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“You’d get a lot more feedback if it was a more personal thing”: Service user and staff perspectives on facilitators and barriers to sharing feedback during perinatal care.

Abstract

The NHS collects large amounts of feedback through experience measures like the Friends and Family Test (FFT), but limitations have been highlighted and low response rates can be a concern. The aim of this service evaluation was to better understand low feedback rates via the FFT in one Maternal Mental Health Service (MMHS). Nine participants took part in three online focus groups - four were members of a Perinatal People’s Participation Involvement (PPI) group and five were staff members of the MMHS. Thematic analysis developed four themes related to facilitators and barriers to giving feedback:

“(Dis)connection” and “Feeling Valued” from PPI members, and “Context Matters” and “Staff Attitudes and Perceptions of Feedback” from staff. Meaningful feedback was centred around connection and trust and was personalised, intentional and active, with participatory approaches strongly valued. Recommendations are provided.

Key words: Service user feedback, PREMs, FFT, perinatal period.

Introduction

People's feedback about the outcome of their care and their experiences of using services are central to enhancing healthcare practice. NHS services receive experiential feedback in various ways, including compliments and complaints, direct unsolicited feedback to teams, online feedback via NHS platforms and social media (NIHR, 2019). Large amounts of feedback are collected via Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMs), which can then form part of both service development to enhance service user (SU) and carer experiences (Maxwell, 2020; NIHR, 2019; Weich et al., 2020) and improvement in individual practitioner competency and effectiveness (Rousmaniere et al., 2017).

PREMs provide a well-established way for SUs to share feedback about their experiences of care (Bull et al., 2019). However, limitations have been highlighted. PREMs have been criticised as potentially reductionistic and not aligned to SU preferences, and not leading to clear improvement in services or individual practitioner competency, but rather serving organisational needs (Entwistle et al., 2012; Male et al., 2017; Powell et al., 2019; Rousmaniere et al., 2017; Weich et al., 2020). SUs may fear being questioned by professionals about their experiences, especially when still actively accessing services (Shunmuga Sundaram et al., 2022).

Research into the effectiveness of PREMs in maternity care found that some SUs were unaware of why they were being asked to complete PREMs and what would happen with information shared (Laureij et al., 2023). More than half of participants felt it was important for experiences to be heard "from (them) personally" (p.8) during interactions with practitioners involved in their care and wanted feedback to inform personalised care.

Research Context

Maternal Mental Health Services (MMHS) were set up as part of the NHS Long Term plan to transform specialist perinatal care for women and birthing people experiencing

Commented [A1]: The literature regarding effective engagement in PREMs and PROMS at an individual level is not included.

moderate to severe psychological distress (NHS England, n.d.). The MMHS in the south of England where this study was conducted collect feedback through a PREM called the Friends and Family Test (FFT; NHS England, 2023), completed anonymously online. The service asks for feedback after assessments and upon discharge by sharing an online link to the FFT in written correspondence. To improve uptake, personalised QR codes, shared in letters and staff email signatures, have been added. Despite this, since commissioning, the service only received one response via the FFT over a one-year period. Feedback through cards and text messages were also received, but not formally analysed. The service wanted to understand why formal feedback methods were not working. Therefore, this evaluation aimed to (1) understand the issues surrounding low feedback from SUs who have accessed services during the perinatal period, (2) understand MMHS staff perspectives on low response rates, and (3) help guide service development and improve feedback processes. Therefore, the research question was: What can facilitate or act as barriers for SUs to give feedback within the perinatal period?

Method

This service evaluation utilised a qualitative design. Ethical approval was obtained from the relevant NHS Trust R&D department and university ethics committees, as part of a Trainee Clinical Psychologist's service-related project. Participants gave informed consent, had the right to withdraw and accessed debrief information after participation. Anonymity was protected. Data protection guidance was adhered to.

Participants

Nine participants were recruited, using opportunity sampling. Four participants were members of a perinatal patient and public involvement (PPI) group, which was not limited to only MMHS SUs. Five participants were clinical and non-clinical MMHS staff members.

Procedure

Three focus groups were facilitated by the main researcher: two with PPI members and one with MMHS staff. Focus groups were held virtually using Attend Anywhere and lasted between 60-75 minutes. A PPI lead supported facilitation for PPI focus groups. Each focus group began with introductions and co-construction of group guidelines. The researcher then guided discussion with an interview guide developed by the researcher, informed by the literature and consultation from both the PPI group and the MMHS. Focus groups explored experiences and views related to feedback and feedback measures.

Data analysis

Thematic analysis (TA) was used to analyse the data, guided by six steps: familiarisation with the data, coding, searching for themes, reviewing themes, defining and naming themes and writing up (Braun & Clarke, 2020). Developed thematic maps were refined through discussion in the research team to aid theme development.

Results

Four main themes were constructed, two from the PPI data, namely “(Dis)connection” and “Feeling Valued”, and two from the staff data, namely “Context Matters” and “Attitudes and Perceptions of Feedback”. These will now be discussed.

Findings for PPI Group

(Dis)connection

PPI members described the process of connecting as both a facilitator and barrier to giving honest feedback within the perinatal period.

Members of the group described connecting with others as enabling trust and safety and a key facilitator to giving feedback. Some felt that connecting through conversations with professionals was important, whilst others spoke about collective feedback spaces as valuable. In essence, connection could allow for meaningfully sharing feedback, which other methods such as written questionnaires may lack.

I think it's when it's imprinted in a conversation with other people that you get to the heart of the matter, and you get proper feedback, proper understanding of what people have gone through (P7)

In contrast, the group talked about mistrust and a lack of safety which can occur as a barrier to giving feedback, particularly sharing feedback directly to professionals following a negative experience. The group considered the power that services hold which can lead to worry about the impact of feedback, particularly if there was a fear of losing anonymity.

if you give them your feedback, what if they turn against you or what if they don't agree with you, especially with mental health, you're then all over the place, your trust is gone, everything is gone (P9)

Feeling Valued

Members of the group described the importance of feeling valued when giving feedback in the perinatal period. Participants felt that this facilitated feedback as it communicated a sense of care from professionals in seeking to understand their experiences. The group talked about several factors which they felt conveyed a sense of being valued, such as feedback being an active process in services, which may include working with PPI groups, and being personalised to individual needs.

Members of the group talked about the importance of feedback being an intentional active endeavour between services and SUs. Some members of the group described the importance of being asked about their experiences. Working with PPI groups was highlighted as a way to facilitate meaningful feedback.

A service user going around, [...] to the different places in the trust or whatever, that's their thing, to go and get feedback and that's very proactive thing to do and [...] they're the connection there already, and it'll make it more human (P6)

Members of the group spoke about an attuned and person-centred approach as key to giving feedback. This was described as the need for feedback to be accessible and to value individual preferences through choice. The group talked about practical aspects, such as timing, and how this should be aligned to personal contexts to ensure people feel able to share their experiences meaningfully. Members of the group spoke about the impact when feedback does not feel personalised, which may result in not feeling able or wanting to share feedback.

[...] give people an option, like we can either phone you, you can fill out a form or you can fill out a focus group and then they pick as to what suits them better and then I think again that would invoke more people to give responses and [...] more honest answers because they've got the option to pick [...] (P8).

Findings for Staff

Context Matters

Staff understood SUs context as both an enabler and barrier for receiving feedback and often wondered how this broader context may influence the amount of feedback generated. Staff talked about feedback being a way to mark the end of a person's journey through the service and provide closure for their experiences, which may make it difficult to generate feedback outside of this context.

[...] I do think [...] that it's easier [...] for people to [...] generate those thoughts when you're talking about an ending anyway and then once that's finished, I wonder if it's difficult for people to go back to that (P1)

Staff considered that giving feedback may require SUs to revisit an emotional time of their lives which may be associated with trauma and loss. Staff wondered how SUs felt to revisit this difficult time, particularly if the emotional context and safety of the therapeutic relationship has ended.

I feel like [...] with women when they have like birth loss once they get that discharge letter and they re-read everything that they went through I think [...] writing a review it's [...] kind of revisiting what they've been through (P4)

Safety and anonymity were thought about within the context of a small team, which may be a barrier for SUs to share feedback, especially more negative feedback.

We want people to be able to tell us when we haven't got things right [...] that's really difficult to do face-to-face or within that kind of relational context (P1)

Attitudes and Perceptions of Feedback

Staff considered their own attitudes to feedback, and how this may both enable and be a barrier to generating different types of feedback. Staff described a tension between their preferred ways of gathering feedback, and the organisational need for formal feedback processes.

Staff appeared to conceptualise feedback as gratitude and thanks within the context of the therapeutic relationship, conversational and continuous, rather than as a formal, one-off process.

It's not so much feedback [...] it's almost gratitude and thanks [...] you get a lot of you know "I couldn't have done it without you", not this was good this was bad you could have improved on this (P5)

Staff viewed more formal feedback as insensitive and impersonal, and described a misalignment with service values.

It's a bit cheeky isn't it, "Thank you for sharing your story with me, here, fill out this form" (P4)

Staff acknowledged a tension between their perceptions of feedback, and the need for formal feedback for broader organisational needs. Staff questioned who formal feedback

serves and considered how feedback could be gathered more actively to balance their preferences and organisational needs.

The feedback is more important to us than it is to them really [...] so, do we really emphasize to them how that's going to be used or the importance of getting the feedback whether it has something to do with [...] carrying on being funded or [...] justifying our service [...] (P3)

These results help to contextualise and understand reasons for low response rates, both in practice as evidenced by the need for this service evaluation, and through research which emphasizes the need for a more personal and inclusive approach (Laurejj et al., 2023; NHS England, 2023). The implications of this will now be discussed.

Discussion

This service evaluation aimed to understand the issues surrounding concerning low feedback within one MMHS, both from SU and staff perspectives. Both staff and PPI members did not appear to question the veracity and usefulness of SU feedback and felt it a priority to find ways to enable SUs to share meaningful feedback.

As highlighted by previous literature, the results emphasize the importance of relationships and connection (Laurejj et al., 2023; Powell et al., 2019; Weich et al., 2020). Whilst relationships with professionals providing care may often facilitate feedback, participants identified a potential barrier pertaining to safety and anonymity, where power imbalances may inhibit feedback when care is experienced negatively.

Staff's negative attitudes towards formalised feedback methods, like the FFT, may be a further factor perpetuating low response rates, with staff not actively encouraging PREM completion due to their perceptions that this feedback is impersonal and insensitive. SUs and staff considered a shift to more active and intentional ways of gathering feedback (Laurejj et al., 2023; Sanders et al., 2020).

Clinical Implications

The service could consider co-producing feedback processes with a PPI group. This could involve creating a permanent SU role to actively gather feedback, which may begin to tackle barriers such as power, safety, and trust.

Staff may wish to adopt an active role in discussing feedback with SUs, e.g., sharing the rationale and importance of feedback, explaining what the FFT is and how their feedback may be used to contribute to service improvement. Furthermore, the FFT as an anonymous, online feedback channel could be highlighted to address issues of safety and risk of being identified.

Staff valued dialogue and the therapeutic relationship for generating feedback. Staff may wish to collate and utilise the large amount of feedback already received informally more systematically to evidence how the service is received.

It should be recognised that implementing any changes may be time intensive for staff within a small team and the broader NHS organisational pressures (Sanders et al., 2020). There may be associated staff and service costs, particularly with the development of a permanent SU feedback role. Quality Improvement may help staff to monitor the impact of changes made and act as evidence for applications of additional funding or service provision.

Limitations and Future Research

There are methodological limitations which limit the generalisability of this service evaluation. Though the perspectives of PPI members are valued, this target group may only represent the views of SUs who may be more likely to share feedback. Furthermore, the PPI group's experiences might not reflect the experiences of those who have accessed MMHS specifically. Future research may seek to recruit participants directly through the MMHS.

Conclusions

This service evaluation highlighted how informal, conversational feedback methods centred around the therapeutic relationship were at the heart of the service. However, formal feedback measures are mandatory within the NHS and do need to be considered for organisational purposes. Adopting co-production and increasing dialogue around feedback

may support the continued collection of informal feedback, whilst improving response rates of formal feedback.

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