

## Consultant 221

12 March 2013

Dear Sir,

I would like to tell you of a recent example of how insurance companies are denying patients a choice of specialist.

A patient was admitted under my care as an emergency at the local Trust when I was on call. She needed surgery on an elective basis. She requested that her surgery be done at her local private hospital, [redacted], where I also work. I told her to make an appointment at [redacted]. When her name did not appear on my clinic lists, my secretary spoke to her and was told that her insurer, BUPA, said that I was not on their list of 'preferred' consultants so she would have to see another consultant at [redacted]. Although I did not investigate further, the patient would probably have gone to have another (unnecessary) scan as well as a follow-up appointment.

Both the patient and I were unhappy with this. Continuity of care had been interrupted, and the patient no doubt used up part of her allowance, which could have been avoided.

I am led to believe that this is a common practice of insurance companies, which is only serves to benefit them and not patients.