Response to the Oral Statement on the Junior Doctors’ Contract Dispute (House of Commons - 30/11/2015)

The Secretary of State for Health (Mr Jeremy Hunt): With permission, Mr. Speaker, I would like to update the House on the junior doctors’ strike. Earlier this month, the union representing doctors, the British Medical Association, balloted for industrial action over contract reform. Because the first strike is tomorrow, I wish to update the House on the contingency plans being made.

Following last week’s spending review, no one can be in any doubt about this Government’s commitment to the NHS, but additional resources have to be matched with even safer services for patients. That is why, on the back of mounting academic evidence that mortality rates were higher at weekends than in the week, we made a manifesto commitment to deliver truly seven-day hospital services for urgent and emergency care. However, it is important to note that seven-day services are not just about junior doctor contract reform. The Academy of Medical Royal Colleges noted:

“The weekend effect is very likely attributable to deficiencies in care processes linked to the absence of skilled and empowered senior staff in a system which is not configured to provide full diagnostic and support services seven days a week.”

So our plans will support the many junior doctors who already work weekends with better consultant cover at weekends, seven-day diagnostics and other support services, and the ability to discharge at weekends into other parts of the NHS and the social care system. But reforming both the consultants’ and junior doctor contracts is a key part of the mix, because the current contracts have the unintended consequence of making it too hard for hospitals to roster urgent and emergency care evenly across seven days.

Our plans are deliberately intended to be good for doctors: they will see more generous rates for weekend work than those offered to police officers, fire officers and pilots; they protect pay for all junior doctors working within their legal, contracted hours, compensating for a reduction in antisocial hours with a basic pay rise averaging 11% and average pay maintained; they reduce the maximum hours a doctor can work in any one week from 91 to 72, and stop altogether the practice of asking doctors to work five nights in a row; and, most of all, they will improve the experience of doctors working over the weekend by making it easier for them to deliver the care they would like to be able to deliver to their patients.

Our preference has always been a negotiated solution, but the House knows that the BMA has refused to enter negotiations since June. However, last week I agreed for officials to meet it under the auspices of the Advisory, Conciliation and Arbitration Service—ACAS. I am pleased to report to the House that, after working through the weekend, discussions led to a potential agreement early this afternoon between the BMA leadership and the Government. This agreement would allow a time-limited period during which negotiations can take place, and during which the BMA agrees to suspend strike action and the Government agree not to proceed unilaterally with implementing a new contract. This agreement is now sitting with the BMA junior doctors executive committee, who will decide later today if they are able to support it.

However, it is important for the House to know that right now strikes are still planned to start at midnight, so I will now turn to the contingency planning we have undertaken. The Government’s first responsibility is to keep their citizens safe. That particularly applies to those needing care in our hospitals, so we are making every effort to minimise any harm or
risks caused by the strike. I have chaired three contingency planning meetings to date, and will continue to chair further such meetings for the duration of any strikes. NHS England is currently collating feedback from all trusts, but we estimate that the planned action will mean up to 20,000 patients may have vital operations cancelled—these include approximately 1,500 cataracts operations, 900 skin lesion removals, 630 hip and knee operations, 400 spine operations, 250 gall bladder removals and nearly 300 tonsil and grommets operations. NHS England has also written to all trusts asking for detailed information on the impact of the strikes planned for the 8 and 16 December, which will involve not just the withdrawal of elective care, but the withdrawal of urgent and emergency care as well. We are giving particular emphasis to the staffing at major trauma centres and are drawing up a list of trusts where we have concerns about patient safety. All trusts will have to cancel considerable quantities of elective care in order to free up consultant capacity and beds. So far the BMA has not been willing to provide assurances that it will ask its members to provide urgent and emergency cover in these areas where patients may be at risk, and we will continue to press for such assurances.

It is regrettable that this strike was called even before the BMA had seen the Government’s offer, and the whole House will be hoping today that the strike is called off so that talks can resume. But whether or not there is a strike, providing safe services for patients will remain the priority of this Government as we work towards our long-term ambition to make NHS care the safest and highest quality in the world. I commend this statement to the House.

Heidi Alexander (Lewisham East) (Lab): I thank the Secretary of State for his statement, and for advanced sight of it. When we last debated junior doctors contracts in this Chamber, the Health Secretary was too busy to attend, so I am glad that he has found time to be here today.

May I start by saying that I strongly welcome what the Health Secretary has announced? Nobody wants to see industrial action, not least the junior doctors. Hopefully, common sense will prevail. However, I have a number of issues on which I wish to press the Health Secretary, including how services tomorrow might still be affected, workforce morale, and what happens next.

A week and a half ago, I wrote to the Prime Minister suggesting independent ACAS talks to resolve this dispute. My proposal was immediately supported by the Academy of Medical Royal Colleges and accepted by the British Medical Association. It took the Government a further five days to agree to enter talks. The issue is this: given that a number of operations have already been cancelled, is it not the case that if the Health Secretary had agreed to this proposal when it was first put to him, he could have avoided, or at least mitigated, any disruption to patients tomorrow?

During my urgent question in this House on Friday 20 November, the Minister of State for Community and Social Care was asked 12 times about ACAS involvement, and 12 times he refused to agree to talks. Will the Health Secretary say very clearly why it took the Government so long to agree to talks, and why Ministers initially appeared to rule out the proposal?

Secondly, the Health Secretary will know that this dispute has been deeply damaging to workforce morale. Many junior doctors will have already voted with their feet, or would have been planning to do so over the coming months. Has the Department made any estimate of the effect of the dispute on staff recruitment and retention? What action is the Secretary of State taking to stop the brain drain of our brightest medics to countries such as Australia and New Zealand?
It was clear from my conversations with junior doctors that they felt that they were the first line of defence in a fight for the future of the NHS. Whether that is right or wrong, it is a remarkable situation in which our junior doctors find themselves. Will the Health Secretary now set out his approach to negotiations with other groups of staff about pay and conditions? Does he accept that we cannot keep asking our NHS workforce to do more for less?

Finally, I say gently to the Health Secretary that his handling of these negotiations has been a lesson in precisely how not to do it. I trust that today’s announcement will mark a change in tone and approach on the part of the Government. With that in mind, let me say this to the Health Secretary: everyone in this House agrees that if someone goes to hospital in an emergency on a Sunday, they should get the same treatment as they would on a Tuesday. The Health Secretary has repeatedly failed to make the case for why reforming the junior doctor contract is essential to that aim.

I make a genuine offer to the Health Secretary today. I am prepared to work with him on a cross-party basis to do everything possible to eradicate the so-called “weekend effect” and we will support any necessary reforms to achieving that aim. In return, the Health Secretary needs to be absolutely clear about what needs to change in order to deliver that. As many studies have concluded, there needs to be much more research into why there is a weekend effect, so that we can ensure that we focus efforts on the actual problem. Will the Health Secretary today commit to commissioning new independent research into how reforming staffing arrangements at the weekend might help improve the quality of weekend services? Does he understand that part of the problem has been that he has implied that junior doctors are to blame for differential mortality among patients admitted at the weekend? What other steps will he take to ensure that we have consistent seven-day services, including ensuring that social care is available outside the working week? Will he update the House on the consultant contract negotiations, which are separate to the junior doctor negotiations and are more directly linked to seven-day services?

I welcome the fact that the Health Secretary finally agreed to ACAS talks last week and I welcome the news from those talks today. Nobody wants patients to suffer and I hope that now we can start to put this whole sorry saga behind us.

**Mr Hunt:** What an interesting response from someone who has never championed seven-day services and has never been prepared to stand up for patients and do the right thing, however difficult it might be.

The hon. Lady asked about ACAS, so let me respond to her comments. We did not respond immediately—incidentally, our response was not to rule it out but to say that we would consider it and that we did not rule it out—because I made a private approach to the head of the British Medical Association to see whether there was enough common ground to make an approach to ACAS worth while. I wanted to give time for that private approach to bear fruit.

The hon. Lady asked about the brain drain. I will tell her what we are doing to stop the brain drain: there will be £3.8 billion of extra resources for the NHS next year. That is £1.3 billion more than Labour promised at the last election. That is a commitment that we can make on the back of a strong economy, which all doctors know that the Labour party would never be able to deliver.

The hon. Lady has repeatedly called for the Government to remove the threat of contract imposition. Let me tell her why we cannot do that. It would give the BMA a veto over a manifesto commitment that has been endorsed by the British people—[Interruption.] She is making noises from her seat, but let me tell her what we have actually said. We will suspend
proceeding to the new contracts during the period in which negotiations happen—a short, time-limited period—and in return the BMA will suspend the threat of strikes for that time-limited period. Removing the threat of imposition permanently has not been agreed in any other part of the NHS or any other part of the public sector. The Government must balance the needs of patients, doctors and taxpayers and giving one of those groups a veto over any new contract would make it impossible to make that judgment.

The hon. Lady talked about the way in which I have approached this. Being intemperate and unreasonable is a quality that I appear to share with every Minister of Health the BMA has met; those are not my words but those of Nye Bevan, the person who founded the NHS. Had he listened to the BMA, he would have not been able to set up the NHS; it would have had to be set up by the Conservative Government who followed that Labour Government.

This junior doctors contract is not the only thing we need to do to have seven-day services, but contract reform is what hospitals say is the most important thing of all. It is based on independent research. The 2013 report from the Academy of Medical Royal Colleges had 10 clinical standards, on which we have based our proposals. We have also based them on the seven studies we have now had over five years that talk about the problems of the weekend effect. We have also had the independent research by the pay review body on which we based the bulk of our proposals.

I gently want to say to the hon. Lady that when it came to the biggest issue of patient safety in the NHS in recent years she did not speak out against the strike. She did not support the Government’s moves to seven-day services and when it came to avoidable mortality she preferred to pick holes in the data rather than make the moral case for action. The British public have noticed.