

Consultant 224

25 March 2013

Thank you for investigating the role of private healthcare insurance companies in pressurising doctors and mutual patients.

Health insurers have frequently tested the market by putting a cap on consultants' fees without much of a consultation with the medical providers. However, BUPA on their last move have been very determined in slashing their reimbursement rates to ridiculous level. This has led to major reverberations as follows:

- Patients frequently have been asked to choose another consultant for their care that have signed up to their fee maxima. They are often newly qualified consultants. Despite the fact that I have already lost some patients, some of these patients are and have been pre-existing patients of mine for many years and have no intention of discontinuing their care with me and go with someone else.
- I know of several patients who opted to wait for NHS treatment rather than go through their health insurer because of the small reimbursement fee, and hence not getting their value from the health insurance. BUPA have imposed these changes even half way through the patients yearly contract with them which in my belief is unlawful.
- Often patients have been told by BUPA not to deal with me directly but go through them despite the fact that the contract is between me and my patients.
- Some of my patients have been harassed into NOT paying the shortfall that has incurred as a result of them changing the fees.
- I and my secretary have received many harassing phone calls from BUPA asking us not to charge the patient more than their imposed fee maxima despite the fact that I had resigned from being a BUPA partner.
- Patients who have been diagnosed with Wet Macular Degeneration and who needed Lucentis injections are often told that they will not cover them for this. For that, I had to take them to the NHS.

Other health insurers:

- Simply Health, AVIVA & CIGNA often tell my patients to change their consultant with some suggestions as my fees are above their fee maxima.
- In accounting, most health insurers subtract what they think should be refunded by me without prior notice from other patients accounts. This leads to a big confusion and irregularities in my accounts book keeping. They should formerly request the refund and I would be then liable to pay that to them directly without them interfering with other patients accounts.
- Accounts are often not paid for at least 6 weeks and even more in some cases. This often incur huge administration costs for us trying to clarify various accounts.
- I have received threatening letters previously from AXA-PPP and recently from BUPA threatening to delist me unless I bring my fees to their expectation. Copies of these can be provided upon request.

I have not included any evidence as it may compromise patients confidentiality. Should you wish any specific evidence, I will be more than happy to obtain consent from my patients to give you the evidence needed.

These kind of actions are very common in practice. They are making our delivery of necessary healthcare to our patients very difficult and often causes delays until authorisations are granted or having to transfer their care to the NHS. I certainly would not like to penalise my patients by asking them to pay in advance and then they can sort it out with the health insurer, but if health insurers continue with their actions, it may lead to that. I would therefore welcome a code of practice which health insurers have to adhere to. Also, mechanisms have to be in place to monitor their actions.