

## Consultant 126

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Dear Sir

I would like to comment on your investigation into Private Healthcare Market as following changes over the last couple of years specifically with regard to BUPA.

- 1 BUPA have introduced a review system for authorisation of reimbursement of their clients having knee arthroscopy. When, following a consultation with a recognised specialist it is agreed that knee arthroscopy is appropriate, BUPA have insisted that the specialist return a tick-box form so that one of their unnamed employees of unverifiable experience or seniority are able to decide if it is appropriate or not. It seems to me that there are three reasons why an insurer may consider the recommended intervention inappropriate. First, because the practitioner is incompetent and has made the wrong clinical decision. Second, they question the practitioner's integrity, since they are suggesting that he is recommending unnecessarily surgery to line his own pocket, and third that they are rationing the treatment which they are funding for their clients to the most severe cases. It seems to me that only the third reason is valid and in that case BUPA need to inform their clients of this. If either of the other reasons are proposed, then the insurer is obliged to de-recognise the consultant and probably refer them to the GMC.
- 2 BUPA have recently dramatically reduced the level of cover for their clients for some of the commonest procedure, again specifically knee arthroscopy. There is no problem whatever with BUPA agreeing any level of cover they choose with their clients, but it is dishonest of them to unilaterally reduce the level of cover for the commonest procedures without advance warning to their clients, and without making it clear to prospective new clients that this is the case. They need to clarify that because of this some of the most senior and respected practitioners in the country's fees will not be fully covered. It is disingenuous of them to suggest that they periodically review the fees of all procedures, increase some and decrease others. In this case they have dramatically reduced the fees of the commonest procedures whilst making minor increases to much less common interventions.
- 3 The open referral system which BUPA have introduced is of course misnamed and should be called a closed referral system & seeks to intervene between the referrer and the specialist. Patients choose their specialists on the basis of their own research, recommendation of friends or colleagues or recommendation of their professional advisors. BUPA seeks to change this by insisting that the insurer's recommended specialist is used. This recommendation is based exclusively on the price which that specialist charges. If BUPA are collecting data on quality of service and using this as a criteria for direction of their so-called open referrals, then they should say so, otherwise they need to be explicit so that patients know that their open referral is being passed onto the cheapest specialist without any regard to quality or convenience.