

Consultant 45

2 May 2012

Dear Sir/Madam

Thank you for allowing me to voice my opinion in this matter. I have been in practice as a Consultant orthopaedic surgeon for about [X] years. I started private practice alongside my full time NHS commitments in [X] 2009.

I am very concerned about the way private medical insurers intervene in clinical matters and restrict trade.

Firstly, they are not qualified to determine the ability or suitability of a consultant. Any consultant employed by the NHS will have already passed a painstakingly rigorous examination of their credentials. I have been told by patients that when they have phoned BUPA to let them know they are seeing me, they have said "he's good, go and see him", or something to that effect. I'm delighted of course to be so admired however, they really have no idea how "good" I am, just that I am forced to charge the rates that they artificially set or I face blacklisting. Not only that but PMI's actually recommend specialists. This is against good medical practice and GMC guidance which states clearly that GP's are best placed to choose an appropriate specialist. The BUPA consultant selection website is misleading, e.g. searching for knee specialists brings up hand surgeons which must be incredibly frustrating and a complete waste of time for patients.

The contract is between patient and surgeon, not the insurance companies.

I understand from AXA and BUPA that the only way I can continue to be recognised by them would be to agree to their schedule of fees, which are unchanged since 1992 and in some cases reduced by up to 50%. If I don't, they will delist me - so it seems that I have no choice, considering that they insure around 40% of the market. Similarly qualified surgeons who applied to these insurance companies for recognition before 2008 have no such restrictions. In practice, this means that at the same hospital, consultants of the same qualifications and ability can charge substantially different rates. If I charge the same as my colleagues, then I will be delisted which means patients insured with AXA or BUPA for example will not be covered to see me, which means no competition and a severe restriction of my trade. My livelihood will be seriously disadvantaged. BUPA are inducing me to accept such restrictive terms by suggesting that I became a 'partner' which would entitle me to a bonus at the end of the year, which does not seem right.

BUPA have recently sought to reduce their reimbursements further, in some cases up to 50% of previous fees. I'm pretty sure they haven't told their members that - so essentially the policy they originally took out is now restricted to specialists who are forced to accept the reduced fees.

This is surely restriction of choice and trade.

My suggestion:

In this digital age it is very easy for consultants to be transparent and publish their individual fees for consultations and procedures. This if anything would improve competition.

The insurers can decide exactly how much they are willing to reimburse procedures and publish them. IFAs/PMI advisors can then help patients choose an appropriate policy.

The patients and their GPs can then decide the appropriate specialist.

Insurers should not be allowed to blacklist consultants merely because they choose to charge a shortfall and not for any other reason. Surely this clearly restricts trade and competition?

Thank you for listening.