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, usually 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 member services helpline number. Their needs will be assessed over the phone by our clinically led teams who’ll guide them to the most appropriate form of support.

*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.
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, usually 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 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 needing to see their GP for a referral*. Paired with our Business 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**
If eligible, 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?

- 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.

*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.

‡As of August 2021, 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.
Muscle, bone and joint conditions (MSK) are one of the top reasons for both short and long-term work absences, which can be costly to your business. So, being treated quickly is important. If an employee calls us with a problem, we’ll arrange for a senior physiotherapist to call them back. In 2021, 80% of customers got an appointment within 24 hours of calling. Our physiotherapists will offer advice on managing the pain and refer to a specialist if needed — in most cases without seeing a GP first.

What happens?

**Step 1**
Your employee calls us direct about a muscle, bone or joint condition.

**Step 2**
If eligible, we’ll arrange for them to have a telephone 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?
- 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 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.

*CIPD health and well being at work, 2021.
†Bupa internal data, 2022.
*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.
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