

The Inside Track: Personalised Health by Bupa

September 2026



Accelerate
The future of healthcare



Personalised healthcare has long been viewed as the future of prevention, but advances in genomics, digital health and integrated care are bringing that future much closer.

Following our Inside Track event this summary explores the opportunities and challenges of genomics-led prevention, from affordability and customer outcomes to ethics, data governance and collaboration with the NHS. Hear from Bupa's experts who explain how we're turning emerging science into practical healthcare pathways, designed to support healthier lives and more personalised care.



Strategy, investment & affordability.

Daniel Sullivan, Product and Proposition Director

Why Bupa is investing in personalised health, how ConnectedCare supports prevention, and the long-term opportunity to improve health outcomes while addressing affordability.



Why is Bupa investing so heavily in personalised health and genomics?

Healthcare costs continue to rise, driven by growing rates of conditions such as cancer, mental health issues and musculoskeletal disorders. While prevention has long been recognised as part of the solution, advances in genomics, digital health and integrated primary care now make it possible to take a far more personalised approach. By combining genetic insights and clinical risk assessment tools, we can identify risk earlier, provide more tailored interventions and help people take action that is relevant to their individual health profile. Ultimately, we believe this creates a more targeted, measurable and effective approach to preventive healthcare.

How does ConnectedCare help Bupa deliver personalised healthcare differently?

Connected Care brings together Bupa's health clinics, hospitals, diagnostic centres, dental practices, digital healthcare services and insurance into a single connected ecosystem. Today, Bupa provides more than **1.2 million primary care appointments** each year across GP, mental health and physiotherapy services, alongside **approximately 160,000 health assessments**.

By connecting these services, we can create seamless pathways that guide customers from prevention and assessment through to treatment and ongoing support. While the pathways can be complex behind the scenes, customers experience them as a simple, joined-up journey, often through a single app. That level of integration is a key differentiator and enables more effective and cost-efficient onward care that can be difficult to replicate through separate providers.

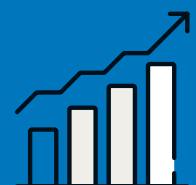
Primary care
appointments annually

1.2 million+



Health assessments
annually

160,000+



Genomic testing combined with other risk insights:



**Family
history**



Lifestyle



Biomarkers



CANRISK



Q-RISK

Pathways available today:



**High Risk
Breast
Cancer**



**High Risk
Type 2
Diabetes**



**High Risk
Cardiovascular
Disease**



**Medication
Check**



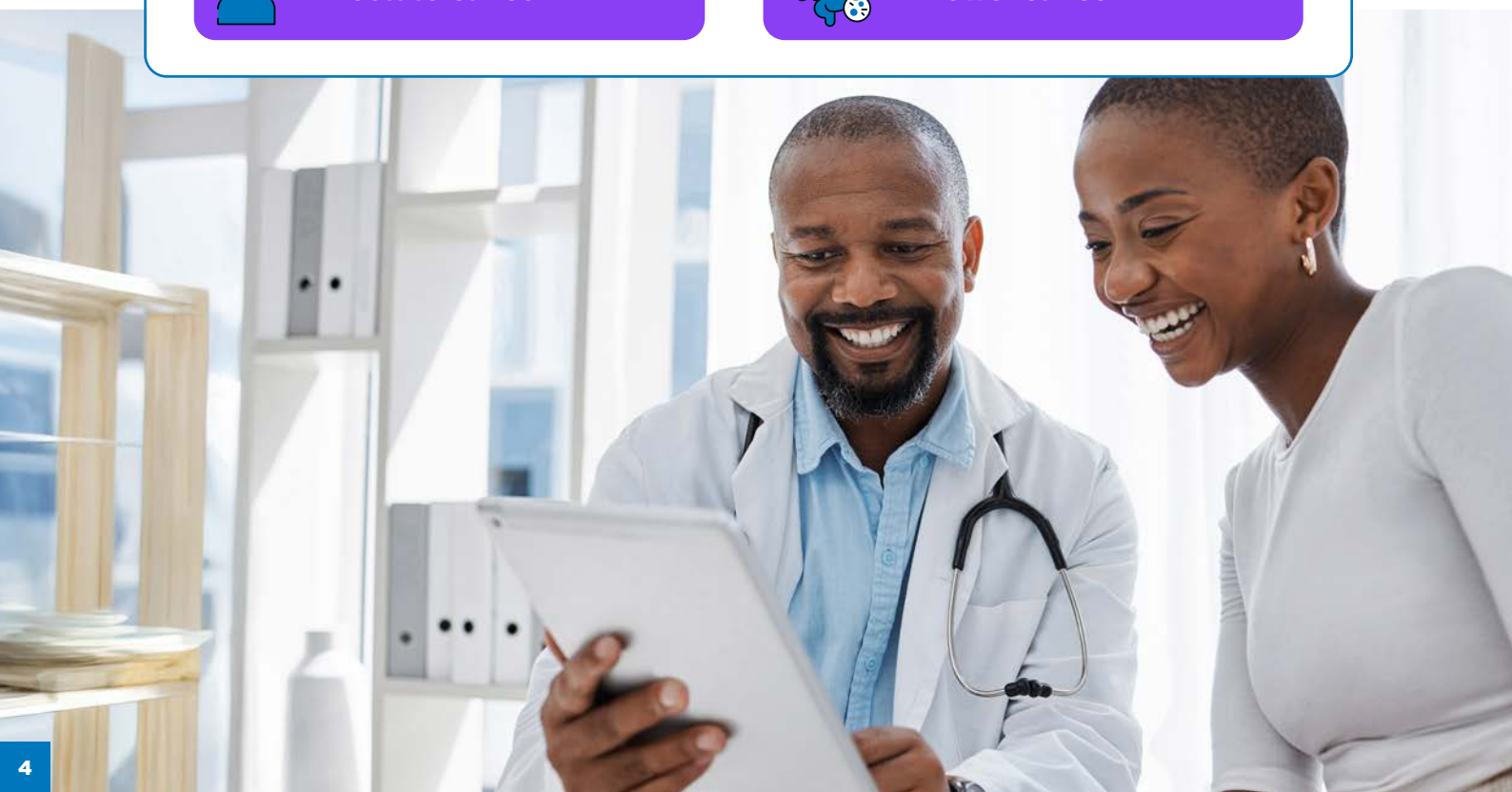
Future potential pathways:



Prostate cancer



Bowel cancer



Customers involved in global trial

16,000+

How does Bupa ensure genomics delivers equitable outcomes across diverse populations?

We recognise that genomic models can perform differently across populations, which is why we first tested the technology through a trial involving more than **16,000¹ customers** across our global business. Genomic insights are never used in isolation. They are considered alongside **family history, lifestyle, clinical history, biomarkers** and established assessment tools used across public health and Bupa care pathways, including **CANRISK** for cancer risk and **QRISK** for cardiovascular disease and stroke risk.

We also place particular emphasis on areas where the evidence is strongest, including monogenic and polygenic risk. These tools are designed to support risk stratification rather than diagnosis and operate within a framework of strong clinical governance, safeguards and ongoing evaluation as the evidence continues to evolve.

What impact could personalised health have on healthcare costs, affordability and future premiums?

A recent Deloitte study² indicated that preventive healthcare spend yields a £8 socio-economic return from each £1 invested. Our focus on more personalised and targeted preventive healthcare is supported by a NHS Confederation and Carnall Farrar study that indicated that better targeting and personalisation doubles returns from preventive healthcare³.

We have included expected claim savings and efficiencies in our cost model, and by leveraging our Connected Care pathways can deliver an extremely cost-effective year 1 risk loading of £10 per employee per year for My Prevention Plan. We expect future year savings to build and further reduce this risk cost over the following areas:

Prevention can generate immediate savings by avoiding disease – particularly in identified high risk individuals. Where interventions are funded through PMI, savings accrue directly through avoided claims.

Preventing the initial condition reduces the incidence of related complications and comorbidities leading to fewer hospital admissions. For example, a diabetic is 2x – 5x times more expensive to treat in hospital.

A healthier population drives improved productivity, longer healthy life expectancy and reduced absence from the workplace.

Studies on the impact of preventive health benefits by the Health Equity Evidence Centre suggest that full benefits will be realised over a 4-8 year horizon, where employers will then fully benefit from a healthier workforce and lower healthcare spend.

Furthermore, with the access to preventive breast cancer, and proactive management of obesity to reduce heart disease and diabetes, employers will benefit from an enhanced workplace health proposition and reduced absence costs³.

What personalised health benefits are available today, and what is coming next?

In March, Bupa announced that preventive healthcare would be included as standard within its PMI products. DNA-powered benefits have been developed to include: My Prevention Plan which assess future risk of breast cancer, cardiovascular disease and type 2 diabetes and Medication Check which looks at an individual's response to over 100 wide-ranging medicines.

Medication Check became available through the My Bupa app in June, and My Prevention Plan launched to PMI customers in September. My Prevention Plan has been designed to be cost efficient with initial pricing for corporate customers at £10 risk cost for individual employees and £20 for family coverage. These prices may be adjusted based on the scheme profile and design.

Looking ahead, there may also be opportunities to develop pathways focused on prostate and bowel cancer as the evidence base and clinical pathways continue to evolve.

How do employers realise value from genomics-based prevention?

Genomics allows employers to move beyond one-size-fits-all wellbeing initiatives and take a more targeted approach to prevention. By identifying risks earlier, employers can support people with interventions that are more relevant to their individual health needs.

Potential benefits include stronger engagement, improved health outcomes, reduced avoidable deterioration in health and a better employee experience. The value of these programmes should be assessed across a range of measures, including engagement, pathway completion, health outcomes, absence levels, productivity and long-term claims trends.

1. Source: Bupa My Genomic Health data, 2025.

²NHS Confederation and Carnall Farrar analysis found that prevention interventions deliver a median return on investment of approximately 2x, with upper-quartile interventions delivering around 4x or more.

2. Source: Deloitte, The shift to prevention: Realising the socio-economic potential, 2025.

3. Health Equity Evidence Centre, What works: Payment mechanisms, 2024

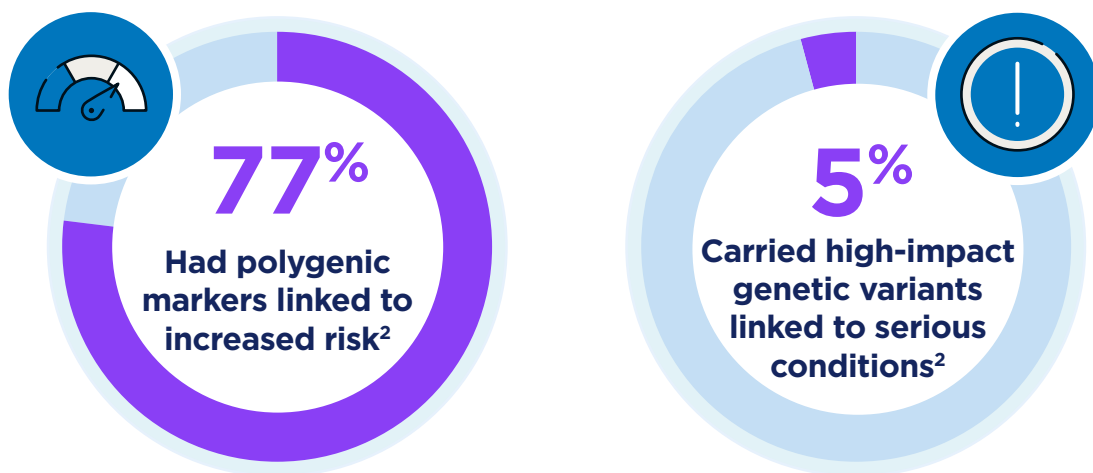
Clinical pathways & customer outcomes.

Dr Rebecca Rohrer, Clinical Innovations and Genomics Director

Dr Rebecca explains how genomic insights are being translated into practical care pathways, and how Bupa is supporting customers to take meaningful action based on their individual level of risk.



Genomics pilot findings



Customer pathway



2. Source: Bupa My Genomic Health data, 2025

What did Bupa learn from the genomics pilot, and what evidence supports wider rollout?



The pilot reinforced that genomic testing creates value only when it is accompanied by clear explanation, strong clinical governance and appropriate follow-up care. It helped us test customer engagement, pathway design, operational readiness and how customers respond to personalised risk information.

In the My Genomic Health programme, around three-quarters of participants had polygenic markers linked to an increased risk of conditions such as high cholesterol, hypertension or type 2 diabetes, while around five percent carried high-impact genetic variants associated with a significantly increased likelihood of serious conditions, including some cancers and cardiovascular disease.

These findings support a careful, pathway-led rollout focused on areas where earlier intervention can lead to meaningful prevention, screening, monitoring or clinical support. As the pathways mature, we will continue to combine pilot learning with external clinical evidence, expert input and ongoing outcome monitoring.

How much of the programme is based on established genetic science versus emerging predictive tools?



The programme combines well-established genetic science with newer predictive approaches. Some findings, such as certain BRCA-related risks, are backed by strong clinical evidence, while polygenic risk scores can provide additional insight where used appropriately.

Because predictive performance varies between conditions and populations, these scores are never used as standalone diagnostic tools. They are considered alongside family history, lifestyle factors, clinical information, biomarkers and established risk assessment tools. We have focused on areas where there is a clear evidence base and where risk information can support proportionate clinical action, while continuing to evolve the programme as the science develops.

How does genomic insight translate into better health outcomes?

Genomic insight improves outcomes only when it leads to meaningful action. That's why our approach is built around clinical pathways rather than testing alone.

The aim is to help customers understand their risk in context and connect them with the right support, whether that's additional screening, monitoring, lifestyle interventions, medication reviews or specialist referrals. For example, a higher-risk breast cancer pathway may support enhanced surveillance, screening or risk-reducing surgery, while cardiovascular disease and type 2 diabetes pathways may focus on weight management, lifestyle change, monitoring and clinical support. The response is always tailored to the individual's level of risk and clinical needs.

How will Bupa encourage engagement and sustained behaviour change?

Engagement is supported through clear results, personalised recommendations, reminders, GP access, pathway tracking and digital experiences within the My Bupa app, alongside non-digital support where needed.

Our goal is not simply to increase testing, but to help customers complete the appropriate pathway and take clinically meaningful action. To measure this, we will track factors such as pathway completion, screening activity, lifestyle engagement, customer experience and health outcomes over time.





How does Bupa manage the risks of anxiety, overtreatment or unnecessary intervention?



Genomic information must be communicated carefully because it provides information about risk rather than a diagnosis. Customers can access counselling and clinical support to help them understand their results, the potential implications and any recommended next steps.

Pathways are designed so that the level of intervention matches the level of risk. For some people this may involve specialist support and counselling, while for others it may focus on GP guidance, lifestyle changes or monitoring. Clear referral criteria, clinical oversight and governance safeguards help ensure a proportionate response and avoid both under-treatment and over-treatment.

How are Bupa clinicians supported to deliver genomics-led care?

Our clinicians are supported through training, decision-support tools and clear pathway guidance that help them explain genomic risk and next steps with confidence.

Genomic information is always interpreted as part of a wider clinical picture that includes symptoms, family history, lifestyle, existing risk factors and customer preferences. We have already developed genomics education and support through services such as Medication Check, and continue to invest in learning across whole genome sequencing, pharmacogenomics and polygenic risk scores. The aim is to ensure clinicians can support informed, evidence-based decision-making while recognising that genetics is only one part of a person's overall health profile.

How will employers and brokers measure programme outcomes?

Success should be measured across the whole pathway rather than test uptake alone. Early indicators include participation, report completion, risk identification, access to counselling or clinical support, and completion of recommended next steps.

Over time, we will assess engagement, customer experience, screening participation, clinical outcomes and claims trends. We expect value to emerge through several mechanisms: reducing the likelihood of complex and costly later-stage conditions, improving management of diseases such as type 2 diabetes, and encouraging broader engagement with preventive healthcare that supports long-term health outcomes.

To understand this impact, we're investing in research and analytics to track the effectiveness of our preventive pathways. Any reporting for employers and brokers will be aggregated and confidentiality-preserving, providing insight into programme performance while protecting individual health and genetic information.

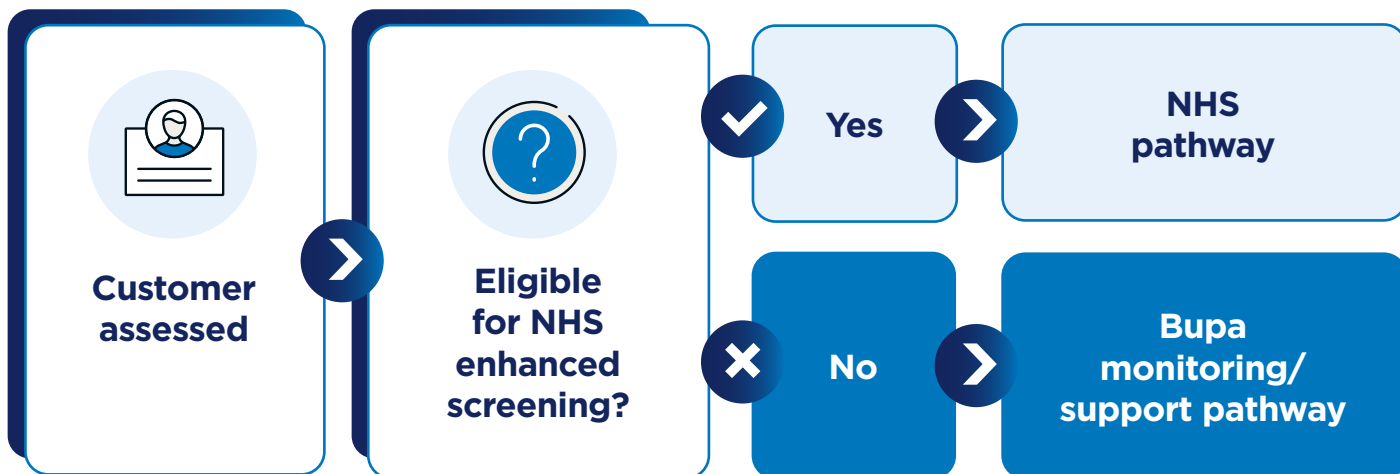
NHS integration, ethics and governance.

Dr Petra Simic, Chief Medical Officer

Dr Petra outlines how Bupa's personalised health approach works alongside the NHS, while maintaining strong standards for ethics, privacy, governance and customer choice.



Genetic information is treated as highly sensitive health data and protected through strict governance controls, including:





How does Bupa work alongside the NHS rather than replacing it?

The programme is designed to complement NHS services, not replace them. Where customers qualify for enhanced NHS screening programmes, we will support them in accessing those pathways.

For people with elevated risk who do not meet NHS eligibility criteria, Bupa may offer monitoring and support through our own services.*



Who funds ongoing monitoring, screening and preventive care?

Funding depends on the pathway, the individual's level of risk and their policy eligibility.

In some cases, Bupa may fund or support enhanced screening activities such as mammograms or MRI scans. Where NHS screening programmes are available and appropriate, customers will be supported in accessing those services. The exact funding model will vary according to the pathway and clinical circumstances.



How does Bupa protect genomic data and maintain customer trust?

Genetic information is treated as highly sensitive health data and protected through strict privacy, security and clinical governance controls.

Customers retain their data protection rights, including the ability to request deletion where permitted by law. Genetic data is not currently used for general research, analytics or product development purposes.

Bupa also follows the ABI Code on Genetic Testing and Insurance, meaning predictive genetic test results are not used to increase premiums, deny cover or require customers to undergo testing. Maintaining customer trust through transparency, privacy and strong governance is fundamental to our approach.



*Customers remain free to choose whether they stay within private pathways or transition to NHS care, and private onward surveillance may include a customer contribution where applicable.

Can genomic data be revisited as science evolves?

As genomic science develops, new risk factors and insights may emerge from information that has already been collected. Bupa is exploring how customers could choose to receive updated interpretations of their genomic information in the future where clinically relevant new evidence becomes available.

Any such approach would be transparent, voluntary and supported by appropriate governance and customer information, ensuring people remain informed and in control of how their genomic information is used.



What ethical principles guide Bupa's approach to personalised health?

Our approach is grounded in responsible innovation, strong clinical governance, transparency, equity and informed customer choice. Genomic insights are used to support preventive and personalised healthcare alongside clinical expertise, rather than as standalone decision-making tools.

Services operate within a formal ethical and governance framework and are subject to ongoing review of outcomes, safety, effectiveness and developments in genomic science. Customers receive clear information about the benefits, limitations and implications of testing, enabling them to make informed decisions.

Protecting privacy, maintaining trust and delivering services fairly across diverse populations remain central to our approach, while robust governance processes ensure genomic information is used responsibly and in customers' best interests.



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