

Consultant 43

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I am sure there will be many contributors who regard the behaviour of BUPA to be restrictive and heading towards managed care, but please add my opinion.

An insurance company should not impose clinical guidelines that are not supported by the profession in the "what a reasonable body of medical practitioners would have done" in other words the legal test of what is reasonable and customary practice.

The relationship is between the patient and the surgeon, NOT the insurance company. BUPA have made irrational and unilateral decisions regarding treatment; for example withdrawing funding for ultrasound guided foam sclerotherapy for varicose veins. This was based on a misinterpretation of the literature by the company. I wrote directly to the medical director on many occasions and was blanked. I consider the failure to respond to enquiries from a fellow physician to be unacceptable.

BUPA give kick backs to those in the profitable South East and those with a big private practice as a reward for staying within their 1993 reimbursement rates.

Meanwhile our overheads rise!

BUPA make things very difficult for their subscribers when they are at their most vulnerable. Recently a patient's husband, who was admitted to a residential home for respite care when his wife was admitted under my care, spent £80 on mobile phone calls trying to make sure his wife was covered! [🔊]

On the other hand there are some doctors who abuse the service by seeing patients for repeated follow ups, or splitting treatments into several episodes, when they could have been done at one sitting.

In my view there should be a group of "canny" doctors who troubleshoot this area; particularly as it looks as if we are entering an open season for the provision of healthcare in England.