

Consultant 14

30 January 2014

Dear Mr Witcomb

Re: Competition Commission PHMI Report

I am writing in response to the report and provisional remedies as outlined to date. I have a number of comments and concerns.

The first area of concern is the remedy suggesting that HCA be forced to divest two of its key assets: London Bridge Hospital and the Princess Grace Hospital. I have practising privileges at London Bridge although by nature of my specialty and being a relative newcomer, my private practice is very modest. However I have been very impressed by HCA, and particularly the CEO at London Bridge John Reay, in their tireless quest to improve patient care and service innovation. Their ongoing investment in new facilities (especially in imaging and intensive care) and new technology should be applauded, not reined-in. Examples of where HCA have innovated in my area include the development of non-contrast magnetic resonance angiography of kidney arteries: a technique available only in a handful of teaching hospitals in the NHS.

Outside of London Bridge Hospital, I also take part in an acute medical admission service at the Lister Hospital Chelsea, also HCA. This has been very well received by the local GPs, represents a big step forward in care for local patients who are acutely unwell and has required significant support from HCA. However, in some cases, patients may need to be transferred to another hospital. This is currently within the HCA group and therefore the safe transfer of clinical information and test results is assured because of a common IT system. This would be lost with enforced divestiture.

Overall my view is that in the interest of excellent patient care, HCA should be encouraged to expand and innovate rather than the opposite, which is what you propose.

My second area of concern is your complete blindness to the monopoly on the other side of the fence, which is the PMIs: mainly BUPA and AXA-PPP. While you may say this was not your remit, surely you can see that the behaviour of the main PMIs has to be drawn in to the overall argument in a review about the private healthcare market. As a Consultant who is relatively new to private practice (<2 years) I have been bound by the "fee assured" system. This is surely an example of abuse by a monopoly; patient choice and consultant income are reduced and there is no free market whatsoever. As an example, one morning I attended the Lister Hospital to review a patient who the previous day had suffered a life threatening illness. My fee chargeable to BUPA was £55. This took over an hour of my day and minus tax, insurance etc would leave me about £25. I am a [X] year old, [X] educated, highly trained specialist. This fee is frankly an insult – how many lawyers of equivalent seniority (or any seniority!) work for £25 per hour? You certainly couldn't get a plumber for that.

In another case, a patient was referred to me by his GP as the most appropriate specialist for his patient's condition. The patient was told by his insurers that although I was recognised by them, they would not pay for him to be seen at a HCA hospital. I was dumbstruck, and the patient was livid: he wanted to see me not someone allocated by the PMI call centre – another example of the PMI monopoly abusing power.

If this behaviour from the PMIs continues then market forces will result in the best doctors not bothering with their patients with a reduction in the quality of patient care and limited

patient choice. It seems ironic that while the NHS is moving forward towards co-payment to increase patient choice, private healthcare is moving away.

Thank you for your consideration.