BUPA / AXA calculates only operating time (very optimistically) not time for

a) consent

b) time spent to put the patient to sleep.

c) Post operative review on the ward, dictation of letters to the GP and instructions for patients.

d) Return of doctor to see the patient for complications

e) Bupa asks for comments on 35 codes individually would take at least an hour. It simply precludes a comprehensive answer and is typical of Bupa’s autocratic mode.

f) these codes have not had an uplift for decades and now BuPa wish to pay less for these procedures.

g) There is no remuneration for the time and secretarial input required to answer Bupa’s repeated requests for clarification, uplift or notes.

h) procedure codes have been downgraded although there is no change in any way over the past few years of the operative technique or instrumentation.

i) no allowance is made for rising indemnity provision

j) why are charges and time for removal of sutures and dressing at one week not allowed.

Does this not entail extra time, & effort? Especially as a GP letter is dictated and consulting room rental needs to be paid.

k) I have had patients refused cover and then discovered on removal of the lesion that they have cancer. Only after this proof has been produced has the cover been provided. Surely the whole point of private health cover is freedom of choice and prompt treatment. Interference in good medical practice has become the norm.