

Star Responder Awards!



What makes a Star Responder?



Address each point made by the Author, one at a time



Show genuine **empathy** towards the author's situation/experience



Think of their response as an **open and honest conversation** rather than a task to be completed



Include **images and links** to show people what they're talking about, e.g. we've improved the signage – here's a picture!

CHANGE MADE



This story led to a change

Follow-up their response, updating the author on **actions now taken**

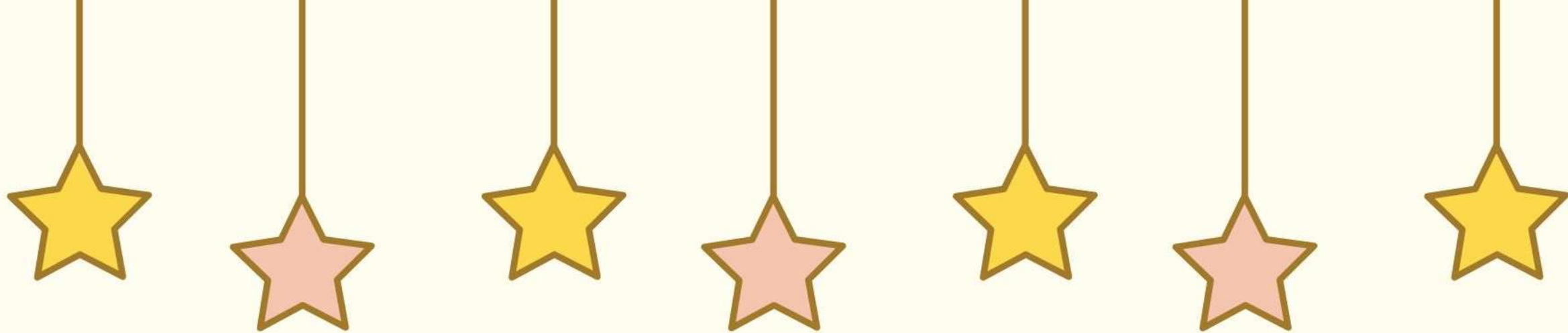


Comment on how the person's feedback may **help other patients/service-users**

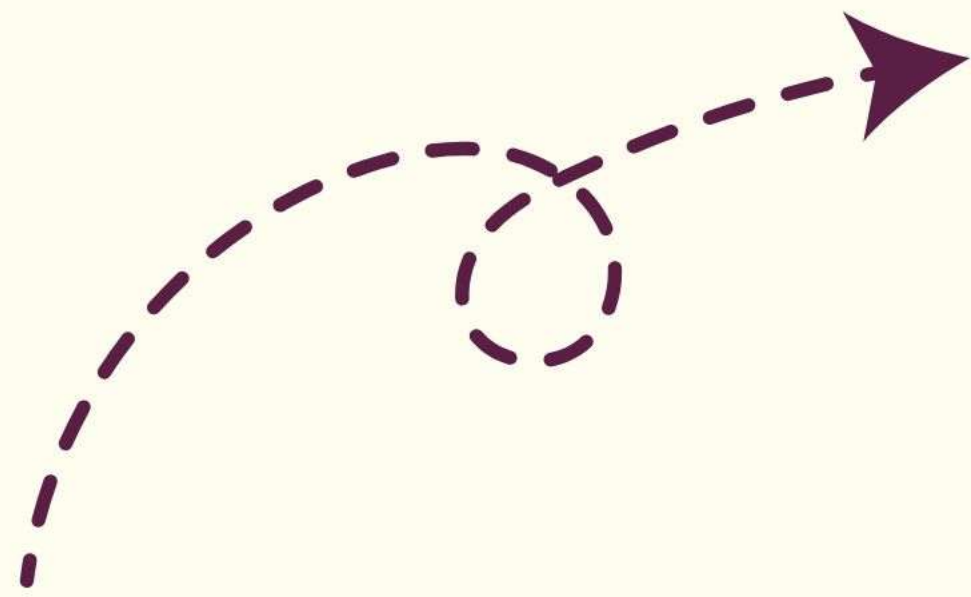


Being creative in your responses





& THE WINNERS ARE...



Jane Maxtone- Senior Nurse Community Treatment and Care (CTAC), Perth and Kinross HSCP

" Better communication between teams is needed "

About: Community Services / Perth Community Treatment & Care (CTAC) team | General practices in Tayside

Posted by *Long time service user* (as a service user), last month

Made appointment via tel number direct with CTAC team, went in, was seen quickly, had bloods taken.

Nurse said to me that my bloods were not on system, and asked did my practice put them on, followed a convoluted conversation where I tried to understand a process that surely should be a behind the scenes one, and not one for a patient to manage.

I get bloods done every 3 months as I take an immune suppression drug. I phone, make appt, and turn up and get bloods taken, surely that is the extent of patient role. Nurse advised that if I didn't go and notify my practice and ask them to put bloods on the system I wouldn't get results (if there was a result to get - usually I work on the basis that no news means bloods are fine) or they wouldn't know for next time what bloods to take.

I went along to see my practice and reception staff really didn't know what was to be done, as my bloods were 'on system' so they told me everything was fine. Suggest this process has not been communicated to staff that need to know it, and the patient is getting very confusing messaging from service, meaning poor faith in process and reassurance that any results wouldn't be lost.

I've been getting these bloods done for many years and this is the first time this happened - change due to SCOPE team, and new process, or something like that, staff all lovely but suggest better communication between teams is needed.

[Better communication between teams is needed](#)



Response from Jane Maxtone, Senior Nurse, Community Treatment & Care (CTAC) Perth and Kinross, P&K HSCP last month



Dear long time service user,

Thank you for taking the time to share your experience with us regarding your recent visit to the Community Treatment and Care Team at Drumhar.

I am truly sorry for the inconvenience and frustration this caused you. You should always feel confident that your appointment will run smoothly, and I sincerely apologise that this was not the case on this occasion. Your experience matters to us, and I appreciate you bringing it to my attention.

Our CTAC team works closely with GP Practices across Perth and Kinross to provide high-quality, safe, and effective care for all patients. The Single Point of Contact (SPOC) team was developed in May 2025 to help make accessing appointments easier by allowing Call Handlers to manage the high volume of calls and book patients into clinics at times that suit them.

However, because Call Handlers do not have access to clinical records, they cannot check whether blood test requests have been placed. CTAC clinicians also cannot order these tests directly — the request must come from the patient's GP Practice. When a request is not in place at the time of a patient's appointment, we understand how disappointing and inconvenient this can be, and we ask patients to contact their GP Practice so the appointment can be rearranged once the request is added to the system.

Please be reassured that I will look into the concerns you have raised to help ensure a smoother and more patient-centred experience in future. Thank you again for taking the time to share your feedback — it genuinely helps us improve the care we provide.

Jane Maxtone

Jane Maxtone- Senior Nurse Community Treatment and Care (CTAC), Perth and Kinross HSCP



“Jane consistently responds to authors with warmth, clarity, and respect. She always addresses them by their username, thanks them for sharing their story, introduces herself, and thoughtfully responds to each point they raise.

In this particular story (Better communication between teams is needed) after Jane’s initial reply, the author wrote back to share their understanding of her response. Jane then followed up with a further message, carefully clarifying their questions. To which the author subsequently marked Jane’s reply as helpful.

This exchange highlights exactly what makes Care Opinion so special: it offers people who use our health and social care services, a safe, open space to communicate with the service about the care they received. Just as importantly, it gives services the opportunity to respond in a meaningful and compassionate way. Jane embodies this perfectly, and it is why I believe she deserves to be nominated for a ‘Star Responder’ award.” **Geraldine Knight**

Jill Green- Ward Manager for the Emergency Department at Craigavon Area Hospital, Southern Health & Social Care Trust



" Feedback on waiting area improvement "



About: Craigavon Area Hospital / Emergency Department

Posted by *In the loop* (as a relative), last month

Feedback on Improving the Corridor Waiting Experience at Craigavon Hospital



I would like to share some observations from a recent visit that may help improve the experience for patients and families waiting in the corridor areas. These are small, practical adjustments that could make a meaningful difference, particularly given the long waiting times and the number of older or vulnerable people who attend.

1. Functional and Engaging TV Screens

During my visit, the TV in the waiting area was flickering continuously and was not usable. Many older patients do not use smartphones, so having a working TV with regular programming would provide comfort, distraction, and accessible information. At the moment, the walls are filled with posters, but these are difficult to engage with for long periods and considering they're repeated on screens. A functioning TV would support those who rely on more traditional forms of entertainment and communication.



[Feedback on waiting area improvement](#)



Response from Jill Green, Ward Manager, Emergency Department, Craigavon Area Hospital, Medicine and Unscheduled Care Directorate, Southern Health and Social Care Trust last month



We are preparing to make a change

4. More accessible seating - I am assuming the high stools you have mentioned are the ones in the main foyer. Unfortunately this is out of the ED remit so I would be unable to comment on these.

5. Access to drinking water - Thank you for raising this. Water is always available from the HOP nurse, maybe this is not communicated well so I will put signs up to ensure people know they can avail of this at any time. At night time the domestics should place a trolley in the waiting room with water and biscuits, if you were in our waiting room at night and this was not the case can you please let me know so that I can raise this with the domestic team. As you say the vending machines are available 24/7 however we do understand it is not ideal when waiting long periods of time to keep purchasing water. Myself and the lead nurse have been having numerous conversations regarding a water dispenser, and have meetings arranged for next week to explore options around this.

I hope this helps, thank you again for taking the time and giving some really useful suggestions. Your voice is really valued and I have taken this all on board.

Best wishes

Sister Green

without having to leave it in there. so hopefully the charging stations will help.

Jill Green- Ward Manager for the Emergency Department at Craigavon Area Hospital, Southern Health & Social Care Trust



“Jill places patient experience at the top of her agenda, listening and responding to feedback. Jill has responded to 87 stories to date. Each one is personal, emphatic and honest and meets with the principles of good responding. This recent response is typical of how Jill tries to listen, learn and reflect to each story that comes to her”
- Mairead Casey, the Patient Client Experience Facilitator

[Feedback on waiting area improvement](#)

“It is a privilege to listen to patients’ experiences and to engage with them in a meaningful way. Care Opinion allows me to be open to the ideas, suggestions, and constructive criticism of service users, and I value the opportunity to implement changes that can improve the patient journey in the Emergency Department.
Equally, receiving positive feedback is wonderful for staff morale and gives the team a real boost to continue practising at such a high standard. I love being able to share this feedback with them.
Hear the story, change the journey”

This learning & change is what we are all about at Care Opinion, with stories like this standing as a great example of where staff and services are receptive, understanding and looking to make changes because of feedback received. Jill’s response was compassionate, informative and she gave tangible examples in reference to what she was doing with the feedback, and how she was acting on this.



Adele Serin – Flanagan, Quality Lead for the Early Intervention Team STW, MPFT



"Support for us and our daughter"

About: Shropshire, Telford & Wrekin Adult Mental Health / Early Intervention Team (Shropshire Telford & Wrekin)

Posted by [serpenszq76](#) (as a parent/guardian), 3 weeks ago

Our daughter was hospitalised for two long spells between January and August, often under Section. She had delusions and accused her father and I, along with others, of doing dreadful things to her when she was an infant. For much of the time she would have nothing to do with us and would not give permission for us to be informed about her medical condition. For a number of weeks she was at large, homeless and we knew not where. Eventually she was picked up and returned to hospital following a spending spree and it was perhaps the spending spree that at last facilitated her bipolar diagnosis. With tweaking of medication she began to get better and has been steadily progressing since then. She now has a new home and has 50% care of her boys, the rebuilding of her relationships with them is very encouraging.

The months of her illness were very dreadful for us all. Helplessness was perhaps the worst of it. We had a number of times to face the possibility that she might be lost to us through death or total alienation.

Our daughter had a number of presenting problems and we were not surprised that a diagnosis took a long time. However when it came it made sense to us all and also to our daughter. I would say that her father and I have a better relationship with her now than we have had since she was about ten.

We are so grateful for the diagnosis and her subsequent improvement; also for the considerable and continuing support that she has received from Shewsbury mental health services.

Response from Adele Serin-Flanagan, Quality lead, Early Intervention Team STW, Midlands Partnership University NHS Foundation Trust last month

Hi, my name is Adele, I am one of the leads in the Early Intervention Team in Shropshire. I would like to say a huge thank you for sharing what was clearly a frightening and difficult time for you all as a family. It must have been hard reflecting on what has passed and how this was for you all at the time, so again, thank you. Its fantastic to hear how positive receiving a diagnosis can be and how much this has changed and improved your family relationships. It shows how helpful it is to understand what you are facing and how that can mean you are able to face it together armed with knowledge.

When someone you know and love starts to become unwell, you can see them change and become almost unrecognisable and this can be very painful and confusing. Your account details your own experience of this very clearly and honestly and for that we thank you. It can be especially hard when the person you love is saying things that are distressing because they are not well. I can only imagine how this must have felt for you all. It must have also been really worrying not knowing where your daughter was at times when she was very unwell.

When we are trying to understand what is happening for someone when they are not well, we know how important it is that we get things right, and this can sometimes mean that we need to gain a full picture over time to ensure that any diagnosis is as accurate as it can be. In Early Intervention we are aware that this is often the first time someone has come into contact with mental health services, and we know how vital it is to get something as important as diagnosis right. We are grateful for your patience with this process.

It is truly wonderful to hear a story of a family now thriving following the recovery of a loved one. Thank you so much again for sharing your experience of being cared for and supported by our service and the services that we work alongside. I will ensure that this feedback is shared with the wider team.

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

[Support for us and our daughter](#)

Adele Serin – Flanagan, Quality Lead for the Early Intervention Team STW, MPFT



“Each story is responded to in a timely manner. Adele shows great compassion and her tone is of a supportive and welcoming nature.

When I have spoken to Adele about how lovely her responses are she said "It's a pleasure. I really love receiving such honest accounts of people's experiences. The good and the not so good, because this is how we learn to make things better for people." I think this attitude to learning from experience is so positive and hopefully we can use this to encourage more of our staff to share Care Opinion links to gain more heartfelt feedback so we can learn and make positive changes for the people we provide services for.” **Emma Windsor**

“Our service users and families are the primary reason we are here, and being able to connect with them in a meaningful way at a time when something has been difficult or has not gone as planned, is vital to recognise and validate their experiences. It is so important to ensure that we are compassionate and human in our responses and support.” **Adele Serin-Flanagan**



Jill Green

**Ward Manager for the Emergency Department at Craigavon Area Hospital
Southern Health & Social Care Trust**



Jane Maxtone

**Senior Nurse, Community Treatment and Care (CTAC)
Peth & Kinross Health & Social Care Partnership**



Adele Serin-Flanagan

**Quality Lead for the Early Intervention Team (Shropshire, Telford and Wrekin)
Midlands Partnership University Foundation Trust**



**Do you know someone who
is a fantastic example of a
'star responder'?**

Nominate them now!

