

Consultant 188

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Dear Sir,

I am a consultant general and colorectal surgeon, appointed in the NHS in [X]. Having settled into my NHS practice, I have recently started to offer services at my local private hospital.

In order to be able to offer my services to BUPA customers, I have had to sign up to be a 'fee assured' consultant, significantly reducing my fees, following which patients may then be 'directed' towards me. I may not even be the consultant the patient was initially referred to, or who they particularly wanted to see. I have spoken to BUPA who rather aggressively informed me that my fees cannot change or I will be removed from their books.

GPs are without doubt the best people to direct a patient to the specialist they need. Research has shown that a GP lead 'gate keeper' system is the most cost effective form of health care and ensures patients see the right specialist. This is a well established care pathway, which PMIs should not be able to disrupt. If an NHS consultant offers a poor service, GPs will not send patients to them privately; GPs want the best for their patients, regardless of whether they privately insured or not.

Some insurers, most notably BUPA, are trying to take over this role by asking patients to contact them in the first instance, so that they can be directed to an 'appropriate' (i.e. fee assured) consultant.

There has been a huge increase in the cost of providing private health care, but this is nothing to do with consultants' fees, which have remained unchanged since 1992, and in fact have generally fallen significantly in recent months. This represents a pay freeze for 20 years.

Research, more focused training and improvements in technology have produced higher and higher standards in medical care, surgical operations, and other practical procedures such as endoscopy. This has not, as alleged by BUPA made performing these procedures easier (one of the reasons given by BUPA for reducing fees recently), but has simply raised standards generally, benefiting patients. Indeed, in many instances, the clinical gains for patients in terms of reduced post-operative pain, quicker return to normal function and lower complications from techniques such as keyhole surgery come at a cost of increased operative time and skill (requiring constant updating), and often increased stress, both physically and mentally for the surgeon.

These improvements, driven by research, not PMI companies, is a huge advantage to such companies, with reduced surgical trauma, reduced morbidity (complications) and shorter hospital stays. In tandem with this, the costs of running a private practice have escalated year on year, above inflation, with private room hire, administrative costs, and particularly medical indemnity insurance fees rocketing.

With the above in mind, I have decided to remove myself from the list of approved BUPA consultants.