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US-PEx:
Understanding how frontline staff use patient ex

Submission date	**Recruitment status**	[_] Prospectively registered
22/08/2016	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
14/12/2016	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
19/08/2022	Other	

Plain English summary of protocol

Background and study aims
Patient experience is a key component of quality of care, and improving it is an NHS priority. There is much evidence about what matters to patients about their experience of care, yet both survey and interview evidence shows that there is still a long way to go to make care genuinely and consistently person-centred. Collecting data about patients' experiences is not enough; the data must be used to improve care. Many of the things that matter most to patients are about relationships with and behaviour of frontline staff. Not enough is yet known about the best ways to support staff to use information about patient experience to improve care. There is some promising but limited evidence of approaches which have made a difference. The aim of this study is to explore how NHS frontline teams use different types of patient experience data for quality improvement work; what motivates them to get involved in improvement; what helps or hinders; and what can be done to make patient experience data more convincing, credible and practically useful.

Who can participate?
Frontline medical wards in NHS acute hospital trusts in England, including patients discharged from the medical ward or a family member responding on their behalf, staff members and members of the senior management team

What does the study involve?
The participating frontline medical ward teams use patient experience data to improve their service and are observed using interviews, analysis of documents and on-site observation. At the start of the study a postal survey is carried out of medical patients (or their carers/family members) discharged in a three-month period from the participating medical wards. From this survey up to eight patients (or their carers/family members) are interviewed. Interviews are also carried out with key improvement leaders at the mid-point of the study, and with senior managers at the end of the study, along with about 14-16 staff/patients/family members/carers. At the end of the study another postal survey is carried out with a new set of medical patients (or their carers/family members) discharged from the participating medical wards in the three-month period following the quality improvement work. From this survey up to eight patients (or their carers/family members) are interviewed.

What are the possible benefits and risks of participating?
The results of this study will be used to develop a practical toolkit for the NHS on strategies to make patient experience data more convincing, credible and useful for frontline teams and trusts. There are no risks involved in this study.

Where is the study run from?
Nuffield Department of Primary Care Health Sciences (UK)

When is the study starting and how long is it expected to run for?
January 2016 to January 2018

Who is funding the study?
NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC) (UK)

Who is the main contact?
Prof. Louise Locock

Contact information

Type(s)
Public

Contact name
Prof Louise Locock

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Additional identifiers

EudraCT/CTIS number

IRAS number
180418

ClinicalTrials.gov number

Secondary identifying numbers
30634, IRAS 180418

Study information

Scientific Title
US-PEx:
Understanding how frontline staff use patient experience data for service improvement - an explor

Acronym
US-PEx

Study objectives
The aims of this study are:
1. To explore and analyse how NHS frontline teams use different types of patient experience data for improvement
2. To develop a practical toolkit for the NHS on strategies for making patient experience data more convincing, credible and useful for frontline teams and Trusts

Ethics approval required
Old ethics approval format

Ethics approval(s)
North East - York REC, 03/03/2016 , ref: 16/NE/0071

Study design
Observational; Design type: Qualitative

Primary study design
Observational

Secondary study design
Qualitative study

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use the contact details to request a patient information sheet

Health condition(s) or problem(s) studied
Specialty: Health services and delivery research, Primary sub-specialty: Health services and delivery research; UKCRC code/ Disease: Other/ General symptoms and signs

Interventions
This study is a case study evaluation of a quality improvement project, using a baseline and follow-up survey and interviews, and a focused ethnography (including observations, interviews and documentary analysis). The case studies will be carried out in six medical wards in NHS acute trusts.

For each participating NHS acute trust the following will be conducted:
1. A baseline postal survey of medical patients (or their carers/ family members) discharged in a three month period from selected medical wards will be carried out. From this survey up to 8 patients (or their carers/family members) will be interviewed.
2. Ethnographic case studies: The nature of ethnographic observational case study work means the sample has to remain flexible and responsive to local circumstances. The exact number of interviews to be conducted will depend on the composition of the frontline teams (including patients and family members) but it is estimated that it will involve a maximum of 10 interviews at the beginning and 10 interviews the end of the intervention. Interviews with 2-3 key improvement leaders at the mid point of the project, and interviews with 2-3 senior managers at the end of the fieldwork period, approximately 14-16 participants (staff/patients/family members/carers) will also take place.
3. Post-intervention postal survey with new set of medical patients (or their carers/family members) discharged (from selected medical ward) in the three month period following post quality improvement work. From post intervention postal survey up to 8 patients (or their carers /family members) will be interviewed.

Intervention Type
Other

Primary outcome measure
One outcome measure will be patient experience, assessed using a bespoke baseline and follow-up survey of a sample of discharged patients accompanied by qualitative interviews with a sub-set of respondents.

The pre-and post-intervention surveys should be viewed as part of the overall package of information collected rather than the only source of evidence.

Secondary outcome measures
-

Overall study start date
01/01/2016

Completion date
30/04/2018

Eligibility

Key inclusion criteria
1. Case study sites: Frontline medical wards in NHS acute hospital trusts in England
2. Baseline and follow up survey of patient experience: All patients discharged from the medical ward within a 3-month period with capacity to consent, or a family member responding on their behalf
3. Baseline and follow-up interviews about patient experience: Patients or family members responding to the survey who also express interest in taking part in an interview as well
4. Ethnographic case studies: staff members, patients or family members who get involved in quality improvement on one of the six wards; other staff members who work on the ward; members of the senior management team in the six trusts; members of the research team

Participant type(s)
Patient

Age group
Adult

Sex
Both

Target number of participants
Planned Sample Size: 1590; UK Sample Size: 1590

Key exclusion criteria
1. Case study sites: Surgical or other non-medical wards in NHS acute hospital trusts in England; community and mental health trusts; trusts in Scotland, Wales or Northern Ireland
2. Baseline and follow up survey of patient experience: Patients discharged from the medical ward outside the relevant 3-month period; those without capacity to consent
3. Baseline and follow-up interviews about patient experience: Those without capacity to consent; those unable to take part in an interview in the English language
4. Ethnographic case studies: staff and patients from other wards; patients currently receiving care on the ward. (Ethnographic observations will be confined to quality improvement activities and are not designed to observe care being provided)

Date of first enrolment
01/04/2016

Date of final enrolment
31/07/2017

Locations

Countries of recruitment
United Kingdom

Study participating centre
-
United Kingdom
-

Sponsor information

Organisation
University of Oxford

Sponsor details

Clinical Trials and Research Governance, Joint Research Office
Block 60, Churchill Hospital
Headington
Oxford
England
United Kingdom
OX3 7LE

Sponsor type
Hospital/treatment centre

ROR
https://ror.org/052gg0110

Funder(s)

Funder type
Government

Funder Name
NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC)

Results and Publications

Publication and dissemination plan
There will be a standard NIHR Journals Library Report in 2018-19, and a Toolkit online in 2018

Intention to publish date
01/08/2019

Individual participant data (IPD) sharing plan
Data (anonymised interview transcripts) will not be shared with anyone outside of the direct research team, in order to give sites an assurance they can share negative experiences of quality improvement without worrying about being identified.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/07/2020	17/02/2020	Yes	No
Protocol file	version 1	09/02/2016	19/08/2022	No	No
Protocol file	version 1	14/10/2015	19/08/2022	No	No

HRA research summary	28/06/2023	No	No