

Consultant 136

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I have recently been appalled by the tactics used by the BUPA Private Health Insurance Group and am concerned that the changes being forced through may cause irrevocable damage to the service provided to patients through the private health system in the UK.

I am a relatively new consultant to the private system, but have recently found myself singled out as the only gastroenterologist in my local private hospital that hadn't signed a new deal to become fee assured. I have absolutely no concerns about the transparency of fees charged and have always kept my fees within the BUPA tariff system. I didn't sign the new contract as I was concerned that this would also tie me in to other fundamental aspects which I disagree with;-

1. Generic Gastroenterologists - I have spent a considerable amount of time in and around the teaching hospitals of central London developing expertise in a range of specialty areas. Unfortunately, even if patients recognize that their problem falls into a particular specialty area of which I may have some knowledge, they will no longer be able to request to see me, but will instead be sent to a generic gastroenterologist. Essentially this devalues individual experience and expertise and assumes that everyone has an equal ability in dealing with all aspects of their specialty. At the end of the day I think patients will get a raw deal, and find themselves being subjected to multitude of unnecessary investigations or repeated re-referrals before ending up in the hands of someone who can actually deal with their specific issues. With the governments drive to improve Patient Choice, we may find a situation where the NHS patients will be better off.
2. Controlled management - I am concerned that the influence of the insurance company may start to have an impact on the way patients are managed in the private sector. For some Consultants I suspect their management may change and be governed by what will be reimbursed by the insurance company, rather than that physician or surgeon being allowed to do what he or she feels is in the patients best interest. This subtle influence will increasingly blur the margins between patient focussed management and financially driven therapy, the ethics of this make me feel slightly uneasy.

When patients have phoned BUPA in order to organize an appointment with me they have been told a range of lies which could be seen as libelous defamation of character. Common themes include;-

1. "He is not one of our recognized providers" – This is not true. I have been a recognized Specialist Provider for BUPA since I started in Private medicine.
2. "He over-charges" – This is also not true. My prices have not changed since I started in private medicine and were fixed to be compliant with the BUPA charging scheme. I have phone through and sent e-mails to confirm this, but they continue to tell patients this regardless.
3. "There are plenty of other gastroenterologists to chose from. We just don't recommend him"

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I have followed the FIPO (Federation of Independent Practitioners Organization) advice, and using one of their letter templates I wrote off to BUPA to request the release of all personal details that they hold on me, so that I could determine on what grounds they are able to

make such derogatory remarks. I believed by law I am meant to have had a response within 28 working days. The letter was sent approximately 6 weeks ago and I still have not heard anything.

Finally after 6 months of having being singled out and isolated, I realized that I had not seen a single BUPA patient in that time. Reluctantly, I decided to cave in and take a look at the BUPA finder list and sign up for the Fee Assured status. The implications of what I found were slightly worrying.

1. Incorrect allegations - Despite being a specialist provider recognized by BUPA I could not find myself using any details relating to my private hospital or its post code. I could however find myself some way down on a list, using my surname. Given that this was the 1st time I'd ever looked at the Finder list, I was surprised to find that I had apparently requested that my details "...should not appear on the web", followed by "call us for more information", at which point these patients are clearly directed away from myself.
2. Rather surprisingly, I note that despite putting in my local private hospital's post code, most of my other local Fee Assured colleagues were nowhere to be seen on the opening lists and were some way down, hidden below what I assume was a multitude of Premier consultants. Some of these Premier consultants were working up to 40 miles away, on the other side of London, but these are the names patients see when they access the BUPA internet site. So it no longer appears to be enough to be a fee assured consultant, instead you have to be a Premier consultant as well. When I tried to find out what this actually means, this did not appear to adhere to the transparent market that I had assumed BUPA were aiming for. Rather worryingly though it does appear to be based on another private contract with BUPA and your status in this list is dependent on a range of factors including;-
 1. your intervention rates and
 2. number of consultations per patient.

Summary

It is clear to see that BUPA does not appear to be playing by the same rules that they preach.

Some of their practice appears libelous and falls the wrong side of the law.

As they are such a large global company the control they have on the market appears to be having an adverse effect on competition.

They have clearly targeted individuals and specific specialties within geographical regions.

If BUPA are allowed to continue on this pathway I'm sure the other health insurance providers will follow suit and this will bring about an end to the service previously provided to private patients.

There are aspects of their long-term goal which I support, particularly the transparency of consultant fees.

I am however concerned that the other changes will eventually deteriorate the service that we can provide our patient's.

I am also fearful that if the financial industry is allowed to govern medical practice like a commodity, without a governing body, we will see an increase in unethical practice, as some consultants will use the system to maximize financial gain.