Making Effective Use of Feedback

Bronagh Scott
Deputy Chief Nurse
NHS England (London)
Making Effective Use of Feedback

Patient experience

Staff experience

Patient outcome
Making Effective Use of Feedback

- Patient Experience
- Clinical Effectiveness
- Safety
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Feedback cannot be reduced to a single metric to judge performance but it can be used to drive improvement.

That drive is powerful locally where boards can see what their public is saying about their service.
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If quality is to be at the heart of everything we do it must be understood from the perspective of the patient
The importance of feedback is not what we collect but what we do with it.
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Understand, professional, welcoming, friendly, trust, helpful, competent, clean, organised, caring, confidence, comfortable.

What Our Patients Are Saying About Us

Patient feedback. Tell us what you think…

Staff: good, thank you, helpful, caring, excellent, lovely, kind, clean, treat, suite, support, everyone, amazing, helpful, great, baby, wonderful, home, friendly, feel, midwives, care, really, ward, excellent, help, suite, sometimes, made.

A best practice guide to using real-time patient feedback.

Well service need team enough experience everyone amazing helpful great baby wonderful valuable].
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- Inpatient satisfaction survey
- Cancer Patient satisfaction survey
- Friends and Family Test (FFT)
- Staff FFT
- Complaints
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- Vast wealth of data already available to you; it is your data – make the most of it
- Friends and Family Test
  - What can you learn from analysis of free text comments?
  - Rapid feedback about things that matter to patients good, and areas for improvement
  - What can you learn from analysis of complaints?
- Ask the patients!
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- Common themes across surveys:
  - Patients don’t feel involved in decisions about their care
  - Person centred care doesn’t happen
- ‘Normal response’: that’s not me, the data are wrong
  - It is – they’re not!
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• **What?**
  – *what* the person experiences when receiving care or treatment *e.g.*
    • I knew who to contact if I had a problem
    • the nurse explained the procedure to me
    • the doctor asked me what I’d like to be called

• **How**
  – *how* that made them feel *e.g.*
    • I felt treated with dignity and respect
    • I felt that the doctor told me about my diagnosis in a sensitive way.
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Complaints:
- to be heard
- an acknowledgement
- an apology
- assurance that things will improve
- know that no one else will suffer as they have
- Compensation (Sometimes)
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**Insight** -

*When the data/information sparks conversations between clinicians, managers and patients about what needs to change*
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*Focus on Improvement*

*We need to improve the experience of our most vulnerable*
Vulnerable people can be at risk of poor or even unacceptable standards of care. People with learning disabilities can be treated without respect – their health needs ignored.
Frail older people can be left without food and drink on hospital wards

Older people are less likely to have access to cancer specialist nurses
There is an overwhelming case to do better for the most vulnerable and if we are mindful of the most vulnerable we are more likely to improve care for all.
We also need to improve patient experience at transition points between the services.

The failure to co-ordinate care can delay and undermine the process of discharge from hospital.
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Commissioners/commissioning need to encourage providers to overhaul clunky systems and overhaul the barriers to person centred co-ordinated care.
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*We need to commission learning organisations that demonstrate excellent patient understanding and engagement as well as excellent clinical leadership.*
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Commissioners need to know that providers are engaging patients and involving them in quality improvement.
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Learning Organisations:

• Assure themselves that patients can see and articulate improvements in care;

• Demonstrate their values to patients;

• Use sophisticated techniques to drive improvement – Experience based co-design;

• Show clear insight into the needs, preferences and views of different patient groups;

• Participate in collaborative learning to share good practice
Collectively we need to commission for experience as much as for other parts the outcomes framework
We need to know we are commissioning from responsive learning organisations with deep engagement from diverse patient populations
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Change is happening because........

Patients are demanding it!
Every positive experience of patient care builds consensus for our NHS and helps to secure it for future generations.