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# Information for General Practitioners about referring patients in the Independent Sector

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# CHANGES IN PRIVATE MEDICAL INSURANCE THAT COULD AFFECT PATIENT CHOICE

Your patients rely on your knowledge of consultants whom you have chosen to continue their care. The relationship between you and the specialist ensures continuity of treatment, which you kindly entrust to colleagues whom you know and to whom you have always been able to send your patients on the basis of clinical need. Things are changing.

Patients now have to make a prior telephone call to their insurer to preauthorise the consultation with the consultant whom you have recommended. You may not know that there is now an increasing trend for some insurers to redirect your patient towards other consultants rather than the specific consultant who has been chosen by you, or by your patient. In some cases, the patient may have been cared for by a consultant for many years only for your referral to be deflected, and for your patient to be sent elsewhere.

Insurers are now engaged in setting up clinical networks, with "preferred providers" who have undertaken to provide treatment, which may be at a pre-determined cost to the insurer. These arrangements may exclude the specialist to whom you have referred your patient.

# THE PATIENT AND THE INSURER

There are many health insurance schemes which reimburse patients according to their level of premium. However the trend is for insurers to impose fee limits, which in many cases are set at traditional levels which may not have increased for over a decade. Of course many patients have exclusions or restrictions on their policy whilst others may have agreed to a co-payment for all treatments,

It is FIPO's view that patients should always be able to obtain a fee estimate before deciding for themselves if they wish to proceed with your, and their, first choice of consultant. If there is a difference between the insurer's level of benefit reimbursement and the consultant's fee, your patient should have the informed choice of proceeding with your referral, even if there is a cost implication imposed by their insurance policy, rather than being sent to another practitioner of the insurer's choice. If preferred provider networks are established, the choice for patients and your referral options will be severely restricted.

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# FIPO IS NOT "INSURER BASHING"

FIPO does not wish to attack any specific insurer, nor is it our intention to advise patients to change their insurance company. However, we do have concerns and we do ask that all GPs make their patients aware of the situation.

FIPO and all its supporting specialist and professional member bodies support the right of patients to see the consultant of their choice on the basis of clinical priority.

# THE FIPO PATIENTS' CHARTER

The FIPO Patients' Charter (<a href="http://www.fipo.org.uk/docs/patientcharter.htm">http://www.fipo.org.uk/docs/patientcharter.htm</a> ) reaffirms the desire by the profession and our patients to restore clinical decision making to healthcare personnel. In essence it is a reaffirmation of "professionalism". It supports the GP to consultant referral pathway as laid down by the British Medical Association.

The Charter rejects the concept of restrictive consultant networks, being introduced by outside bodies. FIPO accepts the "Guidance on Guidelines" as set out in the New England Journal of Medicine in January 2007 which stated that Clinical Guidelines should not be introduced by any outside body with a vested financial interest. The Charter restates the clinical governance controls that should apply in the independent healthcare sector, whilst arguing for total transparency in all aspects of clinical care.

# **GENERAL PRACTITIONER ACTIONS**

FIPO is asking all GPs to be aware of these changes and to ensure that their patients are seen by the most appropriate consultant and not one selected for financial reasons.