

Consultant 49

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I would like to make some comments regarding this investigation.

I have been a consultant for [over 10 years] and have worked one day a week in the private sector for most of that time. I have seen major changes in the way that private medical insurers are manipulating the market particularly in the last 3 years. They are now trying to use a very small panel of consultants who they have identified as being cheaper than the others and are trying to force other consultants to match this price. They have forced newly qualified consultants to accept lower remuneration scales or be excluded from the market. Why should a consultant of many years standing, who has built up a practice and who has expertise way above the level of a new consultant, be criticised for charging more than someone of lesser expertise and experience? I know personally two consultants who have been forced recently to give up private practice because of decisions made by insurers about remuneration. The insurers will not even allow the patients to choose to "top-up" the standard fee in order to see the consultant of their choice which is a disgrace.

The health care insurers have not increased their consultant remuneration scales in the 13 years I have worked in the private sector. In this time my medical indemnity insurance has gone up from £8000 to £26,000 for the same level of cover, my staff costs (secretarial) have risen by 15% and the hospital room rental rates have gone up by 5%. I cannot pass these changes on to my insured patients and have been forced to absorb these increases. This can't go on much longer or I will be working for no profit at all! The bargaining power is all with the large insurers and a single consultant has very little power to negotiate with them.

I have noticed an increasing trend for insurers to limit the treatments they will pay for by categorising certain treatments such as physiotherapy as "rehabilitation" which is not covered by most policies. Even postoperative physiotherapy after spinal surgery (my specialty) is under threat. More and more decisions about referral patterns and treatment are being decided by non-medically qualified people who work from computer algorithms set up by the insurers. No account is taken of the patient's particular medical requirements. One of my patients recently had treatment turned down for a new condition and when he queried why he was told by a phone operative that the decision had been made because he had seen too many consultants in the last few years and was costing too much money! He had not exceeded the limit of his insurance that year. A request for a further explanation was simply not answered.

I am concerned that the people who take out insurance policies are not made aware of how their policies actually work and how much their treatment choices will be limited by the insurance company. I regularly meet very disgruntled patients who have had treatment turned down or have not been allowed to see the consultant of their or their GP's choice. The range of insurance policies available is completely baffling and over complicated. The advertising campaigns run by the insurance companies are misleading.

I look forward to the outcome of your investigation.