

What scope is there to improve the use of patient experience feedback data for quality improvement in primary care?

Researchers

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Background

It is important that patients have good experiences of healthcare. It is not only intrinsically right to treat people with respect and to view them as individuals but there is an increasing evidence base which demonstrates that good experiences of health care can significantly improve patients' health (measured physiologically, behaviourally and subjectively) and support reduced healthcare costs. Conversely, dissatisfaction with health care experiences have been shown to negatively affect health seeking and healthcare behaviours. Patients who perceive they have been treated with disrespect, for example, are less likely to engage with routine secondary preventative care, health seeking behaviours or follow physicians' advice. Dissatisfaction is also a reliable predictor of malpractice claims, and thus has potential to increase healthcare costs.

Survey data from most countries shows that patients' experiences of health care are variable [3]. In Scotland, one indicator of the levels of dissatisfaction with health care encounters is to be found in national ISD complaint statistics. Over a third of the 7,437 complaints that NHS Scotland receive annually are related to staff's behaviours, a critical factor influencing patient experience. This is probably a gross underestimate of the dissatisfaction that patients have with their health care encounters as research shows that patients who have negative experiences of care often consider mitigating factors when they evaluate services (so poor experiences often do not result in expressions of dissatisfaction or formal complaints). The reasons for the persistence of varying and often poor patient experiences despite quality improvement efforts remain unclear.

As part of the Quality and Outcomes Assessment Framework, primary care services are now required to regularly seek patients' evaluations of the services they provide. This affects their annual funding. Ongoing work within the Social Dimensions of Health Institute involving interviews with GPs is highlighting some dissatisfaction amongst primary care staff with the current patient survey tools and the requirement for repeat surveys. They have highlighted issues relating to the value and usefulness of the current tool and the incremental reduction in response rates from their local population.

Patient survey tools are not the only way of eliciting patients' experiences and evaluations of health care. In recent years there has been an increase in the range of approaches available to help elicit patient experiences. Different types of survey question have been developed and discovery interviews, use of patient stories, and public/patient forums have

been introduced. Although there has been rapid growth in the collection of patient experience feedback data within the NHS, little is known about how it is used or how useful it is in stimulating and realising improvements in patient experiences. The few studies that have investigated this have indicated that the effectiveness of using patient experience feedback data as a strategy to stimulate improvements in patients' experiences can be varied. Some have shown that it can support improvement in local services and stimulate patient-centred improvement activity amongst motivated teams. Others, however, have noted that formal patient experience feedback does not always lead to improvements in service. Vingerhoets, Wensing and Grol (2001), for example, noted that although hospitals generally find patient surveys help identify problems few actually launch patient-centred interventions.

Our understanding of why patient experience feedback data is or is not used by staff and how it is successfully/unsuccessfully used to drive forward improvements in patients' experiences is limited because very little research has examined how staff use such data to support improvements in services or how useful they find it. The few studies that have considered this highlight the lack of standardised approaches and tools used and the organisational, professional and data related factors which may affect the use of patient experience data. Staff have been found for example to spend inordinate amounts of time debating the validity and reliability of patient experience feedback data leaving little time for the learning from it to permeate through into actual improvements.

If service providers are to effectively use patient experience feedback to improve processes and experiences from the patient's perspective it is important that we understand how it is currently received, responded to and used by practitioners and service providers. Understanding this will help us better understand how teams can be best supported to make effective use of such data therefore increasing their potential to significantly impact on patients' experiences of health care and subsequent health seeking and health care behaviours.

With the predicted rise in patients living with long term conditions, improving health seeking behaviours and self-management activities amongst people living with long terms conditions is of significant importance to primary care teams. This project will therefore focus on how patient experiences are currently elicited from patients and how they are and could be used within quality improvement activities.

Aims of the study

To explore how staff working within primary care perceive and respond to different forms of patient experience feedback

To investigate how formal patient experience feedback data is and can be used to improve services.

Research questions:

1 How is formal patient experience feedback currently gathered and used within primary care?

a) How is formal patient experience feedback obtained/presented to/shared amongst practitioners and managers?

b) How and why do practitioners and managers respond in particular ways to patient experience feedback?

- c) What strategies are individuals/teams consciously using to understand and improve patients' experiences and why?
- d) How do patients and staff think patients' experiences of services can be effectively used to improve services?

2 What factors appear to support/hinder the use of patients experience data/feedback to influence improvements in services?

Methods of working

This study will be a qualitative study of three primary care teams. It will have three phases; a literature review, preliminary survey and in-depth case -study investigation into three primary care teams. A multiple case study approach is seen as an appropriate methodology to examine the "whether" and "how" questions identified in the above research questions and one which is useful in the circumstances where the researcher is unable to control the variables

Literature review

The literature review will explore the theories that underpin the current policy drive to use patient experience feedback to improve services; the range of ways in which formal patient feedback have been used; studies examining the effectiveness of the differing approaches to collection and use of such data; and the potential factors influencing how staff might perceive, respond to and use patient experience feedback. It will also seek to identify any variables that may be important to consider when sampling primary care teams to become case studies. The literature review will culminate in the development of a detailed research protocol, the gaining of research ethics and research and development approval and development of a survey tool to assist with sampling.

Preliminary Survey

Following the literature review a preliminary survey tool will be developed to gather data from primary care teams. The survey questions will be informed by the literature review and it is anticipated at this point that a stratified random sample of primary care teams across Scotland will be invited to participate, probably via a telephone survey administered to practice managers. The survey will seek to collect information on a) the type and scale of patient focused improvement activities that teams are engaged in and b) other variables deemed important for identifying suitable case study sites for stage 3 of the research. Results from this survey will provide useful information on the range of approaches to eliciting and using patient experience feedback currently being used within primary care, and should be publishable in their own right. They will also guide purposive sampling of 3 cases to be included in the case study.

Primary qualitative, exploratory study using a case study research design

A theoretical approach to sampling of primary care teams will be used to ensure the usefulness and generalisability of the case study findings. Three primary care teams will be included as case studies. Findings from both the literature review and the preliminary survey will be used to develop a robust data collection plan, including staff interview schedules and other data collection tools. Following the agreement of participating primary care teams a pilot study will be conducted to test the qualitative research methods required to effectively capture the required data. It is anticipated for example that interview schedules will be tested on 1 GP, 1 practice nurse and 1 receptionist.

Written documents e.g. minutes of meeting, improvement plans and reports, memos etc will be examined to identify the range and amount of patient focused improvement work taking place. Discussions with managers and examination of written documents will help identify individuals leading or participating in patient focused improvement activity and therefore support the identification of potential participants. Staff working in the primary care teams who are not particularly identified as being part of any specific improvement work will also be approached to be interviewed in an effort to understand how and why they have or have not been involved in responding to formal patient experience feedback.

In-depth interviews and/or focus groups with managers and staff will be used to identify the range of patient focused improvement activities that are taking place, and to explore how people perceive and use patient experience data and how they think it could be used to improve patients' experiences.

Staff to be interviewed in each primary care team will include:

- GPs
- practice managers
- practice nurses/community nurses/phlebotomy staff etc
- Allied Health Professionals
- Receptionists

In addition to this it is anticipated that Community Health Practice staff involved in supporting service improvement within primary care teams will also be interviewed. This will likely amount to one interview with each CHP manager and 2/3 interviews with quality improvement officer/practice development post holders in each CHP.

I will also seek to observe meetings where such data is discussed. This will allow an opportunity to explore how staff respond to and use patient experience data in day-to-day practice. All data will be analysed as the exploration progresses to ensure adequate in-depth investigation of issues that appear to be significant.

Following data analysis discussions will be held with patient and public involvement groups and/or patients who have/have not completed patient surveys. This will be used as a strategy to explore with them the findings of the research and their impressions of how the use of patient experience feedback data is currently used and how they think practitioners might use it most effectively.

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For more information about this project contact Debbie Baldie (d.baldie@dundee.ac.uk)