

Consultant 232

18 April 2013

Dear Competition Commission

I would like to make a submission to the above investigation and request that you keep my name and personal details confidential. I am an NHS consultant who started offering private appointments [X] years ago. When a patient attends a private clinic in my opinion the following should be true:

- 1) The patient knows what the consultation fee is (true in my clinic)
- 2) The patient has been able to choose which consultant he/she sees (currently usually true)

While this is usually true at present, 'open referral' threatens this element of patient choice, and threatens competition between providers.

- 3) The patient, if insured, knows what aspects of their care their PMI will pay for, if there is an excess and what that excess is (currently not always true)

For example, although I am 'fee assured' with BUPA, this does not mean that BUPA will cover the consultation fee under the patient's policy.

- 4) The patient knows what the likely costs of further tests might be (currently not always true)

I accept there may be difficulties with this, as the investigations needed may not be known until the end of the consultation. However, I still believe that efforts should be made so that patients have an indicative range of the costs that may be charged. To clarify, these are not costs charged by myself as a consultant (nor do I receive a fee or incentive), but by the private hospital for pathology, radiology services etc.

The above would ensure that patients can choose who they see, know upfront what the likely total cost would be and know how much of this their insurer is prepared to cover, thereby enabling patient choice and improving competition. There would be transparency, both from the providers of healthcare and from the insurance companies as to costs and level of cover, allowing the patient to know in advance the cost to them personally.

In particular, fee assurance or other price capping measures harm competition. For example, the price cap for a consultation applies regardless of the time given for an appointment. This removes the option of one consultant offering longer appointment times for a higher charge, inhibiting differentiation and competition between services and reducing patient choice.

There is another separate issue which can affect competition in the private healthcare market. This falls around the interface between the NHS and private market. If a patient receives advice privately, they may be prevented from receiving further care relating to this condition on the NHS. Such a block creates a situation where it is difficult for patients to receive their care for a long term condition from different providers at different times.