



Report Writing Guide for Fusion Clinics

The following guide will assist you with comprehending what details are required to give the Clinical team the appropriate information to be able to enable the Physiotherapy team to ensure that treatment plans follow best practice as described in the Nuffield Health evidence based pathways.

General comments

From a personal and professional viewpoint it should always be remembered that the reports you submit are legal documents and as such should be completed with the following pointers in mind:

1. Reports should be submitted in a timely fashion (within 24 hours of assessment)
2. Reports should be easily comprehensible. Physiotherapy terminology is acceptable (as long as it is recognised by the Nuffield recognised abbreviations list) and presented in a logical fashion
3. All the data entry fields contained within the form(s) are completed to the best of the practitioners knowledge and not left blank - a "not known" or "not applicable" will suffice and be very helpful for the clinical administration team
4. Commenting on occupation / job demands. As a legal document comments should be made with appropriate caution as sweeping statements such as "unable to continue in current role" or "needs to change role" can have serious implications for the employment status of the patient. It is advisable to ensure you are in possession of all the facts before making any strong statements of this nature.
5. Make sure that your diagnosis matches your body site and diagnosis code
6. If you have multiple body sites remember you need to have 3 subjective and objectives markers which are measurable for EACH body site

Subjective markers

The more detail that you can provide, the more easily and swiftly the Physiotherapy team will be able to approve your report.

As a minimum, **three specific subjective markers** are recommended when report writing.

These could include:

- Loss of ADL function (with specific reference to a functional ability)
- Aggravating factors e.g. driving > 20mins
- Easing Factors e.g. eases after 10mins of sitting
- VAS pain scales
- 24 hours pattern e.g. first 30mins pain and stiffness

Objective markers

Once again, the principles are the same as those of the subjective markers.

Remember ROM counts as ONE marker. If you have limited markers you can include the things you tested which were negative to show you have considered all diagnostic possibilities.

Three measurable objective markers are required to provide adequate detail to enable the Physiotherapy team to clinically govern the report.

These could include:

- ROM findings e.g. flexion fingertips to knees
- Palpation findings e.g. R1 and P1 L4 PA Grade 3; pain on palpation paraspinals –VAS 5/10
- Relevant special test findings
- Functional tests
- Neurological findings. It would be particularly helpful to elaborate on any positive neurological findings where present and to comment briefly (“neuro NAD” will suffice) in any disorders where a neurological component could be anticipated but tests as normal.

Treatment Plan and session requests

The evidence based pathways give an excellent working guide to the best practice available in the treatment of the most prevalent musculoskeletal disorders. If the number of sessions requested seems to be excessive or the treatment modalities differ significantly from the evidence based pathways without obvious good reason the Physiotherapy team will question the reasoning behind your thought processes. When commenting on treatment techniques and goals reference to the following would be very helpful:

- Duration of treatment
- Comment on advice / pacing of activities / postural advice.
- Comment on manual / soft tissue techniques / rehab work as usual

RFATS (Request for Additional Treatment)

Include as much detail as possible. Use the justification section to outline your clinical reasoning for on-going treatment.

Update all the subjective markers and objective markers from your initial report. You may copy and paste the initial report and provide an update next to the original marker, making it clear what the current marker is.

Clarify why there has been any deterioration and if there has only been minimal improvement, explain what you feel is the prognosis and your clinical reasoning why an onward referral would not be appropriate or how your treatment approach will change in order to achieve the desired improvement.

If there are any new markers or if all previous markers have resolved, please include the measurable limitations you intend working on in the additional sessions.

2nd RFATS

These are available on the portal to fill in if requesting for treatments a 2nd time.

Please ensure that your clinical reasoning for further treatment is clear and that you update your previous markers. If there are any markers previously unstated, please indicate how these have changed with treatment.

It is also useful to indicate when you anticipate the client will be able to self-manage their condition.

Remember that none of the insurers will authorise further sessions for maintenance treatment or for Chronic conditions. (They will fund acute flare-ups of the chronic condition)

Discharge Reports

- Make sure that your discharge reason matches your outcomes – unacceptable Discharge patterns are:
 - Completed – minimal improvement, minimal improvement
 - DNA – Great Improvement, Great Improvement (both practitioner and patient outcomes should both be DNA as well)
- Your discharge codes should also relate back to your goals – you might think that a patient with something like OA only makes a minimal improvement but if they have reached their Rehab goal of walking to the shop then you should put 'Great Improvement'
- Make sure your markers relate to those on the initial assessment

If Onward Referral is recommended as a Discharge Outcome, please evidence your clinical findings and reasons for recommending onward referral. Please also ensure that the type of onward referral you require is indicated. This is needed both for those contracts where Nuffield Health can refer on, and for those where you need to refer via the patient's GP.

If you make an Onward Referral please note in the comments section how you have done this e.g. letter written to GP, e-mailed ALP etc. and what your clinical justification and reasoning is for the referral.

Exceptions to the Rule

- **Centrica/SH – British Airways** – These are Occupational Health Reports and need to include markers relating to the patients work function – especially if the patient is off work or on restricted duties.
- **Cigna** patients will not get further authorisation for Sports Related Rehab or On-going management
- **Police and Crime Commissioner for Dorset** - please make sure there are work related function within their report and it must include their Collar number. Please indicate if there are any temporary work modifications you would recommend in order for the Police and Crime Commissioner for Dorset to support a quicker recovery.
- **Wiltshire Constabulary** – must reference information regarding work function.
- **AXA Saint Gobain**- RFATs need to be submitted after the penultimate authorised session i.e if you've been authorised 5 sessions, please submit the RFAT after the 4th session.

Hopefully this short guide will help you understand the reporting requirements that are being demanded of us by our corporate clients. Please feel free to contact me if you would like to discuss any of the comments made above.

Nuffield Health Clinical Governance Team



Nuffield Health Onward referral information for Fusion Clinics

The following guide will advise you of the process per insurance group in regards to organising an onward referral for Nuffield Health patients.

For all clients and variants not listed below the process to organise an onward referral is to refer the patient to their GP and for the patient to liaise with their insurance company- it must be clear that the referral has been made to the GP in the Discharge report.

The exceptions to this rule are:

- **AVIVA – RBS/BskyB/EY/Morrisons/NOV/ AMEX/ Solutions/ GBT/ UBS** – If you are requesting an onward referral you will need to either include the clinical justification and recommendations on the IA/RFAT/DC (the case does not need to be discharged) or if you require the referral mid treatment then please e-mail specialistphysio@nuffieldhealth.com with the information. This will then be reviewed by the case manager or allocated to a case manager if the patient is not currently under the ALP service. NOTE: this option is not available for AVIVA Tesco patients.
- **AXA PPP PhysioPlus** – The case can either be discharged as onward referral with justification outlined on the DC report or if you feel there is clinical justification for Physiotherapy treatment to continue alongside the referral then please email this and your recommendations to onward.referrals@nuffieldhealth.com. Nuffield Health will forward the report or the emailed information to AXA who will process the request.
- **Aviva HCML** – Aviva HCML have case managers who manage their patients and the referral process. They will authorise treatment alongside an onward referral in exceptional circumstances. If you feel there is justification for this please email the clinical reasoning to HCML.referrals@nuffieldhealth.com and the patients case manager will review. The patient will then be contacted by Aviva HCML. If there is not exceptional circumstances please submit the DC report with the onward referral information included. If they require Physiotherapy post discharge they will be referred back into treatment.
- **SimplyHealth Care Connections including ‘SimplyHealth Insured’** – If you are requesting an onward referral this will be processed by the clinical governance team and the patient shall be contacted by SH (there is no need to go back to the GP) but the case needs to be discharged as onward referral with the clinical justification for this included in the report. Physiotherapy treatment cannot continue. The patient will be referred back if required after the referral.
- **Occupational Health contracts** – i.e. Centrica, Guardian, Police and Crime Commissioner for Dorset, Wiltshire Police, Devon and Cornwall Police and SH BAHS only eligible for Physiotherapy treatment. If they require an onward referral this needs to be organised on the NHS via their GP.

Hopefully this short guide will help ensure the correct processes are followed for the different corporate clients. Please feel free to contact me if you would like to discuss any of the requirements above.

Nuffield Health Clinical Governance Team