

## Consultant 4

5 September 2013

Dear Competition Commission

I am an Orthopaedic Surgeon who does regular Private Practice. I made a submission to the CC investigation some time ago about the PMI Market and have looked at the CC conclusions. I am rather concerned that the CC conclusions on this matter have ignored the concerns of consultants like me about some of the recent policies to introduce 'Managed Care' into the PPI market by some of the insurance companies. In my opinion managed care is a method of denying patients appropriate treatments and is very much against the best interests of patients. Surgeons like me enter into a contract with each patient they see to provide the best treatment for the patient's condition. This contract is not with any insurance company. The patient pays premiums to the insurance company to be able to access treatments as necessary. They should not be told by an insurance company which treatments they should have nor which provider should give that treatment. This is restricted practice and surely must be illegal. Choice is a central policy of NHS treatment and should also be in privately provided care. BUPA has been particularly guilty of attempting to force managed care and I would like to illustrate this point with a real example which happened to a patient under my care.

I saw a very fit and active lady of approximately 40 years of age at the start of February 2013. She had a history of a twisting injury to the knee and persistent knee pain subsequently. I made the clinical diagnosis of meniscal tear and offered her an arthroscopy of the knee. She is insured by BUPA and I am not a BUPA Partner or 'Fee Assured'. BUPA refused to authorise the operation as they felt my clinical diagnosis was inadequate and insisted that an MRI scan was performed. I told the patient that this was not necessary but in her interests to be allowed to proceed with the correct treatment after the scan, agreed to the scan. This was performed at BUPA's expense and as predicted showed a tear of the meniscus.

I again offered her an arthroscopy but again BUPA refused despite the positive scan. They insisted that the patient had some 'physiotherapy' treatment instead. I told the patient that this was unlikely to give any relief and that delaying surgery would probably lead to damage to the knee. The patient had a series of physio treatments and as predicted the symptoms persisted. My patient was on the verge of giving up and accepting chronic pain, and had not bothered to contact me as she felt it would be inevitable that BUPA would deny her the correct treatment. I contacted her and persuaded her that the arthroscopy was in her best interests and that she should insist BUPA give authorisation. She did this and they relented. The operation was carried out in the middle of [X], four and a half months after the time I had originally recommended it be performed. It showed as expected the torn meniscus which had started to cause abrasive damage to the smooth articular surface of the femoral condyle. I explained to the patient that this was a direct consequence of the delay in proceeding to the surgery. If she had not had the surgery at all there would be guaranteed further damage to the joint and inevitable osteoarthritis.

I believe that BUPA has acted inappropriately in this lady's case. Their failure to allow me to proceed in a timely manner has caused her some permanent damage to the knee joint. They discriminate against my clinical diagnosis because I am not 'fee assured'. They forced inappropriate investigations and wasted both time and money with ineffective conservative management as they were acting to manage the care of the patient by their own standards

which are clearly inadequate. They attempted to make the patient not have the operation by telling her that I 'over charge' and that she would have to pay any shortfall. This was not the case, I have not asked the patient to pay the shortfall and she has not offered to give it to me. I will write it off in my next set of accounts. I am acting as both the patient's physician and friend, looking out exclusively for her interests. BUPA has acted like a bully and squandered their own funds by what they have done. The Competition Commission should investigate these types of abuse of patients rights to appropriate treatment.

Ironically I am myself insured with BUPA and am angry that I have seen premiums that I pay to BUPA squandered in this particular case. I would like to stop my BUPA membership and move to another insurer. I am however unable to move away from BUPA as I would lose cover for pre-existing conditions should I move to another insurer. This is anti-competitive practice in this market. A patient like me should be able to change to another insurer and have cover of the same quality for a fair premium but the insurance companies have 'rigged the market' by their behaviour.

I have not specified exact dates of treatment of my patient for confidentiality reasons. I would be prepared to give full details of the facts of this case but only provided my patient gives consent. I must insist that if you raise this case with BUPA that you do not reveal my identity. I am concerned that BUPA might delist me from their group of recognised specialists. I have not raised this matter myself with BUPA for the same reason.

I would be interested in your comments about this case.