

Consultant 214

30 January 2013


Re: Competition Commission Inquiry into the Private Healthcare Market

Dear Sir

I would like to submit evidence to the Competition Commission Inquiry that demonstrates the realisation of a risk to privately insured patients that has resulted from the control of anaesthetic consultant fees by the major insurers.

The existing risk is that patients will have urgent treatment delayed due to the lack of a Consultant Anaesthetist during either weekday out-of-hours or on weekends. The risk arises because Consultant Anaesthetists do not feel adequately compensated by the pre-set fee maxima of the major insurers to routinely provide this out-of-hours or weekend cover. This risk will be further exacerbated by the major insurers extending their practice of seeking to "fee ensure" their providers fees.

Prior to the many recent years of real-terms fee reductions, and the more recent attempted enforcement by major insurers to cap providers fees, this out of hours service was provided in our region by Consultants often charging in excess of fee maxima (as compensation for extended hours worked) or by junior Consultants with less busy private practice work who might have other gaps in their working week to rest. At present, many Consultant Anaesthetists find that typical insurer fee maxima would result in earning less than an emergency plumber for out-of-hours work and they are no longer inclined to offer this service.

[] has already found that out-of-hours cover by Anaesthetic Consultants can only be provided reliably by offering additional fees to Consultants to guarantee their availability. Initially this "on-call fee" was provided for weekend work but this has recently been found necessary to also cover Friday night work.

I believe this clearly shows evidence of the detrimental effect posed by the major insurers concertedly, and aggressively, attempting to control the fees of Anaesthetic Consultants, without adequate consultation or any real attempt to raise fee maxima in line with other costs of living. Whilst this may also affect other Consultants willingness to provide services, it currently particularly affects Consultant Anaesthetists due to the historic low ratio of fee maxima compared to Consultant Surgeons, often being one third of the Surgical fee maxima for the same or similar time worked.

Please ask your Commission group to carefully consider this risk of restricting services to patients and to consider whether this action by the majority insurance providers to restrict fees of Anaesthetic Consultations is a detrimental collusion that should be ruled against.

This risk might be considered alongside the more general risk that inadequate remuneration deters many Anaesthetic Consultants from taking up any form of Private Medical Practice. A large proportion of Anaesthetic Consultants in our own region have opted to remain solely in NHS practice. This contributes to the frequent difficulty that private medical secretaries find in organising anaesthetic services for their surgeon or other non-anaesthetic Consultant operator. Fortunately, this difficulty is alleviated by the existence of anaesthetic group practices. These groups employ secretaries who spend considerable amounts of time and effort finding anaesthetists to fulfil various requests, often at short notice and not infrequently finding these anaesthetists outside the official group. I therefore also ask your investigation

group to carefully consider drawing any conclusions that would endanger these group practices and this important service they provide.