Care Opinion: information for teams applying to replicate our service outside the UK

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Care Opinion is a non-profit social enterprise (formally, a community interest company) established in 2005 and based in Sheffield, UK.

We provide an online feedback service for health and social care across the health systems of the UK.

# Purpose of this document

The purpose of this document is to provide information to a team wishing to replicate the Care Opinion service in their own health system. In this document we will

* Describe Care Opinion’s service and what is required to deliver it
* Define the pre-application requirements for becoming a Care Opinion partner
* Define the costs of becoming a Care Opinion partner
* Set out the application process

# Our vision, mission and values

We want people to be able to share their experiences of health and care in ways which are safe, simple, and lead to learning and change.

By **safe**, we mean that there should be minimal risks to those who give and receive feedback, and that any risks which do exist are evident to the user.

By **simple**, we mean that our service should be easy to use for a wide range of people with a wide range of abilities, including people with sensory, motor, communication or cognitive impairments of various kinds.

By **learning and change**, we mean that the feedback people give should be heard, acknowledged, and reach people who can understand it, and use it to make improvements to care. It should be possible to see easily where that is happening and where it is not happening.

Our values are innovation, transparency, inclusivity, positivity and humanity.

More details: <https://www.careopinion.org.uk/info/mission>

# Our service

We provide a feedback service which is primarily online. Our health and social care feedback service in the UK is at [www.careopinion.org.uk](http://www.careopinion.org.uk).

In Ireland: careopinion.ie.

In Australia: careopinion.org.au.

In outline, our service works like this:

1. A person wishing to give feedback comes to Care Opinion online and posts their feedback. Our system helps the author with adding tags and services to their story, so we can direct it to the right places.
2. The story is added to the moderation queue.
3. A moderator reads the story and decides whether to publish or reject it, in line with our moderation policy.
4. If the story is published the system sends email alerts to relevant staff.
5. Staff can post a response to the story if they are permitted.
6. We moderate the response. If published, we send an email to the story author and others who have relevant alerts.
7. The author and staff may post further responses.

In the UK we also receive feedback by post and phone.

## Impacts which result

This simple process can create a wide range of possible impacts. Impacts we have seen include:

* Feelings of authenticity and solidarity from telling a story in public
* Feeling that concerns are acknowledged and acted on
* Repair of relationships
* Practical improvements in services
* Avoidance of formal complaints
* Lifting the morale and confidence of staff
* Involving patients and carers in services
* Encouraging a culture of transparency in health/care organisations

# Understanding more about how this is different from traditional feedback and complaints

We have blogged often about how Care Opinion differs from other approaches to feedback. For example:

<https://www.careopinion.org.uk/blogposts/240/being-citizen-centred>

<https://www.careopinion.org.uk/blogposts/532/making-feedback-person-centred>

<https://www.careopinion.org.uk/blogposts/579/what-makes-patient-opinion-so-different-reall>

Please read our blog to understand more about our service and how we think about it.

There is a growing body of academic research evidence relating to various aspects of online feedback in health and social care.

# What is required to deliver this service?

Although the service appears simple, and must be easy to use for patients and staff, delivering the service reliably and to a high standard is not simple. It requires a range of related activities.

## Online platform

Our online platform has been in continuous development since 2005. It is constantly updated to add new capabilities and to respond to feedback from our users.

Our platform is currently used in three territories (UK, Ireland and Australia). In each territory the application must be:

* Localised to use the correct languages, date, time, and other formats
* Populated with data describing the health system and its services, including service names, locations (geocoded) and service types
* Populated with data describing service types, specialties and tags (conditions, procedures, etc)
* Populated with pages which describe the site, moderation, privacy policy, features and so on

## Public communication

People need to know Care Opinion exists and understand why they might use it. This requires sustained public communication, online and offline, over a long period.

## Moderation

Once stories start to come in, they must be moderated accurately and without undue delay. This task takes skill and practice. We moderate during office hours, and most stories are published on the day they arrive.

## Communication to services

Care Opinion is a two-way communication channel. It only works if health/care organisations and staff within them are willing and able to respond.

Again, this requires sustained communication with health/care organisations to explain what Care Opinion is, how it works and why services would use it.

## Support and training to health/care staff

When a health/care organisation decides to participate, staff must be added to the platform, so they receive the correct email alerts and can respond. They will require initial and ongoing training in using the system and in responding effectively. When staff log into the system they have access to a range of features including responding, configuring alerts, reporting, data visualisations and blogging.

In addition, staff will need ongoing support and encouragement to raise awareness of Care Opinion among their patients and carers, in using the system, in responding, and in problem-solving. Each health/care service using Care Opinion must also decide how best to invite their patients/users to give feedback, and we give advice on this.

## Core team members

Our experience so far suggests an initial operational team of at least three people is needed to give Care Opinion the best chance of success. A suggested start-up team would be:

|  |  |
| --- | --- |
| Chief executive/Project director | Leads the team. Public and professional communications, government/policy relations, business strategy, secures funding, recruits team, develops sales, social media, moderation |
| Administrator | Manages finance, infrastructure, moderation, subscriber support |
| Admin assistant | Reception, enquiries, subscriber support, moderation, clerical support |

As the number of stories and the number of organisations subscribing both increase, then of course over time it is necessary to expand the team. Currently the UK team consists of 12 people.

# Who is eligible to deliver this service?

## Organisation

We do not believe Care Opinion’s service can be delivered in a sustainable and effective way by individuals. It requires an existing or new organisation.

The most important requirement of a partner organisation is that it will be trusted by public and professional users. This means that the organisation must be:

1. Independent of the formal health/care system
2. Not subject to conflicts of interest over what can be published
3. Guided by clear and explicit values which are consistent with our own

The partner organisation

* May not be a healthcare provider or insurer itself
* May not be subject to political interference
* May be a commercial or voluntary (third sector) organisation

The organisation will have a clear commitment to the stated mission and values of Care Opinion. In addition, the organisation will agree to operate the online platform and the service to users and healthcare organisations according to standards and processes set out by Care Opinion in the UK.

The organisation may also run other programmes or activities in addition to Care Opinion.

## Individuals

The individuals in the team are central to the success and sustainability of the service. Here are some personal attributes we regard as essential:

## Values and attitudes

* Clear public service/public value ethos
* Focus on citizen power and the value of civil society initiatives
* Inclusive, open to diverse views and experiences
* Commitment and motivation over at least the medium (3 year) term

## Knowledge/experience

* Strong understanding of online services and social media
* Strong understanding of the health/care system
* Experience of working in voluntary/third sector/NGOs

## Skills and attributes

* Persistence
* Excellent communication skills: ability to connect with diverse groups and articulate a clear vision for Care Opinion
* Ability to plan and manage projects
* Familiarity with core web technologies such as HTML, CSS

## Connections

* Ability to network and form relationships is core to building Care Opinion as an effective service. Existing networks are clearly valuable and may include:
  + Health/care services – clinical, managerial or policy networks
  + Civil society – user groups, campaigns or related

# Responsibilities

We see working with an organisation in another country to deliver the Care Opinion service as a partnership in which we each take on distinct responsibilities and learn together to provide the best service we can.

In summary, the responsibilities divide up according to the table below.

**Table 1: Responsibilities of partners**

|  |  |
| --- | --- |
| Care Opinion UK | Care Opinion partner |
| Corporate  Brand assets  Vision, mission and values  Business processes and resources  Quality processes and resources  Partner agreement  Platform  Online platform  Continued platform development  Internationalisation of the platform (one-off)  Localisation of the platform  Ongoing localisation of new platform features  Initial data population  Registration and management of domain name  Training  Initial team training (one-week course, Sheffield)  Annual team updating (2-day course, Sheffield)  Annual international partner event (Sheffield) Ongoing support Support may be required around comms, sales, marketing, moderation, staff support and other operational issues  Two-weekly online update/training meeting (2 hours)  Email support | Corporate  Financial management  Legal advice  Employment issues  Team management  Platform  Monthly Azure hosting and data storage fees  Create/update site pages  Create blog posts  Operational  Communications to public  Communications to health system  Moderation of posts  Support for public users  Support for health system users  Monitoring and evaluation  Depending on revenue model  Sales and marketing to subscribers  Contract management  Crowdfunding  Grant applications |

Note that partner organisations are not expected to have technical capacity beyond a standard level of IT office skills.

Care Opinion UK will manage the online platform for the partner organisation. The partner organisation will pay the fees of hosting the platform in the cloud (we use Microsoft Azure cloud hosting).

# Financial sustainability

## Business model

In most of the UK, Ireland and Australia our business model is based on paid subscriptions from health/care organisations. We provide a free subscription to healthcare providers which enables basic access and offer paid subscriptions which include additional features and benefits such as support and training.

In Scotland, Care Opinion is funded centrally by the Scottish Government.

If the service is funded by state/provincial bodies, it may be financially stable from the outset. If the service will rely on subscriptions from health/care organisations, it may take 2-3 years or more to build the understanding, trust and interest which is needed to achieve a significant level of subscription income. During this period, funding must be found from other sources.

Partner organisations should budget for two different costs:

1. Your own costs in establishing a local operational team to run the service
2. Care Opinion UK fees: a one-off set-up fee, and an annual partner fee

## Care Opinion UK fees

### Set-up fee

Care Opinion UK will charge a set-up fee to any new partner approved to provide this service in a health/care system. The set-up fee pays for the activities and resources required to prepare and support the new service, as set out in Table 1.

Set-up costs will vary according to the complexity of the requirements (for example, languages, health system complexity).

### Annual partner fee

Care Opinion charges an annual fee to each partner. The fee entitles the partner organisation to benefit from the online platform and a range of training and support services provided by Care Opinion UK, as set out in Table 1.

Annual costs will depend on scope of the service (i.e. population coverage), likely support requirements, and the expected partner business model, so as to give partner organisations the best chance of success.

Note that the set-up and annual fees are not dependent on the amount of traffic, stories, or number of health/care staff responding to stories.

Contact us if you need more guidance at this point.

# Application process

The application process to become a Care Opinion partner includes the following steps:

1. Written application
2. Online meeting
3. Visit to Care Opinion UK or Australia
4. Business plan (with support)
5. Approval

We may reject your application at any stage of this process. If we do, we will give you clear reasons in writing.

# Next steps

If you wish to apply to operate Care Opinion in your health/care system, please send us a written application.

Your application should include:

1. Details of the applicant team, including contact information, experience and values
2. Details of the proposed operational team, if different
3. Details of the proposed host organisation, including legal status, funding sources and range of existing activities
4. Self-assessment of your team strengths and weaknesses using the essential attributes set out above
5. Your vision for Care Opinion in your health/care system: policy and social context, aims, intended scope of the service (geographically and organisationally)
6. Evidence of need or wider support for the service
7. Likely sources and availability of funding for set-up and ongoing costs
8. Likely sources of support among system leaders or civil society networks
9. Supporting statements from two independent experts who know the relevant health system

Please send your application to: [james.munro@careopinion.org.uk](mailto:james.munro@careopinion.org.uk)