

Response from Cambridgeshire & Peterborough NHS Foundation Trust

19 June 2009

Dear Ms Abou-Rizk

I am replying on behalf of the Cambridgeshire & Peterborough NHS Foundation Trust.

CCP consultation: Restrictions on consultants' non-contracted hours. It is not clear to what extent this issue is currently applicable to mental health Trusts. Although the details have been removed, I imagine that most of the examples are from acute Trusts, and much of the work referred to will be elective surgery. However, it should not be assumed that in the future, MH Trusts will not have to face similar issues, especially once a tariff is introduced.

There appear to be two ends to the spectrum as to how consultants might function in relation to their NHS employers. One extreme is that they act solely as 'attending' specialists and that they are not required to have much fidelity to any one particular hospital or Trust. In this case, they would be essentially freelance or maybe working in chambers. The other extreme is that they are tightly employed by a single Trust rather like working for a commercial plc and this would debar them from working for any potential competitor at the same time.

The current reality is probably somewhere slightly short of the second scenario, certainly in this Trust. We do not preclude consultants from doing work elsewhere but we do require them to declare if they earn more than 10% of their salary from other sources such as private practice. This would include provision of NHS funded services to other organisations. If a doctor exceeded the 10% limit we would explore this with them through job planning, though in fact we only have one doctor who has significant private practice. If necessary, we would reduce the number of PAs paid to a consultant.

It is likely that other providers will establish themselves in offering NHS funded services. If possible, say in the case of voluntary sector providers, we would seek to work in partnership with them, in which case it would matter less if our employed consultants contributed to that work. If that were not possible and if we were in competition with the other provider(s), this may be a threat to our Trust, so we would have to consider introducing measures to discourage consultants working for both parties. From that point of view, I can sympathise with those Trusts that have introduced restrictive measures, though I think some of them have been excessive and could indeed be counterproductive. In practice, I imagine that most consultants would not wish to work for two employers, but no assumptions can be made.

If we found that consultants were dividing their time between organisations and working more as attending specialists than as salaried employees, then we would of course expect the other service providers, or indeed the consultants themselves, to bear a reasonable share of the costs of training, cover for annual leave, pensions etc.

I hope these comments are helpful.

Yours sincerely

Dr Tom Denning
Medical Director
Cambridgeshire & Peterborough NHS Foundation Trust