

I read the discussion paper with much interest.

The Bacchus Marsh Hospital review has similarities with what has occurred in the United Kingdom such as Bristol, Alderhay and Mid-Staffs.

The Victorian Auditor-General's Report on Patient Safety in Victorian Public Hospitals raises similar issues, and calls for the DHHS to collaborate further with health services to address not only sentinel events, but also review lower severity incidents (Recommendation 12)

I think it is important to understand that the relationship between government (and service providers) and patients (and their families) is changing under the influence of democratised voice and networked citizenry. It implies that the government and service providers need to take a much wider view of the public's feelings from saying thank-you through to litigation, and to offer both patients, clinicians and organisations a wider, lower friction set of interactions that both satisfy the public and produce change in new ways in response to the whole range of patient input (not just complaints/dissatisfaction).

Often patients and their carers do not wish to make a formal complaint, but feel that it is the only way they will be heard in a health system that appears distant and difficult to engage, especially when things go wrong or could be improved. This suggests that there may be a dis-connect between the public and how health services listen and respond to their voice. The public are questioning the value of our health system, particularly its responsiveness to their concerns in near real-time. Perhaps health services have bureaucratised the process to the point of dis-connect. What the public want is an opportunity to provide feedback to health services on their terms, to 'feel heard', and to see that their feedback has made a difference to the safety and quality of care. By giving patients this opportunity to contribute to the quality of our health services, there is a sense of change and partnership.

One approach that health systems have adopted across different countries is Patient Opinion. Its purpose is to provide an independent platform that makes it safe and easy for the public to share their concerns about safety and quality, and in doing so, encourage health services to become more open, transparent, responsive and person-centred. In response to the Mid-Staff inquiry recommendations (see attached extract), the Scottish Government adopted Patient Opinion as one of its key solutions for engaging better with the public to improve safety and quality. Patient Opinion has now been in operation for 10-years across Britain and their 10-year report is attached. It describes how the platform is changing the way that health services and the public connect in a more independent, safe, open, accessible, transparent and constructive way.

Patient Opinion has been in operation in Australia since 2012.

In Victoria, Eastern Health has now been involved with the platform for over 12 months, and the DHHS has commented (via Glenda Gorrie) how this organisation is excelling in the way it is resolving issues and restoring relationships with the public.

In addition, the CEO has said that complaints to him have reduced by 50%.

Here is a link to Eastern Health stories, responses and improvements

[https://www.patientopinion.org.au/services/dpt\\_eh\\_3128](https://www.patientopinion.org.au/services/dpt_eh_3128)

Unfortunately there has been little take-up in Victoria (Boort Health is the only other district health service), and the Minister's office asked the DHHS to explore why this was the case. The response to this investigation was that health services are happy with what they are already doing.

A representative of the DHHS said:

*"Leadership, a timely response, an authentic and caring writing style and comprehensive follow through are the success factors for Eastern. I would love to see a more wide-spread uptake of PO if we could replicate these conditions across the State. There's a challenge."*

The collated findings of their investigation have been sent to the Minister's office.

Whilst still early days, there are a number of other services in Australia engaged with Patient Opinion, and it is pleasing to see that WA health is now engaged.

(see here <http://www.watoday.com.au/wa-news/wa-health-turns-to-patient-opinion-social-media-for-system-change-20160113-qm55af.html>)

I appreciate that this is self-promoting, however if it was felt appropriate and helpful, I would welcome discussion with the review panel about how Patient Opinion addresses many of the issues raised in their discussion paper, particularly in terms of fostering continuous improvement and excellence, and advancing transparency.

Kind regards,  
Michael

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