Consultant 73

1 May 2012

Dear Enquiry,

I should like to register my concerns as a practising consultant in both the NHS and Independent sectors, but also as a fee-paying patient of a private medical insurance company.

In the UK, and to the envy of much of the world we a have a strong system whereby the GP acts as the gatekeeper to onward referrals of patients in both the NHS and independent sectors. This guarantees that patients really do have relevant medical conditions and prevents numerous over-referrals to subspecialists. Removal of this has risk and financial implications.

The GP's are aware of the landscape of the local health environment and particularly aware of relevant proven track records of success and failure from previous referrals to various units and individuals. The local GPs will refer to specialists with strong track records from previous experience. In addition where the GP and specialist consultant are long established there are known personality traits which may sometimes be of benefit in referring an individual patient. For example Patient A may want a careful bed-side manner whereas patient B may want a 'no nonsense' approach.

Thus the principle of GP referral should be held sacred.

As a patient, tax-payer, insurance premium payer and lastly as a consultant I find this the most sensible course to follow i.e. maintain the status quo.

Recently we have seen a significant move towards insurer directed referral in the independent sector and to block contract referral in the NHS. The concept and use of the term ‘approved providers’ from insurance companies suggests a certain element of quality assurance to the patient. It is of great interest that when a patient of mine asked for a list of approved providers for a specialist knee surgeon from a major insurer he was given a list of 3 surgeons; my patient visited these 3 surgeons websites and found that their main interest was hip surgery. Interestingly this same patient then Google searched knee surgeons in his local area and found a different list.

More worrying still is the concept of new consultants being forced onto lower fee schedules – threatening with non-recognition otherwise. This seems anti-competitive.

The contract between doctors and patients should be maintained and the insurance agencies should provide funding reimbursement (to a fee schedule if they wish in order to limit costs) without trying to interfere with a long-standing and proven method of good clinical practice, the GP referral system. If patients are not allowed open access to the specialist of their choice then we will enter a very dangerous area for clinical practice where money may play more of a part than the most suitable specialist referral pathway.