



The power and the perils
of using social networking tools in the NHS

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1. Introduction

This briefing paper aims to provide some practical hints and tips for anyone in health and social care who is using or considering using social networking tools.

It has been put together by members of the **NHS Faculty of Health Informatics** who attended the Faculty masterclass entitled: "*The powers and the perils of using Social Networking tools in the NHS*" held on 15th May 2008 at the British Library in London.

The masterclass provided participants with an opportunity to learn about networking tools and case studies of their use within the NHS. Discussion focussed on the potential for wider adoption of the tools within NHS organisations and how to minimise any associated risks.

The discussion and debate that took place during the masterclass formed the basis of this briefing. The briefing has been co-produced using a wiki, one of the social networking tools discussed in the paper.

For details or to apply for membership of the NHS Faculty of Health Informatics go to www.espace.connectingforhealth.nhs.uk/community/nhs-faculty-HI/. You will be prompted to enter your eSpace log-in details or to apply for membership when you click on this link.

2. Definitions

What is a social network?

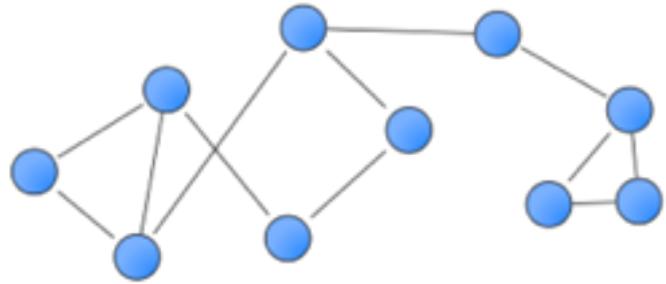
Any group of people can be described as a social network, where the individuals in that group have a relationship with one another, be that through work, a hobby, or family connection. A social network is a social structure made of nodes tied by relations, where the nodes are people, and the relations are the relationship between those people. http://en.wikipedia.org/wiki/Social_network

Social networks operate on many levels and can play a key role in decision-making, problem solving, resource allocation ... and the degree to which we succeed in achieving our goals. (http://en.wikipedia.org/wiki/Social_network)

In social networks, relationships are key. They are the glue that binds the nodes of the network together. People don't necessarily need to "know" one another to have a relationship in a social network, they just need to have a common interest or work together towards a common goal.

The 14,000 users in 'bring Wispa back' groups on [Facebook](#) may never have met but by acting as a social network with an aim, succeeded in 2007, in [persuading Cadbury to bring back the Wispa bar](#). A pointless (and tasteless) exercise you may think, but the point is that social networks can have real power and that they can and do make changes.

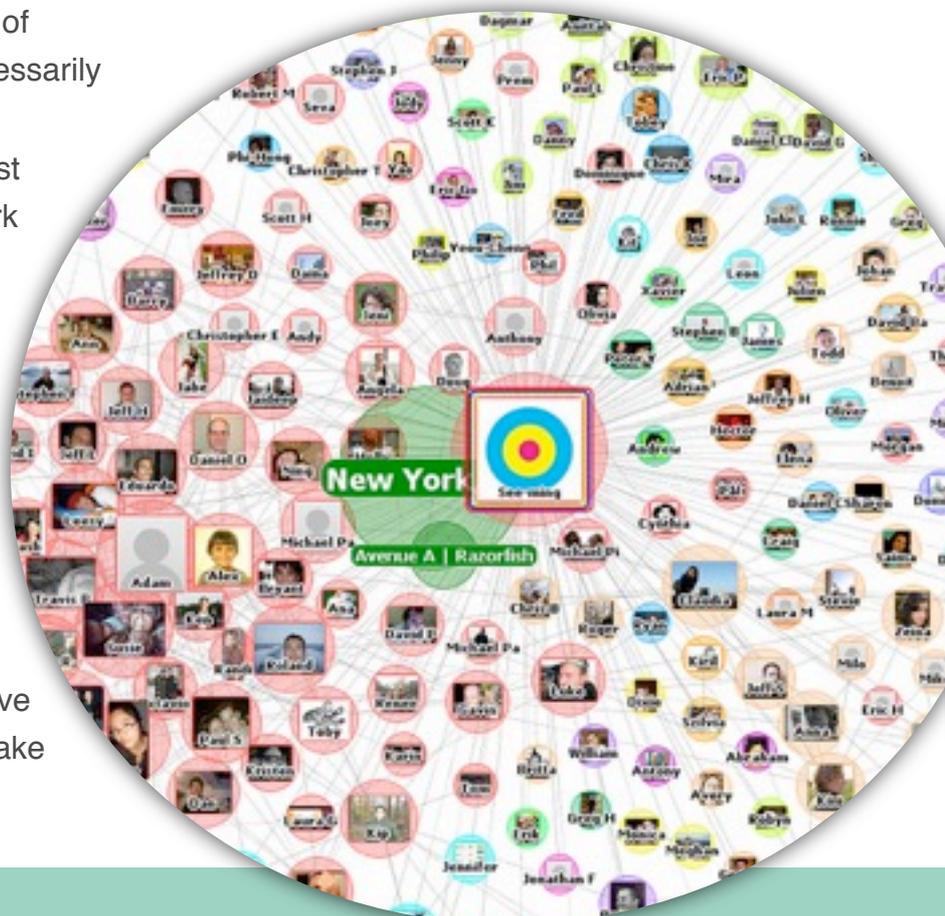
● Individual — Relationship



An example of a social network diagram

Social network maps like the one below illustrate that relationships are key to social networks. This "Facebook social network" map ([See-ming Lee 李思明 SML's photostream](#)) shows one persons relationships to friends, acquaintances and colleagues via [Facebook](#).

Facebook social network map



Why collaborate?

Social networks and collaborative activities typically involve groups of people who share information, knowledge and experience for a collective purpose.

It is commonly accepted that networks and collaborative activities represent a potentially powerful lever for change. (Pettigrew, A., Ferlie, E., and McKee, L. 1992)

Social networks create a channel for knowledge to cross boundaries created by workflow, functions, organisation, professional discipline, geography, and time. They provide the means to move local know-how to collective information and promote the uptake of beneficial practices across operations and regions.

Networks are most often founded on the collaborative hypothesis that by working together we can be more effective than working alone. They deliver collaborative advantage. In other words, something is achieved that could not have been achieved without the collaboration. The advantages often include:

- better sense of belonging, ownership and understanding,
- improved outcomes that would not otherwise be attained, and
- improved performance and productivity.

The importance of working collaboratively in networks has been emphasised in numerous policy documents, reports and research findings. Effective collaboration



social networks and collaborative activities represent a potentially powerful lever for change

improves the experience and outcome of care for people, and also benefits team members themselves and the organisation as a whole. (Borrill, C., West, M., Dawson, J. et al. 2002) The development of the [Darzi review](#) of the NHS has also been reliant on the use of clinical networks and active patient engagement.

Networks and networking activity are a key practice for all health and social care service stakeholders. Networks enable local, regional and national teams to coalesce around common issues and topics, and enable the sharing and dissemination of information and knowledge.

What are social networking tools?

The term social networking describes a wide range of activities or interactions between people in a social network. Social networking tools support these activities between people. They help put people in touch with other

people so that they can talk, share, learn and work better together.

Commonly used social networking tools include the telephone, face to face meetings and celebrations.

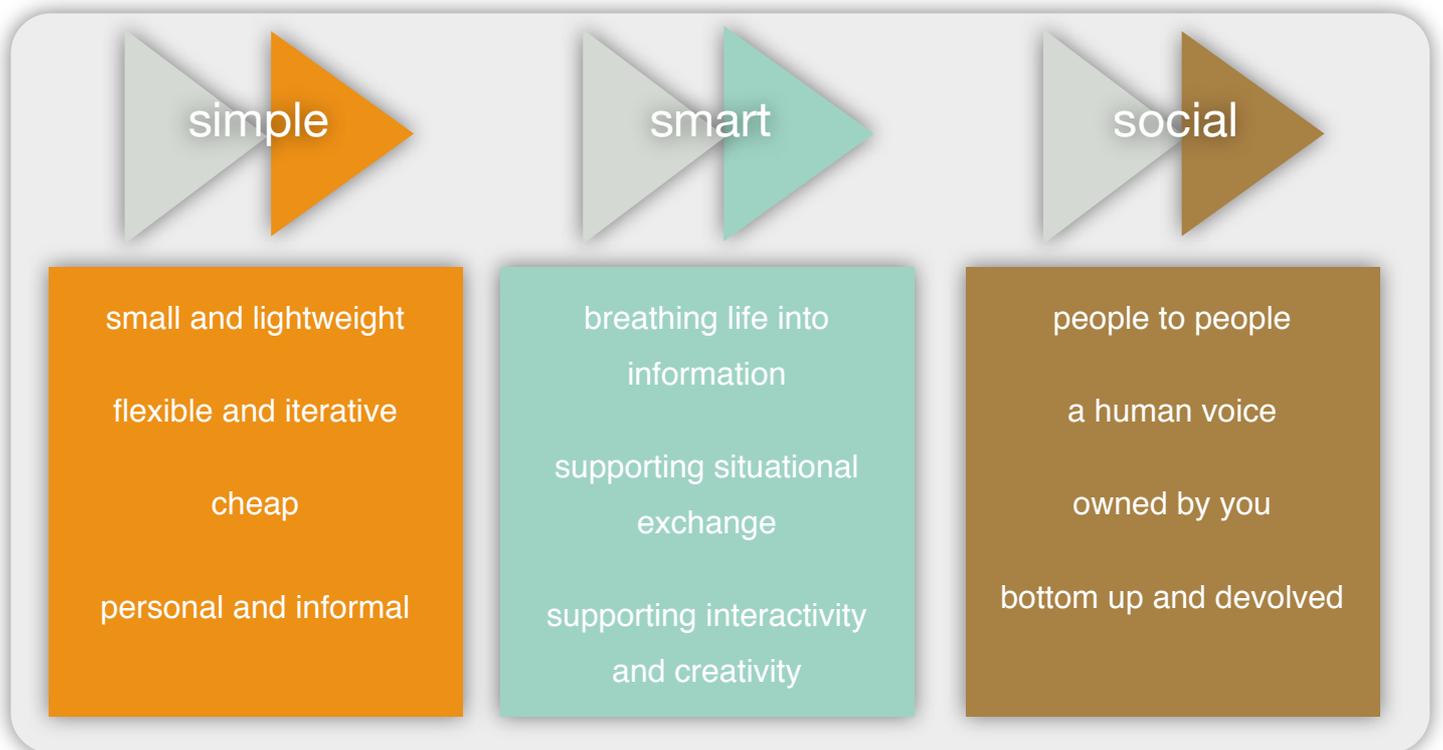
The focus of the Faculty masterclass was online social networking tools. These tools utilise internet technologies to support social networking activities between people. They range from usenet groups offering basic discussion functions to wikis offering are editable webpages through to sophisticated tools such as [Facebook](#) and [Bebo](#) offering a staggering array of communications and gaming features functions.

A central feature of social networking tools is that they enable people to connect with other people. Some tools such as [LinkedIn](#) have a particular focus, providing business networking services, enabling its social

network to develop their professional contacts and enhance their careers. Others like [Flickr](#), a photo sharing community, are hobby based. See http://en.wikipedia.org/wiki/List_of_social_networking_websites for a comprehensive list of social networking sites.

Online social networking fits under the general banner of what has become known as Web 2.0, a label for the emergence of more user-centric functionality on the internet. Where Web 1.0 involved one way "push" communications, Web 2.0 software such as blogs, wikis and social networking sites, have enabled the public to publish and interact online. This [Youtube video by Michael Wesch](#), Assistant Professor of Cultural Anthropology, Kansas State University, illustrates web 2.0 and it's impact on the Internet.

Some of the defining characteristics of social networking tools are set out in the diagram below.



Characteristics of social networking tools by Rowan Purdy, [Surepoint www.surepoint.co.uk](http://www.surepoint.co.uk).

Practical applications of social networking tools

Online social networks and the tools that support them afford opportunities for people to communicate and collaborate. They can and have been used to:

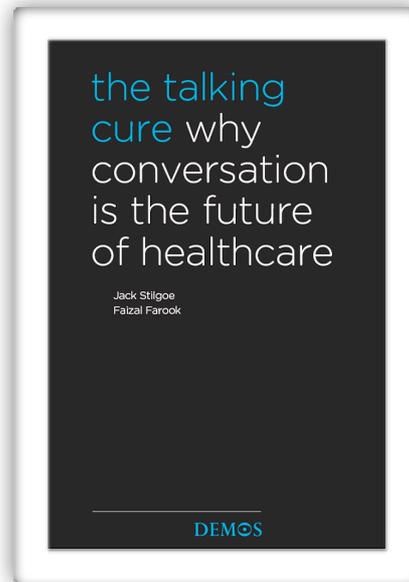
- find useful contacts
- problem solve
- plan and monitor projects
- share good practice
- promote events and meetings
- create and review written materials
- give ordinary people a voice (i.e. customers, patients)
- lobby for changes, and
- update people on progress, new documents etc.

When thinking about using social networking tools it is important to consider them alongside traditional offline social networking tools as a part of a complimentary and joined up approach.

Adopting social networking tools within the NHS

There is an increasing movement towards the utilisation of social media technologies in health. For example, the Department of Health has commissioned a research scoping project (June-September 2008) to identify the potential futures and research implications of the web-based Personal Health Record and the services and networks that might evolve

around it. View a [presentational briefing on the project](#) or register an expression of interest in contributing to web2health research project www.hoip.eu/web2health.



A recent Demos publication *The Talking Cure: Why conversation is the future of healthcare* (www.demos.co.uk/publications/thetalkingcure) asserts that the future of healthcare depends not only on new technologies and treatments but also on giving people the space to talk.

The NHS Institute for Innovation and Improvement recently launched the [armchair involvement website](#). It provides a practical guide to using technology to engage people in health service improvement. It includes some of the social networking tools referred to in this paper.

In May 2008, [a report by E-Health Insider](#) (BirnsteeL, L. 2008) concluded that:

"...new applications based on social health networks and content generated by health service users themselves - such as reviews of doctors and hospitals – will rapidly evolve to challenge existing healthcare systems and create new ways of delivering our healthcare."

This movement was the driver for the NHS Faculty of Health Informatics masterclass which provided participants with an opportunity to learn about networking tools and case studies of their use within the NHS. Discussion focussed on the potential for wider adoption of the tools within NHS organisations and how to minimise any associated risks.

3. Process improvements

Things to consider before implementing social networking tools



There are a number of questions that should be considered before committing to any one social networking tool (or possibly social networking at all). Social networking is very powerful and

is an excellent channel to communicate and engage with people, but it is not the silver bullet. Therefore ask yourself:

- Will I reach some or all of the people I want to reach with my selection of social networking tool?
- Do the people I want to reach have the base IT skills to interact with me / others using the tool I have selected?
- Can I reach people in other ways as well, i.e. is my social networking tool part of an integrated strategy?

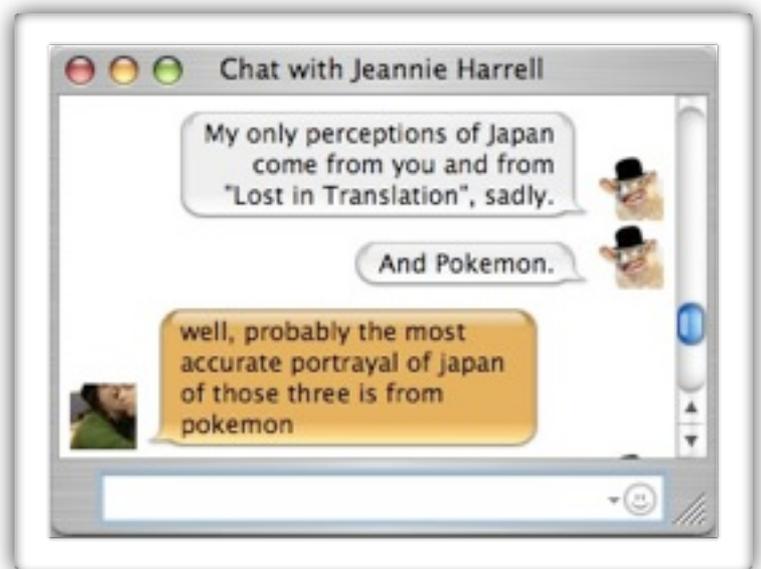
Business support tools

Social networking tools are also business support tools. They can deliver significant business benefits. Adopting the right blend of social networking tools supporting different

communications activities can help people share, learn and work together more effectively and productively.

Email is perhaps the most commonly used social networking tool that supports business activities. It has revolutionised the way that we work, However there is a downside to using email as the default tool for all communications. Email is not suitable for all communication activities. It is not very useful for real-time instantaneous communications, asking questions and answers, storytelling or indicating presence etc.

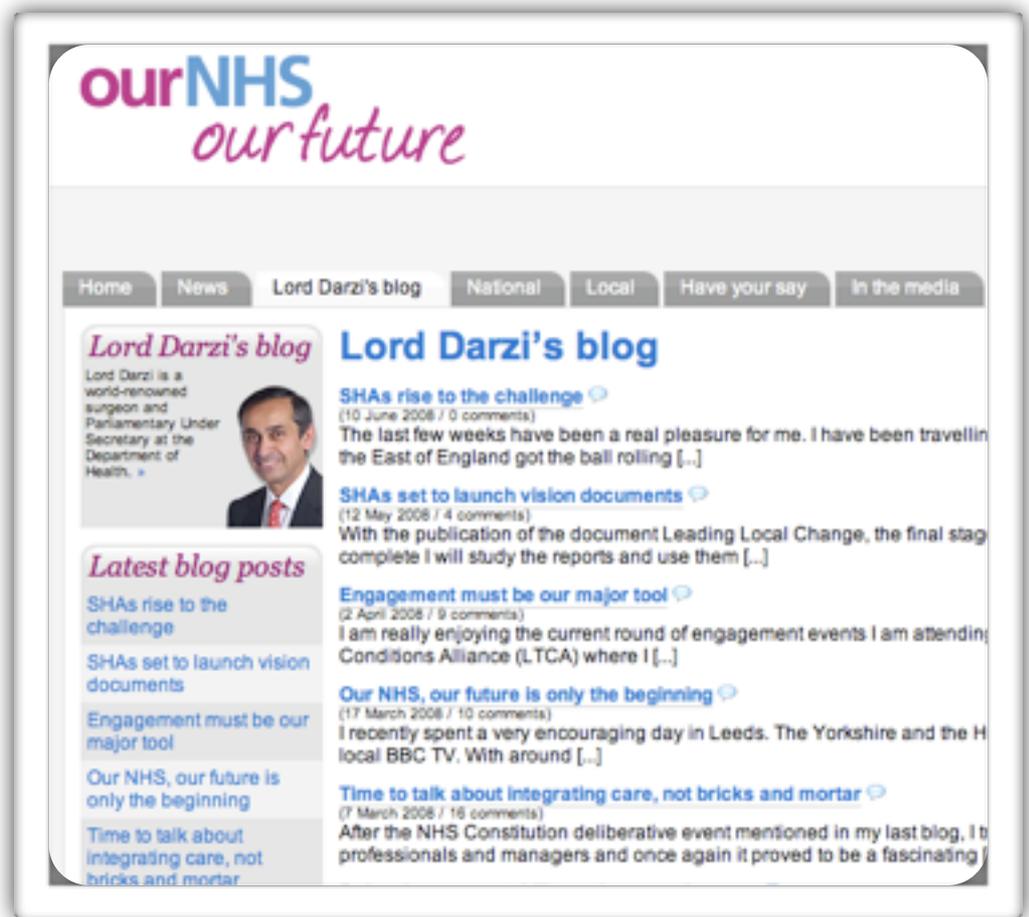
Instant Messaging (IM) is now a well-established tool for real-time business communication, with adoption across many organisations. IM facilitates near real-time text-based communication between two or more participants over a network. The perceived synchronicity of the communication sets IM apart from e-mail. IM tools include [Windows Live Messenger](#), [Yahoo! Messenger](#), [AOL Instant Messenger](#) and [Jabber](#).



Some businesses are addressing the need for transparent communications by using blogs. A blog (an abridgement of the term web log) is a website with regular entries usually displayed in chronological order or organised into categories. Many blogs provide commentary or news on a particular subject; others function as more personal online diaries. For example, Lord Darzi, Parliamentary Under Secretary at the Department of Health, maintains a blog

www.ournhs.nhs.uk/category/darzi/ to keep people engaged and informed about the review of the NHS.

Some people use social networking tools to promote what they are doing and gather intelligence about the movements of the people they know in their networks. For example, [Dodgeball](#) is a tool for reporting your real-time location to friends. Another tool, [Twitter](#), gives you access to a selection of short messages from people in your network at any moment in time. People most often use Twitter to let other people know what they are doing right now. For example, "attending a masterclass on social networking tools in London" or "finishing off the marketing report". Clive Thompson asserts that these tools give us a sixth sense which he coins social proprioception ... "They give a group of people



a sense of itself, making possible weird, fascinating feats of coordination."

www.wired.com/techbiz/media/magazine/15-07/st_thompson

Other business are using wikis to support collaborative authoring. A wiki is a collection of web pages designed to enable anyone who accesses it to contribute or modify content, using a simplified markup language. Wikis are often used to create collaborative websites. For example, the collaborative encyclopedia Wikipedia is one of the best-known wikis.

The [Care Services Improvement Partnership](#) (CSIP) has used a [confluence](#) driven wiki for over 2 years. Uses range from creating meeting agendas and noting actions from meetings through to the production of good practice guides and a [12-chapter e-book](#)

[on commissioning](#). The [Commissioning eBook](#) is written by people who are actively involved in commissioning and want to share their knowledge and experience. Contributions reflect real challenges and concerns as well as exploring good practice in different aspects of the commissioning process. The impetus for the book came from its authors, who wanted something more flexible than a central editor co-ordinating Word inputs from 12 people. Using the wiki meant that 12 authors could work on 12 chapters simultaneously. Everyone could see what everyone else was doing so all the authors acted as reviewers and gave instant feedback. The result was rapid completion of the book, and chapters that complement each other.

Anecdotal feedback from wiki users supported by CSIP suggests that wikis can:

- support rapid co-production

- make individuals' work easier
- help organisations by improving work processes – particularly collaboration and knowledge reuse
- support and encourage collaboration
- help create a 'sense of team' in geographically dispersed organisations, and
- enhance individuals' reputations.

User generated content and innovations

A key feature of social networking tools is that they should be easy for people to use. As a result they enable people to easily generate and share their own content as opposed from simply consuming the content generated by others. According to Forrester Research, user-generated content is being created by approximately one-quarter of online



The screenshot shows a Confluence wiki page for 'South West DC' with the title 'website user survey'. The breadcrumb trail is 'Dashboard > South West DC > ... > Website > website user survey'. The page includes a navigation bar with 'View', 'Edit', 'Attachments (0)', and 'Info' tabs. Below the navigation bar, it states 'Added by Rowan Purdy, last edited by Rowan Purdy on Jun 11, 2008 (view change)' and 'Labels: website EDIT'. The main content area features a section titled 'Website user survey' with a URL: <http://www.southwest.csip.org.uk/about-csip/website>. Below this, there is a text block: 'This survey invites you to give your views on this we question asks how you think the site could be improv'. On the left side, there is a sidebar with the heading 'KM and communications projects' and a 'Website' link with a computer icon.

Example of a wiki page from the [confluence](#) driven wiki used by the [Care Services Improvement Partnership](#)

consumers. (Forrester Research, 2007) Most blogs allow users to easily post comments in response to a blog post. [Lord Darzi's blog](#) referred to earlier provides a good example of users contributing their thoughts and opinions in response to [Lord Darzi's blog posts](#).

Social networking tools can become fertile breeding grounds for the development of innovative products and services. In addition to communicating with one another many users also contribute to the collective development of products and services. For many companies that use social networking tools as part of their business the customers themselves have become an important source of innovation.

[Wikinomics: How Mass Collaboration Changes Everything](#) by Don Tapscott and Anthony D. Williams looks at how companies are using mass collaboration and user generated content to gain success. By 'crowdsourcing' rather than 'outsourcing' the authors explain how some businesses are harnessing external expertise by engaging directly with and rewarding participation from their customers, users and a wide pool of informed contributors. (www.wikinomics.com/book/)

[Wikinomics](#) cites some examples of how collaborative tools are being used by governments to support health and social care improvement initiatives. In the United States, a considerable amount of work is being done to create an open source platform for electronic medical health records (www.openehr.org). People in Chicago are tracking crime in their neighborhoods by combining city crime

statistics with Google's online maps (<http://chicago.everyblock.com/>). The Neighborhood Knowledge California is a statewide, interactive website that assembles and maps a variety of databases that can be used in neighborhood research. Its aim is to promote greater equity in housing and banking policy by providing a set of web-based tools for documenting and analysing trends. In addition, it functions as a geographic repository for users to map their own communities by uploading their own datasets. (<http://nkca.ucla.edu/>)

NHS organisations should consider how to use social networking tools to help develop and sustain relationships with customers and leverage the value that they are creating.

Prototyping approach

When thinking about using social networking tools within your organisation it is helpful to adopt a prototyping approach. Most social networking tools are small, simple and lightweight. They can easily be deployed to enable a group of people to quickly test and see whether there are any benefits to be gained from using the tool. The results support straightforward actions. Keep tools that provide obvious benefits, kick out those that

“Social networking tools can become fertile breeding grounds for the development of innovative products and services.”

don't or try with a different group of people or in a different setting or situation.

“Rather than taking a long time to set up large scale tests, the focus is very much on doing things quickly, making changes and then testing again (this is called a ‘prototyping’ approach). Once some good ideas have been identified, these are then further developed and put into a format that will make them easy to use by the different groups of staff who will need to be involved.”

“Our methodology” NHS Institute for Innovation and Improvement
www.institute.nhs.uk/organisation/about_nhsi/our_methodology.html

4. Customer centricity

Social networking tools can help NHS organisations to better understand the needs and perspectives of people who use health and social care services. They can help to promote users voices, enabling people to express their likes and dislikes of particular health and social care products and services. They also allow organisations to "listen" to what customers think, want, do etc.

NHS organisations need to consider how to use social networking tools to leverage the power of conversations. The recent Demos publication [The Talking Cure: Why conversation is the future of healthcare](#). suggests that improving the quality of conversations is key to empowerment and innovation. It goes on to assert that the future of healthcare depends not only on new technologies and treatments but also on giving

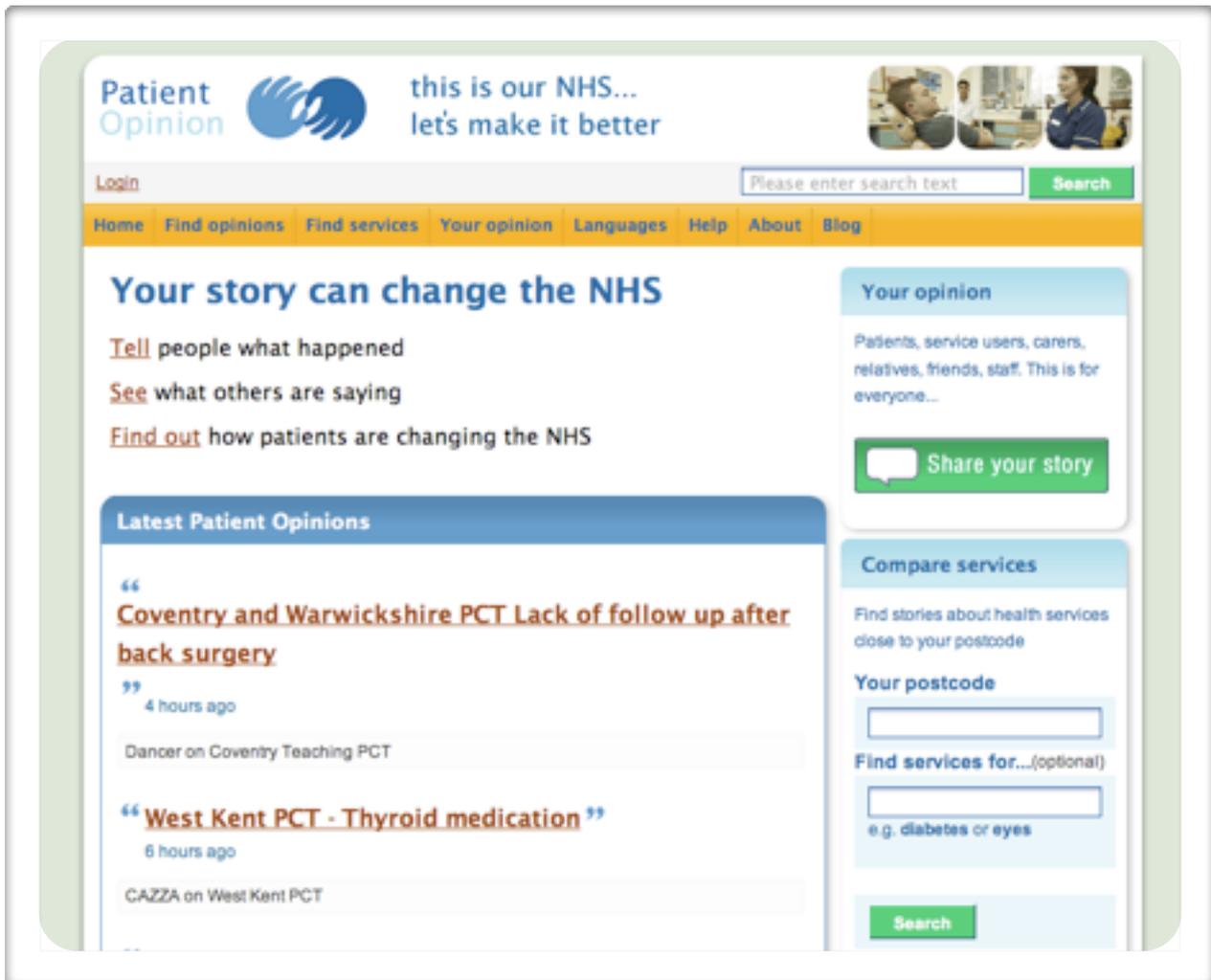
“Social networking tools can help NHS organisations to better understand the needs and perspectives of people who use health and social care services.”

people the space to talk.

Social networking tools can help to challenge our understanding of providers and consumers. They have the potential to help NHS organisations to begin to move away from a simplistic "push" service provider model to a more participatory mode of collaborative service provision.

The Patient Opinion website (www.patientopinion.org.uk) enables people who use NHS services to tell their stories about what happened to them or their family when they received care. Patients and carers can find out what other people think of local hospitals, hospices and mental health services. Most important of all patients and carers can tell it like it is - patients and carers know what the service was like and come up with lots of great ideas about how it could be better.

The [Patient Opinion](#) service includes sending postings from users to NHS service managers, so that they see what people think. The managers are using the real experiences of patients to improve care services. They



often post replies saying just how they have improved a particular service.

[Patient Opinion](http://www.patientopinion.org.uk/) is truly customer centric. It puts the people who use NHS services at the heart of making those services better for other people.

NHS organisations are increasingly using social networking tools to support effective marketing and promotion of their services.

Examples include:

- eSpace communities
www.espace.connectingforhealth.nhs.uk/
- NHS Choices YouTube channel
www.youtube.com/user/NHSChoices

- Communities of practice for local government
www.communities.idea.gov.uk/
- NHS Institute using technology to facilitate more efficient and effective information sharing for staff for patients and for the public www.institute.nhs.uk/building_capability/technology_and_product_innovation/sharing_experiences.html
- Purchasing advertising space linking to [NHS Direct](http://www.nhs.uk) or specific services, [NHS Choices](http://www.nhs.uk) already purchase ad space linked to NHS Direct material.

5. Organisational Readiness

A number of recent publications address the issues concerning the readiness of the NHS to adopt and make best use of social networking tools.

The recent Evaluation of the Summary Care Record Early Adopter Programme undertaken by University College, London (May 2008 www.pcpoh.bham.ac.uk/publichealth/cfhep/documents/CFHEP_002_SCRIE_Executive_Summary_2008.pdf) highlights the challenges that the NHS specifically and the public sector nationally face in typically taking a narrow and instrumental focus on implementing a technology rather than a broader and more developmental focus on socio-technical change.

Paul Hodgkin and James Munro of Patient Opinion (www.guardian.co.uk/society/2007/may/16/epublic.technology) neatly sum up the potential of web 2.0 technologies to disrupt the NHS status quo or/and transform our experience of healthcare.

The hard justification for NHS organisations and individual practitioners is provided in the Demos study which involved bodies such as Diabetes UK in its research. Reference to Diabetes UK coverage of the release of the report: www.diabetes.org.uk/About_us/News_Landing_Page/GP-patient-relationship-in-need-of-first-aid/ shows that there is little reticence from some of the NHS' main users i.e. groups with long term chronic illnesses in embracing web 2 as a lever to improving patient : clinician consultations.

At a time when we are waiting for the the final publication of the [Darzi Review: "Our Health: Our Care: Our Future"](#) NHS organisations who focus on the risk, rather than the potential opportunity of Patients using these technologies to feedback on services, share their views on consultations, network and improve the self-management of their care may be viewed as 21st century King Canutes, who will be engulfed by the wave of patients and carers wishing to embrace web 2.0

The question of whether an organisation is "ready" to make the most of social networking is an important one. A number of "readiness" factors should be considered including cultural, legal, managerial and technical.

Cultural readiness

The culture of an organisation will have an impact on how or even if social networking tools are adopted. A culture of trust and openness is required, at all levels, for good knowledge sharing and communication to take place. Organisations which do not elicit ideas and suggestions from their staff should not be surprised when people don't comment on policy proposals.

When thinking about the culture within your organisation, it is worth considering:

- trust - critical to motivation
- all partners need to want to try
- commitment - it takes effort
- implementation requires work on mind sets, processes, structures, and skills
- manage expectations
- talking is good so communicate, communicate, communicate

“Trust is the basis for active participation and effective collaboration. Without trust people are unwilling to participate and cooperate with one another.”

Cultural barriers that might prevent us from working together include:

- lack of understanding of benefits of using the tools
- lack of support from senior management
- lack of time
- lack of trust
- differences in status and culture, and
- dynamics within and between groups.

So how do we avoid these pitfalls. There are a plethora of techniques which can be used to facilitate successful collaboration. By far the most important is building trust.

Trust is the basis for active participation and effective collaboration. Without trust people are unwilling to participate and cooperate with one another. However, building trust is not a linear progression to a magic place. Building trust is cyclical and involves iterative development.

To build and reinforce trust it is important to:

- recognise that everyone has something to learn and everyone has something to share
- have enough trust and take a risk to initiate the collaboration
- form expectations based on reputation, track record, agreements
- set common and realistic objectives, start with something small and build on it
- have and share common experiences
- deliver and celebrate achievements however small as this can form the motivational basis for more ambitious collaboration

During the masterclass [Rod Ward](#) cited one of the findings of the 2006 [Edelman Annual Trust Barometer](#) - that people demonstrate increasingly less trust in organisations and more trust in their peers. The [Edelman Annual Trust Barometer](#) tracks the attitudes of nearly 2,000 opinion leaders around the world – which institutions, companies, sources of information they trust, what drives that trust, and the credibility of institutions. (www.edelman.co.uk/trustbarometer/)



So how do you know when sufficient trust has been established so that collaboration can begin. From my experience you don't. Sometimes it's best to get started on some action without fully developing trust. The challenge for NHS organisations is to motivate, mobilise and broker local action leading to improvements. We will achieve this by:

- championing collaborative working
- recognising the role of trust in successful collaboration
- embracing diversity, complexity and conflict
- empowering people to have a voice, and
- encouraging inclusion and active participation.

Managerial readiness

There are many managerial issues we need to consider when we open up new channels of communications within NHS organisations.

To help reduce the risks of social networking perhaps we could:

- highlight some of the problem areas that could cause the "NHS as employer" most concern and provide guidance on practical steps to avert the dangers.
- create a simple checklist to help employers / employees create an Acceptable Use Policy

Questions for employers to consider might include:

- Do we consider the use of social networking sites such as [Facebook](#), [Bebo](#), [MySpace](#) to be personal use or corporate use?
- Can employees use social networking sites to support their work? Can social "networking" easily turn into "not-working"? (see Social networking sites: Networking or not working?)
- Do we trust our employees and allow unrestricted access to social networking sites or do we perceive the danger as too great and ban the use of such sites? Some organisations have taken the decision to ban staff access to social networking sites e.g. Comet, Lloyds TSB and Credit Suisse
- What is the [cost of banning social networking](#)?
- What sort of information is it okay for employees to share about their work life or their employer?
- How do employers mitigate against the possibility of derogatory comments or the disclosure of commercially sensitive information being made by an employee?
- Can employers use social networking tools to gather intelligence about existing or potential employees e.g. when recruiting it is known that some employers have used sites such as [Facebook](#) to check on the online "personality" of potential job applicants

Questions for employees to consider might include:

- Can my employer stop me using social networking sites at work?

- If I write about my boss, my colleagues or any aspect of my work could I lose my job or end up in court?
- Can my employer monitor what I'm writing on social networking sites whilst I'm at work?
- Can an employer refuse to appoint me to a job my profile on social networking sites?

A range of reports and guidance documents have been published recently that provide valuable learning from elsewhere. These include:

- The [Trades Union Congress](#) guidance for employers on the issues around social networking at work, [Facing up to Facebook](#)
- [Blogger.com](#) is a large blog software provider, and their help files offer tips on how not to lose your job
- [Electronic Frontiers Foundation](#) have a technical guide for bloggers seeking to avoid being identified
- the report [Web 2.0 in the Health Sector: Industry Review with a UK perspective](#) (BirnsteeL, L 2008)
- [Social Uses of Personal Health Information Within PatientsLikeMe, an Online Patient Community: What Can Happen When Patients Have Access to One Another's Data](#) - New paper in the open access Journal of Medical Internet Research, about user experiences of sharing their health data on [PatientsLikeMe](#).
- Professor Graham Martin is currently writing some guidance to organisations about web 2.0 for the [Chartered Institute of Personnel and](#)

Development.

Legal readiness

There are a number of legal issues to consider when considering adopting social networking tools within NHS organisations.

Social networking tools allow users to easily share content with one another through linking and copying. It is important that NHS employees respect intellectual-property and avoid creating legal problems regarding copyright infringement.

Disclosure of sensitive information through email, IM, blogs and other communication channels can jeopardize privacy and render an employer or employee liable. Emails have recently been used as evidence in court cases regarding libel and defamation of character.

Any organisation deploying and using a social networking tool that collects personal information must comply with a raft of legislation concerning privacy and data protection. Failure to comply may render the organisation liable.

Important legislation worth considering includes:

- Data Protection Act 1998
www.dataprotection.gov.uk
- The Employment Practices Data Protection Code http://www.ico.gov.uk/for_organisations/topic_specific_guides/employment.aspx
- Freedom of Information Act
www.foi.gov.uk

- Regulation of Investigatory Powers Act 2000 <http://security.homeoffice.gov.uk/ripa/about-ripa/>
- Telecommunications Regulations 2000 www.opsi.gov.uk/si/si2000/20002699.htm
- Human Rights Act 1998 see Equality and Human Rights Commission www.equalityhumanrights.com/

Technical readiness

The ability to access and make effective use of technology will have a huge impact on how or even if social networking tools are adopted. There are many “technical” barriers that might prevent people within NHS organisations using social networking tools.

These include:

- poor access to computers
- poor IT literacy
- lack of support in using technology
- inability to use different technologies appropriately
- tools and applications not conforming to accessibility standards, and
- the technical complexity of the tools themselves.

During the masterclass participants shared many examples which illustrated just how difficult these barriers can be to surmount. Most people do not have the necessary permissions on their work computers to install applications. Many social networking sites are blocked by IT departments. Permission is required to give employees the “green light” to access these sites.

IT is often viewed as very specialised, highly difficult to understand area of

expertise. There is a sense in which people are dependent on the IT department. Technology is seen as *someone else’s job* and *nothing to do with me*. Adopting new technology to support new ways of working usually involves the IT department.

Social networking tools are by their very nature easy for non-technical people to use. They challenge outdated assumptions and perceptions about technology. Perhaps one of the most important lessons to emerge from the masterclass is that social networking tools are for everyone. The challenge for NHS organisations will be to make best use of social networking tools and ensure that they become part of everyone’s business.

To help overcome these technical barriers NHS organisations can:

- provide accessible, user-friendly and joined up technologies
- make sure people are supported in using technology
- help people to use technology appropriately by developing acceptable use policies and protocols, and
- raise the standard of IT competencies through the adoption of accredited training e.g. the new Essential IT Skills Programme.

“The challenge for NHS organisations will be to make best use of social networking tools and ensure that they become part of everyone’s business.”

Organisational readiness

The diagram below shows four principles of organisational readiness for adopting social networking tools. For each principle we identify key components and evidence. They are connected and mutually reinforcing. To successfully adopt social networking tools in your organisation you should satisfy key components across all principles.



Organisational readiness assessment tool

We have used the principles of organisational readiness to develop the assessment tool below. Use this with your colleagues to assess your organisation's readiness for adopting social networking tools.

	Agree	Unsure	Disagree	Evidence	Action
People within the organisation have clear roles and responsibilities					
People have realistic expectations of what they can achieve					
People understand and are committed to improvement					
People share a clear picture of what success would look like					
The organisation is inclusive					
People trust and respect each other					
People access and use technology appropriately to support their work					
There are clear channels of communication within the organisation					
People share their learning with others within the organisation					
People ask each other for support and receive it					
The organisation celebrates achievements					

6. Conclusion

NHS organisations can leverage significant benefits by enabling patients, carers and staff to use social networking tools. As we have seen, some tools support more timely and effective collaboration yielding productivity and efficiency gains. Other tools can become fertile breeding grounds for the development of innovative products and services.

Perhaps the most important benefit for the NHS is the ability of some social networking tools to help us to listen to and better understand the needs and perspectives of people who use health and social care services. This is supported by the findings of recent Demos research, the work of the NHS Institute and the approach that the Darzi review has taken.

Clearly the adoption of social networking tools within NHS organisations involves risks. But when the risks are considered there are plenty of steps we can take to limit their effects and in many cases overcome them. As with any improvement initiative taking time to reflect and consider the state of organisational readiness can be helpful. It is worth remembering that success is more likely to be influenced by a combination of cultural, managerial or legal factors than technical readiness alone.

To ensure that the NHS can make best use of the opportunities that these tools present it makes sense to set some standards for how we embrace these tools now and in to the future.

Finally, it is worth reflecting that this briefing paper began life as a discussion during a face to face meeting and was nurtured through its infancy on a wiki page. These social networking tools compliment each other well and supported our collaboration. However the key to the success of our collaboration was not the tools themselves but the willingness of the participants to collaborate. Motivation is king.

An important “lesson learned” from *exploring social networking tools* is it reminds us that effective collaboration can support positive improvements in health and social care services and the experience and outcomes of people who use them. Another “lesson learned” from *using social networking tools* is that they can and do support effective collaboration. And as we have found during our work together at the masterclass, the collective experience of taking small steps together forms the motivational basis for more ambitious collaboration.

Further information

The Faculty is planning to work with its members across Health and Social Care to ensure that organisations can harness the full potential of Web 2.0 technologies to support the implementation of the forthcoming Darzi and Informatics Reviews.

“The collective experience of taking small steps together forms the motivational basis for more ambitious collaboration”

You can access the presentations from the Faculty masterclass at www.espace.connectingforhealth.nhs.uk/articles/actions-following-power-and-perils-using-social-net?c=320 . We are also developing a comprehensive list of social networking tools on the [Faculty website](#). Note that you will be prompted to enter your eSpace log-in details or to apply for membership when you click on these links.

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- p2 Hands up for the rollercoaster ride from Rod Ward via Informatocopia www.rodspace.co.uk/blog/uploaded_images/hands-753740.JPG
- p3 An example of a social network diagram from the Wikimedia Commons <http://en.wikipedia.org/wiki/Image:Social-network.svg>
- p3 TouchGraph Facebook Browser: See-ming Lee / 2007-11-21 / SML Network on See-ming Lee 李思明 SML's photostream www.flickr.com/photos/seeminglee/2053060997/
- p4 Hands On USA: All Hands Meeting on laffy4k's photostream <http://flickr.com/photos/laffy4k/88836657/>
- p5 Characteristics of social networking tools Rowan Purdy, Surepoint www.surepoint.co.uk
- p6 The Talking Cure: Why conversation is the future of healthcare www.demos.co.uk/publications/thetalkingcure
- p7 Perceptions on Molly Bewigged's photostream <http://flickr.com/photos/turkeyanne/1415532971/>
- p8 Lord Darzi's blog www.ournhs.nhs.uk/category/darzi/
- p9 Screenshot of the Care Services Improvement Partnership wiki <http://groups.csip.org.uk>
- p12 Screenshot of the homepage of the Patient Opinion website www.patientopinion.org.uk/
- p14 The Touch on cogdogblog's photostream <http://flickr.com/photos/cogdog/157363377/>

This paper has been written with contributions from members of the **NHS Faculty of Health Informatics** who attended the Faculty masterclass: "*The powers and the perils of using Social Networking tools in the NHS*" held

on 15th May 2008 at the British Library in London. For further information about the Faculty visit www.espace.connectingforhealth.nhs.uk/community/nhs-faculty-HI or contact bruceelliott@nhs.net or andy.cave@nhs.net

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