

Member of the public 10

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Although I am a retired orthopaedic surgeon, I am aware of the change that has occurred in the relationships between doctor, patient and insurer. This is partly due to my personal experience whilst I was practising; and, more recently, from reading accounts of the present problems in the 'medical press'.

When I first started in private practice, the doctor saw the patient and sent a bill to the patient. It was a matter for the patient to decide whether they would have 'cover' for private treatment. If they were insured, the insurer would reimburse the patient. Thus there was a clear cut difference between the 'contract' between the doctor and the patient; and the 'contract' between the patient and the insurer. This, in my opinion, should be the essence of any insurance scheme.

During my professional lifetime, the major change was that many employers offered 'private healthcare cover' to their employees, many of whom did not understand the 'system' when they needed to use it; and they were often unaware of exactly what their insurance actually covered. It turned out that different firms had different sorts of 'cover'; some of which did not fully cover the consultant's fees. There would then be an unpleasant 'dispute' about the patient being responsible for any 'excess'.

Thus, in many instances, a new practice emerged whereby the doctor would send their account directly to the insurer. Most consultants kept their fees within the 'limits' of the cover provided by a 'standard' policy. And the insurers 'accepted' any doctor appointed as a consultant in the NHS.

More recently, the insurers have changed their stance; and, in my opinion, are engaging in 'restricted practice'. They are restricting 'recognition' of some doctors who are perfectly 'well qualified'; yet by so doing, they imply to the patient that the doctor is somehow not suitably qualified. They are restricting the types of treatment a doctor may advise; and often require pre-treatment 'approval' (again implying that the doctor may not be advising 'appropriate' treatment) – sometimes 'decided' by either a lay person or a doctor who has not seen the patient. This also restricts the 'choice' of the patient to choose their own surgeon or physician; and the GP's choice of which consultant would be the most suitable for that particular patient – which should be the basis of all referrals between a GP and a consultant.

Furthermore, they are encouraging 'self-referrals', but the patient does not choose their doctor; it is the insurer who chooses both the doctor and the hospital where the treatment may take place under their terms of cover.

I understand that several senior, established surgeons have 'withdrawn' from such schemes – and inform their patients that their fees may not be covered by the insurer. However, the newly appointed consultants in the NHS are under considerable pressure to accept the insurer's terms if they wish to undertake private practice.

In my view, this is going way beyond the normal understanding of the term 'private healthcare insurance'. I trust the Competition Commission will explore these issues and make a clear pronouncement on what is acceptable practice, and what is not.