

Consultant 123

23 September 2012

Dear Sir/Madam,

I am a consultant ophthalmologist with a full time NHS practice and a small but growing private practice.

When I first registered with the insurance companies in 2010, BUPA required that I sign a contract accepting reimbursement at approximately 50% of the rate offered to senior consultants for my most common procedure, cataract surgery, if I wanted to be recognised as a consultant. The new rate was £386. They advised that I would be de-recognised if I asked BUPA members to pay a top up fee for their care at any stage. Since then they have made several changes to the reduced fee schedule I was coerced into signing, each one a reduction in reimbursement rates.

In August 2012 they wrote to all private practice ophthalmic consultants in the UK advising of a fee reduction to £289 for cataract surgery. Two weeks later they wrote back to all consultants registered from 2010 onwards to clarify that they could still charge £386. No explanation was given as to why all junior consultants were 34% more valuable than all their senior colleagues.

Initially I offered private cataract surgery on an 'out of hours' basis in my NHS premises, because the nearest private facility is 40 miles away and local patients wanted to have private care locally, and also because the standard of expertise in my ophthalmic theatre team is so high. I wanted private patients to benefit from this. Recently BUPA has de-recognised my NHS facility and will not authorise any treatment there. This decision could not in my opinion have been made on quality grounds, and therefore I believe it was purely cost based. BUPA have also routinely implied to my patients that this is a quality issue, saying that my NHS hospital is not BUPA assured or in the BUPA network.

Despite there being a team of over a dozen private specialists in my city, who are between them able to offer comprehensive care, one of my own BUPA patients has been asked by BUPA to discontinue their care with me and travel to a cheaper doctor in a small town, which according to Google Maps is 172 miles away.

This year, BUPA have revised down the level of cover they are providing to all their members I have treated. They have stopped paying for the costs of local anaesthetic and they will no longer pay for consultation fees if intervention/diagnostic procedure/treatment is provided and invoiced during the consultation. They have made these changes without any disclosure to their members, and in most cases have done so mid way through their policy year. My patients now, as a matter of routine, have to phone BUPA to complain, and in most cases make no progress until they threaten to leave BUPA. At this point their fees are normally met in full.

Perhaps most surprising of all, I have recently treated one patient who had glaucoma surgery, which was preauthorised by BUPA in the normal way. Following surgery BUPA reneged on their preauthorisation and declined to meet the full hospital fee. When the hospital invoiced my patient for the amount outstanding, BUPA asked the patient if they would phone the hospital and try to negotiate a reduced facility fee on BUPA's behalf. The patient has now left BUPA, and is quite happy to discuss her experience with any third party.