



issue 23 | number 1 | January-February 2016

hospital consultant & specialist

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New year, new challenges

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Bi-monthly journal of the Hospital Consultants and Specialists Association



A Happy New Year to all HCSA members. Last year proved to be one filled with conflict with employers and government, and for us industrial action on pay earlier in the year.

The discussions and proposals on a new consultants' contract dominated 2015 with the dispute over the doctors in training contract taking up many media column inches for much of the latter portion.

The new government has set out its stall in terms of the Trade Union Bill and we will continue to press for change.

The year also saw wide coverage of our stress findings, which showed only too well how workplace pressures are impacting on the lives of consultants at work and home.

On a positive note we are pleased to be able to start 2016 by welcoming two new national officers to HCSA.

Richard Wilde and Andrew Jordan come to us with a wealth of trade union experience and will be based in the Midlands. We are delighted that they are joining us and will I am sure be keen to meet with as many members as possible as they begin what I hope will be long careers at the association, promoting and protecting the interests of all members.

If you would like Richard or Andrew or any of our national officers to visit your hospital, please contact us at headquarters and this will be readily arranged.

PENSION THREAT

Pensions are always an issue on the agenda and recently I, along with other trade union colleagues, met with Treasury Minister David Gauke to discuss new proposals laid out in a government green paper.

These include forthcoming changes to the annual allowance and lifetime allowance which have already created uncertainty and instability and are having a negative impact on pensions saving.

We have joined forces with trade unions and professional bodies representing airline pilots, head teachers, senior civil servants, chief police officers, principal fire officers, and senior NHS managers to highlight our concerns.

If implemented, some of the ideas outlined in the green paper – such as reducing or abolishing higher rate tax relief or moving from upfront tax relief to a workplace ISA-type arrangement – would make the above situation even worse and encourage even more of our members to reduce pensions saving or even pull out of pensions altogether.

We have already responded to the green paper and our joint response can be found on our website. Further information on page six.

A BETTER DEAL FOR HOSPITAL DOCTORS

Consultant contract negotiations are nearing their conclusion and as you read this we expect a final set of proposals to be published. These are likely to include proposals to change pay scales, clinical excellence awards, the method of pay progression, and unsocial hours, and the safeguards that the HCSA has been calling for.

As we start a new year now is the time to join the HCSA and help us to campaign for a better deal for hospital doctors. An update on our new recruitment challenge is on page seven.



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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.

It is now vital for the voice of hospital doctors to be heard

The profession is entering a crucial phase as policy-makers reshape the future of services

I would like to start by wishing all members a very happy new year. I have no doubt it will be a busy one for all of us.

We know that this is a crucial time in the history of the medical profession, and we all have a responsibility to contribute to decision-making about hospital doctors and hospital services to ensure improved patient care in the future.

The last few years have in England been dramatic for the NHS, with changes to the commissioning structure of services devolved from regional strategic health authorities and primary care trusts to 211 clinical commissioning groups ostensibly GP-led, but increasingly supported by corporate outsourcing companies.

Since Conservative Health Secretary Jeremy Hunt succeeded Andrew Lansley in 2012 there has been a notable change in emphasis, with NHS England chief executive Sir Simon Stevens' Five Year Forward View setting out areas of development including new technology, seven-day services, and increasing collaboration – not just between individual hospitals but crucially between health care and social care.

At the same time, though, parts of this vision have brought the government and employers into direct conflict with the professionals who are expected to deliver this brave new world of 21st century integrated healthcare services.

Developments in England will no doubt be carefully scrutinised by the devolved nations of Wales, Scotland and Northern Ireland, each of which have their own unique challenges in delivering health and social care services.

Most hospital doctors agree with the goals and aims espoused in this vision, but they do so with caveats and concerns about the availability of funding and the method by which the goals are reached. So, while it was welcome news in the Autumn Statement that the NHS is to receive additional funding to cope with



HCSA view
John Schofield

rising demand and complex challenges, an increasingly acrimonious relationship between clinical staff and policy-makers threatens to undermine the goals laid out within Sir Simon's vision.

Public-sector "pay restraint" since 2010 has caused increasing tension, leading to real-terms cuts for much of the workforce. NHS trusts are facing a record overall deficit



as demand for services increases, with warnings that much of the additional funding promised will merely represent a case of "treading water" as a result. Yet at the same time we saw reports in the press in early January that some NHS chief executives and senior managers have been awarded five-figure pay rises, taking the earnings of some to extraordinary levels.

The timing of these announcements could not be worse given the backdrop of discussions around the future of terms and conditions whose outcome will fundamentally shape the direction of our health system. The government maintains that these changes, heralding a comprehensive seven-day service, must be

cost neutral – an incongruous precondition given the requirement not just to keep experienced staff in post but to attract and retain the next generation of hospital consultants and specialists, and the need to enshrine patient safety at their heart.

Senior doctors, with their vast experience, have an important voice and role to play in protecting and building this brave new world. However, a confrontational approach on the part of policy-makers risks missing out on this possibility and alienating the very people who enact such world-class care in our hospitals. It is hard to feel an integral part of a movement for change within health services if our views are not actively and sufficiently sought – and, crucially, listened to.

It is here that the need for increasing organisation and representation of our profession becomes essential. The robust stand taken by junior doctors is notable, and has brought about significant concessions from policy-makers. In order that hospital consultants and specialists can bring their own views to bear in a meaningful way we too must fight our corner more effectively.

This requires HCSA representatives in every hospital in the UK, acting as eyes and ears and working together with the association's officers to spread the message. It also means all members taking responsibility and encouraging our colleagues to become part of this association, as the only dedicated voice representing our profession of Hospital Consultants and Specialists. Certainly, as we look back on 2015 and ahead to the year to come, we need a concerted push to consolidate the association's position.

So, in 2016 we have much to do, and it is now time to make our voice heard. It is vital, too, that as a profession we ensure that patient safety, the patient experience and patient services are at the heart of everything that we do, day in and day out.

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

Are your collective rights at risk?

If your trust does not yet formally recognise the HCSA, you and your HCSA colleagues' voice will be absent from talks that directly affect you day to day.

This is a top priority for our growing network of local Hospital Representatives – HCSA members who have committed to act as local watchdogs.

Reps should check whether the HCSA is on the list of locally recognised organisations. If not, we can assist in the process of securing recognition.

The first step is to approach the local JSNC chair to ask the staff side to support the HCSA. This should be a formality – after all, most of the staff side is made up of other associations and unions who, like the HCSA, are TUC affiliates and who we have worked with closely and stood together with on many issues such as the pay dispute last year.

JSNCs are usually most keen to have input from all their medical colleagues to strengthen their representation.

After the staff side has agreed, a joint approach would be made to the employer to acknowledge our addition to the list of recognised organisations.

Hospital representatives can then subsequently attend as many JSNC meetings as possible to join in collective local negotiations, and become a part of the joint staff side.

Most trusts also have a separate Medical and Dental Local Negotiating Committee (LNC). This, too, is an important body – its remit is the terms and conditions unique to all medical staff.

As such it is not the sole prerogative or fiefdom of any individual organisation, but belongs to all those who represent this specific group of staff.

Over several years our officers have provided local training to many LNCs on specific skills such as negotiation. HCSA National Officers should also be welcome as non-voting members of each LNC, bringing to the table a huge amount of knowledge and experience.

As local negotiation of terms and conditions becomes increasingly prevalent this will become more important in order to avoid abrogation of national terms and conditions.

Recognition where

Chairman of the executive Ross Welch explains why HCSA members have an important role to play in building the collective voice of Hospital Consultants & Specialists.

At every level – national, local and personal – the HCSA is today recognised as a leading professional association representing hospital consultants, staff and associate specialists, specialty doctors and specialist trainees.

As a negotiating body, we engage with employers and key policy-makers, while locally we guard collective terms and conditions at hospitals and trusts across the UK health service.

Among individual members we have attracted widespread admiration for our expert representation on the ground.

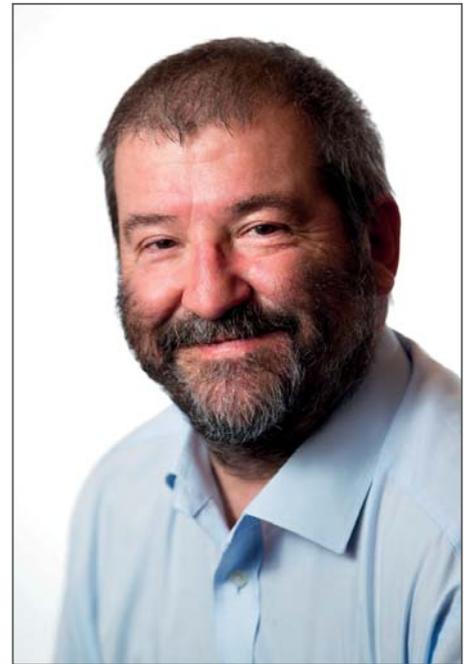
As the “businessification” of the NHS continues and job planning becomes more and more pernicious, medical and dental staff are increasingly becoming embroiled in difficult and complex issues with their local employer.

The number of individual and collective cases grows incrementally every year, meaning that today membership of a union has become an essential that no employee can afford to go without.

HCSA members will be aware of the fantastic level of support and advice that our team of National Officers provide on a personal basis, underlying why our annual membership fee is worth every penny.

Yet many colleagues are still members of no organisation at all – a matter of great concern to the HCSA, as it should be to us all. When they almost inevitably do need professional support, they have none.

Recognition works the other way around too.



HCSA members should be recognised for this within local sites – both as “go-to” individuals for the value of their opinions and as representatives and recruiters of the association, seeking to influence non-member colleagues of its many benefits.

Equally, at a local level, HCSA recognises the importance of being present on all Trust staff negotiating committees to help ensure that the voices of our profession and association are heard.

As the only union and professional association dedicated solely to hospital



recognition's due

'The HCSA and its members have a unique perspective and an opportunity to help'



doctors, as observers we sit alongside other health unions on the national NHS Staff Council in talks with NHS employers and government, a position we have held since 2013. We also sit on the national and local Social Partnership Forums – bodies that directly engage with employers and government on policy and strategy issues.

Members of those same unions sit locally on Joint Staff Negotiating Committees (JSNCs) opposite trust-level employers – an increasingly critical forum as negotiations with trusts on local terms and conditions replace national contracts, which are being diluted and sidelined.

It is here that the HCSA can and should be on the list of organisations recognised by a trust – the prerequisite for JSNC membership. This is the place where our HCSA Hospital Representatives can play a crucial role, being part of the collective staff side along with many of our fellow TUC affiliates, adding our voice to that of our

colleagues. We already have local recognition in many trusts but we can improve our density.

So we continue to press forward on this front – greater local collective recognition. But HCSA remains focused on the legitimate goal of national recognition at negotiations. This for too long has been the preserve of the BMA alone.

Alongside the HCSA's position on the NHS Staff Council, where terms and conditions affecting the whole NHS workforce are negotiated, recent talks on consultant and trainees' contracts have seen the HCSA engaged in frequent in-depth discussion with NHS Employers and the Department of Health.

Yet still, while the historical matter of formal national "recognition" today seems almost moot, the HCSA remains committed to achieving the final piece of the jigsaw – challenging the historical position that grants special privileges for direct negotiations.

There are many ways members can get involved in building your association:

Local Hospital Representatives

Our goal is to establish a local Hospital Representative in each and every hospital to form the backbone of the HCSA, supported and advised by our expert team of National Officers.

You can find the current list of LHRs on our website, so if your site doesn't have one, then please contact our head office and step forward. You will receive an information pack, regular communication and be invited to the annual representatives meeting.

National council and opinion leaders

Each (old NHS) region and devolved nation currently also elects members to the HCSA National Council, which meets twice a year and from which our national Executive, President, Treasurer and Chair of Executive are drawn.

Four-yearly elections are taking place this year. Council and ordinary members are also recruited to sit on specialist committees, while we are seeking opinion leaders in each craft specialty who can be called upon to respond to national documents and to speak authoritatively to the press as issues arise.

Such personal recognition of your own role as a member of HCSA is a vital final part of the jigsaw. It should not be forgotten that the HCSA is a national nominating body for the ACCEA. HCSA supports those who act for it in recognition of their role.

Recruit your colleagues

The old maxim that there is strength in numbers has never seemed truer given the challenges that our profession faces. The greater the coverage of HCSA members, the greater the collective voice of hospital doctors. Our team of National Officers is always open to invitations to visit trusts, either for a recruitment event or information sessions.

This year existing members have an additional incentive to sign up their colleagues – the HCSA recruitment challenge means that any current member who recruits a new member will receive 10 per cent off their 2016-17 membership fee. This means that if they recruit 10, then the fee drops to zero. See page seven for more details.



Letters

GIVE US THE RESOURCES AND WE'LL GET ON WITH THE JOB

■ Jeremy Hunt states that the contract he proposes to impose on junior doctors is to “protect patients.” In fact, it will not do so – unless he employs a lot more doctors (who are simply not available).

May I remind Mr Hunt – and all MPs, all civil servants, all members of the many Quangos, and all managers – of the basic principles of the practice of medicine, which are the foundations of the proper, safe care of patients in the NHS.

People who are sick (or those who fear their symptoms may be serious) consult a doctor – and become “patients.” The doctor listens to their symptoms, performs the appropriate examination, and then decides whether or not they need any investigations. The doctor then prescribes any necessary treatment, or may refer them to a hospital consultant.

Any investigations will be performed by professional staff in a pathology laboratory or in an X-ray (or “imaging”) department. The doctor (GP or hospital “specialist”) will then order treatment that may be carried out by that doctor or surgeon; or by nurses, physiotherapists, or other professional therapists.

The function of managers is to facilitate this process. The function of the Secretary of State (and any other “central administrators”) is to ensure that there are sufficient resources (particularly enough staff with the appropriate training and experience) for “the professionals” to perform their functions properly.

I would point out that the government has a longstanding “contract” with the public to provide a National Health Service. They cannot do this without doctors, so it is vital that they negotiate sensible terms and conditions of service for all doctors – and other professional staff – that encourages them to stay in this country and work for the NHS.

The contract which Mr Hunt has threatened to impose on doctors does not do this – nor does it allow doctors to protect their patients’ interests by ensuring safe care.

*Malcolm Morrison
Swindon*

Something to say? Send your views and correspondence in confidence on any issue to RBagley@hcsa.com

Pensions changes

Eddie Saville gives an update on HCSA’s role in an alliance fighting for

HCSA continues to lobby the government over changes to pensions taxation that would have a big impact for many of our members – and which we and other professional associations believe would encourage many to reduce savings or even pull out of pensions altogether.

We have joined forces with 11 other professional bodies and trade unions, representing over 230,000 professionals including doctors, dentists, airline pilots, head teachers, senior civil servants and chief police officers, to highlight concerns over the proposals.

The plans as set out by the government

in its green paper Strengthening the Incentive to Save: A Consultation on Pensions Tax Relief include the reduction of higher rate tax relief or the complete removal of “up-front” tax relief.

If implemented, they would create a tax-disadvantageous pensions system for many professional people. A reduction in those saving into professional and executive pensions could be a disaster for retirement savings in the UK.

In December a



The next generation of members

The HCSA linked up with the Emergency Medicine Trainees’ Association (Emta) in November for a day-long annual conference where more than 100 clinicians were briefed on the latest medical training and could access professional advice.

HCSA general secretary Eddie Saville joined a panel discussion dominated by the latest on the contract talks but was also able to give an update on pensions (see above).

He reported that changes to the

contributions made by consultants – now 14.5 per cent – had risen so much that people were beginning to ask questions. The misplaced wider agenda, he added, appeared to be to see public-sector pensions reduced to the level of the private sector.

Policy-makers were “sleepwalking into a disaster,” he warned.

A steady flow of delegates made their way to the HCSA team to ensure a successful event for all concerned, prompting an invite to this year’s event which was readily accepted.

More on emergency medicine on p8.

threat

your interests on retirement

delegation of professional association and trade union leaders including myself met Treasury Minister David Gauke to discuss the issue – one that is bound to affect members in this year's budget.

In January a joint letter was dispatched to the minister seeking further dialogue in the latest move aimed at protecting our members' interests.

Reduced annual and life-time allowances for pension savings have already raised an additional £6 billion annually for the Exchequer from higher earners.

Changes from April that will see the annual allowance taper down by £1 for every £2 earned above £150,000, including pension contributions, will introduce an effective tax rate of 67.5 per cent for additional rate taxpayers.

As such this represents a fair and proportionate contribution to public finances. We believe that the main immediate policy aim should be to restore stability and rebuild confidence in the existing pensions system rather than introducing any further significant changes to tax relief. Given the magnitude and complexity of these issues – and the potential for unintended and damaging consequences – we would support the establishment of an inclusive retirement savings commission to advise the Treasury and DWP on protecting and improving pensions saving.

The best way to maintain and improve good pension schemes is to ensure they cover all categories of staff, from apprentices and trainees through to professional employees and senior executives.

Diary date: April AGM

HCSA is a democratic organisation and actively encourages the participation of members to ensure that the interests of senior hospital doctors are properly represented locally and nationally.

This year's AGM will take place on April 22nd at 3pm at the Stratford Manor Hotel, near Stratford upon Avon. All welcome.

Recruitment drive steps up a gear with 2016 challenge

Growth agenda puts members centre-stage

HCSA members have already begun recruiting as part of the association's 2016 Recruitment Challenge, which will be promoted and supported across the organisation this year.

Any member can qualify for the scheme, which aims to increase our reach and scope to ensure that senior hospital doctors have a vibrant voice that is represented at all levels.

As announced in the last edition of the Hospital Consultant & Specialist, it is a simple process.

When a new member joins they need to inform us during the application process of the name and membership number of their referer. We will then automatically deduct 10 per cent from the referer's fees next year.

Signing up 10 new members will qualify a referee for a maximum discount of 100 per cent – £250 in savings beginning in October 2016. It's as simple as that.

It may be a good idea for referers to let us know that they have signed up a member, to ensure we can follow up any

delay in receiving applications.

In this way individual members and the membership collectively share in the benefits as the association grows – with additional resources and a louder voice for HCSA, and every new member gaining access to our renowned range of workplace services and support.

To underline our growth agenda we've expanded our team with the appointment of two new national officers who will deal with case work and assist in outreach with members and Hospital Representatives.

Based in the Midlands, they will be taking on cases across south-west England, Wales, and the Midlands.

Richard Wilde, also a qualified lawyer, joins us from Civil Service union PCS.

His fellow new starter, Andrew Jordan, gained experience in health union

Unison before a two-year tenure within education union Nasuwt's member support team.

Both bring with them a wealth of employment law experience, as well as organising and recruiting skills.

Welcome on board!



Richard Wilde



Andrew Jordan



consultation watch

■ The General Medical Council is inviting written responses to a review of its confidentiality guidance, which aims to maintain the balance between "protecting confidential patient information and sharing information appropriately."

It published revised draft guidance in November and is running a consultation until February 10th.

➤ The revised document is due to be published later this year, and comments by medical professionals can be submitted via its website at <http://tinyurl.com/GMC-confidentiality>

■ A Department of Health consultation is now open over controversial plans to extend charges to "overseas visitors and migrants" in the hope of raising £500 million a year by 2017-18.

Among its proposals are fees for ambulance and A&E use for EEA and non-EEA nationals.

➤ The consultation, launched on December 7th, runs until March 7th 2016 and is available at <http://tinyurl.com/DoH-overseas-charges>

Prescribing the remedy for emergency care

A&Es have a uniquely high public profile – but often for the wrong reasons. Richard Bagley investigates how the Royal College of Emergency Medicine is trying to change the focus.

“Around the world emergency medicine is one of the most sought-after professions,” says Jon Bailey, president of the Emergency Medicine Trainees’ Association (Emta).

But in the UK, he complains, many embarking on a career in A&Es can’t see how they will keep on into their fifties, let alone reach the ever-rising full pensionable age.

Bailey, who is addressing an audience of trainees alongside HCSA general secretary Eddie Saville, argues that proposals put forward by employers fail to recognise the intense pressures in the discipline, a relatively small but uniquely high-profile area of clinical medicine.

There are “components missing,” says Bailey, not least due to the fact that emergency medicine often involves being confronted with frequent and complex cases with minimal information. The intensity of different roles are not recognised sufficiently and there are no real measures by which to judge the differences, he complains, adding: “A third of the workforce is talking about leaving the profession – if that’s not a measure of intensity I don’t know what is!”

Yet despite the challenges Royal College of Emergency Medicine president Clifford Mann, who leads Emta’s “parent” organisation, remains fairly upbeat about the progress made – with the college acting as a focal point to help employers and policy-makers recognise the challenges and possible solutions within England’s A&Es.

The college is a relative newcomer, only receiving royal status in January 2015 following its creation in 2008.

In recent years it has witnessed progress.

But while drop-out rates and an overseas exodus among those entering the sector have slowed, a raft of recommendations that the college deems



D-G-Seamon/Creative Commons

key to easing the pressure on emergency departments remain unmet.

The title of two key reports co-produced by RCEM reflect these challenges, from 2014’s *Prescribing the Remedy* to last year’s *Ignoring the Prescription*.

The former contained 13 recommendations aimed at easing pressure on A&Es, including the co-location of community teams and primary out-of-hours facilities on-site, something which last year was still absent from 60 per cent of hospitals.

Other key goals included systems to prevent cases that could be dealt with elsewhere landing in emergency departments, as well as sufficient staffing to handle attendance peaks rather than average load.

In his foreword to *Ignoring the Prescription* last year, Mann noted: “In almost all cases a majority of commissioners, providers and systems have not acted.”

In a stark assessment based on a survey of clinical leaders, its findings suggested that a third of hospitals still did not have senior clinical decision-makers deployed routinely for prompt assessment of all new patients.

More than half of departments were not assisted by senior decision-makers from in-patient teams at times of peak activity.

When it came to the goal of seven-day services set out by the government, the college found that more than 80 per cent of emergency departments were not supported by fully functioning back-up services due to a lack of senior clinicians, lack of full diagnostic support or a lack of access to specialists.

Tariffs which actively punish A&Es by underfunding “excess” attendance remain in place, while “only 4 per cent of acute trusts have introduced innovative terms and conditions that support equitable work-life balance” for clinicians.

Mann explains that at the same time attendances at emergency departments increased by 371,864 in 2014, a 2.6 per cent rise equivalent to six medium-sized A&E departments – representing an attempt to “put more and more people into a smaller pot.”

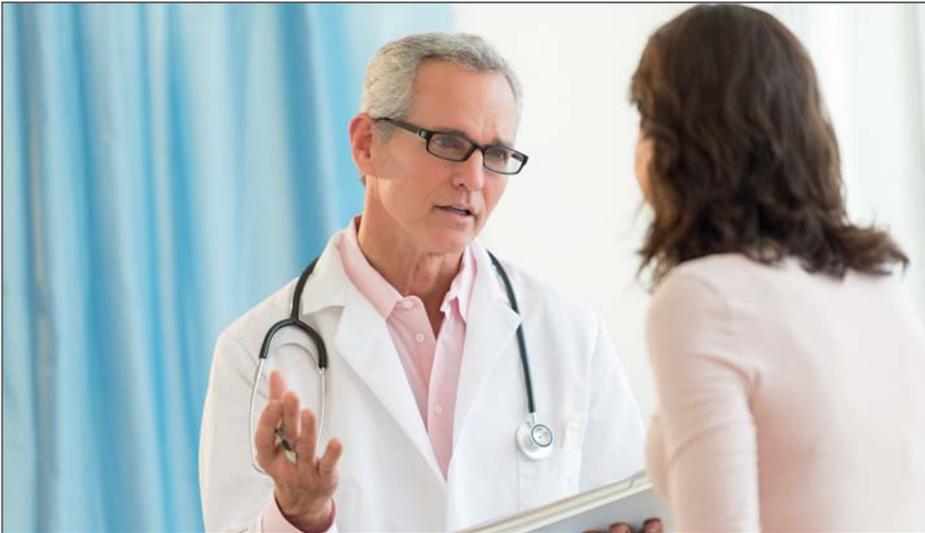
He advocates additional metrics to reflect the health of emergency departments that go beyond crude data on waiting times, although warns against removing the four-hour waiting target for care.

Reporting a daily discharge to admission ratio, too, would “act as an early warning system” in hospitals.

Nevertheless Mann is upbeat about getting the college’s views heard despite the slow pace of change.

Public pressure means that the future of acute and emergency care remains in the spotlight, appearing prominently in NHS England’s Five Year Forward View, and the focus of the best-practice report *Safer, Faster, Better*, aimed at commissioners and front-line providers – guidance backed by the RCEM and which Mann labels a “very good document.”

It enshrines many of the recommendations made by the college, but this time bearing the NHS England stamp and endorsed by organisations including Monitor and the NHS Trust Development Agency.



Agency crackdown begins in earnest

A clampdown on the hundreds of millions paid to agencies for locum staff is in full flow, with the second planned reduction in maximum shift payments kicking in on February 1st.

The new tariff may already be having an impact on HCSA members and their colleagues who work as locums, and is set to reduce still further on April 1st. However, the prices do not apply to substantive/permanent, bank staff.

The new fee caps are accompanied by a raft of NHS Employers guidance aimed at encouraging a more "strategic" approach to staffing via "effective workforce planning," using e-rostering to help draw up "more efficient rotas."

The government and NHS England hope to save £1 billion over three years, although some experts have raised doubts about the effectiveness of the policy in targeting the root causes of agency use in our hospitals, from cleaners to consultants.

A budget-driven approach that aims for reductions in the ongoing costs that permanent staff represent, and reports of lengthy delays in replacing staff, mean that additional absences or departures are likely to see trusts having to reach for the agency phonebook in order to plug gaps.

In some less popular specialisms, such as emergency care, there is a longstanding shortage of permanent clinicians, casting doubt on the long-term effectiveness of the new caps.

'The government and NHS England hope to save £1 billion over three years, although some experts have raised doubts about the effectiveness of the policy in targeting the root causes of agency use'

Nevertheless, the government and employers appear determined to pursue these changes, with NHS Improvement chief executive Jim Mackey telling the Daily Telegraph: "Staff who work through agencies or as locums need to realise that the market is shifting."

"In future, they will be better off seeking substantive employment within the NHS and picking up extra shifts through staffing banks than relying on the high rates paid by agencies."

His comments were made as the newspaper predicted the opening of a new front in the clampdown on agencies, with limits placed on the percentage cut the firms could take as a "finders' fee" – currently as much as 50 per cent of the price paid by the NHS.

➤ *More details on the government's price caps are available at <http://tinyurl.com/NHS-agency-price-caps>*

New guidance aims to ensure private practice doesn't breach competition legislation

Private practitioners have faced rising pressure in recent months from insurance companies intent on cutting costs and increasing their profits.

A Federation of Independent Practitioner Organisations (Fipo) appeal is due to be heard in the courts over billing structures that it argues will dramatically change the face of private practice and threaten to affect the care that patients receive.

A separate court judgement last year represented a warning to private practitioners hoping to join forces in order to boost incomes when a group of clinicians who founded the Consultant Eye Surgeons Partnership were fined £382,500 for breaching competition laws.

In the wake of that ruling Fipo has drawn up guidance, as has the Competition and Markets Authority, that aims to set out the current position and prevent others falling foul of the law. Fipo notes: "Consultants practise as 'economic entities' which may be as individuals (sole traders) or within another structure such as an LLP or limited company.

"When consultants operate as such 'economic entities' they are treated as 'undertakings' and competition law applies."

This means that in their relationships with employers such as insurance firms, clinicians practising privately are likely to be governed by elements of competition law – "the prohibition of anti-competitive agreements and the prohibition of abuse of a dominant position." Fipo is urging all those affected to ensure that they are fully abreast of their position.

➤ *The Fipo guidance is available via its website at www.fipo.org. Separate guidance issued by the Competition and Markets Authority is available at http://bit.ly/Doctors_Advice.*

Light side

Squirrels aren't the only problem

You could almost hear the PR cogs creaking when those behind the benighted 111 non-emergency NHS helpline pounced on the Christmas mini-silly season to highlight some of the more ridiculous time-wasting calls by the far-out fringes of Joe Public.

A sick kitten, advice on an overly salted meal, stuck earrings, and a "hit-and-run" involving a squirrel were among the less-than-emergency calls received by 999 and 111 handlers.

While such calls do indeed place an unwelcome and all-too-common strain on our hard-pressed health service, the PR release came amid a barrage of criticism of the state of the 111 helpline, which has seen the cost-cutting removal of trained medical professionals in call centres blamed for a spike in A&E referrals, and staff shortages leading to lengthy waits on hold.

One can't help but think that nuisance calls, while they must be condemned, are not the biggest problem with this dangerously watered down replacement for NHS Direct.

Choice agenda gets surreal

In one of the more bizarre examples of the "choice" agenda much-loved of politicians seeking to make their mark as NHS modernisers, commissioners in Kent have signed a deal to ship patients to French hospitals for treatment.

Apparently the arrangement, which is set to come into force from April, will see health costs covered by NHS South Kent Coast Clinical Commissioning Group, but patients expected to cover their own travel costs and expenses.

While some may relish the chance of combining an operation in France with some sightseeing – no doubt glossy brochures to this effect are being printed in anticipation – it's hard to escape the feeling that perhaps funding hospital services this side of the Channel should be the top priority for taxpayers' cash.

A well-deserved Xmas gift

The Lewisham and Greenwich NHS choir made it to the Christmas No1 slot with their version of A Bridge Over You, reflecting public support for the service and ensuring some welcome positive publicity for health workers.

Their endeavours also had another healthy effect – keeping pop tearaway Justin Bieber from a slot that has in the past been home to such classics as 1996's eponymous track by Mr Blobby. A week later Bieber did grab the top spot with What Do You Mean? – unfortunately not a rebuttal of policy-makers' attempts to smear doctors during the contract dispute, but a typically turgid rumination on teenage love.

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

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HCSA Hospital Representatives

Local HCSA Hospital Representatives are listed at hcsa.com/contact-us – just click on national/hospital contacts and select your area.

sudoku

	4		1	6		7		
2					5	1	9	
					4	6		
		1	9			3		
8	3						2	1
		9			6	5		
		2	7					
	1	4	5					3
		7		4	2		1	

5	1	8	2	4	9	6	7	3
3	7	2	6	8	5	4	1	9
9	6	4	1	3	2	7	8	5
7	8	5	6	3	1	9	4	2
1	2	9	7	4	5	8	3	6
6	4	3	2	8	1	9	5	7
8	3	9	6	2	7	5	1	4
4	6	1	5	7	3	8	2	9
2	5	7	3	8	1	9	4	6
7	2	5	1	6	3	8	4	9

Difficulty: MEDIUM



Hospital Consultants & Specialists Association

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Membership Application 2015/2016

Title _____ Surname _____
 Forenames _____ Male/Female _____
 Qualifications _____
 GMC No _____
 Speciality _____
 Year Qualified _____ Year of Birth _____
 Main Hospital _____
 Preferred Mailing Address _____

 _____ Post Code _____
 E-Mail _____
 Contact Telephone Number _____

Grade: Consultant Associate Specialist Speciality Trainee
 SAS doctor Staff Grade/Trust Speciality Doctor

Signature _____ Date _____

Current Subscription Rates:

- Full Annual** - £250 per annum commencing October 1st 2015 (pro rata for first year of membership)
- Full Monthly** - £21.50 per month
- Specialist Trainee Annual** - £100 per annum commencing October 1st 2015 (pro rata for first year of membership)
- Specialist Trainee Monthly** - £8.50 per month

Please complete the Direct Debit Mandate overleaf and send it to the Overton Office address on reverse.

Introduced by name/membership number _____

Important - Please Note:

We are not normally in a position to provide personal representation over issues that have arisen prior to joining the HCSA. Please DO NOT fax or e-mail this application form - we need an original signature on the Direct Debit Mandate for your bank to authorise payments.



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Instruction to your bank or building society to pay by Direct Debit



HCSA
1 Kingsclere Road
Overton
BASINGSTOKE
Hampshire
RG25 3JA

Please fill in the whole form using a ball point pen

Name(s) of account holders

Service user number:

9 9 7 5 7 2

Payment reference (To be completed by HCSA):

□ □ □ □ □ □ □ □

Instruction to your bank or building society

Please pay The Hospital Consultants and Specialists Association direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with The Hospital Consultants and Specialists Association and, if so, details will be passed electronically to my bank or building society.

Bank or building society account number:

□ □ □ □ □ □ □ □

Branch sortcode:

□ □ □ □ □ □

Bank or building society account number:

Address

Post Code

Signature

Date

Banks and building societies may not accept Direct Debit instructions for some types of accounts

detach here

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the organisation will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request the organisation to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by the organisation or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when the organisation asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the organisation.

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