

**NHS BRENT IN PARTNERSHIP WITH
KILBURN PRACTICE BASED COMMISSIONING (PBC)
FOR THE
ANY WILLING PROVIDER PROCUREMENT**

**SERVICE SPECIFICATION
TENDER A**

**A CLINICAL ASSESSMENT AND TREATMENT SERVICE
FOR
ADULT / CHILDREN'S MUSCULOSKELETAL
PHYSIOTHERAPY SERVICES**

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1. INTRODUCTION

The Service Specification sets out the Service Requirements for the MSK Community based Physiotherapy Services for Adults (18+) and Paediatrics (8+) assessment and treatment.

The Community Physiotherapy Services are for NHS Brent and for the 15 GP's in the Kilburn Practice Based Commissioning (PBC) Cluster Group. If successful the model will be rolled out across the other four PBC Clusters in NHS Brent.

The Services will be procured through the Any Willing Provider (AWP) route and patients will be able to choose from the Willing Provider list for each of the Physiotherapy Services. The Willing Providers must indicate whether they are able to provide all of the Physiotherapy Services or not. If Willing Providers are only able to provide some of the Physiotherapy Services they must indicate which of the Services they are able to provide. Willing Providers must demonstrate the high quality of their clinical services, their professional knowledge, skills and experience of their workforce and ability to deliver the Services.

Payment will be made on a cost per treatment basis. The Commissioners will not provide any guarantees of business activity or finance payments to Providers, only confirmation to those who are successful and on the Willing Provider List.

2. SERVICE AIMS

The Service aims and objectives:

- To extend the range of physiotherapy services provided within primary care community settings, thereby improving management of patients closer to home in the community and reducing the unnecessary demand for referrals to secondary care further from home, thereby reducing waiting times
- To provide early intervention and assessment of conditions to reduce the number of patients who go on to develop chronic musculoskeletal conditions because they were not treated promptly at an early stage
- To provide a fast, flexible community based service from multiple sites, in the locality, closer to home, providing wider access through extended opening hours Monday to Saturday and choice for the patient.

3. SERVICE MODEL

The Service Model for the Community based assessment and treatment MSK Physiotherapy Services for Adults and Children and the Women's Health Physiotherapy Services for NHS Brent and for the, 15 GP's in the Kilburn Practice Based Commissioning (PBC) Cluster Group is a GP referral service for patient centred community based services, closer to home in the Kilburn Locality. The clinical pathway is included in Annex 6

4. SERVICE REQUIREMENTS

4.1 Premises, Facilities and Location of Treatment rooms

The Premises, Facilities and Treatment rooms shall be suitable for delivery of the Physiotherapy Service, in an appropriate setting in the locality, while providing dignity and respect to the patient. The Willing Providers must comply with all relevant legislation including but not limited to NHS, NICE, CSP, ACPWH, ACPC, health & safety, infection control and DDA legislation and standards for physiotherapy services. There must be equitable access to the Services for patients. The Willing Providers shall provide a Business Continuity Plan setting out how the patients would access their Service in the event that there is a problem with the facilities, resources or services.

NHS Brent and the Kilburn PBC Cluster Group reserve the right to visit the proposed Premises, Facilities and location of Treatment rooms as part of the Any Willing Provider selection process to determine whether they are suitable Premises, Facilities or treatment rooms.

The following criteria will be considered in relation to assessing whether Premises, Facilities or treatment rooms are suitable:

- Location - Geographic Location, size and proximity to Kilburn GP practices
- Logistics - Proximity to main transport networks such as road, rail, tube, bus, cycle and pedestrian routes and ease of access for patients
- Access – Fully accessible to all, DDA compliant and compliant with relevant H&S standards including wheel chair access externally and internally to and from all floors and rooms
- Communications – Visual, Aural and Tactile communications available such as induction loop and multilingual signage
- Facilities and Services – Available facilities and services at the Premises or treatment rooms such as parking etc
- Dignity, Respect and Privacy – available facilities and services appropriate to the clinical condition and treatment programme to provide the appropriate level of dignity, respect and privacy to patients throughout their treatment programme

4.2 Access to Services

The Services are a GP referral Service and will require patients to be registered with a GP in the NHS Brent locality.

The Willing Provider must provide the Services, Monday to Friday 8am to 8pm and Saturday from 8am to 1pm, all year, except public holidays. The Willing Provider's initial assessment appointment must be for a minimum duration of 40 minutes, comprising of a 20 minute clinical assessment, followed by a 20 minute treatment. The follow up appointments and treatment sessions must be for a minimum duration of 20 minutes. It must be easy for the Patient to access your Service and book an appointment or change an appointment which has already been booked.

Providers shall ensure that they have capacity to deliver the Services during staff holidays, study leave, training leave, long-term sickness and maternity leave.

4.3 The Services

The Willing Providers shall provide cost-effective GP direct access; community based Physiotherapy Services (The Services) for the NHS Brent locality and the Kilburn PBC Cluster Group of GP Practices. The Services shall include assessment, care plan, treatment and diagnostics or specialist referral where appropriate for the Adult and Children 8+ MSK Physiotherapy Service Services.

The service must comply with the Healthcare Commission, NHS Standards, NICE Guidance, the Chartered Society of Physiotherapy (CSP), the Association of Chartered Physiotherapists Children's Physiotherapy (ACPCP), Scope of Practice and Core Standards and recognised clinical service standards such as evidence based clinical guidelines from the CSP and other similar bodies.

The Willing Providers must provide evidence that their healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the Services. This must include but not be limited to, the following requirements:

- Registered and accreditation with an appropriate Professional Body, such as 'The chartered Society of Physiotherapists', The Association of Chartered Physiotherapists' in Women's Health, The Association of Chartered Physiotherapists in Children's Physiotherapy.
- Criminal Records Bureau checks and safeguarding children
- Demonstrate knowledge, skills and competency to deliver the Services
- Evidence of Continuous Professional Development and specialist training and development courses for Extended scope physiotherapy
- Appropriate Insurance Cover
- Competent to deliver the high quality Services
- Good communication skills and able to meet patients needs

4.3.1 Adult and Children 8+ MSK Physiotherapy Service

The Adult and Children's (8+) MSK Physiotherapy Services shall include assessment and treatment for adults (18+) presenting with musculoskeletal problems or long term conditions and children (8+) presenting with simple musculoskeletal complaints and conditions.

The Services must meet the requirements of NHS, NICE and CSP Standards of Practice and where children are being assessed or treated a parent or guardian must be present at all times to safeguard children in accordance with the appropriate guidelines. The parent or guardian must consent to the treatment programme.

4.4 GP Referral Process

GP Referrals will be made on the basis of patient choice and using the appropriate referral form (Annex 1). The Willing Provider must review all referrals and assess the most appropriate treatment plan, for each patient including where further diagnostic investigations and specialist advice are needed. If the Willing Provider considers that the

Referral does not meet the criteria then they must notify the GP Practice, within two working days of receipt of the referral setting out the appropriate reasons and criteria. .

Willing Providers may return GP referral forms that are incomplete but they must do so within two working days of receipt of the referral and they must state what information is missing.

The GP will provide the patient with an information leaflet regarding the GP referral conditions setting out the following information:

- The Willing Provider List
- Where the Services can be accessed
- How an appointment can be made with the Services
- The Telephone number for booking appointments and cancellations
- The Terms of referral / Attendance at appointments
- The Treatment Plan and Discharge
- The self help

The GP's will refer patient to the Service. The GP Referrals will be based on clinical need and will be prioritised and categorised as either urgent or non-urgent routine, depending on their condition and needs. The Willing Provider must provide all patients requiring Urgent r treatment with an initial assessment and treatment within 5 days of referral. The Willing Provider must provide Patients categorised as non urgent or routine with an assessment and treatment within 15 working days of referral.

URGENT Treatment to be seen within 5 working days

- Acute uncontrolled pain
- Pain needing increasing dosages of medication
- Severe disruption to lifestyle
- A carer who is unable to care due to presenting condition
- Soft tissue injury within 48 hours
- New neurological changes
- Off work

NON URGENT / ROUTINE To be seen within 15 working days

- Patient managing pain with medication
- Disrupting family life/work performance
- Managing most daily functions
- Chronic problem with no previous advice

The Patient, will select the Willing Provider and complete the referral form in Annex 1. The Willing Providers must provide access to their services and assess the Patients who have been referred as Urgent cases within 5 working days of referral and for non urgent referrals 15 working days for routine referrals and decide the most appropriate treatment plan for the Patient based on their clinical needs. The referring GP should be informed if a patient fails to attend an initial appointment without prior notice to the Provider

If a patient does not attend an appointment without prior notice to the Willing Provider it will be the responsibility of the patient to book another appointment direct with the Willing Provider. Failure to do so within 4 weeks will result in the patient being discharged by the Willing Provider and referred back to the GP as a Did not Attend(DNA) patient.

The Willing Providers will not be paid for patients who do not attend their appointments. It will be the Willing Provider's responsibility to remind patients about their appointments. The Willing Provider is responsible for the patient's treatment plan and the follow on repeat appointments for the patient.

The Willing Provider must provide all the treatment as set out in the treatment plan to improve the health and wellbeing of the patient and on completion of the treatment complete a discharge summary and send it to the Patient's GP.

The Willing Provider shall send Discharge information to the GP practice within 5 working days of the end of treatment using the appropriate discharge form (Annex 2). Discharge forms must be fully completed.

Repeat referrals for the same condition beyond six months should, at assessment, be reassessed and further treatment provided only if it is considered appropriate and there

are good indications that the treatment plan will provide improved outcomes and benefit the patient.

4.5 General and Specific Exclusions to the Services

The Willing Providers will not be expected to provide Services to patient's presenting with the following conditions:

General Exclusions for All Services are Patients:

- requiring Emergency Treatment
- with suspected serious pathology or red flag symptoms
- with neurological conditions
- with cancer or suspected cancer
- With conditions unlikely to benefit from conservative community-based physiotherapy management.

Specific Exclusions for Children Physiotherapy Services

- complex musculoskeletal problems
- neurological conditions
- acute orthopaedics e.g. talipes, torticollis
- Young people under 8's with musculoskeletal problems

These patients would be referred directly to secondary care for the appropriate assessment, treatment and care.

5. CLINICAL ASSESSMENT AND TREATMENT

5.1 Clinical Assessment

All Willing Provider must be registered with the Care Quality Commission and the Healthcare Professions Council (HPC) and all the clinical physiotherapy practitioners must be registered as a member of the Chartered Society of Physiotherapy (CSP).

Willing Providers must carry out a clinically appropriate assessment for each patient in accordance with the Health Professions Council, NHS standards, NICE Guidance, the Chartered Society of Physiotherapy (CSP), Association of Chartered Physiotherapists in Children's Physiotherapy (ACPCP) Scope of Practice and Core Standards and recognised clinical service standards such as evidence based clinical guidelines from the CSP and other similar bodies.

Assessment to be provided / supervised by senior physiotherapy of no less than 5 years post qualification experience. All Physiotherapists must behave in a manner that is consistent with their continued registration with the HPC. This includes obligations to keep up-to-date with Practice and to engage in supervision and training.

The assessment must consider:

- bio-psychosocial aspects of the presenting condition
- significant medical risk factors with red flag symptoms

5.2 Treatment

The Willing Providers must offer treatment plans that are clinically appropriate to the patient and based on the detailed assessment of their presenting conditions and in compliance with the Healthcare Commission, NHS standards, NICE Guidance, the Chartered Society of Physiotherapy (CSP) , Association of Chartered Physiotherapists in Children's Physiotherapy (ACPCP) Scope of Practice and Core Standards and recognised clinical service standards such as evidence based clinical guidelines from the CSP and other Similar bodies.

The Provider must discuss the treatment plan with the patient and they must both jointly agree to work towards improved health and wellbeing outcomes.

The minimum treatment modalities to be included in provision are:

For all the Services:

- Advice on the nature of the condition and likely prognosis
- Advice and instruction on self-management (including supporting information in a media that is suitable for the patient)
- Exercise therapy
- Manual therapy including spinal manipulation (grade V end range thrust techniques)
- Acupuncture

For Children's Physiotherapy Services

- Advice on the nature of the condition and likely prognosis
- Advice and instruction on self-management (including supporting information in a media that is suitable for the patient)
- Exercise therapy
- Manual therapy

5.3 CLINICAL SESSIONS

The Willing Providers shall treat each of the Patients for a maximum of 4 treatments consisting of the initial assessment (minimum 20 minutes) and 3 treatments (minimum 20 minutes/ treatment). On completion of the 4 treatments, the Willing Provider will assess the patient, provide self help information and exercises for the patient to continue on their own and complete a discharge form to refer the patient back to their GP.

If the Willing Provider considers that an individual patient will need more than four treatment sessions then they must contact the referring GP within 4 weeks of referral to discuss requirements for extending the treatment plan. If this is approved the Willing Provider must complete the extended Treatment Plan Form and return it to the GP for approval. On completion of the treatment, the Willing Provider shall complete a Discharge information form and return it to the referring GP within two working days of discharge of the Patient from the Service.

6 EQUIPMENT

The Willing Provider shall supply all the appropriate equipment for delivery of the Services. The Willing Provider will be responsible for the provision of all Equipment including soft appliances (occasional), walking sticks (rare). These will be free of charge to the patient and deemed to be included in the rate for the provision of the Services.

If the Willing Provider assesses that the patient needs Special Equipment to improve their health and wellbeing, such as a walking stick, neck collar support or limb splint support, strapping or taping then these will be provided to the Patient at no charge by the provider.

The Willing Providers will not be permitted to refer patients back to their GPs or to Hospitals for provision of MSK Standard or Special Equipment or appliances.

7 CONTRACT AND FINANCIAL REQUIREMENTS

NHS Brent intends to enter into Contracts with up to 5 Willing Providers for each of the Services. The terms and conditions of Contract will be the NHS Community Services Contract.

The Contract will be awarded for an initial 12 months pilot period with the potential to extend the contract up to a maximum 3 year period. This is an initial pilot project and it is likely that the Services will be terminated at the end of year 1 and then retendered. NHS Brent will not be held responsible for any costs or liabilities associated with terminating the service at the end of year. NHS Brent will not provide any guarantee to the Willing Provider's of activity or payment only that they have been successful and are on the willing Provider List.

NHS Brent is seeking value for money from the Services. NHS Brent has selected the Variable Price Payment Mechanism and is seeking a fixed price within the stated range for each of the Services (Adults MSK, Children MSK and Women's Health). The Willing Providers shall submit fixed price bids for each of the Services within the range of £20 to £33 per activity per Service, based on market testing carried out by the PBC. If the Willing Providers submits a bid price outside of these range limits then the Bid will be rejected.

The payment terms will be monthly as set out in the Community Services Contract. The Willing Provider shall submit Invoices on a monthly basis to each GP Practice by the 8th of the month following the activity. All invoices shall include the Provider's details (company, name, address, date, etc), the summary of activity by Services and GP practice, the rates and the total cost and the NHS Brent PCT cost centre and account codes.

The GP PBC Cluster will be responsible for submitting these to the NHS Brent for payment.

8 MONITORING, EVALUATING AND PERFORMANCE MANAGEMENT

NHS Brent will monitor and evaluate the service on a regular basis through a series of methods, including but not limited to service audits, service reviews, patient feedback to ensure that the Services provided meet all the relevant Standards and achieve the outcomes.

NHS Brent shall require all Willing Provider's to work with them to manage demand, reduce waiting times for patients and improve outcomes on the NHS Standard Performance Targets including the 18 week target.

The Willing Provider shall provide data and information to the NHS Brent, the GP's and the PBC Cluster on a monthly basis. This will include but not be limited to the completion of the Key Performance Indicators and forms in the Appendices.

The required clinical outcomes are as follows:

Reference	Outcome following Treatment Programme
A	No improvement in condition after x treatments
B	Deteriorated condition after x treatments
C	Minimal Improvement in condition up to 30%
D	Moderate Improvement in condition after treatment - 30 to 70%
E	Significant Improvement in condition after treatment - 70% and above
F	Complete Improvement / Full recovery condition resolved

9. INFORMATION, DATA and RECORD COLLATION

The Willing Provider shall have secure IM&T systems in place with secure areas for capturing patient information and activity. These systems must facilitate the Service provision.

The Willing Provider shall ensure that all information relating to patients is safeguarded and will comply with the Data Protection Act and the NHS Brent Policy on Personal Data and Patient Confidentiality.

Willing Providers shall be responsible for keeping records in secure and confidential in compliance with the obligations set out in the CSP's Core Standards for Practice. A minimum data set shall be kept for each new referral in accordance with the exemplar set out in the Appendices to this Document.

The Willing Provider shall prepare monthly activity and performance reports to the GP's and NHS Brent. A minimum data set must be completed for each patient. Providers will be expected to collate and provide statistical information monthly. They must complete an Activity Report with data in accordance with the exemplar in the Appendices to this Document. A copy of the activity sheet will be sent monthly to the GP PBC commissioning cluster for validation and approval.

All parties will acknowledge their respective duties under the Data Protection Act and the Freedom of Information Act and will ensure these duties are complied with.

10. CLINICAL GOVERNANCE FOR ALL SERVICES

The Willing Provider will be responsible for their clinical governance. This will include but not be limited to the following:

- Clinical Governance Lead
- Policies and Procedures
- Serious Untoward Incident Process
- Escalation Process
- Infection Control
- Access to Services Policy
- Complaints Policy and procedure
- Data Collection and reporting
- Quality Assurance

All Willing Providers must agree to NHS Brent carrying out checks for Enhanced Disclosure from the Criminal Records Bureau (EDCRB) for all their staff who will work with patients. The providers must pay for these checks to be made and staff will not be authorised to treat patients for these Services until they have achieved a satisfactory response from the EDCRB checks. If Willing Providers breach this requirement then they will be removed from the AWP list and not be permitted to provide the Services.

Providers must have adequate supervision structures in place to support clinical staff to protect patients and ensure that they are receiving appropriate care and to help clinicians in their professional and personal development to deliver best care to patients.

Providers must have comprehensive and robust policies and procedures covering risk management, clinical audit, consent to assessment and treatment and serious untoward incidents (SUI). If a provider does not have such policies it must adopt the PCTs existing policies that cover such areas.

11. SKILLSET AND QUALIFICATIONS

All Willing Provider must be registered with the Healthcare Professions Council (HPC) and all the clinical physiotherapy practitioners must be registered as a member of the The Chartered Society of Physiotherapists (CSP) and for the specialist Children and Women's Health Physiotherapy Service have the appropriate specialist enhanced skills, knowledge and experience in this area to treat patients.

The Assessment process is to be provided and supervised by senior physiotherapists of no less than 5 years post qualification experience.

All Physiotherapists must behave in a manner that is consistent with their continued registration with the HPC. This includes obligations to keep up-to-date with Practice skills, knowledge and to engage in supervision and training.

12. HEALTH & SAFETY

All Willing Providers must comply with the relevant and appropriate Health & Safety legislation and requirements including those related to infection prevention and control. Willing Provider's must regularly carry out risk assessments at their premises, facilities and treatment locations and on their working practices to ensure compliance with the appropriate health, welfare and safety standards for patients and staff.

13. EQUAL OPPORTUNITIES

Willing Providers must provide evidence of how they will meet the equal opportunity requirements and ensure equitable access for all.

Willing Providers must be committed to equal opportunities and must not discriminate unlawfully within the meaning and scope of any Law, relating to discrimination (whether relating to race, gender, disability, religion or otherwise) in performance of the service and shall take all reasonable steps to ensure observance of this.

Willing Providers must be

- able to provide same-sex therapists and / or chaperones at the patient's request.
- Able to provide premises, facilities and treatment rooms that are compliant with Disability legislation
- able to access to foreign language interpreter services.
- be able to access to sign-language interpreters for the hard of hearing.

14. INSURANCE REQUIREMENTS

All Willing Providers must have valid comprehensive insurance cover for all liabilities related to the provision of the Services. The minimum cover required is as follows:

- Medical and Professional Indemnity Insurance - minimum £5m – any one claim
- Public and Product Liability - £5million – any one occurrence
- Employers Liability Insurance - £10million
- Buildings Insurance – as required
- Contents Insurance – as required
- Tenants Improvements – as required

Evidence that valid Insurance cover is in place must be provided as part of this tender submission. Copies of Insurance certificates and a letter from the Insurers confirming cover must be submitted to NHS Brent with the tender documentation and renewal date.

APPENDICES

- A. PHYSIOTHERAPY REFERRAL FORM**
- B. PHYSIOTHERAPY DISCHARGE REPORT**
- C. PHYSIOTHERAPY MINIMUM DATA SET**
- D. PHYSIOTHERAPY MINIMUM STANDARD MONTHLY REPORTING TO GP PRACTICES AND PBC CLUSTER LEAD**
- E. KEY PERFORMANCE INDICATORS**
 - i. CLINICAL PATHWAY**
 - ii. DEFINITIONS**

ANNEX A

GP REFERRAL FOR MSK SERVICES FORM

Name/Address of Physiotherapist					
Name and Address of Referring GP					
Date of Referral		Urgent		Routine	
Patient Name and Address					
Date of Birth					
NHS Number					
Contact Telephone Number					
Reason for Referral					
Duration of Symptoms					
Previous Treatment					
Social Circumstances					
URGENT		Acute uncontrolled pain Pain needing increasing dosages of medication Severe disruption to lifestyle A carer who is unable to care due to presenting condition Soft tissue injury within 48 hours New neurological changes			
ROUTINE		Patient managing pain with medication Disrupting family life/work performance Managing most daily functions Chronic problem with no previous advice			

ANNEX B

MSK SERVICES PHYSIOTHERAPY DISCHARGE REPORT

Provider	Referral from Dr
Practice Name.....	
Patient Name.....	
Address.....	
DOB.....	
NHS No:	
Referral received.....	1 st Appt.....
Date discharged.....	

Patients reported problem as per referral
Physiotherapist working diagnosis
Brief description of treatment
Brief description of the outcome of the intervention
Physiotherapy advice with regards to on-going management / future assessment / treatment (if applicable)

Signed:

Print name.....

Date.....

ANNEX C

MSK Services Physiotherapy Minimum Data Set

Forename	GP Practice
Surname	Referring GP name
Address	Date on referral
Contact phone number	NHS Number
Date of birth	
Sex	
Ethnicity	
Date referral received	
Service: Adult MSK, Paediatric MSK or Women's Health	
Date of first appointment	
Dates of subsequent appointments	
Type of appointment (1:1, group etc)	
Date of referral to group	
Date of first group	
Date of discharge:	

Adult and Paediatric Musculoskeletal Service:

Post assessment patients are to be assigned to one of the following categories according to the body area(s) affected:

Foot and ankle	Lumbar spine and SIJ (including pain radiating from this area)	Shoulder and upper arm	Multiple body area pain / complaint
Knee and leg	Thoracic spine and rib cage / torso	Elbow and forearm	
Hip and thigh	Cervical spine and head / TMJ (including pain radiating from this area)	Wrist and hand	

Treatment Provided:

Women's Health:

Post assessment patients are to be assigned to one of the following categories according to the nature of their problem:

Stress incontinence	Urge / over-active bladder	Minor vaginal prolapse
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Treatment Provided:

All:
Failure to opt-in (did not respond (DNR) – if used)
DNA first appointment (initial assessment)
DNA follow-up 1:1 appointment
DNA group
Cancelled by client (CBC)
Cancelled by service (CBS)
Discharge date
Discharge reason
Outcomes:
A. No improvement in condition after x treatments
B. Deteriorated condition after x treatments
C. Minimal Improvement in condition up to 30%
D. Moderate Improvement in condition after treatment - 30 to 70%
E. Significant Improvement in condition after treatment - 70% and above
F. Complete Improvement / Full recovery condition resolved

ANNEX D

MSK Services Physiotherapy Minimum Standard Monthly Reporting to PBC Cluster Lead (details TBA to successful Willing Provider's)

Number of new referrals (include NHS number) & by ethnic group		
Number of follow ups (include NHS number) & by ethnic group		
Number of new patient appointments scheduled by Practice		
Number of new patient appointments completed by GP Practice		
No referrals by client group:		
MSK Adult:	MSK child:	Women's health:
Treatment types:		
MSK Adult:	MSK child:	Women's health:
Number of new patient appointment DNAs by GP Practice		
Number of follow-up appointments by GP Practice		
Number of follow-up appointment DNAs by GP Practice		
Conditions referred		
Treatments carried out		
Appliances provided		
Number of patients referred into group activities by group and GP Practice		
Number of patients discharged:		
Discharge reports		
Demand management and waiting times		
Complaints & SUIs		
Agreed clinical audit e.g. evaluation of outcome measures		
Costing information: by patient category by treatment		
GP Practice figures must also be collated to provide a cluster wide position.		
Onward referral by GP Practice:		
No. referrals to alternative (non secondary care) provider:		
No. referrals to secondary care:		

ANNEX E

Key Performance Indicators

A. 95% of all urgent patients to be seen within 5 working days of receipt of referral
B. 90% of all routine patients to be seen within 3 weeks of receipt of referral
C. 95% of all patients assessed and accepted for treatment to have a visual analogue pain score recorded (at assessment and a final score on discharge) on the provider's reporting system
D. 95% of all patients to have a mutually agreed functional goal plus progress measure to be recorded on the provider's reporting system
E. DNA rate for new patients not to exceed 6%
F. DNA rate for follow-up sessions not to exceed 9%
G. 90% of discharge letters to be sent to the referrer within 2 working days of discharge
H. 90% of patients to be 'overall' satisfied with the service provided
I. All invoices to be sent to the PBC Cluster lead by the date specified. Each invoice should specify the GP Practice who referred patient - cost centre and account code.