CMA Markets Strategic Review Consultation Response from Consultant Doctor B

I'm writing regarding the review regarding the BMA and private medical services.

I have been a consultant surgeon for over 20 years and have both a NHS and private medical practice. Over this time I have also seen the effects of the CMA ruling on private medical services and the subsequent negative effects on patient choice and quality of care.

Prior to the CMA ruling, patients were often recommended to see local specialists by their GP who had had many patients treated successfully by that particular specialist. The insurers removed this referral pathway and took control of referrals and who patients are referred to.

This in itself impedes patient choice. Patients are not referred to geographically the closest appropriate high quality specialists. They are usually given 3 names of consultants to choose from, not the 3 closest / best (sometimes the choice of specialists suggested is not even in the correct specialty as I have found on occasions). The insurers aims are not best and convenient treatment for the patient but purely based on cost savings, illustrated by insurers recommending specialists many miles away despite a local specialist (with high patient rating and good national outcomes) being available. This is driven by attempts to save on outpatient specialist fees usually only amounting to a few hundred pounds maximum.

Insurers have made new specialists sign up to restrictive fixed consultation fees forcing a 'race to the bottom' being lower than previously established specialists. Older surgeons such as myself have not signed up to some of these restriction in outpatient consultations fees. The results of this are some insurers (BUPA being the main culprit) are sending the patient many miles away from their locality for consultation and treatment. This is a huge inconvenience to the patient and totally inappropriate for patients having cancer surgery or chemotherapy as in my specialty.

I have several examples of patients local to me being sent 20-30 miles away to see a different specialist so the insurer saves £50-100 in consultation fee. To be clear I charge within the insurers fee structure for surgery and always have but when I started in 2005 consultation fees were not set by the insurer. My consultation fees for insured patients are the same as I charge for self pay patients.

To give a recent example a 52 year old lady came to see me this week in clinic. She lives in the town where I practice. I had seen her in 2019 and 2022 for different problems and discharged her. Unfortunately in 2024 she developed a new lump which proved to be a breast cancer and requested to see me when she found the breast lump. BUPA refused to let her see me despite being the closest specialist geographically and sent her to a specialist over an hours travel away (purely based on cost of outpatient fee). I teach nationally and internationally on multiple courses in my specialty and have 98% satisfaction on PHIN feedback so cannot see a clinical reason to not refer to me.

The patient, despite her protestations and complaint to BUPA for local treatment, was forced to have her diagnostics and subsequent mastectomy 25 miles away. This necessitated multiple 2 hour car journeys for assessments and treatment. Also when she developed a post operative complication she had to travel an hour in pain in a car to be seen . This is not only dangerous but totally inappropriate and unnecessary had the patient been offered assessment and treatment locally. Subsequently she had to travel for all her follow up appointments and annual mammograms. After 2 years of her complaints BUPA has finally relented and has agreed to let her see me for her annual follow up and mammogram rather than a 2 hour round trip. This is not an isolated case from my own experience and is happening across the country. A colleague who practices 20 miles away tells me she is often referred BUPA patients despite them living locally to my practice. She was restricted by BUPA to sign up to charge lower consultation fees than myself and hence distorting referral pattern based on cost not quality or convenience.

The previous CMA ruling has hugely distorted patient access and quality of care as it has placed total control of the market, outside London, in the hands of the 2 big insurers BUPA and AXA. They refuse to allow patients true choice of local specialists.

In addition the insurers use phrases such as 'non recognition' of particular specialists if they wont align with their outpatient fee structure, this is totally inappropriate. The insurers have no basis for 'recognition' of a specialist consultant. Recognition is purely the realm of the specialists professional body and the GMC having passed the appropriate medical specialist exams and satisfied the GMC requirements for specialist registration. This should be made illegal /banned as the insurer has no professional regulatory responsibility and the use of such phrases may influence patient’s perception of a consultants professional standing .

Also the insurers distort the market by portraying different specialists as 'better quality' than others by using titles such as ' platinum consultant' giving the impression of better surgeons or physicians than others. These titles are applied I believe on the basis of lower fees not medical or surgical outcomes. This is deceitful to the patients who think they are getting better quality treatments.

I could continue but getting back to the issue of BMA recommendation of fees. I would strongly argue that the BMA should be involved in the process of fee recommendation as a counter balance to the insurers. It is totally a flawed and biased system currently in favour of the insurers. As highly trained professionals our union should be allowed to make counter recommendations made publicly available. The insurers should be made to direct patients to the closest specialists not the cheapest specialists otherwise the CMA will continue to fail patients in approving restricted specialist access and poorer quality care.

I am at a stage in my career were I do not expect the large necessary changes needed to the previous CMA ruling, to provide true patient choice and competition, will affect my practice but I feel strongly huge changes are necessary for my younger colleagues to work in a fairer private medical practice environment.

yours faithfully

'Anonymous'

Consultant Oncoplastic Breast Surgeon