

## Consultant 39

3 May 2012

I do hope you will talk to all interested parties in this matter.

I am a consultant orthopaedic and have been in private practice as well as NHS practice for 22 years.

We for some reason get a lot of bad press which I think is largely unjustified. I am sure that there are a few bad pennies, but the majority of us are pretty hard working within the NHS and privately.

We largely keep the two separate.

We don't fully understand the business market place as we are long in the tooth when we finally get to be consultants and our training does not prepare us for it.

I am not sure what your remit is, but I felt that you should know what it is like from our point of view.

I have a rough idea what my colleagues charge for an outpatient consultation. We do not collude or discuss our fees for this. In truth we don't know how to set our fees.

A while ago (20 years +) the BMA published a guide, but I understand that this was declared illegal and had to be withdrawn. In the meantime private insurers are able to publish their guides.

There has been no rise in remuneration for most operations by the insurance companies for the last at least 15 years. They have all remained pretty much the same - I am sure that they talk to each other.

The current big spat is with BUPA who are trying to lower the amount they pay consultants. They have published their new schedule which has reduced the fees for most common operations by up to 40%. They insist that all consultants who are "BUPA partners" stick to these fees with an implied threat to derecognise those that don't. New consultants are told what they are allowed to charge BUPA patients and have to sign a contract agreeing to this. Older consultants who have been working longer with greater experience do not.

However some companies such as PPP and Aviva insist that the consultants charge their rates and do not charge patients for the shortfall. In fact PPP have now refused to pay for follow up consultations. Thus we have a situation in which the insurance industry is dictating the fees that consultants should charge. I understand that the contract is between the patient and the consultant and that the insurers are just that.

Quality is equated with cost which is not true. You often get what you pay for!

This squeezing of consultants may put many out of private practice. Indemnity has risen inexorably and one of my spine colleagues pays £72K annually, with room hire and secretarial fees on top it is barely worth his while.

BUPA have just announced their new pricing schedule of remuneration to consultants in various specialities with effect from 23rd April 2012. For a lower limb surgeon they have made changes for 25 procedures, 6 have gone up and 19 have gone down in one case by 40%. They have been disingenuous in that those that have gone up are very rarely done

and those that have gone down are the bread and butter procedures. Now, it will be interesting to see what happens with the other companies. Will they follow suit? If they do is that anti competitive or price fixing by the companies?