

Consultant 100

21 August 2012

Dear Sir / Madam,

I am writing to register my views on the fee structure for private practice fees for complex major abdominal cancer surgery.

I have been a consultant Hepato-Biliary and Pancreatic (HPB) surgeon in [X] for the last [X] years ([X]). During this time I have developed quite a significant private practice in HPB cancer surgery at the [X] (200 private cases at [X] compared with over 800 NHS cases in [X] years) apart from gallbladder surgery I do nothing else. The majority of operations that I perform are CMO 4 or 5 on the BUPA schedule thus attracting a fee of approximately £1700-2030. At first glance this doesn't seem unreasonable, but I would like to give you a breakdown of what looking after a typical patient undergoing one of these operations (e.g. Whipples pancreatico- duodenectomy) involves.

- 1) Pre-operative consent and discussion takes at least 20 minutes on the morning of surgery.
- 2) Surgery, average 6 hours (range 4-10) surgical time, I usually do admin work for the additional hour of anaesthetic time.
- 3) I stay for a further 2 hours in the hospital post op, during this time I have a coffee and write operation notes, phone or meet relatives, dictate GP letter and carry out at least 3 post op reviews of the patient on ICU to check on drains, observations, fluid balance, post op drugs. When satisfied I go home.
- 4) That evening i make 2 phone calls to get post op blood results and last thing at night to check patient parameters are satisfactory.
- 5) Post op care for 10 days if all goes well with a minimum of one visit each day (often 2 or 3) including weekends (round trip 1 hour including 20 minutes in the hospital). most of my post op care is before or after my daily NHS commitments so outside routine working hours.
- 6) Complications, around 20% of patients get some form of complication which requires additional input, phone calls and visits. A small proportion (5%) will have a serious complication requiring escalation of care to ICU again or re-intervention / re-operation. Complicated patients stay in hospital for anything from an additional 5 to 50 days, requiring daily reviews and ad hoc attention as problems arise and multiple discussions with other clinicians to plan further investigations and interventions.
- 7) On discharge I give patients my mobile phone no. and email address with the instruction to contact me if they have any problems. Most never have need to contact me, but some will phone, text or email me 10 or more times in the first few weeks. In the longer term patients often contact me directly when they are experiencing problems which they think may be connected with their previous illness or surgery.

My expenses

- 1) My time: typically around 20 hours for an uncomplicated case, but potentially 3 or 4 times this amount for a patient with complications.
- 2) Office overheads: I pay 15% of gross income in office costs.

3) Medical indemnity insurance accounts for about 10% of gross income.

4) Assistants fees I usually pay £200-300 per case to a senior clinical fellow or registrar and around £500 if doing it with another consultant. These cases cannot be done safely with a more junior assistant.

What I get

1) The satisfaction of doing the job properly.

2) At best about £1,200 before tax. Which equates to £60 per hour for an uncomplicated case or down to £20 or less per hour for a complicated case. Overall taking the full case mix into account I am paid no more and possibly less than my NHS hourly rate on average.

What the patient gets

1) Direct consultant involvement in every aspect of pre-operative, intra-operative and post operative care and every decision.

2) A lifelong point of call in case of future problems.

3) A better outcome, all of the above result in me being able to deliver this kind of surgery with a 0.5% mortality in the private sector compared with 3% in the NHS.

What BUPA and the other insurers get is a bargain!

The BUPA fee schedule and that of the other major insurers is skewed against those offering complex cancer surgery, tariffs favour surgeons providing high volume minor and intermediate surgery where there are many surgeons able to offer a satisfactory level of care doing safe and straight forward surgery in well patients.

The tariffs for CMO 4 and 5 HPB cancer work appear to take little account of the sickness of the patients before and after surgery, the highly sub-specialist nature of the work and the complexity and commitment required for post op care.

BUPA schedules do not encourage quality or excellence for complex HPB surgery, which is why most HPB surgeons are equivocal about delivering these services privately. I would imagine the same is true for other fields such as oesophago-gastric cancer, thoracic surgery etc.

If I am doing this surgery on self funding patients I calculate my anticipated time involvement and charge between £2,500-4,500 for the case depending on anticipated duration of surgery, post op care and complexity. This more accurately reflects my expertise and the quality of service I offer privately.

Having occasionally gone over tariff with ultra complex BUPA insured cases and negotiated additional payment I now find myself black listed with patients warned I charge in excess of standard tariffs and they may be liable for any short fall. To this date I have not passed any short fall to the patients, however BUPA would appear to prefer patients had these procedures done on the NHS rather than pay for true quality of care. The situation is worse for new consultants who get even less for their efforts, but will no doubt be promoted as offering on tariff care as they are not recognised unless fully signing up to the BUPA schedule. This is anti-competitive and does not recognise quality of care.

Many thanks for considering my views.