



# the **hospital consultant** & **specialist**

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## A NEW ERA FOR HCSA

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the hospital consultant  
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the Hospital Consultants  
and Specialists  
Association

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## RECOGNITION AT LAST

The HCSA is never going to be the same following our momentous achievement of formal trade union recognition late last year.

As such we have a lot to say in this edition of the magazine about how it came about and what the impact will be on members and the organisation.

For me as the Chief Executive and General Secretary it is the culmination of many years of strategic planning, stakeholder engagement and a belief in the HCSA's determination to stand up for its members that has made our recognition a reality.

However, our celebrations will be based on gaining negotiated successes for all of our current and ever-increasing cohort of new members.

## LOCAL ORGANISATION

We are making steady progress in expanding our national recognition locally, with many NHS Trusts having already been willing to grant us formal trade union recognition.

We have contacted every Trust in England and our national officers have been following up with meetings and discussions to press home the case for recognition. We will keep members updated on a regular basis, and will be contacting all of you with an online questionnaire to support this work. See page 5 for more on this initiative.

## TUC YOUNG WORKERS

This year also marks another first for the HCSA. We will for the first time be sending delegates to the TUC Young Workers Conference.

Our influx of new doctors in training members has been a major game-changer for the HCSA and as such we have ensured that we give voice to our newest group of members.

We will have a doctor in training delegate and our motion is on whistleblowing. More details are available on page 4.

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If you'd like to submit an article or suggestion for the magazine, we'd love to hear from you. Please get in touch via [RBagley@hcsa.com](mailto:RBagley@hcsa.com).

# Dramatic times for the HCSA

By securing bargaining rights for all hospital grades we represent, the Association has taken a major step forward. However, much remains to build on this historic change.

**Our success in securing national bargaining rights will bring with it lasting and dramatic change to HCSA as the professional association and union for all hospital doctors.**

We have been in existence for approaching 70 years and have been negotiating at a national and local level ever since. However, the absence of national recognition meant that we and the opinions we voiced on behalf of our members could still be sidelined when it came to the crunch.

The term "recognition" appears in a thesaurus beside three distinct headings – credit, detection and identification.

National recognition of HCSA by NHS Employers and the government is indeed a credit to HCSA's patient, quiet diplomacy and common sense over recent years. Our opinions have been and are valued in the highest circles and we have been listened to and most of all heard. We have been given respect for our constructive, refreshing input into talks and our approach.

It is important here to pause and reflect on all of the people within the HCSA, whether members, council, officers, presidents or staff, who have worked so hard to get the association this far. They deserve recognition too and, most of all, I do not believe that we would be where we are now without the expertise and diplomacy of our CEO and General Secretary Eddie Saville.

When it comes to detection, this is another area where the achievement of national bargaining rights raises fresh challenges.

Following our recognition announcement we saw in many journals and newspapers that our new status has been "detected" – we are on the radar and people are interested in seeking us out, which means our opinions and policies have the potential to reach new audiences.

We need now to ensure that we are always easily identifiable. Not just by our



**HCSA view**  
*Ross Welch*

name and our leadership but by our members, policies and approach.

As an Apple fan I have always had to "Think Different" and I think we in the HCSA need to do the same, coming up with solutions, not questions or problems.

But we not only need to think differently but act differently and through this bring a total refresh of local and national medical politics. NHS Employers have indicated they do want us there nationally. Now we need our members to get involved right across the NHS.

We need not just to establish our foothold but to plant it firmly, particularly at a local level within trusts and other employers. A key priority this year will be to take steps to ensure that LNC constitutions are representative of all employee groups and fair. To that end we are reaching out to members to build new

links with those already involved or willing to become involved in this arena.

Recent months have seen a warm welcome extended by other unions and NHS organisations ushering us formally to the table in so many meetings and events. Almost without exception the response has been one of excitement at the professional skills and competences we can bring into play.

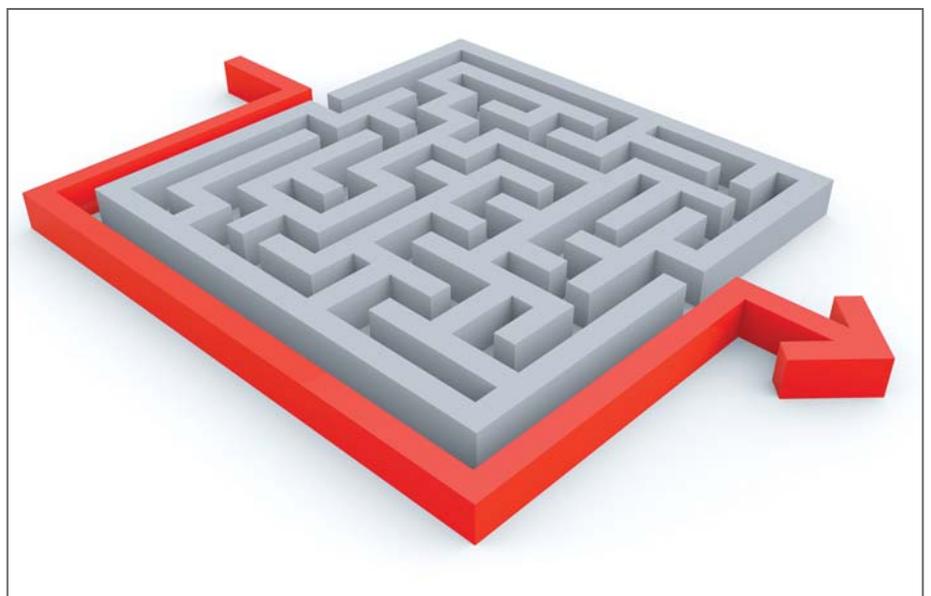
We must now demonstrate our professionalism and our different, constructive approach as we seek to take this new era of partnership at the top table forward.

We will be calling on you, our members to take new roles as we progress. I hope you are ready to take on that work.

Keep in close contact with your local hospital rep, your area national officer and headquarters.

We know that many of the hundreds of new members, trainee, junior and senior, are keen to get involved. Trust me, we will get you involved.

● *Professor Ross Welch is President of HCSA.*



## Promoting HCSA New publicity materials

As part of the HCSA's local organising push a range of new publicity materials is now available for members and Hospital Representatives locally.

In the wake of national recognition in England the association is focusing heavily on increasing its organisation at Trust level.

This includes the recruitment of new Hospital Representatives to act as liaison points for our National Officer team as we seek to secure local recognition and representation with Trusts. Leaflets are now available detailing "10 reasons to join HCSA," while supplies of two new designs of A3 posters for display in hospitals are also now available. If you wish to

find out more about becoming a Hospital Representative, or to secure these or any other HCSA publicity resources, please contact your national officer, or our head office via [conspc@hcsa.com](mailto:conspc@hcsa.com).



## ANNUAL GENERAL MEETING

The 2017 Annual General Meeting of the Association will be held at 3pm on Friday April 28th 2017 at the Holiday Inn, Bond Street, Bristol, BS1 3LE

### AGENDA

1. Apologies for absence.
2. To receive report from the HCSA President, Professor Ross Welch,
3. Minutes of the AGM held on April 24th 2016.
4. Matters arising therefrom.
5. To receive and approve the revised Rules of the Association.
6. To receive report from the Honorary Treasurer, Dr. Bernhard Heidemann, and to approve audited accounts.
7. To appoint Auditors for 2016 - 2017.
8. Election of National Officers.
9. Any other business.

*Any proposed rule revisions will be published online prior to the AGM.*

# HCSA pursues law for whistleblower

Association's first ever TUC young workers delegation will urge action to secure full statutory protection for Doctors in Training

**Whistleblowing rights for doctors in training will be placed in the spotlight in March when for the first time ever HCSA will be represented at TUC Young Workers Conference.**

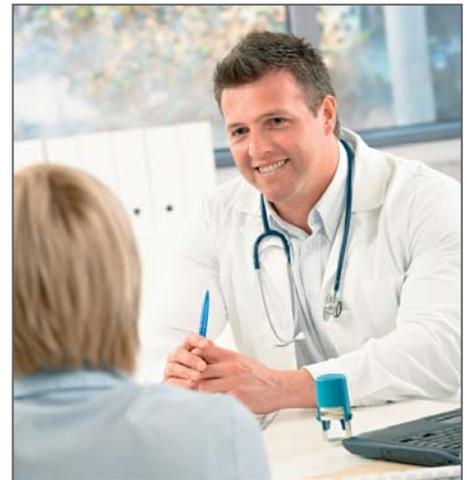
Association Council member and trainee Dr Ashley Cowton will address delegates at the annual event in a step that underlines the importance of the HCSA's TUC links.

Being an affiliate allows the Association to access to a vast range of services and support which non-affiliated trade unions are unable to match.

Apart from these expert services our affiliation gives us many opportunities via national conferences to determine TUC national policy, which as an organisation the TUC then campaigns for.

HCSA General Secretary Eddie Saville explains: "In recent months our junior doctor membership has increased markedly and not wanting to sit on our laurels, we wanted to make the most of our TUC affiliation, our growing membership and our campaigning ethos to put front and centre the issue of whistleblowing and its impact on junior doctors."

This issue is one of great importance and was highlighted during the recent junior doctors' contract dispute. While some steps



have since been taken to resolve the issue, the motion calls for mandatory protection to be set out in statutory terms. We will keep members updated on the outcome of the debate.

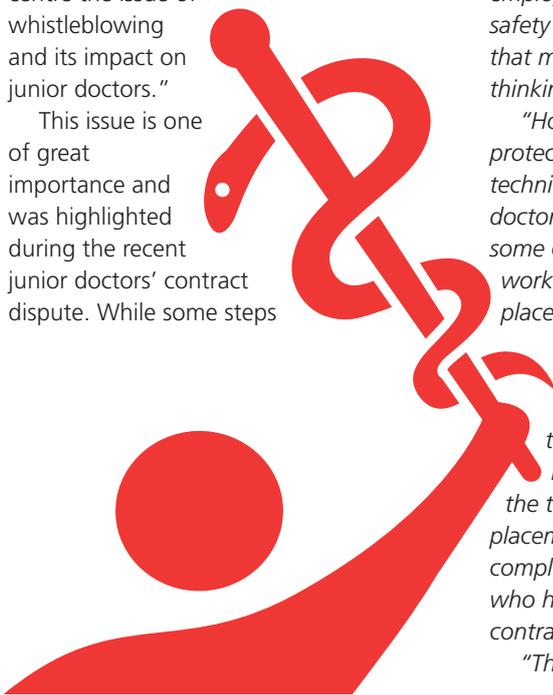
The full text of the motion to be debated is:

*"The notion of a whistle-blowing doctor having total protection from his or her employer if they speak out about a patient safety issue or any other wrong-doing for that matter seems obvious to all right-thinking working people.*

*"However, for a junior doctor, such protection is complicated by contractual technicality which has led to some hospital doctors being victimised, bullied and in some cases may find themselves without work simply for having the courage to place their patients' safety above all else.*

*"A junior doctor's contract is held by the employing Trust, but it is Health Education England who have the responsibility to allocate a National Training Number, oversee the training and offer the rotational placements a junior doctor must fulfil to complete their training. In effect it is HEE who hold all the cards but with no contractual accountability.*

*"This creates a flaw in the relationship*



# change trainees

*that exists between all the parties involved. A flaw that leaves the junior doctor exposed and vulnerable. The HCSA believes that junior doctors who have the courage to speak out about patient safety issues must be properly protected and have statutory rights embedded into their terms and conditions.*

*"A junior doctor who blows the whistle on any wrongdoing should be celebrated and not victimised.*

*"Therefore we call on conference to send a clear message to all parties concerned in the welfare of junior doctors that nothing other than total protection for speaking out must be mandatory."*



## Wollaston welcomed at Torbay Q&A

**HCSA was delighted to host Dr Sarah Wollaston MP in January for a well-attended Q&A event at Torbay Hospital.**

Professor Ross Welch, a clinician at nearby Derriford Hospital in Plymouth and HCSA President, welcomed her to the meeting on behalf of the association and local hospital doctors.

Most HCSA members will be familiar with Totnes Member of Parliament Dr Wollaston's role as the chair of the Commons health select committee.



The event was an opportunity for doctors to share their concerns about the current crisis in the NHS, with Dr Wollaston listening intently to the views of front-line clinicians from hospitals across Devon.

She also spoke eloquently about her own concerns, clearly underpinned by her background as a Devon GP.

A number of HCSA members described their own recent experiences, with discussion centring on the impact of financial cuts to budgets, so-called "bed-blocking" and morale among doctors and trainees.

### Local organising

## Focus turns to Trusts

**Check your inbox now for a crucial member questionnaire that forms part of our organisational strategy aimed at delivering more for members at local level.**

HCSA has launched a new organising drive following national recognition to ensure representation on the Local Negotiating Committees that bargain at Trust level on behalf of hospital doctors.

We know that many of you are already – or may wish to be – involved in local structures, and HCSA is now reviewing the current situation across Trusts in England.

All Trust HR managers and CEOs have been sent confirmation of our intention to discuss the situation locally.

Our team of national officers is now auditing Trusts and working with Hospital Representatives to ensure that local recognition agreements reflect HCSA's new national bargaining status, and that all members already playing a part in LNCs are in contact with our full-time team.

Once again the role of Hospital Representatives will be essential in facilitating this drive. If you need to update your email address or are interested in becoming more involved at your Trust, please don't hesitate to contact our head office team via [conspec@hcsa.com](mailto:conspec@hcsa.com).

Training and one-to-one support is available from our experienced national officer team, with an online learning programme also being established to assist members who wish to play a more active role on behalf of fellow hospital doctors.



## The HCSA Timeline:

- **1944:** Association of Honorary Staffs of the Major (non-teaching) Voluntary Hospitals established in response to the Beveridge Committee on the future of welfare.
- **1948:** Renamed Regional Hospitals Consultants and Specialists Association after the establishment of the National Health Service on 5th July. The RHCSA sets to work representing the concerns of senior hospital doctors in the regions.
- **1957:** RHCSA gives evidence to the Royal Commission on Doctors' and Dentists' Remuneration, resulting in the establishment of the Doctors' and Dentists' Review Body.
- **1960s-70s:** RHCSA campaigns on issues such as consultants' pensions and the deteriorating conditions in regional hospitals. Membership grows as the threat to regional hospitals and their standards intensifies. In the early 1970s RHCSA members vote overwhelmingly in favour of the organisation becoming a registered trade union.
- **1972:** Renamed the Hospital Consultants and Specialists Association and membership opens to all senior doctors nationally.
- **1974:** HCSA mounts concerted effort to achieve national recognition and negotiating rights in talks with NHS, but progress is blocked.
- **1979:** HCSA members vote overwhelmingly to affiliate to the Trades Union Congress.
- **2002-3:** Association seeks to influence new Consultant Contract and is critical of the eventual outcome.

# History in the

We caught up with HCSA General Secretary **Eddie Saville** success of winning national bargaining rights in England

**There have been many historic moments in the history of trade unions that have changed the way we live and work.**

On 22nd December 2016 another historic moment took place when the HCSA gained formal recognition and became the only TUC-affiliated trade union to hold national collective bargaining rights for hospital doctors in England.

Some weeks later in his office, HCSA General Secretary Eddie Saville is reflecting on the process and its future implications.

"While this may not be on the scale of the Tolpuddle Martyrs it does represent a momentous sea change in the landscape of medical industrial relations that will leave an indelible footprint on the HCSA's history," he says.

"The HCSA has always been a strong, independent organisation," he says. "The officers of today and of those going back many decades have never lost sight of the importance of pursuing formal trade union recognition – to be able to sit at the negotiating table in our own right and directly negotiate the terms and condition of service for our members."

Eddie explains that the recognition journey also shone a fresh light on past events, in particular in the 1970s, where

the then officers of the HCSA sought a place at the negotiating table on behalf of the members of the day.

"Those officers championed the HCSA's independence and stood up for the right to represent their members nationally on the basis of partnership and not patronage, as had been the case," he says. "Nearly 50 years later many of the same arguments used then have been successful now."

Eddie is clear that the HCSA's determined "front and centre" role in giving voice to members' concerns, even in the absence of formal recognition, was key in laying the groundwork for recognition.

"It has not come at a whim of the employers nor has it been as a result of any political manoeuvring by government and employers to weaken or divide the medical workforce," he says.

"It has been solely based on our increasing influence and presence, our reputation as a strong advocate for the principles of partnership working, our TUC affiliation, our collaboration with fellow NHS trade unions and professional associations and the vast experience we bring to the negotiating table.

"We believe in the richness of a united medical workforce as we face the challenges that have and will continue to be tabled by employers and Government."



# making

fresh from the



*Eddie Saville*

Recognition will mean that the HCSA will participate in all future national negotiations through the various specific joint negotiating mechanisms for all medical contracts, including consultants, juniors and SAS grades, and in collective bargaining through NHS Staff Council arrangements for pay and terms and conditions common to all staff groups.

"It marks a major new chapter in the interactions between our members, employers, Government and our fellow NHS trade unions," says Eddie.

"The feedback we have had from many stakeholders including NHS trusts, fellow trade unions, the media and many of our members has been positive and refreshing and one which has been welcomed across the service."

However, while recognition may mark the beginning of a new chapter for HCSA and the hospital doctors it represents, it also brings with it new organising challenges.

The association has already begun a drive to review and modernise its hospital reps training programme as a result.

Eddie explains: "We have enlisted the support from Unionlearn, the TUC's excellent learning and skills organisation, to create a new bespoke online course that will be at the cutting edge of interactive trade union training, giving our hospital reps the best possible skills to engage with employers at Trust level."

He adds that HCSA will continue to look at ways to improve its service to members and the overall package of membership

The old HCSA HQ in Ascot - the Old Court House.



benefits as, with its new national status, membership increases across the medical workforce.

"The HCSA has always been a mainstream trade union and professional association, and it was our professionalism that shone through during what turned out to be complex discussions with the various parties involved," he says.

"I am delighted that we will now be able to negotiate our members' pay and terms and conditions directly with the employers and Government in the future rather than having to watch from the sidelines.

"I know we can do a great job for our members and the entire medical workforce. We have the skills, the commitment and, above all, a growing and engaged membership that will see us succeed."



- **2012:** General Secretary Eddie Saville elected onto TUC General Council for the first time
- **2013:** HCSA widens membership criteria to accept Doctors in Training, with then president Professor John Schofield explaining: "This group are the consultants of tomorrow ... I'm convinced that harnessing the capability and enthusiasm of younger members in our organisation is the key to our future and long-term effectiveness."
- **2012-14:** HCSA launches a fresh initiative to gain national negotiating rights on behalf of its members with developing momentum.
- **October 2014:** HCSA members take part in a "work to rule" on the issue of NHS pay restraint alongside industrial action by other health trade unions.
- **2016:** HCSA pursues recognition in the other UK nations – Scotland, Wales and Northern Ireland.
- **December 22 2016:** NHS Employers accepts HCSA claim for representation on behalf of its members and NHSE Chief Executive Danny Mortimer confirms in writing recognition within all relevant negotiating structures and for all grades of membership.
- **January 2017:** Recognition announced. HCSA begins campaign to achieve local representation and organisation across Trusts within NHS England.

# Is the machine about to stop?

In 1909 author EM Forster published a short story, *The Machine Stops*.

The tale is a work of science fiction with a philosophical edge. It describes a futuristic dystopian world where humankind has abandoned the surface of the Earth to live in individual rooms (cells) contained in a vast worldwide machine. The machine provides for their every need and function including communication and medicine.

But the story speaks about more than just global dependence on technology. It is a metaphor for an organisation or system where people become increasingly diminished and insignificant.

In Forster's story the principal character states towards the end of the tale: "The Machine is stopping, I know it; I know the signs." Things start to go wrong, subtly at first while the inhabitants adjust and adapt to the defects, but becoming increasingly serious, eventually leading to the inevitable disastrous conclusion.

So is the NHS machine stopping – are we heading for a cataclysmic healthcare disaster?

Warning signs are certainly there, and

## Viewpoint Dr Tom Goodfellow

have been worsening for some time as more Trusts are put into "special measures." A 2016-17 deficit of around £1bn is predicted.

There are shortages in multiple specialities, and we hear of A&Es closing due to inability to recruit. This winter four-hour targets have been replaced by long trolley waits in corridors, with some hospitals even employing teams of "corridor nurses."

Operations are delayed, cancer targets missed, and waiting lists lengthening. Mental health services are at breaking point. General practice is under severe strain.

A BBC analysis published at the start of February showed that since early December patient numbers on hospital wards had been at unsafe levels in nine out of 10 hospitals, with bed occupancies above 85 per cent, rising to 97 per cent in some cases.

Much of this is detailed by the GMC in its annual report of 2016, which paints a deeply worrying picture.

This report should be read and seriously

digested by the profession and all those responsible for running the NHS. Among many things it highlights the poor morale and alienation among junior doctors who are the future of the service, related partly to the recent contract debacle but also to a range of non-contractual issues. Consultants see personal pressures increasing year on year while reported levels of stress, depression and anxiety are at an all-time high.

So, is the NHS in terminal decline? In the short to medium term, "the end is not yet nigh," due to the incredible dedication and commitment of the NHS staff at all levels who endlessly rise to the challenge and adapt to the inexorable increasing demands.

Yet in the face of myriad warning signs, the politicians have no answers other than to take a lead from another science fiction work and engage in breath-taking Orwellian double-speak.

The machine is not stopping yet, but the future remains highly uncertain.

● *Dr Tom Goodfellow is a retired Consultant Radiologist and past HCSA Executive member.*

## HCSA Concierge benefits and discounts for members

HCSA Concierge gives you access to a range of benefits and discounts designed to support members both personally and professionally. This month's travel highlights include:

### Affordable car hire – 12% discount

Affordable Car Hire work with 500 car rental partners in over 30,000 worldwide locations to give members huge flexibility and choice. HCSA members receive a 12% discount on top of any special offers.\*

**How to get it:** Visit HCSA Concierge for more information or call 0344 482 4058 and quote HCSA.



### Save an additional 5% on selected package holidays

Book your holidays with Your Travel Rewards and you will enjoy a guaranteed additional 5% saving from major travel companies — including Thomas Cook, Thomson, First Choice, Cosmos, Airtours, Crystal, Neilson and Kuoni.\*

**How to get it:** Visit HCSA Concierge for more information or call one of the Your Travel Rewards team on 0800 028 4219.

### Discounts on airport parking, hotels & lounges

Holiday Extras, the UK market leader for holiday add-ons, are offering HCSA members an exclusive discount! With savings of up to 13% on Airport Parking, 10% off Airport Hotels, and 8% off UK Airport Lounges, Holiday Extras are dedicated to providing you with a hassle-free start to your holiday!\*

**How to get it:** Visit HCSA Concierge for more information or call 0800 083 8746 and quote WL300.

### Market leading foreign exchange

HCSA members can claim a FREE FairFX Prepaid Currency Card, normally worth £9.95. Load your card with euros or US\$ at highly competitive exchange rates and use it abroad like any other payment card. Avoid rip-off rates from banks, high street bureaux de changes and airports, and discover the smart way to spend abroad. PLUS get £5 extra free when you order your first card.\*

**How to get it:** Visit HCSA Concierge for more info.



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\* Terms and conditions apply to all benefits. See website for details. Offers and prices subject to change without notice. Your Travel Rewards – Crystal and Kuoni are only available to book by telephone. Holiday Extras – some parking products may attract a lower level of discount. Discounts are not obtainable on APH special offer products, the Leeds Bradford Mid or Short Stay and airport-owned products at Aberdeen, Birmingham, Exeter, Glasgow, Gatwick, Heathrow, London City, Luton and Southampton. Discounts are not applicable for International lounge bookings. FAIRFX – Subject to minimum load of £50, €60 or \$75. New customers only. HCSA Concierge is managed on behalf of HCSA by Parliament Hill Ltd.



# STPs in the spotlight

Association urges greater clinical involvement in plans

**STPs are the latest battleground in England's NHS following a winter media focus on hospital resources.**

As more information on the shape of Sustainability and Transformation Plans reaches the public domain a succession of analyses have warned that the scale of the costs involved appear to far outweigh the amount of money available.

The plans centre on the assertion joined-up NHS and local authority planning can save money in the long run and produce a more efficient (and better) model of care.

The King's Fund issued a recent assessment warning that while it supported the aspiration for transformation identified in the Five Year Forward View back in 2014, budgets were nowhere near the "double funding" required in such cases – to pay for the current costs while setting up a replacement system.

"Without this funding, it simply may not be possible to put in place improved and expanded services in the community and

accelerate and spread the development of new care models at the pace and scale needed to transform the delivery of care," it said.

The Fund warned that issues squeezing local care systems and hospitals also meant a threat that "the urgent will drive out the important and STPs will not receive the attention they need."

HCSA General Secretary Eddie Saville emphasised the need for the central focus to remain care not budgets: "It is a great shame that so far clinical involvement in drawing them up has been so limited. The absence of this extensive front-line knowledge has seen financial savings become the top priority rather than care quality.

"We need a pause for breath to properly assess and meet the costs of such a massive service configuration."

Details of the 44 STPs involve hospital and service closures and could meet stiff public resistance. All eyes are now on the mid-term Five Year Forward View update due as this journal went to press.

## HCSA President voices concern at crunch

**HCSA President Ross Welch was among the many voices to speak out amid headlines labelling an unfolding yet anticipated squeeze on hospital capacity as an unprecedented "winter crisis."**

He expressed alarm at hearing of "hospital doctors unable to perform routine surgery across the country as hospitals cancel

admissions while beds fill up with patients awaiting discharge into social care.

"This is inefficient and frustrating for all NHS staff as well as the patients they care for," he said. "It is also predictable given the successive warnings over underfunding of both social and health care in the past year." At the time of writing NHS Improvement had yet to publish the detailed figures of hospital performance for the new year.

## Trust news

### New equal pay rules from 31st March

**New regulation comes into force on 31st March that means all public-sector bodies in England, including NHS Trusts, must begin gathering data on their "gender pay gap" for the first time.**

The new rules, which apply to public-sector employers with more than 250 staff, mean that data on a host of indicators around male and female wages will be monitored, with the first results published next year.

It will see differences in pay between men and women across all roles in an organisation. Those employers who have a high level of men in senior jobs with women clustered in junior roles are more likely to have a "gender pay gap."

HCSA National Officer Ro Marsh explains: "It is apparent that many employers are not alert to this new requirement, despite that fact that they will soon have a mandatory duty to collect this data so that they can publish the first results in March 2018.

"We will be seeking to work with other unions and NHS Trust management to help with the collection of this data.

"Our aim will be to work with Trusts to review how people are paid and to understand the reasons behind any identified gap and ways in which it could be reduced."

- A briefing paper on the new Gender Pay Reporting guidelines is available online at [www.hcsa.com](http://www.hcsa.com).

## Finances

### NHS targets legal fees

**"Excessive" lawyer charges that cost the NHS £418 million last year, a 43 per cent annual rise, could be cut under a consultation designed to reduce the current £1.5 billion compensation and legal fee bill.**

It aims to target those firms mounting thousands of cases where their income – courtesy of the NHS – dwarfs any eventual payout.

A cap is expected to be put in place by the autumn.

# The Light Side

## Modern-day illusionists

**NHS efficiency tsar Lord Carter may be unpopular in some quarters for his loyal service to the NHS “efficiency” agenda, which many translate as cuts (although few would question that savings could be made within our health system).**

That said, this straight-talking reviewer-in-residence at the Department of Health will win new friends among hospital doctors for his assessment of the “management consultancy” trend.

Redoubtable Shaun Lintern of the Health Service Journal caught the Lord at a Royal College of Anaesthetists event advocating a clinically led approach to “change” and revealing his “bugbears” with the consultancy industry.

“The year before last we spent £640m on them. I asked each of them to come in and tell me where not only had they analysed an issue but they had solved it, and would they come back to me and explain how they had solved it,” Carter declared. “I am still waiting for the calls.”

To paraphrase, management consultants are modern-day illusionists, who promise much but deliver little that is real before disappearing in a puff of smoke with your cash.

## Wizard of East Riding

**Talking of illusionists, in case you haven’t heard, it seems that a 21st century reimagining of the Wizard of Oz is set to take place in East Riding of Yorkshire.**

For, in the face of growing concern about cuts and the risks of its sustainability and transformation plan, Humber, Coast and Vale STP is looking for a marketing firm to “turn down the noise” through a “social media and guerrilla marketing” campaign.

While the motivation is undoubtedly as pure of heart as Dorothy herself, the metaphorical Oz hiding behind the curtain here is the little matter of a £420 million savings target by 2021 – from a total budget of £3bn.

Nice try, folks, but you’re going to need a bigger curtain.

## Is the carrot really a stick?

**Sometimes it’s hard to work out whether NHS policy is based on a system of carrots and sticks – or given recent events if the carrot is really a carrot.**

Those holding the purse strings would argue the former, of course, but the surreal case of poor University Hospitals of Leicester trust is the perfect example of the vegetable based update to snakes and ladders devised by NHS England.

The trust spent more than planned in a bid to meet waiting targets by sending patients private amid the winter A&E squeeze. Result? It will miss its deficit “control total” – and therefore lose another £12.4m in central funding. Hey presto, le voilà! The carrot becomes a stick.

Readers can send their confidential snippets, news nuggets and other tidbits from day-to-day life to [RBagley@hcsa.com](mailto:RBagley@hcsa.com)

President Professor Ross Welch FRCOG  
 Chair of the Executive Dr. Claudia Paoloni, FRCA  
 Chief Executive/General Secretary Mr. Eddie Saville [esaville@hcsa.com](mailto:esaville@hcsa.com)

### HCSA Executive

Immediate Past President Professor John Schofield FRCPath  
 Honorary Treasurer Dr. Bernhard Heidemann, FRCA  
 Honorary Secretaries Dr. Cindy Horst, FRCA  
 Dr. Paul Donaldson  
 Dr. Subramanian Narayanan, FRCOG  
 Independent Healthcare Matters Mr. Christopher Khoo, FRCS

### HCSA Officers and Staff

Corporate Affairs Manager Mrs. Sharon George [sgeorge@hcsa.com](mailto:sgeorge@hcsa.com)  
 Head of Industrial Relations Mr. Joe Chattin [jchattin@hcsa.com](mailto:jchattin@hcsa.com)  
 National Officer, London & South Ms. Ro Marsh [rmarsh@hcsa.com](mailto:rmarsh@hcsa.com)  
 National Officer, North Mr. Rob Quick [rquick@hcsa.com](mailto:rquick@hcsa.com)  
 National Officer, North-West Ms. Jennie Bremner [jbremner@hcsa.com](mailto:jbremner@hcsa.com)  
 National Officer, Midlands & SW Mr. Richard Wilde [rwilde@hcsa.com](mailto:rwilde@hcsa.com)  
 National Officer, Midlands & East Mr. Andrew Jordan [ajordan@hcsa.com](mailto:ajordan@hcsa.com)  
 Membership Secretary Mrs. Denise Hayward [dhayward@hcsa.com](mailto:dhayward@hcsa.com)  
 Employment Services Adviser Mrs. Gail Savage [gsavage@hcsa.com](mailto:gsavage@hcsa.com)  
 Web & Communications Mr. Richard Bagley [rbagley@hcsa.com](mailto:rbagley@hcsa.com)  
 Office Telephone: 01256 771777/Fax: 01256 770999  
 E-mail: [conspec@hcsa.com](mailto:conspec@hcsa.com)

### HCSA Hospital Representatives

If you are unsure who your local Hospital Representative is, or would like to find out more about becoming one, contact your national officer or ring our national office on 01256 771777.

## sudoku

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

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

Difficulty: HARD



## Hospital Consultants & Specialists Association

HCSA, Number One, Kingsclere Road, Overton, Basingstoke, Hampshire, RG25 3JA  
T 01256 771777 F 01256 770999 E [conspec@hcsa.com](mailto:conspec@hcsa.com) W [www.hcsa.com](http://www.hcsa.com)

# Membership Application 2016/2017

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 - £275 per annum commencing October 1st 2016 (pro rata for first year of membership)
- Full Monthly - £23.50 per month
- Specialist Trainee Annual - £100 per annum commencing October 1st 2016 (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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