Spreading the word – communicating health innovation

Lessons and tips from the frontline
“You have to make your communications really work for both sides – you have to convey the messages that are important to your innovation, but they also have to be in language that makes sense and presses the button for the people receiving them.”

Dr Fliss Murtagh, King’s College London
Through our work backing people who are breaking new ground in health across Lambeth and Southwark, we have started to explore the value of communications as a tool to help new ideas succeed.

Communications can be described as the art and techniques used to effectively share information or ideas. When used strategically, we have seen communications opening doors, explaining complex ideas and winning over hearts and minds. We have seen it expanding the reach and impact of a health innovation and supporting its sustainability.

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Yet, ironically, communications has a PR problem. For many, it suggests press releases and headlines – whose value can be difficult to measure – or grilling interviews to be avoided at all costs. It is very rarely seen as a strategic tool that encompasses more than media, and which can help shape an initiative, win supporters or amplify impact. As a result, many struggle to understand the role communications can play in the success of organisations and projects. We have learned this is no different among health innovators.

However, we have also seen local health innovators putting communications at the heart of what they are doing. They have embraced it as a core component of driving change. Crucially, they describe it as an ongoing conversation with others, where information and new ideas are exchanged. Far from a unidirectional flow, communication helps to create a shared meaning and to shape and enrich an innovation, and its story, over time.

At Guy’s and St Thomas’ Charity, we support new ideas to tackle major health and care issues. Key to our role is learning about what works and doesn’t work in innovating in health and sharing these lessons with others.

This paper is part of a series and follows on from our previous guides on sustaining impact and involving people in health innovation. It has been informed by interviews with local health innovators behind some of the projects we have funded in recent years. It doesn’t answer all the questions on communications, but highlights the specific lessons we’re learning in our south London patch. We hope these lessons can help others realise the potential of communications to help drive change in health.
Think how communications can help you succeed

The most successful communications are planned as a core part of an innovation project, rather than an afterthought. Start by asking how communications can help you reach a goal, whether it’s convincing commissioners to adopt a new idea, getting healthcare professionals to implement it, or engaging patients and the public in testing out your innovation. Picturing where and how communications can support your journey can be key to making your project a success.

Story

From the outset, we used communications to help open up new conversations about how to embed a dance-based approach to helping young people with psychosis, says Carly Annable-Coop

The Alchemy Project takes contemporary dance into the uncharted territory of frontline mental health services – to young adults with early psychosis. It involves a way of working that is radically different from, yet complements, conventional Early Intervention Services provided by South London and Maudsley NHS Foundation Trust (SLaM).

From the outset, we knew that many healthcare professionals are wary of arts-based interventions – they often don’t understand their value. We needed to use communications to help open up new conversations about the benefits of the The Alchemy Project, how to embed it and get it commissioned.

We started early. Planning how best to go about communications to ensure that our methods would support success was integral to developing the project and preparing our grant application. With a clear purpose in mind we budgeted for the resources needed to create powerful content. We planned an external evaluation to evidence the impact and value of it.

We also had to have something that would immerse people in our young adults’ journey through the intervention in a way that the written word could not. We had previously used short films to raise the profile of our work. Yet we knew a five-minute film wasn’t going to provide the real insights needed to win hearts and minds, so we planned to commission professional film-makers to produce a long-form documentary and to work alongside us as we implemented the project and began working with our young adults.

“Thinking about the purpose of communications, planning the film from the start of the project and responding flexibly to the need for a trailer contributed to our project’s success.”
We planned for the film to capture the voices of young people talking about their experiences, as well as clinicians describing the impact The Alchemy Project has had on their practice and the mental health services. We felt both sets of voices would provide convincing, powerful narratives. We also identified local and national commentators early on to feature in the film, to set the work in a wider context. Using different voices has brought authenticity and allows the film to speak to and connect with the specific interests and motivations of the varied audiences who see it.

Our film has been really effective in raising the profile of The Alchemy Project and winning over hearts and minds. However, we discovered that some of our target audiences were reluctant to sit through the full 40-minute documentary due to time constraints. We hadn’t planned for that.

To whet appetites and to encourage people to watch the full documentary, we created a short trailer, which has also allowed us to give a ‘taster’ of the project in even more settings.

The way we thought about the purpose of communications, planned the film at the start and responded flexibly to the need for a trailer as it emerged has all contributed to the project’s success. Together, the documentary film, the trailer and the evaluation report have definitely opened doors we may not have been able to open otherwise, created unexpected opportunities and enabled the project to become part of a bigger conversation about arts in health.

While we are still on the journey towards making The Alchemy Project sustainable, the film has changed the tone of the conversation with commissioners, and it’s given us a more meaningful voice in those conversations.

Carly Annable-Coop is Project Director of The Alchemy Project

Top Tips

➢ **Plan early and be prepared to adapt.** Be clear from the beginning what your communications need to achieve to help your innovation but build in flexibility to respond to feedback, challenges and opportunities as they emerge. As Dr Andrew Coleman, who introduced a new 3D printer into St Thomas’ Hospital, explains: “We planned to hold a competition for staff, inviting them to suggest imaginative uses of 3D printing early on – to spread the word and create demand for the printer as soon as it was installed. The winner got his idea printed for free. He went on to use his 3D kidney to improve the accuracy of complex operations – telling that story as it developed helped us to build on the momentum created by the competition.”

➢ **Identify the skills, knowledge and resources needed.** Consider how you will access the support you need, whether it is to create a video, get help finding your audiences or make your language resonate with commissioners. Dr Andrew Coleman reflects: “We lacked a sophisticated way of presenting banners, flyers and designs of medical devices to help us communicate. We made the most of our links with Brunel University and their design team brought a professional appearance to our resources, giving them long-term appeal.”

➢ **Don’t be afraid to ask for specialist help.** Where you cannot buy specialist support, see if you can tap into the expertise from communication leads within partner teams or organisations on your doorstep. Dr Anatole Menon-Johansson of the SXT online sexual health service says: “The support from a specialist marketing company made me think very differently about how I used communications. I wish I had gotten them in earlier.”

➢ **Start soon and communicate throughout.** Make sure you start to communicate with key audiences early and maintain the conversations throughout the life of your innovation – don’t be paralysed by not having all the answers from the start. “I held a soft launch with providers of a new service a month and half before it went live” says Dr Anatole Menon-Johansson of SXT. “I didn’t have any evidence to show, but the launch meant that providers knew the service was coming, why it was needed and how it could be used. It helped to speed up adoption once the service went live and meant I could hear their feedback before the product was out.”
Defining and measuring outcomes for end-of-life care is difficult. Yet we need to measure what matters to patients and families in order to understand how palliative care services help.

The Outcome Assessment and Complexity Collaborative (OACC) project is tackling this need. OACC began as a collaboration across nine south London partners to implement outcome measures into palliative care practice – this work is now spreading across England.

From the beginning we knew that effective partnership with the participating palliative care services across south London was critical to success. And we knew we would have to develop really good communications for that to happen.

Meeting key people in each organisation was key. They told us we had to communicate at lots of different levels: chief executives and senior management, team leaders, frontline staff, and data and IT teams – to get the buy-in and ownership needed to implement the measures effectively, to capture learning on the ground and to sustain their use once the project ended.

Different communication strategies were developed for each group. We brought together senior staff and listened to their questions. Would they have to start collecting information for the outcomes as a national requirement? What did they need to discuss with commissioners to help them negotiate their next contract? Explaining how involvement in OACC would help them to get their engagement and support.

It has taken time to communicate with team leads effectively. Sandwiched between the senior teams and the coal face, they have lots of demands on their time – we realised the importance of keeping our messages simple and easy to digest.

It’s vital that frontline teams embrace and implement our measures. But instead of making assumptions about what they need to know to help them do so, we’ve created an ongoing dialogue through our frontline clinical champions. Their insights allow us to create messages and resources that meet their colleagues’ needs – from videos of the champions talking about their experiences of implementing and using the measures to simple flow charts on how to use the more challenging measures.

Think about the organisations and individuals you need to communicate with, why and when. This may include those you may need support from, those you want to convince and those you want to engage in your project. Your audiences’ worldview may well differ from yours. Seek them out through contacts and networks and learn about what they value and what concerns them, and tailor your messages appropriately.
We also learned that clinicians, data teams and IT teams sometimes struggle to communicate about the data requirements underpinning the measures. We helped to bridge the gap and create a shared language and understanding so that the data and IT teams are able provide the clinicians with the right data at the right time.

As the project has progressed so has interest beyond south London – speaking about OACC at conferences, events and meetings has definitely helped to raise its profile. Our partnership with the national charity Hospice UK has been invaluable in enabling us to communicate more widely. Their understanding of the many organisations delivering palliative care has allowed us to tailor our communications to spread the measures nationwide and support teams to implement them.

Dr Fliss Murtagh is a Reader and Consultant in Palliative Medicine at King’s College London

“Your messages have to be in language that makes sense and presses the button for the people receiving them.”

Create simple tailored messages. Start with simple messages that explain what you want to achieve and why, in ways that resonate with your audiences. You can then enrich your messages as you learn more. As Dr Anatole Menon-Johansson, founder of online sexual health service SXT, explains: “I was reluctant to talk about the ambition for SXT early on in the journey. Looking back, it would have been beneficial to spend time honing the key messages around SXT and what I was trying to do to pave the way and get people on board with doing something exciting and novel.”

Align with a bigger picture your audiences recognise. People are often more likely to engage with your innovation if they can see the fit with national and local priorities. “Aligning our messages (and the measures themselves) with the national policy on use of outcome measures and the demands on the delivery of palliative care helped our key audiences see the benefits of being involved” explains Dr Fliss Murtagh, “And updating our story as the national context developed and changed has helped to sustain the engagement of key stakeholders throughout.”

Tell the story from different perspectives. Allow the voices of those involved in and affected by your innovation to be heard, be they staff, patients, carers, stakeholders or opinion leaders. This creates powerful messages that really resonate. “To get healthcare practitioners and commissioners to think about the problem of malnutrition in older people, we made it personal,” says Dr Liz Weekes of Lambeth and Southwark Action on Malnutrition Project (LAMP). “We told the story of one of our patients in presentations and a local newspaper article, illustrating how malnutrition had affected him and how he had benefited from support from the community team.”

Credibility counts. Recognition through awards, media interest, and funding and endorsement from influential organisations alongside robust evaluation, can help you get heard. “Early on, we used national data and census statistics to illustrate the scale of the problem of malnutrition in older people locally and its potential impact on health and care services in Lambeth and Southwark. That helped us get a foot in the door while we started to develop robust local evidence of the cost savings associated with the interventions.” Explains Dr Liz Weekes.
It is crucial to identify the communications channels that your audiences will engage with and value. While digital channels are becoming more and more popular particularly for raising awareness and prompting action, the value of face-to-face communication in health remains strong. We have seen the importance of empowering clinical and non-clinical champions to become effective channels themselves, allowing people to receive messages from peers and voices they trust and respect.

### Story

Using different approaches, each driven by purpose, to reach a variety of audiences is making all the difference to a team working to improve the quality of healthcare through improvement science, says Professor Jane Sandall.

King’s Improvement Science (KIS) Research Capacity Building Programme is developing a new cadre of research fellows in improvement and implementation science (a field focused on understanding which techniques work best to drive change in healthcare). Our fellows are delivering health improvement or implementation projects in collaboration with health professionals, managers and patients across King’s Health Partners – which involves Guy’s and St Thomas’, King’s College Hospital and south London and Maudsley NHS Foundation Trusts, as well as King’s College London.

The success of our work relies on it being co-produced between those looking to deliver a potential change and those who will be affected by it. Strong communications have been critical to our success and we’ve used a variety of channels to get our messages out.

For example, one-to-one and group meetings with senior stakeholders helped us get their buy-in at the outset. Open events, where our fellows and senior clinical leads have shared their stories, have helped us raise awareness and understanding of the programme locally.

Tapping into existing channels and networks has helped to raise the profile of KIS, engage key stakeholders and connect with other initiatives.

We are integrated with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South London and work across King’s Health Partners. We have written articles for their newsletters, for example, to reach their existing readers. Linking in with the Health Innovation Network – south London’s Academic Health Science Network – has helped our fellows spread the word and share learning.

Reaching patients and the public is vital to ensure that projects bring about change that matters to them. We’ve used the communication networks and expertise of partner charities and existing local Patient and Public Involvement (PPI) teams to achieve this. For example, one KIS project focuses on women’s health services. Through the CLAHRC’s PPI team, we’ve created a closed Facebook group moderated by the chairs of local maternity advice and action groups. Facebook has given us a low-cost solution to communicating with service users, and is a great channel to spark a dialogue. It has also helped us to extend our reach beyond those people already engaged in PPI groups. We’ve even held face-to-face meetings with members of the Facebook group – these have been really important in getting patients and the public involved in shaping improvement projects.
Twitter has proved a powerful tool for reaching diverse, far-flung audiences. It has helped us share our learning with teams doing similar work in health and other sectors. This has created the potential to widen our research impact beyond publication in peer-reviewed journals and academic conferences.

We developed the KIS website early on. We use it to raise awareness, promote events and new programmes, celebrate successes, expand our community and showcase our fellows’ work.

From the beginning we knew our KIS fellows would become important communications channels themselves. We are giving our KIS fellows practical support to help them tell their story – training them around using social media, more general media training and giving them tools they can use. We are also developing training modules about communicating in a language and style that supports conversations with decision-makers. Our senior clinical champions also act as brilliant sounding boards for the fellows, helping to hone those all-important early messages.

Professor Jane Sandall CBE is Capacity Building Lead at NIHR CLAHRC South London and King’s Improvement Science.

“From the beginning we knew our fellows would become important communications channels. We are giving them practical support to speak about their research pieces.”

Top Tips

▸ Be careful of reinventing the wheel. Use existing routes that are proven to be effective for certain audiences. A blog on an influential website, a slot at an existing meeting, a feature in a Trust’s newsletter will often have more impact than creating brand new, untested channels. “Linking with the national Malnutrition Task Force and promoting the project on its website, and running workshops with Age UK Lambeth, raised awareness of malnutrition in older people as a national problem that was relevant on our patch – and that helped get people engaged in our project” reflects Dr Liz Weekes from the Lambeth Action on Malnutrition project.

▸ Use and integrate a variety of routes. Getting interest from and creating a dialogue with busy people often requires a combination of channels that complement and reinforce one another. Dr Anatole Menon-Johansson of SXT has learned the aggregate value of using Twitter, videos on LinkedIn, speaking at conferences and face to face meetings. “People hear a consistent but tailored message via different routes and that helps to raise the profile of SXT, prompt action and keep the dialogue going.”

▸ Nurture and empower champions. Give your champions the mandate, skills and resources to tell the story their way. This will facilitate more powerful, passionate and personal messages. “One of our clinical champions wrote a blog for the Royal College of Psychiatrists website recounting her day-to-day experience of being part of our project. The blog has helped to raise our profile and provided instant endorsement,” says Carly Annable-Coop of The Alchemy Project.

▸ Make the most of technology. “Webinars have been great for engaging people and getting them to think about how to implement the [end-of-life care quality] measures in their patch. We found that running the webinars as a discussion between a senior lead and a clinical champion or quality facilitator worked well – people joining the session could ask questions and become part of the conversation”, says Dr Fliss Murtagh of Outcome Assessment and Complexity Collaborative.
Create engaging content

Reports and data help with communicating health innovation, but content that wins hearts and minds is equally as important. New health concepts can be difficult to explain with words alone. We have seen a rise in the use of film and animation to grab the attention and capture the imagination of health professionals. However, beware of creating content that has no clearly defined purpose, is not tested with audiences and is not easy to find.

**Story**

An initiative to bring care and compassion to the forefront of healthcare faced the challenge of making abstract ideas tangible - explain **Dr Suzy Willson and Lorna Hosler**.

“The animation and the brochure have been really powerful communications tools. We get an immediate response whenever people see them – they help people identify with the importance of the skills we are advocating.”

Performing Medicine at SaIL is a unique, arts-based training programme designed to improve care and compassion among healthcare professionals.

Compassion is often a difficult and abstract term. To get people to really engage with our programme, we knew we had to help them to think about compassionate care in a tangible way, identifying the skills and conditions that allow it to flourish. We also wanted to acknowledge that compassionate care is not a one-way transaction from practitioners to their patients, but between healthcare professionals across all levels and also with oneself.

After interviewing staff across Guy’s and St Thomas’ NHS Foundation Trust and undertaking reviews of the literature on care and compassion, we created a simple visual framework – Circle of Care – to conceptualise a way of thinking and talking about compassionate care. The model includes a ‘skills compass’ that helps professionals navigate the barriers to delivering compassionate care consistently. We’ve also created a brief animation to bring the framework to life and a short, accessible brochure to explain it in more detail.

We launched the Circle of Care and the animation at The Royal Society of Arts (RSA) with high-profile speakers to a largely clinical audience. We’ve since used lots of channels to show the animation in various settings, including academic conferences, meetings, on our website and social media, as well as in our training courses. We’ve also distributed the brochure widely. There have been a few tricky hurdles – when showing the animation in hospitals, we discovered its rich content often doesn’t work on staff IT systems. It’s taught us the importance of considering IT challenges in advance.
The animation and brochure have been really powerful communications tools. We get an immediate response whenever people see them – they very quickly help people see the importance of the skills we are advocating. Our messages so far have focused on what compassionate care is made up of, and point to the idea that arts-based methods can help. The Circle of Care model has helped to capture imaginations, and that makes it easier to engage people in our training approach.

The power of the Circle of Care message reaches beyond our immediate project at Guy’s and St Thomas’ NHS Foundation Trust.

As well as making tangible the skills required for high quality care, it also provides a framework for articulating the important role the arts can play in the education and training of healthcare professionals – a framework we hope others will use to make the case for arts in health.

Dr Suzy Willson is Artistic Director of Clod Ensemble and Lorna Hosler is Executive Director of Clod Ensemble.

Performing Medicine at SaIL is a partnership between Clod Ensemble’s Performing Medicine project and the Simulation and Interactive Learning (SaIL) Centre at Guy’s and St Thomas’ NHS Foundation Trust.

Top Tips

➤ **Don’t put all your eggs in one basket.** Use a range of approaches. “Some people will respond to film, others will expect to see a scientific graph on outcome measures. Reports aren’t always easy to read and often fail to engage the reader. Visual content is powerful and helps to connect people with each others’ values,” reflects Yvonne Farquharson of Breathe Arts Health Research.

➤ **Be driven by purpose, not form.** Avoid creating content that may look great but cannot be accessed – many IT systems in the NHS have restrictions and this may mean sites like YouTube are out of bounds. Also, as Hayley Sloan says, expensive products aren’t necessarily the best: “Sophisticated videos showing how our Primary Care Development programme enables GP practices to work in a different way have been really powerful in raising the programme’s profile in and beyond Lambeth and Southwark. But we’ve also gotten quick wins by producing basic slides capturing what we’ve done and learned.”

➤ **Produce bite-sized ‘nuggets’.** Consider creating short video clips or graphics from an evaluation report to use on social media or at meetings and conferences. Easily digestible content is more likely to be consumed and can help whet people’s appetite to engage in longer-form content. Yvonne Farquharson explains: “We make our short films available on social media and on other websites as well as on our own. Each video has a different theme so they talk to different audiences. They are really powerful in engaging people in our work and prompt them to want to know more.”

➤ **Consider whether your innovation needs an identity.** Often your project will be better off basking in the glory of your or a partner organisation’s trusted brand than trying to create and market a whole new one that takes up precious time and resources. However, at times, a specific identity or a strong name can help. “The name ‘AMBER care bundle’ trips off the tongue nicely; everyone remembers that,” says Dr Adrian Hopper of the End of Life Modernisation Initiative. He adds: “Having something that looks good is important. People recognise the AMBER care bundle logo when they see it in the materials handed out in hospitals. They see doctors and nurses with the AMBER care bundle cards around their necks and it gives instant endorsement, showing that the hospital values the approach.”
Learn and adapt as you go

We’ve seen the importance of evaluating whether and how your communications are hitting the mark to help you fine-tune your messages. Things will also evolve along the journey - what worked a year ago may not work today. Staying alert to changes in audiences and health agendas as your innovation develops or grows will help keep your messages relevant and salient in changing circumstances.

Story

Learning from websites’ analytics and acting on feedback has been key to the success of an emerging online sexual health service, says Dr Anatole Menon-Johansson

Communications have been key to the success of SXT – a digital online service to connect people at the right time with the right sexual and reproductive health service providers close to home. As a new service, it has been vital that those who run and work in sexual health clinics and potential users know that SXT is there, what it's trying to do and that they can be part of the story too. I continuously reflect on the effectiveness of my communications. I’ve used free tools like Google Analytics, which show details of the traffic going through the SXT website, to help me evaluate different approaches. Through Analytics I’ve learned that searches on Google is the most common way people find our website. So we have built in functions to capture more detailed profiles of the people who visit our site, which helps us to tailor our services and messages better to potential users. I’ve also learned that links on other websites (e.g. those of the National Union of Students and sexual and reproductive health service providers) are also a good route to reach service users, so one of my next steps will be to get an SXT icon and link on as many clinics’ websites as possible.

We’ve also produced business cards, some cheap and cheerful animations and postcards with strong public health messages to distribute in night clubs. Tracking the effectiveness of these approaches remains challenging.

“I have embraced trying new approaches cheaply – trusting a hunch and learning from any failures.”

Where I don’t have hard data, I use anecdotal evidence and feedback from people I see in my own clinics, and use this information to refine and adjust approaches. I have had great feedback about the animations and the postcards we’ve developed.

I always get feedback from providers to help shape new iterations of our website’s analytics dashboards – which give a detailed picture of the supply and demand for services on our website. The dashboards are now a really powerful communications tool, and convince providers of the value of signing up. I also held a launch with providers of a new SXT service a month and half...
before it went live. At the time I didn't have any evidence to show the difference the new service had made, but the launch meant I could hear their feedback before the product was out.

I have embraced trying new approaches cheaply – trusting a hunch and learning from any failures. For example, I tried a few stickers with new technology which helps someone access information online when their smartphone is placed near it. I dotted them around clinics and bars, but analytics quickly showed that no-one was using them.

The technology is now starting to be more widely used, but my timing was premature and I've learned from that.

SXT continues to evolve with new features like a sexual partner notification tool and an emergency contraception calculator. Evaluating whether and how our communications are hitting the mark along the way has definitely helped create a more compelling story of the long-term value that SXT now offers – and it has provided real insights into how to get that story heard and to prompt action.

Dr Anatole Menon-Johansson is the founder of the SXT and Clinical Lead for Sexual & Reproductive Health at Guy’s and St Thomas’ NHS Foundation Trust

Top Tips

▶ Make time for reflection. With so much to do, it's easy to deprioritise looking at whether your communications are having the desired effect, but it can really help you hone your efforts. Focus on the aspects most critical to your innovation’s success, like reach (are your key audiences getting your messages?), engagement (are they reacting to them?) and impact (are they taking the desired actions?). “I learned that my messages were convincing providers of the value of SXT but some were concerned that raising their profile would increase demand when they were already at tipping point” explains Dr Anatole Menon-Johansson. “I realised I had to adapt my communications messages to explain how SXT would help providers tackle their problems.”

▶ Make the most of the evidence at your fingertips. Free web analytics can provide great insights into who is visiting your site and when – and how they find you. Track who is retweeting your tweets or responding to your blog. Observing how people respond (or not) to your messages can help you refine your approaches for greater success. Asking for feedback informally, and even noting unsolicited comments at meetings, events and in conversation, can help too. “Where I don’t have hard data, I use anecdotal evidence and feedback from people I see in my own clinics, and use this information to refine and adjust approaches” explains Dr Anatole Menon-Johansson.

▶ Look for new angles to maintain momentum. Maintaining interest can be challenging, particularly when working on a long-term project. Keep on the lookout for interesting developments, successes or new insights you can share as your innovation unfolds. Align your innovation to new policy developments to shine a fresh light on it. “As our programme developed, national recognition of the importance of general practice leadership grew” explains Hayley Sloan from the Primary Care Development Programme. “Honing our messages to speak to the emerging national agenda helped to raise the profile of our work.”

▶ Revisit the purpose of your communications. Your communications might need to change as your project progresses. Make time to review whether your methods are still fit for purpose. Dr Adrian Hopper describes an approach that worked well when the AMBER care bundle started to spread nationally: “We set up learning networks – to use the AMBER care bundle you had to sign up to them. Although they still help to keep the messages of AMBER out there and current, today their main purpose is to share learning and support the future development of the care bundle.”