

By **RACHEL ELLIS**

How private patients are denied ops that are **FREE** on the NHS

THE instant she slipped on a patch of oil at the petrol station last year, Michelle Booth knew she'd need medical help.

She'd already had surgery on the same knee a year earlier to repair damage caused by arthritis.

But after her fall, the pain came roaring back.

Using health insurance through her husband Mark's work, the 47-year-old mother and former healthcare assistant went to see a private knee specialist, who told her the fall had caused further damage and she needed surgery.

However, what should have been a straightforward claim on her private medical insurance turned into an absurd series of events which have left her, 19 months on, still waiting for treatment she could have had free on the NHS.

It's a cautionary tale that highlights a problem with the restrictions now being imposed by some health insurers.

First, Michelle's insurer refused to pay for the surgeon's first-choice treatment — a fresh frozen autograft, where the damaged cartilage and bone are removed and replaced with donor cartilage and bone, which then grow in the space left behind.

This is a £10,000 procedure which has been performed for 20 years and is available on the NHS, yet the insurer said it was 'experimental and unproven'.

Her surgeon then suggested a HemiCAP implant, a metal disc that fills in the gap in the worn-out surface of the joint, making it smooth again.

This £6,000 procedure has been around for 12 years, is available on the NHS, and the surgeon believed it was ideal for Michelle given her young age and the relatively small area of damage.

Michelle's operation was scheduled for June this year, with the assumption that the insurer would fund this widely available treatment. But just two days before the planned date, her insurer again said they would not fund it because it was 'experimental and unproven'.

'I couldn't believe it when they said they wouldn't pay for the second procedure either, especially as my surgeon told me it was widely available on the NHS,' says Michelle. 'It was exasperating but the insurance company refused to budge, even though I was and still am in excruciating pain — I take tramadol painkillers three times a day. I feel like a junkie waiting for my next fix — it's awful.'

AND the knee problem is having a major impact on Michelle's day-to-day life. 'I have to wear a brace on my leg and even then it keeps locking and giving way.'

'I can't sleep for more than four hours because the pain wakes me, and I am unable to drive or walk long distances. I can't do gardening, painting, carry heavy things, just normal everyday living.'

The insurance company did tell Michelle it would pay £10,000 for a partial knee replacement, even though her surgeon considered this operation 'inappropriate', given the area of damage was relatively small and the rest of the joint was in good shape. It's also a more invasive procedure with a longer recovery.

With no other option, Michelle decided to ditch going privately and join the NHS waiting list so that she can have the HemiCAP procedure — even though she

would have to wait several months (the operation is now booked for next month).

'I'd rather wait and get the right operation than undergo surgery I don't really need,' says Michelle, from Oakley, Hampshire.

'It is very frustrating — we have paid thousands of pounds into a private health insurance scheme through my husband's work over the years and then, when it comes to it, you don't get the treatment the surgeon recommends.'

'If it is good enough for the NHS, why isn't it good enough for private healthcare?'

'Patients might be better saving the money instead of paying into a private health insurance scheme, then paying for treatment themselves should they become ill. That way they can have the consultant of their choice and the treatment they need.'

Michelle is one of a number of people with private medical insurance (PMI) who find their care is restricted when they come to make a claim.

According to an orthopaedic surgeon who contacted the Daily Mail, but does not want to be named, around a third of private patients referred to him by GPs

find their health insurance policy will not cover the cost of a consultation with him, and once a month one of his private operations has to be cancelled because it is not covered by health insurance, often at the last minute.

One in ten Britons now has private health insurance, according to healthcare experts LaingBuisson. In the vast majority of cases — 78 per cent — this is through work schemes; when individual cover is included, the total spent last year on private medical insurance by both employers and individuals was £4.56 billion.

Its benefits are supposed to be prompt and convenient access to high-quality doctors and medical care. However, to reduce costs, many insurers now restrict access to certain doctors and procedures.

The situation is complex because different insurers impose restrictions in different ways.

Drugs, treatments and surgery are only covered if they have been proven to be effective and are licensed or approved by a recognised body, explains a spokesman for AXA PPP Healthcare, one of the biggest private medical insurance providers.

However, defining what is

'effective' is a grey area, which leads to some treatments offered by the NHS not being available privately, as Michelle's case illustrates.

Furthermore, to keep their costs down and prevent patients from being stung by unexpected medical bills from private doctors, the larger private health insurers have set up 'fee-assured' schemes — lists of approved doctors who will not charge more than an agreed rate.

However, some doctors refuse to agree to some insurers' rates because they claim they are too low; a surgeon's payment for keyhole surgery to the knee, for example, can vary by up to £500 depending on the insurer.

BUPA's fee-assured system covers more than 15,000 doctors in the UK, but patients can still see other doctors with their health insurance outside the scheme if they wish, although there will be an additional cost, said a spokeswoman.

'Customers choose who they see — when they call us, we let them know whether or not the consultant they wish to see is fee assured.'

'Where a consultant is not fee assured, some customers are happy to go ahead with him/her

and pay the difference, while others prefer to choose a fee-assured consultant.'

'We set consultants' fee levels because we are committed to giving our customers access to high-quality, affordable healthcare and to ensure fair reimbursement for consultants for the treatment and care they deliver.'

It tends to be the most senior and experienced doctors who refuse to sign up to insurers' rates — and some believe this is having detrimental consequences for patients.

As one private physiotherapist told Good Health: 'Some insurers block me from sending patients to the best back or knee specialist in the area for their condition because they are not fee assured, and that means I have to send them to a more general consultant who I may not know. I don't know if they are any good and that worries me.'

'In nine out of ten cases, that surgeon will do a perfectly reasonable job, especially if it is very routine surgery.'

'However, they may not be able to offer the latest surgical techniques — for patients with complex and technically challenging problems that could make a difference to their outcome.'

And the fee-assured surgeons may have no expertise in the patients' particular problem and therefore offer poor advice, the orthopaedic surgeon told Good Health.

'In my private hospital, some of the fee-assured knee surgeons do hip replacements, shoulder operations and hand surgery. They aren't true specialists.'

'They have very limited expertise and are unable to do much more than do a simple knee replacement or remove a bit of torn cartilage. That's not great for patients who want what's best for their knee.'

HE ADDED: 'One patient came to me for a second opinion because he was still in pain after a private arthroscopy [keyhole surgery to diagnose or treat joint problems] carried out by another surgeon.'

'He was unable to see me through his private medical insurance because I was not on the "recommended" list, but I saw him as an NHS patient.'

'When I examined him, I discovered the arthroscopy had been inappropriate for his condition and totally unnecessary. With the benefit of more specialist knowledge and expertise, what he actually needed was to simply keep weight off the knee and the problem would settle over the next 12 weeks — which it did.'

Even when patients are sent to the right doctor, they can't always get the operation they need, as Michelle found — even if these treatments are widely available on the NHS.

'So they may end up having treatment that many wouldn't consider the best care,' the orthopaedic surgeon told us.

'We are in a bizarre situation where the NHS is providing choice for patients while, in some cases, the private sector is offering out-of-date surgery, and the problem is getting worse.'

'The worrying part is that while in the past it was the role of GPs to refer private patients to the right consultant for their condition, increasingly insurers are becoming the gatekeepers and their recommendations are based not just on expertise, but their list of "fee assured" doctors, too, and that's not always in patients' best interests.'

'It is a very frustrating situation.'



Michelle Booth: Needless delays

FACE FACTS

How your facial features affect your health

THIS week: Long necks linked to headaches
'The head weighs 10lb to 12lb and the longer and thinner your neck, the greater the strain on the neck muscles as you bend forward,' says physiotherapist Sammy Margo.

'This extra tension not only creates pain in the shoulders and neck, but also in the head, leading to tension headaches.'

If you have a long neck, it's important to maintain good posture during tasks where you are likely to be leaning

forward, such as looking at a smartphone. Keep your shoulders back and raise your device to eye level rather than dipping your neck to see it.

Also, ensure your work station is set up correctly so you are not bending forward more than you should.

'Finally, get your eyes tested regularly,' says Margo. 'If you're becoming short sighted, you're more likely to push your head forward to read or look at a screen, which increases pressure on your neck.'



VITAMIN MATHS

The foods that add up to your daily recommended amount



OUR immune system needs zinc. The mineral is also used to renew cells, for wound healing and for growth and development in the

womb and childhood. Other good sources include pine nuts, pumpkin seeds, cashews, lamb and wholegrains.