

# Junior Doctors Contracts

Volume 605: debated on Thursday 11 February 2016


[Download text](#)
[Previous debate](#) [Next debate](#)
 11.54am

**The Secretary of State for Health** >

(Mr Jeremy Hunt)

[Share](#)

Nearly three years ago to the day, the Government first sat down with the British Medical Association to negotiate a new contract for junior doctors. Both sides agreed that the current arrangements, drawn up in 1999, were not fit for purpose and that the system of paying for unsocial hours in particular was unfair. Under the existing contract, doctors can receive the same pay for working quite different amounts of unsocial hours; doctors not working nights can be paid the same as those who do; and if one doctor works just one hour over the maximum shift length, it can trigger a 66% pay rise for all doctors on that rota.

Despite the patent unfairness of the contract, progress in reforming it has been slow, with the BMA walking away from discussions without notice before the general election. Following the election, which the Government won with a clear manifesto commitment to a seven-day NHS, the BMA junior doctors committee refused point blank to discuss reforms, instead choosing to ballot for industrial action. Talks finally started—under the Advisory, Conciliation and Arbitration Service process—in November, but since then we have had two damaging strikes, which have resulted in about 6,000 operations being cancelled.

In January, I asked Sir David Dalton, chief executive of Salford Royal, to lead the negotiating team for the Government. Under his outstanding leadership, for which the whole House will be immensely grateful, progress has been made on almost 100 different points of discussion, with agreement secured with the BMA on approximately 90% of them. Sadly, despite this progress and willingness from the Government to be flexible on the crucial issue of Saturday pay, Sir David wrote to me yesterday advising that a negotiated solution was not realistically possible. Along with other senior NHS leaders and supported by NHS Employers, NHS England, NHS Improvement, the NHS Confederation and NHS Providers, Sir David has asked me to end the uncertainty for the service by proceeding with the introduction of a new contract that he and his colleagues consider both safer for patients and fair and reasonable for junior doctors. I have therefore today decided to do that.

Tired doctors risk patient safety, so in the new contract the maximum number of hours that can be worked in one week will be reduced from 91 to 72; the maximum number of consecutive nights doctors can be asked to work will be reduced from seven to four; the maximum number of consecutive long days will be reduced from seven to five; and no doctor will ever be rostered consecutive weekends. Sir David believes that these changes will bring substantial improvements to both patient safety and doctor wellbeing. We will also introduce a new guardian role within every trust. These guardians will have the authority to impose fines for breaches to agreed working hours based on excess hours worked. These fines will be invested in educational resources and facilities for trainees.

The new contract will give additional pay to those working Saturday evenings from 5 pm, nights from 9 pm to 7 am and all day on Sunday, and plain time hours will now be extended from 7 am to 5 pm on Saturdays. However, I said that the Government were willing to be flexible on Saturday premium pay, and we have been: those working one in four or more Saturdays will receive a pay premium of 30%. That is higher on average than that available to nurses, midwives, paramedics and most other clinical staff, and also higher than that available to fire officers, police officers and those in many other walks of life.

None the less, the changes represent a reduction compared with current rates, but that is necessary to ensure that hospitals can afford additional weekend rostering, and because we do not want take-home pay to go down for junior doctors after updated modelling. I can tell the House that these changes will allow

Column 1763

[Column 1764](#)

to go down for junior doctors, after updated modelling, I can tell the House that these changes will allow an increase in basic salary not of 11%, as previously thought, but of 13.5%. Three quarters of doctors will see a take-home pay rise, and no trainee working within contracted hours will have their pay cut.

Our strong preference was always for a negotiated solution. Our door remained open for three years, and we demonstrated time and again our willingness to negotiate with the BMA on the concerns it raised. However, the definition of negotiation is a discussion where both sides demonstrate flexibility and compromise on their original objectives. The BMA ultimately proved unwilling to do this.

In such a situation, any Government must do what is right for both patients and doctors. We have now had eight independent studies in the last five years identifying higher mortality rates at weekends as a key challenge to be addressed. Six of these say staffing levels are a factor that needs to be investigated. Professor Sir Bruce Keogh describes the status quo as

“an avoidable weekend effect which if addressed could save lives”,

and has set out the 10 clinical standards necessary to remedy this. Today, we are taking one important step necessary to make this possible.

While I understand that this process has generated considerable dismay amongst junior doctors, I believe that the new contract we are introducing, shaped by Sir David Dalton, and with over 90% of the measures agreed by the BMA through negotiation, is one that in time can command the confidence of both the workforce and their employers. I do believe, however, that the process of negotiation has uncovered some wider and more deep-seated issues relating to junior doctors’ morale, wellbeing and quality of life that need to be addressed.

These issues include inflexibility around leave; lack of notice about placements that can be a long way from home; separation from spouses and families; and sometimes inadequate support from employers, professional bodies and senior clinicians. I have therefore asked Professor Dame Sue Bailey, president of the Academy of Medical Royal Colleges, alongside other senior clinicians, to lead a review into measures outside the contract that can be taken to improve the morale of the junior doctor workforce. Further details of this review will be set out soon.

No Government or Health Secretary could responsibly ignore the evidence that hospital mortality rates are higher at the weekend or the overwhelming consensus that the standard of weekend services is too low, with insufficient senior clinical decision makers. The lessons of Mid Staffs, Morecambe Bay and Basildon in the last decade are that patients suffer when Governments drag their feet on high hospital mortality rates, and this Government are determined that our NHS should offer the safest, highest-quality care in the world.

We have committed an extra £10 billion to the NHS this Parliament, but with that extra funding must come reform to deliver safer services across all seven days. This is not just about changing doctors contracts. We also need better weekend support services such as physiotherapy, pharmacy and diagnostic scans; better seven-day social care services to facilitate weekend discharging; and better primary care access to help tackle avoidable weekend admissions. Today, we are taking a decisive step forward to help deliver our manifesto commitment, and I commend this statement to the House.

🕒 12.02pm

**Heidi Alexander** >

(Lewisham East) (Lab)

🔗 Share

I am grateful to the Secretary of State for advance sight of his statement. It would have been good to have previewed this exchange during the urgent question on Monday, but we all know that the Secretary of State could not be bothered to turn up. You might also think, Mr Speaker, that the Health Secretary would do me the courtesy of responding to the two letters I have sent to him in the last week, but you would be wrong. So much for a seven-day health service! A five-day-a-week Health Secretary would be nice.

This whole dispute could have been handled so differently. The Health Secretary’s failure to listen to junior doctors, his deeply dubious misrepresentation of research about care at weekends and his desire to make these contract negotiations into a symbolic fight for delivery of seven-day services has led to a situation that has been unprecedented in my lifetime. Everyone, including the BMA, agrees with the need to reform the current contract, but hardly anyone thinks the need to do that is so urgent that it justifies imposition, and all the chaos that will bring.

The Health Secretary said NHS leaders had asked him to “end the uncertainty”, but can he confirm that that means they support “imposing” a new contract? One hospital chief executive, who the Secretary of State

📄 Column 1765

claims is supporting him, tweeted this morning:

“I have supported the view that the offer made is reasonable...I have not supported contract imposition”.

For the purpose of clarity, can the Secretary of State say categorically that all the NHS leaders whom he mentioned fully support his actions? Can he not see that imposing a new contract that does not enjoy the confidence of junior doctors will destroy morale, which is already at rock bottom? Does he not realise that this decision could lead to a protracted period of industrial action that would be distressing for everyone—patients, doctors, and everyone else who works in or depends on the NHS? *[Interruption.]*

**Mr Speaker** >

[Share](#)

Order. There is far too much noise in the Chamber. Let me say this to Members on both sides of the House who are shouting: do it again, and you will not be called. It is as simple as that. If Members cannot exercise the self-restraint to be quiet while the Front Benchers are speaking, they have no business taking part in the exchanges.

**Heidi Alexander** >

[Share](#)

I am grateful to you, Mr Speaker.

What impact does the Secretary of State honestly think an imposed contract will have on recruitment and retention? Earlier this week, a poll found that nearly 90% of junior doctors would be prepared to leave the NHS if a contract were imposed. How does the Secretary of State propose to deliver seven-day services with one tenth of the current junior doctor workforce? How can it possibly be right for us to be training junior doctors and the consultants of tomorrow, only to export them en masse to the southern hemisphere? The Secretary of State needs to stop behaving like a recruiting agent for Australian hospitals, and start acting like the Secretary of State for our NHS.

What advice did the Secretary of State take before making this decision? He may not want to respond to my letters, but what does he say to the Royal College of Surgeons, the Royal College of Obstetricians and Gynaecologists, and the Royal College of Paediatrics and Child Health, all of which have urged him not to impose a contract? What legal advice has he taken about how an imposed contract would work in practice? What employment rights do junior doctors have in this context, and what will happen if they simply refuse to sign?

The Secretary of State has been keen to present a new junior doctors contract as the key that will unlock the delivery of seven-day services, but that is a massive over-simplification, and he knows it. Although research shows that there is a higher mortality rate among patients who are admitted to hospital at weekends, there is absolutely no evidence to show that it is specifically caused by a lack of junior doctors. Will the right hon. Gentleman state, for the record, that he accepts that?

One of the real barriers to more consistent seven-day services is the consultants contract. Until now, at least, the BMA and the Government were making progress in those negotiations. Could not a decision to impose a new junior doctors contract put the consultant negotiations at risk, and make the delivery of seven-day services even harder? Will the Secretary of State also make it clear how the definition of unsocial hours will need to change in other contracts in order for seven-day services to be delivered, and which groups of staff that will apply to?

What we heard from the Secretary of State today could amount to the biggest gamble with patient safety that the House has ever seen. He has failed to win the trust of the very people who keep our hospitals running, and he has failed to convince the public of his grounds for change. Imposing a contract is a sign of failure, and it is about time the Secretary of State realised that.

**Mr Hunt** >

[Share](#)

The hon. Member for Lewisham East (Heidi Alexander) has made a number of incorrect statements with which I shall deal with later, but what the country will notice about her response is more straightforward. When we have a seven-day NHS, in a few years' time, people will say that it was obviously necessary and the right thing to do. They will remember that it was not easy to get there, and they will also remember—sadly—the big call that she made today for short-term political advantage to be placed ahead of the long-term interests of patients.

Previous reforming Labour Governments might have done what we are doing today. Let me say to the hon. Lady that she has vulnerable constituents—we all have vulnerable constituents—who need a true seven-day NHS, and these are precisely the people that the NHS should be there for. Sorting this out should not be

[Column 1766](#)

day NHS, and those are precisely the people that the NHS should be there for. Sorting this out should not be a party issue; it should be something that unites the whole House, and she will come to regret the line that she has taken today.

Let me address some of the hon. Lady's particular points. She has said today and on other occasions that this has been badly handled. If she wants to know who has handled contract negotiations badly, it was the party that gave consultants the right to opt out from weekend work in 2003 and that gave GPs the right to opt out of out-of-hours care in 2004. Is it difficult to sort out those problems? Yes. Are we going to be lectured by the people who caused them? No, we are not.

The hon. Lady also questioned whether there was support for imposition. Let me just read her exactly what the letter that I got from Sir David Dalton says. He states that, on the basis of the stalemate,

"I therefore advise the government to do whatever it deems necessary to end uncertainty for the service and to make sure that a new contract is in place which is as close as possible to the final position put forward to the BMA yesterday."

And what does Simon Stevens, chief executive of NHS England, say?

"Under these highly regrettable and entirely avoidable circumstances, hospitals are rightly calling for an end to the uncertainty, and the implementation of the compromise package the Dalton team are recommending."

The hon. Lady talked about the impact on morale. Perhaps she would like to look at the hospitals that have implemented seven-day care, including Salford Royal, Northumbria and one or two others. They have some of the highest morale in the NHS, because morale for doctors is higher when they are giving better care for patients. She also says that we should not impose the contract, but what she is actually saying is that if the BMA refuses point blank to negotiate on seven-day care, we should give up looking after and doing the right thing for vulnerable patients. What an extraordinary thing for a Labour shadow Health Secretary to say. She also said that we were conflating the junior doctors contract with seven-day working. Well, let us look at what the Academy of Medical Royal Colleges said in 2012. It said:

"The weekend effect is very likely attributable to deficiencies in care processes linked to the absence of skilled and empowered senior staff".

Most medical royal colleges say that junior doctors with experience qualify as senior staff.

The NHS has made great strides in improving the quality of care. Since I have been Health Secretary, avoidable harm in hospitals has nearly halved, nearly 20% of acute hospitals have been put into a new special measures regime—and we are turning them round—and record numbers of members of the public say that their care is safe and that they are treated with dignity and respect. The seven-day NHS is not just a manifesto commitment; we are doing this because we are willing to fight to make the NHS the safest, highest quality healthcare system in the world. Today we have seen that the Labour party is not prepared to have that fight. Does not this prove to the country that it is the Conservatives who are now the true party of the NHS?

**Mr Kenneth Clarke** >

(Rushcliffe) (Con)

[Share](#)

I congratulate my right hon. Friend on taking this clear and correct decision, because it is quite obvious that after three years, the BMA was prepared to let the whole thing drag on with talks and days of action until he either abandoned the seven-day service or gave the junior doctors an enormous pay settlement in order to buy their agreement to do it. In future discussions, will he keep concentrating, as he has, on the essential public interest, which is to meet the rising and remorseless demand on the service resulting from an ageing population and clinical advance? Will he also use the extra resources that the NHS is getting at the moment to deliver a better service to patients and not allow it to be taken away, as so often happened in the past—including a little more than 10 years ago in 2003—by very large pay claims by the various staff unions, as that would lessen his ability to give us the modern NHS that he is talking about?

**Mr Hunt** >

[Share](#)

My right hon. and learned Friend speaks with great wisdom and also great experience. Many Members will remember how, when he was Health Secretary, the BMA put posters of him up all over the country saying "What do you call a man who ignores medical advice?", and there he was, smoking his cigar. I am sure that there have been Labour Health Secretaries who have had similar treatment. He makes an important point, however. Under the new Labour Administration of Tony Blair, huge amounts of extra resources were put into

the NHS but, unfortunately, because of the impact of contract changes in 1999, 2003 and 2004, weekend care actually became less effective, not more effective. Now, thanks to the tough decisions we have taken on public spending and turning the economy around, we have been able to give the NHS a funding settlement next year that is the sixth biggest in its entire nearly 70-year history. We are absolutely determined that, if we are putting that extra money into the NHS, it should come with reform that leads to better care for patients. That is the Conservative way, and we will not be deflected from it.

**Dr Philippa Whitford** >

(Central Ayrshire) (SNP)

[Share](#)

I should like to pick the Secretary of State up on some aspects of his statement. On Monday, I challenged the Under-Secretary of State for Health, the hon. Member for Ipswich (Ben Gummer) to step away from the term “weekend deaths”. The Freemantle paper does not show that; it shows increased 30-day mortality in people admitted at the weekend, and there is actually a lower mortality rate at weekends. The junior Minister said that the Secretary of State was really careful, but he has made that suggestion twice in his statement today, and I think that that is very misleading.

What should have come from the Freemantle paper and others is an attempt to understand why these things happen. The only study that gives a clear answer and backs up the Francis report is the Bray paper on 103 stroke units, which showed that the single most important factor was the ratio of registered nurses. We should know what the problem is before we try to fix it. The one group of staff that is there, along with the nurses, is the junior doctors. They are not the barrier to achieving the 10 standards.

I welcome the progress that has been made since last November. In a debate in this Chamber in October, the Secretary of State seemed relatively unwilling to go to ACAS, but progress has been made since the negotiations started, and particularly since Sir David Dalton became involved in the past month. I therefore found it incredible to see on the BBC this morning that, having achieved 90% agreement and following a tweet at 4 minutes past 8 saying that we should now get both sides back to the table, the Secretary of State was going to impose the contract.

The problem with the recognition of unsocial hours might increase the difficulty that we already have in recruiting people to the acute specialties: A&E, maternity and acute medicine. They are already struggling, and this might well make things worse. I also still have concerns about the role of the guardian. The problem is that a junior doctor at the bottom of a hierarchy will have to go and complain, and we can imagine how difficult that might be in a hierarchical system and how easily that doctor could be labelled a troublemaker. So there are still things to be dealt with. I welcome the progress that has been made in the last month, but this is absolutely not the time to pour petrol on the fire and then throw in the towel.

[Column 1769](#)

**Mr Hunt** >

[Share](#)

I welcome the tone of the hon. Lady's comments. I do not agree with everything that she has said, and I shall explain why, but they were immensely more constructive than the comments that we have heard from other Opposition spokesmen. She is right to say that the studies talk about mortality rates for people admitted at weekends. There have been eight studies in the past five years, or 15 since 2010 if we include international studies. She is right to say that we need to look at why we have these problems.

The clinical standards state that when someone is admitted, they should be seen by a senior decision-maker within 14 hours of admission. They will be seen by a doctor before then, but they should be seen by someone senior within 14 hours. The standards also state that vulnerable people should be checked twice a day by a senior doctor. Now, across the seven days of the week, the first of those standards is being met in only one in eight of our hospitals and the second in only one in 20. That is why it is important that junior doctors should be part of the group of people who constitute those senior decision-makers—consultants are also part of it—and that is why contract reform is essential.

The hon. Lady is right to say that this is also about nurse presence, and the terms that we are offering today for junior doctors are better on average than those for the nurses working in the very same hospitals, and better than those for the midwives and the paramedics. That is why Sir David Dalton and many others say that this is a fair and reasonable offer.

With respect to A&E recruitment, the impact of the contract change we are proposing is that people who regularly work nights and weekends will actually see their pay go up, relatively, compared to the current contract. These are the people who are delivering a seven-day NHS and we must support them every step of the way.

**Dr Sarah Wollaston** >

I know colleagues across the House will want to join me in thanking junior doctors for the valuable work they do for patients across the NHS. [Hon. Members: "Hear, hear."] I hope that they will look very carefully at the improvements in the offer, with a 13.5% increase in the basic rate and the very important safeguard that will discourage over-rostering at weekends by giving them premium rates if they have to work more than, or including, one in four weekends. I hope the BMA will also recognise and welcome the very important appointment of Professor Dame Sue Bailey to lead an inquiry into all the other aspects that lead to discontent with junior doctors. I wonder if the Secretary of State agrees that what we now need is to move forward in a positive spirit that brings this dispute to an end, takes the temperature down and recognises that we all want the same thing: safety for patients.

**Mr Hunt** >[Share](#)

I thank my hon. Friend for her very constructive comments. She is right. A 13.5% increase in basic pay is very significant, because, unlike overtime and premium pay, it is pensionable. It will help when applying for a mortgage and will mean more money on maternity leave. I think it will be much better for junior doctors.

The review that Dame Sue Bailey is doing, which was much-derided by the Opposition when I mentioned it in my statement, is actually very significant. One of the things that has gone wrong in training is that since the implementation of the European working time directive, we have moved away from the old "firm" system, which would mean that junior doctors were assigned to a consultant, who they would see on a regular basis and who was able to coach them on a continuous basis over weeks and months. That has been lost and many people think that that has led to much lower morale. We want to see what we can do to sort that out.

Finally, I want to echo what my hon. Friend said about going forward in a positive and constructive spirit. When, as a Government, we took the decision to proceed with implementing new contracts, we had the choice of many different routes, because, essentially, we can decide exactly what to choose. We have chosen to implement the contract recommended by NHS chief executives as being fair and reasonable. That is different from our original position. We have moved a considerable distance on most of the major issues, but it is what the NHS thinks is a fair and reasonable contract and we need to move forward.

**Barry Gardiner** >

(Brent North) (Lab)

[Share](#)

The Secretary of State, I am sure, has the grace to acknowledge that the application rate for specialty training has fallen since the Government put forward their proposals last year, but does he have the logic to accept that if he gets fewer junior doctors the problem he is trying to solve will only get worse?

**Mr Hunt** >[Share](#)

We now have 10,600 more doctors working in the NHS than we did five years ago and we are investing record amounts going forward. There has been a lot of smoke and mirrors about what is actually in our contract proposals. I hope all trainees and medical students will look at the proposals and see that independent people have looked over them and believe they are fair and reasonable—actually better—for junior doctors, and that we will continue to be able to recruit more doctors into the NHS.

**Sir Edward Leigh** >

(Gainsborough) (Con)

[Share](#)

As one, like myself, gets a bit older—some might say clapped out—one relies on the NHS more and more. People like me—I have just had an operation and might have another coming up—get worried about strikes. I hope the Secretary of State will try, from now on, to build the morale of junior doctors. Surely the NHS is not for the Conservative party, the Labour party, doctors or nurses, but for the people? Why should people like me, who are admitted to hospital on a Saturday, have a greater chance of dying? He has to take on the vested interests and stand up for the people.

**Mr Hunt** >[Share](#)

My hon. Friend is absolutely right. Indeed, if we look at the change happening in global healthcare, the big movement is towards putting patients in the driving seat of their own healthcare. If we want the NHS to be the best in the world, we have to be confident that we are giving patients the best care in the world. That is why I completely agree with him and why I said in my statement that there is no reason why this could not be something the whole House can unite behind. What we cannot do, however, is look at eight studies in

five years and say that we will act on this just as soon as we can get a consensus in the medical profession. We have been trying to get that consensus now for over three years. There comes a time when you have to say, "Enough is enough" and do the right thing for patients.

**Mr David Anderson** >

(Blaydon) (Lab)

[Share](#)

I know the Secretary of State does not usually listen to people with a bit of experience, but, as somebody who has spent 40 years dealing with trade disputes and their aftermath, may I ask him how he expects industrial relations to improve when he has imposed a contract, accused the negotiators of lying, and effectively said that the members were fooled by their own negotiators? He has now told us today that he will build into the contract a differential between the antisocial payments paid to these professionals and those paid to other professionals working next to them. That is a recipe for disaster. Will he put in the Library a full list of what he believes are the so-called lies that were told by the leaders of the BMA? Will he explain how he expects to get things back on an even keel, something that was asked for by the Chair of the Health Committee?

**Mr Hunt** >

[Share](#)

As someone who I fully concede may have more experience of industrial relation disputes than me, let me just say this: it is very clear that we are able to progress when there is give and take from both sides; when both sides are prepared to negotiate and come to a deal that is in the interests of the service and in the interests of the people working in the service. That was not possible. It is not me who is saying that; that is what Sir David Dalton, a highly respected independent chief executive, said in the letter he wrote to me last night.

Some of the things that the BMA put out about the offer—for example, it put up on its website a pay calculator saying that junior doctors were going to have their pay cut by 30% to 50%—caused a huge amount of upset, anger and dismay, and were completely wrong. I do not think it would be very constructive for me to put in the House of Commons Library a list of all those things, when what I want to try to do is build trust and confidence. The differential between doctors and other workers in hospitals is what the BMA was seeking to protect. It still exists, but we have reduced it from what it was before because we think it is fairer that way and better for junior doctors.

**Dr Julian Lewis** >

(New Forest East) (Con)

[Share](#)

May I add to what my long-time comrade, my hon. Friend the Member for Gainsborough (Sir Edward Leigh) said by delving into a bit of history? In 1977, I was knocked off a motorcycle by a careless driver on a Sunday. Because staff were not in the hospital, the wound could not be cleaned until it was x-rayed and because the wound could not be cleaned, I got an infection. This is not just about increased mortality rates; it is about the prolongation and exacerbation of small or routine episodes and injuries. Will the Secretary of State, in his calm and measured way, say again to the House that when we look back on this episode people will be very surprised that it took nearly 40 years—from my accident—to bring about this long-overdue reform?

**Mr Hunt** >

[Share](#)

My right hon. Friend is absolutely right. He talks about x-rays, which illustrates the point that this is not just about doctor presence but the presence of those who are able to do x-rays, MRI scans, CT scans, get results back from laboratories and so on. A whole suite of things are necessary for seven-day care. He is also right to point out that there are huge savings if we get this right. For example, if someone gets an avoidable pressure ulcer because they have not had the care that they should have received over a weekend, they are likely to have to stay in hospital for over 10 days longer. That will cost the NHS several thousand pounds more and that is why, in the end, this is the right thing to do economically as well as ethically.

**Tom Brake** >

(Carshalton and Wallington) (LD)

[Share](#)

There are huge pressures everywhere in the NHS. For instance, GP out-of-hours services are under an incredible strain and cover is very limited in some parts of the country. What is the Secretary of State doing about those pressures and the additional strain that could be triggered by an exodus of doctors, following the imposition of the doctors' contract? Will he entertain the idea of a commission, as advocated by my right hon. Friend the Member for North Norfolk (Norman Lamb) and by others on both sides of the House, to

Column 1772

find a long-term consensual solution to the growing health and care challenges that we face?

**Mr Hunt** >

[Share](#)

The trouble with commissions is that they tend to take rather a long time to come up with their conclusions, and we need to sort out these problems now. That is why the Chancellor promised an extra £3.8 billion for the NHS next year, and why we said that we want 5,000 more GPs working in general practice, which will help out-of-hours services. We have a five-year plan that the NHS has the funding to implement, and that will transform out-of-hospital services. I hope that those developments will address the right hon. Gentleman's concerns.

**Mr Bernard Jenkin** >

(Harwich and North Essex) (Con)

[Share](#)

I thank my right hon. Friend for his patience and resolution in bringing this matter to a conclusion. Does he share the real sadness that so many of us feel that these wonderful young people who come into the health service to be doctors with such high ideals are caught up in this terribly debilitating and damaging dispute? I ask him to reinforce his efforts to engage and speak directly with junior doctors and the medical profession as a whole and not allow the disruptive behaviour of the British Medical Association to destroy the relationship that we need to have with our doctors.

**Mr Hunt** >

[Share](#)

My hon. Friend is right. There was absolutely no reason to have this dispute, because the things that we are trying to sort out—seven-day care and safer care for patients—are what every doctor wants to happen. Indeed, they choose medicine as a profession from the highest of ethical motives, and we want to support them. I share his sadness that it has come to this, but given that the counter-party in the situation is not willing to budge, we have to take action to remove uncertainty and to do the right for patients and for doctors. I will certainly continue to engage. The new commission headed up by Professor Dame Sue Bailey will also look at wider issues of morale, which will make a big difference.

**Several hon. Members rose—**

[Share](#)

**Mr Speaker** >

[Share](#)

Order. I must advise the House that, so far, we have got through eight questioners in 14 minutes, which, by the standards of the House operating at its best, is poor, so we need to do better. That means shorter questions and, frankly, rather pithier answers.

**Kevin Barron** >

(Rother Valley) (Lab)

[Share](#)

I had a further email on this subject from a doctor in my constituency this morning. He thanked me for forwarding replies from the Department, although he did say that they were disappointing. He said that the BMA had proposed a contract that met the Government's cost-neutral requirements, but that it had been rejected. Is that true?

**Mr Hunt** >

[Share](#)

I will be pithy, Mr Speaker. This is not just about cost-neutrality, but about dealing with weekend care, which is why that proposal was not accepted.

**Alec Shelbrooke** >

(Elmet and Rothwell) (Con)

[Share](#)

May I congratulate my right hon. Friend on always having at the forefront patient care and the wellbeing of young doctors? Did it not give the game away when the BMA said that this was a blow against austerity? Will he remind the House how much extra money has gone into the NHS, by contrast to what happened under the Labour party?

**Mr Hunt** >

[Share](#)

My hon. Friend is absolutely right. I am afraid that, regrettably, there are some political elements inside the

Column 1773



BMA. The great irony is that, without the austerity measures that those same people opposed in the previous Parliament, we would not have been able to give the NHS its sixth biggest funding increase ever.

**Dawn Butler** >

(Brent Central) (Lab)

[Share](#)

When I watched the Secretary of State on the TV on Sunday, two things struck me: first, he got paler as the letters from junior doctors were read out; and secondly, he made it clear that it was the senior doctors not being present that was the barrier to a full seven-day NHS. Why is it then that he is picking a fight with junior doctors?

**Mr Hunt** >

[Share](#)

We need senior decision-makers to be present. They are the most important people when it comes to delivering seven-day care. Most of the medical royal colleges accept that a junior doctor who has had a substantial amount of training does qualify as a senior decision-maker, which is why we need them more.

**Dr Andrew Murrison** >

(South West Wiltshire) (Con)

[Share](#)

The BMA has taken the oversubscribed political sub-speciality of spin doctoring to a whole new level. May I express my admiration for the Secretary of State for his ability to keep his cool under the sort of provocation that he has had, and ask how a 13.5% increase in pensionable pay could possibly lead to problems with recruitment and retention?

**Mr Hunt** >

[Share](#)

My hon. Friend speaks with personal knowledge. One of the things that has been wrong with junior doctors' contracts for many years is that basic pay is too low. They therefore feel under huge pressure to boost basic pay by premium working, and that has led to some of the distortions that we see. So, yes, it is a significant increase in basic pay, which will be a very big step forward.

**Jack Dromey** >

(Birmingham, Erdington) (Lab)

[Share](#)

I have spent 30 years in the world of work, representing employees, conducting negotiations and solving disputes. I have seldom seen a sense of grievance so grotesquely mishandled, insulting the intelligence of junior doctors by telling them that they do not understand what is on offer. Does the Secretary of State not feel a sense of shame that his handling of this dispute should have so poisoned relationships with junior doctors, who are the backbone of the national health service?

**Mr Hunt** >

[Share](#)

The hon. Gentleman can do a lot better than that. We have been willing to negotiate since June. It was not me who refused to sit round the table and talk until December; it was the BMA, which, before even talking to the Government, balloted for industrial action. What totally irresponsible behaviour that is. If Labour were responsible, it would be condemning it as well.

**Wendy Morton** >

(Aldridge-Brownhills) (Con)

[Share](#)

I thank my right hon. Friend for his statement today and for all the work that he is doing to deliver a truly seven-day-a-week NHS, which we all really want for our constituents. Will he confirm that the BMA, the royal colleges, the Government and the wider NHS are all now agreed on the need to improve weekend care, which, as Professor Sir Bruce Keogh has said, is both a clinical and a moral cause?

**Mr Hunt** >

[Share](#)

My hon. Friend is absolutely right. There is a huge amount of support for doing the right thing for patients, which is why it is so extraordinary that the BMA has chosen to defend the indefensible, not to sit round and talk about how we can do this, as any reasonable doctor would have done and—to go back to the earlier question—to put out deeply misleading comments to its own members that have inflamed the situation and made it far worse than it needed to be.

Column 1774

**Mike Kane** >

(Wythenshawe and Sale East) (Lab)

[Share](#)

The Royal College of General Practitioners has reacted to the decision to impose the contract by saying that it is shocked and dismayed. The Royal College of Psychiatrists has said that the decision will exacerbate the recruitment and retention issues that the NHS currently faces. Why does the Health Secretary ignore the concerns of those two royal colleges?

**Mr Hunt** >

[Share](#)

When those colleges have had a chance to look carefully at our proposal, they will find much that they can commend. For both psychiatrists and GPs, we are putting in a premium to attract more people into those specialties, which will be immensely important both for them and for the NHS.

**Antoinette Sandbach** >

(Eddisbury) (Con)

[Share](#)

Will the Secretary of State draw to the shadow Secretary of State's attention the research in the Netherlands that has shown that seven-day working has dramatically cut stillbirth rates—by 6.8% in the Netherlands—and has the potential to have a real impact on survival rates for young babies?

**Mr Hunt** >

[Share](#)

I commend my hon. Friend for her campaigning on that issue. She could not be more right. Just before Christmas, a report by Professor Paul Aylin said that the mortality rates for neonatal children were 7% higher at weekends, which underlines just how important it is to get this right.

[Column 1775](#)

**Rachael Maskell** >

(York Central) (Lab/Co-op)

[Share](#)

On 5 December 2011, the Government tried to cut unsocial hours for “Agenda for Change” staff. At a time when morale right across the NHS is so low, will the Secretary of State guarantee that he will not bring forward cuts, because the reason behind the unsocial hours cut that I mentioned was to introduce seven-day working?

**Mr Hunt** >

[Share](#)

We have no plans to do so, but I cannot be drawn any further, except to say that we do have to deliver our manifesto commitments. The specific issues that we have identified with respect to seven-day working relate to consultant and junior doctor presence, and that is what we are focused on putting right.

**Oliver Colvile** >

(Plymouth, Sutton and Devonport) (Con)

[Share](#)

I thank my right hon. Friend for the very clear way in which he has kept the House up to date on the progress of all this. It is very important not only that we free up beds in hospitals, most certainly at weekends, but that we should be making much greater use of our pharmacies to deliver better healthcare within the community. Will he explain how that might happen?

**Mr Hunt** >

[Share](#)

I believe my right hon. Friend the Minister of State is with the pharmacists now discussing that precise issue. My hon. Friend raises this issue regularly and rightly: pharmacists have a very important part in the future of the NHS.

**Paul Flynn** >

(Newport West) (Lab)

[Share](#)

On Sunday, I witnessed the seven-day working at a Welsh hospital, where a clinic was held in Nevill Hall for the convenience of patients and to get maximum use of an expensive gamma camera. The Secretary of State constantly denigrates the work of the Welsh health service, but will he pause to congratulate the Welsh and Scottish Governments, who avoided the misery of the strike and will also avoid the poisonous legacy of resentment that he will face from junior doctors?

**Mr Hunt** >

[Share](#)

The Welsh and Scottish Governments may have avoided the difficult decision that we are taking in the NHS in England, but the longer they go on avoiding the issue, the longer they will have higher mortality rates at weekends, which we are determined to do something about.

**Jim Shannon** >

(Strangford) (DUP)

[Share](#)

I thank the Secretary of State for his statement. If we do not have enough junior doctors, patient safety cannot be guaranteed. In his statement, he referred to reducing the number of hours, nights, days and rostered weekends for doctors. Does he believe that that will ensure that there will be no strike? What safeguards are in place for patients, nurses and senior doctors if an agreement cannot be reached?

**Mr Hunt** >

[Share](#)

It is because an agreement cannot be reached that we have to take the measures that we are taking today. The bits of the new contract to which the hon. Gentleman draws attention are the bits that will have the biggest impact on the morale of junior doctors, because we are saying that we do not think it is right for hospitals to ask them to work five nights in a row or to work six or seven long days in a row. We are putting that right in the new contract. That will lead to less tired doctors and better care for patients.

[Column 1776](#)

**Jeff Smith** >

(Manchester, Withington) (Lab)

[Share](#)

I met a large group of junior doctors in my constituency to discuss the new contract. They were highly professional and totally committed to the NHS, but for the first time some of them were considering working abroad. One of them told me that, although she loved her job, she would never let her daughter train as a junior doctor now. Does that not demonstrate that the low morale—the despair, frankly—and the likely flight of junior doctors as a consequence of imposition is a huge threat to the future of our NHS?

**Mr Hunt** >

[Share](#)

The biggest threat to morale for doctors is not being able to deliver the care that they came into the profession to deliver. That is why we are sorting out a proper seven-day NHS, particularly for junior doctors who work in A&E departments at weekends, where they often do not have the support they would get during the week and do not have as many consultants around as there would normally be. That is what we are trying to put right. I appreciate that it is very difficult when the counter-party in the dispute does not want to negotiate, but in the end Governments have to decide what is right for patients and what is right for the service, as well as what is right for doctors.

**Diana Johnson** >

(Kingston upon Hull North) (Lab)

[Share](#)

Hull has traditionally struggled to recruit doctors in specialties such as A&E, general practice and psychiatry. I am concerned about the royal colleges' warning that the imposition of the contract will have a detrimental effect on staff morale and staff retention in the NHS. Will this not make things even more difficult for areas such as Hull, which struggle to recruit in the first place?

**Mr Hunt** >

[Share](#)

We want more doctors and more nurses in the NHS, but in the end, if we are putting extra money in to recruit these extra doctors and nurses, it is fair to the public who are paying for their salaries to have reforms that mean their care gets better. That will apply to the hon. Lady's constituents in Hull, who want a seven-day NHS, just as my constituents in Surrey do.

**Paula Sherriff** >

(Dewsbury) (Lab)

[Share](#)

The Health Secretary repeatedly accuses the BMA of misleading junior doctors, yet 98% of them voted for industrial action. Without exception, every doctor I have spoken to said that the last thing they wanted to do was to go out on strike. Doctors are some of the brightest and most intelligent people we have in our country. Does the right hon. Gentleman really believe that they cannot make up their minds for themselves?

**Mr Hunt** >

[Share](#)

It is interesting that when that vote was held, the BMA had not sat down and talked to the Government, despite repeated invitations. I personally met Johann Malawana, the leader of the junior doctors committee, and invited him to talks. Despite those repeated invitations, they refused to talk; they decided to ballot for industrial action. How serious are people about reaching a negotiated settlement if that is what they do?

**Liz McInnes** >

(Heywood and Middleton) (Lab)

[Share](#)

Can the Secretary of State clarify something in his statement for me? He says that “those working one in four Saturdays or more will receive a pay premium of 30%. That is higher on average than that available to nurses, midwives, paramedics and most other clinical staff”. The staff he cites will be employed on bands 4 to 9 under “Agenda for Change” terms and conditions. If they work Saturdays, they receive plain time plus 30% for working then, so can the Secretary of State tell me how he has calculated an average? I do not understand his mathematics.

**Mr Hunt** >

[Share](#)

I am happy to do that. The contract that we are going to implement gives junior doctors who work more than one in four Saturdays—so one in three Saturdays—a higher premium of 50%, so when taken on average, it is a higher premium for working on a Saturday.

**Huw Irranca-Davies** >

(Ogmore) (Lab)

[Share](#)

As has been pointed out by my hon. Friend the Member for Newport West (Paul Flynn), there were no strikes in Wales yesterday. However, on the point made by the hon. Member for Central Ayrshire (Dr Whitford), there was an increase of 10% in the budget, equivalent to 135 places for nurse training, which is so critical for cover. That may be what led to a communication that I received from a junior doctor in England who said, “Could we have your Minister for Wales, please?” What does it say about morale in the NHS in England when, in football and rugby parlance, the Minister has lost the confidence of the changing room?

**Mr Hunt** >

[Share](#)

I think that is the first time in living memory in this House that a Welsh MP has got up and said that they think things are better in the Welsh NHS. Just look at the waiting times that people face for basic operations on the NHS in Wales—far, far longer than in England. We will take no lectures about how to run the NHS from Labour in Wales.

**Paul Blomfield** >

(Sheffield Central) (Lab)

[Share](#)

I represent three fine hospitals and one great medical school, and I spend a lot of time listening to junior doctors and medical students. The Secretary of State talks about the crisis in morale in the NHS among junior doctors. Does he not recognise that his handling of the dispute has done so much to enhance that crisis, and that today’s announcement will make it so much worse?

**Mr Hunt** >

[Share](#)

Not at all. The choice I had was to do something about mortality rates at weekends or to duck the issue. Under the Conservatives, we do not duck issues about mortality rates. We do the right thing for patients. After Labour’s record, I should have thought the hon. Gentleman would be a little more circumspect.

Column 1777