

From the Rt Hon Matt Hancock MP Secretary of State for Health and Social Care

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Dear Chaand,

Following my meetings with you and your Heads of Committees, I wanted to write to you to set out my commitment to working with the BMA to address the concerns you have raised.

I absolutely recognise the frustration and disappointment many doctors are expressing in relation to this year's pay award and the way in which it is phased. I have heard that very clearly and it wasn't a decision I took lightly. In a tight financial year for our health service, the priority had to be ensuring that we could afford the staff we need to provide the care we need to provide to patients, but I would be deeply concerned if doctors took this as a signal that we do not value the extraordinary dedication and expertise which they continue to show day in day out. We do not and cannot take that commitment for granted and in future, as in any other year, we will endeavor to ensure that is reflected in our discussions and our decisions.

I understand that some of your members have expressed concerns about the DDRB process. I have asked my officials to meet with yours to understand these concerns in greater detail and to report back to me in the light of those discussions.

I am keen to work with you to address the challenges that face us both for employed doctors and GPs. For all groups I want to see agreements reached that give fair reward for the difficult jobs that you do and sort out some of the longstanding shared concerns about your working lives – contractual and non-contractual.

For consultants, I am keen for the Department and employers to get around the table with you as soon as possible to discuss, debate and agree a long term pay deal

including contract reform. I want a frank open discussion about how we can work together to do a deal that pays fairly, improves morale, values doctors – and in doing so meets our shared aim of improving patient care. I understand your negotiators have asked to meet with employers and the Department prior to the full Consultants Committee meeting in October and I hope that you will agree to continue with negotiations. I have asked my officials for advice on what resource envelope could potentially be available for the right long-term agreement, to inform those discussions in October and subsequent discussions with employers.

As part of that we are happy to discuss the pensions issues that you have raised. One issue that you have raised that I can progress is the problem experienced by doctors who are subject to tax charges as a result of the tapering annual allowance, as the NHS Pension Scheme currently does not offer the "scheme pays" facility for this group. I can confirm that we have asked the Business Services Authority that administers the pension scheme to introduce this facility as soon as possible.

Junior doctors are a crucial part of the NHS workforce, not just for the expert care they give day in day out, but as the medical leaders of the future. I'm determined to ensure that their contract fairly reflects the value that we all place on them and that we do everything we can to improve their working lives and their training experience.

I want to ensure that that we have a Junior Doctors Contract that enshrines safe working, supports high quality training, pays fairly and is clear and simple. I am pleased that the terms of reference for the Review of the 2016 Contract have been agreed. They will provide a good framework to iron out some glitches and agree how we can make it safer, fairer and simpler.

I particularly welcome the strong focus in the contract review on safety and training and ensuring that exception reporting works as intended. We really need to work on improving how exception reporting of missed training opportunities works and to ensure that juniors do not miss out on training because of service pressures.

I know that junior doctors are concerned about the distribution of the weekend allowance. I am committed to making sure that this fairly reflects the weekend commitment of doctors. I also want to ensure that we look at how we can better support Less than Full Time trainees.

I look forward to reaching an agreement that allows us to put the past behind us and move forward. To support this, we are prepared to consider modest additional investment (in addition to recycled resources) if that would support improved patient care. It is too early to say what level of investment would be appropriate but I will consider this as the Review progresses. In addition, I am asking HEE to look at how the programme of improvements in training can be accelerated. For instance, I would like them to look to roll out the pilot of flexible working in Emergency Medicine to other specialties but there are a number of areas where we can build on the significant progress already made working with you.

I recognise your concerns about rota gaps and the pressure they put on juniors. I am keen to ensure visibility of this and that Trust Boards properly address this issue. In future, as part of the Quality Accounts, every Trust must publish a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps, which must be signed off by the trust chief executive.

I also want to ensure every trust is implementing e-rostering for juniors. This should have significant benefits for work live balance. I will be asking NHSI to ensure Trusts are properly implementing e-rostering and addressing rota gaps.

Recognising the importance of simple things to improve the work environment for junior doctors, I am making available to Trusts £10m to be spent by the Guardian of Safe Working in each Trust in agreement with Junior Doctors locally to improve working conditions for Junior Doctors. The DDRB made clear that SAS Doctors have been a neglected group and they have received a higher pay rise at 3% this year than other groups of hospital doctors in recognition of this. Building on this, I want to see the valuable role they do recognised in their contract arrangements and the development and support they receive.

I expect trusts to be implementing the 2014 SAS Charter (England), that sets out minimum conditions and appropriate support and development for SAS doctors. They should also be accessing the SAS doctor development funding held and allocated by HEE.

You have asked me to consider reopening the Associate Specialist grade and I am happy to commit to working with the SAS Committee to reform the SAS contract including agreeing in principle that this will include reopening the AS grade to extend career development for this important group of doctors.

The DDRB also recognised the challenges faced by General Practice in their recommendations.

As you know, I have asked NHS England to look to agree a multi-year contract settlement with the General Practitioners Committee and have announced that, if agreement is reached, GPs will receive an additional 1% in the baseline for 2019/20 on top of the funding agreed in the contract negotiation.

I am committed to seeing investment in primary care. I know negotiations with NHS England are underway and I want to hear from NHS England their views on the level of investment and what will be achieved for it.

We also have a substantial programme of work in place to support General practice that I want to affirm my support for

- establishing a GP indemnity scheme from April 2019 that covers the full range of primary care services;
- the Review of the GP Partnership Model; an independently chaired review due to report by the end of 2018, that will address the current challenges faced by GP partnerships, and make recommendations for how best to reinvigorate the partnership model of general practice;
- exploring how the profession can move to operating at scale to provide a stronger voice and expanded role for general practice in the system;
- the review of primary care premises policy, which is underway and being led by NHS England;
- working together on emerging IT innovations to ensure they work well for GPs and patients I am looking to increase the choice of quality digital services available to practices through the GP IT Futures programme.
- I want the Department and NHS England to work with primary care to bring more pharmacists into General Practice

I strongly believe that the Government, employers and Trade Unions need to work together to further our shared commitment to valuing staff and improving the quality of the service we provide to patients. I very much hope that we will be able to move forward together in the way I have set out.

Yours ever,

MATT HANCOCK