

## **Consultant 142**

15 October 2012

Dear Sir or Madam

### **Reference Private Healthcare Market Investigation.**

As a consultant surgeon working in the London area I wish to draw the Commissions attention to a number of areas of what I feel poor or restrictive practice on behalf of the private medical insurers industry.

#### **Remuneration for specialist services**

While not wishing to get into any debate over the appropriate remuneration per case it seems perverse that the Private Medical Insurers are driving patients towards the cheapest provider in many areas without ever having any recourse to asking for quality data or encouraging consultants to collect and submit outcomes and complication data. This is particularly upsetting for patients who are often referred on a personal basis and then are either diverted by schemes such as those run by BUPA to cheaper group providers when the patient had hoped to have a personal choice of surgeons with reputational benefits, or providers (AXA PPP are the most prevalent) who seem to advise patients unofficially to be aware of surgeons who "charge too much". While it is clearly entirely appropriate and correct that surgeons should give accurate estimate of their fees the growing trend if for patients not to have any choice in whom they are referred to even though all the PMI companies vigorously promote a choice of specialists in their advertising. I feel that this thus is misleading advertising in many cases.

#### **Policies limited by place or time to treatment**

Several of the insurers will allow patients to be seen only at a number of facilities with which presumably they have agreed favourable pricing. While this is entirely understandable it is still upsetting to many patients who often cannot have treatments carried out safely by the surgeon of their choice and lead to much anxiety and upset for patients trying to negotiate a safe place to be treated. Another area is where patients have a restricted time policy and particularly with patients who may have a cancer end up halfway through their cancer diagnostic pathway finding that there care has to be transferred to the NHS or they have to pay the cost themselves. While again this is a very reasonable insurance product to sell, our patients do not realise that in many cases it is simply impossible to carry out an immediate transfer of their care and thus both the patient and the treating specialist end up with large amounts of extra work and anxiety and trying to minimize delay in this situation.