

Private Practice Committee

Written report to the ARM

Private medical insurers (PMIs)

This session, the private practice committee (PPC) has continued having biannual negotiation and policy meetings with the biggest PMIs (AXA PPP, BUPA and Vitality) 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 firmly 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.

PPC was delighted that AXA PPP had acknowledged that the outpatient fees for physicians and surgeons had remained unchanged for too long and announced earlier this year that they were awarding a raise of nearly 11%. PPC officers have been clear that anaesthetists also need to have their fees reviewed urgently.

Additionally, PPC officers and secretariat have also had positive meetings with legal colleagues and King's Counsel about options that could be pursued legally to proactively seek a way to restore a proper relationship between consultants, patients and insurers. Further information about this positive development will be communicated to members in due course. Furthermore, a series of frequently asked questions will also be published online by end of July at <https://www.bma.org.uk/what-we-do/committees/private-practice-committee/private-practice-committee-overview>

Private Hospital Groups

The PPC has had meetings with Circle, Ramsay and Spire since the last Annual Representative Meeting (ARM). At these high-level meetings, the following items were discussed:

- 1) Fees for insured/self-pay patients
- 2) Elective Recovery Taskforce
- 3) Resident medical officers
- 4) Private practice conference
- 5) Multi-disciplinary Teams
- 6) Appraisal and mandatory training
- 7) Bundled fees for pathology and radiology
- 8) Paediatric provision
- 9) Split of NHS reimbursement for waiting list initiative work between hospital and doctor

The PPC will continue to engage with the private hospital groups to ensure that issues affecting doctors with practising privileges are brought to the attention of the relevant group.

Resident medical officers (RMOs)

A survey carried out by the British Medical Association and the Doctors Association UK of current and recent RMOs indicated that these doctors experience very poor working conditions and were employed on sub-standard terms and conditions. The co-chairs of PPC wrote to all major private hospital groups to ask if they would commit to agreeing a memorandum of understanding, asking that RMOs and agency workers are employed on decent terms and conditions and not exploited. PPC is actively discussing the issue with all relevant stakeholders to ensure that any medical staff working at private hospitals while employed by third parties are provided with pay and terms and conditions which are directly comparable and no less favourable to other staff employed by the private hospital. At the last meeting with the Independent Healthcare Providers Network (IHPN), the only membership network for independent healthcare providers across the UK, they made a commitment to work with the PPC as they develop their RMO framework which could help support members and stakeholders to provide and understand good, safe RMO working environments and practices.

Elective Recovery Taskforce

The Elective Recovery Taskforce was set up to inform the Department of Health and Social Care's work to better utilise healthcare capacity across the country to tackle the backlog caused by the COVID-19 pandemic. The group was launched on 7 December 2022 and concluded its work in March 2023. The purpose of the group was to inform the government's understanding of current independent sector provider and NHS working practices and provide steers on specific issues or themes to investigate which can tackle the backlog. Unfortunately, PPC was not invited to join the group and is writing to Will Quince (MP), Minister of state, DHSC to ask for an update on the plans and highlight our disappointment that representatives of PPC were not involved. We will also aim to define what we could bring in terms of input to these discussions.

PP Conference

The 2022 Private practice conference, a hybrid event attracted over 100 delegates and the committee is pleased to report that the feedback was very positive. Some of the issues that were addressed included the changing landscape and future of private practice, engagement with private medical insurers, the self-pay market. This year the PPC will be holding its annual hybrid conference on Friday 17 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

Clinical Cover

The PPC has been in discussions with the Department of Health and Social Care (DHSC) regarding Recommendation 10 of the Paterson Inquiry. The Recommendation states that "the government should, as a matter of urgency, 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."

PPC fed back that insurance providers were not a popular solution as they were not commercially viable. Furthermore, we clearly stated that both insurance and indemnity covers would not provide cover for an individual acting criminally, hence removing the non-discretionary element would not solve the problem. Additionally, we highlighted that if we allowed more commercial insurers to join the market, that would introduce a substantial amount of financial motivation while the three MDOs were neutral and not-for-profit, which were important factors for the BMA. We have also emphasised that the Patterson inquiry was conflating discretionary indemnity with lack of indemnity cover for criminal acts. The co-chairs of PPC also expressed concerns that this agenda seemed to be driven by the private hospital groups rather than doctors. PPC will continue to engage robustly with this debate.

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 Association of Anaesthetists, private medical insurers, Private Healthcare Information Network (PHIN), private hospitals, the three medical defence organisations, Psychiatry-UK.com 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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