Care Opinion

Care Opinion in Northern Ireland

...The Story So Far...

(August 2020-July 2021)

HSC Public Health Agency

HSC Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

“Hear the patient voice at every level - even when that voice is a whisper”

- Berwick Report (2013)

Contents

Abbreviations

CO	Care Opinion
DAC	Direct Award Contract
ECCF	Enhancing Clinical Care Framework
HSC	Health and Social Care
HSCNI	Health and Social Care Northern Ireland
HSCQI	Health and Social Care Quality Improvement
NHS	National Health Service
OUFS	Online User Feedback Service
PCC	Patient Client Council
PCE	Patient Client Experience
PHA	Public Health Agency
RQIA	Regulation and Quality Improvement Authority

Foreword

As Chair of the Regional Implementation Group for Care Opinion I am delighted to present our report on the journey so far. Care Opinion is an Online User Feedback Service (OUFS) which helps the people of Northern Ireland to provide feedback on Health and Social Care services. Over the first 12 months we have witnessed a growing energy to engage with the feedback and most importantly to listen and learn.

Analysing stories and narrative is not a new concept in Health and Social Care Northern Ireland (HSCNI) however, the Care Opinion platform presents a new way to communicate with the people who engage our services; to offer a service which safely facilitates a two way conversation and ensures people's stories inform change. People can share their story at a time when they are ready and express what matters most to them. Alongside this there is a growing body of research which demonstrates that the facilitation of feedback is indeed an act of care in itself and can mark closure on episodes of care where people want to say thank you for the care they have received or highlight what could have made their experience better.

I would like to acknowledge the dedication of the Department of Health (DoH) and the wider Health and Social Care (HSC) system for placing people at the centre of our services, recognising experience as both an indicator of performance and a driver for quality improvement. Northern Ireland is the only government in the UK and Ireland who have mandated the use of Care Opinion for both health and social care. That in itself speaks volumes on the value placed on the voice of our service users. I would also like to thank every member of HSC who engage with the stories as a champion, as part of the implementation groups or as a responder. We are also grateful for the ongoing support and guidance of the Care Opinion team, led by Dr James Munro. As part of the journey we have learned from each other to effectively embed the service across Northern Ireland.

Finally I would like to say thank you to the people of Northern Ireland who have chosen to share their story through the Care Opinion platform. Throughout 2020/2021 our HSC system has experienced unprecedented demand and it is recognised patients, families and carers have also experienced the pressure; however through the OUFS many stories have highlighted the ongoing dedication of staff and high quality care delivered. Also stories have highlighted what matters most to people in Northern Ireland and where we can make meaningful change. It is exciting to present the journey we have been on and it is even more exciting to know the work continues to grow and to look forward to stories in the next 12 months of Care Opinion in Northern Ireland.

Michelle Tennyson (BSC MPA CF)
Assistant Director, Public Health Agency.
Chair of Regional Implementation Group for Care Opinion

1.0 Introduction

1.1 Background

The Department of Health and wider Health and Social Care system is committed to learning from the experiences of service users, relatives and carers in the planning, delivery and evaluation of Health and Social Care (HSC) services. Putting people at the heart of making decisions and choices about our Health and Social Care services can drive the improved patient experiences and outcomes we need to deliver. This is not a new concept. It has evolved over time and the introduction of an Online User Feedback Service (OUFS) across Northern Ireland is another stage in that evolution - building on existing mechanisms as a new way to connect and move towards a continuous feedback loop between service provider and people with lived experience.

Embedded in the Programme for Government is the importance of improving the quality of the healthcare experience with a key element defined to capture feedback from across the whole HSC system (Outcome 4 Indicator 5). It was recognised that while other mechanisms exist to capture feedback, there was no regional platform in place across the HSC system to collect and analyse high volumes of experiences highlighting the need for an Online User Feedback Service in Northern Ireland. This also links closely with other strategic developments such as recommendation from the report of the Inquiry into Hyponatraemia -Related Deaths,

"The practice of involving parents in care and the experience of parents and families should be routinely evaluated and the information used to inform training and improvement".

(Recommendation 63)

Through the OUFS Project Board, chaired by the Deputy Chief Nursing Officer, Care Opinion was approved as the appropriate method to provide an OUFS for Northern Ireland. The Public Health Agency (PHA) was identified as the organisation responsible for the implementation of the service into Northern Ireland. The PHA is also responsible for the ongoing monitoring of the OUFS across the system. The formal launch of Care Opinion in Northern Ireland was due to take place on 01 April 2020 however, this was postponed due to Covid-19 pandemic. Care Opinion was formally launched across Health and Social Care Service in Northern Ireland (HSCNI) on Monday 03 August 2020. The impact and learning reflected in this annual report presents the findings of the initial 12 months (3rd August 2020 to 31st July 2021).

Care Opinion

What's your story?

1.2 Care Opinion

Care Opinion is an independent non-profit feedback platform and provides a moderated service for Health and Social Care services in other UK jurisdictions. The platform is used by all health boards in Scotland and integrates with NHS UK which provides a feedback service in England. Care Opinion is also adopted in services within Ireland and Australia and continues to grow internationally. In Northern Ireland a whole system approach has been adopted, embracing all services within HSCNI. HSC stories are captured on a website (www.careopinion.org.uk) which presents stories, both good and bad, for all Programmes of Care, including Primary Care.

Care Opinion stories can be shared online, using a feedback leaflet or through a Freephone number. The online service publishes feedback and responses from the service providers on the dedicated website where both the individual providing the feedback and the wider public can see the outcome. All stories received by Care Opinion are subject to moderation prior to publication on the website. This is an important process to ensure giving feedback is safe and easy for patients, families and carers. Moderation encourages authentic feedback, based on personal experience and ensures staff are treated legally and fairly.

Responding to the feedback in an open and transparent manner supports and builds upon relationship based care. Responses follow a person centred framework and engages with the experience, either good or bad, to reinforce to the patient/service user that their story has been heard. As part of the commitment to responding, HSCNI aim to have a responce within 7 days from publication of the feedback, reinforcing the importance of hearing the voice of the author.

The purpose of exploring the lived experience is to impact upon effective continuous service improvement. The OUFS captures timely feedback to improve HSC outcomes and experiences at an individual level. Equally it can be analysed collectively to influence regional or system level improvements. The OUFS ensures that feedback from individuals reaches the relevant staff and supports staff to respond directly through the OUFS on the changes they plan to make. Building upon the feedback mechanisms in Northern Ireland, Care Opinion supports the ongoing shift in culture to ensure the voice of patients, families and carers are heard and impacts upon our system.

Example of Promotional Banner outlining the variety of methods people can share their experiences of HSCNI.

Care Opinion

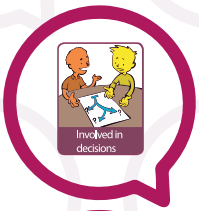
What's your story?

We would really value your view on our services. Your story might be about you, or someone close to you. You can say what happened, what was good, and maybe what could have been better. Care Opinion allows you to leave your feedback in a number of ways:

Online - share your story at www.careopinion.org.uk

Freephone 0800 122 3135
(Mon-Fri 9am-5pm)

Freepost leaflet from a member of staff



Online with images at www.careopinion.org.uk

Children can help make our services better at www.careopinion.org.uk/monkey

HSC Health and Social Care

HSC Public Health Agency

2.0 Project Outline

2.1 Aim

The overarching aim of the project is to enable impactful engagement with patients and the public in a fully open and transparent way that supports meaningful engagement and drive sustainable, measurable service improvement.

2.2 Objectives

To demonstrate the implementation of an OUFS in Northern Ireland the following objectives were outlined to promote a culture shift within HSCNI and the wider NHS to become more open and transparent.

- Establish a single OUFS which will become a primary channel for contemporary feedback on all services within HSCNI
- Embed a service which can manage high volumes of feedback in an accessible format to key HSC Trust staff, Commissioners, Department of Health, Regulator etc.
- Embed a continuous feedback loop whereby feedback moves seamlessly from service users to staff and decision makers and back to service users
- Support Trusts in the delivery of local feedback mechanisms, working in tandem to eliminate overlap or duplication of effort

2.3 Regional Implementation Group

Implementation of Care Opinion is led by the PHA through a Regional Implementation Group (chaired by Michelle Tennyson) which was established in October 2019. This group is comprised of Patient Client Experience (PCE) Leads from each Trust and representatives of adult safeguarding, complaints, governance and communications, as detailed in Appendix 1. This group also interfaces with other key stakeholders including Universities, Patient Client Council (PCC), Regulation and Quality Improvement Authority (RQIA), GP Federations, Trade Unions and Community and Voluntary Sector.

The Regional Implementation Group meets on a quarterly basis to explore the impact and improvement indicators defined in Table 1. This is supported by a monthly facilitators forum chaired by the Regional Lead for PCE with Trust PCE Facilitators and Care Opinion Project Lead (PHA). Monthly reporting of the implementation measures is illustrated in an OUFS dashboard as well as quarterly report cards to illustrate trends and areas for further development and improvement. Channels of accountability are detailed in Appendix 2 referring to the relationship between Project Board, Regional Implementation Group and Local Implementation Groups.

Table 1. Impact & Improvement Indicators for implementation of Care Opinion

	Impact & Improvement Indicators	Measures
1	There will be an increase in the number of stories each month from the people of Northern Ireland about their experience of Health and Social Care.	Total number of stories published. (Organisational breakdown displayed in Measure 2.
2	There will be a monthly increase in the number of stories published for each organisation.	Number of stories according to organisations across Health and Social Care.
3	Access to Care Opinion platform will be demonstrated across the range of available functions to support efficient & effective sharing of feedback.	How these stories were submitted.
4	Feedback received will encompass the experiences of patients, families and carers.	The Authors (patients, families and carers) of the feedback shared.
5	The OUFS will support the collation of all feedback including positive experiences and experiences where improvement is needed.	How Care Opinion according to their moderation principles have rated the criticality of stories received.
6	Services will respond to feedback in timely manner (within 7 days of publication).	% of stories responded to within 7 days of publication
7	There will be an increase in the number of staff across the system who engage and respond with stories.	Number of Care Opinion subscription holders across the region.
8	Responders trained will be *appropriate to respond to each story * (Those closest to the clinical setting / story who can influence change).	Title and band of staff trained as Care Opinion responders.
9	There will be changes planned and made as a response to online user feedback for each organisation.	Number of changes planned and number of changes made.
10	Identify the key themes in the feedback shared on the Care Opinion platform.	Top 5 themes reported in relation to good experiences and experiences which require improvement.

3.0 Implementation

SUMMARY OF CARE OPINION ACTIVITY ACROSS NORTHERN IRELAND

2116

Stories received a response within 7 days

1936

Stories were submitted directly on the Care Opinion Website

1976

Stories reflected upon a positive experience of Health & Social Care System

2641

Stories Shared

1381

Authors said the staff of the service contributed to the positive experience

735

Authors said thank you for the care they received

1428

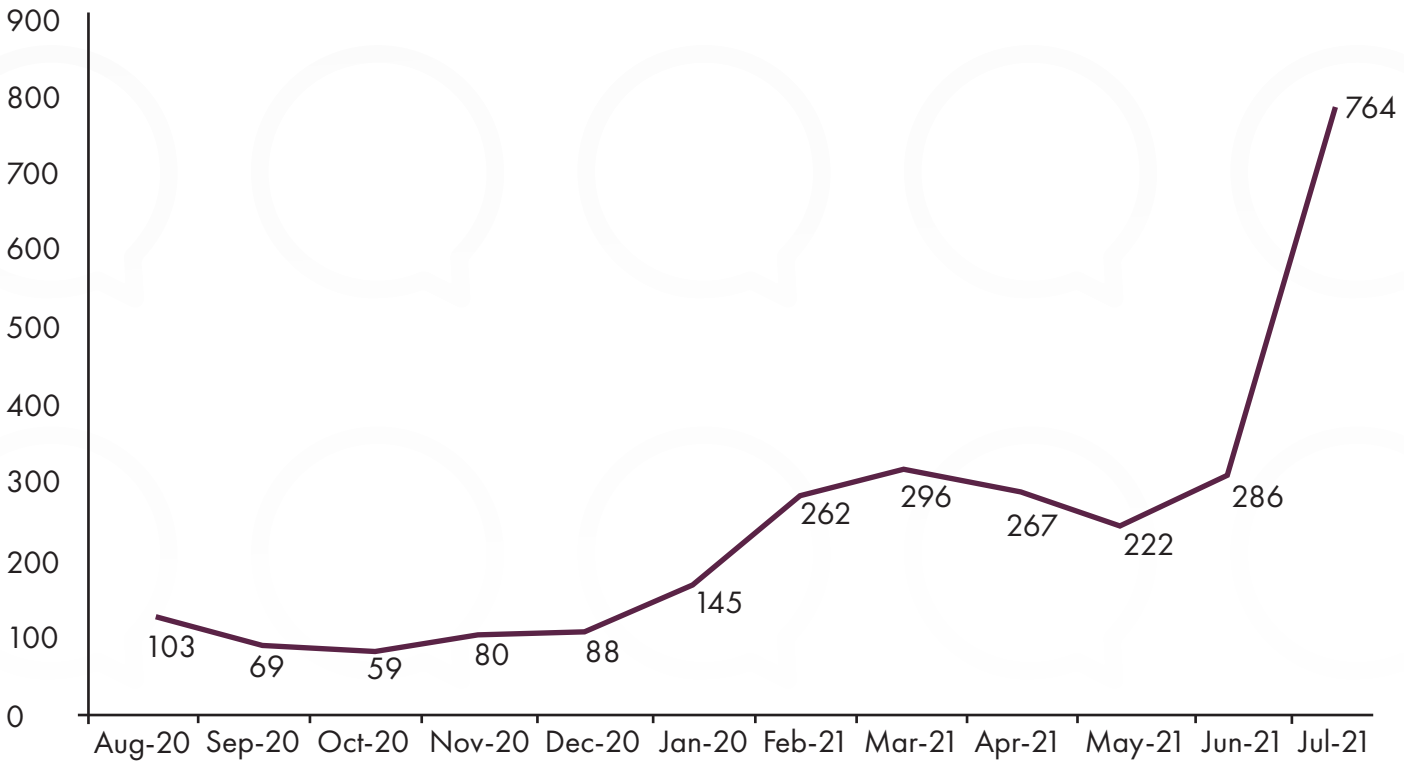
Staff trained as responders to stories

3.0 IMPLEMENTATION

Reflecting upon the overarching aim of the project *(to enable impactful engagement with patients and the public in a fully open and transparent way that supports meaningful engagement and drive sustainable, measurable service improvement)* the following indicators illustrate the activity within the initial 12 months. For the purpose of this summary report the monthly organisational data is aggregated and explored in the supporting narrative.

#1 There will be an increase in the number of stories each month from the people of Northern Ireland about their experience of Health and Social Care

Figure 1. Total number of stories published on Care Opinion over the initial 12 months

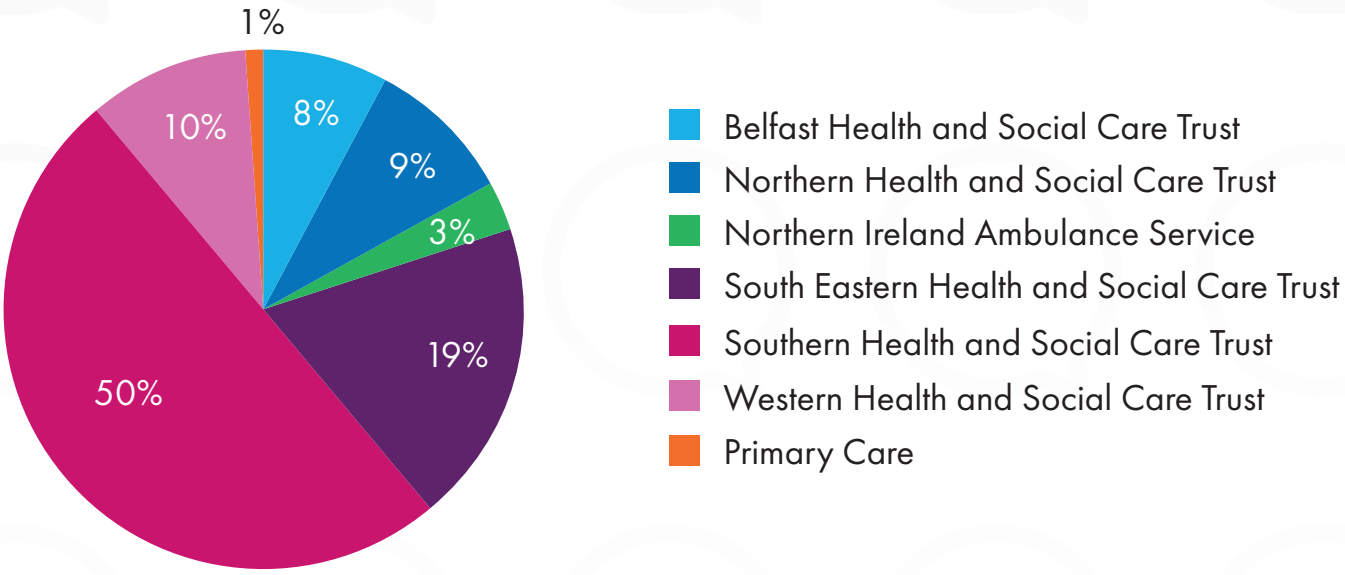


In the first 12 months 2641 stories have been shared through Care Opinion supporting a high volume of stories to be managed on the platform. Trends demonstrate an increase in the number of stories told each month with minor variation in April 2021 and May 2021. This is attributed to increased promotion across Northern Ireland, launch of regional campaigns in line with strategic priorities and local campaigns led by the Trust PCE Teams. It is also reflective of increased confidence in the platform as a safe and effective method for the public to share feedback. The peak in July 2021 is reflective of a bespoke campaign within acute settings in Southern Health and Social Care Trust (SHSCT) where by patients, families and carers have been supported by medical students to engage with Care Opinion and share their story. This figure continues to grow over 2021/2022 with ongoing implementation of the service across the Trusts. As new opportunities arise at a strategic level Care Opinion embeds the voice of patients, families and carers in the response to the COVID-19 pandemic and in the reform and rebuild of our HSC system.

#2 There will be a monthly increase in the number of stories published for each organisation.

Figure 2 summarises the activity within each organisation within the first 12 months. Monthly data analysis supports a steady increase in all organisations as the promotion of the service has rolled out.

Figure 2. Percentage of stories shared according to organisation over the first 12 months

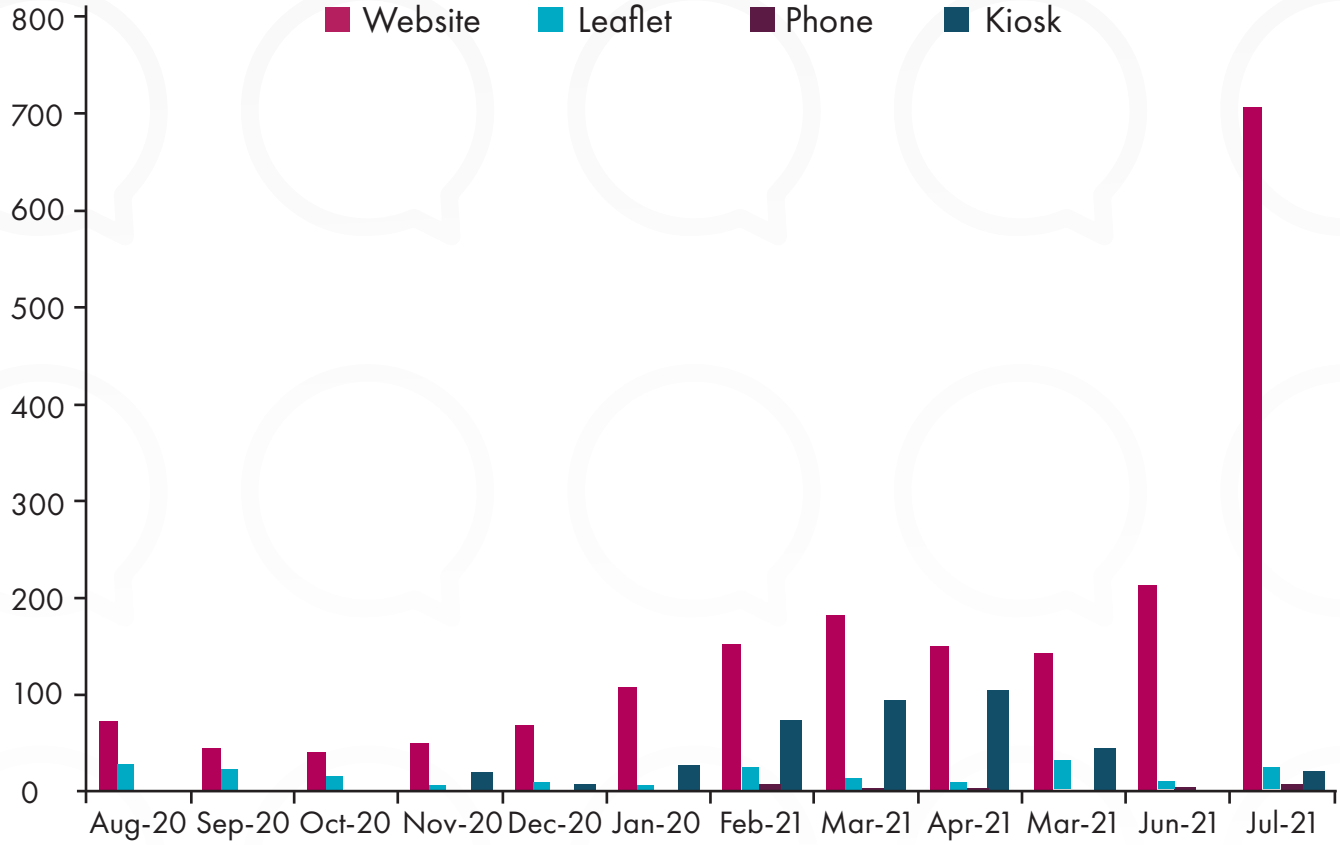


The service is available for the people of Northern Ireland to share their story about any service within HSC, including Primary Care. Often the stories shared expand across a number of organisations which are coded on the system, supporting the author to only tell their story once and to receive responses from the various organisations and services. There are 107 stories shared which reflect upon the whole journey across organisations. This is also important at a strategic level to reflect upon the connectivity of our services and organisations to ensure all key stakeholders receive the feedback, through the online platform or analysis in briefing papers to strategic forums.

Mazanderani et al., (2021) explored the importance of inviting feedback in public healthcare services, highlighting the concept as more than a transaction between service user and the service, but as form of care, highlighting the invitation as an improvement of care in itself. This supports a shift in culture to become a more open and transparent system and to confidently engage with the public to listen and learn about what we do well and what needs to be improved. Trusts continue to promote Care Opinion at local service level, through social media, through volunteers and students and on service vehicles, inviting everyone to share their story. Similar strategies are adopted regionally with ongoing recruitment of new commissioned services and service development.

#3 Access to Care Opinion platform will be demonstrated across the range of available functions to support efficient and effective sharing of feedback

Figure 3. How Stories have been submitted to the Care Opinion platform over the initial 12 months



Supporting the people of Northern Ireland to share feedback, the Care Opinion platform offers a range of methods to support accessibility. Figure 3 demonstrates the preferred method of engagement is directly onto the website. This method supports the feedback to be shared in the most timely manner and for the story to be shared when the author is ready to engage. Kiosk mode also supports stories shared directly to the website through an app; this has been utilised mainly in outpatient and clinic areas as opportunities increase in the recovery from the first waves of the COVID-19 pandemic. Other methods such as the telephone and leaflet have increased over the first 12 months with promotion of the system into community.

Care Opinion is a new way for services to reach out and communicate with patients, families and carers. The platform offers tools such as talking mats, to facilitate feedback from people with cognitive impairment and also child friendly webpages, encouraging children to share their feedback through word, poetry or pictures. There were 11 stories shared through talking mats in the first year. Further opportunities identified via training and promotion to embed the tool into practice.

#4 Feedback received will encompass the experiences of patients, families and carers.

Figure 4. The authors of the stories shared on Care Opinion over the initial 12 months

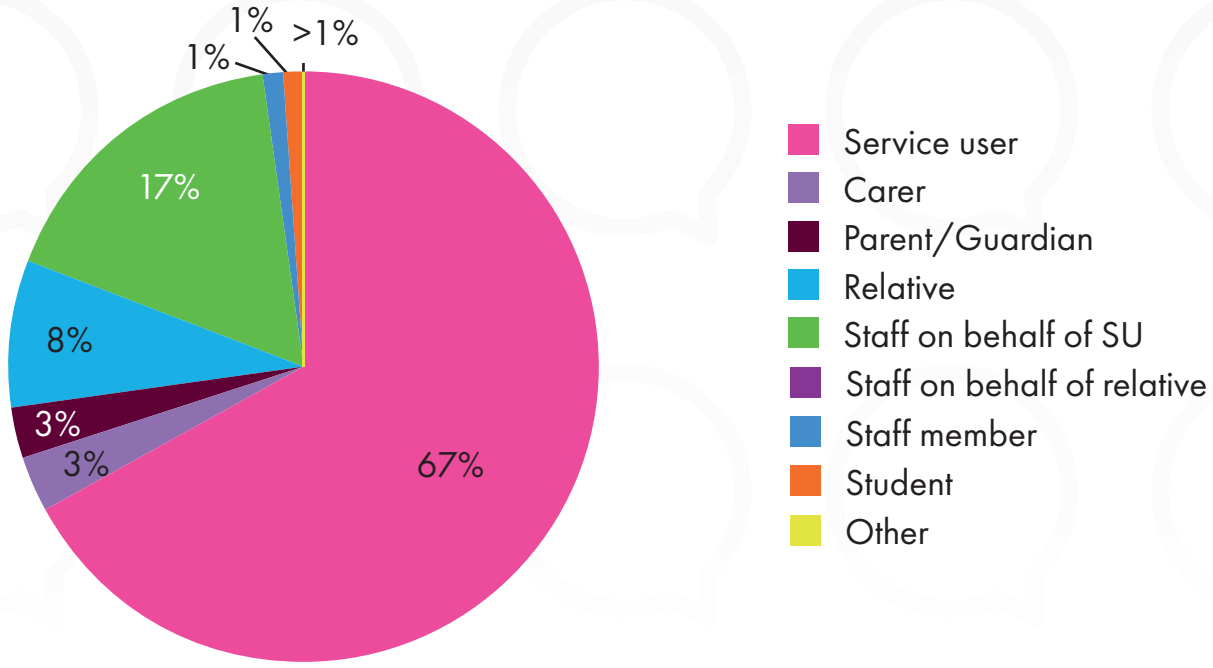


Figure 4 demonstrates how authors of feedback identify themselves with the story. 67% of stories are first hand experiences of services across HSC supporting direct communication between service user and the service. This is an important element of the two way feedback loop and embeds the value of developing a new way to communicate with the people who engage services. It is recognised a number of service users will require support to share their experiences. As implementation progresses across Northern Ireland there is a focus on promotion to engage with relatives and carers within the community and voluntary sector.

There are also a number of stories facilitated by staff on behalf of the patient/service user. Facilitating stories is supported in training outlining core concepts of anonymity, consent to share through Care Opinion and how to ask for feedback. This is particularly effective in specific feedback campaigns, for example in SHSCT a group of undergraduate medical students supported feedback in the acute setting, which also supported the students in their portfolios and skill base in relation to communication and meaningful engagement with service users.

#5 The online user feedback system will support the collation of all feedback including positive experiences and experiences where improvement is needed.

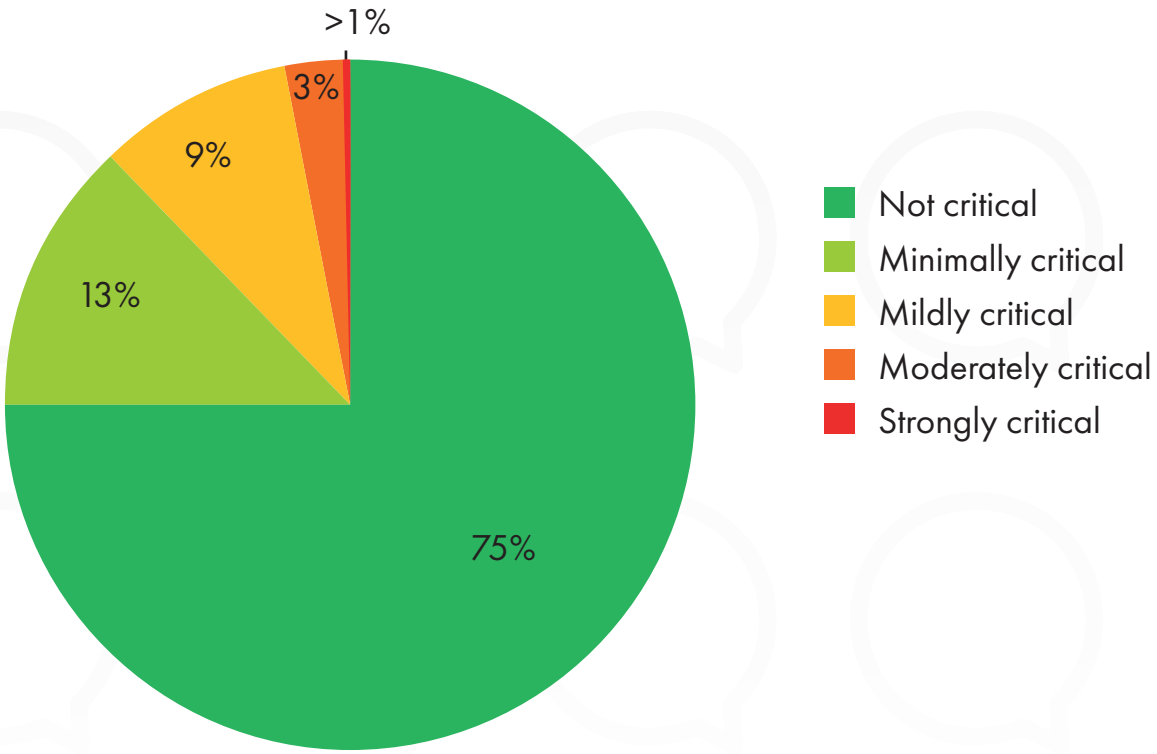
A key element of the moderated service through Care Opinion is the allocation of criticality scores to reflect upon the content of each story, as detailed in Table 2. This supports local responses to each story and organisational analysis of the feedback to drive service improvement; collated criticality scores also demonstrates the regional position of feedback as illustrated in Figure 5.

Table 2. Criticality Scores assigned through Care Opinion Moderation

Score	Definition
0	**No Critical Content:** Entirely positive or neutral postings with no hint of criticality.
1	**Minimally Critical:** Mention of dissatisfaction with non-clinical non-personal aspects of care, typically "facilities" issues such as food, parking, or waiting.
2	**Mildly Critical:** More specific but still mild criticism, which may also include non-clinical but interpersonal issues such as attitude of staff, compassion, politeness. This might include the timely nature of the service whether in hospital or in the community where it has caused distress, e.g. carers not turning up on time.
3	**Moderately Critical:** Criticism which may include alleged shortcomings in clinical or non-clinical aspects of care, the author may not say what the effect of these are. Also includes serious comments about facilities: 'never cleaned'; and where people's essential basic care needs are not being met, e.g. inadequate nutrition and hydration, development of bedsores.
4	**Strongly Critical:** Serious criticisms of specific unnamed staff or groups of staff, or of clinical or other care or facilities. This might have had very serious consequences for physical or emotional health. These will be described by the author. There might also have been social consequences that have increased the risk or vulnerability of an individual.
5	**Severely Critical:** Posting alleges or describes actions or events which may be illegal, grossly negligent, or allege serious misconduct by named members of staff or organisations.

In the first 12 months 75% (n=1981) of authors of stories expressed gratitude for the care they received through HSCNI. The stories highlighted what mattered most to them as part of the experience, focusing upon compassionate, caring approach of staff, a high standard of care, treatment and effective communication between the author and the staff. This is further reflected in the word cloud in Figure 6 and 7 generated from responses to the question "what is good about your story" and "how did you feel"?

Figure 5. How Care Opinion according to their moderation principles have rated the criticality of stories received.



In line with DoH processes to monitor compliments, Care Opinion feedback is shared by each organisation as part of the quarterly returns to highlight positive experiences; but more importantly the positive feedback is shared with services, teams and staff to reflect upon the quality of care delivered. Care Opinion has been implemented in Northern Ireland at a time of great pressure and competing priorities due to the COVID-19 pandemic. It is therefore encouraging and crucial to celebrate and communicate what is positive in our HSC system; to provide a mechanism for which people can express their gratitude and for staff to interface with and receive the feedback.

Figure 6. Authors responses to the question "What was good about your care?"

Figure 7. Authors responses to the question "How do you feel about your care?"

In 25% (n=660) stories, authors reflected upon experiences which could be improved upon, ranging from access to hand sanitiser to communication between teams and the delivery of care. All feedback is shared by Care Opinion, with the relevant organisations and services so they are aware of the feedback but also to provide a response. This is an important role to informally resolve some of the concerns expressed by authors at a local level; however, it is also an opportunity for the service to invite the author of the story to discuss further or to be part of the improvement as a response to the feedback. Strategically as part of a campaign or regional analysis the areas for improvement are highlighted as key action areas. Collectively the areas highlighted by authors for improvement include communication skills, waiting times in unscheduled care, food and the clinical/care environment. This is illustrated in Figure 8 - the word cloud generated from responses to the question "What could be improved in your story?"

Figure 8. Authors responses to the question "What could be improved about your care?"

#6 Services will respond to feedback in timely manner (within 7 days of publication).

A unique function of the Care Opinion platform is the ability for services to respond to the authors of the feedback. This process is not available through traditional feedback methodologies such as online surveys or compliment cards. The two way feedback mechanism promotes an open dialogue between patients, families, carers and staff and is a channel of communication to drive improvements. Formulating a response to feedback is part of the training programme for responders and is based upon Plymouth

Listen, Learn, Respond Framework to provide consistent meaningful engagement with each story. Care Opinion have also integrated the responses published by services in Northern Ireland as examples of best practice in their training programme for the service.

In Northern Ireland 99% (n=2610) of stories in the first 12 months received a response. Baines et al., (2018) highlights the importance of a timely response to feedback as it can impact upon perceived responsiveness, sensitivity of services concerned and reputation of the organisation. Since implementation of Care Opinion 2,088 stories have received a response within 7 days, acknowledging and reinforcing the feedback has been heard. This is illustrated in Figure 9.

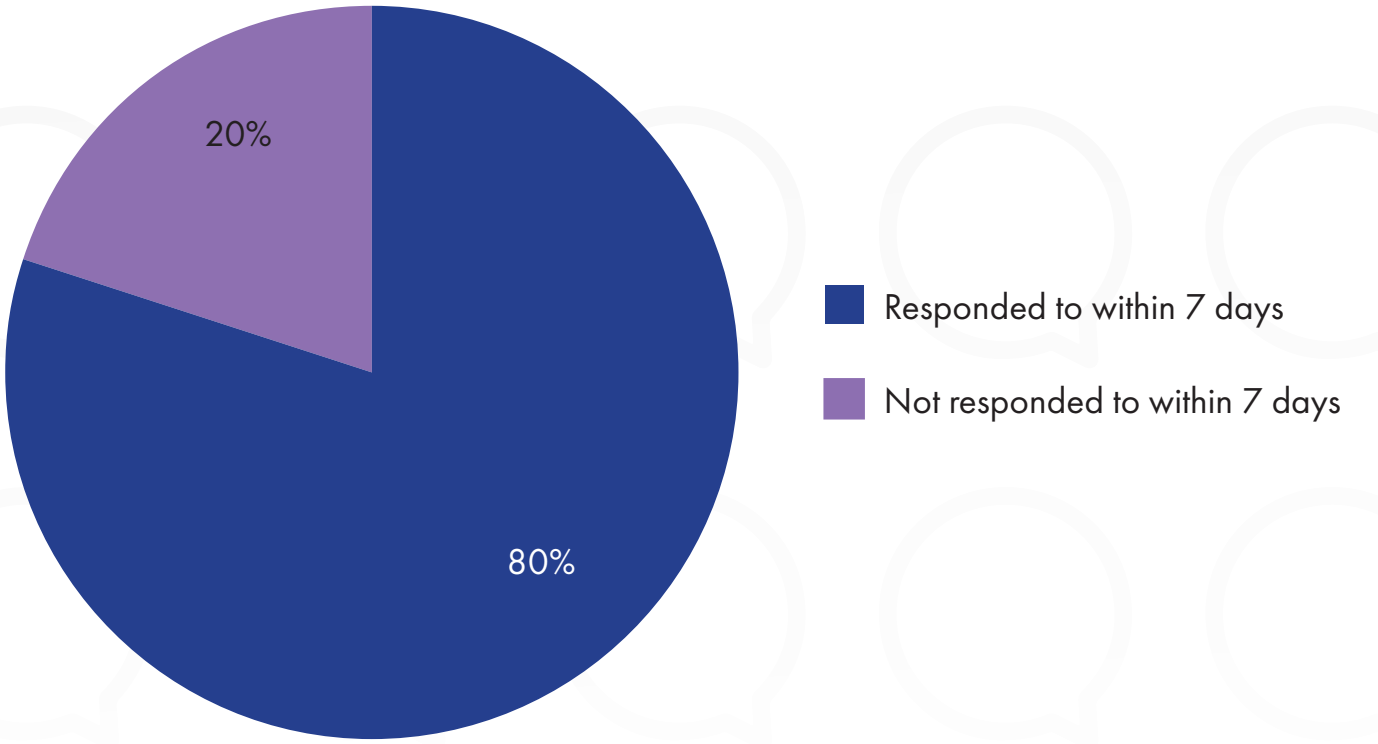
In the context of the wider health and social care system across the United Kingdom,. HSC Trusts are leading in responsiveness and excel beyond the average response rate for all subscribers to Care Opinion UK.

Within the first 12 months of Care Opinion 522 stories did not receive a response within 7 days. It is recognised staff trained as responders on Care Opinion platform work at the frontline of services and have experienced immense pressure throughout the pandemic. This will have made an impact upon their capacity to respond. There are also ongoing challenges within Primary Care services in responding to stories shared through the platform (further explored in Section 5.0)

Good practice in responding

About you	• Your name, role and responsibilities • Your Picture • Why you in particular are responding
Speed	• Within 7 days at most • If slower, apologise and explain why
Content	• Personal and specific • Thank author for feedback • Apology and offer of help as needed • Offer of follow up if wanted
Signposting	• Other relevant services, with contact details, times and a named person • Offer more than one way to contact a service
Sign-off	• Polite and personal • Would you be satisfied receiving this response?

Figure 9. % of stories responded to within 7 days of publication (n=2116)



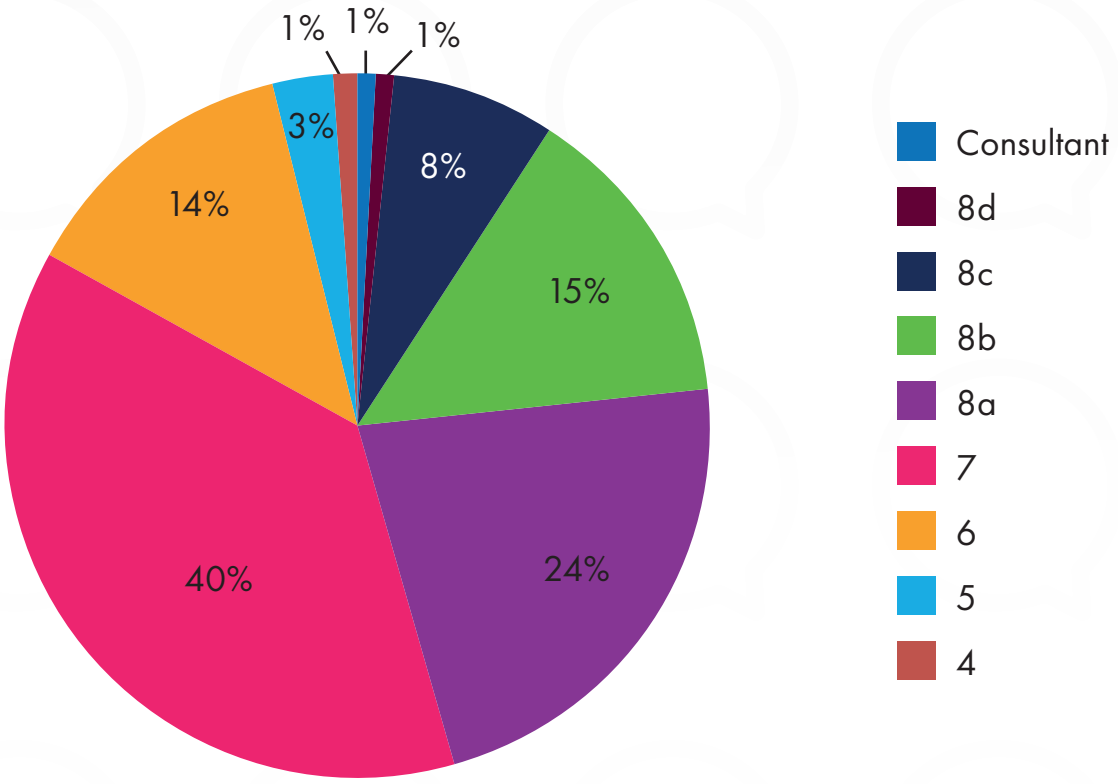
#7 There will be an increase in the number of staff across the system who engage and respond with stories.

To achieve a high rate of responsiveness to the stories shared on Care Opinion it is essential to have a large number of staff trained as responders. Prior to the launch of Care Opinion in August 2020 Trusts focused upon identifying and training staff as responders. By the end of July 2021, 1707 subscriptions were active on Care Opinion with 1428 registered as responders. Each organisation continues to support the roll out of the local training programme through PCE Facilitators, adopting virtual training as the primary strategy in response to the COVID-19 pandemic. The Care Opinion team also supports staff through regular webinar training programmes and direct support in formulating the first responses of any responder.

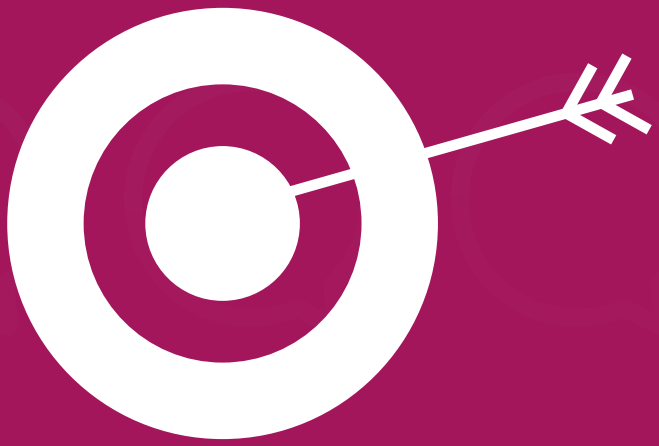
#8 Responders trained will be appropriate to respond to each story

Another important element of implementation is to ensure responders to the feedback are close to the delivery of care and can also influence change and service development. Services can have more than one responder with a range of bands represented. Across HSCNI the majority of responders are reported as Band 7, followed by Band 8a, as illustrated in Figure 10. This is reflective of responders who are operationally close to the clinical care and can communicate the feedback to the staff within the service and can support service improvement.

Figure 10. Band of staff trained as Care Opinion responders as reported by organisations



The first eight indicators for implementation demonstrate how the OUFS has been implemented and integrated into our HSC system. They highlight how the continuous feedback loop is being utilised and the high volume of feedback gathered in the initial 12 months; however, in line with the objectives the next section reflects upon the final indicators in relation to change and themes and how the feedback is being utilised to listen, learn and shape our services.



4.0 Impact

4.0 IMPACT

The following presents the impact of Care Opinion to date from the perspective of the individuals, the teams, the organisations and the wider strategic setting and provides examples of the changes made to date and how the collective analysis of the stories are influencing at a strategic level.

4.1 Changes planned and made

#9 There will be changes planned and made as a response to OUFS for each organisation.

Across the initial 12 months of implementation the individual stories on Care Opinion have been the driver behind 79 changes (either planned or made) in total. Each change is specific to the story and is recorded on the Care Opinion platform and shared directly with the author of the story. The following extracts are examples of some of the changes recorded on the Care Opinion platform and gives insight into the responses of staff in relation to stories which highlight a need for a change. These are only a small number of examples which demonstrates how a story has resulted in a practical solution, review of information and training for the teams. All changes relating to HSCNI can be accessed on www.careopinion.org.uk/opinions/tab2

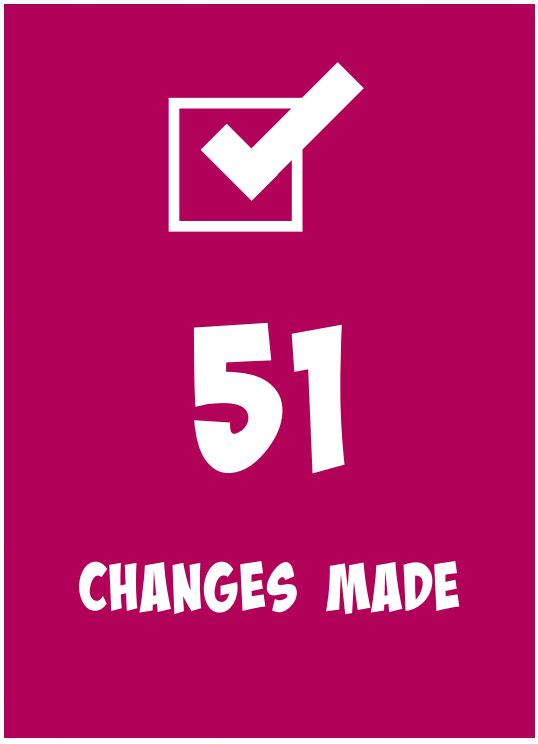
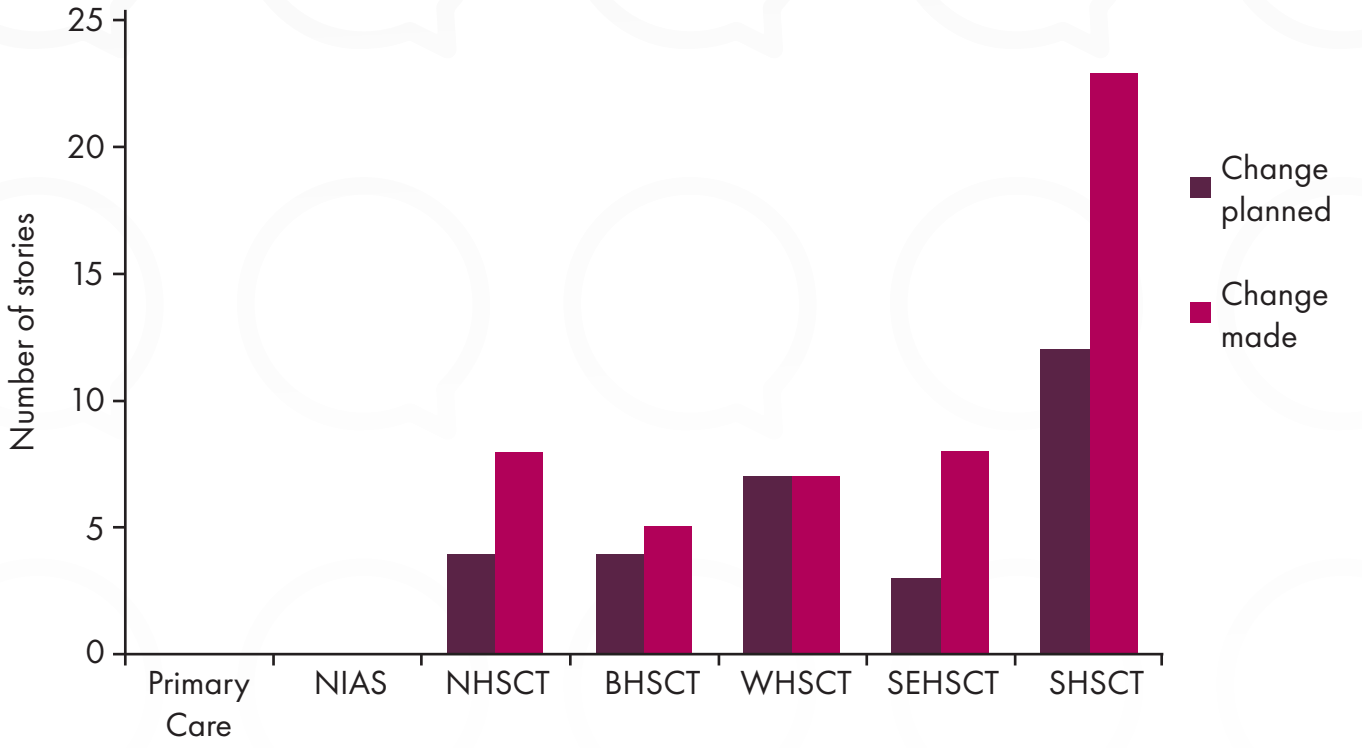


Figure 11 demonstrates the number of changes planned or made for each subscribing organisation within the first 12 months recorded on the Care Opinion platform. The changes relate to a wide range of services including Unscheduled Care, Acute Wards, Maternity, Virtual Visiting, COVID-19 Vaccination centres and Children's services.

It is also recognised stories are affecting change within the HSCNI system but may not be recorded on the platform - for example the presentation of collective key themes to senior leaders within an organisation or regional forum which may influence service design and delivery.

Figure 11. The number changes planned/made according to the organisation



Changes made demonstrate how services are engaging with the feedback as a direct response to the story shared. The two way communication reassures the author of the story that their concerns have been listened to. This also supports services to learn from and improve upon the experience for others attending the service.

Extract from "OVERNIGHT STAY IN ANTRIM HOSPITAL" published on 5th August 2020

Posted by Clementoni (as the patient), 16 months ago

I was taken to hospital by my wife to the emergency department re suspected appendicitis. I was seen very quickly by the triage nurse who sent me through to the observation unit at the back of the emergency department. This was a very busy space and I was put into a bed and a cannula was inserted. I was then left for a number of hours with no one speaking to me or letting me know what has happening. Eventually a Doctor came and examined me and left again. I was told very little, and what little I was told gave me the impression that I was staying in overnight with possible surgery in the morning. This concerned me somewhat. Due to the fact that I was not told anything and that I had no idea what was happening it caused me to become worried. I didn't know whether my wife would have to come and collect me or to bring me an overnight bag. This not only impacted my wife but also our neighbours as we had two young children at home who needed to be cared for should she be required to come to the hospital.

Response from Mark McCrudden, Clinical Service Manager, Emergency & Acute Medicine, Northern Health and Social Care Trust 15 months ago

We are preparing to make a change

Dear Clementoni,

my name is Mark McCrudden, General Manager for Emergency Medicine.

thank you for your detailed feedback on your experience in the emergency department. I would firstly like to apologise for the lack of communication that you experienced whilst in the department. Your feedback will be shared with the medical and nursing teams and will be discussed at the monthly team meeting to ensure that we improve on our communication with patients.

I understand this was a worrying time for you and apologise that the lack of communication led to unnecessary frustration and the impact on your family.

I also acknowledge the positive feedback about one of our nurses Arlene and I have shared your story with her.

I would like to take this opportunity to thank you again for sharing your experience with us for learning and improvement.

Extract from "Lack of aftercare information" published on 14th July 2021

Posted by aquaspeleo (as the patient), 4 months ago

I am 71 years old.

My plaster cast was removed after just over 3 weeks. Very professionally done.

I was then sent to be fitted with a splint. The splint was fitted and the member of staff gave me a sheet of wrist exercises, but added that perhaps I wouldn't need it because I was used to using my wrist for paddling a kayak regularly. At that point they asked me if I was needed to return for another appointment. I had absolutely no idea so they went down the hall to ask the doctor. They returned and told me I was discharged.

Later that day, I quietly went through the exercises with no effort but just to check I understood each one of the four simple exercises and could probably do them.

Next day at home I started to do the exercises without the sheet (I had lost it!) and, through the day I repeated them five times at 3-4 hourly intervals. Generally they were OK. That night I noticed more pain in my wrist and, next morning, I realised that 5 times was clearly too much ... or perhaps I was being a little too vigorous, who knows?

From now on, to start with, I'll do them only twice a day. How am I supposed to work this one out? How long do I wear the splint? Perhaps until all the aches disappear...

I really should have had, as a minimum, a recovery guidance leaflet. This was really very necessary as I am so eager to recover that I frequently try to do too much.

Response from Rosemary Gardiner, Deputy Sister, Clinic 3, Altnagelvin Area Hospital 4 months ago

We have made a change

Hi Aquaspelo

I am a Sister in the fracture clinic in Altnagelvin. I have shared your story with the staff in the department you attended.

On behalf of the fracture clinic staff in the south west acute hospital can I firstly begin by saying thank you for taking the time to share you experience through their Clinic.

I was pleased to hear that you found your cast removal very professionally done. I am happy that your consultation with the doctor was initially interesting and informative however I would like to take this opportunity to apologise for any confusion that you have felt.

Following your feedback the fracture clinic in SWAH have reviewed their wrist fracture information leaflet and discussed this with the physiotherapy team. Going forward, the leaflet will be issued to all patients who have a wrist fracture. The leaflet contains more information for the patient with regards to frequency and duration of exercises to reinforce the information communicated verbally at clinic. I would relish the opportunity to get your feedback on the updated information leaflet if possible?

Extract from "Eye Clinic" published on 14th July 2021

Posted by Williamswarrior (as a parent/guardian), 11 months ago

My son has several difficulties, a severe learning disability, ADHD & Williams Syndrome, a genetic disorder. Hospital appointments are challenging & I phoned the day before spoke to someone on Level 8B & was called back which was very helpful to prepare my son for this appointment.

We have many different Hospital appointments but this was our first at this one. Part of the appointment today involved going to Level 8A for pictures of his eye's. I feel they need to ensure all staff members have skills in dealing with children, especially children with additional needs. The first staff member we saw on 8A tried to take the pictures & was unsuccessful so called for another staff member. The first staff member continually asked my son not to touch this, not to touch that, explaining how expensive the machines are & that he would break them & that he needed to sit still. Focusing on what you do not want him to do does not help this type of situation & expecting him to do something he is not capable of is a bit unfair. The second staff member had a totally different more child-friendly approach, as did all the other staff we dealt with. Our appointment lasted almost 3 hours overall between Level 8A & 8B.

Thankfully we do not have to return. I was disappointed with that one staff member's attitude compared to all the other staff we met today.

Response from Mary Hanrahan, Ophthalmology Service Manager, Belfast HSC Trust 11 months ago

We have made a change

Dear Williamswarrior

Thank you for bringing your concerns to my attention. I am very sorry that the choice of words used by a member of staff to your son during a recent appointment had such a negative impact on your clinic experience. We expect all our staff to adopt a child friendly interaction with young patients. Thank you for acknowledging that most of the team provided the level of care expected, this feedback is appreciated.

I will ensure that all support staff to the paediatric ophthalmology service will now undertake an available training course on 'Children's Emotional and Additional Health Needs'. That cohort of staff will complete this by February 2021.

Stories on Care Opinion have also been a catalyst for an organisational response, scaling the change across multiple services and directorates. The following blog from Northern Health and Social Care Trust (NHSCT) demonstrates how a story promoted a new staff resource co-produced with the author in collaboration with the equality team. The platform supported the author to initially share their story anonymously but also provided a channel for services to invite the author to be a part of the change. This is a unique impact of the platform to empower service users to become involved with the services and work in partnership with organisations to be part of the solutions.

Embracing Feedback and Empowering Service Users to Get Involved

Change from Northern Health and Social Care Trust

Posted by Leigh Morgan, CO Facilitator, Patient Experience, NHSCT, on 16 Feb 2021

About: Northern Health & Social Care Trust

The Northern Health and Social Care Trust launched Care Opinion on the 3rd of August 2020. Care Opinion has provided service users, families and carers the opportunity to share their experiences of Health and Social Care.

The Trust received a story from a service user, which described their poor experience whilst visiting our acute hospitals with their Guide Dog. In this case, staff did not adhere to the etiquette required when an assistance dog is in harness, resulting in the dog becoming distracted.

The author of the Care Opinion story, known as 'CPY', was offered and made contact with the Trust's Care Opinion Facilitator. With the authors consent, details of their story were shared with the Trust's Equality Team.

The Trust Equality/PPI Team said,

> *'When we received the valuable feedback left on Care Opinion regarding staff knowledge around assistance dogs, we wanted to think about how we could improve awareness in the Trust going forward. As the Trust's Equality/PPI Unit we thought about designing a poster to be displayed throughout the Trust, in reception/waiting rooms for everyone to see.*
> *We wanted to make sure the poster covered the importance of assistance dog etiquette. Working in partnership with 'CPY' and other service users we were able to design a poster which is now off to the printers for the final stage in design.*
> *The Service Users involved are part of the Trust's Involvement Network, which is made up of over 250 service users, carers and representative organisations. They are a group of individuals who work in partnership with the Trust to develop our services. Whether this is co-designing a new service, co-producing training or having input into the information we provide, they are a key resource for the Trust. Members of our Involvement Network are part of a mailing list and we share involvement opportunities, resources and support information with them on a regular basis.'*

This story has proven how valuable service user feedback can be, and how important it is for us as a Trust to listen and learn from the experiences our service users, families and carers have whilst using our services.

'CPY' said,

> *'Being disabled can be disempowering. People tend to treat you differently and particularly as a relatively new guide dog owner I have noticed that many people go out of their way to interact with my guide dog, ignoring the sign on her harness asking people to not distract her, and completely disregarding the fact that I need her full attention to keep me safe. It happens most times we go anywhere and it can be exhausting and infuriating. The one place I assumed it wouldn't be an issue was in a healthcare facility so it was particularly frustrating, in the middle of a pandemic to have two different staff members ignore social distancing and guide dog etiquette to pet her while she was working.*
>
> *The Care Opinion platform was a fantastic and timely way for me to share my experience in a targeted way and it was fantastic to get some responses from people within the trust thanking me and planning to actively address it. I was asked to review documents to improve visible information around correct guide dog etiquette which was an incredibly positive and empowering outcome.*
> *Disabled people have a wealth of lived experience and it is so important to ensure that they are fully involved in any initiative like this. Care Opinion allows service users a platform to bring issues to light which might not otherwise be heard.'*

Your experience matters to us here in the Northern Trust. We are listening, and we want to learn from you. #TeamNorth

As mentioned within this blog from NHSCT the change was to co design a poster on Assistance Dog Etiquette. This resource has now been shared with the Regional Equality Group and adopted by other organisations to support messaging around how to support someone with a Guide Dog when engaging our services.

Northern Health and Social Care Trust

Do you know your Assistance Dog Etiquette?

Assistance Dogs need to concentrate on their job to keep their owner safe. If you break that concentration, you could be putting the dog and its owner in serious danger!

Please respect Assistance Dogs and their owners by following this simple etiquette guide

DO

- Speak to the owner first, not the dog.
- Allow the dog to work without distraction.
- Respect that the dog is working.
- Allow the dog to rest undisturbed.
- Let the dog owner know if the dog approaches you as this may be unwanted behaviour that needs correcting.

DO NOT

- Approach, touch or speak to the dog without the owner's permission as this can be a distraction.
- Offer the dog food.
- Allow other pets to interact with the dog.
- Be offended if the owner does not want to answer questions or says no when you ask to pet the dog – they may be in a hurry to get somewhere.

If you think a handler needs help, remember to ask before acting!

4.2 Strategic learning through Thematic Analysis

#10 Identify the key themes in the feedback shared on the Care Opinion platform

Care Opinion supports thematic analysis of stories in line with services, organisations and regional perspectives. Organisations across HSCNI have led local campaigns to collectively analyse experiences, for example Regional Vaccination centre, Virtual Visiting, COVID-19 Testing centres, Acute Care at Home and Nightingale Service, Whiteabbey. The collective analysis of stories within the local campaigns impact directly upon the development of the services and are analysed and reported through HSCT forums which can drive service improvement and change. Analysis reflects what matters most to authors in the stories shared, embracing the messaging in the positive stories and highlighting where improvements can be made.
At a strategic level the learning from collective analysis has been used to inform and influence strategic priorities. Learning has been collated in two approaches:-

1. Thematic analysis of stories shared through general promotion or local campaigns.

The following example help illustrate how the stories are being used at a strategic level:-

- As part of the population needs assessment for maternity and neonatal, 99 stories shared through the platform were analysed and shared with the key stakeholders. Key themes highlighted in the stories were the importance of compassionate care, person centred value of listening, valuing the role of the father or partner, empowerment and choice and access to follow up services. Similar briefing papers have also been presented in relation to Vaccination centres, Children and Young People and Primary Care.

- Learning from collective analysis has supported COVID-19 related quality improvement initiatives. Through regular virtual learning sessions facilitated with Health and Social Care Quality Improvement (HSCQI) in 2020/2021 the stories reflecting upon virtual visiting and virtual consultation were shared and alongside other sources of data and analysis informed a learning network for development of resources and improve services. Further information is available at https://hscqi.hscni.net/covid-learning

2. Bespoke Regional campaigns

In the first 12 months of Care Opinion there have been regional campaigns developed and launched to test the process of regional campaign links and reporting.

The first campaign developed was in collaboration with the Regional District Nursing Forum to invite feedback from all people who engages with District Nursing Services. The forum supported development of bespoke promotion cards and roll out of Care Opinion across the District Nursing Services in Northern Ireland. At an individual level all stories were responded to through the two way feedback mechanism. Analysis is ongoing to improve the promotion to request feedback and also identify key messages. It is also anticipated the learning from this campaign could further inform deeper analysis through other initiatives such as 10,000 More Voices.

At a strategy level areas of improvement are an important source of learning to triangulate with other forums in relation to quality, safety and experience, such as themes in complaints and serious adverse incidents. Summarising all stories in the first 12 months Table 3 indicates what authors highlight as positive during their experience, what could be improved and how the experience has made them feel. This echoes the largely positive messaging through the stories shared and gives a broad measure of areas for development.

Table 3. Top 5 themes reported by Authors in the initial 12 months

Whats Good	No. of stories	What could be improved	No. of stories	Feelings & Emotions	No. of stories
Staff	1381	Communication	98	Thank you	735
Care	464	Food	47	Good	407
Friendly	442	Staff attitude	34	Great	246
Helpful	294	Waiting Times	33	Safe	229
Nurses	280	Temperature	25	Grateful	210

The impact of Care Opinion can be demonstrated from the two way feedback loop at:-

- An individual level between author and responder
- An organisational level learning from local campaigns
- Strategic level exploring collective analysis through regional campaigns

This supports the voice of people to be heard at every level of the HSC system.

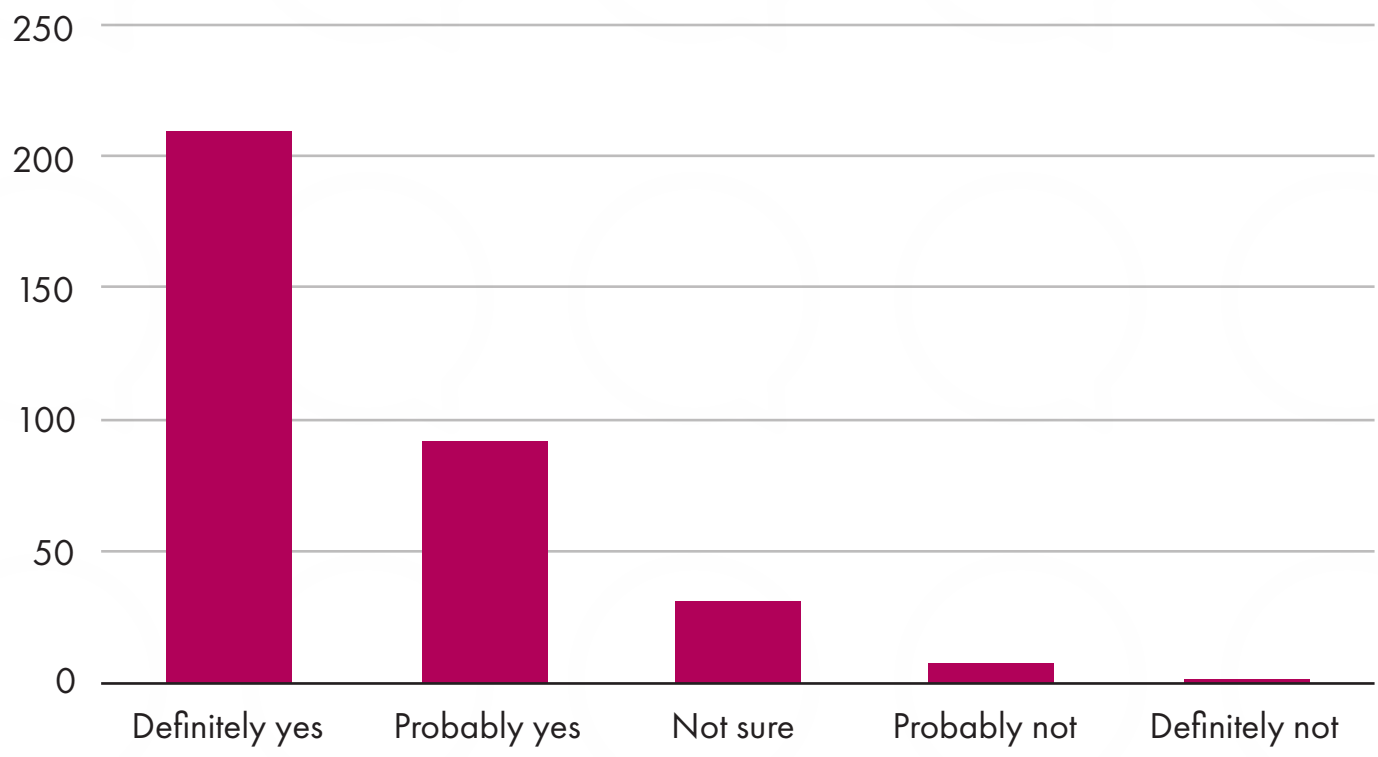
It is highlighted as part of the final phase of implementation of the OUFS a process of regular reporting to Department of Health on agreed strategic areas will be embedded to proactively engage with the voice of the service user, families and carers; and to also inform and influence strategic direction.

To further explore the impact of the new service in Northern Ireland, Care Opinion undertook two studies to establish a baseline of how feedback has impacted on the authors and respondents of stories.

4.3 Impact from a Responders Perspective

Staff are also core to the implementation of Care Opinion in Northern Ireland - It is clearly evident the positive value behind a response to the feedback; therefore Care Opinion also conducted a survey with the staff in Northern Ireland who are responders on the platform to understand the impact of the system on them personally and professionally. In May 2021 Care Opinion surveyed 1,414 HSC staff registered as users of the online platform. 337 staff responded to the survey, with the majority indicating strong support for our service, both in principle and in practice. Figure 12 illustrates responses to the question "Is Care Opinion useful to you and your team?"

Figure 12. Staff responses to the question " Is Care Opinion useful to you and your team?"



Overall 92% of respondents felt that Care Opinion would definitely or probably be helpful for patients and relatives, 89% for themselves or their team, and 95% for their organisation.

Positive aspects of Care Opinion identified by the majority of staff included:

- Supporting staff learning, quality improvement and service development
- Lifting staff morale
- Fostering an open, learning culture
- Building public confidence in services
- Providing a safe and effective alternative to social media
- Offering benefits to service users, including ease of use, speed of response, simplicity, ability to remain anonymous, ability to avoid a formal complaint

A small number of staff shared doubts about Care Opinion. For the most part, these were not objections in principle, but concerns about practicality – for example, low awareness of Care Opinion among patients and service users, whether an online platform could be accessible (especially for older people), and whether online feedback would be taken seriously by care providers. The time needed to read or respond to feedback was a concern for a few staff, but not among staff who were experienced Care Opinion users. The independence of Care Opinion from organisation-owned compliment/complaint processes was seen as a strength by some respondents, and as a concern by others.

"Many people do not want to complain... but want to make the service better for the person coming behind them."

"The lovely feedback received so far is definitely helping morale."

"Care Opinion helps other people see how well an organisation responds to the needs of everyone."

"It also highlights to other members of the MDT the true essence and work of district nursing."

"We already see improvements being made in relation to feedback received."

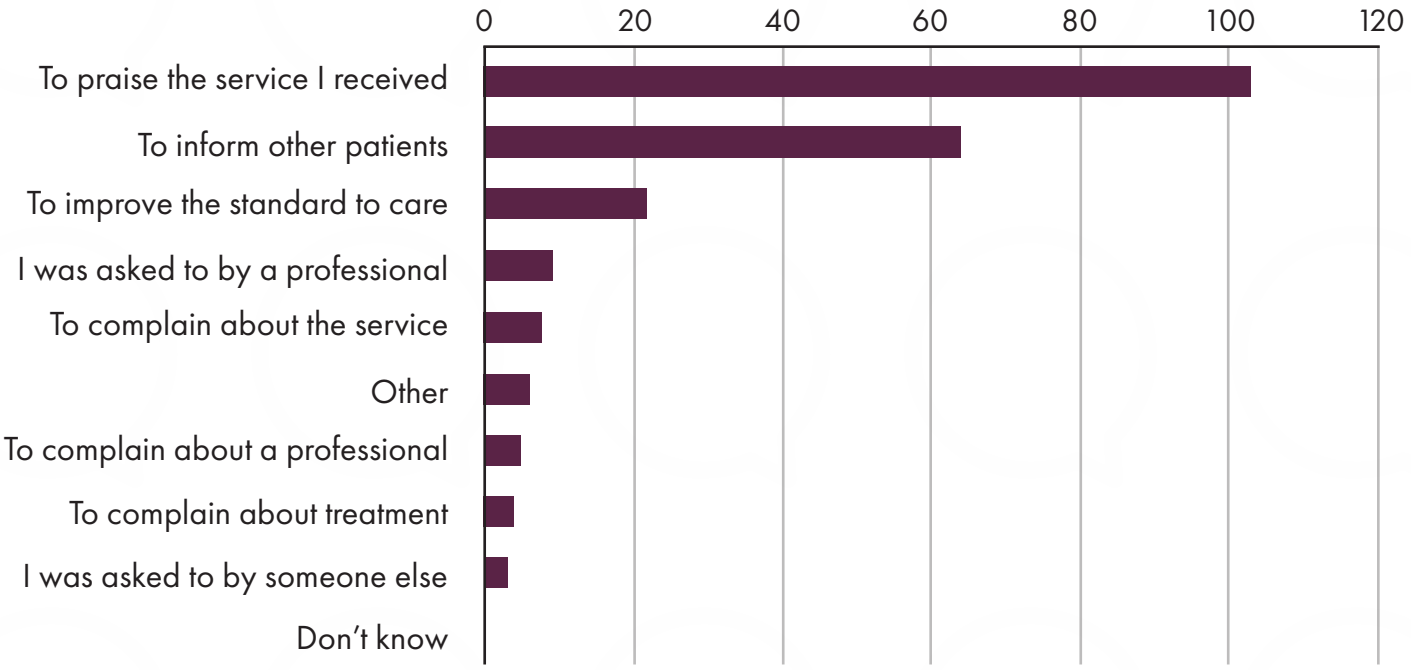
"We got feedback on virtual visiting during Covid which helped staff to better understand what patients and families were feeling."

This evaluation indicates that, within 10 months of its launch, Care Opinion gained a strong level of support among staff in Northern Ireland who are subscribers to the Care Opinion platform. Staff who engage with the platform support the purpose of Care Opinion in principle and see a range of positive benefits from its use in practice. This is an important study to provide a baseline for future studies within Northern Ireland. The full report is available on https://www.careopinion.org.uk/blogposts/916/how-do-healthcare-staff-in-northern-ireland-v

4.4 Impact from an Authors Perspective

As two way feedback is a core element of the Care Opinion service it is pertinent to ask the people who have shared their story on the impact of the OUFS. In October 2021 the Care Opinion team issued a survey to a random selection of 488 authors of stories in Northern Ireland. The purpose was to understand why people were sharing their story and their perspective of the new service in Northern Ireland. The project closed on 15 October 2021 and in advance of the final publication the following gives insight into the initial key messages. Authors were asked to reflect upon the driver behind sharing their story on the Care Opinion platform. Figure 13 demonstrates that a desire to praise the service and to inform other patients were main drivers to using the Care Opinion service.

Figure 13. Responses to the question "Did you have a particular aim in mind when you posted your story"



The following quotes are directly from authors in relation to why they posted a story on Care Opinion and show the importance of giving individuals the opportunity to feedback on their experiences. Further information can be accessed through https://www.careopinion.org.uk/blogposts/933/how-do-feedback-authors-in-northern-ireland-view-care-opinio

"To highlight the problem without making a formal complaint and to thank the staff for excellent care"

"I felt that this was a good platform to show positive comments"

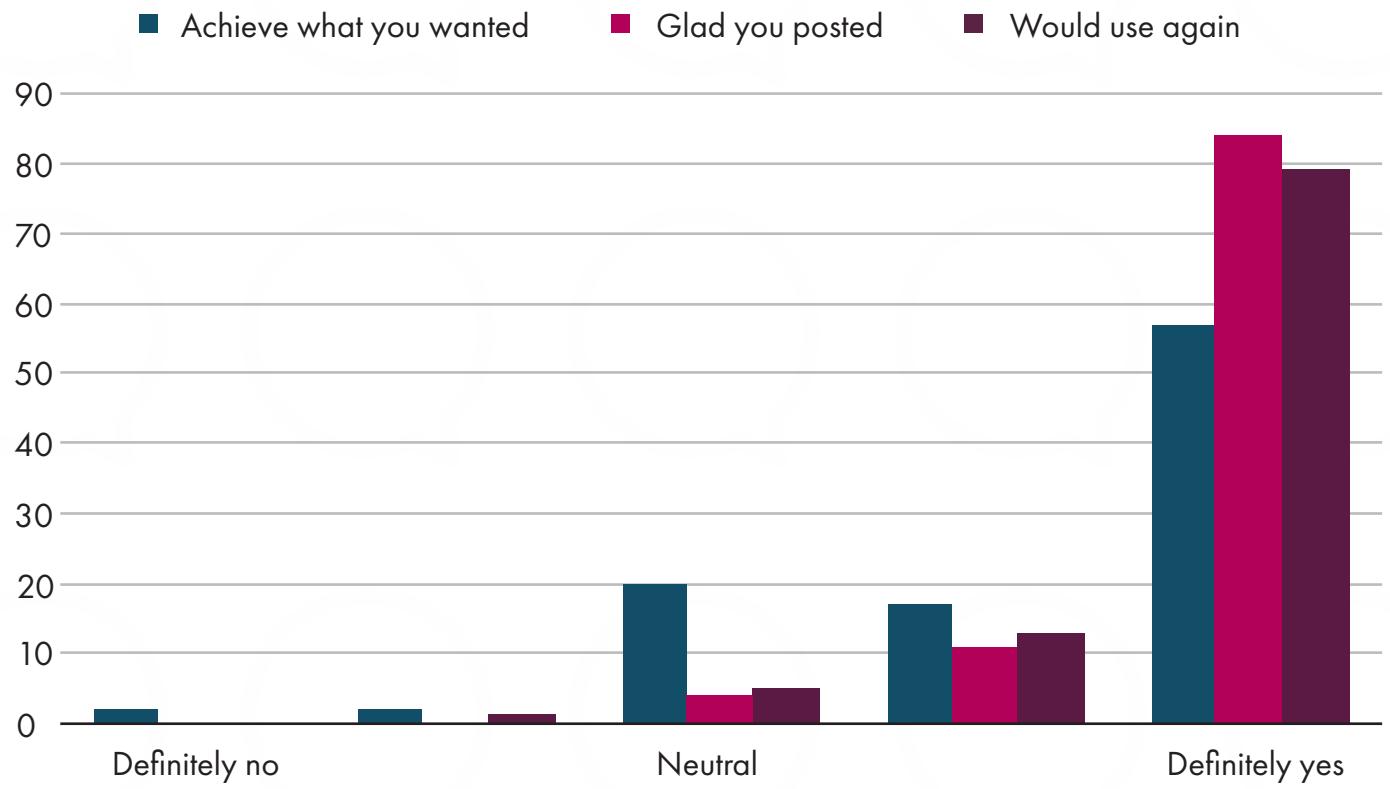
"To give people a chance to read what I went through and maybe give them some hope"

"I was angry at the negative and non-existent treatment I received at hospital. I feel dehumanised and traumatised as a result"

"People need to know how valuable this care is"

Respondents were asked to share their overall view of the service. Figure 14 illustrates if people were glad they posted their story, if they would use it again and did it achieve what they wanted. Overall the majority of responders indicated a positive emotional tone to all areas.

Figure 14. Overall reflections on posting a story on Care Opinion



5.0 Next Steps

5.0 NEXT STEPS

As detailed throughout this report, implementation of the OUFS has been a journey since it launched on 03 August 2020. This journey has included integration of the system within Trusts as demonstrated through process data and embedding the learning at both local and regional levels of the system as illustrated through outcome data; however, to fully achieve the aim and objective of the service the journey must continue with the following priorities highlighted for 2021/2022.

5.1 Online User Feedback System is Embedded into Strategic Priorities for HSCNI

In 2021/2022 the PCE team continues to work alongside relevant regional groups to ensure the stories in Care Opinion shape developments at a strategic level through bespoke campaigns. This includes:-

- Intermediate Care
- District Nursing
- Learning Disability
- No More Silos
- General Surgery
- COVID-19 related service (for example Vaccinations or Long COVID)

This is not a complete list and as our health service seeks to rebuild from the unprecedented demand of the COVID-19 pandemic the OUFS will provide the opportunity for the voice of the service user, families and carers to be presented at a strategic level.

5.2 Integration of Learning in Primary Care

As part of the vision for the OUFS the project aims to establish the service as a primary channel for contemporary feedback on all services within HSCNI. This includes Primary Care. Through 2020/2021 a number of Primary Care stories have been collected as part of the author's experience and has given insight into both the positive impact of the experience as well as areas for improvement. This information has been shared with each service in line with the Care Opinion policy. The learning has been aggregated and presented as a briefing paper to inform and influence at a strategic level.
Throughout implementation, it is highlighted organisations and services who promote Care Opinion and engage in the two way feedback loop generate a culture shift and meaningfully engage with the author of stories. Through 2021/2022 the Public Health Agency will continue to engage with Primary Care and seek to identify opportunities to integrate Care Opinion as a method to gather feedback and inform change – for example in the development of new services or processes. Stories will continue to be shared from individual authors however it is the ambition to support bespoke promotion and campaigning to support Primary Care to integrate the voices of service users, relatives and carers in local and regional service improvement.

5.3 Implementation of OUFS for Care Homes in NI

Throughout the COVID-19 Pandemic a number of projects were led by the PCE team to support the voices of residents and families in relation to the experiences in Care Homes. It was recognised the need for a system to support quality improvement initiatives and to ensure the voice of residents is evident in the ongoing developments in this area. Therefore, throughout 2021/2022 the PCE team will explore opportunities to support residents and families to share their experience through Care Opinion. This includes:-

- Development of promotional material and methods to ensure residents can be facilitated to share their experience of HSCNI services and also the care received in the Care Homes
- Identify learning from Trust Care Homes in relation to the approach to embed the OUFS into practice and the support/ training required to help staff engage with the feedback
- Embed Care Opinion into strategic developments working collaboratively with the Care Homes within the independent sector - for example through Quality Improvement approach with Enhanced Clinical Care Framework (ECCF) to ensure the voice of residents and families inform the cycle of improvement in each workstream. Further information is available at Enhancing Clinical Care Framework in Northern Ireland Care Homes | Department of Health (health-ni.gov.uk).

5.4 Online User Feedback Service Embedded into HSCNI Processes

It is recognised the OUFS is available across all areas of HSCNI; however with the support of the Trust PCE Facilitators there will be ongoing focus on promotion and awareness, training and development of processes to share aggregated learning. Through Local Implementation Groups each HSCT has established pathways to share stories through directorates and ensure the voices are shared in the most senior forums such as Senior Management Team (SMT).

Embedding the OUFS into HSCNI also includes triangulation of the learning with others area of feedback and engagement to include Quality & Safety forums, Complaints, Engagement through PPI initiatives. This also includes forming a strong network with other organisations such as PCC, RQIA and Community and Voluntary sector. Through development of channels to share learning it is important to demonstrate actions to further improve the experiences of people engaging with HSCNI and inform the strategic direction for Patient Client Experience in Northern Ireland.

APPENDIX 1: Members of Regional Implementation Group Chaired by Michelle Tennyson (as established Oct 2019)

Michelle Tennyson	PHA
Linda Craig	PHA
Thelma Swann	PHA
Austin Herron	Service User, PPI Forum
Laura Algie	SEHSCT
Conor Campbell	SEHSCT
Claire-marie Dickson	SEHSCT
Colm Burns	PCC
Rachel Cregan	DoH
Grace Hamilton	SHSCT
Lindsey Liggett	SHSCT
Isobel McNamee Nesbitt	SHSCT
Lynne Charlton	NIAS
Amanda Sweetlove	NIAS
Rachel Deane	NIAS
Katrina Keating	NIAS
Claire Edgar	NIAS
Jarlath Kearney	NIAS
Glen Lyttle	BHSCT
Rachel Maxwell	BHSCT
Randal McHugh	NHSCT
Suzanne Pullins	NHSCT
Emma Andrew	NHSCT
Margaret McAleese	NHSCT
Valerie Devine	WHSCT
Ursula McCollum	WHSCT
Teresa Murray	WHSCT

***Membership has changed over the initial 12 months due to organisational change.**

APPENDIX 2 STRUCTURES & CHANNELS OF ACCOUNTABILITY

OUF PROJECT BOARD	• Chaired by Deputy Chief Nursing Officer • Senior representation from each Trust, PHA , HSCB and key stakeholders, including PCC and RQIA and GP Federation • It is important representation is or is representation of Executive Lead for each Trust • Under group Terms of Reference hold Regional Implementation Group to account for effective management and implementation of the preferred system – Care Opinion in accordance with the Direct Award Contract (DAC)
OUF REGIONAL IMPLEMENTATION GROUP *	• Chaired by Michelle Tennyson (Assistant Director, PHA) supported by Regional PCE Lead, Linda Craig (PHA) • Representation includes nominated Operational Leads for each Trust and representation from key stakeholders – safeguarding, complaints, communication **Terms of Reference for group will include** 1. Develop a communication strategy covering staff, people who use services, the public and other stakeholders 2. Develop a story generation strategy for the region designed to generate stories and subsequent service improvements 3. Develop a monitoring and review plan to explore how OUF system impacts upon care 4. Set and monitor indicators in relation to CO – for example response times, number of stories collected 5. Consider how OUFS integrates with current processes and systems
OUF LOCAL IMPLEMENTATION GROUP *	• Chaired by Operational Lead for each trust/organisation supported by the CO Facilitator • The Operational Lead has strategic and operational responsibilities for CO • Representation should include representation from each directorate and relevant corporate teams such as safeguarding and governance **Terms of Reference for this group will include** 1. Active support & accountability to Executive Lead. Agree channels for communication for Trust Executive team 2. Identify and maintain the service tree for each Trust 3. Design local Implementation Plan in line with Regional Implementation Group 4. Develop training plan for key staff /clinical teams in relation to 300 logins available to each Trust, rolled out by CO Facilitator 5. Implement communication strategy, story generation strategy and monitoring plans as agreed with Regional Implementation group

***The monthly Facilitators forum supports regular monitoring of activity within Trusts and consideration of the regional priorities and work plan.**

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Care Opinion Initiative is managed by-
Regional Lead for Patient Client Experience (PCE): Mrs Linda Craig: linda.craig3@hscni.net
Assistant Director for AHP, PPI and PCE: Mrs Michelle Tennyson: michelle.tennyson@hscni.net

Public Health
Agency

Produced by the Public Health Agency,
4th Floor, 12-22 Linenhall Street, Belfast BT2 8BS. Tel: 0300 555 0114 (local rate)
www.publichealth.hscni.net

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