

Consultant 112

14 August 2012

As an anaesthetic consultant who undertakes private practice as part of a group I have been moved to respond to some of the misconceptions expressed by the PMIs regarding groups or partnerships of anaesthetists. In particular, the notion that anaesthetic partnerships or groups exist primarily to promote or defend high anaesthetic fees must be challenged. Our group, [redacted], publishes a fee schedule which is easily accessible to our patients, to whom we endeavour to give a detailed quotation in advance of surgery; thus enabling them to contact their insurance provider ahead of time to ascertain whether they will be reimbursed in part or in full. The multiplicity of different policy benefits and different providers means that any individual patient's benefit level is opaque to us. An important principle to state is that we believe our professional medical fees should be the same for all our patients, irrespective of their insurance provider (if any) or their level of cover. It is surely not equitable to charge different fees to customers of different PMIs. Our fee schedule is fair and reasonable when compared to the multiplicity of reimbursement schedules published by individual PMIs, or to the surveys of private practice fees published by the Association of Anaesthetists (AAGBI) in 2008 and 2011. [redacted]

I have in the recent past met with BUPA, at their request, to discuss the issue of shortfalls pertaining to anaesthetic fees. The BUPA executive claimed that approximately 12% of procedure codes had been "reclassified" since 2000, such that they are now more "financially advantageous" to anaesthetists. This was presumably in lieu of raising reimbursement levels. However, another way of putting this would be to say that 88% of procedure codes have had no change in reimbursement level in the last 11 years. Indeed, most reimbursements have not changed in the last 18 years, and this may well be the real problem. I referred BUPA to the AAGBI private practice fee survey of 2008, which reported median fees for a basket of representative and diverse procedure codes from around 500 anaesthetists across the UK. The results essentially illustrate that the issue of a disparity between BUPA benefit maxima (and those of some of their competitors) and median fees charged by anaesthetists is a widespread phenomenon, and certainly not specific to our group.

Also present at this meeting was an anaesthetic colleague who has been affected by BUPA's (and PPP's) policy of "non-recognition" for new consultants who decline to sign up to BUPA's restrictive terms and conditions. We provided specific examples of how BUPA's policy has adversely affected patient care and discriminated against my colleague - who remained entirely unpaid for private practice undertaken on behalf of BUPA customers. This practice of non-payment for clinical work undertaken has also been replicated on several occasions, with other "non-recognised" colleagues, by AXA-PPP.