

Consultant 196

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I am a Consultant Dermatologist and gained my substantive position early [X]. I work in [X] and most of my practice is NHS based but I do 1.5 private clinics each week. . When I gained my consultant position I signed up to all insurance companies. I received a response to my application to Axa PPP late that year after they made the decision to cap new consultant fees. I initially signed up for the fees as I was a new consultant and had little choice. Naively I thought there would be flexibility in the future. [X] years ago, I asked for the option to increase my fees. I wrote a couple of letters to the Chief Executive and suggested that patients could be made aware that my fees would be covered to X amount and they could be given the option to see me, if they wished, and to pay the difference. I was told that I must either charge the agreed fees or stop being a provider. I thought patient choice was important?! On principal I decided to stop being a provider! I think it is outrageous that I should have been forced to take this decision as I felt it would be unfair to charge one fee for Axa PPP patients and another for patients from other insurance companies.

Bupa are now fixing new consultant fees. They have not put up fees for over 20 years and have now also reduced our fees for procedures. They are essentially forcing junior consultants to be partners and to agree to these reduced fees. They tell patients which Consultants they can see based on whether they are partners. Again, what about patient choice?! I have been a partner since I signed up with Bupa and have remained so as having given up Axa, I can not afford to lose Bupa patients as well. Hence my procedure fees have been significantly reduced.

Another ruling which Bupa have come up with in the last few weeks, is that we are now unable to perform procedures on patients without faxing a written report to Bupa for authorisation. My patients are generally busy people and I am accustomed to carrying out procedures (e.g excision of a skin cancer!) on the day I see them. I have attempted to fax hand written reports to Bupa on the day so that I can provide the service my patients expect and deserve but there always seems to be some issue. This means patients in recent weeks have had to leave without their procedure. Afterwards my secretary has had to spend time tracking down the correct fax number or email address to send the report to - a different number, it seems for different patients! We should not have to tolerate these constraints. I find it very frustrating as a professional that our fees should be dictated by insurance companies - namely Axa PP and Bupa as they have the largest "market share". It is most certainly not to the benefit of their clients who regularly complain about their increases in premiums. I hope that this investigation gives power back to the professionals whose primary interest IS their patients as well as being paid fairly.