



The Royal Australian
College of General
Practitioners

Patient feedback guide

learning from our patients

The RACGP Patient feedback guide: learning from our patients

Author's note

The evidence cited in this guide is a summary of the current knowledge contained in the reference list on page 21. 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.

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The RACGP *Patient feedback guide: learning from our patients*

This guide has been written as a companion document to the RACGP *Standards for general practices* (4th edition) (from now referred to as the *Standards* or the *RACGP Standards*). Its aim is to assist general practice teams to implement Criterion 2.1.2 of the *Standards*: the criterion related to gathering and using information about patients' experiences as a meaningful part of the quality improvement process.

Criterion 2.1.2 indicators C, D and E are as follows:

- ▶ C. At least once every 3 years, our practice actively seeks feedback about patients' experiences of our practice by:
 - using a validated patient experience questionnaire that has been approved by the RACGP, or
 - developing and using our own individual practice specific method that adheres to the requirements outlined in the RACGP *Patient feedback guide: learning from our patients* (questionnaire or focus group or patient interviews).
- ▶ D. Our practice can demonstrate improvements we have made in response to analysis of patient feedback.
- E. Our practice provides information to patients about practice improvements made as a result of their input.

Note: Indicators C and D are compulsory while indicator E is discretionary.

This guide outlines the key issues that 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
- interpersonal skills of clinical staff.

It also gives detailed guidance about the options a practice can choose for collecting feedback from patients, including:

- the use of RACGP approved questionnaires
- the development of specific questionnaires for individual practices
- the use of focus groups and interviews.

This guide also discusses what practices can then 'do' with patient feedback in order to make meaningful improvements to their practice.

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Introduction

You know everything about your practice. You know which consulting rooms are the ‘best’, which of your staff are ‘in demand’, and what days of the week your phone will be running hot and the receptionists will hardly be able to keep up. You know that your follow up system is really effective when compared 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 think 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 will 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 RACGP *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?

Internationally and in Australia there is growing emphasis on 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 what are 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 to show 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. There are other obvious benefits to your practice of systematically seeking feedback about your patients' experiences. It means accessing information to assist in quality improvement, demonstrating to your patients that your practice values their views, and being able to provide 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, yet others who are 'very unsatisfied' with care that is of the highest possible quality. More recent advances in the field of patient feedback suggest that it is important to move beyond asking patients about their level of 'satisfaction' with your practice, toward 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 the published literature that there are six broad categories of issues that are critical to patients' experiences of primary healthcare:

- access and availability
- information provision
- privacy and confidentiality
- continuity of care
- communication skills of clinical staff
- interpersonal skills of clinical staff.

To meet the RACGP *Standards* you will need to ask your patients for feedback on all six of these 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.

1. 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 also very important). Some of the access and availability issues you might want to ask your patients about include:

- waiting times to get an appointment
- waiting times when patients are in the practice
- the way in which the patient makes appointments or gets advice over the phone from one of the clinical staff members
- the length of standard consultations
- the costs of services and associated billing processes
- the 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.

2. Information provision

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

3. Privacy and confidentiality

Expectations of privacy and confidentiality 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 for consent for a third party being present during a consultation).

4. Continuity of care

Continuity of care is one of the most important issues raised by patients and health professionals alike. 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 – if 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.

5. Communication skills of clinical staff

Another 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 judgments 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 will need to 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.

6. Interpersonal skills of clinical staff

Related to communication skills, are the interpersonal skills of clinical staff. 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?

Criterion 2.1.2 indicators C, D and E are as follows:

- ▶ C. At least once every 3 years, our practice actively seeks feedback about patients' experiences of our practice by:
 - using a validated patient experience questionnaire that has been approved by the RACGP, or
 - developing and using our own individual practice specific method that adheres to the requirements outlined in the RACGP *Patient feedback guide: learning from our patients* (questionnaire or focus group or patient interviews).
- ▶ D. Our practice can demonstrate improvements we have made in response to analysis of patient feedback.
- E. Our practice provides information to patients about practice improvements made as a result of their input.

Note: Indicators C and D are compulsory while indicator E is discretionary.

Patient experience is in itself, a health outcome, and just like any other health outcome – the way you measure it needs to be valid and reliable. For instance, you wouldn't dream of using noncalibrated scales to weigh patients, so in the same way the RACGP has determined that practices should use valid and reliable means of measuring patient experiences. 'Valid' 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). 'Reliable' 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. As such, 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 is the easiest option for most practices as it only requires selecting the most suitable questionnaire for your practice from the list of questionnaires that have been approved by the RACGP (see RACGP website www.racgp.org.au/standards). 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 that 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 need to ask patients to complete the questionnaires and they will collate, analyse and report the results to your practice if your practice chooses to commission such services. 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 in comparison to one other.

If you choose this option, you can now skip through to the section 'How can we use the information we receive about your patients' experiences?' on page 15. If you are undecided about using 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 the option of using an RACGP approved questionnaire. However, you may decide that it is more appropriate for your practice and patients for you 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 an individual practice-specific questionnaire, running patient focus groups, or conducting individual interviews with patients.

If you choose to develop your own individual practice-specific method, then it will need to comply with the requirements outlined below. 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. Your accreditation organisation will check that your method of collecting patient feedback complies with these requirements as part of the normal accreditation process.

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

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

1. Develop your own practice-specific questionnaire
2. Conduct focus groups with patients
3. Conduct interviews with patients.

Each of these methods has advantages and challenges and you will need to consider which is 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 developing 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 much more difficult than it would seem. '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.' 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 a good evidence base of accepted methods of increasing the validity and reliability of questionnaires and what is achievable with Australian general practices and their patients.

When deciding whether collecting patient experience feedback by using your own practice-specific questionnaire would be suitable for your individual practice and patients, it is important to know 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 (because people can respond anonymously).

However, there are some challenges for your practice in using your own individual practice-specific questionnaire.

- Writing a questionnaire that can produce accurate and meaningful results can be very 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 any 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 any of their responses to your questions.

Advantages and disadvantages of using focus groups

Most practices will be more comfortable with using a written questionnaire to gather feedback about their patients' experiences than using 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 – thinking it is subjective, time consuming or a waste of time when you can 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 of ensuring the 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 where 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 run is based on a good evidence base of accepted methods for increasing the meaningfulness of focus group results, and what is achievable with Australian general practices and their patients.

Unlike quantitative methods of collecting feedback about patient experiences (eg. questionnaires), the aim in selecting patients to be involved in the focus group is not to collect a representative sample of people to reflect all your practice's patients, but rather the aim is to carefully hand pick patients that you have reason to believe have a specific experience of your practice or have a common characteristic and can provide meaningful insight into how you can improve your practice. People will be more likely to discuss their experiences of

your practice more openly and honestly if they believe they have something in common with the other people in the focus group. For instance, a focus group might contain only female patients, only Aboriginal and Torres Strait Islander patients, only patients with diabetes or another chronic illness or it might be made up of new patients to the practice, or patients that have used your service that provides care outside normal opening hours.

The role of a moderator is critical to the success of focus groups. Most focus groups are conducted by trained, experienced and professional moderators. The moderator's main role is to develop a nonjudgmental environment in which 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 in discussing the key issues; ensure that everyone has the opportunity to comment, managing 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 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 from your practice, and these patients are unlikely to be sampled using a questionnaire method (eg. patients with diabetes or another specific illness, young families)
- 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)
- it is more culturally appropriate to get feedback through face-to-face communication (eg. with some Aboriginal and Torres Strait Islander communities).

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

- 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 very 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 of your patients' experiences and therefore this will need to be considered when planning how to 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 for collecting feedback from your patients is through individual interviews with patients. Individual interviews are planned and structured discussions between an interviewer and a patient where 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 that are 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. The advice provided in this document relating to how structured interviews need to be developed and run comes from a good evidence base of accepted methods of increasing meaningfulness of interview results, and what is achievable with Australian general practices and their patients.

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 hand pick patients that you believe are representative of your wider patient group, but you might also specifically seek patients who are not usual and those who have a specific experience of your practice and who can provide meaningful insight into how to improve your practice. For instance, you might seek to interview patients who:

- have been with your practice for a long time
- have a chronic disease or comorbidities and are frequent attendees at your practice
- come to your practice because you have a subspecialty (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 depend on your particular patient group and will be those that you believe are most likely to provide the most meaningful information about receiving healthcare from your practice.

The role of the 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 in which 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 pre-developed 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 instance, 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 whether collecting patient experience feedback by using interviews would be suitable for your practice and patients, it is useful to know that using interviews shares very similar benefits and challenges to using focus groups. Keep in mind that interviews can be valuable to use when you want to ask about personal or sensitive issues which 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 in order for your practice to meet Criterion 2.1.2 of the RACGP *Standards*. To do this, you need to perform the following seven steps.

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

You will also need to include demographic information about the patient who provides feedback, including age, sex, ethnicity, educational achievement, socioeconomic information (eg. income bracket) and whether they have been diagnosed with a chronic disease.

2. Ensure your questionnaire allows for patients to answer questions via a range of responses. For instance, you might want to ask patients to respond on a five point Likert scale (eg. 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 piloted the 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. Piloting with patients is critical to ensuring that when you do give the questionnaire out to patients, they respond in a sensible way to your questions.
4. In order to collect and analyse sufficient data on patients' experiences of your practice, a minimum of 30 completed surveys per full time equivalent (FTE) GP need to be collected. The more patients you survey, the more accurate and meaningful the results will be.
5. If you wish to collect and analyse data on patients' experiences of an individual practitioner, a higher number of patients will need to be surveyed. In this case a minimum of 50 completed questionnaires from patients who see the practitioner need to be collected.
6. Appropriately select the patients that 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 that are sicker, less satisfied with the care and that attend the health service infrequently. So, the way in which your patients are approached to complete the questionnaire needs to include some form of randomisation (eg. 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 be bothered to complete it. You need to demonstrate that you have made an attempt to ensure that the patients who complete the questionnaire are representative of your broader practice population.
7. If possible, ensure results of the questionnaires are analysed in terms of standard descriptive statistics and conduct a comparison analysis by demographic characteristics of patients. If possible, you should conduct statistical tests of validity and reliability on your results to be certain that the results provide an accurate reflection of what patients report to experience in your practice.

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 than using a validated RACGP approved questionnaire, then your focus group process needs to conform to the following nine steps in order for your practice to meet Criterion 2.1.2 of the RACGP *Standards*.

1. Develop a set of focus group questions that includes questions about the following broad categories:
 - access and availability of care in your practice
 - information provision to patients
 - privacy and confidentiality of care in your practice
 - continuity of care
 - communication skills of clinical staff
 - interpersonal skills of clinical staff.
2. In order to collect and analyse sufficient data on patients' experiences of your practice, at least two focus groups need to be conducted.
3. If you wish to collect and analyse data on patients' experiences of individual practitioners, at least one focus group for each practitioner needs to be conducted.
4. Ensure each focus group has between five and ten patients participating.
5. Ensure each focus group includes patients who have a common characteristic. This will be the characteristic that you think might be important to how they experience care in your practice.
6. Ensure each focus group is either audio recorded, 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 more 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 (eg. names) should be removed from this 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 than using a validated RACGP approved questionnaire, then your interview process needs to conform to the following eight steps in order for your practice to meet Criterion 2.1.2 of the RACGP *Standards*.

1. Develop a semistructured question list that includes questions about the following broad categories:
 - access and availability of care in your practice
 - information provision to patients
 - privacy and confidentiality of care in your practice
 - continuity of care
 - communication skills of clinical staff
 - interpersonal skills of clinical staff.
2. In order to collect and analyse sufficient data on patients' experiences of your practice, at least three interviews per FTE GP need to be conducted. The more interviews conducted, the more accurate and meaningful the results will be.
3. If you wish to collect and analyse data on patients' experiences of individual practitioners, at least five interviews for each practitioner need to be conducted.

4. Ensure interviews are conducted face-to-face or over the phone. 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 phone interview.
5. Ensure each interview is either audio recorded, video recorded (with the patient's permission) or detailed notes are taken on the conversation. Only a very experienced interviewer will be able to 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 more 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 and 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 either be a word-for-word transcript or summarised notes of key discussion points and key quotes from the patient. Identifiable details of patients (eg. 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 a report 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 doing a patient survey is not sufficient to bring about improvements in healthcare. What is needed is action that is 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 RACGP *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 that 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 means that the collection of feedback about your patients' experiences becomes an integral part of collecting evidence upon which to base your quality and safety improvements. This requires leadership in your practice and recognition at the outset that you need to plan what information you need to get from patients, how you will collect that information, how you will analyse it and what you will do with that information.

It is recommended that once you have collected and analysed your feedback from patients, these results be discussed by all practice staff. A dedicated team meeting is a good way to provide all staff (not just clinical staff) with an opportunity to reflect on the results, and discuss findings that are particularly interesting or confirm things you suspected. If you have collected feedback about individual clinicians, it is advisable to discuss these results with the individual/s concerned outside of 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 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 instance, feedback that the practice 'should bulk bill everyone' might not be practical. However, feedback indicating that you could have a dedicated hour each day where 'walk ins' can 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 that you wish to improve, rather than trying to tackle everything that patients provide feedback about. Depending on what feedback patients give, you might take the opportunity to use this information for a 'plan, do, study, act' (PDSA) cycle – including deciding on what changes you wish to make, making those changes to the practice and then checking with patients (perhaps through resurveying 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 points. For instance, GPs who identify a possible practice improvement can turn such an

observation into a Category 1 activity by completing a rapid PDSA cycle – even small improvements can lead to large practice benefits by undertaking the team based reflection and the 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, will increase its meaningfulness for your practice and patients. Whether this is practicable for your practice will 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.

Providing feedback to your patients

Patients value knowing that 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 instance, you might select a couple of issues that patients identified as particularly important in your surveys 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 want to put something on your practice website, newsletter or other promotional material demonstrating to your patients the value their input has to your practice's planning processes and the way you deliver care. This demonstrates to patients that your practice believes patients are an integral part of the quality improvement process.

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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: 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*. Available at 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 requirements. It is written by the Client Focused Evaluations Program (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 to view on www.youtube.com/watch?v=r6_DOhLmrvs and www.youtube.com/watch?v=J0-kcCiK6SE&feature=related. These 10 minute segments give you an overview of the use of focus groups in general, as well as show footage of a focus group in progress. There is an analysis of what worked well in the example focus group. These videos are not specifically about using focus groups with general practice patients but provide a useful starting point for practices considering developing focus groups.
- Bender DE, Ewbank D. The focus group as a tool for health research: issues in design and analysis. *Health Transitions Review* 1994;4:63–79. 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 acts as a 'manual' on how to write good questions and discusses the science behind interviewing/questionnaire development. It is of great value to 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;22:132–9.
- Boynton P, Greenhalg T. Hands-on guide to questionnaire research: selecting, designing and developing your questionnaire. *British Medical Journal* 2004;328:1312–15.
- Browne K, Roseman D, Shaller D, et al. Analysis and commentary: measuring patient experience as a strategy for improving primary care. *Health Affairs* 2010;29:921–5.
- Campbell J, Narayanan A, Burford B, 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, Sweeney K, 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, Bower P, et al. *Improving your practice with patient surveys*. Manchester: 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*. Melbourne: Deakin University Press, 1999.
- Dyas J, Apekey T, Tilling M, 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, Hibbard J, et al. Respecting the subjective: quality measurement from the patients perspective. *British Medical Journal* 2007;335:1021–2.
- Epstein K, Laine C. Patients' perceptions of office medical practice: judging quality through the patients' eyes. *American Journal of Medical Quality* 1996;11:73–80.
- Evans R, Edwards A, Evans S, et al. Assessing the practicing physician using patient surveys: a systematic review of instruments and feedback methods. *Family Practice* 2007;24:117–27.
- Greco M, Brownlea A, McGovern J, 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, Powell R, et al. Does a patient survey make a difference. *Education for Primary Care* 2004;15:183–9.
- Greco M, Carter M, Powell R, et al. Impact of patient involvement in general practices. *Education for Primary Care* 2006;17:486–96.
- Grol R, Wensing M, Mainza J, et al. Patients' priorities with respect to general practice care: an international comparison. *Family Practice* 1999;16:4–11.
- Haddad S, Potvin L, Roberge D, et al. Patient perception of quality following a visit to a doctor in a primary care unit. *Family Practice* 2000;17:21–9.
- The UK Department of Health. *Understanding what matters: a guide to using patient feedback to transform services*, 2009. Available at www.dh.gov.uk.
- Lehoux P, Poland B, Daudelin G, et al. Focus group research and 'the patient's view'. *Social Science and Medicine* 2006;63:2091–104.
- Moen J, Antonov K, Nilsson J, et al. Interaction between participants in focus groups with older patients and general practitioners. *Qualitative Health Research* 2009;20:607.
- Nelson E, Gentry M, Mook KH, et al. How many patients are needed to provide reliable evaluations of individual clinicians? *Medical Care* 2004;42:259–66.

Powell R, Single H. Methodology matters: focus groups. *International Journal for Quality in Healthcare* 1996;8:499.

Rao M, Clarke A, Sanderson C, 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, Landon B, et al. Variation in patient-reported quality among health care organisations. *Health Care Financing Review* 2002;23:85–100.

Tong A, Sainsbury P, Craig J, 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;19:349–57.

Vingerhoets E, Wensing M, Grol R, 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;11:153–5.

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

Wensing M, Jung H, Mainz J, 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;47:1573–88.

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