



EVALUATING THE USE OF PATIENT EXPERIENCE DATA TO IMPROVE THE QUALITY OF INPATIENT MENTAL HEALTH CARE (EURIPIDES)

October 2019

EXECUTIVE SUMMARY

- Very few NHS Mental Health Trusts are currently using patient experience data to improve inpatient services.
- Patients will only give meaningful feedback to staff they trust. Staff need to be allowed time with patients to build rapport and enable more honest feedback to be given. Many patients prefer to give feedback informally.
- No one is too unwell to say how they are experiencing their daily care but patients should be asked for more in-depth feedback once they have reached a degree of recovery that allows them to reflect on their inpatient experience
- Service improvement should not be led by negative feedback alone. Patients often want to give positive feedback and it is important to recognise what works well.
- Ward staff need to be empowered to act on feedback to improve service quality, not just to receive and pass it on..
- Patient experience data is most informative in guiding service improvements when used alongside safety and outcomes data

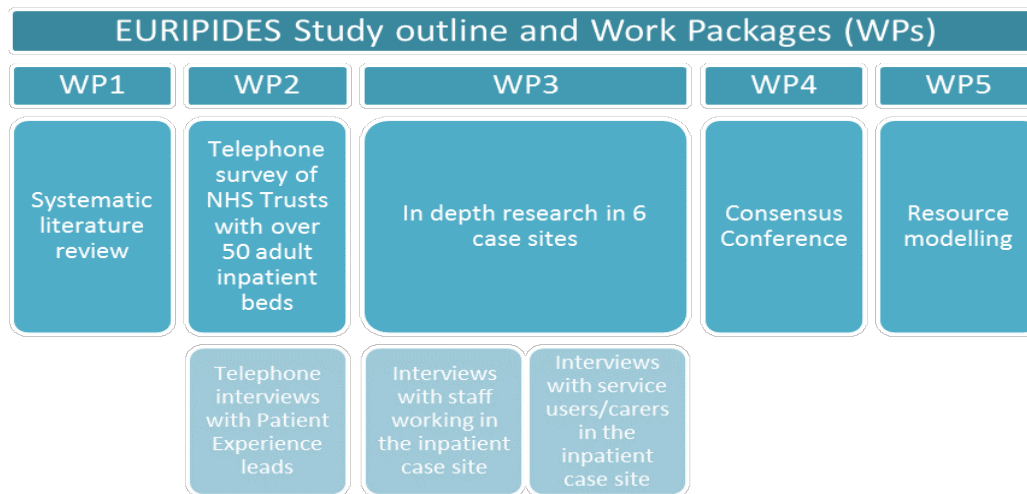
Introduction

The EURIPIDES study aimed to identify how best to collect and use patient experience to support improvements in NHS inpatient mental health care.

Inpatient mental health services are important and costly, often unpopular with service users and places where serious incidents can occur. The EURIPIDES study examined how patient experience and feedback is obtained in inpatient mental health care settings and how it can be used to create meaningful change.

To ensure the patient voice is heard, all NHS providers are required to collect feedback from patients routinely. Despite this, prior to this study there was little evidence about what to ask about, or how to collect and use these data to improve service quality. There was no consensus about the kinds of feedback that were most important, nor what management processes were needed to translate this feedback into effective action plans. Furthermore, we did not know if this made any difference to patients themselves.

Figure 1



Given investments in local solutions, new top-down approaches are unlikely to be widely adopted. We sought to understand the strengths and limitations of existing processes to identify ways to improve the collection and use of patient experience data.

The EURIPIDES study¹ involved a systematic review (WP1); a national survey (WP2); six in-depth case studies in NHS Trusts (WP3); a consensus conference (WP4); and an economic evaluation (WP5). The EURIPIDES team worked alongside survivor researchers and a lay Patient and Public Involvement reference group facilitated by the Mental Health Foundation. The EURIPIDES reference group decided on the key findings to be included in this policy briefing.

Key findings

Our systematic review of patients' experiences of inpatient settings (WP1) was the largest of its kind. We identified four key themes: 1) importance of high quality therapeutic relationships; 2) importance of averting negative experiences of coercion; 3) importance of a healthy, safe and enabling physical environment and ward milieu; and 4) importance of authentic experiences of patient-centred care.

The national survey of patient experience leads (WP2) achieved a 78% response rate. Of those surveyed around one-quarter (22%) were struggling to collect feedback on patients' experiences of inpatient care routinely, around one-half (51%) were collecting feedback but unable to use this to drive change, and only around one-quarter (27%) were able to collect, analyse and use patient experience data in inpatient settings to support change. However where the latter occurred it tended to involve environmental rather than cultural change.

Our in-depth case study research in six NHS Trusts across England (WP3) had a series of key findings:

- Patients are never too unwell to say if they are having a bad or a good experience and everyone should be asked about this, and listened to. However to get more nuanced feedback, patients need to be asked about their experiences of care in varied ways and at different times. Patients prefer to give feedback about staff, culture on the ward, and their overall experience at the end of their admission as they fear that giving feedback

during their stay will influence their clinical care. Similarly, carers often want to give feedback but often refrain for fear of repercussions for the patient.

- Service improvement should not solely be led by negative feedback and . This approach risks losing the knowledge about what works well, is demotivating for staff, and disempowering for patients.
- Patients are more likely to provide honest feedback to staff whom they feel they knew and trust. Consequently, staff need the time and skills to spend with patients getting feedback about their experiences. This has resource implications.
- Collecting patient experience data is often seen as serving corporate goals rather than driving local (ward-level) quality improvement. Staff therefore need to be engaged in quality improvement processes. The feedback loops between data collection and ward staff need to be shortened and data need to be accessible in a timely manner to front-line staff. Ward staff also need to be empowered and trusted to act on this feedback.
- Patient experience data are most useful in guiding quality improvement if used alongside data about safety and outcomes. While the latter tells us where problems may be developing in a system, honest patient experience feedback provides insights that may guide solutions. Where this integrated overview of data is done well, there are gains to be made. However, patient experience is often viewed as 'nice to have' rather than critical to enhancing the quality of service provision.

We held a consensus conference of expert stakeholders to discuss the preliminary findings from the EURIPIDES study (WP4). We wanted to gauge what would prevent NHS providers from taking up any potential recommendations from the study. The consensus conference determined that the findings were acceptable and practicable for NHS providers, however, they felt that there needed to be further negotiation around incentives and buy-in from the Department of Health, NHS England, and in particular the CQC in order for providers to fully implement any recommendations.

For patient experience processes to be cost-effective for NHS providers, they need to find ways of collecting and analysing patient experience feedback and then using it to drive change. Our economic evaluation (WP5) generated a model to show how increased patient experience activity led to increased cost for providers but could also lead to meaningful outcomes. These included reduced rates of violent incidents, faster discharge and improved staff morale. For patient experience processes to be cost-effective, it is necessary to act on feedback in ways that facilitate meaningful change.

Making patient experience feedback meaningful for quality improvement: what next?

Our results are anchored in what is acceptable, feasible and sustainable in real-world NHS settings. In our report we set out 18 'rules' (or practice recommendations) to guide the collection, analysis, and use of patient experience data in inpatient mental health settings, to support NHS providers in thinking about how to make best use of patient feedback to drive quality improvement.

Alongside the final NIHR report and associated academic publications, we have created a dissemination and impact video for front line staff and patients to explain the research findings: <https://vimeo.com/353575867>

We are looking to work with NHS providers to implement recommendations from the report and evaluate the organisational and clinical cost-effectiveness of collecting, analysing and using patient experience feedback to improve service quality.

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Find out more

<https://warwick.ac.uk/fac/sci/med/research/hscience/mhwellbeing/euripides/>

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