

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY THE CONNÉTABLE OF ST. JOHN
QUESTION SUBMITTED ON TUESDAY 28th SEPTEMBER 2021
ANSWER TO BE TABLED ON TUESDAY 5th OCTOBER 2021**

Question

In relation to work carried out by Consultants at the General Hospital, will the Minister advise whether –

- (a) he is aware of any Consultants carrying out less public work and more private work than they are contracted to do and, if so, any action has been taken to resolve the issue;
- (b) any dismissals and or disciplinary procedures have been undertaken against Consultants, or are currently in progress, in relation to any such issue;
- (c) there has been any impact on waiting lists for people to have procedures; and
- (d) he is aware of any patients, during their public consultations, being advised by Consultants that they can be seen privately?

Revised Answer

- a) In speaking to consultants about long public waiting lists, they have told me that they have always fulfilled their obligations under their contracts with HCS. I have never received any evidence to suggest otherwise. But I found there was limited documented transparency over the split between private/public activity. I wish to provide that transparency and accordingly HCS has made changes to more clearly separate out private/public activity, as a result of which HCS can more clearly demonstrate consultants are fulfilling their contractual obligations. A standard HCS consultant contract states a requirement to provide 10 sessions (40 hours) of public professional activity. This activity includes direct clinical care (DCC), patient supporting professional activity (SPA) and clerical administration time.

Consultants participating in an on-call rota receive time back in lieu (TOIL) in compensation for carrying out the on-call. Activity during this TOIL is at the doctor's discretion.

- b) In relation to the issue raised in a), no dismissal or disciplinary procedures have been undertaken against consultants and there are no disciplinary actions against a consultant in progress or pending.
- c) Because of changes introduced in a) above, private patient operating does not impact negatively upon the surgical waiting list.
- d) Consultants may at times during a public consultation advise patients on the availability of the private healthcare options available as patients have a choice on how to access medical services and whether to access private provision if they wish.