

Understanding what matters

*A guide to using patient feedback
to transform services*



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Foreword

Society is changing, and with it people's expectations of public services. Government policy is being re-drawn to focus on the personalisation of public services. This is central to *High Quality Care for All*, the final report of the NHS Next Stage Review by Lord Darzi, which makes the patient experience a key driver of quality and thus quality improvement. The NHS Constitution sets out what people can expect from NHS services, together with rights and pledges. Personalisation of public services is a primary theme in *Working together: public services on your side*. In this, the Prime Minister called for an 'information revolution' that puts power in the hands of patients everywhere by giving them the ability to comment on their experience. They would do this in the same way that they might rate a book on Amazon or a holiday on TripAdvisor.

In September 2008, Alan Johnson, Secretary of State for Health, asked the NHS 'to collect immediate feedback from patients on their experience of care'. Many parts of the NHS have started on this journey, but even the pioneers recognise that more can be done to continuously improve services and make them more responsive to patients and service users.

We are working with the NHS to produce a range of resources to help turn insights gained from patients' experiences of care into everyday practice. This guidance is the first of those tools. It has been co-produced with people developing systems that clearly focus on improving the experience of patients in the NHS. We hope their learning will help you to expand the ways you use patient experience feedback throughout your organisation.

The guidance shows how the range of different sources of patient experience information can be an integral part of local quality improvement systems, and the importance of involving staff in the whole process. The power of using feedback has been demonstrated by the work of the NHS Institute for Innovation and Improvement in its 'Experience-Based Design' programme.

The NHS has an unprecedented opportunity to make sure that patient experience truly drives service transformation. We would encourage providers and commissioners to adopt a more systematic approach to using patient feedback as set out in this guidance.

Mark Britnell
Director General
Commissioning and System Management

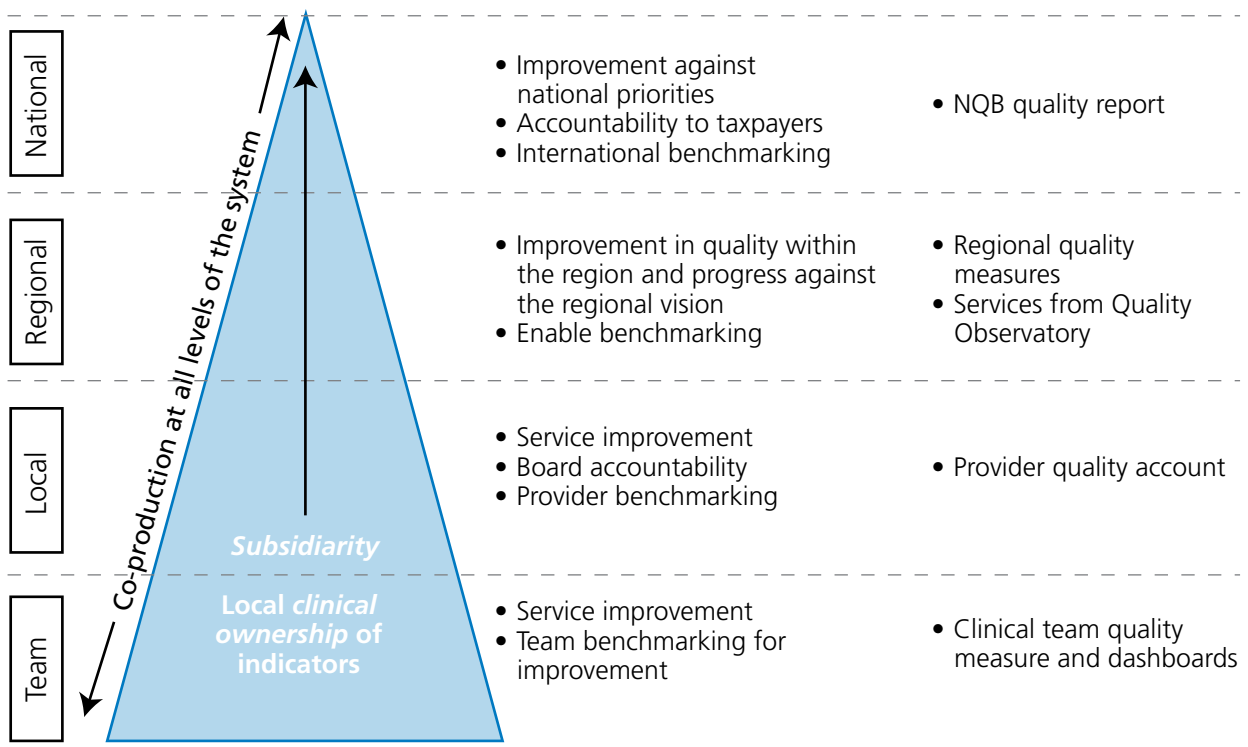
Sir Bruce Keogh
NHS Medical Director

Introduction

Purpose of this guidance

1. This guidance has been developed to help commissioners and providers across the NHS to use feedback based on patient and service user experience to transform the quality of services.
2. It builds on *Measuring for Quality Improvement*,¹ which set out the approach necessary to make quality improvement and measurement integral to all that we do. Specifically, this guidance focuses on the lower tiers of the quality pyramid (figure 1), where the emphasis is on local action and ownership.

Figure 1 – Quality pyramid



Note: Sources of evidence-based indicators include Royal Colleges, specialist societies, NHS Information Centre, universities, and the commercial sector

3. This guidance highlights the importance of feedback for commissioners, and the need for them to collaborate with providers from all sectors to gather relevant patient feedback, and demonstrate that they are using this to improve care. It sets out issues and questions that all NHS organisations should address when using feedback to understand and improve patient experience.

4. There are two levels on which feedback to the NHS can help improve services:
 - individual feedback: seeking feedback from patients on the quality of care that they have experienced, their needs and preferences
 - collective perceptions from the public: obtaining intelligence on what matters to local populations.
5. There is a further important distinction between feedback on a patient's own experience and general questions about satisfaction with the NHS. The literature highlights difficulties in using simple measures of patient satisfaction. They rarely provide intelligence that can be acted upon to achieve change. Nor are they reliable in capturing change over time. Satisfaction can be influenced by aspects not related to direct experience of services, such as personal expectations and characteristics. Disentangling these effects can be difficult. The National Patient Survey Programme uses experience measures, which are easier to interpret and provide more practical results.
6. This guide focuses on measures of experience which ask patients about their own experiences in receiving care and treatment, reported immediately or shortly after the episode of care.

Quality is central to everything we do

7. Nationally and locally, the NHS is encouraging people to exercise more choice over the health services they use, and to be more involved in the design and delivery of health services. This requires healthcare organisations and their staff to understand what matters to patients and to respond to this in new ways, making sure that every contact with a patient counts towards delivering the highest-quality services.

The policy context

8. The key policy documents that set the framework for using patient feedback to transform services are described below:
 - *High Quality Care for All*² places quality as the organising principle behind everything that we do in the NHS. Patient experience is one of three identified domains of quality, alongside patient safety and clinical effectiveness.
 - The NHS Operating Framework³ has 'improving patient experience, staff satisfaction and engagement' as one of the five national priorities for the NHS in 2009/10.
 - The *NHS Constitution*⁴ contains rights and pledges relating to patients' involvement in discussions and decisions about their care and the expectation that organisations will improve the quality of care experienced by patients.
 - *World Class Commissioning*⁵ sets out the competencies required of health service commissioners. Competency 3 requires PCTs to engage with patients and the public and use information on patient experience to drive commissioning decisions.
 - *Working together: public services on your side*⁶ calls for an information revolution providing 'open-source, real-time data on the performance of services' and giving patients 'the ability to feed back to services and share comments on issues with other patients'.
9. The NHS has a commitment to improve the patient experience through the 2008–11 Public Service Agreement⁷ between the Department of Health and HM Treasury. It is also a vital sign in the NHS Operating Framework for 2009/10. Although delivery is measured through the National Patient Survey Programme, improvement will be secured through using a wide range of feedback from patients.

10. The two main sources of patient experience feedback used in the NHS have traditionally been compliments and complaints and the National Patient Survey Programme.
11. Complaints are a rich source of feedback. The Healthcare Commission⁸ and the Parliamentary and Health Services Ombudsman⁹ have both commented that the NHS should do more to use feedback from complaints to improve services. This is at the heart of the reforms to the complaints process that came into effect on 1 April 2009. Full guidance is set out in *Listening, responding, improving: a guide to better customer care*,¹⁰ developed to help complaints professionals work with colleagues to make their organisations better at listening to, responding to and learning from people's experiences.
12. The National Patient Survey Programme,¹¹ together with other surveys, such as the GP Patient, 18 Weeks and the National Patient Choice surveys, have been the mainstay of feedback to PCTs and providers. Surveys systematise the collection of experience feedback at a national level, are conducted at a trust level (and, in the case of the National Patient Survey Programme, are paid for by trusts themselves) and use standardised questionnaires and methodologies. The survey programme plays an important role in producing a credible snapshot of trust performance, enabling organisations to be benchmarked against their peers and stimulating quality improvements.
13. Some organisations have developed additional means of collecting feedback from patients and service users. The range of approaches includes:
 - traditional methods such as annual patient questionnaires, ad-hoc postal surveys, feedback sheets, comment cards and focus groups
 - opportunistic methods such as contacts made through Patient Advice and Liaison Services (PALS), community engagement events and patient forums
 - innovative methods such as membership panels, websites, mystery shopper programmes and patient stories.
14. These approaches identify issues of key concern to local organisations and their users, and how they might be resolved. They provide a level of detail that directly supports service improvement.

The opportunity for using real-time feedback

15. There is a growing interest from NHS providers working in hospital and community settings and from PCTs in collecting information from patients and service users in as near to real time as possible. This is so that results can be assessed quickly. This approach offers a clear opportunity for the NHS to make improvements.

16. Technology is available that supports information collection from individual wards, departments or services, measuring in near real time and reporting results rapidly. Alongside more traditional tools, bedside terminals, kiosks, hand-held devices and web-based surveys can be used to gather feedback.
17. In September 2008, Alan Johnson, Secretary of State for Health, asked the NHS to broaden the use of real-time techniques to collect patient feedback. All hospitals will be expected to start using, or extend the use of, near real-time techniques to collect patient experience feedback in 2009, and demonstrate that they are using this feedback to improve services. Providers of NHS services will need to demonstrate that they are delivering this commitment.
18. Although the current focus is on hospitals, PCTs should consider widening their plans to include primary and community care settings, where this has not already started. During 2009, the Department of Health will be supporting a number of pilots across the country to understand the practical issues of obtaining feedback in primary care settings and the value this has in helping providers to respond, and its effect on patient experiences.
19. This is the first step in delivering a broader and deeper goal that puts 'what really matters to patients' at the heart of healthcare provision and aligns with the NHS Constitution. To inform decision making and transform services, the NHS should aim to make systematic use of a mixture of feedback methods, including those that deliver real-time feedback.

A local framework for patient feedback

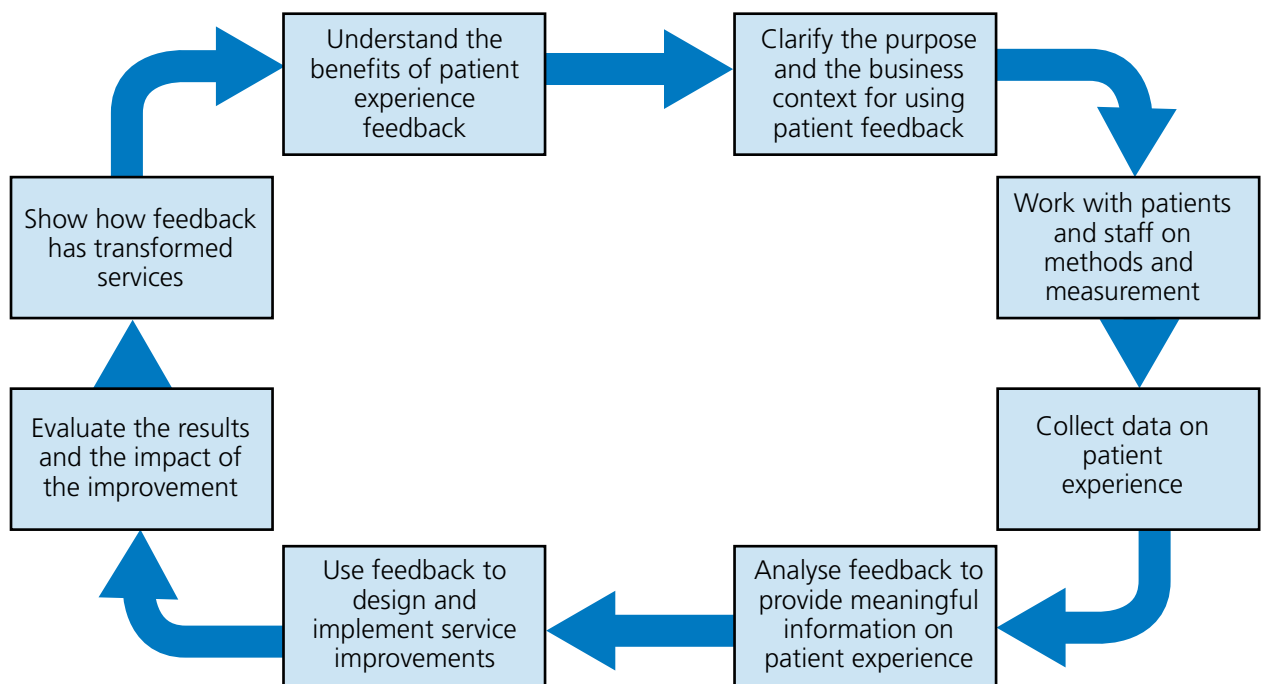
20. Commissioners and providers should work together to establish an agreed local framework. This has to be clear about the roles and responsibilities of the different organisations, and help co-ordinate feedback activity. The organisation, its staff and its patients should be involved in putting this strategy together.
21. For example, organisations will want to involve local patient and public groups, through the Local Involvement Network (LINK) or local membership and participation groups. For PCTs this will help to show that they are responding to the duty (now strengthened) to involve people in planning and developing services. This duty is set out in Section 242 of the NHS Act 2006 (see *Real Involvement: working with people to improve services*).¹²
22. Although complementary, the reasons for using patient feedback are different for commissioners and providers. Commissioners will use patient feedback to inform their commissioning decisions and contract management. It will help to demonstrate that they are providing the right services, at the right time, with the right outcomes for patients.
23. There are four key reference points to help commissioners assure themselves that patient feedback is being used, in line with the Secretary of State's commitment:

- The NHS Operating Framework (paragraph 52) sets out the case for providers and commissioners to work together to respond to the views and experiences of patients, including the unprecedented opportunity offered by near real-time feedback.
 - The standard NHS contract for acute services¹³ sets out the role of patient experience surveys as part of local mechanisms for quality monitoring (paragraph 16.3). These should be part of the monthly clinical quality report (paragraph 22), covering indicators agreed between the co-ordinating commissioner and the provider and reviewed by a clinical quality review committee. Real-time patient feedback can play a central role in the quality monitoring processes locally.
 - Local Commissioning for Quality and Innovation (CQUIN) schemes: while the content of CQUIN schemes is decided locally, all schemes covering acute hospital services must include some measures of patient experience. Best practice is that this is part of all local commissioning arrangements.
 - Quality accounts:¹⁴ Information from patient feedback systems is a rich source of information that can enable providers to demonstrate local improvement.
24. Providers aim to deliver high-quality services that provide excellent experiences for patients and service users. They are focused on meeting the needs of patients. They will want to know whether patients are satisfied with the care they have received and whether they would recommend the hospital to others. They will recognise that real-time techniques allow them to collect information quickly and take rapid action.
 25. Co-ordinating feedback activity between commissioners and providers will ensure that patients are not over-burdened with numerous requests for feedback. This co-ordination should take account of both national and local feedback activity that may be under way.
 26. Regulators and system managers also have an interest in what patients think of the services they receive, and they will take account of patient experience feedback in assessing the performance of NHS organisations.

The experience feedback cycle

27. The process of collecting and using experience feedback can be shown as a cycle (see figure 2).

Figure 2 – The experience feedback cycle



Understand the benefits of patient feedback

28. There are a range of benefits in collecting and using patient feedback. It:

- helps to improve communication between patients and staff
- helps to build trust and confidence in the NHS locally and nationally
- informs planning and service improvement
- helps the organisation to provide accessible and responsive services based on people's identified needs and wants
- helps patients to shape the services that they use.

29. A commitment by the organisation to collecting and using patient feedback can deliver some powerful messages to stakeholders. To patients and service users it says:

- we need and value your views on how we are doing
- we are actively looking at how we are doing, and striving to do better
- we look at your comments regularly and give a quick response to your opinions
- we are open and honest, showing you how we have responded to your feedback
- we will keep you informed about how other patients experienced care here.

To staff it says:

- we believe that your satisfaction with your work is key to giving patients and service users a positive experience of care
- we will involve you in designing systems to gather and respond to feedback
- we will support you to improve services, building our reputation as a high-quality service provider.

To health and social services partners and local patient and public groups it says:

- we take quality seriously
- we are committed to reporting on the quality of our services, as part of our accountability to you and the community
- we can show you how patient feedback has delivered better care, and better patient outcomes.

Clarify the purpose and business context for using patient feedback

30. Patient and service user feedback should be central to the business decisions of all healthcare organisations. The collection and use of feedback should be built into the local quality improvement strategy and framework. It should also be a central component of the organisation's overall strategy, linking directly to its organisational development and engagement strategies.

31. There are various reasons to seek feedback from patients:
 - to understand current problems in care delivery, and design quality improvement initiatives to address them
 - to monitor the impact of quality improvement initiatives
 - to allow benchmarking of your service or organisation against others
 - to demonstrate accountability to the public and taxpayers.
32. Collecting feedback by itself has no value. It needs to help clinical and management teams to identify aspects of their service that need to improve, so the team can take appropriate action. To do this, organisations should establish clear organisational processes for co-ordinating data collection, analysis, dissemination and action planning. The strategy should make clear who, within the organisation, is responsible and accountable for improvement activity, and for disseminating results. It should also provide a framework for using many different techniques targeted at different patient groups and providing different sorts of information and understanding.
33. Negative feedback, while useful to the organisation, can be uncomfortable for staff and for managers. This can be overcome by making patient experience feedback an essential feature of everyday practice, and as a key quality improvement tool, and gaining widespread staff support for its use.
34. Clear leadership from board to ward will demonstrate the organisation's commitment to using patient feedback. Although there is likely to be a role for a visible senior clinical champion using patient feedback within the organisation, line managers should be active in using feedback to deliver services. Effective engagement with all staff will ensure that they understand what part they play in quality improvement and how measuring patient experience might affect current practice and systems.
35. Collecting, analysing and using data is not free – it takes investment to establish and maintain feedback systems. Organisations should develop a business case that clearly sets out their local goals and strategy alongside the costs and benefits of having a range of feedback data, underpinned by a clear project and implementation plan.

Pilots undertaken in **South Central Strategic Health Authority** to develop approaches to improve patient experience have highlighted some key lessons:

- Culture is key. Cultural change requires a sustained effort over time rather than a 'quick fix'.
- Encouraging and reinforcing the right behaviours in individuals is vital. Perceptions are as important as the actual quality of care.
- Getting it right with staff, having the right staff and staff behaving in the right ways make a real difference.
- People are prepared to accept that sometimes errors or difficulties occur. It is possible to turn negative experiences into positive results with constructive communication and if the problem is resolved with 'ease'.

Work with patients and staff on methods and measurement

36. Staff should have, or be able to develop, the skills and knowledge needed to analyse and interpret feedback, and translate it into improvement activity.
37. There are a range of issues to be considered:
 - Be clear about what is being measured (focusing on what matters to patients, not what you think matters to patients) and why it is being measured.
 - Decide how it will be measured, balancing qualitative and quantitative approaches, and how the information collected can be used alongside information already available or collected using different methods.
 - Reach the full range of people who use the service. Segmentation techniques can help to identify groups of patients, or potential patients, with whom the organisation needs to engage.
 - Get the sampling right. Your sampling strategy should aim to gather feedback from a representative group of patients. A full discussion of the many different approaches to sampling is beyond the scope of this document, but Annex C contains signposts to further reading.
 - Co-ordinate efforts by providers and commissioners to collect information, so that patients are not over-burdened and to minimise duplication.

- Consider the timing of the data collection. The closer the data collection is to the actual experience of care, the 'fresher' and more effective the information will be. For long-term strategic purposes, the timing may not be as important as making sure the data is collected regularly from a representative sample of patients and is used systematically in accordance with a clearly defined strategy.
 - Be aware of the need for ethical approval. It is important that quality improvement work is conducted using sound ethical principles, especially when gathering patient feedback. Patient surveys focusing on the quality of the services received are not usually viewed as research and should not require consent from the local ethics committee. For example, ethical approval is not required if you use questions from the National Patient Survey Programme or the Chief Nursing Officer's measures for dignity and compassion. These have received ethical approval. If in doubt, check with the Local Research Ethics Committee.
 - Take into account data protection issues and the need to maintain patient confidentiality. It is good practice to obtain the patient's consent for their data to be used for quality improvement purposes.
 - Determine how feedback data can be woven in with other sources of information to identify what aspects of the service can be or need to be improved.
38. Particular consideration should be given to gaining the participation of different groups, and any issues associated with those groups – that is, deciding how feedback will be collected from vulnerable groups such as children or people with mental or learning impairments. You should take account of differing communication requirements of patients, reaching beyond the literate and confident to include people who may not speak English as a first language. Some groups may need greater support to respond. Organisations should undertake an equality impact assessment to understand the implications of their feedback strategy across the various ethnic groups. This will be particularly important in areas where the local population is ethnically very diverse or where particular groups predominate.

Salisbury NHS Foundation Trust has piloted existing frequent feedback technology with a number of patient groups, and is now rolling out the approach across the trust. 'I think the success of the pilots was down to us taking the time to get the process right for each of the patient groups we chose to focus on,' says Mo Neville, Directorate Manager for Clinical Governance. 'We also had to get it right for staff, collecting feedback without disrupting ward activity but also reporting the results to staff in a way that gave them time to absorb what patients were saying and plan their response.'

39. Questions should be designed to produce data that is useful to the local team, so staff should be able to tailor questions to their specific needs and those of their patients. However, it is also important to use some standardised questions to enable benchmarking across the hospital or against other provider organisations and to demonstrate improvement over time. Commissioners and providers should work together to explore the scope for a combination of standard and locally determined questions.
40. There are a range of tried-and-tested questions available to NHS organisations, developed through the National Patient Survey Programme and other Department of Health-led surveys. Questions for use in community health services are beginning to be developed.
41. Developing bespoke questions and response options often requires some specific training in social research methods, and their use may require local ethical approval. Questions should be developed with patients and staff, and tested in depth using cognitive interviewing techniques. They should be carefully piloted before you start the data collection; what seems like a sensible question to one person can be interpreted in a different way altogether by another. Cognitive testing helps you to understand the range and diversity of ways in which people answer survey questions, whether questions are working as intended and whether the wording and layout of questionnaires is clear and unambiguous.

Heart of England NHS Foundation Trust is developing an in-house solution to collect and analyse patient feedback.

‘We did a pilot using hand-held devices, and these did work well in some areas,’ said Jamie Emery, Patient and Public Involvement Manager at the trust. ‘We decided to develop our own solution in house, that combined complete flexibility over the questions we asked with robust wireless technology.’

Questions are loaded onto the trust’s intranet, which is then accessed on the ward using a wireless laptop. ‘Patients seem to like the new system,’ said Jamie. ‘The questionnaires are presented in a way that is accessible for people who don’t see very well, and it is now much easier for people to add more detail if they want to.’

The system will collate and analyse the responses and present them through the intranet to ward staff, who in turn will report back to patients. The results will also be included in a ‘dashboard’ report to the trust board, alongside other relevant data on performance.

Points to remember when designing measurement tools

- Measurement for improvement is different from measurement for research or for making judgements about performance. It is based on sequential testing with ‘just enough’ data, working with data and information that is ‘good enough’ rather than perfect.¹⁵

- A baseline will be needed, against which to measure change.
- The reasons for particular clinical practices need to be properly explained and communicated to patients, otherwise they may impact negatively on patient experience.
- Innovations and changes in practice may initially elicit negative responses, simply because they are different from patients' expectations or previous experience.

Since February 2007, **University Hospital Coventry and Warwickshire NHS Trust** has been using a bespoke, online questionnaire to get feedback on patient satisfaction in real time.

Surveys can be completed by the patient, their relative, carer, visitor or even their GP. The survey is structured to allow people to comment on issues that are important to them, rather than answering a predetermined set of questions. This produces feedback which is highly relevant to individual teams, and staff have found that reading what patients say in their own words delivers some powerful messages.

The survey is the first formal method within the trust of capturing compliments, which has been a big boost to staff morale. More recently, the survey has been adapted to examine staff satisfaction and experience. One of the key objectives behind this is to see whether low morale in one area or ward is reflected in low satisfaction levels among service users. Where there is a correlation, plans are drawn up to tackle the underlying issue.

Collect data on patient experience

42. Quantitative and qualitative methods provide different insights into patient experience. Quantitative methods are concerned with numbers and measurements which can be analysed statistically to describe and compare results. The emphasis is on examining trends and patterns, to understand *what* a patient has experienced. This is distinct from qualitative methods, where the focus is on obtaining an in-depth understanding of *how* and *why* things are as they are. Qualitative methods tend not to have a fixed set of questions, but instead use topic guides to explore various issues in depth and produce anecdotal-type information.
43. Research has identified a broad range of data collection methods currently in use across the NHS, many of which can be made to operate in near real time.

Quantitative methods	Qualitative methods
Postal surveys	In-depth interviews
Face-to-face surveys	Discovery interviews
Telephone surveys (interviewer administered)	Focus groups
Automated telephone surveys	Web-based feedback
Online surveys using web-based or email questionnaires	Comment cards and suggestion boxes
Surveys on hand-held devices	Video 'vox pop' boxes
Surveys using touch-screen kiosks	Complaints and compliments
Surveys using bedside terminals	Patient diaries
Exit cards	Mystery shopping
	Customer journey mapping

44. A more detailed discussion of real-time data collection methods can be found in *Investing for Health*,¹⁶ recently published by the Health Services Management Centre, University of Birmingham.
45. No single methodology will give an organisation all of the information that it needs to support service improvement. A combination of tools and methodologies – both quantitative and qualitative – is likely to be needed. The organisation should take into account how they might use feedback for multiple purposes, such as upward reporting to trust boards, and external reporting to commissioners.
46. The selection of tools and methods can be made easier by answering some key questions:
- What do you want to achieve? Ensure that you have a strong business case that demonstrates the need for investment and the benefits that will result.
 - How will you decide which methodology (or methodologies) is required to achieve your aim? Design a selection process that tests the options against your business case, tests different approaches and involves staff and patients in the selection process.

- Can you pilot different approaches before selecting a specific methodology or methodologies? Seek feedback from patients and staff on which works best in your chosen care setting.
 - How will you realise the benefits and address any possible unintended consequences of implementing your chosen methodology? Manage this as a formal project (use a project methodology such as Prince 2) and have a board-level leader who has oversight of the whole programme of using patient feedback, not just implementation of the technology.
 - How will implementation affect interactions between patients, families and staff? Focus on the processes that underpin the collection of data and understand the needs of different groups of patients, including the 'hard to access' groups.
 - How will you ensure that your approach is flexible in future? Decide whether you want to have the security of a long-term agreement or a more flexible arrangement that responds to your changing needs and new technological options.
47. Some patients, particularly those with continuing health needs, may feel intimidated or under pressure to give a positive response if a member of staff is watching over their shoulder while they answer the questions. You can overcome this by encouraging patients to help one another, or ask visitors or other trusted intermediaries, such as hospital volunteers or PALS staff, to collect the feedback or provide assistance.

Dudley PCT is developing a central repository to collate all of the feedback collected by the PCT. Feedback comes from a range of sources including national, local and regional surveys, workshops, PALS data, complaints, incidents and also from discussions at the PCT's Healthcare Forum.

The repository is managed by a dedicated patient experience analyst, who supports PCT colleagues in identifying sources of evidence, and tracks how the information has been used. The PCT is looking closely at how the repository could be extended. It would include local providers' feedback activity so as to gain a comprehensive overview of feedback activity, to be used more systematically to drive service improvements.

Selecting a commercial partner

48. There are a large number of companies in the UK that provide feedback-related services such as questionnaire and survey design, data collection, analysis, mystery shopper programmes and focus group facilitation. In selecting a commercial partner, NHS organisations should consider potential suppliers' experience of working in the healthcare market. Those working with patients need to be aware of particular considerations around ethical and data protection requirements, for example.

49. Commercial partners often offer specific technological solutions and while technology can be a useful aid, particularly in automating data collection and analysis, it will seldom be able to provide all that an organisation will need. For example, technology can be programmed to automatically analyse and present statistical data in graphical form and give an indication of what the issues are, but it cannot identify actions that ought to be taken to improve the services in question.
50. Despite this, there is scope for technology to do more than it does now. The NHS should seek to be more proactive in the way it influences the development of second-generation products and services offered by suppliers.
51. An analysis of the trends in the supplier market shows that there are a range of different products and services available to purchase or lease. NHS organisations as customers need to consider what sort of service and product they are considering. Two key variables are:
 - The degree of customisation required: some products are 'off the shelf' solutions. Others offer different degrees of tailoring, for example questions can be adjusted using different methods of data collection and feedback.
 - The degree of integration with business processes: some providers offer a stand-alone data collection service, but increasingly companies are offering wider packages with continuous consultancy support to redesign services using feedback.
52. The business case outlined on page 12 should include an appraisal of technological options, alongside other more traditional methods of seeking feedback, addressing key considerations such as cost, value for money and length of contract with a chosen supplier.
53. Irrespective of the approach chosen, organisations should invest in education and training resources that support staff using the technology, especially with 'hard to access' groups of patients and service users.

Analyse feedback to provide meaningful information on patient experience

54. It is relatively straightforward to collect a huge quantity of data on patient views and opinions, but this data needs to be analysed carefully to produce useful information that can be used to identify actions required.

55. Inadequate analysis, leading to poor presentation of the results, is the surest way to ensure that patient views have little or no impact. When placed alongside the results of clinical trials and major observational studies, it is essential that patient feedback is rigorously analysed and the messages clearly presented. It can be all too easy to dismiss the information as 'simply anecdotal' when it should be seen as a crucial and equal partner to data on safety and effectiveness.
56. Clear presentation of the results is crucial in helping busy clinical teams to understand the messages from the feedback. With quantitative data, commercial partners will often provide a standard set of reports, but many also offer to produce tailored reports to meet the needs of specific groups. Presenting qualitative data can be harder, but there are a range of techniques that communicate key messages to staff, such as a focus on patient stories and case studies.
57. Ways of analysing qualitative and quantitative data are, of course, quite different. One of the key skills that organisations need to develop is the ability to identify the key themes and messages from different types of data. Health service researchers describe this as the need to 'triangulate' information from different data sources to ensure that their conclusions are sound.
58. Similarly, with patient feedback, it is important to triangulate different data to get a rich picture of what patients and service users are saying. For example, understanding the interaction between the data from survey results and complaints and real-time quantitative data and patient stories is crucial. It helps to identify areas for improvement and the sort of reform that might be undertaken. Often these different sources of data help anticipate further data collection – the National Patient Survey Programme will, for example, identify organisation-wide trends that real-time feedback can explore in specific locations, with patient focus groups and interviews helping to identify what actions will lead to improvement.
59. Timeliness is a key consideration in this process, as staff will need time to absorb the messages and plan and implement their response.
60. Key recipients of the feedback will primarily be the teams responsible for designing and implementing service improvements, but there will be others within the organisation who will have an interest in seeing what patients are reporting about their experience of care.

The Patient Experience Database at **NHS Bradford and Airedale** has been developed to record what people say about local services. Patients are encouraged to send in their stories about being an NHS patient, which are recorded on a database. The system analyses each sentence within the story, tags it as a positive, negative or neutral experience, and files it to one of five patient quality indicators. The results are used alongside feedback from, for example, the National Patient Survey Programme to form a comprehensive overview of how patients perceive services, and to identify where their needs are not being met.

Use feedback to design and implement service improvements

61. The ultimate test is how information is used to bring about change. This cannot happen piecemeal in reaction to specific feedback. The approach to designing potential solutions to issues identified from patient feedback needs to be part of the organisation's wider approach to quality improvement. Information on patient experience should be placed alongside other information – not just safety and effectiveness, but also cost and impact.
62. A thorough analysis of feedback gained will help organisations to identify where improvement is needed, and to prioritise where they should focus work on improvement. A key finding from the Picker Institute's Patients Accelerating Change Programme¹⁷ is that it is more effective for organisations to focus on one or two key improvements at a time, rather than trying to tackle every issue identified at the same time. When prioritising action, organisations will find it helpful to consider who they are trying to benefit. It may be better to make a small difference for a large number of patients than a large difference for a few.
63. Prioritising and designing solutions should involve patients and staff working together. There is little point in creating a superb feedback system that leads to changes that receive poor feedback. The NHS Institute for Innovation and Improvement has developed a practical design approach to help NHS organisations. A comprehensive guide and toolkit¹⁸ to help NHS organisations to develop their own approach is available to download free of charge to NHS staff in England.

Evaluate the results and the impact of the improvements

64. It is good practice to evaluate the impact of improvement measures and evaluate the outcome. This involves thinking about the results, what this says about progress towards the improvement goal identified in the earlier stages of the patient experience feedback cycle, how and why these outcomes have been achieved, and what the implications are for further change.

65. Evaluating the effect is, in essence, the 'study' component of the plan–do–study–act cycle.¹⁹ It will involve repeating earlier steps around information collection and analysis to understand what change has been achieved and whether patients are reporting a better experience of care.

Show how feedback has transformed services

66. The previous section looked at using feedback to identify quality improvements and design the action to be taken to deliver them. There is another dimension of feedback to consider: reporting on what you have done as a result of people's feedback. This is key, especially in publicly funded and accountable organisations.
67. Earlier in this document we touched on the importance of timely distribution of feedback. Time is also an important consideration when reporting what has been done as a result of that feedback.
68. Several trusts have used display boards in wards and outpatient departments to show what patients have said about their experience. They have also been used to demonstrate how quickly and effectively the team has used the feedback to make changes that will benefit patients in the future. Intuitively, it is apparent that the higher the profile of the results of previous feedback, the more willing patients will be to give further views.
69. It is also important that the board considers how it can show that the organisation listens and responds to the wide range of patient feedback. Quality accounts provide an opportunity at the end of the year to highlight what has happened, but boards will want a real-time approach to reporting progress, for example through regular reports to board meetings. There is also an opportunity to use the data as part of the wider work involving patients, patient groups and wider stakeholders such as foundation trust members, citizen panels, Local Involvement Networks or overview and scrutiny committees.
70. Patient experience feedback has an important place in discussions between commissioners and providers about service delivery. The guidance on the CQUIN schemes explains that all local CQUIN schemes need to include metrics and plans for improvement of patient experience, and these measures should be an integral part of the monitoring and quality review process.
71. It is important that staff can showcase the benefits from using patient and service user feedback. Wards and departments can be encouraged to put forward their schemes for local and national awards, and the board can visit and hear about local initiatives and programmes.

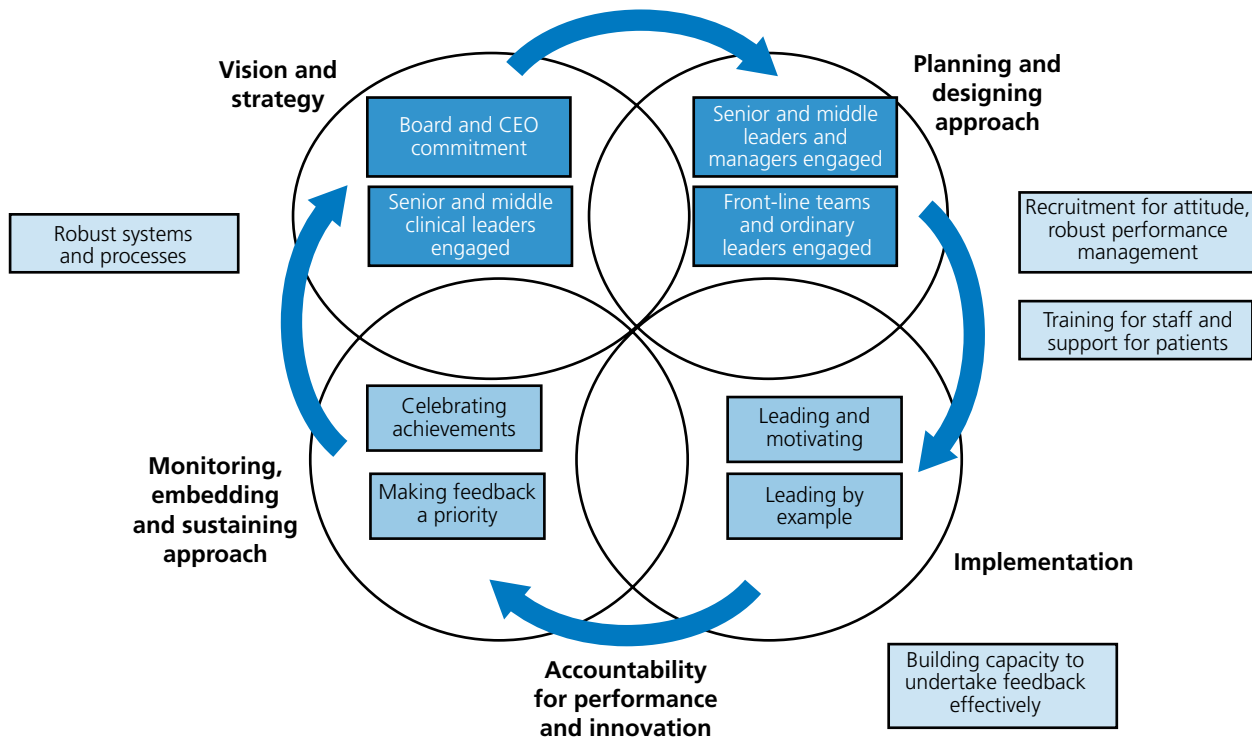
World-class commissioning calls upon PCTs to use patient experience feedback to monitor the quality of services they commission from NHS trusts. **NHS Hampshire** asked patients to identify aspects of hospital care which they were most concerned about. Seven key themes emerged, which were developed by the PCT into improvement targets and measurements. These were then written into the quality schedule of the 2009/10 standard NHS contract for acute services.

'This new approach has helped us to understand what is important to Hampshire residents,' said Wendy Ball, one of the PCT's Quality and Patient Experience Facilitators. 'Including improvement measures in the contract will help us to track how services are performing, but, more importantly, the whole process has really cemented a commitment to improving patients' experience between ourselves, our acute partners and, of course, our patients.'

Continuing the journey

72. To make the use of patient and service user feedback integral to each health community, the following issues need to be clearly agreed:
 - putting patient feedback within a wider agreement on the roles and accountabilities of each organisation, especially on quality improvement as part of contracts
 - the approach to using feedback along the patient pathway, so organisations can work together to ensure smooth transition between professionals and organisations for patients and service users.
73. The connections between the different components of a comprehensive and systematic approach to the use of feedback in each locality is represented in figure 3.

Figure 3 – A systematic approach to embed use of feedback



Source: Karen Ashton, South Central Strategic Health Authority

74. Building local capacity to collect, analyse and use feedback as part of a systematic approach to quality improvement will transform services and make them more responsive to patients and their carers.

Annex A – Top tips

Do

- ✓ Remember, improving experience involves changing minds – positive attitudes and behaviours make the difference.
- ✓ Ensure senior clinical leadership and commitment when starting to plan quality improvements.
- ✓ Select the method of measuring feedback that matches the purpose you have identified and the needs of the patient group.
- ✓ Use project management principles to support implementation.
- ✓ Pilot your chosen method before using it on a large scale.
- ✓ Use the technology to help you, but remember that it is an aid, not a whole solution.
- ✓ Ensure that resources, including staff time, training etc, are factored in to plan at the outset.
- ✓ Collate feedback with other data sources to gain a full understanding.
- ✓ Avoid paralysis by analysis – resist the temptation to gather ever more information before taking any action.
- ✓ Use feedback to identify what is working well – recognise and reward good practice.
- ✓ Tell the stories behind the feedback – avoid providing data alone, without interpretation.
- ✓ Explain the results and demonstrate the action taken.

Don't

- ✗ Expect a 'quick fix' – changing minds takes time, and by creating a structured approach you will be able to monitor success.
- ✗ Ignore the need to invest in capability and capacity to implement a sound approach.
- ✗ Measure progress too narrowly.

- ✘ Decide upon a method of collecting and collating feedback without understanding the business case and ongoing costs.
- ✘ Proceed with data collection and analysis before you are clear about who is responsible for using the feedback to improve patient experience.
- ✘ Forget to feedback to staff and tell patients how you have used their feedback to improve services.
- ✘ Focus only on the negative – celebrate successes.

Annex B – Questions for board members

Vision and culture

- What is the organisation's vision for improving patient experience?
- What is the organisation's strategy for communications and stakeholder engagement on patient experience issues?

Systems and processes

- Does the organisation have clear ways of communicating with the public and local population in order to gauge their experience and expectations?
- Over what timescale is the organisation planning to meet the NHS Operating Framework requirement and Secretary of State's commitment to using real-time patient experience feedback?
- Does the organisation have clear systems in place to assess if a culture of improvement has taken root?
- Does the board receive regular updates demonstrating the use of patient experience feedback?
- How will you feedback the results and actions to your patients and local population?

Responsibilities, capability and capacity

- Is there a named board member with responsibility for improving patient experience?
- Who is responsible for measuring patient experience?
- Which senior clinical leaders are supporting the patient experience feedback programme? Are they also committed to making quality improvements as a result of the programme?
- Do staff have the right skills and do they have support from directors?

Annex C – Useful resources and further reading

Resources

Care Quality Commission Patient Surveys, www.cqc.org.uk/publications.cfm

Information Centre for Health and Social Care, www.ic.nhs.uk

National Centre for Social Research, National Patient Survey Programme Co-ordination Centre, www.nhspatientsurveys.org.uk/

National Patient Safety Agency, National Research Ethics Service (NRES), www.nres.npsa.nhs.uk

National Social Marketing Centre, www.nsmcentre.org.uk

NHS Evidence, patient and public involvement specialist library, www.library.nhs.uk/ppi/SearchResults.aspx?searchText=experience+feedback&tabID=290&

NHS Institute for Innovation and Improvement, www.institute.nhs.uk

Pickier Institute Europe, guides to improvement (*A Guide to Understanding Your Survey Results, A Guide to Sharing Your Survey Results, A Guide to Action Planning*) www.pickiereurope.org/improvementguides

Pickier Institute Europe, National Patient Survey Programme Co-ordination Centre, www.nhssurveys.org/

The Good Indicators Guide, NHS Institute for Innovation and Improvement and Association of Public Health Observatories, www.institute.nhs.uk/index.php?option=com_joomcart&Itemid=194&main_page=document_product_info&products_id=372

Understanding detailed patient experience data: toolkit for analysts, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091660

Further reading

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17. Picker Institute Europe, Patients Accelerating Change Programme, www.pickereurope.org/page/75
18. NHS Institute for Innovation and Improvement, Experience Based Design, approach guide and toolkit, www.institute.nhs.uk/quality_and_value/introduction/experience_based_design.html
19. Institute for Healthcare Improvement, www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/



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