**Free-text patient experience data inform service development.**

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Understanding patients’ experiences of treatment and care is essential to effective service development, and is therefore a common topic of investigation for clinicians and health services researchers. For service development, different kinds of investigation may be useful for a different purposes. Closed measures of patient satisfaction (e.g. rating scales) are useful in providing reproducible measures in specified domains; however, they are often limited both by the scope of predefined questions, and the level of detail they provide on processes affecting reported outcomes. Free-text data are therefore often collected alongside such measures, in order to provide further descriptive detail on patient experience, and/or identify emergent issues not covered by closed questions (Bracher et al. *BMJ Open.* 2016. 6:e011830. <https://doi:10.1136/bmjopen-2016-011830>).

Izzet-Kay et al. present a rigorous and systematic exploration of women’s experiences and concerns following mesh augmented prolapse surgery. The study also provides an exemplar of how free-text analysis can inform service development in more general ways: firstly, by exploring how patients evaluate treatment success in the context of everyday life; secondly, by investigating how patients understand costs/risks and benefits of treatment; thirdly, by identifying issues for further investigation. Findings from the study give us descriptions of experiences as both *outcomes* (i.e. what happened) and *processes* (i.e. what factors affected the outcome). This distinction is important, because different types of knowledge can serve distinct but complementary functions in service development: the former identifying areas of concern (e.g. post-operative uncertainty, decision regret), the latter describing mechanisms contributing to the outcome and thus potential points of intervention (e.g. improved information provision, communication, and/or shared decision making processes) (Elwyn et al. *BMJ* 2010; 341:c5146. <https://doi.org/10.1136/bmj.c5146>).

Navigating complex healthcare systems (such as treatment pathways involving multidisciplinary teams) involves patients, clinicians, and (often) carers in varied kinds of physical, emotional, and cognitive work that include making sense of information, identifying preferences, and appraising risk (May et al. *BMC Health Serv Res*. 2014. 14(281) <https://doi.org/10.1186/1472-6963-14-281>). Free-text data can provide important insights into both processes and outcomes that may not be visible through other means such as clinical audit. Findings can be used to complement those from closed measures (as Izzett-Kay et al. have done), inform development of new questions for wider systematic exploration (e.g. through a population-level survey), or identify areas for more detailed qualitative investigation (e.g. through in-depth interviews, or longitudinal diaries exploring experiences over time). More detailed qualitative studies may, for example, focus on key points of communication or information provision within treatment pathways, in order to better understand how presentation and discussion of information affects risk perception and decision making (Mills et al. *J Clin Epidemiol.* 2011. 64(10)1127-1136). Readers of this journal undertaking service evaluation and development activity may wish to consider use of free-text data as one additional tool to inform this work, a helpful demonstration of which has been provided by Izzett-Kay et al.

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