



The Royal Australian
College of General
Practitioners

Patient feedback guide

learning from our patients

The RACGP Patient feedback guide: learning from our patients

Note

The evidence cited in this guide is a summary of the current state of knowledge contained in the reference list on page 26. Practical advice given in this guide is based on the scientific literature, accepted conventions in the social sciences and pragmatic considerations about what is feasible in Australian general practice.

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of general nature only. It may or may not be relevant to particular patients or circumstances. This publication is not exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgment or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot, of itself, guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential, or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Published by
The Royal Australian College of General Practitioners
College House
1 Palmerston Crescent
South Melbourne VIC 3205 Australia
Tel 03 8699 0510
Fax 03 9696 7511
www.racgp.org.au

ISBN: 978-0-86906-329-3

First published October 2010 with editorial revisions October 2011

© The Royal Australian College of General Practitioners. All rights reserved.

Executive summary

There is growing emphasis, both in Australia and internationally, on a more meaningful collection of information about patient experiences of healthcare. Unique information about the quality of care provided by general practices and individual healthcare practitioners can be gained from patients, who determine their views on quality and safety in a practice in many different ways. It depends on their past experiences, needs, circumstances, individual values and preferences, expectations and resources. There is also evidence that good patient experiences are positively related to patients adhering to their healthcare provider's instructions, clinical processes and financial indicators (including patient loyalty and retention) reduced medicolegal risk and increased employee/practitioner satisfaction. There are other obvious benefits to healthcare services in systematically seeking feedback about patient experiences to assist in quality improvement.

What do the RACGP Standards for general practices (4th edition) require for patient feedback?

The RACGP *Patient feedback guide: learning from our patients* has been written to assist general practitioners, practice managers, nurses, allied health staff and other general practice professionals to understand what the RACGP *Standards for general practices* (4th edition), (the *Standards*), require practices to do to in relation to systematically gathering and using information about patients' experiences as a meaningful part of their quality improvement and accreditation process.

The *Standards* require general practices to do three things in relation to collecting patient experience feedback:

- systematically collect feedback about patients' experiences either using an RACGP approved written questionnaire or by developing an individual practice-specific method in line with the requirements outlined in the guide (questionnaire, focus groups or patient interviews)
- demonstrate they have used the information they collected from patients to help improve their practice
- demonstrate they have provided information to patients about practice improvements that have been made in response to patient feedback.

Internationally, within Australia, and across all healthcare sectors, patient experience is increasingly being thought of as an outcome of healthcare. Like any other healthcare outcome, the tools used to measure patient experience need to be rigorously tested and reliable. This is particularly important when patient experience information is used for quality improvement purposes, or as part of a formal accreditation process. Most importantly, the way in which patient experiences are measured needs to be robust and reliable so general practices can be confident that any actions or changes they might undertake in response to patient feedback will increase, rather than decrease, the quality of care they provided.

The RACGP *Patient feedback guide: learning from our patients* provides detailed guidance on the two options available to practices to systematically collect feedback about patient experiences. The two options are:

- Option one: use a validated patient experience questionnaire, which has been approved by the RACGP
- Option two: develop a practice specific method of collecting patient experience feedback (questionnaire, focus groups or patient interviews).

Rationale for using Option one

Option one is the recommended choice for most practices as it simply requires selecting the most suitable questionnaire from the list of patient experience questionnaires approved by the RACGP (see the RACGP website at www.racgp.org.au/standards). This option will be suitable for the vast majority of general practices in Australia and provides an expert, standardised, high quality and reliable way to collect and report feedback about patient experiences of their practices. If a practice chooses this option, then no further approval process is required from the RACGP.

Rationale for using Option two

For a small number of practices, it may be more appropriate to use Option two and develop their own individual practice specific method to systematically gather feedback about patients' experiences (either questionnaire, focus groups or interviews). Some reasons a practice might wish to develop their own method include:

- the practice requires elaboration, or an in-depth understanding of how patients experience a particular aspect of the practice
- the practice seeks to understand how particular types of patients experience care and these patients are unlikely to be sampled using a validated questionnaire method
- the practice wishes to gather feedback from patients who are unlikely or unable to respond to a written questionnaire
- the practice wants to gain feedback from patients about very sensitive issues in an in-depth and confidential manner
- it is more culturally appropriate to get feedback through face-to-face communication.

It is possible these needs could be met by using an approved validated patient experience questionnaire, plus extra questions, or a focus group or patient interviews to address specific practice needs. Additional approval by the RACGP is not required for this approved questionnaire plus approach.

The development of practice-specific methods is time consuming and resource intensive and practices need to assess the cost versus the benefits of collecting patient feedback in this way.

Summary of process for using an RACGP approved validated questionnaire

The RACGP has approved a number of questionnaires that practices can use to systematically collect information about their patients' experiences of the practice. Information about these questionnaires is on the RACGP website at www.racgp.org.au/standards/fourthedition/patientfeedback.

These approved questionnaires have been carefully developed in line with best available evidence and scientific knowledge about questionnaire development. They have also been tested with samples of Australian general practice patients to ensure they measure patient experiences in a robust, valid and reliable way. A specialist committee of GPs, public health researchers, academics and consumers at the RACGP have reviewed these patient experience questionnaires and have determined they are high quality instruments for measuring patient experiences for the purposes of meeting the *Standards*.

The organisations offering these RACGP approved patient feedback questionnaires can provide clear guidance about how practices need to ask patients to complete the questionnaires and how they will collate, analyse and report the results back to the practice.

Summary of process for using a practice-specific method

If a practice has a compelling reason to not use one of the RACGP approved validated questionnaires, then the practice has three other options available to collect patient experience information using a practice-specific method:

- develop their own practice-specific questionnaire, or
- conduct focus groups with patients, or
- conduct interviews with patients.

If a practice elects to develop their own practice-specific method, they will be required to collect information about patient experiences on a range of key issues including access and availability of care, information provision to patients, privacy and confidentiality of care, continuity of care, communication skills of clinical staff and interpersonal skills of clinical staff.

Each of the methods (questionnaire, focus groups and interviews) has advantages and challenges that a practice will need to consider before determining the most appropriate method for their practice and patients. The RACGP *Patient feedback guide: learning from our patients* provides detailed advice about what is required for the development of specific questionnaires for individual practices, the use of focus groups and interviews. Detailed requirements are outlined in relation to the evidence base for the development of the practice-specific method, pre-testing of the method, selection of the patient sample, size and composition of the patient sample, process of data collection and collation, data analysis and reporting.

If a practice chooses to develop its own practice-specific method, then after the initial development, pre-testing and refinement (but prior to collecting information from patients), the practice needs to apply to the RACGP to have its method approved as suitably rigorous to meet the requirements of the *Standards*.

What are practices expected to do with information about patient experiences?

Collecting feedback from patients on its own has little value. There is good evidence to suggest that the process of simply doing a patient survey is not sufficient to bring about improvements in healthcare. What is needed is action based on that feedback and the *Standards* require practices to demonstrate that they have used patient feedback to make an improvement in their practice. The RACGP *Patient feedback guide: learning from our patients* provides advice about what general practices can do with patient feedback information, including how they can inform patients about practice improvements based on their feedback. The most critical thing a practice should do with the results of their patient feedback process is to develop a clear action plan for quality improvement. Patient feedback should not be considered in isolation, but should be placed alongside other information about the practice (including safety, effectiveness, cost and impact considerations) to determine what improvements could be made, or are needed. Quality improvement is not just about improving on the things patients say could be done better, but it is also about doing more of what patients say they like about the practice.

Further information

Practices that require further information after reading this guide may check the RACGP website at www.racgp.org.au/standards/fourthedition/patientfeedback or contact standards@racgp.org.au.

The RACGP Patient feedback guide: learning from our patients

This guide has been written to assist GPs, practice managers, nurses, allied health staff and other general practice professionals to understand what the *Standards* require practices to do to in relation to systematically gathering and using information about patients' experiences as a meaningful part of the quality improvement process.

The *Standards* require general practices to do three things in relation to collecting patient feedback:

- collect feedback about patients' experiences either using an RACGP approved written questionnaire, or by developing an individual practice-specific method (such as a practice-specific questionnaire, focus groups or interviews) in line with the requirements outlined in this guide
- demonstrate they have used the information they received from patients to help improve their practice
- demonstrate they have provided information to patients about practice improvements that have been made in response to patient feedback.

This guide outlines the key issues patients need to be asked about including access and availability of care, information provision to patients, privacy and confidentiality of care, continuity of care, communication skills of clinical staff and interpersonal skills of clinical staff.

This guide also gives detailed guidance about the options a practice can choose to collect feedback from patients including the use of RACGP approved questionnaires, the development of specific questionnaires for individual practices, and the use of focus groups and interviews. This is followed by a discussion about what practices can then do with patient feedback to make meaningful improvements to their practice.

Table of contents

| | |
|--|----|
| Introduction | 5 |
| What is the value of patient feedback for our practice? | 6 |
| What are the important aspects of patients' experiences of our practice? | 7 |
| 1. Access and availability | 7 |
| 2. Information provision | 8 |
| 3. Privacy and confidentiality | 8 |
| 4. Continuity of care | 8 |
| 5. Communication skills of clinical staff | 8 |
| 6. Interpersonal skills of clinical staff | 9 |
| How can our practice meet Criterion 2.1.2 of the <i>Standards</i> (4th edition)? | 9 |
| Option one: Use an RACGP approved questionnaire | 9 |
| Option two: Develop your own practice specific method | 10 |
| How do we decide what practice specific method is best for our practice? | 11 |
| Advantages and disadvantages of using questionnaires | 11 |
| Advantages and disadvantages of using focus groups | 12 |
| Advantages and disadvantages of using patient interviews | 14 |
| How do we develop and use our own practice specific questionnaire? | 15 |
| How do we develop and conduct focus groups with our patients? | 17 |
| How do we develop and conduct interviews with our patients? | 18 |
| How can we use the information we receive about our patients' experiences? | 19 |
| Acknowledgments | 22 |
| Useful resources | 23 |
| Useful references | 25 |

Introduction

You know everything about your practice. You know what consulting rooms are the 'best', which members of your staff are 'in demand', and what days of the week your telephone will be running so hot that the receptionists will hardly be able to keep up. You know that your follow up system is really effective when you have compared it with other local practices, and you also know that you have to be extra vigilant with your temperamental vaccine refrigerator. You know your practice inside out and you are the expert about your practice... but are you the only expert?

How do your patients see your practice? Do you know what they are saying to their friends and family about 'going to the doctors'? What are the things they don't like, but are willing to 'put up with' because they really like seeing a particular doctor? What are the things they think you should do differently, but don't believe it is their place to 'tell the doctor' what to do? What is it about their experiences that make them say 'this is my general practice'?

Some people find the prospect of collecting feedback from patients uncomfortable. There may be concerns about what patients will say, how much time and energy would be needed and some may be cynical about the validity of the questionnaires to be used. At the same time, there can be a degree of excitement and curiosity about the prospect of knowing what patients really think about your practice.

This guide has been developed to assist GPs, practice managers, nurses, allied health staff and other general practice professionals to understand what the *Standards* require practices to do in relation to gathering and using information about patients' experiences as part of their quality improvement process. It outlines the key topics that patients need to be asked about and gives detailed guidance on the options your practice can choose to collect and use feedback from your patients.

What is the value of patient feedback for our practice?

There is growing emphasis, both in Australia and internationally, on a more meaningful collection of information about patient experiences of healthcare

In Australia there are a range of patient charters, or principles, of patient centred care and consumer involvement. These relate to the provision of healthcare that involves, engages and prioritises the role of the patient in their care – sometimes referred to as a ‘partnership approach’ to healthcare. A patient centred approach is reflected in the Australian Charter of Healthcare Rights, which recognises that patients have the right to:

- access healthcare
- safe and high quality care
- be treated with respect, dignity and consideration
- be informed about services, treatment options and costs
- be included in decisions about their healthcare
- privacy and confidentiality of their personal health information
- comment on their healthcare and have any concerns addressed.

Demonstrating a ‘patient centred approach’ means your practice acknowledges that to adequately meet your patients’ needs, you need to understand what those needs are. The best way to understand patients’ needs is to ask them.

Unique information about the quality of care provided by a general practice and individual healthcare practitioners can be gained from patients. Patients determine their views on quality and safety in a practice in many different ways depending on their past experiences, needs, circumstances, individual values and preferences, expectations and resources. There is good evidence to suggest that a patient’s gender, age, educational achievement, socioeconomic status, ethnicity and any chronic disease they have experienced, have a large impact on how they experience and judge quality of healthcare.

There is also evidence that good patient experiences are positively related to other aspects of healthcare, including patients’ adherence to their healthcare provider’s instructions, clinical processes and other outcomes. Good patient experience has also been correlated with financial indicators including patient loyalty and retention, reduced medicolegal risk and increased employee satisfaction.¹ There are other obvious benefits to your practice when you systematically seek feedback about patients’ experiences. These include accessing information to assist in quality improvement, demonstrating to your patients that your practice values their views and providing constructive feedback to your staff.

Until recently, many patient feedback questionnaires simply asked patients how ‘satisfied’ they were with a service. These ‘satisfaction’ ratings elicit emotional responses that might have little to do with the actual experience of the healthcare. We can all think of people who have been ‘very satisfied’ with what we know to be low quality or unsafe care, and others who say they are ‘very unsatisfied’ with care

that is very high quality. More recent advances in the field of patient feedback suggest that it is important to move beyond asking patients how 'satisfied' they are with your practice, towards asking about their experiences of certain processes and events that occurred during the course of a specific episode, or series of consultations with your practice.

This type of approach also recognises that patient experience is an 'outcome' of healthcare – and like any healthcare outcome, the tools used to measure it need to be as rigorously tested as any other medical measurement. This is particularly important to ensure your practice can be confident that any actions you undertake in response to patient feedback will increase, rather than decrease, the quality of care you provide.

What are the important aspects of patients' experiences of our practice?

There is good evidence in published literature to support six broad categories of issues critical to patients' experiences of primary health care. They are access and availability, information provision, privacy and confidentiality, continuity of care, communication skills of clinical staff and interpersonal skills of clinical staff.

To meet the the *Standards* you will need to ask your patients for feedback on all six categories. Examples of the types of things to be considered in each category are discussed below; however, the relative importance of each of these aspects will differ for each practice and patient population.

Access and availability

The best available evidence suggests that issues of access and availability are of central importance to patients. Access and availability issues are about more than whether patients can physically enter your practice (although physical access is very important). Some of the access and availability issues you could ask your patients about include:

- waiting times to get an appointment
- waiting times when they are in the practice
- the way they make appointments, or get advice over the telephone from one of your clinical staff members
- the length of your standard consultations
- the costs of your services and associated billing processes
- your normal opening hours
- arrangements for care outside normal opening hours
- arrangements for home visits.

Increasingly, whether your patients have attended an emergency department for something that could have been cared for within your general practice is seen as an indication of the accessibility and availability of your practice services.

Information provision

Issues relating to information provision have been shown to be critically important when looking at how patients experience healthcare. Your practice should seek patient feedback on a range of aspects relating to how you provide information to patients. This includes information given by clinical staff during a consultation (eg. information about proposed investigations, referrals, tests or treatment, medicines and health promotion/illness prevention strategies). You might also want to ask patients for feedback about your practice information sheet or newsletter.

Privacy and confidentiality

Expectations of privacy and confidentiality do differ between patients, however there is good evidence that all patients believe these issues are important in their experiences of healthcare. When asking patients about these issues, feedback should be sought on physical privacy (eg. if the physical aspects of your practice encourage privacy and confidentiality, or if they can maintain privacy when undressing for an examination), but also on issues relating to keeping their personal information private (eg. if they are confident their health information is not shared with nonclinical staff members, or if they are asked to consent before a third party is present during a consultation).

Continuity of care

Continuity of care is one of the most important issues raised by patients and health professionals. Continuity of care is about whether patients have a 'usual GP', their frequency of attending your practice and how long they have been patients of your practice. Continuity is also about how patient care is coordinated within your practice, whether patients see more than one GP or how GPs and nurses work together to provide care for a patient. It is also about how your practice coordinates care with other health providers – such as allied health, hospitals or tertiary referrals – to help integrate other types of healthcare into the overall comprehensive care you provide your patients. All these aspects of continuity of care are important aspects of how patients experience the care provided by your general practice.

Communication skills of clinical staff

One of the fundamental aspects of good quality care is good communication between clinical staff and patients. Patients can provide unique feedback on how they experience the communication skills of clinical staff during their consultations. Patients make judgements about how healthcare practitioners listen, explain and discuss medical and personal issues with them and whether they think they have been involved in decisions about their healthcare. When seeking patient feedback, you should ask patients to report on their experiences of your staff's communication skills – either generally, or in regard to a consultation they have just experienced. While the communication skills of

clinical staff are of central importance to patients, the communication skills of nonclinical staff members are also important, such as how the receptionist or practice manager communicates to patients.

Interpersonal skills of clinical staff

The interpersonal skills of clinical staff are related to communication skills. Good interpersonal skills are valued highly by patients and are critical to positive experiences of healthcare for patients. There is evidence that good interpersonal skills help develop trust in the patient-clinician relationship. Important aspects of interpersonal behaviour include demonstrating care, concern and sympathy, showing you remember a patient, demonstrating knowledge about that patients' medical and personal history and demonstrating confidence in their diagnosis and treatment.

How can our practice meet Criterion 2.1.2 of the Standards (4th edition)?

The *Standards* require three things of your practice:

- collect feedback about your patients' experiences either using an RACGP approved written questionnaire, or by developing your own individual practice-specific method in line with the requirements outlined later in this document
- demonstrate that you have used the information you received from patients to help improve your practice
- demonstrate that you have provided information to your patients about improvements you have made to your practice in response to their feedback.

Patient experience is, in itself, a health outcome, and like any other health outcome it needs valid and reliable measurement. For example, you wouldn't dream of using non-calibrated scales to weigh patients. Therefore, the RACGP has determined that practices should use valid and reliable means of measuring patient experiences. Validity refers to the extent to which the results can be generalised to all the patients in your practice (external validity) and the extent to which the results are a true reflection of how your patients experience your practice (internal validity).

Reliability refers to the consistency, reproducibility and repeatability of the results. What is considered valid and reliable is different for quantitative (numbers based) and qualitative (non-numbers based) ways of measuring patient experiences. To ensure validity and reliability in your patient feedback approach you have the option of choosing between using an existing RACGP approved questionnaire, or developing your own method that meets the requirements outlined later in this document.

Option one: use an RACGP approved questionnaire

This option will be suitable for the vast majority of general practices in Australia and provides an expert, standardised, high quality and reliable method to collect

and report feedback about patient experiences of a practice. This option is also the easiest for most practices because it simply requires selecting the most suitable questionnaire for your practice from the list of questionnaires approved by the RACGP available at www.racgp.org.au/standards/fourthedition/patientfeedback).

The approved questionnaires have been carefully developed in line with best available evidence and scientific knowledge about questionnaire development and have been tested with samples of patients to ensure they measure patient experiences in a reliable way. The companies offering patient feedback services using their specific questionnaires can provide clear guidance to your practice about how you should ask patients to complete the questionnaires and they will collate, analyse and report the results for your practice.

Apart from recovering costs involved in the approval process for these questionnaires, the RACGP does not gain any financial benefits from these companies and does not rank the approved questionnaires comparatively.

If you choose this option, you can now skip to the section 'How can we use the information we receive about your patients' experiences?' If you are undecided about this option, and would like to explore the other options, read on.

Option two: develop your own practice-specific method

It is anticipated that most practices will choose to use an RACGP approved questionnaire. However, you may decide that it is more appropriate for your practice and patients to develop your own individual practice-specific method of gaining feedback about your patients' experiences. If you have a compelling reason to develop your own method, then you have the option of developing your own practice-specific questionnaire, conducting individual interviews with patients, or running patient focus groups.

Reasons for developing your own method for collecting patient feedback include:

- you require elaboration, or an in-depth understanding of how patients experience a particular aspect of your practice
- you want to understand how particular types of patients experience care and these patients are unlikely to be sampled using a validated questionnaire method
- you want to gather feedback from patients who are unlikely, or unable, to respond to a written questionnaire
- you want to gain feedback from your patients about very sensitive issues in an in-depth and confidential manner
- it is more culturally appropriate to get feedback through face-to-face communication.

It is possible to meet these requirements using an approved validated patient experience questionnaire plus extra questions, or a focus group or patient interviews to address specific practice needs. Additional approval by the RACGP is not required for this 'approved questionnaire plus' approach.

If choosing to develop your own practice-specific method, it will need to comply with the requirements outlined in this guide. These requirements are based on accepted scientific rules and principles for conducting questionnaires, interviews and focus groups and are designed to ensure that your patient feedback is collected in the most accurate way possible to gather meaningful information from your patients.

Prior approval of practice-specific methodology

If your practice chooses to develop its own practice-specific method then after its initial development, pretesting and refinement (but prior to collecting information from patients), you need to apply to the RACGP to have the method approved as suitably rigorous to meet the requirements of the *Standards*.

You can download an application form from the RACGP website at www.racgp.org.au/standards/fourthedition/patientfeedback, or contact us by email at standards@racgp.org.au.

How do we decide what practice-specific method is best for our practice?

If you have decided not to use one of the RACGP approved questionnaires, there are three other options available to collect patient feedback:

- develop your own practice-specific questionnaire, or
- conduct focus groups with patients, or
- conduct interviews with patients.

Each of these methods has advantages and challenges, and you will need to consider the most appropriate for your practice and your patients.

Advantages and disadvantages of using practice-specific questionnaires

One of the options available to collect feedback from your patients is through the development of your own practice-specific questionnaire. This is a written document asking individual patients to provide responses to a series of questions about the healthcare they have received from your practice. Developing high quality questionnaires that can produce truly meaningful findings is actually more difficult than it appears. According to research on the topic, 'Anybody can write down a list of questions and photocopy it, but producing worthwhile and generalisable data from questionnaires needs careful planning and imaginative design'.² A high quality questionnaire is one that has been developed with an understanding of how particular types of people are likely to respond when asked about particular issues and when asked in particular ways. The advice provided in this document relating to how your individual practice-specific questionnaire needs to be developed is based on an evidence base of accepted methods of increasing the validity and reliability of questionnaires, as well as what is achievable with Australian general practices and their patients.

When deciding whether collecting patient experience feedback by your own practice-specific questionnaire would be suitable for your individual practice and patients, it is important to understand that questionnaires are especially useful when:

- you want a standardised way of asking a selection of patients for feedback so you can generalise to the rest of your patients
- you want a cost effective way of gathering feedback from many patients
- you want most people to be familiar and comfortable with the method you have chosen to collect feedback
- you want to ask about sensitive issues so people can respond anonymously.

There are some challenges, however, for your practice in using your own individual practice-specific questionnaire:

- writing a questionnaire that can produce accurate and meaningful results can be difficult
- the success of the questionnaire often depends on how easy it is for patients to complete. Any aspect of the questionnaire (eg. the length, type of questions, content of questions, order of questions, wording) can deter patients from answering in a way that will give you meaningful information
- analysing any non-numerical (qualitative) information from open ended questions can be challenging, time consuming and the amount of information can become overwhelming to novice analysts
- questionnaires do not allow you to ask patients to elaborate further on their responses to your questions.

Advantages and disadvantages of using focus groups

Most practices will be more comfortable using a written questionnaire to gather feedback about their patients' experiences than more qualitative methods, such as conducting interviews or focus groups. Many people trained in the health and medical fields have a negative view on the use of qualitative approaches – they think they are subjective, time consuming or a waste of time when you could have hard data. However, there are accepted scientific rules and principles for how to collect, use and analyse qualitative information and there are now accepted ways to ensure results can be meaningful for practices.

Therefore, one of the options available to practices is to collect feedback from patients through focus groups. A focus group is a planned group discussion within which a small number of carefully selected patients are asked by a moderator to discuss key issues about their experiences of care from your practice.

Focus groups are regularly used in commercial settings to assist companies to evaluate new products or existing services. Increasingly, healthcare providers in the tertiary sector are using focus groups to understand more fully the patient experience of their services. The advice provided in this document, relating to how a focus group needs to be developed and operated, is based on a good evidence base of accepted methods of increasing the meaningfulness of focus

group results and what is achievable with Australian general practices and their patients.

Unlike quantitative ways of collecting feedback about patient experiences (eg. questionnaires), the aim of selecting patients to be involved in the focus group is not to collect a representative sample of people who reflect all your practice's patients. The aim in focus groups is to carefully handpick patients who you believe have a specific experience of your practice, or have a common characteristic and can provide meaningful insights into how to improve your practice. People will be more likely to discuss their experiences of your practice openly and honestly if they believe they have something in common with the other people in the focus group. For example, a focus group might contain only female patients, only Aboriginal or Torres Strait Islander patients, or only patients with diabetes or another chronic illness. Or it might have new patients to the practice or patients that have used your service providing care outside normal opening hours.

The role of a moderator is critical to the success of your focus groups. Most focus groups are conducted by trained, experienced and professional moderators. The moderator's main role is to develop a nonjudgmental environment where patients feel comfortable and confident to openly and honestly discuss their experiences of your practice. The moderator's role is to pose questions, encourage discussion among patients, keep the group on track to discuss the key issues, ensure that everyone has the opportunity to comment and manage any domineering participants and, most importantly, to blend into the background and allow patients to honestly and openly discuss their experiences of the practice.

When considering if collecting patient experience feedback by focus groups would be suitable for your practice and patients, it is important to know that focus groups are especially useful when:

- you require elaboration or in-depth understanding of how patients experience a particular aspect of your practice
- you want to understand how particular types of patients experience care from your practice and these patients are unlikely to be sampled using a questionnaire method (eg. patients with diabetes, young families or those with a specific illness)
- when you want to get feedback from patients who are unlikely to respond to a written questionnaire (eg. those with low literacy, those living with a disability or patients from a non-English speaking background)
- when it is more culturally appropriate to get feedback through face-to-face communication (eg. some Aboriginal and Torres Strait Islander communities).

However, there are some challenges for your practice in running a focus group. These include:

- getting people to agree to and then attend focus groups can be notoriously time consuming and difficult

- developing appropriate questions, setting up and running focus groups can be time consuming in comparison to a questionnaire method
- analysing qualitative information from the focus groups can be challenging and the amount of information from two or more focus groups can become overwhelming to novice analysts
- the findings of the focus groups will not be 'generalisable' to all your patients' experiences; therefore, you will need to consider how you use the findings of the focus groups
- the success of a focus group relies on the communication skills of the moderator in directing and guiding the conversation and the moderator's perceived independence from the practice.

Advantages and disadvantages of using patient interviews

The final option available to collect feedback from your patients is through individual interviews with patients. These are planned, structured discussions between an interviewer and a patient. The patient is asked to discuss their experiences of your practice through a set of pre-planned questions and ordered questions.

Most people are familiar with interviews used for employment purposes. Interviews to gain patient feedback might be structured in a similar way, but they differ significantly because of the aim of the conversation – that is to gather honest and open feedback from patients about your practice.

Like focus groups, the aim of selecting patients to be involved in your interviews is not always to collect a representative sample of people who reflect all your practice's patients. It is certainly possible for you to handpick patients who you believe are representative of your wider patient group, but you might also specifically seek patients who are not usual and who have a specific experience of your practice and who could provide meaningful insights into how to improve your practice. For example, you might seek to interview patients who:

- have been with your practice for a long time
- have chronic disease or comorbidities and are frequent attendees at your practice
- come to your practice because you have a sub-specialty (eg. sexual health)
- have attended education sessions run by your practice (eg asthma education)
- have experienced how you coordinate care after they have been discharged from hospital.

The types of patients you seek to interview will be dependent on your particular patient group and are those who you believe are most likely to provide the most meaningful information about receiving healthcare from your practice.

The role of an interviewer is critical to the success of your interviews. Most patient interviews are conducted by trained, experienced and professional interviewers. Like the role of a moderator in a focus group, the interviewer's main

role is to develop a nonjudgmental and relaxed environment where the patient feels comfortable and confident to openly and honestly discuss their experiences of your practice. The interviewer's role is to develop a conversation with the patient based on a set of predeveloped questions, encourage elaboration on important points and seek clarification on specific things the patient says. For these reasons, it is important that the interviewer be someone who is not in a position to provide clinical care to the patient. For example, the interviewer might be your practice manager, an administrative staff member, someone from your local division of general practice or a professional interviewer. When deciding if collecting patient experience feedback by interviews would be suitable for your practice and patients, it is useful to know that interviews share very similar benefits and challenges to using focus groups. In addition, interviews can be valuable to use when you want to ask about personal or sensitive issues that people are unlikely to discuss openly in a group setting.

How do we develop and use our own practice-specific questionnaire?

If you think that collecting patient feedback through a questionnaire developed specifically for your individual practice is more appropriate for your patients and practice than using a validated RACGP approved questionnaire, then your questionnaire process needs to conform to the following steps in order for your practice to meet Criterion 2.1.2 of the *Standards*:

1. Develop a valid and reliable written questionnaire that includes questions about the following broad categories in your practice:
 - a. access and availability of care in your practice
 - b. information provision to patients
 - c. privacy and confidentiality of care in your practice
 - d. continuity of care
 - e. communication skills of clinical staff
 - f. interpersonal skills of clinical staff.

You will also need to include demographic information about the patient, providing feedback including age, gender, ethnicity, educational achievement, socio-economic information (eg. income bracket) and if they have been diagnosed with a chronic disease.

2. Ensure your questionnaire allows for patients to answer questions via a range of responses. For example, you might want to ask patients to respond on a five point Likert scale (never, rarely, sometimes, often, always). You should not have a questionnaire that includes only yes/no or satisfied/dissatisfied questions.

3. Be able to demonstrate that you have pretested the first draft of your questionnaire with a small and representative number of patients (eg. 10) to ensure the questions are easy to understand and respond to. Professional questionnaire developers would progress through multiple versions of a questionnaire until they have a final version. Pretesting the questionnaire (often called piloting) with patients is critical to ensure that when you do give the questionnaire out to patients, they respond in a sensible way to your questions. Pretesting also means that you get information from your patients, which is useful and meaningful for your practice.
4. Collect at least 30 completed questionnaires per full time equivalent (FTE) GP in your practice in order to get a reliable picture of how patients are experiencing healthcare from your practice. The more patients you survey, the more accurate and meaningful your results will be.
5. Conduct at least 50 completed questionnaires from patients who regularly see each staff member (regardless of their FTE), if you want to collect and analyse feedback about individual GPs or other clinical staff members.
6. Appropriately select the patients who you invite to complete your questionnaire to ensure the credibility of the results. There is good evidence to suggest that patients who do not fill out questionnaires are those who are sicker, less satisfied with the care and who attend the health service infrequently. So, the way in which your patients are approached to complete the questionnaire needs to include some type of randomisation. For example, every fifth person arriving at reception should be asked to complete the questionnaire. Leaving blank questionnaires at reception will not allow you to get a representative sample of patients as only those who are really interested and have something specific to say about your practice will bother to complete it. You need to demonstrate that you have made an attempt to ensure the patients who complete the questionnaire are representative of your broader practice population.
7. At a minimum, ensure the results of the questionnaires are analysed in terms of standard descriptive statistics (frequencies, percentages, mean, range). Where possible, conduct a comparative analysis by demographic characteristics of patients (eg. do old and young patients respond in different ways to the questions you have asked?).

How do we develop and conduct focus groups with our patients?

If you think that collecting patient feedback through focus groups is more appropriate for your patients, and practice, rather than using a validated RACGP approved questionnaire, then your focus group process should conform to the following steps in order for your practice to meet Criterion 2.1.2 of the *Standards*:

1. Develop a set of focus group questions that includes questions about the following broad categories:
 - a. access and availability of care in your practice
 - b. information provision to patients
 - c. privacy and confidentiality of care in your practice
 - d. continuity of care
 - e. communication skills of clinical staff
 - f. interpersonal skills of clinical staff.
2. Conduct at least two focus groups to gain feedback about your practice. The larger the practice, the more focus groups you will need to conduct to ensure you capture the relevant experiences of different types of patients.
3. Conduct at least one focus group for each staff member (regardless of their FTE) if you want to collect and analyse feedback about individual GPs or other clinical staff members. Each focus group needs to be made up of patients who regularly see that clinical staff member. For example, if you have four doctors who work variable hours, then you will need to do at least four focus groups, one with patients for each doctor.
4. Ensure each focus group has between five and 10 patients participating.
5. Ensure each focus group includes patients who share a characteristic. This will be the characteristic that you think might be important in how they experience care in your practice.
6. Ensure each focus group is either audio recorded or video recorded, with the permission of those attending the focus group, or detailed notes are recorded on the conversation. The moderator cannot facilitate the discussion and take notes at the same time.
7. The focus group needs to be run by someone who does not provide clinical care to patients. This moderator acts to facilitate the group discussion. Your patients will be more likely to discuss their experiences of your practice openly and honestly if the moderator is seen as independent, and is not someone who could provide clinical care to them. Thus, your doctors and nurses should not moderate, be note takers or be present during the focus group. The focus group needs to be run by someone experienced in running focus groups and who does not, or could not, provide clinical care to patients.

8. Ensure the results of each focus group are written in a way that factually records the discussion. This can either be a word-for-word transcript or summarised notes of key discussion points and key quotes from participants. Identifiable details of patients, such as names, should be removed from the report.
9. Ensure the results of the focus groups are analysed in terms of the key themes, topics or ideas that were raised for each of the broad categories of care and a report is prepared for the practice. If possible, an independent person should analyse the results and write the report in order to look at what patients said in an objective manner. This independent person might be a clinical staff member not involved in the focus group process, or someone from outside the practice.

How do we develop and conduct interviews with our patients?

If you think that collecting patient feedback through interviews is more appropriate for your patients and practice, rather than using a validated RACGP approved questionnaire, then your interview process needs to conform to the following steps in order for your practice to meet Criterion 2.1.2 of the *Standards*:

1. Develop a semi-structured question list that includes questions about the following broad categories:
 - a. access and availability of care in your practice
 - b. information provision to patients
 - c. privacy and confidentiality of care in your practice
 - d. continuity of care
 - e. communication skills of clinical staff
 - f. interpersonal skills of clinical staff.
2. Conduct at least three interviews per FTE GP in your practice in order to get a meaningful image of how patients are experiencing healthcare from your practice. The more interviews you conduct, the more confident you can be that the findings reflect what patients really think about healthcare from your practice.
3. Conduct at least five interviews with patients who regularly see each staff member (regardless of the staff member's FTE) if you want to collect and analyse feedback about individual GPs or other clinical staff members.
4. Ensure interviews are conducted face-to-face, or over the telephone. It is often easier to develop good rapport between the interviewer and the patient when the interview is conducted in person – this is definitely the case with relatively inexperienced interviewers. More skilled interviewers

are able to develop this rapport over the phone and high quality information from patients can still be gathered through a telephone interview.

5. Ensure each interview is either audio recorded or video recorded, with the patient's permission, or detailed notes are taken on the conversation. Only a very experienced interviewer can interview and take notes at the same time. Audio recording is the preferred option for most interviews.
6. Ensure interviews are conducted by someone who does not provide clinical care to patients. Your patients will be more likely to discuss their experiences of your practice openly and honestly if the interviewer is seen as independent and is not someone who could provide clinical care to them. Thus, your doctors and nurses should not participate in, or be present during an interview. The interviewer should be someone experienced in interviewing who is not in a position to provide clinical care to patients.
7. Ensure the results of each interview are written in a way that factually records the discussion. This can be a word-for-word transcript, or summarised notes of key discussion points and key quotes from the patient. Identifiable details of patients, such as names, should be removed from this report.
8. Ensure the results of the interviews are analysed in terms of the key themes, topics or ideas that were raised for each of the broad categories of care, and that a report is prepared for the practice. If possible, an independent person should analyse the results and write the report in order to look at what patients said in an objective manner. This independent person might be a clinical staff member not involved in the interviewing process or someone from outside the practice.

How can we use the information we receive about our patients' experiences?

Collecting feedback from patients on its own has little value. There is good evidence to suggest that the process of simply doing a patient survey is not sufficient to bring about improvements in healthcare. What is needed is action, based on that feedback. If you have invested considerable time, effort and resources into collecting accurate feedback about your patients' experiences of your practice then you owe it to your practice and patients to consider it carefully and use it in your quality improvement activities. This is why the *Standards* require you to demonstrate that you have used patient feedback to make an improvement to your practice.

The RACGP encourages practices to embed the process of collecting patient feedback into the practice's overall quality improvement program. This means that collecting patient feedback is not seen as a one-off activity, which is done

just for accreditation's sake; or that you give it to an administrative staff member to do because you think they can fit it into their workload. It should mean that the collection of feedback about your patients' experiences becomes an integral part of collecting evidence, which then forms the basis of your quality and safety improvements. This requires leadership in your practice and recognition at the outset that you should plan the type of information you need from your patients, how you will collect that information, how you will analyse it and what you will do with the information.

It is recommended that after you collect and analyse feedback from your patients, the results be discussed by all practice staff. A dedicated team meeting is a good way to provide all staff, not only clinical staff, with an opportunity to reflect on the results, discuss findings of particular interest or confirm things you suspected might be issues. If you have collected feedback about individual clinicians, it is advisable to discuss these results with the individual/s concerned outside this group meeting. While it is often nice to have your colleagues hear that your patients think you are fabulous, disclosure and discussion of your shortcomings as your patients see them (along with a discussion on how you can address these issues) is best left for a more private situation.

The most critical thing your practice should do with the results of your patient feedback process is use them to develop a clear action plan for quality improvement. You shouldn't consider patient feedback in isolation, but place the information from patients alongside other information about your practice (including safety, effectiveness, cost and impact considerations) to determine what improvements could be made or that are needed. Not every suggestion from patients will be practical (or even preferred) and you will need to prioritise what changes can and should be made. For example, feedback that the practice 'should bulk bill everyone' may not be practical. However, feedback indicating that you could have a dedicated hour each day where 'walk-ins' could see a doctor might be worth trialling in your practice during influenza season. Quality improvement is not just about improving on the things your patients say your practice can do better, but it is also about doing more of what patients say they like about your practice. Don't ignore the positive messages from your patients.

It is recommended that your action plan focus on a small number of things you wish to base improvements on, rather than attempting to tackle everything patients provided feedback about. Depending on what feedback patients provided you might take the opportunity to use this information for a plan, do, study, act (PDSA) cycle. This would mean deciding on what changes you wish to make, making those changes to the practice and then checking with patients – perhaps through re-surveying or running a group discussion – that the improvements have addressed the issue. The types of changes you wish to make will differ for each practice and in response to the specific feedback

your patients have given. It is worthwhile checking with your staff's continuing education providers to see if a rapid PDSA cycle might attract continuing professional development (CPD) points. For example, GPs who identify a possible practice improvement can turn such an observation into a Category 1 activity by completing a rapid PDSA – whereby even small improvements could lead to large practice benefits by undertaking the team based reflection and learning facilitated by a rapid PDSA cycle.

While the *Standards* require you to collect and use feedback about your patients' experiences only once every 3 years, the best available evidence suggests collecting patient feedback more frequently, such as on an annual basis, would increase its meaningfulness for your practice and patients. Whether this is practicable for your practice would depend on a range of factors, but repeated surveying or additional focus groups with patients during the 3 yearly period will assist you to determine if the changes you have made have actually improved your patients' experiences of your practice.

Finally, patients value knowing their feedback has been useful to the practice. It is recommended that you think about ways to communicate the findings of your patient feedback process back to your patients. For example, you might select a couple of issues patients identified as particularly important and put together a poster for your waiting room with simple messages of what your patients have told the practice and what you have decided to do in response. You might also put something on your practice website, newsletter or other promotional material demonstrating the value of patient input to your practice's planning processes and the way you deliver care. This demonstrates to patients that your practice believes they are an integral part of your quality improvement process.

Acknowledgments

This guide was written by Dr Ronelle Hutchinson, Engage Consulting Australia Pty. Ltd. under the direction of the RACGP National Standing Committee – Standards for General Practices. Engage Consulting Australia was commissioned to review the best available evidence about patient feedback on quality and safety, provide advice on the application of this evidence to the *Standards* and author this guide.

This guide was first published by the RACGP in December 2010 with editorial revisions in October 2011.

Useful resources

Resources for developing questionnaires

- Epstein KE, Laine C, Farber NJ, et al. Patients' perceptions of office medical practice: judging quality through the patients' eyes. *American Journal of Medical Quality* 1996;11(2):73–80. This article provides a good overview of questionnaire development for use with primary care patients
- Boynton P, Greenhalgh T. Hands-on guide to questionnaire research: selecting, designing and developing your questionnaire. *British Medical Journal* 2004;328:1312. This article and the next below are companion articles providing very good overviews of the benefits and pitfalls of designing your own questionnaire for use in health services
- Boynton P. Administering, analyzing and reporting your questionnaire: Understanding your study group is key to getting a good response to a questionnaire; dealing with the resulting mass of data is another challenge. *British Medical Journal* 2004;328:1372
- Carter M, Roland M, Bower P, et al. Improving your practice with patient surveys. 2004; Available at <http://www.npcrdc.ac.uk/PublicationDetail.cfm?id=111> This publication is a handbook for British general practices on how to collect patient feedback for the National Health Service (NHS) requirements. It is written by the Client Focused Evaluations Program (CFEP), which operate in Australia, and the National Primary Care Research and Development Centre at the University of Manchester. While UK based, most of the instructions and advice are appropriate for Australian general practices.

Resources for conducting focus groups

- University of Limerick focus group tutorial 1 and focus group tutorial 2; 2008. Available at www.youtube.com/watch?v=r6_DOhLmrvs and www.youtube.com/watch?v=J0-kcCiK6SE&feature=related. These 10 minute segments provide an overview of using focus groups in general. They show footage of a focus group happening and then an analysis of what worked well in the example focus group. These videos are not specifically about using focus groups with patients, but will be a useful starting point for practices considering developing focus groups for general practice patients
- Bender DE, Ewbank D. The focus group as a tool for health research: issues in design and analysis. *Health Transitions Review* 1994;4(1):63–79. This article offers a very detailed overview of the key steps in designing, implementing and analysing data from focus groups in healthcare
- OMNI toolkit for conducting focus groups. Available at www.omni.org/docs/FocusGroupToolkit.pdf. This is a 'how to' guide for those new to conducting focus groups. In particular, this toolkit offers good guidance for inexperienced moderators in terms of the skills needed to encourage discussion and what to do in difficult situations.

Resources for conducting interviews

- Foddy W. *Constructing questions for interviews and questionnaires: theory and practice in social research*. Cambridge; Cambridge University Press, 1993. While this book is 'academic' in nature, it also a useful manual on how to write good questions and discusses the science behind interviewing/questionnaire development. It is definitely valuable for those practices that wish to invest time and resources in developing their own individual practice-specific questionnaire or interviews.

Useful references

- Auras S, Geraedts M. Patient experience data in practice accreditation: an international comparison. *International Journal for Quality in Healthcare* 2010; 22(2):132–9.
- Browne K, Roseman D, et al. Analysis and commentary: measuring patient experience as a strategy for improving primary care. *Health Affairs* 2010; 29(5):921–5.
- Campbell J, Narayanan A, et al. Validation of a multi-source feedback tool for use in general practice. *Education for Primary Care* 2010;21:165–79.
- Carter M, Greco M, et al. Impact of systematic patient feedback on general practices, staff, patients and primary care trusts. *Education for Primary Care* 2004;15:30–8.
- Carter M, Roland M, et al. Improving your practice with patient surveys. National Primary Care Research and Development Centre; University of Manchester and Client-Focused Evaluation Program, 2004.
- Consumers Health Forum. Consumers' expectations of general practice in Australia. Deakin: Consumers Health Forum, 1999.
- Dyas J, Apekey T, et al. Strategies for improving patient recruitment to focus groups in primary care: a case study reflective paper using an analytic framework. *BMC Medical Research Methodology* 2009;9:65.
- Elwyn G, Buetow S, et al. Respecting the subjective: quality measurement from the patients' perspective. *British Medical Journal* 2007;335:1021–22.
- Epstein K, Laine C, et al. Patients' perceptions of office medical practice: judging quality through the patients' eyes. *American Journal of Medical Quality* 1996;11(2):73–80.
- Evans R, Edwards A, et al. Assessing the practicing physician using patient surveys: a systematic review of instruments and feedback methods. *Family Practice* 2007;24:117–127.
- Greco M, Brownlea A, et al. Impact of patient feedback on the interpersonal skills of general practice registrars: results of a longitudinal study. *Medical Education* 2001;35:748–56.
- Greco M, Carter M, et al. Impact of patient involvement in general practices. *Education for Primary Care* 2006;17:486–96.
- Greco M, Carter M, et al. Does a patient survey make a difference? *Education for Primary Care* 2004;15:183–9.
- Grol R, Wensing M, et al. Patients' priorities with respect to general practice care: an international comparison. *Family Practice* 1999;16(1):4–11.
- Haddad S, Potvin L, et al. Patient perception of quality following a visit to a doctor in a primary care unit. *Family Practice* 2000;17(1):21–9.
- Department of Health. Understanding what matters: A guide to using patient feedback to transform services. National Health Service, UK, 2009.
- Lehoux P, Poland B, et al. Focus group research and 'the patient's view'. *Social Science and Medicine* 2006;63:2091–104.
- Moen J, Antonov K, et al. Interaction between participants in focus groups with older patients and general practitioners. *Qualitative Health Research* 2009;20:607.
- Nelson E, Gentry M, et al. How many patients are needed to provide reliable evaluations of individual clinicians? *Medical Care* 2004;42(3):259–66.
- Powell R, Single H. Methodology matters: focus groups. *International Journal for Quality in Healthcare* 1996;8(5):499.
- Rao M, Clarke A, et al. Patients' own assessments of quality in primary care compared with objective records based measures of technical quality of care: cross-sectional study. *British Medical Journal* 2006;10:19–22.
- Solomon L, Zaslavsky A, et al. Variation in patient-reported quality among health care organisations. *Health Care Financing Review* 2002;23(4):85–100.
- Tong A, Sainsbury P, et al. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Healthcare* 2007;19(6):349–57.

Vingerhoets E, Wensing M, et al. Feedback of patients' evaluations of general practice care: a randomised trial. *Quality in Health Care* 2001;10:224–8.

Wensing M, Elwyn G. Research on patients' views in the evaluation and improvement of quality of care. *Quality and Safety in Health Care* 2002;11(2):153–5.

Wensing M, Elwyn G. Methods for incorporating patients' views in health care. *British Medical Journal* 2003;326:877–9.

Wensing M, Jung H, et al. A systematic review of the literature on patient priorities for general practice care. Part 1: Description of the research domain. *Social Science and Medicine* 1998;47(10):1573–88.

Wensing M, Vingerhoets E, et al. Feedback based on patient evaluations: a tool for quality improvement? *Patient Education and Counselling* 2003;51:149–53.