

## Consultant 167

14 November 2012

Dear Sir,

I am a consultant gynaecologist. I am a maximum part time consultant and have been in practice since [X].

People take out private health insurance mainly for 2 reasons:

1. to ensure that they can choose the specialist and the hospital where they are treated
2. to ensure that they can have care at a convenient time and not have to wait for care on the NHS

Recently private insurance companies have restricted the choice of their policy holders. They are asking consultants to agree to become part of "premium group of specialists". By agreeing to this the amounts they charge for consultations and payment for procedures carried out will be severely restricted to levels below those set out by the insurance companies in the past. Those consultants who do not agree to join this "premium group of specialists" will not be recognized by the insurance company. This means that when a patient phones the insurance company saying that he or she wishes to make an appointment to see Dr A the patient is told that this doctor charges above the amount they recommend and is not recognized by the insurance company and that they should rather see Dr B who is recognized by the company.

In effect this is to reduce the patients' choice to choose the specialist who will be looking after them. In the past patients were advised by the general practitioner to see the specialist who was best able to treat them on the basis of that patient's clinical need. The current system allows the insurance company to alter this process and direct the patient to the specialist who charges the least and not on their clinical needs.

The role of the insurance company seems to have changed from that of funding private medicine, leaving the practice of medicine to the professionals involved it, to one that actually chooses the pathway and thus treatment of the patient.