

Consultant 33

11 September 2013

Dear Sirs

With respect to the CC's provisional findings of its enquiry into the relationship between private medical insurers, patients and doctors.

I am a consultant orthopaedic surgeon practicing in Winchester, Hampshire and have been a consultant since [✂].

Some of my patients and myself are extremely concerned at the trend to "manage care" by companies such as BUPA and AXA PPP.

a. Diversion of patient's at point of referral

On about a dozen occasions patient's have been specifically referred to me by their GP only to be told by the PMI (in particular BUPA) that they cannot see me but will be referred to one of their preferred providers. Sometimes it is explained to the patient that this is because of fees, but very often it is not.

This clearly is a breach of the doctor/patient relationship, not only between myself but also between the patient and their GP. This not only undermines patients confidence in myself as their surgeon, but also GPs ability to select whom they consider to be the most suitable surgeon for referral.

b. Delisting

Several years ago I was informed by BUPA that I would not be recognised for treatment of patients insured by BUPA if I did not agree to become a preferred provider. Some of my patients got wind of this and have complained already, and in particular those who run companies and insure their employees through BUPA. They feel absolutely fed up that BUPA is dictating to them whom they should see and who are, therefore, taking away their freedom of choice of surgeon.

c. Refusal of Early Treatment

Some of my patients have had to wait a week or two to comply with BUPA's requirement for obtaining MRI scans etc, and other tests, and then to be vetted by a doctor, or some other person, whose credentials we do not know and whose experience we do not know, before they are allowed to have the surgery.

On one occasion the patient had to wait in his hospital bed while I argued with a young man on the end of the phone (who was not medically or otherwise qualified) to persuade him that this patient needed the operation that day as a matter of urgency.

d. Implication of Suitability

The diversion of patients away from my care would imply to patients that I am not suitable to be undertaking surgery on them. There is no evidence whatsoever that I have committed any fraud or malpractice or that my surgery is any less than the best quality. My record is available through the National Joint Registry and I have many

patients who have stayed with me over my whole consultant career and who are very upset that this practice is being purveyed.

Overall, my concerns are entirely for the proper and due care of patients regardless of costs and fees. It seems to be me that many are getting a rough deal through BUPA's managed care policies by denying patients access to surgeons by choice, delaying of treatment and, in some cases, denying treatment altogether.

I beg that you will pay due attention to these matters in your deliberations for your final report.