

03| BITE-SIZE GUIDE TO PATIENT INSIGHT

WHEN **AND HOW TO** COMMISSION INSIGHT AND FEEDBACK

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The use of insight and feedback in healthcare is an opportunity to gain a deeper understanding of the views, needs and experiences of patients and local communities and, as a result, to make better informed decisions about delivering services.

It plays a crucial role in understanding changing priorities and continuously improving care and treatment by using a range of different approaches – from surveys to focus groups to public engagement – to better understand their users.

This guide explains the role of insight, the different kinds that can be used to build a reliable picture and how to commission new insight work through suppliers.

Why use insight?

Improving the quality of healthcare is largely a process of making “marginal gains”: small changes and adjustments that, little by little, add up to a big difference. Talking to patients and listening to their feedback is a very important tool in identifying where those changes can be made and measuring whether they have a positive effect.

Insight helps to:

- › Gain a better understanding of your population and see patterns in their needs and experiences;

- › Explore issues in more detail and understand why things are as they are;
- › Evaluate the likely impact of plans and the effect of new initiatives;
- › Investigate the experience and needs of specific groups within your diverse local population and identify what they need that differs from the broader population.

Where do I start?

The first thing to consider when introducing insight into your decision-making is what information is already available.

The NHS leads the world in collecting information about patients and their experiences through a range of national surveys and feedback mechanisms. These are not only a valuable resource centrally but the data-sets are broken down into local areas sometimes down to trust or practice level - providing a rich seam of intelligence that can be used by commissioners and providers.

Over 1.5 million people give information through this suite of annual surveys and about a million more every month give feedback through the Family and Friends Test.

Our previous bite-size guide, [“Insight – What’s already available”](#), describes these sources of insight in more detail. These data are a really important starting point if you want to work with insight. Getting familiar with them can help to:

- › See how local services measure up to neighbouring ones or to similar services in other parts of England – National surveys are set up to allow statistical comparison, though some other tools - such as the Friends and Family Test - are not intended to be comparable but provide richer data at local level.
- › Measure your progress over time – “Real-time” tools such as the

Friends and Family Test allow you to track how your services are doing over a period of time and assess the impact quickly when you make changes.

- › Avoid duplication and wasting resources by commissioning insight that is already available easily and without any cost.
- › Spot trends that might need further investigation locally;
- › Spot gaps in information that need to be filled locally.

When should I commission new insight?

The existing national insight data is very useful but it's unlikely to tell you everything you might want or need to know.

You might have spotted a gap in the information, or a need for greater detail, that is vital to understanding your local population and their needs. For example, if you have a population that is generally older or younger than in many other areas, it can have an impact on the types or services needed your area. The same might apply if you have a very diverse population.

The other thing to bear in mind is that you will not want to design services that work only for the majority of people. You also need to understand and cater for the needs of people for whom mainstream services do not fit well, perhaps because of a medical condition or other circumstances, such as being homeless, being asylum seekers or refugees. As commissioners, you will need to consider how you are meeting your legal duties to reduce health inequalities and promote equality..

In these cases, you may need to consider undertaking or commissioning your own bespoke insight information rather than relying on what already exists.

There may be other drivers for conducting further research, such as legal responsibilities for [public participation](#) and for promoting [equality and reducing health inequalities](#).

It is worth considering whether your questions are unique or whether there

might be other organisations looking for similar information with whom you could partner to share the cost, effort and findings. These might include:

- › Other CCGs or provider organisations with similar populations;
- › Other organisations in your own locality;
- › Or, where you need to understand the patient journey across health and social care, partnership with local authorities or providers or social care;
- › Voluntary sector organisations or charities with expertise in particular groups of people or their conditions.

One way to check what is available is to consult the Insight & Feedback Team on england.insight-queries@nhs.net as it might be possible to help link you up with other people or their research through our national insight network.

Research methods

The research method you use is usually determined by what you want to know. There are a wide range of methodologies to choose from. Broadly these fall into two categories: quantitative – usually surveys involving a sufficient number of people to be representative and allow comparison between different sub-groups, providing a broad narrative about a situation or issue; or qualitative – usually seeking to understand a more personal view through interviews, discussions, the open comments provided through the Friends and Family Test or through patient stories.

You can find more detail on the different research types in some of our [other bite-size guides to insight](#).

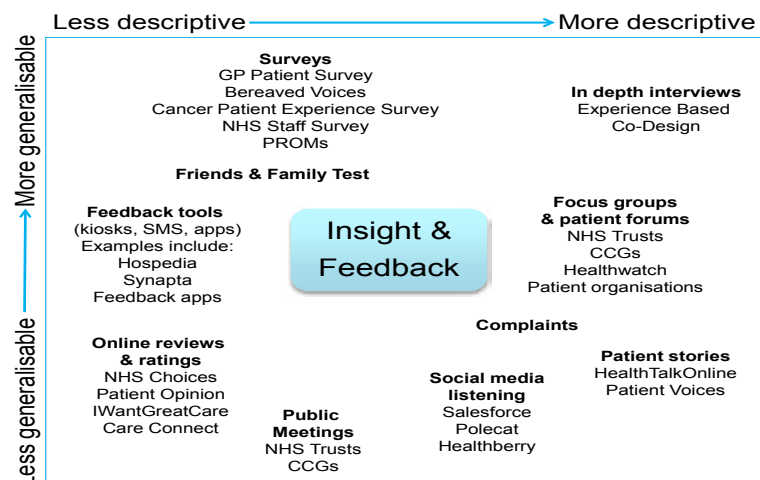
The following diagram describes these differences in more detail and can help you to decide which is right for the work you are undertaking.

Quantitative v Qualitative research

Quantitative Research	Qualitative Research
From surveys, e.g. GPPS, PROMs, Inpatient survey, etc.	From FFT, focus groups, in-depth interviews, direct feedback, patient stories, social media, etc.
Can tell us 'How many?' or 'What proportion?'	Can tell us 'What was it like?' or 'Why was that?'
Allows us to compare the experiences of different groups	Allows us to understand different experiences and issues in detail
Can be representative: a sample tells us about the whole population	Can be used to understand the full range of experiences
Helps us to see how we are doing, where we are doing well and where we need to improve	Helps us to understand why we are doing badly or well and what we could do to improve

Within these two main types of research, there are a range of tools for gathering the information. Some are more generalised and some more personalised; some are more descriptive and some less.

The following image shows where various types of research tools – from surveys to social media listening initiatives – sit in terms of offering a more general picture of an issue or a more individual view.



Preparing for the work

You may have skills within your organisation to undertake or manage the study. You might choose to buy in those skills or just to seek advice from NHS England's [Insight & Feedback Team](#).

Whatever way you set about the work, either in-house or with suppliers, it is important to be clear about the broad research brief, so try to set out clearly what you want to achieve.

- ▶ What are you trying to find out?
- ▶ What is the background/context for the issue?
- ▶ What is the service requirement?
- ▶ What are the aims and objectives of the research?
- ▶ What do you want the methodology to deliver at the end of the work?

You may need to get buy-in from other people to help identify the research objectives and ensure the work has value beyond your immediate team. Remember also to involve the same people when you are reviewing the research materials as it will bring a broader perspective and help build support for the work.

Working with a supplier

Research agencies bring specialist skills that can add greatly to the effectiveness and validity of the work, such as sample design, questionnaire writing, analysis and interpretation.

If you plan to buy-in these skills, it is important to hold meetings with potential suppliers to talk through the brief and make sure there are no misunderstandings about your expectations. The chosen agency can help translate your initial brief into a defined project, with clear deliverables. You should agree key milestones and be clear about where responsibilities lie for each.

When choosing who to approach to do the work, using agencies that are accredited by the Market Research Society provides reassurance about ethics and standards. If your procurement process involves working with “frameworks”, this can be an easy way to identify lists of suppliers who are specialists in certain things, such as quantitative research, consultancy or desk research.

In terms of budgets there are two main options to consider:

- › Ask a selection of agencies to quote competitively for the piece of work that you have described in the brief;
- › Specify a budget for the work and select the supplier based on their proposals, experience or other factors.

Each has pros and cons: if you specify a budget, agencies will probably work to that figure and the contract will seldom cost you less; if you don't specify a budget, all your potential suppliers could design plans that cost more than you can afford.

Using your findings to drive change

When your project has been completed and you have the data, how can you ensure it is used to make a difference?

- › Summarise the main findings and share them with key stakeholders and teams who should be aware of the insight;
- › Consider a verbal debrief on the findings by the research agency and invite decision makers who need to understand the implications for their work;
- › Identify some “next steps”, including quick wins at low or no cost along with any longer term action;
- › Make people aware of the risks and opportunity costs if nothing is done in response to the findings;
- › If you are conducting the research to support a new initiative, consider running post-implementation research as well to assess the impact.

If you have research findings that you feel might be useful to share with other organisations, NHS England's Insight & Feedback Team co-ordinate a national network and can help you to get the word out nationally, so please get in touch.

CONTACT US

This guide is part of a short series intended to help healthcare providers and commissioners to make greater use of patient insight: <http://www.england.nhs.uk/ourwork/insight/insight-resources>

The work is overseen by the Insight & Feedback Team.

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