Twitter Thread by Tim #StayAtHomeSaveLives



Tim #StayAtHomeSaveLives
@forwardnotback

A lot of talk about NHS comms
I’m not sure sure that showing pictures on the news of busy ICUs or Ambulance queues will convince the naysayers and covid deniers of anything
They would still say it was staged or a hoax
Of course we need robust and honest information

But having a communications strategy based purely on images to fight the conspiracy theorists and covid hoaxers is a recipe for disaster
What we need is a high profile, properly funded public health campaign, but perhaps more than that we need ...

To accept that nhs isnt t a film set and patient confidentiality is important
Everyone says they love the NHS - show it by following advice

When working in nhs Comms I always took the view that media access and cooperating with media requests was important, this was often unpopular and at times I was a ‘lone voice’ often fighting both medics and the ‘corporate’ NHS side of things on the issue

And I think most health or other journalists who know me will say that I was fair and arranged access where others refused
One thing I never did was to forget it was a hospital/clinic/etc and patients were at the centre of it all

And perhaps the most difficult part of this is striking the right balance
Talking to all staff about any media access is important, you would probably be surprised at how many would say “we have a job to do saving lives - can’t you take the journalists somewhere else”

So yes we need honesty abs transparency, we need reliable and easy to access facts and figures, what we don’t need is a a story about a someone who thinks they are Bruce Willis in a Hollywood blockbuster

And one time I made the wrong call, the CEO kindly said “OK this is your call”
I said “we should let a camera crew in”
The next week was spent reassuring patients that their local hospital wasn’t unsafe and they should still go to A&E in an emergency

Finally on this: I was (most of the time) in the group of comms people who fought for better media access and cooperation with media
So I am not and never will be in the “no access” camp, I just wanted to put out the some of the difficulties and problems that can arise

I might post an example of why some in the NHS are slightly more cautious than me but I would probably have to heavily redact it etc and need to think about it

OK here goes, no names, region or NHS Trust named so it is probably too generic
A busy NHS trust was coming under increasing pressure and the A&E department was extremely busy and yes ambulance waiting and 'unloading times were increasing, measures kicked in to divert ambluances

... to other 'less busy' Trusts, not ideal but it helps the system to cope and eases pressure
No one likes doing it and it can increase pressures on ambulance service, but properly planned it works
We were open with the media and senior clinicians were interviewed to explain why

So far so good...
The local, regional experienced health journalists media handled it well and ...
Then the phone call from the CEO... "have you seen the headline, I hadn't I was sitting with a radio journalist in A&E walking her through with a clinician

The headline SCREAMED "patients dying on trolleys as ambulances banned from hospital' we finished what we were doing and worked on a plan and arranged more interviews

The next day a headline appeared "patients die on trolleys in crisis hospital"
The journalist who wrote the story hadn't contacted the Trust, the imagery the headline and story conjured up was shocking and tbh wrong!
Experienced A&E staff were in tears

... they live in the community that hospital served, medics (yeah I used that word) were furious and the CEO was to be blunt regretting the moment he agreed with me to be proactive
Months of working to convince people that proactive comms with media was in tatters

The small comms team worked bloody hard to provide correct information, hours on the phone, endless emails and of course, more media enquiries to deal with
We couldn't go into too much detail because real people and familes were involved, the confidentiality of those who died...

... needed to be protected, and of course the staff and public were angry, very angry for different reasons
Eventually a journalist sat down with us and listened, the trolleys were actually expensive A&E beds that had the same facilitities as the beds in A&E cubicles

One paper ran the story
Where did the original story come from... we didn't have an inquiry, we didn't blame anyone, the A&E staff got on with their jobs and the ambulance service got on with theirs

The hospital was 'in shock'
Months later a locum member of staff said he had

told a journalist about the pressures and that patients in A&E weren't in cubicles/bays and he thought that is where it started Whether that is true doesn't matter, but after that it was made clear by senior A&E clinicians and other managers that the rule was "No Media In A&E"

Every Trust will have their own stories, and in my view most media interaction is positive and situations reported factually - it is often the one headline that changes things and might explain the reluctance of some to 'open doors' of clinical departments to the media

It could be argued that allowing more media in at the start would've helped, but the NHS is complex and a 'trolley' isn't always a 'trolley'
The End