

Using social media to engage, listen and learn

{Smart Guides}
to ENGAGEMENT

For better commissioning



Using social media to engage, listen and learn

Part of the **Smart Guides to Engagement** series, this guide helps clinical commissioning groups (CCGs) interact with service users, stakeholders and communities through social media. Applying these techniques should be part of the PPE strategy and resources that CCGs routinely deploy for listening and learning.

Social media provide a new and more direct way to achieve this engagement and create assets for CCGs, especially with hard to reach or under-accessing groups. Examples include drug users or other disengaged groups and people who work full time whose time is pressured such as young parents.

What is social media?

Social media is a generic term used to describe a range of online applications that enable – and specifically encourage – interactive communication between users. Millions of people around the world use social media to ask questions, network, learn and share their interests. Some, like Mums Net (www.mumsnet.com) have become nationally influential with their targeted audience.

Among the G20 developed countries, Britain combines unusually high internet penetration with widespread use of social media like Facebook and Twitter.

The social media ethos is all about engagement, participation and relationship building. Every platform encourages its users to take part, by commenting on what they see and getting involved in conversations with others. This makes it a particularly useful vehicle both for informing patients and for gaining their feedback. Used well, social media can be part of collaborative working and co-production.

As well as having conversations and giving their opinions, visitors to social media sites also like to share information. This can have a powerful amplification effect (known as going viral), where articles, videos or images are shared between thousands or even millions of people.

There are many social media platforms, but the most useful ones in the UK for patient and public engagement are:

Facebook

This started out a photo-sharing site for students but has become the most popular platform. Facebook claims to have more than 845m users worldwide and most are under the age of 30. Companies and organisations are increasingly using Facebook – as well as their websites – to put a face on their activity and interact with a generally younger, media-savvy user group. The Facebook tone of voice is informal and friendly so corporate speak won't do.

Twitter

Twitter is a vast, web-based messaging network, where each tweet is a single message that must be less than 140 characters long. It is more like texting than emailing.

Users can send messages both to people who are interested in what they have to say (their followers) or people who are interested in any topics they are writing about (via tagging).

Twitter is best used via a separate dashboard application; otherwise the sheer volume of data can make it unmanageable. There are several to choose from (see the end of this document for the most popular options) and all are free to download. The best ones act in a similar way to a web browser and enable the user to search the entire Twitter network for specific topics, words or names. In this way you can monitor responses to your messages, subjects of interest or even how many mentions (or re-tweets) you get.

Most Twitter users are aged 25 to 45 and the tone of voice is informal but often abbreviated because of the space constraint.

There are a series of communication conventions:

- Handle – a user's name or individual identity
- Tweet – a message
- Re-tweet – a message that has been repeated by someone else
- Hash tag – the # symbol, placed in front of a word to turn it into a search term
- The @ symbol – put directly in front of a Twitter handle, signifies a direct message to that person.

YouTube

A free website devoted to viewing, sharing and commenting on video clips. Government and NHS bodies routinely use YouTube to make video and podcast material widely available. CCGs can do the same and establish their own video channel.

Blogs

Originally called web-logs, and now shortened to blogs, these are small websites set up and run by individuals and organisations and used as a vehicle for their own writing. Blogs have become an essential marketing and publishing tool for most businesses. Unlike traditional publishing vehicles, however, they encourage interaction with their audience – offering them the chance to comment on what they are reading.

Forums

Often overlooked in favour of more glamorous platforms, forums have been around since the start of the internet. They are generally based around a specific subject area and work on a question-and-answer format. They can be powerful tools for patient participation because visitors to a forum will already have an interest in the topics covered (or they are seeking specific information). This means they are more likely to participate.

Its diversity does not mean that social media is a free-for-all. There have to be ground rules and norms clearly laid out and accepted by people who engage with you. Moderation of social media traffic is not censorship but rather making sure that everyone respects the rules. Someone at the CCG who understands social media has to be in charge.

Cancer Research UK – working across the platforms

The charity has invested heavily in social media and has a dedicated team managing its Facebook page, Twitter account and a specialised forum called Cancer Chat.

“The three platforms work in different but complementary ways,” says cancer chat manager Sarah Broughton. “We use the FB page to promote the forum and we get lots of new registrations that way. FB is very immediate and public, so people tend to go there for general questions, comments and conversations. Our FB team will refer people to us if they are seeking anonymity, have more specific questions or want to talk to a specialist nurse.

“Twitter is used more as a promotion and publicity tool, though people do occasionally ask questions there too. All three platforms have become very useful for signposting to other, related services and for providing information.”

The charity also uses the patient feedback it gets from social media to inform and influence its policies and campaigns. For example, its policy team is currently using the forum to ask for patient opinion on various aspects of tobacco use and marketing.

Facebook page:

www.facebook.com/cancerresearchuk?sk=wall

Cancer Chat:

<http://cancerchat.cancerresearchuk.org/index.jspa>

Twitter account: @CR_UK

How social media can help improve commissioning

- Used in the right way, social media will enable closer involvement with a much wider range of people, including those who usually do not engage, thereby increasing the reliability of commissioning intelligence
- The nature of the technology means it is widespread in the community, so views can be sought and fed back into the organisation within days
- It enables greater individual patient, carer and citizen involvement in services, strengthening the commissioner’s mandate to make decisions and its ability to respond to challenge and scrutiny
- It is much less resource-intensive than traditional engagement techniques
- It enables commissioners to build better relationships with patients, leading to potential long-term partnerships.

Social media – far more than let's have a Facebook page

It used to be sufficient just to have a website. But NHS organisations soon realised the internet had to be part of a comprehensive communications strategy. They must do the same with social media.

CCGs should not rush in without first having a plan about what they are trying to achieve, who they are targeting, with what messages, how they will respond to what flows back to them and – most importantly – what will happen to the intelligence that social media generates. To engage successfully using social media, CCGs need to do more than simply set up a Facebook page or get on Twitter.

The lesson is: don't waste your social media opportunities. Done badly, it can work against you. But done well – and it isn't difficult – it could expand your range of engagement assets. Your approach should be part of a comprehensive patient, carer and public engagement strategy, looking at what insight is needed, the knowledge you already have, who you need to fill the gaps and the best way to achieve this. It fits with the engagement cycle very well.

All social media communication is a two-way process. It can be an effective tool for disseminating important messages, but expect, and make sure you invite, your audience to tell you what they think. The two-way nature of this communication has obvious positive implications for patient engagement:

- Use it to broadcast public health messages and information about your services, post questionnaires and even ask questions directly to specific groups of users and carers

- Use it to gain feedback from patients on your services, their wider care or their own individual health. Social media can help you listen and learn from asking this key question: Having experienced it yourself, would you recommend this service to someone else?

Before starting any new project that will use social media, be clear about:

- What you are trying to tell people
- What you want them to tell you
- How you will handle what you learn.

Answering these effectively will help you hone the messages you want to convey and get more targeted and useful feedback from patients.

Brighton and Hove Maternity Services Liaison Committee – targeting hard-to-reach groups

The MSLC is a group run by parents for parents and parents-to-be. It aims to answer people’s questions and help them get the best from local maternity and postnatal services. It either puts them in touch with health specialists or passes their feedback directly on to those professionals.

Brighton and Hove PCT provided funding for social media training, which enabled the MSLC to set up its own website with a blog, Facebook page and Twitter account.

The Facebook page is now very active and the Twitter account is used regularly to highlight topical posts, discussions and health messages.

Chair Hannah Sherlock, says: “Historically it was quite a challenge to encourage a broad range of parents from different communities to get involved. But through using social media we have been able to reach a much wider audience and increase our engagement with them. After all, posting your views on Facebook only takes a couple of minutes – which is less of a commitment than giving up a few hours to attend a committee meeting or fill in a consultation response.

“On average I get one or two messages a week from local parents worried about something relating to their maternity care – and this often sparks correspondence which leads to direct improvements from service providers.”

Blog: <http://brightonandhovemslc.com/latest-newsblog>
Facebook page: www.facebook.com/brightonandhovemslc
Twitter account: @brightonMSLC

Avoiding possible pitfalls

Social media use is not an end in itself, even though it represents a big culture change for many primary care organisations. Traditional forms of engagement will still be necessary to target certain sectors – for example, elderly people and those who, for whatever reason, do not routinely use electronic media. But don’t stereotype. Many older people are social media savvy already and see it as a convenient way to communicate, especially when getting out to meetings is inconvenient.

Discussions can develop so quickly that control of agendas can be lost and the balance between proactivity and reactivity can be challenging. This is why the use of moderation must be carefully thought through and clearly communicated.

Active management and moderation of all social media platforms is necessary for any project to be a success. This investment will generate a return in terms of patient participation but if their questions and feedback do not get a response they will quickly leave a community.

Social media may improve outcomes in the long term but it won’t reduce costs.

Use the right tone of voice for each platform and always communicate in a professional manner. Common sense should be the guide here – don’t say things on a social media network that you wouldn’t say in front of your colleagues!

Social media is a public environment and rules on patient confidentiality should reflect this.

Get Smarter – find out more

How to guides:

Facebook <http://bit.ly/hu91nT>
<http://bit.ly/Im10YW>

Twitter <http://bit.ly/aCAqQL>

Twitter dashboards <http://bit.ly/b8JU62>

Examples of how other health services are using social media:

<http://bit.ly/eev83n>

<http://bit.ly/KC1vhH>

<http://bit.ly/e72rXd>

Digital Engagement Guide: Ideas and Practical Help to Use Digital and Social Media in the Public Sector:

<http://bit.ly/GF8Jgn>

Patient Opinion: <http://bit.ly/6TzSF>

Acknowledgements



Author: Caroline White
Associate
Primary Care Commissioning (PCC)
www.pcc.nhs.uk



Smart Guides to Engagement are a co-production by organisations and individuals passionate about engaging patients, carers and the public more fully in healthcare.

The series editors are Andrew Craig and David Gilbert.

Andrew is a partner in Moore Adamson Craig LLP, an organisation with many years' experience in the involvement and engagement of users of public services:

www.publicinvolvement.org.uk

David Gilbert, director of *InHealth Associates*, has spent 25 years working in the field of health and patient-centred improvement across the UK and internationally:

www.inhealthassociates.co.uk

The editors would like to thank the authors for their generous unpaid contributions and the Department of Health for its support.