

Appendix 5a: System Audit: Meeting user needs

Meeting user needs	Elements/ sources of evidence			Developmental Observations	Bench learning from comparator services	Success Factors
	Structure – Systems and processes in place	Practices – procedures used to implement them	Performance – What’s actually happening			
REDRESS Mission and values: supports service delivery model	<ul style="list-style-type: none"> The internet Market-based strategies to achieve a social purpose Patient Opinion is a mission centric social enterprise if there is sufficient real time feedback traffic in the public domain it will lead to service improvement. Operationalise values through website service leading to controlled conversations between NHS and patients 	<ul style="list-style-type: none"> The business is kept small Use of technology is central to PO values Culture change in the NHS is actively promoted Value of levelling the power divide between Patients and the NHS is pursued PO practice ‘disruptive innovation’ PO conceptualise and attempt to increase their reputational capital 	<ul style="list-style-type: none"> PO website is rated highly in terms of trustworthiness Practices are closely aligned with patient experience and fulfil ‘wants’ For values to be more successfully implemented they require more formal feedback channels from users (patients and subscribers) 	Being a mission based social enterprise, unwilling to compromise the organisations values, means that the business is rated highly for trustworthiness by users which is vital given the sensitive subject matter. Values are of such priority that the service model follows the values rather than vice versa.	1. Enabling users to find out about the experiences of others: <ul style="list-style-type: none"> One of the main purposes of the Alzheimer’s Association and Cisco Systems message boards is for users to share experiences. WhatDoTheyKnow publishes all the Freedom of Information requests that it handles on its website, and FixMyStreet publishes details of all problems reported by users. Toptable publishes customer reviews and ratings of restaurants. 	1. For message boards where users share experiences: <ul style="list-style-type: none"> Building a community of website users motivated to help other users, and with the expertise to do so. It is important to create a strong sense of community.
RESPONSIVENESS Service model: clarity about feedback model used and how it works; independence	<ul style="list-style-type: none"> High technical capacities and innovative web 2.0 usage Independence The website is absolutely key to how Patient Opinion collects and utilise feedback Functionality differs depending on which set of users is using the website Currently PO don’t have any close partner organisations but have a large network 	<ul style="list-style-type: none"> PO provide bespoke subscriber interventions Subscribers market Patient Opinion themselves locally PO frequently promote themselves in the national media PO conceptualise and attempt to increase their reputation capital Offer phone and letter option for people who aren’t online PO have ways of supporting patients with special needs are provided 	<ul style="list-style-type: none"> Service model has been replicated elsewhere demonstrating the success Patient Opinion is perceived to have had Accessibility of the website is perceived to have a few problems Patients are happy with responses Subscribers may not have sold Patient Opinion to their staff members For change to occur, a greater volume of postings are needed Few in-depth analytical tools for subscribers The necessity to have 	A balance of factors is present. For patients with the internet the model woks excellently according to survey. For subscribers and those without internet there are numerous areas to improve. As their service model is primarily web-based there is less flexibility in the service model’s focus (internet as a platform for feedback). Suspensions of the internet by NHS	1. Providing feedback when action is taken: <ul style="list-style-type: none"> FixMyStreet shows when information about a complaint is sent to the relevant local authority, and allows the local authority to mark a problem as fixed and post an update when the problem has been addressed. (However some local authorities appear to abuse this facility, marking problems as fixed when their update says ‘Questionnaire filled in by problem reporter’.) Providing a channel for 	For democracy and transparency websites: <ul style="list-style-type: none"> The websites meet widely felt needs; people are motivated to make use of them. The MySociety websites have achieved a critical mass of traffic, which means that elected officials have to take them seriously. The

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			<p>increasing amounts of customer relations management contact creates tension with their expressed desire for a more web-based approach:</p> <ul style="list-style-type: none"> •The services provided by Patient Opinion were unclear to many patients 	<p>staff and lack of usage in key users means that Patient Opinion face a challenge to increase postings and use.</p>	<p>customers to ask questions of Boards and CEOs directly, publicising their answers, and monitoring their responsiveness:</p> <ul style="list-style-type: none"> • WriteToThem provides a channel for citizens to address questions to MPs and other elected officials directly, and publishes statistics for the proportion of messages answered by each MP within 3 weeks. • WhatDoTheyKnow provides a channel for Freedom of Information requests to public bodies and publishes all the requests that it handles, together with the answers, on its website. 	<p>websites are very easy to use. The technology underpinning the websites is cheaply scalable, enabling the websites to cope with considerable increases in traffic.</p>
<p>INDEPENDENCE Business model: appropriateness and comprehensiveness of targeting strategy and resources offered</p>	<ul style="list-style-type: none"> • Initially funded by a Department of Health grant with the website constituting a high cost • Most funding is from subscriber contracts • PO avoid political alliances • Currently considering moving to a ‘free’ business model • Patient Opinion are not there to hang NHS staff out to dry 	<ul style="list-style-type: none"> • Turnover is increasing • Mental Health feedback provision indicates superior service model • Issues with subscription renewal • Website focus excludes many potential customers, particularly older people: 	<ul style="list-style-type: none"> • Turnover is increasing • The Capita Contract is important to maintain • Issues with subscription renewal • Website use potentially excludes many potential customers, particularly older people 	<p>Whilst they are consistently effective in securing funding they use a lot of energy in renewing.</p> <p>The subscription renewal rate needs to improve to make the business model more effective. In addition current levels of use may be unsustainable unless feedback levels rise.</p>	<p>N/A</p>	<p>N/A</p>
<p>Marketing strategy: publicises a range of feedback channels,</p>	<ul style="list-style-type: none"> • In house marketing tends to be shared across the team 	<ul style="list-style-type: none"> • Patient Opinion market to both users and the NHS but national more 	<ul style="list-style-type: none"> • Patient Opinion are usually successful in gaining national media coverage 	<p>Marketing by Patient Opinion themselves is nationally effective but</p>	<p>N/A</p>	<p>N/A</p>

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recruits organisations and solicits feedback to influence external organisations	<ul style="list-style-type: none"> Subscribers have an informal obligation to market Patient Opinion Users can have positive experiences of the service and subsequently recommending it to others 	<p>prominent.</p> <ul style="list-style-type: none"> NHS marketing is to both non-subscribers and subscribers Patient Opinion use an informal marketing approach to create buy-in Mechanisms for informing non-subscribers of postings PO have a presence on multiple online platforms such as Twitter PO use a targeted approach to recruiting new subscribers 	<ul style="list-style-type: none"> User marketing also works well with many users recommending PO to other potential users Most user visits are from an NHS website link Subscribers often have unrealistic expectations on the effect of marketing Subscribers often don’t market or if they do it isn’t effective and ‘tails off’. Within subscriber organisations, PO have a an excellent reputation for responsiveness. 	<p>their model to outsource marketing responsibilities is problematic without contractual obligation. Important for PO to see marketing as an on-going process. Although subscribers indicate that initial marketing is successful, many of the marketing suggestions are then not implemented or only partially such as only putting the patient Opinion logo on the website. Marketing needs to be more proactive and continuous.</p>		
<p>Organisational structure: capacity to deliver and respond to differing levels of demand</p>	<ul style="list-style-type: none"> Organisation of staff is not overly hierarchical: Organogram does not exist 	<ul style="list-style-type: none"> Patient Opinion’s line management is most by the operations manager Everything else is dropped when demand increases Thank yous are prioritised when demand increases Wouldn’t employ pure moderators 	<ul style="list-style-type: none"> Staff work well together New roles are currently being proposed for marketing Looking at recruiting volunteers as moderators Software developer has left 	<p>Considering the few staff members, the staff deal with the demand excellently and remain highly responsive. Staff satisfaction is also very high. New solutions to deal with demand are untested and pose a potential risk to the current service model, based on having a close, reliable team who are in constant contact.</p>	<p>2. Providing a rapid initial response:</p> <ul style="list-style-type: none"> The Alzheimer’s Association recruits Peer Volunteers who encourage supportive behaviour on the message boards and often provide an early response to postings. Contact centres, for example those run by iRobot and Black & Decker, can provide an immediate response, and if they are supported by a database giving the history of interactions with a customer, they can often resolve the issue immediately. 	<p>1. For contact centre based approaches:</p> <ul style="list-style-type: none"> Motivated and properly trained staff. Running an effective and efficient contact centre is one of the more difficult management challenges. A system that is designed to support the integration of multiple communications

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					<p>3. Acting promptly in response to a complaint or feedback:</p> <ul style="list-style-type: none"> • Black & Decker have implemented business rules to route data about a specific incident to the relevant manager automatically, and implemented processes and management disciplines to ensure the data is acted on promptly to resolve any customer issue. • WriteToThem publishes statistics for the proportion of messages answered by each MP within 3 weeks. 	<p>channels and the other relevant technologies from the outset. Upgrading existing systems is often unsatisfactory.</p>
<p>ACCESSIBILITY, USABILITY AND CHOICE Technical platform: appropriate technology and tools to support service and business model</p>	<ul style="list-style-type: none"> • Asp.net operating system • Server has a quad processor and is remote • Visual Studio and SQL used for database management 	<ul style="list-style-type: none"> • Office IT issues are outsourced • Patient Opinion are now autonomous in IT development 	<ul style="list-style-type: none"> • Usability and user-friendliness were rated highly by users • Users believed it was simple and easy to give feedback • Web site is judged easy to navigate • Older people may not be appropriate for web based platforms • Average age of users of the website is between 54-55 • 35.8% of respondents over 65 said that web-based feedback was the most favoured method of giving feedback: 	<p>Very good and state of the art with high levels of usability, accessibility. Self sufficient with no reliance on outside help.</p> <p>Large risk factor in reliance on Internal technician as he is the only person with capacity for maintaining and development of the technical platform.</p>	<p>1. Making sure potential users are aware of online feedback channels through publicising them effectively online and offline:</p> <ul style="list-style-type: none"> • The IoD emails Policy Voice panel members when it launches a new survey; the email provides a link to the survey website. • MySociety.org has gained publicity for its own websites, and also for the No.10 Downing Street Petitions website, through PR and viral marketing (word of mouth). • Toptable attracts users to its website by offering a booking service, so that customers need to visit the website to book a table at their preferred restaurant, and also through search 	<p>1. Depends on approach chosen to publicise the feedback channel; it must be done effectively.</p> <ul style="list-style-type: none"> • For Toptable, the synergy between reviews and booking capability is critical, creating a virtuous circle with high volumes of traffic ensuring volume and recency of reviews. Toptable has also found synergistic ways of working with restaurants and the media to promote the

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					<p>engine optimisation.</p> <p>2. Making online feedback channels easy to use for potential users:</p> <ul style="list-style-type: none"> • Almost all the case study websites, in particular the MySociety websites, are easy to use and conform to good website design principles. 	<p>interests of all parties.</p> <p>2. Follow good website design principles.</p>

REDRESS

1 Mission and values: supports service delivery model

Operational indicators

Structure – systems and processes in place/Organisational infrastructure

The internet: The primary task of Patient Opinion is to use the internet to bring patients' opinions to the forefront to dynamically change the way feedback has been hither forth done. "It doesn't do more than open the door – it invites people to view change and allows real-time feedback for change which "should be seeping into every corner." Patient Opinion believes that when a patient tells their story their voice is heard, which is a success. Patient Opinion wants the patients to be heard by the NHS and for their comments to make a difference.

Social enterprise business model: Social enterprises are social mission driven organizations which apply market-based strategies to achieve a social purpose. In terms of what kind of social enterprise Patient Opinion is, it is more similar to the market linkage model though the market is not emphasised. Under this model, the social enterprise facilitates trade relationships between the target population or "clients," (NHS subscribers) and the external market (NHS users). In the market linkage model the **social program is the business**, income generated from enterprise activities is used as a self-financing mechanism for its social programs.

Patient Opinion is a mission centric social enterprise which is one created for the express purpose of advancing the mission using a self-financing model. It is therefore less concerned with creating a profit than fulfilling its mission. At a subscriber event, Patient Opinion described their values in the following way "Our motivations are opposite to making lots of money and moaning about the NHS. We do it because we care about the NHS and we believe it is the right way to go, if not someone else will do it wrong. We want to understand how to make Patient Opinion better as it is early days. We can hear and learn from you [subscribers]. Patient Opinion needs support in organisations." In addition, Patient Opinion say that "As web-based feedback grows, it will become a powerful quality driver and a major factor in how the public perceives services. In summary, the organisation is based on the premise that **if there is sufficient real time feedback traffic in the public domain it will lead to service improvement.**

Operationalise values through website service leading to controlled conversations between NHS and patients: "What we need is to enable newly democratized voices to speak in ways that organisations can hear and respond to." They enable this through having primarily a website platform (although there is access to postal and phone services too). The data which populates this platform is sourced from opinions from website users, phone calls and letters. NHS services (or anyone interested) who sign up are then alerted if any opinions are published on the platform and have the ability to respond to comments if they have a paid subscription. Since only the relevant service can reply to patient's

comments, the conversation is not open to participation to all and constructiveness is emphasised.

Practices – procedures used to implement them/use of resources

The business is kept small: PO don't want to build a call centre. They want to be “an impactful business, small and agile”. They voiced how they do not want to be a large company, “which would be worth millions in two years and be sold off”. Patient Opinion “just want something that works” and not just be about profit. Staff explained that they needed Patient Opinion to provide an “income stream, fun and innovation”.

Use of technology is central to their values: PO wanted to bring the web to the NHS and were excited by the possibilities for the technologies. They weren't interested in ‘politicking’, and don't have a particular status within the NHS. This means they may have less of a voice but also that they have less to lose. “the web gives us magnificent tools for .. wisdom, currently we use them to shout at each other and we all have to do is find ways in which we can collectivise wisdom and work with busy stressed staff to turn that wisdom into better services and that is what patient opinion is about.”

Culture change in the NHS is actively promoted: At events such as a subscriber event, Patient Opinion offer their values of openness and democracy to NHS managerial staff in a suitably open way. As such, their values are transmitted in a setting which Patient Opinion control and promotes the culture change that Patient Opinion desire. They want to see greater engagement between the NHS and the patients, with “increased openness, acknowledgement and contact”. PO aim to let the users know if a change has occurred in the NHS due to their post.

Value of levelling the power divide between Patients and the NHS is pursued: “what has interested me about this is the interface between the user and the server and the extent to which people can effect their public service so I am much more interested in the web as levelling out that conversation between people and very powerful monolithic bureaucratic organizations if you like and sort of try to level the playing field a bit there... What I am interested in is if I share my story what are the ways in which that story can change the world in quite tangible ways that will then be reported back to me. So it's what the commissioner is doing, what the providers doing and change the way they train psychiatric social workers and its changed the way policy is made on maternity scale.”

One of the values that Patient Opinion holds, is listening to seldom heard voices. “As they say, it's not about turning up the volume it's about listening to people who aren't normally heard.”

They practice ‘disruptive innovation’: There are certainly barriers to the culture change which Patient Opinion wish to pursue. Patient Opinion see themselves as a “disruptive innovation to the NHS as they fear solely ticking boxes and statistics unlike the NHS”. One component of this is advocating restorative justice which has been increasingly discussed at Patient Opinion. This means they will focus “on the needs of victims and offenders, instead of the need to satisfy the abstract principles of law or the need of the

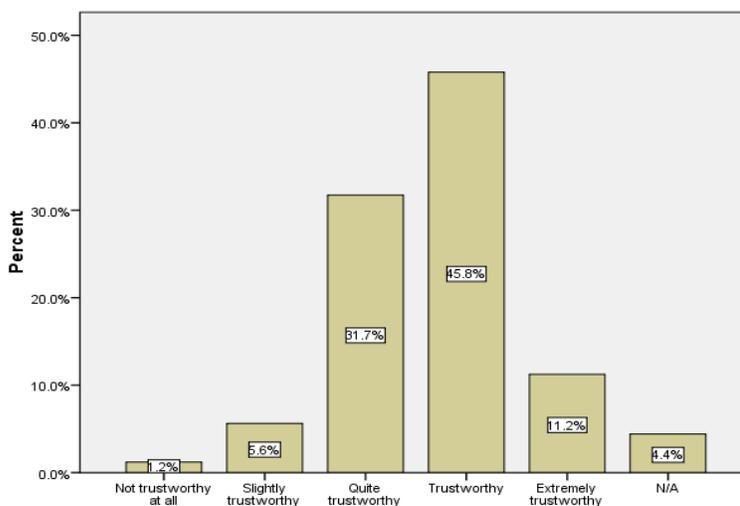
community to exact punishment.” This is linked to the culture change approach, away from a ‘blame’ culture where justice is about punishing the wrongdoers, and more about ensuring that patient’s needs are met. Therefore, the comments on the website are used as a way of highlighting needs rather than finger pointing, as shown by the anonymity of both staff and patients.

Patient Opinion conceptualise and attempt to increase their reputation capital (see also Service Model: practices): Patient Opinion are “very interested in how reputation gets made on the web; looking at eBay and thinking how buyers and sellers learn to trust one another on eBay and the crucial on-line reputations through lots of people saying you know this is OK or this is not OK and that.... it’s in everybody’s interests... or in this case a service for everybody else and everybody relies on the fact that everybody else has shared that so over the period we have been doing this we have got far more interested in things like that.” Reputational capital is dependant on other factors as is it a generated by foundations such as good relations with both patients and the NHS, strict guidelines, following through on promises etc.

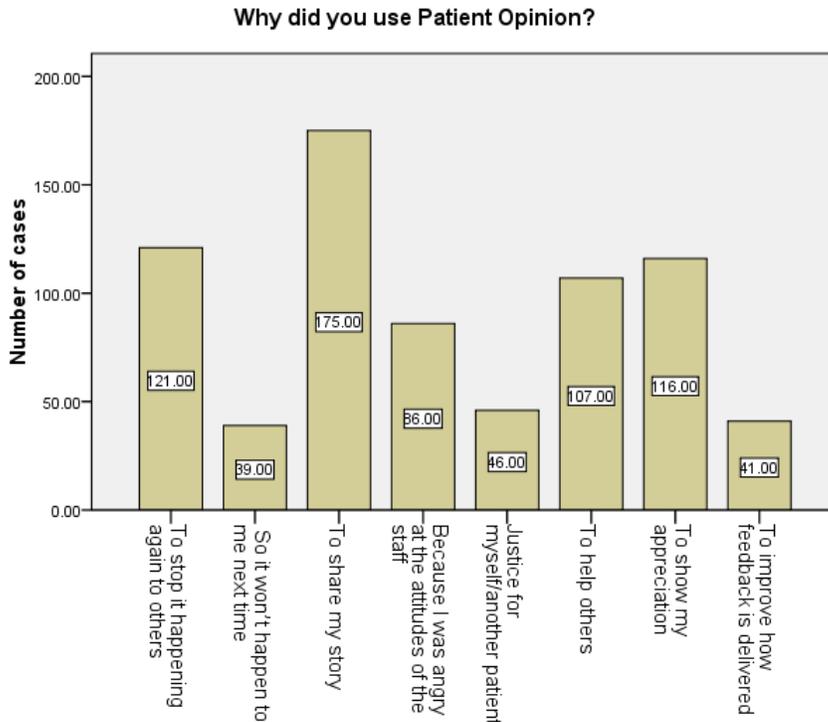
Performance – What’s actually happening

Their website is rated highly in terms of trustworthiness: Users generally deem the content on the website as trustworthy. Over 55% of respondents to our survey claimed that the information provided by Patient Opinion was trustworthy or extremely trustworthy whilst only 6.8% gave a mixed response to the question.

How trustworthy would you say was the information provided on the website?



Practices are closely aligned with patient experience and fulfil ‘wants’: Patients value what Patient Opinion does and profess a similar value model: the top reason for the question ‘Why did you use Patient Opinion’ was ‘to share my story’ which supports the view that patient’s do not use the service for retribution/natural justice rather than as a social act within civil society.



For values to be more successfully implemented they require more feedback: Patient Opinion want to increase the number of posts, whilst staying a non for profit social enterprise organisation.

RESPONSIVENESS

2 Service model:
clarity about feedback model used and how it works; independence

Operational indicators

Structure – systems and processes in place/Organisational infrastructure

High technical capacities and innovative web 2.0 usage (see the **Technical Audit for more details**)

Independence (see **Business Model for more details**): Patient Opinion is constitutionally and financially separate from subscribers and funders. They have no legal obligation to conform to NHS requirements except on a contractual basis. This independence is a core component to their identity and how they present themselves to both the NHS and patients.

The website is central to how Patient Opinion collects and utilises feedback: The main platform through which the service is delivered is the website, www.patientopinion.org.uk through which all information is channelled. Users post opinions onto the website either through filling in an online form or by calling or writing to Patient Opinion who then upload the information to the website. The team at Patient Opinion then check the post, grading it's criticality and editing the post if necessary. The post is then published on the website and the NHS service which is referred to is notified via an automatically generated email that a comment has been published about their service with a link to that post on the website. If the service subscribes to Patient Opinion then they can then reply to the feedback or if not subscribing, they can send a response to a subscriber who can reply on their behalf.

Functionality differs depending on which set of users is using the website: The website functions by giving the following analysis functions to the three types of user (the public, subscribers and Patient Opinion staff):

Users	Analysis facilitates
Public	Ability to search stories, hospitals, problems, conditions
Subscribers	Reporting, search and analyse key words, type of postings, users post code, gender, age, date, location of NHS service, critical score. Further detailed analysis of the PO data is completed in house (NHS). PO encourage the subscribers to see the comments as individual stories, to make individual changes and not as statistics.
PO staff	Tag key words, complete in house reports and ad hoc analysis, give the posts a critical score, search the comments.

Currently PO don't have any close partner organisations but have a large network: "In a sense we probably know a vast number of people in a fairly tenuous way rather than having any tightly bound partner organisations, don't we. We would have said headshift was a partner a few years ago because they had the first two versions of the site but now that we deal with the department in house, they are no longer a partner they are an 'old friend', but there are other organizations that we are dealing with regularly that you would see a partners."

Practices – procedures used to implement them/use of resources

Targeting and access policies

PO provide bespoke subscriber interventions: Subscribers also have focused interventions: group training events in how to use the website; networking days; help in navigate them through the site.

Subscribers market Patient Opinion themselves locally: Subscribers are responsible for marketing Patient Opinion for which Patient Opinion provide the tools: flyers, posters, website icons and internal documentation.

PO frequently promote themselves in the national media: Patient Opinion also markets the website publically via the media. Part of the service model is predicated on expanding the numbers of post: they want to have an impact on over 1 million people using 8 people (currently) which this is only possible by using the internet.

PO conceptualise and attempt to increase their reputation capital (see Mission and Values: practices)

Offer phone and letter option for people who aren't online: They have a 0845 number, get flyers and letters through from local providers which help raise awareness. It's not possible to scale the cost (in comparison to online postings) but they are banking on being able to use the web more. To input data from a phone call they need to go through a standard form asking the questions on the form and then pass it onto other (usually Donya).

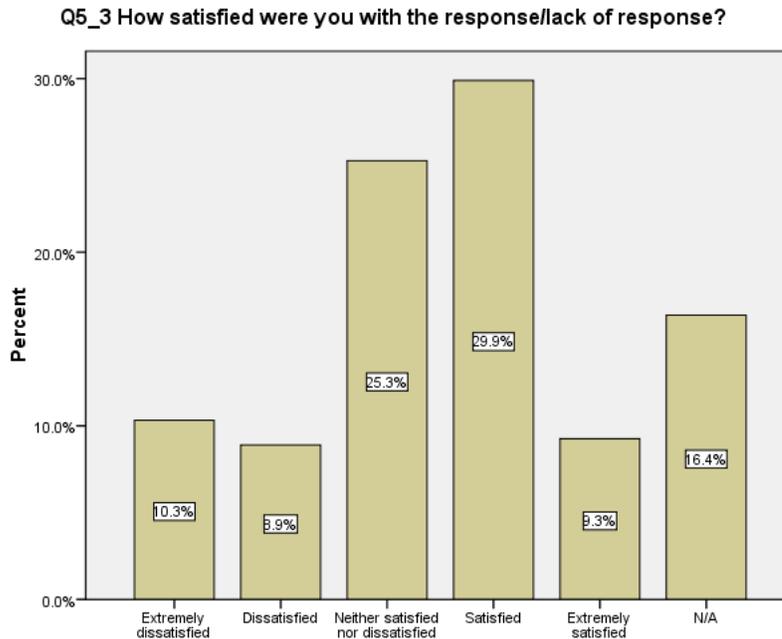
Ways of supporting patients with special needs are provided: Support is also provided to patients by the PO staff who talk patients through the website or collect their comments by phone or post. For example, PO work with an Addiction Service in Sheffield who talk through patient's feedback when they are in the waiting room, who have learning difficulties. This has been very successful.

Performance – What's actually happening

Service model has been replicated elsewhere demonstrating the success Patient Opinion is perceived to have had: One indicator for the success of the service model is that it has been copied elsewhere. PO "have groups in Barcelona and Milan and who are copying patient opinion and want to reproduce so we have the same value base... we have had one or two people asking us if they could essentially take the same software and use it in a different sector Sometimes the software can be used almost as is, so that is partly what the conference that we hope to run in November will be about is sharing across sectors and feedback about public services."

Accessibility of the website is perceived to have a few problems (see the Technical Audit- Accessibility for more details): Patient Opinion feel they could do more on the website to make it accessible, such as larger fonts and a greater range of languages provided. This is seen as key to PO being more open to all people.

Patients are happy with responses: The satisfaction with responses was generally favourable with less than 20% of survey respondents being dissatisfied with the response/lack of response and nearly 40% of respondents satisfied with their response. This indicates that the training of the relevant NHS staff is generally working though with room for improvement in how replies are made.



Subscribers may not have sold Patient Opinion to their staff members: For PO, the subscribers’ challenge is to “make patients’ points of view more central. PO are talking to frontline staff and getting outcomes more quickly. PO try to get around people who are a natural barrier. “We want to get people to see the PO is a great tool to learn from, not a data gathering service.”

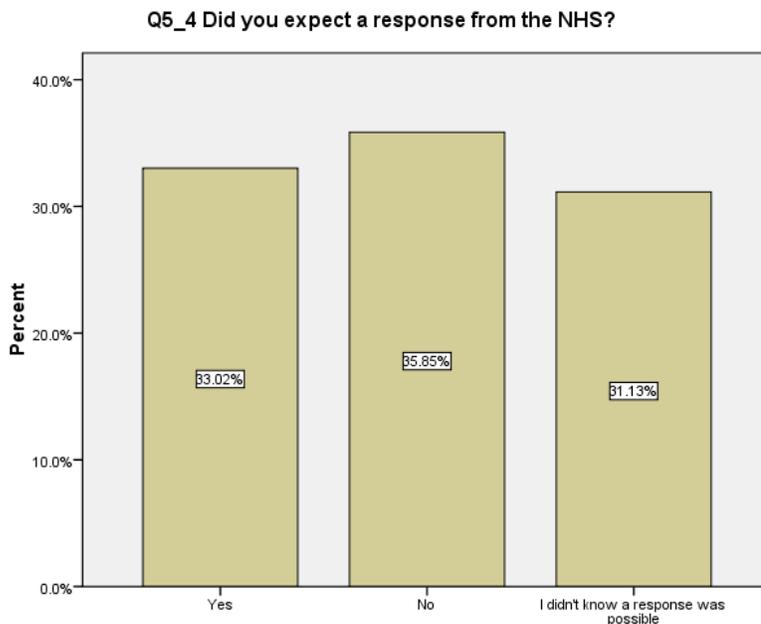
For change to occur, a greater volume of postings are needed: Patient Opinion aim for between 100,000 - 1 million postings a year. PO think that subscribers care about the volume of postings and not their impact. Generating a high volume of postings “takes time and can be a frustration to the subscriber”. The website currently generates a lot of hits (21,704 separate people a month for February 2010) but has only 20,290 posts since the inception of the website in 2005 (including the NHS Choices posts). As such it is falling well short of its target with currently around 5 posts a day from all subscribing and non-subscribing organisations. As Patient Opinion say “the key obstacle which we will fail on and deserve to fail on if we can’t solve it in the next few years is generating more postings, more stories and finding out what the psychological or reasons are for posting and what people want.”

Few in-depth analytical tools for subscribers: If the subscriber does receive a high number of postings, they start to ask for in-depth summarises of the data, which Patient Opinion do not currently offer; they would need many more staff to analyse data and act as consultants. This is not in line with the organisation’s current service model and desire to remain a small and nimble organisation.

The necessity to have increasing amounts of customer relations management contact creates a tension with their expressed desire for a more technological approach: The service model is set up to be primarily a technological platform and was the initial reason for the set up of Patient Opinion. The internal technician reflected on his learning:

“I thought the technology would be 60/70% of what we do ... [actually] it is about 30% of what we do and the other 70% is the difficult bits of persuading people to post stories onto the web ...it’s partly a story for out there but there is certainly truth in it, that posting stories about your mastectomy are just psychologically very different than just posting photos of your holiday in the Maldives on flicker or what you were doing last night on facebook. It’s a different demographic as well as older people.”

The service provision of Patient Opinion were unclear to many patients: From our survey, it was startling how many respondents to the questionnaire were not aware of the possibility of NHS staff for replying to patient’s stories. Nearly one third (31%) of patients did not know that replies were possible from staff which indicates that responses following NHS visits is not a one of the reasons that patients use the site. It also suggests that Patient Opinion and their subscribers may not market themselves accurately either by media or on the website itself.



INDEPENDENCE

3 Business model: appropriateness and comprehensiveness of targeting strategy and resources offered

Operational indicators

Structure – systems and processes in place/Organisational infrastructure

Initially funded by a Department of Health contract with the website constituting a high cost: It cost about £120,000 to build the website which was funded by the Department of Health and NHS Sheffield. Patient Opinion asked for £230,700 from the DoH in 2004 but they did not receive it until March 2005 as it had to go out to tender (mainly to local Universities). The contract had two phases and was “reasonably governed”. Patient Opinion went live in Acute hospitals in January 2006. Patient Opinion made a loss in the first few years but have made a small profit in the last two years.

Most funding is from subscriber contracts: The majority of funding for Patient Opinion comes from subscriber contracts. Subscribers pay £5000-8000 a year on a year-long contract. £8,000 plus VAT for a Trust and PCT. 30% of the cost is for setting up Patient Opinion in the subscriber organisation- Patient Opinion visits, training and setting up of email alerts. One disadvantage of this relatively low price is that “the cost of Patient Opinion may not be large enough to get NHS managerial attention”.

Patient Opinion’s business is all from subscribers and the capita contract is a big impact. They don’t use advertising on the website and wouldn’t do except under extreme financial conditions as it goes against their ethos. Subscribers pay £5000-8000 a year on a year-long contract.

PO avoid political alliances: they said that “Governments can’t fund things beyond electoral cycles.”

Currently considering moving to a ‘free’ business model: Currently the model they are considering is to give the basic product away and offer a premium model for those that wish it. PO claim that in this model 95% will opt out of the premium model whilst 5% will take it up. However, since 64 organizations are currently signed up out of a pool of 600 Trusts in the UK (just over 10%), at 5% they would have fewer subscribers than they currently have.

Patient Opinion are not there to hang NHS staff out to dry: The focus initially was on hospitals from Patient Opinion’s point of view “the focus was on hospitals because we felt that they were large organizations which would sort of take the feedback on the chin and be less likely to sue us. And that the deformation issues with large organizations are easier to handle as the risk of defining health professionals is greater the smaller the organisation gets.”

Practices – procedures used to implement them/use of resources

Business Strategy

Began by just covering the acute sector in England due to funding by the DoH: “When we started out at the service that we offered/covered essentially the acute sector in the NHS in England and the reason for that was of course the funding was kept in the English DoH and the data available related principally to hospitals and hospital specialties because it was coming through the choose and book system and also to some degree a lot of the interest of the department is doing this was around the choice agenda.”

Service has since expanded but still primarily covers England: “since then we have expanded the service and we have expanded it geographically to cover Scotland, Wales and Northern Ireland – we have expanded it in terms of sectors to cover hospices, independent hospitals and ambulance services, PCTS and their related provider services, and most recently mental health and the mental health work started off as a pilot project funded by NESTA which focused on one mental health trust and we piloted it there for a year or so until we were happy that we had thought about all of the legal moral ethical and editorial issues and then at that point the NHS choices team decided they wanted to commission us to provide it for all mental health trusts in England. So that is most of the mental health work at the moment and then there is a care home pilot going on which is funded by [a confidential] Foundation which is a charitable branch funding it to explore feedback about carers.”

Grant funding (see Organisation Structure for more details): 4IP, an offshoot of channel 4, have given Patient Opinion some funding and “we are 90% way through their investment process so they will lend us half a million or so in order.. they want a smash hit so they are investing in us in the marketing and the PR and the..... increase to scale our hits to hit 50,000 a year, we want to hit 100,000, 50 thousand would be great and to increase the number of stories turned into improvements.”

NHS Choices Relationship: The terms with NHS Choices are two-fold: one is to do with the transfer of postings and the other is the mental health contract. In the first case, Patient Opinion *scrape* all NHS Choice’s opinions to their website which they can do as it’s public information. NHS Choices republish all Patient Opinion mental health responses on their website. Second, they have a contractual relationship with NHS Choices who outsource all mental health feedback to Patient Opinion.

Performance – What’s actually happening

Cost effectiveness

Turnover is increasing: According to the latest accounts Patient opinion have: “Continued growth despite a challenging economic landscape

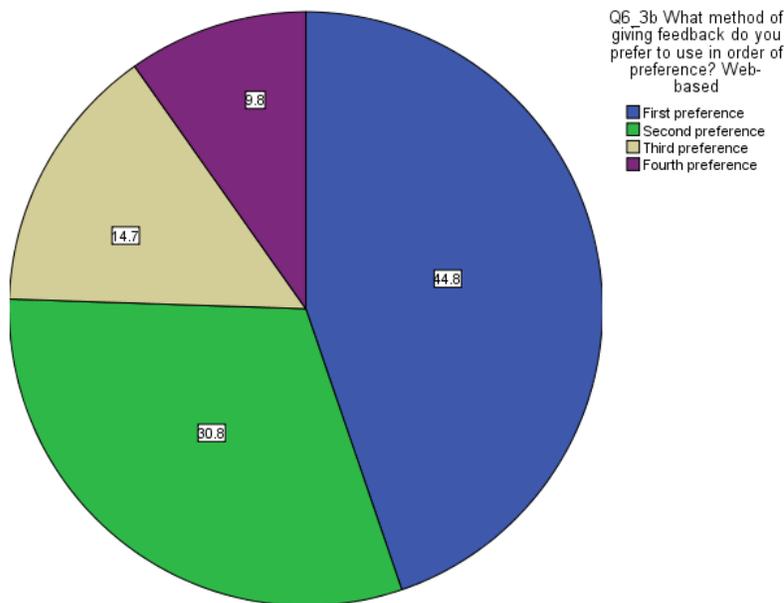
Importance to business model of NHS Choices relationship

The transfer of opinions from NHS Choices to Patient Opinion’s website is important. It makes Patient Opinion more useful for subscribers so that they can look in one place for all opinions. Patient Opinion need to remain independent and the NHS Choices Mental Health Trust provision contract aids the relationship building with mental health trusts. The Capita contract accounts for around 1/3 of their funding, it’s a 2 year contract with monthly payments.

Issues with subscription renewal (See Established and Systemised information provision for further information):

The subscription renewal rate is about 50% and on yearly contracts. North West Strategic Health Authority started as 18 organisations in the North West. According to PO “Subscription renewal is a long process, it’s hard work. Lots of conversations go on about funding. We offer subscribers support with this. We say ‘if you need any help to send information to the board just ask us’ and they often do. Lots of convincing needs to go into subscriber sign ups. The subscribers need to generate postings and they need to be proactive in how they do it.”

Website focus limits potential customers, particularly older people: In a business sense, Patient Opinion are currently limiting a number of potential users by their focus on a website platform. “Currently the balance of opinions isn’t quite right; we want a majority of web based responses... We aren’t a survey service; we think we’re a website platform.”



Older people, who typically require the most health care of all age groups, are the least in favour of a web-based focus: online feedback is only first choice for 36% of the survey respondents aged over 65 compared to an average 44% across all age groups. Therefore, the current service model, by being so focused on the website, is probably excluding a

significant group of offline users and therefore making Patient Opinion a less attractive business proposition for prospective subscribers.

Q6_3b What method of giving feedback do you prefer to use in order of preference? Web-based * Q10_1 What is your age group? Crosstabulation

			Q10_1 What is your age group?						
			18-25	25-35	35-45	45-55	55-65	Over 65	Total
Q6_3b What method of giving feedback do you prefer to use in order of preference? Web-based	First preference	Count % within Q10_1 What is your age group?	2 50.0%	16 61.5%	18 41.9%	29 45.3%	38 44.2%	19 35.8%	122 44.2%
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	Third preference	Count % within Q10_1 What is your age group?	0 0.0%	3 11.5%	6 14.0%	11 17.2%	16 18.6%	5 9.4%	41 14.9%
	Fourth preference	Count % within Q10_1 What is your age group?	0 0.0%	2 7.7%	1 2.3%	10 15.6%	7 8.1%	5 9.4%	25 9.1%
	Total	Count % within Q10_1 What is your age group?	4 100.0%	26 100.0%	43 100.0%	64 100.0%	86 100.0%	53 100.0%	276 100.0%

4 Marketing strategy: publicises a range of feedback channels, recruits organisations and solicits feedback to influence external organisations

Operational indicators

Structure – systems and processes in place/Organisational infrastructure

There are three main mechanisms for marketing for Patient Opinion

In house: Marketing “tends to be shared across the team but really stops with the CEO because he keeps an eye on it. Day to day its more the office staff who do it.”

Subscribers: Subscribers have an informal obligation to market Patient Opinion using techniques and materials from Patient Opinion.

Users: Users may also market Patient Opinion through **having positive experiences of the service and subsequently recommending it to others.**

Practices – procedures used to implement them/use of resources

Patient Opinion need to market to both users and the NHS: Marketing for Patient Opinion is multifaceted due to the nature of the organisation which mediates between the NHS and patients. Marketing is, therefore, dual-facing, both to their clients in the NHS and the patient users. The marketing to NHS staff is direct to the staff from Patient Opinion whilst marketing to patients is indirect, either through the media or through NHS staff.

NHS marketing is to both non-subscribers and subscribers: In terms of direct marketing to NHS staff to subscribe to the service, there are two main forms. “First are the calls to persuade NHS staff to start subscriptions and renew subscriptions. The second are subscriber events which are the main way to feedback to the NHS. We can show the latest developments, discuss what they want to achieve and how to do it.”

Patient Opinion use an informal marketing approach to create buy-in: In the marketing, Patient Opinion tries to “steer away from sending formal letters to [subscribers]. If we had more people to contact subscriber organisations you can do more of what we do well – we never shut the door on them. We leave people excited about the process. We want to hold an event in a place where they don’t have so many subscribers.”

Mechanisms for informing non-subscribers of postings: If a comment is made about an NHS service then the Patient Opinion staff informs them, even if they are not subscribers. This can be used as a way to sell Patient Opinion to them. A hard copy of thank you postings goes to the NHS service - this can also act as a marketing tool. Patient Opinion like to promote how Patient Opinion generates positive comments and not just complaints. Patient Opinion hold events which they invite non subscribers too. They also undertake mail outs to attract new clients.

PO have a presence on multiple online platforms such as Twitter: Multiple platforms for informing the public on what they do. For example Patient Opinion use Twitter unlike the NHS. PO feel that they are very different to the NHS- hold different values.

PO use a targeted approach to recruiting new subscribers: Patient Opinion would contact a health services PALS Team, Chief Exec, Communications Team and senior clinical staff to market Patient Opinion. Patient Opinion team normally go through PALS or Comms to implement Patient Opinion. Patient Opinion have started to allow Mental Health Foundation staff with NHS email addresses to sign up, which allows Patient

Opinion to bypass PALS and Comms. Patient Opinion believe that the most effective way of building up a relationship, making a difference and marketing Patient Opinion, is by communicating with the frontline staff. “This approach does not always link to the business model”. Patient Opinion want to bypass the hierarchy and build individual relationships.

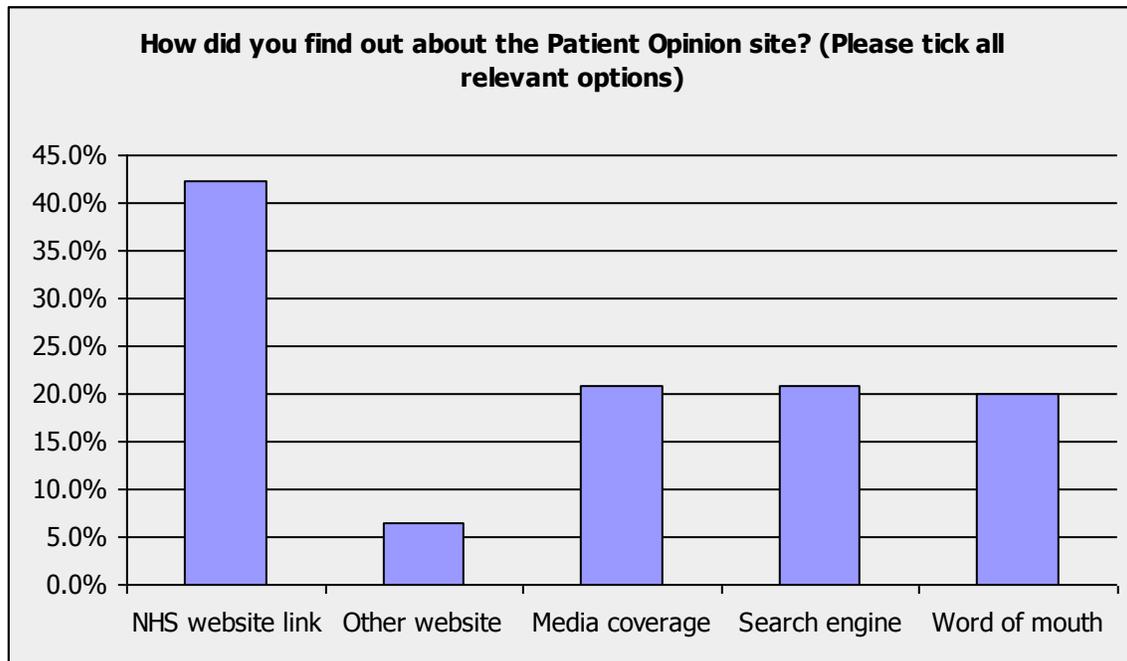
Performance – What’s actually happening

Within subscribers, PO have a reputation for responsiveness: Patient Opinion will always try to respond positively to requests for workshops or marketing materials. They have a good reputation for doing so amongst subscribers, too. Subscribers report that Patient Opinion staff are very open to offering help: “if there’s anything you wanted to do we’ll help.”

Patient Opinion are usually successful in gaining national media coverage: Patient Opinion are successful in gaining national and local media coverage: “We have done 18 BBC Radio Sheffield type interviews the other day and you can see the blips go up”

User marketing has the potential to work well as many users said they would recommend PO to other potential users: An indicator of the success of the business strategy are the future actions of the website users as they are the people who are the website is designed for. According to the Hansard Society survey, nearly 90% (88.7%) of respondents said they were likely to visit the site again and 75% of respondents claimed to be likely to recommend the website to others. This second point is very important for Patient Opinion given that their marketing is reliant on subscribers to market for them – if more users recommend the site to others then it makes the business growth much easier for Patient Opinion.

Most user visits are from an NHS website link: The Hansard survey, though now potentially out of date, indicates that the majority of the posts on the website are from the NHS website link (42%). This is despite the fact that in many of our case studies their websites had only an icon linking to Patient Opinion without explanatory text (of the two others one had a short description and a link to Patient Opinion whilst the other had a live feed and a link). Impressively for a website, media coverage was responsible for over 20% of the respondents usage of Patient Opinion, whilst word of mouth was 20%, indicating that Patient Opinion’s reputation capital is relatively high. Search engine results was responsible for over 20% too. For one of the interviewees he was checking the quality of his local eye surgery by searching the surgery’s name in Google and one of the first hits was the Patient Opinion page with related opinions and user ratings. He later revisited the page to leave his feedback.



Subscribers often have unrealistic expectations on the effect of marketing: According to Patient Opinion “On the promotion thing, Trusts think that magically, loads of opinions will come – they have high expectations then they become confused and angry. It’s the procedural mentality again, they believe that once the box is ticked”, they will automatically get a lot of postings.

Subscribers often don’t market or if they do it isn’t effective: A key component in the success of the marketing for Patient Opinion is the performance of individual subscribers as Patient Opinion do not have the resources to market locally at the subscriber locations. Their performance doesn’t meet Patient Opinion’s expectations: “Some people do fulfil their obligations but there are no formal obligations. A lot of people don’t do anything very much. Some people try something but often they’re not terribly effective. So I think we’ve got a long way to go in promoting the site to the users. It’s a big variable in terms of increasing traffic.”

Developmental observation

Marketing by Patient Opinion themselves is nationally effective but their model to outsource marketing responsibilities is problematic without contractual obligations.

Important for Patient Opinion to see marketing as an on-going process. Although subscribers indicate that initial marketing is successful, many of the marketing suggestions are then not implemented or only partially such as only putting the patient Opinion logo on the website. Marketing needs to be more proactive and continuous.

5 Organisational structure:
capacity to deliver and respond to differing levels of demand

Operational indicators

Structure – systems and processes in place/Organisational infrastructure

Organisation of staff is not overly hierarchical:

Role	Responsibilities/Description of role
Chief executive of Patient Opinion	Final say on all decisions, media publicity, strategy.
Director of research and informatics at Patient Opinion	IT development and troubleshooting, training
Non-executive director & consultant to Patient Opinion	“represents the views of users and carers on the Patient Opinion board”
Training and Development Officer	“is the perfect person to lead Patient Opinion's mental health work.”
Operations and Services Manager.	Subscriber support, office manager, line manager to junior staff.
Nursing & Residential Care Homes Project Manager	Events organisation, leads the care homes project, uploads posts.
Subscriber Support	“is the first point of contact for many of the NHS organisations we work with, helping our subscribers to get the most from Patient Opinion.”
Mental Health Development and Support Officer	“Now that our web-based feedback platform is available to mental health service users and will be launching in October, she is co-ordinating every aspect of it's implementation within trusts as well as building partnerships with charities, LINKs and the independent sector.”
Patient Opinion Administrator	“keeps the office ticking over, and will probably be the friendly voice who answers, if you call the office. She is also responsible for engaging the many GP practices we work with. She arranges many of the CEOs appointments”
Software Developer of Patient Opinion	Major responsibilities were to “reengineer the existing Patient Opinion website by implementing new features and functionalities using latest .Net

	Technologies.”
Administration assistant (unverified)	To input data from a phone call they need to go through a standard form asking the questions on the form and then pass it onto other staff.

Organogram does not exist: When staff members were asked about Patient Opinion’s organogram for the hierarchies and line management the researchers were told ‘not that sort of organisation’, as there is very little de facto hierarchy.

Practices – procedures used to implement them/use of resources

Everything else is dropped when demand increases: Everything is dropped when demand is increased and it’s ‘all hands on deck’. The team has eight potential editors which is a huge base – three of these editors are second line editors.

Thank yous are prioritised when demand increases: PO get the opinions out as soon as possible concentrating on thank yous first as they are least critical, and after that they do the short comments as they take less time to do.

Wouldn’t employ pure moderators: PO wouldn’t employ people just for moderation, because “they’d go brain dead and it’d be like working in a call centre”.

Patient Opinion’s line management is most by the operations manager: indirectly everyone is responsible to the Chief Executive. But the line management system is devolved so that the Operations and Service Manager manages people in the office day to day and all the junior staff.

Performance – What’s actually happening

New roles are currently being proposed for marketing: According to Patient Opinion “We have some new investment from 4IP, bring in a specialist in marketing and community management functions online. Marketing is a key function, we need someone who knows about marketing in house. For the community management person, this role is much more how to keep the website fresh, more involvement, and how to draw people’s attention to new content. So this role too is in my mind a lot about marketing, though to website users rather than to the general public.”

Looking at recruiting volunteers as moderators: Patient Opinion are looking at distributed moderation, which would involve training up a lot of people (volunteers) who are interested to be able to moderate and edit postings. They’re not quite sure if that would work at the moment. The issue is not that they are worried for their reputation by having volunteers doing moderation, just whether it’s right for them as an organisation.

Software developer has left: The software developer did help in terms of improving the features development of the website and troubleshooting on the system “but he’s not with us now. He stayed for 6 months and has moved onto new work now.” The internal

technician is therefore now solely responsible again for the technical development of the website and there are no plans to replace the software developer in the coming months.

Staff work well together: It's an interesting job with passionate, interested people who see through with their work. With the day to day management it's about being open, honest and showing appreciation. Since our message is openness we need that in the organisational culture too. It's all hands on deck, we help each other out, there's a lack of ego in the workplace. You can see people change after joining, you can ask any questions, we're open to questions. I feel lucky to work here.

ACCESSIBILITY, USABILITY AND CHOICE

(See Technical audit for more details)

Operational indicators

Structure – systems and processes in place/Organisational infrastructure

Asp.net operating system: uses Asp.net – web architecture on MS Windows server and stored in a SQL (Structured Query Language) server. They recently upgraded to the latest Windows operating system, Windows 7.

Server has a quad processor and is remote: a quad processor with the server room in London. They manage but don't own the server.

Visual Studio and SQL used for database management: they use Visual Studio 2008 and SQL compare for database management. They use GIT assembla for management which allows code depository – GIT keeps record of all changes that have ever been made. SQL Compare is only used by Internal technician; a web developed is arriving in October who will also be able to use it. Usually Internal technician will spend one day each week on software development.

Practices – procedures used to implement them/use of resources

Office IT issues are outsourced: The office IT (such as printer problems) is done by an external IT company who are paid £1000 a year.

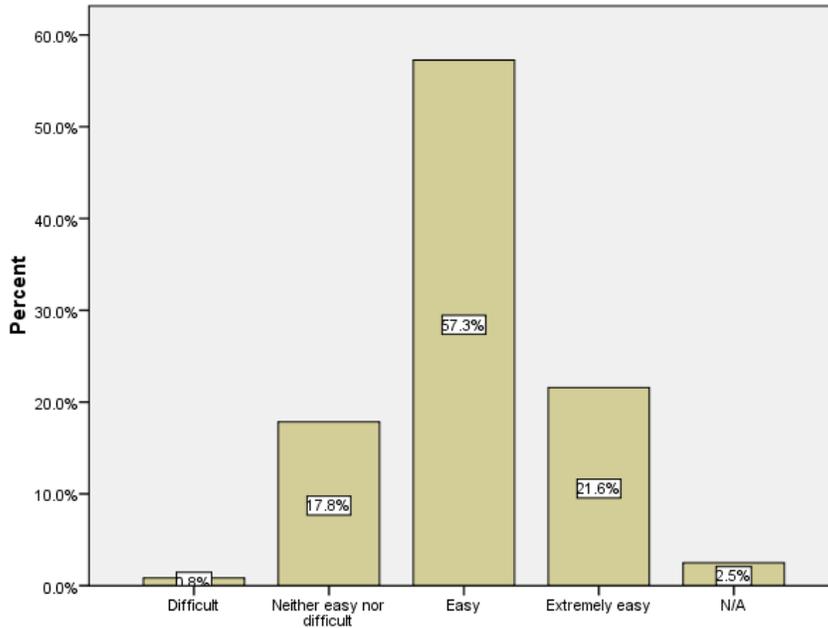
Patient Opinion are now autonomous in IT development: All other IT is done in house by themselves, whether it be pushing forward a certain idea, producing a web platform, or talking to the NHS.

Performance – What's actually happening

Usability and user-friendliness were rated highly by users: The website was judged extremely positively by respondents on the issue of the language accessibility. Less than

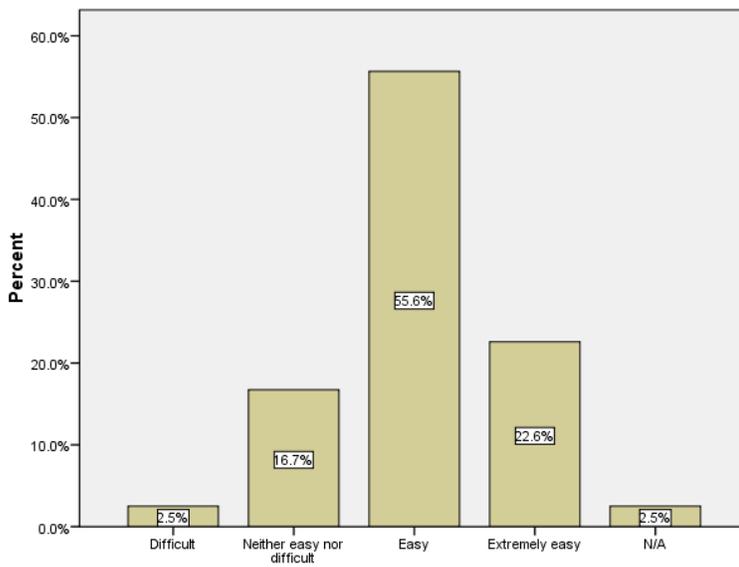
2% of respondents reported the website to use difficult language and no respondent said the website had very difficult language. Of the rest, nearly 80% of respondents reported the website to be easy or extremely difficult to understand.

How easy to understand is the language used on the Patient Opinion website?

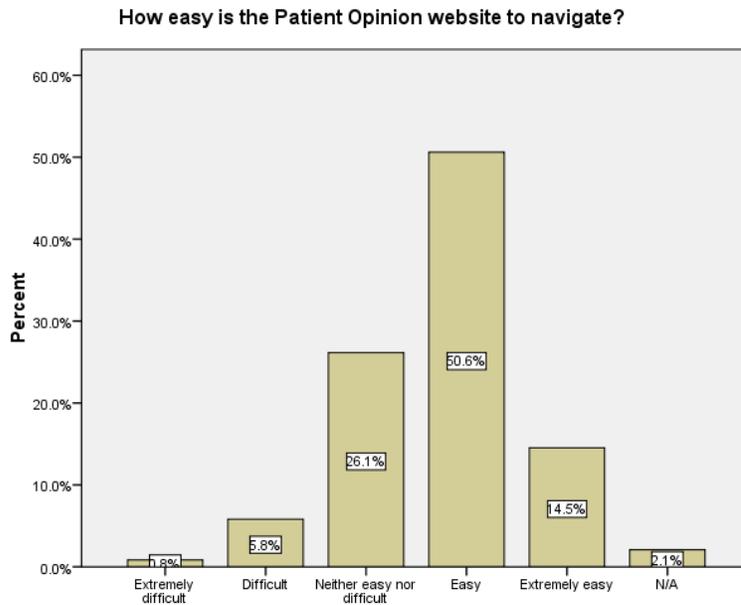


Users believed it was simple and easy to give feedback: Feedback on the Patient Opinion website is seen as easy to give by the vast majority of our survey respondents. Nearly 80% of respondents claimed it was easy or extremely easy to give feedback with less than 3% reporting that it was difficult to do so.

How easy is it to give feedback on the Patient Opinion website?



Web site is judged easy to navigate: The navigation of the website is viewed as easy for the vast majority (65.1%) of respondents whilst 6.6% claim that navigation is difficult.



Older people may not be appropriate for web based platforms: The main issue related to the technological appropriateness of Patient Opinion is the limited support for older people who don't use the internet. According to Patient Opinion's Subscriber training manual, "Over 60s are the fastest growing users of email in the country." However it is also true that "Among the 10 million people in Britain who have never used the internet are about 4 million whom we think of as being excluded from society in other ways also: through poverty and an absence of support, or because of disability or old age."¹

Average age of users of the website is between 54-55: The average age for participants in the online survey was between 54 and 55.2 years old meaning that Patient Opinion users are an older demographic than Whilst our (online) survey found few differences in methods of giving feedback from education attainment and income level, age had statistically significant results.

35.8% of respondents over 65 said that web-based feedback was the most favoured method of giving feedback: Also 19 people did not fill in this field so that including missing data the percentage becomes as low as 26%, a full 18% different from the average. Considering that these users almost all did use the internet (the Patient Opinion website) it reveals that of the respondents of pensioner age only around a quarter would prefer web-based feedback and that the total population preferences are likely to be much lower.

¹ The Observer, Who's not using the Internet? Available at: <http://www.guardian.co.uk/culture/2009/oct/25/internet-uk-martha-lane-fox> Last accessed 22/04/10

Q6_3b What method of giving feedback do you prefer to use in order of preference? Web-based * Q10_1 What is your age group? Cross tabulation

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