

LETTERS

PUTTING PATIENTS FIRST

Positive leadership is key

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The need to improve quality of care in the NHS is undeniable, but how, and what should efforts to improve be based on?¹

Eaton and colleagues simplistically view measurement of patient experience as key, with quality measures in the National Institute for Health and Clinical Excellence's guidance on patient experience being a good place to start.² This betrays an incomplete understanding of the problems and solutions. Eaton and colleagues imply that measurement, and probably documentation and analysis, of variations in patient experience are essential for improvement. Benchmarking, "score card" feedback, and incentivisation of good performance are all possible levers for change if measurement is widely implemented.

However, the measurement paradigm misses important influences on and barriers to improvement—the culture and daily running of clinical practice. More than measurement, we need well designed mixed methods research, probably mostly qualitative, to understand the real world experience, limitations, barriers, constraints, and competing pressures that adversely

affect quality. This evidence could be the basis for more insightful efforts to improve quality and patient experience.

Fundamentally, the issue is about the nature of leadership. Eaton and colleagues do not convey a sense of trying to engage clinicians in driving up quality and patient experience. The measurement paradigm is part of the "stick" approach, but it risks failing to understand, recognise, and utilise the clinician's perspective, and ultimately it risks failure. This stick approach needs to be complemented by more positive leadership that harnesses clinicians' motivations and tries to overcome the barriers to wider adoption of patient involvement that would improve the experience of healthcare for patients and carers.

Competing interests: None declared.

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- 2 O'Flynn N, Staniszewska S, Group GD. Improving the experience of care for people using NHS services: summary of NICE guidance. *BMJ* 2012;344:d6422.

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