

Consultant 17

1 May 2012

Dear Sir/Madam

I wish to complain strongly about the recent decision by BUPA to restrict access to many procedures for their clients – the patients that I see each week and advise regarding treatment options.

As an established orthopaedic consultant working in both the NHS and the private sector, over the past few years I have witnessed the gradual erosion of the doctor/patient relationship in private practice. This is as a direct result of private providers (in particular BUPA) putting profits before patient care.

BUPA recently attempted to restrict our clinical freedom as respected and experienced consultants by imposing restrictions on which patients we could offer surgery, in my particular field knee arthroscopy was targeted. BUPA insisted on an unnecessary process of vetting the cases we had decided were in the patients' best interests, which involved a time-consuming process of form-filling and authorisation by someone who was not directly involved in the patient's care and therefore could not possibly make an informed professional decision. This is [redacted] and has caused great distress to many of my patients who have had to be inconvenienced by personally sending their GP letters I have copied to them to BUPA. This should not happen to patients who have been referred to a trusted specialist and who have paid BUPA large sums of money to be able to access the 'best' care possible.

More recently, BUPA have taken this restriction of clinical freedom to a new level. BUPA has 'reassessed' its clinical coding structure, thereby reducing the fees for almost all surgical procedures. BUPA have enormous power at national corporate level and such profiteering decisions may set a precedent. The restrictions on our clinical freedom will now lead directly to all surgeons passing on the shortfall in payment to their patients (for knee arthroscopy the fee has been reduced by 48%), as at the new fee set by BUPA the surgery becomes unaffordable for surgeons who have to pay extremely high premiums for medical indemnity, administrative support and tax at 40-50%. BUPA patients will have to put their hands in their pockets and pay hundreds of pounds excess to their already large premiums paid to BUPA. If they do not wish to pay, then BUPA may find a surgeon elsewhere in the country who may see them at the vastly reduced fee, but this may involve a long journey and extra time. If BUPA decide that consultants who will not accept the new fee structure are taken off their list of approved specialists, they are directly reducing patient choice.

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.

The majority of patients I see in private practice do have this choice and do not get told who and where they can be seen. However, if BUPA is allowed [redacted], other providers will do the same. BUPA has a great responsibility to its clients to ensure that they are able to access the best care, but also a great responsibility within the wider private healthcare market to ensure standards of professionalism and care are not eroded further.

All my colleagues here in [X] feel strongly that [X]. I welcome the urgent attention of the Competition Commission in this matter. Until the current changes are reversed, patient care will be adversely affected.