



DEBATE PACK

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Contracts and conditions in the NHS

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The House of Commons Library prepares a briefing in hard copy and/or online for most, but not all, non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Contracts and conditions in the NHS

An e-petition which called for Parliament "[To debate a vote of no confidence in Health Secretary the Right Hon Jeremy Hunt](#)" was started on Monday 20 July, the day on which petition.parliament.uk was opened. It reached 100,000 signatures on Tuesday 21 July and now has more than 220,000 signatures.

The Government provided a response to the petition, which is included in the pack.

Once a petition reaches 100,000 signatures, the Petitions Committee is able to consider it for debate. In response to this petition, the Petitions Committee decided to schedule a debate in Westminster Hall on the motion "That this House has considered the e-petition relating to contracts and conditions in the NHS".

The Chair of the Petitions Committee, Helen Jones MP, will lead the debate.

This is the first debate to be scheduled by the new Petitions Committee. The Committee considers e-petitions on petition.parliament.uk (a new e-petitions portal, jointly owned by the House and the Government) as well as public petitions presented by Members.

For this debate, the online community @WeNurses (which has worked with Parliament in the past, including with the Health Committee) has offered to facilitate an online discussion about contracts and conditions in the NHS on the afternoon of Friday 11 September from 2pm to 3pm.

All Members are very welcome to take part in this discussion, which will take place on the hashtag #wenurses.

Staff from the Digital Outreach team and the staff of the Petitions Committee will be on hand to answer any procedural questions that arise during the discussion. After the discussion, staff will compile and summarise the comments made so that Members can, if they wish, draw on them during the debate.

1. Summary

Contracts and conditions in the NHS

Policy background

A seven day NHS

The Government has committed to creating a seven day health service, to ensure that patients get the same high quality, safe care on a Saturday and Sunday as they do on a week day.

The Government have said that seven day services are needed to prevent higher hospital mortality rates for patients admitted to hospital at the weekend than during the week. In a speech in May 2015¹, the Prime Minister quoted a report published in 2012 which found that mortality rates for patients admitted to hospital on a Sunday can be 16% higher than on a Wednesday.²

The Government has made a specific commitment that patients will receive the hospital care they need seven days a week by 2020.³

For GP services, the Government has committed that by the end of the 2015/16 financial year, 18 million patients will have access to a GP at mornings, evenings and weekends, which will be extended to everyone by the end of this Parliament in 2020.⁴

Proposed contract changes

The Government has said it has a duty to make sure the system is set up in a way which makes it as easy as possible for hospitals to organise their resources to maximise patient safety across every day of the week.⁵

In 2014, the Health Secretary asked the Review Body on Doctors' and Dentists' Remuneration (DDRB) and the NHS Pay Review Body (NHS PRB) for their observations on how contract reform for directly employed NHS staff in England might be required to support the delivery of seven day services.

The DDRB's report on [*Contract reform for consultants and doctors & dentists in training – supporting healthcare services seven days a week*](#) and the NHS PRB's report on [*Enabling the delivery of healthcare services every day of the week – the implications for Agenda for Change*](#) were published in July 2015.

¹ Gov.uk, [PM on plans for a seven-day NHS](#), 18 May 2015

² Use of this statistic has been questioned as the research did not look into whether the higher mortality risk was due to the way the NHS is run at weekends. See for example NHS Choices, [Sunday hospital admissions 'a bigger risk'](#), February 2012, and BMJ, [Is the UK government right that seven day working in hospitals would save 6000 lives a year?](#), 5 September 2015.

³ [Reports of Review Body on Doctors' and Dentists' Remuneration and NHS Pay: Written statement - HCWS114](#), 16 July 2015

⁴ Gov.uk, [PM on plans for a seven-day NHS](#), 18 May 2015

⁵ Government response to e-petition, [To debate a vote of no confidence in Health Secretary the Right Hon Jeremy Hunt](#)

The NHS PRB observed that the right of consultants to opt out of non-emergency work in the evenings and at weekends is a key contractual barrier to the delivery of seven day services.⁶ The DDRB also endorsed the removal of the consultant “opt-out” clause:

In our view, the current “opt-out” clause in the consultant contract is not an appropriate provision in an NHS which aspires to continue to improve patient care with genuinely seven-day services, and on that basis, we endorse the case for its removal from the contract.⁷

The DDRB also found that the removal of the consultant opt-out clause is an opportunity to smooth the transition between the junior doctor grade, which is routinely rostered for weekend working, and the consultant grade, which can choose whether to be rostered or not.⁸

The NHS PRB looked at the NHS “Agenda for Change” pay system and observed that there is a case for some adjustment to unsocial hours pay, for example, extending plain time working further into the evening and noted the move, in some sectors, to plain time working on Saturdays. The report said that in the view of the Department of Health and NHS Employers the cost of the unsocial hours premia makes the delivery of seven-day services prohibitive.⁹

The NHS PRB did however say that any changes to unsociable hours premia should be part of wider reform to the Agenda for Change system, as if done in isolation, it could risk the morale and motivation of staff.¹⁰

The BMA

The British Medical Association (BMA) have expressed concerns about the proposed contract changes. Negotiations with the BMA’s UK junior doctor committee stalled in October 2014 over concerns about safety for patients, and that doctors’ welfare was not being effectively considered by NHS Employers.¹¹ The Committee is now calling on the Government to reverse the recommendations made by the DDRB.¹² The BMA council chair Mark Porter said:

In the face of proposals from the UK Government which amount to imposition in all but name, the UK junior doctors committee has decided not to re-enter contract negotiations.

⁶ NHS Pay Review Body, [Enabling the delivery of healthcare services every day of the week – the implications for Agenda for Change](#), July 2015, Executive Summary, xiii

⁷ Review Body on Doctors’ and Dentists’ Remuneration, [Contract reform for consultants and doctors & dentists in training – supporting healthcare services seven days a week](#), Executive summary, xii

⁸ Review Body on Doctors’ and Dentists’ Remuneration, [Contract reform for consultants and doctors & dentists in training – supporting healthcare services seven days a week](#), Executive summary, viii

⁹ NHS Pay Review Body, [Enabling the delivery of healthcare services every day of the week – the implications for Agenda for Change](#), July 2015, Executive Summary, x

¹⁰ NHS Pay Review Body, [Enabling the delivery of healthcare services every day of the week – the implications for Agenda for Change](#), July 2015, Executive Summary, xi

¹¹ BMA, [Junior and consultant contract negotiations](#), last accessed 9 September 2015

¹² British Medical Association, [Junior doctors reject government’s heavy handed attempts to force through a new contract without meaningful negotiations](#), 13 August 2015

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The BMA believes that the changes currently being proposed are unsafe for patients, unfair to doctors and undermine the future of the NHS.

This is the time for doctors to stand together as one profession and unite in defence of doctors' working lives so that we can continue to provide safe, high-quality care for all our patients.¹³

In July 2015, the Health Secretary explained that the Government was prepared to impose a new contract despite BMA opposition:

There will now be 6 weeks to work with BMA union negotiators before a September decision point. But be in no doubt: if we can't negotiate, we are ready to impose a new contract.¹⁴

On the 11 September 2015, the BMA announced that it had re-entered negotiations with NHS Employers about changes to consultant contracts in England.¹⁵ The BBC has reported that the BMA has said there is still "much to discuss" and that any deal would be put to a vote by consultants early next year.¹⁶

The BMA is also seeking clarification from Ministers on the seven day plan, including details on which services are expected to be seven day, how the NHS can fund and staff it, and its impact on weekday services.¹⁷

Implementation

Detail on the implementation of the changes was provided by the Health Secretary in July 2015:

Whilst we remain prepared to discuss a staged approach to changes for consultants, as recommended by the DDRB, we would be seeking immediate removal of the consultant opt-out, early implementation of new terms for new consultants from April 2016 (moving existing consultants across by 2017) and the introduction of a new juniors' contract from the August 2016 intake. We will also introduce a new performance pay scheme, replacing the outdated local clinical excellence awards so that we reward those doctors who are making the greatest contribution to patient care – the DDRB recommends that these be termed 'awards for achieving excellence'. I will consult on removal of the current local scheme in the autumn, alongside proposals for a reformed National Clinical Excellence Award Scheme based on the recommendations previously made by the DDRB. We will be mindful of the importance of recognising those doctors who have national leadership roles in the NHS and the substantial contribution made by clinical academics.¹⁸

¹³ BMA, [Junior and consultant contract negotiations](#), last accessed 9 September 2015

¹⁴ [Reports of Review Body on Doctors' and Dentists' Remuneration and NHS Pay: Written statement - HCWS114](#), 16 July 2015

¹⁵ BMA, [Contract changes](#), 11 September 2015

¹⁶ ["Negotiations begin over compulsory weekend work for consultants"](#), BBC, 11 September 2015

¹⁷ BMA, [Prime minister: show doctors your plan for seven-day services](#), 30 August 2015

¹⁸ [Reports of Review Body on Doctors' and Dentists' Remuneration and NHS Pay: Written statement - HCWS114](#), 16 July 2015

2. E-petition

An e-petition which called for Parliament ["To debate a vote of no confidence in Health Secretary the Right Hon Jeremy Hunt"](#) was started on Monday 20 July. It reached 100,000 signatures on Tuesday 21 July and now has more than 220,000 signatures.

"Jeremy Hunt has alienated the entire workforce of the NHS by threatening to impose a harsh contract and conditions on first consultants and soon the rest of the NHS staff."

Parliament will debate this petition on 14 September 2015.

The Government responded to the petition once it had reached 10,000 signatures:

"The Government is committed to delivering seven day services to make sure that patients get the same high quality, safe care on a Saturday and Sunday as they do on a week day.

Many people do not realise that if you are admitted to hospital on a weekend, you have a 16% greater chance of dying. The Government wants to change this so that everyone can be confident that they will receive the same level of care whatever day of the week they are admitted to an NHS hospital.

NHS consultants already provide an outstanding service and show great dedication to ensuring patients get the best outcomes. But the Government has a duty to make sure the system is set up in a way which makes it as easy as possible for hospitals to organise their resources to maximise patient safety across every day of the week.

To understand more about the possible issues for staff contracts, last year the government asked the independent pay review bodies for NHS staff - The Review Body on Doctors' and Dentists' Remuneration (DDRB) and the NHS Pay Review Body (NHSPRB) for their observations and recommendations about how the reform of employment contracts could help support the delivery of seven day services in England.

The reports were published this month. They identified that a major barrier to seven day services is a decade old contractual right in the consultants' contract negotiated by their union representatives in 2003 that allows senior doctors to refuse to work non-emergency work in the evenings, at nights and at weekends. No junior doctor, nurse or other clinical group has any such right. Other senior public sector professionals who work in services required to keep the public safe, such as police officers, firemen and prison governors, do not have this opt out either.

Whilst the vast majority of consultants work tirelessly for their patients, the opt out allows individuals to charge employers hugely expensive payments which are much higher than national contract rates (up to £200 an hour). The average earnings for a hospital consultant are already in the top 2% in the country at £118,000, and these inflated payments can make it difficult for hospitals to provide the weekend cover they know patients need.

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The report endorsed the removal of the opt out, as well as broadly supporting other changes to the consultant contract that would ensure the right level of cover is available every day of the week; not just Monday to Friday.

Under the new plans, doctors will still continue to receive a significantly higher rate for working unsocial hours and there will be a contractual limit (not an expectation) of working a maximum of 13 weekends a year.

By the end of the Parliament, the Government hopes that the majority of consultants, in line with existing practice for nurses, midwives and junior doctors, will be on reformed contracts, working across seven days, to deliver a better service to patients. Hospitals like Salford Royal and Northumbria that have instituted seven day services have already seen improvements in patient care and staff morale.

These new plans will mean that doctors working in some of the toughest areas in the NHS, such as A&E and obstetrics, will at last be properly rewarded and there will be faster pay progression for all consultants early on in their career. Under the new proposals, the highest performing consultants could be able to receive up to £30,000 a year in bonus payments, on top of their base salary.

Of course, improving weekend care requires more than just ensuring greater consultant presence. That's why the government is also addressing issues such as access to weekend diagnostic services, provision of out of hospital care to facilitate weekend discharges, and adequate staffing cover amongst other clinical groups,. But NHS leaders and the independent pay review bodies are clear that increasing the presence of senior clinical decision makers at weekends is vital, and that the consultant opt out remains a barrier to organising broader support services and staff rotas.

The Government feels it is under an obligation to the public to do all it can to make NHS care at the weekend as safe as during the week through the delivery of seven day services this Parliament and that is what it will continue to do.

3. Press articles

BBC

11 September 2015

[Negotiations begin over compulsory weekend work for consultants](#)

Guardian

8 September 2015

[NHS chief has common sense on his side on seven-day working](#)

BMJ

14 August 2015

[Junior doctors will not re-enter contract negotiations with government](#)

HSJ

14 August, 2015

[NHS Employers: BMA has 'staggering lack of understanding'](#)

Independent

21 July 2015

[Petition for Parliament to debate a vote of no confidence in Health Secretary Jeremy Hunt hits 100,000 in just 24 hours](#)

BBC

16 July 2015

[Jeremy Hunt: Doctors 'must work weekends'](#)

Guardian

16 July 2015

[Jeremy Hunt heralds NHS 'Reformation' as he heads for showdown with doctors](#)

Telegraph

16 July 2015

[Consultants must work weekends to save lives, Jeremy Hunt says](#)

4. Press releases

NHS Employers

NHS Employers responds to BMA's 10 reasons for not re-entering negotiations

13 August 2015

Danny Mortimer, Chief Executive of NHS Employers, said:

"The BMA "10 reasons for not re-entering negotiations" demonstrate a staggering lack of understanding of what the Doctors and Dentists Review Body (DDRB) recommendations actually are.

"NHS Employers and the BMA were invited to try to reach an agreement in response to the DDRB recommendations. We understand the BMA concerns about the recommendations and how they might be implemented, but working through these together is the best way to get the most suitable outcome for patients and doctors.

"The proposed revision of the whole pay system, includes:

- higher rates of basic pay
- a standard 40 hour week and a lower cap of no more than 72 hours work in any seven consecutive days
- higher rates of pay for night work in return for more hours paid at standard rates
- improved pension benefits

"BMA consultant colleagues are still talking to us about reaching an agreement on reformed contracts to better meet the needs of patients while being safe for doctors – that is the way forward for junior doctors as well.

"The mid-September deadline is real so far as Government ministers are concerned. It is disappointing to not at least attempt to reach an agreement."

BMA

Patients deserve answers on seven-day NHS says BMA

24 Jul 2015

Patients and doctors still need answers on seven-day hospital services, the leader of the UK's doctors has said.

This follows the government's response to a petition calling on Parliament to debate a possible vote of no confidence in the health secretary¹.

The BMA has been clear that it supports more seven-day hospital services but has raised repeated legitimate concerns over the government's failure to outline how they will allay the public's concerns over the potential impact on the service they receive and what they define as a truly seven day NHS.

To date, the government has been unwilling or unable to set out what it defines as seven-day services - despite admitting there is a 'general public interest in making this information available for the sake of greater transparency and openness.'²

A recent public survey of more than 2,000 people in England found that:

- Two thirds (68 per cent) do not believe the NHS can currently afford to deliver seven-day services in hospitals
- Almost nine in 10 (87 per cent) believe that doctors alone cannot deliver seven-day services and that a full range of support staff and other services must also be in place
- The vast majority (84 per cent) say delivering seven-day services should not mean fewer services are available during the week

Commenting, Dr Mark Porter, BMA council chair, said:

"Doctors care for their patients every day and understand their needs, and have been explicit in their support for more seven-day hospital services. We have repeatedly called on the government to outline how they will fund and staff them, and yet neither we nor the public are any closer to finding out the detail of the government's plans.

"Two-thirds of the public don't think the NHS can afford seven-day services. Almost nine in 10 don't believe doctors alone can deliver it, and 84 per cent say delivering seven-day services should not mean fewer services are available during the week³.

"It is positive that the government, in their response to the public petition, have listened to the BMA and recognised that improving weekend care requires more than just ensuring greater consultant presence. Just adding a doctor to a ward will make no real difference if the support is not there. But recognising this is not enough, we need the detail.

"The government won't even define what they mean by seven day services, despite confirming that such a definition does exist and that it would be in the public interest to say so. It is in everybody's interests that the government is honest with the public and sets out its plans."

ENDS

Notes to Editors

1 <https://petition.parliament.uk/petitions/104334>

2 <http://careers.bmj.com/careers/advice/view-article.html?id=20022744>

3A survey of 2,041 adults in England was conducted by BritainThinks between 22nd and 25th June 2015. Respondents were asked to say how far they agreed or disagreed with the below statements.

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At present, the NHS cannot afford to deliver seven-day services in its hospitals

Agree (net) – 68 per cent (1,388)

Disagree (net) – 9 per cent (182)

Neither agree nor disagree – 16 per cent (329)

Don't know – 7 per cent (142)

Providing more hospital services at the weekend should not mean that fewer services are available during the week

Agree (net) – 84 per cent (1,718)

Disagree (net) – 4 per cent (89)

Neither agree nor disagree – 9 per cent (184)

Don't know – 2 per cent (50)

Providing more senior doctors at the weekends should not mean that fewer doctors are available during the week

Agree (net) – 83 per cent (1,688)

Disagree (net) – 5 per cent (98)

Neither agree nor disagree – 10 per cent (201)

Don't know – 3 per cent (54)

Senior doctors cannot deliver seven-day services alone, a full range of support staff will need to be present

Agree (net) – 87 per cent (1,768)

Disagree (net) – 2 per cent (35)

Neither agree nor disagree – 9 per cent (184)

Don't know – 3 per cent (54)

Department of Health

Making healthcare more human-centred and not system-centred

16 July 2015

[...]

7-day care

One litmus test of our commitment to this is our approach to 7-day care.

This is not about increasing the total number of hours worked every week by any individual doctor. Doctors already work extremely hard, and their hours should always be within safe limits. But we will reform the consultant contract to remove the opt-out from weekend working for newly qualified hospital doctors. No doctors currently in service will be forced to move onto the new contracts, although we will end extortionate off-contract payments for those who continue to exercise their weekend opt-out. Every weekend swathes of doctors go in to the hospital to see their patients, driven by professionalism and goodwill, but in many cases with no thanks or recognition. The aim is to acknowledge that professionalism by putting their contributions on a formalised footing through a more patient and professionally orientated contract. As a result of these changes by the end of the Parliament, I expect the majority of hospital doctors to be on 7-day contracts.

Around 6,000 people lose their lives every year because we do not have a proper 7-day service in hospitals. You are 15% more likely to die if you are admitted on a Sunday compared to being admitted on a Wednesday. No one could possibly say that this was a system built around the needs of patients - and yet when I pointed this out to the BMA they told me to 'get real.' I simply say to the doctors' union that I can give them 6,000 reasons why they, not I, need to 'get real.'

They are not remotely in touch with what their members actually believe. I have yet to meet a consultant who would be happy for their own family to be admitted on a weekend or would not prefer to get test results back more quickly for their own patients. Hospitals like Northumbria that have instituted 7-day working have seen staff morale transformed as a result. Timely consultant review when a patient is first admitted, access to key diagnostics, consultant-directed interventions, ongoing consultant review in high dependency areas, and proper assessment of mental health needs: I will not allow the BMA to be a road block to reforms that will save lives.

There will now be 6 weeks to work with BMA union negotiators before a September decision point. But be in no doubt: if we can't negotiate, we are ready to impose a new contract.

[...]

Kingsfund

Our response to Jeremy Hunt's 25-year vision for the NHS

16 July 2015

Responding to the Secretary of State for Health's 25-year vision for the NHS, Chris Ham, Chief Executive of The King's Fund, said:

'There is much to welcome in the Secretary of State's vision for the NHS, including the continued focus on safety and quality of care, the emphasis on transparency and the goal to make the NHS the world's largest learning organisation. This signals a significant move away from using external pressures such as competition and targets to drive change towards reforming the NHS from within by supporting leaders to improve quality of care.

'Many of the themes in the speech will strike a chord with NHS staff but they will take time to deliver results. The test will be whether the emphasis on devolution and self-improvement can be maintained in the face of short-term political imperatives – ministers invariably find it difficult to resist intervening, particularly when NHS performance declines. An even bigger challenge will be to implement this vision at a time when NHS organisations are having to respond to huge financial and service pressures.

'A seven-day NHS is the right ambition but will be difficult to deliver. As the war of words with the BMA indicates, significant challenges will need to be overcome to ensure sufficient staff are available at weekends. There is also the question about how it will be paid for. The £8 billion increase in the NHS budget the government has pledged by 2020 is the bare minimum needed to maintain standards of care and will not cover the additional costs associated with a seven-day NHS.'

Prime Minister's Office, 10 Downing Street, Department of Health

[PM on plans for a seven-day NHS](#)

18 May 2015

David Cameron gave a speech setting out his plans for "a 7-day NHS, safe in our hands - for every generation to come".

[...]

The vision

[...]

A vision of a modern NHS working for you 7 days of the week – when you need it, where you need it.

And that begins with a transformation of primary care – just as we are beginning to see at the Vitality Partnership here in Birmingham. One of the great winners of my access fund - supporting GP surgeries to open 8 till 8, 7 days a week.

Vitality are dramatically increasing the range of services available in one place; the times those services are available and the ease of booking them.

So here's our vision. Rethinking what primary care can be. Prevention, not just treatment. Tackling causes, not just symptoms. Treating the whole person, not just an individual ailment.

So, for example, when an obese smoker visits his GP with a lung condition and a mental health issue, he doesn't get sent away with a pile of pills and end up weeks later in hospital.

Instead he comes to a place like this that brings together the full suite of care services he needs. Whether that's Cognitive Behavioural Therapy, a specialist respiratory nurse or wider health education to address the underlying causes.

He can use an app to book appointments for before or after work, order a repeat prescription online and have it delivered to his home and even use Skype, Facetime or email to get some advice without setting foot outside his front door.

By the end of this financial year 18 million patients will have access to a GP at mornings, evenings and weekends.

By the end of this Parliament I want that for everyone.

And this 7-day NHS will be just as vital in our hospitals too.

It's a shocking fact, but mortality rates for patients admitted to hospital on a Sunday can be 16% higher than on a Wednesday, while the biggest numbers of seriously ill patients arrive at the weekend when hospitals are least well equipped to handle them.

So 7-day care isn't just about a better service – it's about saving lives.

We simply can't aspire to be the safest health system in the world without this commitment.

While our hospitals are working hard Monday to Friday to get patients better, sometimes it can feel as though Saturdays and Sundays are more about just somehow getting through to Monday. Diseases don't work weekdays 9 to 5. And neither can we.

When you have sat through a night in the hospital watching a loved one and praying for the morning; when you have spent a weekend longing for the week – you know just how important these changes are.

And let's be absolutely clear. This isn't about NHS staff working 7 days a week.

It's about different shift patterns, so that our doctors and nurses are able to give that incredible care whenever it is needed.

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It's about key decision makers being around at the weekend; junior doctors being properly supported and resources like scanners up and running wherever they are needed.

[...]

5. Parliamentary statements, debates and questions

5.1 Statements

Written statement

Reports of Review Body on Doctors' and Dentists' Remuneration and NHS Pay

16 July 2015 HCWS114

I am responding on behalf of my Rt hon. Friend the Prime Minister to the Seven Day Services Reports of the Review Body on Doctors' and Dentists' Remuneration (DDRB) and the NHS Pay Review Body (NHSPRB). The reports have been laid before Parliament (CM9107 and CM9108). Copies of the reports are available to hon Members from the Vote Office and to noble Lords from the Printed Paper Office.

This Government is committed to creating a seven day health service fit for the 21st Century with patients receiving the hospital care they need seven days a week by 2020. Patients expect and should receive high quality, safe care every single day. It is simply wrong that mortality rates are higher for patients admitted to hospital at the weekend than during the week. 6,000 lives are lost needlessly, each year, as a result, making this manifesto commitment a clinical priority and a moral cause.

Last year, I asked the Review Body on Doctors' and Dentists' Remuneration (DDRB) and the NHS Pay Review Body (NHS PRB) for their observations on how contract reform for directly employed NHS staff in England might be required to support the delivery of seven day services.

The DDRB was asked to make observations on proposals for reforming the consultant contract to better facilitate the delivery of health care services seven days a week, taking account of proposals for pay progression to be linked to responsibility and patient care, and for reforming clinical excellence awards. It was also asked to make recommendations on a new contract for doctors and dentists in training, including a new system of pay progression.

Similarly, the NHS PRB was asked to make observations on the barriers and enablers of seven day services within national employment contracts for staff employed under the Agenda for Change pay framework (AfC which applies to non-medical staff), with particular reference to the impact of premium pay rates for working unsocial hours, incremental pay progression and any transitional arrangements.

I am grateful to the Chairs and members of the review bodies for producing these reports.

The case for seven day services

I am pleased that all those who responded to the PRBs' calls for evidence accept the compelling case and support the vision for seven day services

with its primary aim of putting patients first and reducing mortality rates at the weekends.

How seven day services are delivered on the ground must be informed by the clinical needs of local communities; one size cannot fit all. Some Trusts are already delivering services across seven days as the PRBs observed, but this is by no means universal. The DDRB said "We also investigated the position in healthcare systems elsewhere in the world and it is our understanding that outside of accident and emergency services most international public healthcare systems are not providing a comprehensive twenty-four hour, seven-day service. We therefore conclude that the proposed new NHS arrangements would be trailblazing within healthcare systems."

The NHS PRB concluded that the Agenda for Change pay system was not a barrier to the delivery of seven day services and that more work should be undertaken to understand in more detail how services might be delivered in the future, the workforce implications and transitional arrangements. They also observed that the right of consultants to opt out of non-emergency work in the evenings and at weekends is a contractual barrier to the delivery of seven day services and the DDRB also observed that "the role of consultant presence at weekends to make a difference to patient outcomes is accepted". It was noted that this is a contractual protection which is enjoyed by no other NHS professionals or by any other areas of the public sector workforce. DDRB said "In our view, the current 'opt-out' clause in the consultant contract is not an appropriate provision in an NHS which aspires to continue to improve patient care with genuinely seven-day services, and on that basis, we endorse the case for its removal from the contract."

The PRBs' views on the proposals

The independent DDRB concluded that the key principles proposed by the Government and NHS Employers are reasonable – to improve patient outcomes across the week and to reward greater responsibility and professional competence. They acknowledged the case for changing the contract for doctors and dentists in training (juniors) and concluded that the proposals made are fair, and that removal of the consultant opt-out clause is "an opportunity to smooth the transition between the junior doctor grade, which is routinely rostered for weekend working, and the consultant grade, which can choose whether to be rostered or not.". They found that the core principles for reforming the consultant contract look right; that the proposals should be viewed as a total package of reform across the two contracts; and that there is scope for progressing some elements of consultant reform at different speeds, including early removal of the consultant opt-out. The DDRB endorsed changes to the antiquated approach for time served mainly annual incremental progression in both contracts.

I am particularly pleased that the NHS PRB agreed that contract reform should work for staff and patients and that any reform of the system of premium pay for working unsocial hours should not be done in isolation, but part of a wider package of reform.

The NHS PRB observed that premium pay rates may not be out of line with comparator industries, but that there is a case for some adjustment to unsocial hours pay, for example, extending plain time working further into the evenings (from 7/8pm currently to 10pm) and noted the move, in some sectors, to plain time working on Saturdays. The DDRB suggested that the night window for juniors and consultants should start at 10pm.

The DDRB supported the proposed approach to the pay package for juniors; whilst it noted that the rates for unsocial hours and other elements were for the parties to agree, it also noted that total pay for juniors compares favourably with comparator groups and that, given the cost-neutral pre-condition for negotiations, that position will continue. It acknowledged the proposal to undertake further modelling on unsocial hours rates for consultants, whilst noting that some other professionals working across seven days do not receive any such payments but are expected to work any necessary additional hours as part of professional salary arrangements.

The DDRB recommended a common definition should be applied across all NHS groups, or a rationale for not doing so should be provided. The NHSPRB recommended that this be considered as part of a wider review of AfC, including reform of incremental pay progression so that there is a much stronger link between pay and performance.

We agree with the DDRB that contractual safeguards are necessary. These formed a core part of the proposals for consultants and juniors.

Supported by good staff engagement strategies, it is the overall employment offer, not just pay, that helps the NHS to attract and keep the staff it needs.

The DDRB also said "We support the continuation of national CEAs, and given the separation of local CEAs (to be reformed as performance pay, or payments for excellence), that the value of national CEAs will need further consideration".

Next steps

Given the priority placed on seven day services by medical leaders and patient groups, I was hugely disappointed that the BMA union walked away from negotiations at such a late stage last October when proposals had been developed. The DDRB has stated that its recommendations and observations "provide a roadmap on what could and should be achievable in the interests of everyone with a true stake in the NHS". We have lost a year in which we could have been moving towards changes that are in the interests of patients, doctors and the NHS. We cannot afford any more delays.

That is why I am now asking the British Medical Association (BMA) to engage with us rapidly over the summer and to tell me, by mid-September, whether they will work with us, without delay, to introduce modernised professional contracts for engagement and for training, focused on outcomes, on the basis of the recommendations and observations in DDRB's report.

Whilst we remain prepared to discuss a staged approach to changes for consultants, as recommended by the DDRB, we would be seeking immediate removal of the consultant opt-out, early implementation of new terms for new consultants from April 2016 (moving existing consultants across by 2017) and the introduction of a new juniors' contract from the August 2016 intake. We will also introduce a new performance pay scheme, replacing the outdated local clinical excellence awards so that we reward those doctors who are making the greatest contribution to patient care – the DDRB recommends that these be termed 'awards for achieving excellence'. I will consult on removal of the current local scheme in the autumn, alongside proposals for a reformed National Clinical Excellence Award Scheme based on the recommendations previously made by the DDRB. We will be mindful of the importance of recognising those doctors who have national leadership roles in the NHS and the substantial contribution made by clinical academics.

The case for change, in the interests of all, is made. We would prefer to agree changes in partnership, as recommended by the DDRB and acknowledging its observation of the need to build mutual trust and confidence; but we will take forward change, in the absence of a negotiated agreement.

The NHSPRB said that the areas of agreement between the parties "should provide a positive basis for future discussions and progress on the expansion of seven-day services". I welcomed the agreement of the NHS Trade Unions earlier in the year to enter into talks on contract reform. The NHS Trade Unions have already agreed to a timetable seeing change beginning to be implemented from April 2016. I am now inviting the AfC trades unions to enter into formal negotiations with NHS Employers, to that timetable, to agree a balanced package of affordable proposals for reform.

These reforms need to enable trusts to recruit, retain and motivate the staff they need to deliver high quality safe care over seven days. All trusts must make the very best use of their pay bill, making every penny work for patients. I know most trusts prefer to use national pay frameworks provided they are affordable and fit for purpose. I recognise that, if national contracts cannot be reformed, it is likely that employers will feel that they need to use the employment freedoms they already have to take contract change forward.

In addition, my Rt hon. Friend the Chancellor of the Exchequer has made clear in the budget that the government will continue to examine pay reforms and modernise the terms and conditions of public sector workers. This will include a renewed focus on reforming progression pay, and considering legislation where necessary to achieve the government's objectives.

I therefore want these negotiations to build on the 2013 agreement on AfC pay progression and remove virtually automatic annual incremental progression from the NHS pay system (as is also proposed for consultants and junior doctors). Pay progression must be related to performance

rather than time in the job and those who make the greatest contribution should see that rewarded in the pay system.

[NHS Reform](#)

HC Deb 16 Jul 2015 598 cc1099-1119

The Secretary of State for Health (Mr Jeremy Hunt): With permission, Mr Speaker, I would like to make a statement on measures to improve the safety culture in the NHS and further strengthen its transition to a modern, patient-centric healthcare system.

[...]

A litmus test of that is our approach to weekend services. About 6,000 people lose their lives every year because we do not have a proper seven-day service in hospitals. Someone is 15% more likely to die if they are admitted on a Sunday than if they are admitted on a Wednesday. That is unacceptable to doctors as well as patients. In 2003-04, the then Government gave GPs and consultants the right to opt out of out-of-hours and weekend work, at the same time as offering significant pay increases. The result was a Monday-to-Friday culture in many parts of the NHS, with catastrophic consequences for patient safety.

In our manifesto this year, the Conservative Party pledged to put that right as a clinical and moral priority. I am today publishing the observations on seven-day contract reform for directly employed NHS staff in England by the Review Body on Doctors and Dentists Remuneration—the DDRB—and the NHS Pay Review Body. They observe that some trusts are already delivering services across seven days, but this is far from universal. According to the DDRB, a major barrier to wider implementation is the contractual right of consultants to opt out of non-emergency work in the evenings and at weekends, which reduces weekend cover by senior clinical decision makers and puts the sickest patients at unacceptable risk. The DDRB recommends the early removal of the consultant weekend opt-out, so today I am announcing that we intend to negotiate the removal of the consultant opt-out and early implementation of revised terms for new consultants from April 2016. There will now be six weeks to work with British

Medical Association union negotiators before a September decision point. We hope to find a negotiated solution but are prepared to impose a new contract if necessary. To further ensure a patient-focused pay system, we will also introduce a new performance pay scheme, replacing the outdated local clinical excellence awards, to reward those doctors making the greatest contribution to patient care.

[...]

5.2 Debates

[NHS: Reform](#)

HL Deb 16 Jul 2015 | 764 cc726-740

[NHS Reform](#)

HC Deb | 598 cc1099-1119

5.3 PQs

[NHS: Working Hours](#)

Asked by: Thornberry, Emily

To ask the Secretary of State for Health, with reference to the Written Statement of 16 July 2015, HCWS114, on NHS Remuneration: Doctors and Dentists, what his definition is of a seven day health service.

Answered by: Ben Gummer

The Government is committed to ensuring that patients can get the same high quality of care seven days a week.

My Rt. hon. Friend the Secretary of State's statement of 16 July 2015, HCWS114, on NHS Remuneration: Doctors and Dentists discussed reforming the consultant contract in order to support seven day hospital services. A seven day hospital service would mean that, by 2020, all patients admitted to hospital at the weekend will get the urgent and emergency treatment they need; and those who are already receiving treatment and care will get it to the same high standards at weekends as during the week.

The Government is committed to ensuring that patients can get the same high quality of care seven days a week.

08 Sep 2015 | Written questions | 8064

[NHS: Working Hours](#)

Asked by: Caulfield, Maria

To ask the Secretary of State for Health, what assessment he has made of how seven-day services will improve patient care.

Answered by: Ben Gummer

We know that, in hospitals, patient care suffers at weekends because there are fewer consultants present, and some services are not always up and running. This is reflected in mortality rates being significantly higher for patients admitted at a weekend.

That is why we are determined to ensure that patients can get the same care at weekends as during the week.

02 Jun 2015 | Written questions | 90022

6. Further reading and Library briefing papers

Review Body on Doctors' and Dentists' Remuneration

[Contract reform for consultants and doctors & dentists in training – supporting healthcare services seven days a week](#), July 2015, Cm 9108

NHS Pay Review Body

[Enabling the delivery of healthcare services every day of the week – the implications for Agenda for Change](#), July 2015, Cm 9107

Library briefings

[General Practice in England](#)

Published 09 September 2015

This briefing paper provides general background for Members and their staff on NHS primary medical services provided by GPs in England. It gives an overview of commissioning arrangements as well as information on changes to GP contracts and funding.

[The structure of the NHS in England](#)

Published 01 June 2015

Major reforms to the structure of the health service in England were introduced by the Health and Social Care Act 2012, with a large number of new organisations established on 1 April 2013. This Library briefing provides an overview of the funding and accountability relationships under the new system, and an introduction to the roles of key organisations. This briefing also highlights some of the key health policy issues for the current Parliament, including patient safety, funding, and the integration of health and social care.

Contract reform for consultants and doctors & dentists in training – supporting healthcare services seven days a week

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