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Abstract

Aims and Objectives: to undertake an analysis of UK national daily newspaper coverage of accident and emergency treatment targets, in order to understand if the media could be seen to be creating a scandal.

Background: Emergency Department treatment targets have become common in developed countries. In the United Kingdom (UK), hospitals are required to treat and discharge patients within four hours, and statistics are published daily. Breaches of targets are regularly reported by the UK print media.

Design: exploratory research of tabloid newspaper articles that reported on four-hour treatment targets in the UK during a seven-month period over the winter of 2014-15 (n=1,317). An interpretivist thematic approach was utilised during analysis.

Results: The main 'problem' identified by newspapers was the failure to meet the target, rather than negative effects on patient care (where they existed).   Proposed solutions were diverse. Many articles did not describe who was to blame for the failure.

Conclusion: We conclude that the media created a feeling of scandal, and hypothesise that this is related to political reasons and the availability of data on a daily basis.

Relevance to clinical practice: it is important for nursing staff to understand the influence of the media on patients and how stories are reported.

Key words

Media, four-hour treatment targets, moral panic, qualitative research, thematic analysis,

What does this paper contribute to the wider clinical community?

1. An understanding of the reporting of four-hour treatment targets by the tabloid media
2. The development of a moral panic/scandal by the media
3. The influence media reporting may have on the work of nurses

Introduction and Background

Context: the four hour treatment target

In 2000, the UK Department of Health was the first health service globally to introduce a four hour treatment target for 98% of patients in Emergency Departments (EDs; also known as Accident and Emergency or A&E) within the National Health Service (NHS). The NHS is the publicly funded health service serving the UK provides care that is free at the point of access to all residents, and is reasonably comprehensive. Health care in the UK is a devolved matter with the parliaments of the four UK nations (England, Scotland, Wales and Northern Ireland) having control over some elements of care. Challenges relating to the target were apparent from the start; and the target was implemented at different times within the four UK nations: England, Scotland, Wales and Northern Ireland (Berry, Gardner, & Anderson,

2015). Furthermore, the initial target of 98% was reduced to 95%, although within Scotland this was an interim target for 2013/14, with the aim of reaching 98% thereafter.

In other developed countries, treatment targets have been set for alternative time periods or contain variations depending on acuity. For example, the National Emergency Access target (NEAT) target in Australia allows varying time in the ED for patients, depending on whether they will be admitted to the hospital or discharged (C. Sullivan et al., 2016). Within New Zealand the target of 95% of patients within six hours was set (Ministry of Health New Zealand, 2015) and since 2006 in Canada the target was set at 90% within four or six hours depending on the level that an individual was triaged at (Canadian Institute for Health Information, 2007). The stated rationale for a lengthier time period, and a lower proportion of patients in New Zealand compared to the UK was to reduce the potential for "blinkered compliance" (Ardagh & Drew, 2015, p. 48).

Treatment targets have been regularly breached, in the UK and beyond (Ardagh & Drew, 2015; Canadian Institute for Health Information, 2012). From 2010 until the time of writing, breaches in the UK are published on a daily basis throughout the winter months, as part of the Winter Daily Pressure reports (NHS England, 2016). Furthermore, in Western Australia ED waiting time can be viewed online in real time (Government of Western Australia: Department of Health, 2016), although in other counties scrutiny is less frequent, for example, monthly in Canada (Ontario Ministry of Health and Long Term Care, 2016), and quarterly in New Zealand (Ardagh & Drew, 2015). Overall, in the UK breaches tend to be more frequent during winter, when the proportion of older and complex patients is higher, despite slightly higher patient numbers during summer months (The King's Fund, 2016). Breaches of the target have been given regular political and media attention, which may

result in the view that the NHS is in 'crisis'. However, a systematic review that examined the four hour targets reported no advantages for clinical outcomes when the target was adhered to (Jones & Schimanski, 2010).

Despite the introduction of treatment targets in several countries, it is difficult to find a clinical reason for such targets (Mason, Weber, Coster, Freeman, & Locker, 2012). Furthermore, there is no clear evidence that the four hour treatment target has had any effect on the quality of care within EDs in the UK (Jones & Schimanski, 2010). That said, there is evidence that targets may improve access to the ED, which may have benefits for patients (C. M. Sullivan et al., 2014) **(Author 2 and author 1, 2015)**. Overall, however, we conclude that the targets have been set for political as well as service improvement reasons. The reported aim of the treatment target in the UK was to reduce severe overcrowding within EDs which was viewed as detrimental for patient care (Weber, Mason, Freeman, & Coster, 2012). In other countries, such as Australia and New Zealand the rationale was that these targets would reduce morbidity and mortality related to delays in individual being admitted from EDs (Jones & Schimanski, 2010), rather than a focus on overcrowding. Therefore within the UK part of the likely rationale for introducing such a target was critical media coverage which focused on patients waiting 'on trolleys' and in hospital corridors (Vezyridis & Timmons, 2014) unlike in other countries.

Alongside a lack of obvious clinical benefit, patient care may be compromised by trying to meet the target. The public enquiry into poor patient care within the ED of Mid

Staffordshire hospital, UK (Francis, 2013), highlighted that patients were prioritised by the amount of time that they had been waiting, as opposed to clinical need, in order to avoid breaching the target in a considerably understaffed and high pressured environment. Sullivan et al. (2016: 354.e1) in Australia suggest that "overzealous pursuit of stringent time-based targets may actually comprise quality of care and endanger patient safety". Furthermore, adherence can have unintended consequences for treatment, such as an increased likelihood of analgesia when the treatment target is adhered to (J. A. Hughes, Cabilan, & Staib, 2016). Alongside this, our own qualitative research with nurses at an acute hospital in Scotland, UK, highlighted that nurses had less time to spend with patients in the ED, including those who were very sick, because breaches were taken very seriously by hospital managers and the Scottish Government **(authors, 2015).** This finding was mirrored by research in England, UK, which additionally highlighted the broad range of other clinical specialties that would be involved in ensuring compliance to the target, and the spatial and information technology constraints impacting adherence to the treatment target (Vezyridis & Timmons, 2014). Overall, it can be said that clinical priorities have been distorted by targets, with no discernible benefit for patients (Jones & Schimanski, 2010), but are likely to be detrimental to patient care (authors, 2015, Vezyridis and Timmons, 2014, Sullivan et al., 2016, Hughes et al., 2016).

Media reporting of policy failure

Previous research with nurses and allied health professionals has reported that policies are followed (or not followed) for a range of reasons. First, the clarity, or lack thereof, of guidance and its relationship to existing local practice can have an effect (Bergen & While, 2005), **(author 1, 2014)**. Second, competing institutional objectives and a lack of resources

have been found to impact on the meeting of targets (Exworthy & Frosini, 2008). Finally, nurses own beliefs about the best way of supporting a patient has been identified as a barrier to policy implementation (Provis & Stack, 2004; Wells, 1997) **(authors, 2015, author 1, 2014).** Accordingly, if four hour treatment targets are not met, then unclear national guidance, conflicting guidance from local managers or policies, lack of resources, or nurses' own beliefs may be to blame.

Alongside this, Peter John suggests, that in determining why policies succeed or fail, we can consider those designing and implementing policy as rational actors concerned with resources, interrelationships and constraints (John, 2013). However, as humans, John also identifies that there is an emotional component to policy design and implementation. As was mentioned above, the stated rationale for the ED four hour treatment target in the UK was to reduce severe overcrowding within EDs, and thus to improve patient care. Research with a group of nine nurses in 2007 found that they felt the treatment target was working quite well, but that nurses were concerned that the target would not be sustainable (Mortimore & Cooper, 2007). Thus, it can be seen that the nurses did not express an emotional concern regarding policy implementation, but focused upon resources and constraints. In our research with Scottish nurses some years later, we identified that a severe lack of resources in other areas of the hospital was resulting in a strong emotional response in some nurses, who felt it was necessary to breach the target in order to secure appropriate care for their patients **(authors, 2015).**

Alongside challenges in meeting targets, it has been suggested that hospitals have employed dubious management tactics and suspicions have been raised that hospitals were dishonest in their reporting in order to meet the target (G. Hughes, 2010; Mason et al., 2012; Weber et al., 2012). Examples of meeting the target by a range of workarounds also appear to have occurred. For example, cases have been identified in which patients were moved to clinical decision units (CDU), which are effectively an overflow for the ED, incoming patients were waiting in ambulances, patients were admitted unnecessarily or discharged inappropriately early, and data were miscoded (Bevan & Hood, 2006; Francis, 2013; Mayhew & Smith, 2008). Furthermore, Sullivan et al. (2016) highlight that in Australia following the introduction of NEAT more low acuity patients may have been admitted to short-stay wards instead of being discharged from ED more than four hours after presenting.

The concept of 'gaming', that is using workaround to meet targets, has been discussed in the policy literature in relation to other targets in the UK (Hood, 2006). Hood suggests that such workarounds occur for a range of reasons, including 'terror' at the consequences of missing such a target, which can include budgetary sanctions for departments or entire hospitals and managers being fired from their roles (Hood, 2006). More interestingly, however, he identifies that Governments which do not invest sufficient resources into checking targets become complicit in these workarounds, and that civil servants may help failing departments to 'meet' their targets. This may be particularly likely when a target is high profile, such as the four hour treatment target, as negative media coverage is politically undesirable for both the hospital and the government.

Media reporting of policy failure

It appears that media interest in ED waiting times had an effect on the introduction of the policy in the UK (Vezyridis & Timmons, 2014), and breaches have continued to be reported in the British media over the fifteen years that the policy has been in place. Alongside this, the Francis enquiry (Francis, 2013) provided an opportunity for a heightened media focus on this issue. Research with nurses has highlighted that media representations of NHS care have impacted on patients' views of NHS staff, and nurses' relationships with patients **(author 2, 2011).** Accordingly, there exists the potential for the media to have a detrimental impact on public views of the NHS by generating a scandal (Butler & Drakeford, 2005) or moral panic (Cohen, 2002) around this issue.

The concept of a moral panic can be defined as a growing public concern over a particular issue related to "a condition, episode, person or group of persons" (Cohen, 2002, p. 1). That concern, Cohen (2002) argues is not necessarily novel (but it may be), but is as a result of a social construction of that particular issue in that particular time, place and culture. Most often, academic writing around moral panics relate to some form of deviance, such as violence (Hay, 1995), and more recently deviation from acceptable norms in terms of being a productive citizen (Greer & Jewkes, 2005), responsible parent **(author 1, 2016)** or a healthy citizen (Fox & Smith, 2011). By contrast, the concept of a scandal tends to be more closely related to agencies of the state in academic writing, such as governments and politicians (Chang & Glynos, 2011; Markovits & Silverstein, 1988), police (McLaughlin & Murji, 1999; Sherman, 1978), custodial services (Muncie, 2002) and health and social care agencies (Butler & Drakeford, 2005; Jack & Stepney, 1995; Wardhaugh & Wilding, 1993; White, Wastell, Broadhurst, & Hall, 2010). However, there are overlaps, where individual

deviations from socially prescribed norms may be referred to as a scandal (Dean & Melrose, 1996).

We use the term 'scandal' in our writing as we focus on how health care is provided, but do not feel that this has a strong deviation from the concept of moral panics in how they are generated. The seeds of the concern in both moral panics and scandals are generally real, but they are nurtured into larger concerns by the media and/or those in positions of political power (Cohen, 2002; Jack & Stepney, 1995; Marsh & Melville, 2011). They allow individuals in the population to believe an exaggerated impression of the size of a social concern or undesirable behaviour. Alongside this, they may also inspire an idea that 'something must be done' to prevent a spread of the undesirable issue (Markovits & Silverstein, 1988). This has led to wide ranging policy change including: the introduction of targets, including in EDs (Vezyridis & Timmons, 2014) and job centres **(author 1, 2013);** changing provision of services, such as the change from (youth) detention centres to young offenders institutes for young people convicted of committing crimes (Muncie, 2002), support for those with learning disabilities (Butler & Drakeford, 2005) and legislation such as The Children Act 1989, which aimed to regulate parental behaviour (Jack & Stepney, 1995). It has been argued that the media and politicians benefit from such panics as they distort existing power relations (Bonn, 2010; Markovits & Silverstein, 1988).

The media had previously created a feeling of scandal resulting in policy change in relation to treatment times within EDs in the UK (Vezyridis & Timmons, 2014), and the public are influenced by the way in which health policy is reported in the media (Smith, McLeod, &

Wakefield, 2005). As such, the way in which breaches of the policy or workarounds ('gaming') was reported by the UK media in a winter in which the targets were regularly breached (NHS England, 2015) was of interest for several reasons. In the run up to a General Election and a referendum on Scottish Independence, health care was identified as having high political currency in the UK, with concerns centring on 'the crisis' in EDs (Nuffield Trust, 2015). Secondly, without understanding the quantity and content of media coverage, it is not possible to understand what messages were being transmitted to service providers and users.   To date, no research had been carried out on the way in which treatment targets within EDs have been reported by the media.

Research Design

We undertook exploratory research which aimed to understand how four hour treatment targets in the UK were described in the UK mainstream tabloid print media during a seven-month period over the winter of 2014-15. Our analysis specifically focused on whether the media were potentially contributing to the creation of a moral panic or scandal. Below we describe our data sources and analysis strategy.

Data

UK National daily newspapers were selected from those which had the highest circulation figures in October 2014, to allow a sample with the highest readership. The three most read newspapers were selected in order of popularity, names of the newspapers are not reproduced here in line with the Journal of Clinical Nursing editorial policy. These were: Tabloid Newspaper 1 (2M), Tabloid

Newspaper 2 (1.6M) and Tabloid Newspaper 3 (1M) (The Guardian, 2014). All three of these newspapers are part of the tabloid press. Within these types of papers material is presented in emotive language and in easy-to-read formats (Rooney, 2000). They are commonly criticised as being unsophisticated, distasteful and intrusive and driven by an aggressive pursuit of profit (Bingham & Conboy, 2015), which may invoke strong negative reactions among readers **(author 1, 2016).** Politically, Tabloid Newspaper 2 and Tabloid Newspaper 1 tend to have a right-learning with traditionally conservative values. Whereas the Tabloid Newspaper 3 openly support the Labour party, a nominally left of centre party.

Our sampling strategy prioritised following the issue of treatment targets throughout an entire winter period, and accessing all content within papers which had high readership figures, due to the highly variable content discovered in our early investigations. Data were collected using the newspaper indexing database *Nexis* from September 2014 – March 2015 for articles which used terms related to emergency department and accident and emergency, using the search terms "emergency department", "accident and emergency", "A & E" and "A&E". Our initial search identified 1,317 newspaper articles. Articles were screened for duplicates and irrelevant content. Those articles with content relating to Accident and Emergency treatment targets or a crisis in A&E were imported into NVivo 8 for analysis. Classifying details were collected for each of the articles including the newspaper from which it was taken, the month in which it was published and the region(s) of the UK which it was related to.

Analysis

An interpretative thematic approach was taken to analysing the data. Thematic analysis is a "method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 6). An initial coding frame was developed following both authors inductively coding a section of the data, and then discussing the articles and codes until consensus was reached. Coding was facilitated by QSR NVivo 8 software and was undertaken by both authors, which each coding a proportion of the articles. Additional codes were added to the coding framework as required throughout the analysis period. Data analysis meetings were undertaken every time a new code was added to the framework, and emerging themes were discussed and clarified in line with content from all three newspapers within the study. Codes focused on the 'problem' identified in the article and any 'solutions' proposed. Alongside this, the authors also examined the way in which those designing and implementing A&E policies were viewed. The subsequent analysis focused on the way in problems, solutions and actors involved were framed, including language used, context provided, underlying meanings, and attributes of the policy and actors involved. The coding framework developed by the authors can be seen in Table 1.

[insert table 1 about here]

Table 1: coding framework

Main code	Sub-codes (where applicable)
Problem	Breach of target
	High numbers of patients
	Inappropriate target
	Insufficient primary care

	Political
	Poor patient care
	Poor reporting of target
	Poor management
	Shortage of beds
	Throughput of patients
Solution	[not sub-coded at time of coding due to high levels of heterogeneity]
View of…	A&E medical staff
	A&E nurses
	Managers
	Non-A&E medical staff
	Non-A&E nurses
	Paramedics
	Patients
	Policy makers
	Politicians

The chair of the relevant University ethics committee confirmed that ethical approval was

not required for this study, as it was drawing on data from newspaper articles that were in

the public domain and did not contain sensitive information. That is not to say that the project is without ethical concerns. The tabloid press have been highlighted as providing content that undermines equality using subtle codes (Wibowo & Yusoff, 2014), presents a biased version of events, and even outright fabrication on occasions (Drennan, 2004). Highlighting the media's reporting of events within a peer reviewed article may result in feelings of legitimacy towards the newspapers' interpretation of events and actors, which would be inappropriate.   For this reason, the names of people, hospitals and places were included in the data set, but are not included in the article to protect anonymity. Researchers may also be affected by undertaking documentary analysis of unpleasant sources (Fincham, Scourfield, & Langer, 2007), and in order to account for this, regular debrief sessions took place within our data analysis meetings.

Findings

Findings are reported below in four discrete sections. First, an overview of the data collected is provided, including the number of articles which were duplicate or irrelevant and not subjected to analysis, and the number which focused on four hour treatment targets. Second, the way in which media coverage problematised failure to meet the four hour target is discussed. Third, potential solutions are described, including contradictions within and among sources. Finally, the newspaper's views of those responsible for the failure of the target are described, although this information was not provided in all data

sources. Throughout the reporting of these sections, language, context and the way in

which various groups of people were demonised are highlighted when relevant.

[insert table 2 about here]

Description of data

As can be seen from Table 2, that the vast majority of data collected did not relate to A&E

four hour treatment targets. Duplicate items also made up a large proportion of data

collected from Tabloid Newspaper 1 (18%) and the Tabloid Newspaper 3 (28%). In the case

of Tabloid Newspaper 1, duplicates occurred because of subsequent amended versions of

the article being published either in regional editions (Scotland, Northern Ireland, Ireland) or

in a second edition of the main daily paper. Duplicates in the Tabloid Newspaper 3 were

entirely as a result of the article being published in multiple regional editions; all duplicate

articles were excluded from analysis. Data coded as 'irrelevant' were generally articles in

which Accident and Emergency was mentioned, because somebody had been treated in an

emergency department, or because a TV show about Accident and Emergency was being

broadcasted, and the newspapers were displaying this in a TV guide or reviewing an

episode. The exception to this were articles published in Tabloid Newspaper 1 where

"a**e" (to signify the word "arse") was used in 103 (20%) of the articles collected, making

up a very high proportion of the 'irrelevant' category. All irrelevant articles were excluded

from further analysis.

Once duplicate items were excluded, it can be seen that, on average, 9% of content related to treatment targets, with a clear peak in reporting during January 2015 in all three newspapers. Within our reporting of the results we discuss the problems identified, solutions proposed and views of stakeholders involved.

The problem

The fact that the four hour target had been breached was the main problem identified by all three newspapers. Articles used a mixture of both reasonably factual and emotional language in their reporting, for example stating that the target had been 'missed' and that departments had 'failed' to meet the target, in contrast to reports that stated that 'patients languished on trolleys'. Tabloid Newspaper 1 reported that hospitals were 'in meltdown' and 'crisis' with patients numbers 'soaring' and patients

Table 2: Data collected and newspaper coverage of 4-hour treatment targets by month and publication

Publication	Tabloid Newspaper 1					Tabloid Newspaper 2					Tabloid Newspaper 3					TOTAL of all three sources				
Month	Collected	Duplicate	Irrelevant	Targets	Crisis	Collected	Duplicate	Irrelevant	Targets	Crisis	Collected	Duplicate	Irrelevant	Targets	Crisis	Collected	Duplicate	Irrelevant	Targets	Crisis
September 2014	59	13	40	2	4	23	2	15	0	6	45	1	20	2	22	127	16	75	4	32
October 2014	59	14	34	3	8	17	0	11	3	3	39	7	25	1	6	115	21	70	7	17
November 2014	59	9	41	2	7	31	0	18	6	7	89	39	39	0	11	179	48	98	8	25
December 2014	65	14	42	2	7	35	0	20	4	11	46	11	16	3	16	146	25	78	9	34
January 2015	146	34	41	19	52	67	8	21	12	26	208	83	42	17	66	421	125	104	48	144
February 2015	70	2	42	5	21	30	0	19	3	8	62	4	31	3	24	162	6	92	11	53
March 2015	60	9	42	4	5	35	1	17	3	14	72	11	40	4	17	167	21	99	11	36
TOTAL	518	95	282	37	104	238	11	121	31	75	561	156	213	30	162	1,317	262	616	98	341

NB: the category 'targets' and 'crisis' were exclusive, although the articles within 'targets' can also be viewed as evidence of a crisis

reportedly 'swamping' A&E departments. By comparison, Tabloid Newspaper 2 stated

that the hospitals' performance were 'bleak', hospitals were 'overwhelmed' and the

system was 'cracking under the pressure'. In some instances, the hospital's

performance was compared to previous years: "Data also showed 6,587 of them had

to wait on trolleys for between four and 12 hours - twice as many as in the same week

last year." (TN2 145) By contrast, other articles compared hospitals with hospitals

which performed better against the target, or directly against the target. For example:

"Figures show that last week (hospital – name removed) had the worst waiting times

for A&E in the country – just 59.3 per cent of patients seen within four hours,

compared to the national target of 95 per cent." (TN1 144) Occasionally the actual

number of patients not seen within time was reported, or the percentage of those

treated within four hours was written in capitals for emphasis: "Last week it was less

than 80 PER CENT" (TN1 155). Some articles from Tabloid Newspaper 1 reported the

number of patients "waiting on trolleys for 12 hours" or "half a day".

Often articles within Tabloid Newspaper 1 which were critical of the failure to meet

the target acknowledged the 'pressure' on departments as a result of increased

demand and/or inadequate resources, for example: "We have increased demand at

A&E and fewer staff so sorting this needs to be the priority of the government and the

health board." (TN1 106) However, Tabloid Newspaper 2 and Tabloid Newspaper 3

coverage acknowledged the additional pressure that departments were facing,

through higher numbers of patients and reduced budgets, in only a minority of articles.

Acknowledgement of the pressures faced was rarely related to content from the

professional body for nurses, the Nursing and Midwifery Council, with only one

mention in Tabloid Newspaper 2. By contrast, the British Medical Association, the UK

professional body for doctors was quoted 21 times in Tabloid Newspaper 2, three

times in the Tabloid Newspaper 3 and twice in Tabloid Newspaper 1.

The problem of breaches of target was often reported alongside concerns about

patient care in Tabloid Newspaper 1, with 13 of 37 articles containing reference to this.

The Tabloid Newspaper 3 also reported concerns for patient care; however, this was

not the case in Tabloid Newspaper 2. These articles sometimes acknowledged the

challenges that departments were under, but highlighted that not meeting the

treatment target was not to be deemed acceptable. Many of the quotations within

Tabloid Newspaper 1 came from The Patients Association, rather than directly from

patients: "(name removed), head of the Patients Association, said: "It is outrageous

that we are seeing such long waiting times."" (TN1 155)

Some articles in the Tabloid Newspaper 3 suggested that in breaching the target itself, patients had received 'bad' care, even if members of the public were 'worried' rather than sick: "every injured, sick or worried member of the public forced to wait longer than four hours for treatment is a person treated badly." (TN3 308) Where patients were directly referenced, these were vulnerable groups. For example, older people who were reported to be frail: "One elderly woman whisked in after a heart attack was resuscitated, then left on a trolley for 14 hours before a bed came free." (TN1 186) In the most extreme cases, a serious risk to life or an avoidable death was reported: "A WOMAN patient was found hanged in an overstretched hospital casualty department." (TN1 86)

Other articles suggested that certain groups of patients were using ED inappropriately, primarily those who were admitted in relation to alcohol or for minor injuries:

> Instead, he had to deal with a man who had called an ambulance for an ingrown toenail that he had had for five weeks. He had been waiting for three hours but wanted it "sorted out now, as I'm off to Ibiza tomorrow, mate". (TN1 145)

However, there is conflicted reporting within Tabloid Newspaper 1, with another article focusing on a mother who brought her child to casualty, when the staff felt that she did not need treatment, but the story is reported from the perspective of the 'uncomfortable' child and the mother who thinks that the lack of treatment was 'a disgrace':

> LITTLE (name removed) tries to get comfortable in an A&E chair as she waits in vain for medical care at (hospital – name removed). The two-year-old's mum (name removed) told how they eventually gave up hope of treatment and drove home to (town, city – name removed), after ten hours. Recalling the ordeal last Sunday, she said: "What happened to (name removed) is a disgrace. She was left on a chair…But the hospital staff refused to put her on a drip".
> (TN1 164)

Other articles described cases where people had attended A&E for very minor conditions. There is a clear conflict within individual newspapers, as other articles report that patients are unable to secure appointments with their GP so "where are people expected to go?" (TN1 180).

Whilst no articles from Tabloid Newspaper 1 mentioned management as a factor impacting on performance in reaching targets, Tabloid Newspaper 2 articles suggested that management was likely to be a contributory factor in missing targets. This included 'weak management': "A Department of Health source said the trust has suffered from long-term problems, stemming largely from weak management." (TN2 152) Another issue identified was the decision to close some A&E units, placing significant pressure on the remaining A&E units:

> Dr (name removed), a local GP and the Labour chairman of the London
> Assembly's Health Committee, said: The closure of two busy A&E units has left
> the remaining hospitals in West London breaking under the strain. It is now
> clear those closures have resulted in North-West London having one of the
> worst A&E waiting time records in the country.' (TN2 156)

In three articles within Tabloid Newspaper 1, the four hour target itself was criticised, including by a doctor writing under a pseudonym: "…its lack of subtlety and implementation without resort to common sense is now impeding care and distorting priorities." (TN1 145)

The solution

Whilst Tabloid Newspaper 1 articles reported a very clear range of problems, solutions were not explicitly proposed in the majority of articles. Likewise, only ten mentions of solutions were found within Tabloid Newspaper 2, and two in the Tabloid Newspaper 3. Resources were identified as a key factor in the solutions proposed. Direct references to inputting additional funds into EDs were limited, although one article noted that an extra £700M had recently been given to a department and that standards were rising as a result (TN1 82). Another article noted that £5M would be directed to improving an ED, but alongside this a 'team' would provide managerial support (TN1 53). An alternative strategy was suggested in one Tabloid Newspaper 2 article, which suggested that 'urgent care centres' should be set up and run by GPs, to run alongside existing provision (TN2125).

The concept of saving money from elsewhere in the NHS was also suggested. For example, in one article from Tabloid Newspaper 1 (TN1 101), the cost of leasing 'luxury cars' was raised and an opposition politician was quoted as suggesting the money would be better spent on staff for EDs. In a Tabloid Newspaper 2 article, it was stated

that one Welsh Health Board had asked patients to buy their own over-the-counter

drugs if they could afford them rather than taking advantage of free prescription drugs

(although these are not available in England) (TN2 223). In a similar vein, another

Tabloid Newspaper 2 article written by a physician suggested that if patients wanted to

continue to receive high class treatment, taxes would need to be raised (TN2 52).

The deservingness of particular groups was also raised. For example, it was suggested

that the NHS could raise money by charging undeserving patients, particularly focusing

on admissions resulting from consuming too much alcohol, or could even refuse to

accept such admissions and insist that they were a matter for the police (e.g.: Tabloid

Newspaper 1, TN1 110). However, other articles explicitly noted that 'drunks'

attending EDs was not a new issue, and that accordingly it would not be a solution to

the current issues (TN1 83), or that those with alcohol related admissions should

receive treatment for addiction (TN1 53).

Alongside ED closures, as numbers of patients hit a crisis level, some EDs requested

that local people could volunteer their services (including via social media). Volunteers

it was suggested could guide people around the hospital e.g.: direct patients to

reception, walk them to x-ray, and generally being a support to patients. This was viewed as an 'unusual step' by Tabloid Newspaper 1 (TN1 106) and there was no explanation as to how this would ensure that the target would be met.

Another solution was noted in one article from Tabloid Newspaper 1, where ED managers were said to be recruiting nurses from another European country and using local GPs to provide adequate cover (TN1 180). The use of additional GP surgeries was also noted in another article from Tabloid Newspaper 1 (TN1 184), in an area where an ED had erected a treatment tent in a car park as a precautionary measure when they had experienced a particularly busy period. The use of emergency treatment tents was also noted in one Tabloid Newspaper 3 article (TN3 27). Moreover, nurses working additional shifts was noted in another article from Tabloid Newspaper 1 (TN1 186), although it was not clear if this was to cover an existing shift that was currently unstaffed or to provide extra cover.

The organisation and management of services was also discussed. Better organisation of health and social services was suggested as a way in which ED admissions could be reduced. For example, providing better out of hours' care (TN1 83), either by

pharmacists (TN1 176, TN2 158), GPs (TN1 176; TN2 83 TN2 140) or minor injury units

(TN1 176). In one instance, a politician suggested that a failure to modernise these

systems in the past ten years had led to the current crisis (TN1 83). Moreover, a

named GP for each older person was proposed as the solution to high numbers of

older people attending EDs (TN2 83).

Solutions rarely proposed that ED managers needed to adopt more efficient practice,

although one article from Tabloid Newspaper 1 did so stating 'A&E TIME TEAM

MINISTERS have parachuted in a team to help cut waiting times at a struggling A&E

department' (TN1 52). A Tabloid Newspaper 2 article also suggested that hospital

managers would begin legal proceedings (although it does not say who against) in

order to 'evict' older patients who were blocking beds in the hospital (TN2 145).

Finally, in one article written by a clinician, it is suggested that targets should be

'scrapped', to allow better patient care (TN2 51).

View of those involved

Clinicians. When discussing clinicians, it was not always possible to identify if 'NHS

staff' were doctors, nurses or other health professionals, and if they worked within an

ED or elsewhere, but they were generally described as performing well: "staff perform

miracles" (TN3 308). Where nurses were directly discussed, they were viewed as

selfless and competent:

> Nurses are the lifeblood of the medical profession. There is not one who
>
> entered the profession to make money. So when the nurses speak, I tend to
>
> listen because they genuinely have the patients' needs at heart. If only that
>
> could be said of the politicians, we vote into power time after time. (TN1 162)

Where politicians were discussing the situation, they often referred to staff 'coping'

well (e.g.: TN1 175) or doing a 'terrific job'. Alongside this, GPs were reported to be

supporting ED staff in a variety of ways, including additional surgeries and working

within ED departments.

Patients. Some of the articles explicitly blamed patients for attending ED

inappropriately. For example, when treatment was in relation to alcohol use or a

minor ailment. In one Tabloid Newspaper 2 article (TN2 140), however patients were

not blamed, but were rather paternalistically described as 'not knowing' where they should turn for care:

> I think we have to recognise that society is changing and people don't always know whether the care that they need is urgent or whether it is an emergency, and making GPs available at weekends will relieve a lot of pressure in A&E departments.' (TN2 140)

Politicians. In the run up to the Scottish independence referendum, and the UK General Election, ED targets became politicised in all three newspapers. Within Tabloid Newspaper 1, many comments suggested that the Welsh (Labour) Government and the Scottish (Scottish National Party) Government were not capable of running the NHS as well as politicians from the UK (Conservative) government or opposition parties in Scotland and Wales:

> Wales was a glaring failure. It contaminated the whole session. Health Secretary (politician – name) raised it in his first answers, noting how Labour recently missed its A&E targets in Wales'. (TN2 173)

Within such accounts, it was suggested (and sometimes explicitly stated) that only a

change of political leadership would 'save' the NHS: "The NHS as we know it can't survive another five years of the Tories' failing plan." (TN3 315).

Discussion

This research has illuminated mainstream tabloid print media coverage regarding ED treatment targets. Generally, the media articles only touched on the surface of the issues that they were reporting, this was also reflected in the analysis of these articles. These tabloid newspapers tended to focus on sensationalist stories (Bingham & Conboy, 2015), which may be at the expense of clear and balanced news reporting. The articles cannot be generally understood to fulfil a public interest function; unmet clinical need relating to patient acuity and patient care were viewed as secondary concerns in comparison to generally reporting that NHS hospitals had failed to meet a target, which has no evidence of clinical benefit (Jones & Schimanski, 2010).   This is of interest, as the treatment target in the UK was introduced to improve patient care and experience due to overcrowding (Weber et al., 2012). The problems identified within and between newspapers were often diverse but were also sometimes contradictory in their nature. These included the general public attending EDs inappropriately, a difficultly in being able to obtain a GP appointment, the target being inappropriate in the first place, and management decisions such as closing local EDs.

However, the undertone of such problematisation was heavily class based in some examples of inappropriate attendance, with an 'other' inappropriate person identified, and with GP surgeries demonised in other accounts, with failure to situate problematic alcohol consumption and reduced access to primary care in the UK in recent years within their broader societal contexts. Alongside this, the media's use of inconsistent messages about what the problem was may have resulted in confusion among readers about when it would be appropriate to attend the ED.

Several potential solutions were proposed, including: increasing resources, better out of hours access to General Practitioners, and limiting care provided to those viewed as underserving. Proposed solutions were not generally evidence based. There was limited content in terms of who was responsible for the failure of the target, but clinicians were generally viewed in a positive way, with some negative comments directed toward hospital managers, and Governments (UK, Scottish, Welsh) most often viewed as to blame for the policy failure. Overall, it is interesting to see that in many articles, more than one problem was identified and, where solutions were proposed, these were often multi-faceted. Moreover, problems and solutions varied within individual newspaper coverage. This shows that the media were presenting this

problem as complicated; something that more resources alone would not be able to fix.

The four-hour target has received much attention within the media, although this was tending to be used as a symptom of a wider 'crisis' within the NHS. Within newspaper coverage, politicians were often quoted as stating that an alternative political party was to blame for failures, and this appears to be evidence that the media and politicians were combining to increase concern about this issue (Cohen, 2002) in the context of impending public votes in a General Election and the Scottish Independence Referendum. At this time, however, the Secretary of State for Health, Jeremy Hunt, reportedly told a journalist that he chose to take his child to the ED instead of awaiting a primary care appointment, showing the conflicted nature of narratives around emergency care during this time period (Donnelley, 2014).

In a context where paid readership of journalistic content has been in decline for many years, the fact that data was available on a daily basis may have resulted in the creation of articles quickly and cheaply. Alongside this, it has been argued that creating a sense of scandal or moral panic benefits the media, through increased sales,

and politicians, through creating political instability (Markovits & Silverstein, 1988).   As

such, the potential impact of such increasing public concern on this issue during this

period of time should not be understated. Negative media coverage of waiting

times in EDs contributed to the introduction of the ED treatment time target in 2000

(Vezyridis & Timmons, 2014), showing that the public's feeling that 'something must

be done' was responded to through policy action (Cohen, 2002). Moreover, at the

time of the research, the NHS had been identified as a key factor for public confidence

in the Government (Nuffield Trust, 2015).

As such, negative media attention would be likely to inspire politicians to suggest new

solutions to this issue. In an era where privatisation is again being suggested as a way

of improving health care standards, it may be that highlighting a scandal within a

public organisation is a way of suggesting the state should be further rolled back in

this area. Whilst our study focused on treatment targets, we discovered many more

articles suggesting that there was a more general crisis within the UK's NHS. So whilst,

the newspapers under study did not create a convincing narrative regarding how to

meet the target, they did create a feeling that "something should be done" as a

matter of urgency.

The newspaper articles did not generally focus on how clinical priorities can be distorted through the target and how hospitals maybe circumventing the targets which is often the focus within the academic literature (e.g. Gubb 2007; Mayhew and Smith 2008; Hughes 2010; Weber et al. 2012). There was also little mention of the policy itself and the role it has within the NHS. Although resources were mentioned within the articles as a potential barrier to meeting the target, there was no discussion about interrelationships between actors and constraints, these were identified by John (2013) as being important when determining what policies succeed or fail, and have been found to be related to success in the implementation of a range of policy initiatives (Mortimore & Cooper, 2007) (authors, 2015). In the year since our data collection, failure to meet the treatment target has become more common, with 90% of EDs in England failing to meet the target during October-December 2015 (The King's Fund, 2016). This policy failure alongside high levels of media attention is particularly worrying in the current political landscape, where budgets for many public services have been cut, but health budgets have remained relatively stable.

Strengths and limitations

Our research used pre-existing newspaper articles to understand one way in which the media was discussing four hour targets in the winter of 2014-15. We reviewed articles which were published in the three most widely read print newspapers, all of which were tabloid newspapers, and thus it can be expected that the messages we describe above were received by a sizeable minority of British adults. The use of a high quality database, Nexis, allows a high level of confidence that all relevant articles from the three publications were collected. However, it may be that print versions of articles were different to articles shared online. Furthermore, today, many consumers of news access content online, rather than in print, and this may affect the messages received by a wider section of the population. There is also the issue of the political context of the newspaper included within this study, as different newspapers have differing audiences, and the three newspapers under study were right- wing tabloids. The data was not subjected to dual coding, but both researchers analysed a sub-sample of the data and generated a coding frame; the authors held regular discussions throughout the process of data analysis, and discussed cases in which it was not easy to identify if an article described a small element of a 'crisis' or was 'irrelevant'. Despite the introduction of four hour targets in several countries, it is difficult to find a clinical reason for such a target (Mason, Weber, Coster, Freeman, & Locker, 2012).

Furthermore, there is no clear evidence that this target has had any effect on the quality of care within EDs in the UK (Jones & Schimanski, 2010). Never-the-less these targets receive significant attention within the media and they exert a larger influence on the work of nursing staff within EDs. Thus we conclude that the targets have been set for political as well as service improvement reasons. Our exploratory research has served to identify the way in which the mainstream UK print media was portraying breaches of ED targets during the winter of 2014. We conclude that coverage created a feeling of scandal in the NHS, because it reported breaches of the target as though this in itself was problematic, even though "blinkered compliance" to the target is deemed detrimental to patient care (Ardagh & Drew, 2015: 48). Alongside this, opposition politicians in Whitehall, Cardiff and Edinburgh often suggested that the ruling party was to blame for this 'failure'. Whilst messages were not consistent regarding the reason for the failure to meet the target, a general sense of crisis within the NHS was communicated and is likely to have an impact on the views of members of the public. Our study involved analysis of UK coverage, and it may be that the frequency of articles published was related to the availability of new data on a daily basis, which does not occur in other countries. As such, analysis of media coverage in other countries which have a waiting time target would shed light on the appropriateness of making these figures available less frequently.

Our research utilised coverage from the three UK print newspapers which had the highest circulation figures at the time of the research. Increasingly, however, news is accessed online, and levels of readership are different online.   Further research should occur which examines online news sources, and should also be undertaken with readers of newspapers to examine the hypothesis that a scandal is being created. At the time of writing media outlets in the UK were investigated by the Independent Press Standards Organisation (IPSO) when a proactive complaint was made. It is hard to define what new powers, if any, it would be beneficial for the IPSO to hold, in order to reduce the generation of scandal, whilst maintaining freedom of the press, but inappropriate content should be reported to the IPSO. The public interest focus of newspapers should also be investigated, and the potential for the NHS and other government agencies to spread messages through editorial content in print and online news sources should be considered.

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