

Independent Doctors Federation GP

Responses to Open Referral Issues raised in the CC Findings and in particular the intimation that they have insufficient knowledge of the consultants to whom they refer

Submission 1

16 September 2013

To whom it may concern,

As GP chair of the IDF and a practicing private GP, I felt that it was important to voice my concern about the findings of the Competition Commission in relations to General Practice Service Provision.

Whilst I agree that Consultants fees should be transparent and fully available to their patients, as indeed are my fees for General Practice consulting, I wholly disagree with Open Referral Policies.

Part of building up experience and knowledge as a GP, is understanding my patients personalities and needs as well as their medical problems. This enables an experienced GP, such as myself to match the patients needs with a particular consultant.

The reputation of consultants, especially in private practice depends heavily on giving a good service and achieving positive patient feedback and I would not consider referring to a consultant with a poor reputation either clinically or in the way they treat patients.

Open referral can never take into account the specific needs of individual patients and it provides less choice for the patient than the NHS.

Submission 2

12 September 2013

Dear Chairman,

I feel strongly enough about BUPA's 'open referral' system to have abandoned their membership after over twenty years.

I have always considered my knowledge and familiarity with the qualities of consultant colleagues as central to my role as a general practitioner. It seems to me to be fundamental to the service that I provide my patients and a matter of considerable importance to them, and to the trust they have in my advice, that I can say to them that I am referring them to the very same consultant I would choose for a member of my family.

I consider myself to have plenty of insight into the varying abilities and personalities of consultants working in the private sector. In the distant past I was fortunate to work from time to time as RMO in one private hospital and the experience was illuminating. When I subsequently became a GP in the area served by that hospital I found my insight invaluable. Qualifications and skill are of questionable virtue if the patient is unhappy or ill at ease because the consultant to whom they are referred is inattentive, unsympathetic or rude and none of these experiences is uncommon. For this reason, I always enquire as to my patients' experiences having referred them for a specialist opinion.

I am confident that my patients value my advice about choice of consultant. They themselves seek the advice of others in the wider community about consultant choice and often tell me who they would like to see. Consequently, patients very often feel quite aggrieved that their PMI is going to tell them who they will be seen by and to a far greater extent than those PMIs seem to realise. After all, it is more than obvious that the motive must involve the financial arrangements between the PMI and those consultants and that inevitably undermines their trust.

Please let me know if I can be of any further assistance in making this case.

Submission 3

11 September 2013

I have been in private general practice for quite a number of years. During this time I have had the opportunity to get to know a great number of consultants in many fields of medicine, and have formed a strong opinion of each of their skills in their particular speciality, as well as their personal skills in communicating with patients.

One of the main reasons my patients consult me is to take advantage of this (i.e. my address list of consultants). In fact, not infrequently, patients will ring me to ask my suggestion of the name of a consultant that a relative or friend might give to their National Health GP for a referral.

What I am saying is that I consider all the private GP's I know in London are much better informed about consultants and their expertise than I would imagine National Health GP's are. Very much an essential and expected part of our job, as far as our patients are concerned, is to recommend the right specialist for that patient.

I can hardly see how an employee of a health insurance company would have this depth of knowledge or experience.

Submission 4

9 September 2013

To the IDF

I felt I had to write over this subject.

One of the main reasons private patients have for using private GP's is the extensive knowledge they have of the range of consultants & the particular areas of expertise.

One example relates to hip problems, some consultants have expertise in arthroscopy, others in joint replacement, others in sports injury. It is up to us as GP's to assess & refer to the appropriate specialist.

Separate to this where there are similar consultants for the patient to see I try & refer to the consultant where the patient & consultant will get on best.

Open referral is already causing problems in a number of ways.

1. Patients strongly resent the fact that their GP's choice has been removed often to the extent that will change insurers.
2. There are always delays in open referral.
3. I have had 2 CEO's of companies refusing to go with the open referral policy & insisting on following my recommendation.
4. A recent case of mine showed that the choice of specialist by BUPA was too general & I had wanted the patient to see a dermatologist with a special interest in skin cancer. After the results of the biopsy the patient had to have a second opinion with a cancer specialist for further advice which would not have been necessary if my original referral had been acted on.
5. There is no way in the long term that a nurse/BUPA employee can make the appropriate referral in every case.

GP's spend a huge amount of time attending meetings all over London checking on new consultants knowing that one of the main reasons patients use us is the extensive knowledge of specialist skills.

On a separate level I feel one of the major areas of costs within private care that should be addressed is the over-charging that occurs within in-patient care i.e. Pathology tests & simple analgesia.

I hope this information is helpful.

Submission 5

13 September 2013

Dear Ms Hawes

I am writing in response to a request from the Independent Doctors Federation to assist in refuting claims that are being made by the Competition Committee and Bupa about the lack of knowledge that GPs have in referring to Consultants.

We have all worked in private practice in [redacted] for many years and have developed professional relationships with Consultants in the London area and occasionally elsewhere through educational seminars taught by the local Consultants who also provide us copies of the academic literature regarding their research and their areas of expertise. As a practice we meet every Thursday to discuss patient problems and to share any knowledge that we have acquired through journal reading or through our routine educational courses. We do not have any financial arrangement with any Consultants or Hospitals in the London area and we have no vested interest in referring to a particular Consultant. Our major concern is to access the highest level of care and expertise for our patients, who rely on our judgment.

I am enclosing an email from a patient which has been anonymised. She has given me her permission to use this at any time that it would be useful because of her distress at the way that her request for authorisation of procedures was dealt with. This illustrates in many ways the problems that will occur if open referral becomes a standard policy. Not only is there a potential for a delay in treatment, but considerable distress is caused to patients who are then put in a position of having to question the judgment of their primary physician.

There are many other instances where we have had complaints by patients and this is only one of many examples in which the patient has felt that the insurance company has stepped out of line in interfering with their treatment and caused them distress.

Our feeling is that competent GPs should have control of referral and investigations. We are in the best position to know our patients, their needs, and the expertise of our local Consultants.

Email

5 June 2013

I hope you had a good holiday - probably forgotten by now.....

I would like to follow up my previous consults with you as I have a few queries.

1. White blood cell count. You suggested that I had a repeat test done. When I phoned BUPA (see more of the same below) to ask for authorisation, I was asked who recommended the procedure, who would take the sample, and where the path would be done. Answer: [redacted]. Immediate response was that this would not be covered by insurance as it wasn't being done in/by a BUPA facility. Next? I therefore asked if the test was being undertaken by BUPA, would it be covered by my insurance? Yes it would. So why didn't you mention this? No reply. Asked for and got authorisation for the test to be carried out at my local BUPA/Nuffield hospital in [redacted]. Need to know what I ask them for when I contact the department to arrange the sample. Assume results come to you in [redacted].?

2. I was copied IF's letter re. the results of the scan/consult. To get BUPA to agree to this took a considerable amount of persuasion. They were unconvinced as to your recommendations. Wanted me to have the procedure carried out by one of their "accredited" consultants. Was I wearing compression stockings permanently? - they would not authorise consult unless this was the case. What were my symptoms? they would want full medical report if any further treatment was recommended, and second opinion from one of their "accredited" etc. etc..

Mr. [redacted]'s letter is very comprehensive, and he was very empathic. Sadly doesn't look as tho BUPA will need to cough up any more payments for this particular part of the claim... The recommendations for sclerotherapy and laser treatment are rather open ended, and I will give this further consideration - I would want to see him again to discuss before I took the matter further.

3. Ankle/possible hip problem. Another acrimonious discussion with the BUPA man. Explained sprain last year has not fully resolved. "if it's a joint problem you will need to have a preliminary discussion with one of our specialist teams. But I don't know about ankles, it's usually backs and necks" I pointed out that an ankle was in fact a joint, which information allowed me to hold on for ten minutes or so to speak to the specialist - explained the matter and was told I would have to have a telephone interview with another more experienced specialist - "phone consult" booked for 4.00 p.m. the following day.

I'm still waiting. (this was about 4 weeks ago). Strangely I was in a very uncomfortable theatre seat last week, and in an effort to cross my legs to get more comfortable heard this very large crack/pop on top of my right foot - I think whatever was out is now back in, as I haven't had a twinge since!

Does not resolve intermittent hip situation - do you think I should try BUPA again for an authorisation to see a physio - London or Gloucestershire? What do you recommend.?

I was absolutely horrified by the attitude of the BUPA staff. Essentially they would have fobbed me off at every possible point. Could not believe that we are paying for a service which is anything but. ... and I have discussed and done some research - much anti-BUPA feeling around - I am advised that they had lost 150,000 members from within the M25 over the last 12 months - I believe it - so we are investigating other options. Don't therefore know if best to pursue the hip under current policy or hold on until I'm into a new insurance cover. What is your opinion?

Submission 6

18 September 2013

Dear Chairman

I have several objections to "open referral" -

. When patients consult their GP's and are referred for private consultation with a specialist they expect and are confident that the choice of consultant, department /group of consultants and facility have been carefully selected by their own doctor. We know this from surveys of patient opinion organised by FIPO and used in evidence to the OFT.

. In my opinion any GP who refers a patient to any doctor in the NHS or privately is negligent if they did not first ascertain that their patient would be treated by competent doctors in safe, congenial surroundings, with dignity and that their care and follow up would be discussed and involve the GP during or at very least after the specialist had completed his/her treatment.

. GP's are expected to be responsible for the care of their patients - a point made clear by the GMC and all other bodies which oversee and promote medical good practice. Is this not what is required to avoid disasters such as Stafford and is it not what has been recommended to the medical profession by parliamentarians?

None of these conditions can be met if an open letter to an anonymous consultant working in an unknown facility is the usual protocol expected by a private health insurer. Furthermore, if something goes wrong and a patient turns to the GP for support and guidance how can that GP act on behalf of his patient when he/she is operating in an information vacuum?

. Speaking for private doctors it is also essential that our patients feel they are getting best practice and value for money when they consult us. It is impossible to provide these reassurances if insurance company policies deliberately sever the connection between the referrer and the providers of specialist care. Why would anybody want to pay premiums to be treated within a system that actually provides generic, non personalised, base line care? Surely most users of private medicine expect to see the best doctors working in the best hospitals under the supervision of their personal GP's?

I believe that some private health insurance companies are deliberately taking away the ability of doctors to compete for practice in an open market where the clients can decide

whether they want to spend money on the best "product" available or accept "basic , cost effective" care. They are replacing open markets with non competitive , rigidly controlled , "one size fits all" medical treatment . Doctors who contract with insurers are tied into agreements which limit their freedom to provide best practice and charge reasonable professional fees .

In short , "open referral " is anti-competitive and bad for medical practice .

Submission 7

16 September 2013

Dear Ian

I would like to add my voice to those of us GPs who are seriously upset by BUPA's claim that they know best which specialists our patients should be referred to. Having been in practice in central London for many years I know most of my consultant specialists personally and have had huge experience of the feedback that I get from my patients after they have been treated by these consultants. I have got to know their particular areas of expertise and also something that I think is important their personality and style. As most of us doctors know if I have patients who trust me they will then be more likely to trust the consultants that I recommend. If that trust is then transferred to the specialist their treatment is more likely to work well and stays in hospital will usually be shorter.

My impression so far is that when BUPA chooses a specialist for my patients they will choose somebody who is less experienced and even sometimes inappropriate. One of my patients who had a heart condition applied to BUPA for a referral to a consultant cardiologist and although he was a man in his early 60's, the consultant that he was referred to was a paediatric cardiologist at Great Ormond Street.

I feel strongly that people who take out private insurance deserve good quality care from top specialists with whom they have a personal relationship. My job as a GP is to know or know about the consultants that I refer to and to make an appropriate referral that will lead to a good outcome. I hope that the Competition Commission will take this into account when they reach their judgement on BUPA's very unpopular new initiative.

Submission 8

13 September 2013

In our practice in Leeds we have a close relationship with our patients and get a lot of feedback regarding their interactions with the consultant we refer them to, both from a medical and non-medical point of view.

As a result of this we have a good idea of which consultant to whom we would refer, not only to suit the patient's medical condition (as a priority), but also their personality and anxieties, which we feel is also very important. We have had to refer several patients in the past for second opinions when they were not happy with the consultants we originally referred them to – usually because of availability rather than our choice.

We have always resisted group referrals and refused to use Alliance Surgical who asked us to refer openly to their group rather than to individuals, some of whom were already referring to regularly, as we would lose the final say in whom the patient saw.

Submission 9

18 September 2013

I am writing to express my concern about the adoption of Open Referral by PMIs. This process directly flies in the face of Good Medical Practice. This is based on a good relationship between the Patient and the General Practitioner in the first place and a good working relationship between the GP and a wide variety of Consultants in the second. Both of these are built up over a period of time and in the second case, also drawn from the experience of colleagues.

Either way, the GP is best placed to know which consultant is going to deliver the best outcome for that particular patient as an individual not as a statistic. To leave this in the hands of an insurance company employee who has no knowledge of either individual is inviting disaster. The decision will be made on financial grounds of minimum cost to the insurer rather than achieving the best outcome in the long term for the patient.

Open referral is an entirely financially motivated initiative by BUPA. It will destroy the advantage that people need from the provision of Private Healthcare Insurance.

The needs of the patient must be put before the desires of the PMIs. It must not be allowed to go ahead. I trust that The IDF will stand firmly in the way.

Submission 10

19 September 2013

Dear sir/madam

I have worked in general practice for over 20 years now - the last [✂] of which have been in private practice in London.

I have invested many years in establishing relationships with my patients and my consultant colleagues. I listen to the feedback that my patients give about specialists that they have seen and I take great care in deciding to whom I refer patients. Indeed, when patients feedback about my practice one of the comments is that they appreciate that I consider carefully which consultant they will see. All consultants have particular skills not just clinically but in how they interact with patients. That relationship is critical in managing patients with complex diseases or in those requiring very specific surgery. As every patient and doctor is an individual I feel that I am best placed to decide to whom I refer. I can easily speak to consultant colleagues with whom I have a relationship. I can even attend out patient appointments with patients if necessary.

Patients put so much trust in their general practitioners that why would they be best placed to decide which consultant to see without the support of their GP? It doesn't make sense to me

Submission 11

20 September 2013

I am writing in response to the CC questioning the knowledge and familiarity GPs have of the specialists to whom they refer.

As an independent sector GP I obviously am not writing on behalf of NH - nevertheless a considerable part of specialist insurance work will come from/via GPs in this sector. One of the main reasons patients who need referrals come to this sector is for the very reason that we are familiar with our specialists and have close contact with them. Our selection process may be through colleague recommendation, attending lectures given by them, correspondence from them, seeing them at medical meetings etc. Our very role is dependent upon having close relationships with the doctors to whom we refer. The current particular relevance of this is to 'open referral' which deprives patients of our experience with selected consultants. Whilst completely understanding that PMIs are under enormous financial pressures to suggest that insurance companies can refer as well as GPs is frankly ridiculous. If our consultants charge more than the PMIs are prepared to pay surely the patient has the right to say I wish to pay the extra (top ups). An example was an elderly lady I referred to a highly experienced surgeon. When told by the PMI he charged more than the PMI was prepared to pay her response was 'Of course, he is the best- that is why I wish to see him'. Whilst not everyone can see 'the best'- not a concept I really endorse- the most experienced, senior specialists are generally the ones most sought for these reasons

Submission 12

13 September 2013

I write as a general practitioner (GP) of 40 years experience and I am concerned that the Competition Commission in its latest Provisional Report on Private Healthcare has taken a soft line on referrals to consultants by Private Medical Insurers (PMIs) for the following reasons:

1. GPs know their local consultants by virtue of their referral experience enabling them to make appropriate referrals,
2. GPs have well established lines of communication with consultants to whom they frequently refer patients,
3. When a GP makes a referral he/she knows the gravity and urgency of the referral; this information may not be available to a PMI referrer, and finally,
4. There is the legal responsibility to be considered; a GP can be held responsible if he/she makes an inappropriate referral and the patient is harmed. Where does the PMI's responsibility rest in this situation?

I firmly believe that the Competition Commission is giving tacit approval for open referrals and this could lead to the patient being disadvantaged.