Travelling for earlier surgical treatment: the patient's view

MARGARET STEWART

L J DONALDSON

SUMMARY. As part of the northern region's programme within the national waiting list initiative, schemes have been funded to test the feasibility and acceptability of offering patients the opportunity to travel further afield in order to receive earlier treatment. A total of 484 patients experiencing a long wait for routine surgical operations in the northern region were offered the opportunity to receive earlier treatment outside their local health district; 74% of the patients accepted the offer. The initiative was well received by the participating patients and the majority stated that if the need arose on a future occasion they would prefer to travel for treatment rather than have to wait for lengthy periods for treatment at their local hospital.

These findings, interpreted in the light of the National Health Service reforms introduced in April 1991, suggest that for some types of care, patients would welcome greater flexibility in the placing of contracts, not merely reinforcement of historical patterns of referral.

Introduction

THE white paper, *Working for patients,*[1] created the framework for a separation of responsibilities for the purchasing and the provision of health care. The National Health Service and community care act[2] formally created the opportunity for patients to be offered specialist services at hospitals other than their local hospital. One of the principal justifications for district health authorities, in consultation with local general practitioners, or fund-holding general practices in their own right, placing contracts with hospitals outside district boundaries is the speed of response for patients who require consultation, investigation or treatment by consultant-led specialist services.

The College of Health publishes a guide to hospital waiting lists in different parts of the UK.[3] This encourages patients to ask their general practitioners to refer them to hospitals where waiting times are shorter. The guide has recently been supplemented by a national telephone help-line which received approximately 30 calls per day in the first few weeks of operation (personal communication). However, it has been consistently argued that such an approach is inconvenient to patients, impractical and generally inappropriate.

As part of the northern region's programme within the national waiting list initiative, schemes have been funded to test the feasibility and acceptability of offering patients the opportunity of travelling further afield to receive earlier treatment. The results of these schemes are reported here.

Method

The waiting list initiative, managed and funded by the Northern regional health authority from the national waiting list fund, invited bids for projects aimed at reducing waiting times from district health authorities where patients were waiting more than a year for hospital admission. Two district health authorities, whose local hospitals had limited or no capacity to extend their service in the short-term, proposed schemes which would allow patients the choice of attending a hospital outside their health district for earlier treatment. The schemes were approved by the regional health authority. The initiatives were designed to help patients on general surgical waiting lists where over 200 patients were waiting more than a year, chiefly for minor or intermediate surgery such as hernia repair or removal of varicose veins.

Two hospitals offered spare capacity and were selected to receive patients. The distances which patients had to travel ranged from 35 to 55 miles.

The consultants to whom the targeted patients had originally been referred agreed to their patients receiving treatment in another hospital. A nursing sister in each donor district acted as coordinator, and selected patients from the waiting list on the advice of the consultant concerned. The patients' general practitioners were kept fully informed. Patients were not selected if they had any underlying medical condition which was considered likely to put them at increased risk of developing complications during or after surgery. Once selected, patients were contacted by letter or telephone to explain to them the details of the scheme and to offer them a place. Patients who accepted were offered transport by taxi or minibus to and from the host hospital.

Each patient who travelled for treatment was asked to complete a short self-administered questionnaire on returning home to determine his or her level of satisfaction with the scheme and their views on travelling for treatment. The questions asked are listed in Appendix 1.

Results

During 1989–90, 484 patients (282 men, 202 women) aged between 16 and 80 years (mean age of men 48 years and of women 47 years) were offered the opportunity to travel for earlier treatment. A total of 356 patients (73.6%) accepted the invitation (208 men (73.8%), 148 women (73.3%)). If the 61 patients who no longer required surgery or had moved from the district were excluded from the total the proportion of patients accepting the invitation increased to 84.2%.

The highest acceptance rate was among patients who had waited six months or less, but the uptake was also high for patients waiting 7–12 months and 13–18 months (Table 1). For longer waiting periods, the invitation to travel was taken up less frequently, because patients who no longer required surgery or had moved from the district were mainly included in these groups.

Acceptance of the invitation to travel also varied with the type of operation required. The highest uptake was for patients who had been waiting for hernia repair or removal of varicose veins (Table 1). The median length of stay in hospital was three days. There were no major clinical complications.

Of the 356 patients who travelled for treatment 315 (88.5%) completed the satisfaction and attitude survey (Table 2). The level of satisfaction with the arrangements for admission was exceptionally high, and a very high proportion of patients said they would choose to travel for treatment again, and that they would advise their friends to do so.

M Stewart, BSc, PhD, regional waiting list coordinator and L J Donaldson, MD, FRCS(Ed), FFPHM, regional medical officer and director of public health, Northern Regional Health Authority, Newcastle upon Tyne.
Submitted: 30 July 1991; accepted: 1 October 1991.

© *British Journal of General Practice,* 1991, 41, 508-509.

Table 1. Uptake of invitation by length of wait and by type of operation.

	No. of patients invited	% of patients accepting invitation
Length of wait (months)		
0–6	108	*87.0*
7–12	119	*79.8*
13–18	91	*75.8*
19–24	68	*63.2*
25+	98	*56.1*
Type of operation		
Varicose vein removal	294	*73.1*
Hernia repair	113	*82.3*
Minor operation on male genitalia	42	*57.1*
Haemorrhoidectomy	19	*68.4*
Other	16	*68.8*

Table 2. Patients' opinions on travelling for treatment.

	Percentage of patients ($n=315$)
Knew about scheme before invited to participate	*31.1*
Decided to accept immediately	*72.0*
Had sufficient notice of admission	*100.0*
Found travel arrangements satisfactory	*94.6*
Would choose to travel again for treatment	*96.8*
Would advise a friend to travel for treatment	*98.9*
Thought travelling schemes were a good idea	*98.9*
Prefer to travel than wait:	
1 month	*34.4*
2 months	*53.8*
3 months	*72.2*
6 months	*88.7*
12 months	*96.1*
24 months	*97.2*

n = total number of patients responding to questionnaire.

When asked the length of time they would be prepared to wait for local treatment before they would prefer to travel for treatment, about a third of patients said they would prefer to travel rather than wait one month, and over half said they would travel if the choice was a wait of two months (Table 2). If the wait was to be six months or longer, more than 89% of patients said they would travel farther afield to be treated rather than wait for local treatment.

Patients were invited to make any additional comments which they felt appropriate. About 20% said that their willingness to travel for treatment was influenced by the anticipated short stay in hospital. If surgery was required in the future which necessitated a longer hospital stay, they would be constrained by the transport difficulties which their relatives would encounter when visiting.

Discussion

Extended waiting times for consultation, investigation or treatment have consistently been shown to be the feature of service which is most important to patients.[4] Where there are intractable local bottlenecks, or serious problems with efficiency of hospital services, general practitioners would no doubt like there to be organizational flexibility which could help patients who are unwittingly disadvantaged. It is important that the NHS reforms enhance this flexibility rather than reduce it.

It would also be wrong if ideological factors should prevent this flexibility, for example, the attitude that patients 'belong' to the consultant to whom the general practitioner originally refers them, or that local services are what patients should expect to have. Nevertheless, the traditional referral process is the bedrock of access to specialist hospital services and it is not suggested here that this should be overidden regularly by managerial arrangements. Indeed, in the schemes described here, cooperation of general practitioners and consultants was sought as part of the process of seeking alternative placements for patients.

The wishes of patients should not be assumed. When patients in this study were asked directly if they wished to travel or continue waiting, 74% opted to travel (84% if the patients to whom invitations were sent but who no longer required surgery were excluded). The popularity of the schemes for travelling for treatment was particularly evident where patients were waiting for routine operations such as hernia repair or removal of varicose veins, for which there can traditionally be a long wait. However, many operative procedures, in addition to those described here, would be suitable for these alternative arrangements; extraction of wisdom teeth, reversal of vasectomy and removal of cataract could be considered.

A number of factors are crucial to the success of such initiatives. Patients' views expressed in the post-treatment questionnaire indicated that travelling schemes work best when the operation required involves a short hospital stay, and is of a minor or routine nature. Moreover, waiting lists should be regularly validated so that resources are not wasted in sending for patients who do not need the service.

The results of this study have shown that patients with relatively straightforward surgical problems without any coexisting morbidity are keen to travel to have the problem dealt with quickly, and this could prove to be a major factor in improving one important aspect of the quality of care. Future contractual mechanisms may well incorporate a greater degree of flexibility, particularly for those contracts placed by fund-holding practices, and this can only be to the advantage of those patients who wish to exercise choice.

Appendix 1. Questions asked to determine patients' views of the scheme.

1. Did you learn of the scheme to send patients to hospital X (from radio, television, newspapers or your general practitioner) before you received the letter inviting you to have your operation there?
2. When you received the invitation to go to hospital X, did you immediately decide to take up the opportunity, or did you have doubts or questions which you wanted to sort out before making a final decision?
3. Were you given sufficient notice of your admission to hospital?
4. Were the travel arrangements to take you to and from hospital X satisfactory?
5. If you needed hospital treatment again in the future, and your operation could be done earlier at hospital X than at your local hospital, would you choose to go to hospital X?
6. Would you advise a friend or relative to go to hospital X if it meant getting their operation done sooner?
7. Do you think it is a good idea for people on waiting lists to be offered earlier treatment at a hospital outside their local area?
8. Would you prefer to wait for local treatment or travel to another hospital (not just hospital X) if you had to wait one, two, three, six, 12 or 24 months?
9. Please add any comments (praise or criticism) that you may have about your stay at hospital X.

References

1. Secretaries of State for Health, Wales, Northern Ireland and Scotland. *Working for patients (Cm 555).* London: HMSO, 1989.
2. *National Health Service and community care act 1990.* London: HMSO, 1990: chapter 19.
3. College of Health. *Guide to hospital waiting lists 1991.* London: College of Health, 1991.
4. Yates JM. *Why are we waiting? An analysis of hospital waiting lists.* Oxford University Press, 1987.

Address for correspondence

Professor L J Donaldson, Northern Regional Health Authority, Benfield Road, Newcastle upon Tyne NE6 4PY.