

Consultant 226

27 March 2013

Dear Sir/Madam,

I am [X], and I have held a Consultant post at [X] since [X]. I also engage in private practice at [X]. I am also [X].

I understand there are four areas in which you are seeking submissions from Consultant Ophthalmologists in your enquiry into private healthcare. My comments are related to ophthalmology in [X] England.

1. Market Targeting of Individual Consultants as a Consultant Group

I am not part of any Consultant Group in this area and I do not belong to any Consultant Grouping. In the hospitals where I practice there are a total of ten individual Consultants in Ophthalmology practicing and none of us belong to Group Practice.

2. Buying Powers of Insurers in Respect of Individual Consultants

Fees for cataract surgery have not increased since I entered into Private Practice in [X]. The agreed BUPA reimbursement to Consultants for cataract operation at that time was £741 and has remained so without change in eighteen years. The total time taken from initial consultation to completion of postoperative care has not materially reduced. Pre-assessment and advice to patients prior to cataract surgery has increased markedly as the choices of implant and the types of anaesthesia have changed remarkably. These are two areas that patients always wish to have detailed advice, individually tailored, prior to making any decision about their operation. Operating time within that total time has reduced by 5 minutes on average. This has been erroneously reported by BUPA and indeed the total time spent with patients undergoing cataract surgery has increased in my experience by at least twenty extra minutes per patient. BUPA have unilaterally reduced the fees for cataract surgery from £741 to £289. This has not been done by consultation and is a change in policy benefits, possibly a breach of policy terms for some patients. It has been unilaterally imposed on policyholders and Consultants and appears to be an abuse of their dominant position in the market. I understand they have acted in this way in a number of specialties, including orthopaedics, urology and dermatology. The freedom of choice in the BUPA policies has in effect been removed and replaced with low cost treatment, aiming to entice new and less experienced Consultants to sign contracts with BUPA, thus removing freedom of choice for patients. I have experienced multiple situations where patients have had their choice of Consultant removed because of their BUPA policy since July 2012 and where patients have also been forced to travel much longer distances to access BUPA approved cheaper treatment centres. Many elderly patients and those who are carers or who have complex medical problems which need careful peri- and post-operative care have thus been disadvantaged. If more specific details are required on these instances I am able to provide them.

Additionally, I have been threatened by Bupa with de-recognition as a consultant ophthalmologist if I do not embrace their changes in policies.

3. Barriers to Entry into Privately Funded Healthcare Services

[X] and [X], [X] are keen to maximise utilisation of their facilities. They compete against each other and other providers for business. To achieve this they seek as wide a range of Consultants as possible to provide ophthalmic services. Naturally if they displease existing

Consultants they are free to remove their services and some Consultants have set up their own Clinics to compete with private hospitals. However, all of this leads to increased competition. Ophthalmologists are well aware of the risks of operating in a cartel, thus they individually have little bargaining power against large insurers, in particular BUPA who seek to act as an oligopsonist.

4. Limited Information Availability

I do not have extensive information as to what other Consultants provide. My patients are referred by GP's and Optometrists and my practice is derived from the standard of care and the reputation for the way in which patients are treated. I do provide all patients with precise information on charges prior to their attending for any of their Clinic appointments and prior to attending for any operation. I also provide patients with very specific clinical information relating to any operation proposed including the risks, the benefits and my own personal complication rates. Elderly patients who make up the majority of my practice cannot be expected to remember all that is said at an initial consultation prior to surgery. Thus a fact sheet provides reassurance to them after they have left their initial appointment. It reduces the risks to me of patients claiming they have not understood the risk associated with the procedure. I can provide examples of the above patient information should you wish it.

In summary, I do not believe Consultants in private hospitals do operate so as to restrict competition in the geographic area in which I practise in my specialty. Nor am I aware of it in other specialties. However, the domineering and unilateral way in which BUPA have acted, both to policyholders and providers of service, is a cause for considerable concern and feels like an abuse of power.