

Direct access to our support, usually without the need to see a GP*

Some conditions can have a significant impact on your team – and your business. So, we've made it easier for your employees to access our support in the following key condition areas:

- Cancer
- Mental health[†]
- Muscles, bones and joints†
- Cataracts

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 policy. Direct access services may not be available for some underwriting methods. Please speak to your account manager or intermediary partner for further details.

[†]Clients who already have mental health or muscle, bone or joint problems cover can opt in to these services at an extra charge.

How it works









Instead of waiting to see their 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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Evidence suggests that acting quickly, at the point of first noticing a symptom, can make a real difference to beating cancer. That's why, if your employees have a concern, they can call us directly for support and referral, without speaking to their GP first.* This can give them a better chance of being treated for the early stages of the disease if they are diagnosed.

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 employee 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 employee's cover means we can't offer them a private referral, we'll still advise them to see their 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 five days from the initial phone call to meeting with a consultant.¹

Treating late stage bowel cancer can cost up to four times more than early stage treatment. Treating bowel cancer at the earliest stage can cost from £3,373 compared to up to £12,519 when treated at end stage.²

¹Bupa internal audit (Oct 2015-Oct 2017) ²www.cancerresearchuk.org/sites/default/files/saving_lives_averting_costs.pdf.

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Nearly half (43.4%) of adults in the UK think that they have had a diagnosable mental health condition at some point in their life (35.2% of men and 51.2% of women). Of those, a third (36.2%) have never been diagnosed by a professional.

Many people find it difficult to talk to their GP about mental health concerns², so we're making it easier and faster for employees to access the mental wellbeing support they need.

What happens?

Step 1

Employees can get in touch with us about stress, anxiety or any other mental health concerns on their usual member services helpline number. Our specialist mental health advisers will arrange an appointment with one of our counsellors for a telephone consultation.

Step 2

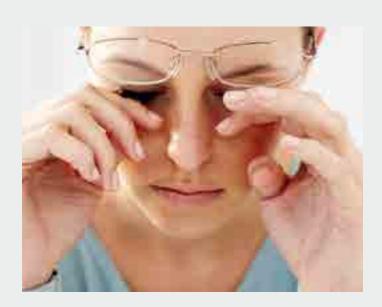
The counsellor will listen to their concerns and guide them to the most appropriate option for their needs.

Step 3

Options can include resolving the issue on the call through telephone counselling or referral to a approved therapist or psychiatrist³.

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* as an extra
 service for a 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 as part of your health insurance or trust scheme.



¹ Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital. Accessed in Fundamental Facts About Mental Health, 2016 https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016. ² In-depth structured interviews with 6 mental health NHS/private patients, conducted by The Futures Company, 2012. ³ This is subject to the employee's out-patient benefits.

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Musculoskeletal (MSK) problems are one of the leading causes of short and long-term employee sickness absence¹, costing businesses over 30.8 million sick days in 2016 alone². Our direct access service saves employees the wait to see a GP, with over 80% getting a physiotherapy appointment within 24 hours³. Members who use MSK Direct Access have a £295 lower musculoskeletal pathway cost compared to those accessing specialist care via a GP referral⁴.

What happens?

Step 1

Employees can get in touch with us about a muscle, bone or joint injury or condition on their usual member 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 specialist⁵.

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.

Helping your employees make informed choices

If an employee has already received an orthopaedic referral from their GP, we can still help to make sure they're on the right path.

We can still offer them a telephone consultation with a senior physiotherapist, who'll be able to discuss their symptoms and recommended treatment. This will help them make an informed decision about whether they want to progress with surgery or if possible, try less invasive therapies.

The benefits for your business are clear.

Potentially, less time spent away from the office, and less impact on your overall claims cost.

¹CIPD Absence Management Report, 2016. ²Sickness Absence in the Labour Market, Office of National Statistics, March 2017. ³ Bupa Internal Analysis 2017, based on October to December 2016 results. ⁴ Bupa; Internal Analysis using a sample of Consumer, SMC and Insured Corporate claimants (2017) ⁵ This is subject to the employee's out-patient benefits.

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There's no need for your employees to visit a GP if they're experiencing trouble with their eyesight. For problems such as cloudy or misty vision, employees can visit an optometrist and then contact our specialist eye care team to arrange an appointment with a consultant and talk through treatments available.

What happens?

Step 1

If your employees need a cataract procedure, their optometrist can refer them to our specialist eye care team so they don't need to see their GP.

Step 2

Your employee can contact the specialist eye care team who will advise on a choice of consultants that are Bupa recognised practitioners, and can perform the surgery if appropriate.



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