Online social networking tools (Web 2.0) and their implications for Health and Social Care

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Background

• A&E Nurse, Educationalist, Informatician
• Doctoral student
• Freedom of Information campaigner
• Member of awkward squad
• Internet experience since 1991 (archie, gopher & usenet newsgroups)
• Experience of Live Blogging & Group Blogging eg Informaticopia
• 25,000 edits on wikipedia
Blog, vlogs, Twitter etc

• Numbers of blogs – why do people maintain them?
• Freedom to criticise - ? Application of national laws re libel etc
• Language
• RSS & aggregators
• NHS related blogs – NHS Exposed, NHS Blog Doctor, Dr Rant
Facebook, Myspace, Youtube, Linked In, Plaxo Pulse, Friends Reunited etc

- Massive growth (but now slowing)
- User profile (display & characteristics) & motivation
Wiki

- **Wikipedia** best known – great example of development of “community of practice” – “Darwikinism”
- Policies, guidelines etc developed by users - All volunteers
- 2 million + articles, quality issues, mirror sites & google rankings
- Often discussion pages & wikiprojects most interesting
- Ability to track changes – recent deletion of (referenced) details of MPs expenses by MP concerned
- Other wikis eg [WikiLeaks](http://wikileaks.org) – eg BNP membership
Massive growth in use of Web 2.0 applications

Due to lack of trust in govt/organisations/professionals

- Edelman cited a new trend in its 2006 Trust Barometer: the steady decline of trust in traditional figures of authority, and the increase in the credibility of the "average person." The beginning of the trend was a huge spike in trust for a "person like yourself or your peer" from 22% in 2003 to 68% in 2006.

Jane Sarasohn-Kahn iHealth Beat
Potential

• Mashups – eg geodata & google maps
• Social bookmarking
• Instant messaging/chat, Mobiles
• Harnessing collective intelligence/knowledge management – eg Dr Foster & NHS Choices
• “Realistic evaluation” & other data collection eg Patient Opinion & Rate my Doctor
• Individualised support –& needs of the use truly personalising to the language & needs of the user(s)
Perils

- Challenge to command and control/hierarchical structures
- Instant messaging/chat & “time wasting”
- Blocking by NHS Firewalls
- Publication of “restricted docs” eg WikiLeaks
- Risk of identifiable patient info being released
  - Eg - UK Student Nurse see Resuscitation
- Media interest
  - Eg Bullying of Academics in Higher Education & http://www.sirpeterscott.com/, NHS Exposed, NHS 23
- Identity theft
Implications for Health & Social Care

• Presenting quality information in appropriate formats eg H&SC in NI on wikipedia & monitor discussion forums (not just Engage)
• PHR’s & Web 2.0
• Wikis for shared document creation
• Social networking tools for staff collaboration & education
• Guidance for staff on use of web 2.0 tools – risks and benefits including reputational aspects
• 24/7 society requiring support for H&SC needs
Conclusions

• Social Networking is current “flavour of the month”
• Massive growth & large audience – Issues around demographic profile & socially excluded
• Potential in individualised health promotion, sharing & representation of data, realistic evaluation
• Risks of exposure (individual & organisation), quality issues
• Undue weight to minority views
• Change in culture
• Need to embrace news “ways of working” – while being aware of risks