

Consultant 104

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Dear Sir

Switching insurance companies

The main issue that protects insurance companies from true market forces is the relative inability of patients to switch insurer once they have insurance. Pre-existing medical conditions and conditions that patients develop while insured act as a major hindrance when patients consider swapping insurers. If only patients could switch medical insurers like they switch energy companies: many problems would be solved immediately.

As a direct result of this protection that UK medical insurers enjoy, companies such as BUPA - and to a lesser degree AXA - have been able to treat their customer patients with utter disdain. An example of this is the recent attempt by BUPA to reduce the reimbursement for cataract surgery. Only partway through their 'premium year' patients have been asked in our city not to have treatment locally but travel 55 miles to a high street chain for surgery. Patients are suitably appalled, but because they already have a cataract, they can do little about it. On a similar note, one patient had her first eye surgery prior to the BUPA cut-off date, with an excellent first eye result and great confidence in me. Her second eye could not be funded due to the imposed BUPA changes and she has resigned her insurance as a result, seeking surgery on the NHS. This is direct interference between the doctor and patient and is outrageous on many levels.

In Australia and the USA (as a result of 'Obamacare') insurance companies are not allowed to turn away patients on the basis of their pre-existing conditions. The state contributes to the cost of the healthcare fees and thus the costs to the insurer are lower.

Competition

Insurance companies often grumble about the lack of competition, with some cities 'only having one private hospital'. It is worth considering that just about every NHS facility also offers private surgery, although in many cases insurance companies fail to recognise these facilities. This is often on the grounds of 'quality', however it is nearly always in reality due to cost concerns. These artificial restrictions actually drive up the cost of private healthcare as many NHS facilities have equipment and staff far better than at the local private hospital! Allowing any 'willing provider' access to the private insurance market would greatly improve the competition.

Stealth and lack of transparency by insurers

The recent changes imposed by BUPA are particularly galling for patients as they have been imposed by stealth. BUPA insurance is traditionally very expensive and patients expect to get their choice of surgeon. The recent changes have been imposed partway through customer patients' insurance premium years - by any measure patients are less insured following the changes than prior to them, but have they been offered a rebate, or even briefed about the changes? Of course not. Is this measure illegal and should the insurance ombudsman investigate offering all BUPA patients a rebate for the year 2012-12?? If not, why not?

Excellent insurers

I would like to acknowledge that there are some excellent medical insurers who consistently support the relationship between customer patients and their chosen doctor, including WPA, Exeter Friendly Society and Cigna. The others could learn a great deal from watching how such companies, which have morals and their patients' interests at heart, help deliver world-class care.