Private practice committee podcast transcript

**Dr Jennifer Yell and Dr Jeremy Lawrance, co-chairs**

**Private practice committee**

Chair, President, guests

We are delighted to provide you with a synopsis of this year’s activities as co-chairs of the BMA’s private practice committee. There is absolutely no doubt that it has been a hectic year for our committee, with outcomes that we can rightly feel proud about, as well as many challenges that we continue to face going forward.

At the end of last year, it became apparent that covid vaccinations in the Independent sector was an area of concern and as soon as this issue was brought to our attention, we made this our priority to address and resolve. The Private Practice Committee successfully negotiated on behalf of doctors engaged in private practice for the equal right for them to have the vaccine as their NHS colleagues. We were pleased to see NHSEI’s letter dated 7th January 2021 recommending all frontline workers including:

*“those working in independent, voluntary and non-standard healthcare settings such as hospices, and community-based mental health or addiction services* “

It remains concerning to us that from 15th December 2020 CQC removed the need for privately registered GP practices to have “swab taking” as part of their scope to practice. Instead UKAS have been advising that for private practices to continue to provide COVID-19 (Sars CoV-2 PCR) swabs for patients they would need to register with them. This is despite the laboratories these GPs are using all already being UKAS registered. Along with Shaima Villait, the deputy chair and primary care lead, we wrote to Jo Churchill MP, Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care raising our concerns. Shaima also met with Lord Bethell to discuss the issue directly with him and has been robustly fighting on behalf of private GPs to have this issue resolved.

On 24 March 2020, NHS England and NHS Improvement, in collaboration with the Independent Healthcare Providers Network (IHPN), reached a national agreement with the independent sector (IS) healthcare providers to secure all available inpatient capacity and resource in every area in England to form part of our response to COVID-19. PPC first raised their concerns in June 2020, that many private practice doctors had been unable to work as all available inpatient capacity and resources in the hospitals where they work had been given to the NHS. Serious concerns were raised by PPC members about both the plight of doctors who had been unable to continue their private practice during the pandemic, and the plight of their patients who were unable to access private treatment. Under the national arrangement, private doctors saw a substantive reduction in their income, some doctors reporting an 80% reduction in their revenue. We will continue to highlight the lack of support for doctors engaged in private practice.

We have met with medical directors and other senior directors from AXA PPP and BUPA to discuss their undue influence they hold on consumer choice and consultants’ entry into the market, owing to their recognition criteria through which they assume roles of quasi-regulator and quality controller, limit patient access to consultants and control consultant fees. PPC remains concerned that about the lack of any independent arbitration mechanism between PMIs and individual consultants when dealing with disputes about recognition, fees, interpretation of codes and behaviour. We continue to have high level discussions about PMIs restricting the ability of patients to pay top-up fees, restrictive recognition criteria, PMI managed care initiatives or clinical care pathways, fee capping, open referral and de-recognition. We are meeting with counsel soon to explore legal avenues before meeting with the Competitions and Markets Authority. We will continue to tirelessly fight on your behalf.

We know that current state of affairs will not change overnight but, with your support, we are determined to continue to fight the corner of private doctors in redressing the currently skewed balance of the private medical insurance landscape.

As part of our ambitious workplan, we will be meeting with the CEOs and medical directors of big hospital groups to highlight how practising privileges agreements are a one sided document that does not offer a lot of protection for our members. We are aware that many of the agreements lack justice and balance.

We have also developed a comprehensive survey aimed at consultants and GPs engaged in private practice. The survey will be launched in September and the top-level findings will be available for the first meeting of the new session of the Private Practice Committee on 21 October. The results will help in our negotiations with the PMIs and private hospital groups.

Additionally, work is underway for our annual conference taking place on 15 November. The conference aims to inform and educate GPs, Consultants, Specialist and Associate Specialty Doctors, Junior Doctors engaged in or considering undertaking private practice about a number of issues including the changing landscape of private practice, IR35 and the implications for private practice, revalidations and appraisals in the independent sector.

Mike Henley, deputy chair and secondary care lead, led successful discussions with PHIN -

### Private Healthcare Information Network. The last meeting between PPC and PHIN was productive, and areas of mutual interest and concern were discussed in close partnership.

Finally, we wish to thank all the members of the committee for their hard work during the last session. That concludes our report for one hectic year but you can rest assured that we will continue to fight relentlessly so we can continue to serve the needs of the many thousands of self-pay, insured and international patients who rely on us for a high quality care.