



# Reporting on health policy

Part of the HeaRT training package for health journalists,  
John Lister Summer 2012

## Context matters

- The HeART project covers seven EU countries: the issues of policy that will concern journalists will vary according to national context
- In the UK where highly controversial health “reforms” recently adopted, and Romania, where equally controversial reforms have been defeated the focus should be on these immediate issues.
- In Greece and Spain, policy will focus on health impact of heavy cuts in spending.

# Different levels and types of policy

- **Global Health Policy:** WHO on health labour force, AIDS, H1N1 or similar world-wide policy
- **International:** WHO Europe - caring for Elderly in Europe.
- **National:** Reorganisation of particular services (such as cardiac, cancer or stroke) driven at national level
- **Local:** Local policy questions include Public Health initiatives (addressing social determinants of health and health inequalities), as well as controversial “reconfiguration,” centralisation, closures, job cuts, privatisation, “outsourcing”, etc. (driven by national agenda)

# UK context

- **European context** (EU policies, Eurozone crisis, OECD guidelines and debates)
- **Economic context** (wealthy country but impact of bank crash of 2008, austerity, etc)
- **Historical context** (NHS since 1948, development and evolution of health services and system)
- **Political context:** current (and previous) government politics and policy on health, ideological bias of government, government impact on health management (and strengths/weaknesses of the political opposition, trade unions etc.

# Problems in coverage of health policy

- **POLITICAL POLARIZATION** around particular policies: no real “neutral” or “objective” position available.
- Lack of **easy and accepted sources** of information, and reliable and comprehensible experts
- Potential or actual **BIAS** of media employers & editors
- Lack of **public awareness** and ability to analyse health policies: policy issues are **not often major public talking points** (although they can become controversial)
- Can result in lack of editorial priority, **low perceived news values**, resulting in inadequate research time and resources to deepen & widen coverage

# Who makes UK health policy?

## Bodies/decision makers

- WHO/ World Health Assembly
- EU/European agencies
- Ministers/govt/civil servants
- SHAs (**soon NCB**)
- PCTs (**soon CCGs**)
- (**soon**) Local council HWBs
- Local managers and clinicians providing services

## Advised/influenced by

- Political Parties
- Pharmaceutical companies
- Researchers (academics, doctors and specialists)
- Regulators
- Trade unions and professional bodies
- NGOs, pressure groups, etc

# Factors driving health policy

- **GLOBAL** – economy, shortages of key professional staff, global health threats, power of multinational Pharma, insurers, hospital chains, etc
- **INTERNATIONAL** EU (cross border health care, regulators e.g. PIP implants) free movement of labour, competition law, and “norms” to raise quality of (e.g.) mental health, elderly care, etc.
- **NATIONAL**: economic pressures driving cutbacks
- **LOCAL**: seeking best results from the resources available – tackle waste, inefficiency, inequalities /discrimination by ethnicity, age, sex, health promotion.

# Sources for reliable background

- DoH publishes **official history**, planning documents, **policy documents** and other material about NHS.
- Textbooks, history books and other studies give the main **outlines of system** and how it has changed.
- **Professional and trade press** follow main changes, “reforms” and occasionally include a historical view.
- WHO **European Observatory** on Health Systems (profiles on most health systems in Europe, which need checking, since some are out of date, and may omit some details).
  - <http://www.euro.who.int/en/home/projects/observatory/publications/health-system-profiles-hits>



# Health & Social Care Bill (now the HSC Act)

- **Fundamental** and far-reaching change
- **Massive** Bill (400 pages)
- **Complex** with many levels and consequences
- **Amendment** to existing NHS legislation: Bill itself has to be seen alongside 2006 Act etc.
- **Confusing language** (e.g. amendment from “Any Willing Provider” to “Any Qualified Provider” – but no definition of “qualified”).



## Problems reporting HSC Bill

- Claimed to be based on **Blair/New Labour** policies which had themselves been poorly understood and reported in the media
- New Labour compounded this problem by initially **supporting** Lansley proposals
- Doctors and professional bodies **extremely slow** to respond with any developed critique (BMA, RCN keen to be on inside track)
- **Health unions** reluctant to lead campaign (why?)



## Problems for opponents of Bill

- **Complexity** of the Bill made task of opposition more complex
- Low perceived **news value** for topic that was not high in public awareness: so fewer made aware
- Opposition largely led by **academics** – not always in media-friendly language
- **National press** at first largely indifferent; **local press** lacking angles: **trade press** reflecting cagey approach of NHS managers: **BBC** minimal coverage, dominated by govt ministers & spin

# Main elements of the Bill

- **Scrap** PCTs and SHAs as commissioners
- Providers (NHS Trusts) must become **Foundations**, or be taken over, or broken up by 2014
- FTs free to increase income from **private patients**
- New structure: **NHS Commissioning Board** and 200+ **Clinical Commissioning Groups** “led by GPs”
- But NHS to face **£20bn** “efficiency” squeeze
- Public health to be run by local authorities through **Health & Wellbeing Boards**
- New, toothless “**Health Watch**” to be set up at England and local level with limited powers to speak for patients

## Competition law applied

- Growing proportion of services to be opened up to “**any qualified provider**” – new competitive market
- Community Health services first to be opened up to AQP: **at least 3 sectors** by September 2012
- List of “qualified” providers to be drawn up nationally by **Monitor**, as NHS national regulator
- Monitor merged with “**Cooperation and Competition Panel**”: supposed to lead integration and services AND ensure competition
- OFT, Competition Commission & EU law applies

# Lagging behind

- **Low profile** for the Bill meant that reporters generally not assigned to probe details.
- Lack of press coverage helped **delay public anger and responses by politicians** (Labour & LibDems)
- LibDem awakening in **Spring 2011** finally jolted media (*Guardian*) into more coverage:
- Rising **professional opposition** forced a 3-month “Pause” with “independent” panel
- **Telegraph, Independent** and even **Mail** began to criticise Bill: doctors began to wake up to issues

## Doctors lead the way

- **Royal College of GPs**, Pulse magazine reflected growing concern among GPs: opposition hardened
- **Labour** changed shadow spokes: Andy Burnham beefed up response, launched “**campaign**”
- **Public Health doctors** join in. BMA votes to call for withdrawal of the Bill
- **Bill goes to Lords**. Further amendments. Into a second year of the Bill
- The Times joins the critics. Briefings begin against Lansley – signs of panic force Cameron to step in

## 2012: The public catch on

- 38 Degrees & UKUncut get involved: **June Hautot** hits headlines across the media accosting Andrew Lansley outside Downing Street
- The **TUC** runs a major rally of 2,000 in final days
- More doctors wake up to the Bill, **Royal Colleges vote against**, with most calling for its withdrawal
- **Public opinion** swings firmly against the Bill
- Bill completes stages in Lords with LibDem votes primarily thanks to about-turn by **Shirley Williams**
- **Coalition parties hammered** in local elections



## Lessons for journalists

- The Bill is **still not complete**: important stages have to be implemented by next April and controversy continues over role of CCGs, Commissioning Support and role of private consultancies
- The **£20bn cuts package** was effectively stalled (other than pay freeze) waiting for the Bill: now **cuts are taking shape** – and will be major local news
- **Complex policies can still lead to major news stories**: it's important to find ways to keep abreast of key changes – and identify helpful sources

## Sources and info

- It's vital that reporting **does not fall into the BBC trap** of relying predominantly on government sources, and parroting DoH press handouts
- The BBC **repeatedly & falsely** summarised the Bill as “proposals to give more powers to GPs.”
- **Critiques of the White Paper and the Bill** were available immediately, and comments could have been sought that would have advanced the public awareness and developed the debate earlier
- Journalists need to recognise that policies like this are **inevitably controversial**, and reflect this .

## Possible sources

- There were/are many different angles on the Bill available, many of which could deepen debate
- **Political parties** (government and opposition)
- Trade unions
- **Professional associations**
- Universities and academics
- **Think tanks** etc
- Pressure groups national and local (such as Keep Our NHS Public and local campaigns)
- **Lobby groups**, NGOs, pensioners' organisations