Taking action together...

3 NHS Pay
Members agree to action

4 NHS Pay
Your questions answered

6 TUC 2014
Standing up for the NHS

Bi-monthly journal of the Hospital Consultants and Specialists Association
With a good return of over 31% HCSA members have voted overwhelmingly to take part in Action Short of Strike (ASOS). ASOS is to take place between 00.01 on 14 October and 23.59 on 17 October 2014. This is an historic decision that will see the HCSA joining with five other NHS unions and professional associations in sending a clear message to employers and Government that ignoring the pay review bodies recommendations is just not on. Combining this with the enormous feeling that consultants and specialists are feeling undervalued with morale spiralling, we have to say enough is enough.

Whilst the HCSA were in the first group to ballot, alongside UNISON, the Royal College of Midwives, UNITE, UCATT, and the GMB, other unions are balloting their members now. Following on are the Society of Radiographers, the British Dietetic Association and the Society of Chiropodists and Podiatrists. In this edition we give further details of what the action is and FAQs to refer to.

September saw the number of new members joining the HCSA rise higher in one month than I can remember for a number of years. We obviously want to continue with this growth, and I urge every member to spread the word about the HCSA and how we are both speaking up for consultants, specialists and specialty trainees, and representing our members interests in the workplace.

We had a very successful TUC conference with both our motions carried unanimously. I was also delighted to have been re-elected as a member of the TUC General Council, ensuring that the HCSA continues to benefit from the influence the TUC has.

This month we saw the retirement of one of our longest standing employees Brenda Loosley. Brenda has been working for the HCSA for nearly 20 years as our membership secretary, communicating with members and keeping a steady hand on the membership database. There is more about Brenda on page 3 but I know I speak for the whole team and the membership in wishing her a long and happy retirement.

Finally, we are delighted that the Chief Inspector of Hospitals Professor Sir Mike Richards will be attending the HCSA Council meeting on 17 October. We are looking forward to what he has to say and a full report of Council will be published in the next issue of the magazine.
HCSA members agree to action

HCSA members in England are to join NHS colleagues in industrial action over the government’s rejection of a recommendation by the independent Doctors and Dentists Review Body (DDRB) to award NHS medical staff a 1% consolidated increase.

The DDRB said when it made its recommendation that this was affordable for the NHS and the government. The government instead awarded a 1% non-consolidated payment for 12 months, but only to those on the top of the pay scale.

In a September ballot 84% of HCSA members voting said yes to industrial action short of strike (ASOS).

HCSA President, Professor John Schofield said: “This result underlines two things we already know about our members, the first is that their priority is always to put their patients first, and the second is that they are not prepared to tolerate the Government’s decision on pay, and are prepared to take action short of strike. It’s true that consultants and specialists feel undervalued and undermined, but they are also angry at the treatment of other NHS colleagues.”

HCSA General Secretary Eddie Saville stated: “This is not something that we do lightly but our members have sent a clear message to this Government that enough is enough. The refusal to accept the independent award of the DDRB was a step too far. Hospital consultants and specialists are working harder and harder, morale is spiralling and they just want a fair deal for all NHS workers”

How we voted

HCSA members thought long and hard about taking industrial action. Just under half of those voting — 47.9% were prepared to take full strike action but an overwhelming 84% voted to take part in action short of a strike.

What this means in practice is detailed overleaf.

Farewell to our membership secretary, Brenda Loosley

It is with sad hearts and fond memories that we say goodbye to Brenda this month and wish her a happy and long retirement. Brenda joined HCSA is 1995, and as our second longest standing member of staff has worked with three chief executives and seven presidents, that’s not to mention other staff and members.

In 1995 when Brenda began at HCSA, she was working two days per week, over the years and with membership growth, this has increased to three days per week. Over the past year, as we have moved to a new database and are using that database more and more, we have been very impressed by Brenda’s ability to squeeze four days work into three. Brenda’s ability to move with the times, keep our membership system in top condition and keep a smile on her face, has impressed us all.

Needless to say, we will all miss her very much, and although we have a new membership secretary starting this week, Brenda leaves a gap at HCSA that we will never fill.

…and if there’s a trundling caravan holding up the traffic heading West on the A303 next summer we’ll know who to blame!!

NHS Trusts: New negotiating role

Dr Paul Donaldson is the new Local Negotiating Committee Chairman for Maidstone and Tunbridge Wells NHS Trust.

Eddie Saville said: “This is very good news and we wish Paul every success in this important role. It is great that we have an HCSA member working alongside colleagues from other associations, and we know that Paul will be a brilliant Chairman, in these challenging times.

With much to tackle, from the new consultant contract to seven day working, Paul’s tenure is certainly going to be an interesting as well as rewarding experience.”

* Paul joins other HCSA members who sit on Local Negotiating Committees. HCSA representatives are well placed to stand for election to LNCs and members already on an LNC can stand for Chairman/Chairwoman. If you want any information or support to do this, please do get in touch with your regional officer.
Taking action

Why have HCSA members voted to take action?
Pay in the NHS has fallen well behind inflation and most staff have not seen an above inflation pay rise since 2009. The announcement earlier in the year that the Government were ignoring the DDRB recommendations on this year’s pay award angered hospital consultants and specialists.

Only those consultants and specialists at the top of the consultant pay scale will receive a 1% unconsolidated pay award for 12 months. On top of this the Government has recently advised the DDRB not to make any recommendations for hospital medical staff for 2015/2016. The pay freeze for most hospital doctors is set to continue.

HCSA members in the NHS in England recently participated in our industrial action ballot, the result of which showed that of those voting 84% said they would be willing to take industrial action in the form of Action Short of Strike (ASOS).

What are we asking for?
- for immediate payment of the DDRB recommended 1% consolidated increase on top of the incremental progression due to every member
- to break the planned pay freeze for 2015-16
- for a commitment to cost of living pay increases for the future

All of the NHS trade unions have agreed to campaign together; some unions have also balloted their members and will be taking action.

What form will the action take?
The action you will be taking will involve all HCSA members. The ASOS is designed to cause minimal impact on patients.

Set out below are the forms of ASOS that you are called on to take:
- Take all the breaks to which you are entitled and scheduled
- Work to your job plan*
- Decline any extra duties outside your job plan (rostered) hours
- Decline any new activities, which are not already in your job plan (roster)
- Decline to do any extra clinics/theatre lists for waiting list initiatives

* If you are a consultant, associate specialist or specialty doctor, work strictly to your job plan. If you are a specialist in training then work strictly to your current shift roster/on call rota.

Won’t action damage patient care?
We do recognise that the above ASOS will create some planning disruptions to services, but it should have a minimal the impact on

‘All members in the NHS in England are entitled to take part in the action’

Dedicated to you

HCSA
Hospital Consultants and Specialists Association

the hospital consultant & specialist

issue 20 | number 5 | October 2014
Can I be dismissed for taking part in industrial action?
This action is official action sanctioned by the HCSA. The law protects workers from dismissal while taking part in lawful industrial action or at any time within 12 weeks of the start of the action and, depending on the circumstances, dismissal may also be unfair if it takes place later.

I am on a locum contract. Does this affect my taking part in industrial action – are my rights the same as permanent employees?
Yes they are. You are protected against dismissal for taking industrial action from day one of employment. Dismissal also includes terminating a fixed term contract. It is illegal to treat employees on fixed term contracts less favourably than permanent employees.

My Trust has demanded that I tell them if I intend taking industrial action on a particular day, do I have to tell them?
Managers may ask this question, however you are not obliged to tell them about your intentions.

We would advise that if you are uncomfortable with answering then simply reply that you are still considering what you will be doing.

The HCSA is legally required to give employers some statistical information about HCSA members taking industrial action, but we do not give individual names.

I did not take part in the ballot. Can I still take part in the action?
Yes. All members in the NHS in England are entitled to take part in the action.

I am not yet a member of the HCSA can I take part in the action?
You can join the HCSA now, or sign up on the day. If you join on the day then we would advise that you keep a copy of your application form. Visit our website www.hcsa.com where you can join immediately.

Will my employer know how I voted?
No, your employer will not know who has voted but will know the staff groups who will be involved in any action, and the type of action they will be taking.

Are NHS hospital consultants and specialists allowed to take strike action?
The law is clear on this – there is nothing in your professional code which prevents you from taking industrial action. We would not call on you to take action which would put your registration at risk.

I would like to get more involved, what can I do?
We are keen to expand the number of local hospital representatives we have throughout the UK. If you would like to take on this role or want to find out more, just contact us at Headquarters on: 01256 771777.

● Send us your personal stories.
We are keen to have plenty of personal stories from members about the action. Short comments from members can be added directly to the HCSA website – longer pieces which we can use in publications and blogs can be sent to: conspec@hcsa.com.
The conference took place against a backdrop of heightened public debate. The People’s March for the NHS – which set off from Darlington weeks earlier – reached the capital to be met by thousands at a Trafalgar Square rally.

Meanwhile, in the conference chamber, hundreds of delegates representing millions of trade unionists heard HCSA’s president John Schofield (pictured below) tackle the culture of bullying in the NHS.

“If we want to preserve the NHS and maintain high quality healthcare services for all, we must stop bullying in the NHS” he said.

Bullying and harassment is the major impediment to reforming the culture of the NHS. And it has got to stop.”

The NHS will go bust without radical change to drive up standards and rid hospitals of a toxic bullying culture that damages patient care, John Schofield told delegates. Quoting David Prior, chairman of the Care Quality Commission, who says that the safety of the most vulnerable patients is being jeopardised by a dysfunctional rift between NHS managers and staff John Schofield said: “Of course not all senior NHS staff are bullies, but it has become clear that bullying is endemic within the NHS.

Even after the tragedies at Mid Staffs, highlighted by the Francis Report, we know a culture of fear still persists. Appointing an anti-bullying champion acknowledges the problem, which is good, but it’s appalling that things have got so bad that this is necessary” he said.

“Consultants and specialists who stand up to bullies all too often become victims of institutional bullying” he said.

“The stress that this causes, with the fear that at any moment another allegation or complaint will be made, and the isolation that occurs as employers cynically solicit whatever evidence they can, often results in individual burnout. But it’s not just the individual that suffers, it’s the whole clinical team and of course, the patients.

When we see yet another consultant who has suffered relentless bullying it is painful. Their confidence is knocked, and they are resigned to the fact that speaking out about bullying is likely to result in a range of sanctions against them. All too often the tables are turned and the subject of bullying

Dangerous competition

The Transatlantic Trade and Investment Partnership between the European Union and the USA could heighten competition in the NHS and make it irreversible even if it proved to be against patients’ interests, HCSA chief executive and general secretary Eddie Saville (pictured left) told Congress.

“We suspect the Health and Social Care Act 2012 was designed as a prelude to an EU-US trade agreement by encouraging much greater private sector involvement. Since its implementation, the NHS has operated a more competitive market with private sector companies bidding for ever more contracts,” he said.

“We believe that under TTIP the NHS could be locked into competition for good – even if it were to prove a disaster.

We like many trade unions want the NHS to be excluded from talks about the trade agreement, however just days ago the UK trade minister Lord Livingston confirmed that the NHS had not been excluded from talks about TTIP, arguing that going ahead with the deal would “not see any change to its existing obligations” we strongly disagree with that statement. And want the NHS excluded.

Eddie Saville warned that if the NHS was
is suddenly the focus of a disciplinary process, usually without foundation and initiated by NHS Trusts just to demonstrate where the power lies. And of course, it’s not just our members, this is a problem for all NHS staff, and all NHS unions.”

John Schofield said: “As a consultant of 20 years standing in the NHS, I have personally been on the receiving end of this appalling practice. I know the destructive power of bullying and harassment, and how corrosive it is for the individual, their family, their work colleagues, their patients.”

Bullying and harassment is the major impediment to reforming the culture of the NHS, he said: “And it has got to stop.”

The problem needed to be tackled at a fundamental level with more research, to gain a fuller understanding of the issue and make greater inroads into repairing the bullying culture of the NHS. “Only then can we ensure that our focus stays where it should be - in delivering first class care to patients and their families” he said.

not excluded any future government that wished to end competition in the NHS - or a CCG that wanted to return an outsourced service to an NHS provider – could face massive compensation claims, as the treaty will include the introduction of the Investor State Dispute Settlement clause.

Private investors could sue governments if they believed that their investments were threatened. “We need to exclude the NHS from this treaty and ensure that every penny we spend on caring for patients is not diverted into the pockets of global corporations who don’t care how the profits keep rolling in. We must never allow corporate interest to take presidency over protecting patients” he said.

‘Only then can we ensure that our focus stays where it should be - in delivering first class care to patients and their families’

TTIP pledge

Shadow health secretary Andy Burnham has pledged to exempt the NHS from the EU-US TTIP deal.

“We will start by cementing our commitment to repeal the Health & Social Care Act 2012 and insisting on a full exemption for the NHS from any EU-US TTIP deal.

If the NHS is to reshape services for the 21st century — and make them financially sustainable — it must have full permission to collaborate and integrate without being trapped in the red tape of compulsory tendering” he said.
He told delegates: “I work in a Cancer centre and I participate almost every day in cancer multidisciplinary team meetings, making decisions about cancer therapy for individual patients. As a practicing hospital consultant, I know about the way that rationing works in the NHS, particularly but by no means exclusively, in cancer treatment.

We are all aware that new treatments which have been evaluated and adopted internationally are often denied to patients in this country until a lengthy process of re-evaluation is undertaken by the National Institute of Health and Care Excellence, or NICE. There are many examples of this, and Proton Beam therapy is yet another one of them. Even after the significant delays this brings, sometime a treatment fails to be agreed by NICE, and the financial cost to the NHS is frequently the underlying cause for this. This is when NICE gets NASTY. Waiting until 2018 for a service which a critically ill patients need now is unacceptable.

Often the only access to new treatments is through clinical trials, which do need to be supported, but should not be the only way of accessing effective therapies. I do not claim to be an expert on Proton beam therapy, but research suggests that there are proven benefits for this treatment in a number of specific cases where highly targeted treatments need to be delivered in critical areas of the body such as the brain and eye. This treatment is readily available in several other countries in the EU and also in the US, and had proved its value in fighting cancer.

As a hospital doctors union, we spend much of our efforts standing up for the terms and conditions of our members. However, we also should stand up for the hospital consultant & specialist issue 20 | number 5 | October 2014 professional standards and ensure that our members are able to make the right clinical decisions, and are not obstructed because of lack of facilities or cost of treatments.

Congress, as a practicing clinician, I am appalled that our ability to improve patient care is limited by restrictions on costly treatments such as Proton beam therapy. It is important that we stand up for the rights of professionals to make clinical decisions and take responsibility for them.

We have already have radiographers and clinician oncologists with the skills to deliver proton beam therapy here in the UK. I call on this Government for a commitment to provide more timely access to Proton beam therapy in the UK, so that this new and effective specialised treatment can be used to improve the fight against cancer, without recourse to costly private treatment overseas.

Our members tell us that there is clearly underinvestment in diagnostic medical imaging, including CT, MRI and CT/PET scanning. This lack of capacity delays access to treatment, as patients often have to wait for vital diagnostic scans. Because of this, some patients’ clinical conditions deteriorate significantly before they are scanned, or before the scans are reported, so that therapy is less effective. There is a clear need for a review of capital equipment and manpower planning in medical imaging, including both radiographers and consultant and trainee radiologists.
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Consultants from across all of the medical specialties will gather next month at the most comprehensive clinical update conference in the UK. Acute & General Medicine Conference provides up to 12 CPD points accredited by the Royal College of Physicians and will cover a range of medical specialties:

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The importance of Acute & General Medicine

Hospital services are under pressure as patient demand continues to increase, especially among older people with multiple, complex conditions. To tackle this, NHS leaders want to develop a seven-day service and expand acute medicine and advanced general medicine capacity within their hospitals.

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HCSA Hospital Representatives

You can find the contact details of your local HCSA Hospital Representative on the website at: hcsa.com/contact-us - just click on national/hospital contacts and select your area from the drop down options.

Prefer to receive this newsletter and other communication from HCSA electronically?

Just drop us an email – conspec@hcsa.com – and we’ll update your preferences. Thank you.
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Title
Forenames
Qualifications
GMC No
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Year Qualified
Main Hospital
Preferred Mailing Address

Surname
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Signature Date

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Contact Telephone Number

Post Code

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

Current Subscription Rates:
○ Full Annual - £240 per annum commencing October 1st 2014 (pro rata for first year of membership)
○ Full Monthly - £20.75 per month
○ Specialist Trainee Annual - £192 per annum commencing October 1st 2014 (pro rata for first year of membership)
○ Specialist Trainee Monthly - £16.75 per month

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