

Floor discussion: principal points

Paul Winsdale, freelance journalist

We've got the recipe for a perfect storm here, with the new regulatory system that is much more complex and a weaker monitoring at a local level. And Shaun mentioned that his old job has not been replaced. I think this is one area where the NUJ could do something. Also nationally, perhaps the NUJ could issue guidance to health reporters locally. Reporters being asked two or three stories a day don't have the time to check things.

SL: I think that's an excellent point. I remember talking to the local news editor on the Express & Star and saying I'm going to go to the local Trust board, and he said 'well how long is that going to take and what are you going to get from it', and I replied 'well it will fill the paper for a week'. He let me go. If you lock a reporter in their office they will generate less news than if you let them out, and this was always the argument I'd have with the news editors. Then you've got the issue of the specialism as you said. I was lucky enough to have a rare few days off from the [Francis] Inquiry, as I was lucky enough to attend almost all of the 139 days, and when I got back the colleague who had been attending said 'I'm so pleased you are back, it's like a foreign language film without the sub-titles'. There does need to be some kind of support for journalists trying to figure this out.

A: I am sitting on my local Healthwatch and this may represent a switch to giving more power to the service users.

SL: One of the biggest problems is the variation; the LiNKS in Staffordshire were appalling and a contributory factor [to Mid Staffs].

PB: One of my concerns is that all that health journalism may do is report personality clashes and personalities. People will die in the health system, but whether that's a meaningful death is what has to be asked.

BJ: One of the biggest difficulties is untangling what's being caused by what. This government is saying it's extending austerity to 2017-18 so that's happening anyway. At the same time you have this enormous change, with loss of institutional memory. Trying to work out what is due to new structures and what is due to the lack of money is going to be difficult.

SL: We all have responsibilities as health journalists. I've been accused of all sorts of things over Mid Staffordshire. People have accused me of creeping into the hospital and pushing people out of bed, almost. I remember just before I left the paper they were talking of closing the A&E at night. I remember a meeting where the trust said it was going to happen and the Chief Executive said 'we can't guarantee your safety'. The reaction from the public was one of 'how dare they do this?' and we were having to say to our readers, 'the reality is it's probably safer and it's possibly a good thing'. We had a responsibility to explain that: that an expectation for a DGH to have everything is possibly not a good thing. Health journalists have a responsibility to tell the truth, and not get swept away with local emotion sometimes.

JL: There are concerns here. You can manufacture an argument to justify closing something. I've seen that. Such as the figure that '70-80% of people need not be seen in A&E': there's no evidence for that. It's the duty of people reporting those things to at least ask the question in a searching way.

BJ: One of the things we'll see more of is an assertion that it's cheaper to do things in the community. In the end, healthcare is about people looking after other people. Labour costs are one

of the highest costs. I'm not sure there's much evidence for what the costs are for treating people out in the community.

JL: Closing A&Es are not a way to save money. Closing A&Es are a way of remodelling the hospital but they do not save money.

We shouldn't underestimate that people want to be informed about health more than they do about lots of other things in terms of public services. Everybody feels affected by health, everybody knows somebody if they're not affected day to day. We need to try to find ways of making even the complicated stuff accessible to people so they can get an understanding of what's going on. Sometimes you can do that through human interest, sometimes you just have to find ways of simplifying the argument so people can understand what the issues are. It's worth looking to see to what extent we can do that better.

BJ: I think local medical committees are going to be part of the answer to finding out what is happening now. Whistle-blowers: I'm not sure it's going to get any easier for them but I would encourage people to look around the UK. Scotland, for example, has set up an independent whistle-blowing helpline, which gives one point of comparison. I can see no end to buck passing over the next year. A lot of these organisations are barely set up. I think we could see some really interesting stuff in public health, and local councils may do some interesting stuff about that. Local councils have ringfenced money (4% of the NHS budget) at least for next year. On hospital reorganisations, I think it's a really interesting question about how you distinguish between the broader arguments and whether it applies locally.

SL: Quality of journalists: I've seen some terrible journalism out there. My particular bugbear at the moment is the Liverpool Care Pathway. There's been some appalling treatment of this nationally and this has done huge damage to end-of-life care in this country. Quality of journalism needs to be improved. Helpful PRs: variable across the country! I get some really nice ones, some really nasty. The nice ones tend to be former journalists, I find. Accountability: if you want to find someone accountable, follow the money – somewhere a service will have been commissioned, and whoever commissioned it they're the ones responsible. Whoever pays the bill is accountable.

Whistle-blowers are a particularly close subject of mine given Mid Staffs. That is still going to be a huge problem for people. It's an incredibly difficult to put your career on the line and speak to someone like myself. But how many journalists know that someone can make a protected disclosure to you under the Public Interest Disclosure Act? But it's not going to get any easier, the government hasn't implemented the recommendations of Robert Francis entirely, it's still hard. Real-time data and Dr Foster: there's a huge interest in this at the moment, there are people who blog about this who have misinterpreted the data on Mid Staffs. But show me a hospital who hasn't got problems when the data is showing excess deaths, I haven't seen one yet. They are great warning signs even though they don't prove anything.

BJ: One of the things I love about Dr Foster, whenever I ring up a hospital that's got problems they always say 'it's all about the coding and the data, it's all about the way it's counted', but when I go onto a hospital website where they've got low mortality, they put it on their front page. They cannot have it both ways!

SL: There was talk about an NUJ inspired campaign for health journalism. I would love to see that. The only reason the Mid Staffs story existed is that the local families had an outlet to speak. It was the public noise they created through the newspapers and through other media which meant they went to the Healthcare Commission who actually were concerned about mortality at Mid Staffs. That

pushed them over the edge to do an investigation. That was down to journalism. So we've got that Report, we can say 'this was due to good journalism as well'.

PB: I'd support that. The way to tackle it is to acknowledge that journalists are often time poor, and junior, and not very experienced – a lot of experienced journalists have gone with the job cuts. So I think an evidence bank that makes it easier for journalists to test claims, where to ask for the evidence. I think some sort of network that makes it easier to access health reporting from around the country, for example. Being able to talk to a journalist and find out about their insights would be useful. I gave Mid Staffs to some of my students this year as an example of good journalism and the reason why you should be going out there and speaking to real people no matter how much it terrifies you. It's lovely to see first-year undergraduate students reading board minutes and getting stories out of them, which wouldn't have happened. I think journalism and journalism training has to step up a gear in having resources like evidence banks.

On real-time data I agree – NHS statisticians are some of the most protective of their data. Transport data is becoming real time, crime data is going that way – I imagine health data is going to be one of the last to go in that direction because there is such a trying to blind you with science. There is also a move to monetise health data and I think that's going to get worse. Whistle-blowers: I'd really like us to look at the American model where you get compensated as a whistle-blower because professionally you might be ending your career by blowing the whistle and you might be wrong, so there needs to be a safety net for people who make that move but you'd have to look at how well that's worked.

JL: On whistle-blowers, I really cannot understand why there's an obligation on people to speak out, but there's no reciprocal guarantee that action will be taken against the people who bully them. People who pressurise whistle-blowers in any way at all, they should be the ones who are brought to account. The other thing, which seems to be incredible after Mid Staffs, is that we've had something like 40 nurses brought up to the Nursing and Midwifery Council, something like 30 junior doctors also disciplined, but not a single senior manager has faced any discipline as a result of that. In particular, the Director of Nursing who created the circumstances and presided over the system in which these people could not do their jobs properly walked away from an NMC inquiry with no case to answer. I think that's a scandal and we should be focusing a bit more on bullying. Bullying is rife right across the NHS and it's outrageous that it seems to be tolerated as a management style and nothing is done about it - if we're going to get the information, if we're going to have staff with the self-respect to stand up for themselves and fight for decent standards of care at a workplace level.

Competition: one example already is since the Health and Social Care Act came in, in Oxfordshire we've got learning disabilities staff working for the Southern Healthcare Foundation Trust who are now faced with the situation that the commissioners have decided that the service is going to 'market tested' against voluntary sector and charitable organisations that pay less than the NHS. Staff are being told to take 15% pay cuts, Band 2 and 3 staff under Agenda for Change, some of the lowest paid staff in the NHS, and lose 8 days' holiday as part of a package to try and bring down the trust costs so they will match those of the lower bids in competition. So you can cut costs with competition, but you lose continuity of experienced staff, who will be forced into a situation where they can't afford to work there any more. Whoever is brought in will be someone who's prepared to work for the minimum wage, so the question is one of quality of care. We need to be pressing very strongly for risk impact assessments to be done. If you are going to make these cuts, what is the impact going to be?

We need to draw in some of the newer type of sources, the bloggers, Twitter – you can get lots of stuff going around very quickly. I think it still comes down, for quality information, to journalists'

degree of expertise and experience to pull together that information, select what's important, present it and analyse it so it's understandable and present it in a coherent way. I think journalists should do that – we want that as a basic bedrock. So yes, we need a campaign but we need to look at support in training.

We do have a website with a lot of information free of charge for that: www.europeanhealthjournalism.com. Also, several of us are producing a book on health journalism, the first one for European health journalism.

We maybe need to look at forums, workshops that take on particular topics, and look at how we can deliver support for people, so that they're not left in isolated circumstances in under-staffed newsrooms, and through the union and professional networks help to raise that standard.

Further resources

European Health Journalism website. www.europeanhealthjournalism.com Free resource for health journalism created by the Health Reporter Training (HearT) Project. Sign-up required but no fee.

Help me Investigate Health website. <http://helpmeininvestigate.com/health/> Free resource for journalists and the public with an interest in finding health information.

They Work for You website. <http://www.theyworkforyou.com> Information on parliament and MPs.