



Bournemouth and Poole

Bournemouth and Poole Teaching Primary Care Trust

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Andrew Taylor
Director
Co-operation and Competition Panel
1 Horse Guards Road
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Dear Mr Taylor

RESTRICTIONS ON NHS CONSULTANTS WORKING NON-CONTRACTED HOURS FOR OTHER PROVIDERS OF NHS FUNDED SERVICES

Thank you for inviting us to submit our views on the current restrictions placed on NHS consultants in relation to the non-contracted hours that they can work for other healthcare service providers. It is an area which could potentially have significant implications to the future direction of health service provision.

It is important to note that the restrictions could potentially affect other NHS providers as well as independent healthcare providers. My key point is that this could severely curtail the potential for practice based commissioners to develop innovative new models of provision as well as restricting the plurality of service provision. This is because access to the consultant workforce is absolutely essential to the safe and effective provision of the new community-based services practice based commissioners will wish to put in place.

NHS Bournemouth and Poole has a strategy of providing services closer to patients' homes, and will increasingly look to offer patients the choice of being treated in a community setting where this is clinically appropriate. We are also keen to ensure that services are provided as cost-effectively as possible.

We have made a good start in establishing a range of such interface services. Within these services local NHS consultants already provide vital clinical support to the general practitioners with a special interest (GPSIs) and other clinicians. It is expected that practice based commissioners will seek access an increasing range of such services in the future.

We also anticipate that practice based commissioners will be commissioning new sorts of services which will include patient care given directly by consultants but from a wider range of providers (who are unlikely to be the employers of the consultant workforce). Again access to this workforce will be indispensable.

To date access to the consultant workforce has been secured in co-operation with local Foundation Trusts, and the quality of our relationship with the Trusts has been fundamental in achieving this.

However, there could come a time when a Foundation Trust might view the development of such services provided by a community NHS or independent provider as unwelcome competition and withdraw their co-operation. If the trust was then to apply these restrictions this would be a major barrier to implementing the strategy of commissioning new, improved, cost-effective services closer to the patient. The size of this barrier will vary, according to the local configuration of providers and the size of the consultant pool which is available to provide such support.

These implications apply more widely than just to consultants. Other clinicians working in the such services, such as physiotherapists and specialist nurses will hold their main contract with the Foundation Trust, while working a number of sessions for the community service. They are used to working as a team with the consultant and if the consultant was no longer available to work with the service, this might well have a knock on effect on the recruitment of other staff groups.

Clearly there are big advantages of continuing the co-operative mode of working, but we would welcome safeguards to ensure that Acute Trusts cannot act in a way which is not in the best interests of patients or the taxpayer by limiting the growth of new models of care which they perceive as competition. We recognise that there might need to be measures in place to ensure that consultants and others working for more than one employer do not work excessive hours putting patients at risk.

I hope these comments are helpful and look forward to seeing the results of your consultation.

Yours sincerely

D M Fleming (Mrs)
Chief Executive
NHS Bournemouth and Poole