Urgent Question on Junior Doctors Industrial Action
(House of Commons – 24/03/2016)

Heidi Alexander (Lewisham East) (Lab) (Urgent Question): To ask the Secretary of State for Health if he will make a statement on what steps he is taking to avoid further industrial action by junior doctors.

The Parliamentary Under-Secretary of State for Health (Ben Gummer): Yesterday, the junior doctors committee of the British Medical Association, in continuation of their dispute over how junior doctors should be paid for working on Saturdays, announced that they would be withdrawing emergency cover during two days, 26 and 27 April. If the BMA proceeds with this action, it will be unprecedented in the history of the National Health Service.

Let me be clear first about the impact on patients. We will do all in our power to ensure that patients are protected. However, given that patients presenting at hospitals in an emergency are often at a point of extreme danger, the action taken by the BMA will inevitably put patients in harm’s way. That the BMA wishes to do that to continue a dispute over how junior doctors are paid on Saturdays is not only regrettable but entirely disproportionate and highly irresponsible.

The hon. Lady asks what the Government have done to avoid industrial action. Let me be clear on this also. Consistent with our promise to the British people to reduce variations in care across the seven days of the week, the Government could not have done more in their efforts to avoid industrial action. Although both the BMA and NHS Employers believe the current contract to be seriously flawed, the BMA has walked away from negotiations not once, not twice, but three times—unilaterally thwarting the efforts, made in good faith, to come to a negotiated settlement on a better contract.

Time and again, the Government have implored the BMA to return to talks. Time and again, the Government have extended deadlines. Time and again, the Government have listened and responded to the BMA’s concerns, making agreed changes to the proposed contract. The Government have provided every possible means to ensure productive talks. We have charged the most experienced negotiators in the NHS to work with the BMA. At our invitation, we have discussed the contract at ACAS not once, but twice. We have asked one of the most respected chief executives in the service, Sir David Dalton, to attempt to reach a solution. Yet, despite all this, the BMA has set itself against talks, refusing to negotiate on the few remaining points of contention, even though it had previously promised to discuss them. We are in the very odd situation of being faced with a trade union that is escalating strike action, despite having been consistent only in its refusal to negotiate on behalf of its members.

The country cannot be held to ransom like this. At some point, a democratically elected Government must be able to proceed to fulfil the promises they have made to the people. Governments cannot be held hostage by a union that refuses to negotiate. That is why, having exhausted every single option open to us with the BMA—with the BMA refusing to talk—and having listened to the advice of Sir David Dalton and others to move on from the uncertainty that this dispute was creating, the Government have, to their regret, decided to move on and implement the contract.

We will very soon be presenting the new contract directly to doctors so that they can see for themselves that the new contract is safer than the one it replaces, is fairer than the one it replaces, is better for patients than the one it replaces and is better for doctors than the one it replaces. By seeing the detail of the contract for themselves, I am confident that doctors will see the strike for what it is: disproportionate, ill-judged, unnecessary and wrong.
Heidi Alexander: The Minister has spoken for a number of minutes, but he has not answered the question. I asked what further action the Government will take to avert industrial action and the escalation planned for the 26th and 27th, and there was absolutely no response.

This is a worrying time for patients and the NHS, and it is nothing short of a disgrace that, yet again, the Health Secretary has failed to turn up. If this walkout goes ahead, it will be the first time ever that junior doctors have fully withdrawn their labour. Nobody wants that to happen, so let me focus my questions on how we might find a way through this very heated and deeply distressing dispute.

Yesterday, the Health Secretary was reported to have said that “the matter is closed.” May I urge the Minister to think again? He should think about how it will look to patients if the Secretary of State spends the next four weeks sitting on his hands, instead of trying avert this action. Was the Government’s former patient safety adviser, Don Berwick, not right to have called on Ministers to de-escalate the situation? How does describing the junior doctor element of the BMA as “radicalised”, as the Minister did on Monday, help to de-escalate things? May I gently suggest to him that his tone and choice of words are making a resolution harder, not easier, to achieve?

The Minister is an intelligent man, and I know he will be talking to the same senior NHS leaders I talk to. Deep down, he knows that this contract has nothing to do with seven-day services and everything to do with setting a precedent to save money on the NHS pay bill—change the definition of unsociable hours in this contract and pave the way for changing it for nurses, porters and a whole host of other NHS staff. Am I wrong, Minister?

Finally, may I simply ask the Government to start listening to patients? The Patients Association has said:

“The Government’s decision to impose contract terms on junior doctors is unacceptable…It is clear that the acrimonious dispute…is unnecessary and damaging.”

National Voices, which represents 160 health and care charities, said yesterday: “We are calling on government to drop the imposition of a new contract”.

The Government have 32 days to prevent a full walkout of junior doctors. The Secretary of State may think that the matter is closed; I say that that is arrogant and dangerous in the extreme. This is an awful game of brinkmanship and the Government must press the pause button before it is too late.

Ben Gummer: I thank the hon. Lady for her detailed questions, put with her customary grace—and I mean that. She raised a number of issues, and I will deal with her first point last, if I may. She mentioned the Secretary of State’s comments to the Health Service Journal earlier this week. We have been negotiating a contract for three and a half years and have reached the point where the counter-party—the British Medical Association—refuses to discuss the remaining 10% that is not agreed, despite the best efforts of the most experienced of negotiators and one of the most respected chief executives in the NHS. In his judgment, there was no further purpose to negotiations, because the BMA refused to discuss those points. The Government are therefore faced with a choice: either they allow the BMA, with that refusal, effectively to veto a contract, or they implement the 90% of the contract that has been agreed and make a decision on Saturday pay rates, on which they have provided considerable movement from the recommendations of the independent doctors and dentists pay review body. I suggest to the hon. Lady that it is not the Government who are causing or calling industrial action, but the British Medical Association.

Heidi Alexander: Look at your actions over the past year!
Ben Gummer: The hon. Lady asks both in her urgent question and from her seat about our actions. All I can say is that I personally have implored the leaders of the BMA to come to talks on a number of occasions, but there is a point at which it is not possible to continue discussions, first because the counter-party refuses to talk, and secondly because the BMA has promised to talk on so many occasions, only to renege on that promise at a future point. We have to move ahead with a contract that is better for patients and better for doctors. The hon. Lady asked about the reasons for the contract and claimed that it has nothing to do with seven-day services and something to do with the pay bill. Not only is this contract cost neutral, but transition payment is being funded from outside the pay envelope. This has nothing to do with the pay bill; it is about recognising a core concern of the British Medical Association, the Government and NHS Employers that the current contract is not fit for purpose and needs reform.

One of the many reasons for that is to make sure that care can be delivered more consistently across seven days of the week. It introduces for junior doctors terms for Saturday working that in several senses are more generous than those afforded to “Agenda for Change” employees. It could be a judgment for the House as to whether it is equitable for that to be the case, but that was the negotiated position, as far as we reached one, with Sir David Dalton. I ask the hon. Lady and junior doctors to think carefully about resisting a pay offer that is more generous in form and in number than the one that is given to porters and nurses working in the same teams.

The hon. Lady asked whether she was wrong to say that this was part of a wider narrative to reduce the pay bill for “Agenda for Change” unions. I say to her unequivocally that she is. This has nothing to do with the form or payment of “Agenda for Change” staff. It is to do with the terms of contract and employment for junior doctors. It is about making a contract that is safer and fairer for them and better for patients.

Finally, I return to the point that the hon. Lady made at the beginning of her question. It is not the Government who have caused the industrial action. We have bent over backwards to try to avert it, and I suggest that we have done more than some previous Labour Secretaries of State to avert industrial action. The one thing that will help to stop this industrial action is clear condemnation from the Labour party. There is one remaining question in the whole debate, and that is the position of Her Majesty’s Opposition.

The hon. Lady has been assiduous in holding the Government to account. She has been right to do so, and she has done so with the decency that has earned her respect on both sides of the House, but she has not yet told us what the Opposition’s position is. I can understand that, although I do not agree with it, when industrial action is to do with elective, non-emergency care. The call for strike action on emergency care is of an altogether different order, however, and it demands a response from the Opposition, because this is about emergency cover for patients. The Opposition need to say clearly whether they support or condemn the action. If the hon. Lady remains silent on the matter, I will only be able, as will the House, to draw the conclusion that she supports the action. If that is so, it is a very sad day for the Labour Party.

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You can read the full exchange following my Urgent Question on Hansard here:

http://www.publications.parliament.uk/pa/cm201516/cmhansrd/cm160324/debtext/160324-0001.htm#16032433000682