

National Health Report 2015



What price care? Taking a look at public awareness of the costs of healthcare

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Foreword

That the National Health Service is stretched to near breaking point is not in dispute. However, what few people seem to agree on is at what point should the safety net of the NHS cease to be available?

This research throws into sharp relief the fact that we, as a society in the UK, now take the NHS for granted to such an extent that we're crippling it with our demands on its resources. Regardless of whether we are truly in need, we expect the service to be there for us. Whilst in many cases people will fall ill or need the help of the NHS through no fault of our own, there are also instances where poor lifestyle choices can contribute heavily to causing illness. As a society, we expect the NHS to pick up the pieces of poor lifestyle choices with little or no regard for the service, while grossly underestimating the actual cost of the treatment we receive.

If we are to retain a service that is free at the point of delivery for all, then there are difficult choices to be made. Do we want a world-leading NHS that can mend broken limbs, treat cancer and attend to the whole spectrum of illness, now capable of being cured by modern medicine, or a beleaguered service that tries to be everything to all people, but regularly fails?

Of course, we all know the answer to that question – but it's now time to take action. To start taking some real responsibility for our own health. This means taking time to learn about good nutrition, the benefits of responsible drinking and understanding that there's more to life than how good we look in our Facebook profile picture.

Our schools are already making good headway in putting nutrition and cooking back on the curriculum. However, we need to go one step further and teach tomorrow's generation that their health is also their responsibility and that we all have a duty of care to ensure the NHS continues for years to come.



A handwritten signature in black ink, appearing to read 'John Giles', written over a white background.

Dr. John Giles, Medical Director, Benenden

Introduction

The NHS originally launched with a budget of £437m (approximately £9bn at today's value) and was designed to offer free-at-the-point-of-delivery, acute and emergency medical care for everyone – regardless of their status or income.

The then Health Secretary, Aneurin Bevan, who declared the NHS 'open for business' at Park Hospital in Manchester on July 5, 1948, could never have foreseen either today's demand for care or the variety of treatments on offer.

While the central principles of Bevan's NHS hold true today, numerous factors are putting untold strain on a service never designed to deal with chronic, modern conditions associated with a combination of increased longevity, poor lifestyle choices and increasingly complex and expensive treatments for diseases once considered incurable. In fact, while the NHS budget for 2015/16 stands at **£115.4bn**¹, experts agree that the NHS in its current form is unsustainable and will hit a funding gap of some **£19bn per annum** within 10 years, unless drastic measures are taken to restructure services and/or introduce a different way of funding care².

Another major factor in the rising cost to UK tax payers is the sheer range of non-acute services and procedures now also available on the NHS – ranging from IVF to cosmetic surgery and procedures to help patients deal with everything from obesity to alcohol and drug addiction.

The mounting funding crisis means increasingly these non-essential services and procedures are under the spotlight with health professionals, politicians and the public questioning more often whether these services should in fact remain free at the point of delivery for all, or be part funded or wholly-funded by the individuals benefitting from them.

This year, **Benenden's National Health Report** lifts the lid not only on how good the public's understanding is of what common procedures cost the NHS, but also public opinion on whether some services should be paid for, or at least part-funded, by individuals on the receiving end, regardless of income and taxpayer status.

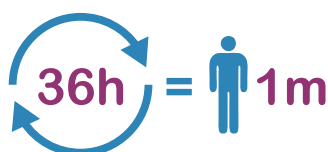
We also explore public attitude and sense of entitlement to those same NHS services – uncovering the disparity between what people believe others should be entitled to and their own entitlement.

NHS



The NHS is available to anyone who is a UK resident – currently some **64m people**

(Source: www.NHS.uk)



The Service treats **one million** patients every **36 hours**



TOP 5
LARGEST
WORKFORCE

It employs **1.6 million** people – putting it in the top five of the **world's largest workforces**

1. www.nhs.uk <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx>

2. ResPublica: Power to the People: The mutual future of our National Health Service. 2014

What price care?

The first part of our study took some common and not-so-common procedures and treatments – including natural birth, abdominal hernia repair, liver transplant, cosmetic surgery, IVF, stomach by-pass, treatment for sleep apnoea, hip replacements and treatment for alcohol abuse and asked our survey sample* to estimate the base cost – usually excluding pre-treatment, GP appointments, post-procedure care and follow-up.

Rarely did respondents have any true idea of cost, and in many cases, they significantly underestimated them. However, when it came to septorhinoplasty

(a ‘nose job’), respondents were less than £500 out – probably a reflection of the high awareness of cosmetic surgery costs because of its high profile in the media and growing acceptance in society as a way of ‘improving’ looks and/or slowing the ageing process.

Delving deeper, we then asked our respondents how they felt about some of those same treatments and procedures being freely available on the NHS if they were needed as a result of poor lifestyle choices – a liver transplant caused by excessive alcohol consumption for instance, or a nose job purely for cosmetic or lifestyle reasons.

* See survey sample on page 19

Natural birth

Approximately 480,000 babies are born naturally, under NHS care, every year - that is births without complications or a need for clinical intervention.

Where there are no complications, a natural birth is considered to be the safest method of delivery for both mother and baby. However, over the years the number of natural births as a percentage of deliveries overall has fallen as increasing numbers of births are by caesarean-section. These now account for 26% of births.³ The average cost of a planned caesarean-section carried out in an NHS hospital is £2,369.⁴

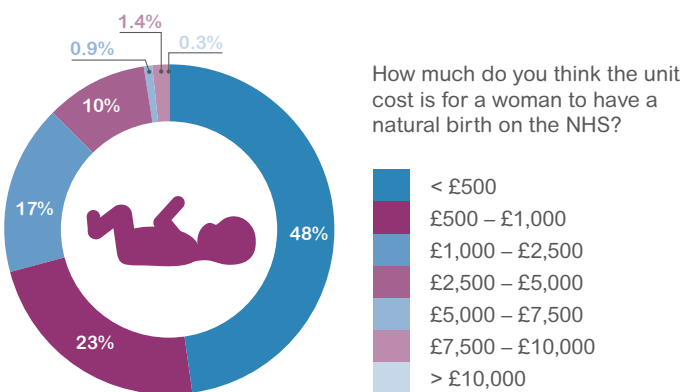
The actual cost of a natural birth under NHS care is £1,824⁵ however, survey respondents in the main significantly underestimated the price; 47% believed it to be £500 or less; a further 23% put the cost at between £500 and £1,000.

Even taking all the survey responses into account, the average cost of a natural birth is estimated to be £1,288 by our respondents - still more than £500 short of the true figure.

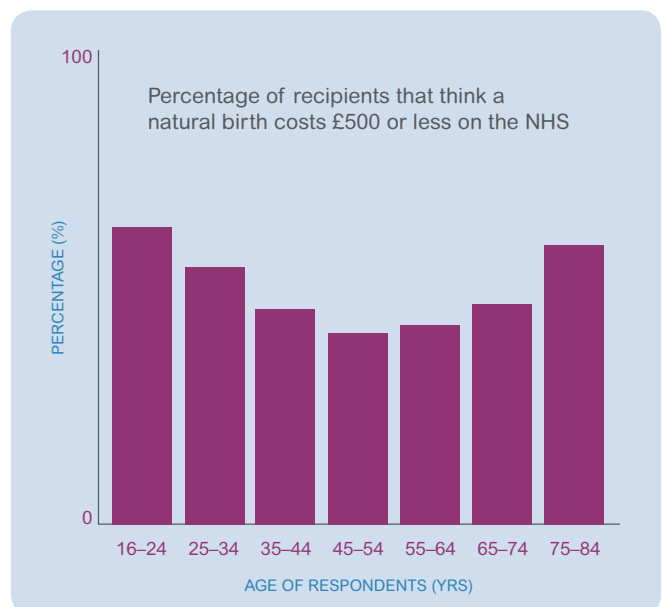
A high percentage of every age demographic believed a natural birth would cost £500 or less.

63% of 16-to-24 year olds believed the cost of a natural birth was minimal, perhaps because they were less likely to have an appreciation of the care involved, even with a natural birth, in an NHS hospital.

Meanwhile older respondents – 59% of 75-84 year-olds, also thought a natural birth would cost £500 or less. This could be a reflection of the fact that they can remember the early days of the NHS and before that when most babies were born at home.



Note: percentages are rounded to the nearest whole point.



ESTIMATED COST £1,288

ACTUAL COST £1,824

3. NHS Maternity Statistics: Health and Social Care Information Centre

4. National Institute for Health and Clinical Excellence, Costing Report, Caesarean Section (Update) November 2011

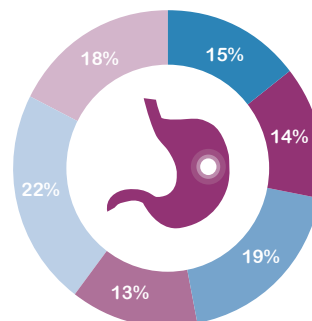
5. www.gov.uk/government/publications/nhs-reference-costs-2013-2014. Chapter 1.7

Abdominal hernia

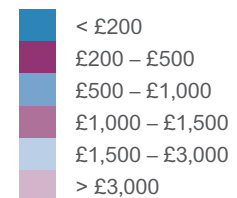
An abdominal hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. Last year the NHS carried out **7,489** low-risk abdominal hernia repairs at an average cost of **£2,281** per operation.⁶

Estimates of the cost by the vast majority of survey respondents fell far short of the actual figure at just **£1,609** – a shortfall of **£1,200**.

More than a quarter (**28%**) of people believed the cost to be **£500 or less**, while another third (**33%**) mistakenly believed that the price would fall somewhere between **£200** and **£1,000**.



How much do you think the average cost is to repair an abdominal hernia on the NHS?



Note: percentages are rounded to the nearest whole point.

ESTIMATED COST

£1,609

ACTUAL COST

£2,281

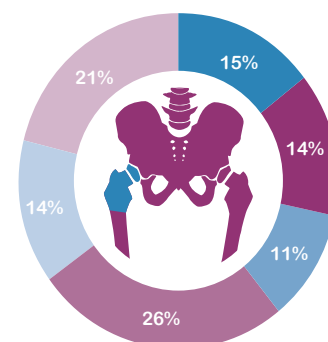
6. www.gov.uk/government/publications/nhs-reference-costs-2013-2014. HRG Data

Hip replacement

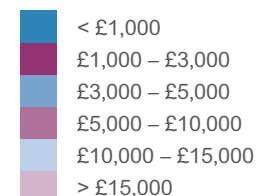
Hip replacements have been performed in the UK since the 1960s and are now one of the most common operations on the NHS. Every year more than **62,000**⁷ are carried out at an average cost of **£8,925** per operation⁸, and with an ageing population the number of procedures is likely to increase dramatically.

This was one of the few procedure costs that respondents assumed was more expensive than it actually is. The average cost assumed by people taking part in the survey was **£9,654**.

This was significantly inflated by the **21%** of respondents who believed the operation would cost more than **£15,000**.



How much do you estimate the average hip replacement costs the NHS?



Note: percentages are rounded to the nearest whole point.

ESTIMATED COST

£9,654

ACTUAL COST

£8,925

7. The National Joint Register: <http://bit.ly/1IUS0rG>

8. Wrighton, Wigan and Leigh NHS Trust

Cosmetic surgery

There are approximately 3,717 septorhinoplasty ('nose job') procedures carried out on the NHS every year. The most common reason for this type of operation is cosmetic, although surgery may also be performed in the aftermath of an accident or assault, for example.

Contemporary culture sees an increasingly intense focus on youth and beauty; the dawn of the 'selfie' generation means more young people in particular put themselves under mounting pressure to look flawless – a trend reflected sharply in attitudes towards cosmetic surgery, particularly among younger age groups in our survey.

Historically, cosmetic surgery was not carried out on the NHS unless there was a medical need. However, more recently, the NHS has come under fire for offering cosmetic procedures to people purely for what is perceived to be vanity reasons.⁹

The average cost of a nose job is **£2,498** for adults over the age of 18 and slightly more for teenagers and children at **£2,582**.

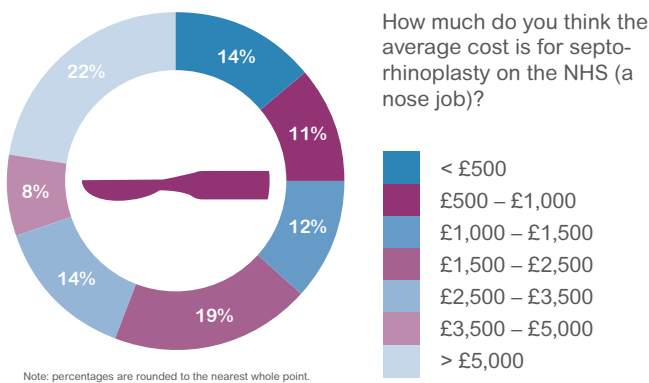
Interestingly, this was one medical procedure on which survey respondents were better informed – only slightly over-estimating the cost.

This greater understanding is most likely a result of the issue being commonly discussed in mainstream media as part of celebrity culture, where plastic surgery, purely for cosmetic reasons, is commonplace.

We then asked survey respondents if non-essential procedures should be offered on the NHS to help patients suffering from low self-esteem issues.

38% of 16-24-year-olds thought this was acceptable, but the older the respondents were, the less acceptable they found it. Just **25%** of 55-64 year olds thought cosmetic surgery courtesy of the NHS was acceptable, with the percentage dropping to just **18%** for 75-84 year-olds.

Almost **one in 10 (7.2%)** admitted lying to their doctor or knowing someone who had lied about being depressed or suffering from low self-esteem in order to receive free cosmetic surgery. This rose to **15%** of 16 to 24-year-olds and **12.5%** of 25 to 34-year-olds. Just **2%** of 65 to 74-year-olds said they had lied or knew someone who had.



ESTIMATED COST £2,950

ACTUAL COST £2,498

	Should non-essential procedures be offered?	Have you lied or know someone who has lied?
16–24 yrs	Y N	Y N
25–34 yrs	Y N	Y N
35–44 yrs	Y N	Y N
45–54 yrs	Y N	Y N
55–64 yrs	Y N	Y N
65–74 yrs	Y N	Y N
75–84 yrs	Y N	Y N
AVERAGE	Y N	Y N

9. www.telegraph.co.uk/news/nhs/10947902/NHS-spends-millions-on-cosmetic-surgery.html

Liver transplant

In 2014–2015 the NHS undertook 842 liver transplants¹⁰ at an average cost of £70,000 each.¹¹

Since the start of the UK’s transplant programme by Sir Roy Calne in 1968, the number undertaken each year has risen steadily and there are now seven liver transplant units in the UK.

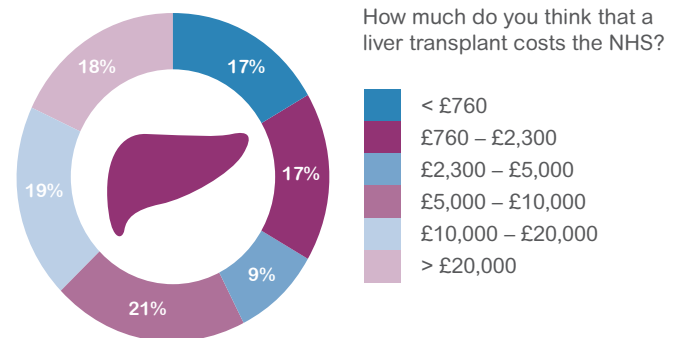
In the early years liver transplant doctors focused on just one year of survival, while now there is a greater than 90% chance that the recipient will be alive and well after one year, with survival beyond that usually very good. Many patients can expect to live for 20 years or more following their operation.¹²

Benenden survey respondents came nowhere near an accurate estimation of the average cost of a liver transplant. The average estimated cost of £12,279 fell short by a whopping £57,000 of the actual amount with a third (33%) believing the cost would be no more than £2300; one in five (20%) estimated that the procedure would be between £5,000 and £10,000.

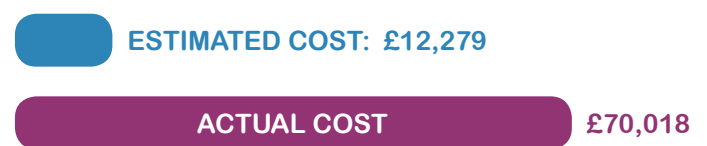
236 transplants are required each year as a result of alcohol abuse¹³. Just under half of survey respondents (48%) believed that transplants should still be available on the NHS for these patients, providing they were alcohol-free for three or more months prior to the operation.

A further 23% believed patients with alcohol issues should contribute to the cost, while 9% took a much harder line, saying there should be no liver transplants for people with drink problems.

Just under 20% took a more sympathetic view – sanctioning free transplants for all, whatever the initial cause of the problem.



Note: percentages are rounded to the nearest whole point.



Alcohol abuse

Last year a total of over £136m was spent on drug and alcohol services for children, adolescents, adults and the elderly. This included admitted inpatients, outpatients and community contacts as well as rehabilitation for drug or alcohol addiction.¹⁴

Survey respondents were unforgiving: just 15% thought treatment should be offered free-of-charge on the NHS while 84% of respondents believed patients should either pay for their own treatment or make a contribution towards it.

10. From 2014-2015 (ending March 31st, 2015) <https://www.organdonation.nhs.uk/supporting-my-decision/statistics-about-organ-donation/transplant-activity-report/>

11. <http://news.bbc.co.uk/1/hi/programmes/breakfast/4898158.stm>

12. British Transplantation Society

13. In 2014 (the year to December 31st 2014) 236 liver transplants were carried out on patients with alcoholic liver disease (source: NHS statistics supplied under Freedom of Information request) (Alcohol liver disease was listed as the primary, secondary or tertiary indication for transplant.

14. Source: National Schedule of Reference Costs Year : 2013-14

Gastric (stomach) by-pass

Obese and morbidly obese people (typically those with a BMI of more than 40) can apply to the NHS for surgery to reduce the size of their stomach, which reduces the amount of food and drink they can consume in any one sitting, thereby helping them to lose weight.

The average cost of a stomach by-pass (excluding GP appointments running up to and during care, aftercare, and prescriptions etc.) is **£4,942** per operation – rising to **£11,689** for non-elective (long-stay) patients. Last year **3,650** stomach by-pass operations were carried out.

Other procedures for obesity include: restrictive stomach procedures such as gastric bands, at a cost of **£4,110** each, with approximately **1,707** of these carried out and endoscopic insertion of a gastric balloon, costing **£1,885** per procedure with **86** completed last year.

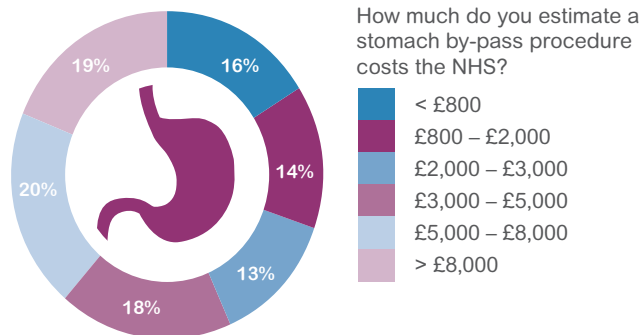
Altogether there were **5,443** stomach by-passes, restrictive stomach procedures and gastric balloon procedures carried out on elective in-patients, purely for reasons of obesity last year at a cost of more than **£25m** to the NHS.¹⁵

Survey respondents generally had little grasp of how many stomach by-passes take place each year. **48%** believed there were **2,500 or less** performed each year, while **17%** thought the figure was upwards of **15,000**.

They were equally divided on cost, with **16%** saying the price was less than **£800** while at the other end of the scale **19%** put it at more than **£8,000**. The average estimated cost was **£4,813**.

Generally, the younger the respondent, the less they thought a stomach by-pass cost. **37%** of 16-24-year-olds believed it was less than **£800**, dropping to **19%** of 25-34 year olds and just **11%** of 55-64-year-olds.

It's possible that, because popular media often discusses stomach by-pass as a form of weight control, respondents in the younger demographics wrongly assume it is a cheap and simple procedure.



Note: percentages are rounded to the nearest whole point.



15. National Schedule of Reference Costs Year : 2013-14. Includes:

- Stomach Bypass Procedures for Obesity
- Restrictive Stomach Procedures for Obesity
- Endoscopic Insertion of Gastric Balloon for Obesity

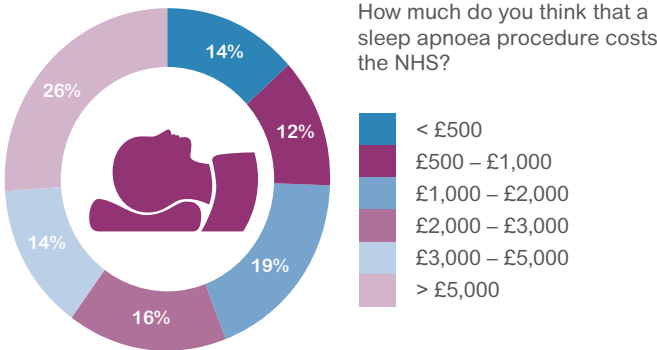
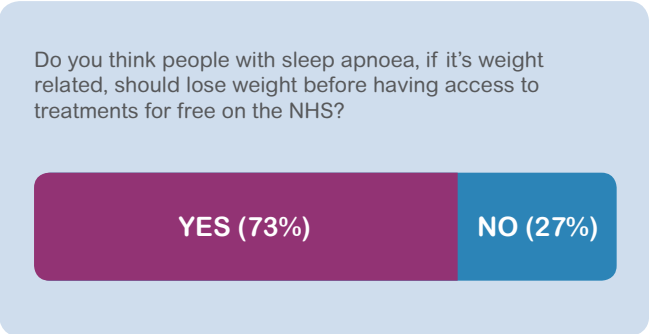
Obstructive sleep apnoea

Obstructive Sleep Apnoea (OSA) is a condition where the walls of the throat relax and narrow during sleep, interrupting normal breathing. It is a relatively common condition affecting men more than women with most cases developing in people aged 30 to 60 years old, although it can affect people of all ages, including children. The NHS estimates that around 4% of middle-aged men and 2% of middle-aged women have OSA.¹⁶

A common cause of OSA is being overweight or obese, although it can also be caused by taking medicines with a sedative side-effect, through smoking, or drinking before bed. The condition can also be caused by an individual having an unusual neck structure such as large tonsils, adenoids or tongue.

Treatment includes lifestyle changes, such as weight loss, but medical treatment can include an operation known as Uvulopalatoplasty. This is an out-patient procedure in which a laser is used to remove parts, or all of the uvula – the piece of tissue that hangs from the roof of your mouth, at a cost of £1,845. There were 453 procedures carried out last year.

Overwhelmingly, 73% of survey respondents agreed that OSA sufferers should take responsibility for themselves and their condition and lose weight before receiving any NHS treatment if the condition was weight-related.



Note: percentages are rounded to the nearest whole point.



16. www.nhst.uk

In vitro fertilisation

In vitro fertilisation (IVF) is one of several techniques available to try and help couples with fertility problems to have a baby. An egg is surgically removed from the woman's ovaries and fertilised with sperm in a laboratory. The embryo is then returned to the woman's womb to grow and develop. The first IVF baby, Louise Brown, was born in 1978 following the pioneering work of scientist Robert Edwards and his gynaecologist colleague, Patrick Steptoe. Since that first baby girl, the number of live births¹⁷, as a result of IVF, has risen steadily – from 1,226 in 1991 to 5,935 in 2005.¹⁸

One round of IVF treatment on the NHS costs between £1,287 and £6,000, although in certain circumstances it can be more. The IVF success rates vary widely depending on age. For women aged under 35 the success rate is 32.2%, dropping to just 5% for women aged 43-44.¹⁹ To increase chances of success, the National Institute for Health and Care Excellence (NICE) recommends three rounds of treatment for women under 30 years of age and just one for women over 40.²⁰

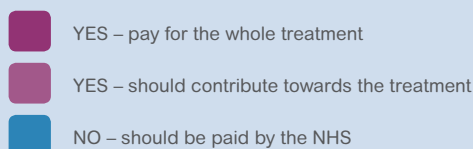
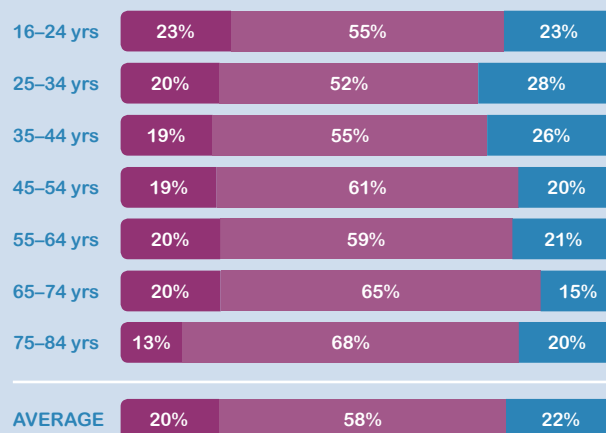
Our survey asked if IVF treatments should be available on the NHS and wholly funded by the Service, or should couples have to contribute towards the cost?

An overwhelming 58% believed people should contribute towards the cost and a further 20% thought people should pay for all rounds of treatment; 22% believed the NHS should pick up the entire bill.

However, the overall results masked marked differences in responses from the different age groups: the younger the respondents the more likely they were to believe that IVF treatments should be freely available on the NHS; 28% of 25 to 34-year-olds believed the NHS should pick up the whole bill, while just 15.2% of 65-74 year olds held that view.

It's notable that virtually a quarter (24%) of 25 to 34-year-olds believed they should be entitled to unlimited, free IVF treatments – the highest of all the age groups.

Do you believe that those who choose to have IVF should have to pay for, or at least make a contribution to, their treatment?



17. Live birth refers to babies still alive at one month of age (www.hfea.gov.uk)

18. A Long Term Analysis of the HFEA Register data (1991-2006)

19. www.nhs.uk/conditions/ivf

20. <http://www.nice.org.uk/guidance/cg156/chapter/1-Recommendations#access-criteria-for-ivf>

Attitude to cost and entitlement

For this section of the research we took a closer look at public attitudes to free and private healthcare and whether people ever considered the actual cost of the treatment they received via the NHS.

We also asked them to think about how they believed the service stacked up against private healthcare and whether the NHS should remain free for all, or should it only be available to people who cannot afford to pay for private healthcare.

Prescriptions

In Scotland, Wales and Northern Ireland, prescriptions are free to all citizens. In England, prescribed medicines are free-of-charge to some, but roughly 40% of the population is liable to pay for their prescriptions, although medicines to treat serious illness or complex conditions are often heavily subsidised by the NHS.

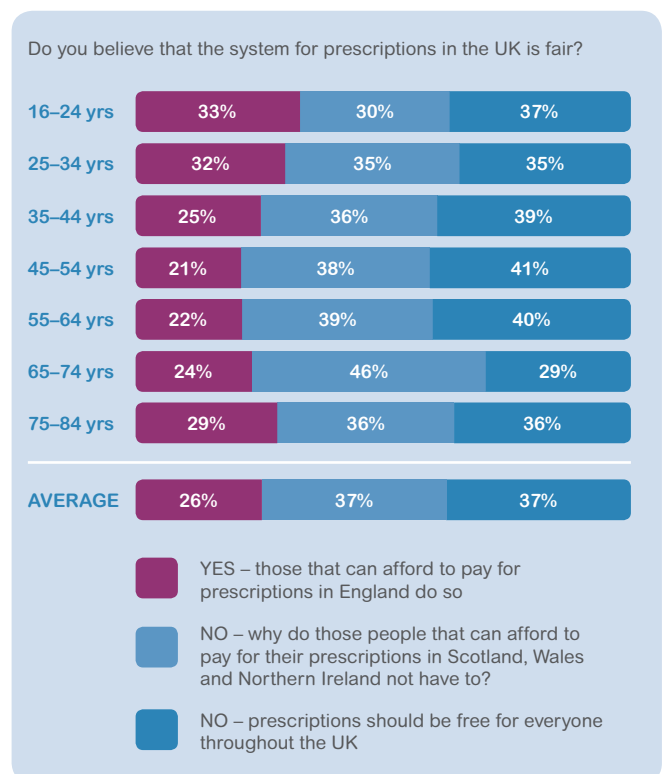
The highly-respected health thinktank The King's Fund says data shows the number of pharmaceutical items prescribed in England reached more than one billion in 2012 – equivalent to almost 19 items per person and an increase of 62% since 2002.²¹ It also estimates that in reality around 91% of the English population do not pay for prescriptions.²² The following are examples of exemptions:

- Aged under 16-years
- Aged 16-18 and in full-time education
- Aged 60 or over
- Holders of a Maternity Exemption Certificate
- Holders of a valid Medical Exemption Certificate for a number of chronic conditions including, for example, diabetes, epilepsy etc.
- Holders of an HC2 certificate (awarded on the basis of low income)
- Holder of a War Pension Exemption certificate
- Recipients of income-related benefits including: Pension Credit; Income-based Job-Seekers Allowance and Income Support

Nearly four in ten people (37%) believed this current system was unfair and that patients in England should join those in the rest of the UK in receiving completely free prescriptions.

A further four in ten people (37%) believed people in Scotland, Wales and Northern Ireland who could afford to pay for their prescriptions should do so.

A quarter (25.5%) of people surveyed believed the current system to be fair.



21. <http://www.kingsfund.org.uk/publications/articles/prescription-charges-are-they-worth-it>

22. <http://www.pharmaceutical-journal.com/news-and-analysis/news/prescription-charge-overhaul-would-raise-1bn-a-year-for-nhs-says-think-tank/20066348.article>

Cost and consideration

Our survey found that overwhelmingly, people **do not** consider the cost of consultations and procedures they receive on the NHS. Equally they don't worry about whether or not the free treatment they receive may be taking treatment away from someone else in greater need.

75% of respondents said neither of these factors were considerations when seeking help from the NHS – demonstrating just how much British citizens have come to take the NHS for granted.

The research also threw up results indicating that the older the respondents were, the fewer concerns they had about the cost of consultations or depriving others of treatment, with each age group caring less than the one before it.

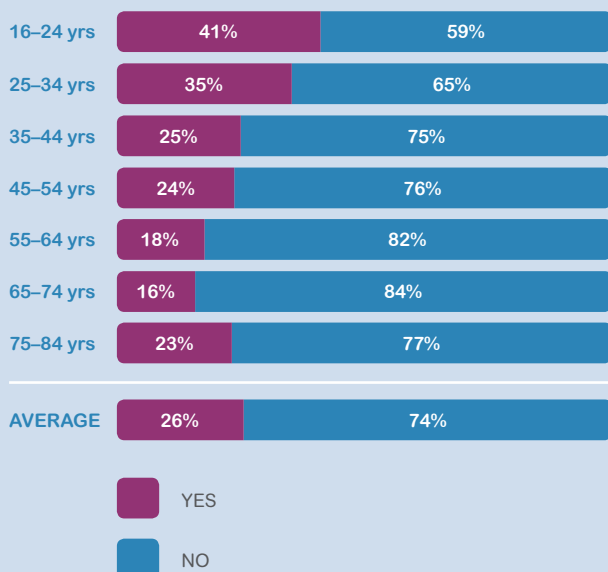
41% of 16 to 24-year-olds said these were concerns, dropping to just 16% of 65 to 74-year-olds. Indicating perhaps, that older generations feeling they've paid enough into the NHS to benefit from it without feeling guilty, plus, because of their age they may be more likely to need treatment for chronic or life-threatening conditions.

Conversely, the majority of the same respondents did claim to care generally about the cost to the NHS of procedures; 62% said they were concerned that the NHS was under strain, which could mean they were not a priority.

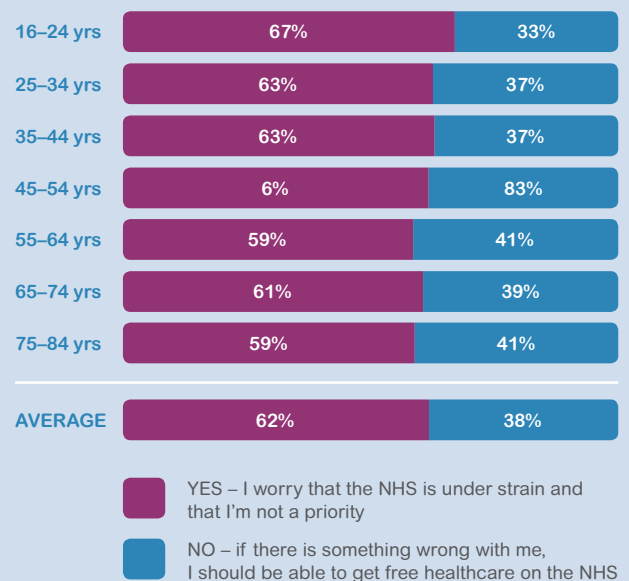
However, that still left nearly 40% of people unmoved – with no concerns about the strain on the service and who believed they should always be entitled to free healthcare.

Young respondents were marginally more likely to be concerned, with 67% of 16 to 24-year-olds voicing their worries about strains to the service compared to 59% of 75 to 84-year-olds.

For any procedures or consultations you've had on the NHS, have you ever worried about the cost and whether you're taking treatment away from people who need it more than you?



Do you care how much procedures cost the NHS?

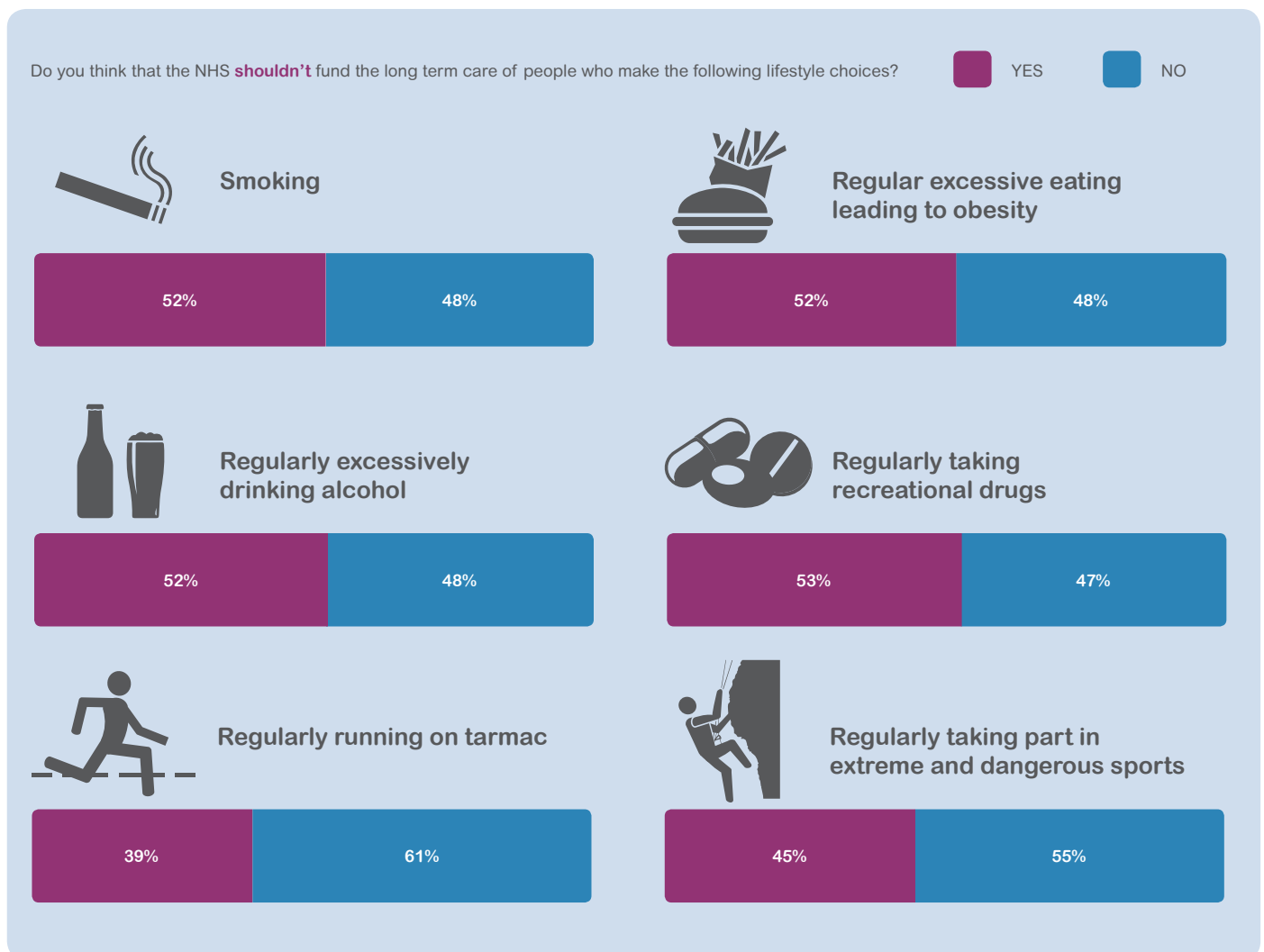


Personal liability

Views hardened when we asked respondents to consider whether NHS services should be available to people making, what are generally considered to be, unhealthy lifestyle choices, such as smoking, excessive drinking, eating excessively or taking recreational drugs.

The number of respondents who believed people making these kinds of lifestyle choices shouldn't be treated on the NHS hovered between 51% and 53% in every case.

Interestingly, injuries sustained from taking part in extreme or dangerous sports, or injuries from regular running on a tarmac surface were excused, with 61% and 55% of respondents believing these qualified for NHS treatment.



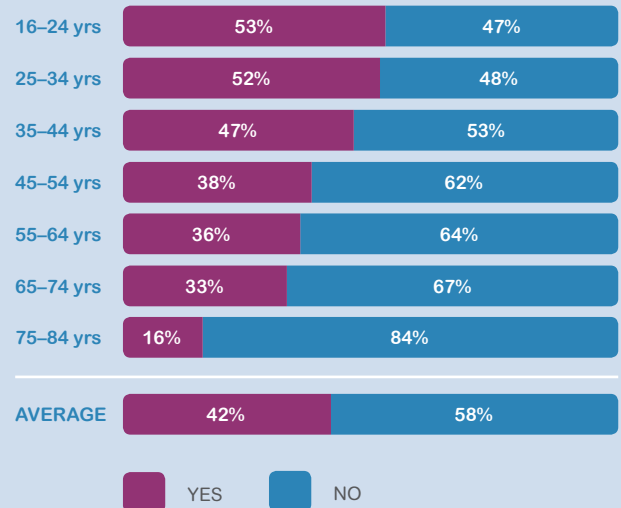
Private versus NHS

When it comes to comparing NHS care with that available in the private sector, the majority of respondents (58%) said they believed the NHS was as good as the private sector, but that still left nearly half (42%) believing the NHS offered a lower standard of care and would feel safer going private.

The percentages changed significantly between age groups: 53% of 16 to 24-year-olds said they believed the NHS offered a lower standard of care, with the figure dropping to 38% of 45 to 54-year-olds and just 16% of 75 to 84-year-olds.

However safe (or not) people feel in NHS hands, private healthcare still appears to be an aspiration for the majority: 65% said if they could afford to, they would pay for treatment.

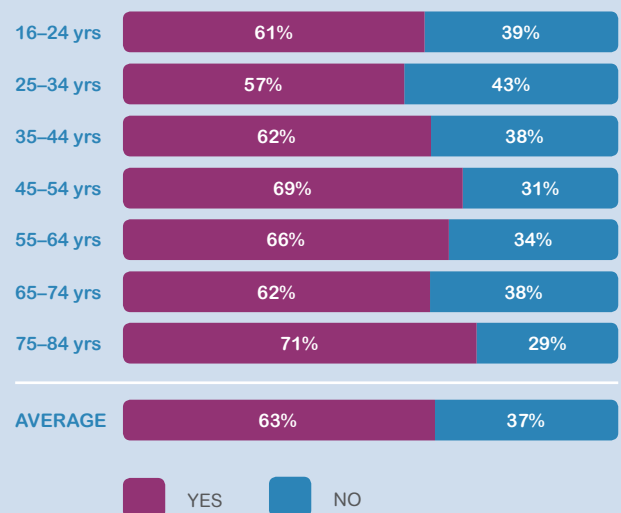
Do you feel you get a lower standard of care on the NHS? In other words, would you feel safer and in better hands if you were in private healthcare?



Opinion was divided on how often people should be allowed to tap into free healthcare: 49% agreed that free healthcare should always be available, no matter what for, or how many times a person needed it; 51% thought it should be limited in some way.

And the majority (63%) of respondents said those who could afford to pay, should go private to free up NHS services for the less wealthy. The percentage rose slightly for the older age groups with 68% and 66% of the 45 to 54 and 55 to 64-year-old age brackets both believing wealthy people should pay. This rose to 71% of 75 to 84-year-olds believing the better off members of society should pay for care to free up the NHS for those who cannot afford private treatment.

Should people go private/pay for private healthcare if they can afford it, to free up spaces for those who cannot afford to pay for their healthcare?



Truth or dare?

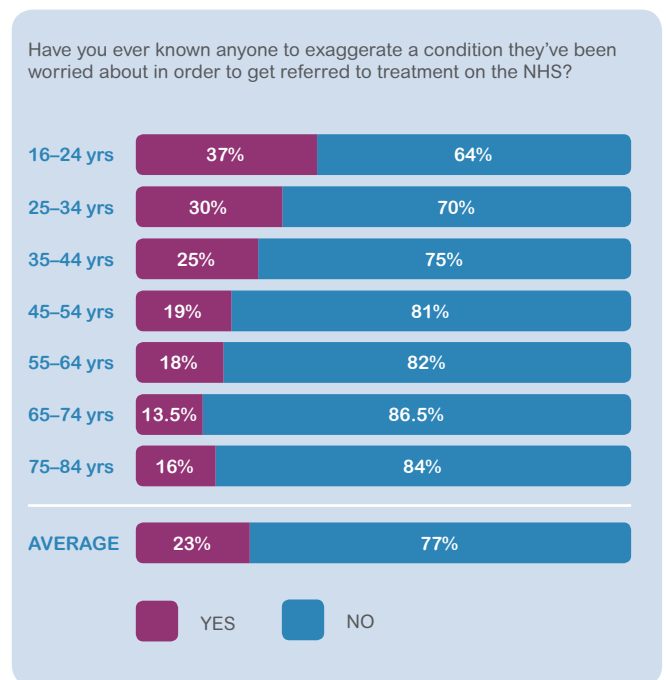
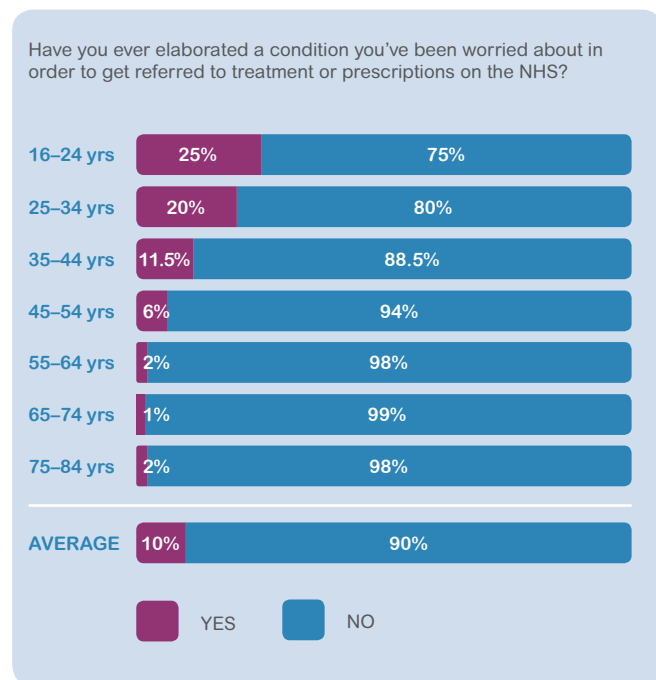
Concerns over strains on the NHS and getting prompt appointments and treatment was perhaps responsible for the one in ten people who admitted they had exaggerated a condition in order to get referred for treatment or to receive an NHS prescription.

This 10% of people was almost exclusively made up of younger respondents: 25% of 16 to-24-year-olds and 20% of 25 to 34-year-olds admitted to stretching the truth when seeking treatment, while just 11% of 35 to 44-year-olds admitted as much. The percentage dropped steeply again for older age brackets – just 2% of 55 to 64-year-olds and less than 1% of 65 to 74-year-olds admitted exaggerating.

Perhaps not all of the 90% of people who claimed to have never exaggerated a condition to be referred for treatment were telling the truth because nearly

a quarter (23%) of survey respondents claimed to know of someone else exaggerating symptoms in order to get referred for treatment on the NHS.

Once again it was younger respondents who said they knew of someone who'd exaggerated symptoms to get referred for treatment: 37% of 16 to 24-year-olds said they knew of someone, while 30% of 25 to 34-year-olds also claimed to know of someone else exaggerating a condition. This dropped to just over 13.5% of 65 to 74-year-olds.



About Benenden

Benenden is a mutual community providing a range of different products that demonstrate the same powerful ethos. Our vision is to become the UK's leading health and wellbeing mutual community.

Our personal healthcare product is offered by our parent company - Benenden Healthcare Society Limited - and includes a range of health and wellbeing services. As a mutual, it is run for our members and for only £8.45 per person per month, members can request a wide range of discretionary services, including health and wellbeing advice, quick diagnosis and prompt treatment in approved private hospitals.

Beyond personal healthcare, we also offer a range of products and services complementing and supporting our mutual community. These include our health services, travel insurance, home insurance and health cash plan products.

www.benenden.co.uk

About the research

The Benenden National Health Report research was conducted by Red Dot using an online fieldwork methodology. 4,000 people were surveyed between June and July 2015. Respondents were invited to participate from a nationally representative online panel.

Contact us

If you are a journalist looking for further information about Benenden, case studies or would like an interview, please contact Storm Communications:



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