

Consultant 83

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Dear Mr Witcomb

I am writing to you in response to the recent Competition Commission Report about private medical insurance. There are a number of issues which need to be addressed here which seem to have been overlooked in the recent report. As you will almost certainly know the private medical insurance companies, or at least some of them, are fixing prices and this has to be anti-competitive. On the subject of anti-competitive behaviour, the very fact that the private medical insurance companies are forcing newly appointed consultants to sign up to highly restrictive contracts before they are recognised, is truly anti-competitive. The other thing that is clearly anti-competitive, in term so restricting trade, is the fact that the major insurance companies are, as far as I am aware, increasingly de-listing consultants or threatening them with this on the basis of the fees an individual consultant is charging. They appear to be picking us off one by one. As far as I am aware, there is no right to an independent appeal here. I know of no other business where this behaviour is allowed or tolerated.

The action that the Competition Commission has suggested in their provisional report does nothing to improve the private healthcare sector and restricts patient choice. On this subject, many of the insurance companies are actively diverting referrals from general practitioners and physiotherapists by employing an open referral system. To prevent a patient seeing an individual surgeon of their choice it is truly anti-competitive and is not in the patient's best interest. In Australia the concept of the gap fee is well established and I do not understand why a patient is not allowed to pay a top-up fee if they so wish. The private health insurance companies are not allowing a top-up fee and by so doing, they restrict the choice of their customers who are often unaware of this until such time that they need to seek medical attention by which time it is too late.

I understand that HCA are being forced to sell hospitals in London on the basis that they have a stranglehold but your report does not acknowledge the fact that Bupa and AXA/PPP, whilst not having a stranglehold, certainly have a duopoly in this market place.

The private healthcare market in the UK has functioned extremely well in the past. Some surgeons may have charged more than perhaps they merit but in the market place, particularly in somewhere like London, there is a lot of choice and my concern is that with the bullying tactics of the major insurance companies, patient choice in the future will be severely restricted to the detriment of everybody but most of all to the patients whose choice will be limited. So I implore you to reappraise the decisions that have been reached in your provisional report.