

## **2.9 Deputy R.G. Le Hérissier of the Minister for Health and Social Services regarding consultants renting out Health and Social Services facilities for private work:**

What revenues, if any, were received in the last financial year from consultants renting out Health and Social Service facilities for private work and how do the rules governing such work about the use and rental of publicly owned facilities differ from those in the United Kingdom?

**The Deputy of Trinity:**

My Assistant Minister will answer this.

### **Connétable J.M. Refault of St. Peter (The Assistant Minister for Health and Social Services - rapporteur):**

I can confirm that Health and Social Services does not charge rental for any of its facilities and services to private consultants, so therefore the answer to the question is none. The indirect answer to the question is we charge the patient. The private patient either pays directly or the charges are transferred as a cost recovery exercise to the health insurance provider.

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

Could the Assistant Minister also answer the other part of the question? Are the conditions a replica of those found in the National Health Service?

**The Connétable of St. Peter:**

I apologise to the Deputy. I did not pick up the second part of his question. No, they are not because in the U.K. it is quite different as there are a number of private hospitals in the U.K. which deliver the private patient care in the United Kingdom. We do not have that facility here in Jersey.

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

Is the Assistant Minister not aware that while in a narrow sense there may be profits made from this, it is obviously a source of great concern to people who are on very, very long H.S.S (Health and Social Services) waiting lists and after an interview with a consultant, they are told that they can be put on a list which will, at a price, get them the same operation within one or 2 weeks. How are consultants able to do this in the current system?

**The Connétable of St. Peter:**

There are 2 types of consultants. There are the ones which are based locally and the ones that come in from the United Kingdom to offer services to our population. With regard to the waiting list, they are often reduced by visiting consultants, as part of the contract of services to operate within the General Hospital is that they must also treat people on the public list and it is on the balance of about 30 per cent to 70 per cent are required to do that as their contribution to the public list, which does help to reduce the waiting list times. On Island consultants that are offering speedier services to private patients, that is done in their down time and the down time of the systems that they use within the hospital.

#### **2.9.3 Senator S.C. Ferguson:**

This is all very interesting but are the terms and conditions of the consultants being reviewed to ensure that they do comply and provide the percentage of public service that they should? Would the Assistant Minister like to confirm what percentage of their time is meant to be spent on public work and would he also confirm that the terms and conditions are going to be reviewed because there are anecdotal stories of consultants spending all their time on private work and spending very little time on public.

**The Connétable of St. Peter:**

This is rather complex but I thank Senator Ferguson for raising it. Certainly, there is a service level for consultants and consultant surgeons that are employed in Jersey to provide a minimum level of services obviously to the public list. There are no restrictions that I am aware of for them for the amount of work they do on their private list. That is a matter between them and their patient. There was another part of the question. Could the Senator please remind me?

**Senator S.C. Ferguson:**

Are the terms and conditions going to be checked because I do not think the Assistant Minister said what percentage of their time consultants are meant to spend on public work?

[10:45]

**The Connétable of St. Peter:**

I think I have answered that final part of the repeated question. The consultants are required to spend all their time while they are employed in the General Hospital on the public work. Private work they do is outside of their contract with the Health and Social Services. With regard to the governance of consultants, that is work which is constantly being reviewed by the General Manager at the hospital and Health and Social Services and as part of the reviews and ongoing work, to look at the relationships between primary care and the consultants, whether there are ways in the future that in working together we can streamline the work to increase the workloads of the consultant surgeons to get them into operating theatres for longer times rather than seeing patients as pre-assessments which could be delivered from another source.

**2.9.4 Senator S.C. Ferguson:**

Does the Assistant Minister mean that consultants spend 100 per cent of their working time, which on a 5-day 8-hour week of 1,820 hours a year, is that the amount of time they spend on public work, in which case how on earth do they have time to spend on private patients?

**The Connétable of St. Peter:**

There is an understanding generally that it is a loose figure and the split is something between 30 per cent and 70 per cent. In other words, 70 per cent of their time must be totally dedicated to the public list and 30 per cent to the private list, if those are the figures the Senator is looking for.

**2.9.5 Deputy J.A. Hilton of St. Helier:**

The Constable referred to a loose understanding. I think that is quite alarming. Coupled with the fact that the theatres are operating at way over a level that would be accepted in the U.K. it seems to me that terms and conditions that the consultants are employed under at the moment should be looked at again. It cannot be acceptable in this Island for a private patient to be able to get a hip replacement within 4 weeks and a public patient to have to wait 10 months. It is just not acceptable.

**The Deputy Bailiff:**

Do you have a question?

**Deputy J.A. Hilton:**

The question is: does the Constable believe that it is time to look at the terms and conditions that currently the consultants are employed by?

**The Connétable of St. Peter:**

As I said in my answer to the previous question: that is ongoing work which is being done by the General Manager at the hospital all the time, constantly reviewing all the terms and conditions and arrangements for consultant surgeons. In answering the Deputy's question, if we were to exclude, for example, all private work from the hospital, then those people who would have gone privately would only go on to the public list and increase the length of that list.

**Deputy J.A. Hilton:**

I suggest that those private patients would probably go to the U.K. for their treatment which would allow the public patients a better chance of being treated a little more quickly.

**2.9.6 Deputy M.R. Higgins:**

Part of my question has already been answered but could the Assistant Minister tell us if the operating theatre is used on a Friday in the General Hospital or is it just used for private patients on a Friday?

**The Connétable of St. Peter:**

I have no knowledge that the operating theatres are exclusively used on Fridays for private patients. I have no evidence for that. However, I will ask the question on behalf of the Deputy of the General Manager at the hospital and if that is right, I will come back and confirm that to him.

**2.9.7 Deputy R.G. Le Hérissier:**

In the light of comments by Senator Ferguson, Deputies Hilton and Higgins, would the Assistant Minister not acknowledge that we are making, myself included, a fuss for example about bus drivers' overtime and yet here we have a situation where there appear to be informal conditions where large amounts of public time are being used for private work? We are renting out facilities, public facilities, cost free to people to use for their own private business. Is he satisfied that this is the way to go forward?

**The Connétable of St. Peter:**

No, I am certainly not satisfied that we provide services cost free because we do not. We apply a cost recovery but we do not apply a profit on top of that.