

Consultant 121

25 September 2012

Dear Sir/madam,

I am sure I will not be the first to bring to your attention the forced placement of patients into hospitals where the consultant does not regularly work, on the basis of an agreement between the patient's insurer and a hospital network.

The GP makes a referral hopefully in his/her opinion, to the most suitable consultant. Clinic appointments seem exempt from networks but when it comes to admission the patient is forced to follow where the insurer not the consultant wants to operate. This cannot be in the best interests of the patient. Surgeons work in teams with theatre staff, anaesthetists and ward staff who are familiar with the specialty and practices of the surgeon. There is no advantage to the patient to lift them out of a well organized team and place them into a hospital that rarely looks after their condition and with whom the surgeon rarely works. Its contrary to common sense and good practice.

If the patient is at the centre of the process, they should be looked after in the safest place, which is not necessarily where the insurer forces them to be treated.