

What is an Open Referral?

- Traditionally, when a GP needed to refer a member for treatment they would address their referral to the hospital or consultant detailing their diagnosis.
- An Open Referral differs because the GP no longer recommends either the consultant or the hospital – they provide an ‘Open Referral’. It is Bupa who will provide the member with a choice of the most relevant consultant at the most convenient location. The open referral route is based on our participating network.

How does it work?

- If a GP decides that their patient needs to be referred to a private consultant for further diagnosis/treatment, they will need to complete a referral form (this can be found in the members’ renewal pack or can be downloaded from www.bupa.co.uk/referral-form). Alternatively they will need to provide a referral letter (depending on their preference). GPs are very familiar with Open Referral, which is widely used as the referral method in the NHS.
- If a GP decides, based on clinical reasons, that a particular consultant is the most appropriate they can use the GP helpline to further discuss this with Bupa. If the GP’s suggestions are in the guided options, these will of course be available to the member. If this is not the case, Bupa would give the member alternative choices to ensure they have no shortfalls on consultants and anaesthetists.
- The member will take the referral form or letter and call the Bupa Helpline (the telephone number will appear on their member certificate) to pre-authorise the diagnosis/treatment they need. This ensures that the diagnosis/treatment they need is covered by their policy within benefit limits.
- Bupa will ask the member for the body part that needs treating and the type of consultant required, which will be shown on their referral form or GP referral letter.
- The Bupa adviser will then provide the member with a choice of two or three consultants on average at hospitals most convenient to them. Bupa will refer the member to a healthcare facility within 15 miles of the member’s home address outside London, and within five miles in London. This will typically equate to less than 30 minutes drive time.
- The member is then free to book their consultant appointment.

What’s in it for my employees?

- Peace of mind – a member will not have to worry about whether the consultant or hospital are recognised by Bupa.
- Financial certainty – a member will always be referred to a consultant that charges within their benefit limits and a hospital within the participating network, and so won’t suffer a consultant shortfall. All anaesthetist fees will be paid in full unless a member has an excess applied.
- Reassurance that they will be treated by consultants that deliver high quality treatment which is good value for money. Bupa have very good data on consultants’ practice and special interests and this is improving all of the time. As well as data on what consultants say their special interests are, Bupa has data on the actual procedures they perform; therefore Bupa can better match patients to the most effective consultant. Because of Bupa’s size, and the fact they fund more treatment than any other insurer, they have a unique level of data on consultants’ practice, providing us with unique insight.
- Choice of consultants (GP would traditionally only name one consultant), which can mean faster access to care when they need it most. Bupa recognises approximately 22,000 consultants.

What's in it for me?

- Better control of the cost of healthcare without compromising on the benefits, or the quality of care that you and your employees can enjoy.
- Knowing your employees will enjoy a more positive member experience, with fewer complaints. You might even have them back on their feet quicker.

Why is Bupa doing this?

To help tackle several issues in the health insurance market that is affecting patients and their employers:

- High variation in clinical practice between many consultants.
- Most GP referrals are made without using any data on quality or value of specialist. Based on Bupa's experience and the findings of the OFT report, Bupa can provide members with a better choice of consultants due to the quality and depth of Bupa's own data, which covers both care practices and charging practices.
- Unsustainable cost inflation for employers.
- Ongoing patient requests for some sort of guidance around who they should see.

How can Bupa help me influence the change in behaviour of my employees?

At renewal:

- We will include a letter introducing the Open Referral process.
- We will also include a GP referral form and a letter to present to the GP to explain how the process works. This will also include a helpline number for the GP to call should they have any questions.

What does this mean for me/my staff?

- No change in process for you.
- Mandatory pre-authorisation - Approximately 95% of in-patient/day case and 70% of outpatient consultations and treatments are pre-authorised today. So moving to mandatory pre-authorisation is not much of a change from today's levels.
- If a member is experiencing ongoing treatment we have a well-established continuity of care process, and have successfully managed the transition to Open Referral in Bupa with one of our largest corporate clients. Bupa will honour the treatment as per the previous rules and benefits of their plan, until that particular course of treatment is finished.
- Empowers the employee to take control of their own treatment - they will be provided with a list of consultants and they can choose from the list.

ANY FURTHER QUESTIONS?

Please contact your Bupa Account Manager with any further questions.
