

Consultant 30

16 September 2013

Dear Madam

I am a General Practitioner and have been in Practice with my colleagues at the same address for 32 years.

Until recently we have never had anybody question our referrals to Specialists. As you can imagine, over this time we have built up a considerable list of Specialists who provide a professional and competent service to our patients.

Recently, we have had problems where the Insurance Companies have refused to accept referral to Specialists of our choice, insisting that Specialists on their list only can be used (we are not provided with the list).

My most recent experience was a patient who required a femoral hernia repair. I referred her to a Specialist to whom I have referred for the last 10 years or so, whom I know has always provided an excellent service, and whom I consider extremely competent. The Insurance Company (BUPA) told my patient that they would not fully cover the fees, nor would they allow a top up to bridge the gap between their fees and his, instead they suggested an alternative surgeon whom I have never heard of. When my patient asked me to comment on the Surgeon's competence I was unable to do so. Interestingly, I am required to write a letter of referral to these BUPA specialists.

The lady had her surgery, but it cost her £5000 to cover the cost of surgery as BUPA refused to cover any of it, despite them being on a company Policy for the last 30 years.

I comprehend the financial constraints upon companies, but the attitude of the Insurance Companies seems to me to be entirely finance driven because their lists of Specialists will accept the fees offered by BUPA. Whilst not wishing to impugn the Specialists they may choose, the Insurance Companies cannot begin to match the experience of mine or my colleagues when choosing a particular consultant for individual patients.

I can understand why younger Specialists may wish to accept the BUPA terms, but it seems entirely inappropriate to exclude Specialists whose lifetimes experience and expertise may now be denied to patients.

I find this new system uncompetitive and merely indicates the monopoly and power with which the Insurance Companies now have and use to force patients to choose between using their policy or paying out of pocket for specialist care. What is the point of paying for private health insurance if you are not covered for the specialist of your and your general Practitioner's choice as you might within the NHS?