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| CareOpinion_cropped | http://www.hospiceuk.org/custom_images/logo.png |

Patient-centred quality improvement in palliative and end of life care: learning from online feedback using Care Opinion

**INFORMATION FOR APPLICANTS**

**22 MAY 2017**

# Programme overview

This document contains information for teams interested in applying to join this two year programme, starting in September 2017.

The programme is provided by Care Opinion in partnership with Hospice UK, and is supported by the Scottish Government.

The aim of the programme is to test the value of near real-time online patient/family feedback in the context of palliative and end of life care (PEOLC) in 10 hospital, hospice or community settings, over a period of two years. Based on experience with other services we anticipate significant benefits for patients and their families, staff, and wider service improvement.

Our objectives are:

* To recruit an initial cohort of clinical teams willing, able and enthusiastic to participate
* To provide a structured induction for using Care Opinion in a clinical service
* To support each team to use Care Opinion, over a period of 24 months
* To encourage team reflection and sharing of learning and progress online, throughout the programme
* To undertake an evaluation of activity and outcomes, using a mixture of qualitative and quantitative approaches
* To provide, at the end of the programme, an evaluation report and a set of resources enabling learning to be shared with other clinical teams

# About Care Opinion

Care Opinion is a non-profit social enterprise based in Sheffield and Stirling. Since 2005 Care Opinion (formerly Patient Opinion) has pioneered new approaches to patient/carer feedback for health and social care services across the UK.

**Web**: careopinion.org.uk

**Twitter**: @careopinion and @CareOpinionScot

**Facebook**: facebook.com/careopinion

Care Opinion’s vision is for people to be able to share their experiences of health and care in ways which are safe, simple, and lead to learning and change.

Our mission is to provide an online platform so that:

* people can share honest feedback easily and without fear
* stories are directed to wherever they can help make a difference, and
* everyone can see how and where services are listening and changing in response

Currently over 180,000 stories are available through our online platform, about a wide range of services across the UK. Many stories have already been shared about experiences of PEOLC, both good and not so good.

Over 7,000 staff and healthcare students currently log into Care Opinion to receive alerts, respond, or create reports and visualisations.

Increasingly, we work with clinical teams who wish to use online feedback to promote learning and service improvement. Our experience is that, after some initial anxiety, staff like using Care Opinion and find it easy, enjoyable and even empowering.

**Lisa Metcalf**, a podiatrist at Notts Healthcare, wrote: “Our patients are happier, we have less complaints, and we’ve found that by listening to our patients, we do have the power to make our service better.”

**Ben Mearns**, acute medical consultant at Surrey & Sussex Healthcare, wrote: “The important thing is that I now feel confident that if there was a problem, or a patient had a concern, then I would know about it.”

You can hear more staff talking about Care Opinion in these short videos from a range of care settings: <https://vimeopro.com/careopinion/exemplars>

# About Hospice UK

Hospice UK is a non-profit organisation supporting over 200 hospices across the United Kingdom. It has an established history of supporting innovation in end of life care for people and their families, and a track record of producing resources to support transfer of evidence into practice.

Hospice UK is committed to:

* [Extend the reach and enable hospice quality care to be delivered in any setting;](https://www.hospiceuk.org/about-us/our-strategy/goal-1-extend-our-reach)
* [Tackle inequality and widen access to hospice care;](https://www.hospiceuk.org/about-us/our-strategy/goal-2-tackle-inequality)
* [Work with communities to build capacity and resilience to care for those at the end of life;](https://www.hospiceuk.org/about-us/our-strategy/goal-3-work-with-communities)
* [Empower a strong, dynamic and responsive hospice sector](https://www.hospiceuk.org/about-us/our-strategy/goal-4-empower-a-strong-hospice-sector)

**Web**: hospiceuk.org

**Twitter**: @hospiceuk

**Facebook**: facebook.com/hospiceuk

# What do we mean by a clinical team?

Our programme is open to clinical teams in the UK which provide palliative or end of life care in hospital, community or hospice settings.

By a team, we mean a multidisciplinary group of clinical and support staff providing a specific service or set of services within an organisation. Members of the team will work together to provide care to patients and their families.

Initially, we are able to support up to 20 members of each team in using Care Opinion.

# What does this programme provide to participating teams?

Teams participating in the programme will have access to a full-featured Care Opinion subscription for the two years of the programme.

Team leads will receive initial induction on the vision, mission and values of Care Opinion, how the platform works, and how to respond to and use online feedback in ways which generate benefits for patients and staff alike.

The subscription will include:

* An induction session with other participating teams at the start of the programme
* Access to all online features of Care Opinion, such as alerting, responding, reporting, data visualisations, digests and blogging
* Support and advice from Care Opinion, via email or phone, throughout the programme
* Access to weekly online drop-in training
* Two further review sessions with other teams at the mid-point and end of the programme
* Use of Hospice IQ online platform as a forum for peer discussion, feedback and debate on issues related to the project based upon a “community of practice” model
* A community of practice supported by Hospice UK

# The potential benefits to the team and their patients/families

Based on our experience of working with hundreds of organisations over the past 12 years, we hope that you will see a range of positive outcomes as a result of participating in this programme.

**Benefits for patients and families**: we expect that teams making active use of Care Opinion in their services will see benefits in terms of patient experiences, resolution of issues before becoming complaints, small changes to services which matter to patients and carers.

**Benefits for staff**: outcomes for staff may include greater confidence in their care, a deeper understanding of what matters to patients, greater ability to make improvements where needed, and an increase in morale.

**Benefits for the organisation**: outcomes for the organisation may include a growing reputation for transparency and responsiveness, and a small shift in organisational culture towards openness and collaboration.

However, such benefits are not inevitable, and part of the purpose of this programme is to learn together what is needed to achieve worthwhile benefits in PEOLC settings.

# What do we expect of participating teams?

We have some expectations of participating teams in this programme. We are setting these out in advance to help you make a considered decision about whether you want to participate.

Please check you feel you can meet these before you decide to apply.

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| Expectation | Explanation |
| Leadership | The lead applicant must be a senior clinician in your organisation. Your team must include at least two senior team members enthusiastic about the potential of online patient/family feedback |
| Organisational support | Your participation in this programme must be supported at director level in your organisation |
| Team involvement | You must be able to involve up to 20 members of your team in some relevant activity, so that everyone feels part of the programme |
| Induction | Two members of your team must be able to attend the induction workshop on 13 September in Scotland |
| Awareness | Some members of your team must be willing and able to invite feedback from patients or their families in any way which is appropriate to your service and its users |
| Responsiveness | Some members of your team must be willing and able to respond online to the stories which people post about your service, including highlighting any changes which have been made as a result of a story |
| Learning | Your team must be willing to regularly review its feedback together, in any setting which encourages discussion and reflection |
| Reflection | You must be willing to reflect on your own organisation, project activity and impacts to contribute to a deeper understanding of its success or failure |
| Community | Some members of your team must be able and willing to share experience and offer peer-support to others on the programme through the community of practice, an email list or monthly online meeting, hosted by us or you. Our expert reference group will also offer support in this way |
| Sharing | At least one senior member of your team must be willing to share your progress and challenges on this programme online, in public, at least monthly. Channels for sharing could include Facebook, Twitter, blogging, online video diary, or any other way which enables people not on the programme to follow your progress and learn from your experiences |
| Persistence | You must be willing to persist with the programme until at least the mid-point review workshop, even if you encounter challenges |
| Review | Two members of your team must be able to attend the mid-point and end of programme review workshops |
| Evaluation | You must be willing to support the evaluation of the programme through participating in group discussion, online surveys or brief interviews |

# An outline of how we will evaluate the project

During the activity phase and afterwards, we will undertake a lightweight mixed-method evaluation of the project. Formative evaluation will be used to encourage team reflection and participation, and to inform further evolution of the Care Opinion service as needed. Summative evaluation will provide an overview of activity and impact at the end of the project.

Evaluation methods will include:

* Summary of quantitative activity data collected by the Care Opinion platform
* Online surveys of participating staff and patients
* Case studies in the most active teams
* Group discussion and reflection

Evaluation topics of interest will include:

* Overall activity: stories, responses, changes, interaction with community of practice
* Staff confidence, views of patient feedback, views of future potential
* QI activities undertaken by staff
* Patient views: ease of use, personal benefit, quality of responding

# How to find out more

**We encourage you to find out more about Care Opinion if you are interested in applying to join the programme.**

## Explore Care Opinion

Exploring Care Opinion ([www.careopinion.org.uk](http://www.careopinion.org.uk)) is an obvious and easy way to find out more. You may be interested in seeing:

* How stories are told
* How other organisations respond
* How some stories lead to practical changes and others lead to relational changes

## Review our vision, mission and values

You will find our vision, mission and values here:

<https://www.careopinion.org.uk/info/mission>

## Read some blog posts

Our blog is where we – and many subscribing services – share their thoughts about the value of online feedback and listening to patients and carers.

Here are some blog posts which may give you a clearer picture of our vision and mission:

<https://www.careopinion.org.uk/blogposts/257/were-just-at-the-start-of-this-journey>

<https://www.careopinion.org.uk/blogposts/240/being-citizen-centred>

<https://www.careopinion.org.uk/blogposts/532/making-feedback-person-centred>

<https://www.careopinion.org.uk/blogposts/525/nine-benefits-we-see-with-sustained-use-of-pa>

## Attend our Q&A webinar

We are offering an informal online meeting (webinar) on **Friday 16 June at 2pm**, which you are welcome to join.

The webinar will allow anyone interested in applying to the programme to attend, ask questions, and hear questions and answers from others too. You can join the webinar using your computer, and use either the computer or a phone for audio.

**If you want to join the webinar, please email** [gina.alexander@careopinion.org.uk](mailto:gina.alexander@careopinion.org.uk) **for further details on how to join.**

## Contact us informally

If you prefer, feel free to contact the programme team for further information.

Dr James Munro, CEO, Care Opinion

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Gina Alexander, Director, Care Opinion Scotland

[gina.alexander@careopinion.org.uk](mailto:gina.alexander@careopinion.org.uk)

Dr Sarah Russell, Head of Research and Evidence, Hospice UK

[s.russell@hospiceuk.org](mailto:s.russell@hospiceuk.org)

# How to apply

First, read this document and ensure you are comfortable with the expectations of programme participants. Then, complete the application form in full.

Email the completed form to: [gina.alexander@careopinion.org.uk](mailto:gina.alexander@careopinion.org.uk)

**The deadline for applications is 5pm on Friday 28 July 2017.**

We will inform successful applicants by 18 August 2017. Team induction will be on 13 September 2017 in Scotland.