

Private work threat

By Rob Finch

Concern is growing over the impact on private practice of suspensions from NHS activity and GMC fitness-to-practise cases.

New figures for 2007 show 5,168 complaints to the GMC, up 1.6% after a 30% rise in 2006. Despite fewer investigations and fitness-to-practise hearings, the number struck off continued to climb.

Latest National Clinical Assessment Service figures show 55% of those excluded from NHS clinical

practice were off more than 13 weeks and 10% off more than two years.

The Medical Protection Society also reports a hike in the number of disciplinary cases it deals with.

Policy and communications director Dr Stephanie Bown said 2005-07 saw a 60% rise in the number of disciplinary case files opened. Last year, 200 new files were opened for people facing disciplinary action by their trust.

She advised: 'Any restrictions or suspension or conditions that are

imposed on a doctor's NHS practice, or which the doctor agrees to, really should be reported to the place where you conduct your private practice. One would expect any restrictions on NHS practice to be similarly reflected in your private practice.'

A GMC investigation could have 'a significant impact' on a consultant's private practice. Dr Bown said one of the most serious problems was not loss of earnings but de-skilling; Even six-months off may leave a surgeon rusty, she said.

Radiotherapy 'first' for Spire

CancerPartners UK is to provide cancer treatments on three Spire Healthcare hospital sites – the first private radiotherapy services outside London.

Expanded cancer centres will be built in Leeds, Birmingham and Portsmouth to deliver state-of-the-art private radiotherapy services.

Prof Karol Sikora, CancerPartners UK medical director, said: 'It is our philosophy to bring high-quality cancer care closer to patients. This deal marks an important milestone for us, as we look to roll out cancer services across the country, and make cutting-edge treatments and services available to increasing numbers of patients.' The first patient is expected to be treated in the new cancer centres by July 2009.

Insurer denies it will cut traders and prices

Norwich Union Healthcare has denied that new tender documents it sent to all its MRI scan suppliers are an attempt to set up a provider network.

The insurer insists that it is not trying to reduce the number of suppliers and the price they are paid.

A spokeswoman said: 'We want to make sure we are offering our customers best value and care. We're talking to partners and future providers about developing the existing network.'

'We want to make sure we offer a good value, comprehensive service across all regions.'

Norwich Union says the tender document is designed to ask providers to review what services they

currently offer and what equipment they have.

The spokeswoman added: 'For us, it's not about cutting our network or a cost-cutting exercise. There may be, as a result of this, cost benefits to pass on to the customers.'

She added: 'Our network has developed over time with consultants. Generally, consultants direct referrals based on patient requirement and we're not trying to restrict that.'

But she admitted the review 'may result in some changes to our existing and fragmented supply chain'.

In 2007, the insurer funded over 20,000 MRI scans in over 400 locations.

Electronic billing gets easier

Electronic billing is set to become easier for consultants' practices following a significant reduction in the level of information required by insurers.

Healthcode, the electronic bills clearer for the private health market, said the process should become simpler and more streamlined for consultants and medical secretaries.

The change follows discussions between the company and leading health insurers. It will bring in line the information required on an electronic bill with that needed for traditional paper bills.

A mandatory requirement for many items of information – for example, when a patient first became aware of the symptoms or when a patient first visited

their GP – has now been dropped.

Healthcode managing director Steve Carroll said: 'Many consultants and medical secretaries have been discouraged from using electronic billing because of the level of information required by insurers. Now that insurers have reduced their data requirements, we believe the process involved in electronic billing is much simpler.'

EDITORIAL COMMENT
ROBIN STRIDE, Editor

The blurring gets clearer

BMA policy-makers in Edinburgh this month focussed mainly on NHS issues – but gave much for consultants with a private practice to ponder.

Doctors voted for patients to be allowed to choose to buy additional treatment, unavailable on the NHS, without being forced to pay for all their treatment privately.

This comes as we see a greater blurring at the edges of the two sectors. Specialists who work in both can expect increasing pressure on their private work from business-minded NHS trusts.

As the BMA's private practice committee chairman Mr Derek Machin observed: 'The private sector has now come to us all – like it or not'. But he rightly warned many are only just realising that commercial enterprises may not play by Marquis of Queensbury's rules.

Doctors were also urged by professional fees head Dr John Canning not to be timid about fees: 'Surely we accept the principle that "a workman is worth his hire"?'

What we report in our front-page story will surely test your own fees policy to the limit.

■ In response to feedback: yes, *Independent Practitioner Today* is editorially independent but our first few editions are sent to you with a Bupa letter as required under the Data Protection Act.

THE TEAM

Editorial Director: Robin Stride
Commercial Director (advertising and sponsorship): Joy Clarke
Publisher: Gillian Nineham
Head of design: Jonathan Anstee
Chief sub editor: Vincent Dawe
Senior reporter: Rob Finch

TELL US YOUR NEWS

Editorial:
robin@ip-today.co.uk 07909 997340
Advertising and sponsorship:
joy@ip-today.co.uk 07771 808167