

**BUPA’s Partnership Network eligibility criteria**

**Quality**

<i>Requirement</i>	<i>Criteria</i>
Externally-assessed quality accreditation	<ul style="list-style-type: none"> <li>➤ The hospital must have attained, or be expected to attain, an acceptable form (see below) of externally assessed quality accreditation by the end of 1999.</li> <li>➤ Newly-built or newly acquired hospitals must have a reasonable expectation of achieving such accreditation within 12 months of opening or acquisition, as appropriate.</li> <li>➤ BUPA’s favoured system of accreditation is HQS, but BUPA accepts four forms of accreditation—HQS, ISO 9000, CASPE’s HAP and EFQM (but see notes below).</li> <li>➤ Such accreditations must apply to all aspects of the care of private patients within the unit, and not be confined solely to particular departments, services or facilities.</li> <li>➤ HQS—HQS accreditation must be full and not conditional, and based on the latest HQS criteria for independent hospitals (except where the hospital is a NHS trust). Where a full assessment by HQS has not taken place within the last 12 months, there must have been a satisfactory annual re-visit.</li> <li>➤ CASPE’s HAP—Accreditation must be full and current as advised by CASPE, with no significant outstanding deficiencies.</li> <li>➤ ISO9000—The content of the ISO9001 or ISO9002 programme must encompass clinical aspects of quality to a similar extent as HQS or CASPE accreditation. Accreditation must be current with no significant non-conformances.</li> </ul>
Partnership Assessment Document	<ul style="list-style-type: none"> <li>➤ The unit must have completed and returned to BUPA a PAD quality questionnaire (Attachment A—Quality of Services)</li> <li>➤ There must be no deficiencies in sections classified as “Mandatory” or “Critical” as set out in BUPA’s standard marking template for PAD questionnaires.</li> <li>➤ The overall PAD score for the hospital must be greater than 65 and the Network score greater than 85. (BUPA calculates this score using discriminant analysis—see attached graph—from the total score on the PAD questionnaire plus weighted scores reflecting the extent of participation in specialist networks and customer service initiatives as described below.)</li> </ul>

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Customer service initiatives	<ul style="list-style-type: none"> <li>➤ The hospital must be prepared to work with BUPA with best endeavours to introduce the customer service initiatives set out in Schedules 3 and 4 of HAP agreements, namely:</li> <li>➤ Introduction of electronic billing and remittance using EDI and BACS.</li> <li>➤ Assisting consultants, where appropriate, in implementing their electronic billing via EDI.</li> <li>➤ Implementation and full use of pre-verification and pre-authorisation systems, where possible BUPA's 2-way Pre-authorisation system (or alternatively using FE03 and 1-way Pre-auth systems until the new system can be installed).</li> <li>➤ Introducing direct settlement of hospital charges, including for out-patient accounts.</li> <li>➤ Appointing a senior member of staff, usually a nurse, as "Hospital Liaison Nurse" to liaise between the hospital and BUPA's Care Management nursing team at Salford Quays regarding cases requiring detailed case management.</li> <li>➤ Agreeing to a "hold harmless" clause to protect BUPA members in the event of a billing dispute, and to adherence to a dispute resolution and escalation process in such circumstances.</li> <li>➤ Co-operating with BUPA in connection with new quality initiatives, particularly in relation to the raising of standards of care.</li> </ul>
Assessment visit	<ul style="list-style-type: none"> <li>➤ Any hospital seeking inclusion in the Partnership Network for the first time will be required to undergo a quality assessment visit by a team from BUPA Membership. The duration of the visit will normally be one day, depending on the size of the unit being assessed. The assessment team will consist of three or more BUPA clinical and non-clinical staff who will undertake their assessments using standard checksheets.</li> </ul>
Customer satisfaction monitoring	<ul style="list-style-type: none"> <li>➤ The hospital must routinely monitor customer satisfaction using an independent monitor working to the Market Research Society code of practice to ensure objectivity. The hospital must be willing to share this information in aggregate form with BUPA.</li> </ul>
Complaints and investigations	<ul style="list-style-type: none"> <li>➤ BUPA reserves the right to exclude from its Partnership Network any hospital which is subject to any form of investigation, has been the subject of an unusual number of complaints from practitioners or BUPA members, or is understood to be subject to financial difficulties or acquisition. However, BUPA will review such circumstances once the outcome of such circumstances has become clear.</li> </ul>

## Access

<i>Requirement</i>	<i>Criteria</i>
Accessibility	<ul style="list-style-type: none"> <li>➤ BUPA seeks to ensure a balance between having sufficient hospitals in the Partnership Network to meet the requirements to meet the treatment needs of BUPA members, and not having so many hospitals that Network partners fail to achieve scale economies.</li> <li>➤ Where the proportion of population with BUPA private medical insurance so justifies (as measured by BUPA's postcode analysis), the aim is to have national network coverage within the following driving times of BUPA members' homes:               <ul style="list-style-type: none"> <li>➤ Acute hospitals: 20 minutes.</li> <li>➤ Psychiatric and complex care (e.g. cardiac): 45 minutes.</li> <li>➤ Tertiary care: no distance limit.</li> <li>➤ Drive times are as assessed by BUPA using isochrones plotted using MapInfo Professional analysis software against the postcode geocentres for members' home addresses.</li> </ul> </li> <li>➤ BUPA may not appoint Network hospitals, even where there is sufficient patient demand, in areas where hospitals fail to meet BUPA's quality criteria detailed above. However, Head of Network Development has a degree of discretion in appointing hospitals in geographically isolated areas where quality assessment is satisfactory even if the full range of criteria is not met.</li> </ul>
Access to a broad range of services and facilities	<ul style="list-style-type: none"> <li>➤ BUPA seeks to appoint hospitals for the Partnership Network which are able to undertake at least 80%, and where possible more than 90%, of the procedures for which BUPA pays most frequently.</li> <li>➤ BUPA's aim is that only 5% of network cases should be authorised for out-of-network treatment, and then only on clinical grounds. This allows for a small number of emergency NHS admissions and for complex cases which can only be undertaken in large DGHs.</li> <li>➤ BUPA expects hospitals to approve admitting privileges, including temporary admitting privileges, to any consultant who wishes to admit a BUPA member of a Network scheme (subject to meeting normal admitting privileges criteria).</li> </ul>
Tertiary facilities	<ul style="list-style-type: none"> <li>➤ In addition to hospitals with full Partnership Network status, BUPA will seek to reach agreements with a small number of hospitals—mainly tertiary referral centres—for treating members of its Network schemes. Such agreements, known as “complementary contracts”, will be for a specified list of complex procedures that cannot be undertaken at nearby network hospitals because of their complexity or special equipment requirements. These hospitals will not be marketed in BUPA's lists of Network hospitals (either printed or on the Web).</li> </ul>

## Value

<i>Requirement</i>	<i>Criteria</i>
Cost effectiveness	<ul style="list-style-type: none"> <li>➤ BUPA Membership wishes to offer its network customers better value than our competitors, in exchange for their agreeing to be treated at a more limited range of hospitals. The premium reductions passed on to such members are funded wholly by the network discounts given by Network hospitals.</li> <li>➤ BUPA will seek to appoint Network hospitals in each area that offer the best value for money in relation to the standard and range of services and facilities (as detailed in PAD responses) and quality (as measured by PAD overall weighted score).</li> <li>➤ Value for money is assessed by BUPA by means of BUPA's episode cost indices for inpatient/daycase and for out-patient charges. BUPA is willing to subject these indices to external scrutiny by an independent third party (such as a firm of auditors) at the provider's expense.</li> </ul>
Network discounts	<ul style="list-style-type: none"> <li>➤ BUPA expects Network hospitals to agree to discounts off the normal BUPA HAP inpatient and daycase rates for members of BUPA's Network products. The starting point for negotiation is a discount which would bring the hospital's charges for network patients to 85 on BUPA's inpatient/daycase episode cost index. These discounts are applied at the point of billing and not retrospectively.</li> </ul>
Reduced transaction costs	<ul style="list-style-type: none"> <li>➤ BUPA expects hospitals to agree to meet targets for EDI billing volumes and first-time pass rates. Such targets are reached in agreement with BUPA's Network Development team and, if targets are consistently achieved, BUPA offers preferential payment terms in return.</li> <li>➤ BUPA also expects hospitals to co-operate in implementing and using 2-way pre-authorisation systems to advise BUPA in advance of proposed treatment and to give hospitals assurances that bills for treatment of BUPA members will be eligible for payment.</li> </ul>
Volume-related contracts	<ul style="list-style-type: none"> <li>➤ BUPA does not seek to enter into additional volume-related contracts.</li> </ul>

### % of Hospitals in each Network score category

