Care Opinion
What's your story?

Annual Review

of stories told about NHS Scotland services in 2025/26

Humanity in action: Stories shaping care

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Humanity in action:
Stories shaping care across NHS Scotland

A story begins when someone decides that an experience of care is worth sharing.

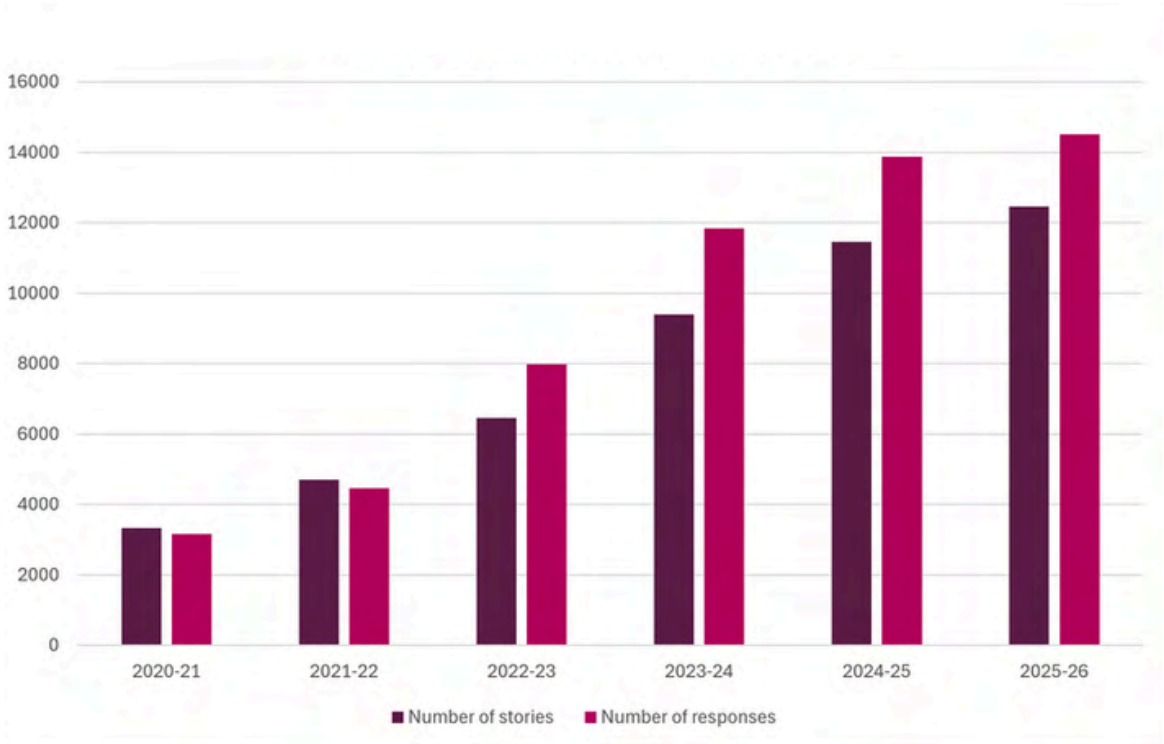
That decision can come from gratitude, frustration, relief, sadness, hope, or a wish that something might be better for the next person. Sometimes people write because care has stayed with them in a way they did not expect. Sometimes they write because they want to recognise the people who helped them. Sometimes they write because they want their experience to be understood, and to make a difference beyond the moment itself.

That is a generous act, and it is also a hopeful one.

Fraser Gilmore,
Care Opinion, CEO

I am delighted to introduce the 2025/26 Annual Review of stories shared on Care Opinion about NHS Scotland services. This year's theme, Humanity in action: Stories shaping care across NHS Scotland, reflects a simple but powerful: health and care services are often described in terms of structures, pathways, activity and performance, but people experience them through moments of connection, compassion, communication and trust. The stories shared on Care Opinion bring those moments into clearer view and remind us why they matter.

During the financial year 2025/26, **12,464 stories were shared** on Care Opinion about NHS Scotland services. Each story offers a glimpse into what care felt like for a person, a family member or a carer. Together, they create a rich and important picture of what people value, what they notice, where services are making a difference, and where there are opportunities to learn.



Six Years of Growth: Stories and Responses on Care Opinion

This annual review brings together articles, reflections and statistical breakdowns drawn from the stories shared across NHS Scotland. It looks at the national picture, as well as local activity across NHS boards, and offers insight into how people's experiences are being heard, responded to and used to support learning and improvement. I hope it is a review that people working across health services will not only find useful, but will want to spend time with.

80% positive

20% critical

The figures tell an important story. **80% of the stories shared were positive,** recognising the compassion, professionalism and commitment shown by staff across Scotland. **20% included some level of criticality**, offering insight into where experiences could have been better. Many stories contain both praise and criticism, because people's experiences of care are rarely simple. Someone can be deeply grateful for the treatment they received and still want to explain where communication felt unclear, where a process was difficult, or where care felt less personal than it could have been.

This is why narrative feedback is so valuable. It allows people to describe care in their own words, with all the complexity, emotion and detail that lived experience can hold. It does not replace surveys, complaints, engagement work or other service data. It sits alongside them and adds something distinctive, and it helps us understand not only what happened, but how it felt and why it mattered.

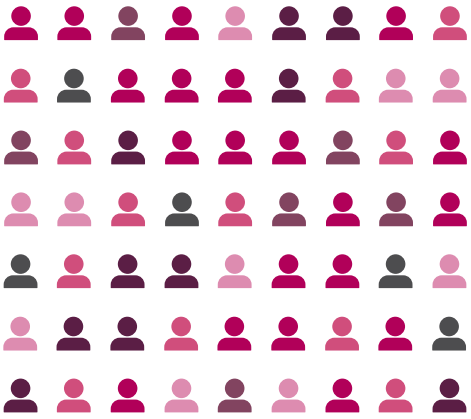
The responses from NHS Scotland services continues to be remarkable. This year, stories received **14,514 responses from staff and services**, with an overall **response rate of 96%**. Behind that figure are thousands of moments where someone took the time to read, reflect and reply. Each response helps make listening visible, and each response tells the person who shared their story that their experience has been received with care.

For me, humanity in action is found in the details people remember. It is found in the explanation that brings reassurance, the kindness that eases fear, the patience that helps someone feel less alone, and the honesty that builds trust. It is also found when a service reads a story carefully, shares it with the right team, responds thoughtfully and asks what can be learned.

Care Opinion helps make these experiences visible. It creates a public space where people can share what mattered to them, and where services can respond openly and thoughtfully. At its best, this creates a conversation that can support the person who shared their story, recognise the staff who provided care, and help services understand what people need from them.

The reach of the stories behind this review is worth recognising too. During 2025/26, stories about NHS Scotland services were **read 1,522,355 times**. A story shared by one person can be read by many others. It can encourage a team, inform a discussion, support improvement, or help someone else understand care differently.

This year, services also recorded **79 changes that were planned or made** as a result of stories shared on Care Opinion. These changes matter, because they show how listening can move beyond acknowledgement into action. We also know that not every story will lead to a specific change, and not every impact is easy to record. Sometimes the value of a story is found in the reflection it prompts, the reassurance it gives to staff, the conversation it starts within a team, or the way it strengthens a culture of listening. We know many of these impacts happen beyond what is publicly recorded on Care Opinion, but we would love to see more of them captured and shared, so that the learning from people's stories is made even more visible.



I want to acknowledge and thank everyone who shared a story this year. Many of those people may never read this review, but their contribution sits at the heart of it. Their stories have helped recognise good care, highlight where improvement is possible, and deepen our collective understanding of care from the perspective of patients, families and carers.

I also want to thank the staff and services across NHS Scotland who continue to engage with Care Opinion with such care and commitment. The articles, reflections and figures in this review show the value of listening publicly, responding meaningfully and learning from what people choose to share.

As you read this annual review, I hope you see more than numbers, charts and activity. I hope you see what sits behind them: people receiving care, people giving care, and people listening, responding and learning from one another.

That is the power of stories. That is what this annual review celebrates. That is humanity in action.

Fraser Gilmore
Chief Executive Officer
Care Opinion

Where Humanity Meets Practice

Support Team

Article written by Tracy Molloy, Subscriber Services Manager, Care Opinion

The Care Opinion support team has continued to work closely with NHS colleagues across Scotland over the past year, helping lead contacts in each Health Board get the greatest value from their Care Opinion subscription. Our focus has remained on supporting executive and operational leads to build confidence in using the site's features and functionality, while also helping them to embed and widen Care Opinion across their services, support staff to promote Care Opinion and respond to stories in a meaningful way.

This work also connects closely with the wider annual review theme introduced by *Care Opinion CEO Fraser Gilmore: Humanity in action*. The support team's role is to help make that humanity visible in practice, supporting NHS Scotland services to listen well, respond with care and use people's stories to shape learning and change.

Tracy Molloy,
Subscriber Services Manager

Tailored Support for a Wide Range of Services

Support offered to our leads in each Health Board often involves helping them reach out to services and teams that may be less familiar with Care Opinion, or that may benefit from additional guidance on engaging with patients, service users and families. In some areas, teams are already confident in embedding patient feedback into everyday practice. In others, particularly where services are more complex, a more considered and bespoke approach can be helpful.

The Care Opinion support team regularly provides tailored training and practical advice for services supporting people with a wide range of needs. This includes, for example, services caring for older people with cognitive impairment, teams supporting people with mental health conditions or trying to support seldom/ underheard voices. Whatever the setting, the support team brings knowledge, experience and a practical understanding of how Care Opinion can be used meaningfully and sensitively.

Sharing Learning Across Organisations

A key strength of the support team is its ability to share learning and examples from across the Care Opinion community. By drawing on experience from other Health Boards, Scottish Health and Social Care Partnerships, NHS Trusts in England and Health and Social Care Trusts in Northern Ireland, the support team offer practical ideas and reassurance to services that may be facing similar challenges.

We are humbled that our support team are frequently praised for being responsive, approachable and supportive. We actively encourage colleagues to make use of the support available, because helping subscribers feel confident, connected and well supported is at the heart of what we do best.

Peer Support and Shared Learning

Over the past 12 months, support for Health Boards has included quarterly peer support group meetings for executive and operational leads. These sessions provide a welcoming and safe space to hear updates from Care Opinion, share what is working well, and explore any issues or hurdles organisations may be experiencing.

The meetings continue to be well attended and warmly received. They have also helped strengthen relationships between organisations by encouraging open discussion, shared problem-solving and peer learning.

Webinars and Workshops

Alongside direct support and peer learning, the support team has continued to offer a rolling programme of practical 'How to' webinars. These sessions help subscribers build confidence in using Care Opinion effectively and provide opportunities to revisit key areas of the site.

The introduction of Subscriber Workshops has created another valuable space for shared learning. These sessions give subscribers the opportunity to explore key topics in greater depth, with recent workshops covering how to promote Care Opinion using Bear for children and young people, advanced searching and subscriber tagging, safeguarding and assigning criticality, and showing impact through meaningful responses to stories on Care Opinion. The interactive format has enabled subscribers to engage directly with Care Opinion colleagues, ask questions, and benefit from their specialist knowledge and experience.

Continuing Our Work Together

We are very proud of all the hard work our support team continues to deliver in Scotland. I also want to pay special recognition to Engagement & Support Officers Danielle, Lisa and Charlotte, who not only build strong relationships with our leads, but work together as a team to deliver the support, learning and practical guidance outlined above to staff across the Health Boards. We look forward to building on this work and achieving even more together in the year ahead.

The Work Behind the Words
Moderation Team

Article written by Tim Hunt, Head of Partnerships & Safeguarding, and Sam Ashurst, Moderator, Care Opinion

Care Opinion expanded the Moderation Team in 2025/26 to keep up with the growing number of stories received. Every story that reaches us is read carefully by one of our committed and enthusiastic team. The Care Opinion values of humanity, inclusivity and transparency are a strong focus throughout the Moderation Process. First Line Moderators assess each story alongside robust guidelines and policy that have been developed over many years. They will then either publish stories straightaway or refer to the team of Second Line Moderators to manage more complex stories. This attention to detail is how we keep Care Opinion a safe place for authors and staff.

Our Moderation team are always sensitive to the fact that authors may be dealing with difficult or complex situations when they share their stories. Sometimes, this means a story falls outside the scope of Care Opinion (which is to publish feedback about specific episodes of health and/or care) when this happens, we take care to explain gently and clearly why a story may need to be edited, or why we may not be able to publish it.

Where appropriate, we also signpost authors to other sources of support, so they are not left without a way forward. This careful work helps us stay true to our values, by making sure Care Opinion remains a safe, constructive and respectful space for patients, families and staff. We have received lovely feedback from authors who have thanked us for the explanation and the advice and support they were given.

Story process journey (from moderation to services listening)

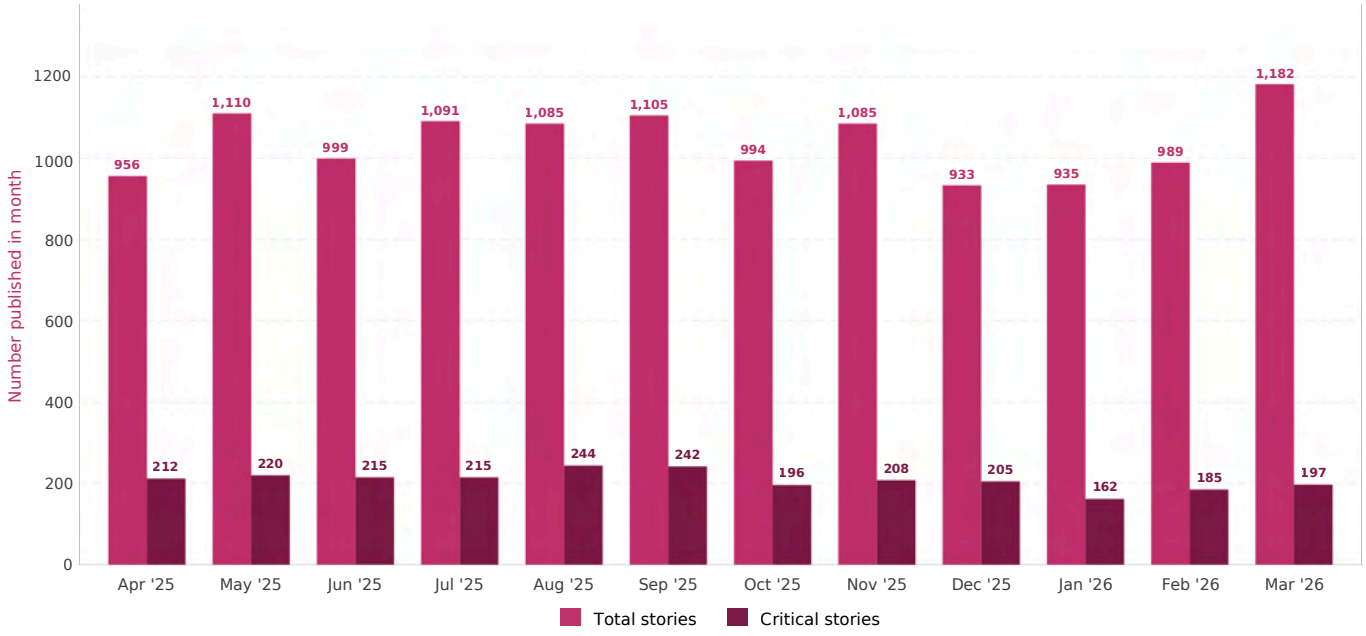
12,464 total stories

2,501 critical stories

20% overall critical rate

22.5% peak rate (Aug '25)

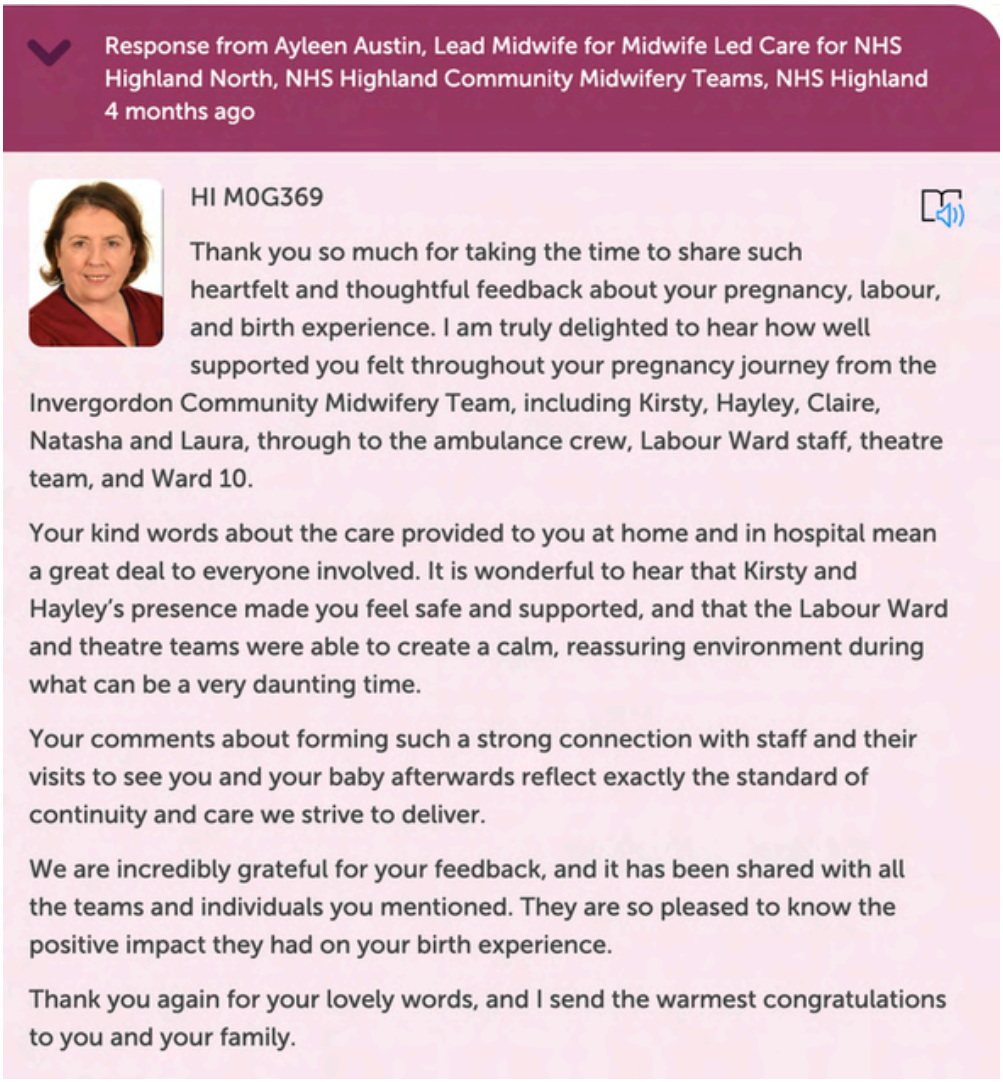
A total of **12,464 stories were published** last year with around **80% of them being positive**, every one of those stories published starts with the author deciding to share something that mattered to them. This is often something like gratitude for a nurse who made them relaxed during a frightening experience, a receptionist who went out of their way when they felt vulnerable or authors writing to say thank you. It is the moderation team at Care Opinion that link these stories to the deserving staff and services.



Monthly Story Volume and Critical Story Share, 2025/26

However, not every experience of care is positive, Care Opinion exists for those stories too, enabling services to learn and change from negative experiences of care. Sometimes it could be authors feeling unheard, sometimes it is the care itself, or the ability to access it. The large majority of critical stories, around 75% are minimally critical, where authors often experience issues around the environment, communication, or waiting times. Highlighting where processes could work better or where a conversation could have gone differently. More critical stories that deal with interaction with staff and clinical care are handled carefully and escalated through the right channels as needed.

Another important aspect of moderation is staff responses and witnessing all the positive interactions that staff have with all of the authors. From congratulating a new parent, showing empathy around the loss of a loved one, to being able to provide an author with planned changes on how to improve an aspect of the service. Oftentimes some staff responses really stand out to us, where their genuine care and compassion shines through the response. These get highlighted internally and added to a long list of Star Responders. Here is an exceptional example:



Response from Ayleen Austin, Lead Midwife for Midwife Led Care for NHS Highland North, NHS Highland Community Midwifery Teams, NHS Highland
4 months ago

HI M0G369

Thank you so much for taking the time to share such heartfelt and thoughtful feedback about your pregnancy, labour, and birth experience. I am truly delighted to hear how well supported you felt throughout your pregnancy journey from the Invergordon Community Midwifery Team, including Kirsty, Hayley, Claire, Natasha and Laura, through to the ambulance crew, Labour Ward staff, theatre team, and Ward 10.

Your kind words about the care provided to you at home and in hospital mean a great deal to everyone involved. It is wonderful to hear that Kirsty and Hayley's presence made you feel safe and supported, and that the Labour Ward and theatre teams were able to create a calm, reassuring environment during what can be a very daunting time.

Your comments about forming such a strong connection with staff and their visits to see you and your baby afterwards reflect exactly the standard of continuity and care we strive to deliver.

We are incredibly grateful for your feedback, and it has been shared with all the teams and individuals you mentioned. They are so pleased to know the positive impact they had on your birth experience.

Thank you again for your lovely words, and I send the warmest congratulations to you and your family.

Read the full story and responses

When a critical story is shared, our Moderation team and Support team work closely with staff across Scotland to ensure the right staff are ready to receive it. Advanced notice is given to lead staff before either very sensitive or critical stories are published. This allows staff to be consulted and a considered response prepared, so that the author receives a meaningful response that directly answers their concerns, and the service has an opportunity to reflect on what they have heard.

An important area of work recently, has been reviewing our policies and practice around the line between feedback and complaints. Care Opinion is designed to help people share feedback about specific episodes of health and/or care, so services can listen, respond and learn. Formal complaints have a different purpose to feedback and need to follow a separate process. When these two routes become blurred, it can be confusing for authors and difficult for staff to respond well. By making this distinction clearer, we want to help people choose the route that is right for them, avoid multiple processes happening at the same time, and supporting the best possible experience for both authors and staff.

Stories about the NHS acute and secondary services in Scotland have been growing year on year, with 12,424 stories shared in 2025/26. Overall, Scottish stories make up over one third of all the stories shared on Care Opinion across the UK in 2025/26. More and more people are feeling confident to share their story. Each story is carefully read and supported by our team of moderators who care about the individual author's voice and supporting services to truly listen.

We are proud of what our Moderation team have achieved in 2025/26 and very excited to see what comes next.

From individual stories to stories across Scotland

Article written by Krisztina Patocs, Projects and Business Support Officer, Care Opinion

In 2025/26, 12,464 stories were shared about NHS Scotland services. This was an 8% increase on the previous year, meaning more people chose to share their experiences of care in their own words. Behind this number are thousands of individual moments of care, each one told for a different reason.

Every story on Care Opinion starts with a real experience. For some, it's a thank you; for others, a concern about their care, or simply a wish to describe what happened and the difference it made.

In this article, as we do every year with our Annual Reviews, we are going to start by sharing the three most read stories. What we learn from these stories is that some of the themes we see running through them are ubiquitous, shared with the thousands of other stories shared on Care Opinion every year.

Next, using our platforms own visualisations we will then see if this commonality of themes does run through all of the stories in 2025/26. We will learn what is mentioned most often, what authors valued most in care, what authors felt could be better, and how their experiences left them feeling.

The three most-read stories of 2025/26

The three most-read stories of 2025/26 each tell a different story of care: two describe positive experiences, while one shares praise along with concerns. Like all stories shared on Care Opinion, each is rooted in honest, personal reflections on real experiences of care. Even within a single story, praise and concern often sit side by side, showing that experiences of care are often nuanced rather than simply good or bad.

The most-read story describes a care journey across several services: prompt care, clear communication, and staff who took the time to explain everything. It's a story about what it feels like when a system works well together.

Read the full story

> The staff we spoke to were professional and thorough, which as a nurse myself, I really appreciated.

The second most-read story is about labour and birth, a single episode of care where, at every point the support that was needed, was there: clear communication at every step, managed pain relief, and quick and skilful responses when complications arose. All this left a terrified family feeling completely safe and cared for.

Read the full story

> I was entirely dependent on 2 women I had never met and yet instantly had so much faith and trust in.

The third most-read story is a mix of praise and concern. This pairing of positivity and criticality runs through many of the stories people share on Care Opinion. This story describes a clean, welcoming department and kind staff, alongside issues the author felt strongly enough to raise. The service listened and committed to change.

Read the full story

> I believe a hot, sweet beverage is far more suitable for this age group after a procedure than a plastic cup of chilled water.

What the wider picture shows

These three stories are a microcosm of the 12,464 stories shared across Scotland in 2025/26. As reflected throughout this report, the vast majority of stories are positive (80%) and that pattern holds when we look more broadly. The four word clouds below each explore a different aspect of people's experiences: the words they used, what they valued, what they felt could be better, and how their care left them feeling.

Visualisation 1 – Story word cloud showing the most used words in the last 1000 stories

When people write about their experiences, staff sit at the heart of almost every story. Words like "*amazing*", "*wonderful*", "*professional*" and "*thank*" often appear alongside the names of wards, surgeries, appointments and maternity units. The breadth of services is wide, but the language people reach for is similar: care is remembered through the people who delivered it.

Visualisation 2 – Word cloud – What was good?

When people describe what was good, *"kindness"*, *"compassion"* and *"friendliness"* come through most strongly. But so does *"communication"*: being kept informed, having things explained clearly and having questions answered. When communication works well, people notice.

Visualisation 3 – Word cloud – What could be improved?

What is really striking is that communication is also the most common theme when people describe what could be improved, alongside *"waiting times"* and *"access to services"*. This tells us something important: communication is one of the most powerful elements of care. When it works well, people feel safe and respected. When it falls short, it is felt deeply.

Visualisation 4 – Word cloud – How did you feel?

Perhaps the most powerful visualisation is how people described the emotional impact of their care. Words like "*thankful*", "*reassured*", "*supported*", "*put at ease*" and "*listened to*" stand out. Less mentioned words like "*dismissed*", "*ignored*" and "*unheard*" are there too, sitting at the edges. Care leaves a mark, and people carry that with them long after the appointment or procedure is over.

What these stories tell us

12,464 people chose to share their experience of NHS Scotland services in 2025/26. The three stories that opened this article turn out not to be exceptions; they reflect a wider pattern. Staff are at the heart of almost every account. Communication shapes how care is remembered, for better or worse. The emotional impact of care, whether people felt heard, supported or dismissed, stays with people long after the moment has passed. Individual stories are the starting point, but together, they tell us something much wider about the experience of care across Scotland.

Our Path Ahead

10 years of Realistic Medicine

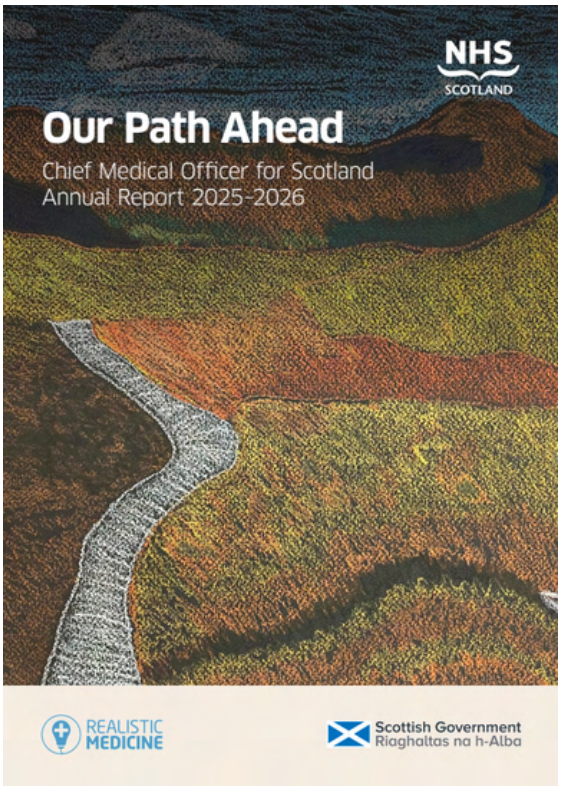
Article written by Professor Catherine Labinjoh, National Clinical Advisor, Realistic Medicine and Chair, Care Opinion and Dr Alex Peterson, Scottish Clinical Leadership Fellow

It's now 10 years since the introduction of **Realistic Medicine** – a pivotal moment in our approach to health and care in Scotland. At its heart, Realistic Medicine shifts the question from "what's the matter?" to **"what matters to you?"** and, in so doing, makes personalised care and shared decision making fundamental to our approach to care. Realistic Medicine reframes how we deliver care - how we reduce harm and waste in our system; how we reduce unwarranted variation and promote equity; how we best manage risk while continuing to be improvers and innovators. Now a health and care movement in Scotland, it has transformed the traditional, more paternalistic, model of health and care, recognising that approaches to health, healing and wellbeing need to be anchored in people's lived experience.

Care Opinion remains a key part of our understanding and appreciation of people's experience of care. Through patient feedback, our practice is informed. Importantly, patients feel heard and staff can respond, making that connection more personal, and putting humanity in to action. This year, partners in the Excellence in Care team at Healthcare Improvement Scotland, working alongside colleagues in the Person-Centred Care Team in the Scottish Government, have developed a national **Person-Reported Experience Measure** (**PREM**).

The PREM is currently being tested in a number of areas, including with storytellers on Care Opinion, and we will use the evaluation of this work to inform plans for better incorporating people's feedback and experiences into service redesign.

In celebration of our ten year anniversary, Realistic Medicine has been "on the road". With our CMO, Professor Sir Gregor Smith, and deputy CMO, Professor Graham Ellis, we have visited a number of Health Boards from Shetland to Dumfries. It's clear what an impact Realistic Medicine has had over the past ten years, thanks to our fantastic workforce who have embraced the principles of Realistic Medicine and brought them to life. Realistic Medicine is now widely embedded in services across the country. Personalised care and shared decision making are standard; importantly, the understanding of what counts as healing, and what works for wellbeing is widening. In NHS Ayrshire and Arran, we saw the impact of the East Ayrshire Community Hospital memorial garden, a place of quiet contemplation and nurturing for patients, families and staff. In NHS Shetland, polytunnel-greenhouses at Montfield grounds provide a sheltered, all-weather growing space and a recreational breakout area for staff.



June saw the publication of the **CMO report** "Our Path Ahead". This year's report highlights the links between creativity and health. Creativity is core to our humanity, offering something fundamental to care: a different way of seeing. We can support creative engagement as part of holistic care using social prescribing pathways to connect people with activities. Arts organisations are public health assets: they foster connection, meaning, identity and joy and support mental and physical wellbeing. The report emphasises that kindness, trust, and relationships are not "soft extras" but core system assets in health and care.

Health and care must be designed to include relational continuity and patient preferences and goals. When we put patients and communities at the heart of decisions, and shape care by what matters to people, we deliver outcomes which matter and a more sustainable system. In Scotland, we call this **Value Based Health and Care**.

This year's Realistic Medicine conference, partnering with **Healing Arts Scotland**, was a chance to reflect on all we have achieved in ten years. Care Opinion CEO Fraser Gilmore joined a stellar cast of presenters as we explored "Our Path Ahead". Over 400 delegates from across Scotland, representing a wide range of disciplines and professions, joined us to celebrate Realistic Medicine, support the delivery of Value Based Health and Care, and strengthen the delivery **kind and careful care**.

If you didn't make it, sorry we missed you! Looking forward to seeing you next year...

Care and Complaint: Exploring the changing technologies of feedback and complaint in the Scottish NHS

Article written by Tyler Harvey, PhD student in Science and Technology Studies at the University of Edinburgh

Tyler Harvey, PhD student

My PhD is looking into how the impact of digital feedback technologies resonates in the relationship between feedback and complaint in the Scottish NHS. Where formal complaints processes have commonly been reported as inefficient and dissatisfactory for patients and staff alike, websites like Care Opinion offer a different route for collecting and incorporating patient input into the delivery of healthcare.

This in itself may be influencing how complaint policies are built and enacted: Care Opinion has been spoken of as fertile grounds for Local Resolutions, for instance. On the other hand, complaint can influence feedback as well, where the mention of an ongoing formal complaint may interrupt the typical 'flow' of story-and-response on Care Opinion. This is often due to the risks of identifiability, as an open complaint case may be linked to a Care Opinion story if the details can be matched, which risks violating the author's anonymity. Yet, for authors, this compromise may be experienced as another frustrating stoppage – especially if they felt the complaint process had not led anywhere useful. At base, I think this gets to the heart of my enquiry, and asks, what are some of the current limits of patient voice in the delivery of public healthcare in Scotland?

This research therefore seeks to map out the relationship between feedback and complaint to better understand this situation, using Care Opinion as an opening case. For this opening, I undertook a stint of ethnographic fieldwork at the Care Opinion Scotland office beginning in February 2026, adopting the role of trainee Moderator to learn how Care Opinion stories are crafted behind the scenes. I started engaging in what I described as 'moderation brain' in my notes – a specific frame of mind for reading stories for publishability.

This included honing in on potentially identifiable information (e.g. real names, dates), as well as creatively fashioning good titles (often using a direct quote from the story) and adding tags to aid searchability – activities all done in service of making feedback fit for a public viewer. What really surprised me was learning the how and why of the criticality score system, used to categorise stories for services – this will likely be a key point of comparison with NHS complaints and their own systems of sorting patient input behind the scenes.

My practical training was interspersed with interviews with Care Opinion staff, soon to be followed by Care Opinion author interviews to engage with the patient perspective. I also aim to interview NHS staff with relevant experience handling both feedback and complaint, finally comparing data between the 3 participant groups to generate a working theory on the intersection of feedback and complaint, and the consequences this may have for patients and staff. Later on, I will present my findings at healthcare conferences, and in interviews with policymakers. I hope that bringing the findings to those responsible for governing feedback and complaint practices might draw attention to the built-in structural limits constraining patient voice, and encourage thinking how things could be otherwise.

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THE UNIVERSITY of EDINBURGH

Scottish Graduate School of Social Science
Sgoil Cheumnaichean Saidheans Sòisealta na h-Alba

Care Opinion Awareness Week

NHS Tayside

Article written by Andrew Quigley, Senior Nurse Patient Experience; Niamh Fry, Patient Experience Team Officer and Susan Anderson, Patient Experience Team Officer, NHS Tayside

NHS Tayside organised Tayside Care Opinion Awareness Week in early June, and it turned into a great opportunity to connect with patients, families, and staff in a really open and positive way. Throughout the week, teams set up stands across hospital sites in Ninewells, Perth Royal Infirmary and within Health and Social Care Partnerships, creating friendly drop-in spaces where people could find out more about Care Opinion and how it works.

Rather than being too formal, the focus was on having simple, genuine conversations. Staff spoke with patients and visitors about their experiences, answered questions, and helped people understand how easy it is to share feedback online. For many, it was the first time they'd heard of Care Opinion, and it was encouraging to see how interested people were once they realised their voice could make a difference.

The stands were also a chance to chat with staff. A lot of effort went into making sure colleagues felt comfortable talking about Care Opinion, what it is, why it matters, and how to respond to feedback. It helped reinforce the idea that feedback isn't something to worry about, but something to learn from and use to improve services. There was also an opportunity to provide resources and signpost services to contact the Patient Experience Team to register their service with Care Opinion.

The teams also created videos that shared stories and responses that have come directly from Care Opinion feedback. Seeing that real improvements have happened because someone took the time to share their experience made it all feel much more meaningful. It showed that providing feedback really can lead to positive change.

Part of the Patient Experience team at Tayside Care Opinion Awareness Week

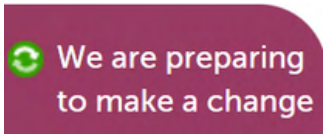
Overall, the week had a really positive feel. By meeting people where they are, having honest conversations, and making feedback feel accessible, NHS Tayside helped raise awareness of Care Opinion in a way that felt genuine and approachable.

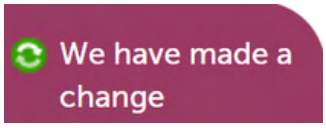
Changes shaped by patient voice

Article written by Lisa Dendy, Senior Engagement & Support Officer, Care Opinion

Working in Subscriber Support, I meet people who are passionate about using the Care Opinion platform for many reasons: people want to know what they are doing well in health and care services, to allow staff to receive praise from the people who receive their care, and to show they are listening to the voices of the public. They also want to know what could be improved in their services and, most of all, they want to learn from the stories told, whether positive, critical, or a bit of both. Each story gives an insight into the patient or service-user experience, carrying its own unique value for the people listening and responding.

When staff respond to feedback, it opens up a conversation and connects the anonymous story-teller to the people working in the service, allowing the potential for learning and change to happen. Staff can add *Change* logos to their responses, if they are planning or making a change as a result of the feedback, giving details of these changes in the response itself.





> **"Change is the end result of all true learning."**
> Leo Buscaglia, author and motivational speaker

A huge percentage of the stories told on Care Opinion are completely positive. From these, staff can learn what they are doing well, and work to continue and ever improve in these areas. They may even want to replicate good practice in other areas of a service they are part of, or reflect on why these positive experiences happen in some areas, but not others. Stories with critical feedback are equally insightful and provide an opportunity to plan or make a change for one individual, for a group of patients / service-users or for a whole department, service or location.

Changes Planned or Made in Scotland in 2025/26

In the financial year 2025/26, NHS Scotland services noted 79 changes were planned or made as a result of feedback on Care Opinion. 97% of these stories had an element of criticality, so the majority of changes made were in response to critical feedback, with an aim to improve on the experiences shared. You can see all stories with a change planned or made in Scotland since April 2025, **here**.

Not every story shared on Care Opinion leads to a specific, visible change, and not every change that happens is captured on the site. Sometimes a story confirms that existing practice is working well. Sometimes it prompts reflection, a conversation in a team, a reminder about communication, or a renewed focus on kindness, dignity and trust. We know from conversations with staff that stories often influence practice in ways that are not formally recorded, and we want to encourage more of those changes to be shared in future. We also recognise that some of the most important change happens in culture: in how teams listen, how they talk about patient experience, and how they see care through the eyes of the people who use it. That kind of change is harder to list, but it matters deeply.

What follows are just some of the brilliant changes made to services in Scotland. The hope is that these will inspire you to think about the feedback you see and the impact it has on people using health and care services. If you are a responder, I hope these examples shine a light on what can be possible and encourage you to think outside the box when engaging with story authors.

Posters and Resources - NHS Ayrshire & Arran

This story highlighted concerns around staff awareness, when caring for someone with Addison's disease:

> As a patient with SAI, it's terrifying to know that the local A&E do not know how to treat you and if the worst were to happen and I was brought in unconscious that I may die as I wouldn't get the proper treatment. There is plenty of information on the Internet and print-outs for nurses on the Addison's charity website. I would suggest that you take advantage and educate staff. I am aware this condition is rare but that shouldn't mean staff aren't aware of it.

Staff in the Health Board responded with contact details to discuss the specific case further, and to update on changes made to the service as a result of the feedback:

> As you are aware, the Team in the Department have introduced learning summaries to raise staff awareness of adrenal insufficiency care as a direct result of your feedback. Our Clinical Nurse Educator in the Emergency Department also developed posters using the resources you had mentioned, in addition to carrying out simulation training with the staff.

The author responded back, showing appreciation for the changes made and expressing how safe this made them feel:

> I appreciate that my feedback was taken on board and changes made, it has certainly made me feel safer attending as an SAI patient.

Read the full story

Staff Training – NHS Lothian

This story highlighted from a patient's perspective, a lack of communication and information, which left them feeling confused and upset:

> Overall my care was very good, but a failure of communication in certain instances meant I left the hospital with many questions about what happened to me. It is only since going through my notes with a midwife that I have cleared up these questions about what happened, but I wanted to raise my concerns about consent and communication in the hopes that other women are not left feeling upset and confused about their birth experience as I was.

Staff responded, with a detailed apology and later informed the author that staff in the service will be provided with a communication course:

> As a result, it has been arranged for staff to attend a course specifically designed to improve communication skills in the Obstetrics setting.

Read the full story

Catering services and Staff Training – NHS Greater Glasgow & Clyde

This story highlighted issues with the size of meals and availability of extra food to people on the ward:

> No-one is expecting the food to be good, but there should be provision for serving larger meals. These are pregnant or newly postpartum women, many of whom are breastfeeding or expressing, who have some of the highest caloric needs, which is absolutely not reflected in the meals provided - partly I believe because of the logistical difficulties in delivering these.

Staff responded, saying they would make changes to the catering provided and include training for staff involved in food provision:

> I shall pass your comments onto our catering manager in order to ensure these additional items are in all ward pantries and we shall also ensure the catering staff are re-trained to offer any surplus food to patients at the end of the meal service.

Read the full story

Window Adaptations – NHS Grampian

This author talked about the great care they received but also mentioned problems with the ward temperature:

> The only thing that made my stay uncomfortable was the temperature in the ward. Again the staff did all they could ensuring patients had a fan. None of the windows open in the pink zone and in the height of summer it's very uncomfortable to recover from surgery or have temperature spikes and fevers in such a warm and stuffy environment. I can imagine it would also be difficult for the staff to work in these conditions at times. [...] I wanted to feed this back in the hope that future patients don't have to experience these uncomfortable temperatures on the ward.

Staff responded, planning a change to the ward, and updated at a later date, letting the author and public know that windows had been adapted in each room, to allow a cooler temperature for patients:

> We are pleased to let you know that, following feedback, a change has now been made. One window in each of the multi-bedded rooms has been adapted and can now be opened, allowing for improved ventilation and comfort.

Read the full story

Moving Forward

These are just some of the amazing changes made in Scotland since April 2025, and we continue to see more published every week. Well done to all staff who respond and take action to make services better for all who use them. Moving forward, we would love to see critical stories continue leading to change, as well as an increase in positive feedback being used by services to plan and make changes. I would like to close by sharing this unique example from our friends over in Northern Ireland, which is a wonderful response to a positive experience with a change made.

The Dementia Companion Service strives to provide individualised care to people living with dementia while in our acute hospital care settings.

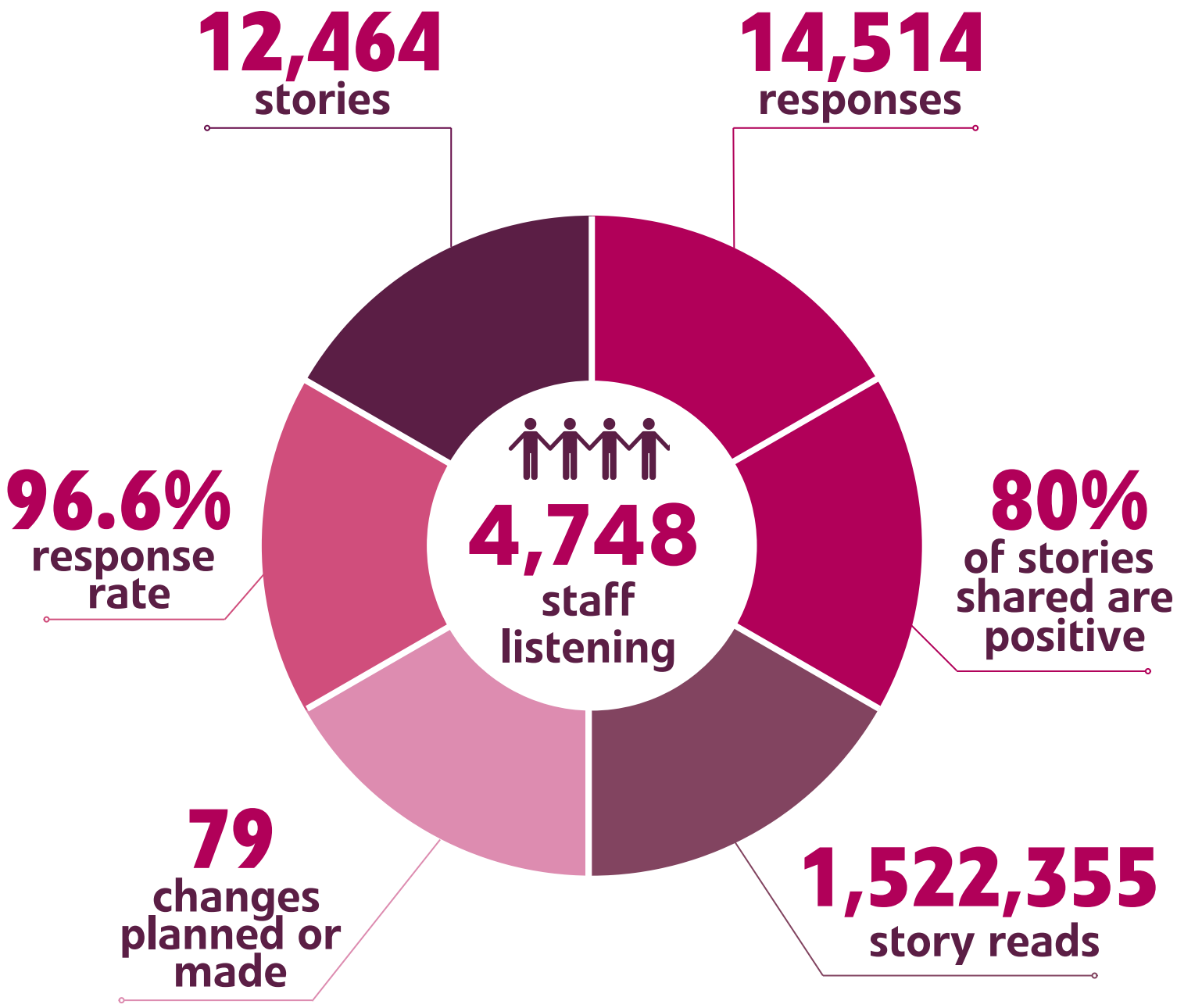
What you have witnessed with Brendan is the core of the Dementia Companion Service and the values that we promote as a team. I am delighted that your service user and your service had the experience of the Dementia Companion Service and the role that they can play with people living with dementia who are admitted to our acute hospitals. I will share this post with Brendan and his fellow Dementia Companions, which they will be delighted to receive.

From your experience, we are going to plan a change within the Dementia Companion Service, to ensure that all Dementia Companions have training with regards to intellectual disability and dementia.

Read the full story and response

National activity across NHS Scotland services in 2025/26

The below infographic outlines national activity on Care Opinion about NHS Scotland acute and secondary services during 2025/26.



Activity across Health Boards in 2025/26

The following pages include infographics outlining activity on Care Opinion for each Health Board during 2025/26. They show the number of stories shared by the public, the number of responses (this number represents all responses to stories about the specific Board, including responses where other Boards have been mentioned in stories), the Board's response rate, the percentage of stories that were entirely positive, the number of story reads, and the current number of staff members listening.

- NHS Ayrshire & Arran
- NHS Borders
- NHS Dumfries & Galloway
- NHS Fife
- NHS Forth Valley
- Golden Jubilee National Hospital
- NHS Greater Glasgow & Clyde
- NHS Grampian
- NHS Highland
- NHS Lanarkshire
- NHS Lothian
- NHS 24
- NHS Orkney
- Scottish Ambulance Service
- NHS Shetland
- NHS Tayside
- NHS Western Isles

NHS Ayrshire & Arran

248 staff listening

625 stories shared

722 responses

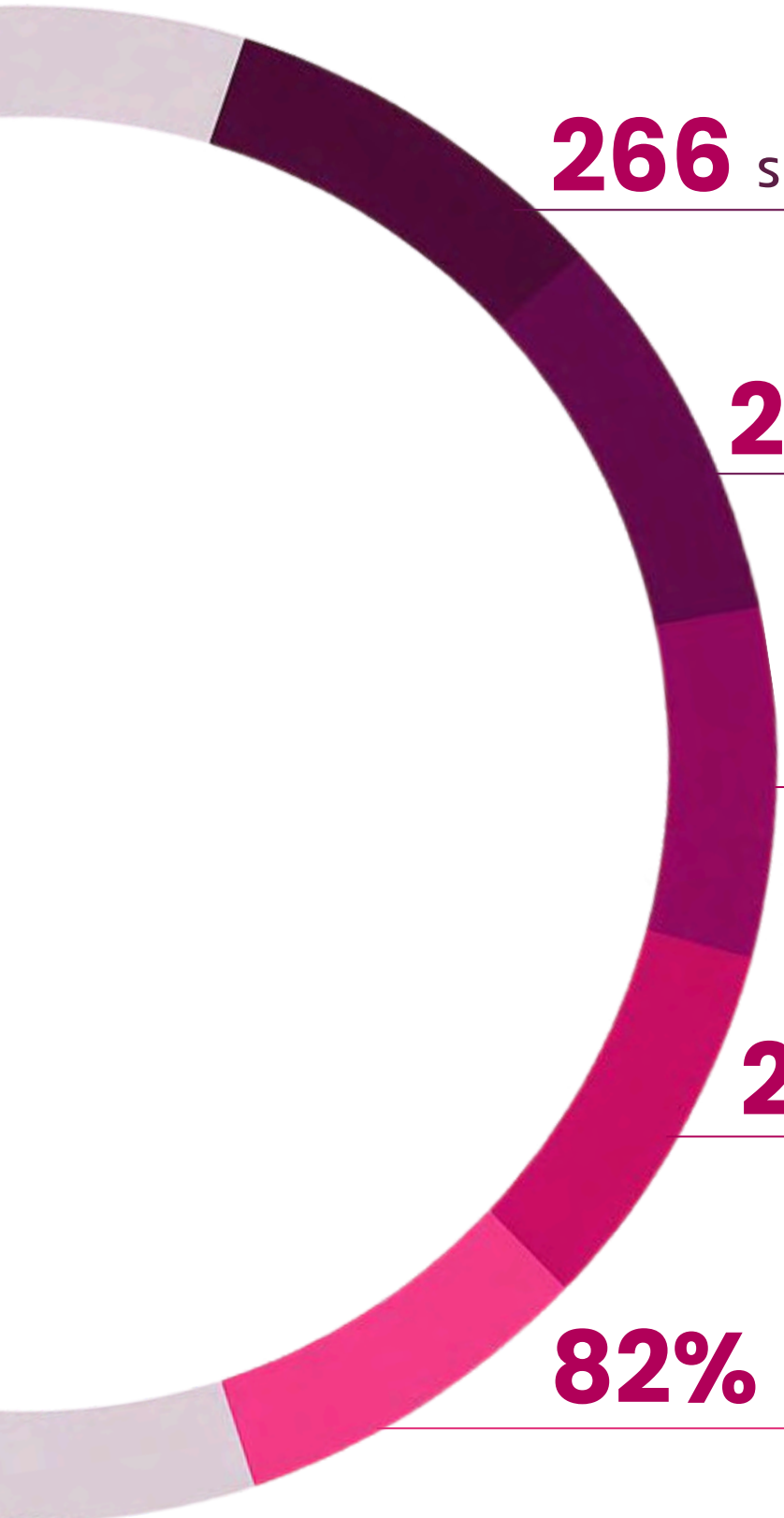
95.5% response rate

89,187 story reads

80% of stories are positive

NHS Borders

193 staff listening



266 stories shared

241 responses

80% response rate

28,941 story reads

82% of stories are positive

NHS Dumfries & Galloway

135 staff listening

145 stories shared

163 responses

98% response rate

14,666 story reads

77% of stories are positive

NHS Fife

525 staff listening

1,596 stories shared

1,944 responses

95% response rate

169,175 story reads

83% of stories are positive

NHS Forth Valley

309 staff listening

1,085 stories shared

1,169 responses

91.4% response rate

122,864 story reads

83% of stories are positive

Golden Jubilee National Hospital

30 staff listening

95 stories shared

140 responses

95.7% response rate

12,045 story reads

85% of stories are positive

NHS Greater Glasgow & Clyde

639 staff listening

3,403 stories shared

4,016 responses

98.8% response rate

417,176 story reads

80% of stories are positive

NHS Grampian

349 staff listening

802 stories shared

876 responses

91% response rate

172,083 story reads

75% of stories are positive

NHS Highland

114 staff listening

340 stories shared

346 responses

87.6% response rate

30,103 story reads

71% of stories are positive

NHS Lanarkshire

308 staff listening

1,635 stories shared

1,970 responses

97.8% response rate

210,358 story reads

75% of stories are positive

NHS Lothian

542 staff listening

948 stories shared

1,206 responses

99.9% response rate

109,689 story reads

80% of stories are positive

NHS 24

176 staff listening

219 stories shared

462 responses

100% response rate

42,581 story reads

74% of stories are positive

NHS Orkney

12 staff listening

11 stories shared

11 responses

100% response rate

986 story reads

91% of stories are positive

Scottish Ambulance Service

57 staff listening

386 stories shared

838 responses

99.7% response rate

66,021 story reads

75% of stories are positive

NHS Shetland

108 staff listening

14 stories shared

20 responses

100% response rate

1,438 story reads

50% of stories are positive

NHS Tayside

775 staff listening

1,402 stories shared

1,662 responses

98.3% response rate

133,773 story reads

82% of stories are positive

NHS Western Isles

31 staff listening

52 stories shared

63 responses

100% response rate

6,596 story reads

81% of stories are positive

Contact us

If you would like to get in touch with the Care Opinion team, you can:

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What's your story?