

The world of Bupa

Care homes
Cash plans
Dental insurance
Health analytics
Health assessments
Health at work services
Health centres
Health coaching
Health information
Health insurance
Home healthcare
Hospitals
International health insurance
Personal medical alarms
Retirement villages
Travel insurance

Bupa 

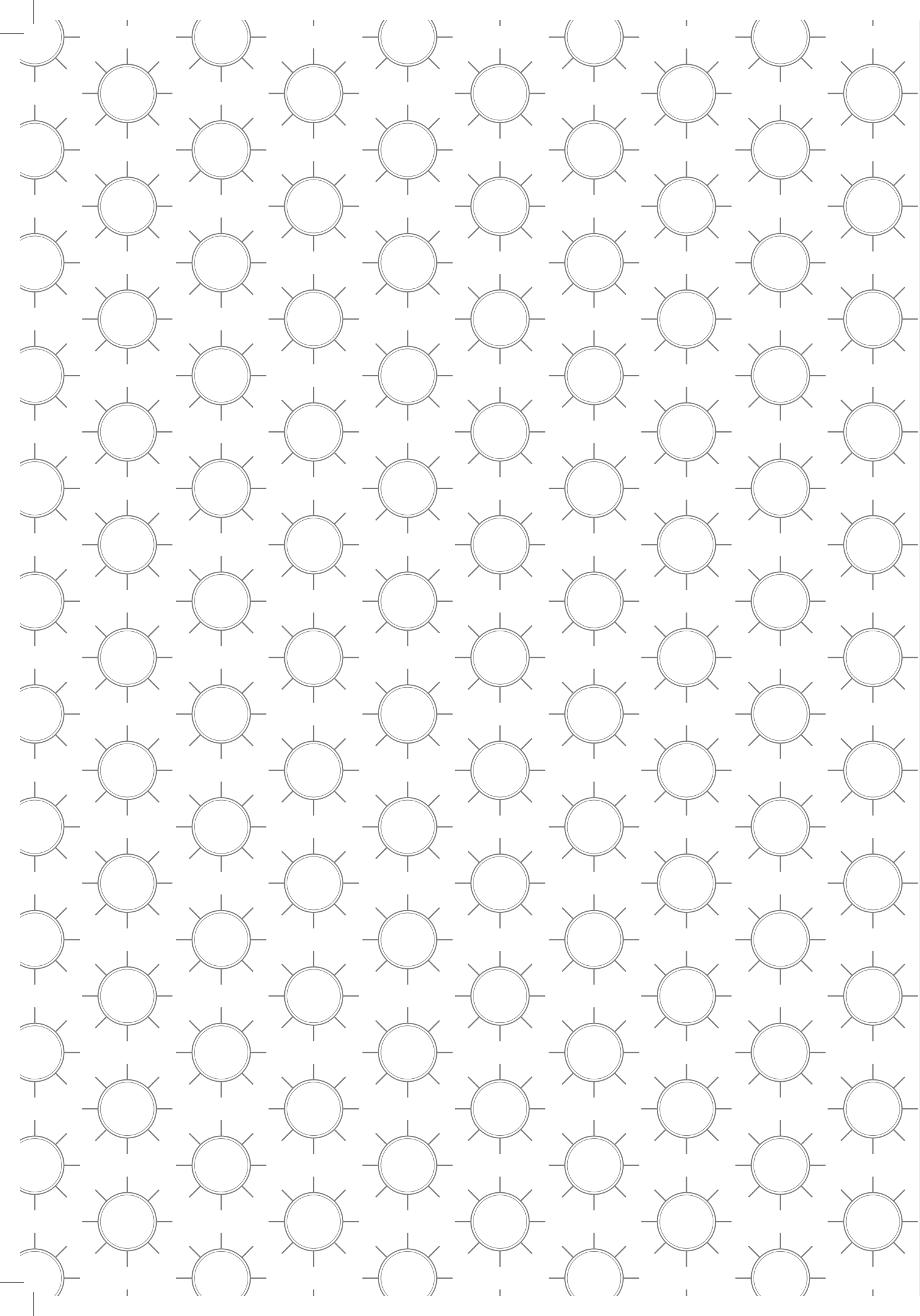
**STRONGER
TOGETHER**

How Bupa can work with the NHS

Bupa has partnered with the NHS for decades to deliver high quality and efficient healthcare. Today, our expertise is centred on reducing unplanned admissions and hospital stays, and guiding healthcare interventions, investments and patient decisions.

www.bupa.com

Your healthcare partner



HOW BUPA CAN WORK WITH THE NHS

For decades, Bupa has worked with NHS clinicians and hospitals to deliver high quality and efficient healthcare services. Through Bupa Care Services, Bupa Home Healthcare and Bupa Health Dialog, we have gained considerable experience of partnering with NHS commissioners to drive clinical quality and improve patient outcomes in an affordable way.

Our status of having no shareholders means that we are able to reinvest any profit we generate to provide more and better healthcare.

Now more than ever, healthcare systems around the world are facing huge challenges, not least in relation to making healthcare more affordable and accessible whilst maintaining quality. This challenge is set against a backdrop of increasing healthcare costs, a fragile economic landscape and pressure on funding.

Bupa is focused on tackling these challenges, and is committed to making a material contribution to each and every healthcare system it operates within. We have a strong record for introducing innovation and for driving patient-centred care – crucial given ever increasing patient expectations.

The most urgent challenge the NHS faces is pressure on funding. Savings of £15–£20 billion have to be found between 2010/11 and 2013/4.¹ And there are more immediate financial pressures on the service. The 2009 Budget required the Department of Health to make efficiency savings of £2.3 billion in 2010/11 alone, in addition to the £8.2 billion of efficiency savings agreed in the spending review for 2008–11.²

Bupa can work with the NHS to deliver more with less, helping achieve quality patient-centred care, whilst taking out cost and without reducing accessibility.

Our capabilities include:

- helping people avoid unplanned hospital admissions or readmissions
- helping people with long-term conditions manage their treatment at home
- helping discharge medically stable patients from hospital
- helping commissioners and clinicians to better respond to healthcare needs
- supporting people to make more informed treatment choices

¹ www.hm-treasury.gov.uk/d/budget2010_complete.pdf
² P135, 2009 Budget, HM Treasury

REDUCING UNPLANNED ADMISSIONS AND HOSPITAL STAYS

Helping avoid unplanned hospital admissions or readmissions

Bupa provides out of hospital care for medically stable patients requiring both short term and much longer term treatment, who would otherwise have to remain in hospital. Depending on the condition, this treatment can be provided in the patient's home or via a temporary stay in a Bupa care home. There are many drivers in the NHS which these services address, including reduction of waiting lists, more efficient utilisation of beds and providing choice over where patients receive treatment.

Helping people with long-term conditions manage their treatment at home

The treatment and care of those with long term conditions accounts for 69 percent of the primary and acute care budget in England.³ Through our clinical analytics expertise, Bupa can help GPs and PCTs identify patients with long term conditions at risk of an unplanned hospital admission or readmission.

Our nurses can help these patients manage their condition in their home, rather than the hospital. This process can also be operated via a virtual ward, which replicates the multidisciplinary approach of a hospital ward, but with patients and treatment remaining in the home.

Helping discharge medically stable patients from hospital

Bupa can help NHS Trusts to discharge medically stable patients from hospital into a controlled medical environment, such as one of our care homes, or back into the patient's home. These discharge schemes can also be operated via a virtual ward, enabling ongoing monitoring of patient conditions outside of the hospital setting.

³ Improving the health and well-being of people with long term conditions, Department for Health, January 2010

GUIDING HEALTHCARE INTERVENTIONS, INVESTMENTS AND PATIENT DECISIONS

Helping commissioners and clinicians to better respond to healthcare needs

Bupa's clinical analytics uses advanced models and algorithms to analyse primary and secondary NHS data, providing commissioners and clinicians with a course of action to improve the services they provide.

These actions include reducing unplanned hospital admissions and readmissions, identifying variations in the quality of care, prioritising future investments and targeting the right patients with the right healthcare interventions.

Supporting people to make more informed treatment choices

Bupa works with the world-leading academic research centre The Foundation for Informed Decision Making⁴ to develop a range of inter-active websites, DVDs and booklets that help people to make the treatment choice most in keeping with their beliefs, values and personal situation.

Research has shown that failure to match care decisions with patients' preferences accounts for 25 percent or more of healthcare spending.⁵ Informed patients often choose less invasive treatments, meaning less surgery, better use of clinicians' resources and less time spent – often unnecessarily – in hospital.

Further information on all these areas of expertise is included overleaf

⁴ www.informedmedicaldecisions.org
⁵ Dartmouth Atlas Project and Health Dialog, Internal Analysis

BUPA AND THE NHS FACTS AND FIGURES

150

Bupa has an existing relationship with more than 150 hospitals, PCTs and other NHS bodies

304

Bupa has a national network of 304 care homes for older people

ABOUT BUPA

Bupa's purpose is to help people lead longer, healthier, happier lives. We do this by providing a broad range of healthcare services, support and advice to people throughout their lives.

A leading international healthcare group, we offer personal and company health insurance, run care homes for older people and hospitals, and provide workplace health services, health assessments, home healthcare and chronic disease management services, including health coaching.

With no shareholders, we invest our profits to provide more and better healthcare. This means our thousands of dedicated staff can focus their efforts on looking after millions of people all over the world.

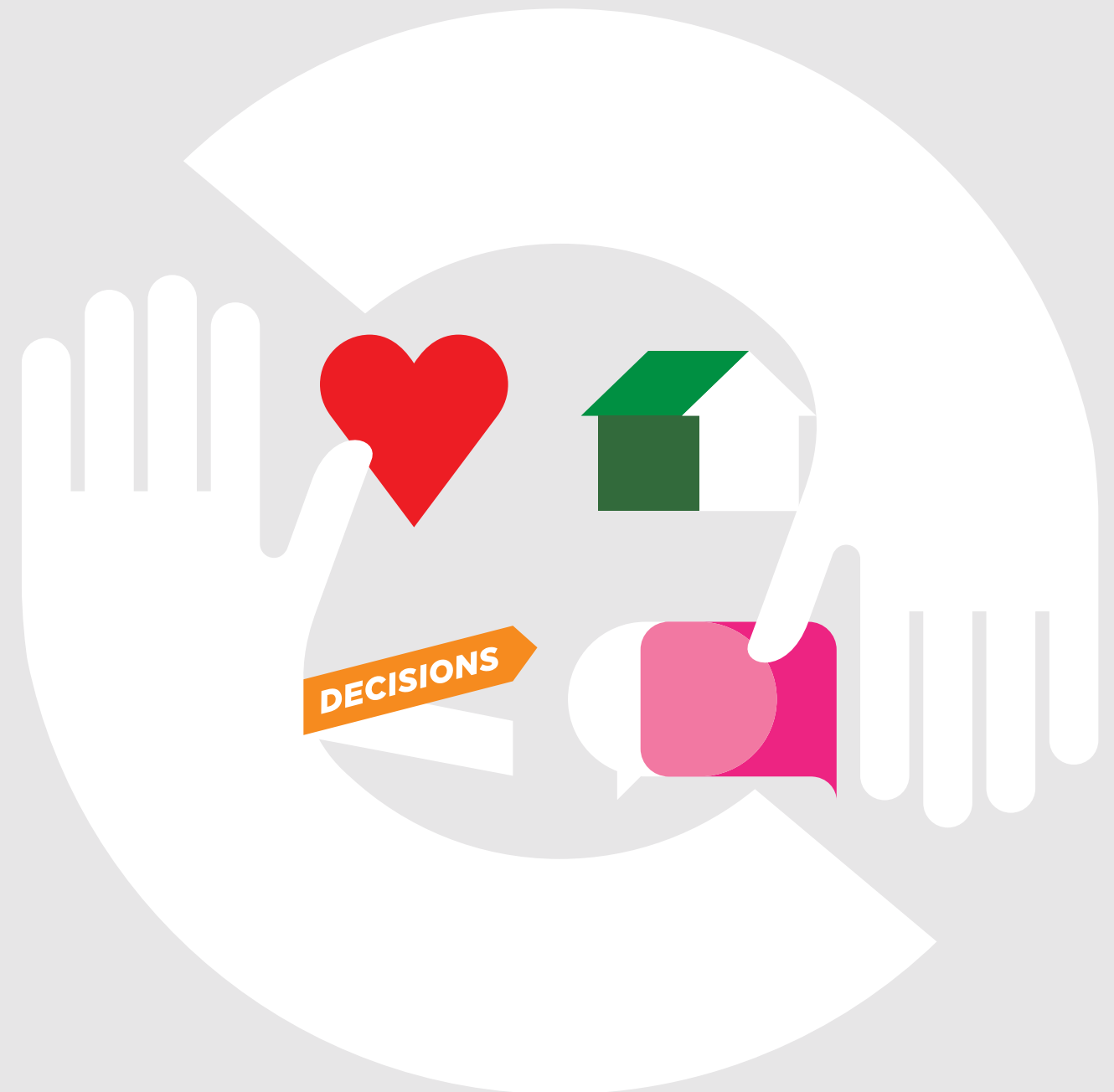
We are committed to making quality, patient-centred, affordable healthcare more accessible in the areas of wellbeing, chronic disease management and ageing.

OVER RECENT YEARS

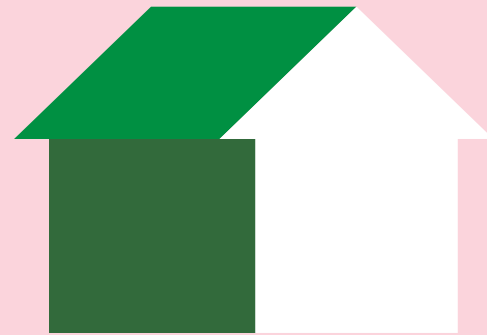
Bupa has worked with the NHS on a number of issues, including:

- chairing the Department for Health's patient reported outcomes group
- participating in the 2009 review to make PCT sourcing more effective
- supporting the Chief Medical Officer's training scheme through secondments
- our health information website was the first to receive the Department for Health's information standard accreditation

REDUCING UNPLANNED ADMISSIONS AND HOSPITAL STAYS



GUIDING HEALTHCARE INTERVENTIONS, INVESTMENTS
AND PATIENT DECISIONS



REDUCING UNPLANNED ADMISSIONS AND HOSPITAL STAYS

HOME HEALTHCARE

WHAT IT IS

Bupa's home healthcare services include:

Medicines management: patients requiring complex, parenteral medications — such as for multiple sclerosis — can be discharged from hospital, with their on-going therapies either self-administered or delivered by a trained nurse in their home.

Compounded therapies: aseptically manufactured therapies, including chemotherapy, nutrients for patients with intestinal failure and antibiotics are delivered in a home setting, either by the patient or by an experienced nurse.

Ongoing nursing care and clinical support: provided in the home to stable patients who require significant constant monitoring, such as those with a degenerative condition, motor neurone disease or dependant on life-sustaining technology.

Bupa's ability to offer these services is supported by our expertise in running virtual wards, which replicate the multidisciplinary approach of a hospital ward, but with patients and treatment remaining in a community setting.

WHERE IT WORKS ALREADY

- Bedford PCT (5 NHS Trusts)
- Guys and St Thomas' Hospital, London
- Hope Hospital, Manchester
- Princess Alexandra Hospital
- St Georges Hospital, London

OUTCOMES FOR THE NHS

- Greater use of home healthcare can save money — a trial for home delivered IV therapy involving 751 patients saved the NHS over £1million in three years.⁶ Commissioned by Warrington PCT, the trial found that only 27 patients had to be hospitalised for further treatment saving approximately 7,000 bed days and £1,466 per patient. As a result, treatment costs were significantly less than the set tariff.
- Use of early discharge support services can significantly reduce costs — a recent NHS Foundation Trust study revealed that the average hospital stay for those with broken hips can be reduced to 3.44 days through the use of such a system. This equated to a saving of 368 bed days and a saving of £65,872 over the first six month period of the trial.⁷ Elsewhere, early discharge services have been shown to significantly reduce re-admission rates.⁸
- The risk of infection can be dramatically reduced — the Warrington PCT home healthcare trial programme discussed above reported no patient contractions of MRSA or clostridium difficile over a three year period. Cases of phlebitis were also less than 1 percent.

⁶ www.nursingtimes.net/whats-new-in-nursing/nurse-led-community-iv-therapy-service-saves-the-nhs-over-one-million-in-three-years/1981214.article

⁷ Early Supported Discharge for Joint Replacement Patients, Royal Orthopedic Outreach Team, The NHS improvement network online.

⁸ Lawlor et al, Early Discharge with Ongoing Follow-up Support May Reduce Hospital Readmissions in COPD 2009 Int J Chron Obstruct Pulmon Dis 4:55-60

STEP DOWN CARE

WHAT IT IS

'Step down' or intermediate care is a programme where patients are moved from a hospital setting when they no longer require hospital care, and helped to recover in a care home for a short period of time.

WHERE IT WORKS ALREADY

- Hampshire PCT
- Leicestershire County and Rutland PCT
- Solihull Care Trust
- Surrey PCT
- West Hertfordshire PCT

OUTCOMES FOR THE NHS

- It is estimated that an average patient on an NHS surgical ward costs in the range of £1000–£2000 per week.⁹ Any reduction in the length of stay could therefore save NHS Trusts money at a time when budgets are under pressure. For instance, one partnership between Bupa and a hospital Trust cut waiting times by over 10 percent over six months.
- As well as increasing patient choice, step down care helps accelerate and embed the transition from institution to home. The care home setting is often more suited to older people with high levels of dependency.
- It can help deliver NHS priorities around personalisation and care closer to home.
- Step down care can reduce pressure on waiting lists and therefore free up clinical time for acute care.

⁹ Webber-Maybank, M., Luton, H. (2009) Making effective use of predicted discharge dates to reduce the length of stay in hospital. Nursing Times; 105: 15; Health Service Journal 'NHS Spending: McKinsey exposes hard choices to save £20bn' 10 September 2009



GUIDING HEALTHCARE INTERVENTIONS, INVESTMENTS AND PATIENT DECISIONS

CLINICAL ANALYTICS

WHAT IT IS

Bupa's clinical analytics capability interprets large sets of patient data to provide insight that enables NHS commissioners to prioritise spending and practitioners to personalise care. Results of this analysis enable healthcare commissioners at GP and PCT level to make more efficient use of their budgets through targeting specific interventions at those at risk of certain conditions, reducing the likelihood and level of avoidable hospital admissions and readmissions.

They can also identify unwarranted variation in health outcomes, quality metrics, and acute care utilisation. Practitioners are able to identify patients at risk of a certain condition and target them with specific interventions, as well as identify patients suitable for early discharge from hospital into a community or home setting.

WHERE IT WORKS ALREADY

As an approved Framework for procuring External Support for Commissioner (FESC)¹⁰ supplier, Bupa has a long history supporting PCTs and SHAs on their commissioning choices.

Some of our relationships include:

- Kirklees PCT
- Lambeth PCT
- West Midlands SHA
- Western cheshire PCT

OUTCOMES FOR THE NHS

- Improved understanding of NHS data leads to more effective commissioning by PCTs and GP-led organisations, helping match healthcare services to patient needs.
- Clinicians can benchmark their decision making against national criteria — such as Quality and Outcomes Framework (QOF) points — to improve the spread of best practice.
- Clinicians can better allocate patients to 'step-down' or convalescence care, reducing pressure on healthcare resources.
- Commissioners and clinicians can measure performance by identifying variation in the quality of care and seek to address areas of concern.

¹⁰ www.dh.gov.uk/en/Aboutus/Procurementandproposals/Procurement/FESC/index.htm

SHARED DECISION MAKING

WHAT IT IS

Bupa works with the Foundation for Informed Medical Decision Making to develop educational materials and services that support people to make the treatment choice most in keeping with their beliefs, values and personal situation.¹¹ Patients can access these materials and services through a multitude of different channels, including DVDs, online interactive tools, booklets or via telephone health coaching. To see how these aids are delivered online, visit www.tinyurl.com/BupaPSAaid

WHERE IT WORKS ALREADY

Bupa has a long history in the United States of successfully using shared decision aids.

Some of its roll-outs include:

- Dartmouth Hitchcock Medical Center, Massachusetts
- Group Health Cooperative of Puget Sound, Washington
- Kaiser Permanente
- Multiple Blue Cross Blue Shield Plans

Bupa has also recently collaborated with NHS stakeholders to develop three online decision aids, currently being piloted by NHS Direct.

OUTCOMES FOR THE NHS

- Informed patients choose less care but achieve better satisfaction from the care they receive.
- Research has shown that failure to match care decisions with patients' preferences accounts for 25 percent or more of healthcare spending.¹²
- Shared decision making can be introduced earlier into the treatment process, making engagement with clinicians more efficient.
- Usage of shared decision making leads to greater patient empowerment and reduces unnecessary invasive treatments.

¹¹ www.informedmedicaldecisions.org

¹² Dartmouth Atlas Project and Health Dialog, Internal Analyses

CONTACT US

These are only a selection of the many ways
we can help the NHS.

For more information

EMAIL

will.brocklehurst@bupa.com

To understand more about the services we offer

VISIT

www.bupa.co.uk/home-healthcare

www.bupa.co.uk/care-homes

www.bupa.co.uk/bupa-health-dialog

The British United Provident Association Limited
Registered office: Bupa House, 15-19 Bloomsbury Way
London WC1A 2BA

