

BUPA'S POLICY CHANGES REJECTED BY PMI HOLDERS
Consultants challenge cost vs. quality claims

BUPA's new Open Referral system for its Corporate Select policy, which is due to come into effect in January, has been soundly rejected by private medical insurance (PMI) policy holders. That is the main finding of recent independent research carried out by ComRes.

A massive 74 per cent of the public who have or have previously had PMI policies questioned by ComRes, confirmed that they would rather see a consultant recommended by their GP than choose one from a list provided by their private medical insurer, as proposed by BUPA's new policy. Half of those with a PMI policy also said that they felt an open referral process directly threatens patient choice including 49 per cent of those actually held BUPA policies.

Private policy holders are also worried that the open referral system could prevent them from seeing a consultant who has been treating them previously. There was a solid majority of 70 per cent who agreed with this, and again holders of BUPA policies had strong opinions. Of those questioned who held a policy with BUPA, 72 per cent expressed concern over this issue. This is an exceptionally high figure given that while this BUPA strategy is aimed at corporate policy holders, personal subscribers are not immune from this new restriction.

However, a majority of adults with PMI did agree that private medical insurance companies should be able to direct their customers to approved consultants, but only if it can be shown that their insurance premiums could be kept low.

BUPA's managing director, Dr Natalie-Jane Macdonald is on record as saying "the single biggest driver of our clients' insurance fees or the size of their claims fund in trust, is healthcare costs, so we are looking at provider and supply chain reform and being able to make sure we are getting the best value we can for our members."

This is disputed by the Federation of Independent Practitioner Organisations (FIPO) which represents professional independent medical organisations and specialist groups in Britain. As FIPO's chairman, Geoffrey Glazer says: "It is understandable that people feel that private medical insurance companies should be able to take action if it results in low premiums. If Dr

Macdonald really wants to demonstrate best value for BUPA's policy holders, she should state whether premiums will be lowered for those who take up an open referral policy. Patients do not want to give up their choice of consultant for nothing. These restrictive policies have never sold well, as has been shown by the failed attempts by two other PMI companies who have offered similar products with substantially lowered premiums."

Glazer also believes that there is a quality issue at stake. Countering Dr Macdonald's claim that providing a list of consultants will make sure that the fee charged relates to the quality of the patient experience that is given and the outcome, he says: "BUPA has made several claims about the variation in clinical practice between specialists, but has never been able to produce hard data to support the contention that this leads to worst outcomes. The implication that a 'BUPA approved consultant' is of a higher quality is entirely unsubstantiated. In fact, only those consultants who have agreed to BUPA's scale of fees will be on the list of approved consultants, thereby actually restricting patient choice".

BUPA also says that the open referral process has been developed partly to tackle shortfalls in claims. However, FIPO also quotes figures from other PMI providers to highlight the fact that shortfalls occur in a very small minority of claims. It points out that both Aviva and Cigna say that shortfalls account for less than two per cent of claims received by them, while data from WPA shows that there only a little over one per cent of consultant claims that have a shortfall. Similar low figures have been given by AXA PPP (three per cent) whilst PruHealth have a zero shortfall rate.

FIPO has already warned that the new open referral service being introduced by BUPA will severely jeopardise the patient pathway, and has the potential to damage the relationship between GPs and their patients. Glazer explains: "Protests are coming from GPs, consultants and hospitals about the shattering of the dynamics between the GP, consultant and patient. It is also strange that at a time in which the NHS is trying to restore the GP to consultant referral pathway that BUPA is trying to destroy this. It is extremely gratifying to see from this independent research that the vast majority of patients would rather see a consultant recommended by their GP and that they agree that an open referral process directly threatens patient choice."

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Notes to editors:

The ComRes Omnibus poll was carried out on behalf of PIELLE Consulting as part of its research for several clients. ComRes interviewed 2046 GB adults online between 11th and 13th November 2011, of which 629 (31%) stated they currently had or have previously had

private medical insurance. Of these 629, 60% received their PMI through their employer. Data were weighed to be representative demographically of all GB adults.

ComRes is a member of the British Polling Council and abides by its rules (www.britishpollingcouncil.org). Data tables can be found at www.comres.co.uk.

The Federation of Independent Practitioner Organisations (FIPO) represents professional independent medical organisations and specialist groups in Britain. It provides guidance, policies and co-ordination to membership organisations, acting on behalf of the profession to advance the cause of independent health care. FIPO promotes the highest standards of health care provision, achieved through robust clinical governance and audit, as well as expert, consultant advice for best patient care and clinical outcomes, based on professionally developed guidelines.

Royal Colleges, the GMC and the Patients Association have signed the FIPO Charter for Patients and their Doctors, reaffirming their commitment to high-quality patient care. Outlined in the Charter is the ethos that governs each doctor's duties to their patients, the patient's rights and the principles inherent in best medical practice, such as the GP to consultant referral pathway.