Consultant 27

12 September 2013

I have recently read the Competition Commission's interim findings on Private Healthcare and would be grateful if you could pass on my experiences detailed to the appropriate people.

In [✂] I was appointed as a Consultant Ophthalmologist and commenced Private practice the same year. I registered with the major Insurance providers including AXA/PPP and BUPA.

BUPA made clear I would only be given a provider number if I agreed to Terms and Conditions and a fee schedule that was significantly lower than my Consultant colleagues who had been appointed prior to me. If I did not agree to their Fee schedule I would not be "BUPA approved".

Due to this restriction I have been limited in general to non BUPA patients, self pay patients and refractive surgery (where all patients are self pay).

My observations and experiences are:

1.The large PMI's restrict my entry into the market as their fee schedule does not cover my medical indemnity and costs.

2.The imposed fee schedule on new Consultants, benefits and protects those already in the market and is therefore anti competitive.

3.The imposition of the fee schedule is based on limiting/reducing costs and does not have any quality benchmarking. This inhibits innovation for instance in cataract surgery, new lens designs, Femtosecond lasers for cataract removal all require technology the cost break even point of which are far beyond the imposed fee schedule.

4.The information given to purchasers of healthcare provision (the patient) by PMI 's is misleading. The labeling of a Consultant as "non approved" suggests low quality when the actuality is that the "approved Consultant" is just low priced.There are no quality measures to allow patients to choose.

I was dismayed to find that the interim report on Private Healthcare did not focus more closely on the unevenly imposed Fee structure for new Consultants and the distortion it produces in the market.

I would be grateful if this could be taken into account prior to the final draft.