Consultant 16

2 May 2012

Dear Sirs

I am an orthopaedic consultant with [✂] years working experience; [✂] years in private practice.

I have noticed some worrying trends in the past few years particularly from private health care insurers. As you will be aware the consultant patient contract has previously been completely separate from insurers and hospital providers, a triangular relationship existing between the three parties.

1. New consultants have been forced to sign restrictive contracts capping consultation fees. If they do not agree with these terms they are excluded - insured patients are actively directed away from them. Essentially they are cut out of private practice. I envisage when these consultants over time represent the majority, established consultants will be offered a similar take it or leave it type contract.

2. Established consultants that are deemed to be expensive (usually the upper 10th percentile by cost) have been systematically targeted with aggressive letters and threatened with delisting if they do not agree with new terms and conditions.

3. Medical insurance companies have been disregarding GP recommendations for particular specialist referral thus restricting access to their members. In some cases this is clinically dangerous. Some years ago orthopaedic patients from Northern Ireland were directed for care on the mainland. Although this is an extreme example these same thing happens at a local level, particularly in large cities such as London.

Although I understand the economic realities of cost containment, when non medically qualified persons redirect care away from a particular specialist on the basis of cost, against GP recommendation and for the purpose of future market manipulation, consumer choice is stifled and some patients placed at risk.

Patients have always been able to choose another specialist if they deem fees excessive or are not happy with service.

Consultants in the past have not held contracts with insurers, relying on referrals from general practitioners whom are best place to judge clinical quality and word of mouth from previous patients / relatives as a result of proven reputation.

[✂] signing these contracts must surely be non competitive. If unchallenged the UK private health market will soon resembled that of the USA - managed health by insurers.

The other area of health care that the commission should investigate is the basis on which any willing provider contracts are allocated for the NHS. In my humble view any able and qualified provider should be considered.

The trend in recent years has been for large organisations to cherry pick easy low risk (and therefore the most profitable) cases leaving the NHS to deal with the more clinically challenging cases. There have been several instances of these companies outsourcing surgical work to surgeons from the continent whom fly in and out for no more than a day or two with poor or no senior post operative care. My understanding from professional colleagues is that there have been high failure rates for joint replacements associated with

some of these ventures. The NHS has ultimately had to deal with these cases. Objective data for this can of course be obtained from the national joint registry.

I would suggest that a safe and cost effective way of outsourcing such work is to utilise UK consultants, not withstanding manipulation of waiting lists which should be easy to detect when job plans are balanced - the ratio of outpatient to surgical work being crucial.

I hope you find these comment useful and I look forward to reading the report in due course.