Consultant 1

4 September 2013

Dear Ms Hawes

I am writing in response to the Competition Commission provisional report on the private healthcare market.

My comments are as follows:

As a relatively new consultant I was effectively 'forced' to agree to BUPA and AXA's fixed fee schedules when I decided to start private practice in 2010. Without signing up to their fixed fee contract I would have been unable to see BUPA or AXA patients. Given that BUPA and AXA control over 80% of the PMI market in the UK, it is difficult for new consultants not to agree to sign up with them, despite the fact that their 'fixed fees' for consultations and procedures are significantly less than reasonable market rates. To add insult BUPA subsequently 'slashed' multiple procedural fees after a large cohort of new consultants signed up to their fixed fee schedule. On this basis, it is no longer financially viable for many of us to perform procedures on patients with BUPA insurance. For the same reason many consultants now limit the number of BUPA and AXA insured patients they see each week whilst others have stopped seeing BUPA/AXA patients altogether. This will inevitably impact on patient care as patients with BUPA or AXA insurance will be unable to see their preferred consultant if he/she no longer sees BUPA/AXA patients. Although your research may have shown that the numbers of consultants in private practice has not changed, if you look more closely I am sure you will find that the numbers of consultants who refuse to see BUPA or AXA patients is increasing and will undoubtedly continue to do so. Please also be aware that consultant overheads are significantly more expensive in central London- another reason why increasing numbers of consultants on fixed fee contracts no longer see BUPA or AXA patients ie it is not finacially viable.

Ultimately, consultants should be able to set their own fees as long as they are transparent. Patients should be able to access their consultant of choice and not be obstructed by PMIs.