

Response from the British Orthopaedic Directors Society

16 June 2009

Dear Maggie,

Your email of 8 June refers.

The BOA does not wish to expand on its earlier response, but I append a comment from the British Orthopaedic Directors Society (the group representing Orthopaedic Clinical Directors and Lead Clinicians).

BODS discussed the Cooperation and Competition Panel study at a recent committee meeting and is of the opinion that placing restrictions on non-contracted hours for consultants would disadvantage patients care for the following reasons:

1. It is against the principle of 'choice' when patients can only benefit from the technical excellence of NHS consultants at NHS hospitals. Other providers should be allowed to provide the same quality of service so that patients can choose which facilities they want to use.
2. It is against the principle of competition when one particular provider has a monopoly of high quality consultant service.
3. Previous examples when the independent sector was not able to use NHS consultants and had to recruit overseas surgeons ended up with disastrous results for patients. This was evidenced in the first wave ISTCs review and hence the relaxation of the additionality clause.
4. The claim by NHS Trusts that they had to pay for consultant training and personal development and therefore had the right to monopolise their service is not a valid one. The same argument can be apply to all NHS healthcare professionals, e.g. nurses, physios, lab technicians. If consultants are targeted, then all healthcare professionals should be restricted too.
5. Many NHS hospitals lack the capacity to meet the 18 weeks target in T&O. If consultants are restricted from work outside their own hospitals, then there is a very high risk that the 18weeks target will not be met.

BODS understands that, in some situations, there is a potential conflict of interest when consultants work for more than one organisation. However, in a high demand specialty such as T&O, there are ways that hospital Trusts can work with their consultants without jeopardising their income stream. The pattern of work in many acute hospital trusts is moving more and more towards acute and complex cases. The more routine surgical work will need to be done more in other sites. This is very much in line with the 'Care closer to home' agenda. Restricting consultants from working in their non-contracted hours will only compromise patient care.

This statement is endorsed by the BOA.

I hope this is helpful

Yours sincerely,

David Adams
Chief Executive
British Orthopaedic Association