JEREMY VINE: Sir Bruce is with me now, welcome to you.

SIR BRUCE KEOGH: Thank you Jeremy.

JEREMY VINE: It's almost the most obvious idea of all time I guess, to make it seven days but tell us why it has to be.

SIR BRUCE KEOGH: Well, society has moved on and people expect more and more from services at the weekend, that's the first point. The second thing is that we've had increasing evidence that patients who are admitted at the weekend to hospitals, have a higher mortality rate; that's irrespective of whether they're an emergency or an elective case. And interestingly, we've looked at evidence in other parts of the world and it's exactly the same. For example in North America, so this is not a problem unique to our NHS but it is one that we're uniquely positioned to solve.

JEREMY VINE: And why are we set up as a five day a week operation instead of a seven day a week operation. Why is that?

SIR BRUCE KEOGH: I think that's historical event. Historically, we've been very good at providing services five days a week and we've provided emergency services pretty well over the years. But medicine has advanced and things have become increasingly more complex. We've had also, a series of surveys conducted by the General Medical Council, the BMA, other junior doctors, organisations which have shown also that junior doctors are feeling particularly stressed at the weekends because of the complexity of patients and the complexity of diagnosis and treatment.
And they feel unsupported and this has been brought to our attention, and we worry about that, not only because it may relate to the higher mortality but also because it implies that we could be training the next generation of doctors better. And then finally, there’s the issue about are we running our industry efficiently? It seems strange in many ways that we should start to wind down on a Friday afternoon and warm up on a Sunday, while operating theatres are empty, out-patients clinics echo, expensive diagnostic kit isn’t being used and meantime people are waiting for diagnosis and treatment.

JEREMY VINE: But it will it be more expensive to run a seven day a week operation won’t it? How much more?

SIR BRUCE KEOGH: Well, we’re not convinced that it will ... (interjection)

JEREMY VINE: (BOTH TOGETHER) I head two billion more.

SIR BRUCE KEOGH: I, there are a lot of figures being banded around and some of them are red herrings. What we do know is that if you have a more consultant presence in a hospital at the weekend, several things happen. Firstly, you don’t have inappropriate admissions to the hospital. Secondly, that when those patients are admitted they get a diagnosis quicker and the appropriate treatment is started more quickly. That means the patients spend less time in hospital and the hospital as a whole, runs more efficiently. We’ve looked at eight hospitals, all of which are different and we’ve uncovered that this will probably cost about 1.5 to 2% of the annual running costs of a hospital.

JEREMY VINE: Okay. The lowest figure we’ve seen is 2.2 billion. Is that the right ball park?

SIR BRUCE KEOGH: No, I don’t think it’s the right ball park to be honest. I think...

JEREMY VINE: 1 to 2% of the entire hospital cost, could be that, couldn’t it?

SIR BRUCE KEOGH: Yes... but...

JEREMY VINE: Could be that, couldn’t it?

SIR BRUCE KEOGH: No, it couldn’t because the budget of the NHS is broadly speaking £100 billion pounds. Only half of the expenditure is spent in hospitals. The other half is spent outside hospitals.
JEREMY VINE: So maybe one billion. All right. But you’ve still got to find the money from another part of the NHS. That’s the issue isn’t it?

SIR BRUCE KEOGH: Indeed we do and that’s where the challenge comes in. There are many opportunities for doing that and one of the most expensive costs in all of this is the cost of the workforce and we’re about to start producing eighteen hundred more specialists per year than we have done before, so we believe that we can fill those posts as well.

JEREMY VINE: Well regarding specialists, they’re key to this aren’t they, you need surgeons in at the weekend basically and if their contracts don’t currently mandate them to work Sundays, so you have to change their contracts I guess and of course, as we know, doctors are phenomenally good at negotiating contracts.

SIR BRUCE KEOGH: You know most of my consultant colleagues are in at the weekend anyway. Most of them have recognised that this is a significant issue and one of the great things about this initiative is that as the evidence has accumulated – all people in the NHS from the managerial community, the clinical community and others have recognised that this is the right thing to do. And you know, when enough people think that something is the right thing to do, we can find the solution.

JEREMY VINE: But that’s not really how employment law works is it? They will want new contracts, they’ll want to be paid more to work Sundays. The fact that there are some nice consultants you know, who roll up on a Sunday, is neither here nor there.

SIR BRUCE KEOGH: Well actually you know, the BMA have been very supportive of this particular stance and the two things that we can change if you like in the consultant contract, one is there’s a clause which says that organisations can’t force consultants to work at the weekend. I think we can have that clause removed and the second things is ... (interjection)

JEREMY VINE: Really, you could take that out?

SIR BRUCE KEOGH: I think that ... (interjection)

JEREMY VINE: Do you say, work Sunday or you’re out of here?

SIR BRUCE KEOGH: I wouldn’t put it as starkly as that Jeremy.
JEREMY VINE: But would the consultants get an exchange for having that clause removed from their existing contracts?

SIR BRUCE KEOGH: You know, where this has been put in practice, consultants have enjoyed the increased flexibility that it brings to their lives, so there’s, you know, this is about different ways of working and in fact, there was – someone said to me today who is a Chief Executive of an organisation, he said look, this isn’t so much about money, it’s about different working practices and proper recruitment of people.

JEREMY VINE: The Health Secretary is apparently behind this?

SIR BRUCE KEOGH: I think all political parties are behind this. I’m absolutely delighted that the Health Secretary is.

JEREMY VINE: What do you do now? What’s the next stage in this because getting it to go from five to seven days, could be a ten year operation couldn’t it?

SIR BRUCE KEOGH: Well, I’m taking a paper to the NHS England Board on Tuesday and we believe that the arguments for this are absolutely compelling, both clinically and morally; so, we need to kick-start this over the course of the next few years and we’re going to do several things. The first is that we’ve identified ten clinical standards which will deal with what our expectations are in terms of diagnostic capacity in organisations at the weekend. So how their labs work and consultant presence as well. Those seem to be the two things that are at the heart of this matter. We’re going to put those in to the NHS Contract for organisations in an escalating fashion, over the course of the next three years. We’re going to make organisations be absolutely transparent about whether they’re meeting these ten clinical standards or not. We have agreement with Health Education England, who are responsible for contracting for the training of junior doctors at organisations that don’t have consultant presence, to ensure that the juniors get proper training, will not get contracts. We will be asking the Care Quality Commission to ensure that no hospital gets a rating of ‘excellent’ or ‘outstanding’ or the equivalent, if they aren’t implementing …. (interjection- Keogh ends with “some of those processes”)

JEREMY VINE: Oh, I see, so they might decide not to do it. Individual hospitals might decide they don’t want to work Sundays.

SIR BRUCE KEOGH: We don’t think that that will happen because of NHS contracts. This will be contractually binding.
BOTH TOGETHER

SIR BRUCE KEOGH: Let me be clear, these are some pretty, pretty radical changes with some, a pretty hard levers behind them.

JEREMY VINE: Sounds radical, maybe expensive as we’ve discussed but from your point of view, it’s definitely happening?

SIR BRUCE KEOGH: Yes.

JEREMY VINE: Thank you very much indeed, Sir Bruce Keogh.

END OF INTERVIEW WITH SIR BRUCE KEOGH