

## Consultant 193

13 January 2013

To whom it may concern,

I wanted to bring to your attention a few concerns I have, together with a large number of my colleagues, regarding the recent behaviour of some of the private medical insurance companies. My area of expertise is in oesophageal and gastric cancer surgery. This is complex and demanding surgery and is stressful to perform in a private hospital. A total gastrectomy usually takes about 3 and 1/2 hours and involves extensive tissue dissection and bowel reconstruction. BUPA have recently down graded this procedure to complex major 2 from a complex major 5. When questioned they stated it is because the procedure takes under 2 hours and is the equivalent to some other more minor procedures. They claimed this was supported by a medical expert. I have never seen or heard of this operation being performed in under 2 hours and I would be concerned if it was. In fact, we now advocate a more extensive nodal dissection than was performed 5 years ago, so the operation has increased in complexity and time. BUPA have also downgraded a transhiatal oesophagectomy to a CMO2. This is even more extraordinary. After tax, one would be paid a very small fee for complex high risk surgery which requires up to 2 weeks of inpatient care. For this reason a number of us have discussed not offering these procedures for patients with certain providers and will transfer their care to the NHS. This will cause unnecessary stress and difficulties with transferring notes and medical images across different hospital sites. BUPA would also have to acknowledge the deficiencies in a patient's cover. I have put this forward to them, but have not made any progress. As the largest provider in the UK, they are now bullying and undermining the medical profession. By restricting patient's choice of surgeon and reducing the fees to a level at which the procedures are not worth doing in the private sector, the work will be restricted to a few who may not be providing the best service. This is happening for the minor procedures and may not be an issue, but for major cancer resectional work there should be appropriate fee system to reflect the quality and magnitude of the procedure undertaken. This will give patients choice about where and by whom their procedure is performed. This is what I would wish for if I were to require major surgery. I am sure this is happening across other specialties and is causing a lot of resentment. Over the years, a few surgeons have charged excessive fee gaps to patients and this should be regulated. However, BUPA are using this as a method of controlling/fixing and reducing fees which will ultimately compromise the service provided. There are other ways of controlling fees without allowing a provider to take advantage of the situation.

I would be grateful for your support.