

e-Protection Review

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

e-PR now free to readers: funding model changes for the better

From this issue, e-Protection Review is now free to all Protection Review readers, supporters, partners and sponsors, marking a key step in the 14 year old newsletter's growth plans.

The move has been made possible thanks to the support of some of the brand's key sponsors, and will feature their logos from the New Year. Editor Andy Couchman explains the reasons behind the move: "The traditional newsletter model necessitates a high subscription price due to the fact that there is little or no advertising to cover costs. But that means disenfranchising people and companies who don't want to pay such prices or, increasingly, who are budget constrained.

Our subscriber numbers have held up well but, looking forward, our view is that the model needs to change if we are to make e-Protection Review available to more people and research tells us that there is a limit to growth if we continue with high subscriptions.

One alternative would be to include advertisements but the magazines and weeklies already do a great job in that sector with their much greater resources. Our readers are not necessarily looking for more pages and they value our different editorial model. So, over the past few months we have been speaking to sponsors and partners and have been taking on board their views and will continue to do so as we develop the newsletter going forward. Repositioning the newsletter to become a free PDF download simply means that all you have to do is go on to the website at www.protectionreview.co.uk.

As we make this change—the biggest since we began in 1998—it's worth setting out what our aim is. Quite simply, we want to help expand the health and protection insurance market because we believe passionately in it. And we think the best way we can influence that through the newsletter is by making sure that ten times a year, our readers get access to the best stats, the best analysis and the best comment and opinion about what really matters across the very diverse life and health insurance market.

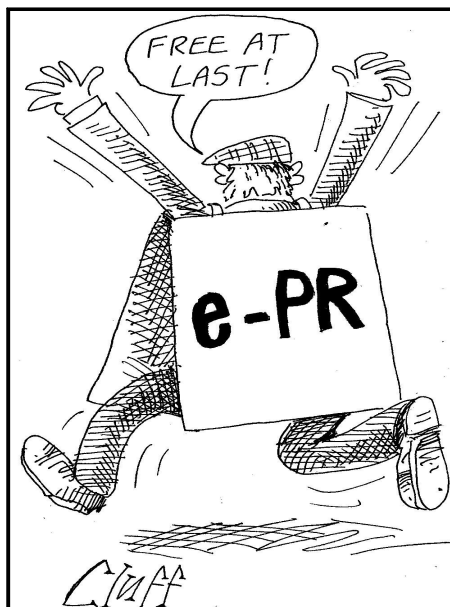
We don't really cover breaking news—again, that's a focus we're happy to leave to others. But what we do bring to the party is informed opinion, access to great research and debate. And we do so in a concise manner. I call it the train test. My train journey from Kingham in the Cotswolds to London Paddington usually takes just (Continued on Page 2).

Quotes of the month:

'The state of the labour market and the squeeze in consumers' real incomes have made it more difficult to sell new policies.'
Pure Protection Contracts Product Sales Data: Trend Report, FSA, 31 August.

"Many people are sleepwalking into a financial nightmare, leaving end of life plans to their families, the State or no-one at all. As a nation we need a wake-up call. Our research indicates that although there is indeed openness to talking about death, action is still greatly lacking." Simon Cox, head of life planning, Sun Life Direct, 13 September.

"It is a well known fact that the US automobile industry spends more on health-care than it does on steel." Chrysler chairman, Lee Iacocca. Quoted at a WPA Protocol conference on 19 September.



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Health expectancies at birth and age 65; UK funeral costs; NHS cancer waiting times; NHS bed availability.

Key statistics:

- NHS RTT median wait England July 2011: 8.7 weeks (See Page 13)
- e-Protection Review Long Term Protection Sales Index: 120.3 (Quarter 2, 2011, compared to base 100 in Quarter 1, 2000).
- e-Protection Review Employment Index: 107.271 (To end July 2011, compared to January 2000, see Page 13).

(Continued from Page 1) under an hour and a half and the aim is that you should be able to read everything you want to read in the newsletter in that time, work out what action points or new ideas that generates and maybe even start making it work. Many of our readers regularly have similar journeys or they create planning or CPD time for about that length of time too.

When we researched how readers actually used the newsletter, examples included making e-PR compulsory reading for a board, including non-executive directors who often had less knowledge of the wider markets their companies operate in. We found IFAs and brokers who used the newsletter as part of their training materials too.

We also found that the newsletter has a niche in helping contextualise the huge wealth of data and news we now get every day. One or two were kind enough to say it is the only publication they always read. Some simply use e-PR as a reminder of events that are too easily forgotten because they have been overtaken by later stories.

Thought starter role

Many use e-PR as a thought starter. More than one new product has reached the market because of something we have said in the newsletter or a design has been modified and improved because of our constructive criticism and comment on not just developments that are occurring but also those that we think should be occurring.

But we want to do more and to do that we need to expand the newsletter's readership above the level we have built up so far.

We have no mass market aspirations and are not interested in being read by every IFA or even every manager in every insurer, reinsurer and in the plethora of organisations that support the market.

What we do want to do is to appeal to the 'movers and shakers' - the people whose job is to take their organisations forward. We want to give them the additional knowledge and information we accumulate across Protection Review and maybe to help them just a bit to carry out their responsibilities even better or more effectively that they already do.

I hope it's not arrogant to think that we can do that—or at least can be a small but important part of their own efforts to do exactly that.

So, I'm very excited about this new development. But mostly because it will benefit all our readers. From now, we will be taking no new subscriptions for the newsletter and existing subscribers will be pleased to know that there is one less item to budget for in 2012.

Paper copies of the newsletter will continue until the end of this year and then we'll be all electronic from 2012. That should meet the need of another reader, whose organisation now looks to minimise its use of paper at every opportunity from a sustainable environment viewpoint as well as cost.

From a business point of view, we are in the final stages of having formal agreements with a small number of industry sponsors and already have some in place.

By year end, we aim to have our 2012 comms sponsors in place and are confident their greater presence will more than justify their investment. That said, our editorial policy remains the same as ever to 'tell it as we see it'. So, no sponsor will have any control or influence over our editorial policy and we will continue to praise or criticise all equally.

Now the challenge is to ensure that we not only go on being your favourite monthly read but that we become invaluable to an even greater number of people and organisations than has been possible up until now."

How will e-Protection Review change?

You will see some evidence of change already in this issue. For example, on Page 7 we have a new and expanded product review section (it won't always run to four pages—length will depend on what is new to review and

that will vary each issue). We have added a *Comment* section and also a *Product design points* section. These enable us to look behind a product and to comment on some of the major and some not so major product design issues.

In doing that, we bring our joint considerable experience in product design. Peter, Kevin and I have all been involved in product design as practitioners for many years and are all too familiar not just with the theory of what makes a good product but also the hard graft and compromises necessary to convert a good idea into a practical proposition that people want to buy and that actually meets their needs.

So, we know that 'the art of the possible' is more important than 'why don't insurers...'. That said, we will continue to challenge product designers and encourage them to be bolder, more innovative and to put their customers first. In saying that, we recognise that product design has, largely, improved enormously over the past generation and more. There is though, still more to do and we will encourage and support that change.

We've also changed our T&C (training and competence) section. Now, the five questions we ask each issue (all based on what's in that issue) will all be multiple choice.

Going forward we really value your views. So, do tell us what you like and what could be better and how we can make e-PR an even better read for you.

What being a Protection Review comms partner means

Becoming a free to download PDF rather than a primarily paper-based subscriber only newsletter gives us the opportunity to work with a small number of selected partners to ensure that more readers get the most out of the newsletter. But what do those partners get and contribute?

As well as their logo on the newsletter and the opportunity to work with us to develop our aims (although we still have NO plans to include advertorials or advertising features) the two other main elements of our comms partner package are:

- Association with our regular bulletins. These are sent out by e-mail, only when we have news we think you need to know about and can't wait until the next issue of the newsletter. We have just updated our capacity and content here too.

- Involvement with the www.protectionreview.co.uk website. This has been continually developed since we started Protection Review in 2003 (it's come on a long way since those early days...) and was subject to a major redesign to improve the user experience recently. It now includes news, information, comment and regular blogs from leading industry names as well as from the Protection Review team.

Go to Page 15 to find out how to contact us to discuss becoming part of Protection Review going forward.

More than half would pay to be seen quicker for treatment

More than half of people in the UK (59%) would consider paying privately if it meant they were diagnosed quicker, according to a new **Simplyhealth** report, *Are we an instant health generation?*, published on 16 September.

A poll by **YouGov** found that just over half of 5,097 people polled in July believed they will need to wait longer for treatment than ever before and 45% agreed that Government changes may mean they are denied treatment altogether by the NHS. Over 50% were worried about the cost of looking after their individual and family health over the next five years.

The report also found that people are now more willing to share personal health information online. And, 58% said they would rather turn to the internet than immediately see a healthcare professional. More than half (55%) say they would be willing to give information about their symptoms and 23% would give details of their medical history online. 56% of those willing to disclose online also said they would be willing to take part in a web chat with a healthcare professional via instant messenger.

NHS changes to benefit PMI

NHS reforms could lead to the private healthcare market growing by 15.7% (averaging 3.4% pa) from £30.39bn in 2010 to £35.9bn by 2015 according to a new **Key Note** report. However, market growth has slowed, from in excess of 5% a year in 2006-2008, to 3.8% in 2009 and 2.9% in 2010. By 2015, £16.2bn a year will be spent on long term care, the largest sector, the report suggests.

The report claims that private medical insurance (PMI) as part of the employment package fell from 11.9% of workers in August 2010 to 8% in June 2011 (the decline looks to be too steep and may in part be statistical; as just over 1,000 people were polled by **NEMS Market Research** in June). Overall PMI penetration was 16%, the report claimed.

The overwhelming majority of the population is fiercely loyal to the NHS, the report found, but the number of people who think the NHS is superior to private healthcare had declined by 5%.

Private Healthcare costs £488 from www.keynote.co.uk.

Pet insurance worth £2.5bn more

The UK pet insurance market could be worth up to £2.5bn a year more if every cat and dog were insured, according to analysts **Defaqto**.

Its research found that the average premium for cats was £155.20 a year, while for dogs it was £339.11. It also found that the number of cat policies available had increased 27% from 204 in 2008 to 278 in 2011, while the number of dog policies had increased from 214 to 300.

The number of pet insurance providers had also increased, from 74 in 2008 to 86 currently.

See www.defaqto.com to download the report.

Comment: *It now costs more to insure a cat and a dog than the average term assurance policy costs for a human, while there are more pet insurers than pure protection (67).*

PruHealth says wellness works

Discovery Health and **PruHealth** released findings on 22 September from an independent five year retrospective longitudinal study, which they say is one of the first to demonstrate a strong correlation between member engagement in incentivised health programmes and subsequent low hospital admissions.

The study by researchers Deepak Patel et al, whose study protocol was approved by the Research Ethics Committee at the **University of Cape Town**, looked at over 300,000 Discovery members in South Africa over a three year period and at the probability of hospital admission in the subsequent two years (years 4-5).

It found that members who remained highly active had a significantly lower probability of hospital admission, and lower hospital admission costs if they were admitted compared to those who remained inactive.

Those who became more active similarly benefited. Hospital costs were 6% lower in those who became active and 16% lower for those who remained active. Two additional gym visits a week also reduced the chance of hospital admission by 13%.

PruHealth's Dr Katherine Tryon said: "For the first time we now have concrete evidence that a comprehensive, incentive-based health promotion programme can motivate people to change their behaviour and increase participation in physical activity over time. Furthermore, we can show this translates into positive benefits for both individuals as hospital admissions are reduced, and for the PMI industry, as lower hospital admission costs are subsequently generated. In a time of ever increasing healthcare costs, this is a significant finding for all concerned with reducing the overall healthcare burden on both a national and international level."

The research also found:

- A 22% increase in gym membership over the five years, implying the longer members remained in the programme the more joined a gym.
- Members classed as 'inactive' fell from 76% to 68% over the period.
- Those classified as 'medium engagement' increased from 7% to 10%.
- Those classified as 'high engagement' increased from 10% to 13%.

Comment: *This is only one study, but is an encouraging finding for those who argue that incentive programmes such as PruHealth's Vitality programme can deliver in practice as well as making theoretical sense.*

Underwriters want better data

Most protection insurers (58%) operate between two and five different systems to process new business while only 7% have fully integrated systems according to an interactive poll of senior underwriters and claims professionals by **MDG Medicals Direct Group** at the recent **LUCID** conference.

Almost two thirds of those polled (63%) said that their organisations did not capture sufficient data to inform their underwriting and claims decisions, and 50% believed their organisation should allocate more resource to IT and data analysis.

Death costs 3 months' salary

The average cost of a funeral in the UK is now £7,248, equivalent to three months' average salary, according to *The Annual Cost of Dying Report: Sun Life Direct's* fifth annual survey, published on 13 September.

The report found that 53% of over 2,500 adults polled by **Mintel Research Consultancy** said the cost of a funeral was more than they expected (up from 36% in 2009), while only 7% said the cost was lower than expected. It also found that a quarter of people had not made any end of life plans, while 44% expected family and friends to organise and fund their funeral for them, and one in five struggle with funeral costs.

The cost is much higher than the actual cost of a funeral (see Page 16) because it also includes probate, headstones and flowers and other funeral costs. The cost has also increased by 61% over the past seven years and by £400 over the past year.

Dr Kate Woodthorpe, lecturer in sociology at the **University of Bath**, said that while deaths in England and Wales were at an all time low of 491,348 in 2009, that figure is expected to rise by 80,000 by 2030, equating to a 17% rise in the death rate in 17 years.

Aviva: patients need to take responsibility for their health

A new **Aviva** research report reveals that:

- 74% of GPs surveyed spend nearly three-quarters of their time with patients but 23% say they spend only a quarter of their time dealing with medical issues that actually require their expertise.
- Nearly half (48%) feel they spend a significant amount of time dealing with patients who do not look after themselves.
- 93% of GPs surveyed said they spent a quarter of their time dealing with medical issues a practice nurse could address.
- 88% said a similar amount of time was spent dealing with minor medical issues that don't need to be seen by a doctor or a nurse.

Nearly half of GPs advocated better health education, 76% longer appointments, 63% faster diagnostic services, 48% shorter waiting lists and 45% improvements in the quality of clinical care. *2011 Health of the Nation* can be downloaded from www.aviva.co.uk/healthofthenation.

Aviva research has also found that over a quarter of patients wait over a week to see their GP and two thirds live with conditions longer than they would like, although four fifths (80%) said they were happy with the quality of their treatment or the advice given.

Universal Provident first to reveal PMI claims stats

Universal Provident claims to be the first PMI provider to release its claims stats.

Between January 2010 and the end of April 2011 it paid 85.6% of claims submitted, with a further 2.6% part paid. 44% of declined claims were for failure to follow gen-

eral policy conditions; 17.7% due to being a chronic condition; 7.6% due to being a pre-existing condition or moratorium and 7.6% for being just a routine examination.

Other reasons claims were rejected included falling within the policy's excess amount (6.3% of rejected claims); treatment being ineligible given the cover modules selected (5.1%); the condition arising from a hazardous pursuit, cosmetic treatment, GP service or fertility or infertility treatment (all 2.5%) and normal pregnancy or childbirth (1.3%).

UP says it is also one of only two PMI insurers that will disclose claims experience to authorised brokers on request as a matter of course.

20 years olds 3x more likely to reach 100 than grandparents

Twenty year olds are three times more likely to reach age 100 (19.5% chance for males and 26.6% chance for females age 20 in 2011) than their 80 year old grandparents (6.2% and 9.2% chance respectively) and almost twice as likely as their 50 year old parents (11.4% and 17.0%) according to a new **Department for Work and Pensions** report published in August.

At birth, males born in 1991 had a 19.2% chance of reaching age 100, compared to 10.5% for those born in 1961 and just 2.5% for those born in 1931. For females the figures were higher, at 26.4%, 16.2% and 5.1%.

Minister of State for Pensions, Steve Webb, said: "The dramatic speed at which life expectancy is changing means we need to radically rethink our perceptions about our later lives. We simply can't look at our grandparents' experience of retirement as a model for our own. We will live longer and we will have to save more."

Differences in life expectancy between those aged 20, 50 and 80—in 2011 and at birth, can be downloaded from www.dwp.gov.uk and is based on 2008 **ONS Cohort Life Expectancy Tables**.

Employers to wait and see on IP

One in four (24%) employers will await advice from their employee benefits consultant before taking any action on their group income protection scheme after the removal of the default retirement age, according to the **Employee Benefits/Friends Life Group Risk Research 2011** report, published in July.

A further 20% will leave cover as it is, 11% will switch to a limited benefit period, 9% change the policy ceasing age to 65 or the individual's State pension age and 2% will remove the cover. Two in four (39%) said they did not offer group IP cover.

The survey also found that 55% of the 363 respondents to the magazine's survey said that fit notes had had no impact on their benefits schemes.

An encouraging 21% of those responsible for health-care strategy said they planned to increase the number of benefits they offer next year, while only 1% planned a reduction, although 9% said they would restrict cover to employees only and 8% would restrict the level of cover provided. A quarter (24%) planned to increase the number of employees covered, 19% to place benefits in a flexible benefits scheme and 49% to review advisers' fees.

FSA reports non-term protection sales down 1% in 2010-2011

The total number of long term pure protection products sold fell by 1% in 2010/11, according to 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 report shows sales between 2005/6 and 2010/11 as:

Table 1. Protection sales 2005/06 to 2010/11

Year (Ap-Mar)	CIR	IP	CIS	Total
2005/6	734,309	151,346	96,060	981,715
2006/7	598,305	149,641	86,110	834,056
2007/8	484,214	141,022	43,513	668,749
2008/9	441,947	117,383	39,901	599,231
2009/10	453,609	104,542	41,888	600,039
2010/11	466,457	96,521	31,150	594,128

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

Unusually, figures for **all** previous years have changed since those published by the FSA exactly a year earlier (the 2005/06 figures were not included in this year's report, but we have included them for completeness).

In terms of products, critical illness rider plans continued their slow comeback (up 2.8% on 2009/10), while standalone CI plans continued to drop (down 25.6%) and IP sales were down by 7.7%.

In terms of providing and selling firms, Table 2 shows how the numbers have changed since 2006/07:

Table 2. Number of provider and selling firms, 2006/07 and 2010/11 and % change

No of provider firms	2006/07	2010/11	+/-
CI as rider benefit	33	25	-24%
Income protection	35	29	-17%
Standalone CI	28	17	-39%
No of selling firms			
CI as rider benefit	5,694	5,215	-8%
Income protection	2,403	2,159	-10%
Standalone CI	1,158	812	-30%

This table shows a considerable diminution in choice of providers, with the number of CI rider providers down by almost one in four and the number of IP providers down by almost one in six over the past five years. The number of selling firms is also down, although by a smaller number.

The FSA says that in 2010/11 there were an average of 36 provider firms and 5,990 selling firms (as some providers and most sellers will market more than one type of protection product).

Noting that the number of selling firms has been more volatile than the number of providers, the FSA says that the number of selling firms first declined, then recovered, then fell again. It adds (citing findings by **Mintel**): 'Intermediaries have apparently turned to protection products to fill the gap left by the decline in their mortgage income.' This is an interesting observation as protection sales are highly geared to mortgage sales, suggesting that if and when the mortgage market grows significantly again, the challenge will be to ensure these 'new' sellers continue

to actively market protection products and do not simply switch from majoring on one type of business (protection) to another (mortgages).

In the period Q2 2005 to Q1 2011, the correlation coefficient between mortgage and protection sales was 0.82. In 2010/11 the top 5 protection providers accounted for 59% of sales, the top 10 for 85% and the top 15 and 20 for 99%.

In terms of distribution, in 2010/11 sales came from (by FSA firm type, with 2009/10 figures shown in brackets—we have ignored standalone CI sales as this sector appears to be in terminal decline):

Table 3. Market shares of firms selling CI rider and IP products by type of firm 2010/11 (2009/10)

Type of firm	CI rider %	IP %
Banks and building societies	33 (27)	14 (7)
General ins intermediaries	10 (9)	10 (10)
Life insurers	6 (6)	16 (24)
Other insurers	1 (2)	2 (2)
Mortgage business	15 (17)	19 (17)
Personal investment firms	26 (27)	27 (28)
Other	10 (12)	11 (12)
Total	100	100

Advised sales made up 90% of all protection sales, down marginally from 91% in 2009/10.

The FSA notes that across the areas it regulates, quarterly PSD reports were received in 2010/11 from 539 (provider) firms, with 181 reporting mortgages, 367 retail investments and 67 pure protection products. Of over 31m transactions, 17.3m were retail investment products, 9.6m mortgages and 4.3m pure protection products. The latter figures illustrate how many mortgages are now likely to be insufficiently covered by pure protection products (although this ignores term insurances and general insurance products such as payment protection insurance).

Comment: *The FSA's Trend Report makes interesting reading but would be more valuable if it also included term insurance and pure protection whole of life sales.*

It would also be useful to include more mortgage statistics, although there is a separate trend report covering that market (see Page 6). There is also no indication of whether sales are to individuals or groups, although the fact that only 84% of sales were regular premium contracts in 2010/11 suggests that both are included. And, only sales volumes are included, not the value of those sales (an important factor as, for example, this otherwise ignores the effect of price changes and other factors such as moving to cheaper types of cover).

The overall impression is that the data is produced to meet the FSA's own requirements and obligations rather than the needs of those it regulates or the wider public.

We think this misses an important opportunity. The FSA's data should be accurate (there are penalties if firms do not give the FSA the data it requires on a regular basis) and such accuracy should be helpful to all regulated firms and others with an interest in the market. But that would require both a different style report and some reporting changes too.

Nevertheless, the FSA's report does provide useful additional insights and the data to back that up and we welcome it.

See Pure Protection Contracts Product Sales date (PSD) Trend Report 2005-2011, FSA. www.fsa.gov.uk.

FSA reports mortgages down

The **FSA** published its *Mortgage Product Sales Data Trend Report 2005-2011* in August, showing that mortgage sales declined by 7% in 2010-11 to reach a new low since FSA recording began in Q2 of 2005 of less than 870,000 new mortgages. Key stats include:

- In 2010/11 there were 663,647 capital and interest mortgages sold; 104,123 interest only with an unknown repayment vehicle (a declining proportion as the FSA doesn't like that uncertainty); 52,998 interest only with a repayment vehicle; 40,382 part capital and interest and part interest only, and 6,513 with another repayment method.
- The most popular type of mortgage was fixed rate (53%), followed by trackers (31.4%) and discounted variable rate (8.2%).
- 21% of mortgages were to first time buyers, who had an average age of 31.1 years.
- Impaired credit history (sub-prime) mortgages made up only 0.34% of new mortgages in Q2 of 2011.
- Total mortgage lending in 2010/11 was £120,444m, compared to £298,890m in 2006/07.
- Average house sales per chartered surveyor fell from 17 in Q1 2010 to 14 in Q1 2011.
- Average interest rate paid in 2010/11 was 3.4%.
See: www.fsa.gov.uk.

Comment: *It is interesting to compare mortgage data with protection sales (see Pages 5 and 14). On a trivia note, the FSA's three page press release launching the PSD reports included 18 percentage figures but not one single hard number.*

Protection gives security

Almost all (95%) IFAs say their clients feel more secure when they have purchased a protection product and 89% said their clients felt happier when they had protection, according to **Scottish Provident's** *Financial Safety Net* report published on 31 August.

Over half (52%) of IFAs said their clients would have to rely on the State if they had no protection insurance, 50% said they would turn to credit cards and loans and 66% that they would turn to emergency savings, although only 42% said their clients would have enough savings to do so. The poll took place in June.

News briefs:

- Last year travel insurers paid out £275m in meeting the cost of emergency medical treatment for UK travellers who fell ill abroad, the **ABI** claimed on 17 August. The number of claims for such treatment was 337,000, a threefold increase over the last six years. Claims included £86,000 for treatment for a holidaymaker who needed an air ambulance back to the UK after a heart attack.
- Dame Carol Black will call on HM Treasury to remove tax barriers that stop businesses implementing staff absence management and wellbeing programmes she told delegates at a **WPA Protocol** conference, *Health + Productivity: Fact or Fiction*, at the **Royal College of Physicians** in London on 19 September.
- The **Financial Services Consumer Panel** has launched a report calling for 'straightforward outcome'

products to better meet consumer needs and to help build trust in insurers. See www.fs-cp.org.uk.

- **Bupa** is in talks to enter the Chinese PMI market in a joint venture with a local partner it has said.
- **Master Adviser's** Roy McLoughlin has called for a compulsory protection exam for advisers. He was speaking at a *Future of Critical Illness* debate in London.
- Average (median) revenue per financial adviser is £165,136 a year according to research by **Owen James**. Its research found revenue per adviser was highest in mid sized firms (£1m to £5m a year) at £212,800 and lowest in smaller firms (£128,200 per adviser), with large firms (£5m plus) at £177,100 per adviser. Median salaries were £56,900 for sub £1m turnover firms, £77,800 for mid sized firms and £61,000 for the largest firms. 69% of firms now charged customers fixed fees. Where hourly rates were charged, small firms charged on average £176 an hour, mid-sized firms £218 and large firms £196 an hour.
- The average cost of employee healthcare in the US will rise 5.4% in 2012 according to an annual **Mercer** survey, the smallest increase since 1997. Over the past five years the underlying health benefit cost trend has been running at about 9% a year but is expected to be 7.1% in 2012, indicating that employers are continuing to take positive action to reduce costs.

• **Defaqto** says there are now 39 short term income protection (STIP—ASU/PPI/creditor rather than long term income protection) providers, compared to 20 in 2009. It adds that 'the potential exists for advisers to actively promote the customer-focused benefits of STIP'.

• The **UEGW Conference** in Stockholm in September was told that 'the most popular of all drugs' (alcohol) kills around 200,000 people a year in Europe and costs society more than €125bn. The most common form of alcohol is beer (43% of all consumption), followed by wine (34%) and spirits (23%).

• **Aviva's** new TV protection ad launched in September and the first features how customers can benefit from income protection.

• **Capita** has acquired **Insurance Medical Group**, the medico-legal reporting, diagnostics and proactive physiotherapy and treatment services group, for an undisclosed sum.

• The **CII** has published a new *Thinkpiece* paper, *The Forgotten Hero? The Role of Employer Group Risk Schemes in Closing Protection Gaps* by **Swiss Re's** Ron Wheatcroft and Keith Williams. Download from www.cii.co.uk.

• Nearly half of SMEs are considering offering improved employee benefits packages to staff instead of pay rises, according to **MetLife**.

• 49% of families feel their financial situation is at risk but have still failed to take out protection, according to the **Aviva Family Finances Report**.

• **Engage Mutual** has acquired **National Friendly's** sales team and ongoing rights to its One Fund health cash plan.

• **Friends Life** has launched an online Life States Tool to help advisers identify customers' requirements at different stages in their lives.

• **Ageas Protect** is underwriting **ASDA** Instant Life Cover, a guaranteed acceptance life plan for those aged 17 to 50, from £5 a month with no underwriting.

Pick of the month

We have improved and expanded our product reviews section from this month, adding in a *Comment* section and also a section on any product design points raised by the product. In this way, we want to look behind the glossy brochures at some of the finer detail that may otherwise be missed. We will also comment on design points that we think could or should become more widely adopted or that we think could be going in the wrong direction or are not beneficial to customers or advisers.

Our points system remains the same, giving both an overall score out of five and an innovation score. We think that's important because only by innovation can any market ultimately move forward. And, within the term 'innovation' we include non-product specific developments such as systems, underwriting and claims as well as product features, customer experience and business management.

Our aim is not to identify every single product feature or benefit (there is never enough space) but to give advisers and providers and reinsurers a heads up on what we see as some of the most important features.

As previously, we will pick out one product each month as our *Pick of the month*. Our pick of the month this issue is Bupa for its interesting new modular PMI plan, Bupa By You.

ALC Health Prima Travel Insurance

ALC Health's new plan is a travel insurance product aimed at all EU (European Union) residents, regardless of their nationality.

There is a choice of two core plans (Gold and Silver), which offer different levels of cover e.g. Gold has an emergency medical expenses limit of £12.5m, Silver has a limit of £6.25m. Cover is typical for this type of product, with the option to add on golf and winter sports packages.

Cover can be single trip (up to 100 days) or multi-trip and customers can choose from three geographic areas. Each plan also includes as standard, travel cover between two homes in Europe. Immediate cover can be bought online 24/7.

Comment: *ALC says its plan is aimed at anyone in the EU looking for comprehensive cover at an affordable price and is an ideal option for the increasing number of expatriates who may have a local medical insurance policy but need protection when they travel abroad.*

Certainly, the plan is worth looking at for those groups, but also for those who may have a second or holiday home in Europe. Travel insurance is a market with growth potential for PMI and other intermediaries looking to add a new market, the link being that travel insurance includes a lot of medical expenses cover on top of more holiday/business related cover.

Product design points: *Golfers will appreciate the 'hole in one' cover which pays a cash sum to help cover the 19th hole bill.... Motorcyclists will find that standard cover only includes bikes up to 125cc, although larger bikes are OK if cover is upgraded to Level 2. Since 1 September, customers with any pre-existing condition must contact **Medical Screening Service** to be teleunderwritten. If revised terms are offered which the customer does not accept, they can make a holiday cancellation claim or cancel the policy. We think this a useful*

development, as too many people with PECs do not disclose them, with potentially disastrous consequences.

Plus points: *Available to all EU residents. Experienced provider. Includes travel to second homes in Europe. Cover can be matched to need and budget. Available online 24/7.*

Not so plus points: *As always, shop around to get the best cover at the right price..*

Website: www.alctravel.eu.

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

AMII Travel Insurance

AMII has launched a travel insurance policy for its members through **All Clear Insurance Services**, which is a specialist in travel insurance and has been in this market for over ten years. AMII (**Association of Medical Insurance Intermediaries**) was established in 1998 as a trade association for independent medical insurance advisers based in the UK. The plan is underwritten by **Optimum Underwriting Ltd**, underwriting agents for **Groupama Insurance Company Limited**. Assistance services are provided by **FirstAssist**.

The annual or per trip travel insurance policy has no upper age limit for single trips and covers all destinations. Individuals or up to an entire travelling party can be included under the same policy. Low cost cover can be added for a travelling companion.

The policy can be used for older travellers and those with an existing medical condition. The application process is online, with a quote time of 6-7 minutes, including medical screening (using a plain English question set). All medical conditions can be considered – the only exceptions being terminal illness (in some but not all cases) and anyone travelling against their doctors' advice.

Medical expenses up to £5m are covered and personal public liability up to £2m. The policy includes hole in one golf cover of £100. Some benefits include limits or have built-in excesses.

There are no standard premium rates, with each application being considered on its merits. Premiums are paid online using a credit or debit card. Commission is 20%, or 10% if the call centre is used.

Comment: *An interesting development for AMII. Other trade bodies, such as **BIBA**, also offer white labelled insurance products to their members and that can be a valuable member benefit as well as an easier way to get into a new market. However, experienced intermediaries in any sector are always likely to have their own preferred providers already.*

Product design points: *Travel companion cover is interesting, as their own policy may not pay out if their holiday is curtailed or costs are incurred due to their companion's illness.*

Plus points: *Comprehensive travel insurance ideal for those with a medical condition or whose age could be a problem. Can also include low cost travelling companion cover. An easy way into travel insurance for AMII members?*

Not so plus points: *Most AMII members will not be travel insurance experts (but then again, nor are most travel agents). Travel insurance can still be very expensive for those in poor health or who are elderly. Lower commission rate if you need to use the call centre.*

Website: www.allcleartravel.co.uk.

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

Bupa By You

Bupa's Bupa By You is an innovative PMI plan, which claims to offer the UK's widest range of health and wellbeing options. The plan, which is initially only available direct and not through intermediaries, has three core cover options:

- **Comprehensive.** This offers the widest cover, and includes in-patient, day-patient and out-patient treatment. Other benefits are NHS cash (up to 35 nights a year, at £50 a night or double for some cancer treatments), treatment at home, home nursing and private ambulance.

- **Prompt Diagnosis.** Covers out-patient consultations, diagnostic tests and scans only. Does not cover any treatment, but gives fast access to quality diagnosis. Cancer Cover can be added as an option, as can Active or Fit and Active Cover (for fitness fans worried about becoming ill – the latter including an annual cardiovascular fitness check).

- **Treatment and Care.** This pays for treatment but not diagnostics, and is designed to cover treatment and aftercare following an initial NHS diagnosis. Scan and Test Cover can be added as an option.

All plans include Bupa's 24/7 HealthLine. Once the core plan is chosen, customers can add Dental and Optical Cover, Travel and Emergency Medical Cover or Complementary Therapies Cover (acupuncture, osteopathy and chiropractic only). Cancer Assist (a form of critical illness insurance that pays £2,000 on diagnosis of a new cancer, up to once a year) can be added too. The plan is subject to Bupa's extensive Cancer Promise.

Families can choose different cover levels for each family member. Three hospital bands are offered – Essential Access, Extended Choice and Extended Choice with Central London. There is also a low claims bonus.

Comment: *Quite a different approach from Bupa that works well. Customers choose how much or how little cover to have and have the flexibility to cover other family members in different ways. This is not a simple proposition but, on the other hand, offers enough even to appeal to potential customers who have not yet decided to take out PMI.*

Product design points: *Modular PMI is now well-established—the main issue is deciding what options to include and having good navigation. This is an area we feel Bupa could do better on—its explanations in the literature are not always as clear as they might be. It is also an interesting strategy to (at least initially) exclude intermediaries from marketing the plan. That is OK if you plan to introduce a better plan for that channel or if you're not really bothered about the broker channel anyway. We'll doubtless find out which in due course... Customers can also add on dental, travel, optical and complementary therapies, so creating a plan that is more of a menu or multi-plan health product than has hitherto been the norm for PMI.*

Cancer Assist is a form of critical illness cover but with a very low benefit—at least relative to the cost of cancer treatment or to provide any meaningful sum. This is an area that could be developed in future. Currently it adds little value.

Plus points: *Generally well thought out plan from the market leader. Bupa's Cancer Promise is strong and the plan offers enough options to meet both cover and budget needs*

Not so plus points: *Can be complex to work out what cover to have and will not always be cheapest.*

Website: www.bupa.com.

Rating (max 5): Innovation: 4. Overall: 4.25.

Childsure/Aviva Child Health Solutions

Childsure is a trading style of **Sure Insurance Services Ltd**, which was established in March 2003 and has now joined with **Aviva** (the plan's underwriter) to offer this plan, which is also now available to other intermediaries.

Childsure is PMI for children. Benefits are similar to those for adults and usually pay full refund for:

- In-patient, day-patient and out-patient treatment.
- Diagnostic tests.
- Radio/chemotherapy.
- NHS cash benefit of £100 a night up to 30 nights.
- GP referred treatment by a physiotherapist, chiropractor, osteopath or acupuncturist up to ten sessions per condition per policy year.

- Treatment by a dentist of an accidental dental injury up to £600.

- Routine dental treatment to £300 (£50 excess).
- Up to two speech therapy sessions for GP referral to a speech therapist.
- Support cash benefit of £10 a night, max 5 nights.
- Home nursing.
- Private ambulance.
- Parent accommodation with child up to age 15.
- Hospice donation of £70 a day, up to ten days.
- GP and stress counselling helplines.

Pricing is simple, with the first child costing £13.63 a month, the second an additional £12.63, then £6.57 a month for each additional child. Up to five children can be included at those rates – larger families being quoted individually. The policy is taken out by a parent or parents, who could then be reimbursed by another relative for example. Although launched some time ago, the plan is now also available to grandparents.

The policy has a two year rolling moratorium.

Comment: *Not every family has PMI and some that do only cover adults or a firm's employees. This plan covers children and could be an attractive starter plan for some families, even if the NHS generally offers good service for children.*

Product design points: *One useful feature is that for each hospital, child-relevant information is listed e.g. whether it has a paediatrician on site or on call and what its specialities are by child age group. Is this just a niche market though?*

Plus points: *Low cost PMI for children that can be tailored to individual families' needs.*

Not so plus points: *It may be better to include children under a parent's policy. Cover stops at the renewal after the child's 18th birthday. A parent or guardian who is not also the policyholder cannot discuss any treatment with the insurer.*

Website: www.childsure.co.uk.

Rating (max 5): Innovation: 4. Overall: 3.75.

Engage Mutual Guaranteed 50 Plus Life Cover

Engage Mutual has drawn on feedback from IFAs to improve its existing guaranteed acceptance whole of life plan

available through their channel. Main features are now:

- No underwriting or health questions and guaranteed acceptance without a medical at ages 50-80.
- Lower rates for non-smokers.
- Guaranteed premiums throughout life with premiums ceasing at age 90.
- The full sum insured is payable on death after two years. Within the first two years, the full sum insured is only paid on accidental death.
- Up to £40,000 of cover is available and premiums range from £10 to £75 a month.
- Premium rates are based on age, sex and smoking status only and there are no ratings for non-standard lives.
- A no cost funeral funding option gives a £250 contribution from **Co-operative Funeral Services** towards funeral costs.
- There is no standard trust wording, but customers can instead nominate a beneficiary using a Form of Nomination, ensuring that up to £5,000 can be paid out immediately on death.
- A facility to use **Grace Consulting** to get advice on long term care options.

Comment: *Too many people have little or no life cover and worry or are embarrassed about the complex and intrusive processes life insurers impose to seemingly discourage them from remedying that. Engage Mutual has listened to its IFAs and introduced some useful changes and now offers a plan that is a real alternative to other low cost life products.*

Product design points: *Guaranteed acceptance plans have become popular as the modern day home service or industrial branch product. They offer simplicity and certainty, albeit with a risk in the first two years and poor value later on.*

But we are increasingly concerned about the Catch 22 situation of such plans becoming worse value the longer you live but having no value at all if you stop paying. Engage's solution is to stop premiums at age 90 and is a move we would like all insurers to follow. Engage is also stretching the concept by offering relatively high sums insured (its maximum premium is a lot higher than the average term assurance premium) and non-smoker rates will reward those who do not smoke.

Nominating a beneficiary is a useful and practical idea, but we still like trusts—even though far too few trusts are used across the protection space.

Plus points: *High-ish cover levels available. IFA driven improvements. Premiums stop at age 90. Good additional.*

Not so plus points: *An underwritten plan will be a better option for many. Value can be poor for those who live long. No built-in trust arrangement.*

Website: www.engagemutual.com/lifa.

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

Exeter Family Friendly Health Choices for Me

Exeter Family Friendly's new Health Choices for Me is a modular PMI plan built around a mandatory core module called Essential Cover. This pays for unlimited in-patient and day-patient treatment, out-patient surgery and CT/MRI/PET scans. Also included are private ambulance, home

nursing, parental accommodation (with children up to 18), GP helpline and £250 a night NHS cash benefit and £250 hospice donation. One key point to note is that the core module excludes any treatment for diagnosed cancer, although this can be added as an optional module.

Three optional modules can be added:

- **Out-Patient.** Customers choose annual limits of £500 or £1,000 or unlimited cover.
- **Cancer Cover.** This pays for diagnosed cancer treatment including unlimited oncology benefit and specialist cancer consultations. Exeter's literature details exactly what is and is not covered, so helping avoid any later misunderstandings.
- **Manipulative Treatment.** This pays for physiotherapy, osteopathy, podiatry and chiropractic treatment received as an out-patient. Customers choose up to £300 a year or unlimited cover.

To further tailor cover and cost, excess options of £100 and £250 are available. Premiums are also reduced by 10% for non-smokers and by a further 10% by those with a BMI (body mass index) within prescribed limits. A 35 year old man with 20% health discounts, living in a SW postcode wanting all options and unlimited cover would pay a premium of £59.35 a month.

Comment: *Although modular PMI cover is not new, Exeter has focused on ease of choosing and buying and on excellent communication. And, if customers fully understand what they can buy and what they are buying that, ultimately, will be better for all parties. More options could usefully be added, but that might lead to over-complication, at least for some.*

Product design issues: *Going to great lengths to explain what is available and how things work can lose some customers initially, although we remain convinced it is what you should do and we see communication as an essential part of good design. Focusing on simplicity and ease of understanding is also an important point on modular plans. Some of the detailing is excellent—many PMI insurers stop parental accommodation with a child when the child gets to an arbitrary age (12 for example). Exeter goes to 18 and we don't understand why everyone doesn't. If it were your kids?...*

Plus points: *Modular but not over-complex. Discounts for non-smokers and those with a good BMI. Well communicated benefits and options*

Not so plus points: *Core cover excludes all cancer treatment (except diagnosis) - although this can be added on. It costs more for smokers and those with a poor BMI.*

Website: www.exeterfamily.co.uk.

Rating (max 5): Innovation: 4. Overall: 4.

Holloway Friendly Purely Day One

We reviewed **Holloway Friendly's** Purely IP plan as recently as the May issue of e-PR. So why review it again?

Simply that the organisation has now introduced a back to day one option and that fundamentally changes the market for the plan. It means that, after three days off work, the customer obtains a doctor's certificate, sends that to Holloway and benefits start to be paid, backdated to day one (otherwise see e-PR 133 for plan details).

Such a seemingly small change means that the plan will now appeal to those with limited or no savings and who do not benefit from an employer's sick pay scheme,

such as a self-employed worker. The change also has a dramatic affect on premiums though.

For example, a male in a class one occupation age 30 now and retiring at age 60 would pay an initial premium of £28.49 for a 13 weeks deferred plan or £38.60 for 4 weeks deferred. However, for a day one deferred period, the initial premium is £71.54 a month.

Bear in mind too that Holloway's premiums for this plan are not level but go up on 1 January each year (although they are guaranteed rates).

Comment: *Back to day one cover is an important albeit relatively expensive cover for those that need it. This plan meets that need but don't forget premiums go up each year and that though this is a Holloway society, this is a pure protection plan with no cash value on retirement.*

Product design points: *Long term plans generally have level premiums while short term general insurance plans have premiums that usually go up each year. There's no fundamental reason to have that, so an increasing premium IP plan can make sense—especially if it means younger people are attracted to take out this type of cover. The current economic situation could even make escalating plans the way to go for many, as long as the escalation is clear and understood.*

Plus points: *Proven plan from the UK's oldest IP provider now offers a back to day one version.*

Not so plus points: *More expensive than for longer deferred periods. Essential that customers understand premiums will go up each year.*

Website: www.holloway.co.uk.

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

Nationwide Lifestyle Protector

The payment protection insurance (PPI) sector has had a real battering over recent years, so when a lender, and a mutual to boot, comes up with something that looks to be a little different we should all sit up, especially as the national media seemed to think this was a very exciting development from one of our top lenders.

In the event, what **Nationwide** describes as '...one of the most flexible solutions available, with options to ensure that our customers get just the right amount of cover for their individual circumstances and pay only for what they need,' offers little more than standard ASU (accident, sickness and unemployment) cover.

We were more reassured when we Googled the plan and the first line on Nationwide's website read: 'Lifestyle Protector provides some reassurance by protecting your income in the short term'. Well done Nationwide.

Customers can choose separate initial deferred or waiting periods for the U and AS elements, from a choice of back to day one (with a 14 or 30 day wait period) or 14, 30, 60, 90 or 180 day waiting periods. Benefit is then payable for a maximum of either 6 or 12 months.

Maximum monthly benefit is the lower of 60% of gross monthly income or £2,500 (£2,000 if only unemployment cover is chosen) and the plan is underwritten by **Pinnacle Insurance**. Customers must be aged 18 or over and under 65. As well as ASU cover, the plan also includes life cover of monthly insured benefit times no of months of benefit chosen (e.g. if someone has ASU cover of £2,000 a month and 12 months benefit, the sum insured is £24,000).

Comment: *We do despair when we read that one of the plan's key features is 'can be cancelled at any time without penalty' but this is ASU, so perhaps we should expect that. Actually, that's being deeply cynical and if customers don't realise that every plan should offer that, it does make sense to tell them. This is not a bad plan, but we're disappointed that, as yet, the whole ASU/PPI area is not being very innovative at all. But, maybe anything is better than nothing...*

Product design points: *The underlying need for ASU/PPI style cover is huge but long term IP has so far failed to take up the slack following PPI's implosion and the ASU/PPI market is recovering far too slowly. There seems to be little appetite to help customers and more concern with not sticking heads above parapets (thank you FSA et al). There are some steps forward from traditional ASU here though. One is that pre-existing conditions are not covered in the first 12 months but are after that, provided the customer is attending work at the start of their claim. That said, we do not like the word 'attending' as it can be ambiguous.*

Plus points: *Some improvements and choice compared to traditional ASU. Life cover is included. Not linked to a loan. Information and guidance to help claimants back to work.*

Not so plus points: *Benefits can be changed adversely at annual renewal, but only if certain criteria is met e.g. if future claims costs are expected to be higher.*

Website: www.nationwide.co.uk

Rating (max 5): Innovation: 2.5. Overall: 2.5.

Product reviews: you can help

We aim to review as many new products and solutions in the life and health protection sector as we can so if you know of a new plan we look to have missed, do let us know. Tell us what you like and dislike about products too and any 'hidden' plus or minus points you come across. Just e-mail andy@andycouchman.com.

What is Demos?

Demos is an independent think tank focused on power and politics that challenges the traditional 'ivory tower' model of policy making by giving a voice to people and communities.

Its 2010 work focused on five themes: Family and society; Violence and extremism; Public interest; Political economy, and Public services and welfare. Its three 2011 research themes are The way we live now, Economic lives and business, and The big society. In March 2011 it published a pamphlet, *Of Mutual Benefit*, by Max Wind-Cowie, sponsored by **Unum** (see e-PR 132), which suggested workers should be given a £100 National Insurance rebate if they took out income protection insurance. Demos reports are free to download from its website.

Demos was founded in 1993 by Martin Jacques and Geoff Mulgan and is widely credited with the 'third way' concept adopted by Tony Blair's Government, although it is apolitical. On 19 September, Demos announced that in December, David Goodhart, founder and editor-at-large of *Prospect* magazine, will take over as its director from Kitty Usher. Demos (which is not related to the US think tank of the same name) has its website at www.demos.co.uk.

Breast screening has little to do with falling breast cancer deaths

A research team from France, the UK and Norway has found that better treatment and improving health systems are more likely to have led to falling numbers of deaths from breast cancer than screening, *BMJ* has reported.

Researchers paired countries which had similar healthcare services and risk factors for breast cancer mortality between 1989 and 2006 but the second country of each pair had implemented mammography screening 10-15 years after the first. The trends in breast cancer mortality varied little between the countries and the greatest reductions were found in women in the 40-49 age group regardless of the availability of screening for this age group. See: www.bmj.com/cgi/doi/10.1136/bmj.d4411.

TV could shorten your life

Watching TV for an average of six hours a day could shorten the viewer's life by almost five years when compared to someone who does not watch TV, according to research published online in the *British Journal of Sports Medicine*. Sedentary behaviour such as TV watching is associated with a higher risk of death, particularly from heart attack or stroke. The research, based on Australian data, led researchers to calculate that every single hour of television watched after the age of 25 shortened the viewer's life expectancy by just under 22 minutes. See: <http://press.psprings.co.uk/bjsm/august/bjsm85662.pdf>.

Cancer is UK's top health fear

More than a third (35%) of 2,056 people surveyed by charity **Cancer Research UK** said they feared cancer more than any other life-threatening condition, with brain cancer being the most feared form of the disease. For men that was followed by bowel cancer, lung and then prostate cancer. For women it was followed by breast cancer, then bowel and lung cancers. Fear of cancer is a major driver for the purchase of private medical insurance. An **Association of British Insurers** survey conducted last year shows almost all policyholders assumed cancer was covered, but many did not know if this was actually the case.

Better quality measures needed

Variation in bowel reoperation rates, even among high volume institutions and surgeons, has prompted a call for better quality measures. Research at **Imperial College London**, based on data for 246,469 patients at 175 English hospital trusts who underwent colorectal surgery for the first time between 1 April 2000 and 31 March 2008 found that 15,986 (6.5%) patients needed further surgery. There was a fivefold difference in highest and lowest reoperation rates (14.9% v 2.8%) in trusts performing more than 500 procedures and a threefold difference (11.5% v 3.7%) in those performing more than 2,500 procedures. Emergency patients, male patients and those with inflammatory bowel disease or other existing conditions were more likely to need further unplanned surgery. See: www.bmj.com/cgi/doi/10.1136/bmj.d4836.

Chocolate link to heart health

High levels of chocolate consumption (dark or milk in bars, biscuits, drinks or desserts) might be associated with a one third reduction in the risk of developing heart disease according to research from the **University of Cambridge**.

The authors stress, however, that further studies are needed to test whether chocolate actually causes this reduction or if it can be explained by some other unmeasured confounding factor. They also warn that commercially available chocolate has around 500 calories for every 100 grams, too much consumption of which could lead to weight gain, with the risk of diabetes and heart disease. See: www.bmj.com/cgi/doi/10.1136/bmj.d4488.

Male premature death preventable

A **Leeds Metropolitan University** report has found that over 50% of premature deaths among men are avoidable and that men are less likely to engage in routine or preventative health checks than women.

Despite big reductions, cardiovascular morbidity and death among men is still one of the biggest health risks and the principle cause of death in the older population. Prostate cancer is the most diagnosed in Europe and testicular cancer, despite effective treatment, is still the top cause of cancer death among males in 20-35 age group.

See: http://ec.europa.eu/health/population_groups/docs/men_health_report_en.pdf.

Third hypertension guideline?

For patients with hypertension there are various causes and different treatments, or treatment combinations that vary between patients. But this makes current guidelines on tailoring treatment for the individual vary between top-down prescription and trial and error experimentation. An editorial (*BMJ* 2011; 343: d4697) suggests a third way, by using a 30 minute laboratory test to measure plasma renin (an enzyme released by the kidneys to help control sodium/potassium levels). Low plasma renin can be used as a diagnostic measure of Na⁺ (sodium ion) excess and low renin in patients receiving treatment predicts a better blood pressure response to diuretics (D drugs) than to ACE inhibitors and beta blockers (AB drugs).

New high risk gene mutation for ovarian cancer discovered

On average, woman have a one in 70 chance of developing ovarian cancer, but researchers at the **Institute of Cancer Research** have found that those women with a RAD51D gene mutation face a one in 11 chance, *BMJ* 2011; 343: d5102 reported on 9 August.

Much is known about mutations in BRCA1 and 2 genes, but it has been clear for some time that these mutations did not account for all the estimated 650 cases a year where there is a strong family history of ovarian cancer.

Researchers at the Institute also found that cells with a faulty gene RAD51D can be selectively destroyed by a relatively new class of cancer drugs—poly(ADP-ribose) polymerase inhibitors.

Medical briefs:

- **Saga** has introduced a health app for the over 50s, available from the **Apple Store**. 15-20% of over 50s use a smartphone **Saga** says. The app includes a database of hospitals and specialists and fact sheets on health issues.
- **Spire Healthcare** has announced the acquisition of **Lifescan Ltd** in a deal valued at £1.365m. Lifescan, founded in 2002, uses computerised tomography (CT) technology to check for very early signs of diseases such as cancer or heart disease. Lifescan has a number of large clients such as **Tesco** and **Microsoft** and already operates at 12 Spire hospitals and at two standalone centres.
- A report from the think tank **Demos** reveals that one in ten people who take their own life is chronically ill or terminally ill, *BMJ* 2011; 343: d5464 reported on 26 Aug.
- A *BMJ* editorial (*BMJ* 2011; 343: d5004) suggests that for those people at moderate or high risk of cardiovascular disease, the benefits of statins outweigh the risks. Meta-analysis suggests that about four extra people for every 1,000 treated with statins can expect to develop diabetes compared with a control group.
- A **University of London** study of 1,018 patients with advanced incurable cancer has come up with a scoring system to reliably predict how long they are likely to survive, *Nursing Times* reported on 6 September. A combination of factors create two scores, PiPS-A and PiPS-B (which proved to be significantly better), to predict a 'days' (0-13 days), 'weeks' (14-55 days) or 'months' (more than 55 days) survival as accurate as clinician estimates.
- **Department for Transport** figures show deaths on Britain's road down to below 2,000 for the first time. 1,857 people were killed in reported road accidents during 2010, down 365 (16%) on the previous year.
- *Nursing Times*, 30 August, revealed 20,547 injuries reported by NHS organisations from 2008-2011. The NHS also reported 855 dangerous occurrences between 2008/9 and 2010/11 to the **Health and Safety Executive**, the vast majority of which were needlestick injuries, usually only reported where a blood borne virus such as HIV could have contaminated an employee.
- A thromboembolism risk prevention tool based on variables that patients are likely to know can assess risk before hospital treatment, long haul flights or starting drugs that raise clotting risk. The tool, based on a **University of Nottingham** study is at www.qthrombosis.org.
- A study from Taiwan has found that as little as 15 minutes of exercise on six days a week improved survival with a 4% reduction in the risk of dying from any cause and a 1% lower risk of cancer related death. At age 30 those who exercised for 15 minutes a day on average could expect to live for 2.6 years longer (men) and 3.1 years longer (women) than their peers who didn't exercise at all. See: *Lancet* (2011); doi:10.1016/s0140-6736(11)60749-6.
- UK research has found that patients with a history of heart disease who stop taking aspirin are 60% more likely to have a myocardial infarction (MI) than those who continue taking it. An analysis of three years of data for 39,513 people taking aspirin to prevent cardiovascular events found that for every 1,000 patients, there were four extra non-fatal MIs each year among those who discontinued aspirin. See: <http://tinyurl.com/3fy36bz>.

Political briefs:

- The **Scottish Government** has said it will spend £30m over the next four years on measures to improve the detection of cancer by 25% and save around 300 lives a year. *BMJ* 2011; 343: d5034 reported on 5 August.
- A 15 year growth in local authority purchase of homecare hours has come to an end with an 8% fall in 2009/10 over the previous 12 month period. However, **Laing & Buisson's Domiciliary Care UK Market Report 2011** argues that spending was down because of a personalisation agenda where an increasing number of social services clients are given the funds to purchase their own care services. The report also shows that the independent sector care home business has continued to increase its market share, with 84% of the hours funded by local authorities in 2009/10 compared to the 16% local authorities provide through their own in-house teams. *Domiciliary Care UK Market Report 2011* is priced at £760 for a hard copy from www.laingbuisson.co.uk.
- Nearly 500 nursing and midwifery posts have been lost in Scotland since March, with a similar predicted number to go in the next six months. Just over 100 senior managers and 500 administrators have also gone over the same period, *Nursing Times* reported on 6 September.
- A **British Dental Association** survey shows more than a fifth of primary care trusts are experiencing budget cuts up to 4%, but pilots for the new dental contract based on capitation and quality have received a largely positive verdict.
- A **Work and Pensions Committee** report says that any impression that assessments for incapacity benefits are an attack on the disabled and a means of saving money is a result of poor communication rather than deliberate intent, *BMJ* 2011; 343: d4786 reported on 26 July.
- It is predicted by US government actuaries at the **Centers for Medicare and Medicaid Services** that spending on healthcare in the US will be almost a fifth (19.8% or \$4.6 trillion) of GDP by 2020. Health spending grew by 3.9% in 2010 but is projected to increase to 8.3% in 2014 when, following health reforms, 30 million Americans gain access to health insurance.
- In the UK a reduction of 3g salt intake per day would prevent up to 8,000 stroke deaths and up to 12,000 coronary heart disease deaths per year. See: www.bmj.com/cgi/doi/10.1136/bmj.d4995.
- Breaches of rules on mixed-sex accommodation have fallen from 11,802 patients in December 2010 to 1,126 in July 2011 and 1,092 in August, the **Department of Health** reported on 18 August and 15 September. 115 Acute Trusts (69%) reported zero breaches in July 2011. The North East became the first region with no breaches.
- A *Nursing Times* survey published on 26 July found that when asked: 'Do you feel secure in your job?' 59% of nurse respondents said 'No', 24% said 'Sometimes' and only 17% said 'Yes'.
- Nursing courses are the most popular university course for the second year running, with more than 15,000 students accepted, *Nursing Times* reported on 30 August. However there are 10% fewer places this year and some institutions have had ten applicants for each place. There are no tuition fees for nursing courses. Coincidence?

Unemployment still rising

Unemployment rose from 2.452m in March-May to 2.494m in April-June and then to 2.51m in May-July, according to the latest *Labour market statistics* bulletins, released by the **ONS** on 17 August and 14 September 2011.

During the same periods, employment fell from 29.279m in March-May to 29.265m in April-June and then to 29.169m in May-July. This means that 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, fell from 107.675 to 107.271. This index compares the latest employment figure with the 27.192m figure recorded for the first quarter of 2000.

The number of Jobseeker's Allowance (JSA) claimants rose from 1.5201m in June to 1.564m in July and then to 1.58m in August. The latest unemployment rate is now 7.9%, or 4.9% for JSA claimants. Earnings in the three month period to end July (including bonuses) rose from 2.3% to 2.8% higher than a year before.

On 16 August the ONS announced that in July the Retail Prices Index (RPI) remained at 5.0% then rose to 5.2% in August compared to a year before, while the Government's preferred Consumer Prices Index (CPI) was up from 4.2% to 4.4% then to 4.5% in August. This compares to an annual inflation target of 2.0%.

HAI statistics published

Latest statistics from the **Office for National Statistics**, published on 23 August, show the number of deaths where *Staphylococcus aureus*, MRSA and *Clostridium difficile* were mentioned on the death certificate in England and Wales in 2010 compared to 2006 were.

Mentions	2006	2010
<i>Staphylococcus aureus</i>	2,150	961
MRSA	1,652	485
% of <i>S. aureus</i> mentions MRSA	77%	50%
Certificates mentioning <i>C. difficile</i>	6,480	2,704
Cert where <i>C. diff</i> was underlying cause of death	3,490	1,130
% of mentions underlying cause	54%	42%

During the 2006 to 2010 combined period, 90.8% of deaths involving *S. aureus*, 88.5% involving MRSA and 92.7% involving *C. diff* occurred in NHS hospitals in England and Wales. The figures for care homes were 6.3% for *S. aureus* and 8.3% for MRSA. Most deaths for *Clostridium difficile* occur in hospital.

Health and social spending up

Analysis of recent Government figures by researchers at the **IFS (Institute for Fiscal Studies)** show that over the last 30 years health spending has risen from 10% to 18% of all State spending and social security spending now accounts for 29% of the total, up from 23% 30 years ago.

In 1978-79 spending on health, long term care and social security was a third of all spending but today they account for half of spending, at the expense of dramatic cuts in defence, housing and support for business and industry. Over the next 50 years, health, pensions and long

term care but excluding welfare benefits paid to non-pensioners will reach half of all public spending the report says. *The changing composition of public spending* is available at www.ifs.org.uk.

Physical inactivity influences most causes of global mortality

Recent **World Health Organization** figures show the leading causes of global mortality are: high blood pressure (13% of total deaths), tobacco use (9%), high blood glucose (6%), physical inactivity (6%) and obesity (5%) *BMJ* 2011; 343: d4141 reported on 15 July. Although fourth on the list, physical inactivity influences most of the other causes of global mortality. The editorial suggests ten practical steps that GPs can use to encourage patients to initiate and maintain a physically active lifestyle.

Highest levels of absenteeism is in healthcare

Healthcare has the highest levels of absenteeism of any sector and a 1% reduction could save the NHS in England more than £34.2m a year say the authors of a report from **Manchester Business School**, *BMJ* 2011; 3443: d5234 reported on 15 August. Their review of 140 previously published studies (*Health Services Management Research* 2011;24: 142-50, doi: 10.1258/hsmr.2011.011004) shows the most common problems were musculoskeletal disorders and depression. The studies reveal that 20% of absenteeism was not genuine and less than half of the organisations measured the cost of absence.

Hospital RTT waiting times up

The median Referral to Treatment (RTT) wait for NHS hospital admission in England rose from 8.4 weeks in May to 8.7 weeks in June and July according to **Department of Health** Statistical Press Notices released on 18 August and 15 September. For non-admitted patients the median wait fell from 4.4 weeks to 4.0 weeks in June and July. The 95th percentile time wait for patients entering an RTT pathway rose/fell from 23.6 weeks to 23.0 then to 22.4 weeks for admitted patients and from 15.2 weeks to 15.6 then to 15.8 weeks for non-admitted patients.

The number of patients meeting the 18 week target fell from 90.8% to 90.2% before rising again to 90.6%.

UK health second most efficient

Research in the *Journal of the Royal Society of Medicine* shows the UK has the second most efficient health system of 19 economically developed countries (the US ranks 17th) with the UK's health spend ranking 15th.

However the UK had the fifth highest mortality among adults aged 55 to 74 years and the sixth highest among younger adults. The UK mortality rate among people aged 15 to 74 has fallen 43% since 1980 with more than 170,000 people alive today in the UK who would not have been 25 years ago. See: *BMJ* 2011; 343: d5143.

Protection sales volumes up in Q2 but AP remains flat

Sales of individual long term protection insurance plans rose by 7.0% in the second quarter of 2011, although new annual premiums were flat compared to the previous quarter, according to the **ABI's (Association of British Insurers')** latest stats.:

Table 1. Long term protection sales Q1 2011 vs. Q2 2011

	Sales 000s		Premiums £m	
	Q1	Q2	Q1	Q2
Whole life	139	144	33	31
Term—non-mortgage	247	252	93	91
Term—mortgage	138	146	53	53
Income protection	29	39	12	12
Standalone crit ill	4	4	2	2
Crit ill rider	142	163	68	68
Totals	699	748	261	257

Note: Figures in bold are different to the figures in ePR 128 and ePR 135, reflecting changes as the ABI updates figures when new information becomes available. Note: there is an element of double counting in our data, as CI rider sales are also included in each product's data.

Compared to the same period of 2009, volumes were up 12%, with new annualised premiums up by 5%:

Table 2. Long term protection sales Q2 2010 vs. Q2 2011

	Sales 000s		Premiums £m	
	2010	2011	2010	2011
Whole life	109	144	26	31
Term—non-mortgage	244	252	93	91
Term—mortgage	174	146	58	53
Income protection	28	39	12	12
Standalone crit ill	5	4	3	2
Crit ill rider	124	163	62	68
Totals	684	748	254	257

Taking into account both Q1 2011 and Q2 2010, protection sales are moving forward in terms of volumes, but that is not being accompanied by the same level of increase in premiums. That strongly suggests customers see the need for protection (or their advisers do) but that they are buying less cover or cheaper variants (e.g. IP with a limited payment term rather than to age 65 or funeral plans rather than conventional underwritten life cover). Compared to Q2 of 2010, whole of life, CI rider and IP have been the main beneficiaries, although premium growth has been much less or fallen in the case of term.

In the whole life market, guaranteed acceptance plans (essentially, those sold to the over 50s) made up 116,000 of the 144,000 sales (81%). However, their annualised premiums accounted for just £20m of the total annualised premiums of £31m for all whole life plans (65%).

The market for mortgage related term plans continues to be subdued, reflecting the state of the underlying mortgage and housing markets.

At this point both last year and the year before we said that the challenge for insurers remained to increase interest in their protection products and a key element of that will be training and motivating intermediaries to channel more of their efforts into encouraging potential cus-

tomers to take action to buy cover now. That view still holds good—intermediaries need access to low cost, independent training and motivation to encourage them to see protection as a bigger part of their overall advice portfolio.

We hope one difference now is that, with the support of the **PFS (Personal Finance Society)** and many of the main protection offices and reinsurers we have just launched such a programme (see Page 15).

Table 3 compares sales in Q2 of 2011 with those in Q1 of 2000 and enables us to index sales since then. The overall e-*Protection Review Protection Sales Index* rose from a revised 112.4 in Q1 of 2011 to 120.3 in Q2 of 2011:

Table 3. Long term protection sales Q1 2000 vs. Q2 2011

	2000	2011	Index
Whole life	111	144	129.7
Term—non-mortgage	168	252	150.0
Term—mortgage	137	146	106.6
Income protection	41	39	95.1
Standalone crit ill	22	4	18.2
Crit ill rider	141	163	115.6
Totals (inc LTCL)	622	748	120.3

Compared to 2000, term sales (even in the mortgage market) are higher in 2011 than they were then, while whole life sales (thanks to guaranteed acceptance plans) also now comfortably exceed 2000 sales levels, as do critical illness rider plan sales.

The losers remain income protection and standalone critical illness cover. We can ignore standalone CI as most sales are now as part of another product and indeed, 192,000 sales in the quarter were benefits selected from a menu. Fundamentally, demand for IP should be higher than it was a decade ago (and, with the decline of PPI, the 'natural' market should be significantly higher), so the fall in sales volumes must be due to other factors.

That includes lack of trust (now addressed through a range of initiatives, particularly led by the ABI and IPTF), perceived underwriting complexity and more ratings, and technical complexity (many IFAs have poor knowledge of IP issues for example, although the **Income Protection Task Force** and our own training aim to address that).

Looking at the group market, Table 4 shows sales of plans in terms of new annualised premiums.

Table 4. Group protection sales 2009 and 2010

Product	Q2 2010	Q1 2011	Q2 2011
Group life	44	35	42
Group critical illness	5	3	3
Group income protection	20	24	28

Perhaps surprisingly group income protection is the big gainer in this group, although the number of new contracts sold is actually below 2010 levels.

Overall, protection sales in the second quarter of 2011 were ahead of what the pessimists had feared, although more sales are needed anyway if average premiums continue to be lower. To achieve that, both insurers and intermediaries will need to redouble their efforts to attract younger customers, many of whom are taking on commitments (partners, children, mortgages) but not ensuring their liabilities are also covered by assets in the form of insurance. That is not just imprudent, it's dumb!

People news

• **Aegon UK.** Paul McMahon has joined as group marketing director. He was previously MD of **Friends Provident's** corporate business. Jim Ewing has joined as chief actuary. Tommy Young has joined as COO of its life and pensions business.

• **AIFA.** Policy director Andrew Strange is leaving the organisation in October to pursue other interests.

• **BIBA. Towergate's** Andy Homer is to take over as chairman in January from Patrick Smith.

• **Bupa.** Keith Jackson has been appointed chief risk officer. His previous roles include at **Aegon** and **Aviva**.

• **CII.** Julian James ACII, CEO of Chartered insurance broker **Lockton Companies International** has been elected president. Amanda Blanc has been elected deputy president.

• **Demos.** From December, David Goodhart (founder and editor-at-large of *Prospect* magazine) is taking over as director, from Kitty Usher.

• **Expatriate Insurance Services.** Mary Lemmons has joined as business manager. She joins from **April Medibroker**.

• **Holloway Friendly.** Mat Manser has been promoted to sales and marketing director. Previous roles included at **Paymentshield** and **Prudential**. John Holland has been co-opted to the board as a non-executive director. He was formerly a director at **Zurich Financial Services**.

• **LV=.** Iain Clark has joined as MD, protection, from **Legal & General**, where he was sales director of its IFA protection business.

• **Simplyhealth.** Emma Snowden has been appointed a key account manager for major corporates. She reports to new head of key accounts, Chris Moore.

In each issue of *e-Protection Review* we look to report on who has moved organisations recently or who is shortly to do so. Due to space constraints we just report on senior roles.

Please let us know (our contact details are below) if you are moving employers or if a new senior manager or director is joining your organisation.

e-Protection Review T&C

Our regular training and competence (T&C) section now consists of five multiple choice questions that test your knowledge of what is happening in the health and protection insurance world. Each question can be answered from reading and understanding this issue of *e-PR*.

All you have to do is answer each question, check your answers against the newsletter (or go onto the website at www.protectionreview.co.uk) to check, and then record your answers. You can do this for yourself and also for those who work for you if they read *e-PR*. This will enable you, over time to build up additional evidence of your training and competence. This issue's questions are:

1. The average total cost of a funeral is now equivalent to how much average salary according to a Sun Life Direct survey? a) one month, b) three months, c) six months, or d) ten months.

2. How many general and acute beds, on average, does the NHS have available? a) just over 100,000, b) just over 200,000, c) just under 250,000 or d) over 300,000.

3. What is the most feared life-threatening condition? a) cancer, b) heart attack, c) stroke or d) MS.

4. Which food has been associated with a one third reduction in the risk of developing heart disease? a) carrots, b) lettuce, c) red meat or d) chocolate.

5 Which PMI insurer claims to be the first to reveal its PMI claims stats? a) AXA PPP healthcare, b) Bupa, c) Universal Provident or d) Groupama.

Protection Review news

• The Protection Review conference and dinner will be held at **The Landmark Hotel**, London on 11 July 2012, along with the annual review book launch.

• Our first generic training programme took place at **Swiss Re's** offices in London on 15 September and feedback has been superb!

• Traffic to our recently updated website has exceeded all expectations. One to view regularly.

• Our research syndicate starts this month, offering very good value and info to subscribing members.

For more news see www.protectionreview.co.uk.

About e-Protection Review

e-Protection Review is now a free 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 at the end of August and December. It is now free to download—just go onto the website at www.protectionreview.co.uk.

A limited range of partnership opportunities now exist and to find out more, please contact Andy Couchman at Protection Review Limited, Bank House, Great Rissington, Cheltenham, Gloucestershire, GL54 2LP. Or phone 01451 821982, fax 01451 821972 or e-mail andy@andycouchman.com. Or contact Peter Le Beau on 07799 074020 or peter@lebeauvisage.co.uk. Or contact Kevin Carr on 07887 838811 or kevin@kevincarrconsulting.co.uk.

NHS cancer waiting times 2010/11

- 95.5% of patients urgently referred for suspected cancer by their GP were seen by a specialist within 14 days of referral.
- That included 94.8% of patients with breast cancer symptoms.
- 98.4% of patients receiving their first definitive treatment for cancer began that treatment within 31 days of their diagnosis.
- Of those, 99.1% of breast cancer patients were treated within 31 days of diagnosis.
- 87.0% of patients receiving first treatment for cancer following an urgent GP referral received their treatment within 62 days of referral.
- Of those, 97.3% of breast cancer patients were treated within 62 days.
- 93.7% of patients receiving first definitive treatment for cancer following referral from an NHS cancer screening service began treatment within 62 days of that referral.
- 97.1% of patients needing surgery as a second or subsequent treatment and 99.6% where treatment modality was an anti-cancer drug regimen received that treatment within 31 days.

Comment: *The NHS has improved its delivery on cancer considerably in recent years and this is reflected both in cancer waiting and in survival too. It remains a topic of hot debate for PMI insurers as to whether to include unlimited cancer cover or to assume the NHS will be the primary source for care.*
Source: *Cancer Waiting Times Annual Report, 2010-11*, Department of Health, 19 August 2011.

NHS Bed Availability

- The average daily number of general and acute beds available overnight in Q4 2010/11 was 104,620.
- This was down from 107,670 in Q3 2010/11.
- Average occupancy rate was 86.4% in Q1 2011/12, down from 88.2% in Q4 2010/11.
- The average number of day only beds was 10,705 in Q1 2011/12, compared to 11,060 in Q4 2010/11.

Comment: *Although bed numbers in the NHS are reducing, this reflects changes in treatment practice more than 'shortages' or 'cuts'.*
Source: *Statistical Press notice: Bed Availability and Occupancy*, Department of Health, 18 August 2011.

Health Expectancies at birth and at age 65, UK, 2007-09

- At birth, females could expect 79.4% of their life disability-free and in good general health (65.0 years, compared to a life expectancy [LE] of 81.9 years). The figure for males was 81.1% (63.0 years compared to 77.7 years).
- Within that, healthy life expectancy (HLE) at birth varied for females from 76.9% in Northern Ireland to 79.8% in England). For males the variance was from 78.9% in NI to 81.1% in Wales.
- At age 65, HLE was 11.5 years for females and 9.9 years for males, compared to life expectancy of 20.2 and 17.6 years respectively.
- Disability-free life expectancy (DFLE) at birth was 65.1 years for females and 63.4 years for males.
- At age 65 DFLE was 11.2 years for females and 10.2 years for males.
- At age 65, females could expect 47% of their life disability-free and in good general health. The figure for males at this age was 62%.
- Between 2004-06 and 2007-09, LE rose by 0.6 years for females and by 0.8 years for males. In the same period, DFLE rose by 1.2 years for females and by 1.0 years for males.

Comment: *DFLE appears to have risen faster than LE in recent years, although this is just one set of data. Although males can expect to live more of their life in good health, that is primarily because females live longer.*
Source: *Statistical Bulletin: Health Expectancies at birth and at age 65 in the United Kingdom, 2007-2009*, DH, 31 August.

Average UK funeral costs

England	
Funeral	£3,744
Cremation	£2,603
Wales	
Funeral	£3,506
Cremation	£2,447
Scotland	
Funeral	£3,918
Cremation	£2,810
Northern Ireland	
Funeral	£3,157
Cremation	£2,490

Source: Brahm Research, May 2011, for Engage Mutual.

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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