



NHS Analytics

New Knowledge

Warm up sessions

9 May - 8:30am - 9:30am

10 May - 5:00pm - 6:00pm

11 May - 12:00pm - 1:00pm

Notes, questions, etc

- > looking at data that contributes to policy decisions
- > in particular, New Knowledge is about survey data - patient, staff, GP
- > people measure a hospital based on things like waiting times but that isn't the whole story, so surveys can be important to get the 'human story'
- > the surveys are designed to collect data that the NHS thinks it needs to answer certain questions, but could these answers be found in other datasets?
- > could the survey process show up weaknesses in the actual service of collecting this data?
- > 23 May is all about how questions can be answered with other data, plus how to improve or glean more insight from the survey data
- > who controls the frequency of surveys? some local hospitals/health services perhaps conduct surveys too often for some people? paper-based NHS survey goes out once a year
- > streamlining the survey/feedback process, encourage people to give feedback even when things are good rather than just when things are bad
- > 'voting with your feet' if people are dissatisfied with their GP, it is now easier to move to another GP
- > data must be anonymised. If names are on there, surveys can often be rejected, and surveys are designed to not have any free space on there for long text answers.
- > do people choose the right option on these surveys? are they really 'satisfied' with their overall experience when they have specific problems, like appointments? what would make them choose a different option? how does this vary between people?
- > staff surveys have previously suggested that staff experience/engagement can be linked to patient experience of care. further explored on 23 May?
- > What other data should NHS use to alongside the survey Data?
- > What other questions should the NHS answer
- > What are the known biases?
- > data becomes available for GPs about their waiting times, making appointments, satisfaction, etc, but whether they access and use it is another matter
- > how do we make the feedback count?
- > free-text answers on surveys are hard to analyse for meaningful data
- > online surveys will never reach everyone
- > TRANSPORT! there are currently no questions about transport on the survey. how long does it take to get to an appointment? transport choices affect appointments? how long does it take to get there?
- > transport or mobility related datasets would be interesting to see
- > areas of focus include vulnerable people in the population, those who might otherwise be overlooked in other analysis
- > perception vs reality - how an experience at a GP, hospital, etc, affects how long it *feels* like a patient was waiting and so forth
- > staff empowerment - do staff feel confident in their managers, and do they feel confident in the care they give?
- > special request for text data but understand that it is very difficult to provide this for several reasons
- > differences between collecting and interpreting data that is via checkboxes versus free text, there have been case studies where valuable information has been found in 'additional notes' rather than in official reporting methods
- > GP survey could be linked to CQC ?
- > what new data should NHS England publish that they currently don't?
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