

## Private practice committee: report to ARM 2022 audio transcript

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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.

We are not going to reiterate our written report, concentrating instead on some points.

It has been another busy year. We have had countless meetings with insurers, hospital groups and other organisations. We have continued to build relationships between the BMA and them. We obviously have different agendas, for instance on fee uplifts, where the parties want different directions of travel. On the other hand, we all need to have patients at our forefront, and the hospitals and insurers need doctors willing to work with them.

I guess that the question is, "why is the PPC of importance to the BMA and what about doctors who feel that private practice undermines the NHS?" Possible answers are that the BMA needs to support all of its members, at least 30% of NHS consultants and more and more GPs do private work. The NHS has seen real time pay reductions, which are astonishing, so has the private sector. The NHS is a virtual monopoly and needs competition to help effect pay rises for both sectors, one could argue. This is why the PPC needs support. In the past couple of years, especially, many patients and doctors have had to turn to the independent sector for care that was, and is still not, available in the NHS. I have had to do so myself.

The 4 yearly PPC survey saw a record number of responses, over 1000. Doctors highlighted their plights, including loss of income during lockdown and lack of support. The findings reiterate the need to support these doctors and there is a feeling that greater visibility and effectiveness of the BMA PPC will attract doctors to join or rejoin the BMA.

Our independent hospital group negotiations have highlighted the disproportionate power that they hold over doctors. Their contracts are completely one sided, doctors have almost no rights. We have also noted that they and many other groups hold the government's ear; it is shocking that they were involved in both the first and second Government Covid contracts without involving the doctors or their union. We are also concerned about their disproportionate input into doctors' indemnity arrangements, where they push their agenda not ours.

The insurers have been forthright; the largest have indicated that they see no reason to increase fees, not even by inflation, as long as doctors are willing to sign up to their fee schedules. Some have been more reasonable, and we have made a little progress with top up fees.

Our high-level meeting with the competition and markets authority was disappointing but very informative. They are glad that patient fees to doctors have dropped and will not reopen that case. They were not willing to explore whether insurers may be colluding.

There are too many other meetings to discuss today - suffice to say that we have worked hard and are developing new strategies of engagement with relevant parties to effect meaningful positive change.

Finally, we wish to thank all the members and staff of the committee for their hard work during the last session.

**Dr Jennifer Yell and Dr Jeremy Lawrance**

Private practice committee co-chairs