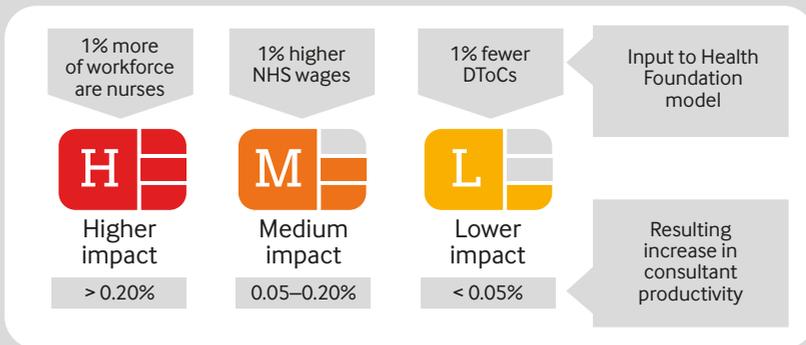


# What makes for a productive consultant?

There are eight factors that affect how productive a hospital's consultants are, according to modelling work by the Health Foundation. It examined data on consultants' activity across 150 acute trusts (including teaching and specialist hospitals). The activity measured included emergency, inpatient, and outpatient care.

Of the 15 different factors that the foundation considered, the eight shown below had a statistically significant impact on the measure of productivity it used (at a 95% confidence level)\*.



## Skill mix

### 1 Percentage of nurses

Hospitals with a higher proportion of nurses within their total workforce had more productive consultants.

1% more of workforce are nurses



### 2 Percentage of support staff

Hospitals with a higher number of support staff within their total workforce also had more productive consultants, although the impact was smaller.

1% more of workforce are support staff



## Regional variation

### 3 Higher wages

Hospitals in areas where the NHS wage is higher than the regional average had higher consultant productivity.

1% higher NHS wages



### 4 Urban location

Hospitals in more urban areas had higher consultant productivity. This may be due to a larger throughput of people needing services.

1 point on 5-point scale



## Hospital Characteristics

### 5 Greater specialisation

More specialised hospitals had more productive consultants. This is measured using a specialisation index, which compares the proportions of case types in a hospital with the national average.

1% more specialisation



### 6 Not in a teaching hospital

Teaching is not included in the measure of consultant productivity used, so consultants in teaching hospitals appear to be less "productive".

No teaching vs teaching hospital



### 7 More private finance

A very small increase in productivity is seen in hospitals that have a higher proportion of their total cost accounted by PFIs (private finance initiatives). Greater capital investment may be associated with greater efficiency.

1% more of total cost is PFI



### 8 Fewer delayed transfers

Consultants working in hospitals with a lower number of DTOCs (delayed transfer of care) are slightly more productive.

1% fewer DTOCs



\* Most of these factors will be subject to diminishing returns. For example, taken to an extreme, as the proportion of nurses approached 100%, the number of consultants would be vanishingly small, and productivity would begin to decrease. Further analysis would be required to determine the thresholds for improvements.