

# Insight Report

## Online Feedback System for Health and Social Care

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# 1.0 The Innovation Lab



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The Innovation Lab sits within Public Sector Reform Division (PSRD) in the Department of Finance. The Lab responds to challenges that have proved most difficult in public service provision. We tackle the big, messy problems which often have many owners and stakeholders, and to which there exist no known solutions. We aim to improve public services by facilitating the creation of new and ground-breaking innovations through design, experimentation and creativity (i-dec).

Sometimes in the context of our project work we come across insights or experiences that we need to share. We bring these together as an Insight Report, this allows us to capture and share the insights we uncover or stumble upon.

All quotations in this report are from members of the public.

## 2.0 Real-time Feedback

Within the Department of Health's 'Delivering Together' report the need for the development of a new feedback system for Health and Social Care service is outlined. This feedback system will be open to all service users, giving them the opportunity to raise issues or concerns but also to give positive feedback on services.

As defined in the Quality Health and Social Care Experience Framework, 'the real-time feedback system is an opportunity to facilitate dialogue between the patient/client/user/carer/family and health and social care services and is especially good for capturing the 'whispers' before we hear the 'screams' through the media and which can point to an early problem somewhere in the system. It is also an opportunity to gauge the temperature of our services and it can identify hotspots and create a heat map for more in-depth examination of areas where feedback is unusually high/negative.'

The Department of Health (DoH) will undertake a consultation over the coming months to understand what service users (public and staff) would like to see from a feedback system. This consultation process is to encourage co-production and co-design of the system.

## 3.0 The Task

The Innovation Lab has been tasked with collecting insights from Health and Social Care service users on how they feel about the development of a real-time feedback system for these services. The insights collected compliment the findings from the consultation and research on user feedback completed by the Patient and Client Council (PCC) in 2013.

The insights gathered by the Lab will be used to inform the design and development of a real time feedback system.



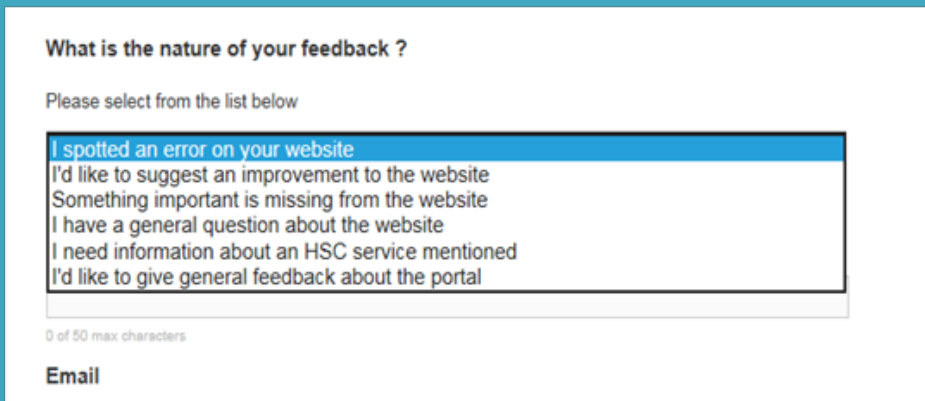
## 4.0 Background Research

As part of the Lab's background research, we have identified some current online feedback mechanisms available within the Northern Ireland Health and Social Care (HSC) system.

There is an implication that online feedback forms are available for hospitals via the HSC website:

- <http://online.hscni.net/contact-us/online-feedback-form/>

This website firstly directs the user to various sources of information including links to hospital websites, NHS choices and nidirect. The feedback form at the bottom of the page has options for feedback but generally on the website itself rather than HSC services.



**What is the nature of your feedback ?**

Please select from the list below

- I spotted an error on your website
- I'd like to suggest an improvement to the website
- Something important is missing from the website
- I have a general question about the website
- I need information about an HSC service mentioned
- I'd like to give general feedback about the portal

0 of 50 max characters

**Email**

The definition of feedback differs significantly between Trusts. Many hospitals ask for feedback on their website and its content rather than on services they provide.

A coherent approach needs to be taken when asking for feedback from service users and a new system should be correctly promoted

and signposted as a way of providing user experience feedback.

There is a Northern Ireland NHS section on Patient Opinion. This is not an official feedback site for Northern Ireland but service users have been posting on it. There are 78 patient stories, the first of which was posted ten years ago.

- <https://www.patientopinion.org.uk/services/nhs-northern-ireland>

We have also taken note of what happens when feedback systems are implemented badly. Patient Opinion Ireland was launched many years ago but only one area is responding. This gives a negative impression to the public, particularly to those who have taken the time to provide feedback.

It would be useful to research how feedback is gathered in other industries. While the consumer facing comparisons are reasonably obvious, there is a lot of learning to be gained from looking at how other sectors engage with staff and customers.

“Happy with the NHS at the minute but worried about privatisation. GPs not up to date with medical information especially medication for dementia and pancreatic cancer.”

## 5.0 User Insights

Together with the Patient and Client Council (PCC) the Innovation Lab organised several engagement stands to understand how public and staff feel about a real-time feedback system.

The engagement stands included pop-up stands at various locations around Northern Ireland, covering all Trusts and a range of Health and Social Care service centres.

The Lab designed two questionnaires, one for members of the public and one for staff. Both questionnaires can be found in Appendix A.

<b>User Engagement Events/Stands</b>
International Men's Day 2016
Downe Hospital, South Eastern Trust
Ulster Hospital, South Eastern Trust
Cervical Cancer Support Group
Banbridge Health Centre, Southern Trust
Royal Victoria Hospital, Belfast Trust
Ambulance Head Quarters, Saintfield
Newry Sports Centre
South West Acute Hospital, Western Trust
Queen's University Student Union

The questionnaires were used to gather service user and staff experiences and insights. They were not designed to obtain scientific data on patient and staff opinions.

To gain more user insight, Caroline Lee (DoH) posted a request for service user comments on the PCC blog.

Lastly, the Lab interviewed several 'Thought Leaders' (experts in the area of quality health and social care experiences) to give more in depth information to inform the design of the system.

## 5.1 Members of the Public

The Innovation Lab spoke to 71 members of the public from a variety of social and economic backgrounds. All had their own unique experiences and insights.

<b>Members of the Public</b>
Men & Women (aged 18-85)
Students
International Students
Mature Students
Pensioners
Parents
Single Parents
Grandparents
Sisters/Brothers
Sons/Daughters
Carers
Home Start Workers
Mental Health Patients
Outpatients
Cancer Patients
Pregnant Women
People with no web access/computer

The PCC blog produced 17 responses from members of the public with their own insights on Health and Social Care services as well as comments on a real-time feedback system.



# Personas

Through analysis of our insight research, we identified different types of people based on their behaviours and attitudes towards feedback systems. The identification of these types of people has allowed us to create personas which will be useful in prioritising feedback system requirements. These personas also give us some clues as to how an online feedback system would be used.

Whilst we were not testing how the personas mapped onto health outcomes, it is worth reflecting on whether those who are most likely to provide feedback are more likely to be classified as highly activated patients under the patient activation measure.



# Gives feedback



**Name:** Julie

**Group:** Gives feedback

**Description:** Julie is among approximately half of all health and social care users who give feedback informally. This group tends to give feedback verbally but will also send thank you cards and gifts.

Pro:	Con:
Direct link between the service provided and the patient experience.	There is no systematic collection or understanding of this information.
What we don't know about this person:	
We don't know their motivations for giving feedback and what they hope to achieve.	We don't know how activated they are as a patient. In other words, what is their level of knowledge and understanding of their conditions and the health care system.

## Uses complaints system for outcomes



**Name:** Joe

**Group:** People who use the complaints system

**Description:** Joe is within a very small group of people who use an official complaints procedure to give feedback on negative health or social care outcomes.

### Pro:

The official complaints procedure is the right procedure to deal with these issues.

### Con:

A number of these people don't feel like they can raise these issues at the time they are receiving the service.

### What we don't know about this person:

Does this group expect their complaint to influence their health and social care outcome?

Does this group expect their complaint to influence/result in improvements in health and social care outcomes?

# Uses complaints system for experiences



**Name:** Claire

**Group:** People who use the complaints system

**Description:** Claire is within a very small group of people who use an official complaints procedure to give feedback on one or more parts of their health or social care experience.

Pro:	Con:
These people feel connected enough with the service to understand how to inform the improvement of health and social care services.	These issues are not being identified before an official complaint is raised.
What we don't know about this person:	
Does this person feel that their complaint is treated differently than an outcome based complaint? What is their perception of that process?  Does this person know how their complaint influences their own health and social care outcome?	Does this person know whether their complaint influences improvements in health and social care outcomes?

# Doesn't give feedback



**Name:** Frank

**Group:** People who don't give feedback

**Description:** Frank is among approximately half of all health and social care users who don't give feedback.

## Pro:

About half of this group would be persuaded to give feedback online.

## Con:

Some of this group feel that giving feedback is a pointless exercise and won't change their experience.

## What we don't know about this person:

We don't know what feedback this group will submit: would they raise issues about their (bad?) experience rather than comments about good practice?

We don't know how activated they are as a patient but we suspect that these people will have low levels of activation. This may mean that there are distinct types of health and social care services and experiences which will have information missing.

## Unable to give feedback online



**Name:** Fiona

**Group:** People who are unable to provide feedback online

**Description:** Fiona is among a significant group of health and social care users who either do not have access to a computer, or do not have the skills to use an online system.

### Pros:

Many of this group would ask a family member or friend to submit feedback on their behalf.

This group are likely to continue providing verbal feedback.

### Cons:

Many of this group wouldn't feel motivated enough to provide feedback if the only option was online.

This group are likely to be frequent users of Health and Social Care services and their views may not be received if online feedback is the main option.

### What we don't know about this person:

We don't know if the people in this group are likely to get their views heard in another way, using organisations like the PCC.

We don't know how often this group of people will be persuaded to use their family or friends to provide feedback on their experiences.  
If a feedback system existed we don't know if this group would look at (or be told about) posted reviews for services they are about to use.

# Happy to give feedback online



**Name:** Kevin

**Group:** Willing to provide feedback online and are comfortable with posting publicly

**Description:** Kevin is a frequent web user and is used to providing online feedback for products and services he buys or uses. He feels it informs others who might use or buy the same things as him.

## Pros:

Many of this group will willingly review the services they received.

This type of user is key to the success of a feedback system as they demonstrate to others how to use the system.

Many in this group will put their faith in the feedback provided by others and will use it to judge services they use or are about to use.

## Cons:

Many in this group will put their faith in the feedback provided by others and will use it to judge services they use or are about to use.

There will be an expectation for a quick response if they believe it is required.

Problems are likely to be escalated quickly if satisfaction is not received.

## What we don't know about this person:

We don't know if this type of person is a frequent enough user of health care services to generate the content to jump start the system.

We don't know if this person will use the system on behalf of their relatives who are regularly using health and social care services.

# Unhappy to post publicly



**Name:** Sam

**Group:** Willing to provide feedback online but uncomfortable posting it publicly

**Description:** Sam is in a group of health and social care users who have feedback which is likely to be valid but feel reassured by submitting it anonymously.

## Pros:

Many in this group will provide feedback that will help highlight areas where improvements are required.

The feedback provided is likely to be a true reflection of their experiences.

## Cons:

The information provided may not be enough to tie down specific service providers or locations.

Their reluctance to post publicly may be indicative of a general reluctance to provide feedback unless they feel very strongly.

## What we don't know about this person:

We don't know whether the people in this group want to be anonymous or are just reluctant to post issues publicly.

We don't know if the people in this group expect the Department to respond to their feedback?

We don't know if the people in this group want to remain anonymous because they believe it will affect their care (or that of a loved one) in the future.



## Blog Responses

The blog responses reflected much of what was said during the engagement events.

Many blog comments provided user experiences, both positive and negative.

The general view was that all feedback good or bad should be available to the public and there also needs to be assurances that services will improve based on the feedback submitted.

One blog comment recommended that medical students would benefit from patient feedback and experiences to ensure improved services in the future. Another made reference to how feedback would help identify and improve weaknesses in services.

Two respondents outlined their negative experiences around using the complaints procedure. One respondent felt they were forced to use the complaints procedure as it is the only way to get experiences on record. After going through the procedure they did not feel it resulted in any improvement to their care or that lessons were learned by the Health and Social Care Services involved.

The complaints procedure in these cases were viewed as being a bureaucratic process with ridged protocols that creates delays that may harm patients and other vulnerable groups. It could also be harmful to staff and staff morale, ultimately harming the reputation of the health service and those that work in it.

“I would not use the complaints system again and advise others to avoid it”

One respondent commented that the complaints procedure should be a last resort for patients, but at the moment without alternative ways to voice concerns often it is used incorrectly for matters that could/should be resolved more quickly, easily and informally. A

staff member who responded via the blog highlighted a potential benefit of having an online feedback system. Health and Social Care staff have a professional requirement to produce feedback during the year. At the moment this can be difficult and therefore the introduction of an online system may prove useful in helping staff achieve this requirement.

When discussing how Health and Social Care Services should respond to feedback, one respondent simply wanted the service to learn in a constructive way from both positive and negative experiences. They believed that when dealing with negative feedback, transparency is essential in bringing about positive outcomes from these negative experiences.

“Sister had three strokes and has no children. Treatment complicated but staff were amazing. The NHS doesn't get enough credit, wonderful experience.”

## Findings from Members of the Public

Key findings from the public questionnaires:

- Almost half of the public said they gave feedback at the time they received a Health or Social Care service.
- The majority of feedback was given verbally, with a small percentage being an official complaint.
- Nearly two thirds of the public did not know of any other mechanisms to give feedback other than verbally.
- Over three quarters of the public said they would submit feedback online and a high percentage of those would be happy for feedback to be seen by the rest of the public.
- Almost all would like a response to feedback by Health and Social Care providers, in particular if they had submitted negative feedback.
- If a system existed which allowed service users to rate hospitals and GP services, three quarters of people would look at it before attending a Health Care Professional.

“Elderly relative left in a bed in a corridor of A&E for a long time.”

“ The mental health service in Northern Ireland has served me terribly. I was put on a waiting list for ASH diagnosis that was over a year long. The diagnosis then stopped as a member of staff went on maternity leave. However, I was moved up the list after pressure from my parents but the service gave me results which I did not understand. ”

## 5.2 Members of Staff

The Innovation Lab spoke to a number of staff members with a variety of different roles within hospitals, GP surgeries, support groups and the ambulance service.

<b>Staff Job Titles</b>
Social Workers
Doctors
Facilities Staff
Porters
Ambulance Service staff
Nurses
Clerical Staff
Trade Union
Care Workers
Occupational Therapist
Physiotherapist
Midwives
Student Midwives

“ My daughter was at the dentist, brilliant service, very helpful staff. ”

# Findings from Members of Staff

Key findings from 48 members of staff:

- More than three quarters would use a staff feedback system.
- At least half would want a local level feedback system. Almost one third would opt for Trust level, with the remainder choosing to feedback on a regional level.
- Almost two thirds were not aware of any mechanisms they can use to give feedback.
- Of those who were aware of feedback mechanisms being available to them, less than 1 in 3 actually use these.
- A high proportion would be happy to leave their feedback online.
- The majority of staff would want their feedback to be seen by other staff members, but on the understanding that it would be anonymous.
- Finally almost all of those surveyed would want their feedback responded to.

One quote from a member of staff stood out in relation to a feedback system:

“Happy staff = happy patients = happy Bank Managers”



## 5.3 Thought Leaders

The Lab carried out 7 in-depth interviews with the following ‘Thought Leaders’.

<b>Thought Leaders Interviewed</b>
Mary Hinds, Director of Nursing and Allied Health Professionals - PHA
Fergal Bradley, Safety, Quality and Standards Directorate - DoH
Anne Kilgallen, Deputy Chief Medical Officer - DoH
Maeve Hully, Chief Executive - Patient & Client Council
Hugh McCaughey, Chief Executive of South Eastern HSC Trust
Carol Cousins, Managing Director for Four Seasons Health Care
Kate Fleck, Director of Arthritis Care NI
Olive Macleod, Chief Executive Regulation and Quality Improvement Authority

The ‘Thought Leaders’ were asked a series of questions to tease out their appetite for a real-time feedback system and what it would look like. The Lab asked questions on both a public and staff system. All questions can be found in Appendix C.

# Findings from ‘Thought Leader’ Interviews

## Purpose

There were general questions from the ‘Thought Leaders’ about the purpose of the feedback system and the expectations which it might create. Interviewees identified multiple possible intentions; these included learning, performance management and improving patient experience.

There were a number of preconceptions about what ‘feedback on health care’ meant that fitted into existing public discourse on the performance of the health care system. One ‘Thought Leader’ stressed that it was important that the system was designed to complement the existing mechanisms that the health care system has for patient involvement, such as 10,000 voices, complaints procedures, PPI etc.

“ Brother was treated in September for broken arm. Brilliant care, a week to get addressed. Fracture clinic - 4 days. Very positive, first class help. ”



## Operation and Design

In all interviews, the 'Thought Leaders' raised concerns about how the system would operate. Interviewees argued that it would need resource to make it function effectively and that this would depend on the anticipated purpose.

Resource was a recurring theme, both because of cost and decision making responsibilities. A case could be made that health care professionals would be needed to make decisions about how to deal with specific types of feedback. Regardless of decisions on this issue, system administration staff and the points of contact across Health and Social Care will need the correct training. In Health Trusts the quality teams may be the appropriate first contact point for feedback relevant to the Trust. They should be able to get it to the right place for a response or appropriate action.

There was a general view that independent moderation was important for the credibility of the system and that feedback should be moderated against set criteria and not rejected by an individual hospital, GP surgery or Trust etc. There may be an opportunity to use the Regulation and Quality Improvement Authority for moderation of feedback.

These criteria should be defined and reviewed prior to development of the system.

Criteria should include:

- Bad language
- Health Care Professional/individual names or details
- Personal insults
- Misleading comments
- Misinformation on medicines/products
- Feedback that should go through the complaints procedure

This credibility issue could also be extended into the platform to be

used for the system. If the feedback system was to be hosted by nidirect, for instance, most 'Thought Leaders' believed this would give it independence from the Health and Social Care services. This could enhance public confidence in the system too.

The majority of 'Thought Leaders' agreed that a feedback system would facilitate openness and transparency by allowing feedback to be available for everyone to view. It was said that a real time feedback system could ultimately give us an opportunity to achieve real time change. However, there were significant concerns about this, particularly if people were given the opportunity to provide large amounts of free text.

If a free text option was to be implemented it should learn from the good practice applied in the development and use of 10,000 voices. This system attributes a theme to the stories which allows in depth qualitative evidence of issues of potential concern. This could drive towards the development of a learning organisation where the feedback leads to long-term improvements.

Quantitative (length of..., speed of... or date of...) measures have a place in any feedback system, but these alone will really only act as a performance management tool for service providers. Qualitative (stories and/or free text) responses from the public may well be the best source for the Health and Social Care Service to improve the quality of service and enhance the service user's experience. This too could also point to shortfalls in safety and standards of care.

The feedback system should also have the functionality to review posts to find trends in both concerns and satisfaction.

## Potential Issues

There were also differing opinions as to whether people should be given the opportunity to offer feedback anonymously. Most were supportive of this but for different reasons. Some argued that people are afraid of giving feedback because they still have to use services and fear potential consequences. One ‘Thought Leader’ identified this as the biggest barrier to complaining. Others argued that you were more likely to give honest feedback if it was anonymous.

There were also concerns about the effects of publicly posted feedback on individual staff members and whether such feedback would create reputational damage to services. On the other hand it was stated that public posting is the only way to get real improvements in the services. One ‘Thought Leader’ felt it was important to have empathy and compassion for the service user when considering and/or responding to feedback – this in itself should improve the user’s experience.

## Response to Feedback

There were differing views about how services should respond to feedback. Most thought the system should be designed so that the feedback goes to the best point of contact to get a timely response and that responses to feedback should be transparent but personal.

However, there were concerns about the resource required for this and also about whether services could meet the expectations of patients leaving such feedback. One ‘Thought Leader’ suggested resource management at peak times and during campaigns. Third sector ‘Thought Leaders’ suggested utilising the resource they have available for instant responses to feedback.

## Potential Issues Health & Social Care

There was resounding agreement that Health and Social Care should remain on the same feedback system. Indeed, there were very strong reactions to suggestions to the contrary and strong arguments that service users do not see the distinction between Health Care and Social Care.

### Staff Feedback

One 'Thought Leader' felt that if there was to be a staff feedback system introduced, it should complement the findings of the annual staff survey. It could have the potential to educate, empower and increase enthusiasm in the organisation. This type of return will take time, good moderation and good constructive participation levels from staff. A successful staff feedback system would need to have the trust of staff which will need assurances that this would be a safe place to post their opinions.

Another 'Thought Leader' informed us of the use of 'you said', 'we did' boards on some Trust wards where feedback has been provided and the subsequent actions taken are highlighted for service users and staff.

# Four Seasons Health Care Feedback System

Four Seasons Health Care started a process to implement a feedback system in all their facilities in 2014.

Suppliers of the feedback system, Optimum, developed a bespoke system which not only collects data but also allows data analysis.

Feedback is collected in a survey format with the option of posting anonymously or giving personal details. The surveys continually change with focus on aspects of care which have received negative comments or complaints.

The programme, Quality of Life, has been a great success delivering better patient and staff experiences and also reducing the number of complaints. A key element of this system's success was having senior management buy in from the start and having champions for the system across the organisation.

## Thought Leader Roles

We identified four distinct roles in our 'Thought Leader' interviews (although we acknowledge that these are not distinct individuals insofar as people are usually responsible for most, if not all, of these roles).

- System leaders responsible for driving improvement and change
- System leaders responsible for managing the reputation of Health and Social Care
- System leaders responsible for leading and managing staff
- System leaders who are advocates for patients

## **6.0 Quality Health and Social Care Experience Framework Comments**

The DoH sent a request to the Trusts and councils for their comments on the Quality Health and Social Care Experience Framework. The comments below are directly related to the real-time feedback system.

### **Office of Social Services Department of Health NI**

“Not clear what is involved in Human Factors training or Real Time feedback? As it is currently outlined it is unlikely to be meaningful to users or staff of social care services.

It is not clear how Real Time Feedback operates outside of ward/clinical setting. How will Real Time Feedback operate in domiciliary settings where social care is provided in people s own homes, children homes, fostering/ kinship placements?”

### **South Eastern Health & Social Care Trust**

“Access to live feedback reporting will be the sat-nav to improving user experience. The idea of (a) everyone having the user feedback as part of their appraisal and (b) using the attributes framework are considered positive.”

### **Southern Health & Social Care Trust**

“The Trust is supportive of the introduction of Real Time Feedback System, and the benefits have been outlined in the paper, however, the paper does not indicate if a regional IT system is going to be procured to support this. One option may be to link in with existing technology such as via a smart phone app or other technology. As most (if not all) Trusts offer free Wi-Fi and this could be facilitated.”

## 7.0 Conclusions

While a feedback system may be able to perform multiple roles, the design of the system should be clear about how those roles are being fulfilled.

Aside from the system requirements, significant thought will need to be given to how the feedback which is received will be used to drive improvements in services and experiences. In particular, how staff will be helped to do this and how leaders will lead staff through this process.

There is much to be learned from the governance structures of 10,000 voices to inform the design of a real time feedback system.

The design of the back-end processes needs as much care as the user-facing service. If there are not clear routes to show people how their feedback changes their experience, the credibility of the system will be jeopardised.

The Health Care System already knows that information, communication, and behaviours are three issues which arise again and again in respect of patient experience. There is no reason to think these will not form the basis of the learning opportunities arising from a real time feedback system. If there is to be real value from a new system, how is any new information about these issues going to be used to drive service improvements.

It is important to understand the strengths and limitations of the feedback which a system will collect, as there will be significant selection bias at play. People will be motivated to provide feedback based on good experiences and bad experiences. It is unlikely that mediocre experiences will be reported. It is also worth thinking about the experiences of those who will not provide feedback regardless of experience or those who have poor understanding of their health needs and are unable to articulate or understand whether they have a good health care experience. A significant majority of people

we spoke to indicated that they would want a response to their feedback, particularly if their feedback was negative.

People also indicated that they would use a system to find out about the quality of care of a health and social care provider before they used a service.

“ Went to get advice on a painful knee. GP referred me to get an x-ray. I was able to go downstairs and get an x-ray in 10 minutes. Excellent, fast service. I refuse to move to a GP to a closer one to my house because they are so fast and efficient. ”



# Appendices

## Appendix A: Members of the Public interview questions

1. Would you like to share some positive or negative feedback on a Health or Social Care service you or a family member has received?
2. Did you share this feedback at the time you received the service?
3. If yes - How?
4. If positive/negative would you like us to pass this on to the Patient & Client Council?
5. Do you know of any mechanisms available to leave your feedback?
6. Would you use them?
7. Which?
8. Would you be happy to leave feedback online?
9. Would you want your feedback to be seen by the rest of the public? Like TripAdvisor?
10. How would you like the Health & Social Care service to respond to your feedback?
11. If a system did exist would you look at reviews of your hospital/ GP service before using it?

Thank you

## **Appendix B:**

### **Staff Members interview questions**

1. Would you use a staff feedback system for Health and Social Care services?
2. If there was a feedback system available would you want to use it on a local/Trust/Regional level?
3. Are there any mechanisms currently available to leave your feedback?
4. Do you use them?
5. Would you be happy to leave feedback online?
6. Would you want your feedback to be seen by other staff members? If so, would you like it to be anonymous?
7. Would you like a response to your feedback?

Thank you

## **Appendix C:**

### **Thought Leaders interview questions**

#### Feedback System (Public)

1. How do you think a real-time feedback platform would promote delivery of high quality Health and Social Care services?
2. How will it improve patient experience?
3. Do you think the feedback system should be public facing or a private online feedback form? Why?
4. What do you think of NI Direct to host a real-time feedback platform?
5. Have you seen/heard of any other successful platforms?
6. What do you think are issues that people are likely to raise?
7. If the feedback was public facing what review criteria should be used before feedback is posted? (For example 'Patient Opinion' in England reviews posts to ensure there is no bad language or personal details for Health Care Professionals before it is posted online)
8. Do you think there should be separate feedback systems one for health and then one for social care?

#### Feedback System (Staff)

1. How do you think a real-time feedback platform would promote delivery of high quality health & social care services?
2. How will it improve patient experience?
3. How transparent do you think a staff feedback system should be (e.g. local, trust, regional)?

#### Replying to real-time feedback

1. How do you think the health & social care system should respond to public feedback?
2. How transparent do you think the system should be?
3. In your opinion is there the resource available to ensure that a real-time feedback system is maintained?

Thank you

## Contact

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