

Response from NHS Southampton City

23 July 2009

Thank you for inviting comment on this document. I apologise for the late response but hope that nonetheless our observations will be of value.

SCPCT has a small provider arm employing about 30 consultants in community roles. While such consultants tend not to have private practice they often work for more than one Trust and some are known to have management roles in other (GP led or NHS-T organisations).

The consensus view from my clinical workforce is that option 1 (a) should be the preferred i.e. Trust should not be able to limit the non-contracted work of its consultants.

One consultant who has a strategic role in a GP led provider organisation felt strongly that this should continue to be allowed and therefore supported option (C).

My personal view as a medical manager as well as a clinician is that there is a real conflict of interest if a consultant has a strategic role in one organisation but also delivers clinical care and/or has a strategic role in another organisation. This is especially true as new organisational forms emerge such as social enterprise and small Integrated Care organisations. Hence I believe that Trust should be able to set out local rules within its T&C's to restrict activity which might pose a commercial threat to the organisation. This is exactly what industry does. it could be argued that this is limit development of choice but to do otherwise could see negative marketing and 'poaching' of activity which will not enhance quality and will confuse patients and referrers.

I suggest that to amend the National T&C's would lead to protracted negotiations and probably a weak compromise position. Better to leave it to Trust to set their own rules and allow market forces to prevail.

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