 2007

Domains of Interest



after Darzi

Figure 3 A model of patient choice as a driver for quality improvement



it is against this model that we should judge success

are people
offered choice?

in a recent (2015) Populus survey

**60% of 2,729 respondents
had been offered a choice by their GP**

Newborn deaths at Phila. hospital raise questions

Updated: FEBRUARY 5, 2016 — 10:56 PM EST



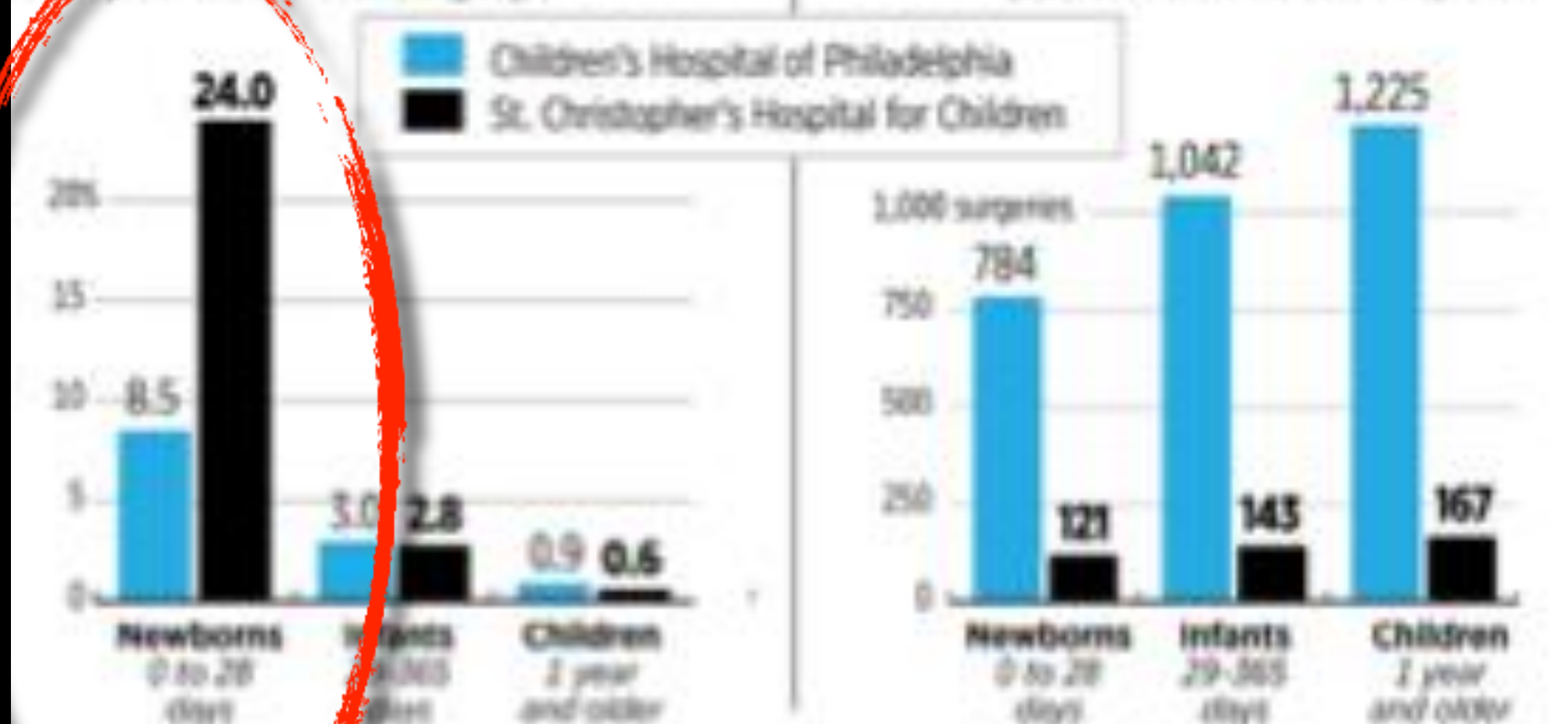
□ JONATHAN WILSON / FILE
St. Christopher's Hospital for Children.

Newborn Mortality Rates After Cardiac Surgery

At St. Christopher's, one in four babies less than a month old died after heart surgeries performed between 2009 and 2014 — a rate nearly triple that of Children's Hospital of Philadelphia. Rates for older children were comparable for the hospitals.

Mortality rates for the two hospitals for pediatric heart surgery:

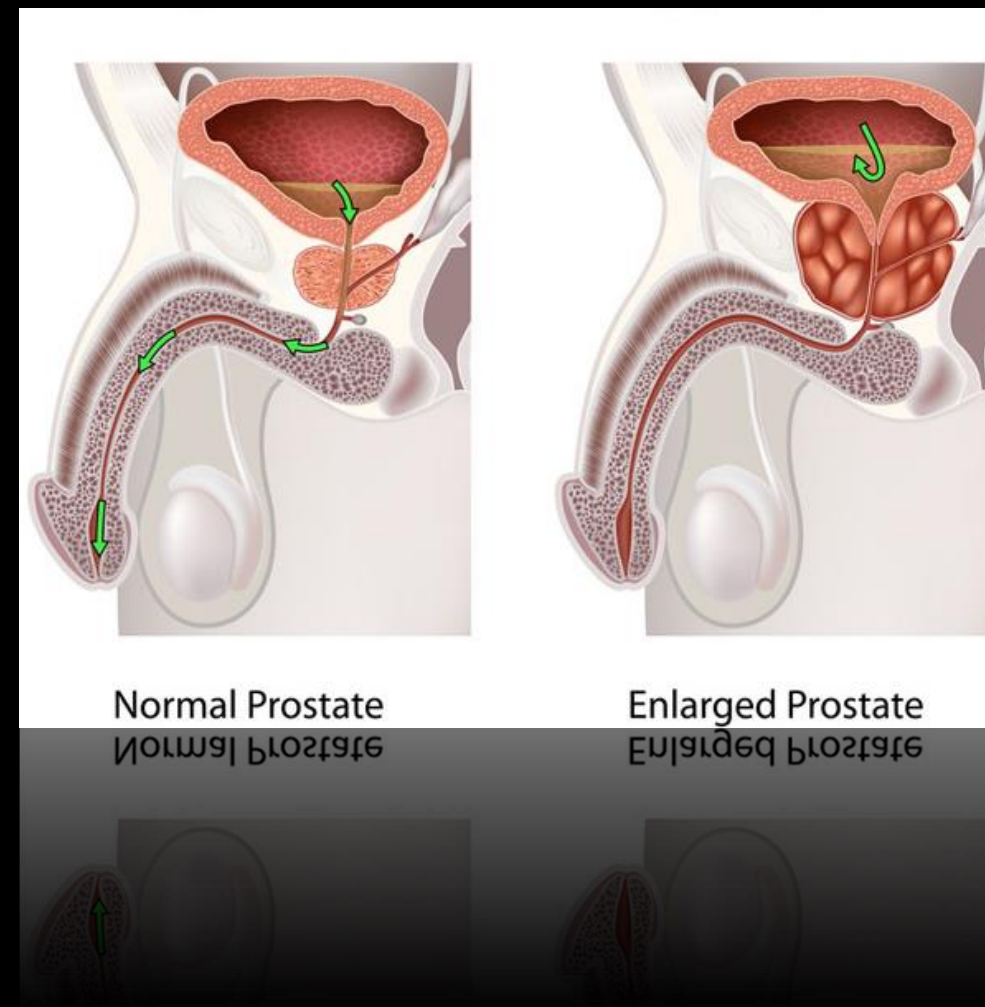
Total pediatric heart surgeries performed at each hospital:



SOURCES: Pa. Health Care Cost Containment Council insurance claims data; Inquirer analysis

Staff Graphic

were parents offered a choice?
where would they have chosen?



asymmetry of information

where would you find it?

your health, your choices


choices Your health, your choices



Health A-Z

Live Well

Care and support

Health news

Services near you

Symptoms, conditions, medicines and treatments

Find conditions and treatments

Most common

- Stomach ache
- Chest infection
- Depression
- Back pain
- Diabetes



GP

Urgent care

Hospitals

Dentists

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[Full list of services](#)

Search for services

Call 111 for non-urgent medical advice

Get a European Health Insurance Card

[Book a GP appointment](#)

e-Referral Service

Buy a prescription pre-payment certificate



Yes I donate
ORGAN DONATION

Register as an organ donor



**Save a life
Give blood**

[Register to give blood](#)

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Good sex

Tinnitus

How clean is your kitchen?



Common kitchen clangers are being blamed for some of the million cases of food poisoning in the UK each year

[Learn more about kitchen hygiene](#)

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NHShighlights

choicesYour health, your choices

Enter a search term

Q

Health A-Z

Live Well

Care and support

Health news

Services near you

Results for Consultants specialising in orthopaedic surgery near Surrey named coates

Showing 1-1 of 1 results | Results per page 10 | Update

Please search by name and specialty

Consultant name

By specialty

Location (optional)

By distance

Only view consultants with outcome data

Topics

Hip replacement

Update results

Number of primary hip replacement operations carried out in 12 months

Number of hip replacement revisions carried out in 12 months

Number of primary hip replacements carried out in 36 months

Number of primary hip replacement revisions carried out in 36 months

Risk adjusted mortality rate after hip replacement

Use of ODEP-rated hip stem implants in 12 months

Use of ODEP-rated hip cup implants in 12 months

26

primary hip replacements in 12 months

n/a

Data not available

65

primary hip replacements in 36 months

n/a

Data not available

OK

Within expected limits

View source information

100.0%

ODEP rated hip stem implants

7.7%

ODEP rated hip cup implants

The number of primary hip procedures

Why this fact is important:

The total number of primary hip procedures recorded on the National Joint Registry for the period 1st April 2013 to 31st March 2014

Things to note:

This figure shows the total number of primary hip procedures recorded on the National Joint Registry for the period 1 April 2013 to 31 March 2014, where surgery is recorded in the name of the selected surgeon.

These primary hip procedures may have been undertaken in any of the hospitals in which the surgeon has practised over the time period, and includes both NHS- and privately-funded activity.

A primary procedure is the first time a total joint replacement is carried out on any individual joint in a patient.

Interpretation of Results

You can find out more about this surgeon by clicking on the 'View source information' link on the previous page. This includes, for example, further information on the national averages for primary hip procedures.

NHShighlights

choicesYour health, your choices

Enter a search term

Q

Health A-Z

Live Well

Care and support

Health news

Services near you

Specialises in:

Orthopaedics

Orthopaedics

Hip replacement

Risk adjusted mortality rate after hip replacement

OK

Within expected limits

View source information

Number of primary hip replacements carried out in 36 months

112 primary hip replacements in 36 months

Number of hip replacement revisions carried out in 12 months

1 hip replacement revisions in 12 months

Number of primary hip replacement revisions carried out in 36 months

14 hip replacement revisions in 36 months

Number of primary hip replacement operations carried out in 12 months

34 primary hip replacements in 12 months

Use of ODEP-rated hip cup implants in 12 months

100.0% ODEP rated hip cup implants

Use of ODEP-rated hip stem implants in 12 months

100.0% ODEP rated hip stem implants

Knee replacement

Risk adjusted 90 day mortality rate after knee replacement

OK

Within expected limits

View source information

Number of primary knee replacement operations in 36 months

161 primary knee replacements

Choose & Book to e-Referral

Help | Alerts 03/04/2008 13:13

Adcock, James | Referring Clinician | Swallowfield Practice | Log Out

choose and book

Patient: Charlotte, Ethel | Gender: Female | Date of Birth: 03/06/1923 | Age: 84 years | NHS: 111 222 3333

Service Search Criteria

Search By

Request Type: Appointment

Priority: Select

Enter one or more of the following fields. Entering information in more than one row may reduce the services returned.

Clinical Term:

Specialty:

Named Clinician:

Refine Your Search With

Distances Within: Miles of: Postcode: LNS: BE2

Indicative Wait Time Less Than: Days

Organisation or Site Name:

Age and Gender Appropriate Services Only

Additional Options

Sort By: Distance

Content Sensitive

Request Additional Requirements

Referring Information

Initial Referring Clinician/Organisation: Adcock, James / Swallowfield Practice

Cancel

View

Help | Alerts 15/03/2010 14:30

DR DAVID HODGE, User | Referring Clinician | HSC20 - HSC1011 PHVS1182417 | Performance | Log Out

e-Referral Service

Patient: LOGAN, Kieran Tamm (Mr) | Gender: Male | Date of birth: 07/05/1937 | Age: 72 years | NHS: 945 276 7700

NHS

Service Search Criteria

Search By

Request Type: Appointment

Priority: Referral

Enter one or more of the following fields. Entering information in more than one row may reduce the services returned.

Clinical Term:

Specialty:

Named Clinician:

Refine Your Search With

Distances Within: Miles of: Postcode: LNS: BE2

Indicative Wait Time Less Than: Days

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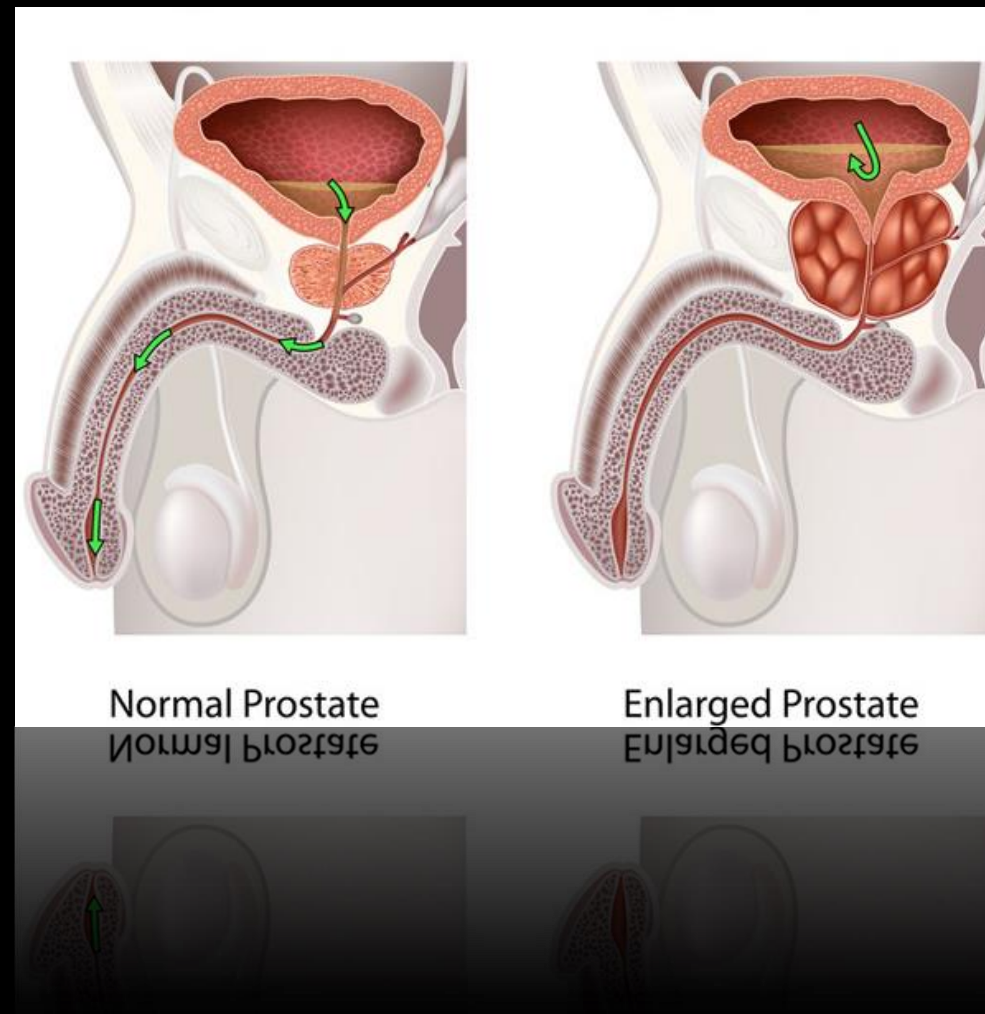
Cancel

View

Referral Info

1203

how easy is it?



<http://www.nhs.uk/pages/home.aspx>

<http://bit.ly/1LppHzy>

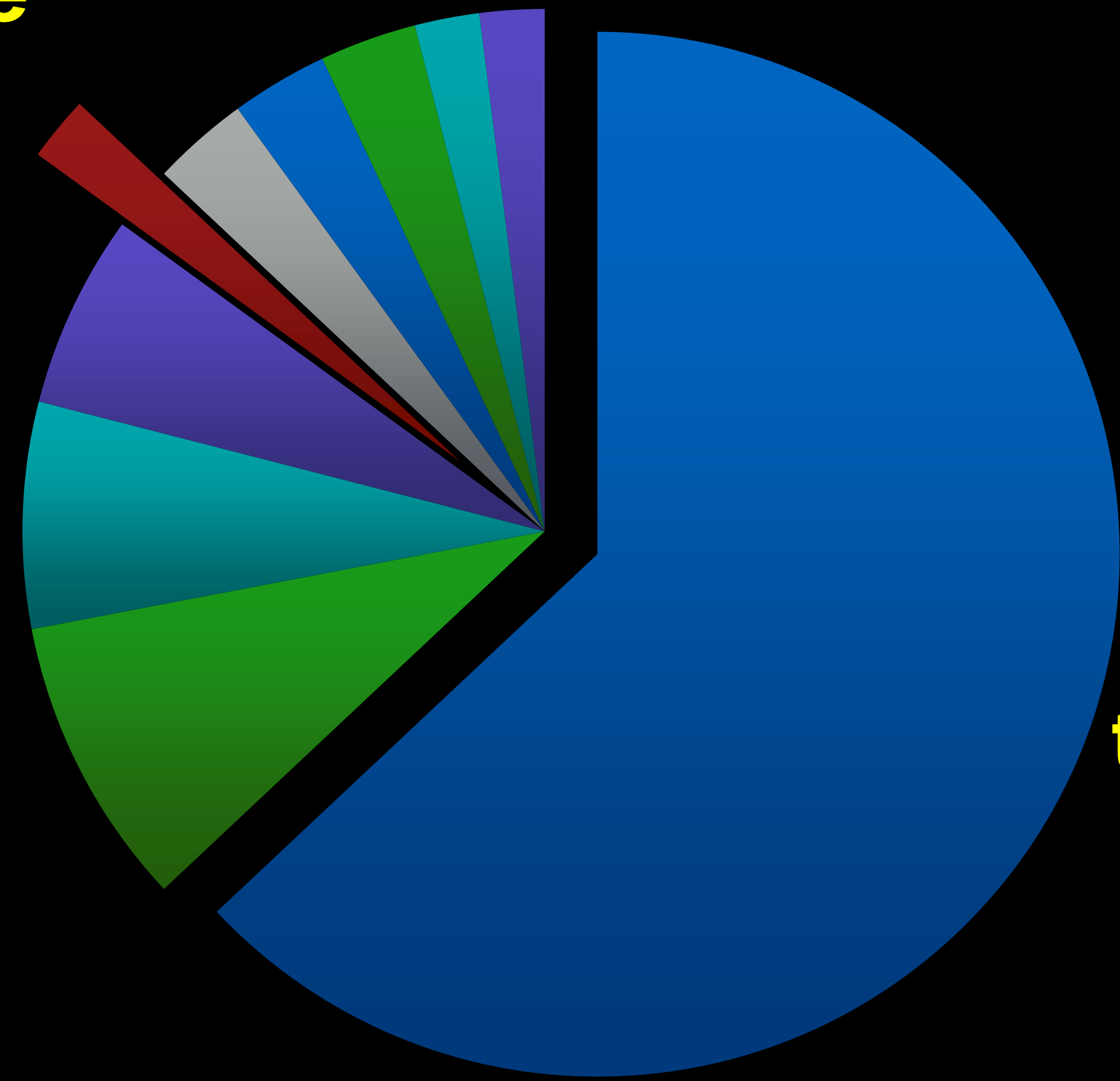
experience?
mortality?
incontinence?
impotence?
length of stay?

- treatments & conditions
- live well
- service directories
- common health questions
- find & compare
- NHS in England
- Search
- Tools
- News
- Misc

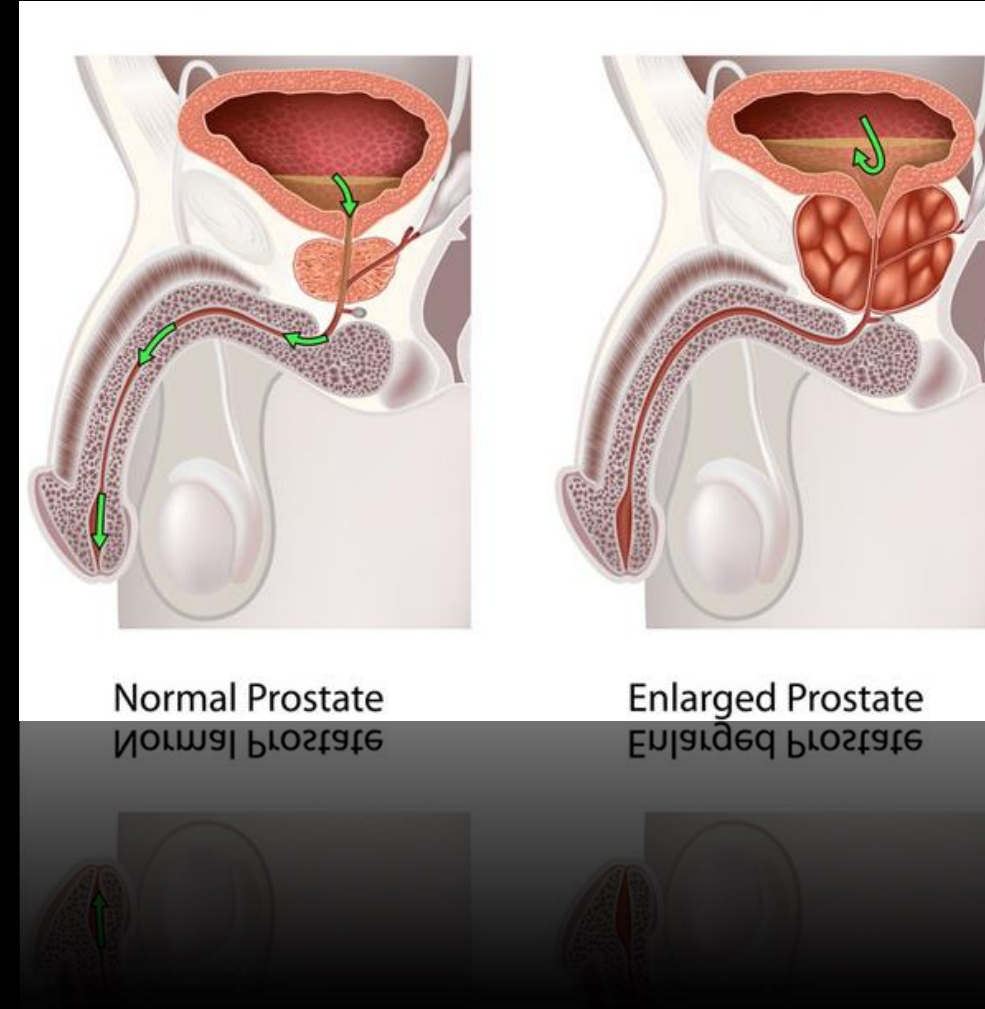
**find &
compare
2%**

**NHS Choices
Website Traffic**

**treatments &
conditions
63%**



the colleague of mine who needed prostate surgery

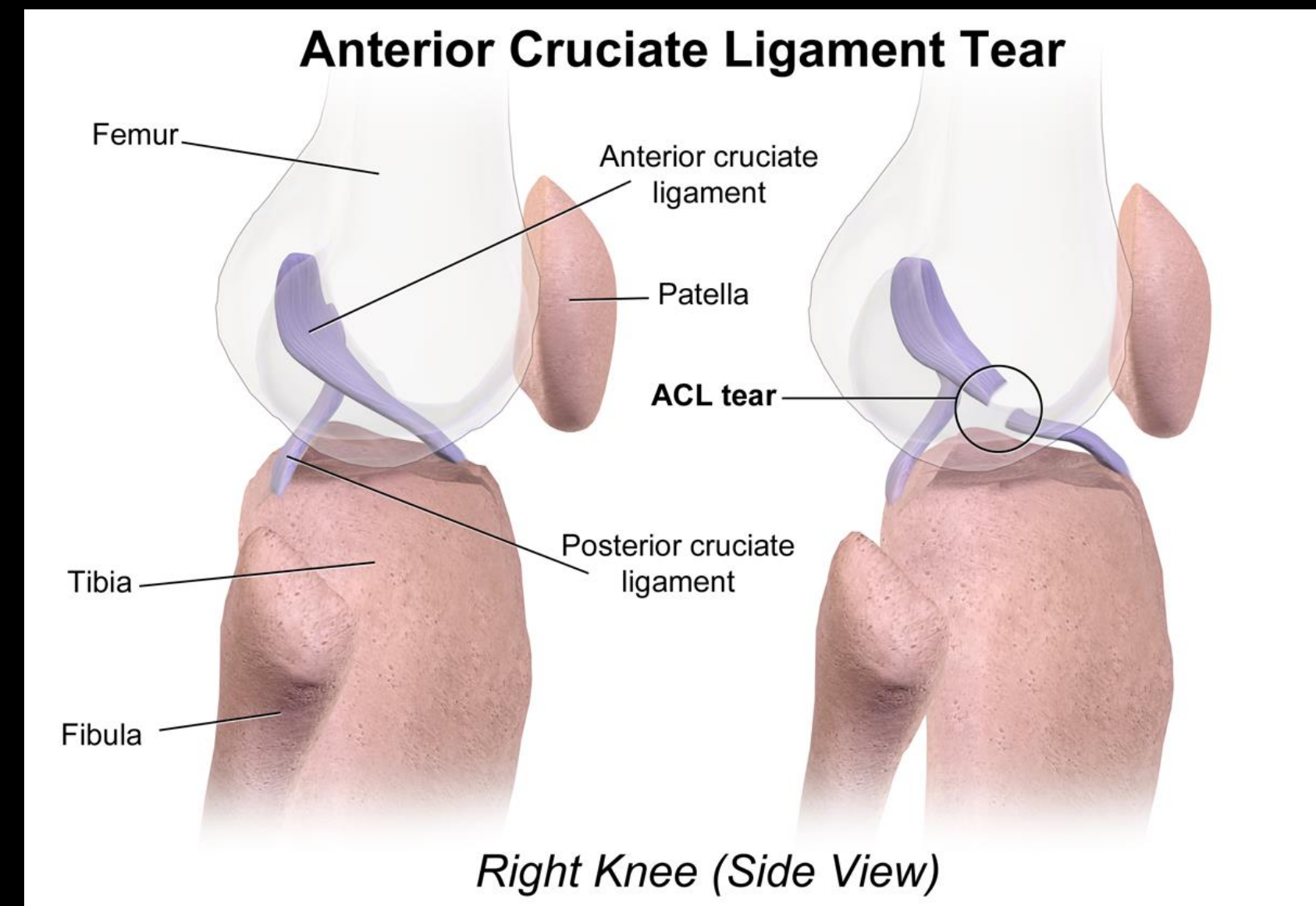


My personal prostate experience....in a nationalised system...

I chose my first specialist based on reputation...a disaster.

I chose my second urologist based on urgency (of the appointment not the symptom itself)....another complete and utter waste of time....

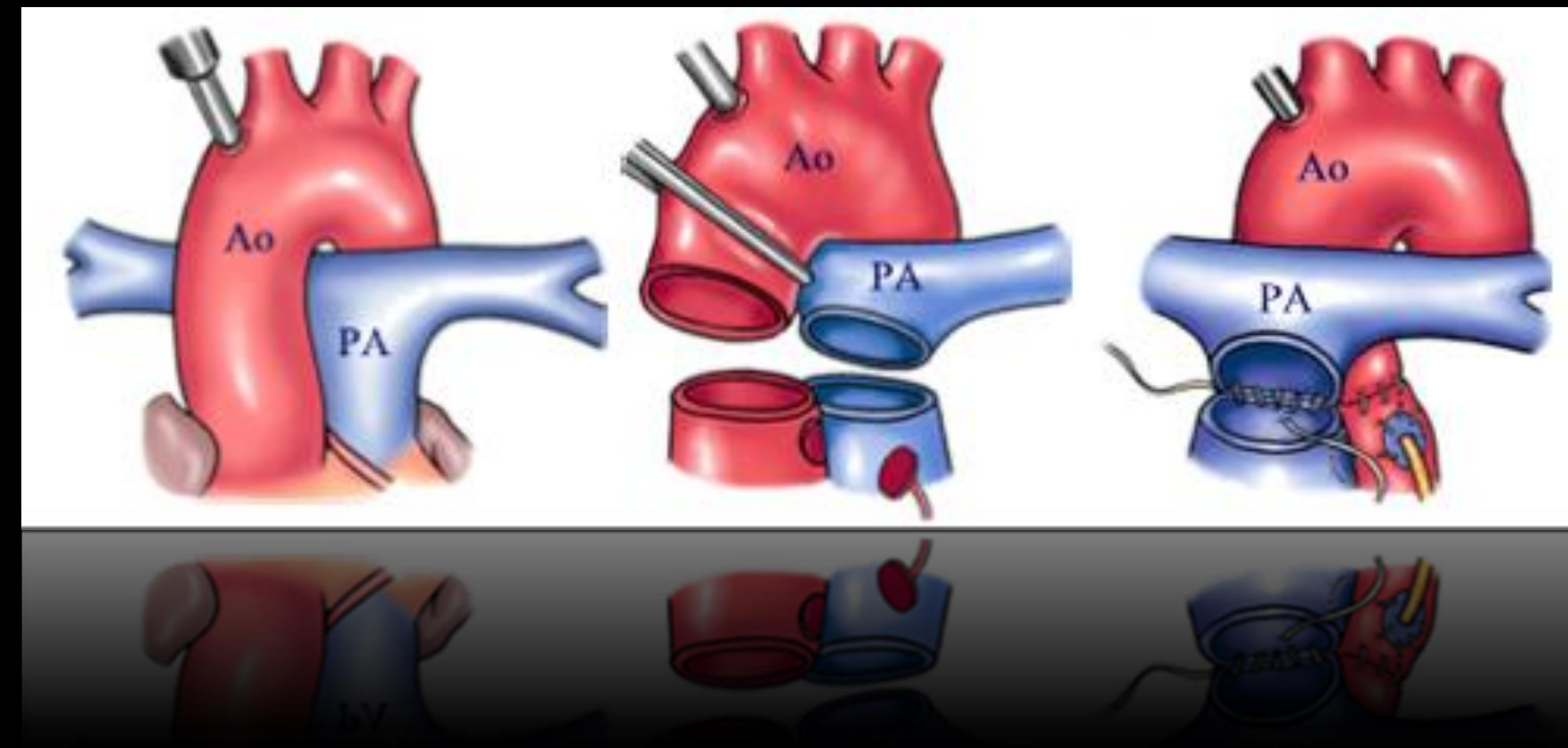
In the end I gave in....allowed my primary care MD to refer to the group he uses and trusts.....no more choice, just action and care.



<http://bit.ly/20VzMAw>

<http://bit.ly/1WmUUJj>

**the mother of a patient of mine
who needed a heart operation**



When *** was diagnosed I'm sure you can imagine how terrible it was.

As soon as I started researching surgeons I felt less passive and more

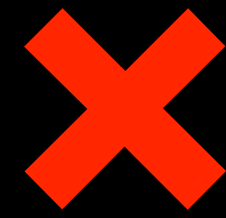
It was so very, very hard to find out anything of value about individual surgeons; no-one medical would express a view, and those who expressed a view weren't medical.

We were quite short-termist. Because we just wanted him to have the op and not die, all we cared about was who the surgeon was. When we first met you, I remember you being very clear that we should think about 'the team' and not just you.

Only afterwards, reliant on the kick-ass intensive nurse and ****'s good offices, did we think:
Oh Yeah. This is a great team, and it's vital.

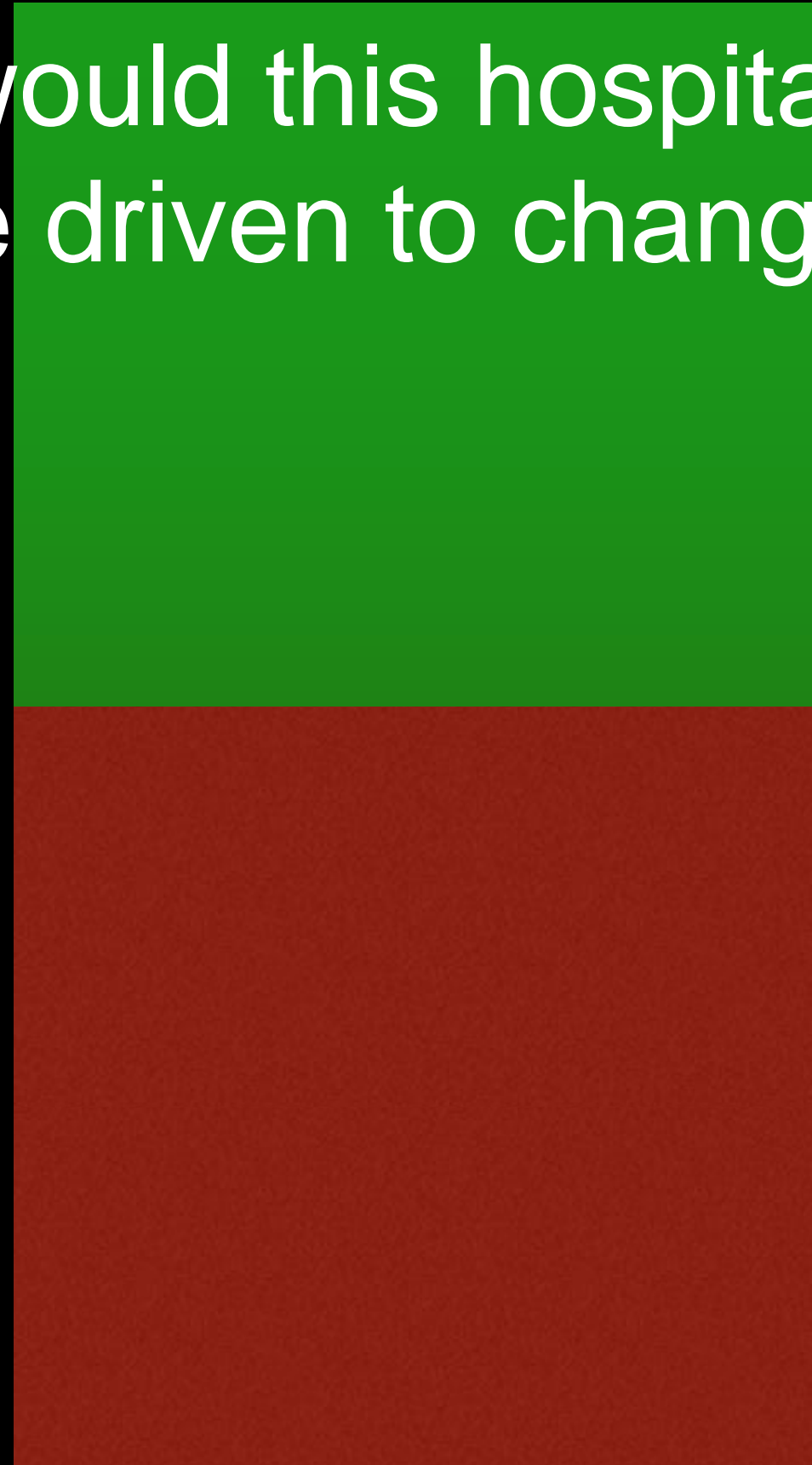
capacity

hospital 1



would this hospital
be driven to change?

£



politically
or socially
acceptable?

your choice



hospital 2

capital

£



Patient Feedback

My NHS BETA

Data for better services

<http://bit.ly/1oiMDfa>

<http://bit.ly/1PWDDXg>



8 reviews

[Review this doctor >](#)

Professor Martin Elliott

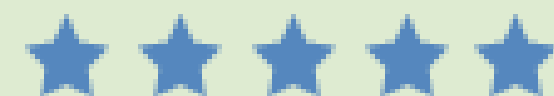
Martin Elliott is Professor of Cardiothoracic Surgery at UCL and Professor of Physic at Gresham College, London. He is Director of the National Tracheal Service for Severe Tracheal Disease in Children. He has been at Great Ormond Street for over 30 years and has a world wide reputation in his field. He teaches and operates throughout the world and is widely published.

Latest Reviews



Page 1 of

Trust



1st September 2015
Written by a carer

Listening



Dr. Elliott and Dr. Muthialu changed our lives and the life of our +2 months old son.
They did this in the utmost professional way.



56 reviews

[Review this doctor >](#)

Miss Clare Rees

Specialises in:

Paediatric surgery

Works at:

The Royal London Hospital, London

Great Ormond Street Hospital for Children, London

Evelina Children's Hospital, London

The Lewisham Hospital, Lewisham

Latest Reviews



Page 1 of

Recommend



15th February 2016

Written by a carer

Trust



Having understood totally, the very complicated and urgent problem we were having with our disabled son, Miss Rees went above and beyond to get my son onto her surgery list in the fastest time possible.

Listening



Miss Rees spent some time with us before our son's op to clarify everything and to make sure our son was well. She also



48 reviews

[Review this doctor >](#)

Mr Oliver Warren

Oliver is a consultant general and colorectal surgeon at Chelsea and Westminster Hospital. He has an interest in colorectal cancer and inflammatory bowel disease and the techniques of minimal access surgery and enhanced recovery. Prior to becoming a consultant surgeon he undertook colorectal surgery fellowships at St. Mark's Hospital, London and the Royal Prince Alfred Hospital, Sydney. He was a visiting fellow at the Cleveland Clinic, USA.

Oliver is an honorary lecturer in the Centre for Patient Safety and Service Quality at Imperial College London and has written numerous scient...[Show more](#)

Spe

Gene

Wo

Chel

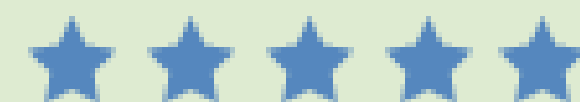
Latest Reviews

Recommend



8th February 2016
Written by a patient

Trust



Thoroughly professional and caring

There are Dangers with Feedback

BBC

Sign in

News

Sport

Weather

iPlayer

TV

Radio

NEWS

Home

UK

World

Business

Politics

Tech

Science

Health

Education


Entertainment

Health

NHS online patient feedback reviews open to abuse

By Mike Deri Smith
BBC Newsnight

18 March 2014 | Health



Neil Churchill, director of patient experience for NHS England: "The issue here is transparency"

The NHS has removed all but one of 653 patient reviews of a healthcare trust from its website, after BBC Newsnight found the system was open to abuse.

Newsnight found that last year, 49% of patient reviews - 105 of 216 - about Nottinghamshire Healthcare Trust on NHS Choices had come from staff accounts.

Nottinghamshire Healthcare Trust on NHS Choices had come from staff accounts. Newsnight found that last year, 49% of patient reviews - 105 of 216 - about

from its website, after BBC Newsnight found the system was open to abuse. The NHS has removed all but one of 653 patient reviews of a healthcare trust

Neil Churchill, director of patient experience for NHS England: "The issue here is transparency"

PULSE

At the heart of general practice since 1960

OPINION

'Yes Sarah Baxter we do

Home

NEWS

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HOT TOPICS

HOME

YOUR PRACTICE

REGULATION

CQC

Practices posting false reviews on NHS Choices, says Field

23 October 2014 | By Alex Matthews-King

Share

Print

Save

Comments (19)

SHARE ON FACEBOOK

SHARE ON TWITTER

EMAIL TO A FRIEND

Failing GP practices are creating false accounts and posting positive reviews on NHS Choices before their CQC inspection, according to the chief inspector of primary care.


Professor Steve Field told the audience of a keynote debate at the Best Practice conference in Birmingham on Wednesday that whistleblowers had alerted the CQC to the problem.

He added that subsequent inspections often conclude the practice 'probably shouldn't exist'.

Professor Field was addressing the issue of NHS Choices after announcing that the CQC would be publishing its 'intelligent monitoring' data on GP practices on its own website and on NHS Choices.

RELATED ARTICLES


RELATED ARTICLES



data on GP practices on its own website and on NHS Choices. announcing that the CQC would be publishing its 'intelligent monitoring'. Professor Field was addressing the issue of NHS Choices after

'probably shouldn't exist'.

He added that subsequent inspections often conclude the practice



a doctor who smiles

‘patients will drive past a hospital with the best results
to get to a doctor who smiles’

David Flum MD 2014

the 3 'A's of private practice

A . A . A .

AVAILABILITY

AFFABILITY

ABILITY



@ProfMJElliott



martin.elliott@gosh.nhs.uk

10 most import aspects of care (for patients)

1. Doctors know enough about my history and treatment
2. Doctors answer questions about my illness in a way I can understand
3. I have confidence in the staff who treat me
4. The doctors wash their hands between patients
5. The nurses know about my history and treatment
6. Before treatment, I get a clear explanation of what will happen
7. the risks and benefits are explained in a way I can understand
8. The nurses wash their hands between patients
9. The rooms and wards are clean
10. The doctors and nurses are open with me

7 ≈ communication

3 ≈ hygiene

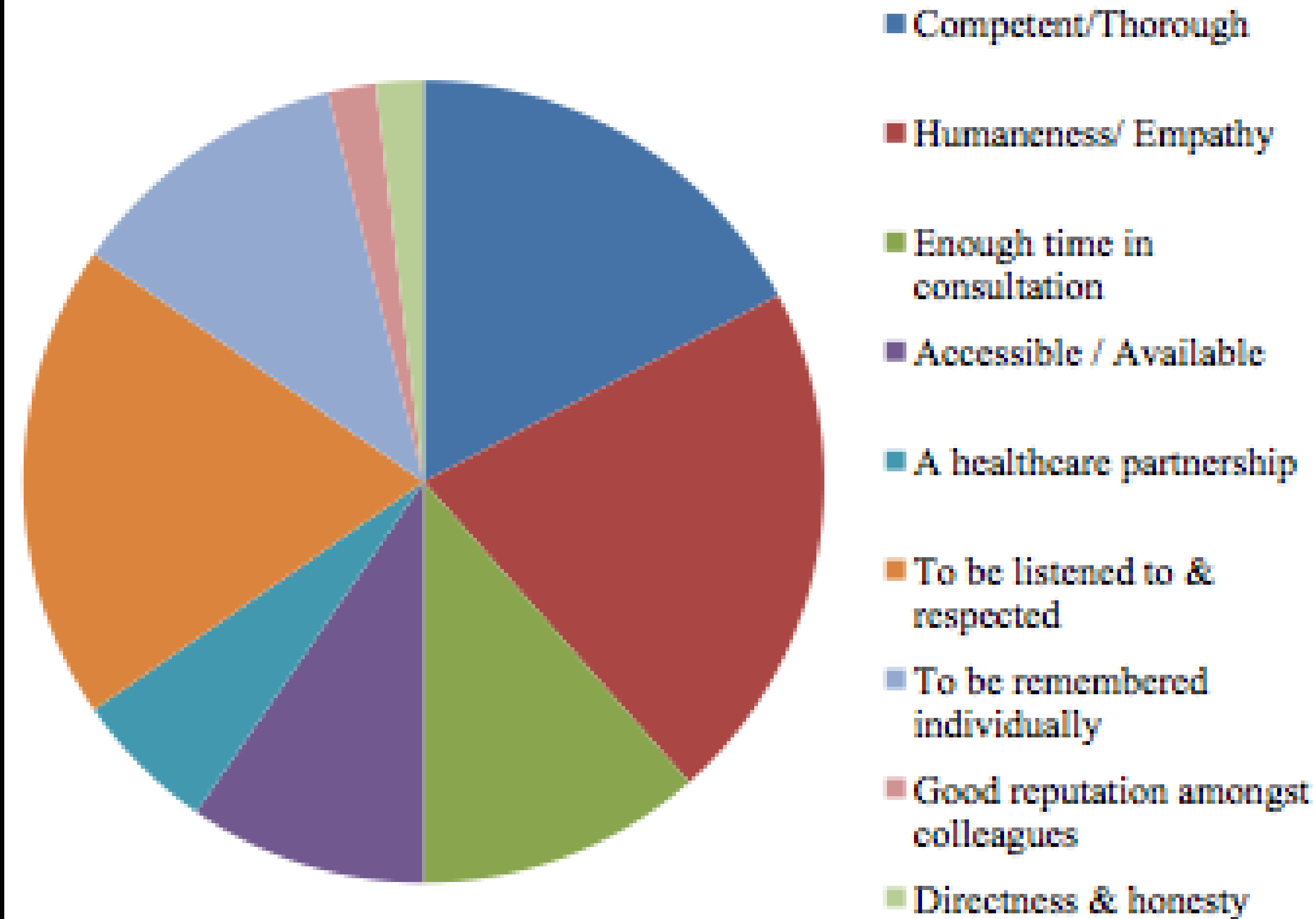
**choice of hospitals or
admission dates**

ranked

74th and 76th of 80

Leatherman and Sutherland 2007

Google Search of “what matters to patients”



Patient Choice,
Kings' Fund 2010

How do you find doctors with these characteristics?

NHS sites?

Social Media?

Societies?

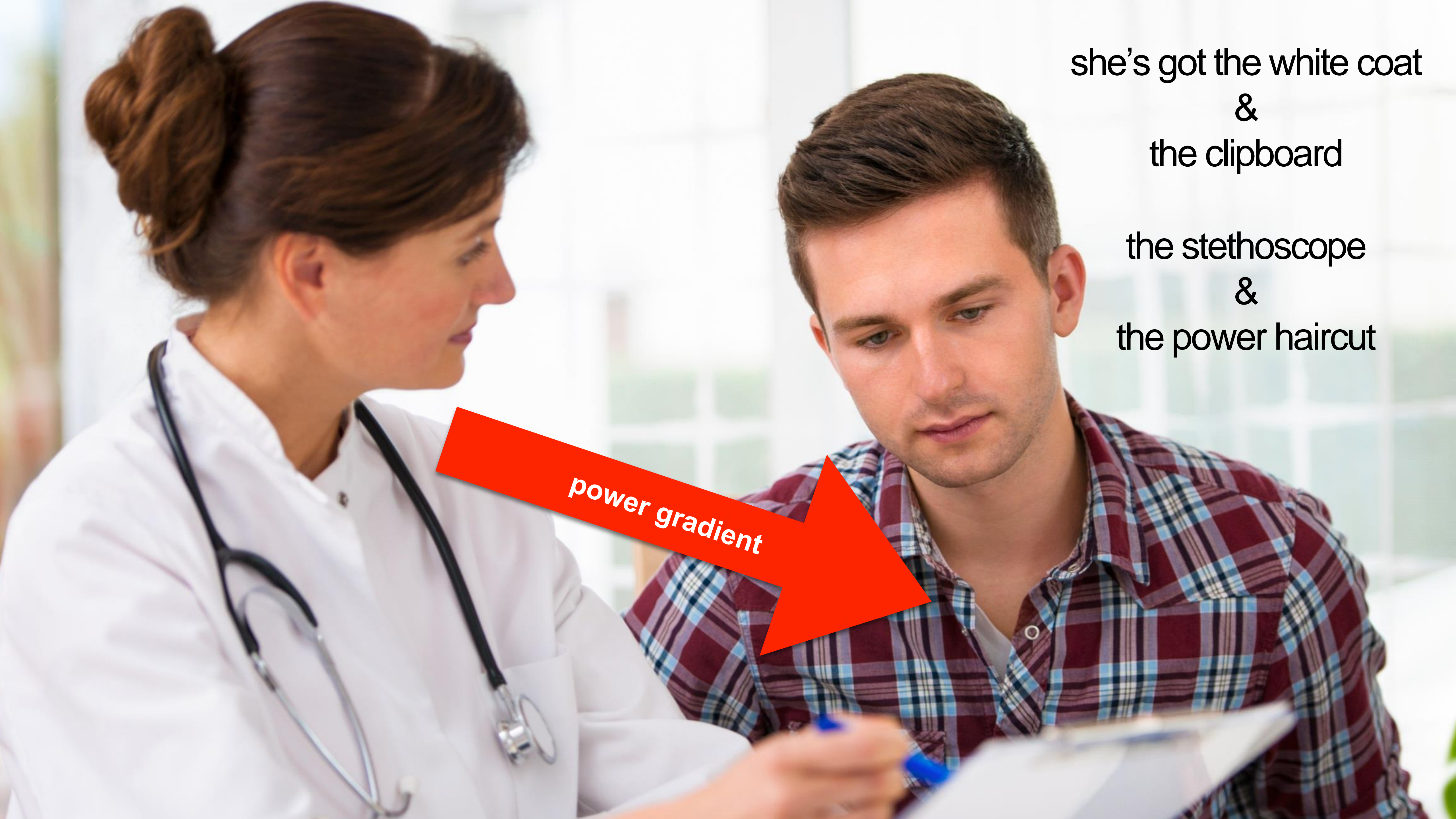
word of mouth?

asymmetry of information
between consumers and providers
of healthcare

she's got the white coat
&
the clipboard

the stethoscope
&
the power haircut

power gradient



information sources

Google

OPEN  ACCESS

PubMed

*Research***GATE**
scientific network

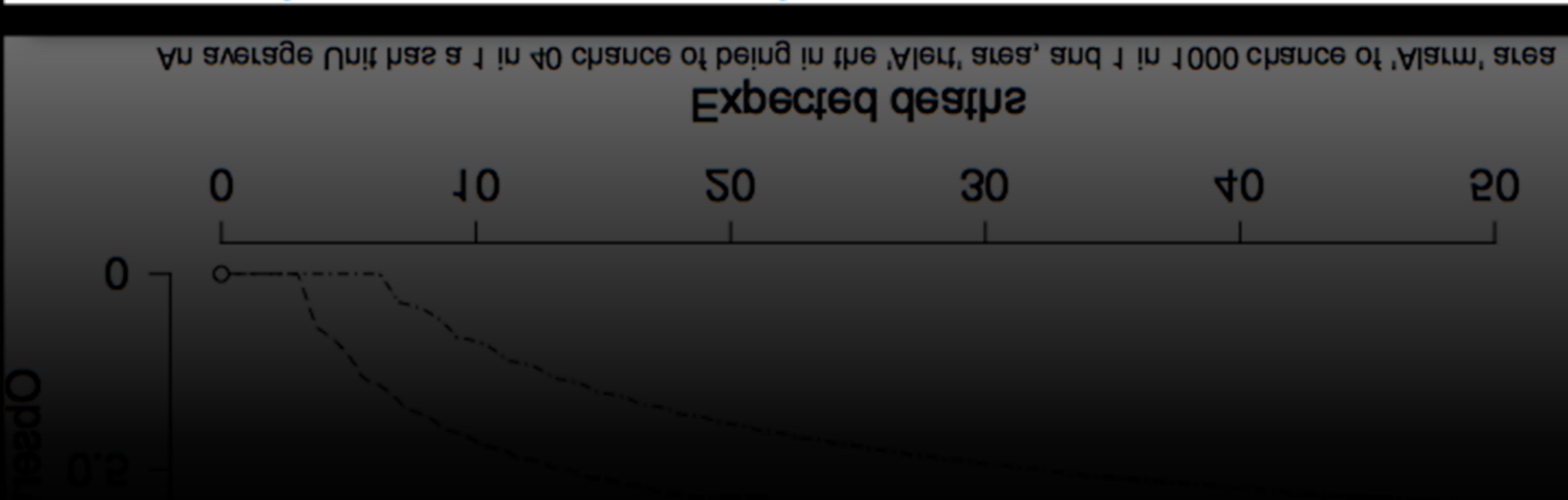
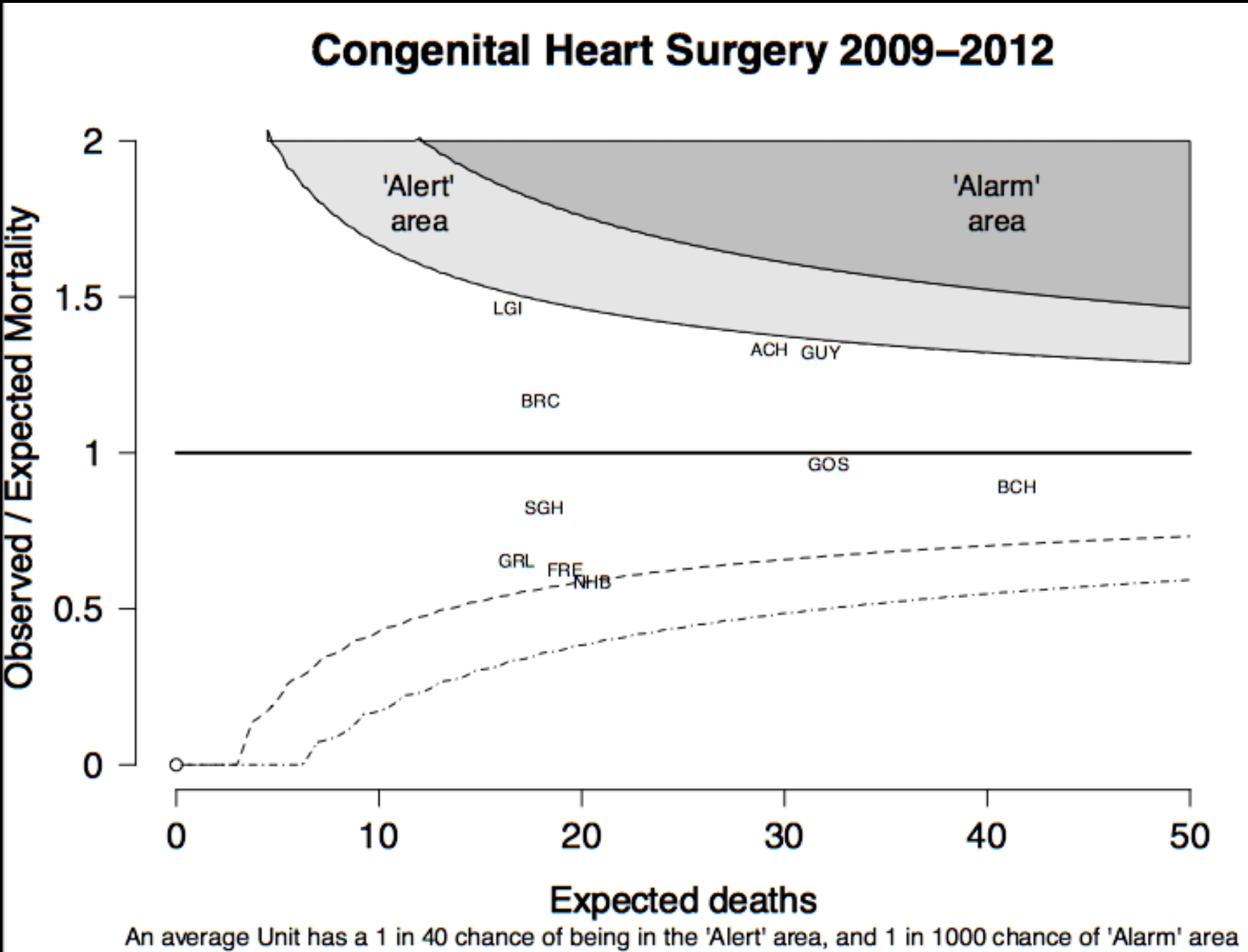
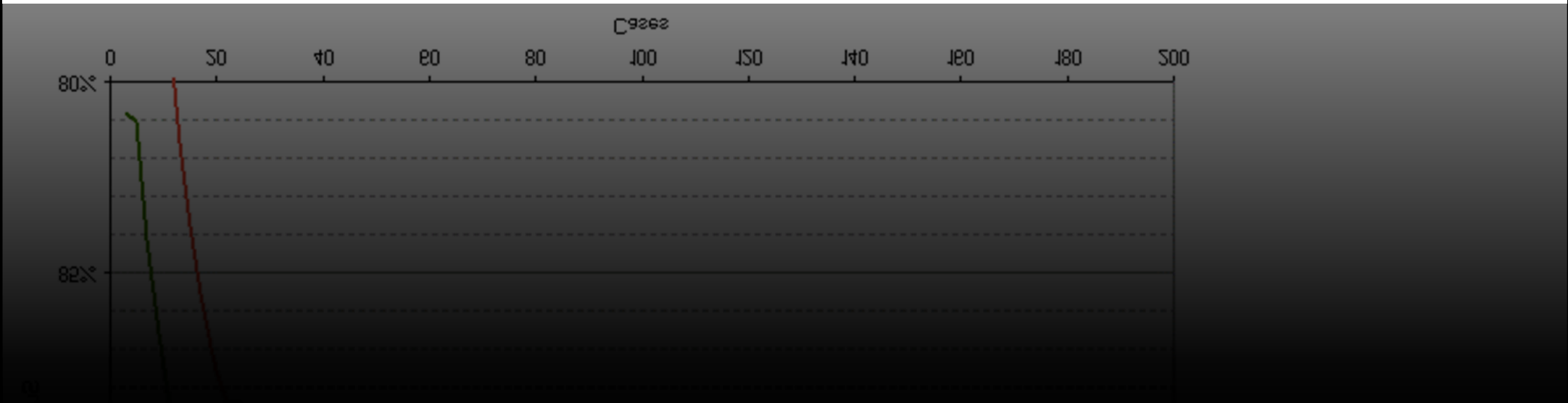
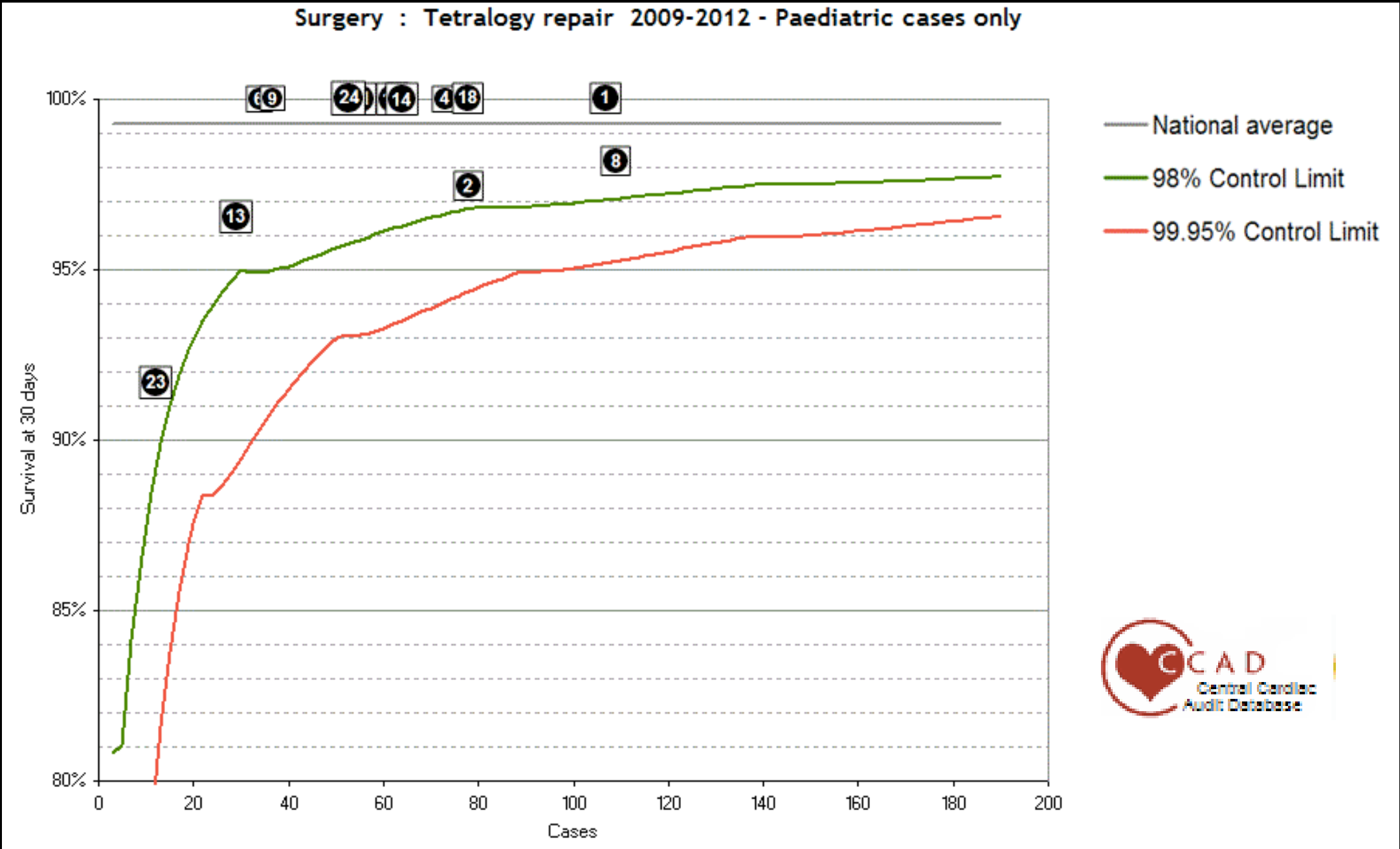
academia.edu

the information remains specialist, dense,
and thus may preserve the power imbalance

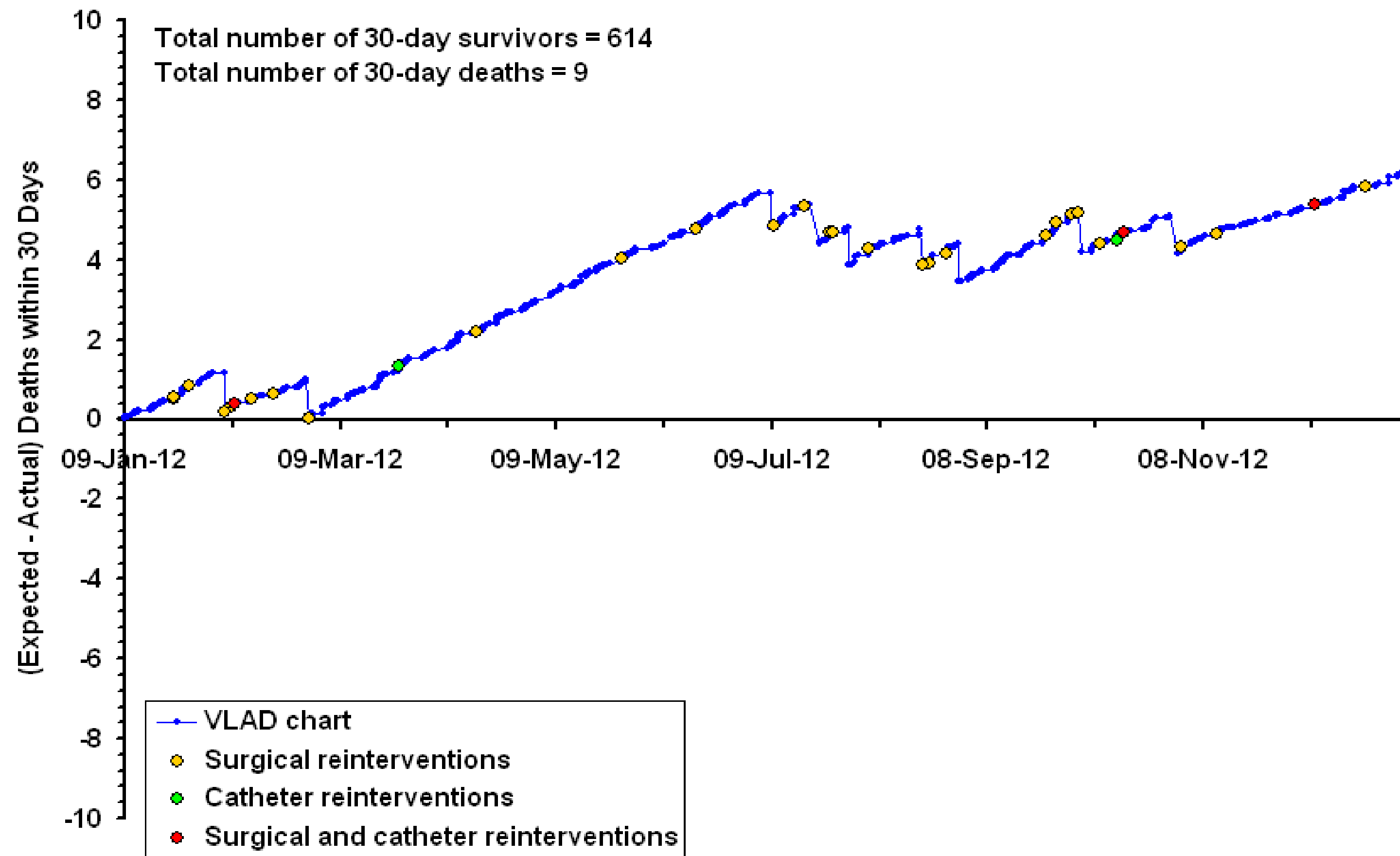
information is easy to misinterpret

how do you get **insight**?

what the hell do they mean?



VLAD Chart from 09/01/2012 to 07/01/2013



‘Doctors have power based on their expert knowledge’

**‘A friend with more knowledge
would not see this imbalance as
a power struggle’**

**Perhaps we should encourage
professionals to talk to their patients
“as if you were their friend”**



Pamela Wible MD



**“Listen up, docs: Patients just want the real you.
Ya know — YOU.**

**The competent and caring you, who really listens with
compassion.**

**The real you that talks like a real person and answers people
with the honest truth in words they understand.**

The you that treats patients like family.”

SHARED decision making

Liberating the NHS:

No decision about me,
without me

Government response

2012

popular with **76%** of patients

takes **time**; more than one meeting

engages patients;
they are more likely to commit,
turn up
and take their meds

more **satisfied** with their care

Too Much Choice

Choice Overload

Overchoice

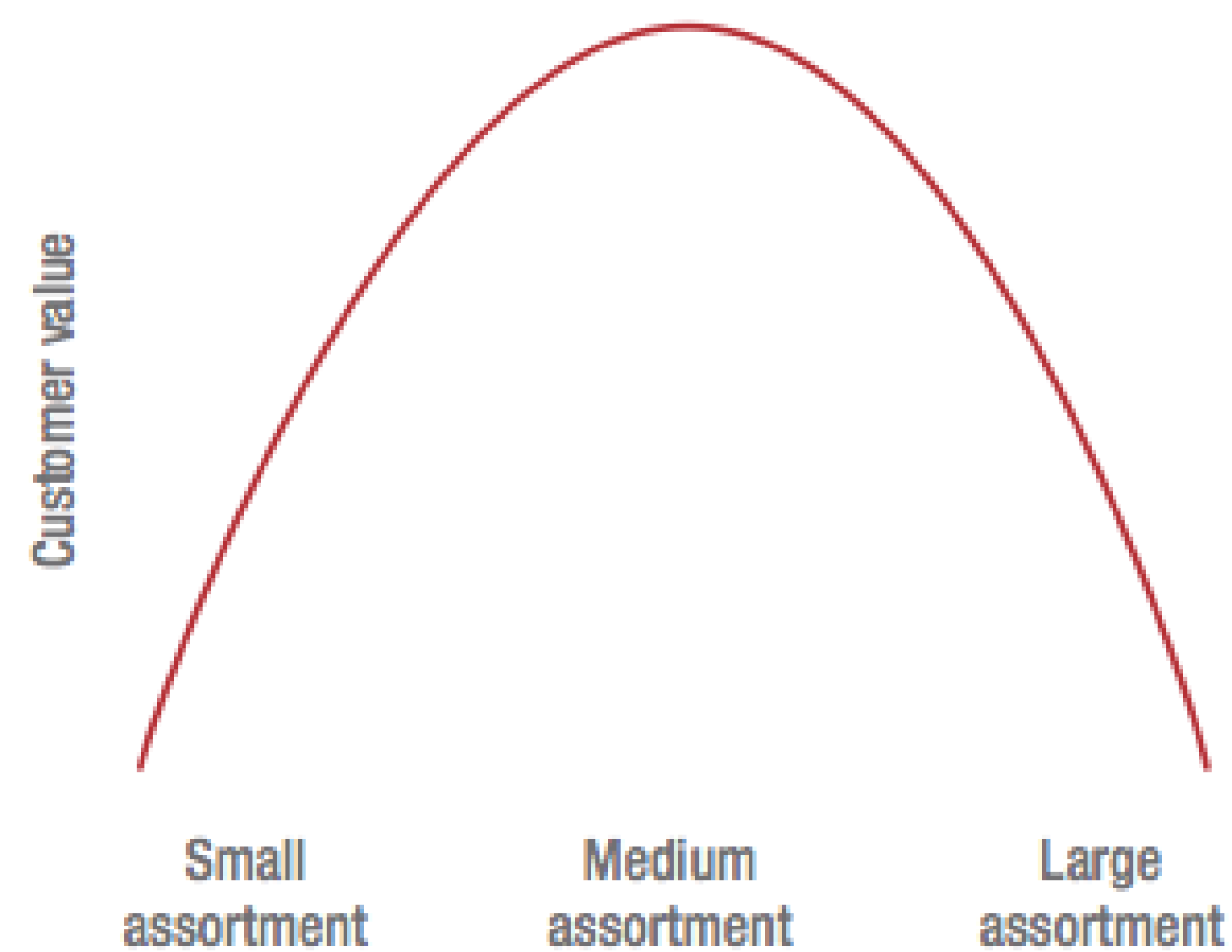
'A superb story of our contemporary predicament.
You have no choice but to read this important book'
Hanif Kureishi

THE TYRANNY OF
CHOICE

RENATA SALECL



The U-Shaped Nature of the Relationship between Assortment Size and Consumer Benefits



assortment
small

assortment
Medium

assortment
large

“just do what you think is best”

paternalistic?

responsive?

65%
of 8000
hospitalised patients in Chicago
preferred their doctors
to make the final decisions

,http://well.blogs.nytimes.com/2011/08/11/letting-doctors-make-the-tough-decisions/?smid=tw-nytimeshealth&seid=auto&_r=0

**doctors increasingly pass the burden of
decision-making on to the family,
increasing stress**

**“OMG, this happens every day....we are
training a cadre of physicians who will
provide options but never make a decision.”**

Professor Peter Laussen, Toronto

Doctors, Hospitals,
Outcomes...**what else** should you
consider?

Parker Moss



Vanessa

“an **A** doctor in a **B** system
can be very **harmful**”

**patient choice is more
complex than it seems**

**you can make
your voice count**

I put my trust in the **systems** of care, that the journey is **coordinated**

This approach has never failed me or my family.

But I simply don't know what "best" means anymore!

Professor Peter Laussen

**If you are not happy,
you have the right to,
and should demand,
a second opinion**

Thank You

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