

BUPA CARE SERVICES

**SUBMISSION IN RESPONSE TO THE
PRODUCTIVITY COMMISSION DRAFT REPORT –
“CARING FOR OLDER AUSTRALIANS”**

March 2011

CONTENTS

Executive summary	03
Introduction	05
Australia’s aged care system	06
Reform areas	10
The implementation pathway	18
Invitation to the Commission	20
About Bupa Care Services	21



EXECUTIVE SUMMARY

Bupa Care Services congratulates the Productivity Commission on publication of the draft report, “Caring for Older Australians”.

The aged care sector is incredibly complex. The Commissioners have reviewed many facets of the current system and outlined possible solutions going forward. We applaud placing consumers at the heart of any potential reform.

It is a challenge to communicate with absolute clarity given the current complexities of the system. For that reason a draft report with the series of public hearings around the country is a great way to ensure that the recommendations are well understood and debated.

Against a backdrop of growing demand for aged care services, Bupa believes the following key issues require immediate attention if Australia is to achieve a high quality and sustainable aged care sector:

- The impact of a shift from provider-based accommodation bonds to daily accommodation charges which we understand to be the Productivity Commissions desired output. This may result in significant cash flow reductions impacting on an operators ability to invest in meeting future growth demands;
- Greater certainty of increases in the funding instruments (Aged Care Needs Assessment Instrument replacing ACFI);
- A review of the funding to allow providers to develop new and re-develop existing facilities. The Commission has publicly acknowledged this issue and stated that further work is required to determine an appropriate solution;
- The impact of deregulation of supply, i.e. the removal of the bed licence system, which may lead to an overall reduction in occupancy increasing inefficiency in the system. Consumers may be faced with some providers closing their doors (due to non-viability) and potentially an overall reduction in quality standards that is often associated with such financial pressures. The impacts of deregulation in terms of efficiency and financial viability therefore need to be fully understood;
- The need for additional funding to support the recruitment, training and development of the health care professionals who will be caring for the growing number of aged Australians into the future; and
- Recognition that the pay inequalities between the aged care and the public health care sectors need to be addressed.

Finally, Bupa encourages the Commissioners to review the existing system and deliver an incremental option for change.



BUPA CARE SERVICE'S SUBMISSION IN
RESPONSE TO THE PRODUCTIVITY
COMMISSION DRAFT REPORT

INTRODUCTION

Bupa Care Services welcomes the release of the Productivity Commission's draft report – "Caring for Older Australians". We support any public policy and regulatory reforms which help to ensure that the needs of Australia's ageing population are met into the future and which lead to greater choices for consumers entering aged care.

Reform of the aged care sector is an extremely complex undertaking. We support the broad policy direction of the draft Report and look forward to both the Productivity Commission and the Government consulting widely to ensure that the needs of consumers and their families, and the expertise of the aged care sector, are taken into account as policy further develops.

We support any public policy and regulatory reforms which help to meet future demand and lead to greater choices for consumers.

AUSTRALIA'S AGED CARE SYSTEM

Strengths and weaknesses of the current system

Whilst the Productivity Commission's review of the aged care sector rightly targets reforms that aim to improve both efficiency and quality of care and service, it is important to recognise that many aspects of the current model work well. Whilst there are elements of the existing system that could be enhanced, it currently supplies our ageing Australians with a high quality of care and choice and encourages ongoing investment and innovation by providers. Any changes to the current system need to be carefully considered to ensure that they do not have a detrimental impact on that quality of care and the choices available to some of the most vulnerable members of our society.

As the Productivity Commission noted, "there has been an increase in the range and quality of care and support available to older people and the quality and safety standards continue to improve" [Source: Productivity Commission Draft Report, Overview, page XXIII].

Australia is also viewed internationally as leading innovation in, and changing perceptions of, residential aged care. Dr Clive Bowman, Medical Director for Bupa Care Services' worldwide operations comments that:

"Providing good personalised age care that delivers the greatest autonomy will always be a tension between needs and resources. The Australian approach to long term care and aged care facilities in particular is refreshing because there is recognition of the sense of community that a good aged care facility can bring in addition to the security, care and support of typically seriously impaired lives."

In Australia there is a sense that residential aged care facilities are an important part of the spectrum of services and solutions to support older people, rather than a sign of the failure of community care and support."

Additionally, under the existing system the number of places available to older Australians, both in community care and residential care, is growing. The efforts of successive Governments and the Department of Health and Ageing have resulted in increased capacity in the aged care sector over the last five years. Since 2005/6, an additional 17,154 residential aged care beds (representing an 10% increase in capacity) and 13,038 community care places have been added (being a 33% increase in capacity). [Source: Report on the Operation of the Aged Care Act (2005-2010), Department of Health and Ageing].

Since we entered the Australian market in December 2007 through our acquisition of Amity Group Pty Limited, we have invested \$130m in developing our business, including the opening 290 new beds. Over the next 3 years we are currently planning to invest a further \$360m in capital expenditure in residential aged care in Australia, to include bringing on-line a further 900 beds.

This new capacity will introduce a mixture of high care and low care, standard and extra services places, targeted to meet the needs of the communities that we serve and to provide consumers with choice. We encourage the Productivity Commission to review further the productivity of the sector and the scope for improving efficiency within the existing structures before concluding that the current system is unsustainable.

For us the current system is sustainable and provides sufficient funding incentives to make investment in additional capacity feasible, allowing us to contribute to the increase in residential aged care places that Australia needs to meet its future challenges.

The provision of additional capacity to meet the requirements of a rapidly growing ageing population and provide consumer choice must remain a key concern for both the Productivity Commission and the Australian Government. We believe that this can be delivered through targeted reform of the current system. Careful consideration must be given to any changes which may result in non-public sector investment in the Australian market becoming less attractive.

Whilst there are elements of the existing system that could be enhanced, it currently supplies our ageing Australians with a high level of care and choice and encourages ongoing investment and innovation by providers.

AUSTRALIA'S AGED CARE SYSTEM

Future challenges

We fully acknowledge the future challenges facing aged care, in particular as a result of the projected growth in the number of Australians aged over 85, the greater need for complex care provision as people live longer and the resulting increase in Government expenditure. These challenges are common to many countries around the world.

Bupa Care Service's global experience suggests that, with improved community support and general ageing of the population, there is likely to be a gradual evolution in the way in which admissions to aged care facilities in Australia occur. In addition to traditional long term care it is likely that there will be increasing admissions for shorter periods either for respite care, convalescence, rehabilitation or end of life care. Our experience is that this trend intensifies the operational costs of care homes and whilst these developments may offer a number of advantages over traditional hospital care they require careful commissioning and support.

We suggest that the Productivity Commission should consider further the effect of the increased prevalence of dementia associated with an ageing population and how the system can best support people suffering from the disease. We fully endorse the statement made by Glenn Rees, CEO, Alzheimer's Australia on the release of the draft Report that *"the extra costs of caring for someone with dementia at all stages of the disease process needs to be recognised in the funding arrangements developed in the final report."*

Additionally, we encourage the Productivity Commission to review the incentives that can be offered for innovative care provision for older people. Since entering the Australian aged care sector we have committed nearly \$1 million to working with Alzheimer's Australia and other parties to ensure that best practice in dementia research is implemented to the full benefit of consumers; undertaken a census of residents in care (March 2009) to better understand how to develop services locally and completed two consumer surveys of over 1000 Australians aged over 50 years (November 2009 and November 2010) to ensure that we develop services that meet the needs of consumers. Innovation will result in better care for residents and greater efficiency in the delivery of that care.



BUPA CARE SERVICES IS DEVOTED TO
DELIVERING INNOVATIVE CARE
PROVISION FOR OLDER PEOPLE

REFORM AREAS

Funding Aged Care

As illustrated above, over the last 3 years we have invested significant sums in the development of new residential aged care facilities, demonstrated a desire to better understand consumer needs and developed services to meet those requirements, whilst increasing efficiency and improving practices. We consider that the current system provides opportunity to further develop services to meet the needs of older Australians, including through increasing the number of places that we offer as the ageing population grows.

Any changes to the way in which aged care is funded need to be carefully considered to ensure that the strengths of the current system are maintained whilst targeted reforms provide additional opportunities and incentives to enable the aged care sector to meet the needs of its consumers into the future. In this context, we comment on the key recommendations of the Productivity Commission in respect of funding as follows:

Setting accommodation charges

In draft Recommendation 6.1, the Productivity Commission states that the Australian Government “should adopt separate policy settings (including for subsidies and co-contributions), for the major costs components of aged care.....”

We consider that there is ambiguity as to the intention of the Productivity Commission in this draft Recommendation. Whilst we agree that it is appropriate for the Australian Government to set pricing in respect of care cost subsidies, we do not consider that it should not do so for the amounts payable for accommodation, other than for supported residents.

Uncapping accommodation charges

In draft Recommendation 6.4 it is proposed that the Government removes regulatory restrictions on accommodation payments, including the cap on accommodation charges in high care. We support this recommendation and the draft Report’s general focus on both less and better regulation.

Allowing providers to set accommodation charges at a level determined by what consumers are willing to pay will encourage efficiency in delivery, innovation in the services provided and a more consumer-led focus in the development of residential aged care facilities.

Lump sum accommodation bonds

We are concerned that, taken together, the draft Recommendations proposed by the Productivity Commission would result in a significant shift in the way in which aged care is funded and that this shift could have serious implications for the future viability of the sector.

In our view, the interaction of the draft Recommendations as drafted would, if adopted, result in very few lump sum accommodation bonds being paid to providers.

Accommodation bonds currently provide an efficient mechanism to support investment in the refurbishment of existing aged care facilities and the building of new facilities. In our experience, consumers are not opposed to paying such bonds as they are subject to prudential control and are repaid when the individual ceases to be cared for in the facility. They are also able to protect their pension rights through the payment of the bond.

There are two highly significant potential impacts that would result in any shift in the funding of accommodation from lump sum bonds to periodic accommodation charges that we believe need to be strongly considered by the Productivity Commission:

Instability in the residential aged care sector

In the draft Report the Productivity Commission states that the total value of accommodation bonds held by approved providers in 2008/9 stood at \$9.1 billion [Source: Productivity Commission Draft Report, page 159]. In a move from lump sum accommodation bonds to periodic payments, the vast majority of this amount will need to be repaid by providers to residents (or their estates) as they leave facilities and bonds are refunded. The refunded bonds will not be fully replaced as new residents will be making periodic payments rather than paying bonds. The loss of such a significant amount of capital from the sector over a relatively short period of time is likely to result in the failure of a number of providers (with the associated implications for their residents) as the burden of repaying relatively high levels of capital impacts on their viability. Additionally, even for those providers that remain viable, new investment to add capacity to the market will be put on hold or severely reduced as the repayment of bonds eats into their capital resources.

Reduction in investment

The absence of access to bonds will, in our opinion, significantly impact on the ability and appetite of providers to invest in providing the additional capacity needed in the next few years. The current availability of bonds for providers allows a reasonable return on capital for investments.

A general move from accommodation bonds to periodic accommodation charges will reduce the rate of return on capital investment, making it less attractive to providers and their funders.

For these reasons, we call upon the Productivity Commission to further consider the potential effects of their current proposals in respect of funding. It is not in the interests of current aged care recipients, future aged care recipients and the nation for current providers and new entrants to be disincentivised from investing in improving their facilities and building additional capacity when we are facing the future challenges of providing care to an ageing population.

Lump sum accommodation bonds equivalent to periodic payments

In draft Recommendation 6.4 the Productivity Commission proposes that “the Australian Government should require that providers offer an accommodation bond which is the equivalent to, but not more than, the relevant periodic charge”.

No guidance is currently provided in the draft Report as to how such equivalency would, in practice, be determined and additional detail in this area is therefore required.

Additionally, in order to maintain consumer choice, providers should be entitled to allow consumers to voluntarily pay an increased bond, from which additional services can be drawn-down. This can provide consumers with peace of mind as it simplifies the payment process for them.

On page 169 of the draft Report, reference is made to how accommodation bonds currently interact with the pensions means test. It is stated that *“to avoid distorting choices between accommodation payment options, the incentives shaping choices for care recipients and providers need to be neutral”*. Whilst this does not form part of the draft Recommendations themselves, clarity is required as to whether the Productivity Commission is advocating the removal of the current exclusion of accommodation bonds amounts from an individual’s means test for pensions purposes? Should this incentive be removed, we believe that pensioners (who currently represent over 75% of Bupa Care Service’s residents) will have little incentive to pay lump sum accommodation bonds to providers. For the reasons stated above, the potential impact of such an outcome needs careful further consideration by the Productivity Commission.

Therefore, it is our view that:

- Clarification is required as to the basis upon which equivalency between Lump Sum Accommodation Bonds and Periodic Payments is determined
- Lump Sum Accommodation Bonds should continue to be excluded from the Pension means test
- Consumers should continue to be allowed to pay an increased bond to cover living expenses and extra services which they choose to purchase

Australian Pensioners Bond Scheme

Again, the wording in the draft Report requires further clarification with respect to the operation of the proposed Australian Pensioners Bond Scheme (draft Recommendation 6. 6). In the recommendation it is stated that *“age pensioners could flexibly draw upon their bond to fund living expenses and aged care costs”*. The draft Recommendation does not state that the bond could be used to fund accommodation costs. However, on page 173 of the draft Report, the proposed Australian Pensioners Bond Scheme is described as “an alternative (or supplement) to an accommodation bond...”

We note that it is proposed that amounts deposited in the Scheme would be exempt from the pension means test, would be guaranteed by the Government and would be indexed through the Consumer Price Index rate.

If the Scheme can be used to fund accommodation payments in addition to living expenses and care co-contributions, it is unlikely that individuals will choose to pay an accommodation bond to providers given the potentially preferential aspects of the Government-backed scheme. This preference would be magnified further if accommodation bond paid to providers are included in the pension means test, which we understand would not be the case for the proposed Government-backed scheme. The effect of this proposal is to simply move lump sum accommodation bonds for this category of residents from providers to the Government, to the detriment of the stability of the existing market and the ability of providers to invest in future growth.

CARE DELIVERY BY INFORMAL CARERS AND THE FORMAL WORKFORCE

We fully support the Productivity Commission's statement that *"the standards of care received by older people are due, in large part, to the skill and dedication of Australia's health and personal care workforces."*

We are committed to supporting the training and development of our people. In February 2010, we launched the first national graduate nurse programme in aged care, recruiting 20 newly qualified nurses into the aged care sector and providing them with the skills, training and experience to deliver high quality, person-centred care. Building on the success of that initial intake, a further 26 graduate nurses joined the programme in February 2011.

We believe that such programmes are critical to ensure the provision of the highest quality of care to the increasing numbers of aged Australians over the next few decades. We submit that additional funding and support from the Australian Government should be given to providers who help attract high quality health care professionals into the aged care sector and develop their skills for the benefit of those older Australians who will enter residential aged care.

We support the calls that have been made by various parties, including the nursing unions, for a resolution of the existing pay inequalities of health care professionals working in the aged care sector and that a central pricing body is fundamental to achieving the necessary change. We respectfully request that the Productivity Commission considers recommending that a flow-through mechanism is put in place to ensure that any increases in pricing designed to specifically address these inequalities in the sector are directly paid to the workforce.

Finally, we are grateful to the Productivity Commission for highlighting the differences in the fringe benefits tax treatment between "for profit" and "not for profit" providers and request that it reviews further its impact on the respective workforces and steps that can be taken to address inequalities in pay and benefits.

REFORM OF THE REGULATORY FRAMEWORK

Deregulation of supply

We support the proposed removal of the regulatory restrictions on supplying additional services in all residential aged care facilities and the removal of the distinction between ordinary and extra service bed licences (draft Recommendation 1.8). We also support the recommended removal of the distinction between high care and low care places (draft Recommendation 1.3). These changes will allow greater flexibility in how we deliver care in high quality environments, helping us to improve efficiency and provide greater choice to consumers.

We cautiously welcome the proposed removal of regulatory restrictions on the number of community care packages and residential bed licences (draft Recommendation 1.3). However, we urge the Productivity Commission to review in detail the potential impact of the any deregulation of supply on the stability of the existing aged care sector. Whilst we support policy reforms that assist in providing greater choice, we remain concerned that unregulated development could lead to an overall reduction in quality of care and instability in the market as the viability of some existing providers is reduced as a result of average lower occupancy rates.

Average occupancy rates in Australia are higher than those in the other countries in which Bupa Care Services operates, where supply is not regulated (New Zealand, Spain and the United Kingdom). Any reduction in overall occupancy levels resulting from a deregulation of supply will lead to a reduction in efficiency in the sector as beds lie empty (increasing overall per-bed costs) and we submit that this needs to be considered further by the Productivity Commission.

Australian Seniors Gateway Agency

We welcome the proposed establishment of a single Australian Seniors Gateway Agency to provide information, care coordination and carer referral services (draft Recommendation 8.1).

However, in our view it is unlikely that the proposed Agency will be able to undertake a proper initial assessment of the care needs of older people and the services that they receive through a single, limited “point of time” assessment. This may result in care recipients’ needs not being properly identified.

In our experience it is only possible to properly assess an individual's care needs through observation over an extended period of time, 24 hours a day. This is particularly the case for people suffering from dementia as the level of their impairment can vary due to many different factors, including the time of day. Under the current process, an assessment of the level of a person's care needs is undertaken over an extended period of time whilst the individual is being cared for in a residential setting.

We submit that great numbers of experienced health care professionals working in the residential aged care sector, who assess the needs of aged people and ensuring that those needs are met on a daily basis, should be utilised to undertake the initial assessment of individuals rather than a separate agency. Such assessments should take place over a period of time and could be offered as part of a respite/transitional care placement in a residential care home.

This approach would still allow the management of demand on behalf of the Government through the Agency, but would ensure the appropriate level of care is provided to those entering the system, whether in a community or residential setting.

Australian Care Needs Assessment Instrument

There is insufficient detail in the draft report to enable us to respond fully on the proposed Australian Care Needs Assessment Instrument. However, we consider that the existing Aged Care Funding Instrument is fit for purpose and that, with some minor adjustment to reflect the additional costs associated with caring for individuals with complex conditions, such as dementia and special needs, could be retained into the future.

THE NEED FOR BETTER DATA AND “EVIDENCE” IN AGED CARE

We request that the Productivity Commission provides further evidence for the perceived need for change and how the proposal that the Australian Aged Care Regulation Commission be appointed the national aged care data clearing house will benefit consumers.

ENHANCING QUALITY

We request that the Productivity Commission provides further evidence for the perceived need for change to the current system and how the proposed Recommendations in the draft Report will benefit consumers.



THE IMPLEMENTATION PATHWAY

THE IMPLEMENTATION PATHWAY

We consider that the proposed implementation pathway should be reviewed further. Whilst we do not consider that major structural changes to the existing system are required, should such changes be made, they need to be introduced over a longer period to ensure a smooth transition and to avoid unnecessary pressure being placed on existing providers, potentially to the detriment of the standard of care provided.

MODIFYING THE CURRENT SYSTEM FOR A SUSTAINABLE DECADE

We consider that the following modifications to the existing system would deliver a sustainable decade.

Increase of the daily accommodation charge

We are pleased that the Productivity Commission acknowledges that the current daily accommodation charge for standard high care residents is too low on its own to cover the financing costs and depreciation of buildings and maintenance (and therefore support further development without cross-subsidising from accommodation bonds derived from low care and high care extra services places).

In its report, the Productivity Commission refers to the Access Economics report of March 2009 on the Economic Evaluation of Capital Financing of High Care which estimated that accommodation charges need to be at least 50% higher in order to cover these costs (i.e. around \$43 per day). Whilst, for the avoidance of doubt, we are not confirming that such an amount is a correct reflection of such costs, we do support an immediate increase of the current daily accommodation charge to such a level to facilitate further investment by providers to increase capacity and reduce the need to cross-subsidise the cost of new developments from other categories of resident.

Increase the provision of Extra Service places

In its report, the Productivity Commission acknowledges the increasing prosperity of Australians. The current planning ratio restrictions on Extra Service places is too low and restricts consumer choice.

We propose that the planning ratio should be increased with immediate effect from 15% of all places to 25%, with the ability to flex to 30% in areas where demand is greatest. Such a change would enhance the availability of choice to the consumer.

Review of Accommodation and Care Funding

In its report, the Productivity Commission acknowledges the need for central pricing control. We propose that the new Independent Hospital Pricing Authority could be used to review the current levels of accommodation and care funding within the current framework to ensure the sustainability of the sector into the future and that the necessary growth can be supported.

Community Care Packages

We propose that a review of community care packages is undertaken to simplify the current fragmented system and to ease navigation for care recipients.

Additional funding for innovation and training

We propose that the Australian Government should support the introduction of tailored care solutions for older Australians and the development and training of the aged care workforce through additional funding. Such funding should initially be limited to areas of highest need, embracing diversity and cultural needs and reflecting the geographical challenges of providing aged care in Australia.

INVITATION TO THE COMMISSION

We would be grateful for the opportunity to meet with the Commission to discuss the draft Report and share our experiences in operating in Australia and other countries.

ABOUT BUPA CARE SERVICES

Bupa Care Services Australia is a major private aged care provider, with 47 facilities across New South Wales, Queensland, Victoria, South Australia and the ACT. Bupa cares for some 4000 residents, with a philosophy that combines healthcare expertise with respect for an individual's needs and desire for autonomy.

Approximately 65% of all Bupa Care Services residents suffer from some form of dementia. Across Australia, the number of those affected by dementia is growing rapidly, to the extent that by 2050 dementia is expected to be the single largest cost to the healthcare budget. Bupa Care Services is actively involved in making change happen today, through the newly formed Alzheimer's Australia Quality Dementia Care Initiative, which was launched at Bupa Care Services Mosman in September.

The \$3.1 million initiative is jointly funded by Bupa Care Services Australia and the ANZ Wicking Trust. This groundbreaking endeavour brings together researchers, aged care providers, and the most important element of all—people directly affected by dementia and their families.

Through the initiative, those living with dementia, their carers and families will be able to influence dementia care policy and research, and help ensure that research findings, which can take as long as 17 years to filter into common practice, are promptly adopted where they are most needed.

In 2010, Bupa Care Services began an innovative pilot program aimed at improving the health and quality of life of its residents—the Experiential Gardens project.

At seven facilities, new garden environments were constructed, designed to stimulate the abilities, independence and self-esteem of residents, but in particular those with dementia. The gardens contain destination points such as clothes lines, sheds, raised garden beds, and even a chook pen at the Tamworth facility.

The gardens encourage residents to engage in purposeful activities that are both meaningful and pleasurable. Bupa Care Services also has in place an evaluation process, using the validated observational tool Emotional Responses in Care (ERIC). Early results reveal a 24% reduction in unresolved behaviours such as verbal and physical aggression, and observations of pleasure, affection and helpfulness.

Infusing operations across every one of Bupa Care Services' facilities is a dedication to quality and operational excellence. Today's older generation are looking for personalised services and carers who are willing to meet their individual needs. In recognition of this, in 2010 Bupa Care Services put in place a number of initiatives to reward and encourage its people.

One aspect of Bupa Care Services' commitment to delivering the best care through the best people is its Graduate Nurse Program. In what is a unique partnership between Bupa Care Services and The College of Nursing, the program provides 12 months of aged care specialisation for Registered Nurses. They receive hands-on clinical exposure and theoretical sessions, as well as an opportunity to commence a three-year post graduate certificate in aged care, funded by Bupa. The first intake of 20 Registered Nurses completed the program in late 2010, with a new intake to commence around Australia in February 2011.

BUPA IS AN INTERNATIONAL HEALTH CARE COMPANY WITH SIGNIFICANT OPERATIONS IN EUROPE, ASIA PACIFIC AND NORTH

BUPA ACROSS THE GLOBE

HEALTH AND WELLBEING

Bupa International is a leading international expatriate health insurer with customers in over 190 countries.

Bupa Australia merged with MBF in May 2008 to create Australia's largest privately managed health insurance group looking after more than three million Australians.

Bupa Health and Wellbeing UK offers a portfolio of services including health insurance, health assessments and health at work services to over three million people.

Sanitas Seguros is Spain's leading health insurer serving nearly two million people across the country.

Bupa Latin America, based in Miami, provides international health insurance for customers in Latin America and the Caribbean.

Bupa Thailand provides individual health insurance and employee health benefits for individuals and companies.

Bupa Hong Kong provides health insurance to 200,000 customers.

Max Bupa is a joint venture in India with Max India providing health insurance.

Bupa Arabia is Saudi Arabia's largest health insurer, serving one million people.

CARE SERVICES

Bupa is a world leader in aged care, providing dementia, nursing and residential care to nearly 29,000 people.

In the UK, we are the biggest provider of dementia care, looking after over 18,500 residents. over 70 percent of Bupa's UK residents receive state funding.

In Spain, we serve 4,000 residents across 41 care homes.

In Australia, we care for 4,000 residents across 47 care homes.

In New Zealand, our retirement villages, homes and hospitals care for 3,000 residents. Bupa's personal medical alarms are used by 13,000 people.



HEALTHCARE DECISION SUPPORT

Health Dialog, based in the USA, provides healthcare analytics, personal health coaching and decision support tools to over 20 million people around the world. Health Dialog helps people stay well and make better decisions about their healthcare, leading to higher quality and lower cost care.

In the UK, Bupa Health Dialog works closely with UK health authorities and GP practices to help them organise and interpret patient data.

In Spain, Health Dialog worked with Sanitas to launch the country's first health coaching service in 2009 with a focus on chronic disease management.

In France, Health Dialog pioneered the country's first health coaching service in 2009.

In Australia, Bupa Health Dialog has been established to deliver health and lifestyle coaching as well as data analytics services to government, agencies and others. Bupa Health Dialog is also delivering a programme focused on chronic disease management to Bupa Australia's health insurance customers.

HEALTHCARE PROVISION

In Spain, Sanitas provides hospitals, clinics and health services. It also opened a public hospital in 2009 to provide acute and primary care services through an innovative public-private partnership with the Valencian regional government.

Bupa Cromwell Hospital is a leading 128-bed London hospital caring mainly for health insurance, self-pay and embassy sponsored customers.

Bupa Home Healthcare provides out-of-hospital care in the UK to NHS patients, satisfying patients' desire to be treated in their own home and helping to relieve stretched NHS resources.

REPRESENTATIVE OFFICE

In China, Bupa has a representative office, and we have been working with the Chinese government on a hospital accreditation scheme.

