

Patient Feedback

Context

In March 2005 the chief executive of the NHS, Sir Nigel Crisp, wrote that “the ambition for the next few years is...to move from a service that does things *to* and for it’s patients to one which is patient-led, where the service works *with* patients to support them with their needs.....People in senior positions must set the right tone and accelerate change by.....constant listening and feedback”

(“Creating a patient-led NHS, delivering the NHS improvement plan”, System Reform Policy, DH. March 2005)

The outline delivery plan for “Patient Led NHS”, submitted to the DH England Workforce Programme Board in May 2005, proposes that we “ensure that individual performance appraisal and personal development planning includes patient responsiveness” by summer 2006.

Patient Feedback in Primary Care

In the new contractual framework for primary care (GMS2), the Quality and Outcomes Framework (QOF) offers 70 points (value £5425 last year and £8722 this year/average sized practice of 5891 patients) if GPs in a practice

- undertake an approved patient survey each year (40 points)
- have reflected on results and proposed changes if appropriate (15 points)
- provide some evidence that proposed changes have been discussed with a patient group or PCT non-executive director and enacted (15 points)

The Royal College of GP recommends that the portfolio of evidence for revalidation includes patient feedback on practice (Standard 11).

There are at least two approved surveys in common use in general practice, both well validated. These come from Manchester University (PCAS) and Exeter University (CFEP).

Locum GP’s

A further important group are the 5-10% of general practitioners who do not work in “managed environments” (e.g. locum GPs). The GMC are currently validating a patient feedback tool for them to receive feedback from patients.

Evidence of effectiveness

CFEP-UK Surveys, based at the Innovation Centre (University of Exeter), has analysed surveys from over 847,000 patients who used NHS health services which included GP practices, hospitals, dental surgeries and pharmacies.

640000 of these surveys were conducted in c.4000 general practices across the UK as part of the new Quality Outcomes Framework (QOF) within the new GP contract.

Two key aspects of the GP survey are the communication skills of doctors and nurses, and the practice's facilities.

Evidence shows that patient assessment of communication skills can be improved if clinicians act on the results of the survey through means such as workshops or discussions with mentors.

There is also evidence that patients' experience of the practice facilities (such as waiting time, telephones, access, information, privacy) can be improved if the results of the survey are discussed with patient groups.

Public Expectations

A recent MORI poll, "Attitudes to Medical Regulation and Revalidation of Doctors", commissioned by the Department of Health (July 2005) shows 93% of the public (2195 adults) and 71% of (200) GPs agree it is important that doctors' competence is checked every few years. When asked what they would wish to comment on, if asked to give feedback on their doctor, the commonest area identified was communication skills (by 53%).

Proposed Action

Now that patient surveys have become an established, validated mechanism for providing feedback to GPs, the Department of Health (England) is in the process of agreeing to fund the introduction of a validated patient feedback tool focussing on communication skills as a requirement for all GP registrars and Foundation doctors in general practice. The latter are of particular importance in view of the evidence of maximal positive impact on improving communication skills when using the tool early in postgraduate training. Use of the survey in this group will be carefully evaluated.

The UK Conference of GP Directors (COGPED) fully supports this development and will ensure that the necessary mentoring takes place to address any communication issues identified.