

## Consultant 1

7 March 2013

Dear Sir/Madam,

I would like to submit further evidence in response to your Annotated Issues Statement Dated 28/02/2013.

I had previously made a submission to competition commission in June 2012.

Since then I had written to BUPA to express my concerns over the process of consultant recognition and their unilateral decision to revise the benefit maxima.

[X] BUPA have now stopped me from seeing any patients insured with BUPA since [X] 2013.

They have not replied to my letter dated [X] in which I have categorically asked them in relation to the care of my existing BUPA patients and potential future patients to pay the 'shortfall' if BUPA will not cover the full charges.

Since then several of my existing patients have contacted BUPA but BUPA have refused them to be seen by me.

Last week alone I have seen two patients who are BUPA insured and were recommended to see me for their urgent [X] problems.

In the first case the patient has had to 'self pay' for the consultation and surgery. In the second case I treated the patient without any charge. I did not want to inconvenience them by them having them to go through the often unpleasant exchange with BUPA and then being told that they can not see me after all. In this case I would even be paying the hospital consulting room charges myself.

I saw another patient two weeks ago who came to see me in the NHS as BUPA refused to authorize him to consult me in [X] 2013, although he was referred to me by another [X] consultant for a specialized opinion and surgery.

This patient waited to see me on the NHS and now has surgery booked in May 2013. He expressed his extreme dissatisfaction with BUPA as BUPA were going to send him to see someone in North-East London to a 'fee assured' consultant that was totally inconvenient for him and he wanted to consult me as recommended by his existing [X] consultant. He said that he had never used his BUPA policy over 2 decades and for the first time when he needed to see a particular consultant he was refused.

So in summary, BUPA consultant recognition process is limiting choice for its patients and is unfair to the new consultants. It is purely based on cost and BUPA are prepared to stop new consultant's from providing their services as evident in my case. I would argue that BUPA could still provide their members minimum level of cover that they now provide and give patient the choice to bear the shortfall if they choose to do so.

To date I had never charged the patients more than their benefit maxima that I had signed up to in 2010. However recently they had changed the benefit maxima and I was not even aware that one of the less common procedures has now been downgraded from 91 pounds to 50 pounds. I had invoiced two patients for 90 pounds for this procedure (with in the 91

pounds based on their benefit maxima of 2010). On this basis they have stopped me from offering my services to their patients. (One has to bear in mind that this 2010 maxima had not changed since 19-20 years)

I am also aware of other impacts BUPA policies have on its patients and providers. Several of my new consultant colleagues have not even signed up to their 'new consultant recognition process' and therefore do not see BUPA patients. Most existing/established consultants now bill directly to patients and then let the patients 'fight' it out with BUPA. This I am sure is inconvenient to patients.

Another aspect a lot of my patients have mentioned is that it is not easy to change insurers even if they wanted. This is mainly because the existing conditions are then not covered by the new insurer. This seems to me to limit choice and competition as surely the risks associated with the existing conditions could be taken in to account by the new insurer.

I hope you will agree that 'new consultant recognition' process is unfair and anti-competitive.