

Networks



What is a network?

A network is a group of treatment units specialising in managing specific conditions. We only work with clinicians and medical facilities that meet our quality care standards. These facilities measure their performance using patient reported outcome measures (known as PROMs), condition-specific clinical outcome scores and service user satisfaction scores.

All policy/scheme members can benefit from our clinically selected networks. If you are a member of a large corporate scheme (Optimum/Optimum Referral/Trust) your member documentation will detail how networks apply to you.

Why have we created networks?

By creating networks we can influence the treatment pathway, focusing on the outcomes that truly matter to our customers. This means we can offer greater assurance when it comes to clinical quality and treatment, and ensure that more treatment can be made available for the same cost, which in turn helps us maintain affordable prices.

We're continually developing our networks, and this page will be updated each time a new network is introduced.

Current networks

Condition/Symptom	Network overview	Out-patient limit	Effective from
Cataract	Selected hospitals and specialised eye clinics, throughout the UK who provide a full treatment pathway for removal of cataract with lens implant.	If your policy/scheme has an out-patient limit it will not apply to treatment received through this network. All eligible out-patient bills will be paid in full.	3 June 2019
Hip pain or related orthopaedic conditions	Selected hospitals throughout the UK who provide a full treatment pathway from initial consultation and diagnosis through to treatment and recovery for selected hip conditions.	If your policy/scheme has an out-patient limit it will not apply to treatment received through this network. All eligible bills will be paid in full.	14th December 2020

Condition/Symptom	Network overview	Out-patient limit	Effective from
Knee pain or related orthopaedic conditions	Selected hospitals throughout the UK who provide a full treatment pathway from initial consultation and diagnosis through to treatment and recovery for selected knee conditions.	If your policy/scheme has an out-patient limit it will not apply to treatment received through this network. All eligible bills will be paid in full.	14th December 2020

How we select and manage network providers

Aviva's Clinical team identify the best practice treatment pathways and clinical standards, to form the basis of our requirements for each network. We adopt a 'Value Based Healthcare' approach to ensure that we select providers with high clinical quality, delivering excellent customer experience and at good commercial rates. We ask clinical providers to go through a competitive tender process so that we can evaluate their capability, quality, service and value for money.

Our Clinical team evaluates performance of network providers based on:

- Treatment pathway alignment with best practice
- Clinical governance and safeguard processes
- Regulatory body information (for example information publicly available from the Care Quality Commission, Health Improvement Scotland, General Medical Council)
- Specialists within the network being able to evidence that they perform to consistently high standards with great outcomes
- Patient reported outcome and experience measures (PROMs and PREMs)
- Clinically relevant outcomes such as complication rates, revision rates and re-admission rates

Our Provider Management team reviews service delivery quality of network providers based on:

- Appointment/treatment availability
- Ease and speed of access
- Patient satisfaction ratings

What are PROMs and PREMs?

Patient Reported Outcome Measures (PROMs) are standardised questionnaires that are completed by patients during their treatment to ascertain perceptions of their health status, perceived level of impairment, disability, and health-related quality of life. They allow the efficacy of a clinical intervention to be measured from the patients' perspective. Questionnaires are given to patients both pre and post operatively to allow comparison of outcomes pre and post procedure. An example could be examining the level of your vision before and after Cataract surgery.

Patient Reported Experience Measures (PREMs) gather information on patients' views of their experience whilst receiving care. They are an indicator of the quality of patient care. PREMs are most commonly in the form of questionnaires and look at the impact of the process of the care on the patient's experience e.g. communication and timeliness of assistance, and their opinion on the facilities available.

How do I make a claim?

Contact our claims team on the number in your policy/scheme documentation, with an open referral from your GP. An open referral is a referral for tests or treatment that details the type of specialist you need to see but does not name a specific specialist or hospital.

An open referral should include:

- your medical condition and/or symptoms
- the specialism and sub-specialism of consultant that you need to see
- the degree of urgency required for the appointment.

Our Lines are open from 8am-8pm Monday to Friday and 8am-1pm on Saturdays.

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