

## **2.2 Deputy R.G. Le Hérissier of St. Saviour of the Minister for Health and Social Services regarding surgeons undertaking private work in public time:**

How does the ability of surgeons to undertake some private work in public time impact upon waiting list times?

### **Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):**

As we only have one general hospital it makes very good sense to use the facilities that we have for the benefit of all patients - both public or private - requiring treatment. Consultants are aware that their Health and Social Services commitment should take precedence over their private practice, including in relation to effective management of hospital waiting lists. They work in partnership with the hospital to prevent any potential conflicts of interest arising. I am satisfied that in most specialities we continue to meet the established targets, that is for patients to wait no longer than 3 months for routine surgery. In reality, this means that the vast majority of patients are seen within weeks rather than months.

### **2.2.1 Deputy R.G. Le Hérissier:**

Could the Minister outline in specific terms what proportion of private time impacts on public time? In other words, what use of private time is there within the publicly-funded time?

#### **The Deputy of Trinity:**

It is very difficult to quantify because the consultants are required to participate in on-call arrangements and may be required to attend to hospital to look after patients. So the period of on-call covers evenings, night-time, weekends. The consultant is entitled to time off in lieu. That is determined by the frequency and intensity. In that way he can undertake some private practice within the working week.

### **2.2.2. Deputy T.M. Pitman:**

Following on from Deputy Le Hérissier, could the Minister just clarify for me how, if at all, this can be monitored so she would be aware if there are any problems? Is that possible, and does it happen?

#### **The Deputy of Trinity:**

Yes, it does happen. There is weekly ... a waiting list is monitored and managed very closely. That is due to the hard work of all the staff, and the consultants are very much a part of that. It is monitored.

### **2.2.3 Deputy M.R. Higgins of St. Helier:**

Can the Minister tell us what their contracts say? Is it laid down that they do a required number of public hours and private hours, and how does this also relate to the use of hospital facilities? Are they laid down in the contracts?

#### **The Deputy of Trinity:**

I do not have the exact details of the contract times, but the standing working week for a full-time consultant is 40 hours and in it can be seen programmed activities, which comprise their weekly working period.

### **2.2.4 Deputy A.E. Jeune of St. Brelade:**

Would the Minister be able to confirm that it is normal practice that consultants are employed on a sessional basis and those sessional bases does allow for some private care?

**The Deputy of Trinity:**

Yes, I think I have just mentioned that. We have also got to take into account that to attract surgeons of high calibre to the Island they would need to do some private practice. It is very well worked in that it is joint, but the precedent is on the public patients.

**2.2.5 Deputy R.G. Le Hérissier:**

Can the Minister give a categorical assurance that the news about the u-turn on waiting lists has in no way been influenced by the working of private practice by hospital employed surgeons?

**The Deputy of Trinity:**

I am not sure what the Deputy means by u-turn. As I have said, the waiting list is looked at weekly. We are very much aware of the waiting lists and we like to keep them as low as we can and within target. We do try that and I think 80 per cent approximately of patients are seen within a 3-month period.