HOSPITAL SOCIAL MEDIA

Four jobs for hospital social media, not a calendar

Festival greetings and award posts earn polite likes from staff. Here is what the channel is actually for.

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THE PROBLEM

The feed you can predict before it loads

- A festival greeting with the logo in the corner
- An award from a conference nobody outside attended
- Stock family photo above five generic health tips
- Measured on followers and reach, so more posting is the answer

  Nobody asked what the channel is for

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THE FOUR JOBS

One set of accounts, four different posts

TRUST	Doctors answering real patient worries, in short video
LOCAL RECALL	The camp, the screening, the new OPD block, for people nearby
FRONT DOOR	Comments and DMs are enquiries, not engagement
EMPLOYER BRAND	Nurses and doctors decide where to work from the outside

Once the jobs are named, the festival greeting has nowhere to sit.

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THE UNIT

A consultant, on camera, under two minutes

- Answering a question a real patient asked, in the catchment's language
- Briefs come from contact centre enquiry data, not imagination
- The doctor's own face and reasoning, not an agency script
- Clinical content is the doctor's, reviewed through the medical director

  Marketing never puts health advice in a consultant's mouth

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THE PROGRAMME

Run doctor video by plan, not by enthusiasm

1. Pick service lines where demand matters and capacity exists
2. Pick doctors whose slots can absorb more patients
3. A few questions per quarter, filmed in batches, published on a rhythm
4. Clear with medical director and legal before filming
5. Written, signed no-go list: outcomes, superlatives, comparisons, guarantees

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NMC 2026

What the new guidelines took off the table

- ✕ Requesting or sharing patient reviews or testimonials for promotion
- ✕ Before-and-after photos or promotional patient stories, even with consent
- ✕ Discounts or other inducements
- ✕ Superiority or guaranteed-outcome claims

In force since 6 October 2026. Also stop staff selfies in clinical areas and newsjacking tragedies.

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THE INBOX

Comments and messages are enquiries

- Route appointment-intent messages into the contact centre queue and CRM
- Named owner, response target by hour of day
- Answer timings and locations in public; the next ten people ask the same
- Move symptoms, bills and complaints to private with a promised call time

A reply three days later is a lost patient. This is the fastest-payback job.

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PAID AND OWNERSHIP

Target by place, own accounts by level

TARGETING	Radius around each unit and broad life stage, never inferred conditions
PROMOTE	Best doctor videos and genuinely new clinics, not offers
GROUP OWNS	Main brand accounts and LinkedIn employer brand
UNITS OWN	Local pages with shared templates, approval path and inbox
CRISIS	Pause scheduled posts, follow the plan, do not improvise

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MEASURE

What goes on the monthly page instead of likes

- Enquiries and appointments started from social, tracked into the CRM
- Direct-message response time by hour and unit
- Share of doctor-led content and the service lines covered
- Brand-name search in each unit's catchment over a rolling quarter

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READ THE FULL GUIDE

Hospital social media marketing, in full

- Patient story rules under the 2026 NMC guidelines
- Wiring the inbox into the contact centre
- Group versus unit account ownership
- gauravphogat.com/hospital-social-media-marketing

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