

Chair, RB

The Private Practice Committee represents doctors who work outside the NHS to provide medical services directly to patients.

This includes approximately 30% of NHS consultants who also have a private practice, specialists who work entirely outside the NHS, either by choice or due to the “privatisation” of clinical services by commissioners, and also an increasing number of primary care physicians who have opted to work as private GPs rather than within the NHS model of general practice.

Doctors employed by NHS providers are not represented on the PPC committee. This group of doctors is represented in the Branch of Practice Committees (Consultants Committee, SASC, and Junior Doctors Committee).

In the past year PPC has continued to address issues relating to private practice and its relationship to the private medical insurers. These insurers use their market dominance to effectively set the maximum fees chargeable, and increasingly act as quality controllers and self-appointed regulators, thereby, threatening the derecognition of practitioners who fail to abide by their restrictions, and limiting patient access to consultants.

Consequently, as there is no independent arbitration mechanism, disputes over recognition, fee maxima, interpretation of procedure codes, and their general behaviour continue to be of great concern for our members. This was the subject of a motion here two years ago.

The PPC has begun meeting with the major insurers, including BUPA, AXA, and PPP and broached these concerns in these fora. As we move forward into the next session, the committee will revisit the issues of clinical fees. Additionally, we will look more closely into the “quality monitoring” processes applied by the insurers, and the impact these have on the clinical pathways they use to benchmark “appropriate care”.

PPC has also built relationships with other stakeholders in private medicine. Including, for example, the Private Healthcare Information Network,¹ the Independent Healthcare Providers’ Network, and Healthcode.²

The committee has also formed relationships with the private hospital groups. A recent meeting with Spire Healthcare allowed us to open a discussion on their policy and processes for setting fees and payment for radiologists – an issue raised by PPC members.

PPC also launched its guidance for patients considering taking out private health insurance. Advice for doctors setting up in private practice has also been published, accompanied by a set of *Frequently Asked Questions*.

¹ a statutory body set up to collate activity data from both hospital groups and private practitioners

² a major private practice management provide which is nominally independent but funded by the major insurers



However, since March this year PPC has, like the whole Association, largely focussed on the significant and very challenging impact of the Covid-19 pandemic. A private practice webpage, detailing information and resources for private practitioners, has been developed by the Senior Policy Advisor, chair and deputy chair for primary care. This resource is linked to the main BMA Covid-19 web resource: www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-working-in-private-practice

Alongside this quarterly email newsletters are being circulated to further update private practitioners working in a new and rapidly moving Covid-19 policy environment: <https://bma-mail.org.uk/t/JVX-6UW6L-ACTEXM8477/cr.aspx>.

However, our overriding concern has been the impact on private consultants of the National agreement in England between the private hospital sector and NHS England, whereby 100% of private hospital capacity was made available to the NHS³.

Almost overnight, consultants in private practice were deprived of their ability to continue to practise, with resultant loss of income, and for those consultants who work entirely outside the NHS almost complete loss of any earnings – a situation which it seems was not covered by any of the Treasury income support schemes for employed or self-employed persons. We have had reports of doctors faced with 80% loss of income without any hope of redress.

More worryingly their patients were also left with no access to treatment, including urgent surgical procedures and continuing management of serious conditions including some malignancies.

Our members have reported to us the absence of any meaningful consultation with them prior to this contract being taken out, and so far there has been only very slow and limited easing by the hospital groups on the restriction on access to their facilities for private patients, even when these facilities are lying unused by the NHS.

In response to member concerns, the Senior Policy Advisor sought and received advice from the BMA legal department.

To follow into the next session, the committee will explore with the NHSE/I, the timeframes for which the current agreements between the NHS and Private Sector are likely to continue.

PPC Members will also separately reach out to relevant independent health sector organisations, to highlight both their own concerns and those of their patients. These organisations could, for example, include the Independent Doctors Federation (IDF) and the Federation of Independent Practitioner Organisations (FIPO), who are already aware of these issues.

However, this significant blow to a small but important group of BMA members requires corporate concerted action and we look to you for your support.

Looking forward, PPC will need to continue its work as described, and press for recognition of the detrimental effect that the national agreement and other Covid-19 related policy and practice is having on private practice and our members.

Moving into the next session, the PPC will also direct its focus on the following emerging policy and legislative issues which will also substantially impact Private practice members:

Firstly, the planned changes to the IR35 rules on self-employed persons, deferred from this year to 6 April 2021, may mean that private practitioners working within private hospitals may be classed by HMRC as employees for taxation purposes, with major implications for tax and national insurance contributions. PPC intend working closely with BMA Pay and Contracts to explore the implications, and with the Sessional GP Committee to write a variation on their advice document tailored to private practitioners both in primary and secondary care.

3 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/ihpn-partnership-letter-25-march-2020.pdf>

Secondly, the Report of the Inquiry into Ian Paterson has produced recommendations with significant implications for private practice, including on data sharing, regulatory reform, indemnity, and the extension of multidisciplinary team meetings into private hospital settings. Specific urgent recommendations to Government were:

Reform the current regulation of indemnity products for healthcare professionals, in light of the serious shortcomings identified by the Inquiry and introduce a nationwide safety net to ensure patients are not disadvantaged.

Ensure that the current system of regulation and the collaboration of the regulators serves patient safety as the top priority, given the ineffectiveness of the system identified in this Inquiry.

The PPC will work with the Medico Legal Committee to ensure that any changes to indemnity structures do not have long term deleterious impacts on private practitioners, and specifically how the changes to GP indemnity may be reflected.

In addition, PPC will develop best practice advice and guidance on Multi-Disciplinary Teams (MDT) in private practice. The PPC believe that in the private sector MDT structure must be bespoke and funding standardised regardless of how the patient's care is funded. Through research of best practice, this guidance will draw recommendations on the structure and funding for MDTs in the private sector.

I will close by thanking the secretariat for their support. Whilst Reena Zapata has been on maternity leave, we have been supported for this past year, by Nina Bhakri, Senior Policy Advisor, Jonny Carey, Coordination and Support Officer and Rosemary Hammond, Policy Advice and Support Officer.

I must also thank all the Committee members for their invaluable help and support, including the Deputy Chair for primary care Shaima Villait, and the departing Chair Shreelata Datta.

I wish the Committee every success for the next year, as I too retire.

Chair, RB, I move.



Dr Thomas Kane
Acting Chairman, PPC