

Consultant 228

19 April 2013

Dear Sirs

I hope I am not too late in contacting yourselves regarding the treatment of patients by a particular private insurance company. I have just been told that I am able to submit this to you by May 2013. I also hope and assume my comments will be anonymous.

I am an orthopaedic surgeon with a fairly specialist practise. Approximately [X] months ago I became aware that my clinic was a little quieter but I did not worry too much at this stage. I then became aware that there was a problem with my BUPA recognition when I was told by patients they were being discouraged to see me. In fact on several occasions patients have been told that I am "not recognised". This came to a head when a patient asked to return to see me having been happy with the management of symptoms on the opposite side of their body by me previously. This patient called my secretary to tell them that BUPA were insistent they saw a colleague of mine. This surgeon is a spinal surgeon and does not treat the part of the body I treat and the patient knew this!

I telephoned BUPA who initially were pleasant and said I needed to reduce my outpatient follow fees and then I would be deemed "fee assured". I was told paperwork would be sent within 2 weeks and we agreed this was acceptable. This paperwork never came.

Two weeks later one of my orthopaedic colleagues referred two patients to me because of my expertise in a particular area. Both these patients were told they were not allowed to see me because "I charge too much". I have subsequently had to revise one of these procedures on the nhs which was initially carried out by a different colleague. When I heard that 2 more patients were being blocked I phoned BUPA again

On this occasion I was told that it had "become more complex". After several repeated calls to this same individual at BUPA I was told that I would now not be allowed to be deemed "fee assured" due to the fact that I carried out an "average of [X] injections" per patient.

After realising I was getting no where with telephone discussions I wrote to BUPA on more than 1 occasion politely requesting they reconsider their stance. I was increasingly aware that they were blocking patients seeing me and those that they did allow were all told I was more expensive.

The summary of my letters was that I had never knowingly overcharged a patient, I was happy to have a discussion on what fees they would prefer me to use - I always use their codes and fee structure and finally I confirmed that I had audited my practise and not 1 single patient had received more than 3 injections. Furthermore, I emphasised that 18 injections would be negligent. I there asked them to send the data they held on me. This did not confirm their figures but if I am honest I am not sure what their figures actually mean.

Meanwhile in the last few months I have had 1 patient turn up to the reception desk at the clinic I work at and they were called on their mobile by BUPA that they would not pay and that they had to come back the next day to see another consultant. I have also recently had a patient sent to me a named referral by their physio and their GP, independently saying you must see him because of his specialist interest. The patient was allowed an initial consultation with me but was not allowed to return. I am now looking to treat them on the nhs.

I appreciate fees need to be transparent and structured otherwise liberties will be taken. I have attempted on numerous occasions to engage BUPA and resolve this. They have not replied to my last 3 letters and 2 phone calls. What more can I do?

I do have the names of all of these patients and the names of the people at BUPA I have spoken to. However, I have tried to write this as anonymously as possible for obvious reasons.

Please let me know if I can be of any further assistance.