issue 21 | number 9 | **August 2015**

hospital consultant &specialist

views | people | contacts

In favour of a *safe* seven-day service

What you need to know about the DDRB report: p3-4

Bi-monthly journal of the Hospital Consultants and Specialists Association

SEVEN-DAY SERVICES

With the DDRB report now out we have set out our position on where future discussions and negotiation should go and further information is on the next two pages, as well as available via hcsa.com.

The HCSA has long felt that safeguards need to be put in place if the aspiration of a seven-day hospital service is to be realised. This, coupled with a positive approach to work-life balance and fairness in other contractual proposals, could result in a negotiated settlement.

We will soon be meeting with the Minister of State on these issues and will ensure that we give voice to our members' views.

EXIT PAYMENT CAP PLAN

The government have issued a consultation document entitled Public Sector Exit Payments Cap. It proposes to limit the total value of all forms of exit payments available to individuals leaving public-sector employment to £95,000.

Currently, existing terms and conditions allow for a redundancy payment of one month's pay for each year of service up to a maximum of two years' pay.

The proposals in this consultation document would clearly therefore be detrimental.

The consultation timeframe is extremely short and takes place over the summer period. We will be working with the TUC and other public-sector unions to respond.

MINISTER HIGHLIGHTS NEED TO BEAT BULLYING

I attended the most recent meeting of the NHS Social Partnership Forum in July. It was the first since the new government was elected to office and was chaired by new Health Minister for Care Quality Ben Gummer.

He set out his key areas of interest and I was extremely pleased that he highlighted the need to work with the forum to tackle workplace bullying and harassment.

We have been speaking out about this subject for many years, making the case that this behaviour in the workplace impacts on the health, well-being and stress of staff, which then has a knock-on effect on the experience of patients and care that they receive. Let's hope the new minister's objective filters down the chain to local trust boards.

SUBSCRIPTIONS RISE

Our finance sub-committee has reviewed our 2015/16 subscription levels and has agreed a small increase for this period from £240 per year to £250. More about this and how we intend to utilise this income is on page 7.

MEET OUR NEW TEAM MEMBERS

We have seen a raft of changes to our staff over the past couple of months. Two of our national officers, Annette Mansell-Green and Emma Champion, have left us and will be missed by colleagues and members alike. However, we welcome to the HCSA three new national officers who join us with a wealth of experience from long and successful careers in the trade union field. More about each of them on page 7.

Dedicated to you
HCSA
Hospital Consultants and Specialists Association

the hospital consultant and specialist: bi-monthly magazine of the Hospital Consultants and Specialists Association

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in this issue

Call for contributions

If you'd like to submit an article or suggestion for the Newsletter, we'd love to hear from you. Please get in touch via *RBagley@hcsa.com*.

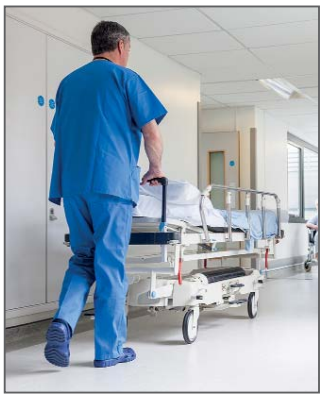
In favour of a **safe** seven-day service

HCSA view
John Schofield

The HCSA welcomes the government's clear commitment to resourcing high-quality emergency medical services seven days a week.

However, following the release of the DDRB observations on the consultants' contract in July – likely to form the backbone of the final status agreement on hospital doctors' terms and conditions later this year – it is necessary to support its introduction with some important caveats.

Our stated position is In Favour of a Safe Seven-Day Service, safe both for patients and for staff. A truly workable outcome to current discussions over the future of the consultants' contract must also be based on the principles of fairness and have a keen focus on work-life balance.



In 2012, amid a growing number of recommendations in favour of more comprehensive provision of weekend hospital services, a call that came from Royal Colleges and NHS agencies alike, we formulated the HCSA's policy stance on this issue.

We expressed our willingness to work with any properly focused initiatives to eliminate reported variations in the survival and well-being of acute and emergency admissions in the evening and at weekends.

Of course, despite the impression that has been given at times in the media, many specialties have long undertaken regular weekend ward rounds or worked on operating lists while on call.

In the past, where such working arrangements have been agreed, the HCSA's position has been that they must be made with the consent of all the doctors involved, must not require long periods of continuous working, must maintain prescribed rest periods, and must provide for a reasonable family life for those concerned.

Today we maintain that position, so while HCSA supports the goal of seven-day services for patients, this must be achieved by properly planned change and adequately resourced policies encompassing medical staffing, working patterns and clinical facilities.

It also means sufficient doctors in training and a focus on retention and recruitment – both in terms of adequate remuneration, pensions and conditions.

Can the government's aspirations be delivered on a cost-neutral basis in these straitened times? It will surely be a stiff, if not a near impossible, challenge.

While changes to work patterns among senior medical staff may reduce the additional funding required, it should be recognised that in order to deliver this safely, with sufficient compensatory rest periods, the need for greater budgets cannot be eliminated.

Either way, the outcome of current engagement between our profession and ministers will have a major bearing on hospital services in years to come.

We cannot turn our back on these crucial discussions, which is why the HCSA believes that the events of the past year, where the chance to engage in a way that delivered the very best outcome was squandered by the BMA last October, are unfortunate.

With just a few weeks to go before the government's deadline on talks, the HCSA has the negotiating experience and willingness to assist in refreshing these vital discussions.

We shall be doing so at every opportunity.

● *Professor John Schofield is President of the Hospital Consultants and Specialists Association.*

Far-reaching document could change the face of hospital services

The release of the DDRB pay review body's observations on the consultants' contract delivered a raft of potential changes on pay, terms, conditions and future career structures.

The government has placed the public focus firmly on aspects relating to seven-day services, so in response the HCSA has chosen the campaign slogan In Favour of a Safe Seven-Day Service as our overarching theme.

It reflects our existing policy on the issue of seven-day working, which while supportive of the goal has always highlighted the need for fair implementation, balancing safety and the work-life balance of the professionals being called upon to run the service.

Many other key issues, including the future of Clinical Excellence Awards locally and changes to pay scales, were also packaged in the 100-plus page document.

In coming weeks our national officers will be visiting hospitals up and down the country to explain the implications of the DDRB proposals and developments.

In the meantime the HCSA will be reiterating to policy-makers our belief that any changes must be properly considered in order to avoid problems in future.

With the government placing a deadline of mid-September on discussions, time is now of the essence.

Your questions answered: a quick guide to the report

What is the background to the current proposals to change the consultants' contract?

The Review Body on Doctors' and Dentists' Remuneration (DDRB) observations were released to coincide with a major speech by Secretary of State Jeremy Hunt outlining the government's aspiration for a seven-day service. The DDRB received contributions from a variety of staff and employer organisations including the Hospital Consultants and Specialists Association.

However, its review largely reflected the position of NHS Employers.

These proposals are expected to form the basis of a new contract, with the government placing a six-week deadline on talks over the changes. This means that we are likely to see the final proposals around the time of the Conservative Party conference in early October.

The DDRB recommended a two-stage approach to negotiations, which would first seek to remove the opt-out clause within schedule 3, paragraph 6 of the existing contract, followed by separate discussions on the other proposals. It also agrees that the changes will need to be cost neutral, although it adds that a one-off transitional fund should be provided.

What are the main changes?

The government is seeking to phase in major changes to the pay and conditions of consultants. Foremost among the DDRB proposals are:

- The removal of schedule 3, paragraph 6 from the 2003 contract. This section currently allows consultants to decline non-emergency work outside core hours. This change will allow employers to roster consultants, many of whom already work across seven days on emergency call, routinely all week.
- A new definition of the timeframe considered "out-of-hours" working.
- The replacement of Local Clinical Excellence Awards with a system of appraisal-based payments.
- Changes to the way pay progression works to link it to responsibility and achievements rather than time served. The government says that the system will see faster progression for consultants at the start of their career.
- Improved terms for consultants with particularly demanding workloads and unsocial hours, such as in accident and emergency.

Can change be forced upon us?

While employers cannot simply change a contract for existing employees they would be able to implement the new terms for any newly hired consultants. The new terms could also be imposed on consultants who move posts. We believe that negotiation is the best way to ensure a safe, satisfactory outcome for patients, policy-makers and staff.

When are any changes likely to take effect?

The government hopes to implement the new contract by next April.

What is the HCSA's position on the proposals?

Our top priority is to ensure that any changes will deliver safe seven-day services – a position that we will be emphasising publicly and in discussions with employers and the government.

While the aspiration for a seven-day service is widely supported by hospital doctors it should not come at the expense of patient care or the well-being of the professionals who provide the service.

It is therefore essential that it be sufficiently resourced, staffed and funded, with the focus not just on consultants being present at the weekend but a full range of support facilities also being available.

Want to know more? Request a hospital visit

HCSA has already received a string of requests for hospital visits by our experienced team of officers to explain the ins and outs of the DDRB observations – and to hear your concerns on this and other issues.

As part of a wide-ranging programme of engagement with members and non-members alike, our team will be criss-crossing the country over coming weeks.

If you would like to arrange a visit to your hospital – a great way both to raise publicity of the HCSA and to ensure that your colleagues are informed on the impact of the proposed changes – it's a simple matter of contacting the team at our head office in Overton.

They will put you in touch with the relevant National Officer for your patch.

➤ Email **conspec@hcsa.com** or ring **01256 771-777** to arrange an HCSA visit to your hospital.

HCSA's observations available online

In the wake of the report we released a document containing our initial point-by-point response to the DDRB observations.

The PDF is available online and also includes a detailed extract from the body's own summary of its findings.

Members can download the HCSA observation from **www.hcsa.com/media/40677/DDRB-response-HCSA.pdf**

We have also produced a quick guide to the DDRB observations, which we intend to update to include a revised version of the association's policy position on seven-day working.

It is time to end the NHS blame game

Rob Quick on the rise of heavy-handed tactics in the wake of Mid-Staffs and Morecambe Bay

Heavy-handed use of formal disciplinary processes against HCSA members has been on the rise over the past 18 months.

Often minor issues are blown up out of all proportion. Complex and costly disciplinary procedures are being brought to bear on clinicians, causing needless stress and anxiety.

It may be that many Trusts and Health Boards are haunted by the ghosts of Mid-Staffs and Morecambe Bay and feel the need to show they are acting tough.

Indeed senior directors and managers do face potential pressures in the wake of the Francis Report, with an atmosphere of litigation and greater patient scrutiny giving rise to a form of increasingly defensive management.

While the national MHPS – Maintaining High Professional Standards – framework does allow for informal resolution to issues and concerns, including through the use of mediation and local discussions, there seems to be a drive to bat every case into the long grass of complex disciplinary procedures.

Aside from the high cost in time and resources, the use of formal investigative procedures and hearings has a clear and direct impact on morale and motivation.

For HCSA members, it is the impact on personal health and well-being that is most worrying. And if something goes wrong there is often a knee-jerk management reaction to apportion blame.

But instead of pursuing disciplinary investigations as a punitive process, is it not more important to understand the reasons why things go wrong and ensure that it does not recur in future?

The stakes are high. Incident report data for England and Wales over six months in 2014 revealed more than 64,000 incidents involving medication, over 37,000 relating to staffing levels and work environment, almost 116,000 "patient accidents," and in excess of 75,000 cases relating to treatments and procedures.

The former National Patient Safety Authority, which was closed down in 2012, argued for just such a "fair-blame" approach to patient safety.

It argued for a just culture while acknowledging that a "no-blame" culture is neither feasible nor desirable.

While some unsafe acts deserve sanctions, it added that a "just" culture is dependent on winning the trust of a workforce and its wider understanding of the difference between acceptable and unacceptable behaviour.

The authority produced research that

suggested while in 10 per cent of cases someone may be "culpable" – for instance through reckless behaviour or as a result of substance abuse – in 90 per cent of cases systems were to blame or, for example, an issue was the result of an honest error.

If this picture of patient safety incidents is true, then the emphasis for Trusts should be on learning from mistakes rather than a focus on blame. Such a move towards creating learning organisations will require senior managers, HR practitioners and Trust leaders to develop their own emotional intelligence, and to treat front-line practitioners as humans who are fallible.

A good day to bury Rose's critical report?

While all eyes were on the DDRB review, a probe into NHS leadership contained worrying findings

With all eyes on the DDRB review findings on the consultants' contract, and the ensuing public exchanges between the government and the profession, one could have been forgiven for missing the conclusions of Lord Rose on the state of NHS leadership released on the same day.

Posted online with little fanfare while the media swooped onto the seven-day service debate, the report is fairly scathing in its criticism of how endless change has not been matched with training and development of a layer of management with the capacity to deliver.

The report contains a number of implicit criticisms of the 2012 Health and Social Care Act, not least the abolition of Strategic Health Authorities, which Lord Rose warned meant "there is no-one to lead any region in a collaborative reconfiguration over the longer term."

Lord Rose, the former boss of M&S, called for urgent action to boost training, support and robust assessment of those in leadership positions.

He warned: "The NHS is drowning in bureaucracy … there are too many regulatory organisations making too many reporting requests.

"The number of oversight bodies has grown as the NHS has become more fragmented and more distant from Government.

"All recent reforms have been about devolving the system.

"Now there is no one system leader, so all are vying for territory."

➤ Read the Rose report in full at **www.gov.uk/government/publications/better-leadership-for-tomorrow-nhs-leadership-review**

Letters

SEVEN-DAY CHANGE IS NEEDED

I am very supportive of a new contract relating to the seven-day service for consultants. The fact that most hospitals are jammed all week – and mortality is higher at weekends – is partly due to the fact that in most Trusts fewer than 30 per cent of teams do weekend ward rounds, so few are sent home.

Roughly the same number of non-elective patients are admitted at weekends. Being "on call" – ie available – is not working properly at weekends

Clearly no-one should work seven days in a row, and anyone who works weekends should get three full days off the following week, of their choice.

Why three? Four sessions at the weekend plus the need to factor in SPA time that would have been available if they had been weekdays.

I also suggest that a new contract should "encourage" all academics to work at weekends. They could easily do new patient acute clinics, for example. We are all in it together. GPs too.

I would like the HCSA to help, not hinder, the process of negotiation, and represent this view.

Name and address supplied

NO PLACE FOR TWO TIERS

It looks like the DDRB are proposing a single basic pay grade for established consultants of £93,000 and cessation of any pensionable element to performance awards.

Given that the average consultant is stated as currently earning much more than this – which is predominantly comprised of basic pay plus CEA awards – the current proposals appear to recommend a significant fall in annual pay for the average consultant combined with a dramatic fall in future pensionable pay despite recent increases in pension contributions by consultants. I cannot see how this improves the NHS's ability to retain and recruit the best doctors.

The concept of a "lesser" consultant grade should also be resisted as it is inherently divisive and open to abuse.

Some deserving consultants will never become "established" if this split is agreed to. They will become perpetual senior registrars of old with no route of escape other than to emigrate.

I don't think industrial action will be helpful to our cause, as we will be out-gunned by government PR.

However, we must highlight the defunding of the NHS at every opportunity – low healthcare spending as a proportion of GDP, the low number of doctors per population, recruitment crises in acute specialties and the need for massive investment in ancillary roles at weekends.

Name and address supplied

PUNISHING WEEKEND REGIME

The DDRB report is shocking – removal of the opt-out clause for elective weekend work, undefined pay for out-of-hours work, and no sensible limit for weekends.

There is also no assessment of what weekend work is being done at present.

Surely there should be a phased reduction of out-of-hours work as one gets older. I am now 54 and did not become a consultant to be scheduled to work one in four weekends.

Name and address supplied

HOW ABOUT A PFI 'HAIRCUT'?

I work at a Trust where the single greatest millstone round its neck, as it struggles to cope and try to wriggle out of "special measures," is a huge PFI contract.

There was an article in the Telegraph recently about the PFI burden across the whole NHS, and it seems to me that there ought to be linkage between this and the plight of hospital doctors, who are being persecuted and scapegoated in the press. This is the usual double standard of the protected financier class versus the workers.

Has HCSA thought of campaigning for a "PFI haircut" for the banksters and financiers who have cooked up the sundry PFIs that are sucking the life out of Trusts all over the country?

I read what I have written and marvel at how "red" I seem. I'm not nor have ever been perceived by others to be a socialist!

Name and address supplied

The Hospital Consultant & Specialist welcomes views from members on any relevant topic. All correspondence will be treated in the strictest confidence. If you wish to contribute to the debate email your views to RBagley@hcsa.com.

Hospital Representatives urged to attend London summit on October 15th

An invitation has already gone out to all HCSA Hospital Representatives for a national summit on Thursday October 15th in London.

Those of you in this role have an important strategic role to play, acting as the first port of call for members, feeding information back to the association and our team of officers, and assisting with events and our drive for greater representation on local negotiating bodies.

The London meeting will provide an opportunity to hear the latest updates on national issues such as seven-day services and the consultants' contract, as well as to receive training from our national officers on the issues that are important to you and your members. All reasonable expenses of those attending the meeting at the British Dental Association, 64 Wimpole Street, London W1 will be paid by the HCSA, including accommodation where necessary.

HCSA general secretary Eddie Saville urged existing Hospital Representatives to "make every effort to attend."

Contact our Overton office via conspec@hcsa.com or by phone on 01256 771-777 to confirm your registration. And if you have been considering becoming a Hospital Representative, or want to find out more, now would be the perfect time to do so. Simply log on to the members' area of the website to access our guide to the role, or contact your nearest national officer or our head office for information.

£10 extra a year will mean more support for you

HCSA
Hospital Consultants and Specialists Association

Eddie Saville explains the expansion plans behind a rise to subscription fees which will ensure HCSA is one of the best value memberships around

From October 1st our full member's subscription rate will rise £10 from £240 to £250 a year following a decision of the HCSA finance subcommittee, with the monthly rate rising from £20.75 to £21.50.

This is not a decision that we took lightly, but reflects our expanding influence and heightened profile, which have inevitably created greater demand for our services.

We recently recruited two new national officers to provide support and representation to members at their workplace. These are not replacements for existing staff, but are new additions to the complement. Their appointment builds on earlier additions to our team of national officers over the past couple of years.

You will see the impact almost immediately. We recently called on all members to invite one of our officers to visit hospitals to discuss the key national and local issues affecting you at work. Whether it is the consultants' contract, seven-day services or local job planning issues, we now have additional resources to provide an informed and responsive service.

We know from recent experience that employers are becoming increasingly likely to embark on formal procedures when issues crop up, which is far removed from the time when informal guidance or counselling would have been the order of the day. In this respect the HCSA is well placed to protect the interests of members and successfully navigate often complex processes and procedures.

In addition, our extra staff will be working hard to recruit new members and Hospital Representatives.

So this increase in subscriptions will see us continue to expand, as well as offering good value for money in comparison to our fellow trade unions and professional associations.

We remain here to serve your interests. So, if you have any suggestions about how we might improve the service that we provide, please do let us know.

Trio of new recruits boost the HCSA team

It's a case of hello, hello, hello as we welcome three experienced new national officers to the HCSA.

They bring with them the kind of specialist knowledge that our members have come to expect and for which our reputation has increasingly grown.

George Georgiou

Ro Marsh

Jennie Bremner joins us in the North-West following previous experience working for the British Medical Association, and prior to that time serving as an assistant general secretary of Britain's biggest union Unite.

In London we also welcome George Georgiou, who joins us from the BMA, where he performed the key role of senior industrial relations officer overseeing major campaigns as well as members' issues.

Finally Ro Marsh, who will be handling members' concerns across southern England, has a long track record assisting senior civil servants within the First Division Association.

Their recruitment is part of a plan to expand the services that we offer to our members – including more outreach to keep you informed on the issues that matter in your day-to-day work.

What next for hospital doctors? A major one-day event

All HCSA members are encouraged to book their place now for a major free one-day event in Edinburgh on Friday November 6th that will provide an opportunity for networking, education and debate on the major issues facing our profession.

The national forum, entitled What next for hospital doctors?, takes place at Pollock Halls, which is also able to offer members reduced-price en-suite accommodation for those who wish to extend their break in the beautiful Scottish capital. CPD credit has been applied for.

➤ To book your place on this important event contact **conspec@hcsa.com** or phone **01256 771-777**.

Why we'll oppose the anti-trade union Bill

Hospital doctors are not generally known for their militancy, preferring to let their professional skills do the talking.

However, the right to withdraw our labour or to take action short of a strike remains an ultimate "nuclear" option when every other avenue fails.

Like atomic weapons themselves, one hopes that they never need be used.

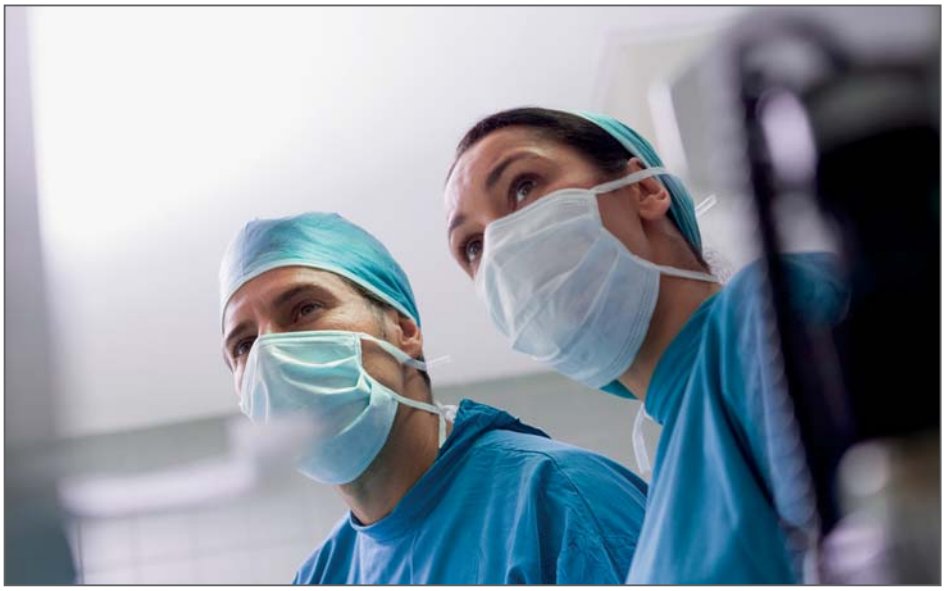
However, harsh anti-trade union laws being drawn up by the government will impose new restrictions on industrial action by public-sector workers that are unprecedented in the First World.

As a TUC affiliate we will be joining unions in our opposition to this disproportionate Bill, while continuing to call for practical reforms such as online balloting. Watch out for an update in your next copy of the Consultant & Specialist.

Alarm bells ring as cash crunch hits trusts

The push for seven-day services comes against the backdrop of a new drive for NHS bodies to cut costs amid funding warnings

It has been a worrying couple of months for those working in acute trusts in England as an increasing list of strugglers face intervention by watchdog Monitor and with a new edict calling for a recruitment clampdown.



The government pledge to fund an £8 billion pound-a-year gap identified by NHS Chief Executive Simon Stevens in his Five Year Forward View was widely welcomed.

But in a spate of news that renders the call for seven-day services somewhat incongruous, there are now warnings that the figure, based on the NHS achieving £22bn in efficiency savings to make up the rest of an estimated £30bn funding gap, is not enough.

Monitor appeared to reflect rising fears over the growing deficits on the NHS front line when at the start of August it wrote to foundation trusts calling on them to review their financial plans. It warned them of an "unprecedented challenge" in the current financial year amid a £2bn deficit.

It called on trusts to ensure vacancies are filled "only where essential" to maintain basic safety, the "rigorous management" of rosters to ensure substantive staff are deployed efficiently across all required shifts, and a tight leash on pay progression for non-doctor staff covered by the 2013 Agenda for Change agreement.

Monitor's letter coincided with a warning from public finance experts the Chartered Institute of Public Finance and Accountancy (Cipfa), who cautioned against relying on NHS England's ability to find £22bn in savings by 2020. Cipfa Chief Executive Rob Whiteman called for greater integration of health and social care and "brave thinking on how health services are delivered and paid for."

Meanwhile in the past few weeks alone Monitor has launched probes or approved deficit recovery plans at trusts including in Cambridge, Kent and Sunderland.

TTIP: NHS provider wrangle highlights legal fears

A little-publicised competition case in north-east London helps underline concerns over the Transatlantic Trade and Investment Partnership.

The EU-US trade deal's Investor-State Dispute Settlement terms will allow companies to bring cases through special tribunals where they deem that actions by governments are anti-competitive and fall within the scope of TTIP. That currently includes healthcare, which has not been exempted despite huge public pressure.

In a small taster of the potential issues that could arise from the Transatlantic treaty, health service regular Monitor has launched an investigation into a decision to use an NHS hospital for elective services instead of the current provider, private firm Care UK Clinical Services.

Barking & Dagenham, Havering, Redbridge and Waltham Forest Clinical Commissioning Groups now face the taxpayer-funded probe into the tendering process following a complaint by Care UK.

The company suggests that the decision to end its tenure at the North East London Treatment Centre, to be replaced by services provided by Barking, Havering and Redbridge University Hospitals NHS Trust, "was not consistent with the commissioning groups' regulatory obligations, and the national tariff was not complied with when agreeing prices for those services."

The outcome will be known in due course, but this local example echoes concerns over the much bigger cases that could arise if the NHS remains within the scope of TTIP and faces increasing attention from large US corporations.

Heated scenes in the European Parliament saw MEPs agree that the ISDS clause needed limited safeguards, but attempts to remove it altogether failed.

Meanwhile the TUC, which has mounted a long campaign alongside others to highlight the dangers to the NHS of TTIP, continues to call for health's inclusion on the list of areas explicitly exempted from the free trade deal.

All change (again) for England's NHS?

England's NHS is headed for another major structural shake-up as the seemingly permanent revolution in health service delivery continues unabated.

'Vanguards' are the latest model it is hoped will herald major changes to the way our health service works. But is £200m enough for one of the Five-Year Forward View's 'big ideas'?

A string of "vanguard" projects are now being rolled out across the country in a plan included in the ambitious Five-Year Forward View.

July saw the unveiling of a second wave of eight "urgent and emergency care" projects funded from a £200m transformation pot, with initial payments destined for Sunderland (£6.5m), Northumberland (£8.3m) and south Somerset (£4.9m). Another £41m is expected to be shared between Morecambe Bay, southern Hampshire, the Isle of Wight, Salford and the Wirral.

The schemes, partly inspired by US "Accountable Care Organisations," are essentially an attempt to reduce overheads and improve patient care by increasing communication, collaboration and resource-sharing between health organisations within a common geographical location.

The English projects will experiment with varying models in order to try to establish lessons, blueprints and strategies that can then be applied to other parts of the country. Twenty-nine sites were chosen in March, covering "integrated primary and acute care systems, enhanced health in care homes, and multispecialty community provider vanguards."

Practical examples include the appointment of new dedicated expert staff to assist in the triage and diagnosis of cases to remove pressure from GPs.

A further wave of "acute care collaborations" will be announced this autumn, which will see local hospitals linked together "to improve their clinical and financial viability."

Announcing the latest funding, NHS England chief executive Simon Stevens said boldly that "starting today, the NHS will begin joining up the often confusing array of A&E, GP out-of-hours, minor injuries clinics, ambulance services and 111 so that patients know where they can get urgent help easily and effectively, seven days a week.

"That's why we're backing what our front-line nurses, doctors and other staff, in partnership with local communities, to radically redesign our urgent and emergency services."

NHS England director of acute care Professor Keith Willett, who is in charge of the urgent and emergency care rollout, added: "All over the country, there are pockets of best practice yielding enormous benefits, but to ensure our urgent care services are sustainable for the future every region must begin delivering faster, better and safer care. Now it is time for the new urgent and emergency care vanguards to design the best solutions locally."

'While the ambitious programme has admirable goals, there are fears that budget constraints will hamper attempts to bring about a wider revolution'

But while the ambitious programme may have admirable goals, there are fears that budget constraints will hamper attempts to bring about a wider structural revolution.

A detailed joint Health Foundation and King's Fund study on NHS transformation suggested that between £1.5 billion-£2.1bn a year until 2020-21 would be needed to put in place the foundations for a serious, sustained shake-up, before new models could be rolled out from 2021 under a phase two requiring extra funds.

"While bringing together existing strands will go some way towards this, more resources will be needed above the £8bn increase in NHS funding already announced," warn the authors.

They also argued that the NHS needs a single body to oversee the investment for transformative change in the NHS, with strong, expert leadership which is credible to clinicians and managers.

The NHS Confederation welcomed the study, echoing the call for sufficient funding and decent leadership.

"We've been arguing for some time for greater resources in transformation to cover the double-running that is often essential for change to be effective," said NHS Confederation director of policy Dr Johnny Marshall. "Too often investment has been allocated under the assumption that new services will automatically replace the current model and deliver benefits immediately."

NHS England director for new care models Samantha Jones maintains that funding had been allocated to "vanguard" projects where investment was expected to save money while improving care.

Yet against a backdrop of growing deficits within trusts and a dramatic target of a minimum £22bn "efficiency" savings for NHS England, the jury is still out on whether the vanguard plan, or similar initiatives, will bear fruit.

King's Fund director of policy Richard Murray argued: "The fundamental task is to get a workforce of more than one million people to work differently.

"This would be a huge challenge at the best of times but is an even bigger task when services are under such intense pressure.

"This cannot be done within the existing resources – dedicated funding is required to deliver the changes needed."

Light side

Whistle while you work... or perhaps a little less drum'n'bass?

The British media are never ones to let contradiction get in the way of a sensationalist headline, and the Daily Telegraph over recent weeks has been no exception.

Back in July its readers were regaled with research claiming the beneficial impact of music in the operating theatre, something an estimated seven in 10 surgeons who press the play button as they scrub up may agree with.

A "groundbreaking" study of 15 plastic surgeons put to work stitching up pigs' feet revealed that, on average, those allowed to listen to their favourite music were 7 per cent quicker. Senior surgeons saw the biggest boost, at 10 per cent. The US researchers maintained that whatever the music the quality of the job was better with a soundtrack.

But the world of research is a fickle one. Within days the same esteemed publication was telling its readership that "surgeons are placing their patients at risk" playing music during operations. It transpires that the rest of the operating theatre team doesn't necessarily share the benefits.

Concerned academics at Imperial College London who monitored 20 operations to back their findings did offer a solution – "much more discussion or negotiation over whether music is played" and "the type of music and volume."

What's your surgery soundtrack? Email RBagley@hcsa.com to let us know and why.

A reminder it's not all gloom

Amid seemingly relentless change, criticism from all quarters on the dedicated staff who deliver the UK's world-class health services, and the political football our profession has become, it is perhaps little wonder a recent survey suggested that nearly 44 per cent of doctors would not recommend the job.

Doctors were outdone in the negativity stakes by teachers, 55 per cent of whom would advise prospective colleagues to steer clear. Can it be pure coincidence that education is another favourite whipping boy for press and politicians alike?

Either way, in a quest to clear some of the apparent gloom shrouding doctors, it seems timely to cite a recent letter from one grateful reader to The Shields Gazette.

"At a time when resources are stretched and people are 'having a go' at the NHS I can only praise their dedication, professionalism and commitment," wrote recovering cancer patient J Jonsson.

"I now have a future with my family thanks to the skill, expertise and care provided to me by so many generous people who had never met me before."

Readers can send their confidential snippets, news nuggets and other tidbits from day-to-day life to RBagley@hcsa.com

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