

## Consultant 246

4 June 2013

Dear Sir/Madam

The recent aggressive approach of BUPA to its clients and consultants may threaten to change the face of private healthcare. The aim is to shift the balance of power in favour of the PMI so that they can determine the price of medical care to whatever they wish. The other obvious aim is to maximise profit.

Patients are being referred to me by their GP or Optician because I am one of the local ophthalmologists. I have had patients directed elsewhere by the insurer on the basis that my fees are too expensive for them (Prior to [✂] I had never shortfalled a patient in 12 years as a consultant ). The BUPA patients were advised to go to London, Bristol or to a newly qualified consultant based at St Georges hospital, to receive their treatment. I have also had existing patients of mine being treated for long term eye conditions sent elsewhere by the insurer when the patient required surgery. This is a clinical risk and the insurer is wrong to act in this way.

BUPAs strategy has been to split the medical profession into fees assured providers and providers who are not fee assured. My colleagues and colleagues at neighbouring hospitals are in the same position with a few providers breaking away to offer cheap healthcare.

This insidious move to managed healthcare has removed choice for patients and referrers alike. It is surprising that there has not been more in the way of litigation from patients who have had their treatment changed in this way, despite them having paid enormous premiums over the years and despite them not being consulted by BUPA about this change. Ultimately, patients will vote with their feet as they are already doing but it would help if the competition commission were able to stop this creation of monopolies of healthcare which will drive down the standard of healthcare that patients receive.