

*Shaun Lintern*

A very quick introduction for those who don't know – how I ended up sitting on this table with much more intelligent, expert people than me! I listened to a colleague of mine at a local newspaper office in a little town called Stafford. He talked to a lady and sent her away with not much comeback and basically said we weren't interested in what she had to say. I had a chat with him and it seemed like an interesting conversation about something at the local hospital but he wasn't much interested and I was desperate for a story that day. So I rang her back and said could we start again? That lady was Julie Bailey, and most of you who have followed the Mid-Staffs story will know who she is. [Founder, Cure the NHS: [www.twitter.com/curethenhs](http://www.twitter.com/curethenhs)].

That was six years ago this November. That changed my life; I'm an accidental health journalist now as a result of that. I never wanted to specialise in health but it's now almost an obsession of mine. The Mid-Staffs story was mine. I ran with it for all those years. I covered the Francis Inquiry, which was an excellent experience, and found myself at the *Health Service Journal* which is an excellent place to cover the new-look NHS.

John asked at the end of his speech, "can the newsrooms do it?" That's a big question and I'm not sure I know the answer to that but I know that I'm worried that newsrooms don't have the ability to do it. I haven't been replaced at my old newspaper which covers a huge section of the West Midlands conurbation and huge acute hospitals. So they haven't got the expertise which is why some of my colleagues there still e-mail me now; in fact I've had a message tonight asking if I've got the contact number for a story that's in the media tonight about a former patient at Mid Staffs who died and the Health & Safety Executive have just launched a criminal investigation into it.

So the repercussions of Mid Staffs are reverberating around the NHS, and following the Francis Report they will do, and the new system is so complex. At the *Health Service Journal* our entire job is to delve into the real detail of that; we are completely health policy geeks at the *Health Service Journal*, we know the details of these things to quite scary levels. It's difficult for us even though it's our job to cover this 24/7 really, so if you're from a local newspaper or a freelancer trying to find those stories it must be really difficult.

The one thing I would say, putting a positive spin on it, we've just had a massive reform. Loads of people have lost their jobs, loads of people have moved organisations. All of these new bodies that have been set up, these people are still trying to figure out their own jobs. That's an excellent time to sniff out a story and get someone to say something they shouldn't really say but they didn't know that they shouldn't say it, or they put something in the board paper they didn't know they shouldn't put it in the board paper. There is an opportunity for all of us at this particular moment.

You've got to know the organisations and you've got to know how they fit in with each other. It is a simple system in one sense because NHS England runs everything. If you adopt that rule you won't really go wrong and decisions flow down from there. NHS England dictates to the service with its wonderful mandate it's had issued from the health service and from there the efficiency savings come down, and you can trace everything back. Everybody is accountable upwards, and you can always pursue those people for answers and get them to their own accountability at their level. If they can't do it the next level above them should know what the answer is and you pursue it like that. That's what we do at the HSJ. Somebody always knows the answer.

The one thing that worries me in this from my background of Mid Staffs is, everyone asks me in London at the moment where the next Mid Staffs will be. I don't know why I'm qualified to answer that question. The reality is it's already happened because the Francis Inquiry showed that major reform and reorganisation and a lack of finances is a breeding ground for a scandal of care. The race is on now to identify where that is. I don't know where it is but we'll find out in a few years probably, and we'll trace it back to the confusion and the loss of focus that was caused during the current period we're in now.

For those of who who've enjoyed the transition period over the last 2 years, I'd prepare yourself because we'll be doing it again in about 2 or 3 years. Because anyone who thinks the 211 CCGs are going to stay as they are is kidding themselves. If anyone can think back to when PCTs were formed they very quickly merged in 2006 into larger regional PCTs. We will see the same for CCGs. The very simple reason for that is to have a particular illness can be very expensive, if your CCG is small enough one or two of those could ruin your finances as a CCG.

So a lot of CCGs are already entering into risk-sharing agreements, forming into small pools. I know this in my old patch, the West Midlands, which I still cover for the *Health Service Journal*. There's quite a few there who have already shared a risk pool. As far as we're concerned in the HSJ that is possibly a forerunner to a full merger because they're not sustainable organisations, they're so small. So prepare yourselves for the next transition. Which of course depends on which government gets in at the next election. Each government can't help themselves but to reform the NHS which as Robert Francis has said is a constant problem. One witness at the Inquiry called it a "perpetual re-organisation" which I think is a lovely phrase and we do see that all the time.

The question for a journalist is how do we get into that? Board papers are useful. But the decisions aren't taken in public board meetings: they're taken in the private board meetings, when nobody else is there. It's all about the detail really, and it's not an easy answer. It isn't easy for any journalist to get into that detail of what these organisations are doing but I wonder how many health correspondents on local newspapers now have the time. I didn't have the time to do it unless I took the board papers home and read them until 2 o'clock in the morning which I often used to do.

So how often are local health correspondents sitting and reading board papers and not just reading the finance report or the performance report, but how many are reading the audit committee minutes, which are at the very end of the board paper, hidden away? Board papers are documents of hundreds and hundreds of pages, but there are little clues in there. The decision won't be there, the story won't be there, but the clues are there. From there, you can go and talk to somebody, ask questions. I think we need to get back to old-fashioned journalism really.

The question is, are journalists able to do that in a busy newsroom with demand for copy, press releases piling in by the thousands on e-mail, PRs on the phone asking if they'll do this story or that story – that's the real challenge, and I think if I'm honest we need some editorial leadership in newsrooms to say "actually, you are our health correspondent and I need you to spend some time reading that board paper". I really hope we've got editors out there doing that: but unfortunately I know there are some health correspondents who are having to do church fetes and things like that alongside their correspondent role which is a real shame. I don't think we'll get the kind of stories that we need to get if health correspondents are doing that.

My top tip would probably be read everything, speak to everybody, and know everything! This job is a vocation, we don't just do it 9 to 5 then put our pens down and forget about it – the dedicated health journalist will go the extra mile to find the story. The old-fashioned ones who refuse to accept the PR line and refuse to accept just the press office statements will uncover the next Mid Staffs. All power to them; it's whether we've got the time to do that.