Response from John Cumming

10 July 2009

Restrictions on Consultants' Use of Their Non-Contracted Hours and the Possible Policy Recommendations

I am a consultant surgeon and have worked in the NHS for 37 years. This is my personal view.

The changes in the NHS have been relentless and ongoing since Margaret Thatcher came to power. Our NHS is unusual in the world and 20 years ago was the "envy of the world". Economic realities have meant that the old NHS had to change and modernise. This meant fundamental changes at all levels. These changes have to provide better patient service, for more patients and costing less.

One of the biggest driving factors to encourage better Value in Healthcare is the opening out of the healthcare to a greater number of providers. By increasing competition it is envisaged that competition would drive costs down while quality factors would ensure quality was maintained.

In other countries, such as Europe and America, a multitude of clinical services are supplied by specialists and run by those specialists. This produces lean organisations managed by professionals who understand the complexity of their clinical service and how motivating it is to be managing and running their own business. The DH is very keen to promote clinicians in management but the local managers/chief executives are unable to hand over the reins to clinicians to enable them to run their service. I know, I have tried to encourage our local chief exec along this path but there is always a bridge that the clinicians cannot cross.

The CCP has been asked to address the issue of clinicians working for other organisations in their Non-Contracted Hours. I wonder why so many NHS hospitals have objected to clinicians being involved in managing clinical services. Many of the NHS Trusts' concerns are over confidential information with respect to contracting services. Apart from the Medical Director and perhaps the Surgical Service Director little or no information is released to the consultant body making this objection irrelevant for the majority of clinicians.

With respect to the Options the CCP envisage in section 7: 7a is not relevant because any clinical activity carried out by a consultant on the Old or New Contract is by definition "Private Practice" whether they are funded by insurance or Tariff. "Private Practice" is permitted in NCHs.

7b has understandable concerns with respect to other staff at the hospital who may be affected by work being taken away from the Trust by competing services. However, this is the case whether local or immigrant clinicians take up the external service and ignores the benefit to the patients of improved services.

7c however, would permit the clinical activity in NCH but restrict clinicians from running, contracting and managing a competing service, especially if that service were of benefit to the patients in that community. The DH would not encourage medical management in clinical services if it took this line.

I would encourage the Panel that no restriction on clinicians' activities should be placed on their Non-Contracted Hours. This falls in line with the DH support for increasing the involvement of clinicians in managing clinical services, is more likely to lead to an improvement in widening services to the public and increasing Choice for the patients.

I should be grateful if you would hold my personal details as confidential.

Sincerely,

John Cumming