

WAITING TIMES INITIATIVES AND OTHER ADDITIONAL PLANNED CARE DUTIES

GUIDANCE FOR MEDICAL STAFF AND OPERATIONAL MANAGERS

1. INTRODUCTION

This guidance details NHS Lanarkshire's approach to the management and payment of waiting list initiatives and additional sessions for Consultant and SAS Medical Staff. The guidance is in line with the relevant Terms and Conditions of Service for each grade of staff. It is recognised that the Divisional Director of Access / Director of Hospital Services / General Manager in conjunction with the Chief of Medical Services / Associate Medical Director is responsible for ensuring that the guidance is implemented appropriately and that there is an appropriate allocation, verification and monitoring process in place to ensure that waiting list initiatives and additional sessions are only undertaken when there is a service requirement and that these sessions are appropriately staffed and remunerated. It is important that this guidance is implemented in conjunction with NHS Lanarkshire's Policies, Guidance and Procedures e.g. Working Time Directive, Secondary Employment for Medical Staff and On-call Availability Guidance.

NHS Lanarkshire have engaged with the BMA Local Negotiating Committee (LNC) on the guidance contained in this Procedure and clarified that they will be effective from 1st April 2014. The guidance will be reviewed in partnership with the LNC in April 2016 and/or shall remain extant until such time as a full review is agreed in partnership.

2. WAITING TIMES INITIATIVES

2.1 Principles

Waiting Times Initiatives are undertaken outwith the hours of 9am to 5pm Monday to Friday and are not part of a practitioner's job plan.

The intention of Waiting Times Initiatives is to provide ad hoc assistance with the management of planned care, (e.g. Out Patient Clinics or Theatre/Endoscopy Lists). It was agreed within the Terms and Conditions of the Consultant Contract that premium rates would be paid for these sessions. The recognised contractual remuneration for Waiting Time Initiatives in NHS Scotland is three times the hourly rate at point 20 of the Consultants seniority salary scale and these are paid on an hourly basis rather than in programmed activities. It is therefore essential that from a financial governance perspective that these formal sessions are utilised as efficiently and effectively as possible. To that purpose, it would normally be the case that Waiting Times initiatives are undertaken by Consultants or with a Consultant lead. It is also normally the case that such sessions will be fully booked with no allowance for teaching or training and they have a full staffing infrastructure to support this (e.g. full outpatient or theatre staffing). Within the agreed payment there will normally be an agreed additional number of hours outwith the fixed session to accommodate time spent in preparation, clinical administration, postoperative and other ongoing care. This may vary between specialties, but each Clinical Director / Clinical Lead must have guidance that ensures a consistent approach to required elements to be delivered and the associated allocated hours.

None of the new contracts for Associate Specialists and Specialty Doctors or the previous contracts for Associate Specialists and Staff Grades define a contractually agreed rate of remuneration specifically for Waiting Times Initiatives. All of these grades of staff (collectively referred to as SAS doctors) require to work under the mantle of a named consultant for all work that they undertake. In some instances this will be a nominal level of supervision only and in others much more so, as this cohort of doctors ranges from those who are very experienced and often on the GMC Specialist Register to those who are only a few years qualified at first entry to the grade. Nevertheless all medical treatment in secondary care in NHS Scotland must be undertaken with a named consultant overseeing this care. As Waiting Times Initiatives are undertaken outwith core hours, SAS doctors cannot therefore undertake these sessions as independent practitioners or lead such sessions within their own terms and conditions of service.

If SAS doctors are requested to participate in Waiting Times Initiative sessions to provide assistance to the Consultant lead these shall be regarded as additional sessions carried out under their normal TCS and shall therefore be remunerated in line with their own terms and conditions of service. The number of hours paid per session, will take account of delivery of direct clinical care including associated work such as clinical administrative time, pre-and post-operative care and travel time where applicable and will be agreed in advance. This 'time-shift' of duties will be recognised for remuneration purposes on the basis of hours worked at specified hours and where appropriate at premium rate. These additional core planned activities will, therefore not be recognised for additional payment **but** the displaced activity will be.

Whilst SAS Doctors should not be employed routinely to **lead** Waiting Times Initiative sessions, NHS Lanarkshire acknowledges the fact that many of our SAS doctors are highly skilled and experienced and regularly undertake what is regarded as autonomous practice albeit with a nominal consultant lead. There may be occasions where there is insufficient capacity within the Consultant body to meet treatment time guarantees and in these circumstances, Associate Specialists and Specialty Doctors can lead Waiting Times Initiative sessions. To enable this, the SAS Doctor must provide evidence that they have sufficient competencies to work at an autonomous level for the clinical duties that would be required of them. It must be acknowledged however by all parties that this is not usual practice and sits out with the individual's agreed job plan.

The Divisional Director of Access / General Manager / Director of Hospital Services / in conjunction with Chief of Medical Services / Associate Medical Director must assess the circumstances and confirm what level of contribution is required from a SAS doctor. If independent practice is required, confirmation from Medical Management should be sought to confirm that an individual has the required level of competence and they will therefore be contracted as a locum Consultant for the relevant sessions. A full assessment is necessary to ensure that clinical governance is maintained and that individuals are treated in accordance with the appropriate Terms and Conditions of Service.

If a Junior Doctor is assisting outwith their contractual obligations then Internal Locum Rates will apply.

2.2 Assessment

Where it has been deemed necessary for the role to be autonomous a full assessment is required by the Operational Team and should include the Clinical Director and endorsement from the Chief of Medical Services / Associate Medical Director. The details that require to be confirmed are;

- All patients expected to be seen by the Practitioner should be reviewed in advance and agreed as appropriate. This should be done by the medical manager in conjunction with the relevant consultant(s).
- The Practitioner must be thought able to act independently and undertake the necessary procedure on the theatre list or new assessments/return reviews for all patients attending the additional clinic.
- It is then the Practitioner's responsibility to review the individual patients and confirm that they have the necessary expertise to deal **autonomously** with all aspects of clinical care arising from the additional duty acknowledging that there will be no consultant support for the agreed session. This autonomous practice includes all associated duties including responsibility for clinical administration, appropriate follow up care, monitoring outcomes, dealing with complaints and all other aspects associated with sound clinical governance. Such autonomous practice, in common with all medical practice, does not remove the possibility of seeking the opinions of colleagues where it may be appropriate to do so.
- The responsible medical manager (Clinical Director or Depute) and Chief of Medical Services / Associate Medical Director **formally** agree that the Practitioner has this level of competence and provide the operational management team with written confirmation of this, defining the relevant scope of practice covered by this agreement.
- With the above agreement in place from both parties, the Practitioner will be offered a contract to work as a locum consultant specifically for Waiting Times Initiative duties (and no others) and therefore receive remuneration for Waiting Times Initiatives at three times the hourly rate at point 20 of the Consultants seniority salary scale
- The Practitioner will be required to monitor the clinical outcomes of all additional activity as per GMC Good Medical Practice and should include the activity in the scope of their enhanced appraisal for Revalidation purposes.

Where it is necessary to request a practitioner to **assist** a Consultant within a Waiting Times Session, the practitioner will be remunerated at their own premium rate. There will always be a named Consultant in these circumstances.

As with autonomous practice, the practitioner will be required to monitor the clinical outcomes of all additional activity as per GMC Good Medical Practice and should include the activity in the scope of their enhanced appraisal for Revalidation purposes.

3. ADDITIONAL PLANNED CARE DUTIES

There are a number of other circumstances where practitioners may be requested to undertake additional clinical duties. These duties may sometimes require additional payments and there should be consistency of approach across all hospital sites and specialties in response to this.

3.1 Additional Activity undertaken during the standard Working Week (9am to 5pm Monday to Friday)

Ward Rounds: ward rounds form part of continuing care for patients where practitioners have already accepted a duty of care. Ad hoc ward rounds in addition to timetabled formal ward rounds in a job plan are covered under '**Activities which are not undertaken at specific locations or times**' within the job plan.

Planned Care: there may be occasions when both Consultants and or SAS Doctors are requested to undertake additional planned care clinical activity within core working hours in order to make optimum use of existing clinic or theatre infrastructures. In these circumstances, practitioners may have other job planned activities that do not require a complex supporting infrastructure and it may be possible for practitioners to displace this kind of activity to another time period which may fall outwith the core hours of 9am – 5pm and may even require to be displaced into ‘premium time’, (i.e. after 8 pm or at weekends). This ‘time-shift’ of duties will be recognised for remuneration purposes on the basis of hours worked at specified times and where appropriate at premium rate. These additional core planned activities will, therefore not be recognised for additional payment **but** the displaced activity will be.

Exceptions to this arrangement may arise where a practitioner has a regular job plan that includes time during core hours that is free from any contracted commitments. Such circumstances should be discussed in advance by the Divisional Director of Access / Director of Hospital Services / General Manager in conjunction with the Associate Medical Director / Chief of Medical Services and with Human Resources who will confirm the contractual position and remuneration. Such additional duties are clearly undertaken on a voluntary basis. The principals of time shifting previously outlined will apply and payment should also be made for any associated administration etc.

The additional activity must be relevant to the grade and competence of the individual practitioner (see above principles), and should be reviewed in advance by the Director of Hospital Services / General Manager, Clinical Director and Chief of Medical Services / Associate Medical Director. In these circumstances individuals will be paid based on their own rate which will include payment for additional work such as administration.

As above, the Practitioner will be required to monitor the clinical outcomes of all additional activity as per GMC Good Medical Practice and should include the activity in the scope of their enhanced appraisal for Revalidation purposes.

Where there is any dubiety about the role of any practitioner or the remuneration due, this should be brought to the attention of the Divisional Director of Access / Director of Hospital Services / General Manager and the Chief of Medical Services / Associate Medical Director. If agreement cannot be reached the practitioner remains free to decline the additional duties.

3.2 Other Additional Clinical Activity undertaken out with the standard Working Week (9am to 5pm Monday to Friday).

In the interests of patient safety and maintaining the flow of emergency in patients, Consultants may be requested to undertake additional ward rounds outwith core hours. This is most likely to be additional consultant led ward rounds on weekend and public holiday dates particularly during the winter months and can therefore be subject to advance planning. Additional requirements at other public holiday weekends can also be planned. Whilst such activities can be planned in advance, such additional activity is recognised as being exceptional and therefore is not expected to be for any prolonged period. If planned additional activity is expected to last for more than two weeks, it may be more appropriate to consider a formal job plan review.

This represents continuing care of patients for whom the clinicians have a duty of care but it is recognised that additional volume and intensity of work may require input outwith the agreed job plan hours. This does **not** meet the criteria for Waiting Times Initiative sessions and is therefore not remunerated in the same way. Where such additional activity results in a need for doctors to be resident within the workplace outwith their normal job planned activities, resident on-call rates may apply in line with the relevant guidance.

Agreement will be reached in advance with the individual practitioner regarding the number of hours of additional clinical activity (including all associated activities) and this will be remunerated as hours worked in premium time at the practitioner's own rate. This may vary between specialties, but each Clinical Advisor must have guidance that ensures a consistent approach to required elements to be delivered and the associated allocated hours. It may also require adjustment that is specific to an individual's Job Plan.

Alternatively, advance agreement can be reached regarding a temporary increase in the time required for predictable out of hours work for the service and this can be distributed amongst all consultants within a department as additional temporary Programmed Activities (PAs). Where the frequency of attendance whilst on-call out of hours increases beyond the level applicable to the job planned level of availability then the availability supplement paid may also be increased in line with the relevant Policy / Guidance.

4. PAYMENT

When Waiting Times Initiatives or additional sessions have been agreed and undertaken, the appropriate Manager must confirm that the agreed activity has been fulfilled. Payment is via the appropriate pro forma as undernoted. Please note that it is the Directorates' responsibility to complete Appendix 1 for Waiting Times Initiative Sessions. This form should then be forwarded to the appropriate individual for input to SSTS to claim payment. To claim payment for additional sessions, it is the responsibility of the individual who undertakes their sessions to complete the pay form (Appendix 2) and have it approved. Appendix 2 should then be forwarded to the appropriate individual for input to SSTS.

Appendix 1 : Pro forma for Waiting Times Initiative Sessions for completion by Directorate Staff.

Appendix 2 : Pro forma for Additional Planned Care Duties for completion by Practitioner and Directorate Staff.



Appendix 1 Waiting
Times Initiative Form



Additional Duties
Claim Form App 2.dc