

## Consultant 99

20 July 2012

Dear Sir

I am a specialist with retirement on the horizon. I have had a private practice alongside my [redacted] hospital commitments for the last [redacted] years. My concerns lie with the future of medical care in the UK and the quality of the medical profession.

The cause of this concern are the practices of the larger private medical insurers (PMI's) and their manipulation of the market, which I think are devaluing the worth and clinical skills of specialist doctors. Also their manipulation of clinical areas based on cost alone. These in turn will reduce the quality of medical services.

Specific areas of concern are:

1. Forcing new consultants to sign up to fee schedules that are below market level, or else they will not "recognise" them as consultants. BUPA's fee schedule is basically still the same as in 1994 (a copy is attached). A quality service is extremely difficult to provide on these levels of re-imburement.

Examples:

BUPA re-imburement

Inguinal hernia repair T2000

1994 £335.00 Jan 2012 £335.00 23rd July 2012 £249.00

Faecal disimpaction H4420 ([redacted])

1994 £107.00 Jan 2012 £107.00 23rd July 2012 £50.00

Wide local excision of lesion of breast (usually breast cancer op) B2820

1994 £452.00 Jan 2012 £452.00 23rd July 2012 £335.00

[redacted]

2. De-recognising establish consultants who refuse to charge their consultation re-imburement rates, with no appeals process. The PMI is simply informing "their" patients that they have delisted the consultant, with no further reason, leading to speculation about the professional skills of that doctor.

3. Interfering with clinical pathways. Such as:

Diverting clinical referrals away from consultants who charge their own fee schedules. "Support Teams" that purport "to complement the care provided...by their consultant" manned by non-medical staff but giving advice on clinical matters.

This restriction of choice both for doctor and patient stops natural competition occurring, preventing the motivation to maintain, let alone improve, standards of care.

The driving down of reimbursement levels will mean fewer doctors and hospitals willing to provide private care, thus increasing the pressure on the NHS.

I have received several letters from BUPA over the last few months [redacted].

At present I inform all my patients of my fees in advance and the patient has a choice of paying a shortfall, or going elsewhere. This is the way it should be, which preserves choice

for the patient on both financial and clinical grounds and I sincerely hope that this principle is one that your commission can endorse.