

Appendix 5b: System Audit: Embedding Quality

Embedding Quality	Elements/ sources of evidence			Developmental Observations	Bench learning	Key success factors
	Structure – systems and processes in place	Practices – procedures used to implement them	Performance – how they work in practice			
ACCOUNTABILITY Management and governance: transparent and involved	<ul style="list-style-type: none"> • Patient Opinion has four Directors • Shareholdings is split between A, B and C shares • A shares are taken by the Directors • B shares • have an important role in voting and keeping Patient Opinion accountable • Like A shareholders, B shares cost £1 and each shareholder has one share • Patient Opinion are in a transitional phase at the moment with regards to the B shareholders • B Shareholders have not had any meetings of late • C shares: 1000 of them are available. and they have no votes • Core business decisions taken by directors, supported by team meetings and B shareholders • Proposed changes of governance 	<ul style="list-style-type: none"> • PO staff have a lot of involvement in the direction of the business • Operations manager is line manager to all junior staff 	<ul style="list-style-type: none"> • Shareholders are perceived to be out of touch • Governance is reportedly performing well • Accountability only comes from the B shareholders 	<p>Current model outdated with regards to the culture and status of the organisation with both the B and C Shareholders currently performing no function. The highly motivated and involved staff make a transition to a co-operative management and governance model seem a natural transition.</p> <p>Other option of expanding the B Shareholders may be useful in advisory capacity</p>	<ul style="list-style-type: none"> • Co-operative ownership, such as John Lewis, are worker owned. Owners may also be called members and exercise legal rights and decision-making authority tied to property ownership: to sell, dissolve, liquidate the business and its assets, or expand the business and use revenue as they see fit. Owners may elect distribute profits to themselves or retain earning to reinvest in their business. • John Lewis has a decision making council at each store comprised of an executive board, executive team and a partnership board. Staff receive a yearly dividend based on profits made in the previous year. • MONDRAGON in Spain is network of co-operatives run for the benefit of the partnership as a whole. Strict ratios are set between the salaries of the highest and lowest 	<p>Staff engagement in the business. A high proportion of staff who vote on the decisions makes the staff more interested in their work and more likely to derive benefits from the organisation.</p> <p>Salary ratio setting by all staff can promote a sense of fairness for the organisation.</p> <p>Yearly dividends also promote hard work and mean the staff are more aware of the economic performance of the organisation.</p>

	towards a John Lewis model				<p>earners. The organisation professes self-management which allows goal setting and decision making even at work team level. MONDRAGON has a standing committee whose purpose is to govern under a mandate of the Co-operative Congress. Its basic function is to promote and oversee the implementation of the policies and agreements adopted by the Congress, while constantly monitoring the evolution of MONDRAGON.</p>	
<p>STANDARDS Established and systematised information provision: monitoring and Quality assurance</p>	<ul style="list-style-type: none"> The NHS is now obligated to seek feedback PO produce a subscriber training manual which is part rhetorical and part explanatory Stringent Editorial policy on what is published Criteria for publication include necessity for informative, truthful, helpful comments which emphasises learning Obscene, commercial or irrelevant comments are un-publishable Two-tier editorial process with first- and second-line editors Criteria covers 	<ul style="list-style-type: none"> Patient Opinion place importance on the posters being unidentifiable and anonymous Patient Opinion produce a monthly newsletter for subscribers Work hard constantly for subscribers to follow their guidelines If a subscriber has a bad experience it gets adapted into the editorial document 	<ul style="list-style-type: none"> According to PO, providing general information not Patient Opinion's role: The main reason subscribers stop subscribing due to lack of feedback Current practices of persuading subscribers to follow the guidelines can be unsatisfactory Recent example shows the difficulties in exercising authority over subscribers Clash of cultures reported on anonymity According to some front-line staff, the 'blame culture' may be over-reported Practically it is very difficult to maintain confidentiality 	<p>The information and standards provided by Patient Opinion are stringent and constantly evolving.</p> <p>Standards are however difficult to implement due to reliance on the subscribers to dedicate time and resources to market Patient Opinion locally. Lack of feedback for individual subscribers is often viewed as a reflection on the limitations of Patient Opinion rather than due to lack of effort in marketed or</p>	<ol style="list-style-type: none"> Soliciting feedback relating to specific aspects of quality: <ul style="list-style-type: none"> iRobot carries out regular customer satisfaction surveys. The IoD emails Policy Voice panel members when it launches a new survey. Promoting appropriate behaviours: <ul style="list-style-type: none"> iRobot and Black & Decker have implemented systems, processes and management disciplines to bring about appropriate customer-focused behaviours. 	<ol style="list-style-type: none"> Customer satisfaction surveys: <ul style="list-style-type: none"> Individual customers should not be contacted too frequently. Each survey should be kept to a length acceptable to the customer. Additional topics can be covered in later surveys. Promoting customer-focused behaviours: <ul style="list-style-type: none"> Creating a culture and implementing systems and processes that bring about appropriate behaviours.

	<p>indications of vulnerability</p> <ul style="list-style-type: none"> • Criticality index is used to ensure liable and damaging comments aren't published • Short guides for subscribers on how to generate more feedback and how to write a response 		<p>as staff know their patients well</p> <ul style="list-style-type: none"> • Subscribers aren't sufficiently kept up to date 	<p>misdirected efforts. Changing subscriber attitudes towards the reasons for lack of feedback is crucial for the sustainability of the business.</p>		
<p>Manage and maintain good customer relations with clients: Customer focused behaviours promoted and actively used</p>	<ul style="list-style-type: none"> • Client relationship system based on a division of staff responsibilities by area • PO use a customer relationship database to keep track of what needs to be done per client • Generic PO email address is checked daily 	<ul style="list-style-type: none"> • PO have an informal approach with subscribers • Hard copies of compliments are sent to NHS staff • Few substantial differences between service to subscribers and non-subscribers paying • have more telephone and email contact • can post replies themselves • Non-Paying • They don't get as many visits, but if they ask we don't say 'no' • For PO it's vital that subscribers take up responsibility for external promotion • PO are not interested in creating in-depth reports • PO have a role as facilitators rather than educators • PO only have limited user profiling from the feedback data 	<ul style="list-style-type: none"> • Satisfactory client relationship model • Subscribers are appreciative of help • Subscribers respond quickly to feedback • PO find it difficult to promote conflict in a risk adverse culture • Disruptive innovation is very slow going for PO • Management of issues with PALS staff has had a mixed response • PO staff can find it very frustrating dealing with the NHS • Subscription renewal rate is 50% • PO can find it difficult to manage subscriber trust • Issues with user profiling mean that PO do not have a strong idea of who their users are 	<p>When subscribers have requests for Patient Opinion, these are carried out with alacrity and care and standardised procedures for both compliments and critical posts. Patient Opinion need to anticipate problems before they occur through being more involved in the NHS as a whole rather than via champions. A more proactive approach widens the interface of Patient Opinion with subscribers and makes staff more aware of the existence and benefits; currently, too many of the front-line staff are unaware of who and what Patient Opinion are.</p>		

ACCOUNTABILITY

E1 Management and governance: transparent and involved

Organisational Indicators

Structure – systems and processes in place

Patient Opinion has four Directors: the Chief Executive role entails networking and strategic thinking. The Director of Research and Informatics brings rigour, strategic thinking and holds Patient Opinion close to its value base. Of the other two, one used to work part time at Patient Opinion for two years and then left for a full time position; both are only on the board. The four directors have monthly meetings on the management of Patient Opinion.

Shareholdings is split between A, B and C shares

A shares are taken by the Directors: Patient Opinion is limited by the A shareholders who are the organisation's directors. Two of the directors (who are also staff) have 400 shares each and the two board directors have the other 200 shares. The four directors each pay a pound for their shares. The shares are therefore not a form of investment and ownership does not result in dividends.

Shareholdings- B shares: B shares are £1 each and **have an important role in voting and keeping Patient Opinion accountable.** According to the CEO, B shareholders met for the first two and half years and were mostly focused in Sheffield. After this period Patient Opinion made the decision to change this focus and are in the process of reconstituting the B shareholder to a national group based in London.

Of the new B shareholders, there is a variety of people from different backgrounds whose purpose is to advise Patient Opinion and be a sounding board for ideas and hold us to account. They can't change PO's ANM's without 75% of the B shareholders agreeing.

Like A shareholders, B shares cost £1 and each shareholder has one share.

Patient Opinion are in a transitional phase at the moment with regards to the B shareholders. Started with around 20 shareholders who informally guided the decision making. The shareholders had expertise in health, social enterprise. They've not had any meetings of late.

C shares: 1000 of them are available; they have no votes. The C shares are more about investment, with major C shareholders potentially been given a seat on the board. Although the structure of the organisation allows them to have C shareholders Patient Opinion don't have any. They once had a group of people from health or business in an advisory role but none were formally made shareholders. They had a role, but it's "on hold at the moment".

Core business decisions taken by two staff Directors, supported by team meetings and B shareholders: Patient Opinion have team meetings every week which is for discussing and making strategic decisions on where the company is going. Because liability for the business is on the two staff Directors, they make final decisions but always in the best interests of the organisation. Decisions are discussed at Board level too, though often conversations might start in the office.

Proposed changes of governance towards a John Lewis model: Patient Opinion is currently strongly considering moving towards the John Lewis business model, they like it a lot, though have not talked about it widely in the team yet.

Practices – procedures used to implement them

PO staff have a lot of involvement in the direction of the business: According to one director, "other staff are constantly involved [in decision making], you can't stop them being involved!" There's a reported and observed culture within the organisation of sounding out ideas and participation in decision making.

Operations manager is line manager to all junior staff: 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 – how they work in practice

Governance is reportedly performing well: it was reported that the governance and management structure is working well on the whole.

Shareholders are perceived to be out of touch: The communication and interest of shareholders is called into question by the CEO who said: "I have a sense that many and possibly all of the shareholders are a little out of date with the way we are culturally" The B shareholders are not really active at the moment according to one members of staff. Patient Opinion had a lot of interest when it started and it has become more difficult to engage the group which is getting smaller and smaller. They have found that they don't actually need everyone in the same place. Also as the organisation has grown and matured, the staff have learnt more to run the business, and now don't need the B shareholders as much anymore. This development is reported as a 'natural thing'. The last few times that they've tried to

organise a meeting recent, they had to cancel it as had a really small attendance and the next one just 'dwindled off'.

Accountability only comes from the B shareholders: According to one director: "We have the B shareholders, who are involved in governance of the company, who could be anyone... we have no other form of involvement in the governance though."

STANDARDS

2 Established and systematised information provision: monitoring and Quality assurance

Organisational Indicators

Structure – systems and processes in place

The NHS is now obligated to seek feedback: Commissioners now have an obligation towards seeking patient feedback: "World Class Commissioners will engage with the public, and actively seek the views of patients, carers and the wider community. This new relationship with the public is long term, inclusive and enduring and has been forged through a sustained effort and commitment on the part of commissioners. Decisions are made with a strong mandate from the local population and other partners." Quoted in Patient Opinion's subscriber training manual from the Briefing on Strengthening Section 242 of 2006 NHS Act.

PO produce a subscriber training manual which is part rhetorical and part explanatory: A subscriber training manual is also available to all NHS subscriber staff. In it are details of: the growing importance of user generated content online; how Patient Opinion is a part of the World Class Commissioning agenda; examples of posts and responses; a space to think about the impact that Patient Opinion may have of their organisation; ideas for promoting Patient Opinion; an explanation of the criticality index; a guide on the principles of replying to Patient Opinion; and a description of how Patient Opinion can continue supporting subscriber staff.

Stringent Editorial policy on what is published: Patient Opinion also use a stringent editorial policy which informs whether they will publish comments posted on the website or otherwise. The policy is regularly updated and changes in response to discussions and feedback. According to this policy "our Editorial Policy aims to publish as many of the stories we are told as we possibly can. However, in a few cases we may need to make some changes. If we do edit an opinion, we will keep the changes to the minimum necessary to comply with our editorial policy."

Criteria for publication include necessity for informative, truthful, helpful comments which emphasises learning: Patient Opinion “want to publish contributions which are informative, truthful, helpful to others, or offer constructive feedback to those responsible for providing health care.” For critical posts, they write “Feedback can often be critical – sometimes strongly critical. That doesn’t prevent us from publishing it, though we prefer it if you tell us how things could have been better, not just what was wrong.”

The criteria for publications that Patient Opinion may edit are as follows: “We will remove any offensive language, such as swearing, or racist, sexist, homophobic or other discriminatory language... Sometimes we have to edit a contribution to protect the anonymity of an individual. This is particularly true if they are writing about a friend or relative rather than themselves... Sometimes we edit for the sake of accuracy... People often express opinions about the character, competence or motivations of named health care staff. We usually edit and may choose not to publish these comments, for legal reasons.”

Obscene, commercial or irrelevant comments are un-publishable: The types of comments which won’t be published are as follows: “We will reject contributions which are mainly obscene, commercial or irrelevant to the Patient Opinion website. Though we make every effort to publish postings, we reserve the right not to publish any posting, at our discretion, and not to give reason. We will reject contributions relating to events which ended over three years ago. We discourage people publishing long stories which are over 500 words long.”

Two-tier editorial process with first- and second-line editors: PO employ a 2 tier editing process, with less-experienced first-line editors (potentially 8) and more experienced second-line editors (3), each with their own guidelines (working principles).

Criteria covers indications of vulnerability: The policy also includes guidelines for vulnerable posters including how to identify who may be vulnerable, the signs in a post of vulnerability, signs of an individual being in a vulnerable situation and good practice guidelines for individuals in a vulnerable situation.

Criticality index is used to ensure liable and damaging comments aren’t published: Finally, one of the most important aspects of feedback for Patient Opinion’s clients is that liable comments are not posted and that individual staff are not identified in complaints in a public setting. To maintain good customer relations, Patient Opinion have always had a criticality index by which every post is vetted before it is published online; the index is shown below:

Score	Title	Examples	Aim to validate	Publication delay
0	No critical content	Entirely positive or neutral postings with no hint of criticality.	N	0
1	Minimally critical	Mention of dissatisfaction with non-clinical non-personal aspects of care, typically “facilities” issues such as food, parking, or waiting.	N	0
2	Mildly critical	More specific but still mild criticism, which may also include non-clinical but interpersonal issues such as attitude of staff.	N	0
3	Moderately critical	Criticism which may include alleged shortcomings in clinical aspects of care. Also includes serious comments about facilities: ‘never cleaned’; ‘father never fed’.	N	0
4	Strongly critical	Serious criticisms of specific unnamed staff or groups of staff, or of clinical care or facilities.	Maybe	14
5	Severely critical	Posting alleges or describes actions or events which may be illegal, grossly negligent, or allege serious misconduct by named members of staff or organisations.	y	Posting will be published if possible

Short guides for subscribers on how to generate more feedback and how to write a response: Patient Opinion also produce a 2 page guide on how to generate more feedback and another 2 page document on how to write a response.

Practices – procedures used to implement them

Patient Opinion place importance on the posters being unidentifiable and anonymous: “They are not anonymous in the sense that we ask for an email but confidential in the sense that we expect not to identify them. We ask them not to put their real name and we don’t publish their email or postcode if they put their name in the story we remove it if they accidentally put their real name in their signature we remove that and change it to something non identifiable, if they put dates in when they I was in hospital on the 18 at 2.30 in the morning and ... we will

blur out the dates. Even with all of that it is possible and it sometimes ‘that woman who came in with you know and she made a terrible fuss’.”

Patient Opinion produce a monthly newsletter for subscribers: Patient Opinion produce a monthly newsletter for subscribers to keep them informed about the latest news and advice from Patient Opinion.

Work hard constantly for subscribers to follow their guidelines: PO are always working really hard with subscribers to follow best practices, even the wording. As much as they provide them with guidelines, the subscribers sometimes provide poor responses

Performance – how they work in practice

According to PO, providing general information is not Patient Opinion’s role: When asked whether they would like to produce more general information PO replied “No I don’t think that’s our role [to give website users more general information on the NHS] - the NHS already produces vast quantities of information for patients. Our role is much more specific than that, it is about getting your voice heard in the NHS. We don’t see ourselves as an information providing site.” This tallies somewhat with general user opinions as the majority (66%) saw that Patient Opinion produced enough general information on the website. The general information did not meet all user needs though with nearly 33% stating that there was either nowhere near enough information (9.3%) or not quite enough information (23.5%). However, it is unclear what information is being referred to in these instances.

The main reason subscribers stop subscribing due to lack of feedback: 80% of the time the subscribers don’t think they’ve had enough feedback. Other 20% either the staff member who was championing us leaves or for budgetary reasons. They need to work on the communication; change, not number of postings is what they’re after.

Current practices of persuading subscribers to follow the guidelines can be unsatisfactory: PO persuade subscribers to use their experiences; they will use good examples to say how it can work. Ultimately if they don’t follow the guidelines ‘that’s fine’. Patient Opinion might suggest a pilot period to implement the guidelines. This approach has left subscribers unhappy with Patient Opinion sometimes.

Recent example shows the difficulties in exercising authority over subscribers: A recent example of a subscriber stopping using feedback leaflets. Used to send them out from a GP surgery after they’ve been referred. They changed to giving leaflets to point of first contact and their feedback dropped from hundreds to a trickle. Then they stopped subscribing. They’ve learnt to be more strong in such

situations. They can advise incredibly strongly against something though obviously as they pay PO, they have no sanctions.

Clash of cultures reported on anonymity: Patient Opinion passionately believe that anonymity secures the publication of the patient's experience. "Actually it is in your interest not to identify that it was happening at 2.30 on Thursday 4th as that would be Joe's fault and it's a generic lesson it's hard to do – there is a sort of policy rhetoric at policy level it's about no blame culture and organizations that learn and all that stuff and at a practical level its like who's fault is this."

According to some front-line staff, the 'blame culture' may be over-reported: According to one front line doctor, when asked whether there was blame or learning when feedback came in, she replied "Definitely learn from it. We all do. Because sometimes we don't see what we have done wrong until it's pointed out to us." There was no straight divide or clear blame culture when interviewing frontline staff. It was talked about more at managerial level. It may be the case that a construction of blame may come from managers who deal with feedback management.

Practically it is very difficult to maintain confidentiality as staff know their patients well: "We do everything we could [to maintain anonymity] but they [subscribers] get very cross about it. They quite often would like to identify the patient though can't so a lot of the responses on patient opinion are along the lines of 'we are so sorry this happened, without further details we can't help you and do anything about it, please would you rings PALS and let them know which ward it was and who was on duty.' Sometimes they ask PO to send an email on those lines to the patient and we will do and then Patients don't want to go in that direction, they just want them to know that it happened. So PO have to explain or go through quite regularly with NHS subscribers along the lines of what can you do if you don't know who it is and which ward it was on... can you still not learn lessons from this positing and make changes that would prevent things like this happening again."

Subscribers aren't sufficiently kept up to date: According to PO "we need to be much more proactive about keeping subscribers up to date with developments and keeping them up to date about what other subscribers are doing as well. We have a monthly newsletter which may not be sufficient and so we're considering creating an email bulletin as well – something that we're looking at options for."

3 Manage and maintain good customer relations with clients:

Customer focused behaviours promoted and actively used

Organisational Indicators

Structure – systems and processes in place

Client relationship system based on a division of staff responsibilities by area:

PO have different members of staff responsible for different types of subscribers – mental health, acute, patient links – each of them do that day to day, support encourage and answer questions etc.

PO use a customer relationship database to keep track of what needs to be done per client: Patient Opinion have a Customer relationship database where they record all the content so they can track what's been going on with every subscriber. It was developed using Microsoft Access but it's a bespoke solution, developed by a developer in the South West.

Generic PO email address is checked daily: Patient Opinion have a generic email address, info@patientopinion.org.uk, which is checked daily.

Practices – procedures used to implement them

PO have an informal approach with subscribers: According to Patient Opinion “We always work to have a good relationship with subscribers. We give them tools like alerts and reports as we don't have enough capacity to deliver better reporting... You can see the disparity between world views; it's not a formal letter anymore as it was in the past.”

Hard copies of compliments are sent to NHS staff: Patient Opinion send out hard copies of positive feedback, need to do this to persuade staff that that they are there to make good changes.

Few substantial differences between service to subscribers and non-subscribers: Anyone can receive email alerts, even the likes of MPs but they don't need to pay.

Paying	Non-Paying
They have more telephone and email contact – if they want you to, PO can navigate them through the site. We can go out to them, train them. PO are constantly improving the service, creating champions in the organisations. They can post replies themselves	They don't get as many visits, but if they ask we don't say 'no' . They are also shown how to generate reports.

For PO it's vital that subscribers take up responsibility for external promotion: According to Patient Opinion, it's vital that subscribers know that they have responsibilities for external promotion; they can't just sign up and wait. Subscribers need to take a proactive approach. It's key and core that activity and training are undertaken by Patient Opinion. Subscribers have the contractual responsibility to promote Patient Opinion in their services. Patient Opinion do not have a large budget for this but sometimes they attend events to help promote Patient Opinion in the subscribers services. Patient Opinion also supply subscribers with Patient Opinion flyers, leaflets, ideas for promotions, Patient Opinion logos, learning points and Pdf promotional material.

PO are not interested in creating in-depth reports: Patient Opinion could hire a consultant to produce in depth reports, as subscribers have requested this currently Patient Opinion don't have capacity and are not focussing on this.

PO have a role as facilitators rather than educators: Patient Opinion aim to communicate successfully to the NHS and inform them that Patient Opinion can bring value, benefits and service improvements. Patient Opinion communicate to the NHS that they are the facilitators between the NHS and the public and they are not there to tell the NHS how to do their jobs. Patient Opinion appeal to the NHS staff's emotional/personal side by asking them to think about their family member who may have had a bad experience of the NHS or a thank you for a nurse. They ask the NHS "to take off their NHS hat". Patient Opinion approach the NHS services gently, steering them and not providing a hard sale. They say "in our experience....."

PO only have limited user profiling from the feedback data: Different people can make posts and they are grouped as carer, patient, relative or friend. Their post codes, user name and dates of attending the NHS service are recorded (but not available publicly) People can fill out their age and gender, although not many people do. They do not ask about the patient's ethnicity etc as they are more interested in the patient's experiences. The most systematic attempt of profiling the users has been the Hansard Society survey which was collected from flyers, phone calls and web postings.

PO uses a 'kid gloves' approach to difficult posts: "We do spend a lot of time explaining what's going on to people, make it reassuring, making them feel safe, helping form responses, all of those things. We don't have any particular methods, we recognise that Patient Opinion can bring up things that are difficult and slightly scary so we try to make it as safe, as interesting and engaging as possible. The type of person we work with makes a real difference; it depends on whether you can find the kind of person who's willing to see the bigger picture."

Performance – how they work in practice

Satisfactory client relationship model: In general, the client relationship methods were reported as adequate and PO has no plans to change the current approach.

Subscribers are appreciative of help: If you do subscribers a favour “they are very, very appreciative. They understand the difficulties of coming to them.” From Patient Opinion’s perspective, “The more time that passes the easier it will become.”

Subscribers respond quickly to feedback: In general, subscribers respond quickly to feedback, with only 9% of survey respondents reporting that their response was slower than they expected. This indicates that the response time standards given by Patient Opinion are functioning well.

PO find it difficult to promote conflict in a risk adverse culture: They have sold the Patient Opinion subscription to “60 or 70 organisations and 64 mental health trusts through NHS choices contracts so 120 organisations is very good but it is hard to do and part of the thing is you know we are trying to build as our patients the new Jerusalem whereas the NHS is trying avoid Armageddon and is held by a risk averse culture. Paul Plesk’s new book about risk and how risk as a *frame* is exactly what the NHS looks through all the time everything is more or less risky so what were you doing allowing people to slag us off in public – well why would I want to do that”

Disruptive innovation is very slow going for PO: Patient Opinion’s approach to how to interact with NHS staff is to use disruptive innovation: “how do you turn stories into improvement... it is a disruptive innovation which they don’t want, some people get it - they are always moving on in jobs, the CEs get it and then the middle managers - why am I on a public website where people can....I don’t want this so it runs into all sorts of sand in middle management level. So turning a commitment by a CE into an actual is hard work and turning a subscription into postings which they act on is very, very hard work.”

Management of issues with PALS staff has had a mixed response: Patient Opinion believe that they successfully manage and support subscribers and that posts have lead to changes. They believe that it is key to have the support of front line NHS staff in order for the posts to lead to changes. Patient Opinion often have to reassure PALS that they are not trying to take over their jobs but that PALS can use Patient Opinion as a tool to learn from. Patient Opinion staff believe that because Patient Opinion does not go through PALS and Boards that it empowers NHS staff and increases communication between the staff and patients.

PO staff can find it very frustrating dealing with the NHS: For Patient Opinion staff “It’s frustrating to penetrate the NHS – as much work as you put in, you can’t convince everyone... It’s a challenge to engage with them but we’re enthusiastic about it.”

Subscription renewal rate is 50%: The subscription renewal rate is about 50% (between 40-60%) and on yearly contracts. NWSHA, started as 18 organisations in the North West. 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.

PO can find it difficult to manage subscriber trust: One issue is the trust of NHS staff which, although certainly not a uniform issue, has affected the way that feedback from Patient Opinion is viewed. At the subscriber event, PO showed a cartoon of a dog at a computer desk. The caption said "on the net no one knows you are a dog". Everyone has the status and voice on the internet i.e. a shy person, drug taker. You can all give your feedback.

Issues with user profiling mean that PO do not have a clear idea of the range of patients using their service: Patient Opinion are not fully aware of the demographics of individual patients using the service, even though subscribers want to know. Patient Opinion commented that maybe there needs to be an optional page on the website, where patients can fill out about their demographics. Demographics would be useful for sales and renewals - they can inform people about Patient Opinion and direct resources effectively.