

## Consultant 70

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I am a registered medical practitioner employed part-time as a NHS consultant and engaged in private practice for the past [✂] years. I wish to make the following points:

1. Collusion between the major private insurers, particularly BUPA, and private hospital providers has led to an unacceptable escalation of costs for patients and medical providers. A complex monopoly has developed in which patients are not given choice for investigations such as blood tests and pathology and, increasingly, the specialist they may see.
2. There has been restriction of fees for medical practitioners by the creation of complex 'partnerships' and publication of insurance fee schedules for procedures based on CSSD coding. The latter is meant to be independent, but heavily influenced by a few powerful insurance groups and reflects poorly modern medical practice.
3. Major barriers prevent the development of new entrants to the market via medical chambers or polyclinics, which could potentially improve quality by competition.
4. The insurance companies seek increasingly to manage the referral process, using lay intermediaries, with the sole intention of increasing their profits. The intention is very rarely to keep premiums down as they claim. They simultaneously mis-sell policies with complicated exclusion criteria which confuses patients (particularly the elderly) in the event of a claim.
5. Well meaning initiatives from the Insurers - who seem rarely be advised by practising specialists, relying instead on in-house non-specialist medics or nurses - inadvertently drive up costs, whilst reducing quality. I can elaborate with examples if required.