

Can online public feedback help create a more open culture in healthcare?

James Munro

Patient Opinion

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Berwick Report, August 2013

Recommendation 8

“All organisations should seek out the patient and carer voice as **an essential asset** in monitoring the safety and quality of care.”

Keogh Report, July 2013

“Patients, carers and members of the public... should be confident that their **feedback is being listened to** and see **how this is impacting** on their own care and the care of others.”

Where the NHS needs to improve

Based on your personal experience of the NHS, which two or three of the following do NHS hospitals most need to improve?



Base: All (1,010), 13TH – 16TH April 2013



**I will be seen as a
troublemaker**



“More than half of those who had voiced a concern about poor care felt that their feedback wasn’t welcomed”

CQC, 2013



**Nothing will
be done**



“There is a lack of learning from complaints, and providers are not making clear to users that services are being improved as result.”
NAO, 2008

An independent site about your experiences of UK health services, *good or bad*.
We pass your stories to the right people to make a difference.

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Search for stories about...

eg Leeds General Infirmary, heart surgery, depression, S3 BEN



Now my cancer nurse knows she helped me cope

Now the staff know how they helped our family

Now my ambulance crew know the difference they made

Featured stories

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"My son would not fill in a friends and family return, but even he was commenting on how **professionally he was treated**"

STORY READ



experienced by **1** other

About: Alexandra Hospital / Accident and emergency

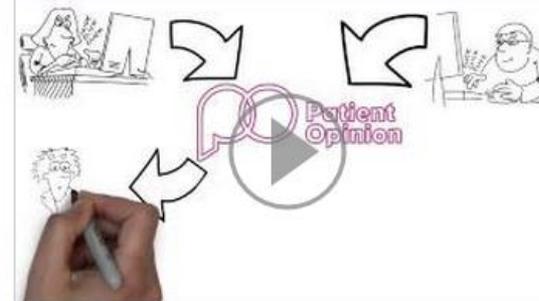
"I require a **sign language interpreter and visual aids to communicate** but nothing has been provided"

STORY READ



About: Sandwell General Hospital

Patient Opinion in 2 minutes



Who's listening to your stories?



Who's listening to your stories?

124,485 stories told

4,206 staff listening

In the past month...

66% of stories received a response

4% of responses to concerns led to change

[More...](#)

"Good and bad care: my father's experience in the EDU"

CHANGE PLANNED



This story may lead to [a change](#)

About: Wexham Park Hospital / Accident and emergency

Posted by [Valeria](#) (as a carer), 3 months ago

Update posted by [Valeria](#) (a carer) [last month](#)

Following the extremely distressing experience in my father, spent time in the Emergency Decision Unit at Wexham Park Hospital I made a complaint on this site. I was met by Rebecca from the Frimley Trust and Kelly, Senior Sister, who had contact with me via email and telephone.

Yesterday, I met Kelly and Faith, Senior Sister responsible for the Accident and Emergency Dept. No excuses were made for the treatment my father received. Instead I was met by two women who acknowledged the errors made by them and the staff of my father. In addition, they admitted that there

Response from Claire Marshall, Head of Patient Involvement, Frimley Park Hospital NHS Foundation Trust [3 months ago](#)

Dear Valeria



Response from Claire Marshall, Head of Patient Involvement, Frimley Park Hospital NHS Foundation Trust [last month](#)

 We are preparing to make a change

Dear Valeria



Thank you for meeting with the team yesterday, and for sharing your experience. I am sorry we didn't get it right for your Dad, and for the distress caused. I am pleased to read that you felt the meeting was a positive outcome and we have dealt with your complaint.

It is always essential we listen and learn to ensure we make changes for the better for our patients.

Thanks again

Claire

[Valeria](#) thinks this response is helpful

Was this response helpful? [Yes](#) | [No](#)

Posted by [Smiler61](#) (as the patient), last month

Response from [Ben Mearns](#), Clinical Lead, Acute & Elderly Medicine, Surrey and Sussex Healthcare NHS Trust on 02/02/2014 at 17:25

 We have made a change

Dear Smiler61



Thanks for that. I'm glad for the clarification and I will make sure our Stroke Lead Consultant goes down to the Emergency

ve my arms and
' boss my legs
s disoriented felt

't see anybody for
ctor turned up, I

Update posted by [Smiler61](#) (the patient) on 02/02/2014 at 21:33

CHANGE MADE



This story led to [a change](#)

"Why do we end prescriptions on Fridays?"

Response from [Dennis Dewar](#) , PALS Co-ordinator , 5 Boroughs Partnership NHS Trust on 18/01/2011 at 09:37

Thanks for taking the time to make us aware of this problem.

CHANGE MADE



This story led to [a change](#)



Ben Mearns

@BenMearns



Follow

@patientopinion @paulhodgkin
@sashnhs People think it's stressful
for us, but it removes stress as
everything is out there for all to see.

[↩ Reply](#) [↻ Retweeted](#) [★ Favorite](#) [⋮ More](#)

RETWEET

1



2:30 PM - 12 Jan 2014



**YOUR STORIES
MAKE ME BETTER
AT MY JOB**



“At times it also helps to actually reduce complaints. We can get in touch with a user straight away and we can avoid a lengthy complaint response.”

Dr Arne Rose, associate medical director, HEFT

Activity

- 3** other people have had similar experiences
- 17** staff members have read this story
 - ▶ 2 at Devon Partnership NHS Trust
 - ▶ 3 at Healthwatch Devon
 - ▶ 5 at NHS South Devon and Torbay CCG
 - ▶ 5 at NHS South Devon and Torbay CCG (joint commissioner for mental health)
 - ▶ 1 at NHS England - Devon & Cornwall Area Team
 - ▶ 1 at Department of Health, Quality Improvement Team

Who has Patient Opinion told about this story?

Response from Claire Maguire, Staff Nurse,
Ophthalmology, NHS Greater Glasgow & Clyde
on 17/10/2012 at 14:52

 We have made a
change

Thank you for your feedback. I am very sorry that you had cause for complaint following your visit to our department.

Sometimes our clinics do run later than the appointment time given due to one reason or another. With regards to someone telling your wife they would be back for her in 20 minutes may perhaps have been confused with the amount of time it takes for the dilating eyedrops to work, which is 20-30 minutes.

I along with my fellow colleagues have taken your feedback on board and we have now put in place the following changes: -

- * Clearly writing on the information board at the clinics reception desk what clinic/s are running late and how late they may be running.
- * Informing all patients verbally either on an individual basis or by announcing clinic running times in the clinics waiting room.

I'd like to thank you for taking the time to let us know all about this. I hope this is an acceptable response and once again I apologise.

With regards

Claire

Update posted by [Baglady](#) (the patient) on 23/12/2013 at 09:53

Dear Craig

Thank you for your response confirming the service is working towards making improvements and reflecting on the issues I raised. I just wanted to note how positive and constructive an experience I felt the meeting with the meeting with the Clinical Director was. My partner and I were able to make suggestions around changes which I believe will be relatively simple and inexpensive to implement.

This experience and the way my comments have been handled have been the complete opposite to my experience of making a formal complaint about a previous issue with another service.

I would encourage any patient who wants to work with staff to engender positive changes for others to use Patient Opinion and bypass the stressful and adversarial complaints process.

Once again, thank you for taking the time to listen and act upon my story.



Beta-betic @betabetic · Feb 6

@anniecoops @Psytle_Doc I think you can't beat @patientopinion at the moment for feedback (good and bad) to NHS.



Anne Cooper @anniecoops · Feb 6

@betabetic @Psytle_Doc @patientopinion but you do have to have confidence that the org is 'listening' I'm not sure I do



Beta-betic @betabetic · Feb 6

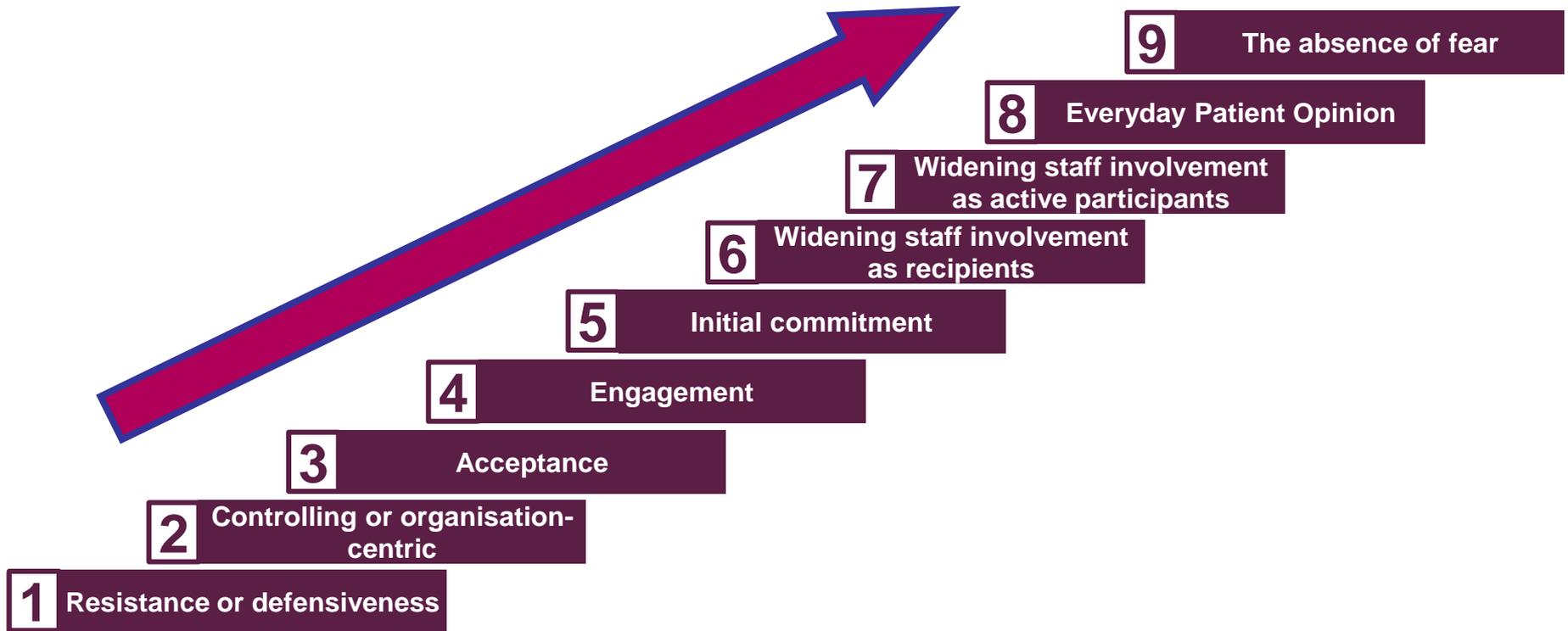
@anniecoops @Psytle_Doc @patientopinion On PO you can see whether and who responds - and that is public. And then you can hold them to it.



Berwick on culture

“Achieving a vastly safer NHS will depend far more on major cultural change than on a new regulatory regime.”

9 levels of online engagement





Activity

2,688

stories told

805

staff listening at this nhs trust

176

stories have led to changes



Tell your story - make a difference

“I think Patient Opinion has given us much more of a connection with service users, carers and families and that’s because we can actually work directly with people.”

Jane Danforth
involvement
officer





“As we’ve been on a journey, so have the users and carers been on a journey. They now have trust in us, to know that we do want to hear it, warts and all, and that we will work on what the issue is.”

Jenny Newman and Sue Dyke, public engagement



“More than just listening, it has helped us to focus on what we can change to improve our service.

We’ve learnt that Patient Opinion gives patients a powerful voice, which in turn has empowered us.”

Lisa Metcalf
podiatrist

positive

Involvement and Experience Specialist Services Directorate Highlights

Nottinghamshire Healthcare NHS Trust
Positive about integrated health

- The culture of sharing feedback received with clinicians and teams in IAPT is really changing the culture of working and having a beneficial affect on staff.
- User involvement has developed the future job role and spec of the future perinatal PSW
- In CAMHS two teams from different divisions have joined in



Involvement Team @InvolveT1 · Aug 19

Isn't point 1 about @NottsHealthcare specialist services just great to hear?! #Feedback changing culture - perfect!

↩️ ↻ 7 ⭐ 3 ⋮



Involvement Team

@InvolveT1



Following

Sharing stories [@patientopinion](#) has changed the culture of the Trust for the better. Staff own their own [#feedback](#)

Notts Healthcare @NottsHealthcare

No one gets it right all of the time, but it's important to be open and act on feedback.
[twitter.com/jamesfm55/stat...](https://twitter.com/jamesfm55/status...)

RETWEETS

4

FAVORITES

2



4:15 PM - 6 Oct 2015



Activity

7 staff members have read this story

15 learners have read this story

- ▶ 15 at University of Edinburgh -
Nursing Studies, School of Health in
Social Sciences

See which
organisations are
using this story in
education and

Patient stories can offer students opportunities to gain insight into how care affects their patients' experiences, and to reflect and learn from this

Using patient storytelling in nurse education

In this article...

- › The value of storytelling in nurse education
- › Using the Patient Opinion website to provide patient feedback
- › Analysis of two patient stories

Author Fiona Tevendale is third-year student nurse at the University of Edinburgh; Dorothy Armstrong is visiting fellow at the University of Edinburgh and professional adviser to the Scottish Public Services Ombudsman.

Abstract Tevendale F, Armstrong D (2015) Using patient storytelling in nurse education. *Nursing Times*; 111: 6, 15-17. Patient stories have a range of benefits in

Using stories in teaching is empowering because they enable learners to reframe experiences and shift their perspective to focus on details or take an overall view. Stories, including those on Patient Opinion, can challenge us and encourage new learning and discovery (Owen, 2004).

Traditionally, storytelling has been used for centuries to pass on wisdom; this suggests stories would be valuable in nurse

5 key points

1 Storytelling has been used for centuries to pass on wisdom

2 Patient stories can help students improve their understanding and problem-solving abilities

3 Stories enable practitioners to identify what is most important to patients

Research potential

- Public repository of experience
 - And responses!
- As a health service intervention
 - What processes? What outcomes?
- As an informal data collection platform
 - Public, shared
- As a cultural phenomenon
 - What does this all mean?

The impact of postnatal care on a women's overall maternity experience
An analysis of stories from Patient Opinion

Patient experiences of urgent and emergency care in Yorkshire and The Humber
An analysis of stories from Patient Opinion

Report by: Joanna Fawcett, Sheffield Medical School
Published by: Patient Opinion
March 2016

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26,3

460

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Healthcare experience quality: an empirical exploration using content analysis techniques

Frederic Ponsignon, Andi Smart, Mike Williams and Juliet Hall
*Centre for Innovation and Service Research (ISR),
University of Exeter Business School, Exeter, UK*

Abstract

Purpose – The purpose of this paper is to set out to explore how cancer patients and their carers perceive and evaluate the healthcare experience in order to develop and validate a classification framework for experience quality in healthcare.

Design/methodology/approach – The empirical work is centred on the systematic analysis of 200 cancer patient stories published on an independent healthcare feedback web site. Using the critical incident method, the authors captured 1,351 experience quality data items. Three judges independently sorted and classified these data items.

Findings – The authors identify and describe 22 main categories and 51 sub-categories that underlie the experience quality concept in healthcare and present them in a classification framework. The framework is informed through the categorisation of direct, indirect, and independent interactions. It also suggests a relationship between experience quality and satisfaction and loyalty behaviours.

Research limitations/implications – This study provides researchers with a foundation for the further development and validation of a measurement scale for experience quality in healthcare.

Practical implications – The framework assists managers and healthcare professionals with the definition, evaluation, and improvement of the quality of the experience of patients and their carers.

Originality/value – The main contributions of this study lie in: first, a comprehensive classification framework for experience quality in healthcare; second, dimensions that extend existing health service quality models; third, dimensions that contextualise the generic concept of customer experience quality to healthcare.

Keywords Service quality, Customer experience, Healthcare, Critical incident technique, Patient experience, Experience quality

Paper type Research paper

Introduction

The quality of the experience of patients and their carers has become a central concern for the provision of healthcare services. In the UK, healthcare practitioners, researchers and policymakers are focused upon defining, measuring and improving the experience of patients and carers[1]. For instance, the leading report on health service performance uses patient experience as one of the two measures of hospital quality (DrFoster, 2011) and an influential policy paper by the Department of Health asserts that more emphasis needs to be placed on improving the healthcare experience for everyone (NHS, 2010). Moreover, the "voice of the patient" is being increasingly incorporated in service design initiatives. Traditionally, quality metrics have been based solely on available internal resources and patient needs were afforded limited attention in the configuration of the service (Gruber and Frugone, 2011). In recent years consumer-driven policy approaches



Humber Strategic Clinical

The world is changing – fast

Old world	New world
Hierarchy	Network
Broadcast	Conversation
Hiding	Sharing
Few	Many
Closed	Open
Passive recipients	Active participants

Berwick Report, August 2013

“Hear the patient voice **at every level**
– even when that voice is a whisper”

Can we do this? **Yes, we can!**