

Choose a Fertility Clinic - patient rating trial and evaluation

Strategic delivery: Setting standards Increasing and informing choice Demonstrating efficiency economy and value

Details:

Meeting Authority

Agenda item 11

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Author Helen Crutcher, Policy Manager

Output:

For information or decision? For decision

Recommendation That Authority discusses and agrees a trial of the patient rating system on the website

Resource implications Beyond staff time, marketing costs of less than £5,000

Implementation date Spring 2017, alongside launch of live website

Communication(s) Ongoing stakeholder work with the sector and patient groups
Marketing of ratings service to patients directly and with partner organisations

Organisational risk Low Medium High

Annexes

1. Background

- 1.1. Patient feedback has been an important part of our inspections for many years. However, this feedback is only available to the public in summarised form in the inspection report for each clinic. In the new Choose a Fertility Clinic (CaFC) tool, we will introduce publicly visible feedback from patients, with a star rating system which will appear on each clinic's CaFC profile.
- 1.2. Direct feedback from patients is not new in the health system and patients want it to help inform their choices. In the NHS the Friends and Family Test and patient surveys are well established and this is an area of public and regulatory policy which is only set to grow in importance. Patient feedback is particularly important in the fertility sector, particularly when a majority of patients have to pay for their treatment. That is why we first decided to include patient feedback in CaFC in our 2014-2017 strategy. The IfQ Advisory Group has subsequently made recommendations about how that should be done - recommendations which the Authority agreed in January 2015. Since then, we have been developing the new website and CaFC tool and have returned to the Authority twice, in 2015, for decisions around the methodology to be used.
- 1.3. Our patient feedback service will have two components: a rating system, with results visible on CaFC and free text comments to be seen by inspectors and incorporated into inspection reports (as they do now).
- 1.4. We committed to you in January 2015 to launch the system as a trial at the outset and to review it. Leaving this commitment to one side, we want to do feedback well and ensure it is transparent, auditable and fair and provides data that is helpful to us, clinics and patients. A trial will let us review and improve the system and address any flaws that might come to light.
- 1.5. The paper outlines proposals and we would welcome members' views and feedback on these.

2. What we've done so far

What you've agreed to already

- 2.1. As a reminder, the decisions agreed by Authority in 2015 included that:
 - we will not include a system to authenticate patients, as user feedback and the stakeholder group told us this would discourage patients from taking part
 - one questionnaire will be used for both patient ratings on CaFC and to gather patient feedback for inspection reports
 - any 'free text' comments submitted will not be published on the website but it will be available to clinics through their inspectors
 - feedback should be from recent patients and donors (within a year) and that it should only count towards the ratings on CaFC for 12 months

- we will promote the tool to patients to maximise uptake.

The rating system on the beta site

- 2.2.** In 2016, we implemented these decisions and developed the rating system for the beta website. Throughout the process, we had feedback from the IfQ stakeholder group and the project team. We also tested the questions with users to see what they thought. The resulting rating questionnaire has been active since the start of beta. The questions are:
- How likely are you to recommend this clinic to friends and family if they needed similar care or treatment? (Five-point range from extremely unlikely - extremely likely)
 - To what extent did you feel you were treated with privacy and dignity? (Five-point range from never – always) plus a free text box to feed back to inspectors
 - To what extent did you feel you understood everything that was happening throughout your treatment? (Five-point range from never – always)
 - Was the level of empathy and understanding shown towards you by the clinic team? (Five-point range from unacceptable – excellent)
 - Did you pay what you expected? (Five-point range from it was much cheaper – it was way above the estimate) plus a free text box to feed back to inspectors
- 2.3.** The answers given are used to generate five star ratings for the first four questions. The average of the four ratings is used to create an overall star rating for the clinic, known as the ‘patient rating’. We also show the total number of ratings. A tally of answers to the cost question is shown and these do not feed into the star rating. Figure 1 shows how the ratings will look on a clinic page.
- 2.4.** Some patients and clinics have been so eager to use the new feature that we already have some ratings on the beta site. To ensure that the trial is fair, we need to launch it from scratch with all clinics on a level playing field. However, to make sure the valuable feedback we already have is not lost when the website launches, we will commit to reporting the feedback we have already received to clinics through their inspectors.

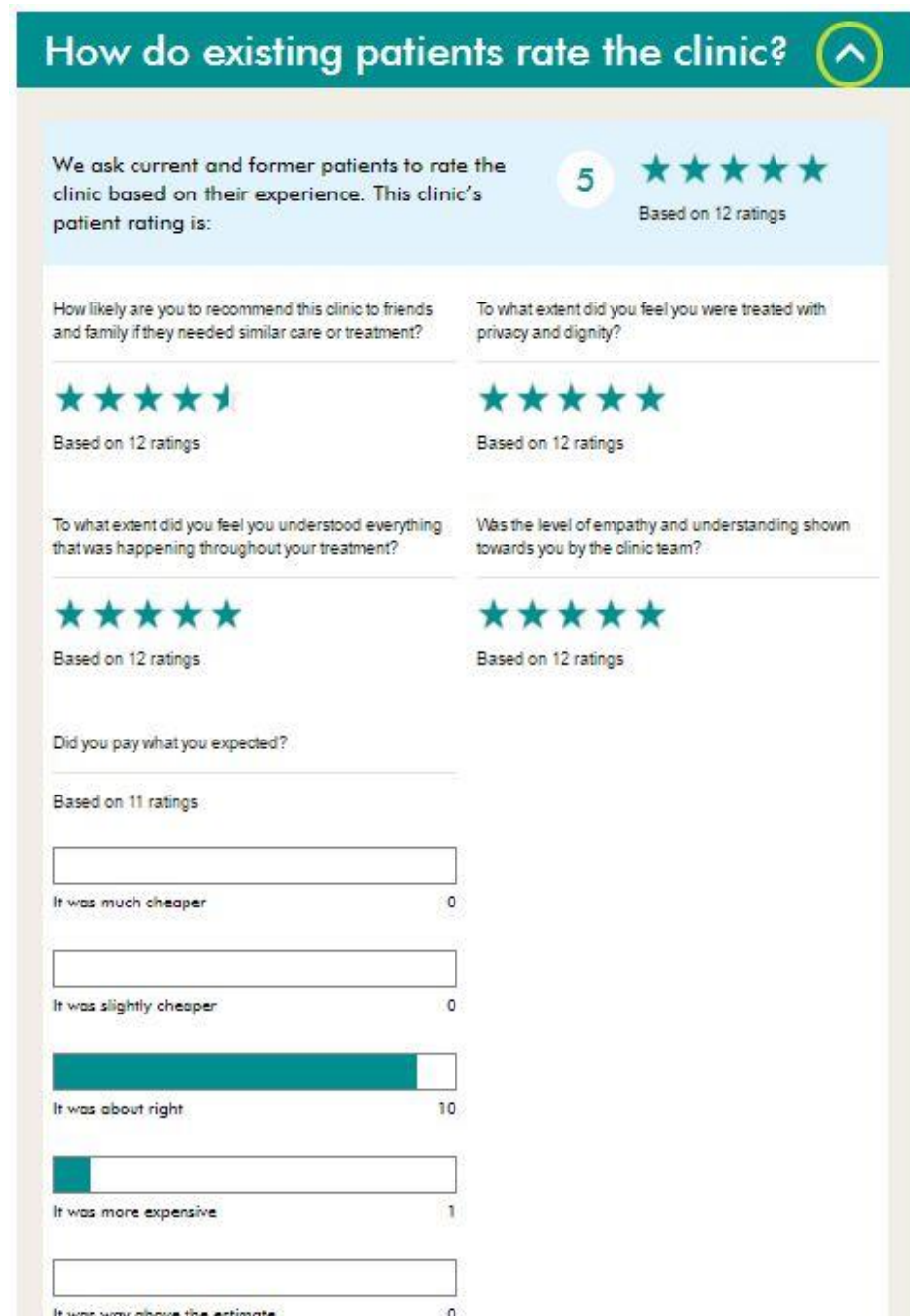


Figure 1

What we already know we need and are now putting in place

2.5. We have reviewed the rating system on beta. It was clear that before going live we needed to add some features to the rating tool to make it more robust. We are adding:

- More guidance on the use of the tool, to remind users that they should be recent users of the clinic (within the last 12 months), must provide true information and should not use the ratings and free text feedback for complaints.
- A usage policy that links to our main website policy and includes:

- information on how we use the ratings and feedback and how they generate the overall rating
- the laws around gaming and providing false information
- the limitations of how the tool should be used and HFEA liability.
- Options to provide free text that will be available to inspectors for every question rather than only allowing this for two questions. More feedback would be beneficial to inspectors and could be helpful for clinics too.

2.6. The above steps will help to ensure that the tool is used by the correct people in the right way and will make it more robust. These are also steps which have proved effective and are in line with other similar tools elsewhere in the health system.

Further possible steps to ensure authenticity of users

2.7. We have sought patient feedback at various stages of development, to see if any changes were needed. One recurring theme relates to how we can ensure that people giving ratings are real (and recent) patients and donors. Patient opinion is divided on this issue. Early user testers said that they did not want to have to prove that they were a patient or donor as it would put them off using the tool. Some thought that this would mean only people who had real concerns about the clinic would use the tool, meaning that it wasn't representative.

2.8. However, later user testing gave an opposite view. User testers indicated that they would not trust the ratings if they weren't reassured that real patients had given them.

2.9. There is a tricky balance here, between ensuring authenticity of ratings and maximising the amount of information available to patients. Before writing this paper, we did a brief survey of a few more patients to ask what could we do that would give them confidence that real patients and donors were giving feedback. We provided examples of additional checks that we could add:

- providing an email address (which would be authenticated) and name,
- providing a unique code that was available from the clinic to prove you were treated there; or
- something else (if they had other ideas).

2.10. The responses were evenly divided between not wanting us to do more and adding one of the other checks. Although this was a very quick snapshot of user testers' views and was not fully representative, it mirrors the split in views at previous user testing stages.

2.11. Because views are divided, we do not intend to add email verification or code checks before the website goes live. However, at the end of the trial we should be able to re-evaluate the need for these and reconsider this position. If we wanted to add one of these features some further IT development would be needed.

- 2.12.** Some websites include a tool called a ‘CAPTCHA’ at the end of forms in which you have to write the word you can see, to make sure that only real people can complete them (and not automated robots). We have the capability to add this to the ratings, although these do frustrate some users and can make websites less accessible. We plan to consider adding this at the end of the trial if a need is indicated.

3. Proposals for how we plan to trial the feature

What kind of test is it anyway?

- 3.1.** The beta period has already shown that the input side of this tool works well; we have been able to receive feedback and it displays on CaFC. It also feeds through to the Clinic Portal, where each clinic can see ratings for their own service. What is now needed is a test of the usefulness of the tool and the data submitted, to make sure that it is used as intended and provides valuable information for all users; patients and donors, inspectors and clinics themselves.
- 3.2.** We committed to Authority, and the sector, that we would see that the system works before we finalised it. This could be achieved in a variety of ways. We could run a test with a small number of representative clinics, but this would be problematic as the rating will be publically available on CaFC and might therefore be unfair to some clinics. Such inconsistency could also confuse patients. And if we did not publish the information it would not be a real test of the new system.
- 3.3.** Therefore, what we propose is a time-limited trial of the rating system running for all clinics. The aim is to understand what works well so that the final ratings system is as good as it can be. This proposal has several benefits:
- We should get more feedback and spot any issues earlier with all clinics involved
 - Until we get some feedback we don’t know whether misuse is a valid concern
 - We will have a stronger evidence base to support whether changes are needed
- 3.4.** The proposed duration of the trial is six months as this would be long enough to provide enough data to analyse, while reducing risk by still allowing changes in the near future if the trial indicates a need. As an indication of volumes, while we were receiving questionnaires to inform inspections we received about 300 responses over six months. We should receive more than this during the trial since it will be better publicised and more prominent on the website.

Elements of the trial

- 3.5.** There will be a number of elements to this trial and the activities will help us address a number of high level questions:

- Are the outputs from the rating system valuable to patients, inspectors and clinics?
- Will patients and donors use the tool to give their feedback and will potential patients use it to help make decisions about their treatment?
- Are HFEA procedures to manage the end to end feedback and ratings process effective?

3.6. Each element should provide valuable data to allow us to assess the effectiveness of the rating tool at the end of the trial. The activities are listed below in relation to the different groups who will work with the tool: patients, clinics and the HFEA.

Patients

- 3.7.** Patients are at the heart of this new feature and we want to hear what they think at either end of the process; both giving and using the ratings. We will:
- run a survey alongside the tool throughout the trial period so that users who have rated clinics can tell us what they think, including whether they trust the information and were able to provide all the feedback they wanted to. **This will allow us to identify if any changes might be needed to the tool itself, ie, the questions, appetite for additional authentication**
 - do some outreach with patients who are looking for a clinic, to find out if patients are using the tool when choosing which clinic is best for them and whether it is making a difference. **This will help us evaluate our ongoing marketing plan as well as the perceived value of the information**
 - use our existing stakeholder groups and links with patient organisations to see what they think about the effectiveness of the tool. **This will help us to evaluate whether the tool is doing that it was designed to do.**

Clinics

- 3.8.** We need to make sure that the outputs are helpful for all users and we know that for patients (and clinics themselves) to get the whole benefit from the tool we need clinics to work with us. We will:
- engage a cross-section of representatives from clinics to see what clinic staff think of the rating system and their patients using the tool. We will see whether attitudes change over time once clinics are used to the ratings. We can also ask how HFEA marketing of the tool works for different clinics and hear the clinic perspective on our inspectors using this patient feedback. **This will help us to evaluate the uptake of the system and find ways to build clinic support for the tool.**

HFEA

- 3.9.** To make this tool effective and helpful for all users it will need to be properly supported. We will:
- have a marketing strategy and processes in place. We'll review the number of ratings received and analyse how effective our actions are in encouraging feedback and ratings and whether the strategy addresses the

needs of different clinics. **This will help us identify whether changes may make this more effective and fair**

- review ratings and feedback received to analyse whether there is any evidence of misuse. **This will indicate whether adding any further authentication or including 'CAPTCHA' may be justified**
- run internal workshops to review and develop processes with the teams who own them ie, communications for marketing, inspection team to feed comments back to clinics. **This will help us evaluate plans for business as usual and consider improvements to make them more effective**
- plan a second strand to the marketing to reach potential patients and raise awareness of the tool. We will only be able to develop the process for this once some ratings are in CaFC. This can be informed by potential patient outreach mentioned above. **This will allow us to evaluate ways to effectively improve awareness.**

3.10. At the end of the trial we propose that the executive should:

- Evaluate the findings, reviewing what is successful and whether changes may be required in other areas
- Present findings to the authority
- Recommend next steps

3.11. The Authority is asked to discuss and agree to the planned trial of patient ratings on the website.