

Consultant 231

17 April 2013

I wish to submit information to your consultation regarding private health care.

I am a Consultant Orthopaedic Surgeon.

I enclose some examples of how I believe private medical insurance companies are creating havoc, and clearly have no interest their patients only to their shareholders.

A

Some 6 weeks ago, following a consultation and examination I referred a patient to a specialist physiotherapist to treat a shoulder condition that I had diagnosed.

This was a relatively common condition, but the mainstay of treatment is physiotherapy. To assist the patient in maximising their chances with physiotherapy I performed a cortisone injection, to allow sufficient pain relief so that physiotherapy could be effective. I made the referral knowing that the therapist would commence therapy within a week of the injection, when it was at its most effective.

The patient was told by his insurance company (Aviva) that he could not have physiotherapy with the therapist that I had recommended...but in fact he had to go and see a therapist of their choice to be "assessed," and then when assessment had occurred their therapist would decide on appropriate treatment. This process took 5 weeks to occur, by which time the injection had lost its maximum effect.

The therapist which the insurance company arranged spent little time with my patient, and overall he felt it was a waste of time.

The points from this episode:

1. Once I have made a diagnosis and decided on a course of treatment there is no further need for assessment...that is a waste of time and also implies that I do not know what I am doing.
2. The time it took the insurance company to arrange their therapist, compromised my patient's care by delaying their treatment.
3. I work in a team, where I know what will be the best for my patient...I do not work with these third party therapists...are they any good? who knows? what is their training.....I do know??

B

I have been referred patients outside my specialist area of interest by BUPA, this has required me to deflect these patients to an appropriate colleague.

eg I was referred a patient with a knee problem, when clearly I do only shoulder and elbow surgery. I had to get my secretary to contact my colleague and arrange an appointment with him.

In addition I have had colleagues refer patients to me, when they have been referred patients outside their speciality.

Points from this:

If the "Commissioning" was left to local GPs this sort of shambles would not happen.

C

When I started as a new consultant, I took advice from my local private hospital regarding my consultation fees...I set my fees at a comparable level to my colleagues. I was called by BUPA and AXA, and told that if I didn't lower my fees to their level...I would not be considered as a recommended practitioner, and treatment with me would not be recommended or approved....I had no choice therefore to submit to their request.....what is the alternative when starting out in private practice??

Points from this:

Who do they think they are (Insurance companies) telling me what to charge?

D

Often when performing surgical procedures, there are multiple steps (procedures) in any one operation. Insurance companies often refuse to allow billing for these "bundles" even though the procedure has been done, and needs to be done in order to treat the patient.

Do I therefore stop halfway through an operation.....wake my patient up, and come back the following week to complete it??? Of course not.

My duty is to my patient, and irrespective of whether they pay or not, I will complete the procedure for my patient.

It is clear their duty is to their share holders not their patients!

E

A well motivated patient of mine covered by BUPA, was told by them, that no surgeons in the [🏠] area did rotator cuff surgery. He was told he would have to go to [🏠] to be seen.

There are in fact 5 surgeons in [🏠] that do that sort of surgery.

He would also have driven past [🏠], were there are another 2!

100 miles of wasted driving.