

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY R.G. LE HERISSIER OF ST. SAVIOUR
ANSWER TO BE TABLED ON TUESDAY 6th JULY 2010**

Question

“Under what circumstances, if any, do medical consultants pursue private practice in publicly funded time? Assuming this occurs, what proportion of time is devoted to such practice and is the Minister satisfied that the situation is effectively managed on behalf of the public sector?”

Answer

The arrangements for the management of public and private medicine in the hospital are governed by a Code of Practice which clearly specifies how, and under what circumstances, private practice activities can be undertaken. This code was negotiated with the British Medical Association and is based upon arrangements which exist in the National Health Service in England.

My department employs a range of consultants, some of whom work full time and some of whom work part time. Full time consultants are required to fulfil a minimum schedule of activities in accordance with their Job Plans. These activities are measured in units of four hours duration and are termed ‘programmed activities’ and are contractually underpinned within the consultants’ contract. The standard working week for a full time consultant is 40 hours – and therefore it can be seen that 10 programmed activities comprise this weekly working period.

Consultants are also required to participate in on-call arrangements and may be required to attend the hospital to minister to a very sick or injured patient. This period of on-call covers evenings, night time, weekends and Bank Holidays. Within the terms of service outlined in their contracts allowance is made, in respect of these on call commitments, for consultants to take some time off to undertake private work, including limited sessions for consultations in their private rooms.

A consultant is entitled to time off in lieu that is determined by the frequency and intensity of their on-call rotas. In this context, consultants can undertake private practice within the working week - as it is accepted that they often work beyond their 10 programmed activities – and the proportion of their time allocated in this way may therefore vary depending upon the frequency and intensity of their on-call duties.

I believe that the co-existence of public and private patient care can work well and continues to be a factor in attracting high calibre clinicians to live and work in a small community like Jersey. Unlike the mainland the General Hospital has the only facilities suitable for surgical private practice and the service is reimbursed by charges made for the use of these facilities. My department has just completed a detailed review of the accommodation charges made for the private use of hospital facilities and a similar review is now underway in regard to the procedure charges made to ensure that this situation is effectively managed in the interests of the public service.