



# General Election 2019

What Hospital Doctors need, and what the main party policies will mean for the profession

*The professional association and trade union for hospital doctors, wherever you are in your career*

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**T**his election comes at a critical time for hospital doctors and the NHS as a whole.

We face the rising pressures built up over a decade of underfunding. Many of us work in inadequate buildings with insufficient functioning equipment, as maintenance backlogs mushroom.

Staffing shortages are placing increasing strain on our workforces, who must deal with ever greater caseloads. At the same time, doctors' pay has flatlined and the failure to listen on the pensions tax crisis is leading to what could now be permanent change in the behaviour of doctors.

There is no quick fix for these challenges – though a reversal of the squeeze on budgets will undoubtedly assist.

It would be churlish not to welcome the growing consensus around greater NHS funding, or cautiously greet a unanimous pledge by the main political parties that the pensions tax issue will be tackled, even if they fail to reveal how they would do so.

Equally, though, it is striking that there is no mention of the hospital doctor shortage in these manifestos: and this goes to show how much work we must do to ensure that this message gets through.

We are determined not to allow our profession's issues to be relegated amid calls for action on GPs and other health professions, important though they are.

So this election provides a crucial opportunity to coalesce around the things which matter to our profession and to propose our own solutions to the challenges which we face.

This short document is intended to do just that: to highlight HCSA's view of the current landscape facing our profession, but also to act as a yardstick by which the political parties' manifesto pledges, also detailed here, can be measured.

HCSA is not aligned to any political party. We are accountable purely to our hospital doctor members, and act only on their behalf.

Rest assured, then, that we shall continue to hold both politicians and employers to deliver on their promises whatever we face come December 13th. You deserve no less.

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doctors' union

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# 1. Funding a health service fit for future challenges

Since 2010/11, the NHS has seen growth which has averaged approximately 1 per cent a year in real terms, compared with a long-term trend of 3.7 percent since the NHS was founded. Because of this, the NHS has failed to respond adequately to rising demand, leading to a significant decline in performance. During this period, NHS expenditure has fallen from 7.6 percent to less than 7.2 percent of GDP.

While the new funding settlement announced in 2018 represents a significantly improved position, delivering a 3.4 percent average real-terms annual increase in NHS England's budget, it is still significantly below the 4 percent annual uplift that experts agree is required to maintain standards of care and meet rising demand.

Constraints on capital funding have also had a serious impact on the NHS. Every day, hospital doctors go to work in buildings that are no longer fit for purpose and use equipment that is simply not up to the job.

This makes it more difficult for them to work productively and to deliver the levels of care that they aspire to provide.

Due to successive cuts to the NHS capital budget, the cost to bring the estate and infrastructure back to an adequate position – the maintenance backlog – has increased significantly.

In 2018/19 the backlog stood at £6.46 billion, £500 million higher than the previous year and 60 percent higher than in 2013/14.

Fifty-three percent (£3.4bn) of the backlog is high or significant risk – meaning that harm could be caused to patients and staff unless it is addressed.

Unless a change of course is agreed, it is therefore likely that the NHS will continue to struggle to meet rising demand at a time when we should be focusing on repairing the damage that has been caused to services.



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## HCSA calls for:

- Annual spending to increase by at least 5 percent annually during each year of the new Parliament. This meets the minimum required if the NHS is to operate on a sustainable footing and to reverse the deterioration in performance.
- An independent review of the ongoing burden of Private Finance Initiatives, which will cost the NHS a further £55bn in payments until the time the last contract ends in 2050.
- A substantial one-off capital funding settlement to tackle the backlog, followed by a significantly improved, multiyear capital settlement aimed at bringing the NHS budget in line with comparable economies.
- Investment in a comprehensive IT programme aimed at ensuring that all staff in the NHS have access to the right IT infrastructure to care for their patients. This includes rationalising the number of systems that professionals are required to use, ensuring that more time can be dedicated to caring for patients.
- A reversal of social care funding reductions to reduce the pressure on the hospital network.
- A reversal of public health funding cuts and a new focus on prevention.



## 2. Retaining experience and recruiting the doctors we need

**W**orkforce shortages are now endemic, with more than 100,000 whole-time equivalent staff vacancies in hospitals. Our members tell us that in nearly two-thirds of cases, medical workforce gaps are being covered by existing staff, rather than by locum or agency staff.

These shortages have been exacerbated by successive years of real-terms pay cuts for NHS staff, which has led to plummeting morale. Hospital Doctors are buckling under the weight of workplace stress caused by short-staffing and resource issues, and the multiple blows to finances and morale caused by repeated real-terms pay cuts, changes to pensions taxation and the perception that they are being unfairly treated.

We are in the midst of the longest pay squeeze



in the history of the NHS. While this year's settlement of a 2.5 percent increase for SAS and Consultants was a modest improvement on recent years it was still below RPI inflation, representing a further real-terms pay cut. Regrettably, Junior Doctors were singled out for poorer treatment than their colleagues and received an increase of just 2 percent.

Meanwhile, through a combination of early retirement, career changes, transfers to the private sector and emigration, the ongoing pensions crisis risks triggering an exodus of some of our most experienced NHS doctors.

HCSA welcomed the establishment of the Gender Pay Gap in Medicine Review and has actively participated in the process. The fact that female doctors earn 17 percent less than their male counterparts is a stain on the medical profession and steps must be taken to ensure fair and equitable treatment of the entire workforce. Research has also demonstrated the existence of an ethnicity pay gap, alongside a reduced likelihood for BAME doctors to be short-listed for Consultant positions.

### HCSA calls for:

- Steps to be taken to strengthen the independence of the Review Body on Doctors' and Dentists' Remuneration (DDRB) and ensure that its remit focuses on keeping track with inflation and earnings trends rather than the budget of the Department for Health and Social Care.
- The Secretary of State to instruct to the DDRB to recommend a 'catch up' payment to address the historic erosion of pay for hospital doctors.
- An end to the rip-off pay deal which locks Junior Doctors into below inflation pay rises of 2 percent per year.
- An immediate end to the damaging tapered annual allowance and a review of pension tax relief, to ensure that no further damage is caused to the NHS.
- The government to accept and implement the recommendations of the Gender Pay Gap in Medicine Review when it reports in the near future.
- The establishment of a new review into the ethnicity pay gap.



# 3. Caring for the carers to deliver safe services

**T**he morale of hospital doctors has been damaged immeasurably by a perfect storm of increased demand, pay restraint and cuts to personal development. Sixty-three percent of doctors say they are burnt out at work, exacerbating the recruitment and retention crisis. Too many clinicians go to work facing the spectre of bullying and undermining by their managers, or verbal and even physical violence from patients.

Doctors who speak out about their concerns with patient safety all too often fall victim to bullying, undermining and intimidation. The careers of hard-working and dedicated professionals can still be negatively impacted, and the protections provided by the legal system are not fit for purpose. The most recent NHS Staff Survey asked employees if they would feel safe raising concerns about unsafe clinical practices. Just 20.8 percent selected “strongly agree.”

A heavy-handed and inappropriate regulatory system can put individual clinicians, including junior doctors, in the firing line when there are clear systemic issues at fault, and where they are under the guidance of more senior doctors. We have a system which too often seeks to blame rather than to learn.

Time for doctors to support their professional activities (PAs) by developing themselves and training their colleagues has been reduced systematically, along with opportunities for doctors to innovate and contribute to the leadership of their hospitals. While the 2003 consultant contract set out that typical appointments should be on the basis of 2.5 PAs (usually 10 hours per week) for these vital activities, HCSA research revealed that less than a quarter of consultants (23.7 percent) are now appointed on this basis. This diminution affects morale in the short-term and has a much more serious impact on patients in the longer term.

Many doctors are still unable to access hot food at work or appropriate areas to rest when they need them, particularly at night or after long shifts, if they are able to take their breaks at all. The exception reporting, designed to monitor potentially unsafe rota breaches for junior doc-

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tors, has not led to system change, with a HCSA investigation finding that just 2.6 percent of reports led to service or rostering changes.

Meanwhile, NHS staff face a range of stealth taxes just for continuing to provide care, including £86.2 million paid out in parking charges in 2018/19, up from £69.5m in 2017/18.

There are 193 attacks on NHS staff a day in England and that figure is still rising. For 20 years it has been a specific offence to attack a police officer conducting their duties, but NHS staff on the front line do not receive any specific protections.

## HCSA calls for:

- Compulsory national standards improving and protecting Supporting Professional Activities (SPAs) and Continuing Professional Development – time to ensure that our hospital doctors can update their specialist skills and have the time to train the doctors of tomorrow. A return to a standard of 2.5 PAs for all consultants.
- Roll out the Learn Not Blame campaign established by the Doctors' Association and supported by HCSA across the NHS.
- Make it a specific criminal offence to attack any member of NHS Medical Staff.
- The establishment of a new national body, comprised of NHS employers, trade unions and Health Education England, working in partnership to: establish minimum staffing levels and ratios; create a short-term, medium and long-term national workforce strategy to achieve fully staffed hospitals, specifically targeting those Trusts “running on empty” by spreading existing staff thinner rather than recruiting; and underpin a new national patient safety strategy.
- A fundamental review of whistleblowing regulations, including the creation of a new independent, statutory Office of the Whistleblower.
- Parking charges for NHS staff to be scrapped.
- A start and finish group with the goal of building a modern, flexible workplace environment, drawing up policy for application in NHS hospitals to ensure we offer and get the best from trained doctors of all ethnicities and genders, and those with family or other commitments.



## 4. Beyond Brexit: Long-term planning for a stable NHS

**U**ncertainty over Brexit has held back the NHS and had a hugely damaging impact on staff. Despite constantly coming out at the top of voters' concerns, our health service has too often seemed like an afterthought as the debate over Brexit continues. The ongoing impasse has led to a situation where valued and experienced clinicians from EU countries are now leaving the NHS at an increasing rate, while fewer EU workers are joining.

Chronic staff shortages, including 43 percent of advertised consultant post vacancies going unfilled, have led to medics being added to the UK's shortage occupation list of professionals that deserve priority in the receipt of working visas. However, health professionals still face significant visa charges and an extremely complex system, which have the effect of deterring clinicians from applying to work in the UK.

Brexit has also delayed key decisions about the future of the NHS, despite a widespread acknowledgement that the existing structure and legislative framework is not fit for purpose. The Health and Social Care Act 2012 introduced unnecessary tendering and competition of services and is a barrier to integrated care.

Meanwhile, a complex raft of piecemeal reforms, including STPs, ACSs and ACOs have emerged in place of meaningful, planned reform. Staff and patients alike have felt sidelined by potentially significant changes, introduced without meaningful consultation, engagement or scrutiny. Meanwhile innovations like arm's-length NHS companies and the Babylon Health mobile GP service have been allowed to flourish within the health service with seemingly little thought to the long-term consequences.



### HCSA calls for:

- EU health professionals to receive permanent residence status, both now and after any Brexit deal is implemented.
- A removal of all fees and an exemption from the Immigration Health Surcharge via an NHS visa aimed at doctors, nurses and allied health professionals.
- An urgent independent review of the impact of immigration rules on the NHS, with the aim of introducing a simplified system.
- The government to replace the Health & Social Care Act 2012 in England, which has led to fragmented care, and wasteful enforced competition and tendering for services. A new structure should be introduced focusing on collaboration rather than competition.



# What the manifestos would mean for Hospital Doctors

**T**he NHS has been singled out as a key battleground for the parties vying for our vote on December 12th.

HCSA has no political affiliation, but we have proposed elsewhere a set of non-partisan policy areas which touch on the key issues which our members and the profession as a whole face: the pensions crisis, recruitment, retention and understaffing, and of course the environment and conditions in which hospital doctors work on a daily basis.

Some have already been reflected in the policies put forward at this election. Here is a summary of key policies put forward by the main parties in England.

## **PAY AND MORALE**

There is a significant divergence between the two main parties on this issue.

The Conservative Party makes no mention of pay at all – although they do say they will “improve staff morale with more funding for professional training and more supportive hospital management” (Labour have also promised to invest in education for the health workforce).

It is implied, therefore, that the Conservatives intend to continue current policy of pursuing multi-year deals – as with the four-year settlement for Junior Doctors - within the context of the five-year funding package announced under Theresa May’s government.

Labour, meanwhile, pledges to restore public-sector pay back to “pre-financial crisis levels”, delivering year-on-year above-inflation pay rises which would start with a 5 percent rise next year.

This would represent a welcome improvement for hospital doctors below Consultant grade, but for more senior hospital doctors the positive impact may be tempered by Labour’s proposed changes to taxation for earnings above £80,000 and possibly by changes to taxation on investments – and without accompanying action on the pensions tax

it would place greater numbers at risk of breaching annual allowance thresholds.

The Lib Dems say little about pay, but do propose a “patient premium” to attract health care workers to poorly served areas: it is believed that this is mainly aimed at community services.

## **THE PENSIONS CRISIS**

We have heard warm words from the government on the pensions tax issue, but we await meaningful action to stem the rapid crisis affecting mainly more senior grades. All three main parties in England make mention of the issue.

Labour has pledged to “review tax and pension changes to ensure that the workforce is fairly rewarded and that services are not adversely affected.”

The Conservatives, meanwhile, have stated their intention to address the “taper problem” in doctors’ pensions with the launch of an urgent review within the first 30 days if they form the next government.

The Lib Dems have said they will “listen and act” on the pensions crisis.

So, a welcome mention by all but no clear plan: merely the promise of a review.

## **NHS FUNDING**

Labour’s far-reaching tax plans mean there is again a tangible difference between the scale of the policy proposals being put forward by the various parties.

Labour has announced a major cash injection into the NHS to bring annual funding growth to 4.3 percent in real terms. It would invest an additional £1.6 billion a year into mental health spending, £2bn into mental health hospital facilities, and £1bn more for public health. It says it would “fully fund” sexual health services, and would invest in more MRI and CT scanners. Labour also pledges to match the “international average level of capital investment” – a £15bn increase over five years.

The Conservative Party is intent on continuing with the five-year Long Term Plan funding package previously announced, which is around 3.4 percent a

year in real terms – less than the historical average and considerably less than the 4 percent figure identified by leading health think tanks. It has now pledged some additional capital spending for new equipment in 78 hospitals, and seed funding for 40 new hospitals. It intends to put £1bn a year into social care spending during the new parliament.

The Lib Dems have said they will raise £7 billion a year in additional revenue by putting 1p on income tax, and ringfence this for spending on the NHS and social care and to tackle workforce shortages, while making a £10bn capital investment. They would commission the development of a dedicated, progressive Health and Care Tax, and introduce a statutory independent budget monitoring body for health and care based on the Office for Budget Responsibility blueprint. They would also reinstate public health spending cut under the current government.

## **RECRUITMENT AND RETENTION**

One notable omission in the manifestos is that none talks of recruiting more hospital doctors. The stated focus, reflecting the assessment of health think tanks such as the King’s Fund, is on nursing staff and GPs. Both are essential components of a functioning health care system, but the omission of hospital doctor recruitment is a serious one given the level of medical understaffing. This stands at around 10 per cent according to official vacancy recruitment figures, but almost certainly far higher given our members’ testimony that many vacant posts are simply not advertised as such. We believe many Trusts’ concept of the number of staff required is far less than figures for proper staffing ratios that would emerge from a review of the type HCSA is calling for.

The Conservatives pledge to deliver 6,000 more GPs, 6,000 more primary care professionals (such as physiotherapists and pharmacists) and 50,000 more nurses. The latter policy has been the cause of some confusion as 19,000 of these are said to

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be made up of existing nurses who will be encouraged to stay in the service. Labour, meanwhile, mentions the staffing crisis but does not put a figure on the number of healthcare workers it would seek to recruit. It does say it would expand GP training places.

Elsewhere, the Conservative Party has said it would halve the visa costs of coming from abroad to work in the NHS via a dedicated new visa. Labour says it would “remove obstacles to ethical international recruitment.”

Meanwhile a Labour pledge to scrap tuition fees would lessen the financial burden for future junior doctors.

The Lib Dems have said they will adopt a “what works” approach to improving retention, while ending the “GP shortfall” by 2025 and replacing the Tier 2 visas which apply to many non-EU doctors with a “merit-based system”. They also say that if they are successful in ending Brexit this would encourage more EU healthcare workers to return.

## CAR PARKING CHARGES

Labour have said they will make parking free to all staff. The Conservatives have pledged free hospital parking for staff working night shifts. No mention from the Lib Dems.

## RIGHTS AT WORK

Labour has pledged to strengthen protections for whistleblowers and rights against unfair dismissal. It has said that all workers would be given the right to flexible working under a Labour government.

It would bring in a maximum workplace temperature, extend 30 hours free childcare to two-year-olds within five years, extend statutory maternity pay from nine to 12 months and double paternity leave from two weeks to four.

Labour adds that it would compel all employers to “devise and implement plans to eradicate the gender pay gap – and pay inequalities underpinned by race and/or disability – or face fines.”

The Lib Dems have pledged to introduce free childcare for working parents from

nine months, and to encourage greater flexible working. They have also said they would implement the recommendations made by Roger Kline in 2014 on the lack of diversity at the top of the NHS.

The Conservatives say they would provide flexible working for clinicians.

## NHS STRUCTURE AND REFORM

Labour has said it would repeal the Health and Social Care Act, which is seen by critics as a driver of privatisation, and reinstate the responsibility of the Secretary of State to provide a comprehensive and universal healthcare system. It says it will deliver services in house and bring subsidiary companies back in house. It would halt NHS land and asset sales, and establish a generic drug company – pledging to use the Patents Act to try to access cheaper drugs.

Labour would also establish a National Care Service to provide community-based, person-centred support and offer free personal care for the elderly.

The Conservative Party have said they will enshrine funding for the NHS Long Term Plan in law.

The Lib Dems, meanwhile, would support changes to the Health and Social Care Act proposed by NHS England “with the aim of making the NHS work in a more efficient and joined-up way.”

## PERSONAL TAXATION

The Conservative Party has vowed to increase the National Insurance threshold to £9,500 next year, with the “ambition” to raise it to £12,500.

The Labour Party intend to increase income tax between £80,000 and £125,000 at 45 percent, a bracket that will affect many senior hospital doctors – although the impact would be offset somewhat by pledged increases in public-sector pay. Income over the £125,000 threshold would be taxed at 50 percent.

There would also be changes to taxation on dividend income and capital gains tax, which would be brought into line with income tax thresholds.

Lib Dem would also bring capital gains tax into line with income tax thresholds and increase income tax by a penny in the pound to fund the NHS.



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