Opposition Day Debate on Junior Doctors (House of Commons – 28/10/2015)

Heidi Alexander (Lewisham East) (Lab): I beg to move,

That this House notes the stalled discussions between Government and the British Medical Association (BMA) about a new junior doctors’ contract; opposes the removal of financial penalties from hospitals which protect staff from working excessive hours; urges the Government to guarantee that no junior doctor will have their pay cut as a result of a new contract; and calls upon the Government to withdraw the threat of contract imposition, put forward proposals which are safe for patients and fair for junior doctors and return to negotiations with the BMA.

It is a privilege to be opening a debate from the Opposition Dispatch Box for the first time, and I want to start in a way that is perhaps untypical for these debates. I want the Secretary of State and me to agree on something. I want him to join me in saying thank you to everyone who works in the NHS and in the care system in our country—not just the junior doctors who are the subject of today’s debate but all the staff who work day in, day out caring for our loved ones as though they were their own. So, to our doctors, nurses, porters, care workers and paramedics I say this: I know how hard you work; I know that many of you already work nights, weekends and even Christmas day, and for that we are hugely grateful.

I have called this debate today because I am deeply worried about the current stand-off between the Government and junior doctors. I am worried that a new Government-imposed employment contract will be unsafe for patients and unfair for doctors. I am worried that if the Health Secretary gets his way, he will fast become the best recruiting sergeant that the Australian health service has ever had.

Mark Spencer (Sherwood) (Con): Does the hon. Lady therefore agree that the best course of action would be to get round the negotiating table again? Will she encourage the British Medical Association to come back to the negotiating table?

Heidi Alexander: If the hon. Gentleman reads the motion, he will see that it talks about a return to the negotiating table, but the BMA and the junior doctors need to know that the Health Secretary is genuinely willing to compromise, and his performance over the past few months suggests otherwise.

Ms Gisela Stuart (Birmingham, Edgbaston) (Lab): My constituency has one of the highest proportions of doctors of any in the country. My junior doctors are worried that they are being asked to work in conditions that are becoming unsafe. They also point out that they have choices, and many do not think that their future lies in this country. They will make a different choice because the damage has already been done.

Heidi Alexander: My right hon. Friend is completely right, and I will come to some of those challenges later in my speech.

When the NHS is facing unprecedented challenges, it cannot be right to pick a fight with the very people who keep our hospitals running. I come here today to ask the Secretary of State to do three things: to show that he is willing to compromise by withdrawing the threat of contract imposition; to guarantee that no junior doctor will be paid less to do the same, or more, than they are currently doing; and to ensure financial penalties for any hospital that forces doctors to work excessive and exhausting hours.
Sir Roger Gale (North Thanet) (Con): On that basis, given that the Secretary of State has indicated in terms that no junior doctor will be required to work more hours—rather, it is fewer hours—than at present and that they will not lose money, can the hon. Lady give me any reason why the doctors’ leader was able to say to me earlier in the week that he would not get round the negotiating table and talk?

Heidi Alexander: I am afraid that the Health Secretary has given absolutely no guarantee that no junior doctor will be paid less.

I have set out the three things that I wish the Secretary of State to do today. Anyone listening to this debate would say that they were all reasonable things to request. Anyone who wants to avoid industrial action would want the Secretary of State to step up and do the right thing.

Richard Burgon (Leeds East) (Lab): Is my hon. Friend aware that tonight in Leeds, 2,000 junior doctors are getting together to protest against this Government’s plans? Does it not come to something when 2,000 junior doctors get together in such a way? Why, despite the assurances from those on the Government Benches, does she think that that is happening?

Heidi Alexander: I am very grateful to my hon. Friend for his intervention. The junior doctors I have met are deeply concerned about patient safety and about what the proposed new contract means for them.

Several hon. Members rose—

Heidi Alexander: I will not give way, because I wish to make some progress.

The Health Secretary may claim that he is doing all he can to make the contract fair and safe, but the truth is that he is not. He may say that the overall pay envelope for junior doctors will stay the same, but he will not say who the losers will be. He may say that no junior doctor will work excessively long hours, but he will not tell us that he is removing the very safeguards that were designed to prevent that. He may even say that he has some support, but he will not read out the range of independent clinical voices who have condemned his approach.

Paul Maynard (Blackpool North and Cleveleys) (Con): The hon. Lady is right to focus on the future contract, but does she recognise the inadequacies in the existing contract?

Heidi Alexander: I am not saying that the existing contract is perfect—I do not think that the British Medical Association would say that either. A few months ago, an alternative contract was being discussed, the work on which was led by the former Health Minister, the hon. Member for Central Suffolk and North Ipswich (Dr Poulter). The answer is not the contract that is on the table at the moment.

Steve McCabe (Birmingham, Selly Oak) (Lab): The Secretary of State may say that the overall pay envelope remains the same, but, as far as I am aware, it has been really hard to fathom how the difference between the local education training board contribution and the individual trusts will work. It may not be the same, but even if it is, is this not an example of further administrative and organisational costs being imposed on the health service by a Tory Secretary of State?

Heidi Alexander: My hon. Friend is completely right. The lack of clarity in all these negotiations is something that I will come on to later.

The truth is that if the Secretary of State wanted to persuade junior doctors that industrial action is not the answer, he has the power to do so; it is his political choice.
Junior doctors are the lifeblood of the NHS. Two weeks ago, I spent a morning shadowing a junior doctor at Lewisham hospital. It was the single most powerful thing I have done since taking on this role. I was blown away by the skills, knowledge, humanity and professionalism I saw. The junior doctor I shadowed was working a gruelling 11-hour night shift and regularly works 60-hour weeks. I left the hospital asking myself how it could possibly be right to say to that individual, “You might be paid less for the work that you do.”

Andrew Stephenson (Pendle) (Con): I think we would all join the hon. Lady in her glowing tributes to our tireless junior doctors, working long hours across the NHS. Considering that not a penny is planned to be cut from the junior doctors’ pay bill, does she not agree that it is irresponsible for the BMA to suggest there will be pay cuts of 30% to 40% for some doctors?

Heidi Alexander: As I have already said, there is absolutely no clarity. The hon. Gentleman might do well to read the article that appeared in The Guardian on 4 October, written by the former Health Minister, who quite clearly states that he has concerns about the fact that the new contract might be used as a lever to find some of the £22 billion of efficiency savings that the NHS needs to find over the next few years.

Dr Andrew Murrison (South West Wiltshire) (Con): Will the hon. Lady give way?

Heidi Alexander: I will not give way, as I am going to make some progress.

Junior doctors are not just the first-year trainees fresh out of medical school. They are also the senior house officers and registrars with 12 or 15 years of experience. Junior doctors account for almost half of all doctors in hospitals and the vast majority already work nights and weekends. The responsibilities they carry are huge. Take the junior paediatric doctor working in accident and emergency who emailed me last week. Some of the things she does, I could never ever do. In her email, she said:

“I am in charge of teams resuscitating dying children regularly. I have had to make the decision to stop resuscitating a dying child. I have had to tell parents that their child is going to die. I have been the only doctor trying to stick a tiny breathing tube into a baby born 16 weeks early and weighing 600g at 3 in the morning.”

How is it right that she should face the prospect of being paid less? She is not asking to be paid more. She is just asking to be paid the same and to keep the safeguards that prevent her from being stretched even further.

Lucy Frazer (South East Cambridgeshire) (Con): I do not think that any of us dispute the fantastic work that doctors do day in, day out, but we need to debate the motion that the hon. Lady has proposed. She said there were three points that she wants to put to the Secretary of State, but she failed to mention the one in the last line of the motion, which is that she wants proposals to be put forward that are “safe for patients”. Given that there was an article just last month on 5 September in the BMJ, put together by seven experts, including three professionals, that said that there was a clear association between weekend admission and worse outcomes for patients—

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. I am sorry, but hon. Members should know that interventions should be short. You cannot make a speech in an intervention, and that should be a lesson for us all. Many Members want to speak and I want to get everybody in.

Heidi Alexander: The problem with how the Government have handled the negotiations is that they have provided absolutely no clarity to junior doctors about what the proposals would mean for them individually. Everyone thinks that they are going to lose out.
The Government say that they want to reduce the number of hours defined as “unsocial” and thereby decrease the number of hours that attract a higher rate of pay. They say that they will put the rate of pay for plain time up to compensate, but there is no guarantee that the amount by which basic pay goes up will offset the loss of pay associated with fewer hours being defined as unsocial. Does the Secretary of State understand that those who work the most unsociable hours, the junior doctors who sacrifice more of their weekends and nights, feel that they have the most to lose?

**Andy Slaughter (Hammersmith) (Lab):** That is exactly the point, and I am glad that my hon. Friend is exposing the misleading comments of the Government, who are defending the indefensible. It is exactly those doctors—in maternity, in paediatrics, in emergency medicine—who will lose out the most and will see their pay cut by up to a third.

**Heidi Alexander:** My hon. Friend is right. His concern is shared by the President of the Royal College of Emergency Medicine, along with 14 other leaders of medical royal colleges and faculties, who point out that as currently proposed, the new contract would “act as a disincentive to recruitment in posts that involve substantial evening and weekend shifts, as well as diminishing the morale of those doctors already working in challenging conditions.”

It cannot possibly be right.

**Simon Hoare (North Dorset) (Con):** I am grateful to the hon. Lady for giving way and I join her in the praise that she issued in her opening remarks. What advice might she give the BMA, were she asked for it? Is it better for the BMA to get back around the table, so that the very important points that she is raising can be sorted out, or go straight to a ballot? Is it not better to talk first, then, if the BMA does not like it, by all means ballot? It is certainly doing it in the wrong way.

**Heidi Alexander:** The problem is that junior doctors are not convinced that the Secretary of State is negotiating in good faith.

When one talks to junior doctors about the proposed new contract, one thing is striking: pay is less important to them than patient safety.

**Ian Lavery (Wansbeck) (Lab):** I was humbled, privileged and honoured, along with my hon. Friend the Member for Easington (Grahame M. Morris), to march with the junior doctors in Newcastle on Saturday—5,000 junior doctors, hardly militants or revolutionaries, who were fighting not just for the pay but in the best interests of their patients. If there are no problems, if everything in the garden is rosy, why on earth are they demonstrating?

**Heidi Alexander:** My hon. Friend makes an important point. The junior doctors I have met are genuinely worried that the proposals make it more likely, not less, that they will be forced to work even more punishing hours. The removal of financial penalties for hospitals that force junior doctors to work beyond their rostered hours concerns them. They are right to be concerned.

**Wes Streeting (Ilford North) (Lab):** A junior doctor in my constituency made precisely that point. She was an A&E doctor. My hon. Friend knows that there is an A&E crisis in London. The Health Secretary needs to understand that while there is indecision and no conclusion to the negotiations, junior doctors are making decisions about where they are going—and they are not staying in England. That is the point.

**Heidi Alexander:** I am grateful to my hon. Friend. He makes a very valid point about the impact on recruitment and retention of doctors in the capital.
Heidi Alexander: Tired doctors make mistakes. It is obvious but it is true. Nobody wants to return to the bad old days of junior doctors too exhausted to provide safe patient care. It is bad for doctors, it is bad for patients and it is bad for the NHS. So why are this Government hellbent on forcing through these unsafe changes?

The Secretary of State claims that the changes are about making it easier for hospitals to ensure that the staff needed to provide safe care at the weekends and on nights are available. Is he saying that there are not enough junior doctors on hospital wards and in A&E departments at these times currently? If so, how many more junior doctors would be present at these times as a percentage increase on current staffing levels if the new contract goes through? If the changes are about increasing the cover at weekends and nights, surely it means less cover at other times of the week unless he finds more money for more doctors.

I understand the arguments for increasing consultant cover at weekends and nights. I understand it is vital that patients who are admitted on a Sunday get to see a consultant as quickly as those admitted on a Tuesday, and I am pleased that the BMA’s consultants committee is negotiating with the Government on improving levels of consultant cover.

Indeed, everyone in the NHS supports the principle of seven-day services. But this debate is about junior doctors. Junior doctors are already working evenings and weekends. So why has the Health Secretary tried to make this a row about seven-day services?

Let me quote some of the claims that the Secretary of State has made in recent weeks. In response to a question on the junior doctor contract from my hon. Friend the Member for Wirral South (Alison McGovern), he said:

In response to a question to which I asked him about junior doctors, the Secretary of State said that the overtime rates that are paid at weekends

He went on to say:

“someone is 15% more likely to die if admitted on a Sunday than on a Wednesday because we do not have as many doctors in our hospitals at the weekends as we have mid-week.”

“give hospitals a disincentive to roster as many doctors as they need at weekends, and that leads to those 11,000 excessive deaths.”

“there are 11,000 excess deaths because we do not staff our hospitals properly at weekends.”

The authors of the research that the Secretary of State has been quoting said that it would be “rash and misleading” to claim that the deaths were all avoidable. Yet the Health Secretary has got dangerously close to doing just that. Indeed, he has gone so far down that route that some people do not think that our hospitals are properly staffed at the weekend. I know of elderly patients delaying their visit to hospital because they do not think that there will be enough doctors there. That leads to more complicated treatment, longer patient recovery time, people’s lives being put in danger and a bigger bill for the NHS to cap it all off.

That is appalling. Don’t get me wrong: I am as committed as anyone to high-quality care, available 24/7, 365 days a year, but the Secretary of State needs to be careful with his words. He should look in the mirror and ask himself whether his soundbites are true to the conclusions of the study he references.
Rehman Chishti (Gillingham and Rainham) (Con): Rather than quoting the Secretary of State, I quote back to the hon. Lady the words of Professor Sir Bruce Keogh, the NHS medical director, who said that if the weekend effect is addressed, it “could save lives”.

Heidi Alexander: I am very grateful to the hon. Gentleman. Let me quote the editor of the British Medical Journal, who wrote to the Secretary of State on 20 October, saying that he had

“publicly misrepresented an academic article published in The BMJ”.

She asks him to clarify the statements that he has made in relation to the article to show that he fully understands the issues involves. She further says:

“Misusing data to mislead the public is not the way to achieve”

the very best health service for patients and the public. The Health Secretary needs to be clear on exactly how reforming the junior doctor contract will deliver a seven-day NHS. He should set out how he plans to pay for seven-day services, and precisely which services he is talking about.

Helen Hayes (Dulwich and West Norwood) (Lab): Last week I meet junior doctors in my constituency, many of whom told me that they cannot afford to live in London. One reported that she was sleeping on the sofas of friends and family members in order to cover her night shifts while working in London. The doctors also reported unfilled vacancies in departments in the hospital which serve and look after the sickest patients. Does my hon. Friend agree that the recruitment and retention of junior doctors is a bigger threat to patient safety than the issues to which the Secretary of State alludes?

Heidi Alexander: I do agree. I was talking about a seven-day NHS. A truly 24/7 NHS does not just mean consultants being more readily available; it means 24/7 access to diagnostic tests, social care, occupational therapists—the list goes on. If the Secretary of State has a magic pot of money to pay for all that, bearing it in mind that the NHS can barely pay for the work that it is currently doing, I am all ears. If his plan is to deliver seven-day services by spreading existing services more thinly, he should come clean and say so.

Emily Thornberry (Islington South and Finsbury) (Lab): My hon. Friend makes a very powerful speech. I bring her back to an earlier point which needs emphasising. At the moment trusts have to provide rosters that are not only fair but safe, so that junior doctors get time off. Now it seems that trusts will no longer have to pay attention to those rules and will no longer be fined if they do not follow them.

Heidi Alexander: There are very serious concerns about the proposed new contract, and my hon. Friend is right to highlight them.

The sad thing is that it did not have to be this way. Instead of using the dispute with junior doctors to suit his own political ends, the Health Secretary should have listened. He should have understood the depth and strength of concern before it got to the point where junior doctors feel as though they are the first line of defence in a fight for the future of the NHS.

Instead of telling junior doctors that the BMA was misleading them, he should have respected their intelligence and responded to their concerns. At the very least, he should have heeded the words of the present Prime Minister, who said this about junior doctors when addressing a rally in 2007:
“There’s a simple truth at the heart of this: you came into the NHS not because you wanted to get rich or famous, but because you have a vocation about curing the ill, about serving your community.”

The Prime Minister went on to say in his conference speech a few days later: “I will never forget walking on the streets of London marching with 10,000 junior doctors who felt like they were being treated like cogs in a machine rather than professionals with a vocation to go out and save lives”.

It is time the Health Secretary started treating junior doctors like the intelligent professionals they are. When I spoke at the junior doctors rally in London 10 days ago, I delivered a message for the Health Secretary. He was not working that Saturday so I repeat it for him now: stop the high-handed demands, show you are prepared to compromise and put patients before politics.