

6 February 2014

To who it may concern at the Competition Commission: Perceptions on some aspect of changes within the private health sector

I do hope I am not too late in giving you some comments as a result of some observations regarding patient choice, gleaned from patients' experience within the private health sector. One patient's story highlights many issues which were reflected in time by other patients insured by the same and other medical insurance companies.

In May of 2012 a person [X], who had intermittent symptoms, which had not been diagnosed within the NHS, by attending their General Practitioner, or a private cardiac consultant whom they had attended before.

Since the intermittent events were happening more frequently the patient decided to ask again for a private Cardiac Consultant opinion in the hope that some investigations could be done to understand and reduce these frightening events. (This patient had private health insurance with Bupa for 30 years which was said to be full cover)

When the patient arrived at the Nuffield [X] to see the usual Cardiologist he was unavailable for two weeks but another cardiologist was offered and as this cardiologist had been consulted once before the patient was happy to proceed. Before this consultation could take place there was a very long conversation on the phone with Bupa regarding authorisation to see this consultant who was seemingly not "fee assured". The patient was unaware of any Bupa changes and could not understand why this matter had not been explained before when she had seen the other cardiologist the month before. It took a long time to discuss the pros and cons of authorisation before the consultant could start to take a case history and examination.

Over weeks and months all tests and treatment were **authorised** and many diagnoses were revealed one by one; high blood pressure; cardiac arrhythmias, atrial flutter and fibrillation were gradually discovered over time because they were intermittent events and difficult to record. In the background of the new diagnoses there was heart valve disease which turned out not be so severe as previously thought and an idiopathic tremor of both hands which made E.C.G. interpretation difficult at times. Thrown in for good measure was the fact that the patient was allergic to a number of drugs and most doctors were reluctant to risk other medication. After some weeks drugs were titrated to control the high blood pressure and the irregular heart rhythms and warfarin started to prevent strokes occurring.

Despite the above, this patient still had unexplained events and it was thought that angiography and a loop recorder should be carried out in Harley Street. Bupa agreed to this with full authorised cover but tried to change the patient to consultants whom the patient had never met. This attempt to change consultants with no good reason given delayed arrangements being made to travel from [X] to London. The patient explained they were not interested in changing consultants at this crucial time, about to have angiography, and explained their consultant was still working out the possibility of other reasons for symptoms. The patient emphasised the need to have confidence in the consultant and it was impossible to have that with strangers. Despite this unsuccessful attempt to change consultants the Bupa office made a further attempt to persuade the patient to change consultants just before the cardiac procedures.

The months previous to the trip to Harley Street were disturbing because the patient was sent advice notes showing that there was a short fall of payment to the consultant which

would never have been known by the patient had it not been that Bupa sent the advice notes to the patient. This was an added worry and increased the level of stress for this patient resulting in many phone calls to Bupa and who repeatedly assured the patient that they were fully covered and that the consultant would be paid. **The Bupa office staff even suggested that the consultant should not be worrying the patient about this when in truth the consultant did not raise the matter of money till the patient and SPA investigated what was going on. This was very unfair to the consultant and the patient was being told one thing by Bupa and the consultant told another.**

We found out that the cardiologist was one of a group of doctors who had great experience and expertise but Bupa wished them to be restricted to sign up to lower fees.

Bupa also wished to have a list of **fee assured** consultants available and that patients would only see their designated fee assured consultants regardless of having seen them before and in future would have to take who was made available by Bupa. **If a cardiologist was not fee assured then the patient who had worked up a rapport with a consultant would need to start all over again with someone new and so continuity of care which is important for patient safety would be broken.**

The patient example above was quite a complex medical case and was referred to neurology by the cardiologist who still thought another diagnosis was probable, which it was, and Bupa paid in full for that consultation.

The patient for the first time in 30 years felt that Bupa were not interested in someone who had the misfortune to need so many tests in order to diagnose many problems and that they wished that the NHS would take over. The patient explained that there was the possibility that all the tests would need to be repeated in the NHS if all the problems could not be solved before transfer to the NHS . After all previous attempts attending the GP led nowhere as did the previous visit to the usual private cardiologist.

Patients tend to use their private health insurance when they have to wait for appointments in the NHS or if symptoms persist without a definitive diagnosis.

The fee assured consultants mean that not all consultants will be available to General Practitioners for referral of their patients as they usually wish to refer to consultants whom they know to have experience and expertise as well as being liked by the patient.

The patients who have been with private health insurance companies for 30 years or so do not feel that they have fully understood the implications of the recent changes which these companies wish to make .Patients have been extremely disappointed that they could not see their preferred consultant and some have decided to self fund.

I do apologise for the haste in sending off this e-mail but I felt that I should notify the Competition Commission of our concerns in that patients may feel that their choice is diminished when those who have not used their medical insurance during this change but they may be upset in future and reassess the value for money of having an expensive private medical insurance policy.

Please contact me if you need to clarify any of the above.