

Consultant 213

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Thank you for enabling me to comment on this investigation. I would ask that the CC looks at tariffs for operations/ coded procedures performed in the private sector. These have not risen in real terms for over 20 years. However, if the CC looks at hospital charges made to private practitioners, these have significantly. In addition, private insurers are actively excluding practitioners from their lists under the guise of "quality", when the real reason is cost. The insured are led to believe they have choice, but this is untrue in many cases.

As a result of spiralling costs of indemnification, hospital and secretarial fees etc, many practitioners are leaving the privated sector. This results in higher numbers of patients pressurising the NHS for care. The private sector seems to be becoming a cabal controlled by insurance companies on a cost basis only.

I do believe it is absolutely IMPERATIVE that any conclusions reached are not from studying practice in the southeast alone. It is normal practice for practitioners to charge excesses in the southeast over and above insurance tariffs. This is not what happens in the north. If the CC feels that this should be normal practice then so be it, but I feel in this instance insurance companies should be more transparent with the insured.