

# An evaluation of a near real-time survey for improving patients' experiences of the relational aspects of care: a mixed-methods evaluation

Chris Graham,<sup>1\*</sup> Susanne Käsbauer,<sup>1</sup> Robyn Cooper,<sup>1</sup> Jenny King,<sup>1</sup> Steve Szymur,<sup>1</sup> Crispin Jenkinson<sup>2</sup> and Laura Kelly<sup>2</sup>

<sup>1</sup>Picker Institute Europe, Oxford, UK

<sup>2</sup>Nuffield Department of Population Health, University of Oxford, Oxford, UK

\*Corresponding author [chris.graham@pickereurope.ac.uk](mailto:chris.graham@pickereurope.ac.uk)

**Declared competing interests of authors:** none

Published March 2018

DOI: 10.3310/hsdr06150

## Scientific summary

### An evaluation of a near real-time survey

Health Services and Delivery Research 2018; Vol. 6: No. 15

DOI: 10.3310/hsdr06150

NIHR Journals Library [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

# Scientific summary

## Background

The Francis Report (of 2013) outlined several guidelines for NHS organisations, including the need to improve relational care and a more widespread use of real-time feedback (RTF) to collect patient experience data. This research directly addressed these areas and aimed to provide evidence-based recommendations to support NHS quality improvements.

## Objectives

This research looked to evaluate the effectiveness of real-time data collection for driving improvement in patients' experiences of relational aspects of care in NHS acute hospitals. Aims of this research were to:

1. explore and understand the processes and impacts of near real-time feedback (NRTF) data collection in the NHS, as reflected in patient experience data and as understood by NHS frontline staff, service leads and managers
2. identify the key drivers and determinants of 'success'
3. develop and disseminate evidence-based recommendations to support the implementation of NRTF data collection on patient experience in the NHS.

## Methods

A developmental research design was used combining quantitative, qualitative and participatory research approaches.

In the first phase we developed, via factor analysis of national patient experience survey data, composite indicators that were used to measure trusts' performance on the relational aspects of care. With this, six case study trusts that differed in terms of their patient experience survey results (relational care) and other key characteristics were recruited to participate in the research. As part of recruitment, the project was registered on the Clinical Research Network portfolio under the primary trial identification number 18449. A real-time survey tool was also developed through a review of existing instruments, patient focus groups and interviews, and factor analysis carried out to identify the best-performing existing survey items measuring relational aspects of care.

In the second phase, participatory research was undertaken with staff in the six case study trusts to understand and inform the implementation of real-time data collection. This was achieved by the following:

1. Conducting semistructured interviews with frontline, senior and administrative staff.
2. Implementing a RTF survey, which focused on the relational aspects of care for elderly and accident and emergency (A&E) patients. The survey was administered by trained volunteers at the point of care over a 10-month period.
3. Running an online staff survey before and after the introduction of the real-time data collection.
4. Delivering two participatory workshops for frontline staff, service leads and managers at each case study trust. The first workshop was held after 3 months of data collection with the overall objective being to identify 'what needs to change, and how' for real-time data to drive improvements. The second workshop was held at the end of data collection, to evaluate the processes and impacts

of implementing real-time data collection. This included identifying why patients' experiences improved or did not improve over the course of the data collection period.

5. Conducting 'evaluation' interviews with staff and volunteers to assess both the impact of the survey on staff behaviours/organisational change and the process of using volunteers to administer the survey.

## Results

Using existing and newly developed questions, which measure relational aspects of care across 22 themes, a survey tool was developed specifically for use with a near real-time approach. This survey instrument comprised 20 closed-ended, one open-ended and seven demographic questions.

Over a 10-month data collection period, 3928 responses to the survey were received across six case study sites. Analyses of responses identified a small, but statistically significant, improvement in overall patient experiences of relational care over the course of the study.

Data collected from staff and volunteers highlighted several factors which influenced the use of NRTF to improve relational care within the trusts. Specifically, the reporting format, free-text comments, buy-in from senior staff, volunteer engagement and initial start-up challenges were seen to be key factors which influenced the collection and use of NRTF to improve patient experiences of relational care.

Based on the barriers and facilitators, which influenced the collection and use of data on relational aspects of care, practice recommendations were developed to assist other trusts in implementing a similar approach to improvements. These focused on planning for survey implementation, working with volunteers, reporting findings to staff on a regular basis and evaluating the success of the NRTF approach.

Practice recommendations were shared alongside the survey instrument and case studies as part of a toolkit to assist NHS trusts in improving compassionate care using the NRTF approach.

## Conclusions

This research provides evidence on how patient experience feedback can be collected in NRTF and used to improve the relational aspects of care. It offers insight on how to improve performance on key patient experience indicators and communicate improvements to key stakeholders. The research also identifies what the necessary conditions are for the successful implementation of a NRTF approach for improving patients' experiences of compassionate care.

## Study registration

The project was registered on the Clinical Research Network portfolio under the primary trial identification number 18449.

## Funding

Funding for this study was provided by the Health Services and Delivery Research programme of the National Institute for Health Research.



# Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) ([www.publicationethics.org/](http://www.publicationethics.org/)).

Editorial contact: [journals.library@nihr.ac.uk](mailto:journals.library@nihr.ac.uk)

The full HS&DR archive is freely available to view online at [www.journalslibrary.nihr.ac.uk/hsdr](http://www.journalslibrary.nihr.ac.uk/hsdr). Print-on-demand copies can be purchased from the report pages of the NIHR Journals Library website: [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

## Criteria for inclusion in the *Health Services and Delivery Research* journal

Reports are published in *Health Services and Delivery Research* (HS&DR) if (1) they have resulted from work for the HS&DR programme or programmes which preceded the HS&DR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

## HS&DR programme

The Health Services and Delivery Research (HS&DR) programme, part of the National Institute for Health Research (NIHR), was established to fund a broad range of research. It combines the strengths and contributions of two previous NIHR research programmes: the Health Services Research (HSR) programme and the Service Delivery and Organisation (SDO) programme, which were merged in January 2012.

The HS&DR programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services including costs and outcomes, as well as research on implementation. The programme will enhance the strategic focus on research that matters to the NHS and is keen to support ambitious evaluative research to improve health services.

For more information about the HS&DR programme please visit the website: <http://www.nets.nihr.ac.uk/programmes/hsdr>

## This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 13/07/39. The contractual start date was in September 2014. The final report began editorial review in March 2017 and was accepted for publication in August 2017. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health and Social Care.

**© Queen's Printer and Controller of HMSO 2018. This work was produced by Graham *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.**

Published by the NIHR Journals Library ([www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)), produced by Prepress Projects Ltd, Perth, Scotland ([www.prepress-projects.co.uk](http://www.prepress-projects.co.uk)).

## **Health Services and Delivery Research Editor-in-Chief**

**Professor Jo Rycroft-Malone** Professor of Health Services and Implementation Research, Bangor University, UK

## **NIHR Journals Library Editor-in-Chief**

**Professor Tom Walley** Director, NIHR Evaluation, Trials and Studies and Director of the EME Programme, UK

## **NIHR Journals Library Editors**

**Professor Ken Stein** Chair of HTA and EME Editorial Board and Professor of Public Health, University of Exeter Medical School, UK

**Professor Andrée Le May** Chair of NIHR Journals Library Editorial Group (HS&DR, PGfAR, PHR journals)

**Dr Martin Ashton-Key** Consultant in Public Health Medicine/Consultant Advisor, NETSCC, UK

**Professor Matthias Beck** Professor of Management, Cork University Business School, Department of Management and Marketing, University College Cork, Ireland

**Dr Tessa Crilly** Director, Crystal Blue Consulting Ltd, UK

**Dr Eugenia Cronin** Senior Scientific Advisor, Wessex Institute, UK

**Dr Peter Davidson** Director of the NIHR Dissemination Centre, University of Southampton, UK

**Ms Tara Lamont** Scientific Advisor, NETSCC, UK

**Dr Catriona McDaid** Senior Research Fellow, York Trials Unit, Department of Health Sciences, University of York, UK

**Professor William McGuire** Professor of Child Health, Hull York Medical School, University of York, UK

**Professor Geoffrey Meads** Professor of Wellbeing Research, University of Winchester, UK

**Professor John Norrie** Chair in Medical Statistics, University of Edinburgh, UK

**Professor John Powell** Consultant Clinical Adviser, National Institute for Health and Care Excellence (NICE), UK

**Professor James Raftery** Professor of Health Technology Assessment, Wessex Institute, Faculty of Medicine, University of Southampton, UK

**Dr Rob Riemsma** Reviews Manager, Kleijnen Systematic Reviews Ltd, UK

**Professor Helen Roberts** Professor of Child Health Research, UCL Great Ormond Street Institute of Child Health, UK

**Professor Jonathan Ross** Professor of Sexual Health and HIV, University Hospital Birmingham, UK

**Professor Helen Snooks** Professor of Health Services Research, Institute of Life Science, College of Medicine, Swansea University, UK

**Professor Jim Thornton** Professor of Obstetrics and Gynaecology, Faculty of Medicine and Health Sciences, University of Nottingham, UK

**Professor Martin Underwood** Director, Warwick Clinical Trials Unit, Warwick Medical School, University of Warwick, UK

Please visit the website for a list of members of the NIHR Journals Library Board:  
[www.journalslibrary.nihr.ac.uk/about/editors](http://www.journalslibrary.nihr.ac.uk/about/editors)

**Editorial contact:** [journals.library@nihr.ac.uk](mailto:journals.library@nihr.ac.uk)