

The other Twitter revolution: how social media are helping to monitor the NHS reforms

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Discussion on social media sites allows immediate scrutiny of government comment on the NHS reforms and dissemination of views from voices that are usually unheard, say **Martin McKee and colleagues**

Mention the words “Twitter” and “revolution” to most people and their thoughts will, not unreasonably, be drawn to events in Tunisia or Egypt. Yet over recent weeks a growing number of tweets have been discussing another revolution: that being unleashed on the NHS in England by the Conservative led government. As with revolutions elsewhere in the world many of those engaged in these discussions are frustrated by the information they are getting from politicians, whom they often distrust, and from the mainstream media, which they see as recycling press releases and repeating the opinions, not always informed, of the same select group of commentators.

So it was on Twitter that you could read of the immediate incredulity that greeted the claim on the BBC’s *Question Time* television programme by Caroline Spelman, secretary of state for environment, food, and rural affairs, subsequently repeated by the prime minister, that “someone in this country is twice as likely to die from a heart attack as someone in France.”¹ Did this mean, asked some of those tweeting that evening, including seasoned political observers such as the former Liberal Democrat health spokesman Evan Harris (@DrEvanHarris on Twitter),² that someone in the United Kingdom who had a heart attack was twice as likely to die from it as their counterpart in France? If so, then it would indeed be a condemnation of performance in the NHS. Or did it mean that the overall death rate from ischaemic heart disease in the UK, with its diet of fried food, was higher than in France, with its Mediterranean diet? This would have quite different implications. The minister’s wording seemed strangely ambiguous.

Twitter users could rapidly learn that no comparable data exist to substantiate the first interpretation (and those data that do exist indicate that in-hospital mortality in the UK, albeit subject to numerous methodological caveats, is only slightly above the average for countries in the Organisation for

Economic Co-operation and Development).³ They could also discover that the evidence on overall death rates was being cited highly selectively, ignoring substantial improvements in the past decades. Researchers interested in pursuing the story could learn that the chief economist at the healthcare think tank the King's Fund, John Appleby (@jappleby123), was planning his comprehensive rebuttal of the government's claims,⁴ saving them the trouble of duplicating it, and those who don't read the *Guardian* could learn of the wide ranging critique by its columnist Ben Goldacre (@bengoldacre), the author of *Bad Science*, showing the absence of evidence for the reforms overall.⁵

Those interested in the NHS face the challenge of ascertaining what the government's proposals will mean in practice. Is it, as Andrew Lansley, the health secretary, asserts, simply evolutionary change, or should we believe the chief executive of the NHS when he says, "It's such a big change management, you could probably see it from space"?⁶ Readers can seek an official answer at @DHGovUk. However, such is the volume of material coming out of the Department of Health that only a few people will have read the NHS white paper, and even fewer will have the energy to wade through the 353 pages of draft legislation.

Except, that is, for a few enthusiasts, some of whom are active on Twitter. One (@lecanardnoir) contrasts the 75 mentions of general practitioners in the NHS white paper with a handful in the draft legislation, raising the question of whether general practitioners will end up with any role in commissioning at all. We can gain other insights from those such as @mellojonny, who points us to a report by the Cabinet Office minister, Oliver Letwin, written many years ago when he was in opposition, suggesting that the current proposals may indeed be part of a plan to move to healthcare funded by competing insurance funds.⁷

Yet others (such as @HPIAndyCowper) have dredged through the lengthy accounts of the House of Commons Public Accounts Committee to locate the struggle by the permanent secretary of the health department and the NHS chief executive to explain how accountability might work in the proposed new NHS and, in particular, the comment by the committee chairwoman, Margaret Hodge, that the arrangements were "absolutely bonkers."⁸ Meanwhile, John Appleby's tweets draw our attention to the confusion about hospital tariffs in the same document.

These are only a few examples of what is being tweeted on the reforms. Nigel Edwards, of the NHS Confederation (@nedwards_1), and Anna Dixon, director of policy at the King's Fund (@DrAnnaDixon), ask many of the questions we would like to have thought of and, through links to their blogs, provide some of the answers. A Labour shadow health minister, Liz Kendall, presents a view from inside parliament (@leicesterliz). The non-profit group Spinwatch (@Spinwatch) draws attention to its film on the shadowy links between politicians and lobbying groups, many acting on behalf of private healthcare providers.⁹ One who is especially well informed on the implications of the reforms for child health is @ingridjohanna66. And there is much more, some of which can be located by following "hashtags," which serve to identify themes. Relevant ones include #NHS, #NHSSM, #saveourNHS, and #PublicHealth. What is striking, however, is that it is remarkably difficult to find any tweets in support of the reforms, except perhaps for the argument by Muir Gray (@MuirGray) that the "tectonic" shifts being proposed could engage clinicians more effectively.

Eric Pickles, the secretary of state for communities and local government, justified his unexpected abolition of the Audit Commission (the body that monitors the effectiveness of public services) with calls to "mobilise an army of armchair auditors" who would exploit the vast increase in information on the internet and hold local government to account.¹⁰ Instead it seems that it is central government that has

been held to account—and, at least in relation to the government’s proposals for the NHS, it has not come out very well so far. Perhaps this may serve as a reminder to politicians to be careful what they wish for.

What is Twitter?

Twitter is a social networking website that allows people to send and read—on the website or by mobile phone or other devices—short messages (“tweets”) no greater than 140 characters long. Tweets allow users to share information, ideas, and interesting web links instantly among the people that “follow” those users.

Users can respond to tweets, enabling debate and discussion. Messages spread further through “retweeting” in which other users forward the tweet to their followers. Usually tweets are open access (and not exclusive just to followers), but private messages can be sent using direct messages (“DM”). Hashtags (#) are used to mark the content of a tweet, allowing other users interested in the topic to search for it. A common hashtag is #FF (“Follow Friday”) whereby people suggest interesting tweeters to their followers. To start using Twitter visit www.twitter.com.

See <http://careers.bmj.com/careers/advice/view-article.html?id=20001768> on using Twitter for professional networking and for tips on who to follow.

Notes

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Footnotes

- Competing interests: All authors have completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author). All the authors, whether as health professionals or citizens, are likely to be affected in many ways by the government’s current proposals; all are active on Twitter (@martinmckee, @katiejcole, @lou_hurst, @rob_aldrige, and @richardhorton1); no other relationships or activities that could appear to have influenced the submitted work.
- Provenance: Not commissioned; not externally peer reviewed.

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