

## Consultant 28

30 April 2012

Dear Sir/Madam

I would like to submit evidence to the CC regarding the behaviour of a number of private medical insurers, the most serious being BUPA. They have recently reduced their reimbursement for surgical procedures and have told Surgeons that we must not charge in excess of the fees quoted. The implication is that patients will be told, by the administrators of the insurance companies, that particular surgeons, as they do not charge within the fee structure, are not able to see their patients. There is clear evidence that patients are being diverted to consultants they did not wish to originally see, on the advice of the insurance companies, and have to fight to be able to see them, even if they offer to 'top up' the fees paid.

As well as reducing their operative reimbursement to surgeons by up to 50% for some procedures over the past few weeks, if patients are not allowed to choose their operating consultant, and top up the fee, this amounts to restriction of freedom of choice. If the insurance company is the point of triage, it is in their interest to direct patients to the cheapest treatment or specialist, which will not necessarily be in their best clinical interests.

I would be happy to discuss this further and have colleagues who can provide evidence from patients of this practice.