Harnessing patient feedback data: A challenge for policy and service improvement

Online feedback from patients about their experiences of health services is increasing and likely to accelerate in the coming years. In other sectors, such as retail and travel, gathering, interpreting and responding to both solicited and unsolicited online consumer feedback is routine practice and often seen as the key to success. It has been proposed that consumer feedback can drive quality improvement, identify system failures, reduce patient harm and increase satisfaction with healthcare experiences. However, we believe that health services have been slow to react to this phenomenon and few health organisations have found a way to engage with online comments. While recognising that online comments may present challenges for health services, we believe that such information could be utilised by healthcare providers, commissioners and policymakers to effect positive, cost-effective change in an NHS which aspires to put the patient at its heart.

Around 78% of the British population report using the internet, and 69% use it to seek out general health information. The increasing amount of online feedback on healthcare includes comments on structured patient rating sites (such as PatientOpinion and iWantGreatCare) and also unstructured and unsolicited narratives about treatment, health services and illness in online settings such as blogs, fora and social media. Internet feedback forms part of the future vision of NHS England for a digital NHS service founded on the pillars of participation, transparency and transaction. While historically, patient experienced data have often been seen as the “poor cousin” in relation to other measures of hospital performance, the current NHS Operating Framework for England describes patient experience as “the final arbiter in everything the NHS does” and demands that NHS organisations must elicit and respond to patient feedback including patient comments. This is especially relevant in light of the reviews by Francis, Keogh, and Berwick which have all noted failures within the English NHS to recognise and respond to feedback from patients. The public value the opportunity to provide feedback, and to share the results, as shown in their response to the Friends and Family Test (FFT), which asks patients if they would recommend to their friends or family the facility in which they were treated. The FFT received more than 10 million pieces of feedback in the English NHS in just over two years.

Clearly there is a willingness to give online patient opinion a firm place within the health service, but this is complicated by several factors. Only a minority of users offer feedback about their healthcare experiences online, raising questions about the public awareness of online feedback in health, and representativeness and bias. German survey data indicate that less than 33% of patients are aware of rating websites and an earlier study in 2012 found this was true for 15% of UK patients. Factors that predict posting and using rating websites include health status, digital literacy, and a high level of trust in and perception of the usefulness of the information available online. Ratings may over-represent the views of individuals from low income groups and online raters are more likely to be younger, female and better educated.

Currently, the landscape of online patient feedback is poorly understood. There is a need to understand the strengths, limitations and biases within these data. We need to learn from the experience of other sectors, and from the few examples of best practice which already exist within health care, such as the Birmingham Children’s Hospital Feedback app — the first of its type, it is free to use and comments are responded to by staff. We also need to understand how to increase and encourage equitable participation in online feedback, perhaps specifically targeting groups that tend to be neglected because they find it hard to engage with current systems. Finally, we need to understand how data from online feedback can be best used by a healthcare organisation to take specific action to improve quality. This is a burgeoning area and warrants attention from all stakeholders, but few providers have found a way to realise its full potential and engage with patient comments — moving from simply listening...
to consciously reacting. We believe that health services could be well served by promoting to patients that they can and should review their experiences. Online feedback could be used to drive quality improvement, to improve patient safety and experience and to provide information to inform patient choice. The healthcare citizen of the twenty-first century should have the right (and perhaps, the responsibility) to comment on their care in a convenient and timely fashion, in the knowledge that their comments will be used to improve services.

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**References**

1. Gao G, McCullough J, Agarwal R, et al. A changing landscape of physician quality reporting: analysis of patients’ online ratings of their physicians over a 5-year period. *J Med Internet Res* 2012; 14(1): e38.

2. Greaves F and Millett C. Consistently increasing numbers of online ratings of healthcare in England. *J Med Internet Res* 2012; 14(3): e94.

3. Cunningham P, Smyth B, Wu G, et al. Does TripAdvisor make hotels better? Report, University College Dublin, Ireland, December 2010, https://www.csi.ucd.ie/files/ucd-csi-2010-06.pdf (accessed 28 July 2015).

4. Coulter A, Lcock L, Ziebland S, et al. Collecting data on online ratings of their physicians over a 5-year period. *J Med Internet Res* 2012; 14(3): e94.

5. The Health Foundation. *Quality improvement made simple: what everyone should know about healthcare quality improvement*. London: The Health Foundation, http://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf (2013, accessed 28 July 2015).

6. The Picker Institute. *Using patient feedback*. Oxford: The Picker Institute, http://www.nhsusurveys.org/Filestore/documents/QIFull.pdf (2009, accessed 28 July 2015).

7. Dutton W and Blank G. Culture of the internet: the internet in Britain. Oxford Internet Survey 2013 Report. Oxford: Oxford Internet Institute, University of Oxford, http://oxis.oii.ox.ac.uk/wp-content/uploads/sites/43/2014/11/OxIS-2013.pdf (2013, accessed 28 July 2015).

8. NHS England. *Everyone counts: planning for patients 2014/15–2018/19*. London: NHS England, http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (2013, accessed 28 July 2015).

9. Stanisewksa S and Churchill N. *Patients’ experiences in the UK: future strategic directions*. *PXJ* 2014; 1(1): 140–143.

10. Department of Health. *NHS Operating Framework for the NHS in England 2012/13*. London: The Stationary Office, https://www.gov.uk/government/publications/the-operating-framework-for-the-nhs-in-england-2012-13 (2011, accessed 28 July 2015).

11. Francis R. *Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005–March 2009, Volume 1*. London: The Stationery Office, https://www.gov.uk/government/publications/independent-inquiry-into-care-provided-by-mid.staffordshire.nhs-foundation-trust-january-2001-to-march-2009 (2010, accessed 28 July 2015).

12. Keogh B. Review into the quality of care and treatment provided by 14 hospital trusts in England, Overview Report, 2013. London: NHS England, http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf (accessed 28 July 2015).

13. Berwick DM. A promise to learn — a commitment to act: improving the safety of patients in England. London: Department of Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf (2013, accessed 28 July 2015).

14. Ipsos MORI. Scoring and presenting the friends and family test,. www.gov.uk/government/uploads/system/uploads/attachment_data/file/214942/FFT-Ipsos-Mori-research-report.pdf (2012, accessed 28 July 2015).

15. NHS England. *10 million responses to the NHS Friends and Family Test*. London: NHS England, http://www.england.nhs.uk/2015/08/20/fft-resp/ (2015, accessed 18 September 2015).

16. Terlutter R, Bidmon S and Röttl J. Who uses physician-rating websites? Differences in sociodemographic variables, psychographic variables, and health status of users and nonusers of physician-rating websites. *J Med Internet Res* 2014; 16(3): e97.

17. Galizzi MM, Miraldo M, Stavropoulou C, et al. Who is more likely to use doctor-rating websites, and why? A cross-sectional study in London. *BMJ Open* 2012; 2(6): e001493.

18. Emmert M, Halling F and Meier F. Evaluations of dentists on a German physician rating website: an analysis of the ratings. *J Med Internet Res* 2015; 17(1): e15.

19. Emmert M and Meier. An analysis of online evaluations on a physician rating website: evidence from a German
20. Adams SA. Sourcing the crowd for health services improvement: the reflexive patient and “share-your-experience” websites. *Soc Sci Med* 2011; 72(7):1069—1076.

21. Andalo D. Birmingham’s patient feedback app benefits doctors and patients alike. *The Guardian*, 6 April 2014 http://www.theguardian.com/public-leaders-network/2014/apr/06/birmingham-childrens-hospital-patient-feedback-app (accessed 18 September 2015).