*From the Permanent Secretary*
*Sir Chris Wormald*

Department of Health & Social Care

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Dame Meg Hillier MP
Chair, Public Accounts Committee
House of Commons
London
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27 January 2022

Dear Chair

**Re: PAC Hearing – Government preparedness for the COVID-19 Pandemic: Lessons for government on risk**

I am writing in response to a request for further information from the Department made at the Public Accounts Committee hearing held on 12 January 2023 on Government preparedness for the COVID-19 Pandemic:

1. **Peter Grant MP raised the question *What is the percentage of private hospital consultants working in the NHS?***

The NHS does not collect data on the work that doctors undertake outside of the NHS, and there is limited data available on the private health workforce. We have used a commercial report to answer this question (Private Acute Healthcare UK Market Report, 6th edition, LaingBuisson).

A commercial directory of consultants and GPs recorded approximately 17,500 consultants that carry out private practice in the UK. Of these, 1,730 were exclusively private. This implies 90% of UK private practice specialists work in the NHS as Consultants. This value aligns with a historical estimate of 85% from the Monopolies and Mergers commission (1993) report on private medical services.

A doctor must be on the GMC specialist register to be employed as an NHS consultant. In 2019 there were about 80,000 licenced doctors on the specialist register in the UK. Therefore about 1 in 5 UK specialists were in private practice. Just over 2% worked exclusively in private practice. Some private sector work may be for private providers providing publicly funded services.

While there are a large number of NHS consultants in private practice, reports from private providers suggest that for many of the Consultants they have access to, their private work takes only a small proportion of their total working time. These reports are consistent with NHS data that shows low rates of parttime working by NHS Consultants; Consultants average hours in the English NHS are 94% of full time equivalent.

There are established ways of working between NHS employers and their consultants wishing to take on private practice that allow flexibility for employees without detriment to NHS patients or services. These are governed by provisions in the NHS consultant contract

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on the relationship between NHS work, private practice, and fee paying services. Consultants are obliged to disclose any regular private or fee-paying services to their NHS employer, and the work must not diminish the public resources available to the NHS. Consultants are responsible for ensuring that private commitments do not conflict with their NHS Programmed Activities.

On the wider point of temporary contracting arrangements with the independent sector, the contracts were made with independent sector providers rather than individual consultants who work in their hospitals and similarly decisions about actions within the contracts are taken on a system-wide basis – for example, decisions to move into surge must be additionally approved by NHS England.

More broadly, these arrangements were designed to help the NHS ensure all patients needing urgent care could be treated by the NHS through this winter, regardless of the effects the Omicron variant. The baseline cost of the arrangement was estimated by NHSE to be £75-90 million per month, which was equivalent to the value of elective activity delivered through broadly the same providers in Q4 2020-21, when we last had a major COVID-19 surge. The surge arrangements were designed to give access to up to 3,000 staffed beds in facilities run by the included private providers, should the NHS need to call upon them. The arrangements for accessing this surge capacity were built on lessons learnt from previous contracting, including the ability to switch on and off surge capacity, making these decisions at the system level, with strong central oversight. This means that, whilst NHSE estimated the maximum possible cost for surge activation to be £175 million per month, the actual cost is unlikely to reach this maximum as it would require continuous surge activation in all NHS systems.

The question used the term private hospital consultants. Within the NHS the title of Consultant refers to a specific contract of employment for which the doctor must be on the GMC specialist register. Outside of the NHS the title of Consultant is not controlled. It is likely the majority of doctors working in private practice using the title Consultant hold, or have held, a substantive NHS Consultant post. Concerns that this is not always the case have led to the Royal College of Psychiatrists issuing guidance on the appropriate use of the title Consultant Psychiatrist in private practice.

Yours sincerely,

Chris Wormald

**SIR CHRIS WORMALD**
**PERMANENT SECRETARY**