

Fighting for our rights, fighting for our future

Private Practice Committee report to ARM

Private medical insurers (PMIS)

This session, the Private Practice Committee (PPC) has continued having biannual negotiation and policy meetings with the biggest PMIs in order to discuss issues affecting doctors engaged in private practice such as fees, billing and Multi-Disciplinary Team (MDT) meetings. PPC's view is that top up fees could be of mutual benefit and that many patients would be amenable to paying more if they were seeing the best specialist in their locality. PPC believes that these restrictions on top-up payments have no clinical basis and is further evidence of insurers eroding the doctor patient relationship, limiting patient choice and reducing consultants' ability to set their own fees based on the service that they provide. The committee will continue to proactively seek a way to restore a proper relationship between consultants, patients and insurers.

The PPC also met with the Competition and Markets Authority (CMA) to discuss the issues consultants engaged in PMI work, face. The CMA explained that their duty was to protect the interests of consumers, i.e., patients, and that they were glad that fees had dropped. They did acknowledge that this was not what doctors wished to hear. The CMA had a lot of competing priorities and their board set their strategic priorities. They indicated that there are multiple more pressing priorities following Brexit. They have limited resources and cannot reopen a case once a ruling has been made; it would require a new submission. They had not been approached by consumer groups about the issues consultants engaged in Private Practice face and the CMA would need to justify why they were prioritising this area, but only if it affected patients. The CMA confirmed that they could investigate the matter should they be approached directly by multiple patient forums/consumer groups.

Private practice survey

The PPC commissions a regular survey of BMA members working in private practice every four years or so. The last full survey was in 2017, so the BMA carried out a new survey during Autumn 2021.

The survey was launched on 23 September and closed on 18 October. It was open to consultants, SAS grades, and GPs, across the whole of the UK. While the majority of questions related to those doctors currently working in private practice for some of all of their time, there were a couple of questions for doctors who have never done so, or who have stopped recently. The survey attracted over 1100 respondents. Some prominent themes were ongoing issues such as the fact that doctors were unable to provide any care for private patients during the first lockdown period (March - June 2020) and the loss of income due to the pandemic. Other themes included the number of consultants who have been de-recognised and the issues they continue to face with regards to PMIs and the positive and negative experiences of working in private hospitals (practising privileges and private hospitals). Many respondents stated that they valued their autonomy and self-employed status rather than becoming employees. PPC has been using some of the helpful data that has been collected at meetings with the private medical insurers and private hospitals.

Private healthcare information network (PHIN)

The PPC representative on PHIN had a meeting with them about the outpatient and procedure fees and the outcomes for patients. Regarding the first point, PHIN were upfront about the fact that they only have interest in outpatient and procedure fees. Furthermore, the way that the fees were presented were acceptable for itemised procedures. However, that same presentation did not work well for packaged fees. Regarding the second point, the outcomes for patients came directly from the CMA order for length of stay, patient report outcome measures. PHIN recognised that not many people in private practice would have large enough numbers of patients coming through for it to make sense on a statistical standpoint. From a legal standpoint, publishing 'dodgy' data was defamatory. Positively, PHIN was receptive to the idea that data needed to be robust and accurate. Furthermore, PHIN was keen to improve engagement with the BMA and work in close partnership with PPC.

Private hospitals groups

The PPC has had meetings with Ramsay and Spire in recent months. Both groups defended the way in which their hospitals had been given over to the NHS to help with the covid surge during the pandemic. The PPC was informed that the government had asked private providers to support the national interest, there had been a government mandate without much optionality which had not been ideal but no decisions had been taken lightly. The PPC has been very vocal at the meetings with the private hospital groups about the fact that doctors should have been included in the decision making. It has been noted that none of the private healthcare groups got it right and would manage things differently now they were familiar with a pandemic.

Healthcode

The PPC Co Chairs have written to Mr Peter Connor, Managing Director of Healthcode as it is in a position to set its own fees in a market over which members were claiming it had a monopoly.

They replied that their Clearing Service monthly subscription charge of £6.99 per payee provider per month plus 25p per cleared invoice (excludes VAT) covers:

- the ability to submit your invoices to multiple insurers from one secure platform
- validation of electronic invoices to Private Medical Insurers (PMIs) and other healthcare payers based on their specific rules
- rejection and flagging of invoice content where it does not meet the validation rules
- confirmation that your bill has been validated and collected by the PMIs
- data security – electronic bills submitted through Healthcode’s Clearing Service are encrypted to protect both financial and patient data

They also noted the Clearing Service subscription will not start until members sign up for the new charges by pay-monthly direct debit. This can be cancelled and restarted before the start of each monthly term, so members will only need to subscribe and pay for the month(s) they require.

PPC conference

The 2021 Private Practice conference was the first time the event was held completely virtual. It attracted over 100 delegates and the feedback was very positive. Some of the issues that were addressed included an overview on economics of private healthcare, revalidation and appraisal in the private sector and the Ian Paterson Inquiry. This year the PPC will be holding its annual conference on Friday 18 November at BMA House, London. Doctors working within independent healthcare are continually having to adapt their practices to an ever-changing landscape. This conference will look at the “ins and outs” of private practice from the logistics of setting up a private practice for the first time, to making sure established practitioners are reaching their maximum potential in private practice. For new entrants to the private sector, the conference will offer a chance to network with colleagues who have already established and run successful practices. As part of the programme delegates will have an opportunity to attend one of the following parallel sessions scheduled to take place during the afternoon:

- setting up and developing your private practice – specialists
- setting up and developing in private general practice
- established practitioners

Meetings with stakeholders

The PPC has also been very busy influencing the agenda with regards to doctors engaged in private practice. There have been positive meetings with the Independent Healthcare Providers Network (IHPN), the Federation of Independent Practitioner Organisations (FIPO), the Association of Anesthetists, Private Medical Insurers, Private Healthcare Information Network (PHIN) and with Private Hospitals and the Independent Doctors Federation (IDF). This session, the PPC will continue to

engage in regular communication with these stakeholder groups to ensure that the PPC's concerns are addressed and resolved.

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Private Practice Committee

www.bma.org.uk/what-we-do/committees/private-practice-committee/private-practice-committee-overview