

PRIME MINISTER

27 July 1990

VALEDICTORY

I would like to mention three issues at Monday's meeting:

- waiting lists in the NHS (separate note)
- consultants' job plans
- clinical research centre - Northwick Park

Consultants' job plans

I am concerned about the agreement reached between the medical professions and the Department of Health on the introduction of consultants' job plans. In principle, the benefits could be substantial. Consultants should be held to account for their time. But the benefits could be eroded substantially in the detail of the agreement.

In the Department of Health guidelines, "a consultant on a whole-time or maximum part-time contract, between five and seven notional half days, depending on speciality, should normally be allocated in the work programme to fixed commitments. There is no requirement to specify notional half days allocated to flexible duties eg administration, in the work programme."

Two reliable managers have complained so far, including Christopher West, manager of Portsmouth DHA, who impressed you at Chequers.

Christopher West usually aims to have eight clinical sessions in a work programme with the balance set aside for administration work, on call, teaching, medical audit and research. So he may well lose at least one clinical session from each consultant. A

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typical work programme for the most recently appointed ENT consultant in Portsmouth is attached.

Action

During your next bilateral with Kenneth Clarke you may want to register your concerns and ask for a progress report on the implementation of job plans.

Clinical Research Centre

As you know, it was finally decided to close the clinical research centre (CRC) in Northwick Park and redeploy the scientific research teams elsewhere. But following your concern that the MRC was abandoning the site at no cost, the Merrifield Committee was set up, comprising representatives of DoH, DES and the health authority.

The committee's terms of reference are to report periodically to Ministers and the Chief Executive of NHS on progress being made to secure:

- an orderly withdrawal;
- minimum disruption of NHS service;
- the effective continued use of the CRC buildings and ancilliary facilities; and
- compatibility with national and local service and research facilities.

*and financial
consequences*

The committee was due to make its first report in Spring 1990. I gather that the Departments are uncertain at this stage whether or not they ought to submit the interim report to No 10.

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The new manager of the Harrow Health Authority (who is very competent and reliable) has told me privately that he believes the net effect of the closure will lead to higher costs both in the transitional period of the move and in the long term in Northwick Park's running costs.

Action

You could ask for a copy of the interim report.

Ian Whitehead

IAN WHITEHEAD

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TIMETABLE

CONSULTANT ENT SURGEON

	A.M.	P.M.
MONDAY	8.15 Ward Round 9.00 - QAH OPD 12.30 -	1.30 - QAH Theatre 5.30 -
TUESDAY	8.30 SMGH Head and Neck Combined Clinic 11.00 - QAH OPD 12.45 -	2.00 - Pre & Post-op 3.30 - Ward Round Administration 12.45 - 2.00 Tutorial/X-ray Meeting
WEDNESDAY	9.00 1.00 - QAH Theatre	1.30 - QAH Theatre 5.30 - 5.30 Ward Round(Post-Op.)
THURSDAY	8.15 Ward Round 9.00 QAH Day Surgery 12.30 - List/Departmental Study Morning	2.00 - Community Audiology Clinic Havant (Alternate weeks) 4.30 Possible Head & Neck Clinic (alternate weeks)
FRIDAY	Teaching Preparation Research	1.30 - QAH - OPD 5.00 including Speech & Dysphagia Clinic 1.00 Ward Round

Additional Commitments:

1. Development of vocal rehabilitation service with Speech Therapy Department
2. Research a. Completion of current projects on nasal mucociliary function
b. Development of projects on speech and dysphagia
3. Departmental instruments (co-ordination and ordering)
4. Operating Department Committee
5. Lectures to Nurses and Junior Staff of Other Departments

3.25.
4M.
2.80

2.95.

3

2.90

2.85