

## Consultant 207

6 February 2013

Dear Sir/Madam

I am writing to voice my opinion in regard to the Competition Commission's current enquiry into the Private Healthcare Market.

I am a UK based Consultant General Surgeon of [X] years standing. As well as a full-time NHS commitment, I have practiced in the private sector since [X]. During my professional career, it has always been my top priority to provide patients with the best possible personal service. As a result, I have always charged within insurance company guidelines (traditionally set by BUPA). I have never knowingly charged a fee that has resulted in a patient being left with a shortfall. As a result, my procedure fees have not increased during the entire duration of my professional practice.

I am now faced with a situation where BUPA insurance (and now followed by other PMI companies) have unilaterally reduced their fees by a considerable amount. As a result, I have been forced into a situation where I have either had to accept the new fee schedule without argument or explain to patients that their insurance will no longer cover the full cost of their procedure. Although I am still recognised by BUPA, I am no longer a 'Consultant Partner' and this, combined with BUPA's 'Open Referral' practice, has had a major impact on my practice.

When a patient is referred to me for a consultation and 'phones for authorisation, they are now strongly encouraged to see another consultant who is within the BUPA Partnership. Of course, I do not have access to transcripts of all of the conversations which take place but a significant number of patients have contacted either my secretary or myself personally to say that strongly worded conversations have taken place suggesting that I will overcharge and that the patient should see another consultant. This, when combined with the open referral policy, is particularly damaging. Under such a policy, the general practitioner is not allowed to specify the consultant whom he feels would be most suitable for the patient's condition and in this instance, when the patients 'phone for authorisation, there is no chance whatsoever that they would be recommended to see a non partnership consultant.

I see this behaviour by the insurance companies as highly anti-competitive. There is no possibility that I can maintain my referral pattern when the patients are redirected at the first point of contact. Furthermore, there has been no discussion with the profession regarding fee levels and no opportunity whatsoever to negotiate with the insurance companies.

I am not part of any consultant group, simply an individual professional who would like to keep practicing with a degree of independence to provide a service to patients which is both clinically appropriate and value for money.

I would be grateful if the Commission could take these views into consideration during its deliberations.