Workplace health and wellbeing.
Better for business



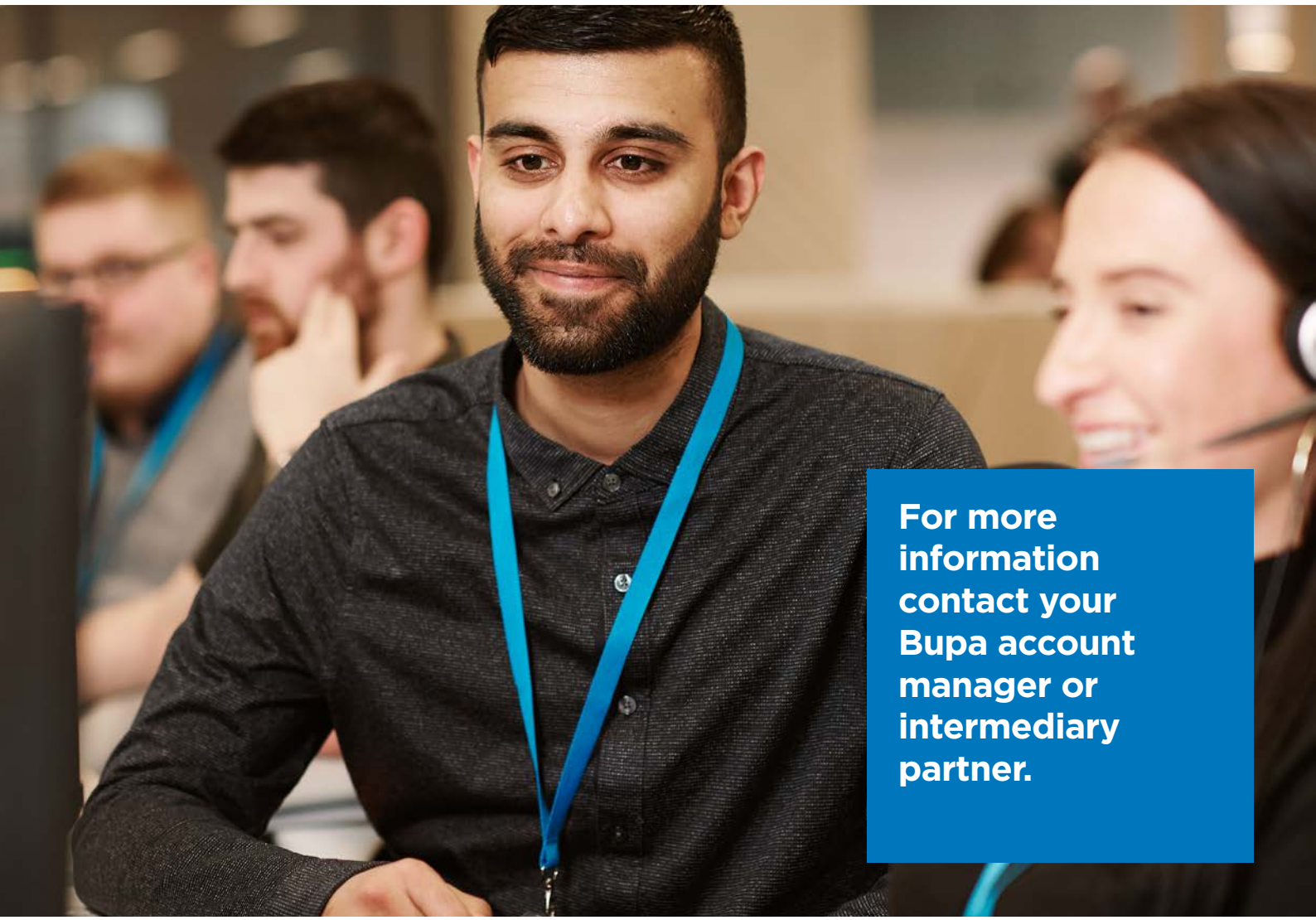
Direct Access services

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, without the need to see a GP first.

Employees who are worried or experiencing symptoms of any of these conditions can contact us directly on their usual helpline number or via the My Bupa app. Their needs will be assessed by our clinically led teams who'll guide them to the most appropriate form of support*.



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

*Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. For example, if your cover excludes conditions you had before your cover started, we may ask for further information from your GP. Please check your guide and certificate for further details or contact us to check your eligibility.

Fast answers 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.*

What happens?

Step 1

Your employee calls us direct, without the need to see a GP.

Step 2

If eligible, our trained advisers will check their symptoms over the phone using national clinical guidance.

Step 3

Clear advice will be given on what to do next, which could be a referral to a consultant.* If symptoms aren't covered we'll recommend a GP visit and offer follow-up 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.

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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 mental health practitioner. Depending on their cover and the nature of what they're experiencing they may be referred for telephone counselling, online CBT or to an approved therapist or consultant without needing to see their GP*. Paired with our Workplace Mental Health Advantage, they'll get fast access to support for more mental health conditions than any other business mental health cover on the market.‡

What happens?

Step 1

Your employee calls us direct about stress, anxiety or any other mental health concerns they may have.

Step 2

Our specialist mental health advisers will arrange a telephone appointment for them with one of our mental health practitioners.

The practitioner will listen to their concerns and complete an assessment.

Step 3

If appropriate, the practitioner will signpost your employee to helpful resources or refer them to a suitable treatment pathway*, including online cognitive behavioural therapy, talking therapy or a psychiatric consultation.

Who is it available to?

- Direct access for Mental Health services are available on an opt-in basis and incur additional claims costs for the group.
- Employees who are experiencing mental health issues such as stress or anxiety.
- 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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‡As of March 2026, this comparison to other products in the market is based on Bupa's and Defaqto's interpretation of the differences between the Bupa's Corporate Select health insurance and other health insurance products offering mental health cover. The comparison excludes any special offers or promotions which may temporarily alter the cover offered. Cover comparison information is for personal use and guidance only and does not constitute any contractual representation, warranty or obligation by either Bupa or Defaqto about the completeness, accuracy, reliability, suitability or availability of the comparison. Neither party accepts any liability for errors, omissions, direct or consequential loss in relation to this comparison.
Visit here for more information.

Speak to a physiotherapist sooner

Musculoskeletal (MSK) conditions are one of the most common reasons for sickness absence, accounting for 14.6% of all sickness absences in 2025.^ So, being treated quickly is important. You can call us or access support for your muscle, bone and joint pain via the My Bupa app, we can arrange for a senior physiotherapist to call you back too. Our physiotherapists will offer advice on managing the pain, or refer to a specialist if needed - in most cases without seeing a GP first.*

What happens?

Step 1

The employee books an appointment via My Bupa or calls us directly with a problem about a muscle, bone or joint condition.

Step 2

We'll arrange for them to have a consultation with a senior physiotherapist.

Step 3

The physiotherapist will assess your employee and recommend the most suitable course of treatment, which could include home exercise, a referral for therapy or to see a consultant.

Who is it available to?

- Direct access for MSK services are available on an opt-in basis and incur additional claims costs for the group.*
- Employees who are experiencing muscle, bone and joint issues.

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 or 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.

^Sickness absence in the UK labour market: 2025. Office for National Statistics, 2026.

*Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. For example, if your cover excludes conditions you had before your cover started, we may ask for further information from your GP. Please check your guide and certificate for further details or contact us to check your eligibility. The group must select to include this service. The cost of any telephone assessment provided to a member or beneficiary as part of the Direct Access service will be charged to the claims or trust fund.

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