

Consultant 139

7 October 2012

I am a consultant [X] Surgeon working part-time in the NHS [X] and in private [X]. I have been encouraged to send in an entry to assist your OFT process by our professional association [X].

I became a Consultant in [X] and established private surgery shortly after that so speak with a long understanding of the workings of the private insurance healthcare companies.

I am very concerned that some of them specifically are engaging in unfair and unprofessional practices which should come under the remit of your investigation. Specifically this includes distortion of the market as outlined in your Statement of Issues - paragraph 6. Under characteristics, I have concern about paragraphs 13, 20 d and e, 35 and 36 and 38.

This summarizes the chief points I have observed:

1) Some Insurers are restricting fully qualified and newly accredited consultants who are on the specialist register by not granting them recognition or by doing so only under duress - that is if they agree to restrictive charging and paycales which are different from those used by others and are not the 'norm'.

2) Some insurers have in the past and are continuing to exert downward influence on the fee scale the consultant charges for his or her services by interfering with the doctor-patient financial contract and using threatening behaviour and 'blackmail' tactics. Specifically, they ask the consultant to lower his fees for Consultations, and procedures to fit their financial model and if the Consultant has a good reason why his fees are set personally higher (eg. a tertiary referral pattern and international reputation of excellence with NHS excellence award to back up the assertion), they refuse to engage in further consideration and instead reply with threatening letters stating that they will reserve the right review which consultants they keep on their 'books' as recognised professionals and they state that they can exclude all their insured-clients from being able to use the insurance if they still wish to see that doctor.

Naturally this forces the single surgeon to capitulate or risk losing a large percentage of his practice income.

3) The same companies will also instruct their employees to advise their patient (clients) on the telephone that the surgeon to whom they have been referred charges unreasonable amounts - which I consider defamation of character.

4) The same companies will also tell their clients that they advise them there should be no insurance shortfall if the invoice exceeds the recommended level and that they interfere in the doctor-patient financial contract by telling the patient not to pay any shortfall (Which I think must be illegal ?)

5) The same companies, will ignore the billed fee sent by direct invoices to them for patient services and re-imburse only their own idea of what is reasonable, and fail to advise the surgeon or the patient that there was a 'shortfall' which they have refused to pay.

I am of course unaware of the small print of the contract with their patient-client so cannot comment if they are in breach of an agreement 'to pay consultant fees'.