Abstract

Generating negative news coverage of state welfare provision has been identified as a strategy designed to create public support for radical policies aimed to reduce such provision. To date, research of this kind has focused on scandals and crises. However, little is known about the complex relationship between media representations of specific events, and those of media representations in the lead up to these events, what we refer to as periphery representations. Drawing on a coding framework methodology, this paper analyses the frequency and intensity of peripheral representations of the National Health Service (NHS) in the British print media for one week a month before and for one week during three key events in recent NHS history: the official consultation period for the Health and Social Care Act (2012); the publication of Five-Year Forward View, and the first Junior Doctor Strike. This article finds that negative NHS representations in articles that are peripheral to particular topical issues of controversy evidence fluctuations, amplifications and intensities across time periods, depending on the particular context. The paper concludes by arguing that repetition of negative themes in news helps to build a sensibility of 'inadequacy' of vital services. We hope that this focus on the ways in which amplifications and de-amplifications in negative intensity of peripheral NHS representations across time and content, helps to contribute to debate about the complex interplay between public health services, media representation and policy consent.

Introduction

It has been suggested that the National Health Service (NHS) symbolises the foundation of a welfare state in Britain. As a result, hospitals and others sites of NHS care have become implicated in ideas of 'common citizenship' (Brown, 2003). NHS hospitals have gained a position of some considerable symbolic importance within their localities; as centres of meanings, intentions, felt values, and are often the focus of emotional attachment to the communities in which they are situated. The importance of NHS services to ideas of local identity and sense of place appears to be significant (Jones, 2016). Further, the NHS, whether by collective imagination or individual experience, exists at the juncture between life and death and is bound up with notions of ontological security and collective memory in the UK (Graber, Zoli, Walker, & Aratarz, 2019). It is in this context that any suggested changes to NHS structure and provision are often understood as controversial or threatening. Whether at a local or national level, governing authorities seeking to enact structural change are often required to present courses of political action as inevitable and fundamentally necessary in order to obtain a level of public consent for their actions. The Mass media are very influential in shaping discourses about health, and the NHS in particular (Hayes et al., 2007). The media has a substantive degree of power to shape short-term public opinion and guide proposals for policy reform in a given political or ideological direction (Briant, Watson, & Philo, 2013; Mendes, 2001). It is important, then, to understand how the media may be involved in procuring public consent (Tyler, 2013).

Framing is one mechanism that presents social issues to the public in a particular way. This is achieved by particular omissions and specific selection of issues and assemblages of knowledge and practice rationalities (Jenkin, Signal, & Thomson, 2011). More specifically, framing is the 'outcome of modes of representation' (Avraham and First, 2010:482). This means that frames are constituted by representations, visual and textual, that combine to

present a perceived reality by constituting objects and subjects of policy, and by implicitly assigning authority and status to specifically shaped ways of thinking and acting (Chari, 2010; Jones, 2016). With regards to the NHS, frames can work to generate a need for, and direction of, change or policy intervention in two main ways. The first is to manufacture various crises which, in turn mobilizes a public hunger for quick solutions. For example, Wilson (2012) argues specific media stories of crisis and scandal in NHS management helped procure support for Thatcher's initiatives to radically reshape NHS provision. Similarly, Hamad (2016) points to the relationship between sensationalised media reports of the crisis in Mid Staffordshire NHS Trust in 2009 and the government's ability to implement sweeping radical reform. She argued that a campaign of 'finger pointing' helped the passage of reforms that were to change the very nature of the NHS. Eilenberg (2016) suggests that a predominant media focus on stories of scandal in public institutions like the NHS, are effective in undermining public trust and can help legitimize otherwise questionable government policy.

The second way media frames can help procure public consent is by representing political decisions as technical, financial and evidence-based (Jenkin et al., 2011; Jones, 2016). One example is the use of audit metrics which evaluate the performances of individuals and organisations to produce compelling narratives of the NHS. Driven ostensibly by claims to accountability, transparency and efficiency, an 'audit explosion' across the public services in recent years has led to the increasing public prominence of benchmarks through which to judge the performance of institutions such as the NHS. In the case of the NHS, measures such as bed occupancy and Accident and Emergency waiting times represent the production of largely depersonalised, highly portable and decontextualized sets of numbers to articulate the performance of NHS services (Espeland & Sauder, 2007). The mobilisation of the outputs of these commensuration processes in public knowledge controversies around the NHS have the effect of discouraging the public from noticing how problematic the government data is. This is important because research suggests that the media have the ability to destabilise the symbolic authority of the NHS in the public consciousness and garner some support through 'grudging compliance' or 'fatalistic acquiescence' for proposed changes (Clarke & Newman, 2012, p. 309).

While there is much a framing analysis can offer, there is space to examine how they may change in the focus, intensity and regularity of their representations. For example: in the late 1990s doctors were represented as 'gropers and butchers unable to keep their trousers up' (Abbasi, 2008, p. 99). Over the following ten years Doctors were represented as overpaid, underworked and deceiving taxpayers. In a content analysis of 391 articles on the 'moral outrage of doctor's pay', Tanner, Foy, and Harrison (2010) noted that coverage became less favourable *over time* with key themes focussing on working conditions, professional probity, quality of care and doctor's salaries. Yet, recent reports of the Junior Doctors' Strike, which took place in 2015 and 2016 and was the first such industrial action in 40 years, suggested that media coverage was largely sympathetic towards Junior Doctors' action against a new employment contract with the *Daily Mail* running an article about an anti-contract song (Rimmer, 2015). Nonetheless, during what Balkham and Alderson (2017, p. 84) describe as the 'biggest car crash in NHS history', the Health and Social Care Act (2012), there was a reiteration of themes of high salaries, money grabbing doctors, limited working hours, with the need for health reform and public trust being mobilised through routinely exaggerating 'facts' Over this time, negative stories about the NHS where more commonly represented than non-negative stories (Balkham and Alderson, 2017).

We might dismiss these fluctuations as the News merely following different stories in different times or as an indication of public concerns to very specific issues such as patient safety, for which the public may wish to support doctors, and stories of excessive pay, where they may not. However, Balkham and Alderson's (2017) research alerts us to how pre-existing discourses are remobilised and repositioned during specific political instances to mostly represent the NHS in terms of problems and challenges.

We are interested in fluctuations and remobilisations because Tyler (2013) argues that different reiterations and repetitions of messaging and imagery across the mediascape are central to the process of procuring public consent. She argues that media coverage, political rhetoric and everyday conversations on/off line, amount to an 'accumulation of expressions and beliefs' (2013:10). Her use of 'accumulation' here suggests a *gradual* process of change in which particular representations become public truths, whilst other versions of reality are silenced. Tyler's work enables us to ask if what she calls the manufacture of consent for changes to the NHS may be formed of changes in intensity and focus, which may manifest as potentially contradictory media representations of the NHS over time. To ascertain this, we need to address representations of the NHS not just in times of specific crisis and panics but in the periods around them - we will refer to these as periphery representations and themes.

Understanding the ways in which such intensities become resonant during different periods of public controversy may allow us a more nuanced understanding of the ways in which mediated public knowledge controversies about the NHS take shape. Such a focus may enable us to contribute to understandings of what scholars suggest is a 'crisis of trust in health care systems' (Gille, Smith, & Mays, 2015) where there is an increasing imbalance between the importance of trust in healthcare system functioning and the priority given to trust. We see these issues of trust as affecting not only the potential consent or complicity for radical policies, but also represent a potential public health crisis via a lack of early engagement with vital health services due to a lack of trust in the system and professionals working within it.

Method

Data collection
To explore peripheral media representations of the NHS in British print media we utilised the online database *LexisNexis* which has proven fruitful in previous academic research projects exploring comprehensive media representations over an extended period of time (e.g. Antilla, 2010; Boykoff & Boykoff, 2007). For our data collection timeframes, we were particularly interested in key 'events' in the recent history of the NHS and also a one-week period one-month prior to the event. The decision to sample the week in the month prior to the event was made as it was felt this timeframe was a long enough period prior to the event to explore the proposition Tyler (2013:10) makes with regards to understanding the 'accumulation of expressions and beliefs' that manufacture consent for action whilst silencing the alternatives.

We identified the parliamentary 'consultation period' (April 2011) of the proposed Health and Social Care Act (HSCA) which was published in 2012, the publication of the Five-Year Forward View (23rd October, 2014), and the first Junior Doctor Strike (12th January, 2016) as key events which generated significant media attention. These periods were chosen as the phases during which public and news reporting on these three events would have been at a

peak. However, based on the theory presented in this paper, we did not assume a direct line of representation and influence from media to public, and did not assume the position of the public as passive dupes (Parker & Hallam, 1998). Rather we took the position that representations could function in an indirect manner building up like a wave of peripheral representations of the NHS rather than in relation to the direct events. Therefore, not only did we sample for the week directly in the middle of the key events, but we also sampled one-week periods one-month prior to the events. Our sampling dates and total article number is as follows:

> Consultation Period HSCA (CP), 11th-17th April 2011, *n:*36
> Consultation Period HSCA Control (CPC), 14th – 20th March 2011, *n:*20
> Five-Year Forward View Period (FV), 20th – 26th October 2014, *n:*41
> Five-Year Forward View Control (FVC), 22nd – 28th September 2014, *n:*61
> Junior Doctors' Strike (SP), 9th – 15th January 2016, *n:*42
> Junior Doctors' Strike Control (SPC), 7th – 13th December 2015, *n:*82

To obtain our sample we were interested in British Media outlets with the greatest readership. Therefore we obtained data from the Audit Bureau of Circulation (ABC, 2017) to establish the top five most read media outlets in the UK in terms of readership in 2011, 2014 and 2016. Throughout all three annual periods the five media outlets registering the largest readership were: *The Sun; The Daily Mail; Metro; The Evening Standard*; and *The Mirror*. To obtain data for stories directly relating to the NHS we used three Key Search Terms (NHS, Doctors, Patients) specifying that these had to be in the title, through the LexisNexis data base. From this main corpus we then excluded articles that made explicit reference to the event (e.g. an article about the Junior Doctor Strike), were double reports (where newspapers produce the same article for different versions of their publication) with one deleted, or were of no relevance (as 'Doctors' was a key search term there were articles on Dr Who and the BBC series 'Doctors') (see *Table 1* for more information).

[Insert Table 1 here]

Data analysis

Following previous research that draws upon coding frameworks to analyse texts (Adams, Walker, & O'Connell, 2011) and in particular NHS representations in the media (Balkham & Alderson, 2017), the authors developed a coding instrument. The coding instrument was developed to record frequencies and detail of specific representations of the NHS and its key stakeholders in *peripheral* stories about the NHS. By *peripheral* we were interested in newspaper reports about the NHS that were not directly reporting the timeframe events, for example if an article was directly reporting the Junior Doctors' Strike, it was omitted. As with previously published research in the field (Balkham & Alderson, 2017) all three authors coded a sample of peripheral NHS articles for initial codes to describe the content of the representation(s) in the articles. The 36 articles in the consultation period (11th-17th April 2011) were used for this purpose.

Based on the results of this process the authors created a coding framework with which to analyse the presence or absence of each code in the complete sample of articles (*Table 6*). The coding framework contained 24 items covering the range of content to be able to describe the broad content of the article. Some articles contained multiple codes and thus our unit of analysis was the presence of the codes within the article as opposed to the overall tone of the article. In order to test the interrater reliability of the coding instrument for the three

coders, Fleiss' kappa was calculated. Fleiss' kappa is a statistical measure for assessing the reliability of agreement between a fixed number of raters when, as in the case with this data, assigning categorical ratings to a number of items or classifying items. The measure calculates the degree of agreement in classification over that which would be expected by chance. Fleiss' kappa can be used only with binary ratings. As raters in this instance were coding the presence or absence of a code, it was deemed an appropriate index of agreement. The analysis provided an average kappa across the coding categories of 0.6413 which previous research on Fleiss kappa thresholds considers as substantial and hence acceptable agreement (Landis & Koch, 1977).

In order to then generate a measure of valence and intensity within articles over a given time period, and to compare NHS event periods with control periods, we distilled the data into negative and non-negative instances of the NHS and its staff in the articles for each time period. In order to analyse whether there is a difference in peripheral negative and non-negative representations of the NHS in the top 5 UK newspapers at the time of the event (e.g. Consultation Period HSCA, Five-Year Forward View, Junior Doctors' Strike) compared to the control period (1 month prior to the event), we utilised cross-tabulations to offer descriptive statistics between the periods. Further, to establish if any differences shown in the cross tabulations are statistically significant we utilised the McNemar test as it is considered to be the most appropriate statistical tool for analysing pre-post differences (e.g. Top 5 newspapers measured at time point control and time point period) in dichotomous data (e.g. negative x non-negative) study designs (Adedokun & Burgess, 2012).

Results

Consultation Period HSCA
During the official consultation period for the Health and Social Care Act (2012), there were 36 peripheral articles and within the control period there were 20 articles. Within the consultation period articles there were 71 (55.5% of total) instances of negative representations of the NHS and staff in the peripheral NHS-related news stories and 9 (7.0% of total) non-negative. This increased from the 42 (32.8% of total) negative (and 6 non-negative, 4.7% of total) instances in the control period one-month earlier. A McNemar test showed a statistically difference p=.000 (two sided) in the proportions of negative v non-negative instances.

[Insert Table 2 here]

Five-Year Forward View
During the publication of the Five-Year Forward View, there were 41 peripheral news articles recorded and 61 articles in the control period which covered new articles on the NHS not directly covering the Five-Year Forward View. Within the Five-Year Forward View data collection period there were 85 (34.9% of total) instances of negative representations of the NHS and staff in the peripheral NHS-related news stories and 3 (1.2% of total) non-negative. This decreased from the 134 (54.9% of total) negative (and 22 non-negative, 9.0% of total) instances in the control period one-month earlier. A McNemar test showed a statistically difference p=.000 (two sided) in the proportions of negative v non-negative instances.

[Insert Table 3 here]

Junior Doctors' Strike
During the Junior Doctors' Strike, there were 42 news articles covering NHS related stories peripheral to the Junior Doctors' Strike and 82 new articles within the control period one-month earlier. Within the 42 new articles during the Junior Doctors' Strike period there were 53 (23.6% of total) instances of negative representations of the NHS and staff in the peripheral NHS-related news stories and 1 (0.4% of total) non-negative. This decreased from the 158 (70.2%) negative (and 13 non-negative, 5.8% of total) instances in the control period one-month earlier. A McNemar test showed a statistically difference p=.000 (two sided) in the proportions of negative v non-negative instances.

[Insert Table 4 here]

[Insert Table 5 here]

Discussion

We started this paper by asking whether a focus on the periphery representations can help frame the NHS in particular ways. We defined periphery representations as those that are present around three key points or crises in recent NHS history. Our aim was to question if there is a slow burn of media representations that may prime readers to understand the NHS in particular ways. Our results demonstrate that the representations of the NHS in articles peripheral to particular issues of controversy exhibit a clear and marked negativity toward the NHS and toward those who work with in it. Moreover, this negativity appears to fluctuate in intensity. For instance, during the consultation period for the Health and Social Care Act, we argue that the increase from 42 to 71 peripheral negative instances in articles against a backdrop of established negativity holds importance. As the public do not have access to all articles during a given period, the actual proportional increase or decrease is possibly less important than change in the actual frequency of negative and non-negative references in articles (non-negative increased by 3, negative increased by 29). We argue that this may constitute an amplification in negative intensity. The increased intensity of negativity may well have significance during a time when the public case for mass NHS reform and marketization needed to be established by the sitting government. An increase in peripheral negative articles on chaos, inevitable decline, poor taxpayer value, mendacious professionals would certainly be consistent with the need for a manufacturing of a specific brand of public consent (Clarke & Newman, 2012).

During the period of the Junior Doctors' Strike, when public support for junior doctors was particularly enduring, a decrease in negative intensification of stories about unprofessional and mendacious medical staff and chaos might be expected. This de-amplification in intensity may have been driven by a press sector seeking alignment with public sympathy. Indeed much of the *direct* media coverage of junior doctors had been sympathetic and positive (Rimmer, 2015).

The decrease in negative intensification during the Five-Year Forward View is less clear to explain through the above framework as it acts in contradiction to the other periods.

However, the Five-Year Forward View ushered in considerable structural change without parliamentary legislation, a controversial decision by the sitting government. Therefore, it is possibly the case that it needed to be seen as business-as-usual rather than (like the Health and Social Care Act) requiring the manufacture of public consent for another radical restructure of the service. In this instance a decrease in intensity could indicate decreasing the public case for significant and radical reform. Again, our results are useful in pointing to new areas for media analysis.

While we would caution against conceptualising viewers as uncritical receivers of media messages (Parker and Hallam, 1998), we would agree that a predominant media focus on stories of scandal in public institutions like the NHS, are effective in undermining public trust and can help legitimize otherwise questionable government policy (Eilenberg (2016). Our analysis supports previous research which highlights media representations of the NHS consisting of staff that are 'gropers and butchers and doctors unable to cut in a straight line or keep their trousers up' (Abbasi, 2008) and that are overpaid and underworked (Balkham & Alderson, 2017). Indeed this is consistent with representations of other public sector works (Balkham & Alderson, 2017; Murphy, 2010) and in other countries (Cawley, 2012; Farrow & O'brien, 2005). Our findings contribute to this previous body of work by understanding negative and non-negative intensities at moments of importance. Critically then we suggest that such negative sensibilities should be understood as time and context dependent rather than experienced by the public as constant and consistent backdrop.

One potential impact of this media framing is in public perceptions of health professionals and health services: research suggests that the media exerts considerable influence on the public's perceptions of healthcare professionals and influences the decisions individuals take about their own and their families' health (Hoyle et al., 2017), though this relationship is complex and needs further attention from audience focused research (Seale, 2003). Balkham and Alderson (2017) suggest that a combination of increased patient expectation, prolonged media interrogation of GPs, continued scrutiny of public sector pay and scandals related to the NHS have brought the integrity of the medical professions into question. The media can be the dominant source of information for patients (Guillaume & Bath, 2008) with research showing that, in the case of MMR reporting, there was a significant correlation between negative newspaper coverage of MMR and decrease in uptake of vaccinations (Mason & Donnelly, 2000). Some scholars have now suggested a trust crisis in health care systems with an absence of trust enacting harmful effects for the health of patients (Gille et al., 2015), something we suggest could be understood as a major public health issue. In addition, as a limitation of our research is the arbitrarily chosen time periods, we see a future for research which explores different time-periods and events pre-2010 so to trace the historical emergence of intensities and the relations with specific dominant political rationalities. We also see potential in examining the impact of peripheral negativity and fluctuation of intensity of negativity on specific health beliefs and health practices.

We posit that media representations of the NHS can usefully be articulated in terms of a 'sensibility' which represents patterns and repetitions across the mediascape that resonate with specific and time-bound neoliberal rationalities (Gill, 2007, 2008; Toffoletti, 2016). A sensibility is a 'tone, a mainstream media tendency' (Agirre, 2012, p. 156) that is made up of interrelated themes which distinguish it (Gill, 2007, 2008). While, a sensibility does not offer 'new research modes or modes of analysis' (Vered & Humphreys, 2014, p. 159), Gill argues that a sensibility can serve as an orientating device. Her work is focused upon young women's orientation to a particular and specific femininity, but we suggest that approaching

our results as indications of a sensibility can help us think about how people may be orientated to specific and particular understandings of the NHS and of a post-welfare society more generally. Our attention to peripheral patterns and repetitions has allowed shaper attention to the 'slow burn' of negativity in peripheral representations that circulate around the more widely researched crises. Our argument is that frames, and their representations that may be implicated in the manufacture of public consent, even if this is begrudgingly given, is not always generated through specific and sensationalised 'crises' in the NHS, but rather through an increased frequency of regular, even mundane, media representations that present the NHS as failing.

Fine (2018) discusses the importance of the things we are structured to not see and conditioned to not imagine and directs us to notice how we are increasingly confronted with novel configurations of how power operates, penetrates and punishes. We hope that this focus on the ways in which amplifications and de-amplifications in negative intensity of peripheral NHS articles across time and content, helps to contribute to debate about the complex interplay between public health services, media representation and policy consent. However, in concluding this article we which to turn to some further limitations of our own research. Firstly, we need to note that whilst this paper is focused on the most read forms of print media in the UK, yet as recent research has noted, individuals are increasingly turning to the internet and digital media as their primary source of information (Brossard & Scheufele, 2013). Further, this research was concerned with the sentiment and tone of an article as opposed to the subjects that are given a legitimate voice in representations of the NHS, something we feel future research could attend to. Finally, whilst the statistical test chosen for this analysis showed significant differences in our analysis, similar to a Chi Square test, the McNemar test only shows a significant difference between the cross tabulation cells and therefore does not allow us to examine specific causalities or correlations.

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Period	Total n.	n. restricted to top 5 newspapers	Exclusion n.	Final n.
Consultation Period HSCA (CP) (11th-17th April 2011)	473	59	23	36
Consultation Period HSCA Control (CPC) (14th – 20th March 2011)	453	37	17	20
Five-Year Forward View Period (FV) (20th – 26th October 2014)	1230	53	12	41
Five-Year Forward View Control (FVC) (22nd – 28th September 2014)	950	74	13	61
Junior Doctors' Strike (SP) (9th – 15th January 2016)	2092	87	45	42
Junior Doctors' Strike Control (SPC) (7th – 13th December 2015)	929	89	7	82

Table 1 – Data Sample

Period	Non-negative representation	Negative representation	Total
Control period	6	42	48
Consultation period HSCA	9	71	80
Total	15	113	128

Table 2 – Consolation Period HSCA Findings

Period	Non-negative representation	Negative representation	Total
Control period	22	134	156
Five-Year Forward View period	3	85	88
Total	25	219	244

Table 3 – Five-Year Forward View Findings

Period	Non-negative representation	Negative representation	Total
Control period	13	158	171
Junior Doctors' Strike period	1	53	54
Total	14	211	225

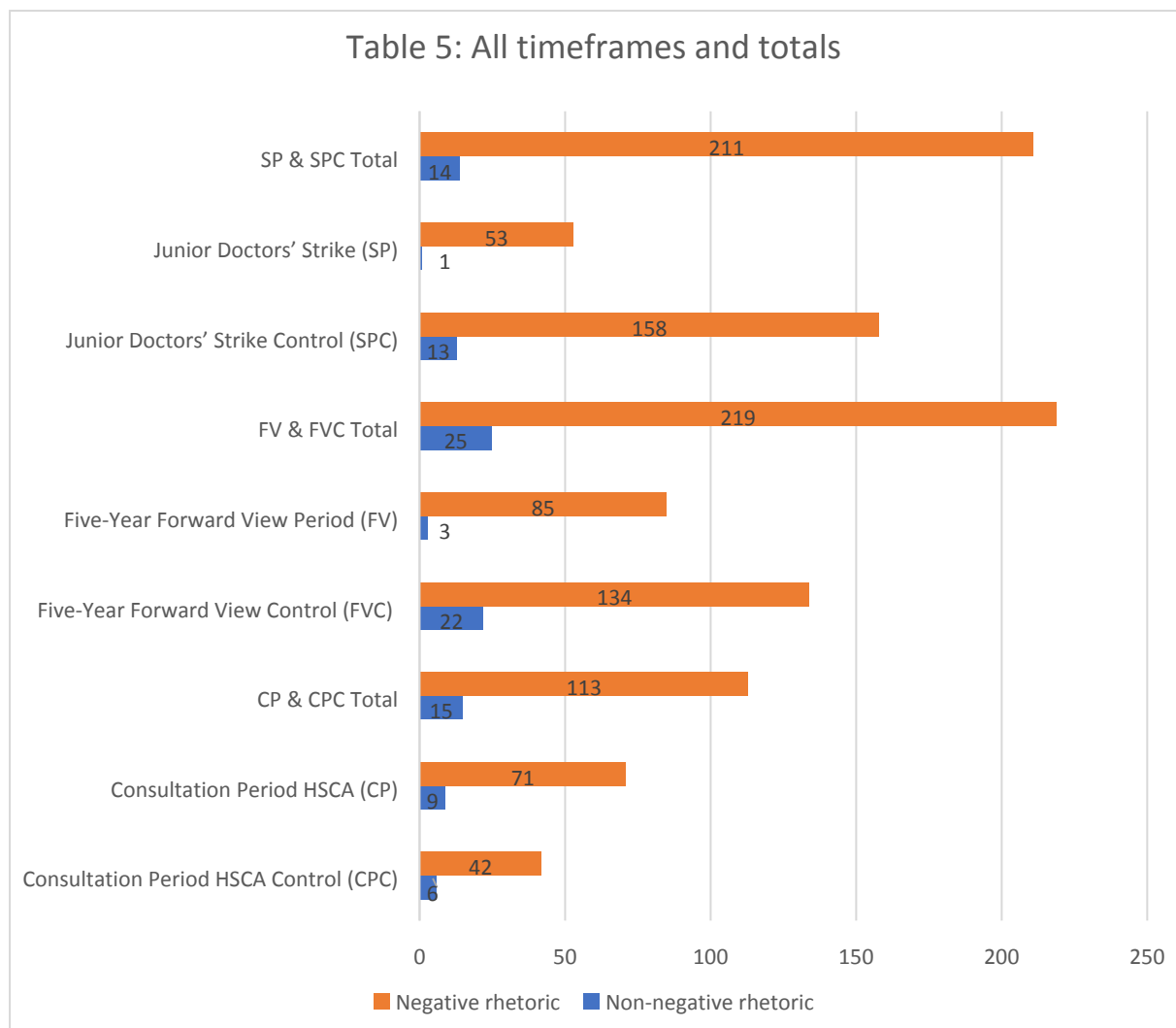**Table 4 – Junior Doctors' Strike Findings**

Table 5: All timeframes and totals

Table 6: Coding Framework with associated Intercoder Reliability statistics

Rating	Fleiss Kappa	Z	Prob>Z	Agreement
Positive	0.4863	4.21	0.0000	moderate
Unbalanced tone	0.4403	3.81	0.0001	moderate
Mixed/balanced	0.4863	4.21	0.0000	moderate
NHS and finance	1.0000	.	.	perfect
Immigrants straining the NHS	0.4565	3.95	0.0000	moderate
Cost of agency workers	0.4565	3.95	0.0000	moderate
NHS fat cats	0.4231	3.66	0.0001	moderate
NHS and patient care	1.0000	.	.	perfect
NHS refusing to treat child	1.0000	.	.	perfect
NHS doctors/staff	1.0000	.	.	perfect
Demoralised staff	0.4565	3.95	0.0000	moderate
Doctors well paid/poor value to taxpayer	0.4565	3.95	0.0000	moderate
Gentle bedside manner	1.0000	.	.	perfect
Doctors having too much power (power crazed)	1.0000	.	.	perfect
No weekend working in NHS	0.4718	4.09	0.0000	moderate
Foreign doctors	1.0000	.	.	perfect
staff exodus/desire to leave	0.4718	4.09	0.0000	moderate
Doctors failure/incompetence	0.4565	3.95	0.0000	moderate
Overwhelmed staff	0.4565	3.95	0.0000	moderate
NHS and politics	1.0000	.	.	perfect
People's NHS	0.4718	4.09	0.0000	moderate
The collapsing NHS system	0.4863	4.21	0.0000	moderate
NHS collapsing due to elderly	0.4565	3.95	0.0000	moderate
NHS red tape	0.4565	3.95	0.0000	moderate
Challenges ahead ominous	0.4863	4.21	0.0000	moderate
Misc NHS	1.0000	.	.	perfect
Health research	0.4403	3.81	0.0001	moderate
Average overall	0.6413			substantial