

# e-Protection Review

(incorporating HealthCare Insurance Report)  
from Peter Le Beau MBE, Andy Couchman, Kevin Carr

## Range of free NHS treatments to be cut by 2020 warn experts

The range of 'free' (at point of use) NHS treatments is likely to be cut by 2020, according to a report by the **Future Foundation** for **Friends Provident**, published on 2 August.

*Visions of Britain 2020* argues that the NHS will change fundamentally over the next decade and that while the core principle of care that is free at the point of use will remain, the scope of coverage will decline. The principle driver will be the ageing society—by 2020, 29% of the population will be 60 or over, compared to 22% in 2008.

The Future Foundation based its findings on a poll of 1,000 nationally representative people, plus two focus groups, a Delphi Panel of five experts and interviews with six other health experts. The report is at [www.visionsofbritain2020.co.uk](http://www.visionsofbritain2020.co.uk).

The report also argues that by 2020 individuals will be responsible for their own health, with 76% of people agreeing with that statement. Although preventative medicine may provide a way forward, a third of us need to be incentivised to lead healthy lifestyles. While we may be aware of Government guidelines and health advice, we often don't act on it, the report says. Consequently, unhealthy behaviours will be penalised; that action having the support of a voluble 'New Puritan' group.

One positive forecast is that technology promises to improve the health of the nation, often from the comfort of people's own homes. Developments in self-monitoring will help doctors provide a better quality of care too.

In terms of the development of the NHS, opinion was divided on how it will change but 'there was broad agreement on an increasing involvement of private providers of healthcare. This will have the effect of driving down costs through increasing competition. There will also be a greater emphasis on preventative care,' the report says.

Health writer Dr Sarah Brewer said: "The NHS as it stands cannot survive due to increasing costs of medical advancements and increased longevity in an ageing population."

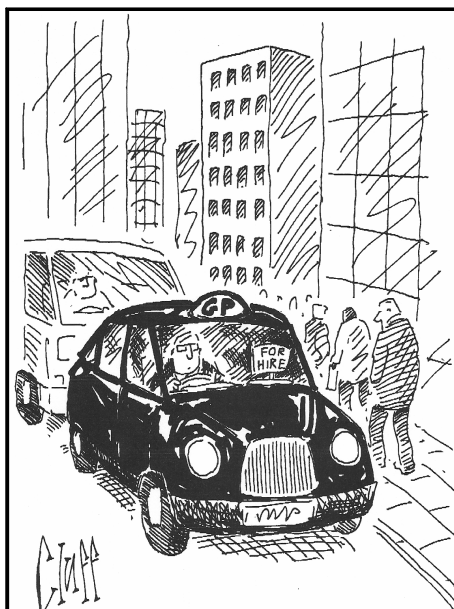
The concept of greater citizen involvement in the NHS was not greatly supported—only 7% of those polled believed it was very important for representatives of the local community to join health professionals on primary care trust boards. Most of the professionals interviewed were also against more citizen involvement (*Continued on Page 2*).

### Quotes of the month:

"Employee long-term absence as a result of illness or injury is a real financial burden for UK businesses." Marco Forato, Unum's chief marketing officer, 2 August.

"There is no way that you can continue to tell people that the NHS is going to take care of all their health needs." GP and broadcaster Dr Jonty Heaversedge, *Visions of Britain 2020* report, August 2010.

"While it's good news that 80 is the new 65, it's clear that people haven't woken up to the impending care crunch and considered who will look after them when they are no longer able to look after themselves. Pensions aren't the only thing we should be thinking about—our care needs are just as important." Oliver Thomas, director of Bupa UK Care Homes, 16 September 2010.



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### Key statistics:

- NHS RTT median wait England July 2010: 8.3 weeks (See Page 11).
- e-Protection Review Long Term Protection Sales Index: 104.3 (Quarter 1, 2010, compared to base 100 in Quarter 1, 2000).
- e-Protection Review Employment Index: 107.230 (To end July 2010, compared to January 2000, see Page 11).

(Continued from Page 1) While just a third of those polled believed that people need to be incentivised to lead a healthy lifestyle, 58% of young people felt that healthy lifestyles should be rewarded.

'In encouraging change we need to be offered a carrot while feeling the impact of the stick,' the report says. It adds that: 'future efforts to encourage healthy behaviours will be more effective if they acknowledge and work with this mentality'.

On the issue of health tourism, the report says: 'very few people believe that the quality of care offered abroad is superior to that at home.'

On the subject of Government guidelines, 51% were aware of the guidelines on calorie intake, but only 17.5% adhered to them; for exercise the figures were 60% and 19% and for alcohol units, 49% and 34%. The report suggests that there may be a degree of over-claim so far as the adherence percentages are concerned...

The report also warns that a third of people just do not want to think about their long term health.

Among incentives already being offered, an NHS primary care trust in Kent paid cash payments up to £425 to volunteers who signed up for a 'pounds for pounds' scheme in 2009. And, insurance broker Willis offers its staff discounts on products and services from around 2,000 retailers and manufacturers for healthy behaviours.

However, the Delphi Panel felt that this approach had problems and that it would be easier to increase 'sin taxes' - alcohol and smoking.

That was supported by respondents generally. Almost half (45%) supported a minimum price for alcohol, 44% supported a 'fat tax' and 38% agreed that the NHS should not prioritise people who fail to look after their health.

The importance of prevention was indicated by a poll result that 72%

of people believe that it is important to take action now to protect their health in the future. That desire is reflected in two new phenomenon; self-diagnosis and self-measurement.

Almost two thirds (62%) of people had used the internet to diagnose themselves through sites such as NHS Direct. The report argues that this figure will continue to increase in future. The main reason to self-diagnose was that people felt informed enough to make their own judgement on their condition (or lack of a condition) - 41% - while 21% rated convenience highly and one in eight did not want to burden the NHS. That respect for the finite resources of the NHS was also borne out elsewhere, the report's authors noted.

For example, 14% of respondents said they were now visiting a health professional such as a GP less often, while only 5% were going more often.

However, the health experts were consistently concerned that this could lead to an increase in health anxiety and misdiagnosis.

Technology already available includes:

- The iBP app, which measures blood pressure and pulse rates over time and allows cumulative long term data to be sent to a doctor for analysis.

- Glucose Buddy is an all-round health record for diabetics. It records blood-glucose levels, food intake and exercise regimes, logged in via a touch-screen interface.

- Meal Calc is an app that logs the number of calories consumed every day.

- A free NHS app, Drinks Tracker, calculates alcohol consumption over weeks and months.

### The NHS in 2020

When asked about what the NHS will look like in 2020, the experts consulted believed that a range of treatments will no longer be free under the NHS. They included IVF and fertility treatment; subsidised dental treatment; obesity surgery and drugs; dementia treatment, and complementary therapies. Among the experts' comments were:

"Now and 2020? We'll be fatter, older, we'll have more diabetes, more chronic conditions..." Dr Patricia Macnair, GP and journalist.

"A move from a free NHS system (which few people value exactly because it is free) towards a paid for service, at least within primary care. Secondary care will probably remain free." Dr Sarah Brewer.

"More people living with long term conditions including cancer." Niall Dickson, chief executive and registrar, General Medical Council.

The report concludes by noting that 'we'll need to start an emotionally-charged debate on how long we provide care for'. It quotes Dr Patricia Macnair as saying: "We can't afford to go on

treating everyone 'till they're 101 or whatever with all sorts of active treatments... we spend huge amounts of money on very frail, elderly people who bounce in and out of hospital who can't really cope at home and we can't afford or don't have any nursing homes for them... there are some very challenging questions about where we draw the line."

Friends Provident CEO Trevor Matthews said: "Our report reveals that there will be a fundamental and permanent change in the provision of free healthcare in the next decade. The study identifies a disconnect between our aspirations for healthcare, and our behaviour. We all need to adopt healthier lifestyles or else risk being faced with penalties in the years ahead."

## Is a claims timebomb round the corner?

Are we sitting on a claims timebomb?

It is clear that the credit crunch, recession and rising unemployment have had an effect on the nation's morale and stress levels are reported to be at an all-time high (mind you, they often are...).

Understandably, many people (now even in the public sector) are worried about their jobs, their mortgages and how long their employers' pay and benefits freeze will last.

Yet, few health and protection insurers have reported big increases in their claims.

To some extent, recessions typically result in a time lag before claims start to rise—often it takes 18 months to two years before claims start to rise inexorably.

And, it could be argued that in this recession things are different—unemployment has risen less than in previous recessions, while interest rates, if anything, have fallen not risen. And insurers' and employers' helplines, counselling help and other EAPs should all help to stop today's 'worried, becoming unwell's' becoming tomorrow's claims. Or are customers just too afraid of losing their jobs to risk making a claim at this point in time? Let us know what you think.

## Half of adults worry about health costs going into old age

**Simplyhealth's** latest *Bothered Britain Report*, published on 6 September, has found that more than half (54%) of UK adults are worried they will not be able to afford to look after their health into old age.

And, the Government's plans to increase the retirement age have resulted in 89% of employers saying they will have to re-evaluate their employee benefits in light of an ageing workforce. Just under half (42%) are looking to reduce the number of employees who get benefits, while 30% think they will have to ask employees to contribute to the cost. Only 16% planned to allocate more money to provide benefits.

Other findings include:

- Almost half of individuals polled said the changes proposed in the recent NHS White Paper will make them take more responsibility for their own health. However, only 37% were aware of what the planned changes were.
- Three quarters (72%) of those polled planned to exercise more and 61% said they would eat healthier foods in future.
- 88% of people said that helping others makes them feel good. And, 60% said that the tough economic conditions of the past two years have made helping others even more important.
- In terms of what most bothered or concerned them those polled said: their own health (64%); their family's health (62%; 67% of mums and 54% of dads); their career (23%, up from 16% last year); their appearance 16% (down from 22% last year); their house 16%; their pet's health 12%; their friends' health 12% (up from 8% last year); their next holiday destination 6%; their car 5%, and their football team, 2% (down from 5% last year).

The research also polled employers:

- Two thirds of employers (65%) believed they had a shared responsibility, alongside individuals and the Government, for the health of the nation.
- While 34% of HR managers in the public sector thought individuals were solely responsible for their health, the corresponding figure for the private sector was just 21%.
- 76% of HR managers said employees were more stressed than ever before and 79% of those blamed the economic climate for that, with 65% saying redundancies were to blame.
- Despite the economic situation, 44% of HR managers said their company would increase the range of health benefits they offered. But, 72% reported their company had a current freeze on pay increases and benefits.
- 77% said they had a duty of care to staff and say they are responsible for reducing stress in the workplace.

James Glover, Simplyhealth's corporate sales and marketing director said: "It's apparent that times are changing and that individuals and families will not be able to rely solely on public services such as the NHS to take care of their health."

For the survey, **Opinion Matters** polled 257 HR managers and 1,016 UK adults in July 2010.

The 12 page report can be downloaded from [www.simplyhealth.co.uk](http://www.simplyhealth.co.uk).

## 80 is the new 65 says Bupa

More than two thirds (70%) of people in the UK aged 65 or over do not consider themselves to be 'old', according to new international research published by **Bupa** in its *Bupa Health Pulse 2010* report on 16 September.

Over half (51%) think that old age does not start until your 80s, even though less than a quarter of over 65s have put money aside and 65% assume that their families will be there to shoulder the burden of old age.

However, a Bupa sponsored study by the **LSE (London School of Economics)**, published on the same day (*Ageing societies: Challenges and opportunities*) reveals that the 'informal care network' (the traditional pattern of families looking after their elderly) is disintegrating. This is due to more older people, more women in the workplace and more one person households.

A number of other interesting findings emerge from the *Bupa Health Pulse 2010* report including:

- 31% of Brits believe the State should fund old age care for people on low incomes only and 34% that it should fund care for everyone.
  - In Britain, more than in any other of the 12 countries studied (Australia; Brazil; China; France; Germany; India; Italy; Mexico; Russia; Spain; UK, and USA) people believe that the responsibility for funding care should be shared between the State and the family.
  - In the UK, 74% believe that people can live in a care home and still enjoy their daily lives.
  - 67% of those polled across all countries feel healthy (73% in the UK).
  - Across all 12 countries, 47% of adults believe old age only starts in your 80s, with the highest figure being 54% in France.
  - Across the world, 82% of people believe that the current level of State support for care needs to improve, with 62% believing it needs to 'improve dramatically'.
  - But just 7% think that the State will actually take responsibility for caring for them in their old age.
  - The biggest health concerns globally were getting cancer (34%) or dementia (23%) when they get old.
- And from the LSE report:
- Globally, life expectancy has increased by an average of 21 years in the past 60 years from 47 years (1950-55) to 68 years in 2005-10.
  - Of the countries surveyed, Australia has the highest life expectancy at 81.5 years, while India has the lowest at 63.5 years. The world average is 67.6 years.

Bupa is the largest care home operator in the UK, with 304 care homes and almost 18,500 residents. And it employs over 27,000 people running its homes. Almost 500 of those residents are over age 100, with 148 reaching 100 next year too.

**Comment:** *These two reports help to put people's views on old age into a global context. It is clear that there is widespread disquiet about old age care and how to fund it, and the Dilnot commission's report is eagerly awaited.*

*On a positive note, many older people don't feel old at all, while economic reality and effective age discrimination legislation will mean more people working to older ages anyway.*

*There are certainly challenges for protection insurers, but still a lack of new solutions being piloted.*

## CI claims update

A number of critical illness insurers have recently produced stats confirming the general improvement in the percentage of CI claims that are successful. They include:

- **Aviva.** Paid over £51m in the first six months of 2010 to 684 claimants (plus £87m on life claims). Paid 93% of all CI claims (up from 91% in H1 of 2009), rejecting 1% due to non-disclosure, half the previous rejection rate. Telephone claims now account for 67% of all claims.

- **Bright Grey.** Paid 95% of all CI claims in the first half of 2010, and rejected just 1.7% of claims due to non-disclosure. 74% of claims were for cancer. Average payout was nearly £90,000.

- **Bupa.** Paid 91.5% of CI claims received, in the first half of 2010. Highest claim to date was £1m and 59% of all claims were for cancer.

- **Legal & General.** Paid out 93.6% of all CI claims in 2009. Largest claim was £750,000 and average of the 2,149 claims paid was £70,731. Average age of claimant was 44 and only 1.8% of claims were rejected due to non-disclosure. A total of £152m was paid on CI claims in 2009.

- **Progress.** Paid 89.5% of CI claims in the first seven months of 2010, up from 86% before then.

- **Scottish Widows.** Has paid over £240m in CI claims since 2000, including £30m in the past year, when only 1.7% of claims were declined due to non-disclosure. Cancer made up 46% of all male claims and 78% of female claims; stroke 10% and 5%; heart related conditions 35% and 5%, MS 3% and 6% and 'other' 3% and 6%.

## Cigna acquires Vanbreda

US and global health service company **Cigna** announced on 31 August its agreed takeover of Belgium based health insurer **Vanbreda International**.

Together the new group will have 700,000 expatriate customers worldwide. At present Vanbreda is strong in Europe, while Cigna is strong in North America, Europe and Asia, so there is little overlap.

Vanbreda International will continue to operate as an independent business, retaining its name and still under the leadership of CEO Rudi Bertels and COO Wouter Reggers. **UBS Bank** advised Cigna on the transaction; financial details of the deal are not being disclosed.

Fifty year old Vanbreda has around 650 staff and is headquartered in Antwerp, Belgium.

**Comment:** *The amalgamation of two of the top four players in the global medical insurance and employee benefits market looks to be a good move for both companies.*

## Unum extends IP cover

**Unum** has improved its individual income protection plans, giving customers greater accessibility to more comprehensive cover.

Its range of four, eight and thirteen week deferred periods is now available with all occupations. And, cover can now run to age 70.

The moves follow the rises announced for State pension age and age discrimination legislation enabling more older workers to carry on working.

## Pet insurance falls 14%

The pet insurance sector—effectively, health insurance for cats and dogs—has fallen by 14% from 2007, according to the **ABI (Association of British Insurers)**.

Average premiums have risen from £162 in 2007 to £208 in 2009, a 28% increase. Average claims have risen 11% over the same period, from £383 to £425.

Three main types of policy are available:

- **Time and benefit limited.** Covers only specific conditions up to a maximum limit and time e.g. £7,000 for 12 months, after which that condition becomes pre-existing and is no longer covered.

- **Benefit limited.** Financial limits but no time limit.

- **Cover for life.** The most expensive type of pet insurance as it has no time limit and financial limits are usually renewed each year.

The average cost of treating a pet involved in a road traffic accident is now £850, according to animal charity the **PDSA**.

**Comment:** *Pet insurance is usually beyond our brief, but it is interesting to note how premium levels are now affecting sales in this market. In the human arena, private medical insurance (PMI) has been in a similar situation so far as the personal market is concerned, for some years. It will be interesting to see how pet insurers manage the situation.*

## Income protection insurers promote healthy lifestyles

Income protection (IP) insurers are increasingly actively encouraging their customers to adopt healthier lifestyles, according to analysts **Defaqto**.

Analyst Ben Heffer said: "The provision of health and wellbeing services for policyholders by a number of insurers is a welcome move to engage with the customer and encourage them to lead a healthier lifestyle." Initiatives in the market include:

- **Aviva Health UK's Get Active**, which gives discounted health club membership.

- **Bupa's** free health assessments (see Page 6).

- **LV's** Healthy Steps which includes the **Roadto-Health** programme that enables customers to rank themselves against similar people.

- **PruProtect's** Vitality programme, which includes a points based incentive system and discounts.

- **Unum's** Lifeworks interactive website.

**Comment:** *In the past IP insurers could be criticised for simply meeting claims as they arose and providing financial benefits only, when greater practical help might have resulted in a quicker or 'better' return to work.*

*Today, IP insurers increasingly provide tools to help customers improve their lifestyle so as to be at lower risk of becoming a claim. And, when a claim does arise, the use of rehabilitation and other tools can often help claimants return to work.*

*Not only does that benefit insurers' claims costs (and so, ultimately, help keep IP premiums low), but the fact that IP is designed to leave claimants worse off than non claimants (because benefits are typically limited to 50-60% of pre-disability income) means that a quicker return to work is in most claimants' best interest too. The only downside is that these are hard messages to convey in a price-led market.*

## Non-term protection sales down

Sales of non-term assurance long term protection policies have fallen every year since 2005, according to new data released by the **FSA (Financial Services Authority)** on 31 August in its annual *Product Sales Data (PSD)* report.

The FSA records sales from April to end March and its data shows sales between 2005/6 and 2009/10 as:

Year (Ap-Mar)	CIR	IP	CIS	Total
2005/6	734,309	151,346	96,060	981,715
2006/7	598,301	149,641	86,109	834,051
2007/8	484,185	141,017	43,510	668,712
2008/9	441,930	117,377	39,896	599,203
2009/10	452,082	104,102	41,802	597,986

Key: CIR: Critical illness cover sold as a rider benefit; IP: Income protection; CIS: Standalone CI cover.

By product type, both types of CI plan had started to grow again following a steady decline since 2005/06 (rider plans being up 2.3% on 2008/09 and standalone plans by 4.8%). IP sales however continued to fall (down a further 1.1% in 2009/10) and are now at just 43.5% of 2005/06 sales levels.

CIR and CIS sales should be viewed together, as the trend in recent years has been to buy CI as part of a wider protection solution rather than without life cover (partly due to the very low cost of life cover for younger lives).

In the first three months of 2010 sales were:

<b>Q1 2010</b>	108,239	23,614	9,219	141,072
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In terms of distribution, sales came from (FSA firm type):

Type of firm	2009/10	Q1 2010
Banks and building societies	128,620	33,951
General ins intermediaries	48,128	11,172
Life insurers	68,674	16,609
Other insurers	15,166	2,745
Mortgage business	100,099	18,767
Personal investment	172,674	39,239
Other	64,625	18,589
Total	597,986	141,072

The FSA noted that 60% of all pure protection contracts were provided by the top five firms in 2009/10 (2008/09: 57%) and that 86% of products were sold through non-providers. 92% were sold on an advised basis.

In total, 65 firms reported on pure protection products. In addition to the products listed above, the FSA reported 1,160 long term care insurance products were sold in the year 2009/10.

By way of comparison, in 2009/10, some 2,747,533 retail investment products were sold (4.6 times the number of pure protection plans), and 0.93m mortgage contracts (1.6 times the number of pure protection plans).

While pure protection plans are often associated with mortgage sales, this does not necessarily mean that mortgagors are under-insured, as many will carry over existing policies, while others may have little or no need of pure protection cover. However, other research indicates that many mortgagors do have inadequate cover.

See [www.fsa.gov.uk/pubs/other/psd\\_ppc\\_05\\_10.pdf](http://www.fsa.gov.uk/pubs/other/psd_ppc_05_10.pdf).

## Unhealthy?- avoid the boss

Just 4% of employees would approach their boss if they had a health concern, according to research from **Aviva UK Health**. And, 21% believe that admitting to health concerns could affect their work prospects.

One in twenty (5%) say they might confide in a colleague and just 1% would trust their problems to their HR department. However, 60% would unburden themselves to their partner and 33% would speak to their family doctor.

Although one in four (23%) say this is just a matter of safeguarding their privacy, 11% said they simply don't trust their boss.

Workers' views contrast with those of their bosses. 39% of employers say they make a point of identifying any employee issues and 42% say they have an open door policy. But they are doing little to take positive steps to tackle health issues through introducing benefits such as private health insurance, group income protection or confidential helplines, the report argues.

Aviva's principal clinical consultant, Dr Doug Wright, said: "The breakdown in communication between employers and their staff means that health risks such as stress in the workplace are not being effectively managed. Lack of employee engagement will also hinder an employer's ability to intervene early and offer their employees the right support at the right time."

Aviva's *Health of the Workplace* research was carried out online by **Pollab Ltd** in April among 1,004 UK workers in full-time employment and a nationally representative sample of 204 UK senior decision makers in micro, SME and mid corporate companies.

## 2 in 3 firms hit by sickness

Almost two in every three companies (62%) has been financially impacted by long term sickness absence in the past five years according to new research from income protection specialist **Unum**.

One of the main reasons for that is that 55% of firms continue to pay employees their full salary for six months or more if they are off work due to illness or injury. But, only 22% of employers offer any form of financial protection, such as critical illness cover or income protection, as part of their employee benefits package.

Almost one in three (31%) of workers claims they have had to take a month or more off work, while over two million say they have had to take off more than six months due to illness or injury.

## Exeter now Family Friendly too

**Exeter Friendly**—best known for its private medical insurance plans—and **Pioneer**—for its income protection plans—is in future to trade under the single brand **Exeter Family Friendly**.

The two mutual insurers merged in 2008, and the new organisation will continue to focus on selling its products through intermediaries. CEO Andy Chapman said: "We sell products designed to help pay the bills when you are ill and get you quick access to quality, private medical treatment to help you get back to work quicker, so families are what we're all about."

## News briefs:

- Government plans to scrap the default retirement age mean that the cost to employers of providing employee risk and healthcare benefits will rise and some may even become uninsurable for older employees, **Mercer** warned on 12 August. It recommends companies review their existing benefits structures to ensure they remain cost-effective and continue to meet employer and employee needs. One potential solution is introducing flexible or voluntary benefits arrangements Mercer says.

- **Lloyds Banking Group** announced that on a phased basis from 23 July, it was withdrawing its payment protection insurance (PPI) products across all brands and channels. Instead it will focus on long term protection plans to meet customers' protection needs.

- **Capita Group** has bought the **National Dental Plan** group of companies, which employs 20 people and has over 300 corporate customers representing 120,000 insured members.

- **Friends Provident** has enhanced its Critical Illness Cover plan, adding mastectomy cover and five new ABI+ conditions.

- Enhanced annuity sales have grown from £419.6m in 2001 to £1,785.6m in 2009 and to £1,258.4m in the first six months of 2010 according to **Towers Watson**.

- New research from **Confused.com** claims that 60% of people do not have a life insurance policy. Of those, 69% are married or in a relationship and 35% have children. Only 30% of people have ever switched life insurer (35% of men and 29% of women).

- In the quarter to end June 2010, 34% of all complaints to the **Financial Ombudsman Service (FOS)** were about payment protection insurance (PPI), according to *Ombudsman News* issue 87 (July/August 2010).

- 65% of claims made on health cash plans are for eyes, teeth and muscular issues, according to insurer **Engage Mutual**.

- **Bupa** has introduced a rolling moratorium option on its community rated Select PMI plans. A new excess option of £500 a year has also been introduced.

- **HM Treasury** published a consultation paper on the implementation of reforms to financial regulation. See [www.hm-treasury.gov.uk/consult\\_financial\\_regulation.htm](http://www.hm-treasury.gov.uk/consult_financial_regulation.htm).

- The **Financial Services Authority (FSA)** published a statement confirming its package of measures to protect consumers in the PPI (payment protection insurance) market on 10 August. See [www.fsa.gov.uk](http://www.fsa.gov.uk). Firms must implement the measures by 1 December 2010.

- So far the **FSA** has taken action against 24 firms for PPI failings and fined them a total of £13m.

- **Friends Provident** has partnered with mental health charity **Mind** to produce a guide for employers aimed at exploding some of the myths that continue to cloud understanding of mental health in today's workplace. Badly managed mental distress costs British businesses an estimated £26bn a year, a figure that could be cut by a third with better management Mind says.

- **Westfield Health** has announced that it will absorb the 1% rise in Insurance Premium Tax (IPT) next January. Meanwhile, while general insurance customers with annually renewable policies will be hit by the IPT rise

at their next renewal, for all monthly renewed plans the rise effectively comes into effect straight away for many.

- The cost of PMI has 'shot up 14% this year' according to the *Daily Mail* on 1 September. It says this is because insurers are being forced to foot the bill for expensive miracle drugs not available on the NHS.

- Millions of pensioners risk going into retirement without adequate funds to cover future health issues, **LV=** has warned.

- **Bupa Individual Protection** is offering a complimentary Bupa Health Assessment to all new customers and their brokers. Over 78% of people who have had such an assessment say they were prompted to make positive changes in their lifestyle. The insurer has also extended the **Best Doctors** service to its income protection and critical illness customers, even if they do not make a claim.

- **AXA's** healthcare revenues remained at £605m in the first half of 2010 it announced on 4 August. But UK large corporate business was down £17m and UK personal business down £3m, although SME business was up £8m.

- **Friends Provident** has completed its acquisition of **AXA UK Life** it announced on 15 September.

- **Skandia** has closed its existing CI book to new business, citing forthcoming RDR (Retail Distribution Review) changes as the reason.

- **Aviva** has become the exclusive life protection provider to **Santander** in the UK under a five year deal it announced on 3 August.

- A professional cyclist, Manny Helmut, has been awarded a British record £13.75m compensation after being left needing 24 hour care following a road traffic accident. The ruling was made by the **Guernsey Court of Appeal**, the insurer was **Tradex Insurance** and the vehicle driver Dylan Simon.

- 74% of IFAs want family income benefit claimants to have the right to commute their benefit at point of claim, according to a survey by **Scottish Provident**. SP says that over a third of its FIB claimants up to January 2010 had taken a lump sum payment at some stage. 22% were commuted straight away and 12% after some income payments had been made.

- The cost to the State of providing free long term care could triple to £2.75bn over the next 20 years according to **Partnership**.

- Six week PMI plans need a health warning says **AMII**.

- **One Group** has launched a new specialist brand **Goodtogoinurance.com** to offer travel insurance to medically impaired travellers and the over 65s.

- Is it just us (1), or do you find things almost impossible to find on the **FSA** website? We spent ages trying to find the PSD report (see Page 5) and almost gave up on trying to find the accompanying press release. Do let us know of your least favourite website and why...

- Is it just us (2), or do others think it's a pity that **Children's Mutual** hasn't decided to go back to its **TWEFS (Tunbridge Wells Equitable Friendly Society)** roots and major once again on income protection? Departing CEO David White did a good job with CM, but the organisation was wrong-footed by a change in Government priorities, which has seen childrens' trusts abandoned. Ironic perhaps, now that the Government needs a strong IP sector to help reduce its huge welfare budget...

## Pick of the month

This month's reviews are all reworks of existing themes (nothing wrong with that).

Bupa has squeezed in another variant of its Heartbeat PMI plan, Engage Mutual has streamlined its health cash plan offering and Royal London 360° has added two new benefits to its international whole life plan.

Our product of the month is also a rework—Zurich has added renewability and convertability plus underwriting improvements to its Level Protection (term assurance) plan offering perhaps future-proofed term.

### Bupa Heartbeat Health care select 3 Plus

**Bupa** has introduced a number of changes to its Heartbeat PMI plans and launched a new version (Select 3 Plus), which sits between its existing levels 2 and 3, offering flexible pricing and underwriting.

The new plan covers:

- All in-patient and day-patient charges, including radio/chemotherapy and diagnostic tests in a Bupa Heartbeat (network) hospital.
- Up to £1,000 a year for out-patient consultations, diagnostic tests, scans, and physiotherapy (and other therapies) combined. Radio/chemotherapy is also covered as an out-patient.
- Private ambulance up to £60 per trip is included, as is parent accommodation with child under age 12.
- A health check can be added at extra cost.

The plan offers a choice of national or local access hospitals. Exclusions include psychiatric treatment, dental and oral treatments and complementary medicine plus overseas treatment, pregnancy/childbirth and complications from excluded or restricted conditions or treatment as well as standard PMI exclusions such as chronic conditions.

**Plus points:** Simple PMI cover that covers most of the essentials and has a £1,000 out-patient pot too. The Bupa name is pre-eminent in this sector and this plan offers a low cost route into its membership.

**Not so plus points:** Limited out-patient cover. Limited other benefits (including no NHS cash benefit), although the range of plans available does allow customers to choose the level of cover that best matches their needs and budget. Limited product information available online.

**Contact:** 0800 600 500 or [www.bupa.co.uk](http://www.bupa.co.uk).

**Rating (max 5):** Innovation: 3. Overall: 3.5.

### Engage Mutual Health Cash Plan

Harrogate based **Engage Mutual**, part of **Homeowners Friendly**, has streamlined its health cash plan to offer three levels of cover and a range of benefits.

Cover is European Community wide, as long as the customer is travelling for business or pleasure up to 28 days a year. There is a 24 months initial period before the life assurance benefit comes into effect.

Children get limited dental and optical benefits only. They get up to £50 a year for each of dental and optical costs, with the pot split between all eligible children.

The full benefits are:

Benefit	Cash back amount	Everyday	Deluxe	Superior
		£10 a month (£120 a year)	£14 a month (£168 a year)	£18 a month (£216 a year)
Optical cover	100% per year	up to £100	up to £150	up to £200
Dental cover	100% per year	up to £100	up to £150	up to £200
Complementary therapies	100% per year	up to £250	up to £375	up to £500
Life cover	n/a	£1,000	£1,500	£2,000
Personal accident cover (worldwide)	n/a	up to £10,000	up to £15,000	up to £20,000
Accidental death (worldwide)	lump sum	£10,000	£15,000	£20,000

The life cover pays on death and is subject to fairly standard industry exclusions. The personal accident cover pays up to the limit shown, on a severity basis.

For example, on a Superior plan, loss of one eye or one hand or foot would result in a payout of £10,000, whereas accidental death, permanent total disablement, loss of entire sight of both eyes or permanent and incurable insanity would see a payout of £20,000. The minimum payout would be £150 for a broken arm or leg.

The complementary therapies covered are acupuncture, chiropractic, osteopathy and physiotherapy.

The plan is available to UK residents aged 17-65 when they apply for cover. Pre-existing conditions are excluded (except for dental and optical benefits).

**Plus points:** Includes life cover (albeit small sums) and PA (personal accident) too. Pays for 100% of dental, optical and therapy costs up to an annual limit, with three price points. Simple to understand and buy.

**Not so plus points:** Life cover is low and then only after two years (except in the case of accidental death). Offers little that is new, and does not include some benefits that are now common on other health cash plans.

**Contact:** 0800 169 4321 or [www.engagemutual.com](http://www.engagemutual.com).

**Rating (max 5):** Innovation: 3. Overall: 3.

### Royal London 360° LifePlan

**Royal London 360°** has added two new benefits to its whole of life international protection plan.

Term benefits are now available up to age 80, up from the previous limit of 65.

Long-term care is also now a standard feature and will be added to all existing policies, increasing the level of cover at no extra cost. Under this benefit, if the customer needs day to day care on a long term basis they can claim the critical illness lump sum to help pay for their long term care costs. The plan pays up to \$7.5m (or other currency equivalent) on death or terminal illness. Critical illness cover can be added, as can term assurance and waiver of premium benefit.

Royal says there are 12 other 'added extras'. These include children's critical illness cover, total and permanent disability and terminal illness benefit. Also available is accidental death benefit, which doubles the life cover, up to a maximum of \$500,000.

**Plus points:** *On one level these are relatively minor changes—term can now run to older ages and LTC is added as a CI benefit. However, the latter is particularly significant and likely to be adopted by onshore life assurers too. It is easy to think that international protection starts and ends with PMI. It doesn't! Choice of currencies.*

**Not so plus points:** *International protection remains a relatively niche market.*

**Contact:** 01624 681 681 or [www.royallondon360.com](http://www.royallondon360.com).

**Rating (max 5):** Innovation: 3.5. Overall: 3.5.

## Zurich Level Protection— Convertible and Renewable Term options

Zurich has added renewable term and convertible term options to its guaranteed rate Level Protection Plan. The two new options are:

- **Convertible Term.** An additional cost option available if the plan has life cover only, this option allows the life assured to convert some or all of the life cover into a new whole of life plan, which then provides lifetime protection on a guaranteed payment basis and also pays on diagnosis of terminal illness). If the plan is joint life, the new plan can be either first (to give maximum protection and earliest payout) or second death (for IHT planning, for example). The convertible option can be exercised up to age 69 (first death) or 83 (second death).

- **Renewable Term.** Again an additional cost option, this enables the customer to renew the plan for a further term at the end of the original term. The option falls away on the life assured's 70th birthday. On the last renewal, the new term can be up to age 74 if the plan includes life and critical illness cover, or 84 if life cover only (i.e. cover must cease by age 75 or 85).

Zurich has also introduced a number of underwriting enhancements, increasing its automatic medical evidence threshold from £600,000 to £750,000 and its GPR (General Practitioner's Report) limit to £1m. Nurse screening examinations now replace GPRs for applicants up to age 40, while automatic HIV testing has been dropped for applicants over age 60 too.

The basic plan offers guaranteed or reviewable plans which can run to age 85 (75 for reviewable plans and those with critical illness cover included). Applicants must be 16 or over, up to 83 at outset (lower if CI or payment protection benefits are included). Minimum premium is £5 a month (or £50 a year). Indexation and waiver can also be added as can guaranteed insurability increases.

**Plus points:** *Renewability and convertability are due a revival—both can have a place in planning. The underwriting improvements are welcome too.*

**Not so plus points:** *Both options cost more, which is wasted money if the options are not exercised.*

**Contact:** 0500 546 546 or [www.zurich.co.uk](http://www.zurich.co.uk).

**Rating (max 5):** Innovation: 3.5. Overall: 3.75.

## Product design issues...

Renewability and convertability have been out of fashion in the term assurance market for some years, partly in response to the chase for ever lower life premiums. But is that a good thing?

But first, what do we mean by those terms?

- **Renewability** simply means that when your term assurance runs out, you have the option to extend for a further similar term, with no fresh medical underwriting. So, a customer could take out a ten year term plan to provide protection while their eight year old child is at school. Then, when junior goes on to university and maybe post-graduate studies too, a new term plan ensures that cover is still provided, even if the parent is by then in poor health.

- **Convertability** is the option to convert a term assurance, at any time, to a whole of life policy, again with no fresh underwriting.

Both options tend to be available to unrated lives only and, in the past, were often combined in RCT (renewable, convertible term) policies, which were popular until the 1990s. Such policies were cheaper than whole of life cover but more expensive than straight level or decreasing term.

And that was the problem. The introduction of 'best advice' by the **FSA (Financial Services Authority)** meant that intermediaries found it harder to justify higher cost cover for a need that does not yet exist and may never exist. Moreover, the term market tended to become more commoditised and any option that added to the cost simply made RCT cover look uncompetitive.

Consumerists too tended to see RCT as a commission driven sale rather than a needs led one. And finally, the extra risk they were taking on meant that life assurers were likely to impose harsher underwriting terms, including more ratings (which inevitably meant both options fell away anyway).

Zurich's move to reintroduce both options on its level term plans is therefore an interesting development.

It is also perhaps a timely one. We know, for example, that Inheritance Tax (IHT) thresholds are likely to be held for some time, rather than being increased annually.

We also know that whole of life solutions have not proved to be as popular as some believed they should be.

So perhaps these new options (R/CT rather than RCT?) could fit the bill.

Certainly, life underwriting appears to be more sophisticated now than in the past, and the gradual move to tele-underwriting and other tools should further help that process. R/CT also makes sense in a society where things can and do change.

For example, someone in their 30s today may see IHT planning as of little or no importance to them. Go forward 10 or 20 years and that may change, by which time there is no guarantee that life cover will be available or, if so, on what terms.

R/CT enables them to hedge their bets—paying a little more for term cover today, but less than they would have to pay for whole life cover. If or when their circumstances change so that they need a cover extension or a whole life solution, the option to do so is there—provided that their provider still offers competitive terms. Could we begin to see a revival for R/CT soon?

## Depression and heart disease can be a fatal combination

The combination of depression and heart disease appears to be far more lethal than having either independently, according to research based on the Whitehall II cohort study, published in **Heart** in September.

Previous research has indicated that people who are depressed, but otherwise healthy, are more likely to develop coronary heart disease irrespective of any other risk factor and are also more likely to die from all causes.

After taking account of age and sex and other relevant influential factors, the combination of depression and heart disease tripled the risk of death from all causes and quadrupled the risk of dying from a heart attack or stroke.

## Predicting coronary risk

People with atherosclerosis, (where plaque builds up inside the arteries) or multiple risk factors for atherosclerosis are more likely to suffer a heart attack, stroke or death from cardiovascular disease. *BMJ* 2010; 341: c4842, 8 September reported a recent study where those with a history of heart attack or stroke had the highest risk over four years, followed by those with stable disease but no previous events, then those with risk factors only. Diabetes and the presence of widespread cardiovascular disease increased the risk in all three categories still further.

The authors studied data from an international register of older adults with documented atherosclerosis or at least three risk factors. During follow-up, 5,481 of the 45,227 included in the baseline had a heart attack, stroke or death from cardiovascular disease.

Polyvascular disease was found to be the single most powerful predictor of future events in the study. Categorising by simple clinical features should help improve risk prediction and help target intensive, and expensive, management at those most likely to benefit.

## Hand gel cuts sickness absence

German researchers have found that the regular use of sanitising hand gels at work cuts sickness absence rates by more than half. The research, published in *BMC Infectious Diseases* (2010) 10:250, randomised 129 people to use hand gel five times a day or use their normal hygiene routine. They were surveyed once a month either on respiratory or gastrointestinal symptoms and related days off work. Time taken off work with diarrhoea was 89% less, 65% less for colds and 62% less for fever for the group using hand gel than the control group.

## SMART computer system could monitor conditions at home

According to a press release dated 27 August, the SMART computer system devised by the **University of Sheffield** could help the long-term sick manage their condition. The system provides the health checks and advice that usually require a visit to the doctor and could save NHS funds by flagging up serious deterioration in a condition.

Smart phone technology records the user's activity and amends their daily schedule depending on the user's own assessment of their progress. Key indicators such as weight change and blood pressure are tracked on a separate computer, while providing the advice and information on the user's condition. Health care professionals can tap into stored data and monitor the changes in patients' conditions. Three versions of the system that cover strokes, heart failure and chronic pain are being developed.

## Heart risk and long hours

A study of 5,000 Danish men aged 40 to 59 working in 14 different companies who had their heart health and physical fitness levels tracked for more than 30 years has found that unfit men who work long hours are more than twice as likely to die of heart disease as unfit men who work shorter hours. The study also found that fit men who worked long hours are not more likely to die of heart disease. Long working hours, whether physically demanding or not, boosts activity in the sympathetic nervous system which in turn increases heart rate and blood pressure. See: <http://press.psprings.co.uk/heart/september/heart197145.pdf>.

## Colder days raise heart risks

Researchers from the **London School of Hygiene and Tropical Medicine** have found that each one degree Celsius reduction in temperature on a single day is associated with 200 extra heart attacks. Older people between the ages of 75 and 84 and those with previous coronary heart disease seemed to be more vulnerable to the effects of temperature reductions, while people who had been taking aspirin long-term were less vulnerable.

An accompanying editorial suggests that under climate change scenarios, clinicians should be aware that a decrease of cold related mortality will be outweighed by an increase in cardiovascular mortality and morbidity associated with increased frequency and intensity of heat waves. For paper see: [www.bmj.com/cgi/doi/10.1136/bmj.c3823](http://www.bmj.com/cgi/doi/10.1136/bmj.c3823).

**Comment:** Another reason to study climate change.

## Rise in alcohol related admissions

A survey by the **North West Public Health Observatory** has revealed that in 2008-09 there were 945,469 admissions to hospital for alcohol related harm, a rise of 825 admissions on five year before, *Nursing Times* reported on 7 September. The survey also revealed that more than a quarter of drinkers exceed healthy limits every week.

*BMJ* 2010; 341: c4790 reported on 2 September that the latest hospital admission figures for alcohol related harm in England showed a 47% increase, representing an increase of more than 800 a day over the five years between 2004 and 2009. Two thirds of local authorities with the highest rate of overall alcohol related harm were in the North West and North East regions of England, with Manchester having the highest overall level.

Further figures show a 12% increase in the number of deaths in men due to chronic liver disease during the five years from 2003 to 2008, with a total of 11,247 deaths occurring between 2006 and 2008.

## Medical briefs:

- Even the lowest dose of aspirin (75mg) can ward off bowel cancer if taken regularly, a study of 2,800 people with bowel cancer and 3,000 healthy people has found. It was published in the journal *Gut* in September.

- Low carbohydrate diets can help prolong life if people switch to diets rich in protein and fats from vegetables rather than animal sources, according to *Ann Intern Med* 2020; 153:289-98.

- Early death risk is higher for men in routine and manual occupations according to an **ONS** news release on *Trends in social inequalities in male mortality, 2001-08*, on 24 August. In 2001, a worker in a routine or manual occupation was twice as likely to die before age 65 than his manager, but in 2008 that ratio had risen to 2.3 times.

- In the year to March 2010, some 757,537 people set a quit date through NHS Stop Smoking Services (up 13% on the previous year) the **DH** announced on 19 August. After four weeks, 373,954 people managed to successfully quit—up 11% on the year before.

- The **Health Protection Agency** has revealed a rise in HIV cases in those over 50 from 299 people diagnosed in 2000 to 710 in 2007. Older people tend to be diagnosed later and three quarters of those diagnosed with HIV when they were over 50 died within one year of diagnosis. See: [www.hpa.org.uk](http://www.hpa.org.uk).

- The drug MDMA (ecstasy) can successfully treat post-traumatic stress disorder (PTSD). A trial, published online in the *Journal of Psychopharmacology*, treated 20 US patients with psychotherapy and 12 in addition took MDMA and 8 a placebo. More than 80% in the MDMA group (25% in placebo group) no longer met the criteria for PTSD. See: <http://jop.sagepub.com/pap.dtlr>.

- Lack of exposure to sunlight is a factor in multiple sclerosis, type 1 diabetes, rheumatoid arthritis and some forms of cancer. Research from the **University of Oxford**, published in the journal *Genome Research*, found a lack of vitamin D interacts with certain genes in the body and that vitamin D affects more than 200 disease related genes. See: [www.tinyurl.com/vitDprotect](http://www.tinyurl.com/vitDprotect).

- A US study of 1,000 women with a mean age of 47 and 741 men with a mean age of 50, reported in *Sleep* (2010) 33: 1159-1164, found men who suffer from insomnia and who sleep for under six hours a night are four times more likely to die than other men over a 14 year period. Women suffering from the same problems were not found to have increased risk of dying early over a ten year period.

- US research that included 452,187 people, 1,613 of whom had lung cancer, found that eating a variety of fruit and vegetables may decrease the chances of getting lung cancer. The variety of fruit and vegetables was a more important factor in cancer prevention than the quantity eaten. See: *Cancer epidemiology Biomarkers and Prevention* (2010) 19: 2278-2286.

- *BMJ* 2010; 341: C4842 reports that an active lifestyle even in those with a genetic predisposition to gain weight can help avoid obesity. The activity didn't have to be strenuous and the effect was discernible even in those reporting no more exercise than standing around at work.

- A study by **Cancer Research UK** has found around 2,600 men were diagnosed with oesophageal cancer in 1983 compared with around 5,100 in 2007. The greatest increase was for men in their 50s, with rates rising by 67%. Increased levels of obesity were a possible reason for the increase. Rates in women increased by 8%. See: [www.tinyurl.com/oesoph-cancer-stat](http://www.tinyurl.com/oesoph-cancer-stat).

- The amount of time spent sitting down can affect the risk of dying early according to a study of 120,000 people by the **American Cancer Society** which concluded that public health campaigns should encourage people to spend less time sitting still and recommend that they be more active. See: [www.tinyurl.com/sit-mort](http://www.tinyurl.com/sit-mort).

- **Bupa Cromwell Hospital** is introducing hourly nurse rounds between 8am and 10pm and every 2 hours between 12am and 6am according to a press release dated 19 August. This will be combined with a higher than average nurse to patient ratio of 1:4. US studies have shown the practice improves patient outcomes.

- Calcium supplements commonly used by older people for osteoporosis prevention are associated with a 30% increased risk of heart attack and smaller, non-significant, increases in the risk of stroke or mortality, according to New Zealand research. See: [www.bmj.com/cgi/doi/10.1136/bmj.c3691](http://www.bmj.com/cgi/doi/10.1136/bmj.c3691).

- Migraine sufferers who experience temporary visual or sensory disturbances before or during a migraine headache (aura), were at an increased risk of dying from all causes as well as heart disease or stroke, whereas those with migraines without aura were not at increased risk, according to Icelandic research. See: [www.bmj.com/cgi/doi/10.1136/bmj.c3966](http://www.bmj.com/cgi/doi/10.1136/bmj.c3966). A second study found that female sufferers of migraines with aura are also at higher risk of haemorrhagic stroke, (about 20% of all strokes). However these results need confirming and the risk remains low. See: [www.bmj.com/cgi/doi/10.1136/bmj.c3659](http://www.bmj.com/cgi/doi/10.1136/bmj.c3659).

## What is Barts?

**Barts Hospital**, or **St Bartholomew's Hospital** to give it its full name, is England's oldest hospital, having been first established in Smithfield, in the City of London, in 1123 by Raherus or Rahere, a favourite courtier of King Henry I, and whose tomb is in the nearby priory church of St Bartholomew-the-Great.

The 16th century Dissolution of the Monasteries did not affect the running of Bart's, but removed its income. That was remedied by the hospital's refounding by Henry VIII in December 1546 when it was granted to the City of London, along with properties and income to endow it. Its full legal title then became 'The House of the Poore in West Smithfield in the suburbs of the City of London of Henry VIII's Foundation' - a title, unsurprisingly, never used by the public.

On the establishment of the NHS in July 1948, the hospital officially became St Bartholomew's Hospital.

In 1993 the Tomlinson Review of London hospitals recommended Barts' closure, but it was saved following a widely supported 'Save Barts Campaign'. It is now a centre of excellence on cancer care (and has new general wards opening in 2016) and has 388 beds. It is part of the **Barts and The London NHS Trust**. See [www.bartsandthelondon.org.uk](http://www.bartsandthelondon.org.uk).

## RTT median waiting times become new ePR measure

Since it was established (as *HealthCare Insurance Report*) in 1998, we have featured NHS waiting lists in England as a broad measure of NHS rationing.

This was never a perfect metric—as the total number of patients treated rose over the years, so the waiting list could be expected to rise too. More recently we have featured median waiting times too—arguably a better measure as it shows how long a patient is likely to wait rather than how many other people are also waiting.

However, one of the new Government's first health measures was to abandon the monthly press release setting out waiting list data, so over the summer we have reassessed what we should measure.

In future, we will feature in each issue the average (median) time waited by patients completing a consultant-led Referral to Treatment (RTT) hospital admission.

So, in July 2010 the median wait was 8.3 weeks for admitted patients and 4.3 weeks for non-admitted patients. Only the former figures will be featured on our front page, although the non-admitted median wait will also feature on our Political pages. The latest figures were revealed in a **DH** press release on 16 September.

We hope you find the change more useful as a measure of how long NHS patients are currently waiting for treatment.

## HAI deaths falling

Deaths where clostridium difficile (C diff) or SA or MRSA (methicillin-resistant staphylococcus aureus) have been involved are both falling, according to new **ONS** data released in two Statistical Bulletins on 24 August.

The number of death certificates in England and Wales mentioning MRSA fell by 37% to 781, having peaked at 1,652 in 2006. The number of death certificates mentioning staphylococcus aureus (SA) remains higher than for MRSA, at 1,253 deaths. The number of death certificates mentioning C diff fell 34% in 2009 to 3,893 deaths, having peaked at 8,324 in 2007.

Year	SA	MRSA	C diff
2005	2,009	1,649	3,757
2006	2,150	1,652	6,480
2007	2,052	1,593	8,324
2008	1,500	1,230	5,931
2009	1,253	781	3,933

In many cases, MRSA or C diff is a factor rather than the underlying cause of death. In 2009 the number of death certificates mentioning SA as the underlying cause was 294 compared to 147 MRSA deaths and 1,712 C diff deaths.

The age standardised mortality rate for MRSA in 2009 was 11.7 per million population for males and 5.9 for females (for SA the rates were 19.2 and 10.9 per million respectively).

For C diff the age standardised mortality rate in 2009 was 38.8 per million population for males and 36.9 for females. For both diseases, age is a key factor. So, the age-specific mortality rate for C diff ranged from 0.2 per

million population for males under age 45 and 0.5 for females, up to 2,021.9 for males and 2,107.1 per million for females at age 85 and over.

Looking at the period 2005-2009, ONS data shows that most SA and MRSA deaths were in NHS hospitals:

Place of death	All	SA	MRSA
Own home	488,637	140	109
NHS hospital	1,398,352	8,060	6,007
Non-NHS hospital	10,318	23	19
Hospice	123,220	66	61
NHS nursing home	10,468	53	39
Non-NHS nursing home	223,955	377	368
Private residential home	137,951	158	150
Local auth residential home	32,577	30	30
Other places	94,614	147	122
Total	2,520,082	9,054	6,905

The table above shows that 55.5% of all deaths in England and Wales took place in an NHS hospital (and 19.4% at home), but 89% of SA and 87% of MRSA deaths happened in NHS hospitals. That does not necessarily mean that the infection started there, as some people may have been admitted already suffering from the disease. Nevertheless, it is generally held that a number of factors—large open wards, hot-bedding (moving a new patient into a bed already warm from the previous occupant), unfettered visitors and lack of pre-admission checks, as well as overall staff and other hygiene factors, is a key reason why the risk of an HAI is greater in an NHS hospital than in an independent one.

**Comment:** HAIs (healthcare associated infections) remain a major worry for many people, and understandably so.

Even so, SA makes up just 0.22% of all NHS hospital deaths and MRSA just 0.18%. Death rates from these diseases and from C diff have fallen significantly but between the three diseases, were still associated with 5,967 deaths. To put that into context, that is around twice as many deaths as road accidents every year.

## Employment continues to rise

Employment in the UK is rising slowly. In April to June 2010, it rose from 28.984m to 29.023m, rising again to 29.158m in May to July according to the latest *Labour market statistics* reports, released by the **ONS** on 18 August and 15 September.

For the same periods, unemployment fell from 2.468m to 2.457m before rising again to 2.467m.

The number of Jobseeker's Allowance claimants (the claimant rate) went from 1.4601m in June to 1.4612m in July and 1.4663m in August, suggesting that overall unemployment is rising again (and is likely to rise further as public sector jobcuts occur).

The e-*Protection Review Employment Index*, which is a proxy for the growth in size of the main health and protection insurance markets since 2000, grew from 106.590 to 106.734 and then to 107.230. This index compares the latest employment figure with the 27.192m figure recorded for the first quarter of 2000.

Average earnings (including bonuses) in the three months to end July were 1.5% higher than a year before.

## Political briefs:

- The common definition of same-sex accommodation, to apply from January 2011 (see *Page 16*), will be 'where male and female patients sleep in separate areas and have access to toilets and washing facilities used only by their own sex'. In mixed-sex wards, same-sex accommodation can be provided either as single rooms or bays (with solid walls—not curtains—on at least three sides).

- Proposals for piloting a new dentistry contract will be published by the Government by the end of this year, the **DH** announced on 16 September.

- According to the **US Institute of Medicine of the National Academy of Science**, medical errors, including hospital acquired infections, cost American healthcare £30bn a year and cause up to 100,000 preventable deaths.

- The annual rate of inflation in August was 4.7% for the Retail Prices Index (RPI) and 3.1% for the Government's preferred Consumer Prices Index (CPI) the **ONS** announced on 14 September.

- The **BMA (British Medical Association)** has called for tougher safeguards to protect patient confidentiality for electronic patient records.

- In the quarter to end June, 1.3m patients were admitted to hospital in England (up 99,000 compared to the same quarter of 2009) and 3.0m GP referrals and attendances were made (up 169,000). Almost 1 in 12 (8.5%) patients did not attend their first out-patient appointment, the **DH** announced on 27 August.

- Surgeons belong to a 'profession adrift' that is in urgent need of reform, according to an editorial in *The Lancet* in September.

- A new three digit number—111—will enable patients to access non-emergency healthcare, the **DH** announced on 23 August. The announcement ended confusion over whether **NHS Direct** was to be abandoned (it isn't) or whether the aim is just to make it more effective.

- Hospital consultants' pay rewards scheme is to be reviewed, the **DH** announced on 20 August. Clinical Excellence and Distinction Awards were introduced in 1948 and have been largely unchanged since. In 2009/10 the NHS paid £202.2m to consultants in these awards. The awards are held until retirement and are subject to review every five years. Concerns around transparency and sustainability are behind the review. The independent **Review Body on Doctors' and Dentists' pay (DDR)** will carry out the review and report to Ministers by July 2011.

- **Counsel and Care** reported on 20 September that older people are being hit by the double whammy of some councils already increasing charging for home care while at the same time tightening their eligibility criteria for access to services. A national survey showed councils charging up to £19.70 an hour for home care, with 20 councils charging more than £14 an hour. Maximum weekly charge was £454.78 a week.

- Life expectancy in Scotland is improving. A male born in 2008 can expect to live to 75 and a female to 80 (males and females born in 1981 could expect to reach 69 and 75 respectively). However, Scottish men are expected to live for four years less and Scottish women five years less than those in high life expectancy European countries, *BMJ* 2010; 341: c4337 reported on 9 August.

- In 2009, 2,098 males and 780 females died from drug-related poisoning in England and Wales according to *Deaths related to drug poisoning in England and Wales, 2009*, published by **ONS** on 24 August. Of those, 1,512 male and 364 female deaths were due to drug misuse. Most drug misuse deaths occurred in the 30-39 age group.

- *BMJ* 2010; 241: c4905 reported on 7 September a study from **Harvard School of Public Health, Boston**, estimating the annual cost of medical liability in the US at \$55.6bn (£36.2bn) or 2.4% of annual healthcare spending.

- The cost of employer-based health insurance in the US rose by only 3% between 2009 and 2010 but almost all the increase was paid for by workers. This represented a 14% increase to workers and shows the pressures employers have been under during the recession, *BMJ* 2010; 341: c4905 reported on 7 September.

- *BMJ* 2010; 341: c4735 reported on 1 September that 18 of the 130 NHS foundations trusts (one in seven), did not submit any information on patients' written complaints to an **NHS Information Centre** report as it is not mandatory for them to do so, which has led to calls for a change to the current arrangements.

- Nearly 900,000 individuals have been out of work on sick benefits for at least a decade, costing the taxpayer more than £4bn a year, the *Daily Mail* reported on 16 August.

- Secretary of State for Work and Pensions, Iain Duncan Smith, has set out his plans to change the benefits system in the paper, *21<sup>st</sup> Century Welfare*, published on 30 July. See: [www.dwp.gov.uk/21st-century-welfare](http://www.dwp.gov.uk/21st-century-welfare).

- **Citizens Advice and Macmillan Cancer Support** on 6 August warned that patients with serious illnesses such as cancer could be up to £20 a week worse off under plans to ignore £2,500 of a household's loss of income when calculating tax credits. Backdating of claims will also be reduced from three months to one month.

- The **Department of Health** plans to abolish between eight and ten from a total of 18 NHS quangos to save approximately £180m by 2014-15, *BMJ* 2010; 341: c4074 reported on 27 July.

- An in-depth analysis of quality indicators for 2007/8 by an international consultancy has found 40 hospitals performed as badly as or worse than **Stafford Hospital**, *BMJ* 2010; 341: c4037 reported on 28 July.

- A *Nursing Times* poll (3 August) asked if nurses should go on strike. 83% said yes and 17% said no.

- Between 2008/9 and 2009/10, the number of written complaints about NHS hospital and community health services made the biggest increase since records began 12 years ago, up 13.4% from 89,139 to 101,077. 44.2% concerned doctors, 22% nurses, midwives and health visitors. By subject: 42.2% concerned treatment and 12.2% attitude of staff. See: [www.ic.nhs.uk/pubs/nhscomplaints0910](http://www.ic.nhs.uk/pubs/nhscomplaints0910).

- We never cease to be surprised by what you can get on the **NHS**. But pornography? Yes, it's true—one in three trusts is supplying porn to men in fertility clinics, according to a report by Julia Manning published by the thinktank **2020Health.org** in September. Average spend per trust was apparently £700 a year, with one trust having spent £7,350 on video installations 'for the principle purpose of viewing pornography'. Spend on magazines ranged from £0 'when magazines were donated' (who donates spare porn to their local NHS trust?) to £100.

## Health-related workless up

There were 841,000 UK households that were workless in April-June 2010 because all members of the household were sick, injured or disabled, **ONS** revealed on 8 September. This was up 68,000 on a year before.

Just over half the people in these households were aged 50-64, with a third aged 35 to 49.

A further 612,000 workless households had some but not all members sick, injured or disabled, making a total of 1.5m households where health-related reasons are at least partly the cause of worklessness.

**Comment:** To put the 841,000 figure into context, it compares to 681,000 households that were workless because all members of the household were retired.

Many of the 1.5m health-related workless households will be as a result of genuine measurable illness but the challenge is the hundreds of thousands of households where members could work. In some cases people are workshy or seeking to maximise their State benefits, but the majority need more help not just to get them back into the workplace, but also to help them to develop a more positive attitude towards work. That is one of the biggest welfare challenges going forward.

## National programme for IT goes

A **Department of Health (DH)** review of the *National Programme for IT* has concluded that a centralised, national approach is no longer required and that a more locally-led plural system of procurement should operate, whilst continuing with national applications already procured.

The £13bn programme had been widely criticised as being over-ambitious, expensive and poorly managed and the change in policy should lead to savings of £700m the DH said. The medical profession was particularly critical, not least because it was not adequately consulted before the programme was set up.

Many existing contracts cannot be cut for contractual reasons, meaning that the whole programme is likely to be judged as one of the more expensive and wasteful Government projects in recent years—especially as the NHS remains still hugely reliant on paper records and IT systems that do not always link together in a user friendly way. The challenge now is to ensure national compatibility while cutting costs and improving efficiency.

## LTC funding should not come from general taxation

The **Commission on the funding of care and support long-term** should not consider paying for care solely through general taxation according to *Careless: Funding long term care for the elderly*, a report from thinktank **Policy Exchange** on 27 July. It notes total public spending on LTC in 2008/09 was:

Local authorities (net)	£7.21bn
NHS social care	£3.16bn
NHS continuing healthcare	£1.07bn
Attendance Allowance	£3.92bn
Carers Allowance	£0.81bn
Total	£16.17bn

The report says that free personal care funded out of general taxation, as was introduced in Scotland in 2002, could cost the Government up to £106bn a year—equivalent to funding a second NHS. It adds there was a 67% increase in NHS spending on long term care between 2007/08 and 2008/09. The worst case scenario is that by 2025, some 1.49m people over 65 could need care and support, compared to about 1m today. For more see [www.policyexchange.org.uk/assets/Careless\\_-\\_Jul\\_10.pdf](http://www.policyexchange.org.uk/assets/Careless_-_Jul_10.pdf).

## Government looks at means-testing incapacity benefit

The Government is considering plans to means-test incapacity benefits, the *Times* reported on 10 September.

Under the plans, incapacity benefit or employment and support allowance which is replacing it, would be received for a time-limited period of six months to a year.

After this, those on higher incomes, generally those with working partners, would lose the benefit and those on lower incomes would lose part of it. However those on the lowest incomes would continue to receive the benefit.

Incapacity benefit is worth between £68 and £96 a week, costs the taxpayer more than £6.5bn a year and is claimed by more than 2.5m people. Treasury officials believe that many people remain on incapacity benefits until they retire, even if they could do some work.

## Early identification could reduce long term sickness absence

Research at the **University of Glasgow** shows that GPs can identify individuals who will end up on long term incapacity benefit because of mental health problems up to three years before they stop working, according to a press release dated 18 August.

Researchers found a significant increase in the frequency of GP consultations for emotional distress in the three years prior to claiming incapacity benefit and researchers suggest that the early identification of such patients could allow GPs to focus on keeping them in work. An editorial, *BMJ* 2010; 341: c3642, 17 August, states that mild to moderate mental health diagnoses are predominant (43% of total days) in sickness certificates and are risk factors for prolonged absence and subsequent incapacity.

## Single PSA test at age 60 could target men most at risk

Although trials do not support routine population screening, a study suggests that a single prostate-specific antigen (PSA) test at age 60 could identify men who are most likely to develop and die from prostate cancer, a *BMJ* press release revealed on 15 September.

These men could be more closely monitored, while others could be exempt from screening, which could help eliminate the potential harms of over-diagnosis and over-treatment. Studies show that 90% of prostate cancers occur in men with highest PSA levels at age 60. 9,402 men died of prostate cancer in 2009 in England and Wales.

## Cancer survival rising

Cancer may now be the second biggest killer in the UK, but it is increasingly becoming a condition people live with rather than die of, a range of new reports suggest.

For example in its Statistical Bulletin *A cancer survival index for primary care trusts* (7 September) the **ONS (Office for National Statistics)** reported that the one year cancer survival index for England has increased from 61.8% in 1996 to 65.0% in 2006. Longer term survival rates are higher too, and that is a trend that has continued for many years.

Cancer became a much bigger issue in the 20th century, with cancer incidence and deaths rising inexorably, although the survival rate has also improved.

### Cancer sixth largest cause of death a century ago

In 1901, out of 285,618 UK male and 265,967 female deaths from all causes (a surprisingly similar figure to today's number of deaths, given the growth in population from 38m then to 60m today), there were just 27,487 cancer deaths in total. That compared to 48,222 deaths from heart disease, 44,535 from bronchitis and 41,224 from tuberculosis (source: **Government Actuary's Department**).

Last year, in England and Wales alone, 238,062 men and 253,286 women died, but 74,016 men and 66,481 women died of neoplasms (cancer). That is, 28.6% of all deaths, compared to less than 5% in 1901. In fact, in 1901, cancer was only the sixth largest cause of death.

In other words, more than five times as many people died of cancer in 2009 than did in 1901. The main reason for that is that cancer tends to be an age-related condition, with the median age at death of cancer being in the 75-84 age group for both men and women.

That is important because in 1901, only 24% of the population was aged 65 or over when they died, compared to 84% by 1997, a figure that continues to rise. So, the main reason for the big increase in cancer incidence and death since 1901 is simply the ageing population—more older people equals more cancer.

### What are the chances of getting cancer?

The incidence of cancer varies by type of cancer and by a range of other risk factors including age and sex. Some cancers are also associated with lifestyle e.g. smoking, while there are also significant differences in countries of the UK and individual areas within those.

For example, the age-standardised registration rate per 100,000 population for all malignancies excluding nmisc (non-malignant skin cancers) in 2005/07 was:

Country	Males	Females
England	409.4	355.2
Wales	462.2	379.4
Scotland	443.4	389.2
Northern Ireland	422.3	349.3
UK	415.4	359.4

So, incidence for men is 12.9% higher in Wales (the highest incidence) than in England (the lowest), while for females it is 11.4% higher in Scotland than in Northern Ireland. And incidence overall is much higher for males than females.

**Table 1. Cancer registrations and deaths 2005-07**

Cancer	Registrations		Deaths	
	M	F	M	F
All	149,476	148,616	80,437	74,056
Colorectal	20,401	16,776	8,456	7,325
Lung	22,724	17,037	19,585	14,481
Breast	-	46,010	-	12,247
Prostate	36,055	-	10,097	-
Bladder	7,387	2,946	3,188	1,634
Lymphomas/leuk	13,408	10,801	6,419	5,418

Calculating the probability of surviving a cancer is not as simple as comparing the number who die against incidence (measured by first registration of that cancer). That is because the number of registration may have been larger or smaller in previous recording periods. In addition, advances in medical science and treatment generally mean that more people are now surviving particular cancers than before.

One useful new report, *Cancer survival by Cancer Network, England 1991-2006*, shows cancer survival rates over one and five years in the 28 Cancer Networks that now operate across England. This data enables us to drill down to area level to determine the probability of surviving particular cancers. For example, Table 2 shows:

**Table 2. Breast (female) five year age-standardised relative survival (%) 2001-06**

Cancer network	5yr survival %
Lancashire and South Cumbria	80.2
Greater Manchester & Cheshire	81.4
Merseyside & Cheshire	80.5
Yorkshire	82.1
Humber & Yorkshire coast	81.2
North Trent	79.4
Pan Birmingham	81.8
Arden	81.7
Mount Vernon	80.8
West London	81.1
North London	80.7
North East London	77.1
South East London	80.2
South West London	82.0
Peninsula	81.6
Dorset	83.3
Avon, Somerset & Wiltshire	81.2
Three Counties	82.2
Thames Valley	80.7
Central South Coast	81.5
Surrey, West Sussex & Hampshire	82.0
Sussex	82.6
Kent & Medway	80.2
Greater Midlands	81.5
North of England	80.9
Anglia	83.0
Essex	82.6
East Midlands	80.5
England	81.3

In other words, a 6.2% difference depending on where you live. So, the risk of getting cancer and then of dying of it depends not just on your age and sex, but also lifestyle decisions and where you live. And we haven't even mentioned family history or genetics yet (*to be continued*)...

## People news

- **AIFA.** Aviva's director of distribution development, Stephen Gay, has been appointed director general, taking over from Chris Cummings.
- **AXA UK.** Paul Evans has been appointed CEO and joins AXA's executive committee.
- **Bupa Health and Wellbeing.** Tony Wood has been appointed sales director, joining from Bupa Australia.
- **Counsel and Care.** CEO Stephen Burke steps down at the end of September after almost six years. The charity is now seeking a new CEO.
- **FSA.** Gerard Lemos has been appointed chairman of the **Consumer Financial Education Body (CFEB)**.
- **Health Claims Bureau.** Leading group risk consultant John Gilman has been appointed to its board.
- **Jelf Employee Benefits.** Jamie Cleal-Harding has been appointed PMI director (South).
- **Medicals Direct.** Tony Urwin has been appointed sales and marketing director. He was previously with the **Shaw Trust** and, prior to that, **Bupa**. Charles Percy has been appointed managing director of **MDG Healthcare**.
- **Munich Re.** Andrew Rear is to succeed Jonathan Ludbrook as CEO with responsibility for the UK, Irish, African and Australian markets.
- **Partnership.** Andrew Chamberlain has been appointed chief financial actuary, joining from consultants **Towers Watson**.
- **Royal London Group.** Mike Yardley is to step down as CEO, having been in the position since 1998.
- **Saga.** Dr Ros Altmann has been appointed to the newly created role of director general.
- **Simplyhealth.** Caroline Asker has joined as copywriting manager. The group has also set up an internal creative studio, bringing in-house much of its design work.
- **Wesleyan.** Sir Kenneth Calman and Professor Steve Field have been appointed to its advisory board.
- **Westfield Health.** Paul Shires has been appointed sales and marketing director. He was previously head of partnerships at **Cigna**.

## NS-SEC classification

The *National Statistics Socio-economic Classification* (NS-SEC) groups occupations into seven classes:

1. Higher managerial and professional. Doctors, CEOs and directors of major organisations, IT professionals, legal professionals, senior government officials etc.
2. Lower managerial and professional. Teachers, social workers, IT technicians and nurses for example.
3. Intermediate. Non-commissioned officers and other ranks in the forces, clerical workers, counter clerks.
4. Small employers and own account workers. Shopkeepers, farmers, self-employed taxi drivers.
5. Lower supervisory and technical. Bakers, plumbers, electricians, car mechanics and gardeners.
6. Semi-routine. Traffic wardens, scaffolders, farm workers, veterinary workers and vehicle assemblers.
7. Routine. Labourers, van and bus drivers, cleaners, hotel porters, bar staff and car park attendants.

For more information see [www.statistics.gov.uk](http://www.statistics.gov.uk).

## e-Protection Review T&C

Our regular training and competence (T&C) section consists of five questions that test your knowledge of what is happening in the health and protection insurance world. Each question is covered somewhere in this issue of e-PR.

All you have to do is answer the questions, check your answers against the newsletter (or log on to and see the Forum section at [www.protectionreview.co.uk](http://www.protectionreview.co.uk)) and then record your answers. Over time you build up additional evidence of your training and competence. This issue's questions are:

1. In dentistry, what is a UDA?
  2. What is the new 65, according to a Bupa poll?
  3. What proportion of older people are worried they won't be able to afford to look after their healthy into old age according to a Simplyhealth survey. a) 34%, b) 54%, or c) 74%?
  4. Most FOS complaints are about what now?
  5. What are the full names of C diff and MRSA
- (award yourself an extra point if you get the spelling right!).

## Subscribing to e-Protection Review

e-Protection Review is a subscriber-only PDF publication and is published ten times a year, on the 28th day of the month prior to that issue's date, every month except August and December. A subscription costs just £350 a year plus VAT and includes a PDF copy of the annual Protection Review book too.

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## Employment and Support Allowance new claims 2008/2009

For all new ESA claims from 27 October 2008 to 30 November 2009:

- 6% were assessed by the WCA (Work Capability Assessment) for the ESA Support Group.
- 14% were assessed as suitable for the ESA Work Related Activity Group.
- 39% were assessed as Fit for Work.
- 4% had an assessment currently in progress (as at May 2010).
- 37% left ESA before completing the assessment.

Source: DWP press release, 19 August 2010.

**Comment:** This means that 1 in 5 ESA claimants received either form of ESA, 2 in 5 were assessed as being able to work and 2 in 5 had returned to work or abandoned their claim. This compares to over 80% of long term income protection claimants' claims being paid.

## NHS cancelled operations, quarter ended 30 June 2010

- 13,207 operations during the quarter were cancelled at the last minute for non-clinical reasons (0.8% of all elective activity).
- In the same period of 2009 there were 13,960 cancellations (also 0.8%).
- Of the cancelled operations, 393 (3.0%) were not treated within 28 days of the cancellation. This compares to 550 (3.9%) in the same quarter of 2009.

Source: DH press release, 13 August 2010.

## Most popular (selected only) voluntary employee benefits

Benefit	% offering
1. Gym membership	32%
2. Retail/leisure discounts	27%
3. PMI for partners and dependants	25%
4. Health cash plan	25%
5. Dental insurance	22%
10. Travel insurance	15%
14. Pet insurance	11%
16. Financial advice	11%
17. Private medical insurance	10%

20. Health screening	10%
22. Financial education	9%
23. Will writing	9%
26. Critical illness insurance	7%
27. CI for partners/dependants	7%
34. Personal accident insurance for partners	5%
36. Personal accident insurance	4%
37. Group income protection	4%
38. Life assurance for partners/dependants	4%

Source: Employee Benefits magazine/Alexander Forbes Benefits Research 2010, August 2010.

## Internet access 2010

- 30.1m adults (60% of all adults) in the UK used the internet every day or nearly every day in 2009, almost double the estimate in 2006.
- In addition, 13% used it weekly and 8% monthly or less.
- 9.2m adults have never used the internet.
- 31% of users connected to the internet through their mobile phone (up from 23% in 2009).
- 73% of households had internet access.
- 31m people had bought or ordered goods or services online in the previous 12 months.

Source: Internet Access 2010, ONS, 27 August 2010.

## NHS Dental UDAs

- In the quarter ended 30 June 2010 there were 87.9m UDAs (Units of Dental Activity) in the NHS.
- This was a decrease of 0.5m (1%) compared to the previous quarter.

Source: Dental contracts and commissioning, DH press release, 5 August 2010.

## NHS mixed sex 'breaches'

- In the first quarter of 2010/11 (quarter ended 30 June), NHS organisations reported 8,028 'breaches' - where patients were accommodated in mixed-sex accommodation.
- That figure is based on half of England's Strategic Health Authorities, suggesting the total quarterly number of breaches was 16,000, or 64,000 in a full year.
- From January 2011 breaches will be reported on a consistent basis with common definitions (see Page 12).

Source: DH press release, 17 September 2010.

### Protection Review: financial services consultancy and communications solutions

We provide bespoke marketing and strategic consultancy and communications services to firms across health and protection insurance, led by three of the best-known names in the industry. Our expertise, knowledge and contacts enable us to help clients maximize their potential in a fast and cost-effective way.

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