

United Kingdom Spine Societies Board

at The Royal College of Surgeons of England 35-43 Lincoln's Inn Fields, London WC2A 3PE

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18th June 2015

Dr Tim Woodman Medical Director (Policy and Evidence) BUPA Willow West, Unit 4 Pine Trees Chertsey Lane, Staines Middlesex TW18 3DZ

Dear Dr Woodman

Thank you for your letter of 15th May 2015 announcing BUPA's initiative to define and implement a Spinal Surgery Network.

We are replying in combination on behalf of all of the elected bodies representing spinal surgeons in the United Kingdom.

We note that BUPA intends to launch the Network in July, effectively six weeks after this was first notified to clinicians. That said, we applaud the fact that BUPA has taken note of the measures suggested in both the Spinal Taskforce document and Service Specification document D14 that are designed to improve the quality of service delivery for patients based on professional services rather than fees.

As you will be aware, other medical insurers are also developing various schemes which differ in their detail. In consequence, there is considerable logistical difficulty both for individual surgeons and their office staff in dealing with the multiple and differing requirements that inevitably arise for each of these schemes. Clearly, simplification and rationalisation to a uniform system would be helpful. This should also reduce administrative costs to the PMI industry.

At this stage each of the constituent bodies has nominated a representative to join a Private Practice Advisory Group which will review your proposals using the following criteria:

- 1. Adherence to Good Medical Practice and Good Surgical Practice;
- 2. Adherence to whole practice appraisal and re-validation;
- 3. Engagement with national and local audit (but not exclusively BSR);
- 4. Compliance with recent Competition Commission recommendations regarding fees and commercial interests;
- 5. Compliance with best practice relating to the management of, in particular, complex spinal surgery;
- 6. Declaration of commercial and professional interests.

We have written to all members of the associations and societies listed below asking that they defer signing up to any of the current initiatives until our Private Practice Advisory Group has had the opportunity to synthesise a common position defined on the basis of best practice to be implemented across private practice in the UK. We anticipate that in order to optimise approach, the group will wish to meet with each of the PMI providers. Realistically this will take some time particularly given the impending summer break.

We suggest that for adequate time to generate a lasting solution, a target start date should be the new calendar year which would tie in well with a parallel and similar process within the NHS.

We would be grateful if you could confirm BUPA's willingness to collaborate in this process should benefit all parties and, in particular, our patients.

We look forward to hearing from you.

Yours sincerely

Alistair Stirling Chair – United Kingdom Spine Societies Board (UKSSB)

Am Rai President – British Association of Spine Surgeons (BASS)

Bob Crawford President – British Scoliosis Society (BSS)

Richard Kerr President – Society of British Neurological Surgeons (SBNS)

Colin Howie President – British Orthopaedic Association (BOA)









