

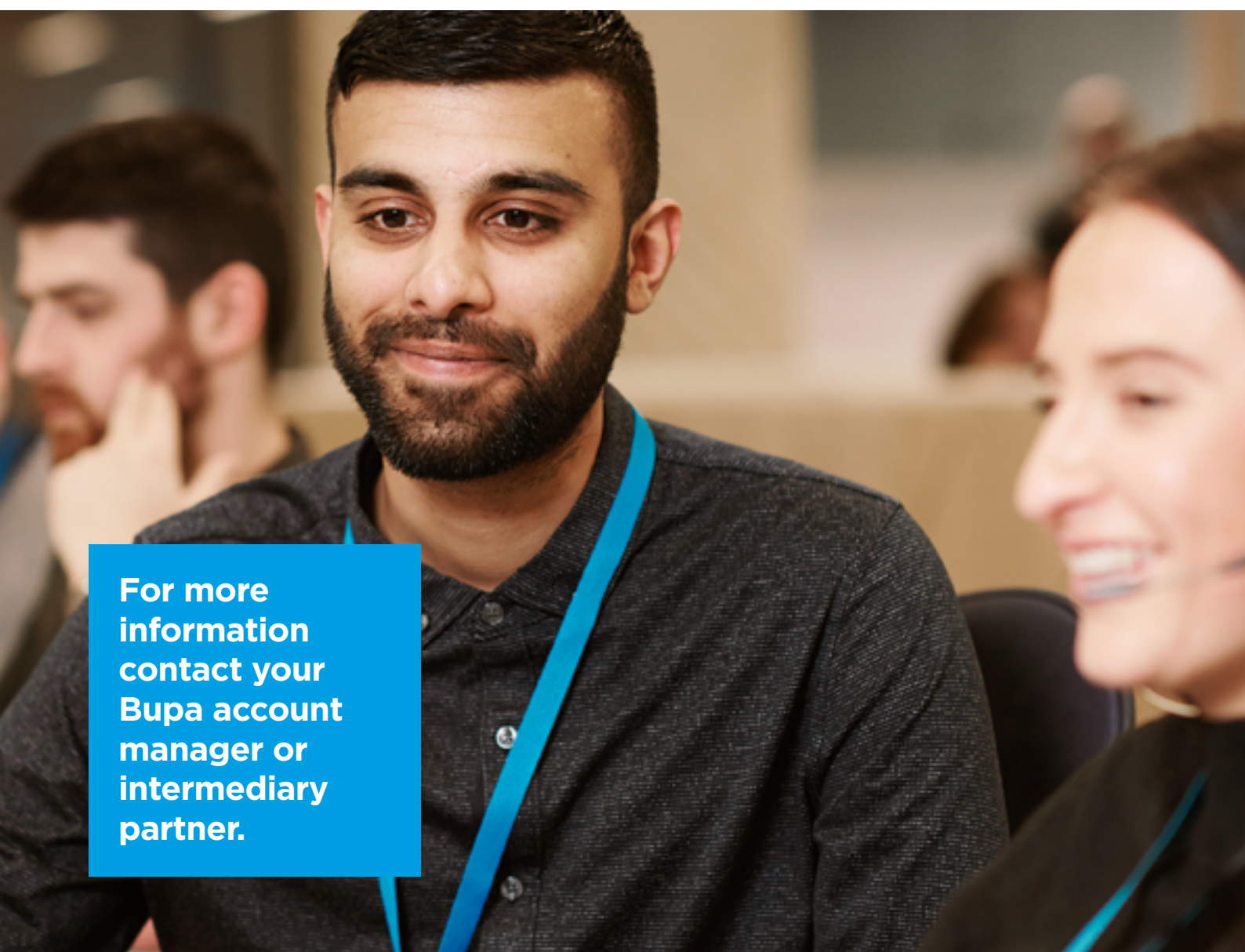
Direct Access services.



**The direct route
to our support.**

The direct route to our support

Cancer, mental health and muscle, bone and joint conditions can have a significant impact on your employees – and your business. That’s why we offer fast advice in all of these areas, usually without the need to see a GP first.*



For more information contact your Bupa account manager or intermediary partner.

*Direct Access telephone services are available as long as the symptoms are covered under the scheme. If employees' cover excludes conditions they had before their policy or health trust started, we'll ask them to provide evidence from their GP that their symptoms are not pre-existing for a period of up to two years from the date their policy or health trust started (or five years in the case of mental health) before we can refer them to a consultant or therapist through the Direct Access service. Employees must always call us first to check they're eligible. Some Direct Access services are available on an opt-in basis and incur additional claims costs.

How it works

Instead of waiting to see a GP first, employees who are worried or experiencing symptoms of any of these conditions can contact us directly on their usual member services helpline number. Their needs will be assessed over the phone by our clinically led teams who'll guide them through the referral process.



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Fast help on signs of cancer

If an employee is worried they might have cancer, they can call us directly to speak to someone about their symptoms.* Our trained advisers will take them through an assessment over the phone using national clinical guidance to advise them on their next steps. Depending on their cover and the nature of their symptoms, this could include being referred for an appointment with a consultant there and then.

What happens?

Step 1

Employees can call us straight away and one of our trained advisers will assess their symptoms over the phone using national clinical guidance.



Step 2

Your employees will be given clear advice on what to do next. Depending on their cover and the nature of their symptoms, this could include a referral there and then.



Step 3

Even if your employees' cover means we can't offer them a private referral, we'll still advise them to see a GP and offer them a call back within two weeks for further support.

Who is it available to?

- Direct Access* for cancer symptoms is a standard feature of our health insurance and health trusts, so there is no need to opt in.
- Employees who are experiencing symptoms they think may be cancer related.

In the case of breast cancer, it takes an average of just four days from the initial phone call to meeting with a consultant.¹

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¹Bupa internal audit (Nov 2017-Sep 2019)



Fast support on mental health issues

Many people find it difficult to talk to a GP about mental health concerns, so we give your employees the opportunity to speak to a trained adviser directly. Depending on their cover and the nature of what they're experiencing, we can arrange for them to speak to a mental health practitioner, usually without seeing a GP first.* Plus, now we've extended our cover and removed our chronic rule, they'll get fast access to support for more mental health conditions than any other business mental health cover on the market.¹

What happens?

Step 1

Employees can call us about stress, anxiety or any other mental health concerns. Our specialist mental health advisers will arrange an appointment with one of our mental health practitioners for a telephone consultation.



Step 2

The practitioner will listen to their concerns and complete an assessment. One with open-ended questions so they can fully understand their needs and guide them to an appropriate option.



Step 3

The practitioner may signpost them to helpful resources or refer them to a suitable treatment pathway, including online CBT, telephone or face-to-face therapy, or a psychiatric consultation.

Who is it available to?

- Businesses who already cover mental health as part of their current health insurance or trust scheme can opt into mental health Direct Access* for an extra charge. Subscriptions and total claims payable will be affected by this service. Please speak to your account manager for more details.
- Employees who are experiencing mental health issues such as stress or anxiety, subject to their underwriting terms and benefits available. Pre-existing conditions are normally excluded.
- If you have a Bupa Employee Assistance Programme (EAP), your employees already have direct access to mental health support and guidance. You don't need to select this again.

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¹As of November 2019 this analysis is based on internally conducted review of the corporate health insurance and health trust market using publicly available information from the major insurers in the UK corporate health insurance market. Combined, Bupa, AXA PPP, Aviva, Cigna and Vitality hold approximately 93% of the Gross Written Premium income of UK PMI providers. Refers to standard mental health cover when this is included in the selected corporate health insurance and health trust product. We acknowledge that many large corporate schemes can have bespoke benefits.



Speak to a physiotherapist sooner

Muscle, bone and joint conditions are one of the top reasons for both short and long-term work absences¹, costing businesses 27.8 million sick days in 2018 alone.² So, being treated is important. If an employee calls us with a problem, we'll arrange for a senior physiotherapist to call them back. They can offer advice on managing the pain and a specialist referral if needed – in most cases without seeing a GP first.*

What happens?

Step 1

Employees can get in touch with us about a muscle, bone or joint injury or condition on their usual customer services helpline number.



Step 2

We'll arrange for them to have a telephone consultation with a senior physiotherapist who will assess their symptoms and recommend the most suitable course of treatment.



Step 3

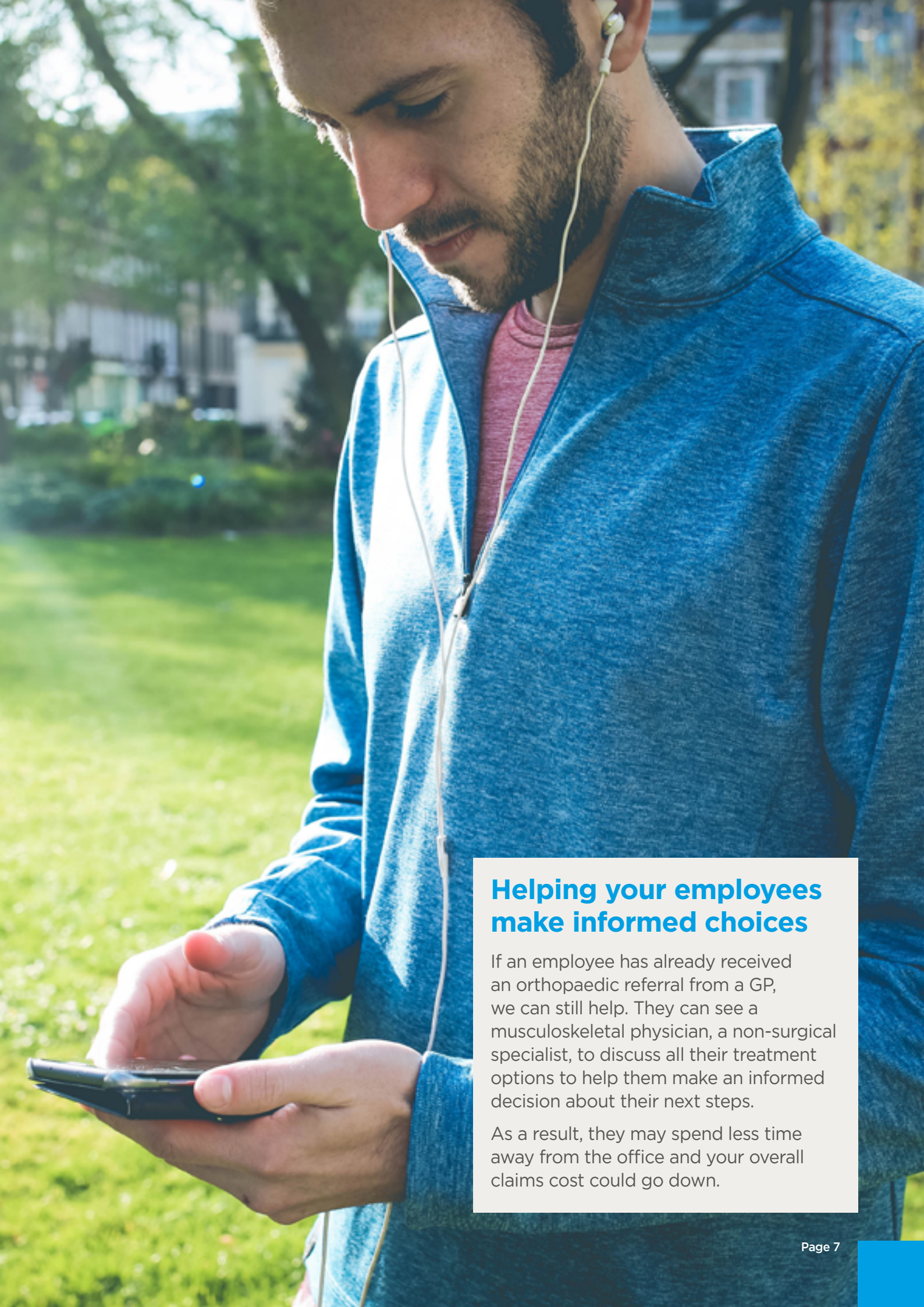
Options can include self-management exercises or referral for face-to-face treatment with an appropriate specialist.

Who is it available to?

- Businesses who already cover MSK as part of their current health insurance or trust scheme can opt into MSK Direct Access* as an extra service for a charge. Client subscriptions and total claims payable will be affected by this service. Please speak to your account manager for more details.
- Employees who are experiencing muscle, bone and joint issues, subject to their underwriting terms and benefits available. Pre-existing conditions are normally excluded.

*Direct Access telephone services are available as long as the symptoms are covered under the scheme. If employees' cover excludes conditions they had before their policy or health trust started, we'll ask them to provide evidence from their GP that their symptoms are not pre-existing for a period of up to two years from the date their policy or health trust started (or five years in the case of mental health) before we can refer them to a consultant or therapist through the Direct Access service. Employees must always call us first to check they're eligible. Some Direct Access services are available on an opt-in basis and incur additional claims costs.

¹CIPD health and well being at work, 2019. ²Sickness absence in the UK labour market: 2018.



Helping your employees make informed choices

If an employee has already received an orthopaedic referral from a GP, we can still help. They can see a musculoskeletal physician, a non-surgical specialist, to discuss all their treatment options to help them make an informed decision about their next steps.

As a result, they may spend less time away from the office and your overall claims cost could go down.

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