

3.4 Deputy G.C.L. Baudains of St. Clement of the Minister for Health and Social Services regarding contractual agreements with consultants:

Would the Minister advise whether consultants are monitored to ensure they work to contract and whether new contracts are likely to put greater emphasis on public sector work?

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

Firstly, I presume in giving my response, the Deputy is referring to hospital consultants. As such, yes, they are monitored to work to contract. There are no current plans for new consultant contracts to be negotiated, however, I am confident that the existing contracts already in place put considerable emphasis on public work. Each full-time consultant agrees a timetable of activity outlining a minimum of 40 hours of public activity per week spread across 7 days, including weekends, evenings and nights. These will include clinic sessions, theatre sessions, ward rounds, administration time and time in lieu of out-of-hours work. For this, they get a fixed salary. In almost all cases, consultants work well beyond their 40 hours of public work for no further remuneration.

3.4.1 Deputy G.C.L. Baudains:

Does the Minister consider it satisfactory that some people can be in pain for 6 months or more waiting to see a consultant and yet when they ask their G.P. (General Practitioner): "Could I go privately?" they are told: "Yes, you can see the same consultant in a week, but it will cost you several thousand pounds." Does the Minister consider that satisfactory?

The Deputy of Trinity:

Private patient work is a fact of life and it is very important because it enables the hospital to attract world-renowned consultants because they are attracted to the private patient work, which is after the 40 hours of work that they do for the public sector. I would like to just bring in a point there: that the new consultant for breast surgery was a very good find. He is very attracted to Jersey, and one of his skills is reconstruction. This will enable women to stay in Jersey rather than having to make many numerous visits to the U.K. (United Kingdom), which can only be of benefit. As regards the waiting-list times, yes, there is unfortunately a waiting-list and the pressure is up and it will continue.

3.4.2 Senator S.C. Ferguson:

Given the disparity between private appointments and public appointments which, from my discussions with consultants appears to be due to a shortage of particular consultants, what steps is the Minister taking for succession planning for consultant staff when so many of our senior staff are going to be retiring over the next few years?

The Deputy of Trinity:

She is right, and that is why there is great emphasis on the ones who retire. We have had very successful rates of recruiting and the surgeon I was just talking to you about is a very young 34 year-old, so we have had particular success with new and younger consultants because of our proposed redesign of Health and Social Services and for consultants to be right in at the start of a new hospital. These are exciting times for the Health and Social Services Department and some very good consultants want to be part of it.

3.4.3 Senator S.C. Ferguson:

But that is just one facet that the Minister describes. How is she going to cope with the fact that on the orthopaedic side there is a shadow waiting-list for the waiting-list for public patients on the orthopaedic side?

The Deputy of Trinity:

Let me make it very clear: there is no shadow list. Patients are referred by their G.P.s and I understand over the last 6 months for the surgical referrals there has been a 15 per cent increase in surgical referrals to consultants. That is a fact of our ageing society. The waiting-list is very clear and very transparent. We try and get everyone to see a consultant within 3 months of the referral letter. When that referral letter comes in, it is triaged, so the ones that the consultant triages, the ones that really need to be seen urgently, are seen.

3.4.4 Deputy M.R. Higgins:

The Minister has told us that consultants work 40 hours on their public time. Can she tell us how many hours they work on private-sector work? If she does not know across the board, can she give us a generalisation of how many, and also tell us how the theatre time is divided between public and private work of these consultants?

The Deputy of Trinity:

As I said, most consultants work well over 40 hours. Regarding theatre time, they tend to be in 4-hour blocks. Once they have done their 40 hours if they do public work, 30 per cent of the theatre time can be used for their private patients.

3.4.5 Deputy M.R. Higgins:

Sorry, can I just clarify that? So are you saying that the consultants are working 52-hour weeks, 40 hours on public work, 12 hours on private work and ... was it one hour, did you say, or was it 3 hours of their theatre time is for private work?

The Deputy of Trinity:

That split is extremely complicated because out of contracted hours for surgeons - it is only for surgeons within theatre time - it works on the activity. If it is theatre activity, they can work a certain percentage of the theatre time of activity, not after their 40 hours.

3.4.6 The Deputy of St. Ouen:

Would the Minister tell this Assembly what is the average annual cost to the States of employing a consultant?

The Deputy of Trinity:

I have not got that detail in front of me but I am happy to get that. I should think the consultants vary in their fees depending on where they are and the experience that they have.

The Deputy of St. Ouen:

I am grateful for the Minister's response. Perhaps she would circulate that to all Members?

The Deputy of Trinity:

Yes.

3.4.7 Deputy J.H. Young:

Could the Minister confirm that in addition to those hours that these consultants work that she has explained that the consultants are required to be on call in order to be able to deal with clinical emergencies and references from their junior doctors throughout the 24-hour period?

The Deputy of Trinity:

Absolutely. As I said in my opening remarks, they work weekends, on call, evenings, and the public sector work is their greatest priority. E.N.T. (ear nose and throat) consultants work one in 3 nights.

3.4.8 Deputy G.C.L. Baudains:

I am aware of the issues surrounding employment of consultants and, of course, without sufficient private work we would have difficulty in offering them employment. But what I want to know from the Minister is how does she intend to reduce the unacceptable delays and waiting-lists of people, especially for those in severe pain?

The Deputy of Trinity:

This is a big issue and there is not one magic wand, unfortunately. There are a lot of initiatives looking at the waiting-lists themselves. Do patients need to come back so many times? Because there are over 200,000 patient activities in the hospital per year and just over 200,000 come to outpatients; that is 2 visits for every man, woman and child in this Island, and that is a lot. Within the orthopaedic speciality there is a locum due to come in to try and reduce the waiting-list times, but we are also looking at how we can use the theatre time more efficiently as well as enhancing physiotherapy and pain-control services so those in pain can get better pain-control. It is a problem.