

Paul Bradshaw

It's probably worth my explaining a bit of the background of what I do and what I'm involved in because otherwise nothing else will make sense. I run a website called 'help me investigate' which was launched about 3 years ago with the aim of facilitating collaborative journalism between 'citizen journalists' as they were called then but just citizens basically, student journalists, and in the last couple of years that's split into 'help me investigate welfare', 'help me investigate education', 'help me investigate the Olympics', and 'help me investigate health' [www.helpmeinvestigate.com/health].

As part of 'help me investigate health' we've been trying to prepare for the introduction of the new health system, look at the new structures, new forms of accountability, new forms of power, and so on. So that's one hat on.

One of the reasons I set that up was that it was very clear that there were very few journalists covering particular areas: health coverage is terrible but welfare is even worse, because no advertisers want to sell to people on benefits.

All these systems are changing. I remember doing some research on the number of journalists covering health in the West Midlands and I came up with 1.5 people – one and a half journalists covering two million people. It's incredible that this isn't an area that is particularly well served.

So into that vacuum I think you've had a number of specialist bloggers, Richard Grimes is one particularly good example, people who have particular expertise; Steve Walker is another one who has been particularly prominent around Leeds [paediatric cardiac surgery provision], around Mid Staffs, around a number of other areas.

Then you've got what would have been just campaigning groups and pressure groups which are now media producers and investigators in their own right: Cure the NHS, Save the NHS, Our NHS. Various people who are really passionate about the health system and are doing some really interesting work which you would consider investigative if it was being done in the newsroom. But they tend to suffer from two problems. One is the presentation tends to be very partisan, from people who have an aim in publishing other than to tell stories – which is probably a good thing, but also colours your interpretation of what they write.

The second, which is what I've found across 'help me investigate' generally across the three and a half years now of working with non-journalists and journalists is actually that the journalists don't do the digging. It's the non-journalists who do the digging. But when they get the information, they're not interested in telling stories. Or they just dump that information, as a huge mass of impenetrable facts and figures with no human elements to it – so it gets lost, it doesn't get told.

A really good example of this is Wikileaks, when they were doing the diplomatic cables. *The Guardian* extracted the story [from Wikileaks] of their being 15,000 unreported deaths that were mentioned in these cables. In another cable there's something embarrassing for a diplomat. The kind of headline that I wrote at the time about that was that the 15,000 deaths story was largely overlooked; the diplomat's embarrassment became a long-running story: 'one diplomat's embarrassment is a tragedy, 15,000 deaths is a statistic'. You just couldn't relate to 15,000 deaths, the numbers weren't human.

So I think that lack of an ability to tell human stories is something that's holding back a lot of the independent coverage of health issues. There's a lot of expert coverage, well-informed coverage, in some cases it's very personal coverage but it's not related to the wide reason of why this matters, and that's where I think journalists play a very important role: taking that expert analysis, that data, that personal story without any context, and linking it together into something which doesn't just matter but which also makes us care. Or doesn't just make us care but matters as well.

There's a rich environment out there of people writing about this and I think the worst mistake journalists can make is to ignore it because they think it's partisan. Everyone's partisan. The question is how can you look at what they're saying, look at the facts, and pick out what's important and valid and true, factual.

I think the Leeds story recently has been an absolute case study of the problems in reporting health: it embodies everything: you've got local politicians and local people who don't want to lose a local facility, understandably. That doesn't necessarily mean that they're right. You've got whistle-blowers, who may or may not be exploited or used as political pawns, you've got all kinds of different actors in that, who have all sorts of different motivations, and underneath all that is the question mark, 'is this unit performing badly enough that it should be shut down?' Or it is just a political game?

The big issue there was the lack of complete data, the data wasn't being published so it was very difficult to come to any informed judgement on that, which didn't stop everyone from doing so.

So that's an overview of the collaborative side of things. The other thing that I do is data journalism training and teaching. In the last 6 months there's been a heavy demand from health journalism and health specialist publishers. I think the encouraging thing about reporting for health now is if you want to report a health story now you do have access to the *Health Service Journal*, to *GP Magazine*, to a number of specialist outlets. But 10 years ago you would have had to fork out twenty quid a week, a month, or whatever, or you might not have had access to them in some cases, they might have been controlled circulation. That access to specialist reporting is I think really valuable and can really inform your reporting.

I think it's very important, as Shaun said, that you just consume as much health reporting as there is – I tweeted earlier a link to seven ways to follow a field that you want to investigate. Using health as the example in that, you've got specialist media, you've got things like *Hansard* which you can get e-mail alerts on, so any mention of CCG in parliament I get an alert from 'they work for you.com' [<http://www.theyworkforyou.com>]. So if any politician happens to mention CCGs I'll be told about it rather than read everything that every politician says to look out for something.

Likewise, most of the new CCGs have some sort of news facility, and it's possible to subscribe to all of those through RSS feeds, a lot of them are on Twitter, so I think it's easier to get an overview of what's going on and an idea of what's happening.

In terms of data itself, there's a big movement not only organisationally in terms of we've got all these new organisations and we've got to figure out who holds the information, whether that's data in terms of spreadsheets or in terms of Freedom of Information requests, but also confusingly the

Department of Health website has moved, to 'gov.uk', and it's terrible. I can sort of understand why they're doing it – but they're not doing it for us.

From a citizen point of view perhaps it is more effective to bring everything under one roof. But for us it's an absolute pain in the backside when you are used to where things are. And what I've found really curious is the Department of Health's transparency section. There still is, for now, a transparency section on the Department of Health's website which is for non-clinical stuff: we've got business expenses, ministerial gifts, hospitality, special advisors' gifts and hospitality, payment of suppliers, spending over £500,000 and £25,000, NHS staff survey impact assessments, responses to campaigns, complaints, and so on. I've been searching for that on the new gov.uk site and I can't find a lot of this, particularly hospitality – it isn't there. In fact, confusingly, on gov.uk you've got statistics but you've also got publications. Transparency seems to come under publications.

So you're not only having to learn this new organisational landscape in terms of all these different bodies, but also a new digital landscape in terms of where the information's being published and stored.

Every CCG is forced to have some sort of public engagement officer. Their role is to consult with local populations about provision of services, local health needs, and so on. Part of that is digital. But they seem to be the obvious person to be talking to at CCGs. Bizarrely, CSUs are handling FOI requests for commissioning groups, but as John said it's not clear if they are subject to FOI requests.

On local area teams, I've had a wonderful response from the Commissioning Board, now called NHS England just to confuse us further, saying that FOIs around local area teams should go to NHS England. So again you've got this whole issue about who's responsible for what, and who holds what information. Everything's been thrown up in the air: it's really a case of learning who's responsible for those different pieces of information.

Further, as Branwen points out, this is making it difficult to compare previous periods with the new system. You can't necessarily say that things are better or worse – because they're just different: different patches, different organisations. Even different measurements: we're dropping a quarter of the outcomes framework. A quarter of the measurements that were made of not just clinical performance but of other performance. So there's changes in the way data is recorded and what data is recorded as well.

Some tips here are to look at the other bodies that are increasingly involved, social services for example or the local authority. In countries where there aren't freedom of information laws, look at bodies that are involved for that country, such as the UK Department for International Development. I would look at bodies that are suppliers or purchasers of services, and might hold information, minutes, documents, about that.

Gagging is a big issue. As Branwen pointed out, the GPs used to be one of the most independent voices, and now not only are they within a formal structure which is more politicised but their CCG constitutions are increasingly binding them to gagging agreements.

The NHS Information Centre is often a good source of information about health services but I think we're going to increasingly see cost restrictions on what information you can get. If they do not

already publish data, even though they might hold the data, if you can pay £2000 for it they can legitimately decline and do under the FOI Act exemptions.