

## OPINION

# Using new technology to collect patient and public feedback

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## INTRODUCTION

The collection of patient feedback can be seen as a necessary evil driven by the demands of interested bodies, with limited buy-in from frontline staff. 'Patient feedback?' one general practitioner (GP) said to me with a wry smile, 'I don't want to know what the \*\*\*\* think!'.

Yet in the commercial world, understanding what customers think is crucial to corporate survival. Should the NHS be any different?

There is, of course, a danger in over-surveying and survey fatigue. However, used in moderation and where respondents can understand the benefit, short straightforward patient surveys can be a vital tool. Typically surveys are used to:

- identify the best-performing sites/clinics in order to establish best practice
- identify under-performing sites/clinics and the reasons for under-performance
- establish demand for and attitude towards potential new services
- address inclusion issues and find sources of information used by patients or members of the public
- monitor the impact of change programmes
- inform appraisals and identify training needs
- quantify opinions expressed in patient forums.

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## NEW TECHNOLOGY

Collecting information through traditional paper-based surveys is problematic because of:

- time required to collect, post and analyse data
- delay between the experience and completion of the survey, where these are sent by post
- reluctance to complete and return, especially by teenage/younger patients
- cost, especially where an external agency is involved (Figure 1).

The time taken to analyse paper-based surveys can be reduced using optical scanning equipment and software such as Snap, but other disadvantages remain.

This is where new technology can help. There are four main routes. A Technology comparison is shown in Table 1.

## OPINIONMETER

The longest established and most popular option in NHS Trusts is the 'Opinionmeter', supplied by Customer Research Technology Ltd (CRT). This portable, battery-powered, free-standing mini kiosk is used to collect anonymous feedback back from any multiple choice or multiple answer ('tick all that apply') questions (Figure 2). Hospital staff type the questionnaire into the web-based 'SurveyManager' software, using a question and answer library if desired. The questionnaire is then printed out and displayed on the Opinionmeter, which is left in an appropriate site. Patients choose a press button answer for each question, so the process is quick and easy to understand. The response rate is high, up to 80%, depending on the location and visibility of the unit and whether patients are asked to complete the survey.

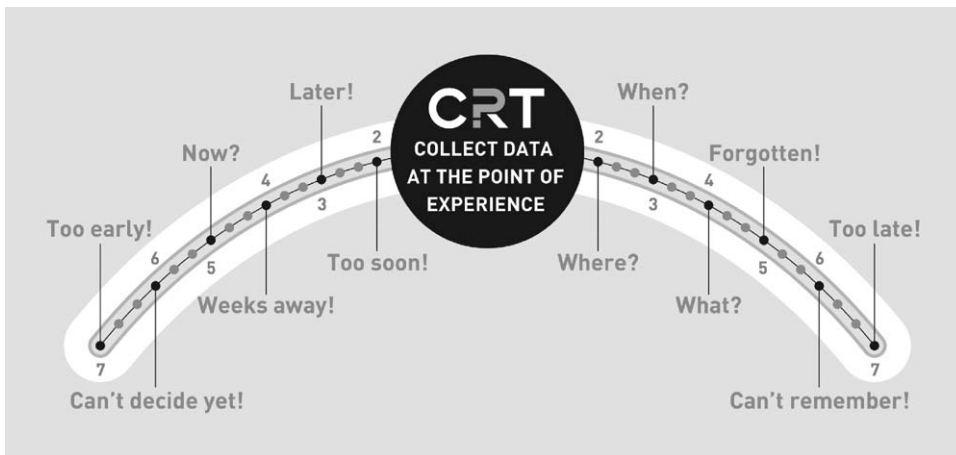


Figure 1

Table 1 Technology comparison

Facility	Opinionmeter	STANDpoint	POCKETpoint
Multiple choice	Yes	Yes	Yes
Multiple answer	Yes	Yes	Yes
Open ended	Yes	Yes	Yes
Routing	No	Yes	Yes
Winning surveys	Yes	Yes	Yes
Multimedia	No	Yes	Yes
Satisfaction alert	No	Yes	Yes
Auto reporting	Yes	Yes	Yes
Custom reporting	No	Yes	Yes
Filters/cross tabs	Yes	Yes	Yes

Typically, an Opinionmeter will collect several hundred responses in a two- or three-week survey. When the quantity is deemed sufficient, the data are uploaded to the SurveyManager tool via a PC or phone line. There are time-out and tamper functions to ensure results are accurate.

Survey Manager allows staff to produce automated reports and also drills down using filters and cross tabulations. For example, it is possible to look at responses by gender, age, clinic attended, etc. These reports can be published online or exported to a Word, PDF or Excel file. Entry level for Opinionmeter hardware, software and support is approximately £2.5k.

WEB-BASED SURVEYS

A second approach is to use web-based surveys. There are many suppliers of online survey software, including SurveyManager. Opinionmeter users can use the same system to generate an online questionnaire in-house. A URL (i.e. web location hypertext link) is generated that can either be integrated to a Trust



Figure 2

Website, or sent out in an email. At any time, reports can be generated from the data collected using the same SurveyManager reporting system.

This is potentially a highly cost-effective approach. However, the response rate from web-based surveys in the health sector is poor and inevitably bias towards younger Internet savvy patients, so this approach is rarely used. At best, it is a supplement to other methodology. In time, as the current baby boom generation moves towards old age, this is likely to change.

### HAND-HELD DEVICES

The third approach is to use hand-held devices. The market for these mini computers has taken off, the price has fallen and connectivity options have increased. They tend to be used by staff in place of a clipboard and paper survey, especially for bed-bound patients, to replace or supplement a survey on a floor-mounted device. Hand-helds with a research application typically cost £500–700.

### TOUCH-SCREEN KIOSKS

Finally, there are touch-screen kiosks. Until recently, these have been expensive, bulky and difficult to move to new sites. They are also vulnerable to theft and vandalism. However, the new IBM 'Any Place Kiosk' has brought down both weight and price, while a light-operated touch sensor allows the screen itself to be solid plastic and therefore much less vulnerable to damage. CRT has added a floor stand, a movement alarm to prevent theft and simple but powerful web-based software, VIEWpoint (Figure 3). This is similar to SurveyManager and enables staff to input questions and produce reports. Entry level for hardware, software and support is approximately £3k.

Unlike the battery-operated Opinionmeter, touch screens need a power source. However, they offer several advantages:

- free-form answers using a virtual keyboard
- question routing allowing more sophisticated surveys
- multimedia capability enabling the screens to provide patient information.

### CASE STUDY

A good example of a collaborative electronic survey is a consultation project led by North Bradford PCT with Bradford MDC.<sup>1</sup> The survey was concerned with the awareness and participation of young people in health service development, delivery, access and advice/support.



Figure 3

Using Opinionmeters, a 17-question survey was placed in six GP practices for three days, and a different 17-question survey was placed in three secondary schools for four days. A health professional and a youth worker accompanied the Opinionmeter in schools, allowing it to be taken to different venues within the school, and encouraging participation and discussion.

A total of 98 young people completed the survey in GP practices and 457 completed the survey in schools. Reports were generated for individual practices and sent out for their feedback, and results were also passed to schools for further feedback in assemblies.

For simplicity, the young people were not identified by age, ethnicity or gender, but the report stated that for future surveys it would be effective to have a more specific breakdown of the sample and this can be done easily on the Opinionmeter system.

The results highlighted many needs and further pieces of work that may need to be undertaken to improve access to services and primary care for young people. A list of identified needs and proposed actions was generated.

## SURVEY CONSIDERATIONS

However good the technology, the quality and simplicity of the survey are crucial. It is easy to alienate or frustrate respondents. Most common errors are:

- questions that are unanswerable by some
- choice of answers does not include the answer respondents want to give
- vague or ambiguous wording
- too long and complex.

Careful proofreading by more than one person with a view to who may be answering and how the questions interrelate is essential.

Complexity is often a result of many people being involved and trying to do too much in one go. We get an excellent response on short surveys (10 questions or so) and find that there is a significant reduction in response to surveys of over 20 questions.

A good example of a relative long survey that still gets a good response is the EUROPEP instrument (Box 1).<sup>2</sup> This is a freely available primary care survey, though many of the questions could be used by hospital trusts. It was constructed after rigorous testing from a much larger selection of questions and with translations and benchmark figures available for the whole of Europe.

The beauty of EUROPEP is that it is easy to understand its structure, a series of statements to which respondent gives a level of agreement. This is often a good way to ask a complex question. Sadly, the survey was ignored by the GP Consultative Committee and only the much more cumbersome GPAC survey was approved.

## CONCLUSION

The NHS has gone beyond merely delivering a 'product', i.e. meeting medical needs. Like the private sector – and increasing public services – the NHS needs to know and understand 'customer' requirements, and adapt the total offering accordingly. Patient surveys are a key to this development. They need to be conducted in a cost-effective and professional manner. New technology and private sector specialists will help trusts achieve this goal.

### Box 1 EUROPEP Survey

Please answer:

- A: Excellent
- B: Good
- C: Average
- D: Poor
- E: Very poor
- F: Not applicable

*How do you rate your GP and GP practice on the following:*

- 1 Making you feel you had time during consultation?
- 2 Interest in your personal situation?
- 3 Making it easy for you to tell him or her about your problem?
- 4 Involving you in decisions about your medical care?
- 5 Listening to you?
- 6 Keeping you records and data confidential?
- 7 Quick relief of your symptoms?
- 8 Helping you to feel well so that you can perform your normal daily activities?
- 9 Thoroughness?
- 10 Physical examination of you?
- 11 Offering you services for preventing diseases (e.g. screening, health checks, immunizations)
- 12 Explaining the purpose of tests and treatments?
- 13 Telling you what you wanted to know about your symptoms and/or illness?
- 14 Help in dealing with emotional problems related to your health status?
- 15 Helping you understand the importance of following his or her advice?
- 16 Knowing what s/he had done or told you during contacts?
- 17 Preparing you for what to expect from specialist or hospital care?
- 18 The helpfulness of staff (other than the doctor)?
- 19 Getting an appointment to suit you?
- 20 Getting through to the practice on telephone?
- 21 Being able to speak to the GP on the telephone?
- 22 Waiting time in the waiting room?
- 23 Providing quick services for urgent health problems?

## References

- 1 North Bradford PCT. *Young People Have Their Say. Consultation Project*. Bradford: North Bradford PCT, 2005
- 2 Grol R, Wensing M. Patients evaluate general/family practice: the EUROPEP Instrument. The Task Force on Patient Evaluations of General Practice Care, 2000