

## Consultant 241

24 May 2013

Dear Sir/Madam,

I have only been in independent practice for [X] years as a Consultant Anaesthetist. My comments reflect what I consider to be a rather strange set up designed by the private medical insurance companies to restrict practice and to set arbitrarily the fees they are willing to re-imburse their policy holders for my anaesthesia services.

Firstly they refuse, to honour any anaesthetic fee charged to their policy holder even when it is within the fees that they declare they will pay unless the Consultant has been through their insurance companies approval process and signed a contract with their Insurance company on terms which are non negotiable. I am on the Specialist register with the GMC and view this insurance company approval process as simply a way to ensure that to get paid, if I have a patient insured by their particular PMI that I have signed a contract that locks me into their preferred fee schedule.

BUPA and AXA do this as routine and hold a large market share and so it is inevitable that a large number of patients could potentially not be covered. This is a particular problem for Anaesthetists as we generally only get to meet the patients on the day of their scheduled surgery, and I do not believe that it is right, kind or fair to subject a patient already distressed by the fact that they are due to have surgery an additional stress that their insurance policy will not cover my fee. It is extremely difficult to arrange for another Anaesthetist to cover such patients at short notice, and as there are a large number of PMIs it is difficult if not impossible for the referring surgeon to be sure that every Anaesthetist that they work with will be "on the books" of each and every individual PMI.

Secondly- As the PMIs decide to change the fees unilaterally and if you do not agree they no longer recognise you and therefore you are again back to the situation as described in the first point.

Thirdly- Anaesthetic fees are paid depending on the type of surgery that the patient is having rather than how fit the patient is, and linking the anaesthetic fees to the surgical fees paid without regard to the fitness of the patient is simply historical and bears no actual relation to the degree of skill required to anaesthetise a patient safely. Fixing fees amongst a group of clinicians is illegal and yet this is precisely what the PMIs with their contracts actually do.

The most straightforward arrangement is for the patient to have a contract between themselves and the doctor treating them allowing for clear understanding upfront of the fees involved. How the patient wishes to insure themselves to pay for this should be their choice. The choice of doctor treating them should not be determined by insurance companies.