



**Small business health insurance.
Better for business**



Bupa Guided Care

From 1 August 2023

Welcome to Guided Care

With Guided Care, members have access to healthcare facilities from our participating facility network and need to follow our Open Referral service to access consultants, tests and treatment.

The Open Referral service means that members need to be referred for a consultation or treatment using our Direct Access services if this is available for their condition. They can also get an open referral letter from a GP. Members must then call us to pre-authorise this, and use a consultant in our list of Open Referral Network consultants or a Bupa recognised practitioner, from the choice we give them. There are no extra bills for treatment provided by the surgeons or anaesthetists we offer. Excess and benefit limits still apply.^



Our Open Referral promise

With Open Referral, a GP specifies the type of consultant your members need to see, instead of naming one. We use this information to help them find the right consultant for their medical needs.

We guarantee members won't face any unexpected bills from surgeons or anaesthetists, when they get an open referral or use our Direct Access service and call us to pre-authorise their care. Even if there's no consultant in the Open Referral network available in their local area. Excess and benefit limits still apply.



Speak to therapists and consultants by phone or video

Members can now speak to most consultants and therapists by phone or video call, so there's no need for them to leave home. We'll try to make sure that the specialist they speak to is convenient to them. That means they can continue to see the same specialist whether their consultations are by phone, video or face to face.**

Call us with any questions

0345 609 0111

We may record or monitor our calls. Lines are open Monday to Friday 8am to 8pm and Saturday 8am to 4pm.

^The Open Referral service doesn't apply to children aged 17 or under.

**Subject to any applicable benefit limits.

Guided Care

questions and answers

1. What's different about Guided Care?

If the Guided Care option has been chosen, when members need to see a specialist they'll need to ask a GP for an 'open referral'. This means that the GP specifies the type of consultant they need to see, instead of naming one. We'll use this information to give them a choice of typically three consultants from our Open Referral network based on their medical needs and location. They'll have access to facilities within our network of participating facilities.

2. Do members always need an open referral from a GP?

They can use our Direct Access service to see a medical specialist without a GP referral for the following conditions:[†]

- any symptom of cancer
- mental health conditions
- muscle, bone or joint conditions

3. Do members get a choice of consultants with Guided Care?

Yes, the decision about who they see is theirs. We'll offer them a choice of typically three specialists based on their medical needs and location. This means that if their first choice isn't available, their appointment won't be delayed. For their convenience, we'll offer them specialists at hospitals or clinics within 15 miles of their chosen address or within five miles if they're in London.

4. How does a GP give members an open referral?

GPs can write their usual referral letter without naming a consultant and including the type of specialist instead.

5. Is Guided Care available for children?

Although the Guided Care option is available for children, the Open Referral element of Guided Care doesn't apply to children.

This means that when a paediatric referral is required we ask that members obtain a named referral from a GP. Some private hospitals do not provide services for children or have restricted services available for children, so treatment may be offered at an NHS hospital. Members can ask us about recognised facilities where paediatric services are available or they can find them on **finder.bupa.co.uk**. Where in-patient or day-patient eligible treatment is required, children are likely to be treated in a general children's ward. This is in line with good paediatric practice.

Consultants

6. Which consultants are available in the Open Referral Network?

All consultants in our Open Referral network offer care in line with medical best practice, a high standard of customer service, and manage the total cost of the care they deliver.

[†]Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. Please check your guide and certificate for further details or contact us to check your eligibility.

7. What's the difference between a fee-assured consultant and an Open Referral network one?

Consultants who are fee-assured have agreed to charge the fees that your policy covers. This means that members won't receive any additional bills[‡] for seeing these consultants.

Consultants in the Open Referral network offer care in line with medical best practice, a high standard of customer service, and manage the total cost of the care they deliver. Some Open Referral network consultants are also fee assured, but not all of them.

8. Can members pay any extra charges and choose any consultant they want?

No. If they'd prefer not to see any of the consultants we offer them, we can find them a different selection to choose from who will still be covered by their scheme.

If their GP believes that there's a medical reason why they should see a specific consultant, they can call us on **0345 755 3333*** to discuss this.

If they decide to see a consultant who isn't in the Open Referral network, their care won't be covered by their scheme and they'll need to pay the cost themselves.

9. Can the consultant members choose use any anaesthetist and their fees still be paid in full?

We'll cover all anaesthetist's fees[‡], so long as:

- members see an Open Referral consultant from the choice we give them and they get a pre-authorisation number for their care and;
- the anaesthetist is recognised by us.

10. What qualifications do consultants in the Open Referral network need to have?

As well as meeting the usual criteria to become Bupa recognised, Open Referral consultants need to meet additional ones. They need to offer care in line with medical best practice, a high standard of customer service and manage the total cost of the care they deliver.

All Bupa-recognised consultants meet the medical professional standards set by the General Medical Council – the UK's medical regulator – and any relevant specialist bodies.

[‡]Excess and benefit limits still apply.

*We may record or monitor our calls.

How it works



Step 1

If members need to see a consultant, they must call us first (if Direct Access is available for their condition), or ask a GP for an 'open referral'. This type of referral details the care they need but is not addressed to a named consultant or healthcare practitioner.



Step 2

Members need to call us to pre-authorise any consultations, tests or treatment they need.



Step 3

They must use a consultant in our list of Open Referral Network consultants. We typically offer them a choice of three local consultants that all meet our cost and high-quality criteria. They'll have access to facilities from our participating facility network.

We'll aim to offer members specialists at hospitals or clinics within 15 miles of their chosen address or within five miles if they're in London.

For many conditions, members can speak to a medical specialist without needing to see a GP[†]

We call this Direct Access. This is available for the following conditions:

- any suspected symptom of cancer
- muscle, bone and joint problems
- mental health conditions

[†]Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. Please check your guide and certificate for further details or contact us to check your eligibility.

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