



ROLLING BACK THE YEAR

Most days, we have our eyes firmly fixed on the future. How is healthcare changing? What will patients, carers and staff need from Patient Opinion next year, and in 10 years? How do we keep up with the fast-evolving world of social media?

But at this time of year, it feels right to pause and look back on the past 12 months. What have we actually achieved? What can we be proud of?

On reflection, there's a lot. In March, we released Care Opinion, our new site for users and carers in adult social care. It works just the same as Patient Opinion (you can use either – they're integrated), and begins to address some of the real challenges in strengthening users' voices across the social

care sector – but there's a way to go yet.

In July and October, we ran packed workshops for CCGs and HealthWatches, and it has been really encouraging to see many more of both now getting real impact from public online feedback. In the autumn, the Care Quality Commission announced that it was using Patient Opinion as part of its hospital "intelligent monitoring" system. And in October, we were honoured to win the "Best use of social media in healthcare" award from E-Health Insider.

In the summer we added online learning to the site for our subscribers, and this month we've been busy unveiling our new integrated blogging system too. We'll be excited to see how you use this.

Stories on Patient Opinion have now been viewed over 60 million times. Listening and responding to patients and carers online is now becoming an essential part of modern healthcare – as underlined in the key reports of the year: Francis, Keogh and Berwick.

Perhaps Berwick put it best: "Hear the patient voice at every level – even when that voice is a whisper." And that's what we'll be continuing to help make happen in 2014.

NORWICH CCG

We first became aware of Patient Opinion in January 2013. Our Director of Quality was developing our quality strategy, anticipating the final Francis Report and ensuring that as a clinically led organisation we made the quality and safety of care the highest priority.

One of the most striking conclusions of Francis was that patients had had no effective voice, and that the underlying patterns of individual complaints were not recognised. The Friends and Family test is an important initiative to count the frequency of dissatisfaction but tells us nothing about the detail – vital for commissioners and providers working together to improve care.

Patient Opinion meets that challenge – patients engage publicly with the NHS, detail their experiences, receive responses, and champion improvements. We have introduced incentive schemes for our GPs and hospital to promote and interact with the service.

We use Patient Opinion as a key quality tool. Our "harvest report" makes use of PO information and analysis, and is a standing item for our quality meetings with providers. Also because the information is publicly shared and anonymous we can discuss individual cases and outcomes at our governing body public meetings.

Patient Opinion has been well designed, and continually improves. We intend to embed it across our entire health system in coming years. It is an important innovation to give the patient a clear and loud voice and allows their experiences to drive improvements.

Jonathon Fagge
Chief Executive Officer

NHS Norwich CCG

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Quote of the month

Tweet from Tim Kelsey, National Director for Patients and Information, NHS England:

"@patientopinion Just to confirm – Care Connect will never undermine your brilliant initiative and we will make sure that does not happen"

5 November 2013

To find out more about subscribing to Patient Opinion, contact **ben.pathe@patientopinion.org.uk** or call 0114 281 6256

A word from the Doc... "Feedback as gifts"



Paul Hodgkin

We had a great story from Rampton Hospital recently: Moving stuff and the more so for being from somewhere I associated with a lack of hope. Wrong again. Janzq3's story made me wonder why people share stories on PO. Obviously sometimes it to get a problem resolved. But for many there is no obvious personal gain - so why do they do it?

"Coming here to Rampton Hospital was honestly the best thing that has ever happened to me. I wish it had happened sooner so that I wouldn't still be here now and then I might not have done the things that bring shame to me." Janzq3

I think the answer is because people have always made sense of disease, distress and death through telling stories to our friends and family. We used to do this round the campfire, now we can share our story with the world. So people are motivated to share their story because at some level it is therapeutic to do so. And making sense of things is often eased if your own pain is used to help others in some way, to say

thank you or to improve the service for others in the future.

This means that the stories on Patient Opinion are often gifts – gifts from past patients to future patients, gifts from users to staff. Not so much feedback as feed forward. Staff often view stories more mundanely - as data, or work to be got

through. Seeing them as gifts can help see them in a different light and at a time when the NHS is under much pressure it's good to reflect on this mass of giving, of all those people who wish the service to do well and who take the time to share their stories. Giving is not just a Christmas thing: it is the day-in, day-out reality that lies at the heart of what is great in the NHS.

Meet

Arlian Mallis

GUEST
PIECE



Arlian

Arlian is the **Person Centred Programme Manager at NHS Forth Valley**

What's your job about?

I have been privileged to have held many diverse roles and have had to incorporate learning from theory and practice. However, it is in my current role as senior nurse that I believe I have learned a unique perspective. I'm now immersed in a quality improvement role, and I'm able to listen to first-hand accounts from people who have a lived experience of patient care and to hear what really matters in the patient-provider relationship. I have learned that, alongside excellence in clinical outcomes, patients place an immeasurable value on the relationship, empathy and compassion.

What drives you in your job?

I am continually inspired by the ongoing developments and challenges that face the profession in providing excellence in patient care. It is the constant need to change and adapt to do well that keeps me motivated.

Three words to describe using Patient Opinion?

PO allows an opportunity for expression, listening and change.

One thing you couldn't live without?

My glasses. I seriously can't see a thing without them.

GROUP WORK WITH CARE OPINION

Care Opinion

In Sheffield, Care Opinion has been working with a range of user groups and people who use social care. One group, Partners for Inclusion (a user led disability group working in partnership with the local authority and local health authorities) helped us run a service user engagement workshop.

We also attended a People's Parliament event supported by Sheffield City Council and NHS Sheffield at the Town Hall. The events helped us to gather stories from people with learning difficulties, with physical impairments, with long term conditions or with mental health problems. We were also invited to a carers' group meeting by Alzheimer's Society Sheffield.

The stories are not long, but each tells us something important, showing how people with long term conditions can help develop

the services that help their independent living.

Our group work is built around an interactive session, showing how Care Opinion works and how it takes user voices to social care providers. These events help us to make sure that our new website and feedback process work well for everyone.

Importantly, people who took part said they felt safe with peer support and the way they could leave feedback, helping them trust the Care Opinion website.

If you need advice on running user workshops yourself, please get in touch.

<https://www.careopinion.org.uk/blogposts/186/group-work-with-care-opinion---theres-always>

CHLASP

The Sexual Health Outreach, Training and Education service (CHLASP) works with a new generation ("digital natives") who routinely communicate online.

And social media makes it easy for CHLASP to invite feedback about their service, and for users to contribute. Liz Clough, professional development lead nurse, explains how this works:

"We know that many of our users have smart phones, so we created QR codes with a direct link to the feedback process on Patient Opinion. We add these to all the condom packets we hand out. So if users don't want to leave comments there and then, they can easily access PO later on."

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