

briefing

More than just a press release:

NHS Communications: What it means, how to do it, and why bother



“If I was down to my last dollar, I would spend it on public relations.”

Bill Gates

“The single biggest problem in communication is the illusion that it has taken place.”

George Bernard Shaw

“To effectively communicate, we must realise that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others.”

Anthony Robbins

“Communication works for those who work at it.”

John Powell

“If you wish to converse with me, define your terms”

Voltaire

“Good communication does not mean that you have to speak in perfectly formed sentences and paragraphs. It isn't about slickness. Simple and clear go a long way.”

John Kotter

1. Communications in today's NHS: an introduction

Communicating in a cold climate?

The scale of the financial challenge facing the healthcare system in Wales is unprecedented. Some predictions estimate that over the three years from April 2011, there could be a reduction in funding for Welsh public services of around £1.5 billion.

So how will the NHS in Wales communicate with its staff, local politicians, media and the wider public as it responds to this enormous challenge? What is in little doubt is that communicating how and why the NHS is refocusing services from a hospital to a community based setting will be very difficult.

In the main, previous attempts to reconfigure hospital services have hit the buffers of public and political opposition. While such opposition may be entirely understandable, in the current financial climate, it is essential that a mature and well informed discussion takes place locally, and across Wales as a whole, so that the new patterns of NHS provision in the community can be properly matched to a network of highly efficient and appropriately located hospitals.

If the NHS in Wales is to succeed in this transformation, against a challenging financial backdrop, we will need to think radically about our approach to communications.

Communications - Why bother?

When it comes to communications, why should an organisation bother doing anything more than the bare minimum?

Firstly, success in achieving transformational change depends to a large extent on having a committed and engaged workforce, especially in a labour-intensive public service such as healthcare. To achieve this goal requires first-rate communications within the organisation.

Secondly, because an organisation's reputation is increasingly seen as one of its most important assets. Protecting and strengthening this reputation will require board level commitment to a much more thorough approach to communications.

A strong reputation is as important for the NHS as for any company in the commercial sector, arguably even more so, for three main reasons:

1. **Supporting recruitment and morale amongst the people who work in it**
2. **Bolstering its credibility amongst the people who pay for it**
3. **Boosting its resilience in the face of crisis**

Disaffected, disengaged and demoralised staff and an increasingly battered reputation are problems that the NHS must avoid at all costs if it wants to bring about the necessary transformation of services in the next few years: that, in short, is why organisations should bother with communications.

What is communication?

The NHS is already moving beyond a narrow view of communications as being just about press releases. While press releases have an important part to play in communications work, they are only one of the elements of media work, which is itself only one strand within a rounded and effective approach to communications.

Across the public and private sectors, organisations are moving away from what the Phillis report into government communications called "*the narrow view*" of what communications involves. A broader, more strategic and more comprehensive approach is required, if the NHS, like other organisations, is to keep pace with a fast-changing and financially challenging world.

Consider some of the defining characteristics of our era: the emergence of the so-called "*Martini media*", now available anytime, any place, anywhere; the Internet, which transforms the speed, scale and nature of communications; the shift away from one-way and top-down "*mass*" communications, which the Internet has done so much to accelerate; and the decline of trust in authority. These are just some of the features of the 21st century world, and the NHS needs a 21st century approach to communications if it is to keep up.

If it's more than just press releases, what does a more rounded and comprehensive view of communications look like? Four key principles can be identified:

1. **Continuous, not just in crisis**

Communications are for life, not just for crises. In fact, a crisis often grows out of a failure to get the ongoing communications right, and shows up what should have been done, but wasn't. Maintaining relationships and

trust, the foundation of all successful communications, requires sustained effort and regular dialogue. Moreover, research shows that the more familiar an audience is with an organisation, the more favourable its view is likely to be. And on a high-profile issue such as health, where there is such a plethora of information and comment, the organisation's own voice needs to be heard – regularly. Or else others will fill the vacuum.

2. Different audiences, not just the media

It is common to equate communications with the press. Yet they are only one of the audiences, and often not even the most important one. Other audiences include staff, the public, patients and politicians. And each of these different audiences will in turn be broken down into different constituents. The era of undifferentiated “mass” communications is long gone: targeting the range of different audiences is essential as one size definitely does not fit all.

3. Listening as well as talking – less loud-hailer, more radar

Communications is not just about “getting a message across”. The other side of the coin is listening. This means creating opportunities to listen to the views of different audiences, whether using tried and tested methods such as face-to-face discussions and suggestion boxes, or newer methods such as Facebook, twitter and online staff forums. But there is also a more general “listening” function, monitoring the debate, and picking up issues as they emerge. As Howell James, ex -Permanent Secretary for Government Communications, argues, communications *“is in transition from an announcement-led to an engagement culture. It is less loud-hailer, more radar.”*

4. We communicate through what we do, not just what we say

Communications goes way beyond what communications professionals do. As a senior Shell executive puts it: *“People’s impressions of our company are formed by how our petrol stations look, how our staff behave, and whether our refineries smell, not just by what our communications people do and say.”*

Communications therefore has to be integral to the work of the organisation at the very highest levels: it is a responsibility for everyone, not just communications teams. Leaders have a particularly important role in ensuring that effective communications are at the heart of the organisation, and leading by example in developing their own skills as communicators, which is one of the key attributes of modern leadership.

What to say?

Communications is not just about getting a message across, but that is one of its main functions. What should the message be? The short answer is that this will vary from one context to another. There are, however, two general themes that bear endless repetition.

First, the achievements of the NHS and positive ratings and experiences from patients. Various studies have shown consistently that patients rate the NHS far more favourably than the public does. Underlining achievements, and in particular highlighting the positive experiences of patients, who after all are the people with direct front-line knowledge, and thus credibility as witnesses, are excellent ways to boost reputation and close the gap between image and reality.

Second, showing how and why the NHS is changing. The process of change is itself continuous, so it is important to talk about it continuously. Failure to do this can mean that people who do not have direct experience of the NHS hold an image of it which is increasingly outdated: a particular problem when difficult changes are proposed against a backdrop of difficulties in public finance. Developments such as day surgery, telemedicine, and more services available in the community have transformed the NHS in recent years. Yet the image of the NHS in the public mind is still often bound up with hospital beds and buildings, largely because we have not given enough time to communicating how the service is changing.

When and who with?

Communication should be regular, not confined to times of crisis or consultation. The more an audience knows about an organisation, the more likely it is to have a favourable view of it. Besides, regular communication helps to build relationships and trust, and ensures that there is no vacuum on health issues which can be filled by others.

As for who to communicate with, an essential first step in devising an effective communications strategy is to establish who are the organisation's key stakeholders and audiences. The emphasis in modern communications, seen in trends such as niche marketing and focus groups, is on targeting highly-specific audiences. Recognising that there is no single audience, but rather different audiences, with different needs and perspectives, is critical: it is why communications professionals often talk about “publics” in the plural.

2. Who to communicate with and how to do it

Staff

Every communications strategy should start with staff. Internal communications, in the NHS as in many organisations, has often been seen as the poor relation compared to the glamour of press and political work. Yet it is starting to be recognised as the “sleeping giant” of communications, as organisations wake up to the fact that keeping their staff on-board, engaged and involved actually makes good business sense.

An engaged and committed workforce makes an organisation better able to deliver. In the words of one commentator, “*people have become the primary source of competitive advantage*”. For the NHS, working in the labour-intensive field of healthcare, how much more important it is to recognise that its people are its most valuable asset.

Disengaged and disaffected staff can cause colossal damage to an organisation’s reputation. It is deeply worrying that NHS staff are more likely than staff in other sectors to be negative about their work and their organisation. But staff play a key role in forming views of the NHS through what they do, as well as through what they say. Patients’ perceptions of the care they have received are most strongly influenced by the degree of privacy and dignity they were accorded by the staff treating them.

So in different ways, the organisation’s image – amongst different audiences - is strongly influenced, for better or for worse, by people who work for it. This is why, if we want to bring the reputation of the NHS into line with the reality, and enjoy the other benefits that flow from having an engaged and committed workforce, it is essential that communications activities should start with staff.

Media

The traditional NHS attitude to the media is perhaps best described as a mixture of fear and loathing. The NHS often complains that the media are interested only in bad news and that they paint an unbalanced picture. Certainly, media reporting can often convey a misleading impression of health issues. And it is always worth remembering that the media are only one of the audiences for a rounded communications strategy, and are secondary in the sense that they often feed off the views of other audiences: discontent from staff and comment from politicians in particular.

With these caveats in mind, however, it nevertheless remains true that any modern approach to

communications has to include media work, and the NHS is no exception.

The media, like the audiences they serve, are increasingly plural. For instance, the NHS often focuses largely on the newspapers, yet these represent just one small part of the media. Readership figures for newspapers are generally in decline, superseded by new outlets such as online news, and by a more familiar medium, radio – which is enjoying a huge renaissance:

- **90% of the population listen to the radio.**
- **8% of the population read either the Daily Post or the Western Mail.**

The fact that the media are now so plural also means that it is increasingly untenable to tar them all with the same brush, and treat them all in the same way.

Successful press work is built on relationships, not just press releases. It requires the NHS to understand the world of the media: their constant deadlines and need for speed, for example. Preparing for crises and for opportunities, and moving fast when they arise, is critical. Perhaps the best advice comes from a public health professional who succeeded in getting national coverage for the issue of fuel poverty: give the media the kind of material they want, not what we think they need.

Politicians

The NHS in Wales is hugely political. Health remains the single biggest area of spending in the Assembly budget. In communications terms, this means that politicians must remain a key audience, and establishing good links with them, via regular contacts and briefings, must be a priority. As with other audiences, it is critical to recognise that they are diverse, and to target each of the various sub-groups. This means building good links with all parties, but it also means targeting key individuals in all the political legislatures: not just AMs in Cardiff Bay, but also local councillors, MPs and MEPs. Some will be crucial decision-makers. All will be key opinion-formers, sometimes at national level and almost always at local level. In all cases, their interventions can help set the media agenda, and shape the tone of the debate.

What happens when politicians are neglected? A Welsh politician recently told the Confederation that the NHS organisations in their constituency had made no efforts whatsoever to get in touch in over two years. As well as being angered by the discourtesy, the lack of contact also meant that the only health briefings the politician was

getting came from campaign groups opposed to planned changes in services. Hardly surprisingly, this experience had significantly influenced their view of the local NHS and of the issues of the moment.

Regular and timely briefings for local politicians are vital. It is important to meet all local representatives, from all parties, and to appreciate the political context and constraints within which all politicians operate.

Patients and public

The public are the NHS's investors, and retaining their confidence and support is crucial. They are therefore a vital audience for communications work at both a local and national level. The very real problems that public bodies face in engaging with the public are more to do with the methods of engagement than with an epidemic of apathy. Our systems of engagement, dialogue and mutual education have to move with the times, and communications professionals are crucial in making it happen. Committee meetings, public meetings and weighty consultation documents increasingly seem to belong to the world of the 19th century. Relying on these means alone appears ever more outdated in a world growing accustomed to communicating via Facebook, twitter and Youtube.

But engaging effectively with the public also means recognising that as with other audiences, arguably even more so, the public is plural. Indeed, many marketing and communications professionals refer to publics as a plural. An effective communications strategy needs to recognise and target the different groups that make up the public, catering for the needs and preferences of each.

When it comes to communications work with patients, a critical first step is to recognise that they may not have the same needs, or the same perspectives, as the public. A 2007 Select Committee report on patient and public involvement underlined this distinction. Patients' needs in communications terms may be more around the specifics of particular services.

The fact that public and patients tend to have slightly different perspectives is perhaps best shown by the differences in what they tell the NHS. Patients generally have a far more favourable view of the NHS than the public in general: the so-called perceptions gap.

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About the Welsh NHS Confederation

The Welsh NHS Confederation represents the organisations making up the NHS in Wales: trusts and local health boards. We act as an independent voice in the drive for better health and better healthcare through our policy and influencing work, and by supporting members with events, information and training. To find out more about us go to -

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