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THE ANDREW MARR SHOW

INTERVIEW:

JEREMY HUNT MP

HEALTH SECRETARY

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Andrew Marr (AM): Now Jamie just said that he thinks you might be in favour of a tax on sugary drinks. Are you?

Jeremy Hunt (JH): Well, it's a bit terrifying not to answer affirmatively if he's going to get more Ninja.

AM: He's going to get really Ninja if you don't say yes.

JH: As he said, and I mean obviously it's Sunday morning and people are tucking into their bacon and eggs and chocolate croissant and whatever and I don't want to be too much of a kill joy, but he is right. We have got to do something about this, and I've got a one year old daughter, on current trends by the time she reaches adulthood a third of the population will be clinically obese. One in ten will have type 2 diabetes, it is a national emergency. We have got to –

AM: so you have to do something radical and big which is why all this process of discussion of a sugar tax is so important, because that will be a big, big symbolic thing, as big as the ban on smoking. It would have a big change on real people's behaviour.

JH: Well I actually agree with what he said in the earlier part of the interview which is –

AM: So what's the answer against it if you're not in favour of it, or are in favour of it?

JH: I am in favour of what he said. It has to be a game changing moment, a robust strategy. The issue here is do what it takes to make sure that children consume less sugar, because we have got this terrible problem. We are the most obese nation in the EU and it is getting worse.

AM: Okay, agreed with all of that but what is it?

JH: Well, we're going to be announcing in due course, we're working out the details. David Cameron has said if it isn't a sugar tax there needs to be something that is equally robust, but he hasn't taken a sugar tax off the table. We have got parents up and down the country who want to know that they're going to be given the support they need to make sure their children eat healthily. And I think the other thing that Jamie has been very sensible in saying is you know, partly it's what the food manufacturers do and that's why you have discussion about taxes on drinks. It's also what the retailers do. It's what schools do, it's what parents do and that's why we need a strategy that brings everyone together, and if we do this – I think there's just a final point to make, in this country we have a very good record on public health. Recently the number of teenagers smoking has fallen to below 5% and this is huge progress. If we make up our minds we can do this and I think we will.

AM: Put in a sugar tax and you'll be able to do it.

JH: That's one of the options, but there are many other things as well.

AM: All right. Let's move to the Jnr Doctor's strike. There is a central sort of poisonous misrepresentation which I think has made this a particularly bitter dispute, which is your assertion that the 11 thousand extra deaths at the weekend are connected with poor staffing by junior doctors in hospitals. That drives them absolutely insensate with anger and it's not true.

JH: Well the truth is that junior doctors are right to say that as we deal with the higher mortality rates at weekends it isn't just about junior doctors. It's about being able to get diagnostic tests back at weekends, it's about consultant cover.

AM: Absolutely yeah.

JH: But, if you look at – we've had I think now 8 studies in the last five years and they are – they all say that staffing levels at weekends are one of the issues that needs to be serious –

AM: One of the issues, but not – and Sir Bruce Keogh, who did the report, has said that it would be rash and misleading to suggest that these deaths are avoidable by changing staffing.

JH: He actually said that it would be rash and misleading to say that you could avoid every single one of those deaths, but he also very clear that staffing levels matter. And I think one of the unfortunate misunderstandings – jnr doctors work incredibly hard; they are some of the hardest working people who do some of the most weekends and nights and we need to support them to do their job better. I think when we deliver a seven day NHS, and this is the end is about making the NHS the safest, the most high quality system in the world. The first thing I had to deal with as Health Secretary was the tragedy of Mid Staffs, and I've learnt from that that when you have these studies that say you've got these problems you can't duck them.

AM: You can't duck them.

JH: You have to deal with them.

AM: But you have connected those excessive deaths to the whole question of rostering and junior doctors and that is what people think is misleading, because it's a much more complicated situation than that. Many of those deaths are caused by the fact that people who go into hospital at the weekends are already iller and therefore much more likely to die. And Sir Bruce Keogh and many others have said you can't connect the number of deaths to rostering questions and yet you have.

JH: Well that's not true. If you look at those studies – no let me just tell you. If you look at the studies and we've had studies that came out by Freemantle last September, we had the study that came out by Prof. Alyn just before Christmas, they all say, the Royal Colleges say that you have got to look at staffing levels. We have three times less medical cover at weekends. Now we're never going to have the same levels because there are going to be lots of things – and I think this is another misunderstanding – there are going to be lots of things that we don't do at weekends, hip operations, knee operations and so on, but for urgent and emergency care – If I give you one example which actually relates to senior doctor presence, the clinical standards – and this is all about making sure we meet the clinical standards, they say that if you're admitted to hospital you should be seen by a senior doctor within 14 hours. That currently only happens in one in eight of our hospitals. Now if we want to promise - if we want that to happen across seven days to week, if we want to promise every NHS patient, as I do, that they're going to get the same high quality care every day of the week, then we have to look at these issues.

AM: I definitely want to return to that, but just to stay on this central question of misrepresenting the position of jnr doctors, I can quote to you two things you've said. 'There are 11,000 excess deaths because we do not staff our hospitals properly at weekends.' And you've said that 'excessive overtime rates give hospitals a disincentive to roster as many doctors as they need at weekends and that leads to 11,000 excessive deaths.' Against Sir Bruce Keogh who did the research who says, 'It is not possible to ascertain the extent to which of these 11,000 deaths may be preventable. To assume they are avoidable would be rash and misleading.' So when the Editor of the BMJ accuses you of misrepresenting that report she was right.

JH: She was wrong. And if you look at Bruce Keogh said there he didn't say that what I said was wrong; he said it's wrong to say that you could avoid every single one of those deaths, but he also confirms that staffing levels are one of the issues that need to be investigated amongst many other issues. And look, in the end, it's intuitively a very sensible thing to observe that if you don't have enough senior doctors when people are admitted to hospital at weekends, if you're not able to check for example the most vulnerable patients twice a day, which is what the clinical standards say, then your risk of a death that could be avoided is higher. And I came into this job wanting to make sure that we offer the highest standards of

care for every single patient. And I think the sad thing about this is that you know we're going to have a strike on Wednesday and actually what I want to do is what every single doctor wants to do. They want to give the highest standard of care to their patients. And what we should be doing is sitting around the table discussing how to do this rather than withdrawing care from patients which can only harm them.

AM: You have said again and again the phrase, 'senior doctors.' Why go into head to head confrontation with the junior doctors who are the very people who are actually staffing hospitals at the weekends and who are not responsible for 11,000 – can we agree that they are not responsible for 11,000 deaths in hospitals over the weekends?

JH: I think there are a number of things that are leading to these –

AM: Can we agree with that to start with at least?

JH: Well there are a number of things. If you look at the study – I think, you know, you're saying to me that we need to be very careful with our words and if you look at the studies they all say there are a number of factors that need to be investigated, including staffing. But if you just look at this contract, and I think there have been a lot of misunderstandings, but look at the crucial issue of pay, because I think this something that worries people. We are absolutely clear that we don't want to cut junior doctors' pay, in fact for the majority of them it will go up. If you look at the

AM: Sorry, just on pay, you said something that I don't understand at all, you have said that this is revenue neutral, you've used that phrase, it's not going to cost any money at all, and you've said that 75% of jnr doctors are going to be paid better – have more money coming in – and the rest won't be worse off. That is mathematically impossible.

JH: Well, in the short term, as we transition to the new contract it will be actually cost us more.

AM: It will be more in the short term.

JH: As we protect the pay of people as we move to the new contract, but when we move through to the new contract in four years time the total amount going into the jnr doctors pay packet will be higher, not lower and so –

AM: So it's not revenue neutral?

JH: Well it will actually – you know in the end if you're going to ask more doctors to work at weekends...

AM: You're going to have to pay more money?

JH: You're going to pay more, but in order to be able to afford that, to do that in a way that's affordable for the NHS we do need to reduce – this is a very important point – we need to reduce the premiums that we pay at weekends, make up for it with an increase in base pay, but even after these changes that we're making jnr doctors will get a higher premium for working at weekends than the nurses working in the same hospital, than the ambulance drivers who take people to hospital, than the porters, than the cleaners. It's a good deal for junior doctors. But most importantly it will make care safer for patients, because what we need to do is to make sure that our hospitals are properly staffed at weekends.

AM: If it's such a good deal why do you have to protect their pay for three years?

JH: Well because what we're actually doing in this change is we're giving more rewards to people who work the nights and the more frequent weekends and I want to make sure in the transition - it's a very complex business – that there are absolutely no losers. What we'll end up with is a contract that is better for patients, but also better for doctors. Now if you're a jnr doctor at the moment and you go to work at the weekend, you will find in an A&E department we have half as many consultants on a Sunday as we do in the week –

AM: I'll come back to –

JH: No, let me just finish this is very important. So it's a very stressful experience. Now what I want to do is for jnr doctors to know when they go to work, whichever day of the week,

they're going to get the support that they need to be able to give the best care to patients. And you know, this is obviously very challenging. The BMA is a very formidable union, I mean health secretaries, you look at the battles that Ken Clarke had, that Nye Bevan had, you know, health secretaries have these battles but what history judges if in the end have you done the right thing for patients?

AM: Well let me come back to that, because again you've used the phrase senior doctors and the Keogh report makes it very clear that if you're going to get better care at the weekends you need not the jnr doctors simply, but you need the consultants. I know this is a cliché, sorry consultants, off the golf course and back into the hospitals and you need the people doing the bloods and the MRIs and the nurses and people running the pharmacy and all of them. So where is going to be the great battle to get them doing seven day working as well?

JH: Well, they are an absolutely vital part of it and we're having negotiations with the BMA on those. They have been a bit more constructive and those negotiations are ongoing so I hope we'll do that, but if you look at what Sir Bruce Keogh, what the Royal Colleges, what Sir David Dalton who runs Salford Royal which is one of the hospitals that has successfully introduced seven day care, they say that you need senior decision makers. That could be a junior doctor towards the end of their training, junior doctors are actually in training for very many years, but you need experienced doctors. That will be consultants, it'll be junior doctors with experience.

AM: So you're going to make consultants come in on Sundays and Saturdays as well?

JH: We have said that we will have to remove the opt out that consultants – that jnr doctors don't have but consultants currently have which means that they're able not to work at all at weekends. And you know, the goal here is – and this is I think important because I feel what's happening with this junior doctors debate is that we've lost some of the big picture. This is actually a year of opportunity for the NHS. In the spending round last autumn this government gave the NHS the 6th biggest increase in its budget ever. We've just had a really tough period –

AM: I will come to the aggregate, I promise.

JH: Okay, only my point is that we have an opportunity now to actually turn the NHS into the safest, highest quality health care organisation in the world and that's what I'm absolutely determined to do.

AM: And yet somehow you've absolutely outraged junior doctors in all of this. Let me read you a few things they have said to us, we've been talking to some. Rachel Clark, who's a doctor in Oxford, says, 'Mr Hunt has made me feel demoralised, insulted and cheap. He implies we're the problem, when I give my life to the NHS. It's so grim on the frontline now I sometimes work 14 or 15 hours straight without a second even to eat. I have never felt so despairing or so close to quitting medicine.' Andy King, a registrar from Oxford: 'with so many patients to see I'm absolutely petrified. I'm too exhausted to look after them safely. If we are stretched even more thinly over seven days I'm certain patients are going to die.' This is what they're saying. One final one, Jane Jenyon from Hereford: 'the profession is at absolute breaking point. I see doctors in tears because they are so despairing about what the future holds. Jeremy Hunt has done this. He's driving away a whole generation of doctors.' Those are the voices of doctors right now, that's what they feel.

JH: Yes, and it's incredibly disappointing that the totally irresponsible way that the BMA has behaved in refusing to sit down and talk about how we can improve patient care and spreading misinformation that those doctors, for example...

AM: That's their personal experience of daily life, not what the BMA's standing for.

JH: One thing I would agree with them and the BMA is that quite outside the contract we need to do a number of things to improve the morale of junior doctors, and I think there's a lot we can do with respect to the training. But what I would say is, you know, one of the reasons for that anger, and there is anger there, is because they were told by the BMA that their pay was going to be cut. It isn't. They were told that they were going to be asked to work longer hours. They aren't. We're actually bringing down the hours they work. And if you're told by your union that the Health Secretary wants to do these awful things, of course you feel devalued. Now the way to restore morale in the profession is – the way to restore morale is to sit round the table, discuss what is the right thing to do for doctors and for

patients, and also to look at the bigger picture, which is record resources going into the NHS, as I say, the sixth biggest increase in funding in one year in the history of nearly 70 years of the NHS. More doctors and nurses than ever. A total commitment by the government to making the NHS the highest quality, the safest healthcare anywhere in the world. And you know, there are always battles along the way, but I think what history will ask is: did the Health Secretary, did the government that's committed in its manifesto to seven-day services, did they do the right thing for patients to make care safer and better? And if they did, in the end I think doctors too will say well, you know, there was a big argument over it but it was the right thing for the NHS.

AM: Just on the eight billion you mentioned, the King's Fund says that that will not fund the seven-day thing, it's already – most of it's already been spent, so you're going to need more money. Two things on that. One, are you really sure in your heart of hearts that your language on this has been adroit?

JH: Well, I think my language has been extremely careful, because I've always wanted to make sure that people understand how hard junior doctors are working. What I can't control, as you know very well, we have a free press and often my words are distorted by the BMA, which is one of the cleverest trade unions in the book, because they know that any argument between doctors and politicians the public are going to side with the doctors. But in the end, you know, look at the big picture here. The NHS has come up –

AM: The big picture is – I'm sorry – is that they are still absolutely furious with you. 98 per cent of these highly educated, hardworking people have voted to strike. It can't be everybody else's fault but yours, surely?

JH: No, look, I take responsibility for everything that happens in the NHS. But, you know, what I also have to take responsibility for is the care that we give to patients, that's the most important thing for any Health Secretary. And I think the big picture here is record resources going to the NHS, record numbers of doctors and nurses.

AM: Sorry, record – record numbers of doctors doing there two years basic training and then going off to find a job somewhere else, because almost 50 per cent now leave and do

something else and don't go into the NHS because they are so horrified and demoralised before they even start.

JH: Well, Andrew, I think it's really important that you don't make a snap judgement about what's happening to doctors in the heat of a very difficult industrial relations dispute. We have 11,000 more doctors than five years ago. This is a moment for the NHS to pull together and in the end doing the right thing for patients is the way that will help the NHS go from strength to strength.

AM: Last question, I promise, on this: are you – have you got more to give them when you meet them next?

JH: Our door is open. I said there's a single issue that we are still at loggerheads on, is this question of unsocial hours on Saturdays, and I've said my door is open, I'm happy to do that. The BMA are saying they don't want to talk about that. What I say is, you know, rather than cancelling more operations, come and talk.

AM: Now, you're announcing today four billion pounds to make the NHS paperless. Why is that so important?

JH: Well, let's go back to those junior doctors that you were talking about. One of the things they find incredibly frustrating is that they spend so much time filling out paperwork, bureaucracy. We know that proper investment in IT – it's not without its pitfalls, but proper investment in IT can save time for doctors and nurses and they can spend more time with patients. And this is a much needed investment to allow that to happen.

AM: You came in after the NHS was in some kind of crisis to smooth feathers, to calm things down, and people regard you now as toxic. Isn't this going to be a very damaging thing for somebody who is still talked about in the senior ranks of the Conservative Party as the future leader of the Conservative Party?

JH: Look at the history of NHS. The person who founded the NHS, Nye Bevan, was described three years after the end of the Second World War by the BMA as the 'medical

Fuhrer'. That's how much they – look at Ken Clarke, who when he was Health Secretary they put up posters of him all over the country saying 'what do you call a man who ignores medical advice?' And there was Ken smoking his cigars. This is –

AM: So this is nothing really?

JH: This is part of what happens when you're Health Secretary. But, you know, in the end, when the dust settles, you've got to do the right thing for patients.

AM: Jeremy Hunt, thanks very much for talking to us this morning.

(ends)