

- To:
- Integrated care boards:
    - chief executives
    - chief operating officers
    - chairs
    - chief people officers/HR directors
    - medical directors
  - All trusts:
    - chief executives
    - chief operating officers
    - chief people officers/HR directors
    - medical directors
  - NHS England regions:
    - directors
    - medical directors
    - directors of nursing
    - heads of EPRR
    - communications team

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**31 March 2023**

Dear Colleagues.

## **Industrial action – junior doctors strike (11-15 April)**

Thank you for everything you and your teams are doing to provide NHS patients with the best possible care during this period of ongoing industrial action.

You will be aware that the British Medical Association (BMA) has now notified trusts and members that the latest round of action will start on Tuesday 11 April and conclude on Saturday 15 April. They will also now be joined by members of the Hospital Consultants and Specialists Association (HCSA) and dental trainees who are members of the British Dental Association.

Junior doctors are being instructed not to begin any shift that is due to start after 06:59 on Tuesday 11 April 2023 or return to work before 06:59 hours on Saturday 15 April 2023. If they are working the Monday night shift and finish after 07:00, they will finish this shift and hand over as usual. They will start work again as usual after 06:59 on Saturday 15 April 2023. The industrial action will take the form of a full stoppage of work, including night shifts, on-call shifts, and non-resident work.

The BMA has confirmed that there will be no derogation of services negotiated at any level during the strike period, with the exception of the current arrangements to recall staff in specific circumstances as set out in [our joint letter with the BMA](#).

Industrial action is disruptive by nature, however it is important that we recognise the additional challenge that this action will present, as it is longer than previous strikes which comes on the back of a long bank holiday weekend, during school holidays when more colleagues are likely to be on leave. It is also important to reflect that we have been through several types of industrial action which has required colleagues across the NHS to make a phenomenal effort to mitigate risks industrial action has presented.

These challenges are being communicated to both government and the BMA on a regular basis. It is important that organisations continue to share information with regional teams and via the assurance process ahead of this action as this allows us to assess the level of mitigation and potential impact and report to government.

The priority for the NHS is to mitigate risk to patient safety and we wish to be clear that we trust system leaders to make decisions to ensure we maintain a safe urgent and emergency care pathway – and that critical care, maternity, neonatal care, and trauma sites are resilient. The decisions on what measures are needed are for local determination, and we have provided some guidance on how to approach key issues.

### **Elective care**

Sadly, due to the unprecedented scale and timing of these strikes we accept that rescheduling activity is going to be essential to minimise risks to patients, rescheduling of appointments should only happen when absolutely necessary, proportionate and clinically appropriate. This decision should be undertaken in consultation with your integrated care board (ICB) and your regional performance director.

We are asking trusts to avoid block rescheduling of elective cases and we appreciate the lead in time will vary by provider. If you identify the need to start rescheduling, we ask that this is done where possible based on clinical risk, appreciating that systems and provider senior leadership teams are best placed to make the day-to-day decisions to balance risk on the urgent and emergency care pathway and to plan for industrial action.

It is important that, where appropriate, rescheduling of clinically urgent, cancer care (particularly for patients who have already been waiting over 62 days, or who are likely to pass day 62 if their appointment needs to be rescheduled), and long waiters are the final cohorts to be rescheduled. Where any changes occur, it is important to ensure patients are kept informed and not disadvantaged by the industrial action and they are rescheduled where possible before the end of April 2023.

The following steps have been shared with us as useful practice from previous industrial action and you may wish to apply these:

- Rolling day to day cancellations rather than on block worked well in providers where this was applied.
- Maintaining as much day case and outpatient capacity as possible and to use to digital or virtual consultations to support outpatient delivery.
- Ensuring administrative colleagues are on stand-by and available to cancel or book patients into revised slots.
- Identifying patients who may be available for any short notice availability and asking that they are ready to attend if availability arises.

### **Discharge**

We recognise that the NHS and partners are already working hard to discharge patients when they are clinically fit and that additional effort is made ahead of bank holiday weekends to discharge patients. You will know that in the context of the upcoming industrial action this will be even more vital.

Acute, mental health and community inpatient providers are asked to continue to reduce delayed discharges within the hospital's control, building on the success of the 100 Day Discharge Challenge. Local NHS teams should continue to work with partner organisations to explore different approaches to urgent community response, intermediate care, falls prevention or enhanced health in care homes to enable more patients to leave hospital and receive the care they need closer to, or ideally, in their own home. Local teams should also consider current levels of virtual ward utilisation to identify opportunities to support a greater number of patients remotely.

ICBs should engage with social care (both providers and local authorities) to advise how they could be affected and what contingency measures can be considered, or are already in place, to mitigate. System partners should be kept informed as well.

### **Primary care**

Junior doctors are also valued members of general practice in training practices. While capacity and staffing levels in general practice may also be impacted by junior doctors taking strike action, GP contractors are responsible for maintaining patient access to appropriate care on industrial action days.

### **Statutory responsibilities**

Organisations should ensure they continue to meet statutory responsibilities, including reportable illness/infectious diseases (they have to be reported within three days, or 24

hours verbally) and death certification. In redeploying doctors to maintain critical services, trusts should consider arrangements for completion of medical certificates of cause of death (MCCDs), collection of bodies, [notification to coroners](#) where needed, and supporting the requirement for deaths to be registered within five days.

## **Communications**

Patient communications is always a priority – as ever, if there are changes to care, you should make sure the patient is aware and ideally an alternative date has been offered.

A communications pack containing key messages has been shared with communications teams on 30 March and updates to the pack will be made as further information becomes available.

The key messages for the public are:

- If you need medical help or advice, or you are unsure about whether you should go to hospital, go to NHS 111 online unless it is a life-threatening emergency when you should still call 999.
- Patients should only call 999 or attend A&E if it is a medical or mental health emergency [when someone is seriously ill or injured and their life is at risk].
- Regardless of any strike action taking place, it is really important that patients who need urgent medical care continue to come forward as normal, especially in emergency and life-threatening cases - when someone is seriously ill or injured, or their life is at risk.
- If we have not contacted you, please attend your appointment as planned. The NHS will contact you if your appointment needs to be rescheduled due to strike action.

We will also be engaging with national media and stakeholders in advance of the action, and would also encourage local engagement with local media and stakeholders to support this work.

## **Support and guidance**

Please do continue to engage with regional NHS England teams for support and guidance – and to share and access good practice through regional networks.

Health Education England has produced a set of useful FAQs on industrial action and management of doctors in postgraduate training, which are available here:

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/industrial-action-and-management-of-doctors-in-postgraduate-training>

NHS Employers has also updated their pages on industrial action, including specific FAQs on action by junior doctors: <https://www.nhsemployers.org/articles/industrial-action-guidance-resources-and-faqs>.

Thank you for everything that you are doing, your continued cooperation and your ongoing efforts to help mitigate and manage the industrial action. It is appreciated.

Yours sincerely,



**Professor Sir Stephen Powis**  
National Medical Director  
NHS England



**Sir David Sloman**  
Chief Operating Officer  
NHS England