Implementing Care Opinion in Northern Ireland: survey of staff perceptions in May 2021

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15 June 2021

Report summary

Ten months after the launch of Care Opinion in Northern Ireland, we surveyed 1,414 health and social care staff registered as users of the online platform. 337 staff responded to the survey, with the large majority indicating strong support for our service, both in principle and in practice.

**Care Opinion’s mission was seen as fairly or very important by 96% of respondents.**

**In addition, 92% of respondents felt that Care Opinion would definitely or probably be helpful for patients and relatives, 89% for themselves or their team, and 95% for their organisation.**

Staff with more experience of using Care Opinion in practice were also more likely to be sure of its helpfulness to patients, their team and their organisation.

Positive aspects of Care Opinion identified by large numbers of staff included:

* Supporting staff learning, quality improvement and service development
* Lifting staff morale
* Fostering an open, learning culture
* Building public confidence in services
* Providing a safe and effective alternative to social media
* Offering benefits to service users, including ease of use, speed of response, simplicity, ability to remain anonymous, ability to avoid a formal complaint

A small number of staff had doubts about Care Opinion. For the most part, these were not objections in principle, but concerns about practicality – for example, low awareness of Care Opinion among patients and service users, whether an online platform could be accessible, especially for older people, and whether online feedback would be taken seriously by care providers.

The time needed to read or respond to feedback was a concern for a few staff, but not among staff who were experienced Care Opinion users. The independence of Care Opinion from organisation-owned compliment/complaint processes was seen as a strength by some respondents, and as a concern by others.

**This evaluation indicates that, within 10 months of its launch, Care Opinion has gained a strong level of support among staff in Northern Ireland who have accounts on the platform. Staff support the purpose of Care Opinion in principle and see a range of positive benefits from its use in practice. Further qualitative research would help to identify the full range of impacts of online feedback, and how these develop over time.**

**These findings are very encouraging as we continue to work with the Public Health Agency in Northern Ireland to extend the awareness, use and impact of online feedback across the system.**

Context

Care Opinion’s online feedback service launched in Northern Ireland in August 2020, following a commitment by the Northern Ireland Assembly that there should be an online patient/user feedback system for health and care services. This was one of the recommendations of the 2016 Bengoa report.

In the months before and following launch, operational leads in each health and social care trust and the ambulance trust recruited staff across their organisation to be the first users of the online platform. Staff were trained to use Care Opinion’s platform, and each had an individual account so they could receive alerts, respond to feedback and create reports as needed.

In mid-May 2021 we surveyed all Northern Ireland staff with a Care Opinion account.

The aims of our survey were to assess:

* **awareness** of Care Opinion and perception of Care Opinion’s purpose
* **use** of Care Opinion, as a staff member (for example, responding) or to tell a story
* **views** on how helpful use of Care Opinion has been or is likely to be

In addition, we aimed to compare the attitudes and experience of this staff group with the results of a previous study of UK staff attitudes to online feedback (Atherton et al, 2019).

Method

Our survey is shown in appendix 1. Our questions addressed awareness, use in practice, ease of use and helpfulness of Care Opinion.

We also included four questions adapted from those used in a previous UK survey of staff attitudes to online feedback (Atherton et al, 2019), to allow a comparison with this pre-existing research.

Our survey sample consisted of all members of the Care Opinion subscriptions for the five Northern Ireland health and social care trusts, the ambulance service, the Patient and Client Council and the Public Health Agency. The sample size was 1,414 people.

We sent everyone in our sample an invitation by email, with a link to the online survey. We sent a reminder email after one week.

This study meets the criteria for “service evaluation” rather than “research” and so ethical approval was not required (<http://www.hra-decisiontools.org.uk/research/>).

Results

Response rate

Of the 1,414 people invited to participate, 377 submitted a survey response. 26 invitations were undeliverable.

The overall response rate was therefore 377 / (1414 - 26) = 27% of our sample.

Who responded to our survey?

We asked respondents to provide information on their job role and age group.

Job role

338 respondents identified their job role, as follows:

|  |  |  |
| --- | --- | --- |
| **Job role** | **Count** | **Percent** |
| Nursing/midwifery | 144 | 43% |
| Allied health professional | 94 | 28% |
| Administrative/managerial | 76 | 22% |
| Other | 15 | 4% |
| Medical | 9 | 3% |

Age group

324 respondents gave their age group, as follows:

|  |  |  |
| --- | --- | --- |
| **Age group** | **Count** | **Percent** |
| 34 or under | 27 | 8% |
| 35 to 54 | 224 | 69% |
| 55 or over | 73 | 23% |

Were respondents aware of Care Opinion?

Because our survey sample was defined as staff with a Care Opinion account, we would expect awareness of Care Opinion to be high among respondents. This was indeed the case.

|  |  |  |
| --- | --- | --- |
| **Have you heard of Care Opinion?** | **Count** | **Percent** |
| Yes, definitely | 343 | 91% |
| Yes, I think so | 15 | 4% |
| Don’t know | 1 | 0% |
| No, I don’t think so | 14 | 4% |
| No, definitely not | 4 | 1% |

All 377 respondents completed this question. The 18 respondents who had not heard of Care Opinion were not asked further questions.

How important is Care Opinion’s mission?

We asked staff how they rated the importance of Care Opinion’s purpose: “to make it safe and simple for people to share feedback about their care, in ways which lead to learning and change.” 351 respondents completed this question.

|  |  |  |
| --- | --- | --- |
| **How important does Care Opinion’s purpose seem to you?** | **Count** | **Percent** |
| Very important | 258 | 74% |
| Fairly important | 76 | 22% |
| Neutral | 13 | 4% |
| Fairly unimportant | 2 | 1% |
| Very unimportant | 2 | 1% |

Overall, 96% of respondents felt our mission was fairly or very important. We asked staff to tell us why they gave that response. 160 people provided a reason (as free text).

Support for our mission

As might be expected from the figures above, the large majority of respondents (151) gave reasons for supporting Care Opinion’s mission. These comments most frequently mentioned the importance of feedback for staff learning, quality improvement and service development, and welcomed the mixture of positive and negative feedback available via Care Opinion. A positive impact on staff morale was often mentioned.

Other respondents noted the importance of being open, fostering public confidence in services, and providing a safer and more structured alternative to social media, suggesting that the open and online nature of Care Opinion was seen as important.

Some also emphasised benefits for service users: ease of use, speed of response, simplicity, ability to remain anonymous, ability to avoid a formal complaint, and the possibility of “empowerment”.

Concerns about our mission

A small number of staff expressed doubts about Care Opinion. For the most part these were not doubts about the desirability of our mission, but about whether it was practical: two respondents mentioned lack of public awareness, three were concerned about accessibility for older people or those with communication challenges, and one felt that users would have to be “IT literate”.

Two respondents felt that existing formal systems for feedback were sufficient, and two were concerned about the potential for abuse.

Had respondents used Care Opinion?

We asked about experience of using Care Opinion, whether as a staff member (for example, reading feedback, posting a response or looking at a report) or as a story author (sharing a story, or helping someone else share a story).

Use as a staff member

346 people responded to this question, of whom 65% had used Care Opinion at least one or twice.

|  |  |  |
| --- | --- | --- |
| **Have you used Care Opinion as a staff member?** | **Count** | **Percent** |
| Yes, plenty of times | 99 | 29% |
| Yes, once or twice | 125 | 36% |
| Seen it, but not used it | 102 | 29% |
| Not seen it or used it | 20 | 6% |

Of those who has used Care Opinion as a staff member, 216 indicated on a five-point Likert scale how easy they found it.

|  |  |  |
| --- | --- | --- |
| **How easy was it to use Care Opinion as a staff member?** | **Count** | **Percent** |
| 1 (easy) | 90 | 42% |
| 2 | 65 | 30% |
| 3 | 32 | 15% |
| 4 | 26 | 12% |
| 5 (hard) | 3 | 1% |

103 people gave a free-text reason for their score. The large majority described using Care Opinion as a staff member as intuitive, straightforward, or accessible, although some comments also referred to how helpful the training had been in getting started, along with ongoing support from an experienced colleague. One person valued the ability to navigate the site on their phone as well as their computer.

One person wrote:

*“It was only hard the first time around.”*

Another commented:

*“It just took me a time or two to feel confident.”*

Among those who rated ease of use lower (3, 4 or 5), the difficulties related to site navigation, finding the right service, being unsure how to post a response or not knowing how to share the online feedback with colleagues.

Use to tell a story

343 people responded to this question. Almost one in five staff members had shared a story for themselves or someone else.

|  |  |  |
| --- | --- | --- |
| **Have you shared a story, or helped someone else to share a story?** | **Count** | **Percent** |
| Yes, I have shared a number of stories | 24 | 7% |
| Yes, I have shared one story | 40 | 12% |
| I’m not sure | 1 | 0% |
| No, I have not shared a story | 278 | 81% |

Among people who had shared a story, 60 people indicated on a five-point Likert scale how easy they had found the process.

|  |  |  |
| --- | --- | --- |
| **How easy was it to use Care Opinion to share a story?** | **Count** | **Percent** |
| 1 (easy) | 33 | 55% |
| 2 | 11 | 18% |
| 3 | 8 | 13% |
| 4 | 8 | 13% |
| 5 (hard) | 0 | 0% |

22 people gave a free-text reason for their score. Almost all comments described the story-telling process as straightforward and easy to use.

One respondent was unable to find the correct service for their story, and another needed help from someone else.

Could Care Opinion be helpful?

We asked people for their views on whether Care Opinion could be helpful to patients/relatives, their own team, or their organisation.

Helpfulness for patients/relatives

342 respondents gave a view on whether Care Opinion could be helpful for a patient or relative, as follows.

|  |  |  |
| --- | --- | --- |
| **For a patient or relative, could using Care Opinion be helpful?** | **Count** | **Percent** |
| Definitely yes | 193 | 56% |
| Probably yes | 118 | 35% |
| Not sure | 25 | 7% |
| Probably not | 5 | 1% |
| Definitely not | 1 | 0% |

Overall, 92% of respondents felt Care Opinion would definitely or probably be helpful for patients/relatives.

139 people gave a free-text reason for their response. The overwhelming majority of these were positive.

Helpful aspects of Care Opinion for patients/relatives were ease of use, speed of response, the ability to give feedback some time after the event, and to include a range of services or teams.

The fact that Care Opinion is not a formal process was seen as a benefit by some respondents:

*“Many people do not want to complain… but want to make the service better for the person coming behind them.”*

Like the responses to the question about our mission, doubts about the helpfulness of Care Opinion related to practical issues: awareness of the service, and accessibility for older people or people who are too ill to give feedback.

In addition, two respondents were unsure whether online feedback would be taken seriously by services, and two were concerned about replication of existing formal processes.

Helpfulness for service teams

341 respondents gave a view on whether Care Opinion could be helpful for them and their team, as follows.

|  |  |  |
| --- | --- | --- |
| **For you and your team, could using Care Opinion be helpful?** | **Count** | **Percent** |
| Definitely yes | 210 | 62% |
| Probably yes | 92 | 27% |
| Not sure | 31 | 9% |
| Probably not | 7 | 2% |
| Definitely not | 1 | 0% |

Overall, 89% of respondents felt Care Opinion would definitely or probably be helpful for themselves or their team.

141 people gave a free-text reason for their response. Again, the large majority were positive. Recurrent themes in the comments included the opportunity to learn and improve services, and the effect of positive feedback in motivating staff, building confidence and lifting morale.

One respondent noted:

*“The lovely feedback received so far is definitely helping morale”.*

Another noted that open feedback was informative to their colleagues:

*“It also highlights to other members of the MDT the true essence and work of district nursing.”*

In some comments, staff confirmed that online feedback was already prompting service improvements:

*“We already see improvements being made in relation to feedback received.”*

*“We got feedback on virtual visiting during Covid which helped staff to better understand what patients and families were feeling.”*

Some respondents expressed concerns about how online feedback might impact on their team. The potential workload of responding to feedback was mentioned by five respondents, none of whom identified as frequent users of Care Opinion. For example:

*“Wasting my time as a clinician responding to positive comments with platitudes, or negative comments which are outside the trust’s complaints process.”*

*“Don’t have time to access. Verbal personal feedback is more valuable.”*

Two respondents were concerned by the anonymity of feedback authors:

*“If comments posted are anonymous, then the staff are unable to investigate and respond appropriately.”*

*“The user is anonymous, the responder has to state their name etc. Not a balanced system.”*

Helpfulness for organisations

341 respondents gave a view on whether Care Opinion could be helpful for their organisation, as follows.

|  |  |  |
| --- | --- | --- |
| **For your organisation, could using Care Opinion be helpful?** | **Count** | **Percent** |
| Definitely yes | 236 | 69% |
| Probably yes | 87 | 26% |
| Not sure | 11 | 3% |
| Probably not | 7 | 2% |
| Definitely not | 0 | 0% |

Overall, 95% of respondents felt Care Opinion would definitely or probably be helpful for their organisation.

107 people gave a free-text reason for their response. The large majority of these focused on the potential for improving existing services or planning new services.

The importance of feedback being *open* was noted by many. Some respondents suggested that open feedback would also allow “learning across divisions” and one noted that “senior managers can access our feedback, see how we are doing”.

A number of respondents referred to the growth of “an open and honest” culture, and how open feedback fostered accountability more widely:

*“Care Opinion helps other people to see how well an organisation responds to the needs of everyone.”*

A small number of respondents were doubtful about the value of online feedback to their organisation. Two were concerned about the relationship to established processes, and one was concerned about whether online feedback was really meaningful:

*“A spoken thank you means far more than platitudes used as counting beans.”*

Association between experience of using Care Opinion and perception of helpfulness

Respondents with more *experience* of using Care Opinion in practice consistently reported more positive views of its *helpfulness*, for patients, their team and their organisation.

For example, 47% of those who had not used Care Opinion felt it would definitely be helpful to patients, compared with 74% of experienced users (those who had used it “plenty of times”).

Likewise, regarding helpfulness to their team, 44% of non-users vs 84% of experienced users felt it would definitely be helpful, and regarding helpfulness to their organisation, 57% of non-users vs 85% of experienced users felt it would definitely be helpful.

Of course, these are simple associations, and we cannot infer causation. It is possible that perceptions of helpfulness rise with greater experience of using Care Opinion. But it is also possible that those with more positive views to begin with go on to use Care Opinion more.

Comparison with Inquire UK results

Our survey included four questions which were slightly edited versions of questions asked in a survey of NHS staff in the Inquire UK study (Atherton, 2019).

Here we compare our survey results for these questions to those of Inquire UK.

The second largest professional group among our respondents is allied health professionals, but AHPs were not included in the Atherton survey, and so we are unable to make a relevant comparison for AHPs.

In addition, the number of doctors among our respondents is very small (9). We include the relevant data in the tables below but the comparisons for doctors cannot be considered reliable and will not be commented on further.

"Online feedback is useful to help improve services"

**Results of the current survey**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | **Nurses/midwives** | **All staff roles** | |
| **Likert scale response** | Count | Count | Count | Percent |
| 1 (strongly disagree) | 1 | 4 | 5 | 1% |
| 2 | 0 | 1 | 7 | 2% |
| 3 | 0 | 15 | 36 | 11% |
| 4 | 3 | 38 | 104 | 31% |
| 5 (strongly agree) | 5 | 86 | 189 | 55% |

**Current survey results compared with Atherton et al (2019)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | | **Nurses/midwives** | |
| **Likert scale response** | This survey | Atherton | This survey | Atherton |
| 1 (strongly disagree) | 11% | 16% | 3% | 5% |
| 2 | 0% | 25% | 1% | 17% |
| 3 | 0% | 20% | 10% | 25% |
| 4 | 33% | 33% | 26% | 42% |
| 5 (strongly agree) | 56% | 6% | 60% | 11% |

Overall, our respondents indicate strong support for the idea that online feedback is useful for improvement, with 86% agreeing or strongly agreeing.

The comparison with Atherton et al’s results suggests that the nurses and midwives in our survey are far more supportive of this idea than were those in the 2019 UK-wide study.

"Online feedback is generally negative"

**Results of the current survey**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | **Nurses/midwives** | **All staff roles** | |
| **Likert scale response** | Count | Count | Count | Percent |
| 1 (strongly disagree) | 2 | 41 | 82 | 24% |
| 2 | 2 | 45 | 128 | 38% |
| 3 | 4 | 46 | 103 | 30% |
| 4 | 1 | 7 | 19 | 6% |
| 5 (strongly agree) | 0 | 5 | 8 | 2% |

**Current survey results compared with Atherton et al (2019)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | | **Nurses/midwives** | |
| **Likert scale response** | This survey | Atherton | This survey | Atherton |
| 1 (strongly disagree) | 22% | 2% | 28% | 3% |
| 2 | 22% | 16% | 31% | 19% |
| 3 | 44% | 25% | 32% | 44% |
| 4 | 11% | 42% | 5% | 29% |
| 5 (strongly agree) | 0% | 15% | 3% | 5% |

Overall, only 8% of our respondents agreed or strongly agreed with this view.

Comparing our data with Atherton suggests that our respondents are more likely to disagree with this view than are UK nurses and midwives generally.

Has a patient or carer ever left online feedback on any Internet review or ratings site about an episode of care you were involved in?

**Results of the current survey**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | **Nurses/midwives** | **All staff roles** | |
|  | Count | Count | Count | Percent |
| Yes | 4 | 25 | 98 | 29% |
| No | 3 | 66 | 162 | 48% |
| I don’t know | 2 | 53 | 79 | 23% |

**Current survey results compared with Atherton et al (2019)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | | **Nurses/midwives** | |
|  | This survey | Atherton | This survey | Atherton |
| Yes | 44% | 28% | 17% | 21% |
| No | 33% | 29% | 46% | 30% |
| I don’t know | 22% | 43% | 37% | 49% |

Has a patient or carer ever left online feedback on any Internet review or ratings site about you as an individual?

**Results of the current survey**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | **Nurses/midwives** | **All staff roles** | |
|  | Count | Count | Count | Percent |
| Yes | 3 | 28 | 29 | 9% |
| No | 3 | 99 | 227 | 67% |
| I don’t know | 3 | 17 | 83 | 24% |

**Current survey results compared with Atherton et al (2019)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Doctors** | | **Nurses/midwives** | |
|  | This survey | Atherton | This survey | Atherton |
| Yes | 33% | 21% | 19% | 11% |
| No | 33% | 37% | 69% | 37% |
| I don’t know | 33% | 42% | 12% | 52% |

As noted above, we have no comparator data for AHPs and insufficient data to say anything reliable about doctors.

For nurses and midwives, it does appear that the experiences of our sample differ substantially from those reported in Atherton et al’s study, although not in any clearly systematic way. For example, our respondents were slightly *less* likely to have seen feedback online about care they were involved in, yet substantially *more* likely to have seen feedback online about themselves as an individual.

Conclusions

Overall results

**Our survey of NI staff with a Care Opinion account suggests strong support for our service, both in principle and in practice.**

Care Opinion’s mission was seen as fairly or very important by 96% of respondents.

92% of respondents felt that Care Opinion would definitely or probably be helpful for patients and relatives, 89% for themselves or their team, and 95% for their organisation.

Positive aspects of Care Opinion identified by large numbers of staff included:

* Supporting staff learning, quality improvement and service development
* Lifting staff morale
* Fostering an open, learning culture
* Building public confidence in services
* Providing a safe and effective alternative to social media
* Offering benefits to service users, including ease of use, speed of response, simplicity, ability to remain anonymous, ability to avoid a formal complaint

A small number of staff had doubts about Care Opinion. For the most part, these were not objections in principle, but concerns about practicality – for example, low awareness of Care Opinion among patients and service users, whether an online platform could be accessible, especially for older people, and whether online feedback would be taken seriously by care providers.

The time needed to read or respond to feedback was a concern for a few staff, but not among staff who were experienced Care Opinion users. The independence of Care Opinion from organisation-owned compliment/complaint processes was seen as a strength by some respondents, and as a concern by others.

The anonymity of feedback authors was raised by two respondents, because of a concern that Care Opinion was “not balanced”, or that feedback therefore could not be acted on. However, anonymity is often important to feedback authors, described as the “anonymity paradox” (Locock et al, 2020).

Staff with more experience of using Care Opinion in practice were also more likely to be convinced of its helpfulness to patients, their team and their organisation.

Comparison with existing research

The findings of our service evaluation closely mirror those of a recently published study of the implementation of Care Opinion in an acute trust in England (Baines et al, 2021). That study found that “staff were overwhelmingly positive about the value of online feedback with 24 impacts identified at an individual and organisational level, including the ability to boost staff morale, resilience and pride.” Many of the positive impacts cited in that study were also highlighted by respondents in our evaluation.

We also compared the views of nurses and midwives in our survey with those of a UK sample reported in Atherton et al (2019). This comparison suggested that our respondents are more positive about online feedback than were the UK sample. This finding may reflect the selected nature of our sample (staff who already have some exposure to Care Opinion), or the different policy and leadership context of Northern Ireland, where online patient feedback has been championed both by policymakers and by senior clinical leaders.

Implications for research, policy and practice

This survey assesses the views of staff, but not of patients and service users. Patient and service user views and experiences of using online feedback are under-researched and we need both qualitative and quantitative work in this area.

It is often suggested that staff “go on a journey” from fear to confidence with online feedback, yet there are so far no studies of the use of online feedback over time, and how staff, teams or organisations might change as the use of online feedback becomes familiar and widespread. In particular, the ability of online feedback to help create “joy in work” and foster a culture of openness and learning are areas of strong policy interest (Perlo et al, 2017). These are issues where further research would be very valuable.

The survey identifies some issues for policymakers (for example, the relationship between an informal citizen-centric system and formal, organisation-centric systems) which would benefit from further clarification. It also identifies some difficulties faced by staff using the platform, which Care Opinion will address.

Our survey indicates that, within 10 months of its launch, Care Opinion has gained a strong level of support among staff in Northern Ireland who have accounts on the platform. Staff support the purpose of Care Opinion in principle and see a range of positive benefits from its use in practice.

These findings are very encouraging as we continue to work with the Public Health Agency in Northern Ireland to extend the awareness, use and impact of online feedback across the system.

References

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Appendix 1: survey

Care Opinion staff survey

Thank you for responding to our invitation to complete this survey!

This survey is run independently by Care Opinion, with the support of the Northern Ireland Public Health Agency.

It will take you **less than 10 minutes** to complete the survey on your phone, tablet or computer.

*Care Opinion is an online platform for patients and carers to post feedback about the health or social care services they have used.*

Have you heard of Care Opinion?

* Yes, definitely
* Yes, I think so
* Don’t know
* No, I don’t think so
* No, definitely not

*Care Opinion’s purpose is to make it safe and simple for people to share feedback about their care in ways which lead to learning and change.*

How important does Care Opinion’s purpose seem to you?

* Very important
* Fairly important
* Neutral
* Fairly unimportant
* Very unimportant
* Don’t know

If you can, tell us why you think so.

***Survey will end here if responder has no awareness of Care Opinion***

Have you used Care Opinion as a staff member?

*For example, have you read feedback, posted a response or looked at a Care Opinion report?*

* Yes, plenty of times
* Yes, once or twice
* Seen it, but not used it
* Not seen it or used it

*Conditional question: if responder has used CO as a staff member*

How easy was it to use Care Opinion as a staff member?

* Very easy
* Fairly easy
* Not sure
* Fairly hard
* Very hard
* N/A

If you can, please say why you gave that answer

Have you shared a story on Care Opinion as a patient, service user, relative or friend?

* Yes, I have shared a number of stories
* Yes, I have shared one story
* I’m not sure
* No, I have not shared a story

*Conditional question: if responder has used CO as an author*

How easy was it to use Care Opinion as an author?

* Very easy
* Fairly easy
* Not sure
* Fairly hard
* Very hard
* N/A

If you feel able, please say why you gave that answer

Your views on the effects of using Care Opinion

For **a patient or relative**, do you think using Care Opinion could be helpful?

* Definitely yes
* Probably yes
* Not sure
* Probably not
* Definitely not

If you feel able, please tell us a little more

For **you and your team**, do you think using Care Opinion could be (or has already been) helpful?

* Definitely yes
* Probably yes
* Not sure
* Probably not
* Definitely not

If you feel able, please tell us a little more

For **your organisation**, do you think using Care Opinion could be (or has already been) helpful?

* Definitely yes
* Probably yes
* Not sure
* Probably not
* Definitely not

If you feel able, please tell us a little more

In the grid below, please indicate your level of agreement with each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly  disagree | Somewhat  disagree | Neither  agree nor  disagree | Somewhat  agree | Strongly  agree |
| Online feedback shared on Care Opinion is useful to help improve services |  |  |  |  |  |
| Online feedback shared on Care Opinion is generally negative |  |  |  |  |  |

Finishing with a few quick questions about you

Please select the option that best describes your job role:

* Nursing or midwifery
* Medical
* Allied health professional
* Administrative/managerial
* Other

If other, please say what role

How old are you?

* 18-34
* 35-54
* 55 or over

And finally

Has a patient or carer ever left online feedback on any Internet review or ratings site (not just Care Opinion) about an episode of care you were involved in?

* Yes
* No
* I don't know

Has a patient or carer ever left online feedback on any Internet review or ratings site (not just Care Opinion) about you as an individual?

* Yes
* No
* I don't know