

Consultant 128

27 September 2012

Dear sir/madam

I am a consultant [X] surgeon with a maximum part time NHS contract and a private practice. I was recognised by BUPA as a provider in [X] on the basis of a simple application procedure with no contract. I strongly feel that BUPA has used its position as a large medical insurance organisation in an intimidating manner to consultants and misleads patients with its current advertising.

1. Currently BUPA uses terms such as 'premier' consultants. This simply relates to those consultants who operate within a fee agreed structure and have no relationship to quality of service or clinical outcomes.
2. My private practice is identical to my NHS one in terms of those I choose to offer surgery to or perform further investigations on. [X]. I have always charged within their own fee maxima and can only state that my practice reflects my NHS one so am troubled by what data they hold and where they derive their normal data from. This was not explained and the tone of the letter was intimidating. My letter was sent on the [X] and a request for any personal data made under the freedom of information act - I have heard nothing back.
3. Fees have remained unchanged for well over 10 years despite rising consultant costs and this year Bupa have suddenly reduced their carpal tunnel decompression operation rates by 25% no longer paying for the local anaesthetic administration fee. This is a massive reduction with no consultation.
4. Any new consultant wishing to see BUPA patients have to sign up to fee limitations meaning that they have to see much greater volumes than their senior colleagues to achieve pay parity. I fail to see any fairness in this move, surely this should be applied across the board.
5. Shoulder and knee arthroscopic surgery now needs preauthorisation based on clinical features of the case. This is without clinical merit and simply exists to try and put surgeons off from operating on patients and letting them suffer, saving their insurer money. I welcome an investigation into the private healthcare market and hope that clinical outcome data ie. patients getting better fundamentally drives the conclusions!