



PRIVATE MEDICAL INSURANCE SUMMIT

Thursday 6TH November 2025



TRUST.
RESPECT.
PARTNERSHIP.
OPPORTUNITY.



Please ensure that your mobile phone is
switched to silent



There are no planned fire drills today so if you hear a fire
alarm, please exit the building following the Fire Exit signs

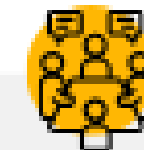




10:30 – 11:00
Breakfast & Registration



11:00 – 11:30
Welcome: Ben Allen



11:30 – 12:40
Roundtable Sessions:
April International, AXA Health,
Bupa, Freedom, Medicash,
The Exeter, UNUM, WPA



12:40 – 13:25
Lunch & Browse Exhibitor Stands



13:30 – 14:00
Keynote Presentation: Aviva



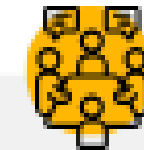
14:00 – 14:35
Roundtable Sessions:
April International, AXA Health,
Bupa, Freedom, Medicash,
The Exeter, UNUM, WPA



14:35 – 14:50
Coffee Break



14:50 – 15:10
Keynote Presentation: Vitality



15:10 – 15:45
Roundtable Sessions:
April International, AXA Health,
Bupa, Freedom, Medicash,
The Exeter, UNUM, WPA



15:45
Close & Browse Stands



11:00 – 11:30
Welcome: Ben Allen



11:30 – 12:40

Roundtable Sessions:
April International, AXA Health,
Bupa, Freedom, Medicash,
The Exeter, UNUM, WPA

15:00

Start

Stop

Reset

mins:

secs:

type: ▼



12:40 – 13:25
Lunch & Browse Exhibitor Stands



13:30 – 14:00
Keynote Presentation: Aviva



AI in Healthcare:

What it means for
Private Medical Insurance

Dr Larissa Stevenson
Associate Medical Director
6th November 2025



The rise of AI in Healthcare

Today's topics:

- Where AI is being used in healthcare today
- How it's changing underwriting, pricing, and claims
- What this means for you —and your clients
- Ethical and practical challenges

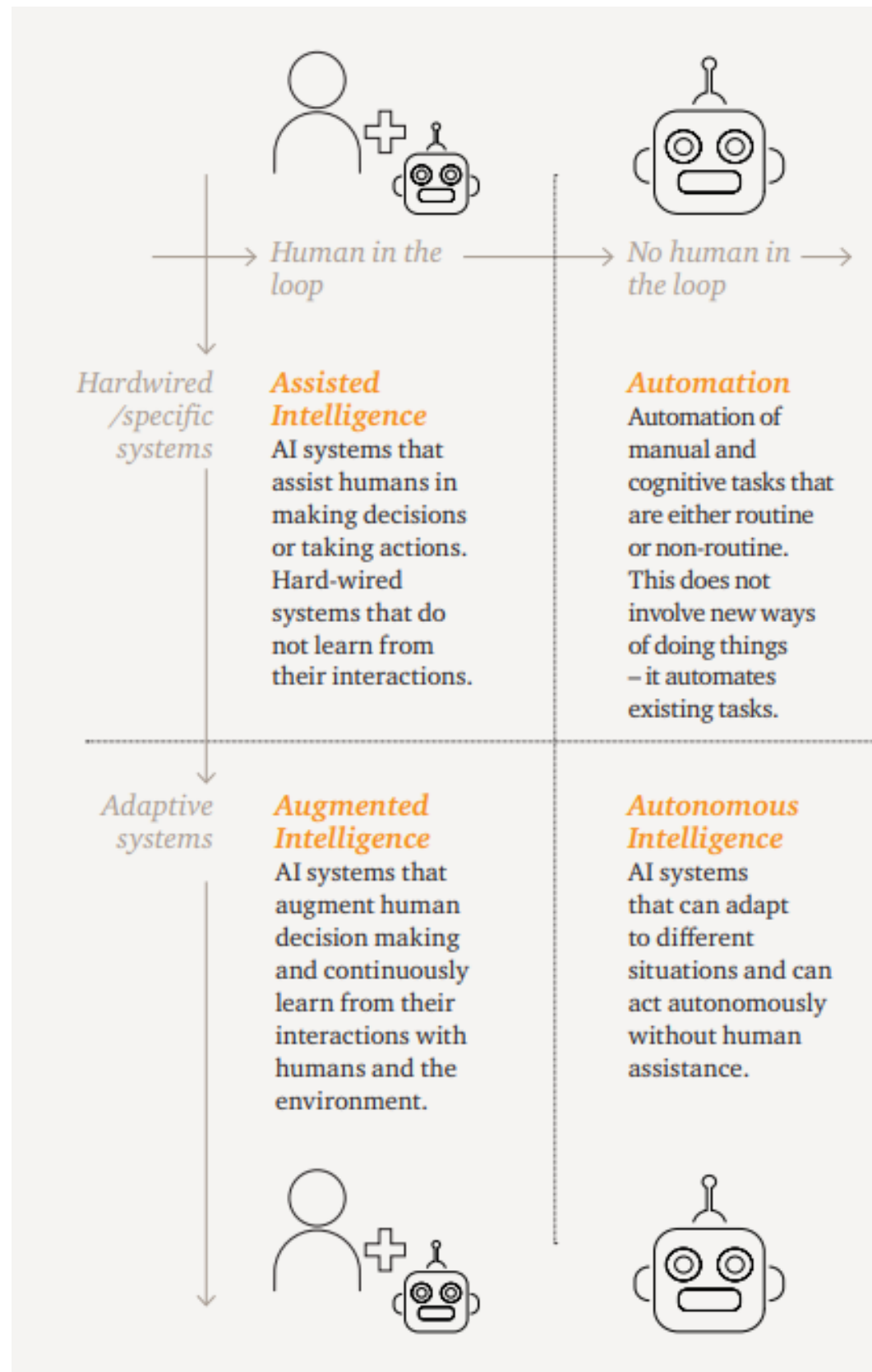
“Key clinical health AI applications can potentially create \$150 billion in annual savings for the United States healthcare economy by 2026”.

Source: [Artificial Intelligence in Healthcare | Accenture](#)

Top 10 AI Applications		
	APPLICATION	VALUE*
	Robot-Assisted Surgery**	\$40B
	Virtual Nursing Assistants	\$20B
	Administrative Workflow Assistance	\$18B
	Fraud Detection	\$17B
	Dosage Error Reduction	\$16B
	Connected Machines	\$14B
	Clinical Trial Participant Identifier	\$13B
	Preliminary Diagnosis	\$5B
	Automated Image Diagnosis	\$3B
	Cybersecurity	\$2B
TOTAL		= ~\$150B



What is AI?



Source: PWC, [Sizing the prize](#)

Artificial Intelligence refers to computer systems capable of perceiving their surroundings, reasoning, learning, and acting based on what they detect and the goals they aim to achieve

Automated Intelligence:
Automation of manual/cognitive and routine/non-routine tasks

Assisted Intelligence:
Helping people to perform tasks faster and better

Augmented Intelligence:
Helping people to make better decisions

Autonomous Intelligence:
Automating decision making processes without human intervention

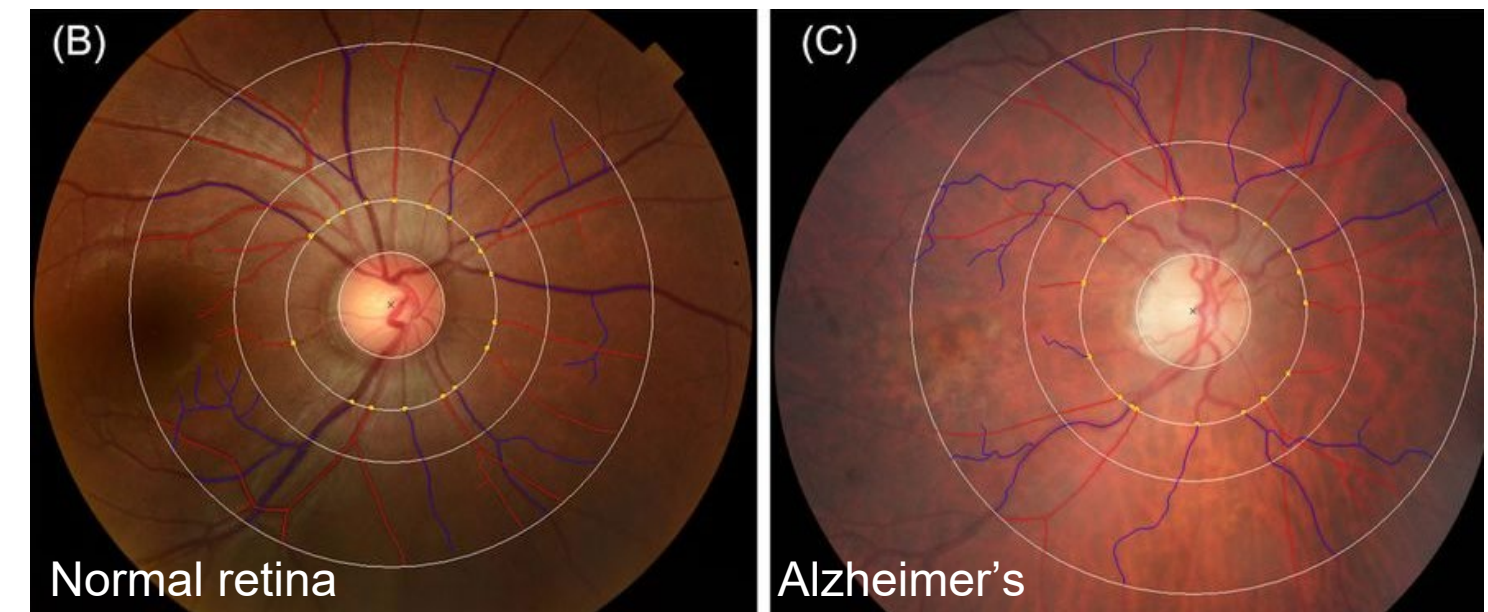
- AI includes various techniques such as machine learning (ML), deep learning (DL), and natural language processing (NLP).
- [NHS Transformation Directorate](#) defines AI as “the use of digital technology to create systems capable of performing tasks commonly thought to require human intelligence”.

Use Case: AI for early diagnosis



Alzheimer's diagnosis at local Optometrist

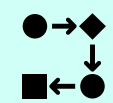
- AI is being leveraged in eye examinations to potentially diagnose Alzheimer's disease and other neurodegenerative conditions
- AI Tool, *Quartz*, analyses eye scans to identify patterns in blood vessels that correspond to cognitive health
- AI-assisted retinal imaging can detect microscopic structural and vascular changes in the retina that can diagnose neurodegenerative disease early
- Study funded by Alzheimer's UK and led by scientists at City St George's, University of London



Source, Alzheimer's Research UK, March 2025, [High street opticians could use AI to help diagnose dementia with an eye scan - Alzheimer's Research UK](#)

Key areas where AI is changing Healthcare

Increasing adoption in clinical practice



Clinical workflow support

- AI is being deployed to [automate routine tasks](#) undertaken by healthcare professionals to reduce administrative burden such as medical documentation
- Usage of [ambient voice technologies](#) to scribe medical consultations is being rolled out across healthcare systems to increase efficiency and productivity



Diagnostics & Imaging

- AI is utilised in analysing imaging such as X - rays to [identify fractures](#), CT brain scans to [identify strokes](#) & dermatoscope images of suspicious skin lesions to [identify skin cancer](#)
- The government has created an [AI Diagnostic Fund](#) worth £21m to accelerate the deployment of the most promising AI imaging and decision support tools to help diagnose patients more quickly for conditions such as cancers, strokes and heart conditions.

Under evaluation through pilots



Pathway management tools

- AI can be used to triage patients based on clinical need and optimise existing clinical pathways
- [C2-Ai](#) is a triage system that is being trialled in the NHS to stratify patients on waiting lists to reduce patient harm & mortality and reduce emergency admissions while on a waiting list.



Virtual health assistant

- Chatbots offer 24/7/365 access to health information, such as symptom assessment, supportive information, medication reminders, or appointment scheduling, in an asynchronous manner at a moment that is convenient to patients and relieving burden on healthcare workforce.
- [NHS](#) is trialling this to enhance access to talking therapies services

Under research for safety & effectiveness



Population Health management

- Proactive analysis of health data at scale can be used to spot trends and identify suitable public health interventions
- [Foresight project](#) is an example of how the NHS is exploring using AI to predict what happens next based on previous events, working like an auto - complete function for medical timelines. Predictions are validated against real - world data.



Other use cases

- A new research [screening platform](#) is being built to speed up diagnosis of conditions such as cancer
- AI-enhanced robotics surgery potentially increases [precision of procedure](#) through better visualisation
- [Remote monitoring & wearables](#) can be augmented by AI to predict deterioration in health of specific cohorts of patients

Aviva's approach: looking ahead

Aviva's Approach to AI in Healthcare

- While there are several use cases for AI in healthcare, Aviva approaches these technologies using the existing principles that are grounded in the 4 pillars of medical ethics
 - Aviva reviews usage of AI in existing clinical suppliers through Quarterly Service Reviews
 - Aviva assesses new providers and propositions based on adherence to regulatory standards and demonstration of clinical accuracy and mitigation of bias due to lack of representative data
- Currently, Aviva is evaluating AI-enabled solutions in claims support and care navigation, in a pilot environment before wider roll-out
- Aviva would support the use of AI technologies provided there is sufficient evidence that it is **safe and effective** and deployed in an **ethical, efficient and responsible** manner in a care pathway with the necessary **endorsement** from NICE and the MHRA which **aligns** with our value-based healthcare strategy

Aviva's Guiding Principles

Non-maleficence



- Clinical
- Effective

Beneficence



- Commercial
- Efficient

Autonomy



- Customer
- Equitable

Justice



- Carbon
- Enduring

Evolving healthcare ecosystem

Healthcare 1.0

- One-size-fits-all solutions
- Reactive, fragmented & episodic illness management

Health & Wellbeing 2.0

- Cohort-based solutions
- Blurring of lines between health and wellbeing

Health 3.0

- Hyper-personalised solutions
- Holistic, proactive & prevention-focused health

Approach in action

Robotic -assisted surgery (RAS)

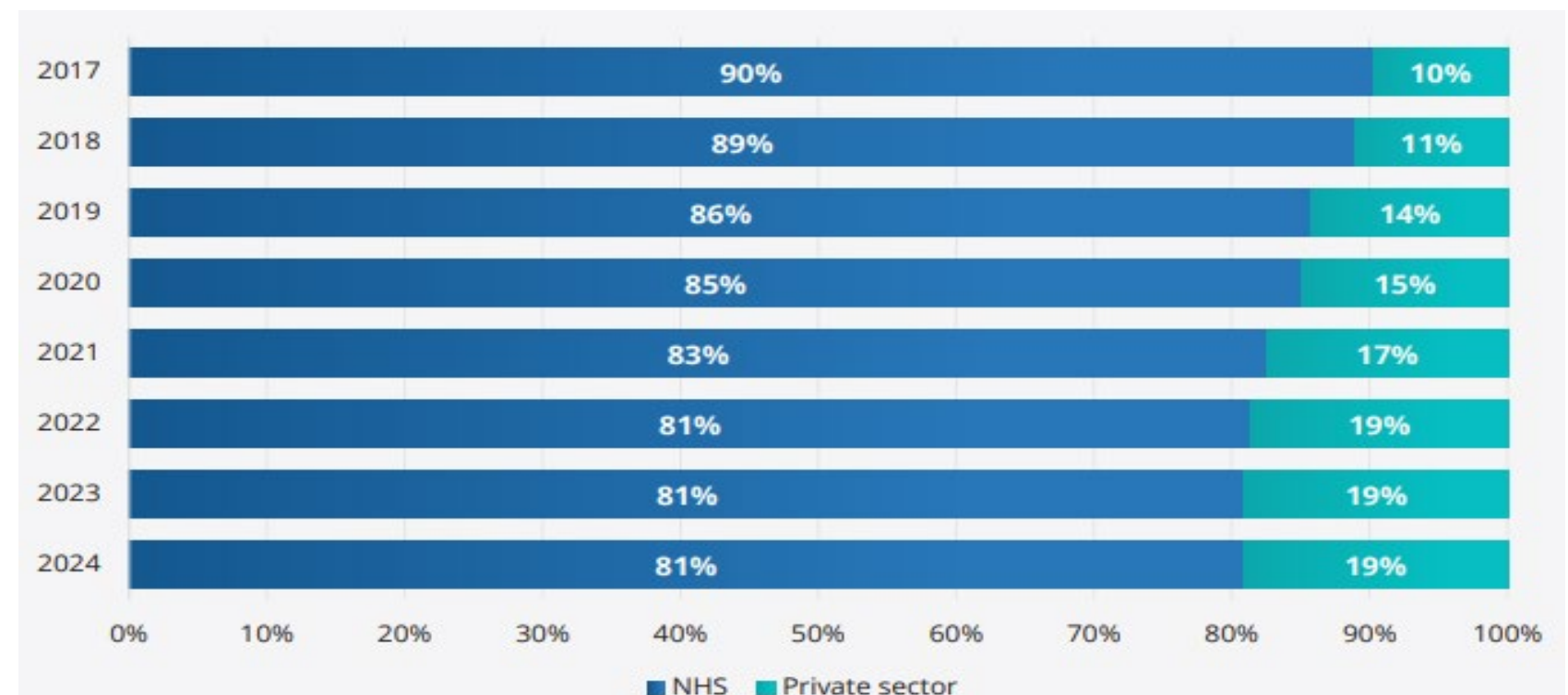
- With a 626% increase in robotic-assisted procedures in the UK healthcare sector from 2017 to 2024, and over 100,000 of these procedures in 2024 alone (according to PHIN data), RAS is increasingly adopted in the NHS & independent sector.
- Benefits of RAS include improved accuracy, better ergonomics for surgeons, reduced complication rates (specifically for intra-abdominal/ pelvic surgery) and reduced length of stay. On the other hand, RAS has longer operative time, lack of standardised curricula and quality assurance processes as well as higher equipment cost.
- While the evidence for RAS is compelling against open approach, evidence remains limited when compared against laparoscopic approach. Clinical trials are being developed to augment the evidence base such that adoption of this technology is done in a manner that delivers best value for the health system.

Stage: Available on the NHS for specific conditions; cost-effectiveness analysis for other indications being assessed

Aviva actions

- AHUK has assessed robotic procedures and their eligibility for cover at **Experimental Treatment Panel**. Where eligible, through **Fee Review process**, AHUK has taken a stance to remunerate both robotic procedures and standard procedures at the same rate due to lack of evidence thus far on cost-effectiveness.
- AHUK continues to monitor evidence in this space, including the recent [PHIN reports on robotic surgery](#) activity levels, [GIRFT approach to implementing RAS](#) & [NHS 10-year plan](#) on increasing adoption of RAS.

Robotic-assisted procedures by year



Robotic-assisted procedures by year and proportion

Source: PHIN, [A helping hand 2 - August 2025.pdf](#)

What this means for PMI

AI-driven healthcare directly impacts:

Underwriting

- Smarter risk assessment
- More granular risk assessment using wearables, EHRs & apps
- Potential for dynamic or ongoing underwriting

Claims

- faster, more accurate processing
- Medical coding & bill automation
- Better fraud detection
- Automated pre-approvals

Pricing

- potential for personalised premiums
- Shift to real-time or behaviour-based pricing
- Raises concerns over fairness, transparency, bias

Customer Experience

- Clients expect tech-enabled seamless, always-on services
- Personalised plan recommendations and faster service via AI chatbots

Underwriting gets smarter

Traditional Underwriting - static data:

- Age & medical history

Dynamic Underwriting –

- AI underwriting dynamic data from:
- Wearables and lifestyle tracking
- Genetic and medical record analysis

Personalised Underwriting –

- Enables personalised risk assessment and pricing
- AI models can predict future health issues more precisely than traditional models
- Potential for dynamic or ongoing underwriting

Claims processing gets faster & smarter

AI detects fraud and duplicates through pattern recognition

Automates approvals for standard treatments

Reduces turnaround from days to minutes

Improves accuracy and client satisfaction

Pricing may shift with real-time data

AI and wearables could enable dynamic pricing

Premiums may adjust based on lifestyle and health behaviours

Rewards healthy habits but raises ethical questions

- Fairness
- Data ownership
- accessibility

Customers expect AI-enabled service

Clients now expect seamless, tech-driven healthcare experiences

Common features

- 24/7 virtual health advice
- Instant triage and appointment scheduling
- Real-time support during claims

Insurers that adapt will gain a competitive edge

Challenges & ethical considerations

Current challenges

Data Quality and Interoperability

- Healthcare data is often fragmented, inconsistent or incomplete
- Poor data quality can lead to inaccurate predictions and unsafe recommendations

Scalability and Integration

- Many AI projects remain stuck in pilot phases due to difficulties scaling across systems
- Integration with existing electronic health records (EHRs) and workflows is complex and costly

Lack of AI expertise

- Many healthcare organisations lack in-house expertise to develop, validate and maintain AI systems

Security and Compliance

- AI systems must comply with strict data protection regulations (e.g. GDPR)
- Cybersecurity risks increase with the use of large interconnected datasets

Trust and Adoption

- Clinicians may be sceptical of AI recommendations, especially if the system lacks transparency or explainability
- Need for a “human-in-the-loop” models to ensure AI supports rather than replaces clinical judgement

Sustainability

- AI systems may negatively impact environmental sustainability and be more carbon intensive than existing options

Ethical considerations

Bias and Fairness

- AI can perpetuate or amplify existing health disparities if trained on biased data
- Marginalised groups may receive less accurate diagnoses or treatment recommendations

Transparency and Explainability

- Many AI models operate as “black boxes”, making it hard for clinicians and patients to understand how decisions are made
- Explainability is crucial for informed consent and trust

Accountability and Liability

- Who is responsible when AI system makes a harmful error – the developer, the clinician, the institution, the insurer?
- Clear legal and ethical frameworks are still evolving

Privacy and Consent

- AI systems require access to large volumes of personal health data
- Ensuring informed consent and protecting patient privacy are imperative

Autonomy and Human Oversight

- AI should support – not override – clinical decision making
- Patients and clinicians must retain the final say in care decisions

What needs to be true for success?

Proportionate Regulation

- [HealthTech programme](#) in NICE appraises and approves digital technologies including AI for use in NHS
- New [National Commission](#) has been announced to accelerate regulation to enable NHS to be the most AI-enabled healthcare system in the world, as mentioned in the NHS 10 Year Plan
- Robust and proportionate regulation ensure patient safety is prioritised when AI tools are deployed.

Integration into workflow

- Several solutions are not widely adopted as they operate asynchronously to the electronic patient record
- The promise of efficiency will not be realised when AI enhancement happens in silos with increased burden on the user
- Legacy systems, human resistance to change, lack of consideration of complex processes and data quality issues are hurdles to overcome for successful adoption

AI-ready workforce

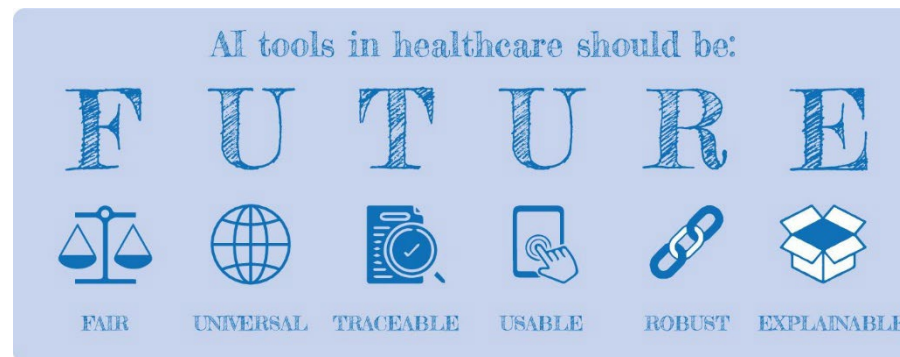
- AI adoption in healthcare requires [evolution of role profiles](#) of healthcare professionals
- There is a potential that automating workflows could lead to de-skilling of healthcare workers as well as potential over-reliance on AI decisions
- This can be overcome through training as well as workforce transformation

Designing out bias

- Current health datasets in the UK do not adequately represent the health of the population with people from lower socioeconomic groups, ethnic minorities, people with disabilities and LGBTQ+ people, amongst others being underrepresented.
- Inadequate diversity of datasets could lead to [biased algorithms](#) that exacerbate and embed existing health inequalities
- This remains an issue that needs to be resolved before AI is scaled up to be integrated into health systems

Building trust through transparency

- According to [FUTURE-AI](#) international consensus guidelines, the 6 principles listed below are key to building trust



- Ethical questions on [patient acceptance of AI](#) in clinical decision-making needs further exploration as well.

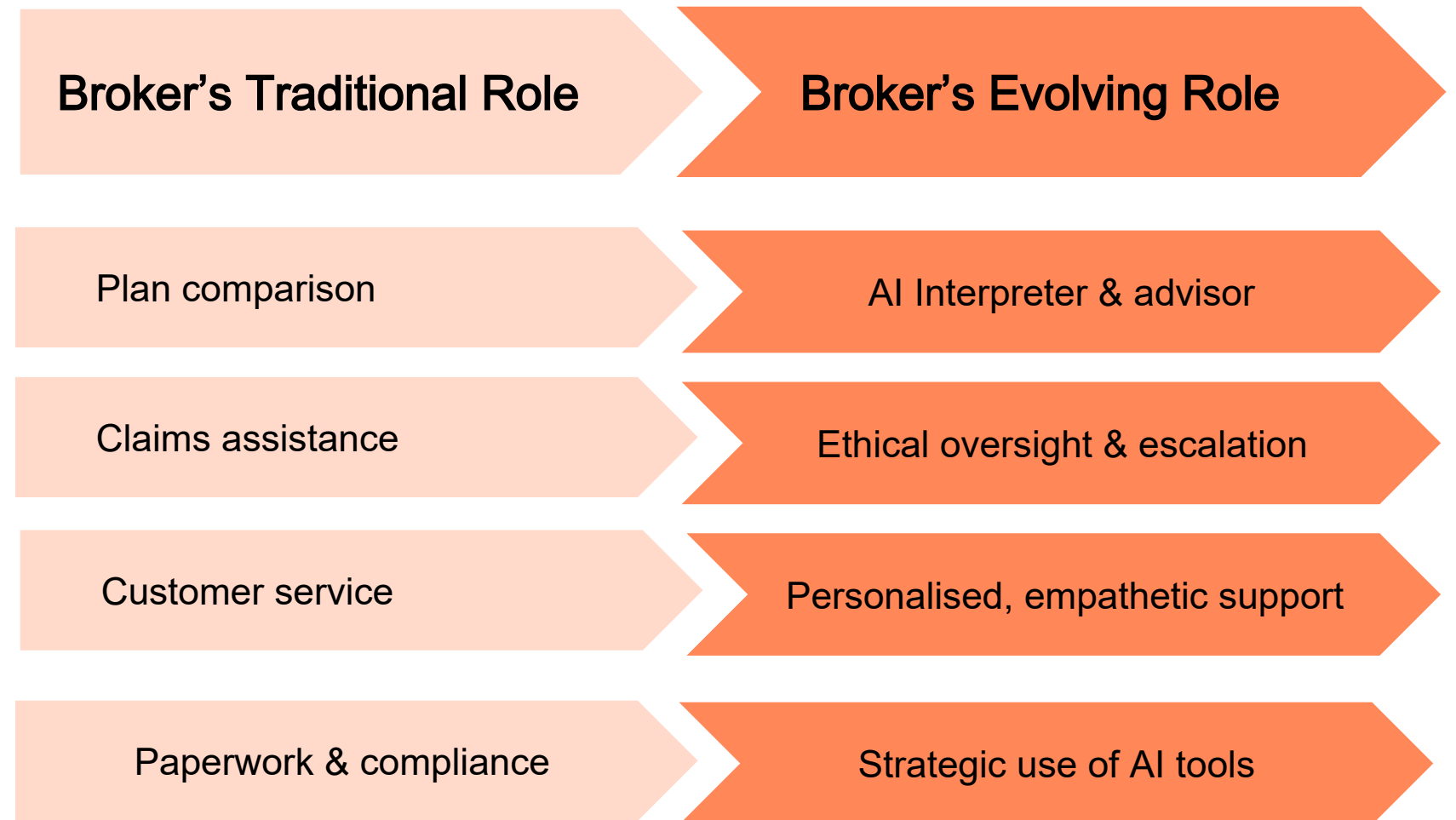
Systems approach for scalability

- AI solutions thus far have been introduced as pilots and not scaled to national coverage
- Further focus on impacts on systems and addressing local needs is required before solutions are scaled sustainably

The broker's role in the AI era

Brokers will become even more valuable by:

- Explaining complex AI -driven products
- Advising clients on providers that use AI ethically
- Helping clients balance technology and human care



Final Thoughts & Take-aways:

- **AI is already transforming healthcare** : faster diagnoses, predictive tools, automation.
- **Private medical insurance will evolve:** underwriting, pricing, and claims are changing.
- **Brokers remain essential:** as a translator between complex technologies and real people's needs.



Thank you





14:00 – 14:35

Roundtable Sessions:
April International, AXA Health,
Bupa, Freedom, Medicash,
The Exeter, UNUM, WPA

15:00

Start

Stop

Reset

mins:

secs:

type: ▼



14:35 – 14:50
Coffee Break



14:50 – 15:10
Keynote Presentation: Vitality

Vitality Health

TRM Health Summit
November 2025



Agenda



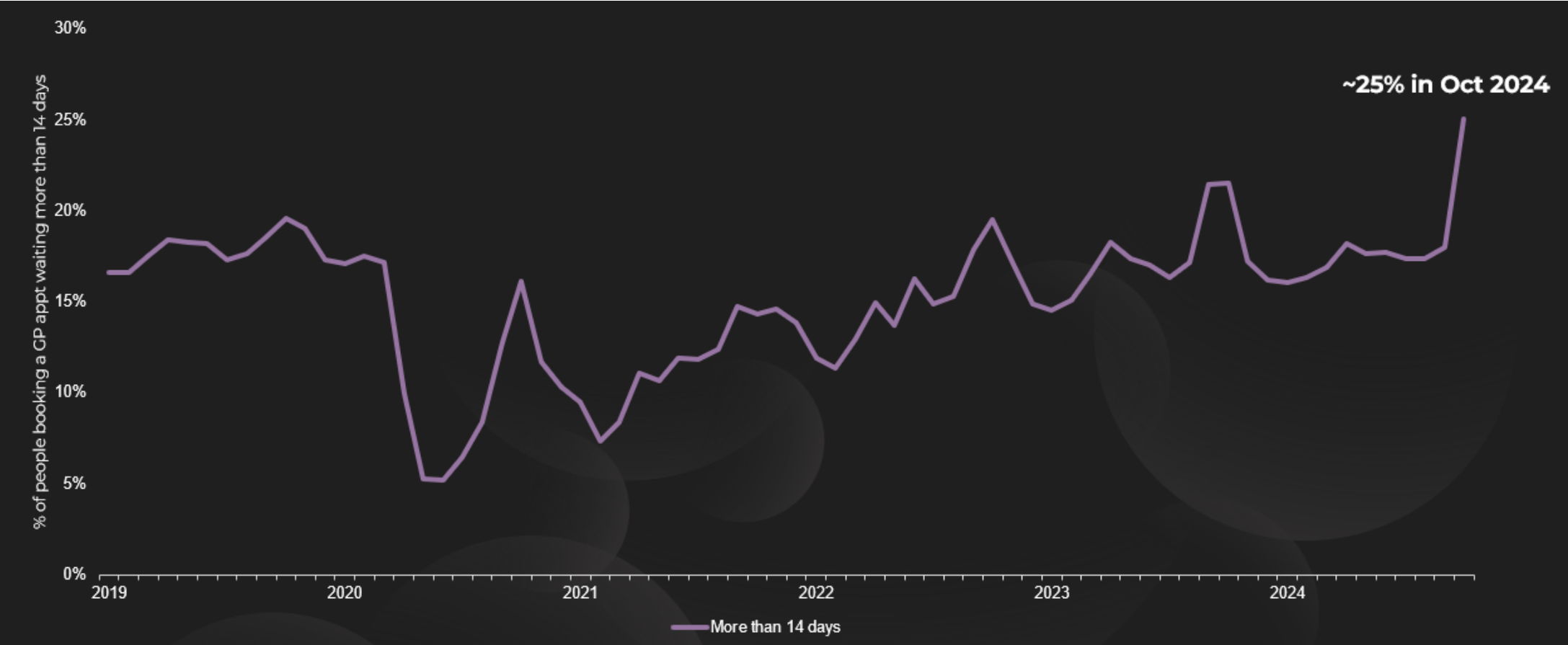
1

State of the UK health

2

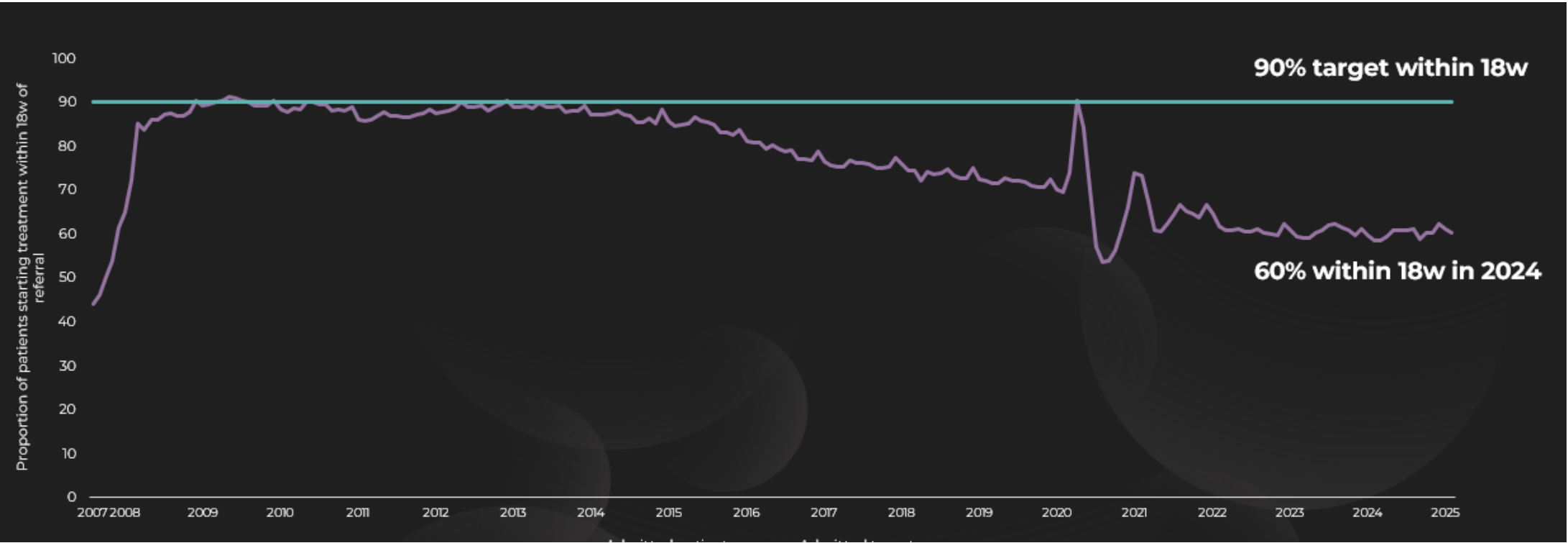
Vitality Claims and Insights report

Access to NHS services are not improving



GP Appointments are becoming harder to get

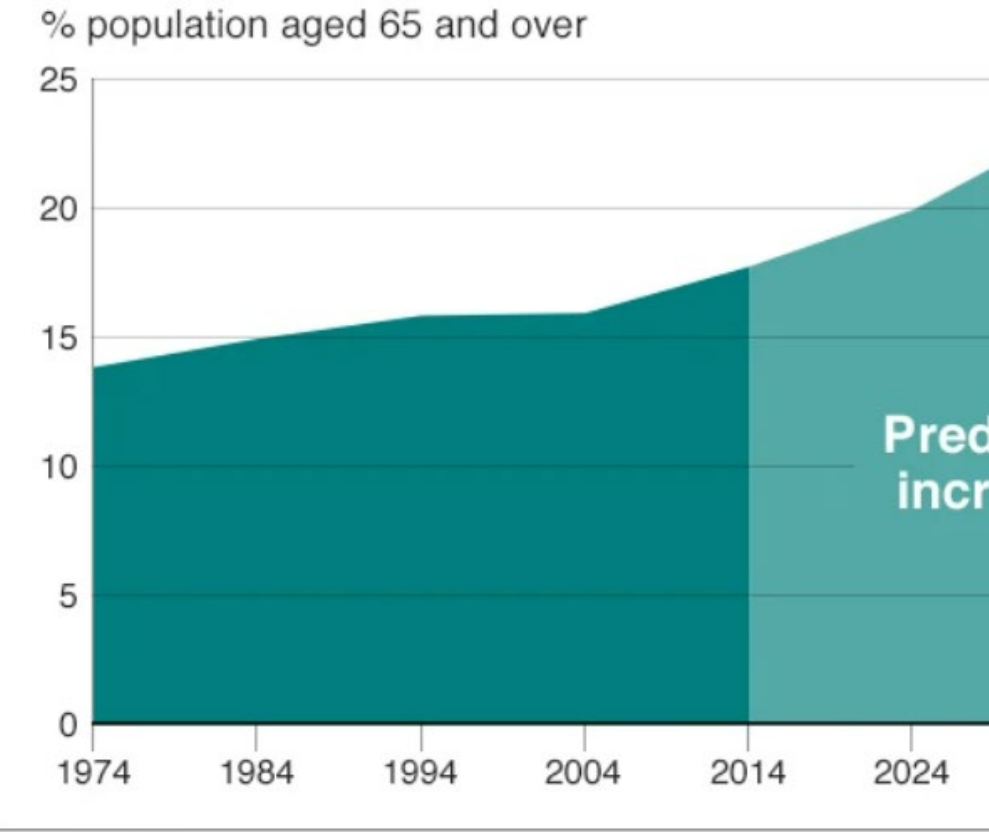
Patients are waiting longer to see a consultant



Areas of concerns

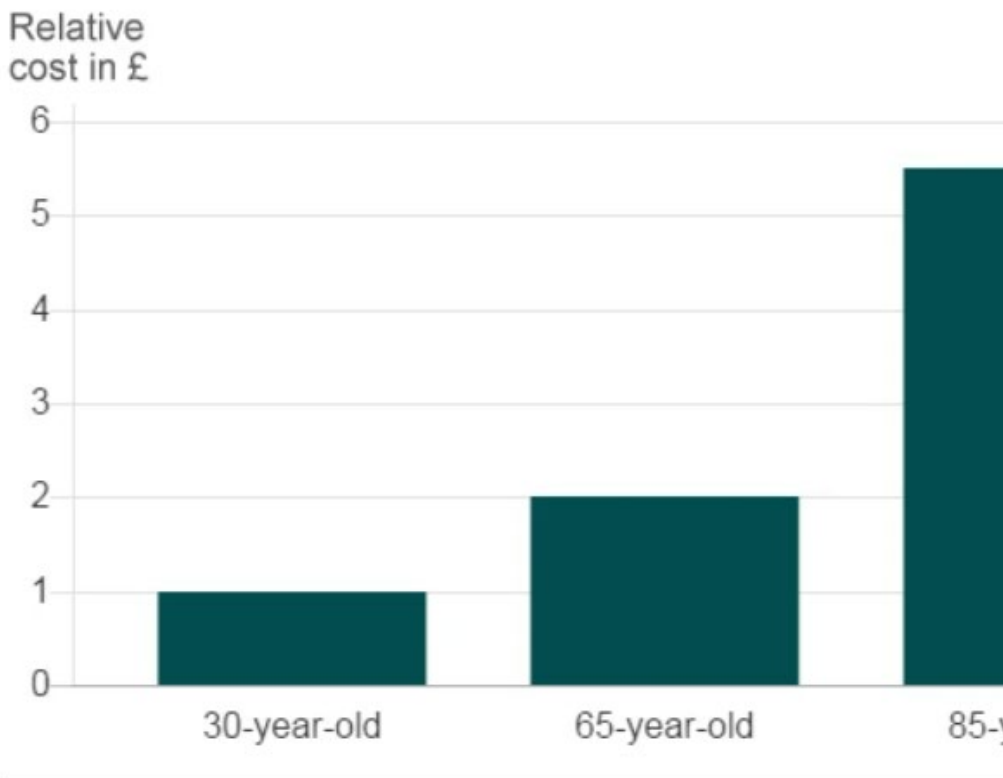


The UK's ageing population



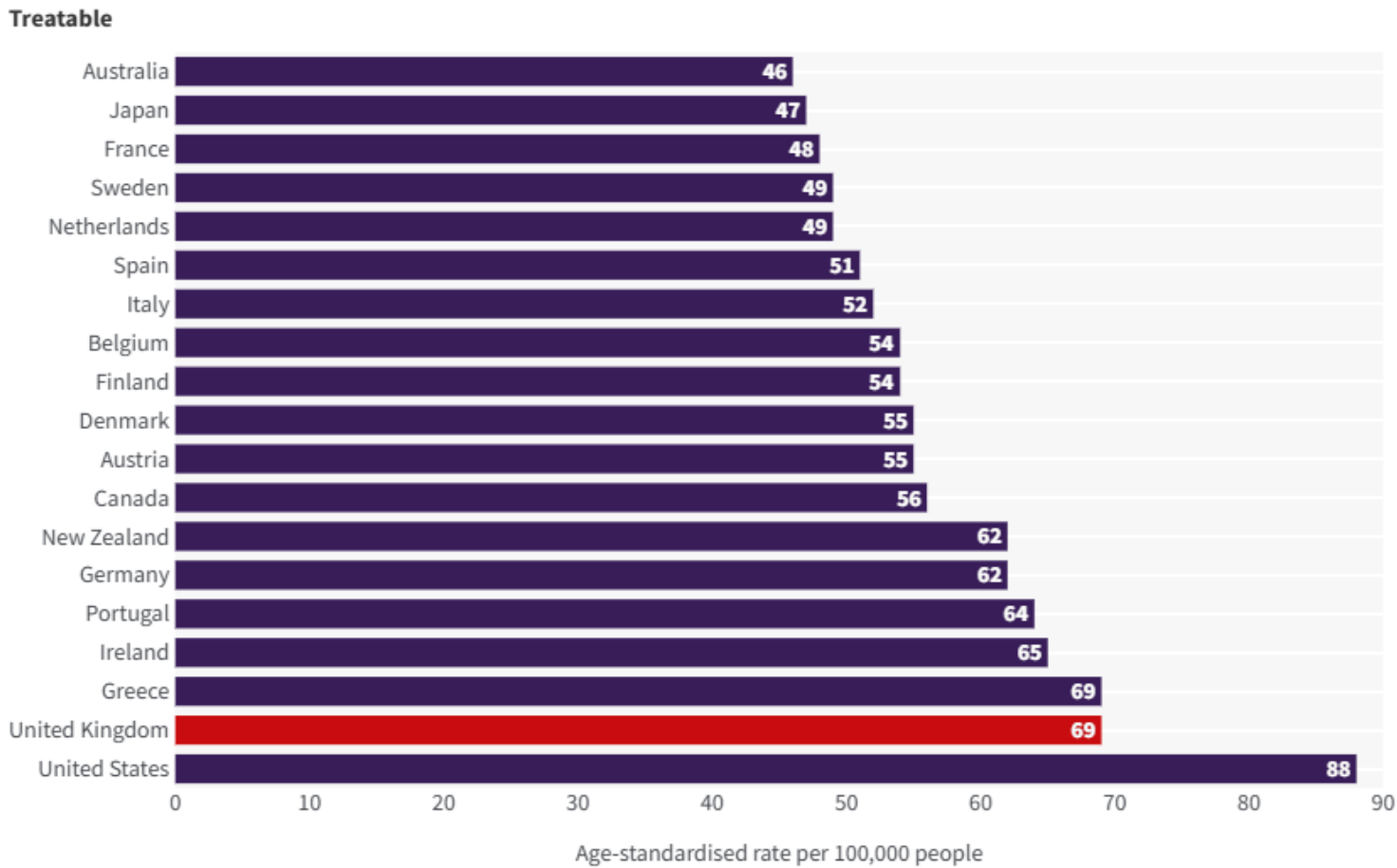
Source: ONS

Comparing NHS spending on people by age
Spending for patients increases as they get older



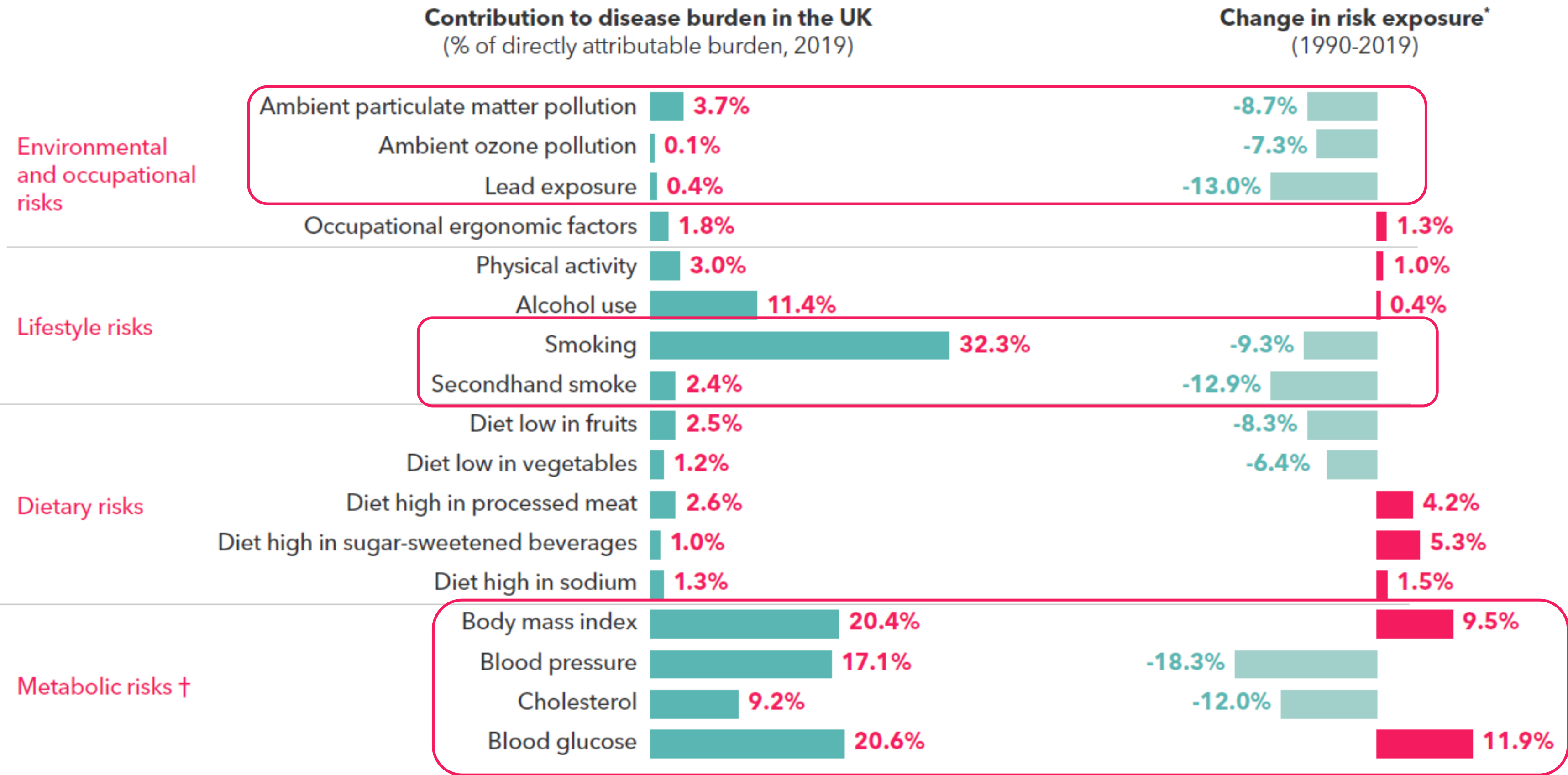
Source: IFS

Mortality rates from avoidable causes, 2019



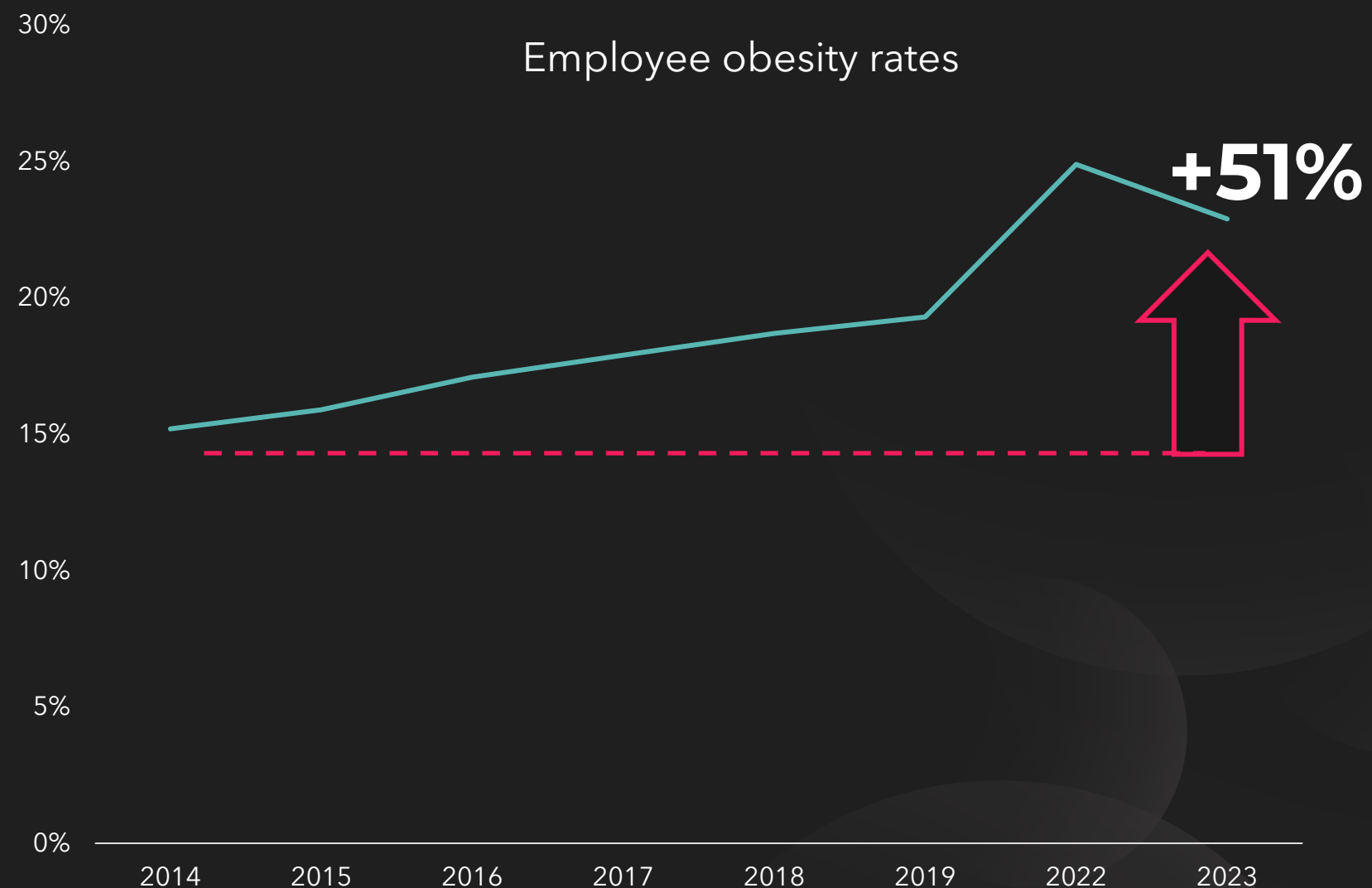
Source: OECD Health statistics

Key risk factors for disease are increasing

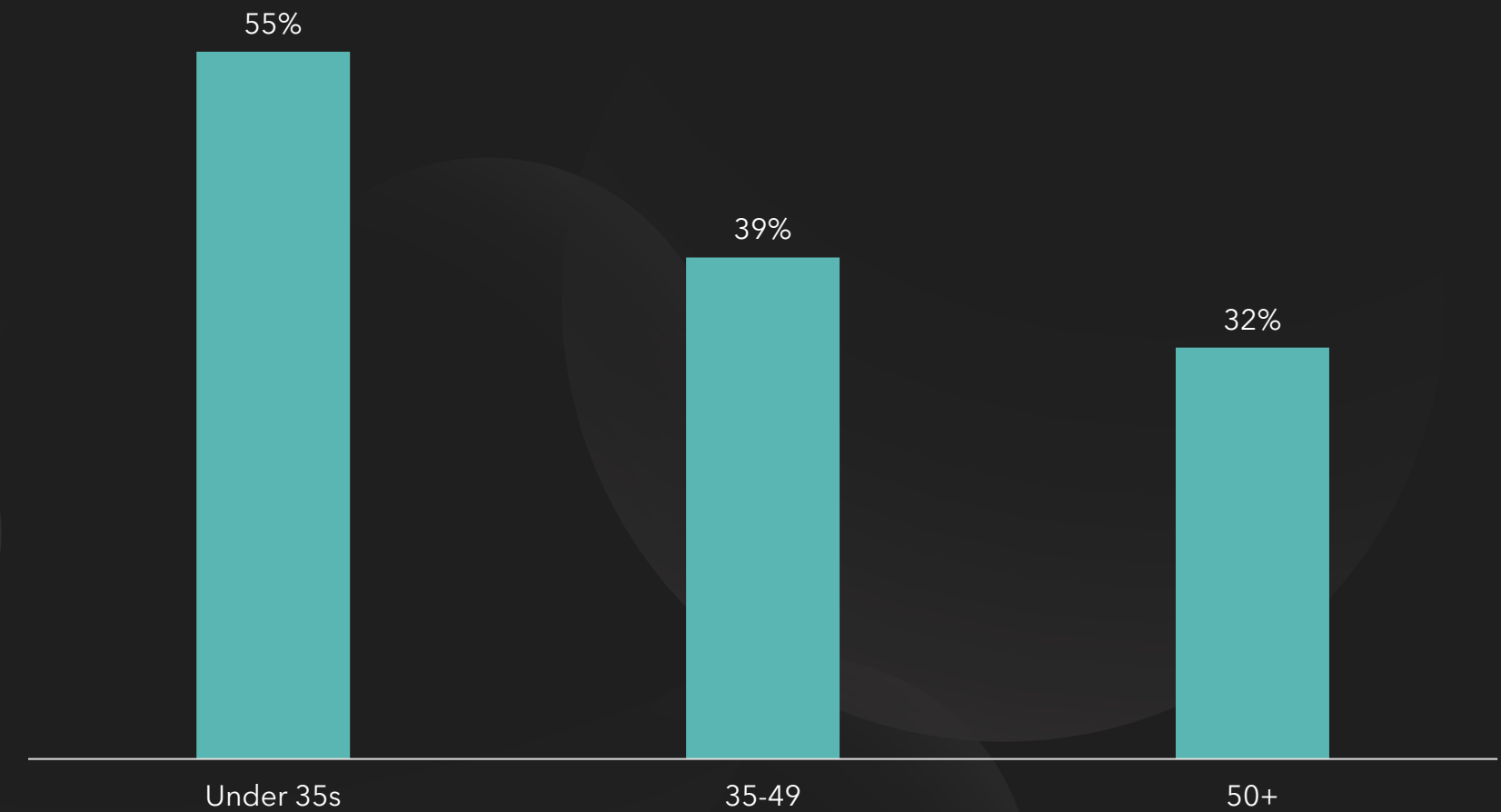


Obesity is becoming a more prominent risk factor.

Significant increases in obesity



Increase in obesity disproportionately affects younger populations



Why is this important?



Tackling obesity isn't just about improving individual health outcomes – it's also critical to managing downstream healthcare costs

Compared to members with a healthy BMI, those living with obesity are -

35%

more likely to be hospitalised for
any condition

70%

more likely to be hospitalised for
a musculoskeletal condition

123%

more likely to be hospitalised
for a cardiac condition



Based on in-hospital claims rates for members with a BMI of 30 or more, compared to those with a healthy weight, 2021-2024.

The Health and Wellness Paradox

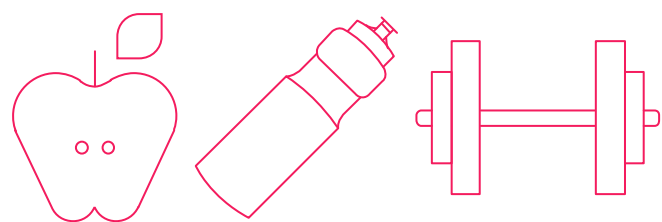


Healthcare



Benefits are immediate,
price is hidden

Wellness

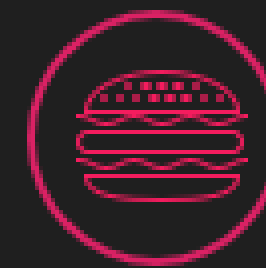


Benefits are hidden,
price is immediate

4 main
risk
factors



Physical
inactivity



Unhealthy
diet

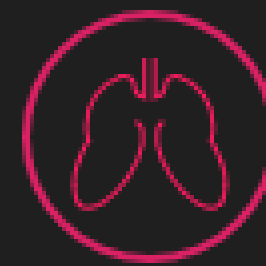


Smoking

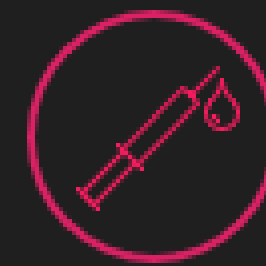


Excess
alcohol

4 NCDs



Respiratory
disease



Diabetes



Cancer



Cardiovascular
disease

Responsible
for

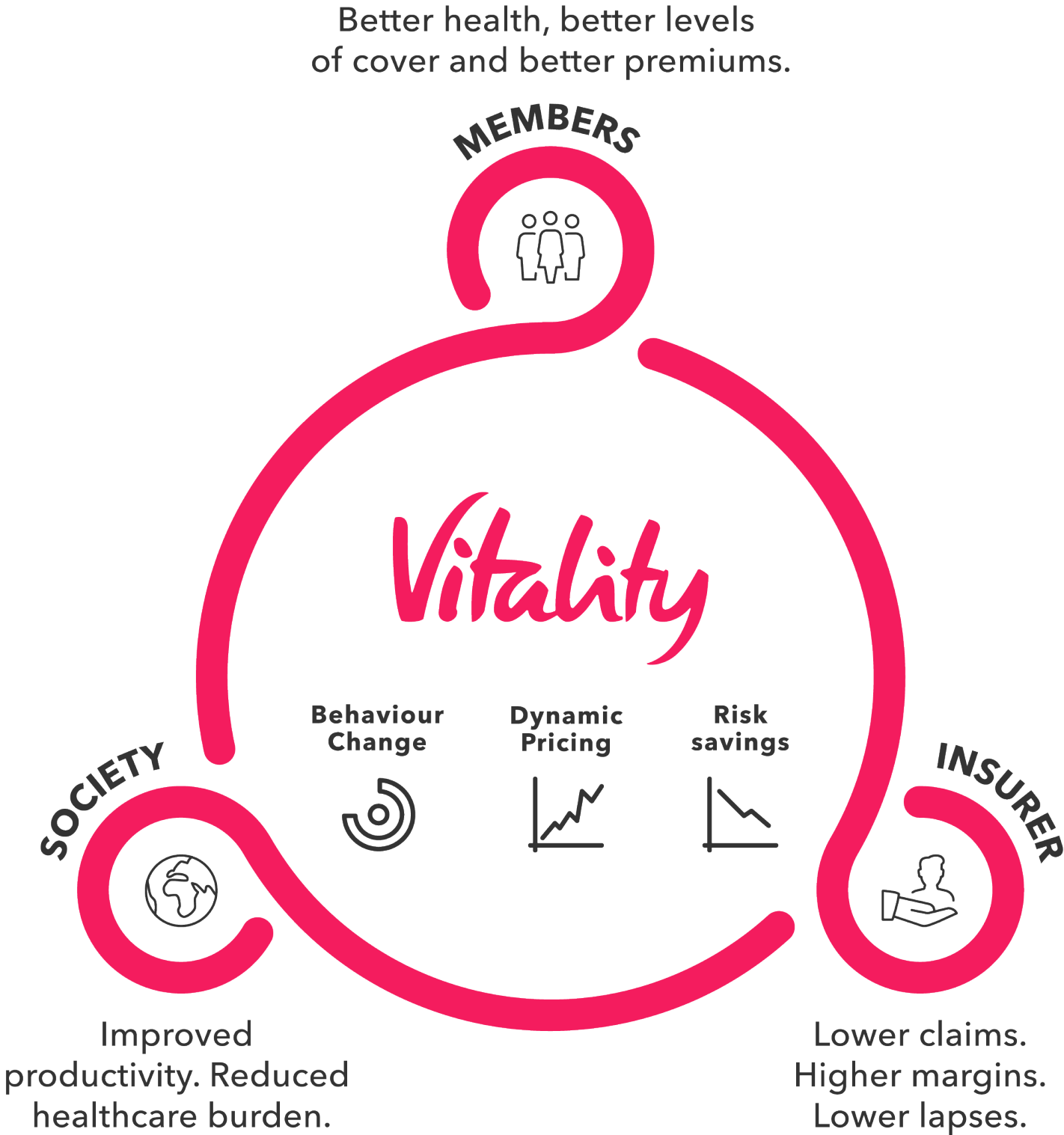


of all deaths
worldwide

Shared value for all stakeholders.



Shared Value Model



Member

Our members are engaging with the Programme, improving their health and benefiting from tangible financial value in the process.

Insurer

Improved health is driving reductions in healthcare claims, driving insurance savings for VitalityHealth and enabling us to pass back greater value through richer benefits and rewards.

Society

Better health reduces the burden on the public health system. Healthier employees are also more engaged in their work and lose less productive time through absence and presenteeism, driving a benefit for employers.

Agenda



1

State of the UK health

2

Vitality Claims and Insights report

Report Summary – Moving from Insurance to Assurance

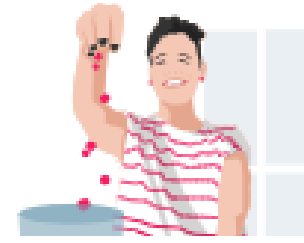


1

People are looking for their health insurer to do more than just pay for their care when they are unwell.

87%

of health insurance customers believe



2

Everyday care has transformed insurance from a reactive product to one that is much more likely to prevent illness.

76%



3

Health insurance has become relevant for new segments of consumers.

Younger people are more likely to make use of GP, screening and diagnostics, and optical and dental benefits.



4

The digital revolution has arrived for health insurance.

Customers are increasingly likely to make a claim online or using an app.



5

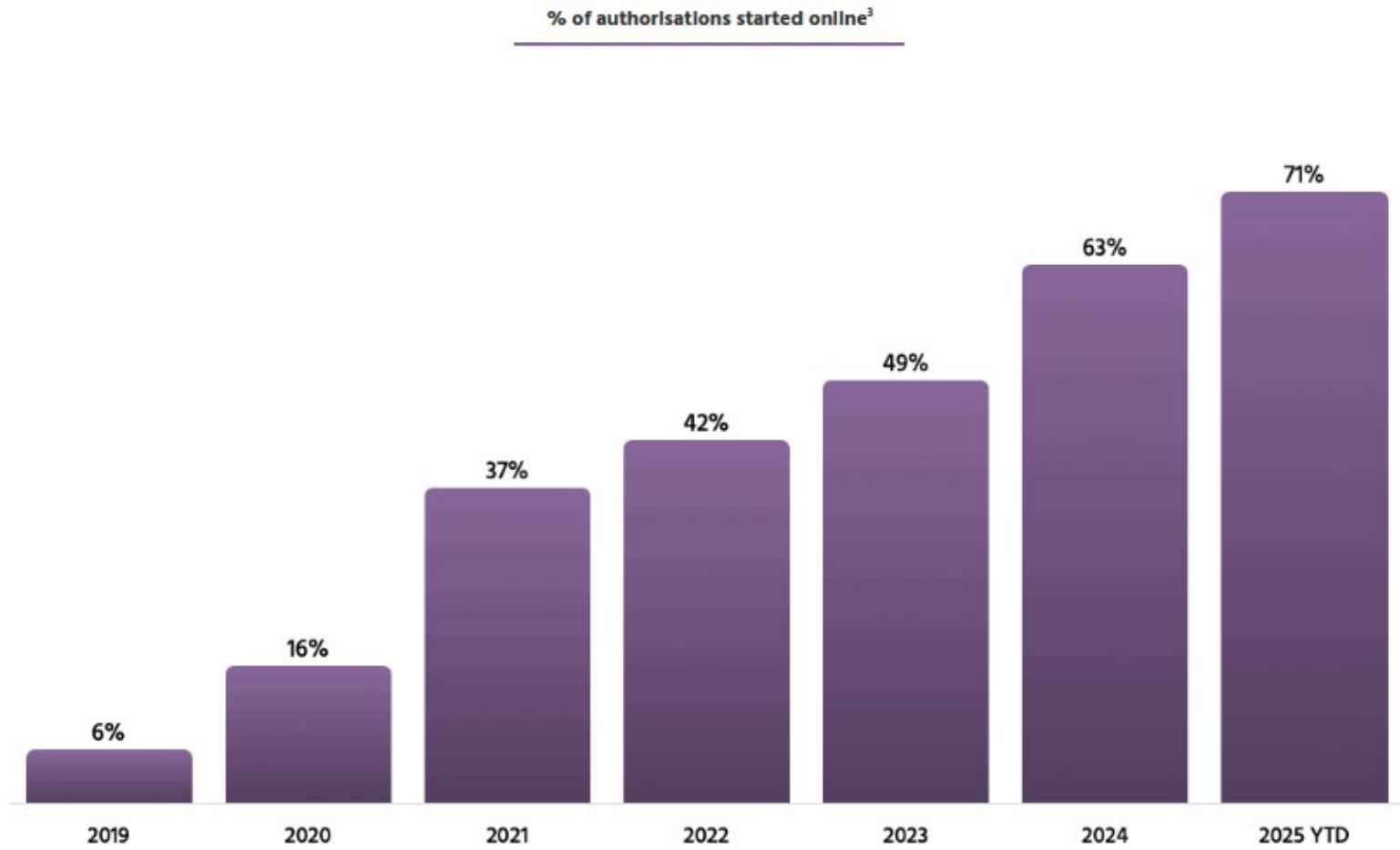
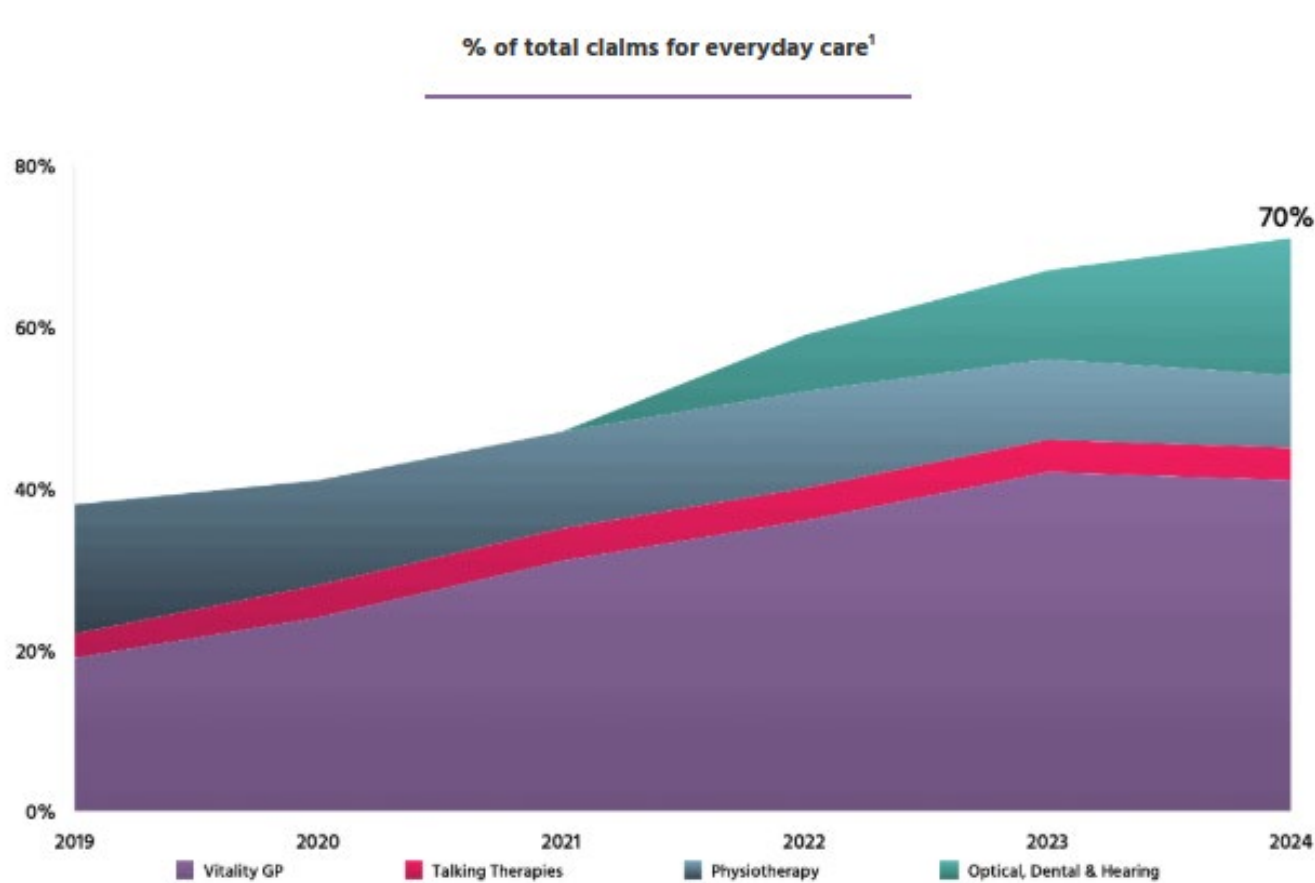
New medications and treatments are poised to transform the way people manage their health.

23%

of customers have used weight-management medication and a further 26% would consider using it.



Everyday Healthcare continues to provide value



Appealing to new customer segments: younger people are using their cover more

93%

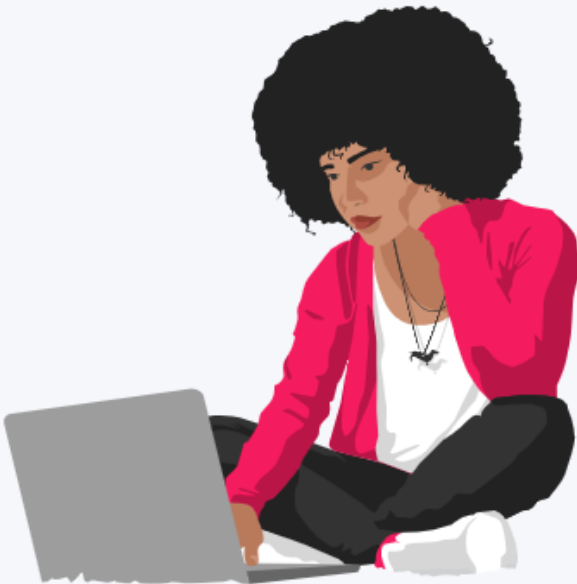


of consumers aged 18-34 reported using their health insurance cover in the last 12 months...²

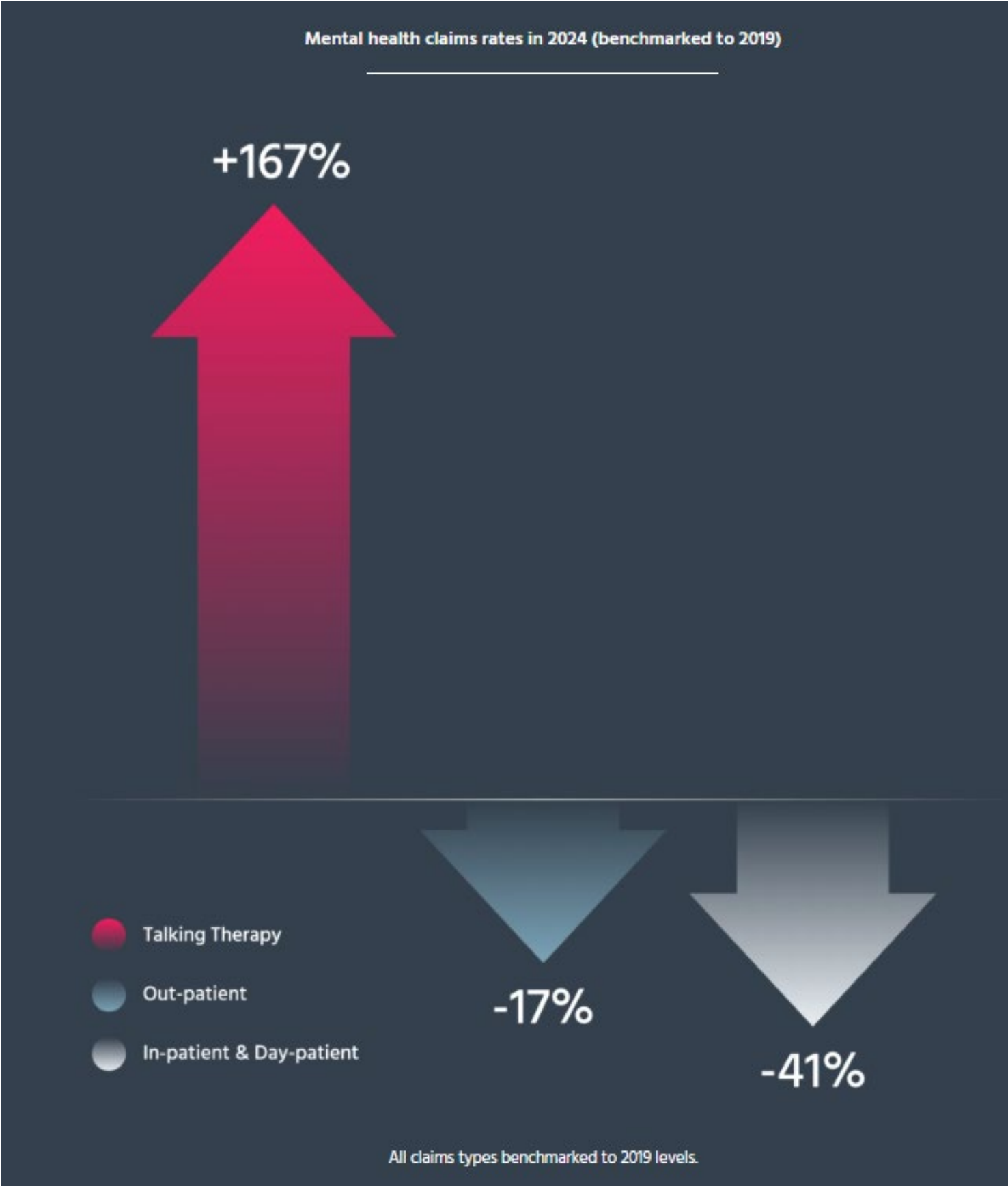
46%



...compared to 46% of 55+ year olds.²



Mental health treatment consumption is changing



92%
of members see a therapist
within five days of their initial
assessment

81%
report measurable
improvement in their mental
health after completing initial
treatment



Tackling Obesity



Second Nature powers the Healthy Weight personalised journey within our **Next Best Action** initiative.

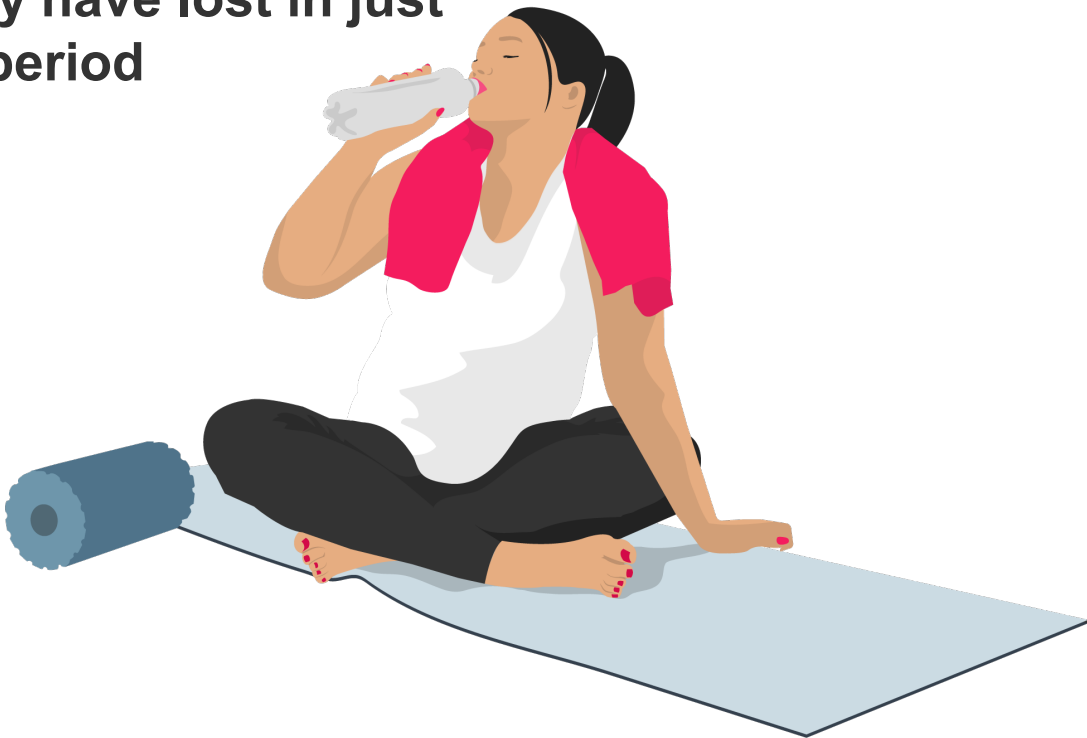
The Lifestyle Pathway	The Medication-Supported Pathway
• 12-week programme through our partner, Second Nature. • Includes one-to-one coaching with a nutritionist, wireless weighing scales and recipes. As well as tailored communications, to help keep your client motivated. • Available to eligible clients with BMI (Body Mass Index) of 30 or more or a BMI of 25 or more and type-2 diabetes.	• All the benefits of the Lifestyle Pathway • Plus access to discounts on weight-loss medications. Including Mounjaro and Wegovy for up to 12 months. • Available to eligible clients with a verified BMI of 35 or over and at least one weight-related medical condition.

23%

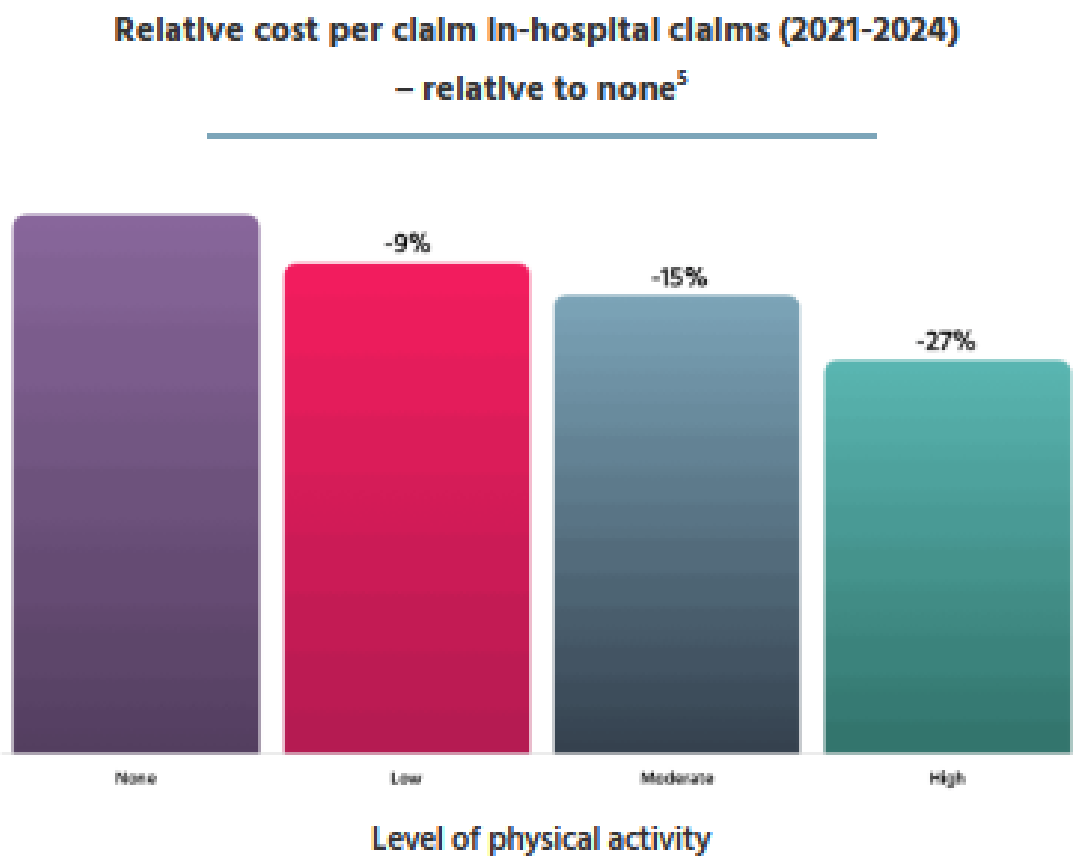
Of health insurance customers say they've used or are using weight management medication

9.3%

Percentage of body weight members enrolled on the pathway have lost in just a 3 month period



How much benefit have our members benefited from?



“Last year not only did Vitality help many people live a healthier life, but we shared rewards and discounts totalling over £99million with our members. This is Shared Value Insurance in action.”

Nick Read, Managing Director, Vitality Programme



Research from Vitality and The London School of Economics showed that members who sustained a habit of 10,000 steps 3 times a week for 3 years, saw a:

41%
reduction in type-2
diabetes risk³

36%
reduction in stage-4
cancer risk³

Any Questions...





15:10 – 15:45

Roundtable Sessions:
April International, AXA Health,
Bupa, Freedom, Medicash,
The Exeter, UNUM, WPA

15:00

Start

Stop

Reset

mins:

secs:

type: ▼



therightmortgage
& protection network



therightDA
club

YOUR SUPPORT

Please let us know your feedback



National Training Event
Thursday 12th March 2026