

Consultant 101

3 February 2014

Dear Mr Witcomb

Perhaps I had misunderstood the purpose of your enquiry. I had assumed that we are looking for an excellent standard of medical care, provided at sensible costs, by independent medical practitioners who are free to develop a personalised system of medical care. Your present findings and recommendations would, I believe, be disastrous for independent medical care.

There are three principal issues at stake. These include funding (in many cases provided by a private medical insurance company), the provision of hospital facilities and the medical practitioners.

Medical practitioners should and will remain to be regulated with regard to the quality of medical care, but should be allowed to set their own fees consistent with the services provided and market demands. These fees should not be set by private medical insurers. My own fees had not increased since [✂] and in October 2013, Bupa halved the surgical fees. My practice expenses have doubled since [✂] and the practice is no longer viable.

I have worked in many private hospitals over the years, including the HCA group of hospitals. The investment by HCA has been massive, the facilities provided excellent and I have no doubt the group is committed to continuing to improve both their facilities and the standard of care. I am by no means restricted in where I send patients and regularly admit patients to other private hospitals.

To force HCA to sell the London Bridge Hospital and Princess Grace Hospital would, I believe, be a disaster with regard to the provision of healthcare in London. Each and every one of the HCA hospitals provides a different function and offers different specialisms. As a group it functions extremely well and by the very nature of the group allows other hospitals within the group to remain viable.

I have already tried to establish what prompted this enquiry and the costs to date.

The problem, which has not been addressed fully, relates to the providers of medical insurance, and in particular Bupa. Bupa have taken it upon themselves to reduce medical costs, to the point they almost destroyed BMI. I have worked in a BMI hospital and in response to Bupa's interference, I have seen the quality of service provided decline dramatically.

HCA, because of their size have not buckled under pressure from BUPA and have been able to maintain and continue to improve hospital standards.

We have a choice in this country. We have a state funded national health service and we have a truly independent private medical sector.

Patients can opt for either service and indeed have the opportunity to either self-fund their treatment, subscribe to an insurance plan which can provide partial or full cover, or rely on the state service.

Why do patients opt for private medical care?

Patients want to be able to choose a surgeon who remains responsible for their care, who will have a proven track record and will accommodate their wishes as to where and when they undergo treatment. The majority of patients are happy to pay a premium to an insurance company to ensure they can meet these objectives.

Bupa's chief executive made it clear on a BBC programme looking at businesses, that Bupa were looking to overseas markets to make money, suggesting returns in India, Australia and Spain were good and that in the UK Bupa were not doing particularly well.

Health care is expensive and health care within the NHS, exceedingly expensive. I believe that health care within the private sector offers extremely good value and have no hesitation in paying my private medical insurance premiums and if necessary increasing those payments.

What cannot happen, is private medical insurers like Bupa, being allowed to manipulate healthcare providers such as HCA and the doctors providing the healthcare.

Bupa will now only recognise surgeons who agree to their fees and commonly state to patients that a surgeon has been deregulated if he's not prepared to accept their terms. There is no competition, the service is being destroyed and sadly this is the beginning of the end of private medicine unless common sense prevails. In summary I think your enquiry should have looked at the effect of the private medical insurers on hospitals and the profession in greater detail.

I think your initial report has failed to appreciate the massive contribution made by HCA and improving hospital standards, and has been unfairly influenced by the private medical insurers who are attempting to drive costs to an unrealistic level. Any competition between providers, I believe, is being adversely affected by the private medical insurance companies and your commission should look at their influence on stifling competition.

Finally, take a look at the National Health Service, with almost 25% of the costs devoted to administration, another 10% related to medical negligence claims, significant sums of money wasted on enquiries and suspensions of medical staff and rapidly falling productivity with ever decreasing standards of care. The Francis report is just the top of the iceberg.

In conclusion, whilst clearly a great deal of work has gone into providing a report, there are other issues that need to be addressed and the recommendation to break up HCA is fundamentally flawed.