**Workshop 6: H + J**

H: Ok J, do you want to start and say what the program was that you’ve just been listening to?

J: well mine was people taking care of their own health really, basically. It was people being able to take some control of their own health. And basically there was a GP, who was relating to things very well...i mean he made little anecdotes about other ways in life that you took control of your life. And he was very good.

It went to a patient who said that she was taking control of her life and how she was taking control of her health. It was called PKB and basically it’s something that you can have access to as long as you’ve been registered and passed all this. You can actually take control of your own health because you can look at your own health records in the past as well as now. So basically you’ve not just got the doctor doing it, you can do it as well. So if you’ve had a test of some sort, a blood test or whatever, you can get the results as quickly as he can get them....which is often a big problem I think, isn’t it. You know, they don’t let you know and you don’t like to ring up, so often you don’t have any feedback for quite a while. But you can get feedback yourself being on this system, by the computer, and then you can have a good chance to have a think to yourself about it before you talk to the doctor about it.

H: So do you know anything about this program...

J: ...no

H:...is it on the radio or is it just online? Do you know how you would access this program?

J: yeah, I think you would access this PKB program online, but it would have to be confidential, personally for you, because it’s got your medical records. So you’ve got to be able to to...it’s quite stringent the way they would ahve to control it for you, but once you’re passed that information you can get through to it via the computer.

H: So this program about all this....

J: yes, explaining this....

H: so it was giving you the background was it?

J: It was just giving you the background but it was more like the doctor saying that nowadays people do like to take a bit of control of their health, they look about on the internet for information about symptoms and such the like, and they go in and say. And they say that’s a good thing in many respects but in some ways you would have to discuss it with your GP as well. But this way, at least you would ahve some background information, and collect a bit of information together, and maybe information from past records that might fit in and then you can sort out things for yourself. It’s quite interesting isn’t it?

H: it was. So did you find it interesting the whole way through? Or did you tend to switch off a bit sometimes?

J: Well, i found it interesting all the way through really because the GP was a very down to earth person, you know, talking about people don’t like to wait that long for an appointment or to know the information from thei test results, just like you’ve got to go to a bank and stand in a queue everything you do these days, you think it’s it’s instantaneous but it isn’t really. You know because you have to wait a lot of the time. And he was just sort of saying sometimes that’s not easy to do, when you want direct information, say from a bank, if you could ahve direct information...you often can but not everybody can access it can they, that’s the problem

H: so this would limit people wouldn’t it? This would limit it to only people who were online

J: yeah it would

H: and the trouble is most people, well i suppose the largest percentage of people who are ill are much older people and of course that’s the group that tend not to be online

J: that’s it, i suppose their families could you know, if they had a family you know they could access it for them through

H: yes

J: you know if you had somebody confidential who could access for you, but i think the library or somewhere yeah, but it sounded like quite a good idea

H: sounds fantastic really doesn’t it? I think it would be great

J: it does, i don’t know, ermm, he said it might save a bit of time but i think nowadays like say for instance John we’ve been on a holiday and we were up a height and his hearing went, you know and it hasn’t come back, but this morning he rang the doctor and then our surgery, the doctor rings you back, we don’t make appointments we have the surgery ring us back and it’s actually, i think it’s a brilliant system because they talk it through with you and if they need to see you they see you, but most of the time you can get sorted out really quickly because they ring you back within a few hours, within an hour or two, it’s a great system and it’s almost like this, you’re almost instantaneously getting some responce and i think in some ways the GP would i’m not quite sure but i think what he was saying was that the GP would respond to you, if you email or if you got in touch with him through this sytem he would get back in touch with you quite quickly aswell, so it wouln’t replace seeing a GP. So what was yours about?

H: oh, well I listened to two and it was totally different from what you listned to. It was actually, well i like the program anyway, it’s every day, week days, 12:25-2pm and it’s the consumer program. You and yours on radio 4. Now it varies, you switch on and you really don’t know what you’re going to hear and sometimes it’s really good

J: so you get a variety?

H: you get such a variety, sometimes it’s totally irrelevant to me but obviously it ill be revevant to other people because you’ve got such a diverse audience ahvn’t you, obviously. Well i don’t know how relevant this is but it’s interesting the way it was organised for this project. the first one i listened to was on easter Monday, when we were in the car, and the whole program was devoted to one topic, now today whan i listened to it there were 6 topicswithin the 3 quarter of an hours, see how different they are each time, so you really don’t know, so they use a variety of techniques. The format tends to be a presenter, and interaction with the public and they use email, they use text or they can use facebook for public to contact the program

J: during the program?

H: no, not these ones that I’ve heard, i think that might happen but certainly this was previous to the program. And the first one was unbelievable, it was caused psychological fraught. And the 3 1/4s of an hour just flew, we were in the car and that time just flew. It was about a particular con man who was in his 50’s who’d been doing this for years, he was so plausible and so clever that you wouldn’t believe how he managed to take people on, to fool people. So, there was an introduction by the presenter, she herself was the one who’d done a lot of research for the program, i don’t know how she’d done it but she found different people who’d been affected by him. And the psychological fraught was, he’d managed to get involved with them emotionally, he’d answered adverts in some casues for work away, where people abroad, if they wanted someone to just come do some work for them, they offered someone a bed and food if they’d come and help them and he just had the knack, he just got them into his confidence so they loved him, they thought he was wonderful and he said things to everybody, that he’;d been mugged, he’d lost his passport,

J: he was the victim

H: but it was very very complicated the way he covered his tracks all the time. So what they did, she introduced it, the girl, then they talked to a family in Franc, who’d lost so muh money through him, various people, that changed. So you got the information from the rtesearcher but then she interviewed the people that had lost all their money and it was very upformt and quite blunt and said surely to goodness, you couldn’t have fallen for that. And they were very sensible people. So they also had a psychologist on, so you got that side of it, into how his mind was working and how it affected the people who had fallen for him, in the trap. And then you got somebody for the police, form the fraud squad, and it was very difficult, that he was so clever. And used all sorts of modern technology

J: so he was mainly modern technology he was using?

H: yes, but that’s the way it was organised. I loved it, you couldn’t help but get taken in yourself by the program it was fancinating. So that was interaction. But the other one today was totally different, and it started off with somebody had written in, emailed i presume, to the program, who had terrible problems getting their CRB, it had taken months and they couldn’t get owrk, so they’d lost all that money, so they got somebody from the police, they got different people to explain the situation, what should happen. But the best one was the chief ombutsman, who you would report any problems with your gas or electricity, and he himself found that he had a terrible problem with one of the suppliers that made a terrible mistake and was demanding a whole lot of money from him, and he would ahve had to refer himself to himself cause, so can you imagine [laughs] it was fantastic. So he had, you had him saying, again he must have emailed in talking about the problem, and then he was interviewed by the presented about what happened and what he did next and how he got over it. That was great. Then a totally different thing was a nurse, she’s the oldest longest serving nurse in the country, she’s in her 70’s and she’s been nursing since she was 16, and that was just a sort of story, so that was different again

J: and she had problems with the CRb check?

H: no, this was just a nice little item about her?

J: so there were several different items in this piece?

H: yes, there were 6

J: so, it wasn’t like mine where there was 1 thing?

H: it’s just the way it was presented, just looking at the presentation. There was one about punk or something and i just found that i had completely and utterly switched off

J: well they’re trying to get to everybody, some people like that

H: but thaey had the same presenter, he was very good. He had a lovely manner and he was lovely with the people that he spoke to, he was very sympathetic to them, wehere as the one in the first program was quite sharp, what a fool you’ve been sort of thing. And there was another couple of topics as well that were quite good, but it’s just the different ways the show can be presented

J: it is, but it’s good to be somebody that people feel are almost like them, the presenter, you know, they’re very realistic and into everybodies everyday life and know hoe people are isn’t it

H: i think they’ve got to have empathy with the people who’ve written in...and they’ll be well trained these presenters, they’ll know ho to approach it

J: it was the same with this GP, he was very understanding with the situation and was able to explain it in a very simple way. At the very end i switched off because there was another GP who was talking and really he, it hink he, i don’t know, he had some sort of foreign accent and it was very difficult to catch him, and he was talking in sort of very technical terms so i switched off

H: well that’s what you do if you can’t hear it properly and you don’t understand what these terms mean, that would happen to me

J: i think the last one was going at quite a fast past, not able to hear him properly and the fast pace difficult

R: how are you getting on? The others have finished. So what do you think the similarities were between the two shows?

J: well first of all we were talking about the presenters we were saying

R: why don’t i bring the boys over and we can write them down? So H and J are going to exaplin the similarietes and differences between their shows

J: well we thought the presenters were common to each

R: in what whay?

J: well they had real empathy with the, you know. We felt it’s important they talk clearly and not slowly but at a reasonable pace beacsue you sort of turn off otherwise, you know, at the end of mine i think he has a foreign sort of accent and went quite quickly and talken in very technical tersm and i just switched off

R: so not technical

J: well not too technical, sometimes you have to be technical in some respects

H: in both programs you had the professional, either it was the presenter who does this every day, or the doctor, but sounds as though he’s been used to that public type of speaking

J: can relate to ordinary people

H: so it the program you had a professional presenter or doctor. And in both programs members of the public were involved and you heard them speaking, either relating an emailt heyd sent to the program or were being interviewd

R: anyhitng you particulary liked or disliked about the show that was similar?

J: well i think it’s good if you can raise an interest in it isn’t it, you were saying that there was something about pubk and you sort of switched off, but everyones like that aren’t they. You’ve got to have something that mainly people would be interestd in, if it’s something a little bit out it’s ok but only if it’s a little bit

R: so it has to be a topic people are interest in

J: generally yes, but there’s bound to be extreme ideas that obviously should be voiced

H: in one of the programs i listeed to there were 6 different topics within the 45 minutes, and of the 6, 4 i was interested in and 5 without even realising it i had switched off]R: ok, so you have to keep you interested you have to be getting interested in the topics

H: because the program i listened to was a consuer program going out every day you’ve got a huge audience, with so many different backgrounds, interests, attitudes, so you’ve got to have something...the same program but on a different day i think was so clever. The prevuous day it was one topic and they spent the whole 45minutes on this one topic and it was absolutely fascinating and i’d imagaine that everyone who listened would be fanscinated because it was one psychological fraud. It was baout people who’d beed conned by an unbelievably clever plausible con man. Well d thithat’s like a human interest story and i would appeal to most people, you know, how could they be so stupid. This is how they cold be so stupid and juts hearing about the incredible things he did and the use of technology. So it’s just getting it right for your audience, knowing your audience

R: ok, we’re going to talk about audiences at some point...not today. Any differences? Would you come back and listen to this type of show again?

H: i would

J: i’m not a radio listener but i found that quite interesting, it hink i would yeah. I probably didn’t take it all in and really it was very informative, it hink if something’s informative, you’re quite interested in listending to that type of things again arean’t you

R: any big differences?

H: from what i can gather it seemed to be mainly the one doctor and the one patient, and that’s a long time 45 minute

J: It wasn’t that long mind, it was only 13 minutes

H: oh well that’s not bad

J: and then another doctor summarised at the end but i lost track with him, i lost interest

H: it sounds fine, it didn’t sound quite as professional as what i’ve been listeneing to which has been going on for yonks, so they know ho to present, you know really really well trained presenters

R: i’l just put professionality. Do you want to go through yours and then maybe you can chime in with some more ideas after? What about you Jo seeing as it’s your writing?

Jo: similarities were real patients, different types of voice in each program. One was about physical illness and one was about psychological wasn’t it? Both were very intereactinve with different patients and both interesting. Those were the things that were the same with them

R: which seem to be pretty much what you’ve said

J: pretty much yeah

R: so these are things that are improant then

Jo: the differences were as i said different types of illness, one was uk based one was based in kneya talking about witch doctoes. One has experts in control one had patients in control. One was maybe more monotonous than the other, but they weren’t really that bad, i found on mine after 6 minutes it became more interesting because someone else came in to talk rather than just the GP

J: i don’t think we can get any more differences...i suppose the length, with you, you had several people though didin’t you, we all had several peropl

H: it was broken up, because you’ve only got a certain amount of time you can concentrate on one voice, if you can’t see them and you’re just listeneing

J: i don’t know if that needs to be a similarity but you know it’s broken up into different sections, cause if it was one person, monotonous for the 45 minutes it would be aweful

H: my attention wouldn’t hold

K: most radio programs, even if it’s radio 2, radio 4, it’s either broken up with music or a new guest or something, you woulnd’t have necessarily the same 2 people debating. Even if they have 2 people debating, it’s not that long between 2 people before bringin in another guest, or one gets ditched

J: short, sharp bits are more profound aren’t they

R: could you see this translating into something for Parkinson’s? We started this discussion on the other table there. What do you think would keep people interested?

H: i think you’ve got to have a really goo presenter who’s got good presentation skills, the voice and the empathy, that’s crucial

P: and a good knowledge asw ell

H: although you can still have a presenter, as long as thev’e got...

P: a gift at drawing in someone who has got knowledge

H: as long as you’ve got someone who’s got that background, the skill or the knowledge,..if it’s anything to dop with medicine it’s got to be absolutely spot on. The information

K: and credible

H: hasn’t it?

K: if you had dr who running ti you’d probably lose people before you got them. If you have one of the professors people will listen it because...

H: they know that what they say will be absolutely correct

R: i’m interested in this concept of presenter then because actually from what i could hhear of the prodcasts and i don’t know what you’ve listened to but the format of the podcast, it seemed like there was one person giving an interoduction about the topic, was that the same voice the whole way through? Was that a doctor that was giving...

Jo: it was for ours yeah

J: it was a doctor doing the introduction

P: it was the same for mine

R: so it wasn’t exactly like a radio host. What abotut he person who did the one about fraud? Was that a presenter?

H: Ah no, now the one who did the one about fraud was the woman who had done, she was a researcher and she had found herself, she had found tehse people and gone all over Europe, chased them, but she managed to get 3 or 4 and she intereviewd them aswell. So she introduced it, everything, she’d done the research on it and she did the interview and she was very good

R: ok, so when we’re talking about the concept of a presenter then, the presenter could be that professor or that doctor or that expert

J: yes, that’s what ww were genrally saying. I mean somebody who introduces it and gives a bit of background

R: just to be clear, the snippets of conversation that were coming from the general public, people who had experienced the thing, was that like an interview or them just telling about an experience?

J: with me they were just telling it, it wasn’t an interview

H: the second one i listened to with all the different topics, they had sent a text, or emailed or used facebook to contact the program and they must have gone through them and then contacted the person and then they talked to them and got an expert int o help their problems. It was people who had problems

R: and they were interviewed?

H: yes about what happened

K: i haven’t listened to any of these and i’ve come in late. Are we thinking of having one theme for a program? So we’d only need one host for the program? So it’s not like what we’d be thinking of someone like your Jeremy vines and then bringin in other people, so he sort of facilitates where to go next?

R: i think that’s looking like what people are thinking sounds like a good idea? An i picking that up right?

[agreement]

K: so you’ve got your facilitator and then you’ve got the professiona who’s going to be able to answer all the questions?

R: well it wounds like today the format where the experts gives the introduction on the topic and then there are people who give experiences on the topics? Were there any questions back and forth

[no]

R: goodbyes