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Supporting Employee Wellbeing

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TABLE**



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From the editor

**John Greenwood, group editor,
Benefits Expert**

Towards more diverse, personalised, health and wellbeing benefits

Healthcare and cash plans that reflect employers' ED&I strategies will deliver for our diverse workforces

Is the word 'wellbeing' becoming a victim of its own success? Given the profusion of products and organisations claiming to support us with our health and wellbeing, it certainly feels like it. Yet where genuinely effective health and wellbeing support is implemented, its benefits can be truly transformational, not just for the individual employees receiving care, support and treatment, but also for the organisations they work for.

The proliferation of online resources and apps is both a boon and a challenge, with providers seeking innovative ways to engage employees amidst a saturated market.

For HR, reward and benefits professionals, it is a case of sifting through this profusion of health and wellbeing offerings to identify the things that truly work.

In this post-pandemic landscape, where access to state healthcare is increasingly challenging, the role of healthcare benefits in driving diversity, equity and inclusion (DE&I) within organisations is becoming ever more prominent.

Healthcare benefits serve as a crucial tool for attracting, recruiting, and retaining employees in the evolving workforce landscape.

Happily, today's providers are supporting

this drive to greater diversity in their offerings, with products focused on the needs of different groups, such as women, older workers, and individuals on the neurodiversity spectrum.

Healthcare strategies also need to acknowledge the shift towards hybrid working models, but providers themselves also need to acknowledge the necessity of educating and supporting managers to navigate healthcare benefit offerings effectively.

We are already starting to see the role AI is playing in the delivery of healthcare support to workers, in a very cost-effective way. AI will doubtless play a huge role in the workplace health and wellbeing sector in the coming years, as in most other sectors of the economy, and should support the drive to lower cost, more personal, flexible and relevant support and treatment.

The extent to which this will offset the very real fiscal challenges of medical inflation, tight budgets, growing NHS waiting lists and an ageing workforce remains to be seen.

What is clear that effective communication, education, and partnership between employers and providers are essential if we are to maximise the impact of healthcare benefits in promoting holistic wellbeing in the workforce.

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Healthcare support for diverse workforces

Organisations are looking to support the health and wellbeing of employees of all types and all levels of seniority. Digital solutions are a key part of the solution, hears **Nic Paton**

The panel

- **Rashree Chhatrisha**, rewards and benefits director, Saga Group
- **Sush Dhonsi**, associate director, international benefits, Galapagos Biotech
- **Robyn Fisher**, head of reward & performance, Mitie Group
- **Paul Gambon**, sales and marketing director, Medicash Healthcare
- **Lorri-Ann Gillies**, head of corporate new business, Bupa UK
- **Kay Hewish**, head of people services and governance, Aioi Nissay Dowa UK
- **Gareth Jones**, new propositions, insights, digital health and wellbeing, Bupa UK
- **Gemma Robinson**, people and culture director, Insure The Box/Aioi Nissay Dowa Europe
- **Nathan Willcock**, reward specialist Nationwide

Prime minister Rishi Sunak's rather awkward encounter in January with a voter in Winchester – which subsequently went viral on social media – was predicated on her wanting access to NHS healthcare to “go back to how it used to be”.

With NHS waiting lists now well north of seven million people for elective treatment, and millions waiting a month or more even just to see their GP, and A&E waits in some cases topping 12 hours, her frustration with the state on the health service is perhaps all too understandable.

Yet, for health insurers and employers offering insurance-based healthcare benefits, there is little if any chance of things returning to how they ‘used to be’. Accelerated by the pandemic, demand for employer-based healthcare provision has continued to surge amid the NHS's ongoing post-pandemic struggles.

Indeed, research by recruiter Robert Half in November suggested a majority of the UK workforce (51%) now wants access to private healthcare via their workplace,

with access to dental insurance a key priority for many. The Private Healthcare Information Network has estimated that the numbers turning to PMI are at their highest since 2019, and the Association of British Insurers has argued a record 4.4 million people are now covered by health insurance through their employer.

But where are things going next? How are PMI and cash plan providers performing, and where could they be doing better? How is private medical insurance supporting recruitment and retention? Or diversity and inclusion? What about new technologies such as AI, how will they change the delivery and performance – and cost – of healthcare insurance provision?

To try to unpick these questions, Benefits Expert, in association with Medicash Healthcare and Bupa UK, brought together a high-level panel of reward and benefits experts in January to discuss how, or even whether, employee benefits products are being effective in helping them to achieve their goals.

Our panel, representing a broad spectrum of employer types and sizes, worked to drill down into where we are – and where we're going – when it comes to employer healthcare provision over two roundtable discussions held at the House of Lords.

So how do employers feel PMI and cash plan providers are performing? What challenges were they experiencing and what would they like providers to be doing more, or less, of?

For Rashree Chhatrisha, rewards and benefits director at Saga Group, it was about striking that balance between rising demands and expectations and increasing costs. “From an HR perspective, we recognise that private medical insurance is a necessity. Where I challenge my providers is ‘what more can you do for us in that whole wellbeing lens?’.

“What are the additional benefits, additional wellbeing tools, forums, or employee access that you can work with



Lorri-Ann Gillies,
Bupa UK



Gareth Jones,
Bupa UK

us, almost as a partner, to create?" she said, adding that she also wanted to see providers collaborating and working more closely together.

Needing to respond to the healthcare needs of ageing workforce was the key challenge for Sush Dhonsi, associate director, international benefits at Galapagos Biotech. "I am interested in how we can link, say, a cash plan to a healthcare scheme? We have a fully insured healthcare scheme, but I'm interested to know more about how we can perhaps link the two together. Obviously being mindful of costs as well," she highlighted.

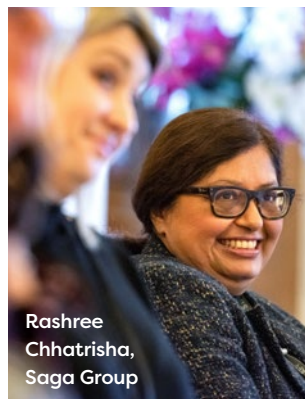
With some 60,000 employees in the UK, many of them front-line workers and often relatively low paid, the priority for Robyn Fisher, head of reward & performance at Mitie Group, was how to put in place whole-workforce provision beyond just access to a virtual GP service – without it being prohibitively expensive.

"What we have is a virtual GP for everybody. Yet my interests are in things are getting harder for people in the UK in terms of accessing NHS support. The virtual GP, we get amazing feedback that people aren't having to wait; they can get real help when they need it," she said.

"But I think for large employers, there's not much else – that next step – without breaking the bank. And that's the bit we're struggling with because we've had internal conversations around what we could do. That's where I see something's got to develop, there's got to be a provision in between, somehow a step up from the virtual GP," Fisher added. ➔



Paul Gambon,
Medicash
Healthcare



**Rashree
Chhatrisha,**
Saga Group



Robyn Fisher,
Mitie Group

For Gemma Robinson, people and culture director at Insure The Box/Aioi Nissay Dowu Europe, while accessing cash plan support was relatively straightforward for its 600 UK employees, accessing PMI was often seen as something that had too many hoops to jump through. “People just in the end don’t bother,” she pointed out.

“The challenge for us is around how providers can help us to promote what people can use. From the PMI provider we went with we get emails through but, because that is only for a certain percentage of our population, it’s not something we want to put out on the intranet. But the healthcare plan has lots of excellent benefits and bolt-ons, especially with the app. So, I think we could do with some help there,” she added.

With 18,000 UK employees, healthcare at building society Nationwide was offered on either a grade-related or legacy basis, highlighted reward specialist Nathan Willcock. But, like Mitie’s Fisher, he was concerned how to reach and support “that population in the middle”. Or as he also put it: “That lower-paid-but-in-need-of-treatment employee, and their access to the NHS is quite difficult at the moment.”

Willcock added: “We have huge utilisation of our EAP. Yet if somebody needs that next step, sometimes they fall off the journey. So we’re looking for that whole-of-workforce lower-cost option. Maybe something that isn’t the gold-plated PMI!”

These were challenges providers fully recognised, agreed Lorri-Ann Gillies, head of corporate new business at Bupa UK. “We are seeing an emerging trend of clients that are looking for full medical plans. And then the price lands and they fall off their chair and say, ‘we can’t afford that.’ So you’re right, what is the next step? At Bupa, what we’ve been developing over the last 12 months is a suite of benefits, essentially, that is going to bridge that gap.”

“It’s bridging that grey area really from digital GPs to PMI,” added Gareth Jones, new propositions, insights, digital health and wellbeing at Bupa UK. “How can we make it go further for the whole of workforces? Can we add a mental health pathway to a digital GP? Or a physio MSK pathway? And also wellbeing resources to help the whole workforce? That’s something that we’re working on at the minute to try and address to offer people like yourselves to your employees.”

Could, for example, providers perhaps stop charging for access to virtual GPs, suggested Kay Hewish, head of people services and governance at Aioi Nissay



Kay Hewish, Aioi Nissay
Dowa UK



(Left to right) Gemma Robinson, Insure The Box/Aioi Nissay Dowa Europe; Gareth Jones, Bupa UK; and Nathan Willcock, Nationwide

Dowa UK. “That would be a real big thing for us. I know when Covid came out, we offered the virtual GP services free of charge, and then we started to get people seeing what this meant in terms of cost.”

“It’s a difficult one,” conceded Paul Gambon, sales and marketing director at Medicash Healthcare. “Because it’s such a popular benefit, adoption has skyrocketed. But at the same time that, of course, comes with a cost. And that cost is probably a lot more significant than you would believe, because, you know, these are doctors at the end of the day you’re paying for, for their time.”

“Whereas before usage was very low, now people tend to use it as a first port of call rather than Googling their symptoms, which was the old way of doing it. Now people go straight to, ‘well, I’ll just use that virtual GP’, but that sometimes means people are using it multiple times a day, and the cost to us every single time someone uses that is significant,” he added.

The panel discussed the feasibility of alternative models, such as wrapping more nuanced self-fund options into PMI. Mitie’s Fisher even highlighted an example from

the veterinary world where, for her dog, she pays a monthly fee to get a certain range of treatments for free. “But then if there’s an operation you just get a discount on the cost, but you pay for the treatment.”

“So you could get up to six physios, up to six other treatments like complementary therapies or whatever. But if you then need a costly thing, like an operation, you get, I don’t know, 50 per cent off or whatever it could be,” she added.

What was needed was simply greater personalisation of products and delivery, argued Nationwide’s Willcock. “We have a lot of people come to us and ask why they can’t just buy, say, the ADHD piece? Rather than add it on to the plan, we have loads of employees come through and go, ‘I just want to get my children diagnosed, can I just buy this section?’. Our struggle is we don’t offer PMI to everybody. So if we add it to the plan, we’re automatically excluding a big portion of people that would happily pay for it as a benefit,” he said.

The industry was looking to come up with creative thinking around self-pay models, said Bupa’s Gillies, highlighting an example around urgent care. “We’re piloting at the

moment the ability for people, rather than go to A&E, to pay £150 and go and sit in a private hospital and be seen by a doctor, and then be directly referred into your medical plan if needed. It’s those kinds of interventions on the self-care basis that I think we’ll start to see more of.”

Finally, as the first discussion drew to a close, delegates debated how well-designed private medical insurance and health cash plans supported talent recruitment and retention.

“If you know you need to attract good people and talent you have to think about PMI and healthcare,” said Saga’s Chhatrishia. “When you talk to new hires, all of a sudden it’s about, ‘I want to work from home; have you got healthcare; what’s the wellbeing and what’s the ESG?’ And I’m thinking, ‘well, how about asking about the base salary?’”

“Healthcare is a huge expectation,” agreed Willcock. “I think people are very aware of what they can’t get through the NHS and they want to know not just what we offer, but what the levels are, what the limits are, what the excess is. I think people are very clued up to how a healthcare plan works now.”

“The other point I’ve seen more of in the past year,” highlighted Fisher, “is where senior people are leading the business maybe through restructuring or redundancies, and they realise how valuable their private healthcare is. As part of that consultation period, we’ll say ‘speak to the provider and you can arrange something with them privately’. They come back and go, ‘you know, I didn’t realise what an amazing deal I had!’”

“The way I look at it is if you’ve got two job offers on the table with identical salaries, and one has a health benefit in it and one doesn’t, it’s not the value necessarily of that health benefit [that’s important],” agreed Paul Gambon in conclusion. “It’s the perception of the employer as someone who’s going to invest a bit into that individual, who has a more caring approach, who is going to actually look at overall welfare across the people in the business.”

“So I think, for me, it’s not the value, it’s more you need to offer something because it is definitely an expectation. It’s only when you try to take something off people, people start to value it that bit more again, don’t they?” Gambon added. ●



Sush Dhonsi,
Galapagos
Biotech



Healthy interest

Employees have increasingly high expectations of how their employers should look after their health and wellbeing. Structuring strategies effectively is key to getting as close to meeting these expectations within the budget available, hears **Nic Paton**

Healthcare benefits are becoming a key attraction, recruitment and retention tool in the battle for employees post pandemic, especially as access to NHS healthcare becomes increasingly challenging.

That was one of the key takeaways from the first of two roundtable debates held in January by Benefits Expert, in association with Medicash Healthcare and Bupa UK, to drill down into the extent to which employee benefits products are being effective in helping employers to achieve their goals.

Our panel, representing a broad spectrum of employer types and sizes –

considered the role healthcare benefits can, are and should be playing in terms of driving ED&I (equity, diversity and inclusion) within organisations.

How does providing access to healthcare benefits help in terms of supporting the recruitment and retention of, say, women, or older workers, or those on the neurodiversity spectrum?

As chair John Greenwood, group editor, Benefits Expert, put it: “How can a healthcare and a cash plan address diversity issues, inclusivity issues, reach all parts of the workforce and also reflect the values of your organisation?”

“There’s a lens around this, I think,”

agreed Rashree Chhatrishia, rewards and benefits director at Saga Group.

“Whatever we do, does it meet the needs of the diverse workforce? Are we doing enough for everyone in the workforce? think that ED&I lens is there because but it’s a continuous challenge.

“It’s also about recognising how, post-Covid, the whole workforce landscape has now changed. We’re more diverse, we’re more flexible. It’s all about hybrid working. We’ve changed the way we work. We’ve got AI coming in,” she added, with AI a topic the discussion would return to.

“I think there is an education point as well,” argued Nationwide Building Society’s reward specialist Nathan Willcock. “A lot of our managers are calling out for support to have those conversations. It might not be that they can offer a product, but it’s just me helping others by knowing what it means and how it works. We’re relying on a lot of our providers to support our managers to have those conversations.”

So what needs to be the role of healthcare benefits in terms of embedding whole-organisational wellbeing and preventative wellbeing?



“They all need to link up, how ever it works,” argued Willcock. “We want to focus more on that broader prevention piece. So where can we get a lot of bang for our buck?”

“It is how do we get in there early and get out to everybody? I think we’d rely on our providers to do that. Particularly with things like menopause and neurodiversity, we get to people – and a big population of people – early on so that they then know what to do,” he added.

Yet the sheer amount of information, advice and support available, especially online and via a growing multitude of apps, was becoming something of an issue, Willcock highlighted.

“Every provider I think has got a wellbeing app or content or something that supports on top of the benefit. We’re finding that people are just getting stuck. So they’ll go to one app and they’ll just use that one. I think the market is just saturated with wellbeing options at the moment,” he said.

Paul Gambon, sales and marketing director at Medicash Healthcare, conceded this proliferation of apps is, in part, simply because providers know it is

expected of them, with Medicash having introduced its app as far back as 2014.

“What we’ve done is evolve the app. We do need people to go into the app to be able to communicate through it, but it’s also about using the app as a platform to showcase the additional benefits on offer,” he said.

“We also identify that people don’t tend to read stuff anymore; people are much more engaged in short videos. So, each of the benefits we offer has its own video to help explain what that benefit is in a more concise, more visual, way,” said Gambon.

“They don’t want to go through six, seven, eight different apps,” agreed Gareth Jones, new propositions, insights, digital health and wellbeing at Bupa UK.

“We’ve understood that and have introduced quite a number of different tools and resources into our Bupa Touch app. We’ve introduced live digital gym classes and meditation guides, recipes, audios and podcasts, to try and bring it into one place for people,” he added.

“What we’re doing internally is to try and save everything, creating a Mitie app,” said Robyn Fisher, head of reward &

performance at Mitie Group. “So our own app for our colleagues. But with some links out because it’s not quite possible to get everything on one app.”

Medicash’s SkinVision tool, an app that assess skin spots and moles for the most common types of skin cancer, was now incorporating artificial intelligence (AI), pointed out Gambon, with this fast-developing technology likely to transform the delivery of healthcare benefits, he predicted.

“I think the AI side of things is key. AI has started to become used more widely. Ultimately it can help keep costs low, because if you were to go and see a dermatologist every time you had a mole, you’d be worried it’s going to cost X amount for each time,” he said.

These sorts of innovative approaches also showed how the workplace – and commercial health insurance – can often be the proving ground for retail. So are there health support elements coming through that are going to be single cost, in that it doesn’t matter how many times they are used?

“These are in train,” agreed Gareth Jones. “We’re developing different things though, again, we’re talking about a one-app strategy. So, adding additional features for that prevention side of things as well.”

“The content will be widely available to everyone within our app, mindfulness, meditation, over 1,500 digital gym classes,” added Lorri-Ann Gillies, head of corporate new business at Bupa UK.

With the government having run a consultation last summer on possible reforms to the tax treatment of healthcare benefits, was there an appetite for reform of P11D?

“Would the ability to offer a tax-advantaged product offered to all employees, or all basic rate-taxpayer employees – which supported them in being at work, supported them to be present – be valuable?” asked the debate chair.

For an organisation such as Mitie, it was a question of needing more fundamental reforms to statutory sick pay [SSP] first, argued Robyn Fisher. “I think there’s a lot of other questions in terms of why people aren’t at work,” she pointed out.

“Our sick pay for our frontline workers is statutory. Within facilities management for example, where margins are very small, there is work going on to have an agreement across all FM providers that they will be brought on to a level of sick pay which is paid not as SSP. ➡➡

“Until we nail that down, do I think a tax advantage to some sort of healthcare cash plan for work or something could work? I think people appreciate anything that’s going to be advantageous in that space. But I’m not sure we’re quite there yet,” she added.

“I do think there’s an argument for the government to do a bit more,” said Rashree Chhatrishia. “Either, you know, to help employers with that tax relief or to help with the P11D charge.”

“But fundamentally, if the government are going to do something in that space, then that sends a massive message around the future of the NHS,” responded Fisher.

As the debate drew to a conclusion panellists reflected on whether they felt net positive or net negative about the current state of what is offered through employer-provided PMI and cash plans. “Is it a sustainable direction that we’re going in in terms of corporate healthcare provision and health and wellbeing support through cash plans and PMI? Or is it going in the crisis direction?” asked debate chair John Greenwood.

“We’re going in the right direction. From the healthcare perspective, the PMI, I don’t think there’s anything that we would come back on,” agreed Kay Hewish, head of people services and governance at Aioi Nissay Dowa UK.

“What we’re finding, I think, is that the expectation of employees is very much that we will take care of their wellbeing, and that there is some onus on us to do that,” agreed Gemma Robinson, people and culture director at Insure The Box/Aioi Nissay Dowa Europe.

“I think the challenge, generally, is that kind of apathy because there’s so much out there. We talked about exercise classes through apps, but I can get that on Sky. I can get that on YouTube. I can get it at the gym. Do I need that on my health plan, I don’t know? What can you give to me as an employer that’s going to pique my interest?” she added.

“I agree,” said Willcock. “It needs to go to that more personal, flexible approach. And it is saturated in terms of what people can find. It needs to be focused on employee experience and user experience because that’s where everything else is going.

“Also, we haven’t spoken about it, but the direction back into the NHS needs to be considered. So, when I utilise my PMI, how do I go back in and get that link? I think it all just needs to join up in some magic way. I don’t know how!” he added.

“Definitely I think there’s a pathway for PMI and health cash plans,” said



Kay Hewish, Aioi Nissay Dowa UK



Nathan Willcock, Nationwide



Paul Gambon, Medicash Healthcare



Robyn Fisher, Mitie Group



Rashree Chhatrishia, Saga Group

Lorri-Ann Gillies,
Bupa UK



Sush Dhonsi,
Galapagos
Biotech

“They can get prizes like cinema tickets or free coffee or put them towards an Apple Watch at a discounted rate. We also got a rebate as an organisation because our employees were using the app and building up their points,” she said.

“We got about £3,500 coming back to us from all those points, which we gave back to our employees in a gift card. Employees do value healthcare, but it is about engagement as well,” Dhonsi added.

“Obviously prices might be going up,” agreed Gambon, “but it’s whether the value is still there. And I believe it is. We can see that based on the engagement we have. If you look at it as a long-term thing too, then it’s good that people are taking a proactive approach to being healthy.

“But there’s also the less tangible things, people who maybe have reconsidered moving jobs because they thought, ‘actually, the benefits here are quite good’, or those people who have been drawn in to join the business, because those health benefits have stood out.”

“I think it is about recognising that health and wellbeing element means different things to every organisation,” said Gillies in conclusion. “I think it really highlights the need for better communication and education across the piece, whether it’s an age-rated contract or an experienced-rated contract.

“With the larger clients as well, having that account manager who can really talk to you and understand those products and services and signpost you to things that are relevant to you as your organisation, I think, is really key. And getting that partnership right as well,” she added. ●

Chhatrisha. “It’s understanding the alignment and how it balances together. I think there’s room for more to help employees with that whole wellbeing journey. And to bring in more personalisation, bring it all together; to bring that whole journey together.”

“In the organisation that I’m with, we need to look at something else. Like, as covered in the first discussion, a step-up from virtual GP but not everything else yet. I think private healthcare is still needed; it’s an expectation, we absolutely need it,” said Fisher.

“With healthcare, we need it in our organisation; it’s a given. All of our employees are in fairly senior roles, so it is expected, it’s built into our contracts of employment; you know you will be offered private healthcare,” highlighted Sush Dhonsi, associate director, international benefits, at Galapagos Biotech.

“For us, however, it is really about managing the scheme itself, the cost structure. What are the value adds we are getting?” she said, pointing out that, in fact, her provider is proactive in offering webinars as well as rewarding employees with points.





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What's driving the demand for employee health benefits?

Corporate appetite for company paid health benefits shows no signs of slowing – so what's behind this surging interest?



OPINION

Paul Gambon,
sales and marketing
director, Medicash

It's hard to avoid the word wellbeing in the employment sector right now. From the rapid changes in employee expectations, or the ways in which today's companies are looking to engage the talent of a new generation; health & wellbeing have established themselves as the linchpin of corporate recruitment and retention strategies across the UK.

This has shown itself in the surging figures reported by health cash plan providers like Medicash, where our customer base has more than doubled in just 5 years. These figures point to an emerging culture of employer responsibility among today's businesses.

Equal opportunity employee benefits

While a gap still seems to exist between the benefits available to senior and non-senior staff, health cash plans have increasingly become recognised as a 'whole of workforce' health benefit. By typically offering significantly lower premiums than private medical insurance, health cash plans present a distinctly affordable solution to employers seeking new health benefits for their workforce. In short, health cash plans are often able to provide an everyday form of healthcare cover for an employer's full workforce rather than the typical approach of just offering PMI to a smaller selection of staff.

Health cash plans and PMI are both designed to cover different things, so many organisations have found that by dovetailing them together their employees benefit from the widest range of healthcare coverage. The main highlight of a health cash plan is its affordability, meaning each employee can receive the same basic level of cover on their everyday health and wellbeing, levelling the playing field when it comes to healthcare.

This is where health cash plans really shine as an employee benefit, giving employees a tangible product from which they and their families stand to gain. While offering in-house wellbeing benefits is always a fantastic choice for employers, cash plans can be distinguished by their usefulness – after all, we all have health that needs taking care of. Our top three claiming areas every year are consistently optical, dental, and physiotherapy treatment, which stresses the everyday useability of the cash plan model as a non-discriminatory, universal health benefit. If you consider how many of your staff will have their teeth checked and how

Each employee can receive the same basic level of cover on their everyday health and wellbeing

around two-thirds of us wear glasses or contact lenses, you will see why the appeal for support in this area is so wide.

Accessing technological solutions

A phrase we often use at Medicash is increasing access to healthcare, which is precisely the purpose of a health cash plan and one of the driving factors in its enduring popularity. This has been bolstered in recent times by the leaps in technology currently being seen across the world of healthcare, which have been quickly adopted by cash plan providers.

This includes virtual GP services, which have seen an overwhelming wave of usage since the pandemic as a means of promoting better access to healthcare; however, the scope is much greater than

this implies. By offering access to cutting-edge health tech such as AI skin health assessments, digital physiotherapy pathways, and even genetic health insights, today's health cash plans are able to not only provide access to otherwise premium healthcare services but diversify the ways in which individuals are able to proactively manage their own wellbeing.

Growing value, increasing employee engagement

At the heart of the surging interest in wellbeing is, of course, the growing potential for brand image as an employer of choice. New research from across the employment sector is seeing more and more evidence of employees valuing supportive work environments and auxiliary benefits as much as traditional draws such as salary. Above inflation salary increases are unsustainable for most employers to achieve so by offering meaningful benefits with tangible useability such as health cash plans, employers – especially companies seeking fresh talent – can capitalise on this interest and distinguish themselves as a caring employer who truly values their workforce beyond their productivity.

This is strengthened by new studies showing the impact of health & wellbeing support on not only reducing absences and presenteeism but also boosting engagement with employees, by building a genuine connection through meaningful support. ●

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