



Renewing your membership of the Bupa Physiotherapy Network

Thanks for your interest in renewing your membership of the Bupa Physiotherapy Network. The new network will run from 18 May 2019 to 17 May 2021. This Q&A is designed to answer any questions you might have.

If you've further questions, please email us at: physiotherapy@bupa.com or call us on: 0345 600 4078 between 8am and 6pm Monday to Friday. We may record or monitor our calls.

About the network

Why are you renewing the network?

We're renewing our Bupa Physiotherapy Network so we can make sure our health insurance customers continue to have access to practices which meet quality criteria and offer good value treatment and care. The existing agreements were set up for two years and are due to end, so we need to renew them.

How long will the network be in place?

The network will run from 18 May 2019 to 17 May 2021.

What are the benefits of joining the network?

We'll promote practices that join the network on [Finder](http://www.finder.bupa.co.uk) (www.finder.bupa.co.uk) our online directory of healthcare professionals and services. It receives 70,000 visits a week from our customers, GPs and the general public, so it's a great way to market your services.

Joining the network

How can we renew our membership?

Please complete the online application, we'll ask you to agree to the fees and terms of the contract for two years as part of it. We'll also ask you to share details of the quality and patient satisfaction reporting you currently have at your practice.

How will I know if my practice has been included in the network?

We'll email you a copy of your contract confirming our agreement for the next two years, or if we're unable to include your practice in the network, we'll email you to let you know why.

If a practice meets our recognition criteria and agrees to our terms and proposed prices, we expect to be able to include it in the network. This will always be subject to our acceptance of the application.

What happens if I don't apply for my practice to re-join the network?

If we don't receive an application from you by the 11 April, or if your practice decides not to renew its membership of the network, we'll no longer be able to reimburse you for offering physiotherapy services to Bupa patients from the 18 May. We'll write to confirm the continuity of care arrangements for Bupa patients.

Changes to the network

Are there any changes to the network terms?

Yes, we've made the following updates to the network:

- The terms of your agreement will be now from **18 May 2019 to 17 May 2021**
- **Clause 6:** (Payment to you) we now ask that treatment plans are only submitted by you and not your patients. If you need to ask for additional sessions, please continue to complete the additional funding request form and send this to tmtsm@bupa.com.
- **Clause 7:** (Quality of Physiotherapy) we now ask that the Lead Clinician takes responsibility for the checking of HCPC number, CSP number, enhanced DBS certificate and date of issue – to ensure all physiotherapists treating Bupa patients comply with the recognition criteria listed in clause 7 and that the Lead Clinician maintains such details.

We're keen to develop evidence that we can use to demonstrate the quality and effectiveness of private MSK treatment to patients, as well as to promote growth in the private market. So we're now asking you to collect the following patient information and be able to provide this if we need it:

- Patient ID and age, comorbidities, condition (description and diagnostic code), treatment start and end dates, treatment type, number of sessions and clinician name.
 - Details of clinical outcome measures used (PROMS) and
 - An annual patient experience rating
- **Clause 8:** We're now asking you to provide the percentage of patients completing PROM data at your practice.
 - **Clause 11 Termination:** Where a practice treats less than 10 Bupa patients in 12 months, it may be removed from the network if there are a number of recognised practices in an area. This will only happen if there are sufficient services in the area to meet customer demand and after discussion with the affected practice.

We reserve the right to suspend a practice if there are concerns about the service or quality of the care delivered there, for example if a patient makes a serious complaint. We may suspend recognition while investigations are carried out and we may ask the clinic to submit an action plan to address issues.

I only see a few Bupa patients each year, should I still apply?

We appreciate that practices may treat fewer Bupa patients than others, for example those in some rural areas of the country or delivering specialised services such as paediatrics. If this is the case, we'd urge you to apply because we want to be able to offer our customers choice wherever they are in the country and we'll review the network in 12 months' time.

If you're practising in a location where there are lots of practices offering similar services, we may be in touch when we review the network in a year's time if you've seen less than 10 Bupa patients in 12 months.

Network fees

Why do you set fees for the network?

We set fees for the network to give our customers access to physiotherapy services which meet both quality criteria and offer good value for money. When preparing for the network renewal, we reviewed the fees we pay physiotherapists taking into account location and the total cost of an episode of care.

How did you set the fees for the network?

We carried out a market review of prices, taking into account the services offered, location and the total cost of an episode of care.

What if my practice doesn't want to be part of the network or is unable to agree to the standard prices?

If your practice decides not to join the new network, we'll no longer be able to reimburse you for offering physiotherapy services to Bupa patients from 18 May 2019.

If you no longer want to be part of the network, please email us at physiotherapy@bupa.com to let us know and we'll write to confirm continuity of care arrangements for any existing Bupa patients. If a Bupa customer calls us to pre-authorise physiotherapy at your practice, we'll offer them an alternative that's part of the Bupa Physiotherapy Network.

Can I negotiate my fees?

We're only able to pay you the fees we've offered to you in our invitation. We've worked these out by reviewing what we pay other practices in your area, looking at feedback from our customers and the cost of providing the service in the market.

Quality

Why are we being asked to collect outcome or PROMs (patient reported outcome measures) information?

We're keen to develop evidence that we can use to demonstrate the quality and effectiveness of private MSK treatment to patients, as well as to promote growth in the private market. Since we last renewed the network we joined the Quality in Private Musculoskeletal Working Group, alongside other insurers, professional bodies, and those who offer physiotherapy services. We've been working together to develop a standardised set of quality indicators, which includes PROMs.

As part of the network renewal you'll need to confirm that you collect quality and patient satisfaction information, and which validated tools your practice uses. Once the network is up and running, we'll ask you about your experience of using these tools. We'll also ask you to share with us the quality and patient satisfaction information you've collected and how it has informed your practice.

When will we need to collect this information?

In May 2017 we asked you to begin collecting PROMs information and to have information available over the course of this current contract.

What outcome or PROMs measures will we need to use?

We appreciate that the collection and use of outcomes measures (PROMs) is a developing area so we'll be asking you which measures you're using, rather than asking you to use specific measures.

How will you use outcome or PROMs information?

We're keen to develop evidence that we can use to demonstrate the quality and effectiveness of private MSK treatment to patients, as well as to promote growth in the private market. We want to be able to demonstrate that Bupa patients are getting better, identify best practice and find ways to improve patient outcomes. PROMs information helps with this as it can be used to compare a patient's wellbeing, physical pain and functional ability before and after treatment.

We appreciate that we need robust information taking patient case mix into account to do this effectively, and the collection of PROMs is an important step towards good indicators of quality. We'll use this information to help us design the network in future.

Will we need to implement new diagnostic coding, such as ORCHARD or SNOMED?

We're happy for practices to continue to use their current choice of diagnostic coding. We recognise there are multiple diagnostic coding options available and that there isn't yet a standardised

approach because it's an area that's still developing. As a member of the Quality in Private Musculoskeletal Working Group, we want to use evidence to help us understand which coding systems will be most useful and practical for outcome and health impact measurement.

What happens if I don't have this information ready now?

We're only able to offer recognition to practices who can demonstrate that they're collecting quality information. This isn't new, we explained that quality outcomes and collection of patient satisfaction records would be part of the terms of our agreement when we last renewed the network in 2017.

It's important that we're able to measure the quality of the services delivered and we know from our conversations that it's important to physiotherapists too. We expect that over the last two years all network practices will have decided which quality collection tools work best for them and will be collecting quality and service key performance indicators (KPI) for Bupa patients who've had physiotherapy at the practice.

When will you ask me to submit this information?

As part of the network renewal you'll need to confirm that you collect quality and patient satisfaction information, and which validated tools your practice uses. Once the network is up and running, we'll ask you about your experience of using these tools. We'll also ask you to share with us the quality and patient satisfaction information you've collected and how it has informed your practice.

What information will you need?

We'll ask you to confirm that you collect quality and patient satisfaction information, and which validated tools that your practice uses. There isn't yet agreement about national standards for private physiotherapy and so it's up to you to decide which tool works best for your practice. You can find out more information about the options at: <https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice> or <https://www.physiofirst.org.uk/bupa.html>

We'll also ask you about how you use the information collected, your session average by condition and patient satisfaction results. We'll be in contact after renewal to let you know more.

What will you do with this information?

We'll use this information to better understand how quality information is being collected in the private sector. We won't share your individual practice information with anyone but you.

How often will I need to submit information and what do I need to submit?

We may ask you for this information over the period of the contract 2019-21 and at renewal but there may be some circumstances where we ask for it more frequently, for example if:

- someone raises a serious concern with us
- you request additional treatment sessions for a Bupa patient and we need more information to see whether the sessions are covered
- we need information about a specific case
- we need to understand why your MSK session average is higher than the 5.5 sessions you agreed to when joining the network.

In each of these scenarios we may need you to provide; the average pre-treatment PROMs scores, mid and post treatment PROMs scores, the average improvement by impairment, the average number of treatment sessions (initial and follow-up sessions) and the number of days from initial session to discharge.

It will help if you keep records of these outcomes accessible as we may ask for anonymised patient information on an ad-hoc basis to help us understand variations from other practises or in response to patient feedback

What happens if I don't want to share my practice's information with you?

We're keen to develop evidence that we can use to demonstrate the quality and effectiveness of private MSK treatment to patients, as well as to promote growth in the private market. That's why we included quality outcomes and collection of patient satisfaction records in the terms when we last renewed the network in 2017. If a practice refuses to share this information, we may need to review its recognition.

If I am a Physio First Accredited Quality Assured Clinic (QAC) do I still need to submit information to you too?

We're excited about the Physio First QAP and QAC schemes because they offer physiotherapists the opportunity to use a validated national outcome collection tool. Where we ask for information as part of a routine audit we believe the Physio First QAC accreditation scheme offers practices an alternative option to submitting information to us if requested. We're also open to collaboration with any similar schemes that promote the collection of quality information using validated tools with comparative third-party analysis.

I am participating in the Physio First Data for Impact scheme; will this mean I don't need to submit information?

We'll only be able to exempt you from submitting information once the practice achieves QAC accreditation.

I am an accredited Physio First QAP, will this mean I don't need to submit information?

Because we only contract with practices rather than individual physiotherapists, we'll only be able to exempt you if you from submitting information once the practice achieves QAC accreditation. Please note that if you are a single-handed physiotherapist, then it is possible to convert your QAP accreditation to a QAC accreditation by making the necessary formal declarations to the University of Brighton, who administer this process.

Why are practices with QAC accreditation exempt from providing routine audit information?

The Physio First QAC scheme offer practices the opportunity to collect quality information using a validated national outcome tool and to have that information analysed by a third party. We're happy to work with other similar schemes so if you know of one please let us know.

Session averages

What are session averages?

A session average is the average number of appointments, or sessions, that a patient has in their course of treatment. Each new episode or course is triggered by an initial session so it's really important that you use the correct coding when you invoice us. You can find it at:

<https://codes.bupa.co.uk>

Is the target session average changing as part of this network renewal?

No, it will continue to be 5.5 sessions for each course of treatment. We measure this across all of the Bupa patients you treat over a 6-month period, across sub-specialities. If your practice has a session average above 5.5 for MSK services, we'll ask for some information to help us understand why this might be. We understand that some patients will need more than 5 sessions due to the complexity of the condition, but some will require less. If your Bupa patient needs more physiotherapy sessions than we pre-authorized initially we'll need some additional information to see whether it's covered by their policy. Please complete the 'Further therapy treatment funding request' form including a clear treatment plan and email it to tmtsm@bupa.com. We'll let you and the patient know if we can cover the extra sessions within 3 working days, of receipt of the form. You can find the form online at: www.bupa.co.uk/pol-latest-updates.

What happens if we're unable to meet the KPI or session averages agreed in the contract?

We'll always get in touch if we've any questions about your KPI or session average information so that we can understand more.

There may be rare occasions where, as a last resort, we suspend a practice from the network if we're unable to resolve concerns about their KPI or session average information. Before removing any practice's recognition, we engage in extensive communication with them to try and reach a resolution.

Extracorporeal Shockwave Therapy (ESWT)

What's included in the package agreements?

We reimburse all the package agreements at £275 per package and this includes all charges associated with delivering ESWT for MSK conditions covered as part of our health insurance policies. We're only able to pay for the package once per episode of care. This means we're unable to pay additional fees for sessions delivered by a consultant or a hospital as well.

Does treatment erode the patient's out-patient benefit limit?

We'll pay for the ESWT package in full when it's covered as part of the patient's policy. It won't use up their out-patient benefit allowance.

How many packages of ESWT will you fund for eligible MSK conditions?

We'd usually expect no more than one package of ESWT per condition as the package includes cover for all ESWT sessions carried out during that episode of care. If, under exceptional circumstances, another package for the same condition is needed within 12 months then the patient will be asked for a medical report to check whether we can fund more.

If the condition is affecting both left and right sides of the body can I invoice twice?

The package fee or fee per individual treatment session covers the cost of both a unilateral or bilateral condition if the treatment is done at the same time.

I provide Radial rather than the normal Focused ESWT, can I charge more?

We pay the same for ESWT no matter which type of treatment is provided. This is because recent clinical trials suggest there's no statistically significant difference between Focused ESWT and Radial ESWT, so it's not possible to recommend one treatment over the other on grounds of outcomes.

What are the all-inclusive package codes?

The codes are listed below and will be effective from the 18 May 2019

Code	Narrative
AA969	Extracorporeal shockwave therapy (ESWT) - therapist all-inclusive package for calcific tendonitis of the shoulder
AA970	Extracorporeal shockwave therapy (ESWT) - therapist all-inclusive package for plantar fasciitis (including heel spur)
AA971	Extracorporeal shockwave therapy (ESWT) - therapist all-inclusive package for tennis elbow (lateral epicondylitis)
AA972	Extracorporeal shockwave therapy (ESWT) - therapist all-inclusive package for patellar tendonitis
AA973	Extracorporeal shockwave therapy (ESWT) - therapist all-inclusive package for refractory proximal hamstring tendinopathy
AA974	Extracorporeal shockwave therapy (ESWT) - therapist all-inclusive package for achilles tendonitis

AA975	Extracorporeal shockwave therapy (ESWT) - therapist all-inclusive package for refractory greater trochanteric pain syndrome
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