

The Benenden Healthcare Society Limited

Guide to Society Services



Benenden[®]
Healthcare Society

November 2010 – Version 2

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How to contact the Society

When you get in touch

To help us give you a high standard of service:

- please have your membership number ready so we can find your records quickly
- tell us about the NHS waiting time for any service you are requesting and the effect the wait is having on you
- give us other information we may need such as the type of consultant, tests or treatment you are looking for.

Consultation, treatment, physiotherapy, counselling and psychology services

Contact Member Services Department on 0845 052 5702*

Lines are open 8am – 8pm, Monday to Friday (except Bank Holidays)

Health Concern Adviceline, advice on long-term care, health screening, information services, financial assistance for cancer and tuberculosis, travelling expenses

Contact Member Services Department on 0845 052 5703*

Lines are open 8am-8pm, Monday to Friday (except Bank Holidays)

24/7 GP Adviceline and Stress Counselling Helpline

0845 050 5247*

Membership enquiries

Contact Member Services Department on 0845 052 5720*

Lines are open 8am-8pm, Monday to Friday (except Bank Holidays)

Email: memberservices@benenden.org.uk

Fax: 0845 052 5822

Address: The Benenden Healthcare Society Limited
Holgate Park Drive, York, YO26 4GG

Website: www.benenden.org.uk

*Calls cost up to 4p a minute for BT customers. The price of calls from non-BT lines will vary. Calls may be recorded for training and quality purposes.

Introduction

To treat all members fairly, this guide outlines:

- eligibility for our services
- our current range of services
- how to request a service
- how to get reimbursement for authorised healthcare costs
- costs we do not meet and services we do not provide

We aim to provide services, which are likely to help members in need, in a courteous, efficient and cost-effective way. We review our services annually taking into account the need for an affordable contribution rate. Services may vary according to the funds available.

Discretionary, not guaranteed services

We are not medical insurers, so we do not provide guaranteed services. You do not pay Insurance Premium Tax on your contributions.

Our services are discretionary, except for treatment for tuberculosis. This means they are provided at the Society's discretion after considering both the individual member's needs and the funding available.

We trust you to decide if your health problem can be resolved in a timely way by the NHS or other means. If you feel this cannot be done, you should discuss your needs with us first and only arrange any service you wish us to support after you receive written authorisation from us.

'Members', 'nominees', you' and 'we'

This guide is for members and nominees. To avoid repetition, it usually refers to 'members' or 'you'. Both mean members and nominees. References to 'we' mean the Society.

Eligibility for services

Please read this carefully

- You can request our Information and Discounted Services as soon as you join. After six months, you can request other services.
- If a nominee becomes a member, the time spent on someone else's membership record counts towards the six-month qualifying period, providing their contributions have been kept up to date.
- You can request services only if you are named on a current membership record.
- You must keep your contributions and personal details given to the Society up to date. If your contributions are not up to date, you are not entitled to request services until you have paid any amount owing.
- If you provide reasonable evidence that you are on authorised, unpaid sick leave from work, we will not collect contributions for this period from you or your nominees. You must tell us when your circumstances change and resume your contributions on returning to work.
- In some cases, we expect you to pay the cost of certain services we authorise and reclaim the cost from us. If this would create financial hardship for you, please discuss it with us first and, in exceptional circumstances, we may be able to pay the costs direct.
- Before you arrange any service you wish us to support, you must receive written authorisation from us first.
- If you are not resident in the UK, you are entitled to request Information Services only. If you return to live in the UK, you must register with a GP and test the NHS before requesting any other services.
- If you fail to attend a medical appointment authorised or arranged by us, you will not be entitled to ask for further services for the same healthcare issue. We are unable to defer appointments as we work to complement the NHS and are not an insurance company.
- If you verbally or physically abuse or threaten one of our employees, representatives or providers, you may be refused further services.
- If you are discharged from hospital or another medical establishment for breach of regulations or against medical advice, you will not be entitled to further services for that healthcare issue and you can be expelled from the Society. Your nominees may then apply to become members in their own right.
- If you misapply the funds of the Society or wilfully supply false information when requesting a service, you may be required to repay sums due to the Society. You may also be expelled from the Society.

General exclusions

Please read this carefully

The following general exclusions apply to all services. Specific exclusions may also apply to particular services. These are outlined in the relevant section.

We will not reimburse you for the costs of services:

- arranged without our previous, written authorisation
- obtained a year after our authorisation
- above any financial level agreed with you

We will not pay for:

- additional support for the same medical condition within a year of us first providing support
- ongoing monitoring, follow-up consultations or treatment for the same medical condition
- services provided by a practitioner whose qualifications are not recognised by the Society
- procedures not registered with the National Institute of Clinical Excellence
- private patient facilities in an NHS hospital whilst receiving NHS care
- services outside the UK

Information Services

From the day you join, you can use the range of information sources made available by the Society that will help you make informed choices about your health and well-being. Please note that essential information is shared between us and our partner organisations that provide some of these services. The current range of information sources is:

24/7 GP advice line

You can ask a qualified, practising GP for advice on a range of things such as an ache or a pain that won't go away, sensitive or confidential concerns, explanations of diagnosis or treatment or the side-effects of medication. The GP cannot make medical referrals or provide prescriptions. You should contact your GP for this.

24/7 Stress Counselling Helpline

You can ask a qualified counsellor about things that are causing stress or anxiety. If you need ongoing counselling, you should arrange this through the NHS or other means.

Advice on Long-term Care

You and your relatives, even if they are not members, can ask a specialist organisation, selected by the Society, for information and advice on long-term care options. This advisory process should normally be completed within 12 weeks of it being authorised by the Society.

Health Concern Advice Line

This gives you access to a wealth of information about different healthcare services, providers, social services, carers and support groups and their helplines. Please note that advisers cannot provide medical opinions or clinical advice.

Self-pay Treatment Guide

We cannot arrange or provide every type of treatment you may need. This guide explains how to arrange and pay for treatment privately and includes useful information not only on choosing a consultant and a hospital but also on financial aspects. Contact Member Services Department for a copy.

Incurable and Terminal Illness Guide

If you are suffering from or caring for someone with an incurable or terminal illness, this guide tells you about some of the help available from the Society and other organisations and highlights some of the issues you may wish to consider. Contact Member Services Department for a copy.

Benhealth Magazine and Together

Benhealth is a magazine that promotes healthy living and is currently sent to all members (not nominees) four times a year. It can also be downloaded from the members' area of our website. It includes a section, known as Together, which gives the latest Society news on new developments and services, reports on conference decisions and encourages member involvement.

Health Screening

We offer discounts on health screening from a preferred UK provider. Contact the Member Services Department for more information.

Consultation Service

This service enables you to see a consultant for a diagnosis or to have tests or to seek a second opinion from a consultant, provided this is authorised by us in writing before it is arranged. You can request this service six months after you join, providing you are a UK resident.

How to access this service

If you have a medical problem, you should see your GP first. If they feel you need to see a consultant or have tests, ask them about the help available through the NHS and the waiting time involved.

We expect you to use the NHS where possible but, if you feel the waiting time to obtain a diagnosis is unreasonable and causing you anxiety and distress, you should contact the Member Services Department. See Page 2 for the information you need to give them and their contact details.

We strongly recommend you stay on the NHS waiting list until we have given you written authorisation for this service.

What we can't fund

See the list of general exclusions on Page 5. Specific exclusions for this service include:

- in-patient or day care treatment where a bed is needed on a hospital ward, even if just for a short period
- pre and post-operative consultations
- cosmetic consultations
- corrective laser eye surgery
- medical aids and appliances or NHS prescription costs
- complementary therapies
- consultations that are not for diagnostic purposes
- pain management
- speech therapy
- consultations or treatments with a podiatrist or chiropodist for regular foot maintenance, such as toenail cutting, that are not for diagnosis or treatment of symptoms.
- second opinion consultations where the condition was diagnosed at Benenden Hospital or a Regional Treatment Centre contracted to the Society

The three options

If we can help, you may be given up to three options to obtain a diagnosis.

- | | |
|-----------|---------------------------|
| Option 1. | Benenden Hospital |
| Option 2. | Local Diagnostic Service |
| Option 3. | Regional Treatment Centre |

Option 1. Benenden Hospital

This award-winning hospital is in Kent. If you live within a two-hour journey time of Benenden Hospital, you may be asked to have your consultation or tests there. Wherever you live in the UK, you can request to go there. It also offers affordable overnight accommodation at Peek Lodge for patients and their relatives who live a long way from Benenden Hospital. You need to send us a referral letter from your GP before we can say if we can help you.

When Society help has been agreed

If we can help you, we will authorise the service and liaise with Benenden Hospital who will contact you to arrange an appointment. If you have had a diagnosis at Benenden Hospital and need treatment, this may be arranged at Benenden Hospital if we authorise it, giving you a high level of continuity of clinical care. After diagnosis or treatment you will be referred to your GP for ongoing management and monitoring of your condition.

Payment

We will pay Benenden Hospital direct for any diagnosis or treatment. You will not be involved in the payment process.

Option 2. Local Diagnostic Service

This provides a prompt diagnosis of your medical condition with a local consultant recommended by your GP. We consider each case on its merits and, if we can help, we will fund diagnostic consultations or tests up to £1,500. These may be:

- outpatient consultations with a specialist consultant recommended by your GP
- outpatient tests or investigations recommended by your GP or consultant
- immediate minor outpatient treatment, such as removing a mole, recommended by your GP or consultant

The consultant must have one of the following qualifications: FRCP, MRCP, FRCS, MRCS, FRCOG, MRCOG, FRCPOphth, MRCPopth, FRCPsych, MRCPsych, FDS RCS, F.Ch.S, M.Ch.S or FCPods. For podiatry and chiropody, they must be registered with the Health Professions Council, an independent, UK-wide health regulator. They must also hold a current NHS post.

When Society help has been agreed

If we can help, we will authorise the service and you can arrange an appointment with the consultant recommended by your GP. Following a diagnosis, you will be referred to your GP for any ongoing management and monitoring of your condition. Any ongoing monitoring appointments or treatments should be arranged with the NHS whenever possible as we cannot guarantee to provide assistance for them. If treatment is not readily available through the NHS, you can request support from us. See Page 2 for contact details.

Payment

You are normally expected to pay for the service at the time of your appointment and to send us the invoice within three months of its date. We will then reimburse your costs up to the agreed financial limit. You can send invoices when you receive them – they don't need to be saved and all sent together – but please do so promptly because we will not reimburse invoices more than three months old except in exceptional circumstances.

If it would create financial hardship for you to pay the costs, please discuss it with us first. In exceptional circumstances, we may pay the invoices direct.

Option 3. Regional Treatment Centre

Diagnostic consultations and tests for a limited range of conditions including orthopaedic conditions, hernias, varicose veins and cataracts are available at our network of Regional Treatment Centres contracted to the Society. You need to send us a referral letter from your GP before we can say if we can help you. Contact the Member Services Department for more information on the current location of our Regional Treatment Centres.

When Society help has been agreed

If we can help, we will authorise the service and liaise with the Regional Treatment Centre who will contact you to arrange an appointment.

If you have had a diagnosis at the Regional Treatment Centre and need treatment, this can be arranged there if we authorise it, giving you a high level of continuity of clinical care. We will pay the costs of any authorised treatment. After diagnosis or treatment, you will be referred to your GP for ongoing management and monitoring of your condition.

Please note that if you use the Local Diagnostic Service and the consultant you see is at a Regional Treatment Centre, you will not automatically be eligible for treatment there. You should discuss your treatment needs with your GP, test NHS availability and, if necessary, ask us if we will support your treatment there.

Payment

We will pay the Regional Treatment Centre the full costs of any diagnosis or treatment. You will not be involved in the payment process.

Second Opinion Consultations

You may have already seen a consultant before contacting the Society and now you would like a 'second opinion' from a different consultant. We may be able to support you by offering a consultation with a consultant at Benenden Hospital. If this is not acceptable, the Local Diagnostic Service may be considered, providing you did not use it for your first consultation. We need a letter from your GP supporting your request before we can consider it.

We cannot help you with a second opinion if the original diagnosis was with a consultant at Benenden Hospital or a Regional Treatment Centre.

When Society help has been agreed

We will guide you through seeking a second opinion and the payment arrangements.

Physiotherapy Service

This service enables you to have up to £300 of physiotherapy treatment providing this is authorised by us in writing before it is arranged. You can request this service six months after you join, providing you are a UK resident.

How to access this service

If you have a medical problem, you should see your GP first. If they feel that you need physiotherapy, ask them about the help available through the NHS and the waiting time involved.

We expect you to use the NHS where possible but, if you feel the waiting time is unreasonable and causing you distress, you should contact the Member Services Department. See Page 2 for the information you need to give them and their contact details.

We strongly recommend you stay on the NHS waiting list until we have given you written authorisation for this service.

When Society help has been agreed

If we can help you, we will authorise the service and you can arrange an appointment with a physiotherapist. They must hold a current MCSP, FCSP or SRP qualification.

Payment

You are normally expected to pay for the service at the time of your appointment and to send the invoice within three months of its date. We will then reimburse your costs up to the agreed financial limit. You can send invoices when you receive them – they don't need to be saved and all sent together – but please do so promptly because we will not reimburse invoices more than three months old except in exceptional circumstances.

What we can't fund

See the list of general exclusions on Page 5. In addition, specific exclusions for this service include:

- in-patient or day care treatment where a bed is needed on a hospital ward, even if just for a short period
- treatment by chiropractors, osteopaths, muscular-skeletal practitioners, complementary or sports therapists
- tests
- injections
- self-referred physiotherapy

Counselling and Psychology Service

This service enables you to have up to £300 of counselling or psychology treatment recommended by a GP or consultant, providing this is authorised by us in writing before it is arranged. You can request this service six months after you join, providing you are a UK resident.

How to access the service

If you have a medical problem, you should see your GP first. If they feel you need counselling or psychological assistance, ask them about the help available through the NHS and the waiting time involved.

We expect you to use the NHS where possible but, if you feel the waiting time is unreasonable and causing you distress, you should contact the Member Services Department. See Page 2 for the information you need to give them and their contact details.

We strongly recommend you stay on the NHS waiting list until we have given you written authorisation for this service.

When Society help has been agreed

If we can help you, we will authorise the service and you can arrange an appointment with a counsellor or psychologist. Counsellors must be registered with the United Kingdom Register of Counsellors and members of the British Association for Counselling and Psychology. Psychologists must be registered with the Health Professions Council and hold the CPsychol qualification.

Payment

You are normally expected to pay for the service at the time of your appointment and to send the invoice within three months of its date. We will then reimburse your costs up to the agreed financial limit. You can send invoices when you receive them – they don't need to be saved and all sent together – but please do so promptly because we will not reimburse invoices more than three months old except in exceptional circumstances.

What we can't fund

See the list of general exclusions on Page 5. In addition, specific exclusions for this service include:

- NHS prescription drugs
- self-referred counselling or psychology

Treatment Service

This service enables you to have treatment for a wide range of conditions, provided this is authorised by us in writing before it is arranged. You can request this service six months after you join, providing you are a UK resident.

Treatment is offered at either the award-winning Benenden Hospital in Kent or one of our network of Regional Treatment Centres. The range of treatments at Regional Treatment Centres is more limited than at Benenden Hospital but it includes orthopaedic conditions, hernias, varicose veins and cataracts.

If you live within a two-hour journey time of Benenden Hospital, you may be asked to have your treatment there. Wherever you live in the UK, you can request to go there. It also offers affordable overnight accommodation at Peek Lodge for patients and their relatives who live a long way from the hospital.

If you request to go to a Regional Treatment Centre, you will normally be asked to go to the nearest one to your home but you can request another one if it is more convenient. Only the Society can authorise treatment and say where and when it will be provided.

How to access this service

If you need treatment, you should ask your GP about the help available through the NHS and the waiting time involved. We expect you to use the NHS where possible but, if you feel the waiting time is unreasonable and causing you distress, you should contact the Members Service Department. See Page 2 for the information you need to give them. They will consider your request and tell you if we can help.

We strongly recommend that you stay on the NHS waiting list until we have given you written authorisation for this service. Please note that all treatment should be completed within eight weeks of our authorisation.

If your diagnosis took place at Benenden Hospital or a Regional Treatment Centre

In this case, your treatment may be carried out where you had your diagnosis, providing you with a high level of continuity of clinical care. This is if the treatment is available, authorised and arranged by the Society. After treatment, you will be referred to your GP for ongoing management and monitoring of your condition.

If your diagnosis took place through the NHS or our Local Diagnosis Service

In this case, you should send us a GP referral letter, the results of any tests you have had and a consultant's report, if you have one. If we feel we may be able to help, you may be referred to Benenden Hospital or a Regional Treatment Centre where a consultant will review your clinical needs and possibly ask for further diagnostic tests. Only after this can we confirm which, if any, treatment we can fund.

When Society help has been agreed

The hospital or Regional Treatment Centre will contact you to arrange an admission date. After treatment, we will fund one post-operative consultation. After this you will be referred to your GP for ongoing management and monitoring of your condition.

Payment

We will pay the hospital or Regional Treatment Centre direct. You will not be involved in the payment process.

Deferring treatment

We expect Benenden Hospital and the Regional Treatment Centres to deliver a prompt service to members who are in anxiety and distress. It is not possible to defer treatment to suit your personal circumstances, as you might be able to do with an insurance company.

What we cannot fund

See the list of general exclusions on Page 5. The principal exclusions for this service include:

- treatment outside Benenden Hospital or a Regional Treatment Centre
- heart/arterial surgery
- head/neurological surgery
- corrective laser-eye surgery or other eye treatments except cataracts
- complex orthopaedic surgery such as joint replacements, spinal, neck or back surgery
- complex ear surgery
- cosmetic surgery
- emergency treatment
- fertility treatment i.e. IVF
- complementary therapies
- breast surgery
- pain management
- dental treatment
- in-patient mental health treatment

The above list of exclusions is not exhaustive and you should contact Member Services Department for more information.

In-patient medical treatment of chronic medical conditions

A chronic medical condition, such as diabetes, asthma or multiple sclerosis usually has at least one of the following characteristics:

- it needs ongoing or long-term monitoring
- it needs ongoing or long-term control for relief of symptoms
- it requires rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

As chronic conditions are generally managed better through an established relationship with a GP or NHS consultant, we do not fund ongoing treatment for them.

In exceptional circumstances, we can assist with funding in-patient treatment for up to two weeks, if you are anxious or distressed about your condition because there has been a significant deterioration or change and in-patient or similar treatment is not readily available on the NHS. You can request this service six months after you join, providing you are a UK resident.

How to access this service

If you need treatment, you should ask your GP about the help available through the NHS and the waiting time involved. We expect you to use the NHS where possible but, if you feel the waiting time is unreasonable and causing you distress, you should contact the Member Services Department. See page 2 for contact details.

You need to send us a letter from your GP or a consultant's report outlining the clinical background to your condition, your current treatment plan and the NHS waiting time.

We will consult the Society's medical advisers and sometimes colleagues at Benenden Hospital to decide if we can help. You will receive a written decision in five working days.

We strongly recommend that you stay on the NHS waiting list until we have given you written authorisation for this service.

When Society help has been agreed

We will liaise with your GP to agree the most appropriate type and location of in-patient treatment. This may last for up to two weeks and is usually arranged at a hospital near your home.

Payment

We will pay the hospital directly. You will not be involved in the payment process.

What we cannot fund

See the list of general exclusions on Page 5.

Cancer treatment

If you have an undiagnosed health concern, which you believe may be cancer, see Pages 6 to 9 which describe our Consultation Service. You can request this consultation service six months after you join, providing you are a UK resident.

If you have had cancer diagnosed at Benenden Hospital, we may be able to consider limited treatment if this is not readily available on the NHS, and possibly offer further discretionary help. Please contact the Member Services Department to find out more.

If you have had cancer diagnosed through the NHS, our Local Diagnosis Service or other means, we cannot provide further support for treatment.

We may, in some cases, be able to offer financial help. See Page 15.

We strongly recommend you use the NHS to provide appropriate clinical care and ongoing support.

What we cannot fund

See the list of general exclusions on Page 5. Specific exclusions for this service include:

- radiotherapy, chemotherapy or other forms of cancer treatment
- medication
- medical aids and appliances

Tuberculosis treatment

This is our only non-discretionary service. It is available six months after you join, providing you are a UK resident.

How to access this service

If you have been diagnosed with TB, you should ask your GP about the help available through the NHS and the waiting time involved. If you feel the waiting time is unreasonable and causing you distress, you should contact the Member Services Department.

We will liaise with your GP or consultant to agree the best way forward. If you need in-patient treatment, this will be funded for up to two weeks, usually at a hospital near your home.

We strongly recommend you use the NHS to provide appropriate clinical care and ongoing support. We may, in some cases, be able to offer financial help. See Page 15.

Payment

We will pay for your treatment direct. You will not be involved in the payment process.

What we cannot fund

See the list of general exclusions on Page 5.

Financial help for cancer and tuberculosis

This service offers discretionary financial support up to £5,000 towards the extra costs, such as travel to and from hospital, help in the home or extra heating bills that you experience shortly after treatment for cancer or tuberculosis.

This help is not given simply because you have had treatment for cancer or tuberculosis. You can request this service six months after you join, providing you are a UK resident.

How to access this service

You need to find out about the help available through the NHS, Social Services, and other support organisations such as Macmillan Cancer Support. You should discuss this with Member Services Department who will give you guidance about the service and useful contacts.

You should then send us a report from your GP or consultant outlining the clinical background to your condition so we can decide if we can help. This will depend on several factors including the help available from the NHS, Social Services and other organisations, your clinical condition and your personal circumstances.

When Society help has been agreed

If we can help, we will write to you to confirm the type of help available up to a certain financial limit and for a specified period of time. We will review your circumstances after six months to decide if financial help is still justified. At that point you will need to ask your GP or consultant to provide us with a follow-up report on your clinical condition and your treatment plan.

What we cannot fund

See the list of general exclusions on Page 5. Specific exclusions for this service include:

- daily living costs not related to your condition
- costs outside the authorised period of help
- long-term ongoing support
- cancer surgery or treatment
- drugs
- complementary therapies
- modifications to your home
- loss of income

Travelling expenses

We expect people to pay their own expenses to travel to an appointment to use our services so we can maximise the money spent on patient care. However, if you feel this would cause you financial hardship, you can put a case forward for us to consider. This must be six months after you join, providing you are a UK resident.

Please note we expect you to use the most economical form of public transport available.

How to access this service

Contact Member Services Department for guidance and to ask if we can help. See page 2 for contact details.

When Society help has been agreed

We will send you written authorisation and guidance about how to complete and return a travel expenses form.

Payment

You are expected to pay your expenses and to send in a travel expenses form, receipts and travel details within three months of your appointment. We will then reimburse you the cost you have paid less £20 for each appointment. We do not reimburse travel expenses more than three months old except in exceptional circumstances.

What we cannot fund

See the list of general exclusions on Page 5. Specific exclusions for this service include:

- the cost of travel before we gave our written authorisation
- costs over three months old
- costs for travel to NHS appointments or to private appointments not supported or arranged by us
- costs of first class travel
- costs for companions unless the patient is under 18 or there is a clinical need for a companion

Standards of service

We are committed to providing you with a high standard of service every time you deal with us.

We aim to:

- answer your telephone call within 55 seconds
- repay your authorised healthcare costs within seven working days of receiving an original invoice

- respond to routine correspondence within three working days, either by letter or email
- acknowledge complex queries and complaints within two working days and provide a full response within 20 working days. If we are unable to provide a full response within 20 working days we will update you on our progress at this time.
- treat you and other members fairly
- give our names in all correspondence and on the phone
- be welcoming, courteous, respectful and responsive
- advise you clearly about the services that we can or cannot assist you with and to confirm these details verbally and in writing each time you contact us
- keep you informed and communicate with you clearly
- provide good quality information suited to your individual needs

To help us achieve these standards, we ask you to:

- be courteous and respectful to our staff
- have your membership number ready when you contact us
- help us by providing any information we need
- give us feedback on our performance. If you wish, you can provide feedback through our website www.benenden.org.uk/contact-us.

When things go wrong

We recognise that things may go wrong sometimes. We value the opportunity to put things right and to use what we have learned to improve our service.

This philosophy is at the heart of our complaints policy which is described below.

We do our best to offer a caring and effective service. If there is a problem with your membership or any of the services we provide or signpost you to, we want to hear about it. We welcome your comments and complaints as they help us to improve our services.

When you contact us you can expect our staff to be courteous, efficient and helpful. We will deal with your concerns quickly and professionally. If we have made a mistake we will apologise and do everything that we can to put things right. If the matter cannot be satisfactorily resolved for you at the first point of contact or within that working day, the following 2-stage internal complaints policy is available to you.

You can call us for help at any stage. We can give you the name and contact details of the Manager or Executive Director who will be dealing with your complaint.

Stage 1

If you have telephoned and we couldn't resolve your problem straight away we will ask you to write to us with full details and we will look into your complaint in more detail. Your correspondence will be acknowledged within 2 working days of receipt, and a copy of the complaints policy will be enclosed. A Society Manager will provide you with a full written response within 20 working days of receipt of your complaint. If the investigation of your

complaint takes longer than expected, we will keep you informed and let you know when to expect a response.

We will do our best to resolve your complaint at this stage. If you are not satisfied with the response provided at Stage 1, let us know your concerns immediately in writing.

Stage 2

Your correspondence will be acknowledged within 2 working days of receipt and then will be independently investigated by the Executive Director responsible for the relevant area of Society business. You will receive a full and final written response to your complaint within 15 working days.

Each complaint is taken very seriously and every effort will be taken to ensure that you are satisfied with the outcome of this process.

Third Party Complaints

If your complaint is about a third party organisation to whom you have been signposted by the Society, we will acknowledge your complaint and then forward this to the relevant organisation to respond to you directly. We will ask for the response to be sent to you within 20 working days from receipt by the third party and ask for a copy of the response for our database records. We will check that you are satisfied with the response from the third party.

Clinical Complaints

If your complaint is about a Society contracted Hospital, and of a clinical nature, we will ask for your written consent to disclose your relevant personal details before your complaint is forwarded to the Hospital to respond to you directly. Again, we will ask for the response to be sent to you within 20 working days of the Hospital receiving the complaint and we will ask for a copy of the response to be sent to us. We will check that you are satisfied with the response from the Hospital.

Financial Ombudsman Service

We can normally resolve all complaints within our Society internal policy. However, if you have accessed both stages of the Society internal complaints procedure and still remain unhappy with the final response, you can take appropriate matters to the Financial Ombudsman Service. You can write to them at:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Glossary

An explanation of terms used in this document

Authorised (service)	The Society will send written confirmation of approval for a service to the member. A member is not entitled to go ahead with any service that has not been authorised in writing by the Society.
Authorised (representative)	A person authorised by the member in writing to represent them when dealing with the Society. The Society cannot deal with anyone other than a member or nominee if we have not received an instruction naming an authorised representative from that member or nominee, unless it is for a member or nominee under 16.
Availability (services)	Members' access to Society services may vary according to the resources available and other relevant factors. Services are provided on a discretionary or non-discretionary basis (see 'Discretionary' below), depending on the current rules and guidelines.
Availability (NHS)	Used to describe whether medical consultations, tests, or treatment can be easily obtained through the NHS or not. Often used in connection with the NHS waiting time.
Chronic condition	A disease that is long-lasting or recurrent.
Complementary treatment	Examples: Dietitian, speech therapy, homeopathy, pain clinics, acupuncture (unless carried out by a physiotherapist).
Consultant	A doctor who holds the title of consultant and has one of the following recognised qualifications: FRCP, MRCP, FRCS, MRCS, FRCOG, MRCOG, FRCPOphth, MRCPOphth, FRCPsych, MRCPsych, FDS RCS, F.Ch.S, M.Ch.S or FCPods. The Society will only refer or approve a referral to a consultant who holds a current NHS post, or who is paid by, or contracted by, the Society to provide services to members.
Consultant's report	A document produced by the diagnosing consultant to confirm the patient's state of health, the clinical diagnosis and any recommendations for treatment.
Consultation Service	The provision of diagnostic consultations through the Society's consultants at Benenden Hospital or contracted Regional Treatment Centre. Alternatively, through a private NHS registered consultant recommended by the member's GP. Also, any necessary follow-up consultations that are authorised by the Society, and necessary tests and investigations needed as part of the diagnostic consultation.
Diagnosis	Finding out what is wrong with you.

Discretionary	The Society is not a medical insurer and cannot provide guaranteed services. Members do not pay insurance premium tax on their contributions. Services are flexible depending on members' needs and available Society resources. This is described as 'discretionary.'
Eligibility	The term used to describe whether someone has met all the rules, which apply to qualification for Society services. For most services, members must have served a six-month qualifying period. Contributions must be paid up to date. Members must be able to provide their membership number and/or other personal identifying details if asked by a member of staff.
Executive Director	A Director responsible for a named area of the Society. They are authorised at the second stage of the complaints procedure to make final decisions.
Expulsion	The Society can expel a member who misapplies Society funds or breaches the Society's rules. See Society rules 5.1, 5.2, 5.3 and 10.4.
GP referral letter	A letter from the patient's General Practitioner that outlines the clinical symptoms and requests the patient to be seen by a specialist.
Local Diagnostic Service	Authorisation of up to £1500 for a member to have private diagnostic consultations and tests locally, as recommended by their GP.
Limitations, exclusions and restrictions	The range of services which members and nominees may request is currently limited to those described in this guide and other Society literature. They are in line with Rule 9 of the Rules of the Society and approved by the Committee of Management.
Medical Report	A detailed report produced by a consultant or a General Practitioner that provides specific clinical information about the patient's current and ongoing state of health, with details of any medication or treatment provided and any recommendations for future medical care.
Member	A member or nominee of the Benenden Healthcare Society Limited.
Nominee	A person who is named on the membership record of a member and is nominated for services by the member.
Non-Discretionary	If an eligible member with tuberculosis living in the UK asks for our help, we will authorise treatment for tuberculosis.
Provider	A person or organisation in the UK, such as a named hospital, approved by the Society to provide a service to a member.
Regional Treatment Centre	A hospital approved and contracted by the Society to provide services for its members.

Reimbursement	The agreed amount the Society will pay back to the member for authorised medical and related expenses on production of a valid invoice. The member must provide original, valid invoices.
Retrospective	The Society cannot provide retrospective (after the event) funding for any service which has not been authorised in writing by the Society.
Services	This includes information, consultation, medical, surgical and financial services, provided by the Society within the current guidelines, on a discretionary or non-discretionary basis.
The Society	The Benenden Healthcare Society Limited.
Treatment Service	A selected range of surgical procedures, which can only be funded if undertaken at Benenden Hospital or one of the Society's contracted Regional Treatment Centres.
We	The Benenden Healthcare Society Limited.
You	A member or nominee of the Benenden Healthcare Society.

Useful Numbers

Consultation, treatment, physiotherapy, counselling and psychology services:

0845 052 5702*

Lines are open 8am – 8pm, Monday to Friday (except Bank Holidays)

Health Concern Adviceline, advice on long-term care, health screening, information services, financial assistance for cancer and tuberculosis, travelling expenses:

0845 052 5703*

Lines are open 8am-8pm, Monday to Friday (except Bank Holidays)

24/7 GP Adviceline and Stress Counselling Helpline:

0845 050 5247*

Membership enquiries:

0845 052 5720*

Lines are open 8am-8pm, Monday to Friday (except Bank Holidays)



Benenden[®]
Healthcare Society

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York YO26 4GG

www.benenden.org.uk



*Calls cost a maximum of 4p per minute for BT customers. The price of calls from non-BT phone lines will vary. Calls may be recorded. The Benenden Healthcare Society Limited is an incorporated friendly society, registered under the Friendly Societies Act 1992, registered number 480F. The Society's contractual business (the provision of tuberculosis benefit) is authorised by the FSA. The remainder of the Society's business is undertaken on a discretionary basis. The Society is subject to FSA requirement for prudential management.

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