

Consultant 110

7 February 2014

Dear Mr Witcomb and Panel Members,

I will limit my comments to the most glaring omissions from your report.

1.11

In order to have a view on Consultant charges the panel would need to have a basic understanding of the wide discrepancies in quality that exists between different clinical practices. There is no indication that the panel has addressed this.

While it may be a legitimate step for BUPA to publish guidelines on the appropriate tariffs, the way they go about determining the appropriate levels is far from open and transparent and is not open to reasonable challenge or expert scrutiny. Furthermore they operate a very inflexible system for procedures and treatments that may involve widely different times and skills.

The panel fails to recognise that, not only are there far more consultants than a few years ago, but they are appointed with very limited specialist training, achieving the consultant grade several years before a newly appointed consultants 5 or 10 years ago.

BUPA operate a system whereby junior consultants, operating under supervision or mentorship in the NHS are granted preferential recognition and preferential treatment in terms of their BUPA recognition. If a senior consultant charges an uplift for an unusually long or difficult procedure he can be removed from the list of BUPA preferred consultants, even when the vast majority of the other charges are within the BUPA guidelines.

When patients contact BUPA or AXA seeking approval for treatment by a specific consultant that the GP has referred them to, they can be told that the particular consultant in question is not recommended implying that his clinical abilities are substandard or that he charges excessive amounts, when neither may be true. They are given no indication of experience or consideration of consultant's reputation for a particular expertise or treatment; all conducted in secret with the consultant given no right of reply.

It is clearly anti-competitive for BUPA or AXA to operate a system which misleads patients on a systematic basis. For many years I have encouraged BUPA to look at the average total cost of treating a condition by individual consultants, as a way of gauging the appropriate charging. If the panel really has the interest of the patients in mind they would give some indication of how efficient the consultant treats the condition in question and the number of years' experience. If you speak to patients you will find that quality of the service and survival is more important than the cost.

BUPA and AXA operate a system that offers no right of reply and because of their dominance have the ability to push charges ever lower and exclude individual doctors. They should not be able to unfairly deny patients treatment from consultants who operate within their guidelines as they currently do. They should not be able to unfairly discredit doctors on their website. It should be up to the GP and Consultant to properly inform the patient of the costs and whether there might be an excess, and should they fail to do this then payment should rightly be withheld.

1.12

It should be obvious that it is hardly difficult to become a consultant. In many specialities it is surprisingly easy.