

East of England Ambulance Service
NHS Trust



Policy Document

Obtaining Patient Feedback v1.2

Written: May 2007
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Approved: Trust Board

Policy Summary

Document title: Policy: Obtaining Patient Feedback
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Department: Clinical Quality Department
Directorate: Clinical Directorate
Responsible Manager: Clinical Specialist (Quality)
Accountable Director: Medical Director

Purpose of document: This Policy should be referred to when undertaking any patient feedback activity on behalf of the Trust.

For use by: All Trust managers and staff involved with obtaining patient feedback.

Date approved by Trust Integrated Governance Group: 10th July 2007

Date approved by Trust Board: 25th July 2007

Review period: Annually from Trust Board approval date

External assessment references: Healthcare Commission: C17

Key points of policy:

The following principles should be used when undertaking any patient feedback project

1. Abide by all relevant Laws and regulations and NHS Policy
2. All activity should be conducted in a manner that is deemed ethical
3. Feedback should be gained in a manner that ensures there is minimum disruption to the patients
4. Be open with activity and results
5. No patient shall be excluded
6. All activity will be conducted in a safe and competent manner

Projects will be overseen centrally by the Clinical Quality Department

Key related Trust documents:

- Procedure for Staff when Expressing Concerns about Standards of Care and Trust Activity
- Intellectual Property Rights Policy
- Standing Financial Instructions
- Guidance for Obtaining Patient and Public Feedback
- Employing People with Criminal Convictions Policy
- Trust Health & Safety Policy
- Photography Policy
- Patient & Public Involvement Strategy
- Trust Financial Instructions

Related external standards and legislation:

- Health and Safety at Work etc Act 1974
- Data Protection Act 1998; including the Caldicott principles
- Health and Social Care Act 2001 (Section 11)
- Health and Social Care (Community Health and Standards) Act 2003 (Section 30 to 32)
- The Mental Capacity Act 2005
- Confidentiality: NHS code of Practice, 2003
- The Human Rights Act, 1998
- Protection of Children Act 1999
- Equality Act 2006

Equality Impact Assessment

As part of this Policy development, an Equality Impact Assessment (initial screening) has been completed. The purpose of this assessment is to minimise and if possible remove any disproportionate impact on employees of the Trust and/or on the patient population served across the six Counties of the East of England Ambulance Service NHS Trust. The assessment covers criteria on the grounds of race, gender, disability, age, sexual orientation or religious belief.

1. Introduction

“The NHS Plan sets out our ambition to create a patient centred NHS. Our vision is to move away from an outdated system, towards a new model, where the voice of the patient is heard through every level of service, acting as a powerful lever for change and improvement. Our goal is to move away from a paternalistic model of decision making, towards a model of partnership where by citizens have a greater connection with their local services, and have a say on how they are designed, developed and delivered.”
Shifting the Balance of Power, Dept of Health 2001

“The NHS Plan requires each NHS Trust to obtain feedback from patients about their experience of care. Listening to patients views is recognised as essential to delivering the commitments given in the NHS Plan to provide a patient centred health service.”
Healthcare Commission web site

In response to these and other such statements the Trust has been actively involving patients. One way the Trust has done this is by obtaining feedback after care has been given, and by obtaining information from members of the public on their expectations.

Since the merging of three ambulance services into the East of England Ambulance Service NHS Trust (EEAST) strategies and policies have been reviewed and combined. The Trust's Patient and Public Involvement (PPI) Strategy 2007/10 clearly identifies obtaining patient feedback as a critical element; this document sets out the Trust policy surrounding such activity.

Scope of the Policy

This Policy should be referred to when undertaking any patient feedback activity on behalf of the Trust.

It does not include obtaining feedback by way of the Trust PPI Forum; neither does it include the involvement of patients on trust groups and committees, however the principles of this policy could be applied to both activities.

Throughout this document the term 'patient' should be applied as 'patient or member of the public'.

Purpose of the Policy

The purpose of this policy to give clear rules to those carrying out such activity in order that: patients, Trust and staff are protected, and that there are a set of standards which can be audited against.

2.0 Governance

Accountable Director: Medical Director
Accountable Manager: Clinical Specialist (Quality)

The Trust Integrated Governance Committee (IGC) will oversee the activity, will review the Policy and will receive results of any audits carried out. Minutes from the Trust IGC are received by the Trust Board.

The Trust Clinical Quality Department has responsibility for auditing this policy.

3.0 Principles

All patient feedback activity carried out on behalf of the Trust will be carried out in accordance with the following principles:

- 1. Abide by all relevant Laws and Regulations and NHS Policy**
- 2. All activity should be conducted in a manner that is deemed ethical**
- 3. Feedback should be gained in manner that ensures minimum disruption to patients**
- 4. No patient shall be excluded**
- 5. Be open with activity and results**
- 6. All activity will be conducted in a safe and competent manner**

Principle 1: Abide by all relevant Laws and regulations and NHS Policy

All possible steps should be taken to ensure that any communication with patients is kept confidential. It should not be assumed that others in the patient's household are aware of the patient's dealings with the EEAST. Do not send out envelopes marked with the EEAST logo to ensure confidentiality is maintained.

To help ensure that communication is directly with the patient and nobody else all correspondence must be addressed personally to the patient. Home addresses should be used rather than an incident location. The patient's name should be used even if the patient is known to be a minor.

Keep patient identifiable data confidential at all times. Patient identifiable data will be required in order to collect data, but do not use it for reporting purposes without specific patient consent. Only use the patients identifiable data for the purposes for which collection was intended.

Keep patients details secure, in accordance with local information policy. Destroy all patients' details from computer files and paper within one month of publishing the final report.

In order to help assess that the Trust cares for all its patients with the same standard of care and dignity, data on the patient's age, gender and ethnicity should be collected for analysis.

Any patient contact within a research project should be conducted within the standards laid down in the Trust's Research Policy.

Principle 2: All activity should be conducted in a manner that is deemed ethical

All projects should be reviewed by the Trust Ethics Advisory Group and the Trust Caldicott Guardian before work commences. The Trust Ethics Advisory Group may have useful views and advice which should be taken into account when designing the methodology of the project. The Caldicott Guardian has the right to prevent patient feedback activity being carried out, if it is felt that Caldicott Principles have been breached.

Contact with patients seeking feedback should not be sought until at least 10 days have lapsed since the incident. It has been considered by the Trust Ethics Advisory Group that this length of time will allow for the most delicate period of grieving if a patient has died unknown to the Trust.

Data should not normally be gathered from events more than one year past. Memory loss and confusion is bound to be increased after this period. Gathering data within a 6 month period from the incident date is considered best practice.

Principle 3: Feedback should be gained in manner that ensures minimum disruption to the patients or public

The number of questions and pages any patient feedback project should be kept to a minimum.

Patients should not be contacted by telephone or visited before 09:00 or after 20:30 hours unless previous arrangements have been made with patients consent. Patients should not be visited without prior arrangement

If a patient declines to take part at any stage of a project they should not be pursued further for the length of that project.

Patients not responding to an initial contact should also not normally be pursued.

If the patient requests not to be contacted for future projects this should be reported to the Patient Survey Coordinator, where it should be recorded. However logistics and capacity is such that it would be impossible to ensure that a patient is not re-contacted at some future point if they are a repeat caller to the Trust. For most projects it would be extremely unlikely that a patient receives more than one contact in their life time.

Members of the public (not directly a patient) should not be telephoned without prior agreement. Public activity may include interviews or postal surveys.

Principle 4: No patient shall be excluded

The trust believes that every patient has the right to give feedback on the service they receive and as such should actively seek such comments.

All patients eligible for a project being conducted should be included in the sample. The only valid exception is when the patient is known to the Trust to have died. All other

patients should be included in the sample to ensure they are given the opportunity to share their views.

Sometimes a patient that should be included in a survey sample may be difficult to contact due to inaccurate or incomplete contact details being available, or their home address is somewhere difficult to contact e.g. with prison inmates, patients visiting this country who live abroad etc. In these cases effort should be made to obtain the correct contact details to include them in the sample.

It is appropriate to exclude patients from a sample where they do not fall into the category of the project being conducted. E.g. For a survey of patients not conveyed to hospital, it is appropriate to include all patients attended by the Trust but not conveyed to hospital, and exclude all patients taken to hospital as not being eligible for the sample.

Although contact is made directly with the patient, occasionally a patient advocate may wish to respond in place of the patient, such as when the patient has died unknowingly to the Trust, or when the patient is a young child. Such responses should be treated as a valid response and included in the data analysis.

Focus groups or interviews should be carried out in facilities with appropriate access so as not to exclude or cause embarrassment to any participant.

Every effort should be made to comply with requests from patients for questions in a different language or format.

The trust will reimburse patients with any reasonable expenses incurred while contributing to Trust patient feedback activity. Such costs should be outlined in the project design.

Principle 5: Be open with activity and results

All projects should be registered centrally with the Patient Survey Coordinator at the project proposal stage. At the end of each project a copy of the final project report should be sent to the Patient Survey Coordinator.

Such involvement by the Trust Patient Survey Coordinator will enable:

- Trust awareness of all patient and public feedback activity.
- Prevention of patient sample duplication and patients receiving multiple surveys from different areas of the Trust.
- Inclusion of all projects in the annual Trust Patient & Public Feedback Report
- Publication of final report on Trust web site for external viewing by patients and public.
- Publication of the final report to the Trust PPI.
- The Patient Survey Coordinator may also be able to give advice to those not familiar with undertaking such projects.

All documents should be written in plain English and uncommon terminology should be avoided. Where uncommon terms are needed they should be clearly explained.

The following question should be included in every project. The Trust can then use the results of this question to compare satisfaction levels between the different services. The format should remain as printed here to ensure compatibility when reporting each projects performance figures. The responses 'Very satisfactory' and 'Satisfactory' should be regarded as being satisfied, other answers should be regarded as not sufficiently satisfied.

Overall, how would you describe the service you received?

Very satisfactory

Satisfactory

Fairly satisfactory

Unsatisfactory

Very unsatisfactory

Any patients excluded from the sample should be recorded in the survey report.

All reports should be made available internally by publication on the Trust intranet site. Results should be made available to those staff and managers whose work was being commented on.

Results of all surveys should be made available through completed reports. Completed reports will be made available on the Trust web site. Participants should be made aware of how they can access the completed reports.

It is essential that all patients taking part in any survey are offered the opportunity to receive feedback following completion of the survey. They should be able to request a copy of the final report.

Principles 6: All activity will be conducted in a safe and competent manner

The Trust will operate an annual programme of patient and public feedback. All managers and departments should submit project requirements for the programme to the Patient Survey Coordinator, in the Clinical Quality Department. Should the programme be full managers may organise their own work programme.

Projects conducted externally on behalf of the Trust should follow this Trust's policy and may be audited.

All projects should be carried out with the proper involvement of the relevant service manager. Projects should be carried out in a way which will not hinder patient care or service delivery.

Incidences from which the Trust is seeking feedback are a time of crisis for patients. Staff regularly speaking with patients to acquire feedback should have received training in dealing with difficult and emotional conversations and people.

All persons conducting interviews with children or vulnerable adults must be Criminal Records Bureau (CRB) checked. Any convictions, cautions or suspicions should be passed to the Caldicott Guardian for a decision on whether the individual can be used for collecting or collating patient feedback. Individuals with relevant offences will not be permitted to be involved in collecting or collating patient or public feedback, in any form.

When conducting interviews staff should carry Trust identification and produce it to the interviewee.

Measures should be in place before staff conduct interviews, which reduce risk to the staff member. A minimum of two staff members should be present at interviews to help protect staff and patients. A mobile phone should normally be carried.

Patients should be informed that they may have a representative present during any interview. If a patient is considered as a child or a vulnerable adult a patient representative must be present

All interviews and conversations with patients should be carried out in a secure environment; ensuring that patient identifiable data remains confidential. Patient consent should be obtained prior to recording conversations

A cover letter should be included in postal survey packs. The letter should be from the Trust Caldicott Guardian, introducing the project to patients. It is important to be very clear that the patient need not participate and that if they choose not to participate any future care will not be affected. An introduction paragraph specific to the project may be required. When conducting a telephone survey the patient should be informed of the aspects covered in the standard cover letter.

Patients included in a survey should be made aware of an EEAST contact that they may contact to ask questions about the project or for assistance with completion of any work. For externally contracted projects the contact should be from the organisation carrying out the project.

Sometimes the patient will require a fuller explanation about the project, this can be done by an Information Sheet which can contain all relevant information and can be in what ever format is believed best. Existing information leaflets may be appropriate for this.

Before a project commences a proposal should be passed to the Trust PPI Forum for comment. Good practice is to submit any questionnaire and other documentation to the Patient Forum so they can give a preliminary view from a public / patient perspective, this feedback may be useful to ensure patient understanding of any questions and such like. The Trust PALS officer and switchboards should also be informed of the project as there may be occasions when patients contact the Trust by means other than the designated contact.

Patients' responses should be read as soon as possible and ideally the day they arrive with the Trust. Any serious concerns made by a patient should be acted upon immediately.

Monies and other items of value received as gifts should be handled in accordance with Trust Standing Financial Instructions and local financial arrangements. Any separate letters of appreciation or complaint received should be dealt with in accordance with Trust Policy and local agreements.

Appendices

1. Standard cover letter
2. Patient Survey Process diagram

Appendix 1: Standard Cover Letter

Date

Dear

I understand that the ambulance trust was recently called to attend you. We are keen to receive your feedback about the quality of service you received. We are always looking to improve the quality of service that we provide and aim to involve the public and patient wherever possible. We regularly undertake surveys collecting the views of patients and the public by way of a questionnaire.

However, we are anxious not to cause any distress to our patients and their relatives; if you feel you cannot or do not wish to assist us, we apologise for any intrusion. In such a case please discard these documents and consider it no further. So if you feel you are able to answer some questions about the incident for us please continue.

This particular survey is being conducted to assist The East of England Ambulance Service NHS Trust in its aim to meet the needs and expectations of its patients and to find out ??????????. We would be most grateful if you would be kind enough to complete the enclosed questionnaire and return it to us in the pre-paid envelope. The questionnaire should take approximately 10 minutes to complete. Alternatively, if you have access to the internet you can help save the ambulance trust money by completing the questionnaire online at ??????????.

All returned questionnaires will be treated *in confidence*, and will only be used to assist in the development of our staff and improvement of our service. We will not use your name for any purpose other than in the postal address and will not reply to questionnaires returned.

In previous surveys we have received many requests for us to pass on personal thanks to the staff involved. May I ask that if you would like to do this would you kindly write to us separately, you may send such a letter in the same envelope provided for the survey form. Should you have any concerns over the care you received, or would like to know more about the ambulance service please contact our Patient Advice and Liaison Service (PALS) by using our web page found at www.eastamb.nhs.uk or by telephoning 01603 422820 or writing to Patient Advice and Liaison Service at the address at the top of this letter.

Thank you very much for taking the time to assist the East of England Ambulance Service NHS Trust. If you would like any help in filling in this questionnaire, please contact ?????????? on ?????????? or email ??????????@eastamb.nhs.uk

Yours sincerely

*Dr J Scott
Medical Director (GMC 1319006)
East of England Ambulance Service NHS Trust*

Appendix 2. Patient Feedback Process diagram

