

Consultant 185

1 December 2012

Dear Sir / Madam,

I understand you are collecting submissions with regards to your investigation into the private healthcare market.

I am a Consultant Orthopaedic Surgeon appointed in [redacted] and have signed up as a provider with BUPA etc.

My initial application to BUPA was stalled as I had outlined outpatient fees that were above their new limits. The application form had left blank spaces for me to fill in fees as i saw fit - when I later questioned this I was told this was so they could do 'market research'. Chasing up my application I was told it could not proceed unless I amended my fees to their agreed limits. As a new consultant starting out with fledgling practice living in [redacted] I have real concerns as to the financial viability of private practice and feel unfairly disadvantaged compared to my established colleagues sitting in the consulting room beside me. I have also now seen BUPA patients that have been directed towards me on account of my reduced costs. A patient with a complex problem sought a second opinion via BUPA, she was referred by them to an orthopaedic surgeon who had a different unrelated sub specialist interest and saw him without being told of this. He suggested a more appropriate experienced surgeon but BUPA refused and redirected her to me on account of my fees being lower than his. I doubt this patient was made aware of the fact that she was therefore being referred to a new consultant rather than an established consultant of 10+ yrs experience. It seems obvious to me that if patients were aware that they have recently become underinsured without their knowledge they would be keen to move insurer - if they were able to transfer to another without losing cover for current conditions that is.

I am only just starting out in private practice and already am seeing the effects of BUPA managing patients care intervening and interfering with the doctor patient relationship.