

Consultant 21

13 September 2013

Dear Ms Hawes

I would like to draw to your attention that a number of my private patients are incensed with the treatment from their insurance companies (PMI). These are patients who have been followed up for years especially for surveillance of aortic stenosis or post tissue aortic valve replacement with the necessity for further follow ups. Suddenly with BUPA taking the lead all the insurance companies seem to suggest to the patients that it was a mistake that they have been followed up in the past. This really affects patient care and is putting lives at risk.

I have tried to explain to the Chief Medical Officer at BUPA that in somebody who has severe asymptomatic aortic stenosis, they need to be followed up so that timing of an aortic valve replacement is carefully arranged. After numerous letters and no reply from the medics but simply from the nurses who I feel did not understand the seriousness of the condition one of my patients has been allowed 1 further follow up. This is clearly clinically unacceptable and the choice we have is either to refer the patients back to the NHS or for the patients to self fund the private appointment.

The same situation has arisen on numerous occasions for patients who have had aortic valve replacement with tissue valves and the standard practice is to follow them up with echocardiography at least once every year as they are prone to deterioration. Again BUPA leads the way to stop this follow up and again the choices are as outlined above either self funding or referral back to the NHS.

I have at least 4 or 5 patients who would be more than willing to complain about this but clearly it seems to me that all the companies that are providing health care cover are colluding and providing very poor care for their members.