

## Consultant 27

2 May 2012

Dear Sirs,

Firstly, a declaration of interest: I am a patient and also an NHS and private hospital practitioner.

Personally I believe that the CC's investigation is well overdue. I am however concerned that it may miss some important points and be unduly influenced by the representations of some insurers, some of whom claim to be non profit organisations run for the benefit of patients but who are actually run on (very) commercial terms.

Many patients I see have a poor understanding of how their insurance works and what their commercial relationship with their consultant and the private hospital involves.

They are sometimes not properly informed by providers (such as anaesthetic groups) but more commonly are given information by their insurers that is at best disingenuous. There is no free market in private healthcare consultant or hospital provision when insurers with a dominant market share attempt to manipulate the market. If an insurer sees fit to tell its insured clients that certain doctors are "not recognised" without explaining that this is due to the doctor's unwillingness to submit to restrictive practices rather than due to clinical issues, then the patient is misinformed and a restraint of trade may have occurred. Telling a patient that a doctor "overcharges" and cannot be used is a common practice and is an attempt to fix fees. It is rather randomly applied and "overcharging" by one insurer's reckoning might be significant under charging by another's. Patients need a clear explanation of what their insurance covers and what it does not so that they can make their own minds up about who to see and where to see them. Interestingly, non insured, self paying patients are usually the best informed about the financial side of private healthcare and the most satisfied overall.

Some "policing" of private practitioners by insurers or other bodies to ensure high standards and protect against profiteering and corrupt practice is desirable but this must not be led by commercial pressures but by the patient's best interest and evidence of best practice.

Patients need to know, if they are directed by their insurer to a certain provider, why these redirections are made or certain providers recommended. Currently such moves are nearly always for commercial reasons but the patients are rarely aware of this.