Consultant 156

30 October 2012

Dear Sirs

I am writing to share my experience of dealing with BUPA. I am a consultant ophthalmologist working in both the NHS and private practice. When commencing private practice I was directed by BUPA to sign the post-2010 consultant contract, which specified the fees I could charge for both consultations and procedures / surgery. The alternative was not being recognised as a provider by BUPA.

Since the unilateral reduction in the cataract surgery reimbursement imposed by BUPA in the summer on my pre-2010 colleagues, I have found myself in an increasingly uncomfortable position. A number of patients elected to see colleagues locally or further afield, but realising there was a shortfall in their fee turned to BUPA who redirected them towards me. Patients have had to travel significantly further for their treatment, have duplicated consultations, and have voiced their dissatisfaction with the lack of choice they have been offered, and with the disruption of their relationship with their chosen doctor.

I made the decision to pull out of the fee assured contract with BUPA, and on receipt of my letter informing them of this I was told I would no longer be recognised as a provider at all. This is in contrast to a number of colleagues who have been in the same position of having signed the post-2010 consultant contract and later pulled out of it, but have been able to continue to see BUPA patients under the same conditions as pre-2010 consultants.

I feel that through their imposition of conditions on providers, either established consultants or those who are more recently qualified, BUPA are hindering their patients' ability to choose their healthcare provider and location, two of the reasons that many choose to have private health insurance. Their treatment of newer consultants has put many of us in the impossible position of accepting their terms or forfeiting the right to see their patients. Differentiating between medical practitioners purely based on the date of their application to be recognised by BUPA cannot be justified. The company's direction of patients towards those tied into a "fee assured" contract is not in the patients' best interests, and is reducing the patients' ability to access the most appropriate providers for their needs.