



BRITISH ORTHOPAEDIC ASSOCIATION

Caring for patients; Supporting surgeons

JD/cmj

From the President

20 July 2012

Ms Julie Hawes
Inquiry Co-ordinator
Competition Commission
Victoria House
Southampton Row
London WC1 4AD

Dear Ms Hawes,

PRIVATE HEALTHCARE MARKET INVESTIGATION – BOA RESPONSE TO COMPETITION COMMISSION CONSULTATION

The British Orthopaedic Association (BOA) is a registered charity and currently has over 4,000 fellows and members. Its focus is in improving the care for patients with musculoskeletal disorders.

Currently orthopaedics accounts for about 25% of the independent workload, and 26% of all surgical procedures within the NHS. With an ageing population who are living longer this will continue to grow.

The BOA supports patients, in their rights, to be referred to the surgical team of their choice appropriate to the condition requiring treatment. This should be based on the quality of care, as well as evidence, and should be no different whether following an NHS pathway or seeking care within the independent sector. The BOA supports the role of General Practitioners in this process as they are usually the first point of contact for the majority of patients and can guide the patient to the most appropriate skilled practitioner.

At all times the duty of the Surgical practitioner is to provide the best advice to the patient, explaining all the risks and benefits and subsequently to provide the best surgical care which should never be compromised by any financial constraints.

All orthopaedic surgeons are answerable to The General Medical Council who authorise, through revalidation, their competence to practice. The role of the BOA is to set those standards and in doing so it is recognised that surgeons should offer the same and equivalent expert care across their practice whether it is within or outside the NHS.

The BOA is concerned that some patients in both the NHS and private sector may not have access to "best care" for their treatment.

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In 2011 one of the main insurance companies introduced, with little or no consultation with the profession, a pre-authorisation process for arthroscopic surgery of the knee. If following a consultation with the patient and appropriate investigations an arthroscopy (inserting a small camera into the joint cavity) of the knee was recommended the orthopaedic surgeon was required to seek authorisation prior to surgery from the insurance company. This was based on a pre-authorisation form filled in by the surgeon and then sent to the insurance company who would then make a decision on whether to fund the surgical procedure. This was carried out remotely and without access to the full clinical information including an examination of the patient. The BOA feels strongly that this interferes with best clinical practice which is supported by the profession and the Royal Colleges. A decision regarding appropriate treatment cannot be made without a full assessment of the patient. Further by making remote decisions based on a form there is a risk that a patient's care may be compromised.

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. Recently with the introduction of "open referrals", we understand that patients are being directed to see a consultant by the insurance company with no direction/input from their General Practitioner. This may prevent the patient from being referred to the best specialist for their particular condition.

Patients must be made aware of the limits placed on their care, in an open, honest and transparent way. These facts should be clearly explained to them when they opt to obtain insurance or have treatment so that they understand fully the limits imposed by some policies offered by Healthcare Insurers. The BOA believes that many patients do not understand the restrictions of their particular healthcare insurance policy until they are required to make use of it, especially with the introduction of the new corporate policies of "open referral" which limits patient's choice and may subsequently impact on their outcomes following treatment.

Insurance companies assert that they use evidence to decide on which practitioners to recommend and reimburse. However despite the BOA offering to work with insurers to define the evidence being used and investigate practitioners whose practice is deemed unsatisfactory no progress has been made. Indeed the BOA would support the reporting of such practitioners to the regulatory body the GMC.

Within The NHS patients are cared for throughout their illness, whether it is acute or chronic. However some insurers within the independent sector will only reimburse patients for acute conditions and when deemed chronic, often arbitrarily, will no longer reimburse patients for ongoing treatment, expecting the NHS to continue this and pick up the financial burden.

The BOA remains concerned that although private hospitals and providers are overseen by CQC we are unaware of any regulatory mechanism on Private Medical Insurers that prevents them from making decisions on financial matters that may not be in the interests of the patient. Examples of this type of practice includes both the open referral system and pre-authorisation as discussed earlier.

Orthopaedic medical practitioners must provide the highest quality of care to their patients whether this is within the NHS or the Independent sector. The BOA supports such practitioners.

The BOA will continue to engage with Healthcare Commissioners by advocating the implementation of High Quality Standards for care within the UK, both in the NHS and in the private sector. We will keep our membership informed as this continues to evolve.

The BOA welcomes this investigation by the competition commission and is happy to provide evidence and assistance if required.

Yours sincerely,

Professor Joe Dias
President on behalf of the BOA Council

