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Foreword

The way healthcare is delivered is changing and how we interact with patients is evolving. While the concept of digital transformation is not new, the onset of Covid-19 was the catalyst for this change with digital solutions adopted at a pace never experienced before.

Technology provides the possibility of virtual consultations; offers better control of appointment scheduling via digital appointment management systems; allows greater access to patient data; and puts patients in control of their own health via patient initiated follow up.

In this whitepaper, we assess the trajectory of change within NHS trusts across England and how this has affected patient experience. Our original data and interviews reveal the extent of transformation across the NHS and provide innovative approaches to support digital uptake.

The benefits that digital communications can provide for patients are huge, but it is not an all or nothing concept and crucially, patients should be provided with a choice. There will always be situations where a face-to-face appointment or communication is more appropriate in order to deliver the best possible care. And there are times when a patient is not able to, or may not want to, use digital communication methods. What is crucial, is that patients are provided a choice and that patient feedback mechanisms are established and insights acted upon.

As the NHS continues on this trajectory of digital transformation, we are likely to see a blended approach of online and offline communication. As this evolution continues, the importance of patient feedback is paramount, not least to ensure that no patient is left behind.

We hope that you find this whitepaper informative and that the shared experiences and innovative approaches prove helpful. I would like to take this opportunity to thank everyone who has contributed and taken the time to share their insights and experiences.

Kenny Bloxham
Managing Director
Healthcare Communications
Digital Transformation and Patient Experience Post Pandemic

**ATTITUDES TO HEALTH**

- 39% of the public feel sad or anxious about their health
- 62% of the public feel engaged with managing physical health
- 35% of the public do not feel engaged with managing physical health

**ACCESS TO CARE**

- 89% of trusts introduced new digital appointment services as a direct response to Covid-19
- Between May 2020 and April 2021, 52% of remote health consultations were conducted via telephone, with only 12% via video
- Prior to Covid-19, routine NHS outpatient follow-up appointments accounted for 2/3 of all appointments and ~15.4 million were recorded as missed (DNAs)

**DIGITAL READINESS**

- 71% of patients were satisfied with their digital consultation, only 21% were dissatisfied
- Only 48% of the public prefer digital communication with healthcare providers
- 33% of people use apps to support them with their health

**SELF MANAGEMENT**

- PIFU has already been introduced, or is planned to be introduced, in
- 73% of trusts
- 22% of trusts reported that they do not plan on introducing PIFU

**Patient Initiated Follow Up (PIFU) is key to the NHS’s response to Covid-19**

- Patient of the public prefer digital communication with healthcare providers
Introduction

As the country entered lockdown in March 2020, the NHS not only had to deal with the impending crisis of Covid-19, but it was also faced with the predicament of how to balance existing population health needs against those generated by the pandemic.

The NHS faced unparallelled pressure and access to primary and secondary care services became more difficult. Clinicians were forced to limit face-to-face contact and new technology was adopted at breakneck speed so that people could continue to access services while reducing risk of Covid-19 transmission. For many people, this provided much appreciated ongoing support and contact with NHS professionals. But for others adoption was based on need rather than desire and there are widespread concerns that it may have left some, who cannot use technology to access services, essentially locked out of core NHS care.

The Kings Fund, while supporting the positive aspects of digital transformation during Covid, highlights the concerns that it has exacerbated health disparity through inequalities in access, experience and outcomes. It concludes that successfully implemented digital health and care is less about the tech and more about the people in our community and their willingness to use it - and patient experience sits at the heart of this.

According to a Health Foundation survey, almost half (42%) of the public that responded and a third (33%) of NHS staff surveyed said these technology-enabled approaches were worse than traditional ways of delivering care.

In its blog Building the evidence base on video consultations, the Health Foundation calls for further research into their effectiveness on patient care and says that video technology roll-out is built on ‘shaky foundations’. It warns that research evaluating the effectiveness of video consultations often centres around short-term pilots involving a small number of people with very selective inclusion criteria. Furthermore, it highlights that short-term fixes to matters relating to information governance, financial incentives and performance targets, won’t stand up in the longer term.

Emerging insights have shown the damaging impact the pandemic has had on wider NHS services and patient experience - with waiting lists exceeding 5.6 million in England for the first time and fears this figure could top 13 million.

Appointment slots continue to remain stretched with many routine surgeries still being cancelled and other non-urgent medical appointments postponed.

The impact on routine treatment pathways, such as orthopaedics and dermatology is showing a 40% decrease in activity over the last year.

As services have reopened, public behaviour is demonstrating the demand for more face-to-face care, with the pressure on GP practices escalating dramatically. In April 2021 alone, data from NHS Digital shows that 31.5 million GP appointments were recorded, with 54% being face-to-face. This was up from 28.1 million in March 2021.
In addition, in May, NHS England wrote to all NHS GP practices recognising this need, and asking for a review on how people access appointments, saying that all practices should offer a blended model of both face-to-face and remote appointments. It further suggests that patient’s views into this choice should be sought with their preferences for face-to-face care accepted unless there is a good clinical reason not to do so. That said, a recent survey commissioned by Pulse revealed that while more than one in five GPs are seeing patients face-to-face as the default, 50% say that seeing patients face-to-face as the default won’t ever happen, or will not happen for the foreseeable future.

A qualitative study by the British Journal for General Practice, published in early 2019, long before the pandemic, advised caution before wide-scale adoption of new technologies without acknowledgement of the potential for reductions in some elements of care and the potential clinical implications associated with reduced consulting time, and overall lower patient satisfaction. It calls for additional high-quality research to clarify the risks and benefits of the rollout-at-scale of video-based consulting across the health and social care system.

The way people use and adopt technology during a pandemic will be very different to how they will use and adopt it in normal times. People should expect technology in health and care to be as good as the technology they already have in daily life. Their opinions and thoughts must be sought before embarking on the next phase of digital and to ensure that the NHS is not providing a crisis solution to solve a long-term challenge.
Data and Analysis

Against this backdrop of rapid change in care pathways, Healthcare Communications commissioned a series of independent surveys and qualitative interviews to gain insight into the state of play across the NHS and with the general public.

The objective of the research was to further understand how the Covid-19 pandemic has impacted digital transformation within the healthcare sector and what this has meant for patient experience. We canvassed the views of staff at all NHS trusts to establish the extent to which the pandemic had accelerated the use of digital consultations and appointment management and to understand the approach that trusts were taking to manage the impact that these fast-paced changes were having on patient experience. We also undertook a YouGov survey with the public (GB adults) to determine the current views around remote consultations, recent experience with the NHS and preferences for managing their own health.

Public perceptions of health and care

At the time of the survey, health anxiety remained high with 39% of those surveyed reporting to be sad or anxious about their health. Sixty-two per cent of the public reported feeling engaged with managing physical health, compared to 35% who were not.

Thirty-three per cent of respondents reported that digital health technology, such as apps, chatbots or websites, supported them with their health compared to 26% who reported that such technology did not support them.

Physical Healthcare Engagement

<table>
<thead>
<tr>
<th>Engagement Level</th>
<th>Percentage</th>
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<tr>
<td>Very engaged</td>
<td>17%</td>
</tr>
<tr>
<td>Fairly engaged</td>
<td>28%</td>
</tr>
<tr>
<td>Not very engaged</td>
<td>45%</td>
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<tr>
<td>Not engaged at all</td>
<td>7%</td>
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<tr>
<td>Don’t know</td>
<td>3%</td>
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All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2091 adults. Fieldwork was undertaken between 10th - 11th June 2021. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).
Only 14% of those who received a remote consultation were asked for feedback on their experience of this method of consultation.

Forty-eight per cent have a preference for digital communications for healthcare providers, which increases to 69% if you include telephone communications. This figure drops to 39% for over 55s (although it remains high at 70% if you include telephone communication).

52% of GB adults received a consultation via telephone and only 12 percent received this via video. Seventy-one per cent of those who received a remote consultation were satisfied with their consultation and only 21% were dissatisfied.

Only 14% of those who received a remote consultation were asked for feedback on their experience of this method of consultation.
Survey results

In addition to the YouGov survey, we also issued a survey to NHS trusts across England, receiving a total of 113 responses. The survey was designed to establish how the pandemic had affected trusts in their digital transformation plans and what activity they undertook to determine the impact that any changes were having on patient experience.

Our results showed that significant numbers of trusts continued to see large numbers of patients face-to-face, with just 34% of trusts carrying out more than 70% of appointments face to face. This is due to a combination of necessity; the care needed to be delivered in person or the patient was unable to access virtual platforms. To a lesser extent, factors such as staff being unable to use digital technology and a lack of funding for the technology also played a part.

The pandemic has, however, resulted in a noticeable shift towards virtual appointments with 89% of trusts reporting that they have introduced new digital appointment services as a direct response. A further 11% of trusts already had digital services in place but expanded their use as a direct response to the pandemic. Telephone appointments were favoured over video appointments in all trusts but two (Brompton and Harefield NHS FT and Papworth Hospital NHS FT).

Patient feedback remained a priority, with 77% of trusts reporting that they carried out patient satisfaction surveys across some channels for some of their services. Just 18% did not carry out any patient satisfaction surveys at all. Despite the direction from NHSE/I to suspend reporting of FFT, 64% of trusts continued to collect data.

Patient Initiated Follow Up (PIFU) has been identified as a key part of the NHS’ response to the Covid-19 pandemic. Our research revealed that PIFU has already been introduced, or is planned to be introduced in 73% of trusts with 22% of trusts reporting that they do not plan on introducing PIFU. Of those trusts that are introducing PIFU, 71% plan on gaining feedback from patients while 18% have no such plans.

Qualitative insight: the view from the frontline

Our qualitative analysis, supported by our survey of trusts, showed that the Covid-19 pandemic accelerated the use of remote consultation amongst all trusts, and those trusts that were the most digitally advanced were able to act quickly and expand existing digital solutions to other services.

Attitudes to risk changed very quickly, with an emphasis on agile working and a process of continual improvement with adjustments to systems and processes once they were in place. That said, there was a mixed picture when it came to surveying the quality of care received via the alternative care pathways introduced. Although 77% of trusts reported that they carried out patient satisfaction surveys following the introduction to digital appointments - for many, this was only implemented across some services. Data from our YouGov survey revealed that just 14% of respondents were asked for feedback on their remote consultation.

This was further exacerbated by the fact that 34% of trusts stopped disseminating the Friends and Family Testing when the requirement to report to the Department of Health was temporarily lifted further reducing the opportunity for feedback. Those that did continue to survey (using digital channels that did not carry the infection risk associated with paper) did so in recognition of the importance of gaining patient experience insight at a time when patients, and their loved ones, were experiencing such drastic change in the delivery of care.

"This is the prime time to understand what our patients are experiencing"
Amanda Hynes, Family and Friends Test Manager at Leeds Teaching Hospitals NHS Trust, explained: “This is the prime time to understand what our patients are experiencing. Feedback gives you some assurances, as staff members can sometimes be too close - it’s about seeing the care experience through the patient’s eyes.”

Leeds Teaching Hospitals NHS Trust continued to receive high levels of feedback throughout the pandemic. Hynes explained: “The most common themes were around visiting restrictions - as visiting had to be suspended. By gaining feedback, we can help cut down the complaints we get by dealing with any issues very early on before it has the opportunity to escalate. We are working to triangulate what we do with FFT and PALS to do this and we report back to the patient or carer to share how we have acted on their feedback.”

Positive patient experience

It is widely accepted that a positive patient experience will lead to the public becoming more engaged in their own care. This, in turn, is believed to result in an increase in patients adhering to medical advice resulting in better medical outcomes and a reduction of medical interventions - something that is absolutely crucial when the NHS is facing such extreme backlog levels.

A key element of this is the introduction of choice. While the Covid-19 pandemic forced the introduction of remote consultations, there has been a recognition of the benefits that alternative methods of consultation can provide and the positive effect this can have on patient experience.

Reflecting on the changes to delivery of NHS services, leading Digital Health Advisor Sam Shah said: “Digital health and modes of interacting with patients are evolving. Depending on the patient need, they are increasingly likely to have a blended experience of online and offline healthcare. This raises the need to consider their experiences even more carefully and use a range of opportunities to obtain feedback and insights about their experiences.”

As part of its Outpatient Transformation Programme, NHS England and NHS Improvement are urging care providers to embed, spread and sustain video and telephone consultations across their secondary care services. It states: “The NHS is giving patients greater control and convenience in their NHS hospital or clinic appointments by offering telephone or video consultations, empowering people to book their own follow-up care, and working with GPs to avoid the need for an onward referral where possible. This means less time travelling to hospital appointments and in waiting rooms, and better access to follow-up hospital care when needed.”

It also announced the need to empower people to book their own follow-up care through the introduction of Patient-Initiated Follow-Up (PIFU) care pathways. PIFU also features as a key part of the NHS’ response to the COVID-19 pandemic, in order to help care providers to manage waiting lists and to see patients most in need more quickly. Of the trusts we surveyed, 77% were either already using PIFU or were in the process of introducing it within the trust.
Homerton University Hospital has successfully launched a digital Patient Initiated Follow-Up (PIFU) care pathway for its endometriosis patients which provides patients with greater control of their care.

The patients are offered digital questionnaires via the trust’s Patient Portal at three-, six- and nine-month intervals, when they would normally attend a face-to-face appointment.

Responses are immediately available for review enabling the trust to call those patients that require active management to attend a face-to-face appointment and releasing capacity for additional urgent appointment requests as required.

In addition, patients can access the questionnaires at any time to report flares in their condition or worrying symptoms. These are then also immediately triaged resulting in faster access to clinicians.

The hospital believes the initiative will deliver improved outcomes for its patients, enabling them to access care when they need it and removing the need to attend a face-to-face appointment if their condition is under control.

Marcus Pradhan, the hospital’s Performance Improvement Manager, said:

“Like all NHS trusts, we are experiencing huge demand for our services and so are looking at ways to reduce backlogs and operate more efficiently while also delivering quality care. PIFU is one way that we can do this.”
Why choice is so important

Our YouGov survey revealed health anxiety to be relatively high, with 39% of those surveyed reporting to be sad or anxious about their health. The ability to access care in a timely manner, in a way that is convenient to them, can have a positive effect on this and means patients are less likely to ignore worrisome symptoms or miss appointments.

However, in providing this choice, trusts should be aware of the dangers of making assumptions on behalf of patient groups. Mark McKenna, Head of Patient and Family Experience, Liverpool University Hospitals NHS Foundation Trust, admits to being surprised by some of the feedback his trust received during the pandemic. “It’s easy to have sweeping generalisations about older age groups and technology – such as that they wouldn’t be able to use digital solutions and that they may not have the equipment they need. We found this was not always the case. In feedback we received from patients in the older age group, the response to virtual appointments was overwhelmingly positive with a consistent theme of virtual consultations meant they didn’t have to use public transport. Some patients explained that the fear of leaving the house and getting on a bus and being potentially exposed to Covid-19 outweighed the anxiety about what they might have to do digitally. That challenges your own paradigm and assumptions - it’s not the conclusion you may naturally jump to.”

Also, not all people have the luxury of choice. A recent report by Good Things Foundation revealed that more than 9 million people in the UK cannot use the internet without help, and 7 million people have no internet access at home at all. As such, trusts will need to ensure that they offer a range of appointment options, and crucially, feedback mechanisms, in order to gain a true picture of patient experience.

7 million people have no internet access at home at all.

The technology exists to facilitate this through a combination of online appointments - either video or web-based, telephone consultation, face-to-face appointments and using technology such as SMS appointment management systems. The use of chatbots by care providers also ensures that patients can get an instant response to more basic enquiries about appointments or queries relating to their appointments, freeing up phone lines and staff to handle more complex enquiries.
Northern Lincolnshire and Goole NHS Foundation Trust put patients in control of their appointment management through the implementation of Healthcare Communications Patient Engagement Portal across its outpatient service.

The trust uses the patient portal to deliver digital appointment letters to patients, allowing them to reschedule and cancel appointments via their mobile devices, reducing the number of ‘did not attend’ appointments (DNAs), improving trust capacity, and easing the administrative burden on staff. It also provided cost-saving benefits from a reduction in paper, printing, and postage costs.

Through digital cancellations and re-bookings, over 900 appointments have been reutilised for waiting-list patients over a two month period.

Shauna McMahon, chief information officer at NLAG, said: “A key principle in our digital strategy is to provide high-quality, patient-centred care that is driven by digital innovation. “Healthcare Communications is helping us deliver on these ambitions by enabling us to provide information in a timely manner, while offering our patients a choice in how they interact with us. We are looking forward to extending the rollout across more of the trust and making further investment in digital technologies.”
Like many trusts, University College London Hospitals NHS Foundation Trust (UCLH) adopted a rapid move to virtual clinics when the Covid-19 pandemic took hold. With 1.1 million outpatient appointments provided for over 350,000 people a year, UCLH was aware that there would be varying levels of technology experience and competence among its patients. Keen to ensure that they could transition to the new virtual method, they used their existing pool of hospital volunteers to offer technical support to patients who feel anxious about using video clinics.

The volunteers, known as “Tech Buddies”, provide technology advice and support prior to video clinics, answering questions, and running test calls. To ensure that patients are aware of available support, administrative team members assess how comfortable patients feel about video consultations at the time of booking and notify them about Tech Buddies. The Tech Buddies service has meant that patients are more comfortable using the technology, leading to greater satisfaction levels, and appointments run more smoothly and quickly, meaning clinicians time is used more effectively.

Sarah Trousdale, a patient at UCLH, said: “I needed help because I tried Zoom and it didn’t work. I felt unable to do it for my appointment and I worried how it would work practically. The Tech Buddies talked me through how to use Zoom and it gave me the confidence I needed and taught me not to be so frightened of the communication. They gave me the confidence to try. I have done three or four sessions on Zoom and it is working well. I am amazed I can do it.”

As the trust continues with its digital transformation and looks to adopt a digital first approach, it will expand its Tech Buddies support. Lisa Anderton, Head of Patient Experience, said: “We are moving to a video system next year that integrates with our EHR and we will be expanding the use of our patient portal to provide quicker and more efficient patient communications. Our Tech Buddies will have a crucial role in supporting patients to ensure that they feel supported and develop confidence in using this technology.”
Ensuring no patients are left behind

The feedback mechanism is crucial in order to ensure that a true picture of patient experience is obtained - and the technology exists to do this.

If patients are on a PIFU pathway, then setting up automated messages at key milestones ensures patients not seen within a certain window aren’t being left behind, and vulnerable groups won’t be disadvantaged with critical issues going unnoticed. If a patient on a PIFU pathway hasn’t activated it themselves, the consultant can also then choose to contact the patient and check in on them which is referred to as a CIFU (Clinician Initiated Follow Up).

In terms of ensuring inclusivity with regard to capturing patient experience, it is crucial that trusts use a range of channels in order to reach all patient groups. Fliss Swift, Patient Experience Lead at University Hospitals of Morecambe Bay NHS Foundation Trust explains the various channels her trust uses. “We know we need to reach as wide a patient group as possible, so we have QR codes on posters advertising feedback opportunities in the hospital, we use SMS following appointments, or voice calls for those who don’t have mobile phones. We also still offer a very small amount of paper-based surveys, if they are still required, but this is very carefully managed.”

Many trusts also use focus groups and targeted surveys to canvas opinion on specific topics. Liverpool University Hospitals NHS Foundation Trust switched to virtual focus groups during the pandemic and found that it could engage with a much wider range of people as a result. “Suddenly, a group of people who wouldn’t have ordinarily been able to take half a day off work to travel to the hospital and take part in a focus group, found that they could. We’ve got a much more diverse response now,” explained McKenna.

The issue of digital exclusion isn’t just something to consider for patients. Trusts found that some staff, who were suddenly having to work remotely due to changes in working practices during the Covid-19 pandemic, or from the need to self isolate, did not have access to the hardware or internet required. There were also varying levels of IT literacy and so training was often required. This ability and confidence around the use of technology has the potential to impact patient experience.

Oxford Health NHS Foundation Trust digital consultation team trained, coached and mentored over 3,049 clinical staff in order to ensure they could use the technology provided. Meanwhile, Chelsea and Westminster NHS Foundation Trust found itself needing to courier equipment to staff at home in order to ensure that services could continue. Lee Watson, Director of Nursing, Chelsea and Westminster Hospital NHS FT said: “We made a lot of assumptions that everyone was on the internet, everyone has smartphones, everyone is digitally connected. On the whole, most of the staff were but there were still lots of people who couldn’t use Zoom and there were others who didn’t have computers or the internet at home.”

Jim Gray, Clinical Director & Consultant Orthopaedic Surgeon and Founder of DASHmed®, added: “When the pandemic hit, video consultations were widely adopted across the NHS. This became generalised but didn’t suit everything, from patients to clinicians to conditions. The generalisation led to inertia, clinicians believing it to be unsuitable for their specialty area, wishing to retain physical contact. Consequently, clinicians were encouraged to either choose video or face to face believing we knew better, adopting both in a binary way. But by not appreciating the wishes, ability, literacy or availability of technology for both sides of the consultation experience we invited operational failure, discredited adoption, leading to DNAs (did not attend), dissatisfaction and disengagement. We weren’t being wise, when wisdom insists that we adopt a blended approach to suit all.”
Positivity breeds positivity

With many staff potentially using new technology to undertake their roles, it is important to understand the impact this is having on patient experience and to feed back the findings in order to make positive changes where necessary. While some of this feedback will inevitably involve rectifying things that are going wrong, it is also important to share when things are going well. Sharing positive feedback with staff can often indirectly result in improved patient experience through the boost to staff morale. This often helps with job satisfaction levels, which can lead to better staff retention. Swift said: “We all value being valued, it’s as simple as that. A little bit of appreciation goes a long way. The voice messages are fantastic - it brings the comment to life when you can hear the pitch and tone. Having a little old lady or gentleman saying how grateful they are for the care they receive is so powerful. We play it at the staff meeting. This also drives positive patient experience for the next patient because it reinforces the positive behaviour on behalf of the staff.”

This patient voice is something that Lancashire & South Cumbria NHS Foundation Trust has harnessed with its development of ‘patient stories’ - videos, animations or storyboards created in partnership with patients which share their experiences of the mental health support services. The videos are used during staff training and inductions to ensure that the patient experience remains front of mind.

Staff also have a role to play in generating patient feedback - particularly gathering face-to-face feedback amongst patient groups that may not be able to submit feedback in other ways. Lancashire & South Cumbria NHS Foundation Trust incentivise teams to gather patient feedback with prizes and awards. Lesley Whittaker, Enhancing Experience Matron, Nursing, Experience and Engagement, said: “Getting feedback can be low down the priority list when our staff have such busy jobs. But it is important. If you don’t know what you are doing well, and you aren’t told, then there is a chance you won’t continue doing it, so we really encourage our staff to look at the feedback they are receiving. Some wards go through the feedback every day at the end of the day and so the real time feedback is very useful.”
Lancashire & South Cumbria NHS Foundation Trust tripled the response rates of patient feedback surveys through a planned staff engagement programme.

A competition was launched between teams to see who could generate the highest response rate for the month, with the winning team receiving a cream tea delivered for staff during their monthly team meeting.

If individual staff members were praised during feedback, they also received a certificate. “They sit together and go through the fantastic feedback over a coffee and slice of cake and give themselves a pat on the back,” explains Lesley Whittaker, Enhancing Experience Matron, Nursing, Experience and Engagement. “The value of this in terms of boosting staff morale and also learning what patients value so as to further improve their experience should not be underestimated.”

_Staff engagement in patient feedback: the cherry on top of the cake_

Closing the feedback loop

One element of the patient feedback cycle that can often be overlooked is the importance of sharing what action has been taken following feedback. This serves to demonstrate to patients that the hospital is listening and hearing when it comes to patient feedback, which in turn can act to encourage more people to respond to survey requests.

Swift, explained: “We use patient experience posters, we have a dedicated ‘You Say, We Did’ website, and we publish what we have done on Twitter and other channels to give the public assurances that we are not just hearing, we are listening and we are acting on feedback.”

The trust also uses its Envoy Messenger communications software to send bulk messages to all the people who have provided feedback on a particular issue to thank them and to let them know what solution the trust has found. “A lot of the changes made may seem small,” explains Swift, “but they make a significant difference to patient experience. For example, we had comments about bins clanging at night, so we arranged for soft close lids. This can make a real difference to the quality of sleep a patient has.”
Patient experience post Covid-19

As we look to the future, digital transformation leads are at pains to retain many benefits that have emerged due to fast-paced change during the pandemic. The introduction of digital consultations is one such benefit, with many trusts reporting strong buy-in at board-level to maintain remote consultation where appropriate. Lee Watson, Director of Nursing, Chelsea and Westminster Hospital NHS FT states: “Our Chief Executive, Chief Operating Officer and Director of Digital are all very clear that we are not going backwards. Our trust board is supportive of that as well. We will always be seeing patients face-to-face, of course you can never move everyone to digital. But by not bringing everyone back for their outpatient appointment, it means there’s more room to put on extra clinics to clear the backlog, which for patients is the right thing to do. It gives us the capacity to have more physical rooms for those clinics that require face-to-face consultation.”

There were also examples of novel innovation that led to improved experiences for patients and their family members, that trusts are looking to continue. For example, as a teaching hospital Chelsea and Westminster Hospital NHS FT would usually have junior doctors and students shadow consultants and registrars on ward rounds. Staff routinely wear body cameras as a safeguarding measure against aggression. In an effort to reduce numbers of staff on the ward, the trust began using the cameras to live stream ward round discussions with the explicit consent of the patient. Only the senior registrar or consultant and the nurse looking after the patient would-be at the bedside and everyone else would be watching the consultation via live stream on a computer. The trust has decided to retain this practice going forward, as it results in an improved experience for patients while retaining the necessary training.

Another example of innovation at Liverpool University Hospitals NHS Foundation Trust arose from the need to maintain an element of family contact at a time when all visitation was suspended, even for patients in intensive care units and at end of life. The trust made use of volunteers to supply pairs of knitted hearts or teddy bears, with one given to the patient and the matching pair given to a family member. Mark McKenna, Head of Patient and Family Experience, explained: “These were such a great source of comfort for loved ones and patients to feel physically close to each other at a time when they were each feeling vulnerable. They proved really popular and are something that we are planning to continue - definitely in the short term as visiting remains restricted, but also in the long term as it is such a comfort.”

We will always be seeing patients face-to-face, of course you can never move everyone to digital

Many trusts made use of isolating and shielding staff members to take on patient experience roles, which made a real positive impact on patient experience. For example, Chelsea and Westminster NHS FT appointed staff to make daily telephone calls to family members. Lee Watson, Director of Nursing, said: “We dedicated a person to the role who had the knowledge of the patient. There’s nothing worse than calling and not being able to provide detailed information on the patient - families have questions, so we had to make sure the caller had all of the information they needed.”

Similarly, Liverpool University Hospitals NHS Foundation Trust redeployed staff to create a family liaison service. The trust is now looking to continue its family liaison service through its Patient Advice and Complaints Team with support from volunteers.
Looking to the future, Lee Watson, Director of Nursing, Chelsea and Westminster Hospital NHS FT, said:

“We can’t wait for Covid to be over, as it may go on for a long time, so we are treating it as business as usual. Covid is an adjunct to what we are doing. The Infection Prevention & Control principles are similar if we were to have TB patients in the hospital. It’s operational management is similar to other airborne viruses that we see sometimes day in day out, sometimes once a year. It will become commonplace. We will manage it better, but our board is pushing for us to consider it to be BAU [business as usual], so we are now looking at what we can learn from other trusts and how we can further improve our services in light of the new normal.”

At a time when clinical staff were working extremely busy shifts and when wards were closing or merging at short notice due to covid restrictions, family members often found that their telephone calls to request updates on their loved ones went unanswered adding to the anxiety and stress they felt. In order to address this, Liverpool University Hospital NHS Foundation Trust established Family Liaison Service Hubs to handle calls and emails. Clinical staff that were unable to work on the front-line undertook a liaison role to gather the required updates and keep family members abreast of a patient’s condition and also pass on messages.

The family liaison service aimed to free up time for clinical staff so they could focus on patient care. They answered more than 2,000 calls and in excess of 1,000 emails during the first wave (April-July 2020) plus facilitated more than 1,250 virtual visiting calls using tablets to video call friends and family. The service also provided non-clinical advice relating to Covid, and facilitated contact between families, loved ones and the staff caring for them.
Insights and learning

The following recommendations can be drawn from the data and analysis undertaken.

1. Care pathways have significantly changed over the course of the pandemic, with a marked increase in reliance on digital appointments (phone, video, web) plus online appointment management systems. Many trusts have reported benefits in patient experience, however not all changes have been positive. For example, visiting restrictions were widespread and are likely to remain in place. Patient feedback surveys can gauge satisfaction levels and may even provide ideas for improving any negative experience. However, surveys have often been sporadic and may not be representative of all patient groups.

Recommendation:
It is essential that when changes are made to care pathways, patient experience surveys are undertaken to establish impact on the patient and the quality of care and that all patient groups are reached. The technology exists for trusts to deliver multichannel surveys spanning SMS, voice-messages, paper, online surveys, kiosk feedback and more, allowing digital and non-digital feedback from patients with options to translate into different languages. If new technology is introduced, ensure that this is done through a process of co-design with patients, ensuring regular engagement with patient focus groups and using surveys before and after procurement and implementation of the digital solutions.

2. Patient satisfaction levels can fluctuate over time. The public have, generally, been supportive of the NHS during the Covid-19 pandemic, but as time passes there is an element of “Covid fatigue” and expectation of a return to normal (as detailed earlier in the report). This has the potential to impact patient engagement in their care, patient care outcomes and impact the trust in terms of complaints and CQC ratings.

Recommendation:
Establish a regular patient experience survey programme to identify any issues or trends. This should go beyond FFT and focus on themes that present in this feedback. This could be around specific issues such as catering and inpatient environmental factors such as noise and facilities. Capturing real time feedback ensures any potential issues are flagged before they escalate to safety breaches. Make use of reporting functions such as trend analysis and sentiment to identify and resolve any issues at an early stage.
Don’t make assumptions on behalf of your patients. For example, there is often the assumption that the older demographic is not able to use digital solutions and virtual appointments would not be possible, which may not be the case. But do be aware of the digital divide - 7m people (1.5 million homes) don’t have the internet, while other patient groups may choose not to engage in digital appointments.

**Recommendation:**
Avoid assumptions as to what communication methods patients would prefer and ask them and make sure there are options for everyone. Many UK trusts have a diverse patient population, so it is imperative to provide survey options in multiple languages to ensure every patient has a voice in service improvement. Support patient digital adoption through schemes such as the digital health hubs piloted by Good Things Foundation.

It is important to publicly demonstrate how trusts are using feedback and the positive changes that have been made as a result of the FFT and other surveys.

**Recommendation:**
Set up a range of feedback mechanisms using digital channels, such as social media, website updates and SMS messages, as well as offline channels such as on site posters and displays. An added bonus is that if your trust is asked about patient experience as part of a CQC inspection, you can use patient experience posters, “you said, we did” displays and other published material as evidence. A feedback publishing mechanism that openly displays patient comments on hospital TV’s or noticeboards encourages further feedback thus leading to greater potential for experience-based service improvements.

Share positive patient feedback with staff and consider the use of recognition awards to boost morale and help with job satisfaction levels.

**Recommendation:**
Make sharing of feedback easy with the use of automated dashboards and quick-print links to create posters using feedback for display on wards and within staff rooms. Use the technology to drill down to ward and staff member level and share during team meetings. Share voice notes or written feedback directly, in real time, with any staff member that is mentioned.
Give patients instant, on demand access to information outside of operating hours in order to ensure that the information that the patient, family member or carer is accessing is from a reputable source. This can help to stop the spread of misinformation, which is particularly important during crisis situations.

**Recommendation:**
Use chatbots to signpost to frequently asked questions, taking the pressure of hospital phone lines and staff, and to convey messages and information during crisis situations.

Take care when introducing PIFU to ensure that no patients fall through the gaps, especially those not confident with self-management.

**Recommendation:**
Proactively send check in questionnaires to PIFU patients at regular intervals so clinicians have a consistent treatment record and the patient feels reassured if less confident with the process. Introduce patient experience surveys as standard for all patients on a PIFU care pathway.

With waiting lists at an all-time high, many patients will be waiting a long time for treatment. This can lead to anxiety and could also result in some patients’ treatment becoming more urgent.

**Recommendation:**
Make use of automated check-ins (using digital and non-digital methods) to update patients and assess ongoing conditions. This will remove pressure on staff and identify those patients that need further investigation or need to be seen urgently.
Conclusion and next steps

In sharing our findings, along with the detailed experiences of the trusts we have spoken with, we hope to elevate the importance of patient experience in the context of both digital transformation and during crisis situations. We hope that the innovation we have shared may inspire further ideas for solving challenges within your trust and our recommendations demonstrate just how easy it can be to make positive changes that improve patient experience.

Our technology is designed to adapt to your needs and to support you in your patient communications, while making these tasks more efficient and, crucially, easier for your staff.

To find out more about the services we provide, contact us.

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