Communication Strategy
Cancer Network

Version 2
July 2016
Clinical Network (CN) Cancer Communication Strategy

Version 2.0

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Date for next review July 2017

Amendment History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Published</th>
<th>Date Reviewed</th>
<th>Amendment History</th>
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</thead>
<tbody>
<tr>
<td>1.0</td>
<td>February 2015</td>
<td>May 2016</td>
<td>Full document review and update</td>
</tr>
<tr>
<td>2.0</td>
<td>July 2016</td>
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1 Introduction

This strategy sets out our aims, principles and methods of communication in order to promote the work of the Clinical Cancer Network in delivering the Cancer Work Programme. This cannot be achieved without excellent communication, clinical engagement and clear goals. This is underpinned by the Yorkshire and the Humber Clinical Network’s vision statement which is:

The Yorkshire and Humber Clinical Network (CN) and Senate operates as a catalyst for change across complex systems of care improving quality, outcomes, value for money and patient experience.

For further details of current communications please see Section 11

2 Communication what it is and what it isn’t

Communication is the 2-way exchange of opinions, news and information by writing, speech or gestures including body language and facial reactions. Interpersonal communication is not just about what is actually said - the language used - but how it is said and the non-verbal messages sent through tone of voice, facial expressions, gestures and body language.

Communication is strongly linked to participation, involvement and engagement. Participation and involvement are closely linked and is the act of taking part or sharing something.

Engagement - Engagement refers to the process of getting people – patients, community members and staff – involved in decisions in a sustained way. This includes planning, developing and managing services, as well as activities that aim to improve health or reduce health inequalities. For staff, engagement also means helping to plan, develop and manage working environments, and activities that aim to improve working lives.

The Network is made up of all external stakeholders as well as the CN support team, so the Communication Strategy will need to cover both internal and external communication.

3 What do we need to communicate

The Cancer CN would like to inform stakeholders that our principles and strategic objectives are as shown below:

**The overall aim is to improve the quality of care to patients and have a positive impact on outcomes:**

The CN objectives therefore focus on:

- Strategic programmes of improvement that follow the care pathway
• Supporting Commissioner activity that is aimed at improving the quality of care provided and improving the health outcomes for the population

3.1 Illustration of the Cancer Network’s aims, strategic priorities and ways of working

### Yorkshire & Humber Clinical Network – Cancer

#### Aim
To improve the quality of care to patients in the Yorkshire and Humber CN and have a positive impact on outcomes

#### Strategic Priorities
- Strategic programmes of improvement that follow the care pathway
- Supporting Commissioner activity that is aimed at improving the quality of care provided and improving the health outcomes for the population

#### Way of Working
- Clinical engagement across the whole care pathway
- Excellent communication including new social media methods
- Collaborative working with stakeholders
- Patient focused

4 Components of the Communications Strategy

The vision of the Communication Strategy is to establish and embed a proactive communication approach to support delivery of the Cancer Network’s strategic objectives.

There are six goals that would support development of the vision of a good communication strategy for the CN Cancer Network:
1. **Develop Cancer Network “brand”**
Promote the work of the Cancer Network and for stakeholders to recognise that this is the organisation to contact for the latest information on issues relating to Cancer across the Yorkshire and Humber. Develop the Cancer Network’s page on the website and to encourage stakeholders to use the website regularly. To encourage feedback from stakeholders, in order to improve the effectiveness of the website.

2. **Promote understanding and ownership of the Cancer Network’s strategic priorities/work programme**
Promote the Cancer Network’s Priorities and Work Programme to stakeholders and e.g. showcase this on the Y&H CN website

3. **Enhance our relationship with external stakeholders**
Update Stakeholders regularly about progress with the work programme. Seek feedback from Stakeholders and demonstrate achievements using the website and other methods.
4. **Deliver effective and appropriate communication within the CN Cancer Team**
   Continue regular cancer team meetings, team building time-outs and weekly Cancer team teleconferences. Establish effective business administration processes. Consider regular Cancer team emails for updating progress/particular projects. To review the effectiveness of communication on a regular basis.

5. **Strengthen existing communication links with other Y&H CN colleagues**
   Promote cross cutting themes and ensure that there is no duplication of work. Share good practice/progress regularly with other CN Network colleagues.

6. **Develop the CN Cancer Network’s communication infrastructure and tools/techniques**
   Establish links with NHS Communication Leads for advice on social media training.

   Organise staff training in social media in order to develop skills with twitter, text messages, on-line forums, blogs, YouTube, LinkedIn, on-line surveys etc.

   Maintain Office Management System Contacts database to ensure that the contacts are current and up to date. Promote cancer Network events and evaluate feedback. Ensure that stakeholders have access to event presentations, evaluations etc. on the Y&H CN website. Highlight and share national cancer strategy documents, reports etc. Effective and efficient administration support to enable the above is crucial to success.

5 Communication principles

In order to have effective communication it is important to adhere to the following communication principles¹.

1. **Completeness** - The message must bear all the necessary information to bring the response you want. It is important to think about the “5’w’s” which are; Who, What, When, Where and Why
2. **Conciseness** - The message only contains the information relating to the topic and doesn’t have irrelevant information for the audience
3. **Consideration** - consider your audience will receive the message
4. **Concreteness** - Be specific rather than vague messages which can lead to miscommunication.
5. **Clarity** - Ensure the use of simple language and easy sentence structure in composing the message.
6. **Courtesy** – Be polite, kind, judicious, enthusiastic and convincing.
7. **Correctness** - Sentences should have correct grammar, punctuation, and spelling free from any sort of errors

¹ Bergin Francis J, Practical Communication, 1976
6 Communication Methods and Social Media

There are a wide variety of communication methods. The appropriate method depends on the message and the stakeholder being communicated with. The advantage and disadvantage of each method of communication are shown in Appendix 14.3

6.1 Social Media

NHS England have produced a Social Media and Comment Moderation Policy which is available from [https://www.england.nhs.uk/comment-policy/](https://www.england.nhs.uk/comment-policy/)

This policy provides guidance to all NHS England staff on comments received via social media on the NHS England website.

**Twitter**

Twitter is a ‘microblogging’ site. It allows anyone to publish online short messages of up to 140 characters to registered followers known as ‘Tweets’. Tweets can be used to link to photos, videos or stories; and reply to other accounts.

The Yorkshire and Humber CN tweets from [@NHS_YHSCN](https://twitter.com/NHS_YHSCN)

The Cancer CN twitter account is; [@YHSCN_CANCER SCN](https://twitter.com/YHSCN_CANCER_SCN)

**Hashtags**

Hashtags can help to link Twitter activity and helps to capture feedback and views to stimulate online discussion between professionals and stakeholders.

The CN Cancer Network hashtag is [#YNCancer](https://twitter.com/search?q=%23YNCancer)
7 Who do we need to communicate with

There is a broad range of internal and external stakeholders, each with unique needs, priorities and views on the provision and commissioning of cancer services within the Yorkshire & Humber Cancer CN. Each of the groups who work in or have experience of services can be broadly represented in one of the following categories:

- Y&H Cancer Team Colleagues
- Cancer Alliance Group Members covering the 3 STP footprints across Y&H
  - Humber Coast and Vale
  - South Yorkshire and Bassetlaw
  - West Yorkshire
- Local and Specialist Cancer MDT members
- Cancer Management Teams/ Cancer Service Providers
- Public Health Cancer Leads/Public Health England
- Other Y&H CN Network colleagues
- NHS National Cancer Transformation Board and the Oversight Groups
- NHS England colleagues including North of England NHS colleagues
- Other networks e.g. Clinical Research, Academic Health Science
- CRG representatives
- Clinical Commissioning Groups
- Cancer charities and Voluntary Sector Organisations
- Primary Care/CN Primary Care GP Cancer Leads
- Yorkshire Cancer Patient Forum & other service users/carers
- Specialist Commissioners of Cancer Services
- Other National CN & Senates
- Local Authority/Health and Well Being Boards

Please see stakeholder Map for further details (appendix 14.2)

8 Stakeholder analysis

Identifying stakeholders is only the first step. Analysis means gaining an understanding of the:

- Influences, interests and attitudes of the stakeholders towards the programme’s outcomes
- Importance and power of each stakeholder

One technique for analysing stakeholders is to consider each stakeholder in terms of their influence on the programme/project and their potential interest in the programme/project and plot these on a matrix\(^2\).

8.1 Influence/Interest Matrix

\(^2\) The Stationery Office (2011) Best Management Practice – Managing Successful Programmes; pg.66
The level of their importance to the programme/project and its impact on them will determine the level and type of stakeholder engagement the programme should undertake.

For example if a stakeholder has low interest and low influence the mode of engagement/communication would be to keep them informed. However, if a stakeholder has high influence and high interest, the mode of engagement is likely to include face-to-face communications.

Stakeholders may move to different positions on the matrix as the programme/project progresses and therefore it is important to review the stakeholder analysis regularly.

9 Clinical Engagement/Communication

Cancer is complex to provide and commission, with a patient pathway that frequently involves services that are provided and commissioned by a wide number of different organisations. The aim of the Cancer CN is to bring together all the organisations that commission and provide cancer services within Yorkshire & Humber so that that there is effective coordinated work to improve patient experience and outcome and to identify and address variation; focusing on the patient pathway from awareness and early diagnosis, to active treatment, and follow up, through to “living with and beyond cancer” and end of life care.
To this end, the CN aims to communicate effectively with clinicians in primary, secondary and tertiary care within the Y&H footprint who diagnose, treat and manage patients along a range of cancer pathways. As well as other relevant clinicians nationally, in order to obtain advice and views from a wealth of medical knowledge and experience from the clinical experts.

We are committed to an approach that:

- Engages clinicians in two way communications
- Ensures that clinicians are fully informed of all matters relevant to their area of work and all the priorities and aims of the CN
- Ensures that clinicians are fully informed of the national cancer priorities.
- Ensures that the CN seek advice and views from clinicians in all relevant areas
- Ensures communications are clear, consistent, timely and effective
- Engages clinicians using a variety of methods of communications as appropriate, as shown in Section 6 and appendix 14.3
- Ensures messages are clear and understandable
- Seeks feedback on communication methods and regularly checks that these are fit for purpose

### 10 Patients and Public Communications

It is important when developing communication with patients and the public that the Yorkshire & the Humber, Clinical Network, Patient and Public Engagement Policy and Frameworks are referred to and used to guide PPE work.

#### Health Literacy

It is important as part of any communication that the audience and their ability to understand what is being communicated is thoroughly thought through.

Health literacy considers how a patient or member of the public can understand and act on health information (defined below)

> "Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy is dependent on individual and systemic factors: Communication skills of lay persons and professionals."

Health information can confuse anyone. Clear health communication is essential to helps patients and the public to better understand and act on health information. More information on health literacy can be found on the following websites:

### 11 Current communication with stakeholders

The table below gives examples of what is communicated, by which method and what is received back. Also indicates whether the communication is external, internal (i.e. within the Y&H CN Network team) or a mixture of both.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>What are we communicating</th>
<th>How/Method</th>
<th>What are we receiving back</th>
<th>Internal (I)</th>
<th>External (E) or Both (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stakeholders</td>
<td>CN Y&amp;H Annual Report&lt;br&gt;CN Cancer Work Programme &amp; related documents/reports&lt;br&gt;Email Update - There will be a 2 monthly review of external communications</td>
<td>Email Website&lt;br&gt;Twitter</td>
<td>Feedback&lt;br&gt;Increased awareness of the Cancer Team work programme</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>National Cancer director &amp; National Cancer Taskforce</td>
<td>Work plans/local intelligence</td>
<td>Email Meetings</td>
<td>Strategic Direction Quarterly national meeting/ minutes</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>National Cancer Transformation Board &amp; the 6 workstream oversight groups</td>
<td>Business Plans</td>
<td>Email Meetings</td>
<td>National priorities Workstreams</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Regional and North of England meetings</td>
<td>Progress Updates</td>
<td>Senior Management Team Meetings</td>
<td>National and Regional Intelligence</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Clinical Commissioning Groups (CCG)</td>
<td>Project Work plans</td>
<td>Meetings Telephone Face to Face</td>
<td>Local Intelligence Updates on projects CWT updates</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Membership of 3 Cancer Alliance/Strategy/STP Groups</td>
<td>Work programme and review of progress and local issues&lt;br&gt;Influencing and providing evidence for priorities and agreeing programmes of work</td>
<td>Meetings Action Logs</td>
<td>Face to face input/advice on strategic direction/STP plans</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Cancer Management Teams/Providers</td>
<td>Work programme, Peer review outcomes</td>
<td>Meetings Events&lt;br&gt;Emails Face to face Action Logs</td>
<td>Input to Alliance/Strategy Group Local progress/ intelligence</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Local and Specialist MDT</td>
<td>Work programmes Invites to Meetings</td>
<td>Members of High Value</td>
<td>Clinical Advice</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Cancer Teams</td>
<td>Other National Cancer CN Networks</td>
<td>Project information, network progress, work plans</td>
<td>Website, Quarterly meetings and Face to face</td>
<td>Quarterly national cancer meeting</td>
<td>E</td>
</tr>
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<td>---</td>
</tr>
<tr>
<td><strong>CN Y&amp;H Networks</strong></td>
<td>Information on cross cutting themes</td>
<td>Full team meetings, E-bulletins, Face to face QIL Forum</td>
<td>Progress updates at team meetings</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Specialist Commissioning Teams</td>
<td>Projects, work plans</td>
<td>Meetings</td>
<td>Cancer strategy documents</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Primary Care &amp; GP cancer leads</td>
<td>Work programme, AEDI, National public campaigns</td>
<td>Meetings GP Forum</td>
<td>Advise/input to cancer strategic priorities</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td><strong>Public Health</strong></td>
<td>Cancer work programme.</td>
<td>Meetings</td>
<td>NCIN cancer dashboard/intelligence</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Local Authority/Health and Wellbeing Boards</td>
<td>In progress</td>
<td>In progress</td>
<td>In progress</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td><strong>Service Users/Carers</strong></td>
<td>Work programme</td>
<td>Meetings</td>
<td>Patient experience/input</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td><strong>NIHR Clinical Research Network</strong></td>
<td>Invites to Network meetings</td>
<td>Clinical meetings, Emails</td>
<td>MDTs receive advise on clinical research trials</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Conferences</td>
<td>Work programme and overview of the Y&amp;H CN cancer</td>
<td>Posters, Stands, Leaflets</td>
<td>Information/intelligence from other conference delegates</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Academic Health Science Networks</td>
<td>Work programme and overview of the Y&amp;H CN cancer priorities</td>
<td>Meetings</td>
<td>Understanding of AHSN and areas of collaborative working</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Clinical Reference Groups</td>
<td>Input into Service Specifications</td>
<td>Meetings NHS England website</td>
<td>Specialised Commissioning Service Specifications and pathways</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td><strong>CN Cancer Team Members</strong></td>
<td>Agendas, Action Notes from Team meetings, Updates, Project Proposals etc.</td>
<td>Email Meetings Face to face</td>
<td>Feedback Project Proposals &amp; Progress Locality specific updates</td>
<td>I</td>
<td></td>
</tr>
</tbody>
</table>
12 Summary

This strategy and resources will be reviewed and updated regularly to ensure that they are up to date and effective.

13 Glossary of terms

AEDI – Awareness and Early Diagnosis Initiative
AHSN – Academic Health Science Network
CEG -- Clinical Expert Group
CCG – Clinical Commissioning Group
CN – Clinical Network
CSU – Commissioning Support Unit
CRG – Clinical Reference Group
CWT – Cancer Waiting Times
NCIN – National Cancer Intelligence Network
NIHR – National Institute for Health Research
NOE – North of England
PPE – Patient and Public Engagement
STP – Sustainability and Transformation Plans
WHO – World Health Organisation
Y&H – Yorkshire and Humber
14 Appendices

14.1 Checklist for Communication

Planning the Communication

- What is your vision/message?
- What are you doing and why?
- What are your overall objectives?
- What are you trying to communicate?
- Who is your target audience?
- Who should know about the work/information?
- Who do you need to engage with to address the work/issues?
- Who are you trying to affect/influence?
- How can communication activities help you achieve your objective?
- Do you want to push information? Pull information, share, learn, engage?
- What should your audiences do with your work?
- What are you trying to achieve with your audience?

Prepare the Communication

- What are your key messages for your audience?
- What will be your communication goals?
- What communication related challenges are you facing?
- What are the main issues you are dealing with, where communication can help?
- What channels of communication will you use?
  - Electronic – web, email discussion group, social media
  - Face to Face – workshop, training, event
  - Print – publications, leaflets, posters
  - Other media – TV, Radio
- Outputs – What will you transmit?
- Activities – what will you do – how will you communicate?
  - Organise workshops
  - Write publications
- What are your milestones and timeline?
- What do you need to ensure the strategy reinforces, rather than hinders your approach?

Do – Implementing the Communications

- What are the key elements of quality that you need to keep in mind to make your communications credible?
- What budgets do you have/how much do you need?
- What capacity (skills & time) do you have to carry out your activities?
- What can you do yourself and what needs (external) support?
- Who (internally/externally) needs to be involved in the communication?
- Who will carry out what activity?
Evaluation

- What would you consider measures/statements of success?
- How are you planning to monitor your expected success?
- How will your monitoring link back to improved planning?
- What could have been improved?
- Where did you lack skills/capacity?

14.2 Stakeholder Map

The map below represents the Cancer Network’s internal and external stakeholders...
## 14.3 Communication Methods & Social Media

<table>
<thead>
<tr>
<th>Communication Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VERBAL COMMUNICATION</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Telephone (Land-line & Mobile)        | • Allows for immediate feedback  
• Permits questions and answers – two-way flow  
• Convenient when face to face contact is not possible  
• Potential to resolve an issue urgently  
• Can communicate in real-time  
• Relationships can be fostered  
• Conversation is relatively private between you and the caller (although others may be able to hear what you are saying)  
• Individuals can be contacted wherever they are  
• Most people have a telephone – no specialist equipment is needed  
• Calls can be made at any time – no need to make an appointment  
• If there is an answerphone, messages can be left if the person is unable to take your call | • No record of conversation and so information might be forgotten or misinterpreted  
• Timing may be inconvenient for the person you are trying to contact  
• Not possible to see each other’s body language, therefore a lot of the non-verbal communication is lost  
• There might be noise or interference so the quality of the call could be poor  
• Mobile phones may move out of the range of a transmitter and so the call is cut off  
• May not be suitable for individuals with a hearing impairment  
• With standard land-line telephones, only spoken information can be exchanged – unable to send files (possible with smart-phones though)  
• Calls to mobiles or overseas telephone numbers could prove expensive  
• Individual may not be able to talk freely and openly at the time of the call  
• Requires spontaneous thinking  
• Power or status of one individual may cause pressure  
• One person may dominate the meeting – therefore an experienced Chair or meeting facilitator required  
• Timing may be inconvenient so not all attendees may be present  
• Time consuming, particularly where travel to venues is required  
• Planning required beforehand  
• More time-intensive than mass communications |
| Face to Face Meetings (Can be individual meetings or group meetings) | • Visual  
• Personal contact  
• Can provide a convenient means of communication between several people where individual discussions may not be practical  
• Allows for immediate feedback  
• Can show and explain  
• Can set the mood  
• Permits questions and answers – two way flow.  
• Can facilitate relationship building & networking opportunities  
• Issues can be discussed as a group & consensus reached regarding decision making | • Requires spontaneous thinking  
• Power or status of one individual may cause pressure  
• One person may dominate the meeting – therefore an experienced Chair or meeting facilitator required  
• Timing may be inconvenient so not all attendees may be present  
• Time consuming, particularly where travel to venues is required  
• Planning required beforehand  
• More time-intensive than mass communications |
<table>
<thead>
<tr>
<th><strong>Teleconferencing</strong></th>
<th><strong>Videoconferencing</strong></th>
<th><strong>Focus Groups</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Confusion or misinterpretation of information being communicated is minimised as you can read people’s reactions better</td>
<td>• No requirement to spend time or money on travelling to meetings</td>
<td>• Can see facial expressions and body language</td>
</tr>
<tr>
<td></td>
<td>• Often individuals just need a telephone to dial in using a Freephone number</td>
<td>• Can provide greater insight on the most appropriate way of handling a particular issue</td>
</tr>
<tr>
<td></td>
<td>• Allows people to ‘meet’ from many different geographical locations without anyone having to travel</td>
<td>• Business-level conferencing facilities can be expensive and everyone who is going to attend the meeting needs access to suitable hardware and software</td>
</tr>
<tr>
<td></td>
<td>• Supports collaborative working and ideas to be generated</td>
<td>• A very reliable and fast data link is needed (Many companies hire a connection specifically for video-conferences to take place)</td>
</tr>
<tr>
<td></td>
<td>• Ideas and information can be communicated between all those at the meeting very quickly and responses gathered</td>
<td>• Even with a fast connection, there might be a slight delay between responses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• People could be in different time zones around the world</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the hardware breaks down for any of the participants they are unable to ‘attend’ the meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Some individuals may not have the necessary hardware and/or software</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sometimes there is no substitute for a face to face meeting in getting to know someone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The video camera might not be able to see all parts of the room at the same time and so some people might not be easy to see at the meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sample may not be representative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Potentially biased results due to group influence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Results may not be</td>
</tr>
<tr>
<td></td>
<td>• Can hear social cues in language expression</td>
<td>• Lack of anonymity</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>WRITTEN COMMUNICATION</strong></td>
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</tbody>
</table>
| **Email**        | • Can contact a person when a face to face meeting is not possible  
|                 | • Minimum interruption to the person receiving the email  
|                 | • Possible to share web links and attach documents with the email  
|                 | • Fast and generally free  
|                 | • Does not require spontaneous thought as can take time to consider content and tone when composing an email  
|                 | • Can send one email instantly to a wide audience so can reach a lot of people in a short time (mass communication possible)  
|                 | • Convenient as you can do in your own time  
|                 | • Very easy to do – little training required  
|                 | • Emails can be prepared in advance and saved until you are ready to send them  
|                 | • Messages can be encrypted, therefore making it possible to send confidential information (particularly if using nhs.net to nhs.net)  
|                 | • Emails can be stored and archived thus allowing an audit trail  
|                 | • A carbon copy of an email can be sent to other people for their information  
|                 | • The recipient can read their email at a time convenient to them  
|                 | • Cannot always expect an immediate response  
|                 | • Cluttered inbox may result in information overload  
|                 | • Risk of computer viruses when opening emails and attachments  
|                 | • Requires the person you are communicating with to have an email account and access to either a computer, laptop, tablet or smart phone  
|                 | • You need to ensure that you have up to date contact details for the individuals that you are communicating with.  
|                 | • You may have to wait a while for a response  
|                 | • You do not necessarily know if your recipient has received and/or read your email  
|                 | • Hand-written information or images must be scanned in prior to sending as an attachment |
| **Formal report** | • Complete and comprehensive  
|                 | • Wide dissemination – can be an efficient means of communicating  
|                 | • Can organise content, style and presentation of material at writer’s convenience  
|                 | • Evidence of what was done for future reference – can refer back to report  
|                 | • Scalable  
|                 | • Language and presentation style may not be understandable – need to understand your audience  
|                 | • Less personal  
|                 | • One-way communication flow  
|                 | • Delayed feedback  
|                 | • May require considerable time to finish reading the report  
|                 | • Possible barriers to understanding written information (language, literacy levels etc.)  
| **Memorandum**   | • Brief and concise  
|                 | • Provides a record  
|                 | • Wide dissemination possible  
|                 | • Impersonal  
<p>|                 | • No control over how the information is received and interpreted |</p>
<table>
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<tr>
<th><strong>Faxes</strong></th>
<th><strong>Letter</strong></th>
<th><strong>Instant Messaging</strong></th>
<th><strong>SMS Text Messaging</strong></th>
<th><strong>Newsletters</strong> (printed and electronic newsletters)</th>
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<tbody>
<tr>
<td>• Fairly simple to use and require minimal training&lt;br&gt;• They allow exact copies of handwritten information and images to be transmitted without having to prepare it in any special way&lt;br&gt;• Makes use of an existing telephone line so no internet connection required</td>
<td>• Can seem more personalised than an email&lt;br&gt;• Can communicate with virtually everyone as does not rely on the recipient having an email account, internet access and knowing how to send and receive emails&lt;br&gt;• Easy to do&lt;br&gt;• More formal than an email (this will depend on the situation)&lt;br&gt;• Does not require spontaneous thought as can take time to consider content and tone when composing a letter&lt;br&gt;• Recipient can read a letter at a time convenient to them</td>
<td>• Allows you to chat in ‘real-time’ to other people who also have an IM client&lt;br&gt;• Can discuss issues briefly and quickly with a group of people</td>
<td>• Recipient does not need to have their phone switched on to receive your message&lt;br&gt;• Can save time sending a message rather than interrupting some-one with a telephone call&lt;br&gt;• Only basic typing skills required&lt;br&gt;• Convenient for individuals who are on the move and may have intermittent access to their computer or work telephone&lt;br&gt;• Good for informal messages</td>
<td>• Can be easy to produce and disseminate (if available via a website or sent out via email)&lt;br&gt;• Potential to reach a large and varied readership&lt;br&gt;• Less formal means of</td>
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<td><strong>One-way communication flow&lt;br&gt;Delayed feedback</strong></td>
<td>• Recipient must also have a fax machine&lt;br&gt;• No immediate response from the recipient&lt;br&gt;• Potential to dial an incorrect number and send your document to an unintended recipient&lt;br&gt;• Not a recommended way of sending confidential or private information (unless a ‘safe haven’ fax)</td>
<td><strong>Not as efficient, cheap or timely as sending an email</strong>&lt;br&gt;• Not possible to respond instantaneously to a letter as is possible with an email (potential to have a lengthy two-way email dialogue within the same day – not possible with letter writing)&lt;br&gt;• Relies on postal addresses being kept up to date&lt;br&gt;• May be expensive when posting out large quantities&lt;br&gt;• More effort required compared with sending an email</td>
<td><strong>No time for reflection on the message you are sending, unlike an email where you can review the draft before sending</strong>&lt;br&gt;• In order to provide a free service, IM providers send adverts and ‘pop-up’ windows to each person, which can be irritating</td>
<td>• Only short messages can be sent&lt;br&gt;• Rather informal and not always appropriate for some situations&lt;br&gt;• Nimble fingers required for some mobile phones</td>
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<td><strong>Website On-line discussion Forums</strong></td>
<td><strong>Communication compared with a report or letter</strong></td>
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<td>• Enable users of a forum to interact with each other, exchange tips and discuss topics related to a specific theme.</td>
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<td>• Forums save information posted on a particular topic for other members of the forum to see at any time, this creates a discussion environment</td>
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<td>• Quick, easy and free to post a comment or set up a discussion thread</td>
<td>• Very ‘social’ method of communication</td>
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<td>• Can incorporate a range of different presentation styles (text and illustrations etc.) thus making it more attractive and appealing to the reader</td>
<td>• Can also connect with those individuals that don’t like and/or know how to use social media (e.g. Twitter &amp; Facebook)</td>
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<td>• Printing costs can be expensive</td>
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<td>• If circulating an electronic version of a newsletter via email, it can be easy to delete without reading</td>
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<td>• Requires individuals to submit their details in order to register to become a Forum member before first post can be made</td>
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<td>• Can involve a lot of work to get the forum started/encourage others not familiar with it to use</td>
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<td>• Forum requires administrating and updating if new members join or leave.</td>
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<td>• May require the contents of new topics and discussions checking for appropriateness</td>
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