Response to the oral statement from the Secretary of State for Health regarding the junior doctors’ contract (House of Commons – 25/04/2016)

The Secretary of State for Health (Mr Jeremy Hunt): We have many choices in life, but one thing over which we have no control is the day of the week that we get ill. That is why the first line on the first page of this Government’s manifesto said that if elected we would deliver a seven-day NHS, so we can promise NHS patients the same high-quality care every day of the week. We know from countless studies that there is a weekend effect showing higher mortality rates for people admitted to hospital at weekends. The British public know that, too. Today, we reaffirm that no trade union has the right to veto a manifesto promise voted for by the British people. We are proud of the NHS as one of our greatest institutions, but we must turn that pride into actions. A seven-day service will help us to turn the NHS into one of the safest, highest-quality healthcare systems in the world.

This week, the British Medical Association has called on junior doctors to withdraw emergency care for the first time ever. I will update the House on the extensive measures being taken up and down the country to try to keep patients safe. But before I do so I wish to appeal directly to all junior doctors not to withdraw emergency cover, which creates particular risks for A&Es, maternity units and intensive care units.

I understand the frustration that many junior doctors feel that, because of pressures on the NHS frontline, they are not always able to give patients the highest quality of care that they would like to. I understand that some doctors may disagree with the Government about our seven-day NHS plans and, in particular, the introduction of a new contract. I also understand that doctors work incredibly hard, including at weekends, and that strong feelings exist on the single remaining disagreement of substance: Saturday premium pay. However, the new contract offers junior doctors who work frequently at weekends more Saturday premium pay than nurses, paramedics and the assistants who work in their own operating theatres, and more than police officers, firefighters and nearly every other worker in the public and private sector.

Regrettably, over the course of this pay dispute 150,000 sick and vulnerable people have seen their care disrupted. The public will rightly question whether this is appropriate or proportionate action by professionals whose patients depend on them. Taking strike action is a choice. If they will not listen to the Health Secretary, I urge them to listen to some of the country’s most experienced doctors—Professor Sir Bruce Keogh, Professor Dame Sally Davies and former Labour Health Minister Lord Darzi—who have all urged doctors to consider the damage it will cause to both patients and the reputation of the medical profession.

Let me today address some of the concerns raised by junior doctors; first, that a seven-day NHS might spread resources too thinly. The Government’s financial commitment to the NHS has already seen a like-for-like increase of 10,700 more hospital nurses and 10,100 more doctors. Despite the pressure on national finances, last year’s spending review committed the Government to a £10 billion real-terms increase in the annual NHS budget by 2020. I can today tell the House that by the end of the Parliament the supply of doctors trained to work in the NHS will have increased by a further 11,420. While it is true that pressures on the NHS will continue to increase on the back of an ageing population, we are not saying that the current workforce will have to bear all the strain of delivering a seven-day service, even though, of course, they must play their part.
Secondly, there is a concern that the Government may want to see all NHS services operating seven days a week. Let me be clear: our plans are not about elective care, but about improving the consistency of urgent and emergency care at evenings and weekends. To do this, the Academy of Medical Royal Colleges has prioritised four key clinical standards that need to be met. These include: making sure patients are seen by a senior decision maker no more than 14 hours after arrival at hospital; seven-day availability of diagnostic tests with a one-hour turnaround for the most critically ill patients; 24-hour access to consultant-directed interventions, such as interventional radiology or endoscopy; and twice daily reviews of patients in high dependency areas such as intensive care units. About one quarter of the country will be covered by trusts meeting these standards from next April, rising to the whole country by 2020.

Thirdly, there is the concern that proper seven-day services need support services for doctors in the weekends and evenings, as much as doctors themselves. Less than half of hospitals are currently meeting the standard on weekend diagnostic services, meaning patients needing urgent or emergency tests on a Saturday or Sunday, such as urgent ultrasounds for gallstones or diagnostics for acute heart failure, face extra hours in hospital at weekends or even days of anxiety waiting for weekday tests. Our new standards will change this, with senior clinician-directed diagnostic tests available seven days a week for all hospitals by 2020.

Finally, there is a legitimate concern that a seven-day NHS needs to apply to services offered outside hospitals if we are properly to reduce the pressure on struggling A&E departments. So, as announced last week, the Government’s seven-day NHS will also see transformed services through our GPs. We are committing an extra £2.4 billion a year for GP services by 2020-21, meaning that spending will rise from £9.6 billion last year to over £12 billion by 2021—a 14% real-terms increase. Thanks to this significant investment, patients will see a genuine transformation in how general practice services operate in England. By 2020, everyone should have easier and more convenient access to GP services, including at evenings and weekends. We will not be asking all GP practices to open at weekends to deliver this commitment, but instead using networks of practices to make sure that people can get an evening or weekend appointment, even if not at their regular practice. We have committed to recruiting an additional 5,000 doctors to work in general practice to help meet this commitment, and we will support GPs in this transformation by harnessing technology to reduce bureaucratic burdens.

Returning to the strikes, the impact of the next two days will be unprecedented, with more than 110,000 out-patient appointments and more than 12,500 operations cancelled. However, the NHS has made exhaustive preparations to try to make sure that patients remain safe, and I want to thank those many people in NHS England, NHS Improvement and every trust in the country who have been working incredibly hard over this weekend to that effect.

I have chaired a series of contingency planning meetings, bringing together the operational response across the entirety of the NHS and social care systems. From this, NHS England has worked with every trust to ensure that they have plans in place to provide safe care, with particular focus on their emergency departments, maternity units, cardiac arrest teams and mental health crisis teams. As part of their duties for civil contingency preparedness, trusts also have major incident plans in place which are ready to be enacted if required. NHS England has also asked GP practices and other primary care providers in some areas to extend their opening hours so that patients can continue to get the important but non-emergency care that they need, such as follow-ups and assessments.

Finally, we have set up a dedicated strike page on the NHS website to provide as much information as possible to the public on local alternatives to hospital care, where these
alternatives are, and when they are open. This website is now live and can be reached at www.nhs.uk/strike. The NHS 111 system will also work as normal during the strike, and has been provided with additional staff to cope with expected increased demand. We would encourage people who are concerned that they may need urgent care to visit this website, and call 111 in advance of showing up at an A&E department.

The NHS is busting a gut to keep the public safe. However, we should not lose sight of the underlying reason for this dispute, namely this Government's determination to be the first country in the world to offer a proper patient-focused seven-day health service. To help deliver this, the NHS will this year receive the sixth biggest funding increase in its history. But it is not just about money, as we know from the mistakes of previous Governments. It is also about taking the tough and difficult decisions necessary to make sure that we really do turn our NHS into the safest, highest-quality healthcare system in the world. This Government will not duck that challenge. I commend this statement to the House.

Heidi Alexander (Lewisham East) (Lab): I thank the Health Secretary for the advance copy of his statement.

Tomorrow's strike is one of the saddest days in the history of the NHS, and the saddest thing is that the person sitting opposite me could have prevented it. Yesterday the Health Secretary was presented with a genuine and constructive cross-party proposal to pilot the contract. That would have enabled him to make progress towards his manifesto commitment on seven-day services and, crucially, it could have averted this week's strike. Any responsible Health Secretary would have grasped that opportunity immediately, or at least considered it and discussed it, but not this one. Yesterday morning he tweeted "Labour ‘plan’ is opportunism". That was a deeply disappointing and irresponsible response.

Let me remind the Health Secretary that the proposal was not a Labour plan, but was co-signed by two of his respected former Ministers, the Conservative hon. Member for Central Suffolk and North Ipswich (Dr Poulter) and the Liberal Democrat right hon. Member for North Norfolk (Norman Lamb), and the Scottish National party's health spokesperson, the hon. Member for Central Ayrshire (Dr Whitford). Let me also remind him that it had the support of several medical royal colleges, including the Royal College of Surgeons, and, crucially, that the BMA had indicated it was prepared to meet the Government to discuss calling off Tuesday and Wednesday's action.

The Health Secretary claimed yesterday that a phased imposition was the same as a pilot. Will he explain how imposition on a predetermined timescale, with no opportunity to right the wrongs of his proposed contract and no independent assessment of its impact on patient care, is the same as a pilot? Why is he so afraid of an independent evaluation? Why does he not want to know how changing the contract contributes in practice to meeting his aspirations for more consistent emergency care across the seven days of the week? And why is he so determined to railroad this contract through, with all its associated implications, instead of road-testing it and working with junior doctors and hospital bosses to bring about the changes in patient care and outcomes he wants to see?

The Health Secretary claims that any further delay means it will take longer to eliminate the so-called weekend effect, but he has failed to produce a shred of evidence to show how changing the junior doctors contract alone will deliver that aim. He will know that the very person he appointed to lead his negotiations, Sir David Dalton, has said that the staff group that needs to change its working patterns the least to deliver seven-day care is junior doctors—because they already work weekends, nights and bank holidays.

The Health Secretary rightly talked about safety. NHS England's update today said the NHS was pulling out all the stops to minimise the risks to the quality and safety of care this week.
We know that in many cases senior staff will be stepping in to provide cover and ensure the provision of essential services, but there is no escaping the fact that this is a time of unprecedented risk, and he should have thought about that yesterday, before dismissing a plan that could well have averted the strike.

The Health Secretary wants to be remembered as the person who championed patient safety, but safety is not just an issue this week; it will be an issue in the months and years ahead. Long after his tenure in Richmond House is up, it will be the people who work in the NHS who will be picking up the pieces of this dispute, and they are rightly worried about the long-term safety implications of the proposed contract. How can it be safe to impose a contract when no one knows what the impact will be on recruitment and retention but everyone fears the worst, and when he is running the risk of losing hundreds of female doctors, given the contract’s disproportionate impact on women? Even if just 1% of junior doctors decide enough is enough and leave the NHS, they will be people we can ill afford to do without.

How can it be safe to impose a contract that risks destroying the morale of junior doctors, given that the NHS does not just depend on the good will of staff going the extra mile but survives on it? The Health Secretary is breaking that good will. How can it be safe to introduce a contract when there is no guarantee that effective and robust safeguards will be in place to control hours worked and shift patterns? A pilot could have addressed these issues, which is precisely why it had the backing of so many people.

I suspect that when the Health Secretary gets back to his feet, he will launch another attack on me and the Labour party to detract attention from his culpability for tomorrow’s action. I know this because last week, instead of working to resolve this dispute, the Health Secretary was busy writing me a two-page letter that he briefed to The Sun, asking whether I would be on a picket line.

Let me deal with this matter now in the hope that we can get some constructive answers from the Health Secretary. No, I will not be on a picket line tomorrow or on Wednesday, but that is not because I do not support the junior doctors’ cause, and it is certainly not because I feel even an ounce of sympathy for the Health Secretary. It is because I think patients affected by this dispute want to see politicians working together to find a constructive solution—and that is exactly what I was doing last week, while the Health Secretary was penning his pathetic political attacks.

I am flattered that the Health Secretary attaches such significance to my actions, but the truth is that it is his actions, and his actions alone, that can stop this strike: not me, not the Labour party, but him. If he ploughs on, I warn him now that history will not be kind to him. It will show that when faced with a compromise, the Health Secretary chose a fight; that when presented with a way out, this Health Secretary chose to dig in; and that when asked to put patients first, this Health Secretary chose strikes.

The way in which the Government have handled this dispute is the political equivalent of pouring oil on to a blazing fire. Even if we put to one side the legal question about his authority to impose a contract and the detail of the contract provisions, the simple truth is this: there is no trust left between the people who work in the NHS and this Health Secretary. He can barely show his face in a hospital because he ends up being chased down the road. This is a deeply, deeply sad day for the NHS, and even at this eleventh hour, I urge him to find a way out.

Mr Hunt: The shadow Health Secretary can do better than that. She talked about the judgments that I have made as Health Secretary, so I will tell her what is a judgment issue—it is whether or not you back a union that is withdrawing life-saving care from your own
constituents. Health Secretaries should stand up for their constituents and their patients, and if she will not, I will.

The hon. Lady also talked about the trust of the profession. The Health Secretary who loses the trust of the profession is the Health Secretary who does not take tough and difficult decisions to make care better for patients—something we have seen precious little evidence of from the hon. Lady or, if I may say so, her predecessors.

The hon. Lady also talked about putting oil on a blazing fire. What, then, does she make of the shadow Chancellor’s comments recently when he said:

“We have got to work to bring this Government down at the first opportunity…Whether in parliament, picket line, or the streets, this Labour leadership is with you”?

Yes, it is with the strikers, but also against the patients. Labour should be ashamed of such comments from the shadow Chancellor.

Let us deal with the substance of what the hon. Lady said. She talked about her proposal for pilots. If this was a genuine attempt to broker a deal between all the parties, why was it that the first the Government knew about it was when we read The Sunday Times yesterday morning? The truth is that this was about politics, not peace making. If she is saying that we should stage the implementation of this contract to make sure we get it absolutely right, I agree. That is why only 11% of junior doctors are going on to the new contract in August.

She says she wants more independent studies into mortality rates at weekends, but we have already had eight in the last six years, pointing to the weekend effect. How many more studies does the hon. Lady want? Now is the time to act, to save lives, and to give our patients a safer NHS.

The hon. Lady talked about legal powers, which we discussed in the House last week. The Health Act 2006 makes very clear where my powers are to introduce a new contract, either directly or indirectly, when foundation trusts choose to follow the national contract.

I have given very straight answers today. Will the hon. Lady now tell us yes or no? Will Labour Members now tell us yes or no? Do they or do they not support the withdrawal of life-saving care from NHS patients? Last week, the hon. Lady’s answer was “no comment”. Well, “no comment” is no leadership. Labour used to stand up for vulnerable patients, but now it cares more about powerful unions. It is the Conservatives who are putting the money into the NHS, delivering a seven-day service for patients, and fighting to make NHS care the best in the world.

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You can read the full exchange following the Secretary of State’s oral statement on Hansard here:


You can also view the video of my speech on the Labour Health Team’s Facebook page:

https://www.facebook.com/labourhealthteam/