Dear Sirs,

I would be grateful if the Commission could consider the following area of concern.

For some time there has been a tendency for insurance companies to offer financial inducements to encourage patients with full insurance policies to switch their treatment to the NHS when they were being offered expensive and extended oncological therapies such as radiotherapy or modern biological therapies such as trastuzumab (Herceptin) or bevacizumab (Avastin) when those treatments should be available under the terms of their private medical insurance policies. In the past, this has been on the basis of a daily rate for people to have radiotherapy in the NHS, rather than privately, and we have been aware of occasions when patients have been given lump sums to have their chemotherapy in the NHS.

This practice seems to be increasing in frequency and is common to a number of insurance companies.

We are prompted to write because of the increasing frequency of these events and the reports from members that a larger number of companies appear to be operating such schemes within a broader range of treatment indications.

As an example, a member has reported that a lady who is insured through a major provider of private health insurance has had a complex negotiation with her insurers in the last year. She was receiving a complex package of care involving sequential chemotherapy coupled with trastuzumab (Herceptin). She was also planned to have private radiotherapy and reconstruction. This lady, although privately insured, is relatively vulnerable as she is going through an emotionally and financially stressful separation from her husband and has children at home who are difficult to manage.

When this lady had had four cycles of chemotherapy without Herceptin and was moving on to the Herceptin-containing part of her chemotherapy along with a second chemotherapy drug for the first four cycles. She contacted her insurance company because she had an intercurrent problem and wanted to get private cover to have that managed. She was offered, an initial sum of £4000 by the insurance company to switch her chemotherapy to the NHS. She did not accept that offer but then was offered £6000 which she decided to accept when she had completed the cytotoxic component of her treatment, switching her remaining 12 doses or trastuzumab to the NHS.

We understand that the insurance company have also offered her an undisclosed sum to go on the waiting list to have a breast reconstruction undertaken within the NHS rather than to continue her reconstructive surgery privately.

In addition, she was planned to have radiotherapy privately from a private provider and was offered £50 a day and subsequently £75 a day by her insurers to have her radiotherapy in the NHS. We are informed that the private radiotherapy company have now made a counter offer of the same amount for her to stay within the private sector for her radiotherapy. – This is a form of bartering over cancer patients!

Having spoken to colleagues in both oncological specialities, this is a widespread practice and is increasing both in frequency and in the aggressiveness with which some insurance company employees pursue this option. This does not happen with all patients and a patient has suggested that it depends on who you speak to at the insurance companies, as they may be on some form of commission.

The patients are obviously accepting these payments in some cases and this is between the individuals and their insurers. However, the patients enter into a contractual relationship with their insurers in the belief that they are buying product "A" and are then being persuaded to switch to product"B", where

product B is the NHS that they may well have wanted to avoid in the first place. This distorts National health economics and appears at least to involve misleading of customers.

In law, when patients enter private healthcare with a particular physician or surgeon, our understanding is that they are entering into a contractual agreement with their doctor as well as the hospital provider. When patients are asked to switch from private to NHS care mid-treatment, not only does that create dangers with respect to continuity of care, but it is an encouragement by the insurers to the patients to break their contract with the medical supplier, which cannot be acceptable.

We are unaware if this practice involves any illegality, but it is morally suspect and is distorting the playing field within the Health Service. It is putting additional burden onto the NHS which patients have paid to opt out of and is causing harm to the relationship between patients and their consultants and also, in some respects, is limiting choice. Above all, it is introducing potential harm to patients through lack of continuity of care and medical records.

The insurers, by continuing this practice, will discourage oncologists, and I imagine other specialists, from offering the more complex therapies through the private sector. This is to the detriment of patient choice and to the insurance industry, in as much as their marketing suggests to patients that for a particular level of cost, a policy is fully comprehensive for this type of treatment.