

Consultant 82

20 July 2012

Dear Sir/Madam,

I am a Consultant [X] Surgeon specialising in corneal transplantation at [X] in [X]. The purpose of this email is to voice my concerns and objections to current practices by BUPA and AXA in terms of discriminatory and prejudiced contracts against consultants appointed after 2010, and also against the proposed fee structure to surgeons operating on BUPA patients, and the lack of transparency, information and real choice for the patient. I perform a wide variety of operations but the following points use cataract surgery as an example.

As this Commission is aware BUPA/AXA are targeting specific specialities and procedures and significantly reducing the remuneration to surgeons who perform these operations. Failure to agree with these terms simply mean that the surgeon is black listed or is not recognised by the insurer as an expert or provider in that field. In reality this simply means that patients insured by these companies will not have access to the top surgeons in their field as these surgeons are very unlikely to agree to the ludicrous fee structure now being imposed. Clearly the patients aren't aware of this.

BUPA/AXA have insidiously introduced these reduced fees by exploiting the lack of cohesion between independent doctors. They did this by first introducing a clearly discriminatory contract that meant that new NHS consultants, appointed after 2010 were required to sign a contract that paid them much less for cataract surgery than a surgeon appointed before this time (£360 for the new consultant and 750-850 for the others). This ridiculous situation was allowed to pass due to the lack of objection from established consultants who felt that their own contracts were safe, and probably in reality didn't care too much about what happened to the rest. Doctors are sometimes their worst enemies, and our historical pattern of working independently as private providers often means that the bigger picture isn't appreciated. Not surprisingly however BUPA/AXA having 'divided' the profession through the new/old consultant contracts are now moving to 'conquer' the profession by reducing fees further to just £250 per cataract to all consultants. This move was perhaps predictable and inevitable.

Focusing first on the fee of £250 per operation. My own medical indemnity insurance fee as a new consultant is £11500 per annum and likely to increase as my practice grows. In addition to this further costs are incurred for rental of the consultation room and supports services together with 40% tax on any profit. This leaves roughly £60 per case as the actual fee earned for performing a skilled operation. My own training in ophthalmology has taken [X] years, which has included a doctorate in medicine, [X] international fellowships in corneal transplantation, over [X] prizes and over [X] published research papers. There are hairdressers in London that earn more than this for cutting peoples hair! £250 is insulting and fails to appreciate any of the years of work that have gone into being able to do these operations with minimal risk to the patient and the ability to manage complications when they happen. Whilst the BUPA/AXA may have reduced the fee for the procedure the complication rates and difficulty of the surgery remains the same.

In reality, the largest number of cataract surgery for BUPA is performed by clinics such as Optical Express, roughly 500 per week. Clinics such as these make money through volume of surgery. Independent surgeons perform a fraction of these number. I do not know of any Moorfields Consultants who work for Optical Express or similar. Hence privately insured patients simply wont have access to some of the best ophthalmologists in the country and probably aren't aware of this. In addition BUPA/AXA allow patients 1 pre-operative and 1 post-operative visit. In my experience, whilst this may be reasonable for the majority of patients, some patients need to be seen more frequently after their operation due to

inflammation or infection and these visits aren't covered for the patient. BUPA/AXA cataract package also doesn't cover the patient for correction of astigmatism using a toric intraocular lens or multifocal lens to allow for good near and distance vision. Patients need to pay extra for these options if they are made aware of them.

My feeling is that the majority of patients aren't made aware that they are likely to have their surgery done at a clinic such as Optical Express, and that they are unlikely to have access to a Moorfields Consultant, because that surgeon is very likely to have refused to abide by BUPA/AXA's contract. The patient hence doesn't have real choice or access for their operation to be done by some of the best people in that chosen field, be it ophthalmology or orthopaedics. In addition the patient signing up with BUPA/AXA many years before developing a cataract will have little understanding of the choice of lenses and their impact on vision in time to come and their actual access to these lenses under the terms of their cover from the Insurer. These facts should perhaps be very clearly stated and publicised so that the public are aware of the limitations of their health cover and aren't surprised by the need to top up for these 'extras'. BUPA and other insurers instead continue the charade of the beneficent, altruistic, health care provider to the people, when in fact health insurance companies are rather cynical profit making businesses.

Frankly, practices by BUPA/AXA are cynical and exploitative of patients and doctors. It remains a sad indictment that whilst the cost of most things in life have increased, the value placed on knowledge and skill seem to be eroded and undervalued. These operations are still performed by skilled surgeons in whose hands the patients outcome lies. These skills should be recognised and compensated for.

I urge the Commission to consider the points made.