

Member of the public 34

25 April 2013

Ladies and Gentlemen,

We have paid our BUPA subscriptions for nearly forty years and latterly, with retirement and the reduced income that brings, have made it one of our priorities. My husband has had a serious heart problem over some of those years and Bupa always behaved in the way in which we hoped it would. He was able to pick the cardiovascular physician and surgeon of his choice; the electrical specialist to monitor his heart rhythm; and so on. He was treated extremely well and, within the financial limitations of the policy cover we had purchased, everything was excellent.

We are now facing a quite different set of circumstances because Bupa has dramatically changed its rules. These changes have not been publicised in the national press and it is quite possible that individuals could keep paying their monthly subscription and not realise that the fundamental principal of private medical insurance has been abandoned, at least by Bupa.

Where we have always been able to choose "the specialist of your choice, when is convenient to you, where it is convenient to you", that no longer applies. Here is a simple example of the change of policy.

I have a simple knee problem. I went to my GP who said I needed to see an orthopaedic surgeon for a formal diagnosis and probable operation. I rang Bupa for the usual authorisation code. No, they said, "you cannot just go and see a specialist without first visiting our special knee centre. Its above the shops in Oxford Street. Its manned by staff who will take an x-ray and make a diagnosis and insist upon physiotherapy. If they deem it necessary, they will send you to our orthopaedic surgeon."

I was unimpressed. My GP didn't think physio would help at all, and had made a decision based on my medical history and examining me. I wanted to choose my own surgeon – after all, that's what I have been paying for. Bupa repeated their insistence that they choose. We argued. I eventually got an authorisation code to see the surgeon of my choice, locally to me. But, said Bupa, "he will not be able to make the decision whether or not to operate on you. He will have to send us your notes, x-rays, etc and we will decide whether or not an operation is in your best interests." Are you saying, I asked, that Bupa will decide whether or not I need an operation, by committee or someone with other motives (like cost saving), and not my consultant and GP with my best health outcomes paramount? No, no, they said, we are just trying to make sure you don't have unnecessary surgery. It is indeed, however, what was said.

I am aghast. I am paying a great deal of money each year for private health cover. Bupa have decided unilaterally that a decision about my health, made between my GP, my surgeon and myself, is not to be trusted. They have decided that someone who doesn't know me, hasn't met me and certainly hasn't examined me, can make a decision about *my* health. Certainly, I won't be visiting "a knee centre above the shops in Oxford Street"!

I know Bupa are only an insurance company. They obviously want to restrict costs as much as they can. But can it be right that they take premiums from the British public whilst deciding themselves (without a consultation or any medical examination) whether or not they will approve an operation. Surely this is the job of the consultant one sees, based on medical evidence, examination and discussion with the patient.

We will leave Bupa because plainly we are no longer buying what we thought we were buying. However, my husband now has a long medical history of things that would be exclusions from another company and so we shall have to rely on the national health service – at a cost to the taxpayer when we were happy to fund ourselves.

I asked my Consultant if he approved of this change; I shall not repeat his response! He did, however, suggest I contact you with my anecdotal story.