

## Consultant 47

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I am a consultant orthopaedic surgeon appointed in [X] therefore with nearly [X] years of experience.

In that time I have seen major changes in the way that patients are able to access private healthcare.

When I started patients were in general guided by their GP as the knowledgeable "gatekeeper" to a consultant who was appropriate for their needs. GP practices through their work with patients in the NHS and private practice have an intimate knowledge of a consultant's abilities and skills.

The other route for patients over the years has been referral on a personal recommendation, either by a patient or a colleague of the consultant in question.

What has happened latterly is that powerful insurance companies (BUPA in particular) have taken over control of the patient pathway thus destroying choice and competition.

This has been dressed up as quality but has nothing to do with quality, the motive is economic.

The insurance company claims a detailed knowledge of a consultant's quality.

In fact they have little or no idea.

The majority of consultant's work is primarily in the NHS with a limited number of private sessions. An insurance company only has a snapshot of a consultant's activity and competence as they are only involved in a proportion of the consultant's private practice which itself is only a small proportion of overall practice.

To give a specific example all hip and knee replacements are now recorded on the National Joint Registry (NJR) which began in 2003 and there are now over a million joint replacements available for analysis. Each consultant knows his or her personal failure rate but this information is only available to the individual or to the NJR authorities. I am a specialist knee surgeon and BUPA and other insurance companies have no idea what my failure rate is. (If it was unacceptably high then appropriate action will be taken by the relevant authorities.)

The main criteria for controlled and forced referral by BUPA are cost and speed of access. So the best surgeons are the cheapest and can be seen very quickly. There is a saying "beware the surgeon with a short waiting list!". To put in another way, food at a fast food restaurant is cheap and can be bought immediately whereas to eat with Heston Blumenthal or Gordon Ramsay is expensive and it may be several weeks before a table is available. If BUPA were controlling the dining market then we would all be forced to have burgers and chips all the time!!! Speed can be important in an emergency but the vast majority of private work is non urgent.

If further proof regarding economic motives were required we only have to look at the fact that the BUPA reimbursement for the majority of knee operations did not increase from 1992 until 2012 when it was reduced by 40%!!!

I am retiring in the not too distant future and so do not have a great personal interest in these changes but it saddens me to see the way that patient choice is being destroyed.