

13 JUL 2009

08 July 2009

Lord Carter  
Cooperation & Competition Panel

Dear Lord Carter

**Re: Conflict of interest.**

I write reference your interim position paper on Conflict of Interest for Doctors in the NHS.

I come from the paradigm of the medical professional, a Consultant appointed to their post by the Regional Health Authority with a remit to provide care to a population, in my case, the west of Cornwall. It is my experience that the freedom to treat, advise, manage and act as board member with well defined declared Interests has allowed me to contribute massively to innovating, changing and developing the NHS for those patients. My fidelity is to those patients.

When appointed I worked at three NHS hospital sites soon four, and then five institutions. Including one which was a charity but under contract to the NHS. The latter was subsequently merged with a local Trust in to the NHS. This was a process that I was able to advise upon and oversee, inconjunction with the District Health Authority. Following the creation of NHS Trusts, and PCT's there has been a dichotomy and restrictions upon my contribution. I believe to the detriment of the local NHS. In particular Lord Darzi is promoting clinical engagement but the lack of clarity of guidance on conflict of interest has served to restrict contribution such as mine with stasis in the NHS and limited progress for the patient community.

As a key resource of the NHS, as an autonomous professional, as a NHS consultant I should be able to, with full declaration of interest, continue to advise PCTs, help innovate, develop and deliver NHS services and protect the interests of the community of patients in the County.

The current re-invention of clinical engagement is a demonstration of the failure of management to have access to sound local clinical advice across the spectrum and is a marker of decline in the NHS.

For service innovation, change and development, my peers should be free to contribute across all sectors of NHS care and provision, consulting, advising, managing and taking responsibility for services, at all levels.

The current restrictions leave senior NHS responsible Officers exposed by their lack of clinical knowledge and insight. I would therefore commend you to recommend strongly that Doctors may contribute at all levels with full declaration of interests, which must be transparent and detailed enough to reveal financial ties.

I look forward to your final report with anticipation.

Yours sincerely

Dr John Hyslop Consultant Radiologist

**Second comment – 21 July 2009**

For PBC and PCT PEC to function in each locality all clinicians should be able to contribute, advise, debate, and reach consensus on services and quality of provision of the commissioned services for the locality NHS.

THIS AGAIN NEEDS FREEDOM TO SPEAK, TREAT AND MANAGE FROM ALL PARADIGMS OF PRACTICE FOR EQUITABLE RESOURCE DEBATE. The conflict of interest declaration, and freedom to contribute unfettered by employing contract is vital to transparent and safe process.

Thus the NHS needs its Consultants free to act for their patients.

Regards,

John Hyslop