New guidance shows how trusts can collect and use patient feedback to improve care delivery

Outlining the main points from Department of Health guidance on using patient feedback to change and develop services to meet patients’ needs

Health secretary Alan Johnson told NHS trusts last autumn to start to collect and use ‘immediate feedback’ from patients to drive service improvement. As a result, the Department of Health (2009) published guidance last month on using patient feedback to transform services. This outlines best practice in terms of collecting, analysing and using feedback to improve care. The guidance outlines the policy context, including Lord Darzi’s High Quality Care for All report, which makes patient experience a key driver of quality improvement (DH, 2008). Specifically, the health secretary asked the NHS to broaden the use of real-time techniques to collect patient feedback. All hospitals must start using – or extend the use of – ‘near real-time techniques’ to collect patient experience feedback in 2009 and should show that they are using this to improve services. PCTs should consider widening their plans to include primary and community care settings. The guidance highlights technology that can support information collection measured in near real time and can report results quickly. This technology includes bedside terminals, kiosks, hand-held devices and web surveys. Commissioners and providers should jointly establish an agreed local framework.

THE FEEDBACK CYCLE
The guidance explains that the process of collecting and using experience feedback can be shown as a cycle (Fig 1). In terms of clarifying the purpose and business context for using feedback, collecting feedback by itself has no value. It needs to help clinical and management teams to identify aspects of their service that must improve, so the team can take appropriate action. To do this, trusts should establish clear organisational processes. However, negative feedback, while useful, can be uncomfortable for staff and managers. This can be overcome by making patient experience feedback an essential feature of everyday practice.

Staff should have – or be able to develop – the skills and knowledge needed to analyse and interpret feedback and translate it into improvement activity. This includes being clear about what is being measured, deciding how it will be measured and reaching the full range of people who use the service. Particular consideration should be given to gaining the participation of different types of patients. This involves deciding how feedback will be collected from vulnerable groups such as children, or people with mental health problems or learning disabilities.

ANALYSING DATA
When analysing feedback, data must be examined carefully to give useful information that can help to identify necessary actions. Clear presentation of results is crucial in helping busy clinical teams to understand the messages from feedback.

When it comes to using feedback to design and implement service improvements, the ultimate test is how information is used to bring about change. This cannot happen piecemeal in reaction to specific feedback, but should be part of the organisation’s wider approach to quality improvement. To show how feedback has transformed services, several trusts have used display boards in wards and outpatient departments to show what patients have said about their experience. For examples of using patient feedback and a list of tips, see the full guidance (DH, 2009).

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REFERENCES

Understand the benefits of patient experience feedback
Clarity the purpose and the business context for using patient feedback
Work with patients and staff on methods and measurement
Collect data on patient experience
Use feedback to design and implement service improvements
Analyse feedback to provide meaningful information on patient experience
Evaluate the results and the impact of the improvement
Show how feedback has transformed services

FIG 1. THE EXPERIENCE FEEDBACK CYCLE