PRESIDENT'S REPORT

AAGBI Response to the DDRB Report: Statement from the President

The single most important issue facing members of the AAGBI (apart from consultants in Scotland, and members in Ireland, who have already been through contract turmoil) is the Doctors and Dentists Review Body (DDRB) report into consultant and trainee contracts, and the Government's response to it. Because of the print schedule for *Anaesthesia News* I would normally be writing the President's Report for the October issue about now. However because this issue is so vital to the overwhelming majority of AAGBI members, and so urgent, I am releasing this report early, direct to the members via the website, although an expanded print version of the report will still appear in October's issue. The AAGBI Board has approved the official response to the DDRB Report, which will be released at the same time as this report, which represents my own interpretation of events and their implications. Inevitably when representing almost 11,000 members, and 16% of NHS consultants, not every member will agree with my interpretation.

Although not party to contract negotiations, the AAGBI has engaged throughout with the DDRB, and I am pleased to note that the AAGBI's contributions were acknowledged within the DDRB report (more than any other 'staff side' organisation apart from the BMA), particularly in areas such as fatigue, ageing and wellbeing.

The AAGBI is committed to achieving the highest standards of patient care, and entirely agrees that those patients who need a consultant should have one, but it is a gross oversimplification to suggest that all that is needed is increased consultant presence on Saturday and Sunday when access to diagnostic laboratory and imaging services is reduced, when discharge planning goes on hold, when pharmacy services cease, and diagnostics, catering, therapies, cleaning and portering services are all run at a lower level. A seven-day NHS requires appropriately funded expansion in all of these services (together with primary and social care) and must recognise that those who work Saturday and Sunday (and all seven nights) will not also work Monday to Friday 8–6 – without investment and expansion the services will be stretched. Seven-day services for the NHS cannot mean individual consultants working all seven days.

Contract renegotiation must go hand-in-hand with intelligent workforce planning and service reconfiguration. Anaesthesia has been at the forefront of recognising the significantly improved patient outcomes for specialist services in units with higher caseloads (trauma, vascular, paediatrics, cardiac). It is time for ministers to be honest with the public – not every hospital can provide every service, and they should be as honest with their own constituents as they are with the whole electorate.

I want to comment not only on the DDRB report, which on the whole was balanced and reasoned, but also on the resultant Government response and ensuing reports in the media. It is disingenuous for elected holders of High Office of State to seek to blame the core workforce of the NHS for a lack of professionalism, or for being responsible for excessive deaths, when that is not what the evidence supports.

The BMA Junior Doctors Committee (JDC) has voted not to re-enter contract negotiations, and I understand the anger and frustration that led to this decision. I have already seen some detailed economic modelling suggesting that anaesthetic trainees would come off significantly worse from some of the DDRB proposals. I would urge consultant colleagues, and the BMA Consultant negotiators, to consider carefully whether following the JDC's lead is also appropriate for the Consultant contract. My own view is that any negotiated contract must be better than one that is imposed, and history suggests we will have to live with whatever contract results for a very long time. We must acknowledge the current parliamentary strength of the government, but I believe this is when the political quality and character of the Government will emerge. If the Government engages with consultants, most of whom will work for the NHS for an entire career of 30–40 years (compared with the average few years in office of a minister), and without whom no reform of the NHS can be successful, it can achieve great things. If it chooses to impose change, despite the evidence and ignoring the expertise of the only people who can deliver healthcare, it risks a loss of confidence and respect which will take generations to recover; if the NHS as we know it can survive long enough to permit that.

I'm inclined to be an optimist so I believe the next few months present a generational opportunity to improve emergency and urgent care for hospital medicine in the NHS to a level that will truly be the envy of the world; a chance to implement all the changes needed to deliver world class seven-day emergency care. The next step of achieving seven-day elective care will require massively increased investments in people, infrastructure and money. My view would be that the Government should prioritise those goals that are achievable within (or almost within) the current NHS budget, and prepare those other changes for a time when the country can afford it.

At this stage in a broadcast programme, you would hear the voiceover 'If you have been affected by this programme, please contact the support number on…' At this stage in the negotiations, what is unknown is how many of us will be affected to what extent. I do not envy the BMA its task of negotiating, particularly when it is being asked to negotiate with so little detail.

As (if?) the detail becomes clearer, the AAGBI will update its members on how it believes it will impact on them. In the meantime, if you have been, or will be affected, please contact President@aagbi.org

Andrew Hartle
President, AAGBI