

Consultant 183

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Competition Commission Enquiry

I am a Breast and Endocrine surgeon who has been in private practice since [X].

Private doctors are in a privileged position being able to earn money independently while maintaining NHS contracts. We expect no sympathy. However, we are **not** responsible for the high cost of private healthcare. Nor is it either commercial or fair to expect private doctors to be corporately bullied by the big insurers simple because they have mass which we do not.

Since the start of my private practice [X] years ago, no insurance company has increased its fee maxima – not even for inflation. During this time, my obligatory overheads have skyrocketed – not least of which is my indemnity insurance. Other than one minor raise 2 years ago, my fees have been flat during this period. Until these last few weeks, I understand fee maxima remained static since 1994. In which other highly qualified profession would anyone not have raised their prices in the last 18 years?

Health insurers meanwhile have been trying to manage spiralling costs – costs which are NOT within the control of consultants i.e. hospital and drugs costs.

BUPA et al are clearly setting themselves up as the arbiters of what is 'appropriate medical practice' by placing patients on Managed Care Pathways. While it is understandable that insurers must manage costs – their approach to patient care requires immediate legislation to protect patients. The Royal Colleges and the GMC are the bodies who should make such decisions about patient health - not insurance companies. The medical profession is open to scrutiny by patient groups, the government and the GMC. BUPA et al are responsible to no-one other than their shareholders.

Patients themselves – many of whom are insured through their employers – have NO IDEA what restraints a Managed Care Pathway may have for their medical care. Were they to understand fully, at the point of sale, then many patients would seek alternative cover. Legislation is required to protect patients in this instance – because it is too late to find out the truth at the point when their GP confirms they need a medical referral.

BUPA has recently reviewed some fees speciality area – including breast surgery.

1. 9 common breast procedures have had their fees **cut** by up to 55%
2. An immediate 55% drop in any fee maxima after NO raise (not even for inflation) in 18 years is **scandalous** but yet the law says the insurer is not obliged to tell insured people (patients) about this
3. PHIs have introduced a host of new codes which unite common procedures simply so that they can somehow justify paying out less.

Why are the big insurers allowed to effectively work together to come up with fee maxima which are now listed as the fees they will reimburse consultant – don't we have laws to stop this unfair practice?

The insurance market needs **stringent regulation** to stop situations like the following:

I have had two patients in the last week who have each been told by their insurer that they must go elsewhere for their treatment:

- one was my NHS patient who invoked her insurance policy – to be told by her insurer she should see a different surgeon in a different town: can you imagine how upsetting that was for the patient directly after a cancer diagnosis was made?
- the 2nd patient was referred to me by her GP but her insurer directed her to see a physician – a breast oncologist rather than me – this was totally wrong advice by the non-qualified call-centre handler at her insurer. When the oncologist referred the patient back to me – the patient was told she could not see me but had to see my colleague. So she was referred to me twice but has been told that if she sees me then her insurer will not reimburse her at all. This particular patient has a concerning breast lump and the events described were an extra distraction which was particularly unwelcome at a time when the patient felt vulnerable anyway. I should add that the 2nd patient was insured through her employer so had not chosen the Managed Care Pathway policy herself.

Fortunately I have had many self-funding patients – and all are given written cost quotations prior to any treatment. It is true to say that over 90% of those self-paying patients are amazed that my surgical fee is such a small percentage of the overall costs of their procedures. That speaks volumes really.