

Appendix C – media protocol

Introduction

The media plays a pivotal role in shaping public perception and therefore should be treated as a key partner in building and maintaining the reputation of Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG). This document outlines the approach the CCG will take to both proactive and reactive management.

Key principles for dealing with the media

The following key principles should be adhered to by all CCG representatives to ensure media enquiries are dealt with appropriately:

- All requests from the media are only to be handled by a trained CSU communications lead. Any media request to the CCG through any other route should be re-directed to the communications lead immediately.
- Under no circumstances should a member of the CCG speak with the media unless it has been prearranged with a communications lead.
- Regular press enquiries are dealt with, during office hours, by the communications department on 0300 303 8394.

Proactive media relations

Proactive media relations is when the CCG proactively supplies information to the media with the aim of generating coverage in their newspaper, magazine, TV programme or radio programme.

This information is typically in the form of a press release and can be about anything that the CCG wishes to communicate to the wider public – such as a new appointment, achievement, upcoming event or health advice.

It is important to maintain a regular flow of proactive press releases to keep the CCG in the public eye and to help build its reputation and understanding of its role.

However, it is also important not to inundate journalists with press releases as they may start to turn a blind eye to them – particularly if they are not especially newsworthy.

To help achieve this, the CCG will develop a proactive press release schedule which will aim to ensure between three and five press releases are published each calendar month.

The nature of these press releases will be agreed between the Stakeholder Communications and Engagement sub-group (SEC) and other members of the CCG.

In terms of writing press releases, it will be the responsibility of the communication lead to source all relevant content and prepare a first draft of the release to share with appropriate CCG members.

To ensure the press release flows and follows a consistent style, all quotes will be drafted by the communication lead who will then liaise with the spokesperson to approve the quote, unless specified otherwise by a CCG member who wishes to write their own quote.

All press releases are to be approved by the CCG member responsible for the topic of the press release and the CCG Accountable Officer.

When issuing a press release, every effort should be made to supply a photograph that relates to the story. The press release itself should always contain a quote from the CCG member leading the initiative discussed and a photograph of this spokesperson should also be provided.

If it is likely that the press release will trigger a request for an interview, the communication lead should check the availability of the CCG spokesperson prior to publishing the press release. This will ensure interview requests can be satisfied. When issuing a press release, all CCG Shadow Governing Body members should be blind-copied along with political stakeholders such as MPs and councillors. This is a good way of keeping this influential stakeholder group informed of initiatives.

Once a press release has been issued to the media, the communication lead will make a follow-up call to key media titles to try and 'sell-in' the story and ensure it receives coverage. Press releases will also be uploaded to the CCG website.

Reactive media relations

Reactive media relations is whereby the media approaches the CCG for a comment about a particular issue. This can often be triggered by a journalist being 'tipped off' about something by someone outside of the CCG or by a patient who perhaps is not eligible for treatment.

Many journalists will also keep a watchful eye on national news items or local Board agendas and follow up on particular issues.

It is important that the CCG is prepared to handle enquiries from the media and appreciates the importance of providing a timely response.

To help this, the following protocol should be adhered to for all media enquiries relating to the CCG. It should be noted that CCG members approached for comment as a clinical spokesperson for their own GP Practice should follow their own protocol, providing they do not make any comment on behalf of the CCG.

1. Media call received by communications department. Media enquiry form completed by communications lead capturing:
 - Name, contact number, email and organisation of the journalist
 - The nature of the enquiry and any specific questions
 - The deadline for responding
 - Whether the journalist has approached any other sources

- What type of response is required – verbal, written, interview
 - The name of the communication lead that has taken the enquiry should also be noted on the enquiry form.
2. For written responses, communications lead to make contact with the appropriate CCG representative to explain the enquiry and discuss a response. If an interview is required, a suitable time is to be agreed for the CCG representative to contact the journalist. The communications lead will collate all relevant information available about the issue in order to brief the CCG representative as fully as possible.
 3. For requests for written statements, communications lead to draft a response, liaising with CCG representative to ensure accuracy.
 4. Final response emailed to CCG representative and copied to Accountable Officer for approval with a clear deadline for response. Communication lead to chase if no response is received, keeping journalist informed of progress.
 5. Final approved response emailed to journalist.
 6. Media form to be updated with response given (if a long written response is provided it should be printed and attached to the media enquiry form).
 7. Completed media form to be filed in media enquiries folder
 8. Electronic version of the response to be saved on computer network with enquiry title, statement or press release, date and communications lead initials in the file name, e.g.: IVFfunding-st-at-22052012
 9. If it is anticipated that the story will receive significant coverage, the media team at the NHS North of England/National Commissioning Board should be informed. Also, depending on the nature of the story, it may be necessary to alert constituent GP Practices too.

Media participation

At all times, the CCG should consider carefully the benefits and potential disadvantages of participating in media interviews, filming opportunities etc.

Whilst the CCG is committed to being open and accountable to its residents, there may occasionally be times when it is not in the CCG's interests to participate, or the potential benefit to the CCG and its public profile does not warrant the level of effort required to take part, in media interviews. This could include, for example, a request for a local GP to comment on a national story.

Each request will be considered on an individual basis, but with a focus on building/maintaining public credibility and the contribution which participation will make towards the overall achievement of the CCG's aims and objectives.

Media spokespeople

In both proactive and reactive media relations, it is necessary to identify a spokesperson for the CCG. Where possible, a quote should be attributed to a member of the CCG, rather than simply 'a spokesperson'.

The spokesperson will depend on the nature of the media enquiry, but the CCG should try keep the number of media spokespeople to a minimum as this will help build recognition and trust amongst members of the public.

The CCG media spokespeople should all have received a satisfactory level of media training and be confident in being interviewed in both a live and pre-recorded context.

Those identified as spokespeople for particular areas or services should endeavour to be as flexible and accommodating as possible in terms of meeting media requests for interview, especially when the approach has been made proactively by the CCG.

Spokespeople should also be mindful that, when taking part in interviews, they are representing the CCG Governing Body rather than speaking in their role as an independent GP. Comments made should be consistent with the CCG's decision making /approach to particular issues, irrespective of whether or not these resonate with the individual's personal views and opinions.

Media contacts

A list of appropriate media outlets for the CCG has been developed, split by local media, regional media and health trade media.

This list of contacts will be maintained by the communication leads and used whenever publishing press releases.

If a media enquiry is received from an unfamiliar source, the source should be added to the media list for future use.

On occasion, it may be necessary to approach one media outlet in favour of others. This approach will be taken only when there is a perceived benefit in doing so in order to ensure good working relations are maintained with all media outlets. An example of where this may be appropriate is when an issue is limited to a specific local area and the CCG would benefit from working with a particular local newspaper to explain the issues.

Media evaluation

Although no formal media evaluation will be undertaken on behalf of the CCG at present, the communications leads will scan for coverage relating to the CCG and share with members of the communication steering group (and other Governing Body members where appropriate).

The communication leads will also scan the media for potential issues or opportunities which are relevant to, or which may have an impact on the CCG.

Media briefings

From time to time, the CCG will undertake briefings with journalists by way of a general update about how things are going and what their current priorities are.

These will be scheduled periodically depending on key milestones and CCG development.

Media handling in an incident or crisis

In the event of an incident such as patient recall, the media approach and subsequent handling arrangements will be led locally and factored into incident specific communications plans.

In the event of an emergency situation arising, alongside the PCT's emergency planning team, the Communications Department will lead on media handling.

Depending on the issue, the team may work alongside their other 'first responder' communications colleagues with the relevant agency taking the 'lead' for media handling.

If the issue is 'health' only, all public messages will be released ONLY through the CCG communications department. The communications department will liaise directly with the media, identify and brief CCG spokespeople (if required) and prepare all written information.

Wherever possible horizon scanning to identify possible issues should be conducted and preparatory work such as briefings and Q&A prepared.