



National Audit Office

SURVEY OF NHS TRUSTS

JUNE 2006

HELPING THE NATION SPEND WISELY

The National Audit Office scrutinises public spending on behalf of Parliament.

The Comptroller and Auditor General, Sir John Bourn, is an Officer of the House of Commons. He is the head of the National Audit Office, which employs some 800 staff. He, and the National Audit Office, are totally independent of Government. He certifies the accounts of all Government departments and a wide range of other public sector bodies; and he has statutory authority to report to Parliament on the economy, efficiency and effectiveness with which departments and other bodies have used their resources.

Our work saves the taxpayer millions of pounds every year, at least £8 for every £1 spent running the Office.

For further information please contact:

National Audit Office
157-197 Buckingham Palace Road,
Victoria, London, SW1W 9SP

Survey conducted as part of the National Audit Office value-for-money report on
Pay Modernisation: A new contract for NHS consultants in England

CONTENTS	PAGE
Introduction	1
Methodology	1
Summary of findings	1
Tabulated responses	4
Appendix A: Survey questionnaire	23

Position as at June 2006

Introduction

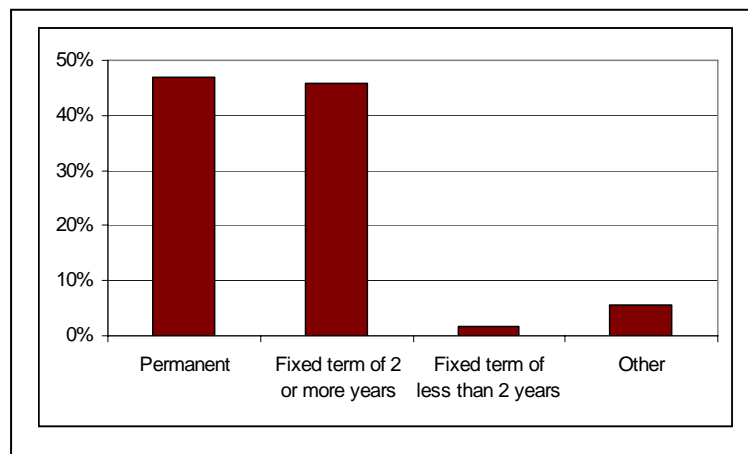
The National Audit Office conducted a survey of NHS trusts to inform their investigation into the new contract for NHS consultants in England. The subsequent report, *Pay Modernisation: A new contract for NHS consultants in England*, was published on 19 April 2007. A copy of the survey is included in Appendix A.

Methodology

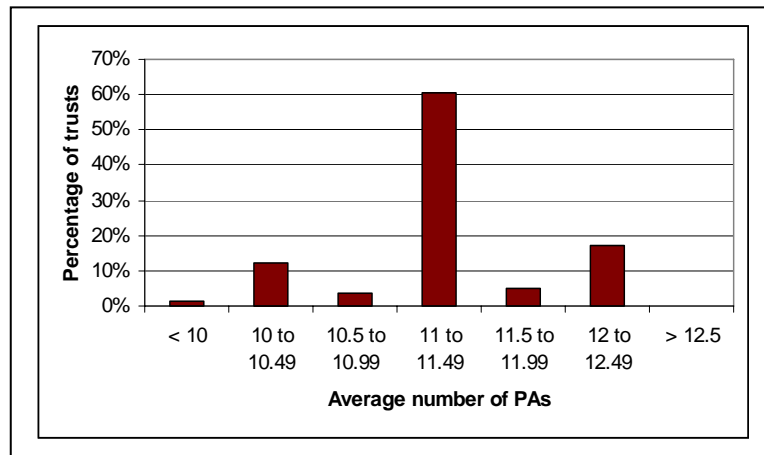
The survey questionnaire was sent out to all NHS acute and mental health trusts in England (including foundation trusts). The questionnaire consisted of four parts to collect data and opinions from a range of hospital management positions (specifically, trusts' chief executives, medical directors, directors of finance and directors of human resources). Overall, we received returns from 208 out of 234 trusts to which we sent the survey (89 per cent response rate). Where the trust did not complete every applicable question, the blank responses were excluded from the analysis of that question. The trusts' responses have not been separately validated.

Summary of findings

1. Of the trusts that responded to our survey, 52 per cent said the aims of the new contract negotiations had been presented clearly and fully during the development of the contract. The trusts cited *fairer pay* (43 per cent of trusts) and *improved productivity* (also 43 per cent) as the two main aims of the contract, as presented to them by the Department of Health (the Department).
2. The survey highlighted that the main positive impacts identified by trusts are an *increase in transparency* (31 per cent of trusts) and *improved job planning* (37 per cent). The two most commonly cited negative benefits were *loss of goodwill* (40 per cent of trusts) and *increased cost of consultants* (33 per cent).
3. The following figure shows the breakdown of the type of contract used by trusts to employ their medical director.



4. The following figure shows the average number of Programmed Activities (PAs) per week paid by the trusts as at 31 March 2006. The average maximum number of Programmed Activities per week paid for by the trusts was 12.8 (Q14).



5. Over three quarters of trusts responding to our survey are planning on reducing the number of PAs worked by consultants per week. The main ways the trusts are planning on reducing the number of PAs is through identifying consultants' current activities and agreeing what could be removed or reduced (55 per cent of trusts); increased recruitment (29 per cent) and working differently (25 per cent).
6. Fifty-five per cent of trusts responded that they had used the contract to reconfigure service provision. Of these trusts, 18 per cent were using team job planning and 20 per cent were changing to job plans to facilitate this reconfiguration. Similarly, nine per cent of trusts have used the contract to reconfigure their theatre programme.
7. In our survey, 83 per cent of trusts did not pay recruitment or retention premia to any of their consultants. On average, trusts spent £324,000 on category A on-call allowance and £36,000 on category B.

Tabulated responses

Q01. Were the aims of the new contract negotiations presented clearly and fully during the development of the contract?

	Number	% of valid respondents
(Blanks)	13	
No	93	47.7%
Yes	102	52.3%
Total	208	100%

Q02. If yes, please describe the aims, as presented to you by the Department?

	Number	% of responses	% of valid respondents
To match the work done by consultants to their pay; improve/ increase pay for consultants; fairer pay	44	16.4%	43.1%
To prove a modern/ up-to-date/ improved contract; to be in line with overall modernisation/ NHS Plan	19	7.1%	18.6%
To improve service (of consultants) to Trust/patients/NHS	25	9.3%	24.5%
Other	23	8.6%	22.5%
Greater transparency/ clarity over consultants' activities	23	8.6%	22.5%
Greater control over consultants' activities by the Trust/ NHS/ organisation	23	8.6%	22.5%
To bring in line consultants' activities/ objectives with the Trust's/ NHS' / organisation's goals/ objectives/ needs/ agenda	26	9.7%	25.5%
Improve efficiency/ productivity/ use of consultants' time/ activities; better/ more productive ways of working	44	16.4%	43.1%
To standardise/ equalise workloads; fair distribution of workload/ activity for consultants	7	2.6%	6.9%
To eliminate/ regulate/ control/ monitor private work/ practice	20	7.4%	19.6%
To improve recruitment and/ or retention	5	1.9%	4.9%
Not in a position to give an opinion	5	1.9%	4.9%
Refuses to give an opinion	1	0.4%	1.0%
Greater recognition for consultants' positions/ work/ importance (not related to pay)	4	1.5%	3.9%
Total	269	100%	

Q03. Did the Department advise the Trust to measure the impact of the contract from the outset?

	Number	% of valid respondents
(Blanks)	18	
No	125	65.8%
Yes	65	34.2%
Total	208	100%

Q04. Has the Trust implemented measures to evaluate the impact of the contract?

	Number	% of valid respondents
(Blanks)	12	
No	74	37.8%
Yes	122	62.2%
Total	208	100%

Q05. If yes, what measures have been implemented? (Please describe)

	Number	% of responses	% of valid respondents
Direct discussions with management/ consultants	7	3.3%	5.7%
Monitoring/ review of jobs plans/ records/ diaries of consultants' workloads/ activity (including monitoring number of PAs/ programmed activities)	71	33.8%	58.2%
Measuring a direct output; waiting times/ patient care/ sessions completed/ measure presence of consultants; measurement of Trust's performance	25	11.9%	20.5%
Productivity measurement in place	11	5.2%	9.0%
Measurements of Trust's objectives against consultant activities	7	3.3%	5.7%
Analysis of cost	29	13.8%	23.8%
Use of specific review/ report system; receives specific updates	15	7.1%	12.3%
Monitoring of recruitment and retention changes	7	3.3%	5.7%
No measures in place	1	0.5%	0.8%
Other	37	17.6%	30.3%
Total	210	100%	

Q06. What, if any, positive impacts (benefits) have been identified and, where possible, quantified? (Please describe)

	Number	% of responses	% of valid respondents
Increased transparency/ clarity/ understanding over what consultants are doing with their time	65	18%	31%
Greater clarity/ understanding of consultants' activities allowing Trust to make evidence-based decisions	9	2%	4%
Improved definition of direct clinical/ patient care	3	1%	1%
Other	28	8%	13%
Great understanding/ transparency/ flexibility over use of supporting activity time	13	4%	6%
Greater clarity/ transparency specifically over time/activity spent on private practice	10	3%	5%
Greater control over time/activity spent on private practice	2	1%	1%
Reduction/ elimination of double/ extra payments	3	1%	1%
Improved job/ work/ activity planning process for consultants; increased/ greater/ better use of job plans	76	21%	37%
Consultants' objectives/ activities now match the objectives/ needs of the Trust	15	4%	7%
Reduction of patient waiting times/ time spent in hospital	5	1%	2%
Improved conditions/ salary/ working life for consultants	9	2%	4%
Fairer deal, specifically relating to greater acknowledgement/ recognition of work done by consultants	17	5%	8%
Improved relationships between consultants and management/ the Trust/ the organisation	12	3%	6%

Improvement in the management of, or the ability to manage, consultants	14	4%	7%
Increased flexibility to modify consultants' activities and allocation/ distribution of workload	14	4%	7%
Increased ability to measure consultants' output/ productivity	3	1%	1%
Standardisation/ equalisation of consultants' workloads/ activities; consultants have the same workload	7	2%	3%
Increased/ extended/ improved consultant activity/ presence; consultants work more (for the Trust)	17	5%	8%
Better service by consultants to the Trust or to patients	9	2%	4%
Reductions in costs/ expenditure; improved financial situation	4	1%	2%
Contributes to/ part of/ supports modernisation/ restructuring of health service	6	2%	3%
Improved/ introduced/ more used appraisal system	3	1%	1%
Benefits difficult to measure; cannot be measured yet	9	2%	4%
No benefits/ positive impacts; any negative impacts	8	2%	4%
Total	361	100%	

Q07. What, if any, negative impacts have been identified and, where possible, quantified? (Please describe)

	Number	% of responses	% of valid respondents
Contract is time based which has resulted in a loss of professionalism/ goodwill; reduced professionalism/ good working practice amongst consultants	83	27.5%	39.9%
Consultants work less hours; less available; activity has decreased; poorer service to trusts/patients	15	5.0%	7.2%
Problems with having an old and new contract at the same time	5	1.7%	2.4%
Problem matching consultants' level of activity with new contract; consultants want more PAs than was expected	11	3.6%	5.4%
Problems with standardisation/ equity; consultants all want the same pay/ deal	11	3.6%	5.4%
Consultants are more expensive/ demand more pay/ increased costs related to consultants	67	22.2%	33.0%
Lack of funding for implementation; cost of implementation	14	4.6%	6.9%
Worsening of relationships between consultants and management/ other staff	10	3.3%	5.0%
Problem in defining SPAs (supporting programmed activities; general problems with SPAs)	12	4.0%	6.0%
No negative impacts identified	8	2.6%	4.0%
Too early to identify negative impacts	1	0.3%	0.5%
Other	65	21.5%	33.0%
Total	302	100%	

Q08. Has the contract implementation been fully funded by the Department? (Tick one box only)

	Number	% of responses	% of valid respondents
(Blanks)	17	8.2%	
No	161	77.4%	84.3%
Yes	19	9.1%	9.9%
Don't Know	11	5.3%	5.8%
Total	208	100%	100%

Q09. If no, in your opinion what is the main reason for this shortfall? (Please describe)

	Number	% of responses	% of valid respondents
Inadequate costing model/ understanding of all the costs	73	35.4%	45.3%
Other	39	18.9%	24.4%
Misunderstanding/ lack of understanding of consultants' activities/ practices (how many hours they worked) under the old contract; consultants work more than was predicted/ expected	77	37.4%	48.4%
False assumptions (unspecified) made by the Department of Health	16	7.8%	10.1%
Lack of communication between Department and representatives (directors/ managers/ consultants) from Trust	1	0.5%	0.6%
Total	206	100%	

Q10. Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	(Blanks)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q10a. The old contract was fit for purpose	16	0	7	30	110	45	0	208
Q10b. The Department's consultations prior to negotiating the contract were adequate	16	1	24	33	91	43	0	208
Q10c. The guidance from the Department was useful	15	2	76	53	53	8	1	208
Q10d. The guidance from the Department was timely	17	1	40	38	82	29	1	208
Q10e. The new contract reflected the needs of your trust	20	5	52	43	61	27	0	208
Q10f. The benefits expected of the contract were realistic	16	1	22	21	108	36	4	208
Q10g. A compulsory contract, whereby all consultants would have had to switch from their old contracts, would have been better	14	24	72	39	48	11	0	208
Q10h. The new contract has improved the management of consultants	18	10	112	35	18	4	11	208
Q10i. Waiting lists have been reduced as a result of the new contract	21	1	22	50	87	23	4	208
Q10j. Services are more responsive to patient need	19	1	41	67	53	13	14	208
Q10k. The performance of consultants is now measured	16	4	107	49	23	0	9	208
Q10l. Job planning has been of real benefit to the Trust	16	19	122	28	11	0	12	208
Q10m. Other hospital staff have a better knowledge of where consultants are at any time	16	6	92	63	29	2	0	208

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q10a. The old contract was fit for purpose	0.0%	3.6%	15.6%	57.3%	23.4%	0.0%	100%
Q10b. The Department's consultations prior to negotiating the contract were adequate	0.5%	12.5%	17.2%	47.4%	22.4%	0.0%	100%
Q10c. The guidance from the Department was useful	1.0%	39.4%	27.5%	27.5%	4.1%	0.5%	100%
Q10d. The guidance from the Department was timely	0.5%	20.9%	19.9%	42.9%	15.2%	0.5%	100%
Q10e. The new contract reflected the needs of your Trust	2.7%	27.7%	22.9%	32.4%	14.4%	0.0%	100%
Q10f. The benefits expected of the contract were realistic	0.5%	11.5%	10.9%	56.3%	18.8%	2.1%	100%
Q10g. A compulsory contract, whereby all consultants would have had to switch from their old contracts, would have been better	12.4%	37.1%	20.1%	24.7%	5.7%	0.0%	100%
Q10h. The new contract has improved the management of consultants	5.3%	58.9%	18.4%	9.5%	2.1%	5.8%	100%
Q10i. Waiting lists have been reduced as a result of the new contract	0.5%	11.8%	26.7%	46.5%	12.3%	2.1%	100%
Q10j. Services are more responsive to patient need	0.5%	21.7%	35.4%	28.0%	6.9%	7.4%	100%
Q10k. The performance of consultants is now measured	2.1%	55.7%	25.5%	12.0%	0.0%	4.7%	100%
Q10l. Job planning has been of real benefit to the Trust	9.9%	63.5%	14.6%	5.7%	0.0%	6.3%	100%
Q10m. Other hospital staff have a better knowledge of where consultants are at any time	3.1%	47.9%	32.8%	15.1%	1.0%	0.0%	100%

Q12. Does the position of Medical Director at your trust have a permanent or fixed-term contract? (tick one box only)

	Number	% of valid respondents
(Blanks)	7	
(N/A)	9	
Permanent	90	46.9%
Fixed term of 2 or more years	88	45.8%
Fixed term of less than 2 years	3	1.6%
Other	11	5.7%
Total	208	100%

Q13. At the 31 March 2006, what was the average number of Programmed Activities (PAs) per week paid by the Trust?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	11		
< 10	3	1.5%	100.0%
10 to 10.49	24	12.2%	98.5%
10.5 to 10.99	7	3.6%	86.3%
11 to 11.49	119	60.4%	82.7%
11.5 to 11.99	10	5.1%	22.3%
12 to 12.49	34	17.3%	17.3%
> 12.5	0	0.0%	0.0%
Total	208	100%	

AVERAGE
11.1

Q14. At the 31 March 2006, what was the maximum number of Programmed Activities (PAs) per week paid for by the Trust?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	10		
< 10	0	0.0%	0.0%
10 to 10.99	1	0.5%	0.5%
11 to 11.99	11	5.6%	6.1%
12 to 12.99	99	50.0%	56.1%
13 to 13.99	27	13.6%	69.7%
14 to 14.99	42	21.2%	90.9%
15 to 15.99	12	6.1%	97.0%
16 to 16.99	5	2.5%	99.5%
17 to 17.99	1	0.5%	100.0%
18 or more	0	0.0%	100.0%
Total	208	100%	

AVERAGE
12.8

Q15. In the majority of cases, are the extra PAs being worked by consultants required to meet clinical need?

	Number	% of valid respondents
(Blanks)	5	
No	11	5.4%
Yes	190	93.6%
Not applicable	2	1.0%
Total	208	100%

*Q16. Is the Trust aiming to reduce the number of PAs worked by consultants per week?
(Tick one box only)*

	Number	% of valid respondents
(Blanks)	6	
No	46	22.8%
Yes	156	77.2%
Total	208	100%

Q17. If yes, is this due to: (please tick all that apply)

	Number	% of responses	% of valid respondents
Reduction in patient activity	49	14.6%	31.4%
An increase in consultant productivity	77	23.0%	49.4%
Improved management of consultant time	112	33.4%	71.8%
Lack of funding	55	16.4%	35.3%
Other	42	12.5%	26.9%
Total	335	100%	

*Q18. If Yes to Q16, How is the Trust planning to reduce the number of PAs worked?
(Please describe)*

	Number	% responses	% valid respondents
By identifying consultants' current activities and agreeing with consultants what can be removed/ reduced	85	32.2%	54.5%
By exercising tighter controls over consultants' activities	15	5.7%	9.6%
Through reduction of SPAs	11	4.2%	7.1%
Through increased recruitment/ more staff/ consultants	45	17.0%	28.8%
Other	43	16.3%	27.6%
Greater control over demand	6	2.3%	3.8%
Reduce service	7	2.7%	4.5%
Working differently	39	14.8%	25.0%
Increase consultant productivity/ efficiency	13	4.9%	8.3%
Total	264	100%	

Q19. Before the implementation of the new contract, what percentage of consultants worked under explicit job plans? (Tick one box only)

	Number	% of valid respondents
(Blanks)	11	
Less than 25%	54	27.4%
25% to 49%	36	18.3%
50% to 74%	25	12.7%
More than 75%	82	41.6%
Total	208	100%

Q20. At 31 March 2006, what percentage of consultants at the Trust currently has agreed job plans?

	Number	% of valid respondents
(Blanks)	17	
0	0	0.0%
1 to 10	0	0.0%
11 to 20	0	0.0%
21 to 30	0	0.0%
31 to 40	0	0.0%
41 to 50	1	0.5%
51 to 60	3	1.6%
61 to 70	5	2.6%
71 to 80	9	4.7%
81 to 90	16	8.4%
91 to 100	157	82.2%
Total	208	100%

AVERAGE
95.3

Q21. At 31 March 2006, what percentage of job plans contain reference to organisational objectives?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	42		
0	29	17.5%	17.5%
1 to 10	8	4.8%	22.3%
11 to 20	5	3.0%	25.3%
21 to 30	6	3.6%	28.9%
31 to 40	1	0.6%	29.5%
41 to 50	15	9.0%	38.6%
51 to 60	4	2.4%	41.0%
61 to 70	8	4.8%	45.8%
71 to 80	9	5.4%	51.2%
81 to 90	9	5.4%	56.6%
91 to 100	72	43.4%	100.0%
Total	208	100%	

AVERAGE
63.5

Q22. Most commonly, with whom do consultants agree their job plans? (Tick all that apply)

	Number	% of valid respondents
(Blanks)	10	
Medical Director	55	27.8%
General Manager	55	27.8%
Clinical Director	169	85.4%
Other	44	22.2%
Total	208	

Q23. Do PCTs, as commissioners, have a role in the job planning process? (Tick one box only)

	Number	% of valid respondents
(Blanks)	9	
Yes	7	3.5%
No	192	96.5%
Total	208	100%

Q24. Since the implementation of the new contract, how many job plans have been agreed by the Trust?

Data quality issues prevented useful analysis of the returns for this question.

Q25. Since the implementation of the new contract, how many job plans have had to go to mediation?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	12		
0	98	50.0%	50.0%
1 to 10	86	43.9%	93.9%
11 to 20	5	2.6%	96.4%
21 to 30	1	0.5%	96.9%
31 to 40	1	0.5%	97.4%
41 to 50	2	1.0%	98.5%
51 to 60	3	1.5%	100.0%
61 to 70	0	0.0%	100.0%
71 to 80	0	0.0%	100.0%
81 to 90	0	0.0%	100.0%
91 to 100	0	0.0%	100.0%
Total	208	100%	

AVERAGE
3.43

Q26. Since the implementation of the new contract, how many job plans have had to go to formal appeal?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	12		
0	155	79.1%	79.1%
1 to 10	39	19.9%	99.0%
11 to 20	1	0.5%	99.5%
21 to 30	0	0.0%	99.5%
31 to 40	0	0.0%	99.5%
41 to 50	0	0.0%	99.5%
51 to 60	0	0.0%	99.5%
61 to 70	0	0.0%	99.5%
71 to 80	1	0.5%	100.0%
81 to 90	0	0.0%	100.0%
91 to 100	0	0.0%	100.0%
Total	208	100%	

AVERAGE
0.97

Q27. How many Clinical Excellence Awards were granted by your Trust in 2005/06

AVERAGE	Maximum	Minimum
35.13	134	2

Q28. What was the annual cost of these CEA in 2005/06?

Number of trusts responding	165
Total cost	£27,389,765
Average per trust	£165,999

Q29. Do patients have more choice over treatment/appointment times as a result of the new contract? (Tick one box only)

	Number	% of valid respondents
(Blanks)	9	
No	150	75.4%
Yes	49	24.6%
Total	208	100%

Q30. Has the Trust used the new contract to reconfigure service provision? (Tick one box only)

	Number	% of valid respondents
(Blanks)	10	
No	90	45.5%
Yes	108	54.5%
Total	208	100%

Q31. If Yes, how has the Trust used the new contract to reconfigure service provision? (Please describe)

	Number	% of responses	% of valid respondents
Group/ team job planning introduced	19	15.0%	17.6%
Theatre reconfiguration programme to increase throughput in patient/ day case operating	10	7.9%	9.3%
Some consultants moved to annualised hours	3	2.4%	2.8%
Changed job planning	22	17.3%	20.4%
Other	73	57.5%	67.6%
Total	127	100%	

Q32. What, if any, are the barriers to consultants working differently? (Tick all that apply)

	Number	% of responses	% of valid respondents
Resistance to change	120	27.0%	57.7%
Poor information systems	103	23.1%	49.5%
Integration with other initiatives	83	18.7%	39.9%
Job plans not advanced enough at present	83	18.7%	39.9%
Other	56	12.6%	26.9%
Total	445	100%	

Q33. Since the implementation of the new contract, what have been the main factors limiting consultant productivity in your hospitals?

Descriptive only - returns not coded but separately analysed.

Q34. Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	(Blanks)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q34a. There was effective capacity planning before the introduction of the new contract	17	7	24	38	85	37	0	208
Q34b. The guidance from the Department was useful	16	4	76	48	41	23	0	208
Q34c. The guidance from the Department was timely	17	4	43	45	77	22	0	208
Q34d. A compulsory contract, whereby all consultants would have had to switch from their old contracts, would have been better	14	21	59	39	58	17	0	208
Q34e. Consultants now have a more flexible approach to working	15	4	70	35	62	22	0	208
Q34f. Consultants job plans have clear objectives linked to service improvements	14	7	101	46	34	3	3	208
Q34g. The Trust has an understanding of the productivity of consultants	14	8	117	33	28	1	7	208
Q34h. The support and resources identified in job plans as a requirement to deliver objectives have been delivered	16	1	38	69	68	10	6	208
Q34i. Team working has improved since the implementation of the new consultant contract	18	7	68	64	41	6	4	208
Q34j. Consultants have a positive relationship with management	15	21	101	42	23	5	1	208
Q34k. The hours consultants work for the NHS are more clearly defined	14	31	135	18	7	3	0	208
Q34l. Pay progression is dependent on completion of job plans	14	36	120	18	17	1	2	208

Q34m. Patient care has improved as a result of the consultant contract	17	1	27	94	44	19	6	208
Q34n. The number of PAs consultants worked is predominantly dependent on the requirements of the Trust	15	23	109	29	28	3	1	208

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q34a. There was effective capacity planning before the introduction of the new contract	3.7%	12.6%	19.9%	44.5%	19.4%	0.0%	100%
Q34b. The guidance from the Department was useful	2.1%	39.6%	25.0%	21.4%	12.0%	0.0%	100%
Q34c. The guidance from the Department was timely	2.1%	22.5%	23.6%	40.3%	11.5%	0.0%	100%
Q34d. A compulsory contract, whereby all consultants would have had to switch from their old contracts, would have been better	10.8%	30.4%	20.1%	29.9%	8.8%	0.0%	100%
Q34e. Consultants now have a more flexible approach to working	2.1%	36.3%	18.1%	32.1%	11.4%	0.0%	100%
Q34f. Consultants' job plans have clear objectives linked to service improvements	3.6%	52.1%	23.7%	17.5%	1.5%	1.5%	100%
Q34g. The Trust has an understanding of the productivity of consultants	4.1%	60.3%	17.0%	14.4%	0.5%	3.6%	100%
Q34h. The support and resources identified in job plans as a requirement to deliver objectives have been delivered	0.5%	19.8%	35.9%	35.4%	5.2%	3.1%	100%
Q34i. Team working has improved since the implementation of the new consultant contract	3.7%	35.8%	33.7%	21.6%	3.2%	2.1%	100%
Q34j. Consultants have a positive relationship with management	10.9%	52.3%	21.8%	11.9%	2.6%	0.5%	100%
Q34k. The hours consultants work for the NHS are more clearly defined	16.0%	69.6%	9.3%	3.6%	1.5%	0.0%	100%
Q34l. Pay progression is dependent on completion of job plans	18.6%	61.9%	9.3%	8.8%	0.5%	1.0%	100%
Q34m. Patient care has improved as a result of the consultant contract	0.5%	14.1%	49.2%	23.0%	9.9%	3.1%	100%
Q34n. The number of PAs consultants worked is predominantly dependent on the requirements of the Trust	11.9%	56.5%	15.0%	14.5%	1.6%	0.5%	100%

Q36. Was the Trust asked to provide the Department with information that would allow the cost of the contract to be modelled? (Tick one box only)

	Number	% of valid respondents
(Blanks)	23	
No	92	49.7%
Yes	45	24.3%
Don't Know	48	25.9%
Total	208	100%

Q37. How much was the trust allocated by the Department and how much did the contract implementation cost for each of the following financial years?

Data quality issues prevented useful analysis of the returns for this question.

Q38. How much of this was spent on Programmed Activities in 2005/06?

Data quality issues prevented useful analysis of the returns for this question.

Q39. Does your trust have a deficit for 2005/06?

	Number	% of valid respondents
(Blanks)	18	
No	130	68.4%
Yes	60	31.6%
Total	208	100%

Q40. If Yes, how much is this deficit?

Number of trusts who disclosed their deficit	59
Sum of Deficit	£472,137,424
Average Deficit/Trust	£8,002,329

Q41. If Yes to Q39, what percentage of this is due to the new consultants' contract (if not known by the Trust, tick Don't Know)?

Number of trusts who disclosed their deficit	35
Deficit due to contract	£29,783,697
Average Deficit/Trust	£850,963

	Number	% of valid respondents
(Blanks)	5	
0	6	10.9%
1 to 10	12	21.8%
11 to 20	5	9.1%

21 to 30	4	7.3%
31 to 40	2	3.6%
41 to 50	0	0.0%
51 to 60	2	3.6%
61 to 70	1	1.8%
71 to 80	1	1.8%
81 to 90	0	0.0%
91 to 100	2	3.6%
Don't Know	20	36.4%
Total	60	100%

Q42. What was the superannuation cost for consultants in the Trust in the following years?

Data quality issues prevented useful analysis of the returns for this question.

Q43. What was the cost of consultants' pay progression/incremental increases in the following years?

Data quality issues prevented useful analysis of the returns for this question.

Q44. Has the waiting times initiative funding been used to fund extra PAs?

	Number	% of valid respondents
(Blanks)	25	
No	146	79.8%
Yes	11	6.0%
Don't Know	26	14.2%
Total	208	100%

Q45. In 2005/06, how much did the Trust pay for Category A and Category B On-Call allowance?

Number of respondents who responded to both	147
Cost of Category A	£47,663,793
Cost of Category B	£5,255,648
Average Cost of Cat A	£324,243
Average Cost of Cat B	£35,753
Ratio of Cat A:B	9.1

Category A

	Number	% of valid respondents	Cumulative percentage
(Blanks)	50		
0	8	5.1%	5.1%
1 to 250000	75	47.5%	52.5%
250001 to 500000	43	27.2%	79.7%
500001 to 750000	17	10.8%	90.5%
750001 to 1000000	11	7.0%	97.5%
1000001 to 1250000	1	0.6%	98.1%
1250001 to 1500000	0	0.0%	98.1%
1500001 to 1750000	2	1.3%	99.4%
1750001 to 2000000	0	0.0%	99.4%
2000001 to 2250000	1	0.6%	100.0%

2250001 to 2500000	0	0.0%	100.0%
2500001 to 2750000	0	0.0%	100.0%
2750001 to 3000000	0	0.0%	100.0%
Total	208	100%	

Category B

	Number	% of valid respondents	Cumulative percentage
(Blanks)	50		
0	23	14.6%	14.6%
1 to 250000	133	84.2%	98.7%
250001 to 500000	0	0.0%	98.7%
500001 to 750000	2	1.3%	100.0%
750001 to 1000000	0	0.0%	100.0%
1000001 to 1250000	0	0.0%	100.0%
1250001 to 1500000	0	0.0%	100.0%
1500001 to 1750000	0	0.0%	100.0%
1750001 to 2000000	0	0.0%	100.0%
2000001 to 2250000	0	0.0%	100.0%
2250001 to 2500000	0	0.0%	100.0%
2500001 to 2750000	0	0.0%	100.0%
2750001 to 3000000	0	0.0%	100.0%
Total	208	100%	

Q46. How much was spent on 'on-call' payments under the old contract in 2002/03?

Data quality issues prevented useful analysis of the returns for this question.

Q47. How many consultants are in receipt of recruitment and retention premia?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	37		
0	142	83.0%	83.0%
1 to 10	24	14.0%	97.1%
11 to 20	3	1.8%	98.8%
21 to 30	1	0.6%	99.4%
31 to 40	1	0.6%	100.0%
41 to 50	0	0.0%	100.0%
51 to 60	0	0.0%	100.0%
61 to 70	0	0.0%	100.0%
71 to 80	0	0.0%	100.0%
81 to 90	0	0.0%	100.0%
91 to 100	0	0.0%	100.0%
Total	208	100%	

Q48. What is the cost of the recruitment and retention premia?

Mean trust average cost	£13,579
Maximum trust average	£64,737

Q49. Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	(Blanks)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q49a. The guidance from the Department was useful	35	3	53	55	46	16	0	208
Q49b. The guidance from the Department was timely	36	3	33	59	62	15	0	208
Q49c. A compulsory contract would have been better	33	30	68	61	14	1	1	208
Q49d. The Trust is in a financially worse position due to the new contract	29	100	57	12	8	0	2	208

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q49a. The guidance from the Department was useful	1.7%	30.6%	31.8%	26.6%	9.2%	0.0%	100%
Q49b. The guidance from the Department was timely	1.7%	19.2%	34.3%	36.0%	8.7%	0.0%	100%
Q49c. A compulsory contract would have been better	17.1%	38.9%	34.9%	8.0%	0.6%	0.6%	100%
Q49d. The Trust is in a financially worse position due to the new contract	55.9%	31.8%	6.7%	4.5%	0.0%	1.1%	100%

Q51. How many consultants are employed by the Trust?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	1		
0	0	0.0%	0.0%
1 to 50	40	19.3%	19.3%
51 to 100	64	30.9%	50.2%
101 to 150	43	20.8%	71.0%
151 to 200	26	12.6%	83.6%
201 to 250	13	6.3%	89.9%
251 to 300	12	5.8%	95.7%
301 to 350	1	0.5%	96.1%
351 to 400	1	0.5%	96.6%
401 to 450	3	1.4%	98.1%
451 to 500	2	1.0%	99.0%
501 to 550	1	0.5%	99.5%
551 to 600	1	0.5%	100.0%
Total	208	100%	

Q52. At 31 March 2006, how many consultants were currently on the: new contract? old contract?

	Number	% of valid respondents
Trusts responding to both	197	
Sum new contract	22,536	88.7%
Sum old contract	2,872	11.3%
Total	25,409	100%

Q53. Prior to the introduction of the new consultants' contract, did the Trust have difficulty in either the recruitment or retention of consultants? (Tick one box only)

	Number	% of valid respondents
(Blanks)	1	
No	85	41.1%
Yes	122	58.9%
Total	208	100%

Q54. If Yes, was this due to: (please tick all that apply)

	Number	% of responses	% of valid respondents
Lack of suitable applicants	86	43.4%	41.3%
Loss of consultants to private practice	1	0.5%	0.5%
Inflexible 1948 contract	2	1.0%	1.0%
Lack of funding	7	3.5%	3.4%
Shortage in a particular speciality	96	48.5%	46.2%
Other	6	3.0%	2.9%
Total	198	100%	

Q55. Has the recruitment of consultants improved, worsened or stayed the same since the implementation of the new contract? (Tick one box only)

	Number	% of valid respondents
(Blanks)	0	
Improved	65	31.3%
Worsened	0	0.0%
Stayed the same	143	68.8%
Total	208	100%

Q56. Has the retention of consultants improved, worsened or stayed the same since the implementation of the new contract? (Tick one box only)

	Number	% of valid respondents
(Blanks)	1	
Improved	15	7.2%
Worsened	8	3.8%
Stayed the same	184	88.5%
Total	208	100%

Q57. With which bodies, if any, did the Trust either coordinate or cooperate with regarding the implementation of the new job planning procedures (to ensure there was no disparity between the job planning in your Trust and others)? (Please tick all that apply)

	Number	% of responses	% of valid respondents
None	22	5.8%	10.6%
Other non-local NHS Trusts outside your SHA	32	8.4%	15.4%
Other local NHS Trusts within your SHA	146	38.3%	70.2%
The SHA	140	36.7%	67.3%

Q58. Did the Department offer clear guidance on the intended differentiation between Category A and B on-call allowance? (Tick one box only)

	Number	% of valid respondents
(Blanks)	5	
Yes	108	53.2%
No	95	46.8%
Total	208	100%

Q59. What is the percentage of consultants on the new contract at the top end of their pay scale (Pay Threshold 7 or 8)?

	Number	% of valid respondents	Cumulative percentage
(Blanks)	32		
0	23	13.1%	13.1%
1 to 10	59	33.5%	46.6%
11 to 20	71	40.3%	86.9%
21 to 30	13	7.4%	94.3%
31 to 40	2	1.1%	95.5%
41 to 50	2	1.1%	96.6%
51 to 60	2	1.1%	97.7%
61 to 70	2	1.1%	98.9%
71 to 80	1	0.6%	99.4%
81 to 90	1	0.6%	100.0%
91 to 100	0	0.0%	100.0%
Total	208	100%	

Q60. Has the new contract helped to eliminate pay drift? (Tick one box only)

	Number
(Blanks)	22
Yes	94
No	92
Total	208

Q61. Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	(Blanks)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q61a. Recruiting consultants was difficult under the old contract	12	5	28	62	91	10	0	208
Q61b. There was no problem in retaining consultants under the old contract	12	17	109	40	26	4	0	208
Q61c. The guidance from the Department was useful	11	1	103	42	43	8	0	208
Q61d. The guidance from the Department was timely	10	0	53	42	82	21	0	208
Q61e. A compulsory contract would have been better	13	26	90	31	40	8	0	208
Q61f. The new contract has increased the number of hours spent by consultants on NHS work	14	2	21	56	89	22	4	208
Q61g. The hours consultants work for the NHS are more clearly defined	10	18	163	6	10	0	1	208
Q61h. The on-call procedures have been improved by the new contract	16	1	51	82	50	5	3	208
Q61i. The new contract has increased the number of hours spent by consultants on private practice work	14	1	0	74	100	13	6	208
Q61j. There is a shortage of suitable qualified junior doctors to take up consultant posts	12	6	49	40	79	9	13	208

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Too early to say	Total
Q61a. Recruiting consultants was difficult under the old contract	2.6%	14.3%	31.6%	46.4%	5.1%	0.0%	100%
Q61b. There was no problem in retaining consultants under the old contract	8.7%	55.6%	20.4%	13.3%	2.0%	0.0%	100%
Q61c. The guidance from the Department was useful	0.5%	52.3%	21.3%	21.8%	4.1%	0.0%	100%
Q61d. The guidance from the Department was timely	0.0%	26.8%	21.2%	41.4%	10.6%	0.0%	100%
Q61e. A compulsory contract would have been better	13.3%	46.2%	15.9%	20.5%	4.1%	0.0%	100%
Q61f. The new contract has increased the number of hours spent by consultants on NHS work	1.0%	10.8%	28.9%	45.9%	11.3%	2.1%	100%
Q61g. The hours consultants work for the NHS are more clearly defined	9.1%	82.3%	3.0%	5.1%	0.0%	0.5%	100%
Q61h. The on-call procedures have been improved by the new contract	0.5%	26.6%	42.7%	26.0%	2.6%	1.6%	100%

Q61i. The new contract has increased the number of hours spent by consultants on private practice work	0.5%	0.0%	38.1%	51.5%	6.7%	3.1%	100%
Q61j. There is a shortage of suitable qualified junior doctors to take up consultant posts	3.1%	25.0%	20.4%	40.3%	4.6%	6.6%	100%

Appendix A:

Trust Survey Questionnaire

Trust Survey

June 2006

1 National Audit Office Study: Pay Modernisation for Consultants in the NHS

About the NAO

The role of the National Audit Office is to report to Parliament on the spending of central government money. We conduct financial audits of all government departments and agencies and many other public bodies, and report to Parliament on the value for money with which public bodies have spent public money.

The National Audit Office is carrying out an investigation into NHS pay and productivity at the request of Parliament. As part of this work we are looking into pay modernisation, starting with a review on the implementation of and benefits derived from the new consultants' contract. We are keen to capture the views of all acute, foundation and mental health Trusts, which will be aggregated to form a central part of the evidence for our report which is due to be published in late 2006.

Objectives of the census

The objectives of the census is to identify the Trust's role in forming the strategy behind the new contract; the effectiveness of implementing the contract within the Trust; and the impacts resulting from the new contract. This is also an opportunity for Trusts to inform us of their views on the new contract.

As part of the study we are particularly keen to identify examples of successful measures which have assisted the implementation of the contract or methods that have enhanced the contract's potential benefits.

Use of results

The results of the audit will be presented in the format "*80 per cent of Trusts have an average number of PAs above 11; Recruitment has become easier in 34 per cent of Trusts etc*". References to individual Trusts, for example on good practice, will be discussed and the findings cleared with the relevant Trust before publication. However, as usual the Department of Health will be given access to the results of our survey. Where relevant, we may also share anonymised data under the terms of the Healthcare Inspection Concordat.

The audit programme comprises **four questionnaires**:

Part One: for the Chief Executive

Part Two : for the Medical Director

Part Three : for the Finance Director

Part Four: for the Human Resources Director

Please follow instructions and try to answer every question. For open-ended questions (those requiring written responses, please take care to write clearly in the boxes provided.

Where the Trust covers more than one hospital, please answer with regard to your total responsibilities.

We recommend that this part of the questionnaire should be completed by the Chief Executive

Part **1**

National Audit Office

Pay Modernisation for Consultants in the NHS

Audit of NHS Trusts in England

Name of Trust _____

Name of Chief Executive: _____

Telephone: _____

Fax: _____

We recommend that this part of the questionnaire should be completed by the Chief Executive

Part 1

Development and Implementation

Q01 Were the aims of the new contract negotiations presented clearly and fully during the development of the contract? *(Tick one box only)* Yes ¹ No ² *(if No, go to Q03)*

Q02 *If Yes*, please describe the aims, as presented to you by the Department.

Impacts

Q03 Did the Department advise the Trust to measure the impact of the contract from the outset? *(Tick one box only)*
Yes ¹ No ²

Q04 Has the Trust implemented measures to evaluate the impact of the contract? *(Tick one box only)*
Yes ¹ No ² *(if No, go to Q06)*

Q05 *If Yes*, what measures have been implemented? *(Please describe)*



Q06 What, if any, positive impacts (benefits) have been identified and, where possible, quantified? *(Please describe)*

Q07 What, if any, negative impacts have been identified and, where possible, quantified? *(Please describe)*

Q08 Has the contract implementation been fully funded by the Department? *(Tick one box only)*

Yes ¹ *(if Yes, go to Q10)*

No ²

Don't Know ³ *(if Don't Know, go to Q10)*

Q09 *If No*, in your opinion what is the main reason for this shortfall? *(Please describe)*

Q10 Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Too early to say
Old contract						
The old contract was fit for purpose						
Implementation of new contract						
The Departments consultations prior to negotiating the contract were adequate						
The guidance from the Department was useful						
The guidance from the Department was timely						
The new contract reflected the needs of your Trust						
Impact from new contract						
The benefits expected of the contract were realistic						
A compulsory contract, whereby <i>all</i> consultants would have had to switch from their old contracts, would have been better						
The new contract has improved the management of consultants						
Waiting lists have been reduced as a result of the new contract						
Services are more responsive to patient need						
The performance of consultants is now measured						
Job planning has been of real benefit to the Trust						
Other hospital staff have a better knowledge of where consultants are at any time during the working week						

Q11 Please note any additional comments about the contract in the space provided below

If you have any queries about completing the survey or any other aspects of this study please do not hesitate to contact Andy Fisher (andy.fisher@nao.gsi.gov.uk) on 020 7798 7539

We recommend that this part of the questionnaire should be completed by the
Medical Director

Part 2

National Audit Office

Pay Modernisation for Consultants in the NHS

Audit of NHS Trusts in England

Name of Trust _____

Name of Respondent: _____

Telephone: _____

Fax: _____

Trust Survey

June 2006

2 National Audit Office Study: Pay Modernisation for Consultants in the NHS

About the NAO

The role of the National Audit Office is to report to Parliament on the spending of central government money. We conduct financial audits of all government departments and agencies and many other public bodies, and report to Parliament on the value for money with which public bodies have spent public money.

The National Audit Office is carrying out an investigation into NHS pay and productivity at the request of Parliament. As part of this work we are looking into pay modernisation, starting with a review on the implementation of and benefits derived from the new consultants' contract. We are keen to capture the views of all acute, foundation and mental health Trusts, which will be aggregated to form a central part of the evidence for our report which is due to be published in late 2006.

Objectives of the census

The objectives of the census is to identify the Trust's role in forming the strategy behind the new contract; the effectiveness of implementing the contract within the Trust; and the impacts resulting from the new contract. This is also an opportunity for Trusts to inform us of their views on the new contract.

As part of the study we are particularly keen to identify examples of successful measures which have assisted the implementation of the contract or methods that have enhanced the contract's potential benefits.

Use of results

The results of the audit will be presented in the format "*80 per cent of Trusts have an average number of PAs above 11; Recruitment has become easier in 34 per cent of Trusts etc*". References to individual Trusts, for example on good practice, will be discussed and the findings cleared with the relevant Trust before publication. However, as usual the Department of Health will be given access to the results of our survey. Where relevant, we may also share anonymised data under the terms of the Healthcare Inspection Concordat.

The audit programme comprises **four questionnaires**:

Part One: for the Chief Executive

Part Two : for the Medical Director

Part Three : for the Finance Director

Part Four: for the Human Resources Director

Please follow instructions and try to answer every question. For open-ended questions (those requiring written responses, please take care to write clearly in the boxes provided.

Where the Trust covers more than one hospital, please answer with regard to your total responsibilities.

We recommend that this part of the questionnaire should be completed by the Medical Director

Part 2

Q12 Does the position of Medical Director at your Trust have a permanent or fixed-term contract? *(Tick one box only)*

- Permanent ¹ Fixed term of less than 2 years ³
 Fixed term of 2 or more years ²
 Other *(please specify)* _____ ⁴

Job Planning

Q13 At the 31 March 2006, what was the average number of Programmed Activities (PAs) per week paid for by the Trust? _____

Q14 At the 31 March 2006, what was the maximum number of PAs per week a consultant was paid for in your Trust? _____

Q15 In the majority of cases, are the extra PAs being worked by consultants required to meet clinical need? *(Tick one box only)* Yes ¹ No ² Not applicable ³

Q16 Is the Trust aiming to reduce the number of PAs worked by consultants per week? *(Tick one box only)*
 Yes ¹ No ² *(if No, go to Q19)*

Q17 *If Yes*, is this due to: *(please tick all that apply)*

- Reduction in patient activity ¹ Improved management of consultant time ³
 An increase in consultant productivity ² Lack of funding ⁴
 Other *(please specify)* _____ ⁵

Q18 *If Yes to Q16*, How is the Trust planning to reduce the number of PAs worked? *(Please describe)*

Q19 Before the implementation of the new contract, what percentage of consultants worked under explicit job plans?

- (Tick one box only)*
- | | |
|---------------|--------------------------|
| Less than 25% | <input type="checkbox"/> |
| 25% to 49% | <input type="checkbox"/> |
| 50% to 74% | <input type="checkbox"/> |
| More than 75% | <input type="checkbox"/> |

Q20 At 31 March 2006, what percentage of consultants at the Trust currently has agreed job plans? _____ %

Q21 At 31 March 2006, what percentage of job plans contains references to organisational objectives? _____ %

Q22 Most commonly, with whom do consultants agree there job plans? *(Tick all that apply)*

- | | | | | |
|-------------------------------------|--------------------------|--|-------------------|--------------------------|
| Medical Director | <input type="checkbox"/> | | Clinical Director | <input type="checkbox"/> |
| General Manager | <input type="checkbox"/> | | | |
| Other <i>(please specify)</i> _____ | | | | 4 |

Q23 Do PCTs, as commissioners, have a role in the job planning process? *(Tick one box only)*

- | | | | | |
|-----|--------------------------|--|----|--------------------------|
| Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
|-----|--------------------------|--|----|--------------------------|

Q24 Since the implementation of the new contract, how many job plans have been agreed by the Trust? _____

Q25 Since the implementation of the new contract, how many job plans have had to go to mediation? _____

Q26 Since the implementation of the new contract, how many job plans have had to go to formal appeal? _____

Pay Awards

Q27 How many Clinical Excellence Awards were granted by your Trust in 2005/06? _____

Q28 What was the annual cost of these Clinical Excellence Awards in 2005/06? £ _____

Impacts

Q29 Do patients have more choice over treatment/appointment times as a result of the new contract? *(Tick one box only)*

Yes ¹

No ²

Q30 Has the Trust used the new contract to reconfigure service provision? *(Tick one box only)*

Yes ¹

No ² *(if No, go to Q32)*

Q31 *If Yes*, how has the Trust used the new contract to reconfigure service provision? *(Please describe)*

Q32 What, if any, are the barriers to consultants working differently? *(Tick all that apply)*

Resistance to change

¹

Integration with other initiatives

³

Poor information systems

²

Job plans not advanced enough at present

⁴

Other (please specify) _____

⁵

Q33 Since the implementation of the new contract, what have been the main factors limiting consultant productivity in your hospitals? *(for example, a lack of facilities, weak staff job planning, insufficient administrative assistance)*

(Please list)

Q34 Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Too early to say
Implementation of new contract						
There was effective capacity planning before the introduction of the new contract						
The guidance from the Department was useful						
The guidance from the Department was timely						
Impact from new contract						
A compulsory contract, whereby <i>all</i> consultants would have had to switch from their old contracts, would have been better						
Consultants now have a more flexible approach to working						
Consultant job plans have clear objectives linked to service improvements						
The Trust has an understanding of the productivity of consultants						
The support and resources identified in job plans as a requirement to deliver objectives have been delivered						
Team working has improved since the implementation of the new consultant contract						
Consultants have a positive relationship with management						
The hours consultants work for the NHS are more clearly defined						
Pay progression is dependent on completion of job plans						
Patient care has improved as a result of the consultant contract						
The number of PAs consultants worked is predominantly dependent on the requirements of the Trust						

Q35 Please note any additional comments about the contract in the space provided below

If you have any queries about completing the survey or any other aspects of this study please do not hesitate to contact Andy Fisher (andy.fisher@nao.gsi.gov.uk) on 020 7798 7539

We recommend that this part of the questionnaire should be completed by the
Finance Director

Part 3

National Audit Office

Pay Modernisation for Consultants in the NHS

Audit of NHS Trusts in England

Name of Trust _____

Name of Respondent : _____

Telephone : _____

Fax : _____

Trust Survey

June 2006

3 National Audit Office Study: Pay Modernisation for Consultants in the NHS

About the NAO

The role of the National Audit Office is to report to Parliament on the spending of central government money. We conduct financial audits of all government departments and agencies and many other public bodies, and report to Parliament on the value for money with which public bodies have spent public money.

The National Audit Office is carrying out an investigation into NHS pay and productivity at the request of Parliament. As part of this work we are looking into pay modernisation, starting with a review on the implementation of and benefits derived from the new consultants' contract. We are keen to capture the views of all acute, foundation and mental health Trusts, which will be aggregated to form a central part of the evidence for our report which is due to be published in late 2006.

Objectives of the census

The objectives of the census is to identify the Trust's role in forming the strategy behind the new contract; the effectiveness of implementing the contract within the Trust; and the impacts resulting from the new contract. This is also an opportunity for Trusts to inform us of their views on the new contract.

As part of the study we are particularly keen to identify examples of successful measures which have assisted the implementation of the contract or methods that have enhanced the contract's potential benefits.

Use of results

The results of the audit will be presented in the format "*80 per cent of Trusts have an average number of PAs above 11; Recruitment has become easier in 34 per cent of Trusts etc*". References to individual Trusts, for example on good practice, will be discussed and the findings cleared with the relevant Trust before publication. However, as usual the Department of Health will be given access to the results of our survey. Where relevant, we may also share anonymised data under the terms of the Healthcare Inspection Concordat.

The audit programme comprises **four questionnaires**:

Part One: for the Chief Executive

Part Two : for the Medical Director

Part Three : for the Finance Director

Part Four: for the Human Resources Director

Please follow instructions and try to answer every question. For open-ended questions (those requiring written responses, please take care to write clearly in the boxes provided.

Where the Trust covers more than one hospital, please answer with regard to your total responsibilities.

We recommend that this part of the questionnaire should be completed by the Finance Director

Part 3

Cost of implementation

Q36 Was the Trust asked to provide the Department with information that would allow the cost of the contract to be modelled? (*Tick one box only*) Yes ¹ No ² Don't Know ³

Q37 How much was the Trust allocated by the Department and how much did the contract implementation cost for each of the following financial years?

Trust allocation from the Department £'000			Actual cost of the new contract £'000		
2003/2004	2004/2005	2005/2006	2003/2004	2004/2005	2005/2006

Q38 How much of this was spent on Programmed Activities (PAs) in 2005/06? £ _____

Q39 Does your Trust have a deficit for 2005/06? Yes ¹ No ² (*if No, go to Q42*)

Q40 *If Yes*, how much is this deficit? £ _____

Q41 *If Yes to Q39*, what percentage of this is due to the new consultants' contract (if not known by the Trust, tick *Don't Know*)? _____% Don't Know

Q42 What was the superannuation cost for consultants in the Trust in the following years?

2002/03	2003/04	2004/05	2005/06

Q43 What was the cost of consultants' pay progression/incremental increases in the following years?

2002/03	2003/04	2004/05	2005/06

Q44 Has the waiting times initiative funding been used to fund extra PAs? (*Tick one box only*)

Yes ¹ No ² Don't Know ³

On-Call and Out-of-Hours

Q45 In 2005/06, how much did the Trust pay for Category A and Category B On-Call allowance?

Category A £ _____ Category B £ _____

Q46 How much was spent on 'On-Call' payments under the old contract in 2002/03? £ _____

Recruitment and Retention (premia)

Q47 How many consultants are in receipt of recruitment and retention premia? _____

Q48 What is the cost of the recruitment and retention premia? £ _____

Q49 Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Too early to say
Implementation of new contract						
The guidance from the Department was useful						
The guidance from the Department was timely						
Impact from new contract						
A compulsory contract, whereby <i>all</i> consultants would have had to switch from their old contracts, would have been better						
The Trust is in a financially worse position due to the new contract						

Q50 Please note any additional comments about the contract in the space provided below

If you have any queries about completing the survey or any other aspects of this study please do not hesitate to contact Andy Fisher (andy.fisher@nao.gsi.gov.uk) on 020 7798 7539

We recommend that this part of the questionnaire should be completed by the
Human Resources Director

Part 4

National Audit Office

Pay Modernisation for Consultants in the NHS

Audit of NHS Trusts in England

Name of Trust _____

Name of Respondent : _____

Telephone : _____

Fax : _____

Trust Survey

June 2006

4 National Audit Office Study: Pay Modernisation for Consultants in the NHS

About the NAO

The role of the National Audit Office is to report to Parliament on the spending of central government money. We conduct financial audits of all government departments and agencies and many other public bodies, and report to Parliament on the value for money with which public bodies have spent public money.

The National Audit Office is carrying out an investigation into NHS pay and productivity at the request of Parliament. As part of this work we are looking into pay modernisation, starting with a review on the implementation of and benefits derived from the new consultants' contract. We are keen to capture the views of all acute, foundation and mental health Trusts, which will be aggregated to form a central part of the evidence for our report which is due to be published in late 2006.

Objectives of the census

The objectives of the census is to identify the Trust's role in forming the strategy behind the new contract; the effectiveness of implementing the contract within the Trust; and the impacts resulting from the new contract. This is also an opportunity for Trusts to inform us of their views on the new contract.

As part of the study we are particularly keen to identify examples of successful measures which have assisted the implementation of the contract or methods that have enhanced the contract's potential benefits.

Use of results

The results of the audit will be presented in the format "*80 per cent of Trusts have an average number of PAs above 11; Recruitment has become easier in 34 per cent of Trusts etc*". References to individual Trusts, for example on good practice, will be discussed and the findings cleared with the relevant Trust before publication. However, as usual the Department of Health will be given access to the results of our survey. Where relevant, we may also share anonymised data under the terms of the Healthcare Inspection Concordat.

The audit programme comprises **four questionnaires**:

Part One: for the Chief Executive

Part Two : for the Medical Director

Part Three : for the Finance Director

Part Four: for the Human Resources Director

Please follow instructions and try to answer every question. For open-ended questions (those requiring written responses, please take care to write clearly in the boxes provided.

Where the Trust covers more than one hospital, please answer with regard to your total responsibilities.

We recommend that this part of the questionnaire should be completed by the Human Resources Director

Part 4

Q51 How many consultants are employed by the Trust? _____

Q52 At the 31 March 2006, how many consultants were currently on the: new contract? _____
 old contract? _____

Recruitment and Retention

Q53 Prior to the introduction of the new consultants' contract, did the Trust have difficulty in either the **recruitment or retention** of consultants? (Tick one box only) Yes ¹ No ² (if No, go to Q55)

Q54 If Yes, was this due to: (please tick all that apply)

- | | | | |
|---|---------------------------------------|--------------------------|---------------------------------------|
| Lack of suitable applicants | <input type="checkbox"/> ¹ | Inflexible 1948 contract | <input type="checkbox"/> ³ |
| Loss of consultants to private practice | <input type="checkbox"/> ² | Lack of funding | <input type="checkbox"/> ⁴ |
| Shortage in a particular specialty (please specify) _____ | | | ⁵ |
| Other (please specify) _____ | | | ⁶ |
-

Q55 Has the **recruitment** of consultants improved, worsened or stayed the same since the implementation of the new contract? (Tick one box only)

Improved ¹ Worsened ² Stayed the same ³

Q56 Has the **retention** of consultants improved, worsened or stayed the same since the implementation of the new contract? (Tick one box only)

Improved ¹ Worsened ² Stayed the same ³

Job Planning

Q57 With which bodies, if any, did the Trust either coordinate or cooperate with regarding the implementation of the new job planning procedures (to ensure there were no disparity between the Job Planning in your Trust and others): *(please tick all that apply)*

- | | | | |
|---|--------------------------|--|--------------------------|
| None | <input type="checkbox"/> | Other local NHS Trusts within your SHA | <input type="checkbox"/> |
| Other non-local NHS Trusts outside your SHA | <input type="checkbox"/> | The SHA | <input type="checkbox"/> |
| Other <i>(please specify)</i> _____ | | | <input type="checkbox"/> |

Please use the following box to detail the type and extent of coordination or cooperation (e.g. phone call with Trust, SHA organised meeting,...)

On-Call

Q58 Did the Department offer clear guidance on the intended differentiation between Category A and B on-call allowance? *(Tick one box only)*

- Yes No

Pay Drift and Awards

Q59 What is the percentage of consultants on the new contract at the top end of their pay scale (Pay Thresholds 7 or 8)? _____ %

Q60 Has the new contract helped to eliminate pay drift*? *(Tick one box only)* Yes No

* Pay Drift is the tendency for there to be a gradual shift up the incremental scales, and is additional to settlement inflation.

Q61 Please indicate your level of agreement or disagreement with each of the following statements by ticking the most appropriate box:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Too early to say
Old contract						
Recruiting consultants was difficult under the old contract						
There was no problem in retaining consultants under the old contract						
Implementation of new contract						
The guidance from the Department was useful						
The guidance from the Department was timely						
Impact from new contract						
A compulsory contract, whereby <i>all</i> consultants would have had to switch from their old contracts, would have been better						
The new contract has increased the number of hours spent by consultants on NHS work						
The hours consultants work for the NHS are more clearly defined						
The on-call procedures have been improved by the new contract						
The new contract has increased the number of hours spent by consultants on private practice work						
There is a shortage of suitable qualified junior doctors to take up consultant posts						

Q62 Please note any additional comments about the contract in the space provided below

If you have any queries about completing the survey or any other aspects of this study please do not hesitate to contact Andy Fisher (andy.fisher@nao.gsi.gov.uk) on 020 7798 7539

Thank you for taking the time to complete this questionnaire.