An exploratory study of patients' willingness to pay for improved quality of service for immediate treatment of minor conditions

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Abstract

The aim of this study was to develop, conduct and analyse a willingness to pay (WTP) questionnaire to determine the feasibility and acceptability of a study to estimate the value of a consultation for immediate treatment for minor injuries and illness. We used a mixed methods approach; participants were patients attending A&E departments, NHS walk-in centres, and GP surgeries. Semi-structured interviews were used to identify the factors important to patient experience, which informed the development of a cross-sectional, self-completion WTP survey. Eighteen face-to-face interviews and 204 completed questionnaires from three healthcare settings formed the data.

Waiting time/visit duration, available treatment options, and accessibility emerged as being important to patient experience. Patients at all locations were able to put a value on their maximum WTP for a shorter waiting time/visit duration. Non-zero values ranged up to £60, mean £12.70, mode £10. Thirty-nine (19%) patients were advised to go elsewhere for treatment. Maximum non-zero WTP to have their condition resolved without further referral ranged up to £50, mean £14.44, mode £10. All patients valued the convenience of location. Responses to WTP for greater convenience and WTA compensation for less convenience ranged up to £100. Mean and mode WTP was £17.09 and £10; and mean and mode WTA £10.02 and £5.

Patients were able to understand the concept of WTP/A in this context though further consideration needs to be given to how to interpret zero values. Prominent numbers featured to some degree though actual cost e.g. car park charges, were also used as benchmarks.

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Background

In the UK, patients requiring immediate treatment for minor illnesses and injuries are able to choose between a range of options for their care. In the main, this choice consists of hospital accident and emergency (A&E) departments, nurse-led walk-in centres, and general practitioners (GPs). The care provided by each of these facilities is varied; factors such as staff expertise, the facilities and equipment for treatment, convenience, accessibility, and waiting time distinguish one from the other and may influence the choice patients make. Additional factors such as familiarity and previous experiences may also have an impact.

A recent Department of Health initiative resulted in the establishment of a new style of walk-in centre, co-located with A&E departments. One aim of this scheme was to relieve A&E departments of patients with minor conditions that could, perhaps, be treated more appropriately in a 'lower tech' environment. The evaluation of the project showed, however, that these walk-in facilities varied widely across the network, that patients were often unaware of the distinction between A&E and the co-located walk-in centre, and there was little impact on process and outcome of care.[1] Clearly, such findings could have implications for the way in which patients are managed within the wider primary and secondary care settings and may affect future policy decision regarding patient choice and accessibility. The evaluation compared the cost of providing a walk-in centre with a range of non-health outcomes e.g. number of patients treated, waiting time, and patient satisfaction; however, it did not attempt to capture the relative value of such non-health outcomes.

The aim of this study was to explore the feasibility of using contingent valuation techniques to estimate the value patients place on important aspects of service for immediate care at the three types of healthcare facility traditionally visited for minor injuries and illnesses. Willingness to pay studies have the useful attribute of being able to capture the relative importance of non-health outcomes and to place a monetary value on them[2]. The technique has been used in a wide range of settings[3] and although it has been used to estimate willingness to pay for reduced waiting time for elective surgery[4] there has been no study to date that addresses willingness to pay for immediate care for minor conditions.

The study has two phases: qualitative methods were used to ascertain the aspects of care that are important to patients attending A&E departments, walk-in centres, or their GP for minor conditions; and the results of this work informed the development of a quantitative willingness-to-pay questionnaire.

Phase 1: Qualitative methods and results

Methods and analysis

We conducted face-to face interviews using a theoretically-informed topic guide on a convenience sample of 18 patients attending either a GP surgery, an A&E unit, a city centre walk-in centre, or a suburban walk-in centre between January and March 2006. Interviews were conducted at each of the settings, at a variety of times within the core 9am – 6pm opening hours, to provide the opportunity to elicit a wide range of user opinion. Each interview took between 10 and 20 minutes to complete. The interview schedule was arranged with discussions on four themes: patients' understanding of the differences between the three types of setting, factors that influence patients' choice of setting, attitudes towards paying for treatment for minor conditions, and thoughts on using willingness to pay as a research method in this context.

The data from the interviews were transcribed verbatim and systematically examined using a set of a priori themes and sub-themes in an effort to highlight participants' views on factors affecting the patient experience and attitudes. All emergent themes and sub-themes, and confirmatory and negative cases were noted.

Results

Table 1 gives the respondent profile of the patients interviewed.

(i) Patients' understanding of the differences between the three types of setting.

Patients identified three main differences in the service provided by the three facilities: opening hours, conditions able to be dealt with, and staffing arrangements.

Respondents identified that their GP was available on weekdays, during working hours. There was confusion over the opening times of walk-in centres, with those interviewed in a GP setting thinking the walk-in centres offer an *"out of hours service",* whilst those who were attending walk-in centres recognised that they provide services in *"office hours".* Patients were generally aware that A&E is available 24 hours a day. There was a general consensus of perception that the GP was for *"ongoing"* or *"niggling"* problems, and there is a contrast between this and A&E, which was seen as being for emergencies - *"when there's no time to wait"*. Those with experience of walk-in centres felt that they dealt with minor things like *"cuts" or "check-ups"*. Patients at the walk-in centres saw these facilities as being more likely to deal with *"quick stuff", "not serious"* conditions whereas the GP was for more long-term treatment, a place where *"your records are kept".* All interviewees understood that A&E was for more serious conditions, for example, *"broken limbs",* and *"life threatening stuff".* Although not all respondents were certain, most were aware of how the different settings were staffed. Those that had used a walk-in centre knew a nurse would see them.

(ii) Factors influencing decision making

Patients identified three main reasons for choosing one facility over another. Convenience featured highly, represented by proximity and related factors such as provision of public transport and parking. Also important were waiting time and available treatment facilities.

The proximity of the GP practice to their home was a factor in patients' choice of where they registered, and therefore the first place they would tend to look to for most complaints. For two patients parking facilities were important. Most of those attending the walk-in centres were influenced by the convenience of the location. This related to both work for the city centre location and to home for the suburban site. Several interviewees at the GP surgery intimated that they would prefer a shorter waiting time but they were generally accepting of that fact that they would need to wait and there was no evidence to suggest that a shorter waiting time would influence their choice of facility. Patients attending the walk-in centres indicated that waiting time was a significant factor in their decision. Three patients stated that they had chosen the walk-in centre because they expected to be seen quickly, and without an appointment. The waiting facilities and ambience of the waiting room were not important to any of the patients in choosing where they went for treatment. One patient felt that a comfortable waiting area might be important for people with children however it did not influence his decision, nor most other respondents with one stating: "*I don't come to these places to lounge around!"* There was some concern about the likelihood of encountering drunk or abusive people in the waiting area of A& E. Treatment facilities and staff expertise appeared to be the strongest influencing factor in making a decision of which type of service to use for patients at the GP surgery and at A&E. There was an indication that patients aim to choose the most appropriate service for their condition, that they may 'aim low' rather than go to A&E for anything other than an emergency, and would not bother their doctor if they could have a check up at a walk-in centre. One patient had been put off the walk-in centre because of a lack of X-ray facilities and a perception that they were unable to prescribe antibiotics. Responses from A&E attenders suggest a preference for access to facilities with a full range of equipment. One *"would want to be treated there and then"* whilst another would be *"frustrated (at a walk-in centre) if they couldn't do an X-ray".*

(iii) Patient perceptions of paying for treatment

Although one of the GP interviewees felt that as we pay National Insurance we should never be expected to pay more for healthcare, others felt that charging for treatment of minor conditions could be acceptable; one felt that it was *"human nature to pay for a better service if we can afford to"*. All the respondents were, given certain conditions, prepared to consider paying for a reduced wait, in one case if it *"only cost a few pounds"* and in another if the patient was particularly worried about their condition. Also mentioned was the willingness to pay for an enhanced service,

particularly if it meant they could receive blood test results immediately, or if it *"took pressure off the health service".* Walk-in centre patients were, however, less amenable to the idea of paying for minor treatments voicing the opinion that the NHS should provide all services. These patients may consider paying for a reduced wait, although only if they were *"in agony"* or if they *"had more money"*. Reasons for considering paying for an enhanced service would be if the patient was particularly worried about their condition, if they were *"unwell or elderly".* Respondents at A&E were not against the idea of paying for treatment, and would consider paying for a reduced wait. In one case a patient quoted a sum of £25 as being acceptable for her to pay. They would also be prepared to pay for an enhanced service if (in one case) they were in *"significant discomfort"* and in another if *"the free services weren't good enough".*

(iv) Patient perceptions of willingness to pay as a research technique

There was a mixed response to the notion of willingness to pay as a research method. Some patients had difficulty grasping the concept, particularly in the GP setting, whilst others, for example in the walk-in centres, had little trouble understanding the idea. One interviewee thought that research of this nature was *"valid"* and another recognised it as a good way of measuring an abstract, difficult to measure topic. Factors that might make it difficult to answer questions on willingness to pay were identified as the effect of income, people possibly being uncomfortable giving information (such as a sum of money), the need for some prior guidance, for instance being given an indication of the actual cost of treatment. One respondent felt that people may be cautious and only give a very low figure for fear that the amount quoted may actually influence policy and lead to people being charged that sum. In several cases interviewees felt it might be difficult to attribute a financial value to something that has always been provided at no cost.

Phase 2: Willingness to pay survey

Development of questionnaire and administration

The results of the qualitative work, along with other evidence from the literature, informed the design of the willingness to pay questionnaire. Three factors emerged as particularly important and were therefore included in the survey: waiting time, treatment options available, and convenience of location. We also included sections on reasons why a patient chose that particular setting, previous use of the particular facility, and personal information including age, sex, postcode, employment status, and ethnicity. The questionnaires were delivered at all three types of facility so the exact wording was varied accordingly. An example is given in appendix 1.

(i) Waiting time/visit duration

Users of GP services were asked whether they were seen within five minutes of their booked appointment time and, if not, their satisfaction with this and their willingness to pay for a shorter wait. Similarly, patients at the other facilities were asked about waits of 10 minutes (walk-in centres) and two hours (A&E).

(ii) Treatment availability

Interview data suggested that being able to have their condition resolved in one visit was important to service users. Survey respondents were therefore asked to state whether they had been advised to go elsewhere that day for further treatment (GP, A&E, walk-in centre and 'other') and their willingness to pay to be treated at the original location.

(iii) Convenience of location

The qualitative work suggested that choice of healthcare setting was influenced by the convenience of its location to a person's place of work/study and/or home. The survey asked respondents to indicate the level of convenience associated with accessing their chosen healthcare setting both in terms of home and place of work/study if appropriate. The willingness to pay questions asked about willingness to pay for greater convenience and willingness to accept compensation for a less convenient location.

(iv) Framing of willingness to pay questions

Patients' responses in the interviews suggested that they may find it difficult to separate the valuation nature of willingness to pay from actual implementation of a charge for NHS treatment. Hence it was considered important to include a statement emphasising that there were no plans to introduce charges for medical treatment for minor conditions in a prominent place on the survey. In addition, to aid participants in their reasoning, we gave contextual information about the cost of immediate treatment for minor conditions at privately run health centres. We also suggested they consider the price paid for private dental and optical checks. At ach point in the questionnaire that a willingness to pay question was asked, we inserted a tip advising respondents to imagine they were at an auction and to consider the maximum sum they would be prepared to bid for a particular improvement or minimum they would accept as compensation for a reduction in service. The willingness to pay questions were open, that is, no categories and no minimum or maximum values were given.

(v) Survey administration

The population was defined as any patient presenting at the healthcare setting with a minor condition for a same day appointment. All patients fulfilling these criteria within each healthcare setting were eligible to participate in the study. A total of 300 participants were identified: 100 at each type of healthcare setting. Fieldwork took place on weekdays only and times were chosen to reflect the times when all settings would be available and therefore patients would, in theory, be able to choose any of

the settings. The questionnaire was given to begin filling in while they were waiting for their appointment and to complete after they had been seen. A researcher was present to help with any difficulties in understanding.

Results

(i) Response rate

Twenty four (8%) patients were deemed ineligible for the following reasons: return visit / pre-booked appointment (6), did not understand English (5), mother nursing child (4), patient called in for consultation immediately upon arrival (4), patient distressed (3), patient does not live in UK (2). Of the 276 patients eligible to participate, 54 (20%) declined to take part. Eighteen questionnaires (8%) were not returned, giving 204 successfully completed survey responses. This equates to an overall response rate of 74%. Response rates, by location, are given in table 2.

(ii) *Patient profile*

The patient characteristics are given in table 3. The age profile of patients was similar across all three locations with 40% - 50% in the 25-44 age group. Those attending the walk-in centres were, on average, slightly younger than others. Overall, more females presented than males, though at A&E the proportion was very close. The majority of patients were employed. There was little difference in occupational status across the groups, though there were relatively more students at A&E than the GP compared to other groups. The figures suggest that black and Asian patients may be more likely to use the walk-in centre than the GP compared to other groups.

(iii) Waiting time / visit duration

Ninety (44%) patients waited longer than the benchmark time used in the questionnaire and patients at all locations were able to put a value on their maximum willingness to pay for their wait to be reduced. Results are given in table 4. Twenty six percent of responses were zero; non-zero values ranged up to £60, and the overall mean non-zero maximum willingness to pay was £12.70. The mode was £10.

(iv) *Resolution* of problem

Thirty-nine (19%) patients were advised to go elsewhere for treatment. The results of the willingness to pay for immediate resolution of a problem are given in table 5. Twenty two percent of responses were zero; non-zero values ranged up to £50, and the overall mean non-zero maximum willingness to pay was £14.44. The mode was £10.

(v) Convenience of location

Table 6 indicates the value patients place on location. Seventy one percent of patients at A&E and the city centre walk-in centre were able to out a non-zero value

on convenience. These values ranged up to £100, and the overall mean non-zero maximum willingness to pay was £17.09. The mode was £10. At the GP surgery and the suburban walk-in centre 81% responses to the willingness to accept question were non-zero. The maximum value placed on the minimum willingness to accept was £100. The mean was £10.02 and the mode £5.

Discussion

The qualitative interviews were able to identify three main areas of concern for patients seeking immediate treatment for minor injuries and illnesses. These are: waiting time, treatment options available, and convenience of location. These factors successfully formed the basis of a contingent valuation willingness to pay survey. Patients at GP surgeries, A&E departments, and walk-in centres understood the concept of willingness to pay and were able to assign a value to an improvement in each of these three main factors.

This was a pilot study, designed to test the feasibility of the method and the small numbers limit the usefulness of the quantitative results. No regression analysis was possible as the sample size would have prevented any statistically significant results. However, in a larger study, the results could be related to data on the patient characteristics and other factors collected in the survey. This would indicate the relationship between willingness to pay and, for example, income, age and sex, ethnicity, familiarity with the setting, and morbidity.

The results presented here indicate (at least) two main factors that need to be considered in relation to the feasibility of a larger study. Firstly, debate about how to frame willingness to pay questions has focussed on the choice between 'open ended' or 'payment scale' types of questions[5] and/or the use of a bidding game[6]. It has been suggested that payment scale questions, where respondents are presented with a choice of amounts to select in response to a willingness to pay question, generate a better response rate than by leaving the response open-ended, and that a payment scale would lead to a higher mean willingness to pay valuation than in open ended questions.[5] However Whynes et al noted that setting a scale of possible willingness to pay amounts may lead to prominent number bias – where respondents are drawn to selecting 'prominent' numbers and ignoring others.[7] Hence it can be seen that the choice of amounts available in the scale may influence and will certainly restrict responses, whereas in an open-ended question respondents are given free choice of a suitable willingness to pay valuation.

The use of a bidding game requires interaction between the researcher and respondent so it would not have been appropriate for the self-complete survey adopted in the current study; and as this was a pilot study it was deemed appropriate to use open ended questions, so as to restrict the level of bias in patients' responses. Nevertheless, prominent numbers appeared in the replies, indicated by all the modal

values being £5 or £10 and consideration needs to be given to how best to present the question.

The second major consideration is the issue of zero valuation, which may arise from respondents finding it difficult to attribute a financial value to a service which is expected to be ‘free’. This can take the form of ‘protest’ zeros, where respondents simply refuse to answer a willingness to pay question with a financial value. A review of qualitative studies[8] identified common themes which may indicate reasons for protest zeros in this context. Moral outrage describes a scenario where people may feel it inappropriate to measure the value they place on a good or service in financial terms and mental accountancy refers to respondent’s inability to relate to the possible amount of a good or service.

In this study we found an overall zero valuation rate of 24%. Based on the information gained in the qualitative work, it is likely that moral outrage is responsible for a large part of this. Despite assurances to the contrary it would seem that the public requires more of a guarantee that their responses are only an indication of the value they place on a service; that it is not a price, and the information would not be used to influence pricing policy. Mental accountancy is likely to have played a smaller part in the zero responses as it is unlikely that respondents in this study would have had prior knowledge of the costs associated with treatment for minor conditions and some contextual information was provided in the questionnaire.

This study has also indicated the need to be clear about what is being asked of participants in a willingness to pay study. Contextual information helps to engage participants and may improve response rates and reduce the number of protest zeros but it has been suggested that giving more information about comparative costs may lead to higher values in response to willingness to pay questions.[9,10]

For convenience, this study focussed on the views of patients presenting at one of three types of health care facility. Any further work will need to consider the extent to which the views of the general public should be taken into account. Also, the location of the facilities dictated the mix of willingness to pay and willingness to accept questions regarding convenience of location. This may not be ideal as it has been suggested that responses to these two types of question are not necessarily comparable.[11]

In conclusion, information gained from this feasibility study could be used to inform a larger study, and we have highlighted areas of concern in the design of such a study. The existence of private clinics for treating minor conditions is helpful as it provides contextual information about costs and enhances the acceptability of paying for such services, thus reducing the level of protest zeros.

The current provision of service for immediate treatment of minor injuries and illnesses is disparate, varying across different geographical areas; and patients' knowledge of what is available is limited. There is a political will to de-centralise treatment for these conditions[12] but service planners have the difficult task of simultaneously satisfying this objective and delivering on the patient choice agenda. Information about the value patients place on different aspects of care could highlight any tension between these dual objectives and indicate where resources could most fruitfully be directed.

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Table 1: age and sex distribution of interviewees, by location

	Male			Female		
	GP	Walk in Centres	A&E	GP	Walk in Centres	A&E
16-24	0	2	1	1	2	0
25-44	2	3	0	0	1	2
45-64	2	0	0	1	1	0

Table 2: response rate to questionnaire, by location

setting	*identified*	*ineligible*	*declined*	*missing*	*completed*	***response rate***
GP	100	5	29	3	63	66.3
A&E	100	5	15	10	70	73.7
walk-in centre	100	14	10	5	71	82.6
total	300	24	54	18	204	73.9

Table 3: patient characteristics of respondents to willingness to pay questionnaire

%	All	GP	A&E	Walk-in centre
age				
16-24	25	17	25	33
25-44	46	50	43	44
45-64	16	17	18	12
65 and over	14	17	15	11
Sex				
Male	40	40	49	30
Female	60	60	51	70
Main occupation				
Studying	14	10	18	14
Employed (full time or part time)	59	60	61	54
Unemployed / permanently sick or disabled	6	5	4	9
Looking after home and family	7	7	3	11
Retired	14	17	15	11
Ethnicity				
White	92	95	93	89
Black or Asian	6	4	5	8
Other	2	2	2	3

Table 4: willingness to pay for shorter waiting time/visit duration

	GP	A & E	Walk-in centre
n	63	70	71
Benchmark time	5 minutes	2 hours	10 minutes
Waited more than benchmark time	24 (38%)	21 (30%)	45 (63%)
n (WTP)	19 (80%)	9 (43%)	32 (71%)
Non-zero	11 (58%)	7 (78%)	25 (78%)
mean (non-zero)	£4.05	£16.00	£13.00
min (non-zero)	£1	£10	£1
Max	£20	£60	£50
Mode	£5	£10	£10

Table 5: willingness to pay for immediate resolution of problem

	GP	A & E	Walk-in centre
n	63	70	71
Advised to go elsewhere	7	10	22
n (WTP)	7 (100%)	9 (90%)	16 (73%)
Non-zero	7 (100%)	4 (44%)	14 (88%)
mean (non-zero)	£15.29	£6.11	£12.44
min (non-zero)	£2	£5	£5
Max	£50	£30	£50
Mode	£10	£10	£10

Table 6: willingness to pay for more convenient location and willingness to accept compensation for less convenience

	GP (WTA)	A & E (WTP)	Walk-in centre	
			WTP	WTA
n	63	70		71
n (WTP)	33 (53%)	29 (41%)	16 (63%)	29 (63%)
Non-zero	29 (88%)	21 (72%)	11 (69%)	21 (72%)
mean (non-zero)	£10.83	£10.90	£14.44	£4.97
min (non-zero)	£1	£2	£1	£1
Max	£100	£50	£100	£20
Mode	£5	£10	£10	£5

Appendix : Extracts from the questionnaire

This survey is being carried out by a team of researchers at the University of Bristol. We are interested in views about the delivery of healthcare services. It is completely anonymous and confidential. None of the healthcare professionals who treat you during your visit will see your answers.

- Please read each question carefully and tick the appropriate box or boxes.
- Sometimes you will find that the box you have ticked gives you an instruction to go on to another question. By following these instructions carefully, you will miss out any questions that do not apply to you.
- Don't worry if you make a mistake, simply cross it out and put a tick in the correct box.
- Please DO NOT write your name or address anywhere on the questionnaire.
- If you would like any help with completing the questionnaire, there is a researcher in the waiting area who can help you.
- You may fill in Sections A and B before you are seen today. Please fill in the other sections after you have been treated.

When you have completed all the questions that apply to you, please put the finished questionnaire in the envelope provided and return it to the researcher in the waiting area.

‘Willingness to pay’ and ‘Willingness to accept’

In this questionnaire you will be asked some questions about how much you would be ‘willing to pay’ for improvements to services or ‘willing to accept’ in compensation if services were reduced.

We are not suggesting that you will have to pay for any of the services mentioned in this survey. Treatment on the NHS is free at the point of access and will remain so - this is simply a research method that we use to see what aspects of service people value the most.

When answering these questions it may help to think about the cost of similar services provided outside the NHS.

For example, there are some private clinics that treat minor illnesses and injuries where you may pay around £50 to have a consultation with a GP, and around £40 to see a nurse. You would also have to pay additional charges for any treatment: ear syringing would cost around £35, a sling about £9 and having stitches would cost up to £50.

In return for paying a charge at these private clinics you can usually expect to be seen without having to make an appointment and without having to wait for more than about five minutes.

If you attend a private dentist or optician you may like to think about what you pay for a routine dental check-up or eye examination.

A WHY YOU CAME HERE TODAY

A1 Today, you chose to come to the GP rather than to a walk-in centre or A&E department. Which of the following factors contributed to this decision?

(please tick all that apply)

1 ❑ location convenient to home
2 ❑ location convenient to place of work or study
3 ❑ thought that there would be a short waiting time
4 ❑ able to make an appointment
5 ❑ comfort / ambience of waiting area
6 ❑ facilities available for treatment
7 ❑ best place for my particular type of problem
8 ❑ advised to come here by another health professional
9 ❑ other reason *(please specify)* ___________________

A2 Which of the above was the MAIN REASON that you chose to come to the GP today?

____

(please write the main reason you chose to come to the GP in the space above)

C YOUR WAITING TIME

C1 What time was your appointment booked for today?

____

(please write the time of your appointment in the space above)

C2 Did you wait more than 5 minutes after your booked appointment time to be seen today?

(please tick one box only)

1 ❑ Yes ⟶ continue with **Section C**

2 ❑ No ⟶ turn over to **Section D**

C3 How satisfied were you with this waiting time?
(please tick one box only)

1 ❑ very dissatisfied
2 ❑ dissatisfied
3 ❑ neither satisfied nor dissatisfied
4 ❑ satisfied
5 ❑ very satisfied

The following questions ask how much you would be prepared to pay for a better service from the GP.

TIP: Imagine you were at an auction. What is the highest amount you would be prepared to bid for this improvement in service? Remember, we are not suggesting there are plans to introduce charges to see the GP and your answers will not affect any such decision

C4a What is the MAXIMUM amount of money you would have paid to be seen within 5 minutes of your booked appointment time?

£_____________ per appointment

(please write your answer in the space above)

C4b What is the MAXIMUM amount of money you would have paid to be seen within 5 minutes of arriving WITHOUT an appointment?

£_____________ per appointment

(please write your answer in the space above)

D YOUR TREATMENT TODAY

D1 Were you advised to go elsewhere for further treatment today?
(please tick one box only)

1 ❑ Yes → continue with **Section D**
2 ❑ No → turn over to **Section E**

D2 **Where were you advised to go for further treatment today?**
(please tick one only)

1 ❑ A&E department
2 ❑ walk-in centre
3 ❑ other *(please specify)* _______________

The next question is another 'willingness to pay' question.
Remember the **TIP** about imagining being at an auction.

D3 What is the MAXIMUM amount of money you would have paid to be treated here today, without having to go elsewhere for further treatment?

£_______________ per appointment
(please write your answer in the space above)

E CONVENIENCE OF LOCATION

E1 **How convenient is the location of the GP to where you live?**
(please tick one box only)

1 ❑ very inconvenient
2 ❑ inconvenient
3 ❑ neither convenient nor inconvenient
4 ❑ convenient
5 ❑ very convenient

E2 **Do you go to work or study?**
(please tick one box only)

1 ❑ yes → continue with **Question E3**
2 ❑ no → go to **Question E4**

E3 How convenient is the location of the GP to your place of work or study?

(please tick one box only)

1 ❑ very inconvenient

2 ❑ inconvenient

3 ❑ neither convenient nor inconvenient

4 ❑ convenient

5 ❑ very convenient

The next question asks how much you would expect to be paid in compensation if the GP was in a less convenient location.

TIP: Think about the potential cost of such a move, in terms of both money and time. Remember, we are not suggesting there are plans to move GP practices and your answers will not affect any such decision.

E4 Imagine you had to travel into the city centre to see the GP. What is the MINIMUM amount of money you would be prepared to accept for this?

£_____________ per appointment

(please write your answer in the space above)

Thank you for completing this questionnaire. Your answers will remain anonymous and confidential.

Please put your completed questionnaire in the envelope provided and hand it to the researcher as you leave.