

The Health Foundation is an independent charity working to improve the quality of health care in the UK.

We are here to support people working in health care practice and policy to make lasting improvements to health services.

We carry out research and in-depth policy analysis, run improvement programmes to put ideas into practice in the NHS, support and develop leaders and share evidence to encourage wider change.

We want the UK to have a health care system of the highest possible quality – safe, effective, person-centred, timely, efficient and equitable.

Using communications approaches to spread improvement

A practical guide to help you effectively communicate and spread your improvement work

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Practical guide

About the Health Foundation

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1. Introduction

‘Ultimately, the idea has got to be good if it is going to work, and it needs to be something that patients and staff can really believe in. Yet even with a great idea, we had to get our communications right to stand any chance of success.’

Dr Martin Wilkie,
Consultant Nephrologist

‘You should not underestimate the power of good communications in improvement work: it will help you create interest and energy; it can get everyone talking and asking questions. When people start asking you how they can help, you know your communications are working.’

Dr Carol Peden,
Consultant Anaesthetist,
Associate Medical Director
and Health Foundation Quality
Improvement Fellow

Spreading successful improvement work* across the NHS is an essential part of improving health care quality and efficiency. Yet all too often something that has been shown to work well in one place is not adopted by others who could benefit from it.

The Health Foundation has been running improvement programmes for many years. This guide draws on this experience, and empirical evidence, to provide practical information about how communications approaches can be used to spread improvement. While the guide focuses exclusively on communications approaches, you should be aware that there are other methods for spread that you may also want to consider.†

The guide is intended for those actively engaged in health care improvement work. It introduces key concepts about spreading ideas, and examines the evidence about the role communications can play. It then suggests practical actions you can take to effectively communicate and spread your improvement work.

As well as reading this guide, if there is a communications team in your institution, we would recommend getting in touch with them to see what support they are able to offer to help you communicate your work.

The following pages provide definitions of common communications terms used in this guide.

* Improvement work includes quality improvement interventions, projects, programmes and initiatives, as well as the ideas and changes (both innovative and proven) involved.

† For an overview, see the evidence scan *Spreading improvement ideas: Tips from the empirical research*. www.health.org.uk/spreadingideas

Common communications terms

Here we explain some of the terms used throughout this guide.

Audiences/stakeholders

The people you need to communicate with/the people who have a stake in the work. Priority audiences are likely to include:

- **Early adopters:** those who are among the first to implement and work with the change.
- **Opinion leaders:** individuals who are highly respected and influential among colleagues on certain matters. 'Leadership' here is not related to the person's position in an organisational hierarchy or how vocal they are.
- **Change champions:** People who can help champion a change, particularly where they have specific insights into the practical impact of any change and/or a stake in the change proposed.

Channels

A medium through which a message is transmitted to its intended audience, for example a newsletter, leaflet, newspaper article or social media site. See appendix B for a fuller list of potential communications channels.

Communications campaign

A campaigning approach uses a variety of different communications methods simultaneously or cumulatively in order to inform and influence individual, group and community decisions in a planned and coordinated way.

Communications objectives

What your communications must deliver to help you achieve your wider goals. Your objectives should focus on impact not outputs, for example: 'Raise awareness of the benefits of our new service among GPs, to prompt a Y% increase in referrals from primary care' not 'Produce a marketing leaflet for GPs'.

Communications strategy

A strategy identifies what you need your communications to achieve (objectives), who you need to reach (audiences), what they need to hear from you (key messages), and how you will go about communicating with them (tactics, channels and phasing of activity).

Key messages

The messages you want your audiences to remember and respond to above all else. They should be concise and clear statements that provide a focus for the content of your communications.

Spread

The extent to which learning, ideas and change principles have been adopted in other parts of the organisation or system that could benefit from them.

Tactics

Tactics are the practical activities and methods used to deliver a communications strategy. The tactics used should ensure the key messages reach the right people at the right time.

2. Key concepts in spreading ideas

'The magic happens at face-to-face meetings when people talk about what it means to them. They have got to feel they are part of it.'

Dr Martin Wilkie,
Consultant Nephrologist

'Our frailty unit has been a success for our staff and our patients, but I always encourage our visitors to see a journey rather than a solution. They learn more from us by exploring how we went about the change, what we learned and our battle scars, than by copying a solution.'

Dr Tom Downes,
Consultant Physician and
Geriatrician and Health
Foundation Quality
Improvement Fellow

The concepts behind effective spread are the focus of entire books and cannot be dealt with comprehensively here. However, there are a few key points to emphasise that underpin the advice in this guide.

Ideas that spread more rapidly have attractive qualities

Through research on hundreds of innovations in many sectors, Everett Rogers identified that an idea or change is more likely to spread if the following factors apply:

1. Clear advantage compared with current ways.
2. Compatibility with current systems and values.
3. Simplicity of change and its implementation.
4. Ease of testing before making a full commitment.
5. Observability of the change and its impact.*

Some improvement projects are therefore inherently harder to spread, for example, complex, multi-faceted interventions or ideas that represent a significant shift from current practice. In such cases, more communications resource may be required, or ambitions around spread may need to be adjusted in light of the challenges.

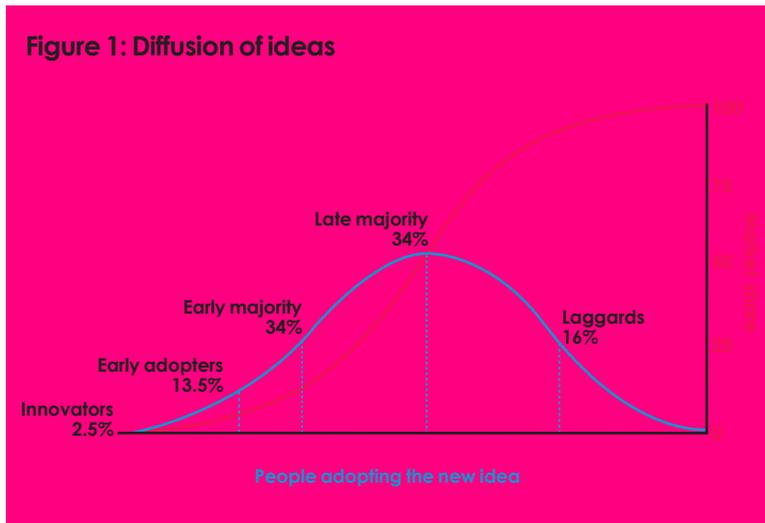
* Rogers EM, *Diffusion of innovations*. New York: Free Press, 2003.

Ideas do not spread instantly but flow between groups of people

The study of spread reveals that there is a natural flow of an idea between groups (see figure 1). This flow runs from innovators, to those individuals and sites who are the 'early adopters', to those who are a bit more cautious and take a wait-and-see attitude before they are ready to commit, to those who hold out until the latest point possible ('laggards').

It is helpful to think about the different attitudes and needs of these groups when planning how you will communicate with them.

Figure 1: Diffusion of ideas



* Based on Rogers E. *Diffusion of innovations*. New York: Free Press, 2003

An idea or change spreads because someone chooses to adopt it

You can work hard to 'spread' an improvement idea or change, but your ultimate success will be determined by how others respond and whether they decide to adopt it.

The process of adoption involves your audiences:

- being aware of a need
- seeing ideas that generate interest and seem to meet that need
- evaluating the ideas and coming to some conclusion which of them will meet the need
- taking action to implement the idea and bring about change.

You will need to consider how your communications activity can facilitate this process.

Ideas commonly go through a process of reinvention as they spread

Often those adopting an idea or change will need to adapt it to their local situation. Improvement leaders who are seeking to spread their ideas are therefore encouraged to focus on the key principles over and above specific solutions that may not work in another context.

The environment and context is as important as the idea or change and its implementation

There is a growing body of evidence that an idea or change that is successful in one location does not necessarily deliver the same results elsewhere.

Alongside the importance of what you do (the idea or change) and how you do it (the implementation), the environment or context in which you want the change to take place also matters. This means that an organisation's or team's leadership, clarity of purpose and culture will all have a bearing on whether change is adopted.*

For a fuller introduction to these concepts, see *Improvement leaders' guide to sustainability and spread*, Modernisation Agency, 2002.

www.health.vic.gov.au/archive/archive2011/patientflow/downloads/2_3leadershipguide.pdf

* Bate P, Robert G, Fulop N, Øvretveit J, Dixon-Woods M. *Perspectives on context: A collection of essays considering the role of context in successful quality improvement*. London: The Health Foundation, 2014

3. Using communications approaches to spread improvement – what is known about what works

'You need a community approach to spread, but you need the leaders to believe in it too. There are tiers of bureaucracy to work through, and nothing happens in the way you expect. Keep motivated, and keep pushing a consistent message, involving the patients and the staff who will convince others.'

'To get the right change, you have got to think about the local context from the start.'

Jo Phillips,
Service Improvement Manager

Dr Martin Wilkie,
Consultant Nephrologist

Communications is only one factor in helping to ensure good practice is spread in health care – but the research evidence shows that it is an important factor.

A scan of 477 empirical research studies revealed the following insights about what works to spread improvement in health care – and their implications for communications approaches.*

Spreading good practice

Researchers have identified the following key elements for successfully spreading good practice in health care:

- Assessing the landscape – analysing the local context (the people and the organisations, their values, priorities and current practice).
- Innovating to fit the local context and the receptiveness of potential users – adapting an idea to reflect local circumstances and attitudes.
- Developing widespread support – winning hearts and minds for new ideas and behaviour change.
- Engaging user groups – interacting closely with those who are affected by any change.
- Devolving efforts for spreading innovation – an approach to championing change that involves many people.

These elements all have implications for the way you communicate and interact with people. Many studies demonstrate the value of work to engage those who have a stake in the improvement idea or change, and the importance of targeting key leaders and team members in multi-disciplinary teams.

* de Silva D. *Spreading improvement ideas: Tips from empirical research*. London: The Health Foundation, 2014. www.health.org.uk/spreadingideas

This means that you will have the best chance of successfully spreading your work if you use the following four principles, where appropriate, in the way you communicate:

1. Involve people early in the process so that you can listen to their needs

Studies show that involving leaders and professionals throughout the development and dissemination of new ideas can speed up the adoption of good practice. Involving clinicians and managers in steering groups and in planning rollout has been found to work well. The role of leading improvement work is often to help others articulate their need for improvement and then to help create the conditions, knowledge and plans to address those needs.

2. Enlist change champions

Clinical and managerial change champions can drive the spread of good practice by demonstrating commitment to the idea, providing regular feedback and guidance to staff and stakeholders, and/or in presenting a financial business case to the adopting organisation. The involvement of change champions requires a type of leadership that is consultative, facilitative and flexible. Research suggests change champions may be particularly useful when seeking to appeal to doctors.

3. Communicate within networks as well as with individuals

Researchers looking at spread make the distinction between the ‘dissemination’ and the ‘diffusion’ of ideas. Dissemination involves taking steps to inform others, whereas diffusion is more of a social process that may or may not occur after the dissemination of information about a new practice.

Research demonstrates that while the initial dissemination of information is necessary, information alone is not usually enough to spark interest or behaviour change. Social influence helps to bridge the gap. Ideas often travel through conversations and interactions among trusted peers. For this reason, communications within professional networks and collaboratives can be instrumental in promoting the uptake of good practice.

4. Communicate closely with opinion leaders

It is also important to identify and work with the people who have central or trusted positions in any social system or network (opinion leaders). An opinion leader may be, but is not necessarily, the most senior individual in any network. For example, they might be an opinion leader because they are considered to be particularly representative of their peers. Different groups of people are also influenced by different opinion leaders.

Maximising the impact of your communications activity

The research suggests that communications activities are likely to have more impact if:

- they are developed with input from the target audience and reflect their priorities
- a variety of different communications methods are used simultaneously or cumulatively (a campaign approach)
- audiences are exposed to the same message multiple times, as long as they do not start to feel bombarded
- communications materials make evidence available in an accessible way, include transparent information about benefits, harms, costs and implications for practice, and are tailored to specific audience groups.

The next section of this guide suggests some practical actions you can take to effectively communicate and spread your improvement work.

For more background and details of research evidence, see *Spreading improvement ideas: Tips from empirical research*. Available at: www.health.org.uk/spreadingideas

For resources covering other factors to consider in spreading improvement, see appendix C: Further reading.

4. Putting it into practice: suggestions for action

'Talk to your in-house communications team as early as you can. It takes time and skill to do this properly, and they may be able to help.'

Dr Carol Peden,
Consultant Anaesthetist,
Associate Medical Director
and Health Foundation Quality
Improvement Fellow

Even for the most determined, engaging others in improvement work can sometimes feel like an uphill struggle. Three areas of frustration are often encountered:^{*}

1. The **'not invented here'** effect: a new idea or change is not easily embraced by busy individuals or teams who are naturally focused on their own priorities and the established ways of doing things.
2. The **'improvement evaporation'** effect: major efforts have been made to improve a system, service area or process, yet progress slips as soon as attention is diverted to other priorities.
3. The **'islands of improvement'** effect: great improvements occur in one part of an organisation or system, but do not spread to other areas. This can mean, for example, that one hospital ward has vastly improved its handover process, but the ward just down the corridor continues as before. It can mean that while one local health economy has transformed the coordination of care for patients with diabetes in the community, other areas fail to learn from what has been achieved.

If you face any of these barriers in your work, there are communications approaches that can help you to overcome them – the following pages suggest some options you might want to consider at different stages of your project.

^{*} See: *Improvement leaders' guide to sustainability and spread*, Modernisation Agency, 2002.

Planning your communications

From the Health Foundation's experience of running improvement programmes, it has been noticeable that projects that have been successfully sustained and spread are often those that have considered their communications at an early stage.

By considering the following questions early on in your work, you will save time and energy in the long run.

What?

1. What ideas, approaches or behaviour change do you want others to adopt?
2. What are your ambitions for spreading the work more widely if it is successful?
3. What do you therefore need your communications to achieve?

Who?

1. Who gains from the work, whose jobs will be affected and who will have to pay for it?
2. Who will you therefore need to influence to ensure the work is adopted and supported in the short term?
3. Who will you need to influence to ensure the work is sustained, funded and spread in the longer term?
4. Do your governance and advisory groups include the decision makers, champions and partners that will help you engage these people?
5. How does the work align with their priorities?

How?

1. How will you communicate the work at each stage, and how can you encourage those involved to communicate with each other?
2. How will you convince others? What evidence/ measures can you use (eg clinical outcomes, cost-effectiveness, patient experience)?
3. How will you resource your communications activity? Many of the most effective communications approaches are not costly but do require time and knowledge.
4. Do you have the skills and understanding within the project team to analyse the needs and interests of your audiences, to communicate the work, to lead your spread plan and to develop a business case and/or win future funding? Who else can you ask to help?
5. How will you measure your success in spreading the work? What are the measures that would show you have been successful in engaging your audiences?

When?

1. Do you have a phased plan identifying who you need to speak to and in what order? Timing is everything in communications.
2. Do you have an executive sponsor on board from the beginning? Are you engaging representatives from the professional and patient groups and the organisations affected early enough?
3. What else is going on, both internally and externally? Are there potential opportunities or clashes to be aware of?

Engaging the right people

Once you have identified what you want your communications to deliver, you need to begin communicating with the people who will help you get there. This diagram suggests the actions that you should prioritise – these are not sequential and you are likely to need to work on a number of areas at the same time. See appendix A for an example of developing a communications strategy to engage the right people.

Prompts

- List the groups of people who have a stake in your work.
- Prioritise those who have the greatest interest, enthusiasm and/or influence.
- Meet 1:1 with those success will depend on (this may include the people who can fund the work as well as those who can block it).

Prompts

- Agree a memorable name or title for the work.
- Develop simple messages tailored to reflect the interests of your priority audiences and which focus on practical changes and benefits relevant to them.
- Identify the evidence, data and examples that support those messages.



Prompts

- Communicate through as many existing channels as possible (eg established networks, meetings, newsletters, social media sites, intranet pages).
- Face-to-face meetings are best for two-way communication – if the interest is there, hold listening and/or launch events.
- Identify other communications tools you may need (eg a flyer, web page, poster, newsletter, quick reference cards).

Prompts

- Involve well-known, credible people who can influence your priority audiences.
- Set up steering and advisory groups so that they can inform as well as champion the work.
- Involve patient representatives and capture their views/experiences so their voice is heard.

Prompts

- Identify how the work could be funded if it is to be sustained and spread.
- Research the timescales and priorities of potential funders and how decisions are made.
- Be clear about who benefits from any efficiency savings and the incentives for funders.

Sustaining interest

Once an improvement project is underway, it can become more challenging over time to sustain interest, enthusiasm and commitment. However, it is important to maintain regular communication with everyone involved. Here are some suggestions for how to go about this.



Celebrating and sharing achievements

When you can show some impact from the work, you may want to reach out to secure wider support and interest, and to share what you have achieved. This means considering ways to reach new audiences who are not yet acquainted with the work.



5. In summary

‘Expect that people will ask you questions that you cannot answer or raise a barrier that you cannot address. Do not fear those questions, but engage with them and respond by saying: “That is a good question, and can we work on the answer together?”. Be ready to change your approach, and to change it again.’

Dr Martin Wilkie,
Consultant Nephrologist

‘The health service is not a rational engine. Personal stories will convince some people. Data and financial evidence will convince others. And you will also need political capital. All of this must align.’

Alex Bax,
Chief Executive, Pathway
www.pathway.org.uk

There are many different ways to communicate about your improvement work in order to spread changes more widely. Doing so successfully means adapting your communications activity to reflect the information needs, attitudes and interests of your audiences. Thinking about effective communications activity should also be a routine part of your improvement work from the start, and at every stage.

Here are five golden rules for using communications approaches to spread improvement:

1. Take the time to assess the current concerns of the people you need to influence

Look for any connections you can make between their priorities and yours. Listen to their views and show you have responded.

2. Ensure they hear your message from people they trust

Involve a range of clinical and managerial champions and patient representatives in planning who you need to influence and in helping to communicate your ideas to them.

3. Gather the evidence, data and stories that support your case

This may be evidence about clinical outcomes, data on costs and efficiency benefits, or real stories involving patients and staff. Remember that you will need to keep it simple for most people, but some will want to see more detail.

Appendix A: Developing a communications strategy

4. Do not expect busy people to come to you

Go to the places where the people you need to engage are already going to be – this may be existing meetings or networks, or even in the canteen.

5. Pay attention to the more vocal sceptics

The fact that someone is questioning your idea means they are already actively engaged. You can learn important things from them. And if you can convince them, they will convince others. In time, they could become your best advocates.

Every day, improvement work is going on throughout that NHS. These improvements and changes are increasingly essential as the service looks to address the challenges it is facing. In this context, it is all the more important for people to spread their improvement ideas – and what they have learned from implementing them.

This appendix provides a brief example of a hypothetical improvement project team developing a communications strategy for their work.

Building a communications strategy

A hospital team running a telemedicine project that offers more flexible and better coordinated care for older people needs to encourage referrals, build political support and secure future funding.

The team plan their communications strategy. This involves agreeing their communications objectives, identifying their priority audiences, developing key messages and planning communications activity and how to use the channels available.

Prioritising audiences

The team map their audiences using a simple prioritisation tool, plotting stakeholders against an axis for their levels of interest in the work and their influence in helping to bring about a key communications objective (see figure 2).

The team can now focus their energies and resources on the people that can help them achieve their goals, planning appropriate communications activity for each audience category (see figure 3).

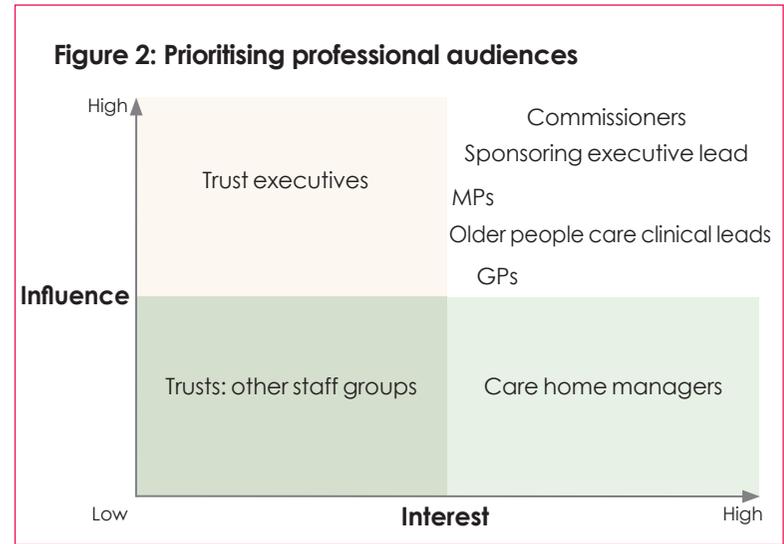


Figure 3: Category of audience

Audience category	Approach	Communications activity
High interest/ high influence	Manage closely	Provide frequent face-to-face tailored briefings; establish partnerships where appropriate
Low interest/ high influence	Keep satisfied	Light touch communications eg through existing meetings; involve on areas of common ground
High interest/ low influence	Keep informed	Provide regular updates and face-to-face meetings
Low interest/ low influence	Monitor	Inform via existing networks/newsletters

Adapting key messages

Once the team has prioritised their audiences, they develop key messages that are then adapted to reflect the needs and interests of three audience groups that are particularly important for achieving their objectives.

- **Commissioners:** Our pilot has shown an X% reduction in emergency hospital admissions, improved patient experience and delivered cost savings of £Y. By funding this work, it will also contribute to your goal of ‘bringing care closer to home.’
- **Local politicians:** Patients and their carers are telling us that this new service has transformed their care. Our patient survey showed 95% would recommend telemedicine support to others. Help us win further support for this work, which could benefit X,000 people in your constituency.
- **GPs:** Refer your patients to this new service to ensure their care is more effectively coordinated. Dr Smith, a GP who helped lead our pilot, said: ‘In our practice, we saw the following benefits...’

Where possible, your messaging should reflect clear, proven and measured benefits for each major stakeholder. This is likely to include patients, policy makers and all the staff affected. When each stakeholder can give a positive answer to the question ‘What’s in it for me?’, the change will have won hearts and minds.

Reaching your audiences

The team decide to use different channels to reach each audience group, emphasising the key messages they had developed.

- **Commissioners:** The team take advice from their executive sponsor who brokers a meeting with a commissioner who has a particular interest in the care of older people. The team are then invited to present their work at a meeting with commissioning leads. They continue to provide updates through tailored email briefings.
- **Local politicians:** The project lead researches the interests of MPs in the region. Together with a patient representative and a charity that has partnered in the work, he sets up a briefing meeting with a local MP who has campaigned on issues affecting older people. The MP agrees to visit the project and tweets about it to her followers. The local newspaper is invited to cover the visit.
- **GPs:** The clinical lead for the project team and the GP who has participated in the pilot attend a meeting of the local GPs’ network. They share a summary of the meeting through the network’s e-newsletter, addressing the questions the GPs have raised. They offer briefing visits to local practices. As practice managers are considered an important intermediary to reach GPs, a concise information leaflet is also developed for the managers to circulate within their practice.

Appendix B lists communications channels to consider using in your work.

Appendix B: Communications channels

The mechanisms you use to reach and engage people should depend on what you need to achieve with your communications and the preferences of your target audience. You may need to use a range of channels to achieve all your objectives. Here are some options to consider.

Communications channel	Good for	Consider
1:1 meetings	Engaging influencers/ stakeholders; building knowledge and trust; building or maintaining key relationships.	The messages you want to give in the meeting and how to follow up to ensure the relationship is maintained.
Advertising	Communicating a strong, clear sales message; controlling how your message is received.	Can you measure its effectiveness and justify the costs involved? Can the channel owner demonstrate good return on investment and data on the readership that reflects your audience?
Blogs	Demonstrating expertise, learning and knowledge transfer; content for social media; can boost traffic to website; place for like-minded to interact.	Content: a subject your audience cares about; a central point, argument or call to action. Promoting the blog through social media channels. Blogging through existing sites with an established audience.
Email	Low cost, regular updates; driving traffic to website or blog.	Writing style and visuals: emails are easy to delete. Ensure that the content and look of yours is audience-focused and stands out from crowd.

Communications channel	Good for	Consider
Film/animation	Creating an emotional connection with a cause; telling stories that can illustrate complex issues; longevity (can be used more than once).	Resource and budgets; how will you promote/distribute/make it available to ensure return on investment? Length: online films should be as short as possible (1-3 minutes as a general rule).
Group meetings, workshops, conferences	Listening; brainstorming; relationship building; building and sharing purpose; exchange of complex learning and information; building trust and loyalty; engaging early adopters.	Time and cost resource: do participants have sufficient time/motivation to attend? Timing and location: make it easy/appealing to attend or piggy back on existing meetings.
Launch events	Internal morale; stakeholder awareness; can provide a hook for media coverage.	Time and cost resource: do target audiences have sufficient interest/motivation to attend? Timing and location: make it easy/appealing to attend. Media coverage: do you have something genuinely newsworthy?
Leaflet, brochure, flyer, quick reference cards	Longevity; visual impact; means of communicating quite detailed information; control of message/s.	Resource for production and effective distribution (too often they are produced without sufficient thought/budget for distribution).
Letter	Now more unusual/distinctive than email; easy to personalise if small print run.	Language, layout, audience focus – the usual principles for good communications apply.

Communications channel	Good for	Consider
Media coverage (professional and consumer media)	Credibility (a third-party endorsement) and reputation; internal morale; improving awareness; influencing debates and agendas.	Time and skills required; need to be able to respond to potential interest in very short timeframes; lack of ability to 'control' the message. Plan any media activity with the knowledge of senior sponsors and their communications leads.
Merchandise or display materials (posters, mouse mats, wall charts, Christmas cards, screensavers, pens, certificates, infographics)	Longevity; visual impact; thanking and recognising supporters and celebrating success.	Budget: is the cost justified? How will it be perceived by others? Developing tools that combine your message with useful content for your audience in a format they will use.
Mobile technology/SMS/mobile apps	Flagging new content. Quick delivery of short, simple messages or tools.	Is the content valued and does it address a genuine need?
Newsletters (e-news/hard copy)	Keeping a defined group of people up to date with your activities; keeping in touch.	Can you achieve more impact submitting content to existing newsletters run by others?
Online network	Facilitating information exchange; building a community.	Cloud-based and ListServ technology make this possible and affordable. Easy to set up groups through social media, eg LinkedIn, but they need to be actively maintained.

Communications channel	Good for	Consider
Social media (eg Twitter, Facebook, LinkedIn)	Finding or creating networks with niche specialisation or interests; building a profile; directing to other communications (website or blog); brief, real-time updates; maintaining relationships; exchange of information/learning; place for like-minded to interact; reaching early adopters.	Content: who will post and regularly update/respond? Need to focus more time on reacting/responding to others to build relationships. How can you use this to cross-promote other communications (eg blogs).
Webinars	Exchange of complex information or learning; maintaining relationships; project management among dispersed teams.	Scheduling: think of a time likely to be convenient to most participants. Promoting: make sure people know about it and remind them. Organising: give it some leadership and structure. Ensure the content is engaging.
Website (and/or intranet sites)	Credibility; demonstrating full range of work; attracting new members/audiences; information exchange; accessibility.	Time and cost resource for initial and ongoing development; ability to keep up to date; analytics for evaluating use/impact. Consider creating a web page hosted on the website of the sponsor organisation/partners.

Digital formats

With a majority of adults in the UK owning a smartphone, many members of your audiences will be able to access the internet anywhere and at any time. Here are some of the options you can use to reach them through digital formats.

Format	Uses, benefits and considerations
Animation	<ul style="list-style-type: none"> Can be creative with visual to convey complex ideas, especially when you're doing lots of referring to and interpreting of figures Expensive and resource-intensive to produce. <p>Example: http://blogs.lse.ac.uk/indiaatlse/2013/04/11/global-wealth-inequality-what-you-never-knew-you-never-knew</p>
Audio clip	<ul style="list-style-type: none"> Cheap to produce and quick to turnaround Shouldn't be too long (max five min) unless it's very engaging You can create free audio clips using Audioboom app (on all platforms, https://audioboom.com/) <p>Example: www.health.org.uk/multimedia/audio/mike-durkin-feb-2013</p>
Audio slideshow	<ul style="list-style-type: none"> Quick-win content, especially if a presentation has already been prepared for offline use (eg at a conference) Cheap to produce and fairly quick to turn around Can help to explain and illustrate ideas at the same time (through voice and visual) <p>Example: www.health.org.uk/multimedia/slideshow/what-we-know-about-how-to-improve-quality-and-safety-in-hospitals</p>
Prezi	<ul style="list-style-type: none"> Interactive presentations Good for presenting content that is detailed and joins up in various ways – plays in a linear way but you can explore however you like Can simply be a more engaging way to do a presentation compared to PowerPoint Can embed videos, links etc which you can't do in an audio slideshow <p>Example: www.kingsfund.org.uk/topics/telecare-and-telehealth/what-impact-does-telehealth-have-long-term-conditions-management</p>

Appendix C: Further reading

Format	Uses, benefits and considerations
Infographic	<ul style="list-style-type: none">– Visual way of communicating data rather than simple chart or written copy – great for illustrating what data means, quickly– Can be flat infographics (eg http://bit.ly/Vlk6pc which are available as sets to download and use) or interactive (e.g. http://bit.ly/TKg6r0)– Good for sharing on social media, especially Facebook where image-led updates get highest levels of engagement– Costs can be relatively low for non-interactive but increase significantly for interactive <p>Example: www.kingsfund.org.uk/time-to-think-differently/audio-video/improving-health-nation-infographics</p>
Slide pack	<ul style="list-style-type: none">– Quick-win content, especially if a presentation has already been prepared for offline use (eg at a conference)– Cheap to produce and fairly quick to turn around– Slideshows can also be uploaded to Slideshare (open source software) which increases visibility of content <p>Example: www.slideshare.net/fullscreen/thehealthfoundation/nhs-finances-the-challenge-all-political-parties-need-to-face/1</p>
Video	<ul style="list-style-type: none">– Good for showing at meetings and events, and provides a legacy for the project– Brings life to ideas and concepts and an engaging way of telling a story and sharing the perspective of staff/patients– Combinations of film locations – as opposed to a 'talking head' – generally more engaging– Increasingly produced by amateurs, but can be expensive if involving a film production company– You can share very short (six seconds) video clips using Vine (a free app, https://vine.co/) – they have a 'homemade' feel to them (see http://bit.ly/16lN2Sd) and provide a visual snapshot– People are increasingly used to watching video online, especially with rise of mobile and tablet use. Uploading films to YouTube which increases visibility of content in Google searches <p>Example: www.health.org.uk/multimedia/video/shared-decision-making</p>

Spreading health care improvement

de Silva D. *Spreading improvement ideas: Tips from empirical research*. The Health Foundation, 2014.
www.health.org.uk/spreadingideas

Improvement leaders' guide to sustainability and spread, Modernisation Agency, 2002.
www.health.vic.gov.au/archive/archive2011/patientflow/downloads/2_3leadershipguide.pdf

Spreading and communicating ideas

Rogers EM. *Diffusion of Innovations*. New York: Free Press, 2003.

Gladwell M. *The tipping point: How little things can make a big difference*. Abacus, 2002.

Heath C, Heath D. *Made to stick: Why some ideas take hold and others come unstuck*. Arrow Books, 2008.

Communicating through health care networks

Donaldson A, Lank E, Maher J. *Communities of influence: Improving healthcare through conversations and connections*. Radcliffe Publishing, 2011.

Bringing the Social Media #Revolution to Healthcare, Mayo Clinic Center for Social Media, 2012.

The Edge: A hub for change activists in health to exchange information and ideas, NHS IQ,
www.theedge.nhsiq.nhs.uk

Quality improvement in health care

The Health Foundation. *Quality improvement made simple*, The Health Foundation, 2013.

The Health Foundation. *Lining up: How do improvement programmes work?* The Health Foundation, 2013.

Bate P, Robert G, Fulop N, Øvretveit J, Dixon-Woods M. *Perspectives on context: A collection of essays considering the role of context in successful quality improvement*. The Health Foundation, 2014

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