

## Consultant 179

22 November 2012

Dear Sir/Madam

I am writing with reference to the referral of Private Medical Insurers to the Competition Commission.

1. The insurance companies are able to make unilateral decisions on coding

Eg recent downgrading of Endoscopic ultrasound as a less complex procedure by BUPA - it is no less complex than it ever was and if anything is becoming more complex

2. The insurance companies restrict patient choice and consultant ability to charge a market rate with the threat of derecognition and having preferred consultants with price not quality as the only measure on which to base such preference. Consultants being asked to sign an agreement to fix prices which are no longer a guide for remuneration but a price fixing arrangement.

3. BUPA directly instructing trusts what rate a consultant should be paid by the trust for private work and not allowing any negotiation of the fee split (within an overall price) between a consultant and the Trust

4. Insurance companies having networks of hospitals that are not able to provide complex procedures resulting in patient anxiety when trying to justify performing an urgent procedure required on a patient in a non network hospital by a non recognised specialist who may be the only such specialist in region

5. The transfer of the acutely unwell patient from private hospitals to NHS trusts who then become NHS patients with all the complication of the private procedure born by the NHS hospital concerned - how is it possible for insurance companies to limit their recognition of hospitals and restrict choice when it is only the NHS hospitals that have the full facilities to treat patients in situations like this and why has this situation been allowed to continue at a time when there is such pressure on resources in the NHS. There should be an agreed pathway for complications with the funding following the patient at times which are often out of hours when the insurance companies offices are closed.

6. I have had discussion with patients on the phone at the same time to BUPA with the patient being told one thing about the funding and recognition for the procedure and then myself being told different information with the advisor then asking me to hold the line whilst they ring the helpline of the patients own policy as they are not entirely sure whether I can go ahead with the procedure or not

So the whole process of being able to deal with insurance companies is becoming more complex and less transparent for patients as to the situation they can find themselves in

7. Insurance companies not paying any remuneration to cancer centers for patients to be discussed at MDTs - these MDTs often providing opinions by specialists who may not be recognised by the insurance companies - but we are duty bound to give opinions in these scenarios in the interests of patients and their care

8. NHS consultants being asked to give opinions on privately reported scans and insurance companies not recognising the value of these second opinions

9. Insurance companies not authorising payments for second opinions on scans which have been incorrectly reported by the first reporter

10. BUPA removing recognition from an ultrasound practice because it was scanning too few patients even though the price of the scans was below the market rate - so it is not possible to compete even on price which is not a fair market place

11. BUPA demanding that prices they pay for scans are the same as for self funding patients whilst at the same time not guaranteeing any volume of referral or commercial reason to match the prices other than their ability to withdraw recognition - even if the insured price was lower than the insured price offered by other providers in the area

So the whole of the current direction of travel by BUPA in particular appears to be for BUPA to use recognition as a tool to cut cost as all this does is act as a threat to consultants and prevent patients having the option to top up the cost covered by the insurance companies. In this way the insurers can appear to be giving a good service rather than patients being able to appreciate that they are cutting costs without regard to quality or the best interests of the patient - and for specialists to be unable to charge for the value that they offer