Key findings

• The majority of the trusts on this programme report that they are now implementing the contract more effectively. This is because they have used the contract to work together with consultants to agree and make essential changes which have the most impact on the quality and consistency of patient care.

• Reviewing, strengthening and clarifying leave policies across the consultant resource is helping trusts to reduce theatre down time and clinic cancellations.

• Integrating job plans for surgical and anaesthetic specialities is improving theatre usage and is reducing delays.

• Where team job planning is operational, consultants enjoy transparency around their activity levels and are using this to improve consistency and access to care in their speciality.

• Developing annualised contracts both for individual consultants and across, specialities, is enabling trusts to better match variations in demand with available consultant resource.

• IT solutions are essential in helping trusts to see the whole consultant resource at any given time, as well as improve their management of it.

• Translating the objectives of the trust into meaningful, measurable objectives in consultant or speciality job plans, allows consultants to identify the required changes to support growth and efficiency in their particular service area, and ensure their service remains attractive to commissioners.
The *briefing* covers work undertaken on the following key areas:

- developing annualised contracts both for individual consultants and across specialities
- team job planning
- IT solutions
- strengthening leave policies to reduce theatre down time and clinic cancellations
- defining and agreeing tariffs for Supporting Professional Activity (SPA) content, allocation and output
- translating the business objectives of the trust into meaningful measurable objectives in consultant or speciality job plans.

**Programme objectives**

The objectives of the work programme were:

- to identify and share good practice about how consultants and employers are using the consultant contract to deliver real improvements for patients, NHS employers and consultants
- to provide practical information and advice on how employers and consultants are using job plans to support patient care
- to share learning to speed the implementation of change
- to identify and share how/where IT solutions are helping employers and consultants to manage/update consultant job plans and what this is helping them to do
- to facilitate engagement of consultants in service improvements
- to identify and share any mechanisms that have been introduced on how to best link appraisals to the job planning process.

**Background**

The National Audit Office (NAO) made a number of criticisms about the consultant contract in a report¹. The main criticisms raised were:

- there was no clear evidence about how consultant activity was contributing to improvements in patient care and efficiency
- in consultants’ job plans, employers had failed to capture a clear link between the needs of the trust and the contribution expected from consultants
- it was not clear if IT solutions could be harnessed or developed to help trusts manage and implement the contract more effectively
- that many employers had failed to incorporate appraisal as an essential step in the job planning cycle. This meant that annual job plan reviews were largely ineffective; opportunities were missed to agree and adjust consultant activity which meets with the organisation’s needs; and pay progression was made without robust evidence.

This report was followed up by another critical report from the Public Accounts Committee² (PAC). This led to the Department of Health (DH) commissioning the LSWC team to support trusts and consultants to identify, describe and deliver service improvements through the effective implementation of the consultant contract.

**Successful case studies**

Overleaf we showcase the learning and success of some of the teams on the LSWC programme who have seen the benefits of effective implementation of the consultant contract.

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Weston Area Health NHS Trust: a new framework enables flexible job planning

Weston Area Health NHS Trust worked with their Local Negotiating Committee (LNC) to adopt a new framework that came from a neighbouring trust (Taunton). The framework was adapted to fit in with local needs at Weston. This has resulted in:

- consultants and managers agreeing how much clinically related activity time is needed for a consultant to service their clinic and theatre sessions

### Sharing the learning

Ten top tips for effectively implementing the consultant contract:

1. Always engage clinical service managers in the job planning loop. This connects the job plan to the delivery end.
2. When reviewing your approach to job planning, go for a speciality or team which is ready and willing to engage in service improvement activity. Try to avoid starting with any area where conflict or resistance exists.
3. Consult on and agree gains wanted by both employer and consultant.
4. Adopt a ‘win-win’ strategy for planning the use of Supporting Professional Activity³ (SPA) time – encourage projects that justify the time but directly benefit the trust.
5. Understand how ‘annualisation’ can be of help not only to direct clinical care planning, but also for allocating SPA time. Be ready with examples of what has worked for others. Presenting anonymous current activity data is a safe way to highlight variations.
6. Move to an ‘output’ based approach to the allocation of SPA time and agree clear ways of how you will measure the outcome.
7. Too much activity data supplied to clinicians is felt to be too detailed and not meaningful or relevant to them. Make sure that information is succinct and is what the consultants need to help them consider what changes might be required in their job plans.
8. Ensure objectives in job plans state specifically what an individual consultant (or team) will be expected to deliver and how this will be measured. Set out a small number of objectives for which the individual or team has a direct responsibility.
9. Identify an IT solution that enables you to manage your consultant capacity to make best use of resources, be competitive and to improve patient services.
10. Consider sharing what works with neighbouring trusts.

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³ Activities that underpin direct clinical care
• a 42 week workload being agreed in principle for all specialities and agreement on the number of new and follow-up patients at outpatients
• sessions being worked flexibly between holiday and term time as part of the annualised contract
• radiology and anaesthetics agreeing a flexible leave year to minimise gaps in capacity at leave year-end
• annualised contracts implemented for surgery
• radiologists taking advantage of using lieu time for on call (taken as a block, or as part of the weekly job plan)
• time spent on predictable and unpredictable on-call work now being recorded, and appropriate time written into the job plan
• SPA time not being fixed at 2.5 but allocated flexibly, with duties specified to benefit both the trust and consultant
• the agreement that up to one session can be worked off site if agreed beforehand with outputs recorded.

What are the benefits?
• The trust is able to quantify the numbers of patients seen in clinics and in timed, clinically related activity as there is a minimum defined workload from consultants, around 42 weeks working. The trust is working on translating this agreement into specified annual workloads.
• Consultants benefit from having specified tasks in SPA sessions as it guarantees time in which to carry out their interests, such as Clinical Excellence Award (CEA) opportunities.
• The trust meets the standards required by external agencies by having all consultants signed up to specified SPA responsibilities.
• Medical and clinical directors are now better informed of the many different factors and solutions which affect job planning.
• Consultants are working with managers and the new contract consultants are seeing improvements to their working lives. For example, they have the flexibility to work an annualised contract and are no longer constrained by fixed hours. This is a major help for home work balance.
• General and operational managers can now better target workforce to address operational issues.
• The trust now has some consultants agreed and signed up to 1.5 SPAs so their direct clinical care has increased to 8.5 SPAs.

What next?
When directorate job plans are up for review on the new IT system, this trust will be able to assess job plans against contracted workload and hospital activity. This will help identify areas of high and low productivity. In the future all job plans can be targeted to the trust’s income and workload.

Royal Free Hospital Hampstead NHS Trust: using the consultant contract to develop a safe service for children
The Royal Free Hospital Hampstead NHS Trust is developing a 24-hour consultant delivered service in paediatrics. This has had a positive impact on job satisfaction, patient satisfaction and has decreased admissions and improved safety outcomes. This work was underpinned by a rational use of the terms and conditions of the consultant contract.
How they did it

Three key aims were set for achievement by the end of 2009:

- to develop a high reliability unit in the paediatrics and child health directorate with safety at the core
- to provide trained consultant delivered care at all levels in the service with measurable improvements in access to service
- to develop a work environment that is conducive to high quality performance and that is enjoyed by all staff.

Work started by looking in detail at the terms and conditions and use of the consultant contract, including payment for all work undertaken. Demand for the service was worked out by looking at the activity during the course of the year in accident and emergency, outpatients, inpatients and the neonatal unit. Every activity was given a Programmed Activity (PA) tariff. Supply side was then worked out by calculating how many direct clinical care PAs could be provided by a ten PA consultant over the course of a year.

The results

- All job plans are annualised.
- Consultants are accountable to use their supporting professional activity time to deliver quality improvements.
- All consultants have a 360 appraisal and in their first year receive six sessions with an external coach.
- ‘Advanced access’ has been introduced in the outpatients department. This is a tested methodology for improving timely access for patients.
- All aspects of the service have been examined and changes are being made to aim for high reliability.
- The entire project is underpinned by improvement methodology based on basic Plan, Do, Study, Act (PDSA) cycles.

What are the benefits?

- Patients now have consultant delivered care 24 hours a day, 365 days a year.
- There is an overall increase in patient satisfaction and decreased clinical risk.
- In the outpatients department, all referrals are seen within ten days. Prior to the project waits ranged from eight to 13 weeks.
- There are increased referrals from GPs and reduced ‘did not attend’ (DNA) rates.
- In A&E children spend less time in the department, fewer are admitted to the ward and fewer re-attend.

County Durham and Darlington NHS Foundation Trust: maximising theatre capacity through integrated job planning

County Durham and Darlington NHS Foundation Trust has integrated job plans within surgical specialties and anaesthetics. The trust has increased flexibility across its three hospital sites, agreed and implemented a banking system for unused anaesthetic hours and introduced an electronic system for recording and managing leave.

How they did it

- The trust gathered baseline data by:
  – reviewing job plans in surgery and anaesthesia
  – examining theatre schedules in 2007 to identify cancellations or when

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4 A scheduled period during which a consultant undertakes contractual and consequential services
The consultant contract programme

anaesthetists/surgeons not occupied in each main theatre.

- The total number of surgical and anaesthetic theatre sessions was analysed along with patient activity.
- Job plans were then reviewed to identify who works with whom and the number of programmed activities.
- Different practices were identified around flexible working between the two principle hospitals.
- The trust used LEAN methodology to produce an anaesthetic skills matrix. The aim was to understand how to use the consultant resource most efficiently.

The results

- A banking system has been agreed and implemented for unused anaesthetic hours.
- Waiting List Initiative (WLI) payments have been agreed and cannot be made unless banked hours are used first.
- An electronic leave management system has been introduced.
- Information from job plans has shown where, why and how down-time occurs. It has also identified that early finishing times were a problem for some individuals – this had an impact on productivity.
- The trust now uses theatre at 95 per cent capacity – this project has contributed to that success.
- Appraisal is seen as an integral part of the job planning process.
- As part of the CEA and pay progression, the trust requires evidence that the appraisal has been completed, otherwise pay progression is held back.
- There is now a timetable of events for the job planning cycle.

What are the benefits

The trust has been able to:

- prevent lost working time
- develop a protocol regarding the range of procedures anaesthetists are expected to undertake
- better match between commissioned theatre work and available theatre PAs
- determine the workload of each surgeon/anaesthetist and the income generated by each operation
- pilot an electronic leave planner in anaesthetics with the aim of achieving a better understanding of leave patterns and to see why consultants take time out, and where the pinch points are in service delivery
- the trust is able to agree a minimum quota of work based on available direct clinical care PAs
- team job planning is now standard practice and consultants appreciate this openness and transparency
- now talking about productivity and the data forms the basis of discussions at quarterly directorate reviews, which include an evaluation of productivity rates by speciality and individual, and is now a mandatory part of the appraisal process.

Leeds Teaching Hospitals NHS Trust: using the Electronic Staff Record system to support the consultant contract

Leeds Teaching Hospitals NHS Trust is using the Electronic Staff Record (ESR) to record job plan data, appraisals, annual leave and to monitor the use of resources.
How they did it

The trust piloted the use of the ESR within renal services. They used the system to record annual leave for medical staff and to develop a new approach to recording job plan information. They looked at what reports were available from the system to review comparative job plan data and learnt how appraisal can be managed using the ESR, and how it can link to job planning and CEA applications.

The results

The trust is able to attach the job plans (electronically) for each consultant to their personal file. This means that managers are able to:

- get job plan summary information that will enable benchmarking across the service and the organisation. It will also enable Strategic Health Authorities (SHAs) to benchmark and performance manage through the data warehouse
- review the job plan timetable
- obtain information about dates of job plan reviews and therefore audit where job planning is or is not being undertaken regularly
- manage appraisal and relevant dates so they link to the job planning cycle
- audit whether job planning has taken place for each CEA cycle
- assess the salary costs, including awards of their workforce
- assess the age profile to plan for future job plan changes, such as retirement.

The trust has been able to manage consultant leave in renal services using the ESR system, this has enabled:

- self service for the specialty and greater efficiency in making sure the right number of consultants are deployed to deliver the work
- the clinical director to access different sorts of information that is both accurate and up to date, without the need for entering additional data such as General Medical Council number, name.

Portsmouth Hospitals NHS Trust: developing a new IT system

To get the most out of the consultant contract, Portsmouth Hospital NHS Trust developed a new IT system called CRMS.

What are the benefits?

The trust has gained many benefits from having the IT system, including:

- It has made job planning more streamlined and transparent.
- Managing and booking leave has improved and is more transparent.
- The information on leave feeds into a central clinic, which has helped to ensure that no clinics are cancelled, reduced or booked incorrectly. It has also helped to overcome the problem of booking less leave for ‘fixed’ commitments.
- CRMS enables clinical directors to identify potential gaps in cover and to reallocate resources accordingly, thereby reducing overall loss of direct clinical care time.
- Electronic pay progression forms have ensured that appraisals are current and that job plans are reviewed annually.
- Consultants can easily access theatre and outpatient lists and also retrieve clinical data via a single log-in through the system either on site, or at home (this has been a significant benefit in the eyes of the consultants).
- On-call supplements are now more visible electronically, ensuring equity within departments. The review has so far saved
£50,000 with more savings planned as further specialties are reviewed.

- There is a database for all job plans. The system calculates PAs and breaks them down into direct clinical care and SPA percentages along with other categories, such as external duties and additional responsibilities.

The results
- The trust is approaching full CRMS coverage. All 2008 pay progression forms have been completed, submitted and validated electronically.
- Approximately 95 per cent of the consultant body are using CRMS to book leave.
- All job planning and validation of job plans now takes place on CRMS. This ensures all the information regarding activity analysis is correct and allows for easier team job planning.
- Trust, departmental and personal objectives are all contained within the electronic job plan.
- The 2008 local CEAs were all completed and validated electronically.

Next steps
CRMS is now entering stage 3, which puts an emphasis on annualised hours, display of productivity data and electronic validation of appraisal forms. The trust will be able to match annualised hours to capacity required, whilst having a greater understanding of productivity through theatre, ward and outpatient data. Waiting list initiative and premium payments will be reviewed against this productivity data.

Northumbria Healthcare NHS Foundation Trust: SPAs – sharing approaches and learning
Northumbria Healthcare NHS Foundation Trust successfully developed an agreement with consultants to align the use of SPA time to the trust’s strategic objectives. They started by applying the principles underpinning direct clinical care to SPA time in that all activity should have an outcome that can be measured. This was achieved by working in partnership with the Local Negotiating Committee (LNC) and the medical staff committee in each of their three district hospitals. A six month consultation process with all 230 consultants resulted in an agreed statement about what typically should be done in the SPA time.

The role of the job plan and appraisal process is now clearly defined, as are the relationships between SPA, study leave and professional leave. To underpin the contract, a local policy has been developed using British Medical Association (BMA) guidance on SPAs, and DH guidance on appraisals. The trust has also standardised the job plan common data set and framework. Work is now underway on reaching an agreement for a formula for teaching and preparation time.

The exercise has enabled the trust to focus on strategic issues such as increasing the quality assurance of medical training, which in turn has placed an even greater emphasis on patient safety.

Milton Keynes Hospital NHS Foundation Trust: aligning the objectives of consultants with trust objectives
This trust team has been successful in translating board level objectives into job plan objectives for consultants, and attaching to these an amount of annualised SPA time. Following agreement with the consultant body, the local negotiating committee and the trust management team, presentations were made to all stakeholders. Ideas were then drawn up for job plan objectives from meetings that took place between clinical
directors and divisional managers. Directorates are now inserting these objectives into individual job plans. The trust is moving to an annual output based approach to allocating SPA time.

Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust: using the consultant contact to improve acute capacity

Blackpool, Fylde and Wyre Hospitals NHS Trust has improved the management of acute patients at the weekend by using the flexibility of the consultant contract. Patients on the Clinical Decisions Unit (CDU) are seen and assessed earlier, meaning that any additional tests or changes are made without delay, improving the quality of care.

The trust had employed one acute medicine physician within the 30 bed CDU which is part of the clinical support services division, who worked Monday to Friday only. Consultant physicians undertook all weekday evening ward rounds as well as one ward round on each weekend day. Developments in the trust around ‘Hospital at Night’ and urgent care allowed the appointment of a second acute medicine physician. This subsequently released consultants from evening ward rounds during week days and so a second ward round at the weekend was negotiated.

The clinical director and consultants agreed a flexible approach to their predictable weekend on-call working, in that it would routinely include a second ward round at 17.00 on the CDU each Saturday and Sunday. This would form part of the current one PA for on-call and would be undertaken with no additional payment. This was introduced from 1 December 2007.

Initial analysis has shown an increase in weekend discharges of approximately 41 per cent with a variable impact on overall length of stay.

Derby Hospitals NHS Foundation Trust: managing consultant job planning and capacity

This project had two main aims:

- to improve management of the consultant job planning process across the trust through the development of new management guidelines, systems and tools – with emphasis on a consistent and transparent approach to job planning
- to produce an accurate baseline of consultant capacity to support more efficient and flexible use of resources, and to support the development of more sophisticated clinical capacity models.

Through consultation the trust team agreed and implemented new job planning guidelines and standard paperwork, resulting in a more structured and managed approach to job planning for 2008-09.

The team has a new consultant leave policy in place and agreement to implement a standard number of contracted SPAs for all consultants. They have also developed a consultant workforce database with consultant/specialty capacity reports now being produced.

They have improved systems in place to challenge and track proposed increases in PAs and bids for new or replacement consultant posts, with a new flexible capacity model implemented to address the planned and ad-hoc need for additional capacity.

There is improved clinical director, consultant and senior management commitment to the job planning review process, including better awareness of the importance of understanding and controlling consultant capacity. All of this is framed within a trust-wide (rather than pilot) approach to change.
Burton Hospitals NHS Trust: translating strategic objectives into clear, measurable objectives on the job plan

The trust recognised that on the original implementation of the contract, not enough attention was paid to objective setting. There were plenty of generic statements which could not be measured and no way of a particular person or team taking responsibility for delivering the high level objectives and no guidance on what to do once they were given them. Information supplied to the consultants was often poor quality and consultants lacked confidence in it. Much was seen to be too detailed and too weighty to be useful.

The trust started by asking consultants what information they needed to help them do their jobs to make their service (rheumatology) attractive to patients and commissioners, and to ensure it continued. As a result of this exercise the information provided to consultants is now focused, concise and relative to their objectives.

The number of objectives has been reduced from around 12 to six and they are now more specific to each department. This means clinicians understand how their individual and team job plans have been agreed to deliver specific, measurable objectives. For example, directorate level is now agreeing what consultants need to do or can do to help the trust achieve a reduction in MRSA.

A much needed early arthritis clinic has been set up with consultants agreeing to adjust their direct clinical care to SPA ratio. The consultants are now ‘thinking business’, translating broad strategic objectives down to meaningful objectives.

LSWC programme conclusions

This programme set out to identify and share good practice about how consultants and employers can use the consultant contract to deliver real improvements for patients, and to share that learning to speed the pace of change. Thanks to the trusts involved in this LSWC team programme who have freely and generously shared their learning, we now have a set of illustrative examples of how trusts and their consultants are managing the implementation of the contract more effectively and:

- improving and clarifying the alignment between consultants’ pay, and their contribution to the NHS
- using the job planning process to work together on service improvement initiatives
- agreeing new ways of working and specific measurable outcomes in the job plans which will deliver more effective and efficient services to patients
- agreeing pay progression dependent on outcomes from the appraisal process which is now an integral part of the job planning cycle
- developing and using existing IT solutions to allow trusts and clinical directors to use the wealth of information from the job planning process, such as leave arrangements, rota cover and pay, to adapt and shape their local services in response to external pressures and to better position themselves to meet local variations in demand.
Further information

Contract documents, guidance and other useful information on the 2003 consultant contract are available on the NHS Employers website: www.nhsemployers.org

Consultant/key documents webpage:
www.nhsemployers.org/KeyDocs

- The 2003 Terms and Conditions of Service
- Model contract
- Model honorary contract
- Model contracts for additional programmed activities
- Frequently asked questions

Consultant/guidance webpage:
www.nhsemployers.org/Guidance

- A practical guide to calculating on-call work
- A guide to determining on-call availability supplements
- Code of conduct for private practice
- Job planning standards
- Part time and flexible working guidance
- Guidance on supporting programmed activities

Consultant/job planning toolkit:
www.nhsemployers.org/JobToolkit

- Job planning handbook
- Training package
- Evaluation framework
- Effective job planning – concise guide

Consultant/appeals webpage:
www.nhsemployers.org/Appeals

- The appeal panel
- The process
- Guide for appeals panels
- Guide for members

If you have any queries please email: doctorsanddentists@nhsemployers.org
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www.nhsemployers.org

NHS Employers
29 Bressenden Place
London SW1E 5DD

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

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