MEDICAL SERVICES

PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

Atos Healthcare

DLA & AA in MECs Guide for Administration and Medical Staff

MED-DLAAAMGAMS01

Version: 2 (Final)
07 April 2011

Document control

Superseded documents

DLA in MEC Guide for Administration and Medical Staff – *MED- DLAMGAMS01*

Version history

Version	Date	Comments
2(Final)	07 April 2011	General Review
1 (final)	18 January 2010	General Review

Changes since last version

Although following the issue of UTS 22/2010 WFHRA has been temporarily suspended for a period of 2 years references to WFHRA will remain within the guide.

Outstanding issues and omissions

Updates to Standards incorporated

11/11

Issue control

Author: [redacted]

Formatted: Highlight

Owner and approver: Operations Manager

Signature: Date: 07 April 2011

Contents

1. About this document

1.1 Purpose

To provide guidance for Administration Staff dealing with Disability Living Allowance (DLA) and Attendance Allowance (AA)

1.2 Applicability

All Admin and Medical staff involved in DLA & AA cases.

1.3 Owning process

Service Operation

1.4 Owner

Operations Manager owns this document.

The owner is responsible for approval of this document and all related feedback should be addressed to them.

1.5 References

1. *Administration Guide for DLA/AA MED-AGDLAAA01.*
2. *Integrated Quality Audit System Guide MED-IQAS01*.
3. *Medical Examination Centre Administrator's Guide MED-MECAG01.*
4. *Rework Procedures Guide MED- RPG01*
5. *Complaints Procedures Guide MED-CP01*
6. *Claimants Expenses Procedures Guide MED-CEP01*
7. *MSRS Resource Team Guide – MED – MSRSRTG01*

2. Overview

This guide documents the process for all aspects of Disability Living Allowance and Attendance Allowance examinations in Medical Examination Centres and DV's.

3. Healthcare Professional (HCP) Medical Advice

Most Pensions Disability and Carer Service (PDCS) requests for HCPs first undergo medical advice to determine whether a HCP is appropriate or whether advice can be given.

When the referrals go through the Advice process, the HCP will

- Examine the case and decide whether, in the HCPs opinion, an examination is needed or not,

And, if so,

- Decide whether an examination should be by DV or at the MEC using the lists of conditions attached at Appendix A and Appendix B

When sending a case for Advice, each one should have a copy of the Advice Internal Tracking Sheet as attached at Appendix C . This is an internal form to assist; the Administrator in checking whether a case has been through the Advice stage and, if so, that the HCP has considered and answered the question on suitability for a MEC examination.

The Advice Internal Tracking sheet will be completed by the HCP to indicate what the Advice decision was and to show whether any advised examination can be invited to the MEC or should be by DV.

When the Advice has been completed and the referral is returned to the section, the Advice Internal Tracking Sheet will be retained by the HCP Allocation staff.

Referral papers will then be returned to the referring unit until such time as examination is followed up by PDCS or an examination is expressly requested by the Claimant.

Cases that should not be included

There are a few types of referral that should be taken out at the first stage for reasons other than those given in any of the categories listed in 10.Appendix A .

PDCS must put all cases through the advice service before being submitted for an EMP, except the Right Payment Programme (RPP) referral cases because of the nature of these cases. Any other cases which have not been through the advice service should be rejected.

3.1 Advice criteria

Three categories have been created for the medical HCP advice

1. Unsuitable for calling to MEC - 10.Appendix A
2. Refer to HCP before offering a MEC appointment - (10.Appendix B)
3. Offer a MEC appointment

3.1.1 Unsuitable for calling to MEC

People with the conditions in this first category are unlikely to be able to travel to a MEC and should be offered a DV if examination is required. Applying the criteria for this category will enable initial sift out of referrals that should not be invited. Please refer to 10.Appendix A for list of conditions.

Referrals that meet any of the criteria at Appendix A will be registered on SMART and allocated for domiciliary visit (DV) following the standard process as documented in the *Administration Guide for DLA/AA MED-AGDLAAA01*.

3.1.2 Refer to HCP for advice before offering a MEC appointment

For the conditions in this category, the diagnosis alone is not always enough to decide whether it is appropriate to offer a MEC appointment or DV. Decisions will depend upon each individual's circumstances so each case is referred to a HCP for their advice before offering a MEC appointment. Conditions in this category are those listed at Appendix B

If the Claimant suffers from a condition that is not found in any of the lists (Appendix A to Appendix B the HCP will examine the case and decide whether the condition is one that would prevent attendance at a MEC for examination.

If a Claimant refuses an examination at MEC, even if they are in a category that would identify them as able to do so, then they must be given a DV. Claimants may be encouraged but should not be pushed to attend, **under any circumstances**, at the MEC.

3.2 Administration of the Advice Sheet

In order to ensure that the examination of disabled Claimants at Medical Examination Centres (MEC) complies with health and safety regulations the EMP Filter form to identify wheelchair users is used, *see 10.Appendix C .*

Along side of using the EMP Filter form when recording the outcome of the advice, the user should enter the advice onto the SMART notes column during clearance. This will remove the need to check the advice sheet when the referral request is received at a later date.

For example, on the C100 line, the user also enters:

MEC EMP, or

DV EMP, or

MEC Wheelchair

When the referral is received at some point later, the administrator can then look at the notes column to enable them to schedule the appropriate type of appointment.

4. Referral is returned for examination

After advice has been given the cases are returned to the referring unit for their consideration. As previously stated, any referral for examination can only be completed at the explicit request of the referring unit.

Once the referring unit has considered the advice and decided to send for examination, the cases are submitted back to the MSC.

Referrals are sent daily by the electronic referral method (ERF), by post or courier. Where the referral is electronic it is sent directly to the printer by the PDCS and is available for collection and action each day, staff do not need to print them out manually.

When the case is received it should be registered on SMART as usual.

The administrator should, upon receipt of the HCP referrals, retrieve the corresponding Advice Internal Tracking Sheet. This will direct the administrator as to whether the HCP has advised that a MEC examination is possible or not.

The form does not need to be held on the file and so should be filed locally (separate from the "live" forms) for three months for audit purposes.

4.1 Scheduling the Referral

When a new HCP is entered in to SMART, SMART will automatically generate a pseudo GMC number for the HCP and add this on to the appropriate tables, this will also inform you that the GMC number has been associated with this HCP and informs you to create default availability. At this point the system will also insert the MSC address into the doctor's record for these HCP's and update the category to 5. All pseudo HCP GMC numbers will start with the prefix of HCP in an attempt to make them identifiable to users.

There is now a new DLA Sessions type to enable you to schedule DLA referrals accurately. The new session type is '**Session Type 19'** (DLA Exam). When allocating a DLA session to a Registered Medical Practitioner, the session type will default to session type 19, however if it is a RPM you are allocating, you must select Session Type 19 from the Period of Work Maintenance screen.

4.2 Examination by DV

If a case is to be treated as a regular DV then the process given in the *Administration Guide for DLA/AA MED-AGDLAAA01* should be followed.

All cases, which have **NOT** been through the advice stage, will be progressed as a regular DV. Any case that has not first been referred for advice, to reject any EMP request that hasn't been through the advice system. Advice request should precede any EMP as this may eliminate the requirement for an EMP altogether.

4.3 Examination at MEC

If a case referral has been identified for examination at the MEC, then the case should be registered with referral code E100 (awaiting examination). The appointment will then be made as described in section 5 and the case progressed through SMART.

5. Booking the appointment

The appointment should, wherever possible, be booked with the Claimant by telephone. This will allow a mutually agreeable appointment to be notified. Where it is not possible to contact the Claimant by telephone, consideration of notifying an appointment by letter should be given.

5.1 Creating the session

Sessions for DLA examinations are created by the Resource Team; please see *MSRS Resource Team Guide – MED – MSRSRTG01* for details on how to do this. The sessions are created on Siebel as SMART sessions, so the VCC do not have access to these sessions.

These sessions can be a mixture of other cases e.g. IIDB cases.

Once the sessions are available, the scheduler will then arrange appointments Via SMART.

When sending an appointment by letter it is important to be aware that using this method can affect the DNA rate AND the AACT target times. In addition, the Claimant must be given the required amount of notice before the appointment. The procedure for this is the same as that for booking a DV except that the appointment is booked into a session on SMART.

The DLA AL1 letter will print out with the details of the appointment time and the centre in which it has been booked.

The Claimant is asked to make contact if the time given is unsuitable.

5.2 Scheduling the appointment

With some DLA Appointments being conducted as DV, AACT targets must always be considered when appointments are made.

The notice period allowed for calling a Claimant to the MEC is 7 calendar days but this can be waived if in agreement with the claimant. Tele-programming should take place as much in advance of the proposed date of appointment as possible. This will ensure best use of the time available and the possibility of offering alternative dates to Claimant who may be unable to attend the first appointment date(s) offered.

Where a Claimant cannot attend on the day offered and requests an earlier appointment, the 7 day notice period may be waived and an earlier appointment made.

5.3 Telephoning a Claimant

It is preferable where possible to contact DLA Claimants by telephone to inform them that they are being invited into the MEC for examination. In order to gain the acceptance of the Claimant, the benefits of attending the MEC are highlighted.

All attempts to contact the Claimant should be made on the same day. Where the first attempt fails, a further 2 attempts should be made at varying times throughout a period of a couple of days with up to three calls being made.

For reasons of confidentiality it is important that staff **DO NOT** leave messages for Claimants, either with another person or on an answering machine, when attempting to arrange appointments for examination.

All telephone contact with Claimants should follow the guidance given in the *Administration Guide for DLA/AA MED-AGDLAAA01.* The guide gives information on how to contact Claimants, what may arise as exceptional circumstances and the tools available to deal with them and communicate with the Claimants. Guidance is also given for dealing with contact from a third party.

At the beginning of any telephone call to a Claimant, the identity of the Claimant should be verified by requesting confirmation of details such as name, address, date of birth and NINo. This also ensures that information held by Atos Healthcare (AH) is correct. Where a tele-scheduler is unsure that they are speaking to the correct person, the call should be terminated in a professional manner.

5.4 Successful telephone contact with Claimant

Where a Claimant is successfully contacted and identity has been verified, the Claimant must be clearly informed of the purpose of the telephone call and asked whether they are willing to attend the MEC for examination. To aid progress it is important that Claimants are made aware of the benefits of attending the MEC rather than opting for a DV. These benefits include arranging a date/time for examination that is convenient for the Claimant to attend and allowing AH to obtain medical evidence more quickly.

5.5 Making the appointment

SMART is used to locate and book appointments at the MEC. The correct session or Period of Work (POW) is accessed and an appointment booked as for other benefits examined at the MEC.

When booked onto a MEC session in SMART, the appointment letter DLA AL1 will automatically print and will include any relevant inserts (map, multi-lingual notice). These will all be centrally printed and sent by first class post

Because the appointments will most commonly be scheduled by phone, the Claimant will not normally have received the DLA AL1C in advance of the invitation call. The tele-programmer will explain the reason for the call prior to proceeding

onto booking an appointment. The AL1C will be sent with the appointment confirmation letter. It will be issued by centralised printing together with the appointment letter.

Following the successful negotiation of an appointment with a Claimant the nominated staff member on the scheduling section must update SMART with activity code E200. The Claimant's referral must then be placed in a suitable B/F or rack line to wait to be sent to the MEC before the examination takes place.

5.5.1 Claimant requests Domiciliary Visit (DV)

If a Claimant requests a domiciliary visit, they are informed that AH will be happy to arrange for a Registered Medical Practitioner (RMP) to visit their home and that they will receive a notification confirming the details of the intended home visit appointment in due course.

The referral will then be treated exactly as any other DLA appointment for DV following the process as documented in the *Administration Guide for DLA/AA MED-AGDLAAA01*.

5.5.2 Dealing with telephone enquiries from Claimant

When telephone contact is made with Claimants requesting them to attend for examination he/she may ask for further information about why they have been asked to attend the MEC rather than having a DV.

If the Claimant asks further questions that cannot be answered from within AH, he/she should be asked to contact their local Disability Benefits Centre -PDCS.

5.6 Forwarding cases to the MEC

When a case has been scheduled it must be placed in the rack line.

Should the need arise, this will allow for more effective re-scheduling of appointments.

The case should then be sent to the MEC allowing enough time to take account of local courier timings and ensure delivery of the case to the MEC before the appointment is scheduled to take place.

5.7 Claimant is unavailable for a period of three weeks or more

If a Claimant notifies AH that they are unavailable for a an examination for a period of three weeks or more, AH should contact the customer to request that the referral be returned and re-submitted at a later date. Only if the Customer agrees, should the referral be closed C700.

If the Customer does not agree, then arrangements should be made to examine the Claimant. The standard DNA/Abortive visit process applies should the Claimant subsequently not attend.

6. Role of Medical Centre Administrators (MCAs)

General MCA responsibilities, including POW preparation, Claimant arrival and obtaining proof of identity, are documented in the *Medical Examination Centre Administrator's Guide MED-MECAG01.*

6.1 Claimant Expenses

Providing the examination has been correctly booked into a session on SMART and progressed through to clearance, Claimant expenses are processed and paid through SMART in exactly the same way as they are for Incapacity Benefit.

Where the examination has not been correctly booked and is subsequently cleared as a DV, Claimant expenses must be processed clerically as documented in *Claimants Expenses Procedures Guide MED-CEP01.*

6.2 Completing form AC3

The AC3 should be completed as documented in the *Medical Examination Centre Administrator's Guide MED-MECAG01.*

6.3 Post board Scrutiny

Following an examination and once in receipt of DLA referrals from a Registered Medical Practitioner the MCA staff will then await the completed report to print out off LiMA and will then clears the referral off SMART as referral code C100.

6.4 Complaints

Any complaints received are to be dealt with in the same manner as for all other complaints. See *Complaints Procedure Guide MED-CP01.*

7. DNA / UTA Process

7.1 Claimant Unable to Attend appointment (UTA)

Where a Claimant informs AH that they are unable to attend for examination, the tele-programmer should ask the reason for them being UTA.

Current procedures state that when dealing with DLA cases AH should return unexamined referrals to PDCS after 1 MEC DNA's and 1 abortive visit or 2 abortive visits or 2 UTA's.

7.1.1 Claimant's first UTA.

Under the terms of the contract the Claimant must be given another appointment after a first UTA. If it is the claimant's first MEC UTA then the referral will be processed through as an Urgent DV and the RMP undertaking the assessment should be notified that only one appointment should be offered. When arranging a Urgent DV the RMP should try and ensure that the case stays within AACT targets

7.2 Claimant Does Not Attend (DNA)

Where a Claimant does not attend for a DLA in MEC examination the details should be recorded on the paperwork by writing the letters 'DNA' on the front of the papers and recording the details on Page 2 of the DLA Examination Report). This is to allow PDCS staff to identify a referral as a DNA. There are only to be **2 attempts** to examine a Claimant i.e. 1 MEC and 1 DV or 2 DV's. If Claimant DNA's both appointments then the referral should be returned to PDCS**.**

7.2.1 Claimant's first DNA

The MEC records the daily information for each session on the AC3 (which are then kept in MEC for 18 months) and all instances of non attendance will be recorded as DNA.

The AC3 will be faxed to the MSC as normal but the MEC will send the case back to the MSC DLA section for immediate allocation for DV.

The claimant will then be contacted by the RMP whom will conduct the exam to arrange an Urgent DV within the AACT Targets

If an Urgent DV is arranged and the claimant does not have a telephone listed then an appointment letter stating there case has now been treated as an urgent DV will be issued. As the claimant DNA'd the first appointment there is no requirement to give them 7 days notice.

7.2.2 Claimant's second DNA

If the claimant has a second DNA then the referral will be closed on SMART and returned back to PDCS with Notification that the case is DNA twice.

7.2.3 Claimant is unavailable for DV

If the Claimant is not available a DV e.g. claimant is in hospital, the referral should be closed and returned to the PDCS.

NOTE: If the Claimant is unavailable due to hospitalisation AH admin staff should notify PDCS with details, including period of time in hospital if known. This is important as it may effect payment of benefit.

The nominated DLA staff member must record DNA details in the paperwork on Page 2 of the DLA Examination Report for easy identification by the PDCS. The papers are then returned to the PDCS.

7.2.4 Claimant requests MEC appointment instead of DV

When a claimant who fits the criteria for a DV, would prefer not to be examined at home and wants to be examined at a MEC. AH will wherever possible look to accommodate the claimant, by offering an appropriate appointment closest to their address or a MEC of their choice.

8. Clearing DLA in MEC referrals from AH

8.1 Clearing from SMART

Once the examination is completed the MCA will then clear the referral on SMART. Once the referral is cleared the report will then be printed out from LiMA at the relevant MEC, the report will then be linked up with the case file and sent back to PDCS.

The current SMART/LiMA will capture any DLA/AA exams conducted via LiMA in MEC's. This interface will pass details of the exam to SMART on completion of the exam in LiMA, providing that an arrival time has been recorded in the session either by MEA completion screen or session completion itself.

To clear a DLA in MEC referral from SMART, access the Maintain Client Details screen and

Step	Action
1	Access SMART main menu. Select option 1 – Client details and scheduling
2	In the next menu select option 2 – Scheduling
3	Select option 1 – Session Management
4	At the next screen type in the examination reference to retrieve the details. If you do not have the examination reference, type in the date of the session, the Boarding Centre ID and the status code of the case you wish to access to retrieve the details
5	In the **Maintain Session Completion Details screen** select the session during which the examination took place
6	Select the examination to update by choosing the Claimant NINo
7	Type in the Arrival time and tab to the Start and End fields to type in these times for the examination
8	Tab to the OC field and type in the Outcome Code – alt and F10 will display the list of outcome codes you can use
9	When the outcome code is entered the tab will automatically move to the next relevant field

10	Type in C100 to close the case or P750 to pass for Quality Monitoring
11	Press F10 to save the information. When this happens you will automatically be taken to the payment screen. **DO NOT TYPE ANYTHING IN THIS SCREEN UNLESS PAYMENTS ARE PART OF YOUR ROLE**
12	Press F3 to exit the payments screen and return to the POW screen for the next case you wish to close

9. Quality Monitoring

Monitoring requirements must form part of the normal national random IQAS procedures.

Further information regarding IQAS is available in the *Integrated Quality Audit System Guide MED-IQAS01*.

10. Rework

Where DLA referrals have been successfully examined at the MEC and are received back in AH as rework there is a requirement to record these on SMART. This is because rework referrals can be a measure of medical quality therefore there is a requirement to capture these for evaluation and management information purposes.

Any case received as a rework should initially be discussed with the Medical Manager to ensure that the rework has been returned for a valid reason.

Full guidance is given in the *Rework Procedures Guide MED-RPG01*.

Appendix A - Advice for HCPs deciding a MEC appointment is Unsuitable

Any referral for any of the conditions listed below should **not** be invited to an examination at a MEC.

Claimants suffering any other condition not listed should be considered suitable for examination in a MEC.

Terminal illness [if an assessment for mobility component is required]
Age under 12 years or over 75 years
AA Cases, Tribunal cases, Fast Track cases and Cases that have an appointee
Agoraphobia [if confirmed by corroborative evidence]
Tetraplegia, paraplegia, or dense hemiplegia*
Severe involuntary disorders of movement or ataxia (e.g. cerebellar ataxia)*
Severe and progressive neurological disease (e.g. multiple sclerosis, muscular dystrophy, Parkinson's disease – at the stage where there is significant disability)*
Severe and persistent limitation of effort tolerance as a result of a cardio respiratory condition (e.g. COPD)*
Dementia [other than very early stages]
Double amputees
Blind **and** deaf
Severe learning disability*
Multiple severe impairments*

Conditions marked with * are likely to have a spectrum of disability and the HCP should evaluate whether a Claimant requires domiciliary assessment.

Appendix B - Advice for HCPs deciding a MEC appointment is suitable

Any referral for any of the conditions listed below should be decided by the HCP as to whether to call to the MEC for examination.

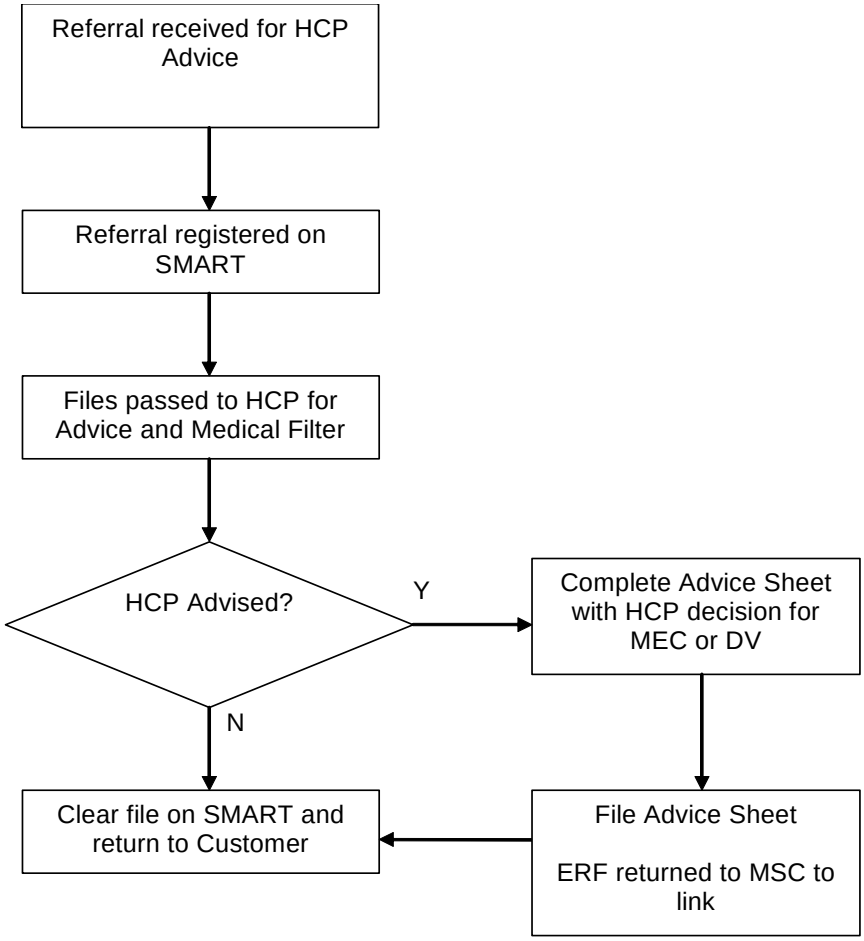
AIDS	Multiple Sclerosis
Ankylosing Spondylitis	Muscular Dystrophy
Astrocytoma	Non-Hodgkin's Lymphoma
Bipolar Affective Disorder/Bipolar Disease	On Morphine (MST)
Bone Marrow Transplant	Obsessive Compulsive Disorder (OCD)
Brittle Bone Disease	Osteogenesis Imperfecta
Bronchiectasis	Parkinson's Disease
Cancer	Phobic Anxiety
Cardiomyopathy	Poliomyelitis
Cerebrovascular Accident/CVA	Polymyositis
Cystic Fibrosis	Registered Partially Sighted
Dermatomyositis	Respiratory Failure
Down's Syndrome	Rheumatoid Arthritis
Glioma	Schizoaffective Disorder
Guillain-Barre Syndrome	Schizophrenia
Heart Transplant	Scleroderma
Hemiparesis	Severe Depression
HIV	SLE
Hodgkin's Lymphoma	Social Phobia
Learning Difficulties	Spina Bifida
Leukaemia	Spinal Injury

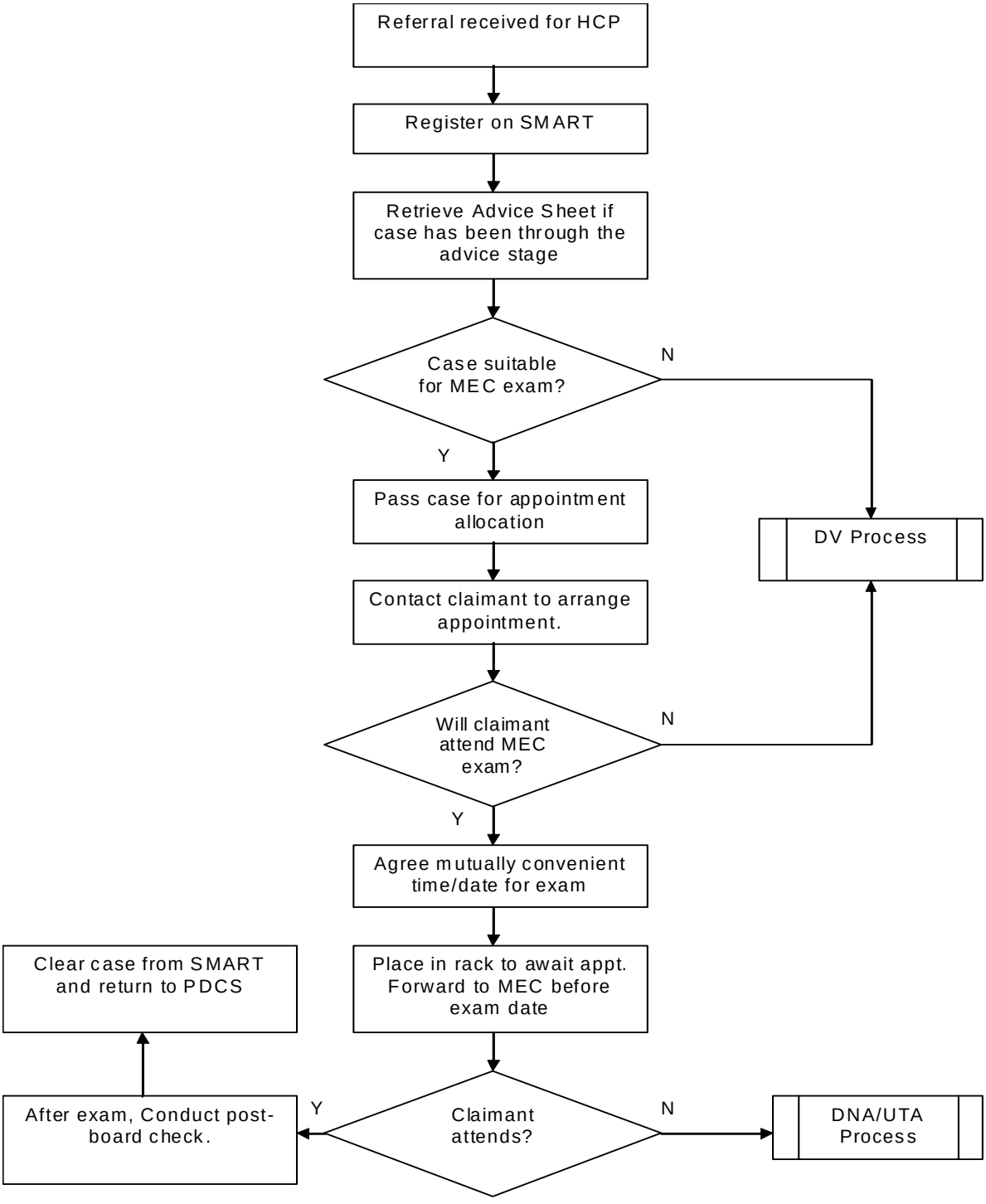
Liver Failure	Stroke
Liver Transplant	Systemic Lupus Erythematosis
Manic Depression	Thalassaemia
Mental Retardation	Valvular Heart Disease
Mental Subnormality	

Appendix C - Advice Internal tracking sheet

EMP Filter Form
06-07.doc.xls

Appendix D DLA in MEC Flowchart




Referral received for HCP
Register on SMART
Retrieve Advice Sheet if case has been through the advice stage
Case suitable for MEC exam?
N
Y
Pass case for appointment allocation
DV Process
Contact claimant to arrange appointment.
Will claimant attend MEC exam?
N
Y
Agree mutually convenient time/date for exam
Clear case from SMART and return to PDCS
Place in rack to await appt. Forward to MEC before exam date
After exam, Conduct post-board check.
Y
Claimant attends?
N
DNA/UTA Process

Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be taken into account at the next scheduled review.

Name of sender: _____ Date: _____

Location and telephone number:_____

Please return this form to the Process Design Team.