

Service Learning Placement Summary

The Societal Contribution of Care Opinion

Care Opinion is an organisation that aims to improve the quality of healthcare services by offering service users the opportunity to provide feedback on their experiences of using the service. Employees of Care Opinion moderate patient feedback before it is posted on their website, ensuring that content is neither offensive nor harmful to subscribers, with the goal of presenting feedback in a format that will facilitate improvement. It is well recognised that iatrogenic harm from healthcare services is responsible for exacerbating the burden of ill health, as well as increasing the need for these people to seek further care. Healthcare improvement is therefore essential to improve the health of the community and create a more efficient healthcare service that meets the community's needs.

The Key Beneficiaries of Care Opinion

In Scotland, the key beneficiaries of Care Opinion include feedback providers, health board subscribers and the Scottish Government. Providers of feedback may be the patients themselves or may include relatives and carers acting on a patient's behalf. These service users can often find healthcare facilities an unfamiliar and disempowering environment, especially those in a vulnerable state who may be worried that negative feedback could impact adversely on the care they receive. As a consequence, patients may feel more empowered when using a platform such as Care Opinion that allows them to post their stories anonymously on a website that explicitly uses their stories for service improvement. Similarly, it is in the joint interests of health board subscribers and the Scottish Government to ensure that service users' experiences are factored effectively into quality improvement.

The Assets and Resources of Care Opinion

In 2011, the Scottish Government awarded Care Opinion a national contract for the provision of online patient feedback services, funding the organisation and financing employment of their staff. This means that all NHS Boards in Scotland are able to read and respond to stories posted on the Care Opinion

website, use data visualisation tools to assess which aspects of care are working well or need improvement, and gain support in how best to learn from feedback and achieve service improvements. Care Opinion staff provide online training in the form of webinars for their subscribers, covering such topics as how to encourage feedback from service users and how to respond to feedback providers both constructively and empathetically. While the team is geographically based in Stirling, these initiatives allow Care Opinion to engage nationally with all NHS Boards across Scotland.

My Placement Activities at Care Opinion

During my placement at Care Opinion, I undertook a project to evaluate how the aims of the Realistic Medicine national strategy are being implemented in Ear, Nose and Throat (ENT) services in NHS Fife. This project was informed by a previous survey of NHS Fife service users, carried out in 2019, which set out to understand which questions mattered to ENT service users in relation to Realistic Medicine principles. For my project, I chose to focus on two of the six pillars of Realistic Medicine: shared decision making and personalised approaches to care. I conducted a search of patient narratives via the Care Opinion website, using the search terms 'NHS Fife' and 'ENT', including search results posted from 1/1/2020 to 31/12/2022. Through close analysis of the 48 stories, I identified scenarios where the principles of Realistic Medicine had been implemented either successfully or unsuccessfully from the feedback provider's perspective. For example, a patient was referred to ENT services by their dentist after identifying a lump at the back of their throat. After multiple investigations, including endoscopy and MRI scans, they were advised to drink more water and left without follow-up care. The patient felt "absolutely furious that because this doctor doesn't know what these [lumps] are and how to fix them, their suggestion is to drink more water," suggesting instead that they should "just say they have no idea how to resolve something." This scenario indicates an absence of transparency over the underlying aetiology; a lack of information regarding why further investigations are unnecessary. Without shared decision making, the patient is left feeling frustrated by their inability to relieve the discomfort, as well as feeling worried that it might be cancerous. In stark contrast, another patient was referred to

ENT services via their general practitioner (GP) following complications from a dental abscess. Despite the urgency of the situation, and amid numerous transfers between intensive care, ENT and nephrology, the patient's parents described how they had "wonderful professional staff fully explaining what was happening at all times and what to expect." This example demonstrates the importance of ensuring that relatives and carers are kept informed and involved in decision making when a patient does not have the capacity to do so. A third narrative describes how a patient was referred to ENT services in relation to a painful throat when swallowing. In seeking to clarify why they might be experiencing this pain, they were interrupted several times with the explanation that they were overweight and would feel better if they lost weight. The patient left the consultation feeling "belittled" and "humiliated", going on to explain how they had "many health issues contributing to weight gain" and ultimately felt like the doctor was simply trying to get them "out of the door as soon as possible without any investigations." The first example featured multiple inconclusive investigations, whereas in this case investigations were deemed unnecessary; yet, in neither story did the patient feel reassured by the outcome of their consultation nor involved in the decision as to whether further investigations should be undertaken. The results of this project will be fed back to the Realistic Medicine co-leads in NHS Fife, with the aim of demonstrating how patient narratives on Care Opinion is a valuable resource that can help inform implementation of the Realistic Medicine national strategy.

Strengths, Weaknesses, Opportunities and Threats

Care Opinion provides a strong source of qualitative data on the experiences of service users who access NHS Scotland, which may be used to improve the quality of healthcare services. Data from Care Opinion stories is now included in NHS Patient Experience and Feedback quarterly reports, showing how valuable online feedback can be. Unlike patient satisfaction surveys, the stories on Care Opinion are initiated by the service user and described in as much detail as they wish, consequently providing a broader contextual background. In contrast to a complaints procedure, feedback providers can report both positive and negative aspects of the care they receive, meaning

that services can build upon those systems that currently work well in the organisation. Patient narratives are posted anonymously on the platform and are openly shared with the wider public, reassuring feedback providers that their stories will not impact on their care and allowing them to see whether other patients have had similar experiences. Feedback is moderated for offensive or unsafe content before posting online, which can mitigate the risk that other websites would pose to service users, relatives/carers and healthcare professionals. Online patient feedback services do, however, present a weakness in terms of accessibility for older and more vulnerable population groups. Not everyone is able to access the internet and submit content, such as people who do not have computer literacy, those who are from socio-economically disadvantaged backgrounds, and those with learning difficulties who rely on carers to advocate for them. As an opportunity to counter this problem, Care Opinion has begun to allow service users and their relatives/carers to send in stories via telephone and the postal service. They have also developed the option of submitting picture stories, which can make it easier for people to share their experiences should describing them in words be challenging. The opportunity to submit video narratives could further widen accessibility to new audiences, and could help people with learning difficulties or those at extremes of age (i.e., young children and elderly adults). A further possible weakness of the patient narratives posted on Care Opinion is the recognition that they may not be representative of the experiences of a typical patient who uses the service. However, when the qualitative data reported on the website is combined with other data sources (e.g., patient satisfaction surveys, service quality audits, and routine data on patient outcomes), it can provide a more in-depth, nuanced portrait of the service as a whole; one that includes the views of marginalised service users. Similarly, there is a threat that reliance on NHS staff members to report patient experiences on their behalf, despite giving them an opportunity to raise concerns that might otherwise not be heard, could be seen as being partial and potentially a misrepresentation of those views. Widening the accessibility options on Care Opinion to enable service users to voice their own experiences in a medium that suits them is a key strategy to avert this threat.