

**Change in services
in response to
patient feedback**

**Ways of
communicating
patient experience**

**Resources for
patient experience
feedback**

**Understanding
patient experience
data**

**Collecting and using
patient experience
feedback**

**Service user and
carer involvement**

<p><i>The national staffing crisis makes 'experience' feedback difficult to fix compared to environmental examples which are easier to change</i></p>	<p><i>The Friends and Family Test (FFT) lacks qualitative data, but it is easy and more accessible than other methods</i></p> <p><i>As Friends and Family Test (FFT) data is generally positive, it is not as useful as qualitative/complaints data</i></p>	<p><i>Environmental factors are easier to fix</i></p> <p><i>Feedback should be a loop and not a continuous process, there should be outcomes, end points and information that goes somewhere</i></p>
<p><i>If we concentrate on building relationships with service users' that work on the ground, we will be able to look at 'how' change is produced because service users are invested in and care about the services</i></p>	<p><i>When asking for feedback we need to consider how well the person is and if we are giving them a sufficient range of ways to feed back</i></p> <p><i>If we collect patient experience feedback on wards we have a 'captive audience'</i></p>	<p><i>Staff need to see importance/use of doing something in order to commit to it and get survey responses</i></p> <p><i>Information flows upwards and outwards</i></p>