CC PHYSIO

COMMUNITY CARE PHYSIOTHERAPY

SOUTH WEST LONDON

REFERRAL PACK · CASE MANAGERS, CARE HOMES AND DISCHARGE TEAMS

Home-visit physiotherapy you can refer to with confidence.

Assessment at home within ten working days of your go-ahead, a written report you can act on, and treatment from one named HCPC registered clinician across South West London.

CONTACT

Zakery Shelley, Lead Clinician

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communitycarephysio.co.uk/refer

REGISTRATION

HCPC PH132358 · CSP member

Professional indemnity & public liability insured

Enhanced DBS

ABOUT THE SERVICE

Community rehabilitation, at home

Community Care Physio is led by Zakery Shelley, an HCPC registered physiotherapist with an NHS community rehabilitation background and experience in neurological rehabilitation, elderly care, falls prevention and musculoskeletal conditions. Every appointment is one to one, at the client's home or care home, with one named clinician from assessment to discharge. An established network of physiotherapists supports the practice when a case needs extra capacity or a particular specialism.

Who we treat

- ✓ Neurological conditions: stroke, Parkinson's, MS, acquired brain injury
- ✓ Post-hospital discharge and post-surgical rehabilitation
- ✓ Falls, reduced mobility and deconditioning
- ✓ Frailty, dementia and clients with several long-term conditions
- ✓ Personal-injury and medico-legal rehabilitation under case management
- ✓ Musculoskeletal pain and injury

What we provide

- ✓ Initial assessment at home with objective outcome measures
- ✓ Written assessment report with a costed, goal-based plan
- ✓ Treatment visits, home exercise programme and carer guidance
- ✓ Equipment and environment recommendations with rationale
- ✓ Progress and discharge reports at agreed intervals
- ✓ Written liaison with GP, other professionals, carers and family

Areas covered

Travel included across **South West London (all SW postcodes), Morden SM4, Mitcham CR4, Kingston KT2, New Malden KT3 and Richmond TW9–TW10**.

Nearby, £15 per visit: Kingston KT1, Worcester Park KT4, Surbiton KT5, Sutton and Carshalton SM1–SM3 and SM5–SM6, Teddington TW11, Twickenham TW1, Hammersmith W6, Kensington W8, West Kensington W14, Chiswick W4, Paddington W2, Dulwich and Norwood SE19–SE27, Camberwell SE5, Kennington SE11, Thornton Heath CR7.
Extended, £35 per visit: other postcodes by arrangement. The band is confirmed with the quote, before the first visit, and matches our online postcode checker.

What we are not

We act as treating therapist only and do not provide expert-witness reports. We do not provide 24-hour or emergency care; urgent concerns are directed to the GP or 999. Hydrotherapy and gym-based rehabilitation are not offered.

HOW A REFERRAL WORKS

Four steps, clear timescales

1 **Refer**

Complete the online form at communitycarephysio.co.uk/refer, or the paper form at the back of this pack. We acknowledge within one working day and confirm whether we can accept the referral. Please do not send clinical documents by open email; we arrange a secure transfer once the referral is accepted.

2 **Assess**

Initial assessment at home within ten working days of your go-ahead (sooner where we can), with the client and, where helpful, family or carers present. 60 minutes: history, mobility, balance, strength, transfers, home environment and the client's own goals, with standard outcome measures.

3 **Report**

Assessment report to you within five working days of the visit: findings, baseline measures, SMART goals, recommended number and frequency of sessions, equipment needs and a costed plan. Treatment starts only once you confirm funding.

4 **Treat and review**

Treatment visits at the agreed frequency. Progress reports at the intervals you set (typically every 6 sessions or 3 months, whichever comes first), and a discharge report with community and equipment recommendations when goals are met.

Timescales

Acknowledgement	**1 working day**
Initial assessment	**within 10 working days**
Assessment report	**within 5 working days**
Progress / discharge	**within 10 working days of the visit**
Urgent	**email first to check availability**

Before we start, on request

- ✓ Written quote for assessment and reporting
- ✓ Clinician CV and HCPC registration check
- ✓ Provider due diligence statement, insurance certificates and DBS reference
- ✓ Written answers to any questions before you instruct
- ✓ Capacity and consent set out in writing where relevant

Every client keeps one named clinician from assessment to discharge. When a case needs extra capacity or a particular specialism we draw on an established network of physiotherapists, so capacity is not a barrier. Timescales are targets we plan around. We confirm availability at acknowledgement and tell you promptly if a target cannot be met.

CLINICAL APPROACH

Assessment, measures and reporting

The initial assessment

Subjective history, medication and precautions, falls history, social situation and current care. Objective assessment of range, strength, tone, balance, gait, transfers and functional tasks in the client's own environment, including stairs, bathroom and outdoor access where relevant. Risk assessment covering falls, moving and handling, and the home environment. **Full physiological observations (NEWS2)** at the first three sessions, and continued beyond that where monitoring is indicated; treatment deferred and the GP informed if the client is not medically fit on the day.

Outcome measures

At every initial assessment, a core set that establishes safety and a baseline:

- **Timed Up and Go**, **Tinetti (POMA)** and **Elderly Mobility Scale** for balance, gait, falls risk and function
- **Range of movement** and **manual muscle testing** (Oxford grading)
- **Edmonton Frail Scale** and **6CIT** cognitive screen
- **NEWS2 observations**; medical concerns passed to the GP
- **Goal Attainment Scaling** for the client's own goals

Added where the assessment indicates, depending on the client: Berg Balance Scale, Mini-BESTest, 10-metre walk, Barthel Index, pain rating and condition-specific measures. Measures are repeated at each report where still appropriate.

Reports you receive

REPORT	CONTENTS
Assessment	Findings, baseline measures, risks, SMART goals, recommended sessions and frequency, equipment, costed plan
Progress	Measures repeated, goals reviewed, plan and cost updated, any change in risk
Discharge	Outcomes against goals, home programme, onward referrals, equipment and community recommendations

Plain English for case managers, funders and families, clinical detail in appendices. Delivered as password-protected PDF by email; the password is agreed at acceptance and sent by text, never by email.

Treatment

Hands-on treatment, strength and task-specific training, balance and gait re-education, and a home exercise programme with written and photo instructions; carers are shown how to support practice. Sessions are 45 minutes, or 60 where complexity or fatigue requires it.

Working with your team

- ✓ Written liaison with GP, consultants, OT and care providers, with the client's consent. No meetings, case conferences or calls
- ✓ Routine email questions answered within two working days at no charge; reports stand on their own
- ✓ Equipment recommendations in reports; specification letters £50; walking aids from stock at a price agreed first; no supplier commission. We work in line with the Rehabilitation Code 2015

FEES AND TERMS

Clear costs, agreed before the first visit

SERVICE	STANDARD	COMPLEX NEEDS
Initial assessment at home, 60 min	£100	£130
Assessment report	£50	£75
Follow-up session, 45 min	£75	£90
Extended session, 60 min	£90	£105
Progress or discharge report	£50	£75
Additional letters or liaison documents (GP, consultant, OT)		£50 per document
Travel outside the core area, per visit		£15 nearby · £35 extended

Complex needs

Applies where the client needs more clinical time: neurological conditions, recent hospital discharge, high falls risk, cognitive impairment, several long-term conditions, complex transfers, or where carers and care-home staff need to be involved. **Agreed with you before the first visit, never added afterwards.**

Invoicing

- ✓ Invoiced to your organisation, quoting your case reference and PO number
- ✓ Itemised by visit date; monthly in arrears or per report
- ✓ 30-day terms, BACS; VAT not applicable
- ✓ Treatment may be paused if an invoice is more than 30 days overdue, with notice to you and the client

Cancellations

Visits cancelled with less than 24 hours' notice, or where the client is not available at the agreed time, are charged at the session fee. No charge where the cancellation is ours. Where the visit is rebooked within the same week we may waive the charge at our discretion.

Assessment first, then a decision

The initial assessment and report are chargeable whether or not treatment follows. If the assessment shows the client's needs are outside our scope, the report says so, with onward recommendations, and we decline further treatment. We may also end treatment where it is no longer safe or clinically appropriate, giving written notice and recommendations.

This pack is for information. The written quote and terms of engagement sent with each accepted referral govern the work.

GOVERNANCE AND ASSURANCE

What you can rely on

Registration and insurance

- ✓ HCPC registered physiotherapist, PH132358 (check at hcpc-uk.org)
- ✓ Member of the Chartered Society of Physiotherapy
- ✓ Professional indemnity and public liability insurance in place; certificate on request
- ✓ Enhanced DBS with adults' barred list check; certificate reference on request
- ✓ NHS community rehabilitation background

Safeguarding

Adult safeguarding trained. Concerns are raised with the client's local authority safeguarding team and with you as case manager, in line with the Care Act 2014. Mental capacity is considered whenever a decision is needed.

Data protection

Clinical records are held in encrypted cloud storage under UK GDPR and the Data Protection Act 2018, retained for 8 years after discharge, or until a child's 25th birthday, whichever is later. Reports are sent as password-protected PDFs by email. Our privacy policy is at communitycarephysio.co.uk/privacy.

Consent

We obtain the client's consent before assessment and before reports are shared, and record it in writing at the first visit. Where the client lacks capacity we follow Mental Capacity Act 2005 best-interests principles. Photographs or video only with specific consent, for records and exercise instruction.

Safe home visiting

- ✓ Lone-working procedure with check-in and escalation
- ✓ Domiciliary risk assessment at the first visit, reviewed when circumstances change
- ✓ Infection prevention: hand hygiene, PPE where indicated, equipment cleaned between clients
- ✓ Moving and handling to current guidance; equipment used only where safe for client and clinician
- ✓ Incidents recorded and reported to you within one working day

Professional standards

- ✓ Practises within HCPC Standards of Proficiency and CSP Code of Members' Professional Values and Behaviour
- ✓ Annual CPD portfolio maintained to HCPC requirements
- ✓ Record keeping to CSP standards; notes available to the client on request

Complaints

Raise any concern with Zakery, the lead clinician, in the first instance. It is acknowledged within 2 working days and answered in writing within 20 working days. Unresolved concerns may be taken to the HCPC (hcpc-uk.org) or, for data matters, the ICO (ico.org.uk).

EXAMPLE

What an assessment report looks like

Abridged and entirely fictional. A full report runs to three or four pages with clinical appendices.

Initial physiotherapy assessment report

SAMPLE

Client	Mrs M. (82), Wimbledon SW19
Referrer	J. Patel, Case Manager, Example Case Management Ltd · ref ECM-4471
Date of assessment	14 September 2026, at home, daughter present
Clinician	Zakery Shelley, Physiotherapist, HCPC PH132358

BACKGROUND

Discharged from St George's 3 weeks ago after a fall with fractured right wrist (cast removed) and a 6-day admission. Two further falls at home since. Lives alone in a two-storey house; daughter visits daily. Previously independent outdoors with a stick; now not leaving the house and sleeping downstairs. Hypertension, osteoarthritis both knees. Precautions: none for weight-bearing; wrist to be protected from loading for 2 more weeks. Observations: NEWS2 0 (RR 16, HR 78, BP 148/86, SpO_2 96%, afebrile).

FINDINGS

MEASURE	BASELINE	INTERPRETATION
Timed Up and Go	21 s with stick	Impaired functional mobility
Tinetti (POMA)	17 / 28	High falls risk
Elderly Mobility Scale	12 / 20	Borderline for independent living
Berg Balance Scale	34 / 56	Confirms high falls risk; unsafe on turns and reaching
Edmonton Frail Scale	9 / 17	Moderate frailty
Stairs	Unable; fear and reduced quads strength (3+/5 R, 4/5 L)	Primary barrier to returning upstairs

Home: loose rug in hallway, no rail on right of stairs, bath without board or rail. Mrs M.'s goals: sleep in her own bed upstairs; walk to the corner shop (250 m) with her daughter.

RECOMMENDATION

8 sessions over 6 weeks (twice weekly for 2 weeks, then weekly), 45 minutes, complex-needs rate given falls history and recent discharge. Focus: lower-limb strength, balance and gait training, graded stair practice, outdoor mobility, falls education and a daily home programme supervised by her daughter. Equipment: second stair rail and a bath board (specification included in this report). Progress report after session 6 with repeated measures.

8 × follow-up sessions, complex	**£720**
Progress report after session 6; discharge report at completion	**£150**
Travel	**included (core area)**
Total for approval	**£870**

REFERRAL FORM

Refer a client

Faster online: **communitycarephysio.co.uk/refer**. Or complete this page and email it to infoccphysio@gmail.com. Keep the clinical summary brief and do not attach discharge summaries or medical records; we arrange secure transfer once the referral is accepted. Fields marked * are required.

Referrer

Full name *

Organisation

Role

Email *

Phone

Client

Client name *

Date of birth

Client phone

Address

Postcode

Contact for appointments

Contact's phone

Relationship to client

☐ Client aware of referral ☐ Client consents to assessment ☐ Capacity concerns — please note below

Clinical

Injuries / condition and relevant history *

Precautions or risks (weight-bearing, cognition, behaviour, infection, pets, access)

Service and funding

☐ Assessment and report only ☐ Assessment, report and treatment ☐ Urgent — email first to check availability

Case / claim reference

PO number

Sessions authorised

Payer (organisation to invoice)

Invoice email

Report due by

Invoice address

Anything else