

Consultant 107

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Dear Mr Witcomb

I was disappointed to read the Commission's preliminary report. I do not feel it addresses the issues which are important to patients and the doctors who deliver the service. Too much focus seems to have been given to reducing HCA's presence in London and I do not agree that divesting two hospitals from the organisation will bring about any change to the benefit of patients. I have worked both at London Bridge Hospital as well as [X] and these are very well run hospitals. The management themselves are proactive. They have improved both these hospitals considerably. The introduction of an acute unit at [X] along with intensive therapy units means surgery in these hospitals is much safer than they were even three or four years ago.

The second issue that seems to have been missed is the monopoly enjoyed by BUPA particularly which is behaving not only as a purchaser of services from us but also as a regulatory body. They have introduced a raft of measures which are anti-competitive, restrictive in terms of choice offered to patients and quite simply bullying of the more junior members of the consultant groups. With the introduction of clinical forms they have become the sole arbitrators of what surgical procedures are appropriate or not for a particular patient. They have threatened to derecognise well established and long standing consultant partners of theirs on the pretext that their outpatient fees are ten or twenty pounds more than what they recommend. They have not increased fees for sixteen years for surgical procedures; they have not taken in to account the cost of medical indemnity, secretarial and establishment costs which have been rising particularly during this period of high inflation. They have sought to manipulate the market by setting fixed fees for surgery or outpatient appointments without taking in to account seniority, the quality of the advice provided and the outcomes.

I have had patients of mine shunted off to surgeons who do not treat the condition for which they were referred to me in the first place. I have also had a number of elderly patients who have paid BUPA all their lives but when they need surgery under my care they are no longer able to do so. I am aware of many patients of mine who would like to move away from BUPA but are unable to do so because they will no longer be covered for previous medical problems. I feel it is important that patients are allowed to move from one insurance company to another as they do in Australia after one year of no claim being made for that particular problem.

Secondly it should not be up to insurance companies to recognise or derecognise surgeons who have been accredited by the GMC as being specialists.

Thirdly patient choice can truly be there if they are allowed to top up whatever the insurance company pays up – not everybody is going to charge exactly what the insurance companies would like to pay,.

Lastly treatment of the patient should be based on recommendations by the National Institute of Clinical Excellence and a partnership between the patient, GP and the consultant rather than insurance companies deciding which treatment is appropriate and which one is not.

I would like to reiterate that I was very disappointment with the Competition Commission's report despite many doctors having sent in representations.