

**Consultant 147**

13 October 2012

Dear Sir

### **Private healthcare market investigation**

As an ENT surgeon working mainly within the NHS, but with a small private practice, I have serious concerns with regard to the workings of the private healthcare market and particularly the distortion of that market by insurers and BUPA in particular. This is to the detriment of patients and clinicians, such that after [X] years working as a consultant, I am now considering giving up private work not only because the remuneration is reducing, but because insurers are increasingly interfering with clinical decision making so that I am unable to manage patients in the way which I consider most appropriate. I have experienced pressure upon both myself and my patients to change my normal practice. For example, I have been told that tonsillectomy should be performed as a day case procedure despite this remaining controversial within the speciality and even advocates accepting that this only possible in a proportion of patients who undergo their operation early in the day. There is an increasing tendency to question the need for or refusal to authorise recommended procedures. It is, and must remain, the clinician and not the insurer who is responsible for diagnosis and treatment of the patient and ultimately the clinician who is responsible if care is inappropriate or sub-standard. Insurers cannot be allowed to unduly influence the doctor - patient relationship and if they are providing policies with serious limitations to their customers, then this must be made very clear.

BUPA and other medical insurers produce lists of "recognised" specialists with an implication that these consultants are approved for attaining a particular quality measure. In fact membership of the list is a consequence of agreeing to be subservient to the insurer's fee structure and has nothing whatsoever to do with any quality standard. This limits access for patients to the appropriate Specialist with the appropriate subspecialist skills. It is not, and should not, be within the remit of insurers to dictate clinical standards or clinical practice. This is a role for the statutory regulators under the auspices of the Royal College of Surgeons and recognised by the GMC.

High quality and appropriate care is achieved by allowing the patient and referring general practitioner to select the most appropriate specialist in secondary care. The current practices of insurers limit patient choice. Specialists are not chosen for their clinical expertise or experience, but merely their agreement to conform to a pre-set fee structure.

Insurers have benefited from lack of even an inflationary increase in consultant fees in more than 20 years and are now trying to drive them down hoping that doctors will be uncomfortable seeking shortfalls from individual patients who are frequently under the misapprehension that they have comprehensive insurance cover. This will lead to consultants withdrawing from the market to the detriment of patients.