# PMI and the Orthopaedic Patient

Nick Welch, BOA Patient Liaison Group Chair

In the last edition, Ian Winson raised important issues about Private Medical Insurance (PMI) from a clinicians' perspective. The Patient Liaison Group would like to support our clinical colleagues and their views; however, there are matters which more directly concern patients which we have been exploring.

We have met constructively with three of the PMI companies who subscribe to the Association of British Insurers (ABI) following discussions with Martyn Porter, the then President of the BOA. "Expectations of an orthopaedic patient preferring private treatment", the document arising from these discussions, concentrates on the issues concerning patients and the new, agreed, paper has been distributed to the ABI and BUPA (who have recently withdrawn from ABI).

The majority of PMI is provided through corporate membership. In this situation, guidance by the Insurer about which Specialist to see is deemed integral to their policy. However, we all agreed that those offering advice and support to a patient from the PMI companies should be well trained and competent to discuss the whole treatment package. Furthermore, any patient contacting their Insurance Company should expect to have the precise details of what is covered by their policy explained to them and what they will need to pay for themselves should they so wish.

The PLG hopes that the aspirations listed in the following paper will help patients to maximise the benefits of Private Medicine and encourage an honest and realistic dialogue between all parties involved in their treatment.

#### Expectations of an orthopaedic patient preferring private treatment

Among the expectations of people choosing private medicine are:

- That they will get a more rapid and consultant delivered treatment than if they opt for the NHS.
- They will be able to choose the time of their consultations, but also that all the healthcare professionals involved in their treatment will have more time to provide a higher quality of care.
- That Hotel Services will be of the highest standard.

As more patients research their condition following their GP's provisional diagnosis they expect their Specialist and Team to be able to discuss all the options in a clear and precise manner.

Not all people who opt for private medicine have Private Medical Insurance (PMI). This leads to three main groups of people seeking private consultations: those who are corporately funded, the privately insured and the non-insured.

In every sense there should be no difference in the way these groups access or are treated by their respective healthcare professionals.





### **JTO Features**

## In all instances the patient should expect:

- An informed choice of specialist/ therapist in consultation with their GP, any other appropriate health professional or their policy provider.
- A full and comprehensive discussion with their specialist/ therapist about the treatment options, and where appropriate the best implant option, that follow published clinically agreed best practice guidelines.
- Pre-, peri- and post-operative treatment by a comprehensive and competent multidisciplinary team, including physiotherapy and follow-up X-rays, according to best

- practice guidelines.
- Standards of care that are Consultant-led and at least as high as those commissioned within the NHS.
- That the Private Hospital or Unit is built, equipped and staffed to at least the same standards laid down by the NHS Provider licence and meets CQC criteria.
- That they are informed from the outset precisely what their policy covers for this procedure, and what extras they may need to cover themselves, and receive written confirmation.

The provision and quality of care are matters between the doctor, the hospital and the patient.

The Private Medical Insurance policy is the route through which the benefits and finance are managed. Nevertheless, people who may benefit from these policies, whether self- or corporately-funded, should expect their policy provider to enshrine the following principles:

- That their PMI Company ensures standards of care that at least match those of the NHS, BOA or NICE commissioning guidelines.
- That the PMI Company makes it clear what aspects of the pre-, peri- and post-operative needs are covered by the policy, in line with best practice guidelines.

- That their policy options are clearly stated with no 'hidden clauses'.
- That from the outset of the claim there should be easy access to a helpline staffed by people who can discuss all the policy options and assist, if required, in making the right choice.
- That there is clear communication between their Insurer, their Clinician and Hospital to ensure there is openness about costs and treatment options to ensure a smooth and seamless course of treatment. ■

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