



Social media as a marker of individual experience

Using twitter comments to understand people's experiences of UK healthcare during the Covid-19 pandemic



Summary

The Covid-19 pandemic has led to a rapid rise in care being delivered remotely. However, there has been little research into the effect on patient experience of using remote consultations. Picker, as part of the Quality Safety and Outcomes Policy Research Unit (QSO PRU), works to ensure that changes in the way we use health and care resources will lead to improved outcomes for people using those services. We wanted to understand people's experiences of remote consultations during the pandemic, as this approach towards care provision is likely to continue.

Challenges

It was important to gain insights into people's experiences of remote consultations quickly. New and bespoke data collections would have been difficult during the pandemic due to restrictions on meeting patients and staff. Therefore, we needed access to information that reflected people's experiences and that would show changes in attitude and that was publicly available.

Actions

Using Twitter data enabled us to answer our questions at a time it would have otherwise been difficult. It also had the advantage of allowing us quick and easy access to people's views on particular topics which were in the public domain and could be readily used.

We acquired the tweets posted in the UK between January 2018 and October 2020. In total, 1,408 tweets across three search terms were extracted of which, 161 tweets were removed following de-duplication and 610 were irrelevant to our questions.

The remaining 637 relevant tweets were coded into themes, and assigned a positive, neutral, or negative sentiment.

Key themes identified were: access to remote care, quality of remote care, anticipation of remote care, online booking and email/messaging communications and publicising changes to services or care delivery. These themes were analysed to identify topics and patterns.

Insights

The research provided a number of insights:

- It showed that Twitter user's attitudes toward remote care changed over time; responses were generally positive at the start of the first lockdown (March-May 2020) but became less positive as the pandemic continued (June-October 2020). Ongoing monitoring will be important to understand how people's attitudes to remote consultation continue to change in the future.
- There were mixed experiences and attitudes toward remote care, showing that it is important to offer people access to healthcare that suits their needs.
- Some Twitter users valued the convenience and time saved by remote consultations and the ease and efficiency in which prescriptions had been issued. Tweets that were negative about accessing care remotely centred on the difficulties of booking an appointment, lengthy waiting times for an appointment, and a lack of specific appointment times for phone consultations.
- We found that some Twitter users had reservations and/or were anxious about accessing remote care, which might have been alleviated by making more information available about new approaches.
- To minimise appointments being missed and to protect patient confidentiality, healthcare providers should offer specific appointment times for telephone consultations.

Being able to deliver care remotely has the potential for improving efficiencies in health and social care systems, but further research is needed to understand people's experiences of remote care.

Going Forward

We recognise that our findings do not represent the views of all healthcare users and further research using alternative methodologies - such as in-depth interviews with patients - would complement the insights from this work. As the Covid-19 situation develops, monitoring and understanding responses and experiences will be enormously valuable for ensuring high quality care provision. Going forward, the use of social media data to gauge attitudes during a rapidly-changing situation is likely to prove influential, and this model can be replicated and tailored to support the exploration of other topics.

The published paper can be seen <http://dx.doi.org/10.2196/31101>

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About Picker

We are a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care.

We work with NHS trusts, government bodies, charities, academic institutions, and commercial organisations, and are an approved contractor for the CQC.

Our eight Principles of Person Centred Care provide an internationally renowned quality improvement framework.

The Picker Principles



Fast access to reliable health advice



Effective treatment delivered by trusted professionals



Continuity of care and smooth transitions



Involvement and support for family and carers



Clear information, communication and support for self-care



Involvement in decisions and respect for preferences



Emotional support, empathy and respect



Attention to physical and environmental needs

Quality Safety and Outcomes Policy Research .

This work was part of the Quality, Safety, and Outcomes Policy Research Unit (QSO PRU), a collaboration between University of Kent, University of Oxford, London School of Hygiene and Tropical Medicine (LSHTM), Picker, and Hull-York Medical School. The aim of QSO PRU is to produce robust, relevant, and usable research to improve the quality and outcomes of the health and social care system.

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