

# GMC patient feedback consultation: Changes to our guidance for how doctors use patient feedback

A submission from Healthwatch England - July 2019

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## 1. Do you think these changes would allow more patients to give doctors their feedback?

The proposed changes reflect a positive shift towards a focus on the patient experience, with a greater emphasis on ensuring everyone can contribute their views and encouraging people to do so.

However, the guidance does not emphasise the importance of evidencing learning and outcomes from feedback received so people can understand how their comments have improved care for future patients.

We know that people who give feedback and raise concerns across health and social care do so because they want to make sure health and social care improves. Four in five people have told us that seeing other people's complaints having an impact would encourage them to make their own voices heard in future.

Demonstrating learning from complaints is crucial to encouraging more people to share their views, and this should be made explicit in the guidance.

## 2. Do you think this approach would allow patients to comment on the things about their care that matter to them?

Ensuring feedback processes encourage patients to give comments rather than just ratings will allow people to share stories explaining why they had a positive or negative experience. Understanding this is essential to collecting meaningful feedback and driving improvement, which should be the guiding purpose for all feedback systems. The proposed shift from a standard questionnaire to an approach allowing for comments and encouraging flexibility in feedback systems would be a significant improvement.

### Ratings bias

We know that if people are asked to give a numerical score without an opportunity to leave a comment, people may leave a rating which does not necessarily reflect their experience. Often, people may have feedback on aspects of their experience which could have been better, but valued the effort made by staff and don't want to get them into trouble by leaving a poor rating. Similarly, a single numerical rating can easily obscure different reasons for a good or bad experience. For example, most people feel a sense of loyalty to the NHS as a public service, and will sometimes leave positive ratings because of this, regardless of the experience they have had personally. When given the opportunity to leave comments, people are more likely to reveal areas for learning and improvement, even if they are unwilling to leave a poor rating.

## What ratings can and can't tell us

Our research on people's attitudes to waiting times shows why understanding different aspects of an experience is crucial to drawing accurate conclusions. We know that people often experience long waiting times to access the care they need, and that this is important to people. Local Healthwatch often receive a high proportion of negative comments on waiting times. But people also perceive each individual aspect of their care in relation to others.

When people talk to us about their experiences in A&E, whether or not people mention how long they waited depends on what else happened to them. People who do not understand how long they are expected to wait or do not feel involved in decisions about their care often report a negative experience, even if they received treatment quickly. Patients who experience compassionate care and good communication often do not mention waiting times at all, even if it is clear their care pathway was lengthy.

When we conducted polling asking people about the importance of various aspects of care when delivering planned treatment or operations in hospital, waiting times came close to last, while patient involvement in treatment decisions and ease of referral were rated as much more important.

This demonstrates how a single numerical rating can't tell us about why people had a good or bad experience. The same number can also represent a judgment made based on completely different priorities. We can only understand the meaning behind each experience by listening to people. Asking people to tell their stories will provide doctors with a much better basis for learning than ratings or scores.

## Using diverse methods to seek feedback from underrepresented groups

Giving doctors flexibility in deciding what questions to use when collecting feedback will enable them to tailor questions to their own practice and focus on areas where patient input would be most useful. It will also allow doctors to target those who may find it most difficult to share their views. For example, practices could produce different types of questionnaires or engagement tools to encourage feedback from non-English speakers or people with a sight impairment. All feedback systems should also operate in line with the accessible information standard.

## 3. Is it reasonable to require doctors to reflect annually on existing sources of patient feedback?

### The importance of reflective practice

Asking doctors to reflect regularly on feedback from a variety of sources will contribute to a more meaningful revalidation process, in which formal revalidation will be the culmination of a continual process of reflection and improvement rather than a tick-box exercise.

We know that doctors have many competing demands on their time, but maintaining a reflective practice is essential to providing quality care and should always be a priority. There are a variety of independent sources which regularly collect valuable feedback; asking doctors to take these sources into account will prevent an increased workload, while also helping the system to make better use of comments people have shared in different ways.

### Considering feedback across the sector

It is important that doctors do not view personalised comments relating to their individual

conduct as the exclusive purpose of feedback collection, and also proactively consider broader feedback about their practice to understand the needs and concerns of their local population. One way of encouraging such an approach would be to award continuing professional development (CPD) points for participation in patient and public involvement activities or engagement with recent research about people's views on health and social care.

Evidence of CPD is already required as part of the revalidation process and emphasising how patient and public views can be embedded at all levels of learning and development would provide another opportunity for doctors to improve based on existing sources of feedback. Since Healthwatch exists to gather people's views about health and social care and use them to drive improvement, engagement with Healthwatch research and events should be highlighted in guidance surrounding appropriate CPD activities.

The GMC could consider disclosing more information to patients about what CPD activities each doctor has completed in recent years, alongside other information listed on the medical register.

### **Patient Participation Groups**

The GP contract requires all GP practices to establish and maintain a Patient Participation Group, which is a valuable resource for GPs to engage with patients and gather feedback. However, these groups vary widely in quality and practice. Local Healthwatch are working to establish good relationships with PPGs in their area and to help them increase their impact. It is important that practices support strong and active PPGs with as diverse a membership as possible.

Local Healthwatch can offer help and support for GP practices in developing their patient groups. Some local Healthwatch, like Healthwatch Cambridgeshire and Peterborough and Healthwatch Central West London, have developed toolkits to help GP practices establish and promote their PPGs. Healthwatch collaboration with PPGs has been particularly helpful when practices are considering merging and there is an opportunity to engage patients in how their GP services may change.

### **How Healthwatch can help**

Local Healthwatch provide one source of feedback which doctors could consider regularly. All local Healthwatch collect and record feedback on health and social care in their area and conduct their own research and investigations into people's views. Additionally, some local Healthwatch host a public "feedback centre" on their website where people can rate several aspects of local services and leave comments. Since the purpose of all Healthwatch is to listen to people's experiences and put them at the heart of health and social care, our local Healthwatch teams are well equipped to ensure feedback collection methods are accessible and encourage the greatest possible number of people to take part.

Healthwatch provides just one source of existing feedback which doctors should consider. Other sources like NHS websites or social media should also be drawn in. Local Healthwatch can support this process by amalgamating data from different sources and drawing conclusions about what existing feedback tells us.

A recent report from Healthwatch Suffolk provides an example of how local Healthwatch can interpret and present this data in a way that would be useful to doctors. Their report outlines key themes identified within all feedback about GP practices in Suffolk, illustrated with examples of patient comments. It also provides a summary of feedback recorded for each practice on the Healthwatch Suffolk and NHS websites, which the

Healthwatch has jointly interpreted to give an overall impression of people's views.

Healthwatch Suffolk has also created a widget which services can embed on their websites, inviting visitors to leave feedback directly through Healthwatch. This has helped to boost the amount of feedback recorded about practices and encouraged partnership working as the CCGs begin to rely on the feedback received to develop services and plan for the future.

More broadly, Healthwatch or another independent body could be made responsible for collecting and analysing patient feedback to ensure a confidential and independent process. This would also enable Healthwatch to monitor and report on learning from feedback and complaints across the system at a national level.

#### **4a. Should doctors be asked to reflect on both unprompted feedback and feedback that patients are asked to give?**

Unprompted feedback can be a rich source of information which doctors should consider as part of a meaningful reflection on their practice. Considering all feedback, prompted or unprompted, will help doctors to develop a more balanced view of what impacts patient experience.

##### **How people are most likely to leave feedback**

In 2017, we commissioned [a nationally representative poll](#) to find out more about how people share feedback. We found that of those who had provided feedback to their family doctor, the most popular way of speaking up was through a comments box (44%), followed by face-to-face feedback to GP practice reception staff (18%) and to GPs themselves (16%). Clearly, people often find it easiest to leave feedback anonymously through methods that are readily available. If doctors only considered feedback collected formally, they would miss out on a significant opportunity for learning from the type of feedback people are most likely to give.

##### **No wrong type of feedback**

Actively promoting ways for people to leave unprompted feedback at any time also helps to create a culture where comments, feedback, or complaints are encouraged at every level and in every way possible, with the understanding that it is often difficult for people to separate one aspect of their experience from another.

For example, feedback received by the Healthwatch network shows that many people are not satisfied with their experience in waiting rooms, a sentiment expressed across different service areas. People report that receptionists can be unsympathetic, there can be a lack of privacy and confidentiality when discussing the reason for their visit, and waiting rooms can be crowded and lack entertainment.

While someone's experience in a waiting room is not necessarily the direct responsibility of doctors, it can have a significant impact on someone's overall experience when going to see a doctor. Through accessible feedback methods like comment boxes which allow anyone to leave comments about any aspect of their experience, many such concerns could be resolved relatively easily, resulting in a more positive overall experience, and potentially having a positive knock-on effect in people's feedback to doctors.

#### **4b. Would this allow more patients the opportunity to give doctors feedback in a way that meets their needs?**

## **Listening to all feedback**

Our previous research has found that over three quarters of adults would like to leave feedback with GPs to improve services, but less than a quarter had actually done so, mainly because they didn't know how. Taking into account prompted and unprompted feedback is a positive step towards reducing barriers to leaving feedback. Encouraging more people to speak up outside of official channels will build confidence that comments will be heard no matter how they are shared.

## **The right balance**

At an engagement event held at Healthwatch Greenwich to consider the GMC's proposed changes, patients raised concerns that greater flexibility in collecting feedback could make feedback less reliable, and potentially reduce validity. It was also mentioned that more informal feedback may discourage the participation of certain groups who may be reluctant to share their views based on concern that negative comments could impact on their future treatment and relationship with their doctor.

Healthwatch Greenwich has proposed that the process of seeking feedback as part of revalidation could be in two parts, with the first remaining a standardised questionnaire, and each individual doctor complimenting this with reflection on additional unprompted feedback.

The GMC should consider this proposal and ensure that the final changes strike the correct balance between encouraging additional feedback through increased flexibility and ensuring that feedback is meaningful and representative.

## **Complaints culture**

Steps should also be taken to ensure all feedback, prompted or unprompted, is taken seriously by doctors. A June 2019 study published in the *Journal of Health Services Research & Policy* found that most doctors believe online feedback is unrepresentative and of limited value for improving services. The study also found that most doctors never or rarely encourage their patients or patients' carers to leave feedback on internet reviews and ratings sites. Almost 60% of doctors reported that they had rarely or never made a change to their practice due to any online feedback from internet reviews and ratings. This indicates an unhelpful culture among doctors surrounding feedback, which creates unnecessary barriers to the type of feedback which is taken seriously.

Asking doctors to consider existing sources of feedback like online ratings as one part of a broader reflection on different types of prompted and unprompted feedback may help to put such feedback into context and encourage more doctors to reflect on it. However, when talking to doctors, the GMC should be clear that even if feedback from certain sources is not representative, that doesn't mean it shouldn't be considered carefully. One story of a negative experience can be enough to highlight an area for improvement.

## **Encouraging broad samples**

Demographic details of those leaving feedback should be collected, and doctors should make special effort to seek feedback from certain groups to ensure a representative sample. Practices should also seek opportunities to encourage the broadest possible sample of people to leave feedback, whether they had a good or a bad experience. The proposed shift to more flexible methods of gathering feedback will enable this, but doctors and practices must be proactive.

## 5. Are these the right high-level principles?

Overall, these principles reflect a positive shift towards a focus on the patient experience, with a greater emphasis on ensuring everyone can contribute their views and encouraging people to do so. However, they could be improved with an added emphasis on evidencing learning from feedback.

### Informing people of how feedback has made an impact

The inclusion of a principle setting out that patients must be informed of how their feedback will be used is important to making the new guidance successful. However, in addition to informing people what their feedback will be used for at the time they are asked for it, it is essential to ensure people know how their feedback has driven change. We know that people who give feedback and raise concerns across health and social care do so because they want to make sure health and social care improves. Four in five people have told us that seeing other people's complaints having an impact would encourage them to make their own voices heard in future.

As doctors and services increasingly use tech-based approaches to seek feedback, these should also be used to easily and effectively update people on changes made to the practice as a result of feedback. For example, everyone who has given feedback over a certain period could be sent a follow-up email or text with examples of how the practice has learned from patient comments.

Demonstrating learning from complaints is crucial to encouraging more people to share their views, and this should be made explicit in the guidance.

### Different methods allow everyone to share views

Principle Three sets out a welcome commitment to ensuring everyone can leave feedback in a way that suits them. The 2017 Pearson review called for greater use of tech-based approaches to collecting feedback and mentions social media and online surveys, and we expect to see doctors making greater use of online tools and texts to collect feedback in future. Healthwatch has been helping surgeries to make better use of technology in the way they gather feedback across the country. In Norfolk, for example, Healthwatch teamed up with Thorpewood Medical Group to launch an initiative to give local people more of a say through the use of touch screen kiosks. The kiosks have been placed within surgeries across the group to enable patients to leave real-time feedback about their experiences at the surgery at the click of a button. By supplementing traditional paper surveys with interactive technology, the aim is to encourage more patients of all ages to share their views about what it is like to be a patient at the surgery.

However, it's important that such changes do not leave behind those who prefer to use more traditional methods. In 2017, we found that people who had recently provided feedback to their family doctor were most likely to do so through a traditional comment box, and least likely to do so through social media. When we asked people who had never given feedback how they could be encouraged to do so in the future, text or email follow-ups were the most popular choices, followed by the comment box. This suggests that a variety of tech-based and traditional methods must be used to allow everyone to share their views in a way that suits them.

## 7. What do you think healthcare providers could do to encourage and support patients to give doctors their feedback?



## **Evidence of learning and impact**

As mentioned above, demonstrating how other people's comments have led to concrete change would encourage more people to speak up. All health and social care providers should ensure their annual complaints reports are fully compliant with NHS complaints regulations, which stipulate that reports must summarise the numbers of complaints received, upheld, and referred to the Ombudsman, as well as summarise the subjects of complaints and what changes have been made as a result. These reports should be easily accessible in the public domain.

Examples of learning from complaints should always be available alongside information about how to complain or leave feedback. Where appropriate, examples of learning should be distributed directly to those who have given feedback in the past. For example, all patients in a service, or everyone who has given feedback over a certain period, could be sent an email or text with examples of how the practice has learned from patient comments.

Evidence of learning should always contain concrete and specific examples of how feedback has led to improvement, including a summary of the complaints or comments made, what the service or doctor has understood as a result, and what new processes have been put in place to resolve any concerns.

Surgeries could also set up Peer Review Complaints Groups to meet regularly and review a random selection of complaints to monitor how effectively they have led to learning and improvement.

## **A national approach to complaints advocacy**

People should be supported to leave feedback or make complaints at whatever level they choose. This includes ensuring people know how to get help if they want to escalate their concerns to a formal complaint.

The Patient and Client Council in Northern Ireland provides an example of a “one-stop-shop” model for patient and public involvement in health and social care, alongside independent complaints advocacy. Currently in England, Healthwatch provides most of the same statutory functions, except for complaints advocacy, which is commissioned separately at local authority level.

A consistent national approach to information sharing between Healthwatch and independent advocacy services would allow both to make the best possible use of local data to understand people's concerns.

With a strong understanding of local health systems, existing community links, and experience putting the patient voice at the centre, Healthwatch is well placed to make use of anonymised data from complaints advocates to influence the national policy conversation around feedback and complaints.

The Department of Health, alongside strategic partners like the GMC, should consider the best way to ensure independent complaints advocacy is joined up with other aspects of patient and public involvement at a local level.

## **Ensuring anonymity**

The 2017 Pearson review highlighted that patients are deterred from giving honest feedback by fears that it will not be anonymised and that critical comments may impact on the future care they receive. It is vital that people are given reassurance that their

comments will be confidential, anonymised and reviewed as part of a broader feedback collection process.

### **Encouraging feedback from seldom heard voices**

Efforts to encourage more feedback should include ways to target those who may find it most difficult to share their views. There should be a requirement that some feedback is captured from certain groups, like BAME people and people with sensory impairments.

Representation of seldom-heard voices in feedback processes could also be improved by ensuring PPGs have diverse representation. To achieve this, PPGs could consider alternative meeting formats like drop-in sessions open to all patients come and hear about changes to the practice and share feedback.

Healthwatch regularly speak to people across the community about their experiences of care and can help to understand the needs of different groups. If doctors want to understand the needs of different groups or explore the most effective ways of encouraging certain groups to leave feedback, they can approach their local Healthwatch for help.

### **Accessible information**

All feedback systems should be compliant with the accessible information standard. In 2017, Healthwatch Redbridge conducted Enter & View visits to all the GP practices in Redbridge to review the complaints information held by them. They found that of the GP surgeries that had complaints leaflets, none of them met a standard level of accessibility, for various reasons including small font sizes, a variety of font styles, upper case text and out of date information. Follow-up visits in 2019 demonstrated significant improvement with positive impact on people's experiences of care.

Healthwatch Cambridgeshire and Peterborough has also worked with local Learning Disability Champions to assess the accessibility of GP websites. They found that in Cambridgeshire, just under a third of GP websites had no information about the Accessible Information Standard, nor any sort of accessibility provision.

Healthwatch Redbridge and Healthwatch Cambridgeshire and Peterborough have put forward recommendations to support the implementation of the standards, including improving awareness of the Accessible Information Standard among staff and encouraging practices to work together to develop standardised accessible templates. These recommendations should be considered by all GP practices to ensure feedback systems are accessible to everyone.

## **8. Impact on people with protected characteristics**

Practices should produce different types of questionnaires or engagement tools to encourage feedback from people who might find it more difficult to leave feedback, for example, non-English speakers or people with a sight impairment. There should be a requirement that some feedback is captured from certain groups, like BAME people and people with sensory impairments. All feedback systems should also be compliant with the accessible information standard.

Technology can be extremely useful for people who can use and access it to share their views, and we expect to see doctors making greater use of online tools and texts to collect feedback in future. But it's important that such changes do not leave behind those who prefer to use more traditional methods. A variety of tech-based and traditional methods should be used to allow everyone to share their views in a way that suits them.



Certain groups may be more likely to fear repercussions to their care if they leave negative feedback. People must be given reassurance that their comments will be confidential, anonymised and reviewed as part of a broader feedback collection process.

## About us

We are the independent consumer champion for health and care. Our job is to make sure that those who run local health and care services understand and act on what really matters to people.

A local Healthwatch exists in every area of England. We support them to find out what people want from health and care services and to advocate for services that work for local communities. Local Healthwatch also act as our eyes and ears on the ground, telling us what people think about local health and social care services. We use the information the network shares with us and our statutory powers to ensure the voice of the public is strengthened and heard by those who design, commission, deliver and regulate health and care services.



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