# Healthcare Improvement Scotland

scottish
health
council

making sure
your voice counts

# Using Social Media to Inform, Engage and Consult People in Developing Health and Community Care Services

*May 2013*

# Contents

**A note on web links**

Links in this document have been shortened using the *bitly* service which reduces long website addresses to a much shorter string of letters and numbers. If you type this into your browser you will be automatically redirected to the correct website.

# Introduction

The Scottish Government's **eHealth Strategy**[1] sets out six aims for using information and technology in a co-ordinated way, including the need to "support people to communicate with the NHS, manage their own health and wellbeing, and to become more active participants in the care and services they receive".

eHealth can be a challenge to traditional ways of working, but it also represents a great opportunity for NHS Boards to introduce innovation, reach out to new audiences and improve efficiency and quality. This briefing suggests ways in which social media and online technologies may complement traditional methods of informing, engaging and consulting people when planning and carrying out NHS service changes.

NHS Boards have a statutory duty[2] to involve patients and the public in the planning and development of health services, and in decisions which will significantly affect the operation of those services. Guidance[3] from Scottish Government sets out how Boards should inform, engage, and consult their local communities about proposed service changes, and advises that:

"Innovative and creative methodologies and technologies should be used to enable people who might otherwise be excluded from the consultation process to be involved and provide a response" (CEL4, para. 34, page 9).

The Scottish Health Council's role is to improve patient and public participation across NHSScotland. This includes supporting NHS Boards to adopt new methods of involving people, so that people can participate in a variety of ways which suit their diverse needs and preferences, and which maximise the opportunities for dialogue between the NHS and its users.

In April 2013, we published a briefing paper[4] which reviewed the growth in access to online technologies and discussed how the participation of patients and the public could be supported using e-participation tools such as:

- online forums and message boards
- online surveys and polls
- e-petitions
- online focus groups
- webcasting, and
- social media and social networking.

The public sector has been relatively slow to adopt the use of social media compared to individuals and the private sector. Social media has the potential to

---

[1] Available at www.ehealth.scot.nhs.uk
[2] National Health Service Reform (Scotland) Act 2004, para. 7
[3] *Informing, Engaging and Consulting People in Developing Health and Community Care Services*, CEL 4 (2010), Scottish Government. This guidance will refer to relevant paragraphs of that document.
[4] *Social media and e-participation in NHSScotland* (2013)  bit.ly/Y62P4I

reach out to some of the groups that the NHS historically finds challenging to involve, such as working people, people who are housebound, young people and communities living in remote and island areas.

## What is social media?

Social media describes a range of web-based tools which allow users to easily create and share content – including text, images and videos – and connect directly with other users to build communities and communicate with each other.  In this guidance we use the term to include:

- blogs and microblogs (such as WordPress and Twitter)
- social networking sites (such as Facebook and LinkedIn)
- content communities (such as YouTube and Flickr)
- collaborative projects (such as Wikipedia), and
- internet forums and online discussion boards.

Social media is normally publicly accessible and allows many people to see, comment on or co-produce materials. The tools are usually free or low-cost and simple to use. Most importantly, social media content is designed to be shared, and it is usually possible to forward, link to or re-publish information with just a few clicks. The barriers to entry are very low and the potential audience is very wide.

Social media must always complement, rather than replace, traditional methods of engaging with individuals and communities.

## Planning

When planning a programme of engagement around service change, improvement or development, NHS Boards should first draw up an involvement and communication plan (CEL4, para. 21, page 6) which identifies which people and communities should be included, how best to go about this, and the communication channels that these stakeholders prefer. Bearing in mind the maxim to "go to where the people are", consideration should also be given to seeking out relevant online communities. The moderators or administrators of these groups can often assist in disseminating information, thus providing more opportunities for engagement and feedback.

**CASE STUDY**

There are online communities for almost any condition or interest, and an internet search will identify these quickly. Dedicated websites for interest groups normally have discussion forums, often tied to specific geographical areas. For example, **netmums** and **mumsnet** both have regional sub-sites across Scotland which may be useful for engaging users of maternity services in a specific area. There may also be campaigning or peer support accounts already established on Facebook or

Twitter. Engaging with these online communities and sharing information from an early stage will help to build awareness of the service change and will encourage greater participation.

<div align="right">bit.ly/13hGlu1 | bit.ly/13v9x4b</div>

NHS Boards are responsible for "ensuring that the informing, engaging, consulting process is fully accessible to all equality groups" (CEL4, para. 9, page 3). Social media can be used to share alternative formats and versions of information, and technology can sometimes help to make information more accessible – such as adding subtitles to videos or using correct formatting on websites in order to assist screen readers. However, you should also be mindful of the potential for people to be unintentionally excluded by technology, for instance through lack of access, insufficient knowledge or physical or mental impairment.

**CASE STUDY**

**NHS 24** translated its "Get Involved" leaflet about public participation into British Sign Language and posted the video on its website and on YouTube.

<div align="right">bit.ly/ZXJhLr</div>

# Informing

"People should be given information about the reasons change is needed, the expected benefits of the proposals, and processes which will assess the impact of the proposals." (CEL4, para. 23, page 6)

By far the most common use made by NHS Boards of social media is for publishing information about local services and promoting public health messages. Using the same channels to share information about proposals for changes to a service can be an easy and cost-effective way to reach a wider or a different audience, and posting links on Twitter and Facebook will help to increase traffic to your website or online survey. Relevant local organisations in the public and third sectors will usually be happy to help share messages and links with their own networks.

**CASE STUDY**

**NHS Dumfries & Galloway** uses its existing Facebook and Twitter accounts to communicate short, concise messages on a regular basis about the Acute Services Redevelopment Project, especially for the advertising of events. This use of social media is planned in advance as part of the Board's Communications Strategy.

<div align="right">bit.ly/16zf3pC</div>

You should also consider different formats or ways of presenting information, including video, audio and summarised versions of longer documents. A lengthy document is rarely engaging to read on a computer screen, and many people who access information on your website via a link on a social media channel will be using smartphones or other mobile devices with a smaller screen.

**Pennine Acute NHS Trust** posted a video on YouTube to explain changes to maternity and children's services at Fairfield General Hospital. These were part of a reorganisation of services across Greater Manchester to provide improved healthcare in the community and concentrate hospital services in fewer, larger units.

bit.ly/13YoxGV

**IRISS** (Institute for Research and Innovation in Social Services) translated its *IRISS Insight* on "Measuring personal outcomes" into a short animated video, with the aim of effectively communicating evidence and research in a more visual and engaging way.

bit.ly/15Ja06v

**Blackburn with Darwen Clinical Commissioning Group** created a 2-minute video featuring local people to explain what proposed changes, which had been reported in the local media, meant for the local community, and to encourage members of the public to get involved and have their say on how the health service is run.

bit.ly/19nylLo

# Engaging

Stakeholders should be involved in developing and appraising options ahead of the formal consultation stage (CEL4, para. 26ff, page 7), but two-way engagement with patients, carers, local communities and other interest groups should occur on an ongoing basis throughout the service change process:

 "To fulfil their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance." (CEL4, para. 7, page 2)

Furthermore:

"Public consultation about a service change should grow naturally out of a Board's everyday communication and dialogue with the people it serves." (CEL4, para. 19, page 5)

Social media can be used alongside traditional methods of participation – including public meetings, focus groups and questionnaires – to increase awareness and encourage people to take part. The ease by which information may be forwarded on, and the fact that such information comes from a known contact rather than an impersonal advertisement, combine to create a powerful word-of-mouth "ripple effect".

**NHS Brighton & Hove** ran a 24-hour Twitter-thon to ask the local community what changes they would like to see in policies to manage alcohol consumption. "We were overwhelmed with the number and diversity of responses that we received and it was so exciting to see and receive instant feedback."

bit.ly/12s0oZ8

Consider creating a relevant **hashtag** as a way of tracking conversations about a service change. Adding the "#" symbol to the start of a word or phrase – for example *#NHS* or *#socialmedia* – creates a searchable keyword which groups together any tweets that include this term. Hashtags can only contain letters or numerals – no symbols or spaces – and should be short and memorable. They are not case sensitive but you can use a mix of upper and lower case to improve readability (*#ServiceChange*). You should also check in advance whether a hashtag is already being used; having a unique hashtag means that when people search for that term they will only find tweets related to that particular topic.

A hashtag provides a common way of referring to a service change process, and if people include it in messages they post online this will allow the NHS Board to easily track what is being discussed and get involved in the conversation.

**NHS Southampton City** used the hashtag ***#bitternewic*** when tweeting live from two public engagement meetings on the future of the Bitterne Walk-in Centre. The hashtag allowed people not at the meeting to follow the discussion and contribute their comments and questions. After the event, the tweets were archived on the Trust's website.

bit.ly/10Gk7kL

# Consulting

If required to carry out a formal consultation, NHS Boards must produce a document which sets out the proposals in a clear and accessible way and allows the reader to make informed comments on the changes that are being proposed (CEL4, para. 33, page 8). Additionally,

"Innovative and creative methodologies and technologies should be used to enable people who might otherwise be excluded from the consultation process to be involved and provide a response." (CEL4, para. 34, page 9)

As in the earlier *informing* and *engaging* stages, social media can complement other communication channels in order to advertise the consultation and provide links to documentation. Followers of social media channels can also be encouraged to share links with their own networks, thus increasing awareness further.

**NHS Tayside**'s e-participation website, "Your NHS Tayside" is a single-entry portal for a range of online patient and public engagement tools. Patients, carers, families and members of the public can read about and contribute to current consultations, join in discussion forums and provide feedback through online questionnaires and polls. This approach is also being adapted by other NHS Boards.

bit.ly/U6xwTb

**West London Mental Health NHS Foundation Trust** posted a video on YouTube to highlight its consultation on becoming a Foundation Trust, and used animation to explain what the changes would mean in an accessible way. Members of the public were invited to provide feedback on the proposals using a linked online questionnaire.

bit.ly/10Fbcjw

**Walsall Council** set up the **@walsallmeetings** Twitter account to provide live updates from Full Council meetings. They used the hashtag ***#walsallmanor*** for a public meeting to discuss Walsall Manor Hospital's bid for Foundation Trust status. The account is followed by local people, businesses and councillors.

bit.ly/ZY1RTJ

NHS Boards could also consider proactively creating a Facebook page or Twitter account relating to individual service changes. This could act as a single point-of-entry where both supporters and opponents of a service change could receive progress updates and debate the issues, and would demonstrate that the NHS Board is keen to engage in a conversation with stakeholders.

**NHS South West London** set up a Facebook page to update stakeholders and members of the public on their "Better Services, Better value" review and allow them to engage with the process. The page also includes links to events and publications and interesting news items.

on.fb.me/16eM8HS

Individual members of the public or community campaign groups may occasionally create a social media account or page to oppose a service change, and it can sometimes be difficult to ensure that information contained there is factually accurate – for example about upcoming public meetings and events. NHS Boards should regularly scan social media channels for such campaigning sites and consider how to engage constructively with them. They should also make sure that up-to-date

information is publicly available on their website, so that people can easily be directed there.

## Feedback

To maintain public confidence and trust in the integrity of the involvement process, and to "close the loop", NHS Boards should provide feedback to the stakeholders who took part in the consultation (CEL4, para. 40, page 10). Such feedback should be given to individual participants in an accessible format which meets their needs, but social media can also be used to share feedback about the outcome of the consultation process with a wider audience.

**CASE STUDY**

**Blackburn with Darwen** local authority posted a video on YouTube to explain to local residents what had been done with comments and suggestions received as part of their "Your Call" campaign.

bit.ly/16aHD10

## Evaluation

As with all involvement activity, the use of social media to inform, engage and consult people about service changes should be evaluated – particularly when introducing it as a small test of change. What impact did it have on the process? What worked well, and what could be improved for the future? Evaluation need not be lengthy or time-consuming, but it should be positive and constructive and designed to highlight areas which may need to be strengthened of further developed.

## General considerations regarding social media

- Social media is **not a replacement** for other means of engagement and involvement, but should instead complement traditional methods.

- Offer to **take conversations offline**, such as by providing an email address or telephone number, if greater detail is required or to comply with organisational policies (complaints, press enquiries, freedom of information and so on).

- **Be human**, but **respect personal and professional boundaries**.

- By its very nature, **social media is public**. Information and comments can and will be shared widely, even outside the target audience. Nothing can be taken to be private or 'off-the-record', so careful consideration should be given before anything is published or posted. Beware including information in posts which could identify individuals, and remember that simply removing names is not always enough to protect the identity of patients or members of the public. Adhere to all guidance around data protection, confidentiality and other codes of conduct.

- Beware **barriers to involvement** when using social media – including access to technology, computer and online literacy, language skills and physical or mental impairment – and consider how best to overcome them.

- The majority of people who engage with social media do so in a helpful manner, even when they are making a complaint or raising an objection. You should take part in conversations and try to **respond to all feedback** about the service change proposals and process – both positive and negative – as quickly as possible. It may not be feasible to respond to every individual comment on social media, but it would be good practice to acknowledge feedback received even in general terms. It could also be helpful to include a link to your Board's social media policy in order to manage stakeholders' expectations around the response they may receive.

- The anonymity afforded by the online environment can encourage some people to be deliberately provocative, offensive or argumentative (known as "**trolling**") or to post comments deliberately unconnected to the service change. You should also plan in advance how you will deal with trolling incidents, for instance by publicising your moderation policy. Getting into arguments in a public forum should be avoided.

- Consider the **risk of *not* being involved**. Online communities will be discussing local health services, whether or not NHS Boards are active on social media. "The biggest risk in healthcare social media is not participating in the conversation."[5] Support and buy-in is also required from managers, IT departments and other staff as, although most social media tools are free, an investment of time and effort is required in order for these tools to be most effective.

## Further information and guidance

Contact your Service Change Advisor (servicechange@scottishhealthcouncil.org) for more information about putting the ideas in this guidance into practice. Other NHS Boards are also learning much about using social media and would be happy to share their experiences with you.

The following guidelines are not specific to service change, but include good practice principles for staff which may be useful to consider.

- **Harnessing Online Social Networking within NHSScotland: Benefits and Risks** Scottish Government (October 2011) bit.ly/16xdGaM

- **Using social media to engage, listen and learn**
  Smart Guides to Engagement, NHS Networks (May 2012) bit.ly/10LB6XA

---

[5] Farris Timimi "A 12-Word Social Media Policy" Mayo Clinic, 2012  mayocl.in/IgA7pE

- **Twitter for Health Care Professionals: An Introductory Guide Learn How to Tweet & Why You Should Consider Doing So**
  British Columbia Patient Safety & Quality Council (July 2012) bit.ly/10VsAil

# Feedback and review

We would welcome feedback from people who have used this guidance in order that we can assess whether it has been helpful in supporting service change. We intend to regularly review the guidance on the basis of feedback received to decide whether any changes or additions are necessary.

Please send your views to:

Sandra McDougall
Head of Policy
Scottish Health Council
Delta House
50 West Nile Street
Glasgow G1 2NP

email: sandra.mcdougall@scottishhealthcouncil.org

**You can read and download this document from our website. We can also provide this information:**

- **by email**
- **in large print**
- **on audio tape or cd**
- **in Braille, and**
- **in other languages**

يمكنك قراءة وتنزيل هذا المستند من موقعنا الإلكتروني. ويمكننا أيضاً أن نقدم لك هذه المعلومات:

- بالبريد الإلكتروني
- بخط كبير
- على شريط صوتي أو قرص مدمج ( **cd**)
- بلغة بريل
- بلغات أخرى

আপনি আমাদের ওয়েবসাইট থেকে এই দলিল পড়তে ও ডাউনলোড করতে পারেন, তাছাড়া আমরা এই তথ্য ঃ

- ইমেলে
- বড় হরফে
- অডিও টেপ বা সিডি-তে
- ব্রেইলে, এবং
- অন্যান্য ভাষাতেও জানাতে পারি

**Vous pouvez lire et télécharger ce document sur notre site web. Nous pouvons également vous fournir ces informations :**

- **par courrier électronique**
- **en gros caractères**
- **sur cassette ou CD audio**
- **en Braille**
- **et dans d'autres langues**

**Faodaidh tu am pàipear seo a leughadh agus a luchdachadh a-nuas bhon làrach-lìn againn. Bheir sinn an fhiosrachadh seo seachad cuideachd:**

- **Ann am post-dealain**
- **Ann an sgrìobhadh mòr**
- **Air teap claisneachd no cd**
- **Ann am Braille, agus**
- **Ann an cànanan eile**

आप इस दस्तावेज़ को हमारी वेबसाईट से पढ़ और डाउनलोड कर सकते हैं। हम इस जानकारी को निम्न माध्यम से भी प्रदान कर सकते हैं:

- ई-मेल द्वारा
- बड़े प्रिंट में
- ऑडियो टेप अथवा सीडी में
- ब्रेल लिपि में, और
- अन्य भाषाओं में

**Šį dokumentą galite skaityti ir atsisiųsti iš mūsų tinklavietės. Šią informaciją taip pat teikiame:**

- **el. paštu;**
- **stambiu šriftu;**
- **garsajuoste arba kompaktiniu disku;**
- **Brailio raštu ir**
- **kitomis kalbomis.**

**Dostęp do tego dokumentu, a także możliwość jego pobrania, można uzyskać na naszej witrynie internetowej. Informacje można również otrzymać w następujących postaciach:**

- **wiadomość e-mail**
- **wydruk z dużą czcionką**
- **kaseta audio lub płyta CD**
- **zapis alfabetem Braille'a**
- **zapis w innym języku**

**Вы можете прочитать и загрузить этот документ с нашего веб-сайта. Информация также предоставляется следующим образом:**

- **по электронной почте**
- **крупным шрифтом**
- **на аудиокассете и компакт-диске**
- **шрифтом Брайля и**
- **на других языках**

**您可從我們的網站閱讀及下載本文件。我們亦透過以下方式提供此資訊：**

- **電子郵件**
- **大版面印刷**
- **語音磁帶或 cd**
- **盲文，以及**
- **其他語言版本**

آپ ہماری ویب سائٹ پر اس دستاویز کو پڑھ اور ڈاؤن لوڈ کرسکتے ہیں۔ ہم یہ معلومات درج ذیل کے ذریعہ بھی فراہم کرسکتے ہیں:

- بذریعہ ای میل
- چھاپے کے بڑے حروف میں
- آڈیو ٹیپ یا سی ڈی کی شکل میں
- بریل میں ، اور
- دیگر زبانوں میں

You can read and download this document from our website. We can provide this information:
by email | in large print | on audio tape or CD | in Braille (English only) | in community languages.