

## Consultant 176

15 November 2012

Dear Sir/Madam,

I am a General Surgeon specialising in upper gastro-intestinal pathology and hernia surgery. I have been a Consultant for [X] years and do [X] day per week in private practice. I believe that the current trends in the UK towards managed care, with limited lists of “approved” specialists, is damaging for competition and patient care for the following reasons:

1. Insurers are basing their lists of approved consultants on fees only. There is no reference to quality, experience, volume or outcomes. It cannot be right for patient choice to be restricted in this way. The GMC is quite clear that General Practitioners are best placed to decide who to refer an individual patient to for specialist care and it is wrong for insurance companies to interfere in this process. The “Doctor-Patient relationship” is at the heart of our profession and should not be undermined. Preventing referrals to consultants who charge outside of “BUPA rates” seriously limits patient choice and restricts competition. Consultants currently compete with each other by trying to have the best reputation for their knowledge, interpersonal skills, competency and outcomes. Encouraging competition based on cost alone will not result in better care.
2. Insurance companies, of which BUPA is the most dominant, have arbitrarily reduced remuneration for consultants during which time costs for private practice (clinics, secretarial support & medical insurance) have increased year on year. This is not sustainable and neither of my two newly appointed consultant colleagues wish to do private practice because they cannot justify the expense of setting up a practice. This is effectively reducing competition in private practice.