

## Consultant 111

1<sup>st</sup> August

Dear Mr Pigott

Re: Market Investigation Reference – Private Healthcare

[REDACTED]

I find an enormous paradox between various statements put out by BUPA. In a letter dated 29<sup>th</sup> April to the CC, Dr MacDonald wrote “[there is] a lack of comparable data on consultant/hospital performance”. In contrast a letter from [REDACTED] at BUPA [REDACTED] dated [[REDACTED] 2012], in response to a complaint [REDACTED] about their open referral concept states, “[our] data is improving all the time and will enable us to identify consultants who offer quality, evidence based care practices and help us match patients to the most suitable consultant for their needs”.

Concerned by BUPAs questionable statistics as well as feedback from my patients about the difficulty they have in finding good information about private healthcare, I asked one of my staff to carry out a piece of research to assess the information that BUPA provides to its members on the issue of data quality.

Herein I am stating highlights of the research, and for the purposes of demonstrable clarity I am providing one concrete example which details how BUPA is, at best, misinforming its members and, at worst, potentially putting them at risk.

We searched the BUPA Consultant Guide (<http://consultant-guide.bupa.co.uk/>) under a number of common “conditions/procedures” and in a number of regions. We listed the top 5 consultants recommended by BUPA and then investigated the consultants ourselves independently through a variety of methods including visiting the consultants own NHS and private websites, as well as independent databases (such as Dr Foster, and other specialist databases). In cases where doubt was present we searched the consultants publications in the area in question ([www.pubmed.com](http://www.pubmed.com)) and on occasion, where necessary called the consultants secretary to clarify their experience in the particular topic.

As a concrete example, we selected “Ankle Joint Replacements” in the search terms with a number of postcodes including BH7, BS1, OX3, LS1 and London W1. We then correlated the findings of the BUPA database with the UK National Joint Registry, a register of all Ankle Replacements implanted in England, a **mandated** requirement in both the NHS **AND** the independent sector. Our findings were quite shocking in that only 3 of 25 (12%) listed consultants carry out ankle joint replacement at all. Of the 3 consultants that do ankle replacement, one of them appears to have carried out just 2 ankle replacements in the preceding 12 months.

To highlight the misinformation provided by BUPA, in one region (post code BH7), the actual specialist area of the five surgeons’ that BUPA recommended (to carry out an ankle replacement) was as follows: spinal surgery (2 consultants), shoulder surgery, hand surgery and paediatric surgery. One of the consultants is a locum consultant spinal surgeon, who has never had a substantive NHS appointment or equivalent. None of five recommended consultants are members of the British Orthopaedic Foot & Ankle Society (BOFAS). In each of the above 5 regions there are a number of BOFAS recognised foot and ankle specialists each of whom carry out more than 20 ankle joint replacements per year. Only two were

identified in the search of 25 consultants from 5 regions (8%), meaning that 92% of the recommendations could be considered as highly inappropriate.

All in all, we found that the BUPA website does not appear to be fit for purpose, and seems in many cases to be less accurate than even a simple Google Search. In addition, we contacted BUPA's customer service line on several occasions. It was clear that the BUPA staff had no new information other than that which was available on the BUPA website. On one occasion, the BUPA customer service agent, actually "Googled" a consultant, and read us information from a Google Search over the phone (explaining to us that this is what they were doing). In response to asking the agents about the availability of meaningful outcome data, one BUPA customer services specialist stated, "we are so large that it is clearly impossible for us to know everything about our consultants.." They continued, "....we certainly wouldn't be able to carry information on outcomes..."

Two issues are important to patients needing a surgical intervention. Firstly, "what sort of outcome can I expect from this intervention?" and secondly, "where is the best place to get the best outcome?". Currently BUPA appears to offer no information to patients to answer either question and the example highlighted above (which is just one of many) validates this point.

I note much rhetoric in the media from senior BUPA officials seemingly blaming their fall in profits on high charges by hospitals and consultants, and whilst I would not dare suggest that remuneration packages north of £1.5m for senior BUPA executives could have any contribution, I must admit that it would be far more important to focus on the quality of the information that BUPA provides to its members.

BUPA uses words like "choice" and "quality" in its marketing collateral, in my opinion, highly inappropriately. To have got to this point, I can only assume that over the last 60 years BUPA have acted irresponsibly in failing to obtain meaningful outcome data to inform patient choice.

I am shocked and perturbed by the findings from our above mentioned study and propose that BUPA should be forced to immediately stop advertising to patients using words like "quality" and "choice", until such a time that it is capable of demonstrating to the industry and most importantly to its members that it is able to back up these claims. In addition, I would urge the Competition Commission to put a halt on BUPA's restrictive Open Referral Policy to disconnect GP's from patient's destiny, which appears diametrically opposed to the Government's policy of increasing the GPs role in the patient journey.