



## VIEWS AND REVIEWS

## ACUTE PERSPECTIVE

# David Oliver: Covid-19 highlights the need for effective government communications

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I'm writing this nine weeks after the UK's first reported death from coronavirus. For me, the effectiveness of our response and the narrative around it have been as much about the quality of professional communications from government as about innovations in science or service delivery.

Despite the multiplicity of healthcare providers in the English NHS we fundamentally still have a national system run from central organisations, such as NHS England and Public Health England, reporting to the health secretary and the Department of Health and Social Care.<sup>1</sup> They, in turn, participate in collective cabinet decision making led by 10 Downing Street and supported by the Cabinet Office, which holds the Civil Contingencies Committee meetings (popularly known as COBRA).<sup>2</sup>

A strength of this apparatus has been the ability to generate official guidance and data at speed. It also enables a focus on proactive messaging, as well as attempts to make this clear and consistent and to reassure the public and NHS staff. The central, politically accountable structure has also allowed rapid allocation of funds to health and social care and a series of new permissions set out in the Coronavirus Act.<sup>3</sup> But, let's face it, some of the communication efforts have seriously backfired.

Some heavy handed, centralised news management has come from government, down through NHS England, to ensure that individual trusts remain on message, and several reports have emerged of their statements being vetted and of media access to hospital sites or employees being heavily restricted. The Doctors' Association UK reported a dossier of clinical staff who were put under pressure not to speak out over problems with personal protective equipment (PPE) or testing.<sup>4</sup> I'm sure that the environment created by government agencies contributed to this.

Many journalists have contacted me, frustrated that they can't get anyone to speak to them unless that person has an academic or membership organisation provenance and so is liberated from the pressure and fear. In the modern era of social media and electronic communications such strategies will fail, and journalists will find stories from disgruntled medics at the

expense of some of the better news around local organisations' responses, and they'll keep on pushing for credible answers.

## Briefings on the back foot

The daily Downing Street briefings have been an object lesson in how not to do government communications. Commentators including the *Observer's* Catherine Bennett and the former No 10 communications lead Alastair Campbell have skewered the tactics and deficiencies.<sup>5,6</sup> We see a different line-up of ministers, expert advisers, and officials every day—doubtless designed to signal collective government responsibility and reassure the public and media that expert advice is being heeded. But the ministers' empathy, credibility, knowledge, and authority have been very variable and their approach inconsistent. The briefings have often been on the back foot and reactive. Initially, journalists were not allowed follow-up questions—and then they were. Similarly, numbers of deaths of NHS staff were ducked—and then acknowledged.<sup>7</sup>

The Office for National Statistics' figures showing deaths from non-hospital covid-19, at home or in care homes, were initially ignored and then suddenly presented, giving the unfortunate impression that government was trying to spin the data.<sup>8</sup> Promises about available tests were revised up and down, with the health secretary, Matt Hancock, staking his reputation on 100 000 tests a day by the end of April. This target was met on 1 May, amid much criticism about how the numbers had been counted and pressure on local teams to ramp up numbers,<sup>9</sup> and it's not often been hit since.

Lines on PPE guidance and its availability for staff were altered repeatedly, with justifications changing to suit the supply problems. Public Health England itself has repeatedly altered its positions and then set out the evidence behind them, and the reasons for diversification from World Health Organization standards, before saying that WHO standards for high risk procedures or times of equipment shortages were aligned after all.

This means nothing if the lived experience of frontline staff is at odds with the big data. These staff are not reassured by

briefings, guidelines, or posters if they don't feel safe, can't access PPE, or can't get covid-19 tests for themselves or their patients. They'll talk about it on social media, off the record with journalists, or through unions and royal colleges—news management or not.

The pandemic has shown just how important skilled corporate communications are, including when they go wrong. It's also highlighted the key role of high quality, professional journalism in getting to the truth behind the spin.

Competing interests: See [bmj.com/about-bmj/freelance-contributors](http://bmj.com/about-bmj/freelance-contributors).

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- 2 Institute for Government. COBR (COBRA). <https://www.instituteforgovernment.org.uk/explainers/cobr-cobra>.
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