

Consultant 26

13 September 2013

Dear Ms Hawes,

It was with great interest that I read the CC's preliminary findings. I have no doubt that there are major issues with regards to the high-level negotiations between the major insurers and the large hospital groups.

I was surprised to see that some consultants do not advise patients of their fees in advance of consultations and surgery; clearly this should not be the case as price is one factor upon which patients may choose to select their consultant.

I was, however, disappointed to see that the Commission does not feel that the major insurers are using their corporate power to direct patients to the cheapest surgeons, thus maximising their own profits, even though this may lead to sub-optimal patient care, and even harm to the patient. It is perfectly clear to all of us practising in the private sector that this is all-too widespread.

I shall give two examples, both patients I have seen this week. I should point out that I am a specialist orthopaedic foot and ankle surgeon; I do not undertake general orthopaedic work, and I have been in practice in the same area for [X] years.

The first is a [X] year-old lady referred with medial ankle pain. She was advised by her GP to see me, but Insurer [X] advised her that, as I am not party to their fee schedule, she should see my colleague, [X], who is a fee-assured consultant. My colleague's major interest is in paediatric orthopaedics; his second is in hand surgery. He undertakes no foot surgery on a regular basis.

When the patient insisted upon seeing me (I have treated several of her friends) Insurer [X] advised her that, if she were to need surgery, she should seek to be referred to me on the NHS.

The latter would not, of course, be a problem, but would beg the question as to why she bothers to pay for PMI.

Having seen the lady, it transpires that she is suffering from [X], will require surgical [X]. I have asked [X] if he has any experience of this type of surgery: he has none. Had the patient gone to see him, as Insurer [X] suggested, she would simply have been referred back to me, waited longer for her definitive consultation, and been charged for at least one, if not two, additional appointments.

The second case is more serious: a [X] year-old lady who suffered from a [X]. Again her GP recommended she see me; her insurer advised her to see a surgical podiatrist at a nearby hospital. She followed her insurer's advice and underwent surgery by the podiatrist.

This was, at best poor: her deformity was not corrected, the wound became infected and the fixation failed. Eventually she asked to be re-referred to me for a second opinion. I've taken her back to theatre, debrided the area, and, after six weeks of antibiotic therapy, the foot has healed. She still has a worse deformity than before her first operation and will require a more extensive surgical reconstruction, but the situation is now salvageable.

Her questions to me were as follows:

1. why did my insurer recommend I see [X]?
2. why did my insurer not tell me that he's not a doctor?
3. could this have been avoided?

Complications, of course, can, and will, occur to any surgeon, but, to put this in perspective, I have carried out this type of procedure [X] times and never yet had to take a patient back to theatre, let alone with a complication of this magnitude. This is not the first time these sort of problems have arisen with this podiatrist: I have raised them with his NHS employer and the medical director of Insurer [X] before. I am told that the standards of care expected of a surgical podiatrist are lower than those of an orthopaedic foot and ankle surgeon because they are not doctors. This begs the question as to why then, a major insurer recommends them in preference to properly trained orthopaedic foot and ankle surgeons?

Perhaps most damningly, when the patient rang her insurer to complain, she was told that she had chosen to see the podiatrist, and that her choice was nothing to do with the insurer!

It would seem clear that the current attempts by medical insurers to direct patient referral are based not upon any kind of outcome data or a desire to improve competition, but simple drive to maximise their own profits. This can directly compromise the care of the patient, and is clearly in the interest of no-one but the insurer.

Of course I do not object to doctors competing, but this should be on quality of care as well as price. No-one going to buy a car expects to pay the same for an Audi as for a Fiat, although both have their advantages, but no-one expects the same performance from a Fiat as from an Audi. Unfortunately, the insurers seem to seek to confuse the Fiats and Audis. If you doubt this I'd suggest a trial. If you have medical insurance, or can arrange to acquire some, please ring up and ask who you should see for a foot problem (bunions, ankle pain or instability, ankle arthritis etc). If you give me the postcode used for your enquiry, I'd be happy to advise you of the recognised foot and ankle surgeons in that area.

You might find it interesting to compare who the insurer recommends with who is actually the best.