

Designing the future: approaches to measuring patient experience

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Objectives

To explore 'what matters most' to patients and the implications for the design of future approaches to measuring patient experience and improving the quality of care in the English National Health Service (NHS).

Methods

We reviewed existing sources of evidence on 'what matters' to patients and then conducted primary research in the form of:

- narrative interviews with 50 patients/carers (comprising 10 patients with one of 5 different conditions)
- a survey of patient and voluntary organisations (n=36)
- secondary analyses of qualitative (1000 postings) and quantitative (10,000 postings) data from two national patient feedback websites
- analysis of 2,600 different 'Patient Experience Tracker' rating questions used by hospitals in England.

Results

From 2012, the performance of the NHS in England will be assessed against a new Outcomes Framework that is designed to serve three purposes: accountability, transparency and quality improvement.

ACCOUNTABILITY	QUALITY IMPROVEMENT	TRANSPARENCY
Users: National Commissioning Board; NQB; regulators; commissioners	Users: clinical teams; managers; boards	Users: patients; families; local communities
Frequency: annual	Frequency: continuous	Frequency: recent, 3-6 monthly?
Level: clinical service	Level: clinical service	Level: clinical service
Sample: representative pop.	Sample: "our patients"	Sample: representative locally

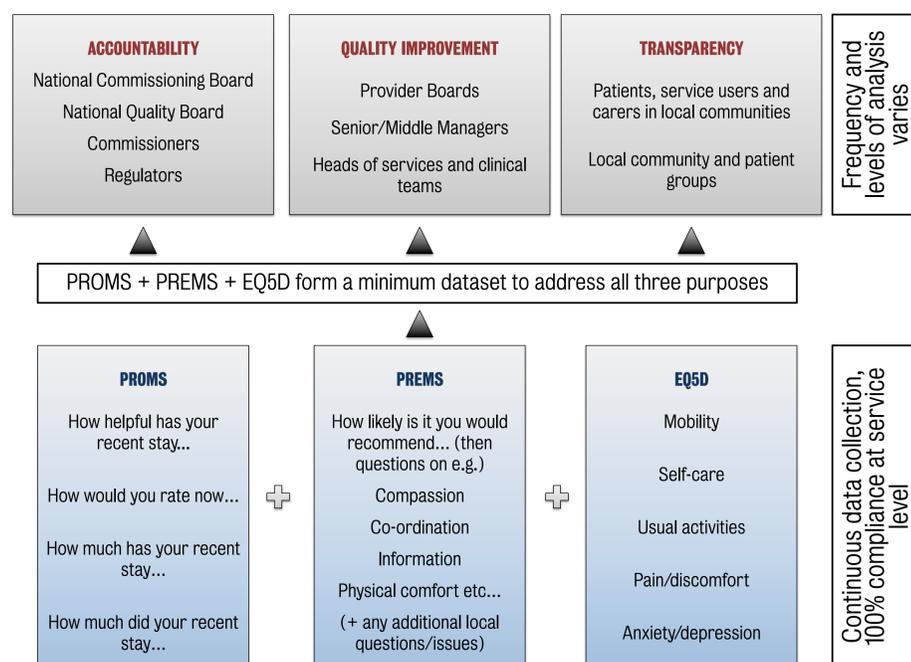
The evidence from our literature review and analyses of the primary and secondary data suggest that current approaches to measuring patient experience do not serve the three purposes of the Outcomes Framework well. Broadly, we concluded that:

- commonly applied criteria for assessing measures of clinical quality and patient safety (timeliness, relevance and validity) have not been similarly applied to measures of patient experience
- there is a mismatch between what is currently measured and what matters most to patients
- as close to 'real-time' data collection as possible is needed
- patient's experience of whole pathways of care need to be evaluated with a focus on continuity and the co-ordination of care
- there is a need to shift from a 'discovery' approach and towards an 'audit' approach that explores whether experiences are meeting set standards
- better use should be made of existing information sources, including complaints data.

Conclusion

We propose that future national strategies should be based on 5 fundamental principles. Approaches to measuring patient experience should:

- ✓ Simultaneously seek to improve accountability, transparency and quality
- ✓ Align with clinical outcomes (e.g. Patient Reported Outcome Measures)
- ✓ Be evidence-based
- ✓ Be simple, and
- ✓ Be embedded in quality standards (e.g. the ongoing work of the National Institute for Clinical Excellence).



In summary, we propose a single overarching indicator to be collected at service level alongside rating questions of 'what matters' to patients that focus on the relational aspects of their care as guided by the Institute of Medicine dimensions. We suggest that these 'Patient Reported Experience Measures' could be collected alongside Patient Reported Outcome Measures (PROMS) and EQ5D31; such an approach would fulfil all three purposes: accountability, transparency and quality improvement.

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