

## Appendix M

### Evidence Published by the CC on PMI Steering of Patients

CONSULTANT CC SUBMISSION ANALYSIS		
Consultant	Extract from Consultant Submission	Submission Date
2	<p>“The introduction of managed care pathways by many insurers, which, inadvertently or intentionally, bypass the direct consultant/GP relationship as well as affecting the consultant/patient relationship, by removing patient and GP choice as regards referral. If the private medical insurance company becomes the gatekeeper than decisions cannot be assured to be impartial, as they inevitably become influenced by corporate profits.”</p>	2 May 2012
4	<p>“Another issue is the trend by the PMI companies to ask patients to contact them directly (ie a managed care pathway), which is against the GMC guidelines on private practice, which state that the GPs should be the gatekeepers and triage patients presenting with symptoms, thereby ensuring the patient sees the correct specialist. Clearly, if the PMI company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist, which will not necessarily be in their best clinical interests.”</p>	2 May 2012
6	<p>“Insurers are constantly interfering with competition in this market. As an example, the recent actions that BUPA have taken to restrict patient choice in accessing Consultants, as well as unilaterally setting the reimbursement they give to their subscribers restricts competition and choice.</p> <p>...</p> <p>There is a trend by the PMI companies to ask patients to contact them directly (ie. a managed care pathway), which is against the GMC guidelines on private practice, which state that GPs should be the gatekeepers and should triage patients to the most appropriate specialist. Clearly, if the PMI company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist.”</p>	2 May 2012
8	<p>“BUPA and PPP are now trying to direct as many of their patients to these newer consultants for cost reasons regardless of patient wishes and quality of care and are thus removing patient choice from the system by informing patients that consultants who charge rates according to market forces are 'overcharging'.”</p>	30 April 2012
10	<p>“BUPA are actively directing patients to "cheaper" providers without giving consideration to the expertise of that individual and with no regard for the wishes of the patient or the recommendation of their GP.</p> <p>...</p> <p>There is a worrying trend by many of the PMI companies to ask patients to contact them directly (ie. a managed care pathway). This is against the GMC guidelines on private practice. I believe that the GPs should be the gatekeepers and triage patients according to clinical findings. Having a clerk on the end of the telephone make decisions of a clinical nature is simply bad medicine. Clearly, if the PMI company is the point of triage, it is in their commercial interest to direct patients to the cheapest treatment or specialist. This will almost certainly not be in the patients' best interests.”</p>	2 May 2012
11	<p>“I am also concerned about the restrictive practice by PMI companies who contact patients directly and coerce them to see a particular consultant who may or may not be the most appropriate doctor for them to see. This role has hitherto been the responsibility of the general medical practitioner (GMP) who knows the patient and importantly knows the most appropriate specialist to refer to.</p> <p>I understand that this is against the General Medical Council (GMC) guidelines on private practice, which state that the GMP should be the gatekeepers and triage patients. This ensures that the patient sees the most appropriate specialist. It is my opinion that if the PMI company is the point of triage then it maybe in their interest to direct patients to the cheapest treatment or specialist. This may not be in the best clinical interests of the patient.”</p>	2 May 2012
12	<p>“I [, having resigned from the BUPA partnership,] assume BUPA pts will now be told I am no longer listed with their insurance company and pts who may have chosen to see me will be</p>	2 May 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	directed elsewhere. BUPA will be influencing clinical decisions that the pts GP may have made. GPs should be the gateway to private medicine and BUPA seem to be taking on a gate keeping role which I don't believe is ever going to be underpinned by sound clinical judgement and awareness of local expertise amongst the specialists."	
13	"Another issue I would like to raise is the trend by the PMI companies to ask patients to contact them directly (ie. a managed care pathway), which is against the GMC guidelines on private practice, which state that the GPs should be the gatekeepers and triage patients presenting with symptoms, thereby ensuring the patient sees the correct specialist. Clearly, if the PMI company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist, which will not necessarily be in their best clinical interests."	1 May 2012
15	"BUPA will attempt though a process of managed care to direct patients to surgeons who agree to invoice at the new low (unreasonable) tariff rather than allow free market choice by allowing patients to request a surgeon of their choice."	1 May 2012
16	"New consultants have been forced to sign restrictive contracts capping consultation fees. If they do not agree with these terms they are excluded - insured patients are actively directed away from them.  ... Medical insurance companies have been disregarding GP recommendations for particular specialist referral thus restricting access to their members. In some cases this is clinically dangerous. Some years ago orthopaedic patients from Northern Ireland were directed for care on the mainland. Although this is an extreme example these same thing happens at a local level, particularly in large cities such as London."	2 May 2012
17	"Currently, new consultants are expected to sign up to a contract which ensures that they charge only the fees that BUPA sets – otherwise they are not recognised by BUPA and are not allowed to see patients privately. This yet again demonstrates the erosion of patient choice and the doctor/patient relationship, whereby a GP can refer to a specialist that either they or their patient wishes to see, rather than someone imposed on the patient by a provider who is interested only in company profits."	1 May 2012
18	"Perhaps a more important issue is the attempt by BUPA and other insurers to manipulate the referral process. Traditionally, a patient will contact their GP, whom they probably know and trust, for advice and referral to the specialist most appropriate to deal with their problem.  The GP has no financial interest in the process, and, in order to maintain their relationship with the patient, will act in the patient's best interest and refer appropriately. Several of the major insurers seek to compromise this impartial referral process as, when contacted by the patient for pre-authorisation for the initial consultation, they will routinely ask the patient if they would rather see another consultant, whose rates are cheaper. In the vast majority of cases, the alternative consultant is not a specialist in the appropriate area (a patient with a foot problem might well be advised to see a hip specialist, for example), which is usually why they are charging lower fees. Hence what might appear to be a pro-competitive practice is simply a tawdry attempt to save money by purchasing a less-specialised level of care."	1 May 2012
19	"[PMI providers] have begun to insist that patients approach them for authorisation to see a particular consultant and often guide patients away from seeing one consultant in favour of another, purely on the basis of cost. This removes the element of choice from the patient in being able to choose the best consultant for their own particular problem. This advice has always, and should, come solely from the GP or personal recommendation from other satisfied patients. It is not for a PMI company to take this decision for a patient."	4 May 2012
20	"Another issue I believe should be raised is the trend by the PMI companies to ask patients to contact them directly (ie. a managed care pathway), which is against the GMC guidelines on private practice, which state that the GPs should be the gatekeepers and triage patients presenting with symptoms, thereby ensuring the patient sees the correct specialist. Clearly, if the PMI company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist, which will not necessarily be in their best clinical interests."	4 May 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
22	<p>“I am also concerned about the restrictive practice by PMI companies who contact patients directly and coerce them to see a particular consultant who may or may not be the most appropriate doctor for them to see. This role has hitherto been the responsibility of the general medical practitioner (GMP) who knows the patient and importantly knows the most appropriate specialist to refer to.</p> <p>I understand that this is against the General Medical Council (GMC) guidelines on private practice, which state that the GMP should be the gatekeepers and triage patients. This ensures that the patient sees the most appropriate specialist. It is my opinion that if the PMI company is the point of triage then it maybe in their interest to direct patients to the cheapest treatment or specialist. This may not be in the best clinical interests of the patient.”</p>	1 May 2012
23	<p>“Recent actions by BUPA have restricted the individual patient's choice of specialist. BUPA has diverted patients from the specialist to whom that patient was referred (by the GP) to another specialist who offers a cheaper service (and is contracted with BUPA to offer certain rates only) but not necessarily a better quality one.”</p>	29 April 2012
24	<p>“The traditional, and previously agreed way to treat private patients was for the General Practitioner to refer the patient direct to the Consultant, the Consultant would see the patient discuss their condition and together decided what course of action to take.</p> <p>It is becoming increasingly obvious that BUPA are interfering with this system to their own end. Patients are asked to phone up BUPA for an authorisation code, and when they do are sometimes advised that they must go and see one of their doctors. These doctors are often junior surgeons who have been forced to sign a BUPA contract limiting their remuneration, thus saving BUPA money. The GP's are often not aware of this, nor am I as the patient often does not report this back to the original surgeon, assuming this is standard practice.”</p>	1 May 2012
25	<p>“Over the last few months patients have told me that BUPA have been advising them to see alternative Gastroenterologists because I am not one of their recommended specialists. This is despite the fact that the patients’ GPs have referred them specifically to me. This week a patient cancelled an appointment with me because of this advice from BUPA.”</p>	2 May 2012
28	<p>“There is clear evidence that patients are being diverted to consultants they did not wish to originally see, on the advice of the insurance companies, and have to fight to be able to see them, even if they offer to 'top up' the fees paid.”</p>	30 April 2012
29	<p>“Another issue I believe should be raised is the trend by the PMI companies to ask patients to contact them directly (ie. a managed care pathway), which is against the GMC guidelines on private practice, which state that the GPs should be the gatekeepers and triage patients presenting with symptoms, thereby ensuring the patient sees the correct specialist. Clearly, if the PMI company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist, which will not necessarily be in their best clinical interests.”</p>	30 April 2012
30	<p>“Rather than the GP referring directly to the consultant they ask the patient to contact BUPA who then arrange an appointment with a consultant of BUPA’s choice. This may well not be the most appropriate or best for the patient.</p> <p>In doing this they are trying to introduce American style “managed Care” through the back door.”</p>	1 May 2012
31	<p>“I am also concerned about the restrictive practice by PMI companies who contact patients directly and coerce them to see a particular consultant who may or may not be the most appropriate doctor for them to see. This role has hitherto been the responsibility of the general medical practitioner (GMP) who knows the patient and importantly knows the most appropriate specialist to refer to. I understand that this is against the General Medical Council (GMC) guidelines on private practice, which state that the GMP should be the gatekeepers and triage patients. It is my opinion that if the PMI company is the point of triage then it maybe in their interest to direct patients to the cheapest treatment or specialist. This may not be in the best clinical interests of the patient. The unfairness in competition exists in this scenario in that the Surgeon is not able to compete based upon merit but simply</p>	2 May 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	upon the fees charged as determined by a subjective and in my opinion biased assessor.”	
34	<p>“If patients wish to see surgeons who are not partners they are actively encouraged not to see them by BUPA. This is not in the interests of the patient who has a right to see the consultant of their choice.</p> <p>...</p> <p>It seems that insurers will actively discourage patients from seeing a specialist based on price alone with no reference to reputation, complications, experience. This is usually due to the fact that surgeons have not signed up to a specific insurers’ price structure although the prices they charge may actually be within the price guidelines.”</p>	1 May 2012
35	<p>“Another issue is the trend by the PMI companies to ask patients to contact them directly (i.e. a managed care pathway), which is against the GMC guidelines on private practice. The guidelines state that the GPs should be the gatekeepers and triage patients presenting with symptoms, thereby ensuring the patient sees the correct specialist. If the PMI company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist, which will not necessarily be in their best clinical interests. This will raise the spectre of low cost with less emphasis on quality treatment as a preferred outcome for the PMI.”</p>	2 May 2012
37	<p>“They are restricting fully qualified registered consultant specialists from seeing 'their' patients (policy holders) unless they sign up to highly restrictive severely reduced fee schedules. They are actively diverting clinical referrals away from those consultants who charge their own fee schedules, and to cheaper consultants, stating that this is based on quality when it is absolutely only based purely on cost, and many of the cheaper consultants are actually less experienced, with poorer reputations.”</p>	2 May 2012
38	<p>“Another area of concern in the private healthcare market (PHM), is the increasingly common practice of the health insurance company to direct members to consultants of their choice rather than the choice of the patient or the general practitioner.</p> <p>The insurance company may refer patients to one of their providers who may or may not be the appropriate specialist for the complaint. This then becomes a managed care pathway created and controlled by the insurance company. The GMC guidelines on private practice state that GP’s should be the gatekeepers and triage patients according to their symptoms thereby ensuring that they see the correct specialist rather than the one who charges the least. The insurance companies are restricting patient choice in accessing consultants.”</p>	2 May 2012
42	<p>“The network system created by BUPA and AXA PPP is supposed to provide quality control for the members. The truth is that this is just another method of price control. On many occasions patients requiring complex radiological interventions have been refused care in an institution with far better equipment and trained staff because the institution is not a member of the network. Surprisingly they will not even authorise treatment even if the prices are lower. Patients are therefore treated in hospitals with inferior equipment and poorly trained staff.”</p>	2 May 2012
44	<p>“When a patient calls a Private Health Insurer, BUPA for example, to obtain authorization for a referral by a General Practitioners he or she may be advised that certain specialists "are not on their approved list" they then recommend other specialists.</p> <p>The reason for this is that Health Insurers discriminate against higher paid specialists in order to reduce their financial exposure to claims.</p> <p>This is at odds with the patient’s choice and in particular where a primary care (GP) physician has chosen with care, a referral to a specialist he/she considers being most appropriate based on:</p> <ul style="list-style-type: none"> <li>• his/her judgment of the case</li> <li>• the skills of the specialist</li> <li>• personal knowledge of the patient</li> </ul>	23 May 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	In effect, the referring person in such a case is somebody, possibly without medical training and no detailed knowledge of the medical problem. Apart from limiting competition and excellence among medical specialist it is not good for the patient whose choice is also constrained.”	
45	“I am forced to charge the rates that they artificially set or I face blacklisting. Not only that but PMI’s actually recommend specialists. This is against good medical practice and GMC guidance which states clearly that GP’s are best placed to choose an appropriate specialist.”	2 May 2012
47	“When I started patients were in general guided by their GP as the knowledgeable “gatekeeper” to a consultant who was appropriate for their needs. GP practices through their work with patients in the NHS and private practice have an intimate knowledge of a consultant’s abilities and skills. The other route for patients over the years has been referral on a personal recommendation, either by a patient or a colleague of the consultant in question. What has happened latterly is that powerful insurance companies (BUPA in particular) have taken over control of the patient pathway thus destroying choice and competition.”	24 June 2012
48	“Finally, there are instances where private medical insurance staff have coerced patients and limited choice for patients in achieving their aspirations for wellbeing, and in particular those who seek second opinions or those who are referred by other consultants for a tertiary opinion may not achieve that through the monopolistic pressure brought to bear by the largest provider of medical insurance in the country.”	14 June 2012
51	“Access to best practice and “top doctors” is deliberately restricted by the operation of “open referral” plans most of which are applied to people insured by their employers. These schemes use the same language in promotional literature as for other PMI products and give the corporate consumer the false impression that they can see a doctor of their choice and have access to unrestricted levels of treatment. Nothing could be further from the truth. So called “open” referral is a method of assuring referral to a “closed book” of specialists and hospitals/clinics selected by the PMI and not a referring doctor. This closed list often excludes access to doctors who are world leading authorities in their fields working in some of the best hospitals in the UK.”	28 June 2012
54	<p>“Recently BUPA have introduced the concept of controlling the referral pattern of patients from general practitioners to consultants. This is termed open and closed referrals... The person adjudicating whether to authorise the referral on behalf of the private health insurance provider is usually not medically trained and then makes a decision whether the condition does merit a referral. From what patients inform me this referral is often denied despite there being a medical reason for the referral. In addition BUPA are now only allowing referrals to be forwarded to a selected group of consultants who may or may not have the appropriate skills required for that particular patient. The criteria for doctors to be included on the approved consultant list has not been published but it would appear that this is based purely on the stated charges of that consultant. The skill of that consultant does not appear to be a priority and therefore patients may be put at risk of seeing a doctor who is not competent to deal with a particular medical or surgical problem.</p> <p>General practitioners (GPs) have for many years been the gatekeeper for patients accessing secondary care. GPs are in a position to determine the benefits to their patients of being referred to a consultant with a particular expertise and this is now being denied by BUPA. Perversely this may have an effect of increasing the cost of medical care since the patient may not be dealt with appropriately by the initially BUPA proffered consultant and may require a further opinion to deal with the medical/surgical problem. It is as yet unclear whether BUPA would allow a second opinion in such circumstances. Thus patient choice is being seriously eroded and is being determined by the health insurance provider on cost alone.”</p>	1 July 2012
58	“I withdrew from the BUPA "fee-assured" partnership. Previously I know that BUPA directed some patients to me, or at least did not actively discourage them, based on clinical grounds and experience. They now actively discourage patients who request to see me,	2 July 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	suggesting alternative pathways eg more physiotherapy etc., or that they should see a different surgeon (often less specialised)... Patients are having their choice influenced by their PMI, using inaccurate assumptions.”	
59	“There is a trend by the PMI companies to ask patients to contact them directly (ie. a managed care pathway), which is against the GMC guidelines on private practice, which state that GPs should be the gatekeepers and should triage patients to the most appropriate specialist. Clearly, if the PMI company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist, which will not necessarily be in the best interests of the patient.”	2 May 2012
62	“There is a natural competitive market where patients should be free to choose which doctors to use based on skill, experience, services and costs. For too long PMIs have exerted undue influence on this market simply to control their costs and maximise their profits and not to offer their customers the best medical care.”	2 May 2012
67	“Our local optometrists have all now received instructions from BUPA to avoid named referrals and also bypass the patient's GP. BUPA have asked the optometrists to instruct patients to ring BUPA directly who will then advise the patient of local 'BUPA recognised fee assured' consultants. All of my experienced colleagues have also opted out of the partnership. The only remaining surgeons will be newly appointed and relatively inexperienced.”	11 July 2012
68	“BUPA only recognises and recommends those doctors that will adhere to their fee schedule. Therefore, if a doctor is not happy to accept the current remuneration and wishes to charge outside of the BUPA fee structure they face being blacklisted.  Patients are denied access to these doctors despite the clinical excellence of that doctor... [and] GP's can no longer send their patients to a recommended consultant.”	11 July 2012
69	“I am very concerned about BUPA (and others) to all extents and purposes controlling access to specialist work by insisting specialists join a scheme in BUPA's case called "premier consultant". This means they go on a list of acceptable consultants and only they will be put forward as the choice the patients have for treatment. Effectively patients in this scheme have less choice than if they access the NHS!  ... In the last 4 weeks I am aware (because I know the GP) that two patients referred directly to me by letter were told on phoning BUPA that I was not a "recognised" consultant and that this patient should use someone who was. The names of 3 of my colleagues were then supplied. Obviously I do not know what was said exactly but I spoke to one of the patients and she said this was so and told me the names of my 3 colleagues. The other patient was similarly refused access to me and asked that the referral letter be re-addressed to someone who was recognised.”	15 July 2012
70	“The insurance companies seek increasingly to manage the referral process...”	14 July 2012
72	“... I therefore withdrew from the BUPA partnership. I then had a patient referred to me by her GP. The patient came to see me as she had previously seen me as a private patient. BUPA insisted that she could not have a follow-up appointment with me and that she had to go to another consultant who was in the BUPA partnership for her follow-up appointment. BUPA also informed me that I would not get any patients within their "Patient choice" scheme as I was not a member of their partnership.”	17 July 2012
75	“It is recognised that certain insurers have contracts with private health care providers. This is not widely recognised by the public that the private medical industry serves. It is sometimes that patients are not allowed to go to their nearest private medical hospital to obtain treatment and I feel that this can only be to the detriment of a patient.”	5 July 2012
77	“The IDF are opposed to “open referral”, which we believe is in itself a misleading term, deliberately designed to obfuscate. As a system of referral it is poor medicine and one which may lead to insurers referring patients inappropriately to the wrong specialty or subspecialty.	19 July 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	<p>GPs provide the relevant information, past history and present medication, all of which may not be available to the PMI and which may well be vital to the specialist. The insurer may claim that their referral is made on issues such as quality rather than cost, but all agree that quality is not easy to measure. As well as that it is often obvious, but difficult to prove, that the hidden motive is selection by cost – as profit is surely a motivating factor in corporate policy. The GP, however, is in a good position to judge patient reported outcome as well as monitoring any significant complications. Where an insurer, refers a patient to a specialist who is “recognised” by that insurer and for treatment, within a hospital owned by the insurer, there appears to be a conflict of interest. Not only should there be a declaration to the patient by the insurer, but surely the patient should be offered an alternative specialist in a non –aligned hospital.”</p>	
80	<p>“Bupa... [restricts or limits] the choice of consultants available to patients and their GP... [, and the] open referral process... policy directs patients only to ‘fee-assured’ consultants.”</p>	20 July 2012
81	<p>“BUPA is implementing an “Open Referral” process whereby patients might be redirected away from the Consultant of their choice to another clinician of BUPA’s choice, determined by financial parameters as opposed to clinical appropriateness. Traditionally General Practitioners have been the gatekeeper of referrals to secondary care based on local knowledge of expertise and specialization. It would not be in the patient’s best interests that this referral pathway should be managed by insurance companies who are driven by financial as opposed to clinical considerations and who are therefore in a position of conflicting interests.”</p>	25 June 2012
84	<p>“I have recently discovered that patients have been referred by their GP to me privately, they have phoned BUPA who tell them that I am not on their ‘fee assured’ list and recommend a colleague in my area who is. The patient then gets an appointment to see my colleague who sees the patient and then refers the patient to me as I have the appropriate expertise and an international reputation in the area of Gastroenterology concerned.</p> <p>...</p> <p>Finally, a recent patient informed me that they were ‘told off’ by BUPA as the GP referred the patient to me, the patient was told in future your GP should not refer to a named Consultant but that they should phone BUPA saying they needed to see a Gastroenterologist and they would arrange the appointment with a ‘fee assured’ Consultant.”</p>	25 July 2012
91	<p>“One of my colleagues who specialises in [undisclosed] surgery (and who has been a consultant seeing NHS and private patients for [undisclosed] years) has never opted to join the “consultant partnership” with BUPA but is a recognised provider with them. On two occasions this year he has been referred patients who needed a minor operation (C1230). When the patients have phoned BUPA to get authorisation for the procedure they were denied this and were told that the surgeon was “not recognised”. As a result the patients were re-referred to myself and a colleague who are consultant partners and had the procedure performed. This seems unfair to the initial consultant since the patient was told incorrect information about his status and in fact he charges the BUPA rates for this and every other procedure he performs.</p> <p>BUPA appear to be preferentially directing referrals to Consultants who are “fee assured” rather than allowing patients the full choice of all the recognised consultants. This is confusing to patients that might have been recommended a surgeon by their GP whose name does not appear on the list.”</p>	30 July 2012
93	<p>“Patients are no longer allowed freedom of choice regarding a preferred consultant recommended by the local GP. Currently patients are being recommended to other consultants by insurance company staff who could not possibly have sufficient knowledge when making the decision regarding the best consultant for the problem. Patients are having to insist on actually seeing the consultant they want and even when they have seen a specific specialist in the past, are still being told they are either too expensive or are being actively directed to another consultant. One assumes this action is designed to save the companies</p>	13 July 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	money although in one instance, one of my exiting patients was subsequently referred to a consultant in London who charged £10 more than my fee.”	
102	“This fee structure [the proposed BUPA fee capping for the Osteopathy and Chiropractic Network] has the potential to undermine all by removing patient choice and is discriminatory: If I don’t accept it, BUPA members will be forced to accept treatment by a practitioner who may not be their preferred choice i.e. one with whom they have built a relationship of trust or have been personally recommended to see.”	16 August 2012
107	“They [BUPA] apply pressure to the surgeon and patient to use only such anaesthetists taking no account at all of the anaesthetist experience, sub-speciality status, clinical expertise or previous record. This is clearly not in the interest of the patient, the surgeon or the anaesthetist involved, but has huge profit advantages for BUPA.”	30 August 2012
114	“For example, both BUPA and AXA PPP now have “preferred provider” schemes whereby they will re-refer patients to another doctor even when the patient’s own general practitioner has recommended a specific doctor that he trusts and/or knows to have a specific expertise necessary to treat their patient. This pre-emptive referral to another provider not only disenfranchises the patient and general practitioner of their choice of doctor but also allows BUPA/PPP to distort the pricing structure of independent practitioners.”	20 July 2012
119	“I am currently not allowed to provide these services [outpatient diagnostic services] by BUPA who now refuse to reimburse for a number of investigations. This has also taken the form of patients that I have seen being told to go back to their GP and get a referral to another specialist .The local patients have been told to see a consultant who works some 40-50 miles away. The current ludicrous situation means that local GP's have no choice and the local patients also have no choice but to pay for their tests locally or avail themselves of NHS services.”	5 September 2012
120	“BUPA’s open referral system contravenes the GMC Good Practice Guidelines. This takes away the choice from patients and GPs. BUPA deliberately divert patients away from the GP’s recommended specialist to another cheaper non-consultant specialist.”	24 September 2012
122	“Another area of concern in the private healthcare market (PHM), is the increasingly common practice of the health insurance company to direct members to consultants of their choice rather than the choice of the patient or the general practitioner. The insurance company may refer patients to one of their providers who may or may not be the appropriate specialist for the complaint. This then becomes a managed care pathway created and controlled by the insurance company. The GMC guidelines on private practice state that GP’s should be the gatekeepers and triage patients according to their symptoms thereby ensuring that they see the correct specialist rather than the one who charges the least. The insurance companies are restricting patient choice in accessing consultants.”	23 September 2012
126	“The open referral system which BUPA have introduced is of course misnamed and should be called a closed referral system & seeks to intervene between the referrer and the specialist. Patients choose their specialists on the basis of their own research, recommendation of friends or colleagues or recommendation of their professional advisors. BUPA seeks to change this by insisting that the insurer’s recommended specialist is used. This recommendation is based exclusively on the price which that specialist charges. If BUPA are collecting data on quality of service and using this as a criteria for direction of their so-called open referrals, then they should say so, otherwise they need to be explicit so that patients know that their open referral is being passed onto the cheapest specialist without any regard to quality or convenience.”	26 September 2012
132	“I would like to mention that the dominance of a few players in the market, both in the insurance and the hospital sector, has allowed them to dictate the terms to the clinicians, not always in the interest of the patients. This involves being directed to certain hospitals or clinicians, even though that may not be the patient's choice.”	4 October 2012
133	“Whereas previously patients would have the choice of which consultant to be referred to depending on their particular condition, patients are now losing this choice and being directed by BUPA to a 'Premier consultant'. Premier consultants are not chosen by the skills	5 October 2012



## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	they have acquired, but by an agreement that a consultant will accept fees set by BUPA.”	
134	<p>“I have always assumed that the GPs make their referrals on the basis of who they think is the best and most appropriate specialist for that particular patient and their condition. They will have learned about the local consultants through various sources.</p> <p>In the past month I have had 3 patients referred to me personally for advice and treatment by their own GP.</p> <p>Appointments have been made and the patients contacted in the usual way by my secretary but a day or so later the patient has got back to us to say BUPA would not fund the consultation as I am not listed on the new BUPA partnership. They have been advised to see another surgeon who has joined their group. On one occasion when the patient was referred to me with a problem hip, they were advised to see a surgeon who is not a hip surgeon but a knee surgeon.</p> <p>The problem reached a new level when a man who had previously been one of my patients was referred back for further advise by his GP and was also told by BUPA that they would not cover the consultation.”</p>	27 September 2012
142	“Private Medical Insurers are driving patients towards the cheapest provider in many areas without ever having any recourse to asking for quality data or encouraging consultants to collect and submit outcomes and complication data. This is particularly upsetting for patients who are often referred on a personal basis and then are either diverted by schemes such as those run by BUPA to cheaper group providers when the patient had hoped to have a personal choice of surgeons with reputational benefits, or providers (AXA PPP are the most prevalent) who seem to advise patients unofficially to be aware of surgeons who ‘charge too much.’”	15 October 2012
144	“Many clinicians are aware of incidents in which the patient is told that they are not allowed to see a specific consultant under the terms of their insurance policy: on occasions, the patients have even been told that a certain consultant “over-charges” and so the insurer will only allow them to be seen by an “approved” (and cheaper) consultant. This arrangement seems to take no account of the specific sub-specialist skills of the consultant to whom the patient has been referred. It also undermines the relationship between General Practitioners (GPs) and consultants – GPs frequently refer to a specific named consultant because they know that person to be the best-placed clinician to deal with a particular condition. It should not be for the insurers to decide which consultant a patient will see: this must remain a clinical decision.”	4 October 2012
145	“I have been made aware by my patients, that some insurers are in effect trying to manage the referral pathway. Patients under my care have contacted their insurer for ‘authorisation’ for a consultation or review, only to be told that they should seek an appointment with other surgeons. I am on all of the Providers ‘lists’ as an approved consultant, but as I have been in practice for some time, I charge a fee that is based on the older fee schedules. The patients seem to be encouraged to see younger colleagues constrained to the new fee schedules, even though they have no experience, interest or practice in the specialist area of my practice, and do not treat patients with cancer in the NHS.”	6 October 2012
146	“Bupa claim that they are better placed than GPs to direct patients as they have information on consultant practice with previous patients.”	11 October 2012
149	“Bupa and other insurers have now started targeted referral of patients, whereby the patient and their GP cannot select the specialist of their choice, but rather, the PMI company decides who the patient will see, based on agreement of fees reimbursed. This is to the disadvantage of the patient and fails to recognise the local intelligence their GP will have in advising on the specialist best suited to manage their condition.”	13 October 2012
151	“As a consequence of this independence, however, I stopped receiving referrals from BUPA, who require GP's to refer their clients only to "preferred" providers agreeing to charge	15 October 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	<p>within accepted limits. As a result, private patients do not have choice of their preferred provider and GP are influenced to refer to PMI-selected providers only, rather than most appropriate, and will find it difficult to adhere to their professional obligations of ensuring the doctor they refer to has the required expertise and qualifications.</p> <p>I have also witnessed a de facto de-recognition by BUPA as consultant on the specialist register (Chronic Pain/Anaesthetics); patients have been required to see non-pain-medicine qualified providers to refer them to me. It is unheard of, that private companies select clinical referral pathways and make decisions about most appropriate care - or denial of certain treatments - from administrative employees in offices, who have neither suitable recognised qualifications nor have seen and assessed these patients.”</p>	
152	<p>“Patients are being denied access and choice to see consultants. Patients are being given misleading and incomplete data by BUPA. BUPA have recently brought in an open referral system where the general practitioner to consultant relationship is disrupted by the need to refer to a referrals centre run by BUPA who will then try to persuade the patient to go to see a “fee assured” consultant. Patients are being given misleading information regarding this.”</p>	16 October 2012
153	<p>“BUPA have recently brought in an open referral system where the general practitioner to consultant relationship is disrupted by the need to refer to a referrals centre run by BUPA who will then try to persuade the patient to go to see a “fee assured” consultant. This may be appropriate for some patients whose aim is to get treated by someone and not have a further payment to make. But many patients wish to see a particular consultant who generally is more experienced and may be a national expert in their particular condition. Although this consultant is eligible to treat BUPA patients the call centre staff will try to persuade them not to go and see them. In several cases, and I can provide details of these patients, they have been told categorically that they cannot see the consultant that they would like to see and have to see one from the “fee assured” list. We have a letter from BUPA stating “It would never be suggested that they transfer their care. The benefit of this for our members is that they will not have to pay additional unexpected fees for their treatment, alternatively they may choose to see a non fee assured consultant” This patently obviously is not occurring and either BUPA call centre staff are acting on their own initiative or are being told to do this by their managers.”</p>	17 October 2012
155	<p>“BUPA have also recently introduced an ‘open referral’ system, where the general practitioner to consultant relationship is disrupted by the requirement to refer to a ‘referrals centre’ (run by BUPA) which then tries to persuade the patient to go to see a ‘fee assured’ consultant. This may be appropriate for some patients whose aim is to get treated by someone and not to have a further payment to make. But many patients wish to see a particular consultant who has been recommended to them by friend, family or GP and who, in general, may be more experienced and may be a national expert in their particular condition. Although this consultant is eligible (‘recognised’ but not ‘fee assured’) to treat BUPA patients, the call centre staff will often try to persuade them not to go and see them. In several cases, they have been told categorically that they cannot see the consultant that they would like to see and have to see one from the ‘fee assured’ list.”</p>	1 November 2012
158	<p>“BUPA has a powerful 40% market share of PMI patients in the UK. They are attempting to handcuff consultants into working for fixed fees by actively persuading patients not to see consultants of their choice but rather to see surgeons working for the lower ‘fee-assured’ rates. These consultants are usually more inexperienced or less reputable than consultants wishing to work at market rates. BUPA is only able to do this because they have such a large market share and are, in effect, working as a monopoly.”</p>	26 October 2012
160	<p>“Another change is of the referral system for patients to practitioners of the GP’s or patients choice, they [health insurers] are now setting up care providers and preferred practitioners (who adhere to their charge levels irrespective of the experience, skill of the practitioner or the needs and choice of the patient) ultimately they decide rather than general practitioners, who patients should be referred to.”</p>	25 October 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
161	<p>“Recent restrictions introduced by BUPA remove any competition in that GPs can no longer decide who they wish to refer patients too, patients can no longer decide which specialist they wish to be seen by and specialists can no longer set their fees according to their own experience, expertise or reputation.”</p>	25 October 2012
167	<p>“Those consultants who do not agree to join this "premium group of specialists" will not be recognized by the insurance company. This means that when a patient phones the insurance company saying that he or she wishes to make an appointment to see Dr A the patient is told that this doctor charges above the amount they recommend and is not recognized by the insurance company and that they should rather see Dr B who is recognized by the company.</p> <p>In effect this is to reduce the patients' choice to choose the specialist who will be looking after them. In the past patients were advised by the general practitioner to see the specialist who was best able to treat them on the basis of that patient's clinical need. The current system allows the insurance company to alter this process and direct the patient to the specialist who charges the least and not on their clinical needs.”</p>	14 November 2012
168	<p>“I feel that recent changes by the insurance providers are not in the interest of patients. Patients have been re-routed to other consultants for opinions, even though they had requested to see me and even though the consultant who they were referred to specialises in a different part of the body. This week a patient who saw me (I am fee assured for their insurance company) was not allowed to have their operation with me as the hospital charged more than another one 50 miles away.”</p>	14 November 2012
174	<p>“I have evidence from patients that recent changes in policy by PMI companies, notably BUPA, is disadvantaging patients' choice in seeking a private doctor and that this is against the principles defined by the General Medical Council.</p> <p>...</p> <p>Patients are being advised (fact, I have evidence from patients that this is happening) that they should see doctors who are Fee Assured despite requests to see a particular named doctor on the advice of their GPs. The reason is purely financial to ensure that no shortfall fee is charged to the patient irrespective of the requirements of the patient. I have evidence that a child's father was advised not to see myself ( a specialist in children's orthopaedics) but directed to either an adult knee surgeon or adult foot surgeon in the same area. Only when the father challenged BUPA did they relent and agree to authorising the consultation but this process caused a week's delay in the child (who had sustained an injury) being seen.”</p>	20 November 2012
176	<p>“Insurers are basing their lists of approved consultants on fees only. There is no reference to quality, experience, volume or outcomes. It cannot be right for patient choice to be restricted in this way. The GMC is quite clear that General Practitioners are best placed to decide who to refer an individual patient to for specialist care and it is wrong for insurance companies to interfere in this process. The “Doctor-Patient relationship” is at the heart of our profession and should not be undermined. Preventing referrals to consultants who charge outside of “BUPA rates” seriously limits patient choice and restricts competition.”</p>	15 November 2012
178	<p>“I run a busy private practise and 9/10 BUPA patients spontaneously tell me that they have been told that I over-charge. On closer questioning almost invariably, they inform me that the person at the call centre has tried to steer them away from seeing me and encouraged them to see a BUPA approved or ‘Fee assured’ consultant.</p> <p>It is impossible to ascertain how many individuals have been re-directed away from my practise but common sense would suggest that there are many. The GMC states that the correct pathway is for a patient to be directed to a specialist on the advice of the GP. The PMIs are doing their level best to make sure this does not happen and only those patients who stick to their guns get to see the specialist of their choice.”</p>	19 November 2012
180	<p>“On contacting BUPA for authorisation for the procedure, he was informed that I was not a BUPA fee assured consultant, although I was a BUPA approved consultant (and have been so for [undisclosed] years). BUPA tried to persuade him to have his operation in</p>	24 November 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	<p>[undisclosed], in [undisclosed], approximately [undisclosed] miles from the hospital we had chosen, under the care of an Optician chain known as Optical Express. His operation would be done by an Ophthalmologist unknown to him, whom he would only meet on the day of his surgery. Of paramount importance was the fact that the fees would be met in full by BUPA.</p> <p>He felt that this care proposed by BUPA was totally unacceptable and decided to have his operation under my care at the original private hospital, and face whatever fee shortfall might occur.”</p>	
182	<p>“Consultants who do not agree to a unilaterally determined reduction in reimbursement for a specific procedure or consultation are “delisted” by Bupa and AXA-PPP. This results in patients being diverted to consultants who may not provide the same level of expertise or subspecialty experience that the consultant recommended by their primary health care professional may provide. This may result in the patient receiving a lower standard of care, or delay in receiving care due to the need for referral to a consultant with the specific expertise required, and reduces the choice for patients.</p> <p>Bupa and AXA-PPP have no means of recognising the particular skills and expertise of a specific surgeon nor do they undertake any form of monitoring or assessment of the quality of the service that the surgeon provides. The redirection of a patient referral by an employee of Bupa or AXA-PPP is made primarily on financial and not clinical considerations which interferes with and distorts the doctor-patient relationship and inter-professional relationships.”</p>	21 November 2012
183	<p>“I have had two patients in the last week who have each been told by their insurer that they must go elsewhere for their treatment:</p> <ul style="list-style-type: none"> <li>• one was my NHS patient who invoked her insurance policy – to be told by her insurer she should see a different surgeon in a different town</li> <li>• the 2nd patient was referred to me by her GP but her insurer directed her to see a physician – a breast oncologist rather than me – this was totally wrong advice by the non-qualified call-centre handler at her insurer. When the oncologist referred the patient back to me – the patient was told she could not see me but had to see my colleague. So she was referred to me twice but has been told that if she sees me then her insurer will not reimburse her at all. This particular patient has a concerning breast lump and the events described were an extra distraction which was particularly unwelcome at a time when the patient felt vulnerable anyway. I should add that the 2nd patient was insured through her employer so had not chosen the Managed Care Pathway policy herself.”</li> </ul>	23 August 2012
184	<p>“Patients being actively directed away from requested and appropriate specialists providing high quality care to orthopaedic generalists unable to provide this care.</p> <p>...</p> <p>We have been put under a significant amount of pressure due to the high market share of some of the insurers to 'tow the line' with the threat (very real) of patients directed elsewhere if we do not comply.”</p>	3 December 2012
185	<p>“ I have also now seen BUPA patients that have been directed towards me on account of my reduced costs. A patient with a complex problem sought a second opinion via BUPA, she was referred by them to an orthopaedic surgeon who had a different unrelated sub specialist interest and saw him without being told of this. He suggested a more appropriate experienced surgeon but BUPA refused and redirected her to me on account of my fees being lower than his. I doubt this patient was made aware of the fact that she was therefore being referred to a new consultant rather than an established consultant of 10+ yrs experience.”</p>	1 December 2012
188	<p>“GPs are without doubt the best people to direct a patient to the specialist they need. Research has shown that a GP lead ‘gate keeper’ system is the most cost effective form of health care and ensures patients see the right specialist. This is a well established care</p>	6 December 2012

## CONSULTANT CC SUBMISSION ANALYSIS

Consultant	Extract from Consultant Submission	Submission Date
	<p>pathway, which PMIs should not be able to disrupt. If an NHS consultant offers a poor service, GPs will not send patients to them privately; GPs want the best for their patients, regardless of whether they privately insured or not.</p> <p>Some insurers, most notably BUPA, are trying to take over this role by asking patients to contact them in the first instance, so that they can be directed to an 'appropriate' (i.e. fee assured) consultant."</p>	
189	"Over the last two years, I have had requests directly from patients and local GPs for me to see a patient privately. Many have been for patients who are insured by BUPA or AXA. In every single case, the patient was informed by BUPA or AXA that they were not allowed to see me, even though my fee is no more than other consultants who registered with BUPA or AXA before the fixed fee schedules were introduced."	7 December 2012
191	"PMI providers have removed whatever decision making GPs did have by interposing insurer client advisers between the GP and referral, directing patients to PMI preferred providers."	18 December 2012
192	"The introduction of managed referrals and care is also an unwelcome development for patients. Many are preferentially directed by their insurers towards consultants who have agreed to accept their insurance companies (reduced) tariff... Rarely will you be able to find an acknowledged expert or leader in any given field who complies with the insurance companies arbitrarily reduced tariffs. Hence patients are often misdirected by the insurance companies call centres to maximise their profits at the expense of the patient seeing the most appropriate specialist."	27 December 2012
199	"A patient came to see me recently, I was recommended to him by AXA PPP. He had previously seen my colleague about his kidney condition requiring specialist kidney surgery. The patient told me that AXA would not pay that surgeons fee and he should see a different surgeon. They recommended me. I don't do kidney surgery! I am a prostate and bladder surgeon! I have never set out my stall as a kidney surgeon. It was a complete waste of his time, AXAs money (but his premium) and an example of direct interference in his medical care."	25 January 2013
200	"Insurers are clearly denying patients choice. Many of my BUPA patients have told me that they struggle to obtain authorisation for their visit. The call centres tell them that I am not BUPA registered, when clearly I am. The patients know, from referring colleagues or family members that I do accept BUPA. However, they are actively discouraged from my practice, or simply told that I'm not BUPA registered. Unless they are willing to argue with the call centre, they will not be able to see me. Secondly, AXA, simply health and BUPA restrict the choice of hospital. My skin cancer work requires specialist equipment which is only available in selected hospitals. However, patients are told that they cannot see me in [undisclosed], and will have to go elsewhere."	30 January 2013
204	<p>"I am increasingly being told by patients that they have been prevented from seeing me, by BUPA and AXA-PPP, even though they may be long standing patients of mine or new patients with [undisclosed] conditions.</p> <p>It would seem that BUPA and AXA-PPP are trying to control and manage the market. They have a number of junior consultants who are less experienced and often not sub specialised in the field relevant to the patient's condition. The GP is best placed to refer to the appropriate surgeon not the insurers."</p>	4 February 2013
205	<p>"I believe that some private insurers are harming patients by insisting that they see some consultants against the patient and general practitioner (GP) wishes.</p> <p>I have had several patients who wanted to see me and have been referred by their GP's but BUPA told them that they cannot see me. This despite being an assured provider for BUPA and I have agreed to stay within their fee schedule."</p>	4 February 2013
206	"The traditional route of consultant chosen by a GP for his/her special expertise and appropriateness for a particular patient (including appreciation of personality of patients and	5 February 2013

CONSULTANT CC SUBMISSION ANALYSIS		
Consultant	Extract from Consultant Submission	Submission Date
	consultants) is threatened. Bupa often discourages patients from referral to a named consultant (who is not on Bupa's favoured lists) by implying that they will be overcharged when this is not usually the case."	
207	"When a patient is referred to me for a consultation and 'phones for authorisation, they are now strongly encouraged to see another consultant who is within the BUPA Partnership... A significant number of patients have contacted either my secretary or myself personally to say that strongly worded conversations have taken place suggesting that I will overcharge and that the patient should see another consultant. This, when combined with the open referral policy, is particularly damaging. Under such a policy, the general practitioner is not allowed to specify the consultant whom he feels would be most suitable for the patient's condition and in this instance, when the patients 'phone for authorisation, there is no chance whatsoever that they would be recommended to see a non partnership consultant."	6 February 2013
210	"I am writing to express my concern and disappointment regarding the way BUPA's call centre have handled a patient who requested to be referred to me by name. This patient sustained a fracture of his [undisclosed] and called BUPA to request an appointment to see me... The patient however was told he has an open referral policy and he would be referred to another consultant."	14 February 2013
218	"Bupa's list and the restrictions it imposes on both patients and doctors is designed to control its costs, with no regard to choice or quality.  Bupa's policy holders are required to use a consultant from Bupa's list of recognised doctors. The patient is not given the option of choosing another doctor, even if that doctor agrees to charge within Bupa's maximum benefit for that condition, or if the patient is willing to pay for any excess charge above that maximum limit. Now, new consultants are only admitted to that list if they agree to a number of strict conditions regarding method of billing and an undertaking never to charge more than Bupa dictates for a condition ("Fee Assured")... As a result, patients may be directed towards less experienced consultants, who are more likely to appear on the Fee Assured list."	8 March 2013

### PMI Patient Steer – Initial Submissions by Third Parties

PMI PATIENT STEER – INITIAL SUBMISSIONS BY THIRD PARTIES		
Title of Organisation	Date of Submission / Publication by CC	Relevant Extract
British Association of Spinal Surgeons	No date of submission / published by CC on 21 May 2012	<p>Over the years, BASS has become increasingly concerned that the practices used by many PMI organisations have adversely influenced both the commercial aspect of fair competition in a market place, and also interfered with good clinical practice by directly and adversely influencing care pathways.</p> <p>We would therefore like the Commission to take detailed evidence on the following issues or areas:</p> <ol style="list-style-type: none"> <li>1. PMI Organisations restricting patients from their freedom to choose a surgeon on the basis of quality or recommendation by their approved General Practitioner, by implying that a surgeon is not 'approved' or even does not exist.</li> <li>2. PMI Organisations directly interfering with a clinical referral or pathway by directing a patient to an inappropriate clinical interaction based on costs involved in practice. For example, a patient with a spinal problem being directed to a surgeon without appropriate specialist skills</li> </ol>

		in spinal surgery. ...
British Insurance Brokers' Association	Submitted on 23 July 2012 / published by CC on 26 July 2012	Consultation fees can be a significant issue with insurers encouraging referral to their own medical panels which may not be in the interests of the insured.
British Medical Association	Submitted in May 2012 / published by CC on 21 May 2012	Insurance companies publish benefit maxima and some have recently begun publishing schedules of fees. Benefit maxima were originally intended to inform customers of the level of reimbursement insurers will pay under their policies for services and procedures provided by consultants. For new consultants, however, the BUPA benefit maxima and the AXA PPP schedule of published fees outline the maximum fees they can charge for certain services and procedures. Agreeing to charge at the fees outlined in these documents are conditions of recognition. Consultants face de-recognition from the insurer if they charge above these published fees.
British Orthopaedic Foot & Ankle Society	Submitted on 01 May 2012 / published by CC on 21 May 2012	One of the PMI companies has initiated a scheme that they have called their " Fee Assured" Consultants. This scheme has been initiated to allow them to introduce a managed care system for patients. This is contrary to the GMC guidelines on referral, which encourage all patients to be referred by their General Practitioner to an appropriate specialist. We believe that the selection of patients should be made by General Practitioners after consultation with the patients and should be based on quality, experience and sub-specialist expertise. We have numerous examples of patients being directed by PMI companies away from specialist highly trained consultants, to less experience general Orthopaedic Surgeons, or non-medically qualified healthcare practitioners, who have opted (or been forced) to become fee assured, but are not able to offer these patients the level of expertise that they should expect. We believe that this move is not in the best interests of the patient.
British Orthopaedic Association	Submitted on 20 July 2012 / published by the CC on 31 July 2012	In the independent sector some insurance companies produce a list of appropriate reimbursement fees for surgical procedures. Surgeons who do not follow these charging schedules are often blacklisted and patients subsequently diverted to other medical practitioners.
ENT UK	Submitted on 13 July 2012 / published by CC on 17 July 2012	We have significant concerns that insurers are significantly impeding the patient's ability to choose. They are insisting, in many cases, that General Practitioners refer to a hospital or organisation in which "appropriate" Specialists are available to see the patient. These "appropriate" Specialists are not chosen for their clinical expertise or experience, but merely their agreement to conform to a pre-set fee structure. Furthermore, the script that many of the insurance companies telephone operators are following suggest that Consultants who do not adhere to a certain fee structure are somehow less skilled, less able or less "appropriate", than "fee - assured" Consultants. These use of these "open referrals" is therefore also dictated, not by clinical appropriateness but by cost.
Independent Doctors Federation	Submitted on 14 May 2012 / published by CC on 21 May 2012	The BUPA "Open Referral" policy applies to a number of corporate and to some individual subscribers. The traditional pathway, endorsed by the General Medical Council for many years, is that when necessary, a patient will be referred to a relevant specialist by their general practitioner. With the BUPA Open Referral policy, the patient contacts the insurer, who then offers the name of a consultant. This referral is made without in depth knowledge of the patient's medical history or specific requirements. BUPA claim that their pathway is based on quality and value for money but we have evidence that patients are misdirected to inappropriate specialists e.g. a patient with an ankle problem being referred to an orthopaedic surgeon who specialises in back surgery.

The London Consultants Association	Submitted on 10 July 2012/ published by CC on 18 July 2012	Insurers control entry, dictate the terms of entry and exit, decree that patients cannot shop around or meet any shortfall and unfortunately sometimes dictate the pattern of treatment.
<b>PMI PATIENT STEER – THIRD PARTY RESPONSES TO ISSUES STATEMENT</b>		
<b>Title of Organisation</b>	<b>Date of Submission</b>	<b>Relevant Extract</b>
The London Consultants Association	25 January 2013	"Managed Care" seems to have spiralled out of control in other ways too. For example, the LCA believes that BUPA has been openly offering patients cash incentives to have their treatments funded by the NHS. In the LCA's view, the very <i>raison'd être</i> of private healthcare is under attack: patients are losing the option to see a consultant of choice in their hospital of choice, at a time when it is convenient to them.
British Association of Dermatologists	22 January 2013	The ability of a patient to see their preferred Consultant is essential to a good quality outcome and is of fundamental importance to the doctor-patient relationship in the private sector. The BAD has numerous examples where this clinical doctor-patient relationship has been adversely affected by the intervention of Health Insurers. The most prominent examples are related to the main insurers ( BUPA and AXA PPP). The BUPA 'Open Referral' scheme, for example, is a form of managed care which directs patients to 'approved' (ie cheaper) consultants. The website even states 'Keep your options open' yet patients' options are severely limited by this scheme, even to the extent that patients are not permitted to pay extra to see the consultant of their choice, and are told that if they do not see a consultant 'recommended' by BUPA they will not be covered for the consultation at all.
Federation of Independent Practitioner Organisations	July 2012	An example of BUPA's leadership potential is to be found in the most draconian form of policy yet, the so-called "Open Referral" policy where the GP is not permitted to recommend a consultant or a hospital, giving BUPA total freedom to direct patients away from consultants, in disregard of General Medical Council guidelines and indeed quality of care. Under Open Referral, BUPA clerks break the link between the consultant and the referring GP at the preauthorisation stage of treatment. The clerk will either recommend or insist that a patient sees a consultant named by BUPA.