

What does my boss and the Board need to know about Patient Opinion?

They need to know three things:

1. What is it?
2. How can it help meet patient and Trust needs?
3. Are there any risks?

So here is the one minute pitch about what Patient Opinion is...

Patient Opinion gives service users a way of sharing what they think of the services they have received. All stories are previewed and if necessary edited before publication. The Trust can post a response but cannot determine whether a posting is published or not.

Patient Opinion helps service users and carers share their story with others, make suggestions about how services could be improved and compare their own experiences with those at other trusts. They can also find out what trusts think and how responsive they are by reading the replies they post up.

For Trusts, the stories on Patient Opinion are valuable because:

- They can inform the trust about significant problems.
- Patient suggestions can be a great way to improve services and change culture.
- They are a very cost effective way to make patient engagement systematic across the trust. Up to 100 staff can listen to the stories that are relevant to them without being distracted by irrelevancies.
- They help shape the trust's on-line image. This is especially true of critical postings where a good, thoughtful response is likely to win real credibility with the public. And remember all published stories and responses on Patient Opinion are reposted onto NHS Choices and many other local and national sites.
- PCTs and SHAs use Patient Opinion to evaluate performance.

Of course online stories, about which the trust has no direct control, can be scary. We built Patient Opinion to help mitigate risks but it's always going to be the case that Trusts take time to learn that online feedback is much more helpful than risky.

What are the risks?

- People will post defamatory or malicious stories.

In our experience to date this is rare. We preview all stories, edit and occasionally reject stories that we feel fall are defamatory, malicious or vexatious. But if you think we've got it wrong with a particular story then let us know and we'll take your worries seriously.

- The volume of feedback will be too high.

In our experience to date this has not been a problem. It is not the case that you will be overwhelmed, especially when you have Service Managers across the trust responding to the stories relating to them. But in part it turns on the next worry..

- Patient feedback will take a lot of time to deal with but not deliver proportionate value.

One of Patient Opinion's aims is to increase the number of service users and carers sharing their experience. But this rarely creates huge volumes especially if they are handled by many staff across the trust – which is much the best way to really use Patient Opinion's ability to influence culture and reflective practice. Whether listening to patients stories and contributing to on-line conversations adds value to services depends on how you do it but in principle we think this is potentially the greatest long term benefit from Patient Opinion.

- Only the middle classes will use it.

For acute trusts this has not been the case – users have been reasonably balanced across postcodes.

- Web-based systems always discriminate against the old, people with LD and those who are illiterate or don't speak English.

In large measure this is true – as it is often of surveys, focus groups, user reps and all the other current engagement mechanisms. Patient Opinion has worked up a number of ways to deal with this bias. We are always exploring new ways of increasing usability and access for those with disabilities or additional needs and would welcome your suggestions on how we might achieve this.