

Frequently Asked Questions

Please see below an updated list of commonly asked questions relating to access to private care.

As lockdown has now lifted and the vaccination programme has rolled out, providers of healthcare have started to open up their services more fully both in the NHS and private sectors. People who have been waiting for care, or had their care delayed have in many cases been able to get access to outpatient consultations, tests, scans and the surgery they require.

However, as has been widely publicised, NHS waiting lists are growing and delays to accessing less urgent NHS treatment are now at some of the highest levels recorded. Thankfully, with the private sector hospitals no longer providing the direct support to the NHS which was required during much of 2020 and early 2021, capacity in private hospitals is available to treat private patients in a timely manner.

1. Patient safety – what can I expect?

Patient and staff safety are of key importance, with private hospitals following the latest guidance from NHS England; hospitals and clinics have developed their own specific safety procedures, although it is likely to be along the following lines:

GP consultations

Generally, the first point of call for accessing care remains a GP consultation. This may either be a remote or face to face consultation with the patient's GP, or a telephone consultation with our WPA Remote GP service. If the GP recommends a referral to a specialist, then they may well be given the name of a specialist or be given the option to select a specialist at a private hospital convenient to them.

If a patient does not know how to make an appointment with an appropriate specialist, WPA Customer Service Officers are able to assist in providing a list of private hospitals and names of specialists.

Out-patient and face-to-face consultations

Depending on the condition, some initial consultations will still take place remotely. If a face-to-face consultation is booked, then often the day before the appointment, the patient will receive a triage call from the hospital to check whether they have experienced any Covid-19 symptoms; if displaying symptoms, they will be asked to get tested, self-isolate and only re-book and attend their appointment once they have a clear test.

On arrival at the hospital patients may be asked further questions about any symptoms and have their temperature checked. During the out-patient appointment personal protective equipment (PPE) is likely to be worn by staff and the patient will have to wear a face covering. Any out-patient tests such as MRIs, ultrasound scans, x-rays and blood tests may take longer than normal, due to cleaning of equipment and communal areas between patients.

Surgery

A synopsis of the current guidance from the National Institute for Health and Clinical Excellence (NICE) as of 27 July 2021 is as follows:

- People having planned care involving any form of anaesthesia or sedation should follow comprehensive social-distancing and hand-hygiene measures for 14 days before admission. They should also be advised to have a PCR test 3 days before admission and self-isolate from the day of the test until the day of admission.
- For all other planned procedures, including diagnostic tests and imaging, people should be advised to follow comprehensive social distancing and hand hygiene measures for 14 days before having planned care.
- For people who are at greater risk of getting Covid-19, or having a poorer outcome from it, the guideline says they should be advised that some types of surgery, for example cardiac, carry additional risks for people with Covid-19, and that they should consider self-isolating for 14 days before a planned procedure.
- The guideline says that people should be informed that their planned care is likely to be postponed if they test positive, have symptoms of Covid-19, are not clinically well enough or need to self-isolate after contact with someone with Covid-19 (for example, as identified by the NHS Test and Trace system).
- People having inpatient surgery who stay in hospital for more than 5 days should be tested between 5 and 7 days after admission, in line with current advice. The guideline also recommends that all people going from hospital to other care settings are tested before they are discharged.

On the day of admission, patients will have their temperature checked and be asked to confirm that they have self-isolated since their Covid test and continue to be Covid-19 symptom free. Patients will be taken to their private room which will have been deep cleaned between patients. As part of the surgical consent process, the patient will discuss their procedure with their surgeon and any additional risks associated with Covid-19. Depending upon the surgery type, most patients will be required to self-isolate for a further 14 days after discharge.

For further information go to: [NICE guideline \[NG179\] – COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services](#)

If you have any questions or concerns, you should raise these with your specialist or hospital.

2. Am I covered for a Covid-19 PCR test to see if I have Covid-19?

WPA will fund a PCR test under the terms of your health insurance policy if you are clinically required to have one prior to treatment.

3. Am I covered for Covid-19 antibody testing to see if I may have had Covid-19?

WPA will fund an NHS approved Covid-19 antibody test to see if you have/have not had this disease, where a medical professional recommends this is clinically necessary as a part of your treatment plan. We require you to contact us for prior approval.

4. Am I covered for Covid-19 vaccination?

Public Health England and the pharmaceutical industry have confirmed that there are no plans to supply the private sector with Covid-19 vaccinations for the foreseeable future. Only the NHS will be supplied with the vaccines, which are being rolled out on a priority basis as advised by the Joint Committee on Vaccination and Immunisation (JCVI) to prevent Covid-19 mortality and to provide protection of health and social care staff and systems. For more information visit www.gov.uk/coronavirus

5. I want to make a claim – how can I do this?

Claims can be made via the WPA Health app.

Accessing your secure online account is even easier with the WPA Health app

Just scan the QR code opposite and download the app (iOS or Android) or visit wpa.org.uk/secure.

With WPA Health, you can access your secure messages, view your WPA policy documents and communications, make cash benefit claims, book an appointment with a Remote GP and lots more. Setting up and registering takes about two minutes to complete.



Alternatively:

- a. For private medical insurance (PMI) claims contact us in the usual way. You can find the different contact methods in your Policy/Group Scheme Guide or by clicking [here](#).
- b. For cash plan claims (dental or optical) please sign in to your secure online account on the WPA website and go to the 'make a cash/dental claim' section.

6. Does WPA cover long-COVID?

We will pay for initial investigations needed to diagnose a new condition and the initial short-term treatment up to the point of stabilisation (generally no longer than three months). Please contact us to pre-authorise any treatment, as outlined above.

Any new claims will be reviewed against the specific policy/scheme terms, based on the information supplied by the referring GP and/or treating healthcare professional. Additionally, there is support available via WPA's Health and Wellbeing Helplines and Remote GP Service.

7. I have a medical procedure booked – what happens if this gets cancelled?

Please let us know if your procedure is cancelled or delayed. Your consultant and hospital are best placed to provide you with the likely timescales involved in re-booking your procedure.

8. How does my invoice or cash benefit claim get paid?

We are processing claims in the same way as usual. The majority of invoices come directly from the private hospital or consultant and we will settle with them directly. You will be advised by email of any Shared Responsibility or co-payment you need to make. Cash plan claims will be paid by direct transfer into your nominated bank account.

9. I understand WPA provides a Remote GP – how do I access this?

Our Remote GP Services benefit gives you an alternative to visiting your GP. It gives you 24/7 access to a GP helpline including unlimited phone or video consultations, a private prescription service, specialist referrals, medical notes and general health information. To use this benefit please refer to your Policy/Group Scheme Guide or contact us. This service has proved extremely popular so can be busy at peak times but it has benefitted many thousands of customers over the last 18 months.

Important: Please do not contact the Remote GP Service if you are experiencing Coronavirus symptoms and instead follow NHS and Government advice as they are best placed to assist you. Visit www.nhs.uk/conditions/coronavirus-covid-19 and www.gov.uk/coronavirus for further information.

10. What has WPA done to help its members throughout the Coronavirus pandemic?

- a. We have made Remote GP Services available to our retail/individual and Small and Medium Enterprise Group Scheme members at no extra cost. Remote GP Services are optional for large corporate schemes, so please check your Benefit Schedule to see if this service is available to you.
- b. We have expanded our benefits to cover telephone and video consultations with healthcare providers.
- c. We are reminding our members that we provide an NHS Hospital Cash Benefit. Please check your Policy/Group Scheme Guide for details.
- d. We have broadened the availability of our Health and Wellbeing mental health helpline to our retail/individual members at no extra cost.
- e. We have introduced a comprehensive Health and Wellbeing Hub at wpa.org.uk/health-wellbeing, providing a range of information and videos to support our members.
- f. We have paid a rebate of c.40% of a month's premium to retail/individual and commercial policyholders in April and June 2020.

11. My Policy is due to renew – what do I need to do?

Your Policy will renew in the normal way – our team are able to process any renewal amendments. Where possible, we request that payments are made electronically. You can access your secure online account to make a payment at wpa.org.uk/secure or contact us using our Live Chat facility in your secure online account or you can phone us in the usual way to be guided through the process. Please note some of our staff are working remotely and call waiting times may be longer than normal.

12. I am struggling financially – what can WPA do to help?

We recognise that many members may find themselves having financial difficulties owing to the Coronavirus disruption and we encourage you to contact us to discuss your options which may enable you to lower your premium and/or protect your underwriting.

In addition, there is a dedicated helpline which provides information and support on a range of subjects, provided by a team of financial experts, including mortgage or rent arrears, credit card debt, payment options and budgeting. Please check your WPA literature or the WPA Health app to confirm benefits available and for the number to call.

13. I am a Group Coordinator for a corporate scheme – who can I contact with questions?

You can contact us in the usual way. Please click Small and Medium Enterprise Schemes or Large Corporate Schemes on our [contact page](#) for more details.

14. I am an Insurance Intermediary – who can I contact with questions?

You can contact us in the usual way. Please click Intermediaries on our [contact page](#) for more details.

15. I am a medical provider – who can I contact with questions?

You can contact us in the usual way. Please click Healthcare Providers on our [contact page](#) for more details.

16. Is WPA accepting new members?

Yes. All of our products remain available. We have introduced a 14-day deferment period to join a Private Client Health Insurance Policy or an Enterprise Flexible Benefits PMI Group Scheme. This means that members will not be eligible to claim for symptoms or associated conditions that arise in the first 14 days of their Policy.