



Introducing Care Opinion

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By Dr James Munro

Perhaps more than in any kind of healthcare, memories of maternity care last a long time – maybe a whole lifetime. Whether pregnancy and labour are complex or straightforward, safe or unsafe, happy or sad, every aspect of care will be remembered and reflected on.

And whatever the experience, many women, or their partners or families, have something to say to the staff who cared for them. They may simply want to say “thank you”, or explain who made them feel safe, and how. Or they may want to raise a concern, suggest an improvement, or explain what they found lacking.

But how easy is it for women – or indeed anyone – to give honest feedback to health services in a way which feels meaningful and effective? Given the standard NHS routes for feedback such as surveys, the “friends and family test” (in England), and the complaints system, you might think that this is a solved problem. Unfortunately, that’s not the case.

In practice, despite these formal systems, many people say that they were never asked for any feedback about their care. And, perhaps unsurprisingly, even when people do have concerns about their care a large majority are reluctant to raise them, for fear of being seen as ‘a problem patient’ and perhaps even making matters worse.¹ Others, who have raised concerns before, may have seen no impact from their feedback (was it even heard?) and given up.

Meanwhile, from a staff perspective, the traditional systems may appear unhelpful: feedback data is inaccessible, or outdated, or too brief to be informative or actionable. The systems are one-way so issues can't be clarified. Complaints don't connect to quality improvement. The focus is on measuring performance rather than learning and growth. Surely we can do better?

At Care Opinion we've been thinking about these issues, and building a service to address them, for nearly two decades. Care Opinion is a non-profit business (a community interest company), established in Sheffield in 2005. Over the past 18 years we have slowly but steadily built an online feedback platform for health services across the UK (www.careopinion.org.uk), allowing anyone to quickly and easily post feedback about the service they used, which we publish after moderation. Care Opinion is now used by around 500 organisations, and has become the system-wide feedback platform for the NHS in Scotland and Northern Ireland.

Of the 540,000 stories currently on Care Opinion (which includes stories from nhs.uk too), over 15,000 are about maternity care. Because the feedback author remains anonymous, it is safe to raise difficult issues – but despite this, about 70% of stories are completely positive:

“She knew my background and why I was so anxious with this pregnancy. I had a gorgeous baby girl at 35 weeks and Toni even took the time to come and see me after my operation.”²

Even when stories raise concerns they are often constructive and specific, providing rich and actionable information. For example, one long and detailed story noted:

“My appointment letters always stated the appointment would be with a specific doctor in obstetrics, but I never met this person once. It was always someone else (different) every time.”³

Encouragingly, this feedback was taken seriously and a subsequent response from the lead midwife for community and outpatients reported: “Together the staff and SCM have revised the organisation of the OPD clinic to ensure that... every woman attending will see the same midwife or buddy midwife at each visit to maintain continuity and provide consistent care in pregnancy.”³

This kind of public response matters, and not just for the person who shared that story. It sends a powerful message to others using the service, and indeed to staff too: that this is a place where feedback is taken seriously and used to help make care better. Research to date suggests that this helps build trust and understanding among patients⁴, while lifting the morale, confidence and pride of staff.⁵ In short, this kind of open, online, near real-time feedback is a win-win for those using the service as well as those providing it.

You might wonder what we can learn from these 15,000 stories of maternity care. The answer is both banal and profound: that what matters most is to feel respected and cared about; to be listened to and taken seriously; and to be provided with information and explanation on what will happen or has happened.

That we cannot assume that this quality of care will be consistently present is a sad reflection on modern healthcare (and not at all, I believe, unique to the UK). But there is also encouraging news: our experience suggests that over time, teams actively engaging with online patient feedback seem to become less defensive, more open to hearing concerns, and more willing to take action to address issues. Further, the stream of gratitude which flows through Care Opinion may be powerful in supporting staff wellbeing, fostering better relationships and even raising performance⁶.

The research evidence on Care Opinion is growing, but still limited, and we have much to learn⁷. But already it is clear that the benefits of this approach are more than simply informational – they are also relational. I am very hopeful that, over time, we will come to see that this kind of feedback can be healing and restorative for patients and staff alike.

Author Bio: James Munro has worked at Care Opinion since it was founded in 2005, and has been CEO since 2014. His background is in clinical medicine, public health and health services research.

¹ National Audit Office. *Feeding back? Learning from complaints handling in health and social care* NAO, London 2008. Available at <https://www.nao.org.uk/wp-content/uploads/2008/10/0708853.pdf>

² Care Opinion post 2: <https://www.careopinion.org.uk/911825>

³ Mazanderani F, et al. Caring for care: Online feedback in the context of public healthcare services. *Social Science & Medicine*, 2021. <https://doi.org/10.1016/j.socscimed.2021.114280>

⁴ Care Opinion post 1: <https://www.careopinion.org.uk/1011891>

⁵ Baines R, et al. Implementing online patient feedback in a ‘special measures’ acute hospital: A case study using Normalisation Process Theory. *Digital Health*, 2021. <https://doi.org/10.1177/20552076211005962>

⁶ Lloyd, Rebecca & Munro, James & Evans, Kerry & Gaskin-Williams, Amy & Hui, Ada & Pearson, Mark & Slade, Mike & Kotera, Yasuhiro & Day, Giskin & Loughlin-Ridley, Joanne & Enston, Clare & Egglestone, Stefan. (2022). Health service improvement using positive patient feedback: systematic review and change model. 10.1101/2022.09.10.22279800.

⁷ Munro J. We are missing the potential of patient feedback. *NIHR blog*, 2020. <https://www.nihr.ac.uk/blog/we-are-missing-the-potential-of-patient-feedback/24336>