



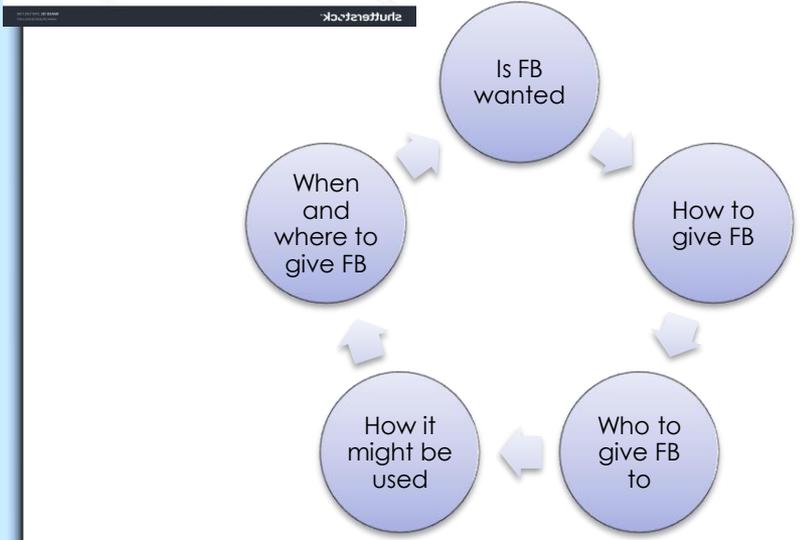
# **PEN Regional Events 2018**

**Insight & Feedback Team**



**Feedback –  
not as easy  
as it  
sounds...**

- Less of a strong sense of ownership or shared responsibility in terms of feedback
- But they feel protective and keen to safeguard the system
- Patients do not always feel a sense of *responsibility* to give feedback to NHS– lack of control and no feeling of being a stakeholder
- But they do respond well to the idea that their feedback is valued and used and that it can be about quality control



# Multiple barriers to feeding back to NHS

Reflective feedback can be good but the moment has passed and I want to move on from illness.

My NHS encounter is unique, My feedback will be unique, who listens to a lone voice?

Standard surveys can't capture the uniqueness of my encounter

Real-time 'feedback' is unreliable. Real-time is about sorting out my care just for me

Combination of barriers can drive doubt in feeding back

NHS is vast and varied

NHS can't afford to act on feedback, it's fighting to sustain over-stretched resources, so not focused on 'added-value.'

Unconvinced NHS motivated to act on feedback - no selfish gain to be had like a business

Where does all this data end up inside the NHS?

# Different dimensions impact on feeding back

Type of feedback – positive/negative/neutral

Topic

Moment feedback is given or asked for

Care setting

Authorship and anonymity

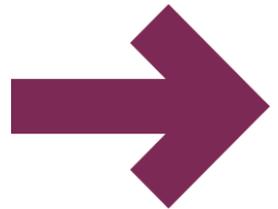
**My state of health**

**NHS Empathy**

“She wasn’t very caring and she wasn’t concerned about it at all. It was just y’know oh I’ll just say this, keep her happy.”

“Taking your problems seriously. No, he didn’t.”

“I don’t think he was particularly great at explaining what the problem was, it was just, yeah, it’s an ear infection, [pause] and that was it.”



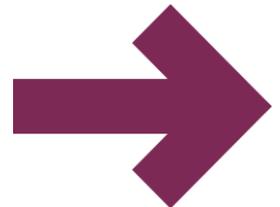
“She wasn’t very caring and she wasn’t concerned about it at all. It was just y’know oh I’ll just say this, keep her happy.”

RATING: **Good**

“Taking your problems seriously. No, he didn’t.” RATING: **Good**

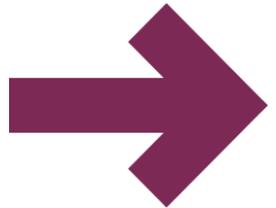
“I don’t think he was particularly great at explaining what the problem was, it was just, yeah, it’s an ear infection, [pause] and that was it.”

RATING: **Good**



“Surveys are incredibly useful in a number of ways, but we need to be careful how we interpret and use their findings. A number of our studies point to the fact that patients may be inhibited in criticising the quality of care in questionnaires, despite being unhappy about this care.

**We can't assume 'good' means 'good enough'**, and survey results should be used to look at relative performance (in benchmarking and ranking), and not absolute performance.”





## Communicating feedback outcomes feels key to engagement

Patients need to know that feedback is *valued* and *used*

Need to know that feedback matters - can be key to engagement, particularly for neutral 'everything is fine' feedback

E.g. 'You said...we did...' boards in local setting, Articles in magazine / newspaper

For more serious negative feedback or complaint, personal response is key although not for more simple surveys

*"How can we find out if the surveys we do are acted upon or chucked in the bin" General Public, South*

*"They should be more transparent about what feedback they did and what they did with it"*

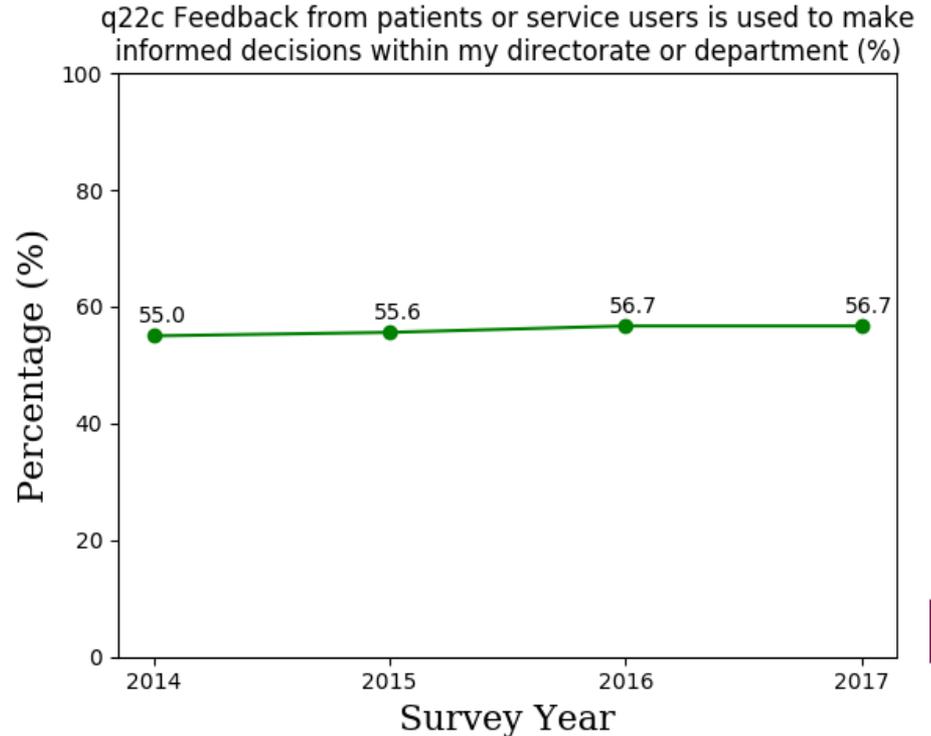
# Patient care and experience



Most staff report that their directorate or department collects patient feedback (89.7% in 2017).

The proportion of staff reporting that this feedback is used to inform decision making is significantly lower, although it has improved over time.

You can find more trend data (2013-2017) on our [results website](#).

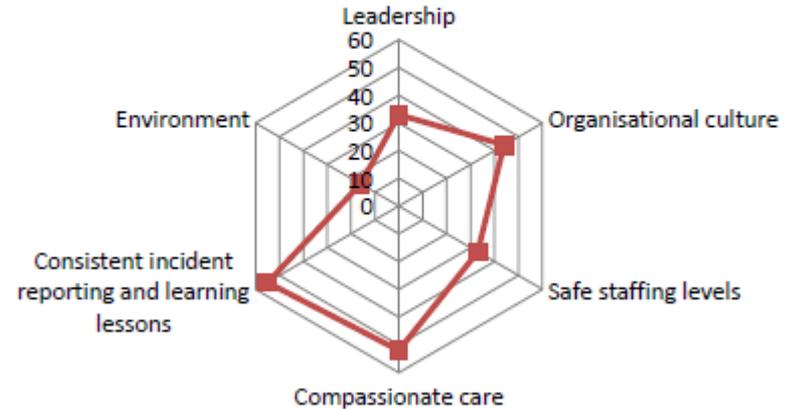


# Only as good as the people listening...

## Patient experience framework

April 2018

## Frequency of emerging themes



**Links between NHS staff  
experience and patient  
satisfaction:  
Analysis of surveys from  
2014 and 2015**



Looked at 4 overall scores:

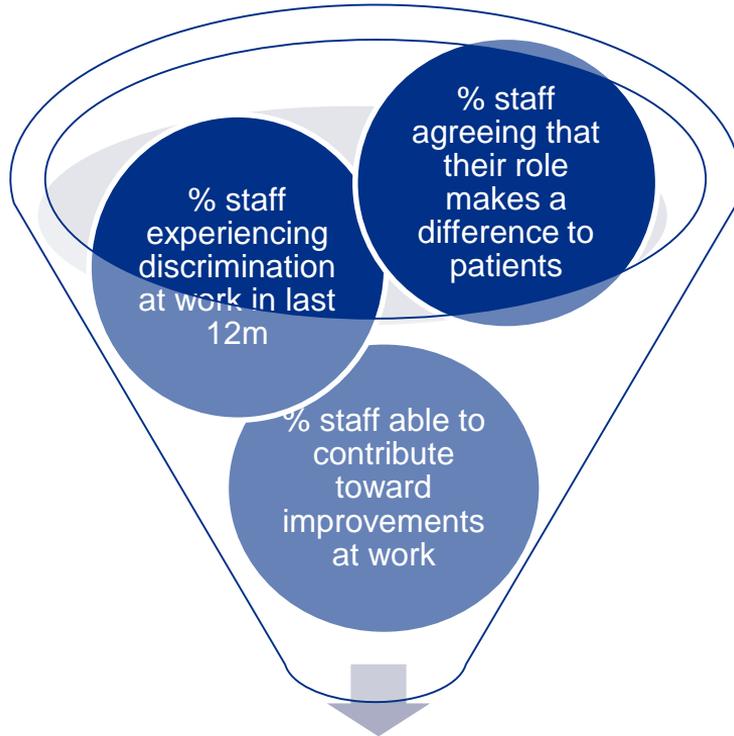
- Overall satisfaction (comprising 27 separate questions)
- Satisfaction with written communication (3 questions)
- Satisfaction with operations or procedures (6 questions)
- Satisfaction with hygiene (5 questions)

<https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/>



**The most important factors associated with the 4 dimensions of patient satisfaction**

# For BME staff..



“The effects for BME staff specifically indicate that the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for.”

Factors associated with patient satisfaction

# Where is patient insight now?

## Patient feedback in current system

- No single home
- Siloed
- Seen as a 'nice to have'
- Seen as 'soft' data
- Often reliant on the national surveys

## What's missing?

- Joined up view of patient
- Putting patient feedback intelligence on an even keel with other data
- Capability and capacity
- 'Weaponising' patient insight data

# What's stopping organisations?

## Organisational



Our patient  
experience  
lead has  
responsibility  
for the  
hospital

Responsibility does not  
extend beyond  
organizational boundaries

## Measure



We don't  
have any of  
the tools to  
measure  
patient  
experience  
over  
pathways

What can be measured  
dictates what can be  
changed

## Expertise



We only  
have  
quant/qual  
knowledge  
and that  
problem  
requires  
qual/quant

Methodological  
expertise narrows  
diversity of research



*“You will find only  
what you bring in”*

“I don’t want  
a service; I  
want a life”

# Our FFT experience over the past 4 years...

- FFT has raised the profile of patient experience.
  - Putting patient experience on the map where previously it hadn't been;
  - Giving everyone a voice in a way the survey programmes don't;
  - Supporting staff in reinforcing the good job they do;
  - Giving staff evidence on where changes need to be made;
  - Providing a swifter data set than the survey programme;
  - Providing more granular data than the survey programme.
- Where concerns have reached us, we have made changes:
  - No more net promotor score;
  - No RAG rating of results;
  - Removed response rate targets;
  - Removed 3 of 4 maternity response rates;
  - Guidance for handling sensitive situations.

# We have an opportunity now to:



- Explore a more effective question;
  - Remove some of the burden in meeting some of the specifics in the guidance (ie. 48 hour rule);
  - Support services to make the most of what FFT can offer;
  - Support the best possible use of the data – particularly in relation to earned autonomy.
- What we are not going to do:
    - Mandate mode of collection/make changes to current collection methods;
    - Make it a comparison tool;
    - Extend the FFT beyond the services covered by the current guidance.

Help us define the way forward. Get involved via:

**[ENGLAND.Insight-Queries@nhs.net](mailto:ENGLAND.Insight-Queries@nhs.net)**

# Bitesize guides on insight

<https://www.england.nhs.uk/ourwork/insight/insight-resources/>



## Insight resources

We want to help providers and commissioners to understand the use of patient insight better and to use it effectively in delivering local services. Publications on this page are designed to help build understanding and skills in this area and we will add new topics over time.

## Bite-size guides

Our series of short guides are produced regularly as a quick reference to a particular topic. If you want to suggest future topics for inclusion, please email: [england.insight-queries@nhs.net](mailto:england.insight-queries@nhs.net).

- [Bite-size guide to 'writing an effective questionnaire'](#)
- [Bite-size guide to 'building greater insight through qualitative research'](#)
- [Bite-size guide to 'helping people with a learning disability to give feedback'](#). [An easy read companion to this guide is available.](#)
- [Bite-size guide to 'how and when to commission new insight and feedback'](#)
- [Bite-size guide to 'what's already available'](#)
- [Bite-size guide to 'Patient Reported Outcome Measures \(PROMS\)'](#)

# Thank you

To contact us with a question or to join  
our NHS Insight Network:

[england.insight-queries@nhs.net](mailto:england.insight-queries@nhs.net)

