



What was our aim?

To increase the number of patient experience survey responses across the Integrated Musculoskeletal services (IMSK), and improve the response of the service to the feedback, for continued service development.

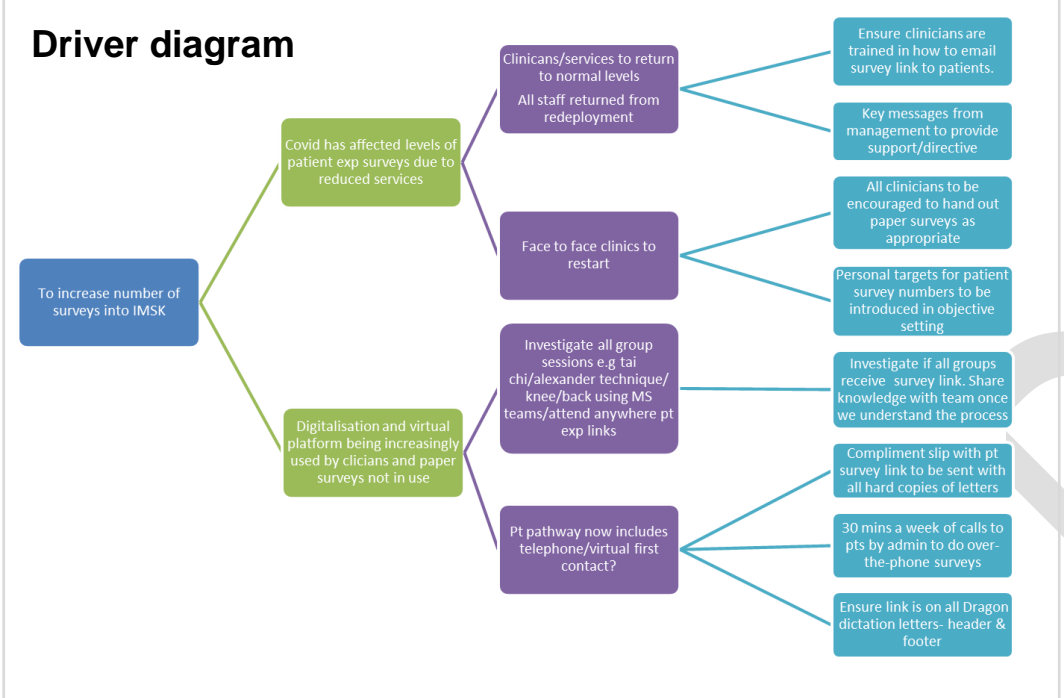
Why is it important to service users and carers?

It is important that the patients voice is listened to in order to improve our services and give the best patient experience. Surveys are our main channel of receiving feedback. However, historically, responses have been low. During COVID-19, additional surveys were created to gain feedback and patient views on virtual consultations. By creating this, we then had three types of surveys patients could complete: generic, virtual appointment and easy read. The aim of this project is to improve patient experience by implementing a system of collecting all negative survey comments and contacting those people who had left contact details; treating internally like a Patient Advice and Liaison Service (PALs) query.

Ideas and tests of change

- Make sure clinicians are trained in how to email survey link to patients.
- Key messages from management to provide support/directive.
- All clinicians to be encouraged to hand out paper surveys as appropriate.
- Personal targets for patient survey numbers to be introduced in objective setting- 10 per month pro rata.
- Investigate if all groups receive survey link. Share knowledge with team once we understand the process.
- Compliment slip with patient survey link to be sent with all hard copies of letters/resources.
- 30 minutes a week of calls to patients by admin to do over-the-phone surveys.
- Volunteer recruited to call patients.
- Make sure link is on all Dragon dictation letters in the header/footer.

The tools we used



Plan, do, study, act (PDSA) cycles

Statistical process control (SPC) charts

Results/How did we do

Chronic Pain: This SPC chart shows a sudden decrease in survey responses from July 2020, which correlates to the movement between electronic patient record systems. The new system does not allow SMS/text messaging surveys, which has impacted response. An upwards shift was then seen in June 2021, in line with the introduction of the patient experience champions

Orthopaedics: The data shows that, following COVID-19, an upward shift in survey responses was seen in October 2020, which relates to the reintroduction of face-to-face appointments and also injection clinics, where patients are handed a survey and given time to complete. Another upward shift has been seen in September 2021 and a spike at March 2022, in line with colleagues needed to complete surveys to meet yearly targets.

Physiotherapy: In Physiotherapy, a downward shift has been seen in survey responses since July 2020, which correlates with the movement between electronic patient record systems. The data has stayed fairly stable since then with no indications of significant changes.

Challenges

- Staff shortages due to redeployment during COVID-19 and sickness.
- Potential loss of surveys in internal post.
- Alternative surveys being used: First Contact Physiotherapy, Alexander Technique and physio groups.
- Clinicians did not always include their name meaning their numbers were not counted.
- Due to the pandemic and the obstacles it created we only focused on increasing survey numbers in each service and not on using the information for service development as originally thought.
- Lack of capacity to start calls for 30 mins a week and no volunteers

What we learned and what's next

- Useful to get clinicians perspective too, so included clinical champions from autumn 2021.
- Generic use of easy read surveys was valuable which was pushed from November 21 when we heard that is all another service uses.
- When a service is under executive performance review we have to prioritise.
- Changeover /lack of motivation of champions is not conducive.
- Clinicians found an objective around survey numbers very stressful and unfair.
- Had to postdate a system of finding out how many surveys clinicians had completed per quarter.
- When reliant on other areas in pathway like synertec to implement change ideas it does not always work.
- Surveys are more easily completed in face to face consultations.
- A new trust survey is being implemented 1.5.22, with no space for clinician or patient details, so it will be reliant upon service as a whole and we will not be able to count surveys by clinician in future.
- Last patient experience champion meeting taking place on 25 April 2022, will work virtually in future.
- Concern from IMSK management about lack of clinician name on the surveys which is required for national competency framework and FCP work in orthopaedics and the GP role in pain service. This is being escalated to the senior leadership team.