



HOUSE OF COMMONS

LONDON SW1A 0AA

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
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16th October 2015

Junior Doctors

RE: Meeting with Junior Doctors from Bexhill and Battle Constituency

I recently attended one of your round-table lunches at the Department of Health where you discussed your priorities for the health service over this coming term. This was a particularly helpful meeting as it has given me the opportunity to impart your plans for the NHS when discussing the issue with constituents.

To this end, I recently met with a number of Junior Doctors (trainees and more senior) who either live in, or serve patients from, Bexhill and Battle constituency. Our local trust, East Sussex Healthcare Trust, has just been placed in special measures albeit the CQC have gone out of their way to praise the clinical staff at the trust. As such, I was keen to show my commitment and to listen to the concerns which, in turn, I promised to highlight to you.

Of the greatest concern, and the driver of the meeting, was the changes to the Junior Doctors' contracts and what these changes meant for their career, livelihood and work-life balance.

I detected that a key frustration on the part of the Junior Doctors focussed on the lack of information as to the terms of the new contract and, therefore, the impact it will have. As doctors on the front-line they are heavily impacted by what is being reported by the media and fed by the BMA. Although they recognise that the BMA are painting a specific picture, they asked me to feed back that the information from NHS Employers or the Department for Health had not provided sufficient detail or clarity.

The nature of the language and arguments comprised in material from the DDRB was also something which upset the Junior Doctors. The DDRB's report presented itself in a hostile manner towards the medical profession in the eyes of the Junior Doctors. The section from the report they took strong objection to was the following:

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"NHS Employers said that its proposals for a professional contract would be undermined if a system was in place where doctors in training could claim additional money for every extra minute spent carrying out their duties, that it would create an incentive to work slower, and would unfairly reward trainees who did not keep pace compared to their colleagues."

At best, the Junior Doctors thought the wording of this was clumsy and, at worst, offensive to suggest that they would work more slowly to earn more and put patient safety at risk as a result. The Junior Doctors emphasised to me that they are motivated by their work, and not by money, and feel that they put in a shift and the language tarred them with a particular brush. That said, they were also concerned that changes to the contract terms may make it harder to gain financial security.

A further issue was the notion of flight. Many of the Junior Doctors believed that working conditions and support to be better in countries such as Australia or Canada. Indeed, one of the collective was telling me that in the last two months over 100 anaesthetists have been poached from the NHS to work in Perth, Australia. Whilst there was agreement to my suggestion that there is a danger that the grass can always look greener, the Junior Doctors believe that the issues around flight contributes to an overall lack of available trainee doctors and an overreliance on locum support to fill an increasing gap in staffing requirements. There were concerns expressed to me as to locums operating without knowledge of the specific workplace or staff teams and the issues around safety which can ensue.

In general, those with whom I spoke would be far more open to the idea of reform if they felt they had better support at all levels; whether it be hospital management, the local trust or NHS England. The mood at the meeting was that the Junior Doctors did not feel supported which I felt, having been at your meeting, was not the case from the words you spoke. This has left me questioning how the positive messages are relayed from the DoH to NHS staff and whether these are lost in translation via individual trust communications.

Since my meeting with the Junior Doctors, I have received your letter to the Chair of the Junior Doctors Committee, where you give assurance over protection of hours and average earnings. I have also received your 'MP's Briefing' on the changes to Junior Doctors contract terms. Ensuring patient safety and fairness via pay and conditions were central to the discussion I held with my Junior Doctors team. As such, your sentiments have been sent to the Junior Doctors as it covers many of the specific concerns raised (and for which I have not repeated on the basis that your letter has covered these concerns).



Whilst I am now in receipt of your updates, I promised my Junior Doctor delegates that, after over two hours of conversation where I listened to concerns and attempted to explain the Government position, I would highlight their concerns to you and I hope that this letter does the discussions justice.

I recognise that the process of communication is often not helped by the media, whose intention is to generate division between the DoH, BMA and the doctors themselves. I believe that anything further that could be done to show support for doctors would be extremely helpful.

I hope that you are able to find some words to reassure my Junior Doctors that their futures are safe in our Government's hands as I believe to be the case.

Huw Merriman
Member of Parliament for Bexhill and Battle