

**QUESTION TO BE ASKED OF THE PRESIDENT OF THE HEALTH AND SOCIAL SERVICES  
COMMITTEE ON TUESDAY 25th MAY 2004, BY  
DEPUTY R.G. LE HERISSIER OF ST. SAVIOUR**

**Question**

Would the President advise members –

- (a) of the average cost of employing a consultant in terms of a consultant's salary and benefits and the numbers and costs of support staff needed to support a consultant's rôle? and,
- (b) what alternatives to employing local consultants, if any, have been investigated by the Committee and what the outcome was of this examination?

**Answer**

- (a) The current salary range for a Hospital Consultant is £54,340 - £99,898. Additional costs in relation to superannuation, are 15 per cent whilst the employers social security contributions are 6.5 per cent of salary up to a maximum (capped amount) of £2,249 p.a.

The average cost, therefore of each consultant is approximately £94,000.

Each Hospital Consultant post requires varying infrastructure depending upon specialty. These may include middle grade and junior doctors, (some specialties have neither), specialist and general nurses, and the input of a range of professionals allied to medicine (scientific officers, radiographers, pharmacists, physiotherapists, speech therapists etc).

In addition, each consultant is supported by a medical secretary, clinical infrastructure, the medical records function and a variable quantity of clinical supplies, drugs and prostheses. The cost of such support varies according to specialty.

It is not possible to delineate, in precise terms, the specific support required to service the role of a consultant. Both the clinical infrastructure and the non-clinical infrastructure of the General Hospital is deployed entirely to meet the needs of hospital consultants. By virtue of their clinical authority, hospital consultants can request everything from a high tech magnetic resonance image (MRI) at one end of the spectrum to the ambulance service arranging for the patient to actually attend the hospital at the other end. The infrastructure of the General Hospital must, if it is to be efficient and of high quality, be flexible (to provide services to all the specialisms) and robust.

- (b) The deployment of hospital consultant staff is constantly under review by the Health and Social Services Committee. The result of this work finds expression in the Committee's Medical Manpower Strategic Plan which was produced following widespread consultation. This strategic plan describes the basic requirements of what is the minimum hospital consultant staff configuration required to meet the health care needs of the population of Jersey.

Every general hospital requires a core set of services. At the very heart of the core are the following emergency services:

- Accident and Emergency
- Trauma and Orthopaedics
- Coronary Care Unit
- Maternity and Special Care Baby Unit
- Intensive Care Unit
- General Emergency Surgery

General Emergency Medicine  
Supportive diagnostic services (including Radiology and Pathology)

Without these services, the general public is fundamentally at risk of untreated injury and harmful disease. The size, geography and the catchment population determine what other services are built upon this core infrastructure. The smaller the general hospital the more additional specialist and tertiary services are provided from other (larger) general hospitals or tertiary centres.

In Jersey there are forty seven consultants and they are supported by visiting consultants from the UK who provide a range of services, including:

- Bariatric Service
- Clinical Oncology
- Paediatric Cardiology
- Plastic Surgery
- Nephrology
- Radiotherapy
- Rheumatology
- Specialist Neurology
- Specialist Urology
- Thoracic Surgery
- Vascular Surgery

In addition to this, the States of Jersey are well served by highly specialised consultants working from major tertiary centres in the UK.

Local consultants are fortunate in that they are assisted in their acute work by a number of general practitioners, who act as 'clinical assistants'. The Health and Social Services Committee will be examining ways in which other health care professionals, such as nurses, technicians and support workers, can take on tasks which were previously the sole preserve of hospital consultants.