

Member of the public 13

27 December 2012

Dear Sirs

I am a member of the [X] (the "trust") and my employer pays my "healthcare benefits for eligible treatment "

The trust has appointed BUPA Insurance Services Limited (Bupa) to administer the trust on their behalf.

Bupa has recently moved to an "open referral" system which specifies clinical symptoms but denies my GP any influence over the choice of clinician despite the fact that I look to my GP to manage my healthcare overall and provide me with expert advice on the matter.

A recent example of the potentially damaging effect of Bupa's procedures came when my GP recommended that I consult [X] an E.N.T. surgeon who had been caring for me for over 16 years in respect of various nasal conditions. Under "open referral" Bupa refused to allow me to consult this surgeon, whom they had always accepted in the past, saying he was not "recognised" by them. They refused my offer to meet any shortfall in benefit and directed me to various alternative consultants.

I was therefore forced to ask [X] for a recommendation as to which specialist I should consult. He then told me that he was "in negotiation with Bupa". My GP expressed disbelief at this situation and had to revise and expand her letter of referral to describe symptoms etc. of which [X] was well aware. I, similarly, had to reinvent the wheel of my history. Happily I have no misgivings about the course of my eventual consultation.

My concerns about this episode include:-

1. Ignoring the GP/patient relationship
2. Ignoring the Consultant/patient relationship
3. Causing inefficient repetition in information flow
4. Bupa's lack of transparency in describing the reason they no longer "recognised" the consultant
5. The worry caused to me that I or my wife might suffer in future , possibly more significant , circumstances if we were not permitted to consult our clinician of choice even if we were prepared to meet a benefit shortfall.