

MEDICAL SERVICES

Medical Services

Medical Examination Centre Administrator's Guide

MED-MECAG01

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MSRS MEC Administrators Guide

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Outstanding issues and omissions

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.

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1. About this document

1.1. Purpose

The purpose of this guide is to provide Medical Examination Centre (MEC) staff with comprehensive guidance and also describes the operation of MSRS. It covers all aspects of their current role, and provides wider understanding of Atos Healthcare's (AH) business while carrying out administration duties associated with benefits like ESA, DLA etc.

1.2. Applicability

This document applies to all Medical Examination Centre staff and the Administrative Staff.

1.3. Owning process

Service Operation

1.4. Owner

The Operations Manager, DWP owns this document.

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

1.5. References

Display of Information Procedures (MED-DIP01).

Claimants Expenses Procedures (MED-CEP01).

The Data Protection Act within Medical Services (MED-TDPAWMS01).

Administration Checks on Closure (MED-ACC01)

Potentially Violent Persons Procedure (MED-PVPP01)

Proof of Identity Procedures (MED-POIDP01)

2. Introduction

2.1 The Medical Examination Centre (MEC) and Role

Medical Examination Centre (MEC) staff are referred to as Medical Centre Administrators (MCA).

The MCA role involves a variety of tasks ranging from general administration to active participation in session management, ensuring the smooth throughput of Claimants to be examined.

As front line staff it is important you portray a professional and caring image. Claimants will use the image you project to form a perception of the organisation as a whole. It is important to try and ensure the impression you give is always a positive one.

The details of your role are contained in this document.

2.2 Customer Service

Customer Service is about meeting the Claimant's expectations in an efficient, customer focused way. Where possible you should aim to exceed the Claimant's expectations by anticipating their requirements and where possible providing them with more than their immediate needs.

Good customer service should encourage the Claimant to be more co-operative which in turn reduces the likelihood of dissatisfaction and discourages complaints.

2.3 General skills

The following skills are a fundamental part of the MCA role:

- Being polite and courteous at all times
- Listening to what people have to say
- Explaining things clearly and concisely
- Dealing with any enquiries thoroughly and effectively
- Providing accurate information
- Keeping the relevant people fully informed
- Responding to Claimant's needs

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- Making sure people receive the right level of service first time
- Liaising with a number of people at different levels
- Confidently dealing with difficult situations
- Medical time management

The following are behaviours the MCA should avoid:

- By not listening carefully and when face to face, failing to make eye contact, can make the Claimant feel that no one is interested
- Causing confusion or misunderstanding by failing to provide an explanation to the Claimant about the outcome received
- Concentrating on individual actions and forgetting any impact on the rest of the process
- Failing to provide a clear process update and unclear about the timescales and no explanations to the Claimant about waiting
- Missing opportunities to provide sign posting

2.4 Chaperoning at a domiciliary visit

You may be asked to chaperone an appropriately trained Health Care Professional (HCP) conducting a DV. This can only be done if you have undertaken the necessary training. For further details on chaperoning at a DV refer to section 1.20.4, Potentially Violent DVs.

2.5 Training

As you will be required to carry out a number of different tasks much of your initial training will be 'on the job', working with more experienced staff who are able to guide you in all the relevant areas. It may also involve visits to your local MSC to give you a wider understanding of AH business and your role within it.

In addition to this you may receive three specific forms of training which should be arranged by your line manager:

- First Aid Training – The necessity for you attend a course will be at the discretion of local management and will be based upon the skills of other staff based at each examination centre.
- Assisting and Lifting – This will enable you to assist the examining HCP during the examination if it is necessary to help the Claimant move on and off the examination couch.

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- Dealing with Aggressive Customers – This course advises you how to deal with Claimants who are becoming angry or abusive, or appear potentially violent.

As front line staff in examination centres it will be necessary for you to attend a course which will enable you to deal with aggressive customers should the situation arise.

Having attended the course you will also be able to chaperone and accompany an examining HCP on a domiciliary visit where the Claimant or a member of his/her family has previously been identified as aggressive.

2.6 Health Care Professionals (HCP) and MEC Staff who may generate adverse publicity

There are occasions when HCPs and MEC staff, perhaps for reasons unconnected with their work for AH, may attract adverse media attention, which could be potentially damaging to the company's reputation if the HCP continues to carry out work on our behalf.

It is the responsibility of **all** members of staff to ensure that if they become aware of such issues the information is passed to the relevant parties.

If these circumstances occur, the details should be passed without delay by phone and/or by email, marked as confidential, to your Team Leader or Manager. They will then escalate the information to the appropriate parties for further action where necessary.

2.7 Dealing with external media enquiries

It is not appropriate to discuss any issues with local or national media. Any media enquiries other than SPVA, must be referred immediately to the DWP Contract Management Team.

All SPVA related enquiries should be directed to Atos Origin's PR Manager, Caroline Crouch immediately. Who in turn, will refer the enquiry as soon as it is received directly to the SPVA's press officers [REDACTED] and [REDACTED].

For further details, refer to Media Guidelines, available on Live Link.

<https://km.atosorigin.com/Livelink/livelink.exe/open/1180044>

3 Logging On and Using the Systems

3.1 Logging on to SMART

To log onto SMART, you will:

- Double click on SMART icon on your screen
- Enter your log in & password

This will enter you into SMART. When using SMART, at the bottom of the screen will be listed each relevant function key and what it does for that screen. Often there are more functions available that do not fit on the screen, press F1 to view all available functions for that particular screen.

You are automatically taken to the SMART Main Menu after logging in. Select

- Option 1 – Client Details/Scheduling Menu

press F12, then

- Option 2 – Scheduling Menu.

press F12, then

- Option 9 followed by F12 to enter the MEA completion screen.

Press the function key for **MEA Completion**, below is a screenshot of the MEA Completion screen:

MEA COMPLETION Date: 06/10/05
Time: 04:56:09

Examination Centre: 0550 Examination Date: 21/09/05

Nino	Claimant Name	App	PV	SN	Time	Arr	Arr Time	OC	Exp
CJ000001A	MISS S BROWN	N		N	09:00	N	00:00	08	N
CJ000020A	MRS I DETA	N		N	09:00	Y	09:00	01	N
CJ000010A	MRS D MURPHY	N		N	09:00	Y	09:00	01	N
CJ000021A	MISS I DIG	N		N	09:20	Y	09:20	01	N
CJ000002A	MR K RICHARDS	N		N	09:40	N	00:00	08	N
CJ000011A	DR C DONALD	N		N	09:40	Y	09:40	01	N
CJ000022A	MR D CLIENT	N		N	10:00	Y	10:00	01	N

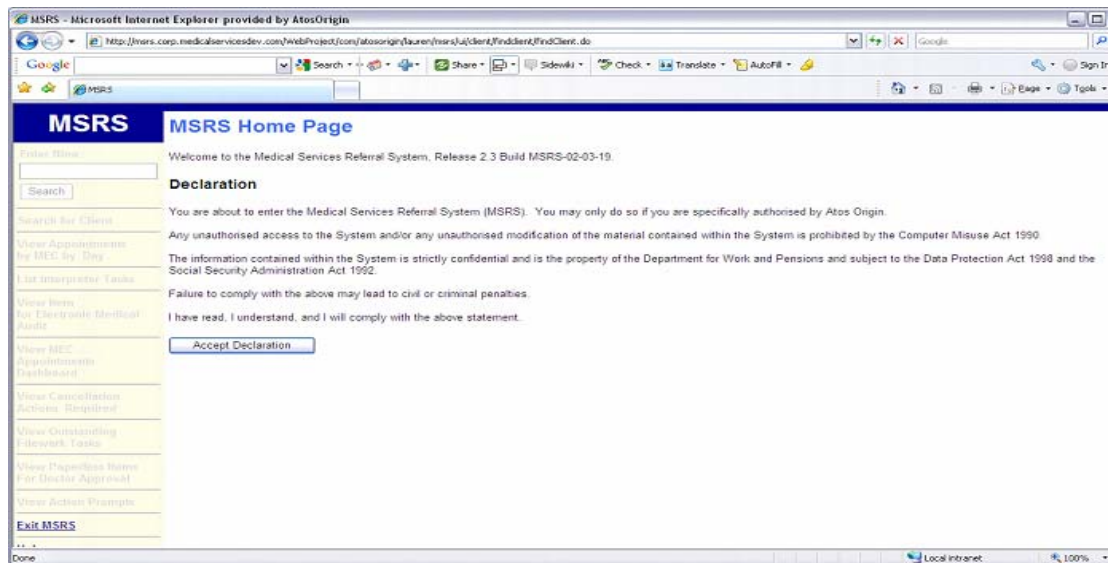
Refresh Data (F12) ListChoices (F22) Find (Home) >

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3.2 Logging on to MSRS

To open MSRS, double click on the MSRS icon on your desktop.

On the home page is a declaration that the user must read and accept before accessing the system. This declaration must be accepted each time you enter the system – e.g. at the beginning of your working day, if you have closed the system and re-opened it or it is has been left inactive for a while.



To accept the statement click Accept Declaration.

You will be taken to the Search for Client page. The menu headings on the left hand side of the page will now be activated and showing up as blue and underlined.

Throughout MSRS, any heading or text that is blue and underlined in this way is a hyperlink. Clicking on that link will take you directly to the part of MSRS indicated by the heading or text.

In addition, for the two Client and Case hyperlinks that appear at the top of a page, and the hyperlinks on the left side of the screen, there will also be a keyboard shortcut. Hovering the mouse pointer over the hyperlink will show you what the shortcut is.

Shortcuts will only work where there is a hyperlink on the page that it can relate to.

To use the shortcut, press the keys indicated and then press enter.

3.3 How to View MEC Appointments by Day on MSRS

All scheduled ESA appointments can be viewed by MEC and by Date from the View

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Appointments by MEC by Day screen. This screen can be accessed by clicking the 'View Appointments by MEC by Day' hyperlink on the left hand side of the screen.

Once you have clicked on it you will have to carry out the following actions:

- Select your Back Office from the 'Back Office' drop-down menu
- Select the MEC you wish to view from the 'MEC' drop-down menu
- Enter the date you wish to view in the 'Date' text-box
- Click 'Get Appointments'

You will then be shown a list of all appointments scheduled for the selected MEC on the date you entered. If you wish to change your selection, click the "Back" button and change the criteria then click "Get Appointments" again.

You will then be shown a list of all appointments scheduled for the selected MEC on the date entered. If you wish to change your selection, click the 'Back' button and change the criteria. Click 'Get Appointments'.

Appointments can be sorted by any one of the column headers marked with an asterisk below:

- *Appt Time – The time the appointment has been booked for
- *Arrival Time – The time the Claimant arrived
- *How Made – The contact method used to book the appointment
- *Appt Outcome – Examined, DNA, UTA, CSHU, Cancelled by Medical Services or blank
- *Claimant NINO – The Claimant's National Insurance Number
- *Claimant Name – The Claimant's name
- *Ben Type – The appointment's Benefit Type
- Ref Cat – The type of referral (e.g. S, WFHRA etc)
- Pre WCA Review – Distinguishes pre / post WCA Review referrals
- Pathways – Indicates whether the referral is a Pathways Referral or not
- *Same Gender – Indicates whether a same gender practitioner is required
- *Lang Req – Indicates whether an Interpreter is required
- Prev CSHU – Indicates whether the Claimant has previously been sent home unseen
- *PV Code – If the Claimant has been marked as a PV, the code is displayed here
- *Examining Practitioner – Gives the Professional Registration Number of the examining practitioner where they have started the examination in LiMA
- *Supporting Case File – indicates whether the referral has a supporting case

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file

- *Int. Appointment – indicates for a WFHRA appointment, whether it has been created automatically following an LCW assessment (ESA only)
- Dr. Req. – indicates whether the examination can only be carried out by a Registered Medical Practitioner,

The table is sorted by “Appt Time” as a default, with the earliest appointment shown first. Clicking on one of the headers will re-sort the table by that criterion.

The list of appointments shown can also be filtered to only show appointments with a particular outcome.

Above the appointments table you will see 3 buttons and 6 tick-boxes:

Button 1. Select All

Button 2. Deselect All

Button 3. Refresh

Check-box 1. Open

Check-box 2. Examined

Check-box 3. DNA

Check-box 4. UTA

Check-box 5. CSHU

Check-box 6. Cancelled by MS

If you wish to view all of the appointments for the day with a particular appointment outcome, simply click on the corresponding tick-box and click the refresh button.

The “View appointments by MEC by Day” screen only shows “Open” appointments by default (appointments with no outcome).

Clicking the “Select All” button will place a tick in all of the tick-boxes. Clicking the “Deselect All” button will remove the ticks from all of the tick-boxes.

You must click on the “Refresh” button for the changes to take effect.

3.4 How to Search for a Claimant on MSRS

MEC activities will generally centre around the View Appointments By MEC By Day screen. However, there will also be times when you will need to search for a Claimant in order to view full details of their Cases and Referrals.

NiNo Search

A NiNo search can be instigated from any screen within MSRS without the need to return to the Search for Client screen.

The NiNo search box can be found on the top left hand side of MSRS.

Claimant Details Search

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To do this, type the Claimant details into the search boxes on the Search for Client screen and click Search. Some of the boxes can be used alone as a single search and some must be used in combination with other information as a multiple search.

It is good practice to use the NINO as often as possible as this is a unique identifier and will only produce one result for each search.

The descriptions below indicate which fields can be used singly and which can be used as part of a multiple search.

- **NINO.** The Claimant's unique identifier, this can be part of a single or a multiple search, though a single search is recommended. The NINO must be entered into the field with the correct format of letters and numbers e.g. AB123456C, though it may be typed in using lower case letters.
- **Surname.** Single or multiple search. Recommended as a multiple search with other fields completed to reduce the number of possible results. This can also be a partial search using the first part of the name (e.g. "SMI" instead of "SMITH").
- **First Name.** Multiple search, there must be at least one other field completed. As with surname, this can be a partial search.
- **Postcode.** Single or multiple search. It is possible to search using the first half of the postcode, this then becomes a multiple search and there must be at least one other field completed.
- **Date of birth.** Single or multiple search. Format must be DDMMYYYY, and can be typed with no spaces or with one of the following spacing characters – hyphen (-), full stop (.) or forward slash (/), whichever format is used all 8 numbers must be included.

3.4.1 Search produces results

When searching using anything other than NINO, a search will usually generate a list of possible matches.

Where a search would generate a very long list, the system will display the following message, in red at the top of the page:

"Too many records found for the search parameters. Please refine your search criteria"

The number of possibilities can be reduced by adding other information to refine the query.

Where the list does include the correct Claimant, the user can select the correct one by clicking the View button in the column labelled View Client.

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3.4.2 Search does not produce results

If no Claimants match the criteria the following message will be displayed, in red at the top of the page:

“No records found for the search parameters”.

3.5 How to View a Contact History on MSRS

The ‘View Contact History’ option is available in the Client, Case and Referral actions drop down menu of the view Client, Case and Referral screens. Selecting this option and clicking ‘Go’ will take you to the View Contact History screen.

Depending on the screen you called it from the results will vary:

- When called from the View Client screen, you will be shown the contact history for all Cases and Referrals for that Claimant
- When called from the View Case screen, you will be shown the contact history for all of the Referrals registered under that particular Case
- When called from the View Referral screen, you will be shown the contact history for that specific referral.

By selecting different options from the ‘Case’ and ‘Referral’ drop down menus you can alter the information displayed. You must click ‘Go’ for the change to take effect.

Clicking the ‘Show failed dialler attempts’ check-box will include the failed dialler attempts within the contact history.

Selecting a contact (by clicking the radio button) will display any notes attached to that contact.

3.6 How to View a Letter History

This screen is called using the same method described above, except you select ‘View Letter History’ from the drop down menu.

As with the View Contact History screen, depending on the calling screen the content will vary:

- When called from the View Client screen, you will be shown the letter history for all Cases and Referrals for that Claimant
- When called from the View Case screen, you will be shown the letter history for all of the Referrals registered under that particular Case
- When called from the View Referral screen, you will be shown the letter

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history for that specific Referral.

By selecting different options from the 'Case' and 'Referral' drop down menus you can alter the information displayed. You must click 'Go' for the change to take effect.

3.7 How to View an Examination History

As with the above two screens, the View Examination History screen can be accessed from either the View Client, Case or Referral screen.

Depending on the calling screen the content will vary:

- When called from the View Client screen, you will be shown the examination history for all Cases and Referrals for that Claimant
- When called from the View Case screen, you will be shown the examination history for all of the Referrals registered under that particular Case
- When called from the View Referral screen, you will be shown the letter history for that specific Referral.

This screen includes both MEC appointments and DV allocations.

By selecting a MEC Appointment (using the appropriate radio button) and clicking 'View Appointment Details' you will be able to view all of the details of that appointment.

By selecting a DV Allocation (using the appropriate radio button) and clicking 'DV Details' you will be able to view all of the details MSRS holds for that DV allocation.

3.8 How to search a Case File

When a referral progresses to Workstack, the case file is usually sent to the Claimant's preferred MEC. At the same time, the name of the preferred MEC is written in the Referral Progress section of the Case File.

When Case Files are received at the MEC the MCA should check what is written in this field of every Case File to ascertain that they have been sent to the correct MEC.

If the Case File has been sent to the incorrect MEC or there is no MEC name written in the Referral Progress section the MCA should check what the preferred MEC is on MSRS. This is done as follows:

- Carry out a Client search and navigate to the View Client screen as described above
- Navigate to the appropriate View Referral screen and look at the Required

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File Location field (contained within the black box on the View Referral screen). This will tell you where the Case File should have been sent to

Having ascertained where the Case File should have been sent to, you should update the Case File as appropriate and send the Case File to the required location.

4. File Handling, Transfer and Storage

It is important to note that flowcharts can be found as appendices, within this document to assist.

4.1 Receiving files

The way in which you receive files will depend upon the benefit being claimed and the way in which the referral has been registered.

MCA staff must remember this and handle the files accordingly.

All files must be checked to ensure they are at the correct MEC.

4.1.1 Session bundles for non MSRS referrals

Referrals registered on SMART alone and not progressed using MSRS will be sent to the MEC in session bundles. The staff at the MSC will get all the necessary files together for the complete session. They will then send the bundles to the MEC in preparation for the examination session.

MEC staff must check the AC1 (see Section 1.15.1 for details on the AC1) to ensure that they have received all the necessary files and then store them securely until the session takes place.

4.1.2 Files for MSRS referrals

When a referral progresses to Workstack on MSRS, the name of the preferred MEC is written in the Referral Progress section of the Case File and the Case File is sent to the Claimant's preferred MEC.

ESA55s will not be received in session bundles. See Section 1.4.5 for details on ESA session building.

4.2 Passing files between MSC and MEC

Files will no longer always be sent to the MEC in session bundles. The MSC will send out each file to the Claimant's **default** MEC (derived by the Claimant's postcode) as soon as it has entered the Workstack.

This will be either post-filework where the Pre-Board Check outcome has said that an examination is needed – MSRS status will show Workstack - or where it is an ED referral which is automatically set to this status.

At this stage the MSC must send the files over to the default MEC.

The MCA at the MEC must remember that the files coming in are individual and are

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not being delivered by session.

The MSCs/MECs will package files in courier pouches/ polylopes

Regional Managers will;

- Arrange for all courier labels to be reviewed, printed and checked for accuracy.
- Implement a tracking system in areas where there are known courier problem. Where a tracking system is implemented on a temporary or permanent basis this will involve:
- Maintenance of a spreadsheet of courier packet details/NI numbers of cases therein, destination and date sent out.
- Included in the packets will be lists of NI numbers for the MSC/MEC staff to check off receipt of the cases or raise queries as appropriate.
- Each courier pouch sent out to each individual location is numbered 1 of 2, 2 of 2, etc and dated with the date it leaves the office, and should contain no more than 30 individual files This will help the recipient as they will know how many pouches that they are due to receive
- Ensure that only the correct one-line courier address is used for items sent using the TNT cross-government courier service

Refer to section 1.4.7 for Missing Files Procedure.

4.3 Passing FME between the MSC and MEC

Where FME is requested in support of a taxi or DV request it should be sent by the Claimant to the MSC. On occasion, the HCP may need to see other parts of the file which will already be at the default MEC, in which case the MSC will contact the MEC and ask for the relevant parts to be faxed back to the MSC for filework by the HCP.

4.4 Storage at the MEC

All hard copies of documents must be stored in lockable cabinets within lockable rooms for the time period stipulated or when not being used. The MCA must put the documents away promptly so the only paperwork open to view in the office is that which staff are working on at that time.

On receipt at the MEC, the MCA should place each file in the secure storage. These should be filed alphabetically by surname.

The secure storage must have at least one spare drawer/unit so that the files for the following session (1 or 2 days ahead) can be stored when the session has been built.

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4.5 Building a session for MSRS referrals

4.5.1 Cabled MECs

All case files, once they enter the Stockpile Management System, will be sent to their preferred MEC. It is the responsibility of the MCA to extract all case files required for an examination session. It is understood that in some sites, Case Files stored in the Workstack are stored at a location other than the Claimant's preferred MEC. In these circumstances, referrals should continue to be managed in accordance with the standards laid out below.

When building a session, the following process should be followed:

- Obtain a copy of the AC1 for the day in question
- Cross reference the AC1 against the MEA Completion Screen on SMART to ascertain if any of the appointments have been UTAd. You should update the AC1 accordingly.
- You should then cross reference the updated AC1 against the View Appointments by MEC by Day screen within MSRS. It is recommended that you sort the table by the following fields in turn and update the AC1 accordingly:
 - Supporting Case File – mark any appointments on the AC1 that have no supporting case file.
 - Same Gender Practitioner request – mark any appointments on the AC1 that have a same gender request
 - Language Request – mark any appointments on the AC1 that have a language request

Having done this you will have a complete paper record for the day in question which you can use to build the session.

Any appointments indicated on the AC1 as having no supporting case file cannot be retrieved from the storage area; instead you should complete the following sections of the Medical Referral for Examination form (Appendix L):

- Claimant Details
 - NINO
 - Surname and Title
 - Other Names
- Referral (tick the appropriate referral type)
- WFHRA Only ESA

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- Special Needs (where applicable)
 - Same Gender Practitioner request (indicate M or F)
 - Language Required
- PV Marker

The rest of the day's Case Files should be retrieved from the MEC storage area to build the full day's sessions. You should cross reference the Case Files against the AC1.

At this stage any Neurological referrals can be identified.

You may wish to update the Case File with details of any Special Needs that Claimant may have. Such detail should be written in the Notes field.

If you are unable to locate a Case File for an appointment that should have one you should carry out a full search of the MEC. If you are still unable to locate the file, you should have similar searches initiated at the Back Office and all other MECs that fall under your Back Office's jurisdiction. If necessary, escalate the issue to your Team Leader.

If the sessions have been built in advance, a check the day before the session date should be made to ensure no changes have occurred.

4.5.2 PV Claimants

If a Claimant is identified on the View Appointments by MEC by Day screen as being PV you should check the PV Text field on the View Client screen to ascertain the nature of the Claimant's PV status. This is done as follows:

- Make a note of the Claimant's NINO and carry out a Client Search as described in section 3.4.
- The PV Text field is on the left hand side of the View Client screen

If the PV Text indicates that additional security may be required you should organise this appropriately.

If the PV Text field is blank or does not fully explain the Claimant's PV Marking e.g. the field is completed with "TBC", "PV Paperwork Missing" etc, you should inform your Team Leader immediately who will ensure that appropriate PV Details are obtained and ensure appropriate Security measures are in place.

4.5.3 Non-Cabled MECs

The process for building a session for a Non-Cabled MEC is largely the same as the process defined above for a Cabled MEC, except it must be carried out at the Back Office. Additionally, where the Claimants home address or PV details are not available (e.g. there is no Case File), you must make a printout of the View Client

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screen.

Enclosed with the Case Files and Medical Referral for Examination forms should be all of the necessary forms, i.e. ESA85, WHFRA etc. Ensure the correct version of the ESA85 is used depending on whether the referral is Pre-WCA, this will be marked on the ESA55 or can be checked on the View referral screen on MSRS. You should also include sufficient copies of the EA1 and ESA85a forms in case they will be required.

If the appointment is for a re-referral, a copy of the most recent Medical Output (examination or Filework) should be included for the examining Practitioner's information.

You should write the First Day of Incapacity date (visible on the View Case screen) and the Diagnosed Cause of Incapacity in the Notes section of the Case File and the Medical Referral for Examination form.

The Diagnosed Cause of Incapacity can be identified as follows:

- Navigate to the View Case screen for the Claimant and select View FME from the Case Actions drop-down menu then click Go
- On the following screen, look in the Evidence Text column. If you see an entry that says Evidence Text and is blue and underlined (i.e. a Hyperlink), click on it. This will open a separate window that contains information transcribed from the Claimants MED3. This will contain the Diagnosed Cause of Incapacity.

4.6 Transfer of files between MECs

Where an appointment is requested and made at another MEC – not the default one that has received the file - the file must be sent to the appointment MEC.

Both MECs will receive the transfer information by email/fax from the VCC.

The default MEC must send the file to the appointment MEC and both MECs should liaise with one another to check that it is sent and has arrived. Contact can be made by phone, fax or email, although phone is preferable as it is instant.

4.7 Missing File Procedure

When AH discovers that a file is missing or considered lost, the following action should be taken:

- When it has been identified that a referral file is missing the appropriate Medical Services Manager must be informed, once they are in possession of all the relevant information the Medical Services Manager must immediately contact the referring Customer via their Liaison contact i.e. the ESA Lead.

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- On the instruction of the Site Manager(SM), staff at the MEC & MSEC will stop work and undertake a thorough search of the office (stop and search by both name and NINO number). During this exercise no files should be moved in or out of the office location whilst the search is undertaken and all areas must be searched thoroughly.
- The Site Manager will then inform you of the next action regarding the assessment appointment, i.e. whether or not the appointment will go ahead.

5. Performance Information

Performance in relation to waiting times and special needs will be measured at MSC level.

5.1 Waiting times

AH will use reasonable endeavours to minimise Claimant waiting times. Whether a Claimant arrives early or on time, AH should aim to start their examination within 10 minutes of their appointment time.

5.1.1 Recording waiting times

For non- MSRS referrals information is recorded on the AC1 and on SMART.

On the AC1, enter the time at which the Claimant arrives at the MEC in the column headed 'arrival time'.

On SMART, record the arrival time on the MEA completion screen.

For ESA appointments, record the arrival as described in Section 1.7.6.

It is important that the exact time of arrival is recorded so you should make a note of it as each Claimant arrives even if you are in the process of dealing with another Claimant.

Enter the exact time at which the Claimant enters the examination room in the column headed 'Examination Time'.

For ESA, the waiting time will be automatically calculated by LiMA/MSRS and also click on a button to enter the arrival time.

For other benefit streams, the waiting time should be calculated by working out the number of minutes between the appointment time and the examination start time. If the Claimant arrives after the appointment time, the waiting time should be left blank.

At the close of the day complete the two boxes at the end of each sheet. You will need to record the total number of Claimants who attended for examination in the left-hand box and the number of Claimants who have waited more than 10 minutes on the right.

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Arrival Time	Appointment Time	Examination Time	Waiting Time
8.50	9.00	9.00	0.00
9.30	9.30	9.40	10.00
10.10	10.00	10.20	0.00
10.25	10.30	10.45	15.00
11.15	11.00	11.20	0.00
12.30	13.00	13.05	5.00

An example of how to complete the arrival time, appointment time, and examination start time and waiting time is shown above.

Total Claimants 06

Total Claimants Who Waited More Than 10 Minutes 01

At the end of the day the form should be faxed to your local MSC.

5.2 “Mystery Shopping” visits

In the event of there being a visit from a “Mystery Shopper”, they will check that the following information and documents are displayed at a Medical Examination Centre:

- Up to date Leaflets
- Complaints Poster
- Standards Poster
- Name of Office Manager
- Staff with Name Badges

AH should not display any non-Department for Work and Pensions (DWP) literature, unless prior written approval has been obtained by DWP and should conform to Health and Safety standards. The Mystery Shopper will check for any non-DWP literature and Health and Safety issues.

For further details on display of information refer to the Display of Information Procedures (MED-DIP01).

5.3 Display of information at the MEC

Each MEC must display the Service Standards Posters and selected Customer leaflets.

Full information on what should be displayed is contained in the Display of

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Information Procedures (MED-DIP01).

Welsh MECs must refer to the Welsh Language Scheme MED-WLS01 for further information.

5.3.1 Casual Hire

If the Site is a 'Casual Hire', i.e. where AH hire an examination room at a Registered Medical Practitioner's Surgery or a hospital, there may not necessarily be a room within the waiting area to display posters and leaflets.

In these instances a simple notice should be displayed advising Claimants that the MCA holds an information pack/folder which is available for Claimants to look at should they wish. This pack should contain all the information stated at section 5.2.

6. Meeting the Claimant's Special Needs

Special needs are requirements not catered for by a MEC as part of the everyday business and standards.

If the needs are not met the situation may result where the Claimant is prevented from being examined.

AH is required to meet any reasonable requests to accommodate Claimants who have special needs. When a special need is identified on the examination day and cannot be accommodated on that day, AH will use reasonable endeavours to ensure that an alternative appointment date is arranged and the Claimant informed of it within 24 hours of the need being identified. AH will ensure that the Claimant's special needs will be accommodated at the new appointment.

Special needs can include:

- Communication Problems – Interpreters for another language, visual impairment or hard of hearing
- Physical Impairments – Inability to access the centre e.g. in a wheel chair
- Religious beliefs – The Claimant's beliefs may mean that a same gender HCP is required. Religious beliefs should not be compromised

6.1 MSC action for special needs cases

When information about a special need is received at the MSC or VCC, either by information contained in the file/referral or received as a result of an incoming or outgoing telephone call, the member of staff who receives the information will complete form FPR1 detailing the special need.

This must then be either attached to the file if it is available, or faxed to the MEC if the file is located there. The form indicates that the special need has been notified in advance of the appointment. The FPR1 must include requests for same gender HCPs and interpreters.

Please refer to LiveLink for the FPR1 form.

6.1.1 MEC action for Special Needs Cases – statistical returns for interpreters and same gender HCPs ONLY

Every day the MEC must complete form MSEC SNF1 (printed locally and available on LiveLink) to show if there were any interpreters or same gender HCPs required that day (identified by the FPR1 form attached to the file or, if not previously noted, requested by the Claimant on arrival at the MEC). This is also to show whether or not those special needs were met. **A return is required for each day even if NO special needs were required.** Form MSEC SNF1 MUST be faxed on a daily basis

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to the MSC.

6.2 Dealing with Special Needs not previously identified

Ask the Claimant if there are any special needs AH should be aware of and decide:

- Are you able to cater for their needs without altering the Claimant's appointment?
- Are you unable to meet their requirements on the date of examination?

6.3 Wheelchairs and non-ground floor MECs

Whenever a wheelchair user arrives at a MEC which is not on the ground floor, the MCA should ascertain whether or not that individual would be able to use the stairs in the event of an emergency.

If that individual would be able to use the stairs, there is no issue.

If that individual is the Claimant and they would not be able to use the stairs, they must be sent home unseen and an alternate appointment at a MEC on the ground floor made. If no such MEC is available within 90 minutes travel time of the Claimant's home, a DV must be arranged.

If that individual is not the Claimant (e.g. they are accompanying the Claimant) and they would not be able to use the stairs, then either the examination should proceed without that person or the Claimant should be sent home unseen and the appointment rearranged. An alternative MEC may be offered in these circumstances but a DV must not.

6.4 Inability to cater for Claimant's Special Needs

If you are unable to accommodate the Claimant's need on the day of examination, contact the scheduling section or VCC to arrange another appointment and also inform the Resource Manager Team for statistical purposes.

You will then need to clearly explain to the Claimant:

- Why the examination cannot take place
- They will receive notification of the new appointment

7. The Claimant's Appointment

7.1 The referral process

AH have a number of different Customers from whom we receive requests for medical advice. These are known as 'referrals.' AH will supply the necessary information to the Customer in written form, either as a result of initial assessment of the documents referred by an AH HCP, or in some cases after the Claimant has been asked to attend a medical assessment.

On receipt, the Claimant's details are registered on either SMART or MSRS.

7.2 Preparation at the beginning of the day

You will need to ensure that you have the available AC1 appointment list for the day's session and all the files contained on the AC1.

Ensure all the assessment rooms are ready for the HCP to use and that clean paper sheets are placed on the examination couches.

Check the waiting area is tidy and that reading material is available and there are adequate leaflets on display.

7.3 Arrival

Greet the Claimant in a professional and caring manner.

Ask to see the Claimant's appointment letter to determine the time of appointment and type of assessment they are attending (if the Claimant has forgotten to bring their letter, these details are provided on the AC1).

If the Claimant arrives late, refer to section 7.7.

If the Claimant informs you of any change in their details, refer to section 17.

7.4 Proof of Identity Procedures

AH is expected to examine the actual Claimant, not any person who comes to the MEC masquerading as the Claimant and therefore AH must ensure that individuals presenting themselves for assessments are who they claim to be.

Staff must follow the procedure given for establishing identity and make reasonable efforts to ensure that we examine the correct person.

Refer to the Proof of Identity Procedures MED-POIP01

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7.4.1 Establishing the Claimant's identity

Form POID1, is to be used to assist in the identification of a Claimant's true identity via their signature. This form is to be used for all Claimants whether attending an assessment at the MEC or being visited at their homes.

Form POID1 is available from AOK Printers and is to be ordered locally in the normal manner.

For Claimants attending the MEC

When a Claimant arrives at the MEC, you will present them with the POID1. The form asks for the Claimant's name, date of birth, signature and date. The Claimant will complete and sign Part 1 of the form.

You will then:

- Ask the Claimant to provide identification, (this should be the Claimant's passport or three other different forms of identification e.g. birth certificate, driving licence or any other form of identification that has their name and address on it). A list of acceptable forms of identification, along with their relevant codes can be found at Appendix J.
- Circle the evidence provided on the form
- As an additional cross check, compare the signature to the claim form/questionnaire or the proof of identity offered
 - If you don't have access to a questionnaire, you should carry out the action described below.
- Complete Part 2A of the POID1
- Place the POID1 into the Claimant's file if one is available.
 - If a case file does not exist, the POID1 form should be held at the MEC for a period of 6 months after which time it should be destroyed.

+Having satisfied yourself of the Claimants' identity you should now ask the Claimant if they wish to claim for travelling expenses and if necessary, explain what expenses they are entitled to claim.

Deal with any questions the Claimant may have.

7.4.2 Identification presented is insufficient

If the Claimant is unable to provide any form of identification, or the three items requested, note on the POID1 which forms of identification the Claimant has provided (by circling the appropriate item as indicated in Appendix J. You should then compare the Claimant's signature on the POID1 form to that held on the Questionnaire and proceed as indicated below.

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Signatures match

If the signature on the POID1 matches that held on the questionnaire you should complete Part 2A of the POID1 form and allow the examination to take place.

Signatures do not match

If the signature on the POID1 form does not appear to match that held on the questionnaire you should carry out the following action:

- If the Claimant produced an acceptable form of identification, but the signatures do not match, you should discreetly advise the examining practitioner of the discrepancy before the examination starts. The examining practitioner should then ask more in depth questions relating to case history to establish correct identity. If the identity of the Claimant is proven, the examining practitioner should complete Parts 2A and 2B of the form and the examination should be carried out as normal.
- To avoid violent confrontation, if the Claimant wishes to be reimbursed for their travelling expenses, proceed in the normal way as indicated in Claimants Expenses Procedures (MED-CEP01).
- If the Claimant was unable to provide sufficient evidence of knowledge of the case history, then the examination should be suspended. A Medical Services HCP can authorise refusal of an examination. Should this situation arise you should contact your Site Manager(SM) and seek instruction on how to proceed.

Questionnaire not available

Note: You may receive certain referrals (SA, Inland Revenue (IR) referrals IR (SK), IR (SO), IR (CN), IR (SL) and DLA) which do not contain a claim form. In these cases, you will have to base your judgement on the three forms of identification provided. If you have any doubts about the Claimant's identity you should discreetly inform the examining HCP before the start of the examination.

If the questionnaire is not available the examining practitioner should be made aware. They will ask the Claimant further in depth questions relating to the case history before deciding whether the assessment should continue.

If the examining practitioner is 100% certain that the person in front of them is NOT who they say they are the assessment should not take place.

If the examining practitioner is in some doubt as to the identity of the person in front of them, the assessment may continue, but a note to their uncertainty should be attached to the case file. In the absence of a Case File a memo should be written and returned to the Customer Office marked for the attention of the Decision Maker.

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7.5 Handing over AL1 Flyer to ESA and IB- Reassessment Claimants

An AL1 flyer is given to all ESA Claimants to ensure they have access to information about their medical assessment.

- After greeting and establishing the proof of identity, provide an AL1 Flyer to ESA and IB Reassessment Claimants.
- Explain that the flyer contains information about their medical assessment and it should be read before the assessment.
- Suggest to them that they read it in the waiting room.(This is to discourage congestion around the reception area).
- Invite the Claimant to return to the reception desk with any questions that they may have regarding the information on the AL1 flyer.
- Request that the Claimant returns the AL1 flyer to reception before their assessment.
- It is expected that not all Claimants will return the AL1 flyer to reception. It is therefore necessary to increase the frequency of checks in the waiting area to retrieve the AL1 flyers and ensure the standard of presentation is maintained.
- At the end of each day the laminated AL1 flyers will need to be cleaned to minimise cross infection, this can be done using a spirit cleaner.

7.6 Recording Arrival Times

Arrival times for ESA appointments must be entered through MSRS. This is done as follows:

- Once on the View Appointments by MEC by Day screen, locate the appointment in question.
- Under the 'Arrival Time' column, a button will be visible that says 'Arrival' on it. Click this button.
- A small pop-up window will open asking for the time that the Claimant arrived. Enter their arrival time in the text-box and click 'OK'. You will then be returned to the View Appointments by MEC by Day screen.

Note you MUST enter the arrival time before the Claimant is taken in to the Examination room. Failing to do so will result in the Practitioner being unable to start the Examination on LiMA.

When entering the Claimant's arrival time you should check on MSRS whether the examination must be carried out by a Doctor. If this is required, you should clearly

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write a D in the Notes section of the ESA55. If there is no Supporting Case File for this appointment, you should place a tick in the Dr Only field of the Medical Referral for Examination form.

7.7 Claimant is late for appointment

If the Claimant is late for their appointment, check the AC1 to find out if there have been any cancellations for that day that you can fit the Claimant into.

Assess if there are any HCPs who have/may shortly have a break between Claimants. Consult the HCP to see if the Claimant can be assessed. In larger centres, this will be decided by the Team Leader. Every effort must be made to see the Claimant that day.

If the Claimant can be seen and accepts the new appointment you should proceed as normal.

If the Claimant either refuses the new appointment offered or cannot be examined follow the procedure given at section 10.3.1.

If the Claimant refuses the new appointment and has previously UTAd you should:

- Put a note on SMART, (where SMART is available) that Claimant has refused the appointment
- Inform the Claimant of the appointment and let them know that the appointment will remain open, in case circumstances change.
- Inform them that in the case of non-attendance, papers will be returned to the Customer and a BF223 will be issued*

*BF223 only issued for ESA referrals. You must ensure you use the correct version of the BF223. LCWRA referrals will not receive a BF223.

7.8 AC1

Complete the relevant sections of the AC1 – See section 1.15.1 for details.

7.9 Walk-ins

7.9.1 Right MEC, Wrong Day

There are occasions where a Claimant will attend for an examination one or more days prior to their appointment. Should this occur and the Claimant can be accommodated, the MCA should carry out the following actions:

- Contact the Resource Team or VCC

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- Ask them to reschedule the appointment within Siebel
- Refresh the “View Appointment by Day by MEC” (by clicking the ‘Refresh’ button) screen and enter their arrival time against the new appointment.

7.9.2 Wrong MEC

If a Claimant attends an incorrect MEC for their examination and there is sufficient Medical resource available to carry out the examination, the MCA should check on MSRS to ascertain if there is a Supporting Case File for the referral.

If there is a Supporting Case file, the MCA should contact the Claimants original MEC and request that they fax over the contents of the Case File. If this can be done, the MCA should contact the VCC and ask them to change the Claimant’s appointment to their MEC. If the original MEC is not able to fax over the required information, the MCA should explain to the Claimant that they will have to schedule an appointment for them at a later date. The VCC should be contacted and the appointment appropriately rescheduled.

If no Supporting Case File exists for the referral, the MCA should contact the VCC and have the appointment rescheduled to their MEC as described above.

7.10 Recording a Did Not Attend (DNA)

You must not record a DNA until the day after the scheduled appointment.

7.10.1 Recording a DNA on MSRS

Select ‘View Appointments by MEC by Day’.

Select the previous day’s date.

All open referrals for that date will be listed.

Click on the Arrival button and select DNA

See Section 1.15.3 for details on how to select and complete an appropriate BF223.

7.10.2 Recording a LCWRA DNA

The case file will be marked as LCWRA to identify the referral.

Where there is no supporting case file, the Registration and Scrutiny Team Leader will have sent an email informing you of the NINO.

If the Claimant DNA’s you should NOT issue a BF223.

Record the DNA as described above.

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7.10.3 Recording a DNA on SMART

To record a DNA and ensure all information is recorded accurately, you should enter details via the Scheduling Menu within SMART as all benefits are cleared on SMART, except ESA on MSRS and follow process below:

Step	Action
1	Select 8 – DNA Completion Screen
2	Once in the DNA Completion Screen, enter the BC Id
3	Select Date from the Exam Details (There is a list choice if you want to check which dates do not currently have Outcome Codes entered).
4	In Outcome Code enter 08 - (DNA)
5	The next column is Next activity where you have 2 choices (see below*).
6	Enter appropriate code, i.e. E400 to await linking
7	Save

*Choices for Next Activity are:

- C100 - this will clear the case. (This must only be used once all action has been taken and the SL1 has been linked to the ESA55)
- E400 - SL1 Linkage

Once the SL1 is linked to the ESA55 and ONLY once this is done, you will clear the case as per Section 13.

8. Claimant's Expenses

A flowchart on claiming expenses can be found at Appendix F. For further details on the procedure for processing Claimant's expenses, refer to the Claimants Expenses Procedures (MED-CEP01), however, there are exceptions (see 1.8.3).

Note: It is essential that where a Claimant is sent home unseen, that expenses are completed before they leave the MEC – DO NOT WAIT UNTIL THEIR RE-ARRANGED APPOINTMENT.

8.1 Where there is no SMART in MEC

Where there is no SMART in the MEC the expenses claim information (travelling or loss of earnings) is captured on a clerical form CX1 and the form is sent to the MSC for input to SMART.

8.2 SMART in MEC

Where the MEC has SMART there is the option to input this information directly onto SMART yourself. **It is up to local management whether this function is utilised at your MEC.**

The overall authorisation process for Claimant expenses remains the same as before, e.g. the manual completion of the CX1 still remains.

Note that, within the MEA Completion screen there are list choices, with the relevant function keys, at the bottom of the screen, e.g. '*F2-Session Completion*'. Not all the choices are visible, press function key **F1**, (repeatedly if necessary) to enable you to view further options.

8.2.1 Completing Claimant expenses on SMART

From the MEA Completion screen:

Step	Action
1	Tab across to 'Exp'
2	Enter Y in this box
3	There will be a prompt: <i>No rows found. Do you wish to add details?</i>
4	Enter Y (and press Return)
5	This will take you to the Update Claimant Expenses screen

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- 6 Here, the screen will consist of: **Type, Description, Miles & Amount**
- 7 Tab to **Type**, press the function key alt F10 to give you list choices (see below for choices*)
- 8 Select and tab to **Description**, this will be entered automatically
- 9 Tab to **Miles**, enter calculated mileage if appropriate, this will generate an amount automatically
- 10 Tab to **Payment Method** within this screen
- 11 Relevant function key will provide you a list choice, e.g. **BACS-BACS Payment**. Select as appropriate and tab past
- 12 Now you will have a screen for Claimant Bank Details. Enter Claimant payment details here. **Note:** It is a local management decision whether this facility is used at your MEC.
- 13 Function key to **save**

*List choices for **Type**

- 03 Bus fare
- 04 Train fare
- 05 Taxi Fare
- 06 Other means
- 07 Subsistence
- 08 FLA
- 14 Mileage Alone

8.3 Exceptions

8.3.1 Payment of loss of earnings for Working Tax Credit (WTC) applicants - Preston

Under the contract, AH are responsible for paying travelling expenses for claims for WTC, however; payment of Financial Loss of Earnings is not to be undertaken by AH. The responsibility for paying Financial Loss of Earnings lies with the Inland Revenue, specifically the Tax Credit Office (WTC).

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In order to accommodate this, the WTC Disability Test Section will include a copy of form DPTC948 (Claim for Loss of Earnings) in every file (DPTC 947) issued to AH.

If the WTC applicant requests to claim for Loss of Earnings you must present the WTC applicant with form DPTC948 (an example of this form can be found at Appendix G), telling the applicant that the form must be returned to the reception at the end of the examination.

The WTC applicant must complete Part 2 of the form and present it to the examining HCP for him or her to complete Part 1. At the end of the examination the WTC applicant must return the form to you.

You must check that both the applicant and the HCP have signed the DPTC948 and attach it inside the WTC Referral file (DPTC 947) for return to the WTC Disability Test Section at Preston or the MSC. The DPTC948 MUST remain inside the file for action to be taken by the Tax Credit Office.

NB: As payment for Loss of Earnings for WTC is paid by the Inland Revenue there is no need to record or validate this information for AH purposes.

9 Allocating an Examining HCP to a Claimant

When the HCP informs you they are ready to see a Claimant, you should:

- Use the AC1 to determine the next Claimant scheduled to be examined and the Claimant's referral type
- Consult information supplied to you locally to assess if the HCP has the appropriate skills to carry out the assessment. Please see Section 9.1 below for details on Neurological assessments by Nurses.
- Check the Claimant's file to see if any HCPs are excluded
- Give the HCP the Claimant's file if they are not excluded and have the appropriate skills
- The HCP will then collect the Claimant from the waiting room and escort them to the examination room

If the HCP does not have the relevant skills:

- Check the AC1 to establish if there is a Claimant that has arrived whose referral requires the training of the available HCP
- If a suitable Claimant is available:
- Advise the HCP that the Claimant is ready for medical assessment and pass the Claimant's file to the examining HCP
- Inform the HCP in the event of no suitable Claimants being available at that time

9.1 Neurological Assessments by Nurses

Nurses are trained to complete a number of assessments involving neurological conditions at the MECs alongside RMPs. There are no system changes but there are some clerical processes being introduced to support this.

9.1.1 The MSC Staff

It is essential the MCAs are kept completely informed on which nurses are not trained in neurological conditions. This is to enable them to identify when a case has been allocated to an untrained nurse (e.g. a new entrant) and take action to prevent CSHU. A memo should therefore be issued to each MEC every two weeks to illustrate which nurses are not yet trained in neurological conditions.

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9.1.2 The MEC Staff

ESA referrals will continue to be sifted at the Pre-board check stage to determine whether the Claimant should be assessed by a nurse or a RMP.

The referrals that can be assessed by either a neurological-trained nurse or RMP will have the case file annotated, at this stage, with an 'N' for "Neuro".

These referrals cannot be identified in MSRS therefore the 'View appointments by MEC by Day' screen will not indicate when a case is suitable for a trained nurse to see.

There is a potential risk that non-neurological trained nurses could be allocated, or pick up cases that they are not yet trained to complete, therefore session management of these cases is essential to avoid the risk occurring.

When building a session and whilst managing a session the following points should be taken into account:

- Consult information supplied to you locally to assess if the HCP has the appropriate skills to carry out the assessment.
- Check the Claimant's file to see if it is marked with an 'N' – able to be completed by a neurological trained nurse or RMP.
- Allocate a HCP with the appropriate skill level to the case.
- If a session is scheduled with neurological cases included and no neurological trained nurse or doctor is available, contact the Resource Management Team to arrange a new appointment that is suitable.

If a case is identified by a non-neurological trained nurse as a 'handover' case, the case must be referred to a RMP to avoid the possibility of a second 'handover' situation.

In some instances trained neurological nurses may also need to 'handover' cases to a doctor. This should be infrequent, but the 'N' status on the case file should be crossed out and the case accommodated within the session if there is a RMP available. If not, the CSHU procedure should be followed, a new appointment agreed and an appointment re-booked with a RMP for as soon as possible after that date.

9.1.3 Examination completed

Cases completed by newly trained Neurological Nurses will be required for audit until approved. To ensure that the neurological cases are captured, newly trained nurses will be placed on 100% audit until they reach approval, so all of their cases should default to "Medical Audit – Targeted" on MSRS, including those cases that are not neurological related and therefore not required for audit.

Non-neurological cases can be identified because the case file will not be marked

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with an 'N' for Neuro. The examining HCP will notify the MCA if a case with no supporting case file is a Neurological case. The MCA should annotate the no supporting case file proforma with an 'N' to demonstrate this.

Non-Neurological cases completed by newly trained Neurological Nurses will need to be cleared from audit. This case clearance will be carried out by the MCA at the MEC during the initial roll out of the pilot and permissions on MSRS will be granted to support this.

To do this, the MCA should click on the audit hyperlink for none neurological cases and select '**Confirm Completion of Audit**'. The file can then be returned to the referring DWP Office.

It is essential that neurological cases completed by newly trained Neurological Nurses must follow the audit process. The MCA should email or fax a list of NiNO's of the neurological cases required for audit daily to the audit administrator. The case file can then be sent to the administrator to return to the BDC once the audit has been completed.

9.1.4 Audit of Neurological Assessment

The approval process for nurses following subsequent neurological training, will be the achievement of four consecutive A grades. In order to capture all neurological cases for audit, once a nurse has successfully passed their training, Siebel should be updated to select 100% of their cases for new entrant audit.

MEC staff will identify the Neurological cases required for audit and either email or fax a list of NiNO's only that are required for audit to the administrator. The cases can then be audited electronically by an auditor who has significant experience in completing neurological examinations i.e. a doctor.

The case files will then be sent on to the administrator to return the appropriate customer office on completion of the audit process. Non-neurological cases completed by newly trained Neurological Nurses and requested for Medical audit will be cleared at the MEC by the MCA as above.

Once a nurse reaches approval the 100% audit should be removed from Siebel with immediate effect and the nurse subject to standard audit procedures. The MECs should be made aware once each nurse reaches approval.

Following the initial roll out, the responsibility to clear the non-neurological audit for newly trained nurses will move to the audit administrator. All additional permissions will be removed from the MCAs at this point.

9.2 Assisting the HCP during the medical assessment

9.2.1 Chaperoning

As far as possible you should try and allocate a Claimant to a HCP of the same sex. In practice due to the number of female HCPs available this is not practical. Where this is not possible you may be asked to chaperone a Claimant

- To protect the HCP from any possible complaints about unethical conduct, your role is merely to remain in the room while the HCP examines the Claimant unless the HCP asks you for assistance
- To provide an additional presence in the examination room when the Claimant is marked PV, in order to reduce the risk of an untoward incident occurring while the HCP is alone

When chaperoning, you must complete form MEC-CHAP (locally printed and available on LiveLink). On the top of the form you will enter the MEC that the chaperoning was required at. The form will also need to be completed with the following details:

- **Claimants name and NINo**
- **Name of member of staff requested to chaperone**
- **Time the chaperone entered and exited the examining room**
- **HCP's name**
- **Comments** – here, you would record any untoward incidents or feedback, (as shown in examples below). This may include, but is not limited to:
 - If the customer falls or has any type of accident, however, minor. An appropriate Accident report will have to be made via the online Accident Book.
 - If the customer says they have experienced pain during the examination
 - If the customer seem to be in excessive pain during the examination
 - If the customer is verbally aggressive. An appropriate Incident Report will have to be completed via the online Accident Book.
 - If the customer offers particular negative or positive comments

The MEC-CHAP is to be retained to ensure that an accurate record of chaperoning details are kept, as it may be required for future reference, e.g. possible complaint from the Claimant. Once the form is complete, you must store the documents at the MEC for at least 18 months.

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9.2.2 Assisting the Claimant

The HCP may ask you to assist Claimants who are:

- In wheelchairs or who cannot walk very well
- Cannot dress or undress without help
- Need assisting onto and off the examination couch

9.2.3 Taking physical measurements/eyesight testing

Occasionally at the request of the HCP, at the end of the Claimant's assessment, you may be asked to obtain information about the Claimant's height, weight or eyesight. Most centres already have this equipment in each examination room, but if you do not, you should:

- Take the Claimant to the room in the Medical Examination Centre where the equipment for taking these measurements can be found
- Take the measurements required by the HCP and record them
- Escort the Claimant to the waiting room
- Pass the recorded measurements to the HCP
- The HCP will advise you if he/she wishes to see the Claimant again
- If so escort the Claimant back to the examination room. If not inform the Claimant they may leave

9.2.4 After the Claimant has been examined

The HCP should escort the Claimant back to the waiting room

If the Claimant's travelling expenses were not dealt with prior to the examination, they should be dealt with before the Claimant departs (see section 8 for further details on Claimants' expenses).

Before the next Claimant can be examined, it will be necessary to:

- Remove and replace the paper sheet on the examination couch
- Carry out any small tasks the HCP requests
- Ensure the HCP has completed writing up in the case and collect the Claimant's file
- If the HCP has further notes to make, await the file from the HCP before allocating the next Claimant

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Should a Claimant be unable to be seen for reasons other than the length of time they are required to wait in excess of 30 minutes, guidance at section 1.10.4 should be followed.

9.3 HCP Cancellations

If a HCP informs the MCA that they are unable to attend their sessions on a particular day the MCA should contact the Resource Team immediately to inform them of the cancellation.

The Resource Team will assess the implications of this, rescheduling appointments are as necessary.

10 Session Management

10.1 What is session management?

Session management ensures the smooth throughput of Claimants through the examination centre.

10.2 How is it achieved?

There is no definitive guidance on the specific action you should take. Much of it relies on using your experience and initiative to influence the general efficient running of the day's sessions. The following action will assist you in this:

- Being organised
- Recording information accurately
- Monitoring of waiting times
- Keeping Claimants informed about anticipated waiting times
- Monitoring anxieties
- Liaison with medical colleagues regarding:
 - The time expected to conclude a case
 - Allocation of cases towards the end of the session etc

This section details the procedures to follow once the Claimant has entered the waiting room and advises you what to do if the Claimant is required to wait beyond their given appointment time or may not be able to be examined.

10.3 Monitoring waiting times

The Claimant should be advised about any anticipated delays and regularly updated about the likely waiting time.

Although AH aims to start an examination within 10 minutes of the Claimant's appointment time, all Claimants must wait at least 30 minutes before they can be given the option of a new appointment.

Claimants who have been waiting 30 minutes or more past their appointment time have the option of

- Waiting to be examined

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- Being given a new appointment date if it is clear they cannot be seen

If the Claimant Could Not Wait (CNW) you will need to contact either the MSC or the VCC. Choice of who to contact will depend upon whether it is a session bundle referral or an MSRS referral and whether you have SMART in MEC or not.

10.3.1 Session bundle, no SMART in MEC

- Telephone the MSC while the Claimant is with you
- Explain why the Claimant will not be examined that day. Do not count any rearranged appointment as a second appointment, which if the Claimant is then unable to attend (UTA) normally requires the file to be returned to the Customer.
- The MSC will advise you of the alternative appointments they have available.

You should

- Ask the Claimant if any of the available dates are suitable
- Inform the MSC if the Claimant chooses one of the available dates
- Give the Claimant an appointment card with the new appointment date and time details
- Retain the Claimant's file unless you are specifically asked to return it by the MSC

If the MSC are unable to offer a new appointment

- Retain the Claimant's file until you are informed of the new appointment by the MSC.

If the Claimant refuses the new appointment and has previously UTAd

- Inform the MSC that they have refused (they will put a note on SMART that Claimant has refused the appointment) and keep the appointment open
- Inform the Claimant of the appointment and let them know that the appointment will remain open, in case circumstances change.
- Inform them that in the case of non-attendance, papers will be returned to the Customer and a BF223 will be issued*

***Note:** BF223 only to be issued for ESA referrals. You must ensure you use the correct version of the BF223.

If the Claimant chooses to wait for their appointment you should continue to keep the Claimant informed about the time they are required to wait and allocate them to

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the next available examining HCP.

10.3.2 Session bundle, SMART in MEC

N.B. Only to be used for non-MSRS referrals. For MSRS see section 10.3.3 below.

With SMART in MEC you have the ability to re-schedule an agreeable new appointment with the Claimant before they leave the MEC and without having to make a phone call. This will reduce the amount of time you currently have to spend trying to arrange this by means of a phone call to the MSC.

Note: It is a local management decision whether this facility is used at your MEC.

From the MEA Completion screen:

Step	Action
1	Tab to the appropriate Claimant. Press function key (from the bottom of the screen) for 'Session Comp'
2	You are now in the Session Completion screen
3	You will need to enter arrival, start and end times. The arrival and start time should be the time the Claimant arrived at the centre, the end time would be the time the Claimant left the centre.
4	Tab to 'Outcome Code', press the appropriate Function key to display the list of options. Select the appropriate outcome code. Save
5	Your next activity code will be 'E100'
6	The message " <i>Do you want to reschedule an appointment now (y/n)?</i> " will be displayed Press Y
7	Choose a suitable appointment for the Claimant and save

- Give the Claimant an appointment card with the new appointment date and time details

10.3.3 MSRS Referrals

- Telephone the VCC while the Claimant is with you
- Explain why the Claimant will not be examined that day. Do not count any rearranged appointment as a second appointment, which if the Claimant is then unable to attend (UTA) normally requires the file to be returned to the Customer.

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- The VCC will advise you of the alternative appointments they have available.
 - Ask the Claimant if any of the available dates are suitable
 - Inform the VCC if a date is suitable, once confirmed,
 - Give the Claimant an appointment card with the new appointment date and time details
 - Retain the Claimant's file unless you are specifically asked to return it by the VCC
- Inform the Claimant they will be notified of a new appointment usually in writing, as soon as one is available
- If the Claimant refuses the new appointment and has previously UTA:
 - Inform the Claimant that arrangements will be made for the new appointment anyway and that the appointment will remain open, in case circumstances change.
 - Inform them that in the case of non-attendance, papers will be returned to the Customer and a BF223 will be issued*

***Note:** BF223 only to be issued for ESA referrals. You must ensure you use the correct version of the BF223.

If the Claimant chooses to wait you should continue to keep the Claimant informed about the time they are required to wait and allocate them to the next available examining HCP.

10.4 Client Sent Home Unseen (CSHU)

Our aim is to see all Claimants who arrive for their appointment. If we have to send anyone home, this should be exceptional, but the fluctuation in the "did not attend" (DNA) rate makes it inevitable that it will happen sometimes.

The Client Sent Home Unseen (CSHU) service level is 1% for all benefits.

When deciding whether to send anyone home, the following guidance should always be used.

You should never phone a Claimant to cancel until it is clear that it will be impossible for them to be seen (i.e. there are already more Claimants in the waiting room than each HCP could possibly manage to see). Where a late morning appointment has to be cancelled the MCA should check to see whether there are any slots available in the afternoon sessions (not the last one) and whether the Claimant would be willing to attend. If a slot is available, it is essential that the Claimant is seen second time around.

For the purpose of MEC management, you should endeavour, where possible, to

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minimise the occasions on which Claimants decide to go home before thirty minutes after their given appointment time. If they choose to leave any earlier than ten minutes they will count as a UTA.

Claimants should be regularly informed of the anticipated waiting time, (again, the management of this will be left to individual preference, but it can be achieved by employing a sign that states “The **.** p.m. appointment is currently being seen, or Examinations are currently on schedule or behind/ahead by ** minutes) however, care must be taken not to actively encourage them to leave (i.e. by informing them the session is running a long way behind). You will need to consider how a few simple cases could free up a HCP sooner than expected. For example, at scrutiny, a HCP may have looked at a referral and identified it as a potential exemption.

It will be up to each MEC Manager to consider the most effective way of handling late-running sessions. If it is necessary to send a Claimant away, approval must be obtained from the Site Manager (SM) or nominated deputy following the information given below at section 10.4.3. Staff at the MEC should always try to provide a new appointment to any Claimant that is sent away unseen*. ***Note:** You **must** ensure that you provide the Claimant with written confirmation, i.e. an appointment card, with the new date and time details, before they are sent away.

The Claimant Sent Home Authorisation form (SHA1) is a locally produced form and should be ordered from your Local Stationery Representative.

10.4.1 Unseen management options

To assist sites in effectively managing unseen Claimants there are two options that the Site Manager can consider.

Option 1: The authority to send Claimants away unseen is delegated to respective MCAs.

Option 2: The authority to send Claimants away unseen is the responsibility of the Site Manager (or designated deputy).

Option 2 has proved to be a successful way of managing this task.

Choice of which option to use will be left to the discretion of the Site Manager. It is not necessary to use one option to the exclusion of the, for example, the Site Manager may decide to deploy option 1 for the majority of the MECs and option 2 in any MECs where unseen Claimant volumes are a particular concern.

Where option 1 is chosen the Operational Manager(s) responsible for the MECs must complete a weekly management report that provides information to the Site Manager on justification for MCAs sending Claimants away unseen. These reports will assist the Site Manager in completing end of month reports on unseen Claimants.

10.4.2 Have all criteria been considered?

A list of the criteria for sending a Claimant away unseen can be found at Appendix I.

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It is important that the MEC Manager or nominated staff member has ensured that all criteria have been considered prior to requesting authorisation to send a Claimant away from the MEC without being seen.

The volume of Claimants sent away from the MEC without being seen by a HCP depends on many varying factors. One fundamental factor is that of effective MEC management.

We must ensure that sending Claimants away from the MEC will not result in insufficient Claimants being available for HCPs during the progression of the session and that we consider whether targets are being adversely effected as a result of any decisions to send Claimants away unseen. It is also important to note that decisions made in these circumstances may effect future decisions on booking policies.

As AH is paid by its customers for each output completed, and therefore dependent upon the volume of Claimants examined, it is essential that we deploy good customer service and strive to ensure that Claimants who attend the MEC are seen by a HCP.

10.4.3 Has authorisation been given?

Prior to any decision being made to send a Claimant away from the MEC unseen, in all cases, the nominated staff member must acquire authorisation from the person(s) nominated to make these decisions. The Site Manager will act as authoriser but to allow for effective management of this process, this role can be delegated to a nominated deputy and/or MCA. MEC staff should be made aware of who the authorised person(s) is so that decisions can be made speedily.

Once you are satisfied that all criteria has been considered you must contact the person nominated to authorise the Claimant to be sent home to request authorisation. In doing so, you must complete an authorisation form. Where the MCA has been given the responsibility of deciding to send Claimants away unseen they must annotate the authorisation form appropriately.

When completing the SHA1, staff at the MEC are required to record the **category** and **code** to which the reason for the unseen Claimant applies. Category and Code details should be recorded in the "CATEGORY" box. For example, if the Claimant's file was not at the MEC, code 3A would be used. This would be recorded in the "CATEGORY" box as "3A".

An unseen Claimant can only be sent away from the MEC when authorisation has been granted. The completed authorisation form must be faxed to the MSC along with all other daily returns (e.g. PR1, unseen Claimant breakdown).

10.4.4 Requesting a further appointment

If authorisation has been granted to send a Claimant away from the MEC unseen, prior to informing the Claimant that they can leave, a telephone call must be made to the MSC/VCC to ascertain whether a further appointment is available and can be offered to the Claimant.

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For Session bundle with no SMART in MEC go to section 10.3.1

For Session bundle SMART in MEC go to section 10.3.2

For MSRS Referrals go to section 10.3.3

If the Claimant refuses the new appointment offered, or leaves the centre before it can be confirmed this should be recorded as the Claimant being unable to attend (UTA).

You should check the Claimant's file (or contact the MSC) to ascertain whether this is the Claimant's first UTA. If it is established that it is the Claimant's first UTA, then pending availability of appointments, the Claimant should be offered a second appointment following the process described above.

However, if it is found that the refused appointment was the Claimant's second UTA, the Claimant should be informed that a further appointment cannot be offered and the appointment for which they are unable to attend will be left open.

It is only when the new appointment details have been confirmed with both the Claimant and the MSC/VCC that the Claimant should leave the MEC. If the Claimant has left the MEC, before the new appointment is offered, then the MEC staff should telephone the Resource section and arrange for the new appointment.

The Claimant is given an appointment slip VCCAC01 with the new date and time before they leave the MEC and this is followed up by an appointment letter through the post if there is enough time before the new appointment.

If this new appointment letter is issued, then it is available on MSRS under the View Letter History. It is further recorded on the AC1 and then the record is sent to the Site Manager (SM) for further information.

10.5 Recording Client Sent Home Unseen (CSHU) and Could Not Wait (CNW)

You have the ability to record expenses for CSHU*, (expenses are covered at Section 8), this allows you to input Claimant expenses where the presence of the CSHU outcome code exists, e.g. *1A – Case Mix – Doctor mis-match*. A taxi can be offered to the client to take them home if the client is sent home unseen.

***Note: It is essential that where a Claimant is sent home unseen, that expenses are completed before they leave the MEC – DO NOT WAIT UNTIL THEIR RE-ARRANGED APPOINTMENT.**

If CSHU are not recorded accurately, i.e. UTAs, then the ability to record Claimant expenses will not be possible.

10.5.1 CSHU general

AH must endeavour to see the Claimant on their return to the MEC.

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If the Claimant refuses the second appointment offered, this should again be recorded as the Claimant being UTA and the Claimant informed that a further appointment cannot be offered and the appointment for which they are unable to attend will be left open in case their situation changes.

- The file **MUST** be retained at the MEC until the day of the examination, AH must endeavour to examine the Claimant on this appointment.
- **Claimant does not attend on the day of the examination**

Where the Claimant does not attend on the day of examination the Claimant's referral must be updated on SMART/MSRS to reflect this. ESA referrals are updated on MSRS and DLA, SPVA, IIDB, etc referrals are updated on SMART. The file must be returned to DWP. The Claimant must also be informed that in the case of non-attendance, papers will be returned to the DWP and a BF223 will be issued.

- **Claimant attends on the day of examination and is examined**

Where the Claimant does attend and is examined on the day, you must liaise (by telephone) with the Resource Team to inform them that the Claimant has decided to attend. The AC3 must be completed to reflect this, to ensure that SMART is also updated to reflect the outcome.

10.5.2 Offering a DV to an unseen Claimant

Where it has been decided that a Claimant will be sent away from the MEC unseen, the MCA should advise the Claimant of the fact and endeavour to arrange a further appointment for them by liaising with the MSC or VCC as appropriate. Where possible the Claimant should be given the first appointment time in a session. If the Claimant requests a domiciliary visit, then the Claimant should be advised to arrange with the GP to send in further medical evidence to the MSC. It must not be offered routinely as an appeasing gesture. Any rearranged appointment should not be counted as a second appointment (unless it actually is the second appointment) which if the Claimant subsequently UTAs would normally require the file to be returned to the DWP.

If you deem a DV may be appropriate, authorisation **MUST** be requested from the Site Manager or nominated deputy prior to informing the Claimant.

10.5.3 Completion of the Unseen Client form (UCP)

The pro-forma is for completion by all staff that has responsibility for completing the end of day reports in the MEC.

At the end of each day, each MEC should ensure that all information recorded is accurate and fax the completed UCP, along with all other daily returns, to the nominated staff member at the MSC. If there are no unseen Claimants on any particular day there is no requirement to forward a UCP to the MSC. MEC staff should simply annotate the daily returns cover sheet with a "0" instead.

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The UCP is a locally printed and available on LiveLink. The Breakdown of the UCP provides details of the reason(s) for Claimant's unseen (**for all DWP benefits**) at the MEC. It is important that the data provided is accurate as this information has a direct effect on the way AH schedule appointments.

Claimants that are cancelled by telephone prior to them attending the MEC are recorded with a category of Cancelled by AH and are not included on the CSHU form. ***(It is important to note that Claimants cancelled by telephone are not unseen Claimants.***

10.5.4 The categories and codes

To assist with the analysis of the reasons why Claimants are unseen, and to help with reviewing future booking policies, the unseen Claimant breakdown has been divided into a number of different codes to which responsibility can be attributed:

2A	Client called in error (non ESA)
3A	File not at MSEC
4A	Same gender not provided
5A	Interpreter not provided
1C	Client arrived on time but wouldn't wait > 30 minutes
2E	Client arrived late (over 10 mins)
3E	Client unfit to be examined
4E	Accommodation problem
5E	Nurse unable to continue with exam
6E	Inappropriate for HCP to see client
7E	Unable to be seen due to H&S issues
8E	Special Need not notified in advance
9E	Client arrived on time but wouldn't wait < 30 minutes
1F	No of clients attended exceeds medical capacity
2F	HCP Unavailable
3F	HCP did not attend for the session
5F	System performance problems

NB...the definition of arriving on time, is the client arriving up to 10 minutes past their scheduled appointment time.

The definition of arriving late is the client arriving over 10 minutes past their scheduled appointment time.

10.5.5 When and how to apply each category

2A Client called in error (non ESA)

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Select this category when the Client has been called for an examination in error.

3A File not at MSEC

This category should be used when a client needs to be sent home unseen because the file has not arrived at the MEC e.g. courier problems.

4A Same gender not provided

This category should be used when a client needs to be sent home unseen because they had requested a same gender HCP at the time of booking the appointment i.e. more than 24 hours in advance, but there is no same gender HCP available.

5A Interpreter not provided

This category should be used when a client needs to be sent home unseen because they had requested an interpreter at the time of booking the appointment i.e. more than 24 hours in advance, but the interpreter has not arrived or was failed to be booked.

1C Client arrived on time but wouldn't wait >30minutes

Use this category when the client arrived on time but decides at some point they cannot wait. Use this category if the Client has waited for a period of 30 minutes or more, from the point of 10 minutes past their scheduled appt time to the point where they say they are no longer prepared to wait. NB arrival 'on time' is regarded as any time that is prior to their scheduled appt time.

2E Client arrived too late. (over 10 minutes)

This category should be used when a client needs to be sent home unseen because they arrived > 10 minutes after their scheduled appointment time and were unable to be accommodated within the session.

3E Client unfit to be examined

The client can be unfit for a number of reasons. These may include alcohol intoxication or under the influence of drugs. The client has become violent. The client is too ill or too distressed to be seen.

4E Accommodation problem

Due to unforeseen accommodation problems the client cannot be seen e.g. power failures, building evacuations, fire/bomb drills & staff unable to access the building.

5E Nurse/ Physio unable to continue with exam

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This category should be used when a nurse is undertaking the examination and then gets to a point where they cannot continue, for example a medical condition comes to light (that was not previously known) that means the examination must be completed by a doctor. Where no doctor is available to continue the examination and the client needs to be sent home unseen for a new appointment with a doctor, this reason should be used.

6E Inappropriate for HCP to see client

It would be inappropriate for an HCP to see a client if they know them, for example they are their GP, they are related to the client or they have examined them before and the client appealed against them. Where no other HCP is available to examine the client and they need to be sent home unseen for a new appointment with a different HCP, this reason should be used.

7E Unable to be seen due to H&S issues

This category should be used where the client's medical condition is such that they were unable to use the stairs in the event of an emergency evacuation and no room was available on the ground floor e.g. not a ground floor MSEC.

8E Special Need not notified in advance

This category should be used when a client needs to be sent home unseen because upon arrival at the MEC they said that they needed a same gender HCP or an interpreter (a request that was not previously known), and we were unable to meet this new request.

9E Client Arrived on time but wouldn't wait <30 minutes

Use this category when the client arrived on time but decides at some point they cannot wait. Use this category if the Client has waited for a period of less than 30 minutes, from the point of 10 minutes past their scheduled appt time to the point where they say they are no longer prepared to wait. NB arrival 'on time' is regarded as any time that is prior to their scheduled appt time.

.1F The number of clients attending exceeded medical capacity

This category should be used when a client needs to be sent home unseen because the HCP has seen as many as they can in their session. E.g. the HCP's agreed number of clients in a session is 4, and they have already seen 4 clients and are not able to see another, or their agreed number is 4 and have seen 3 but do not have sufficient time to see anymore.

2F HCP Unavailable

This category should be used when a client needs to be sent home unseen because the HCP was unavailable. For example, the HCP cancelled their session (as opposed to DNA), or the HCP became ill during the session and could not continue, or the HCP was called away from their session urgently and clients need to be sent home.

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3F HCP Did Not Attend Session

This category should be used when a client needs to be sent home unseen because the HCP did not attend the MEC for a session that they were expected to attend .i.e. the HCP DNAs.

5F System performance problems

This category should be used when a client needs to be sent home unseen because the system is down or so slow that the HCPs have reverted to using paper which means that they then cannot see as many as planned.

10.5.6 Action to be taken on completion of the Unseen Client form (UCP)

At the end of each day, each MEC should fax the completed UCP, along with all other daily returns, to the nominated staff member at the MSC, firstly ensuring that all information recorded is accurate. If there are no unseen Claimants on any particular day there is no requirement to forward a UCP to the MSC. MEC staff should simply annotate the daily returns cover sheet with a "0" instead.

10.6 Claimant unfit to be seen

10.6.1 Identified Before the Assessment starts

If a Claimant is identified as being unfit to be examined before the examination begins consideration must be given as to whether they can be given a second appointment.

If this is their first appointment the Claimant should be sent home unseen using normal CSHU procedures and CSHU reason "Claimant Unfit to be examined" and a second appointment scheduled.

If this is their second appointment, the referral must be withdrawn. The referring Customer Office should be contacted to inform them that the Claimant is unfit to be examined and that the referral is being withdrawn. Before returning the Case File to the Customer, an ESA85A (min) should be completed and attached to the inside of the file, explaining the reasons for the return on it. If possible the Case File should be marked for someone's attention at the Customer Office.

If no Case File exists, one does not need to be created and no note needs to be sent to the customer due to the fact that a phone call has already been made.

10.6.2 Identified After the Assessment has begun

There are a number of scenarios where a Claimant becomes unfit to be examined once the examination has begun.

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If the Claimant is unfit to be fully assessed for reasons related directly to their Medical Condition, but enough clinical detail can be obtained or observations recorded, the HCP will make all attempts to complete the Examination, providing full details of the incident and recording any appropriate descriptors or exemption/support group categories.

If the examination cannot be completed and this is their first appointment, the Claimant should be recorded as a CSHU using CSHU reason "Claimant Unfit to be Examined" and a second appointment scheduled. If the examination cannot be completed and this is their second appointment the Claimant should be recorded as a CSHU using the process described below.

If the examination has to be terminated due to violence or persistent uncooperative behaviour, this will be recorded by the HCP on an ESA85A (min) for ESA referrals. This will be linked to the Case File if one exists. If no Case File exists, one should be created to contain the minute.

Prior to carrying out the withdrawal, receipt of Unlisted FME should be recorded on MSRS (by a member of the Registration and Scrutiny Team) in order to set the Supporting Case File flag to Yes. This action will create OCP Scrutiny/Pre-Board Check; however, this can be ignored as the action of withdrawing the referral will remove this referral status.

If the Claimant is unfit to be examined due to intoxication and this is their first appointment, the Claimant should be recorded as a CSHU using CSHU reason "Claimant Unfit to be Examined" and a second appointment scheduled.

If a second appointment can be given, normal CSHU procedures should be applied, using CSHU reason "Claimant Unfit to be examined". As described above, the reason for terminating the examination will be recorded in an ESA85A (min). This should be linked to the Case File. If a Case File does not exist, one should be created. If a Case File has been created to contain the minute, receipt of Unlisted FME should be recorded on MSRS (by a member of the Registration and Scrutiny Team) in order to set the Supporting Case File flag to Yes. This action will create OCP Scrutiny/Pre-Board Check; however, this can be ignored as the action of withdrawing the referral will remove this referral status.

If a second appointment cannot be given, the referral should be withdrawn, as described above.

10.6.3 Claimant Unfit to be Seen due to Violence

If the Claimant is unfit to be seen due to Violence, Potentially Violent procedures must be put in place immediately.

Form IF1 and IF2 must be completed and returned to the Site Manager along with the Case File (if one exists) for signing and return to the Customer Office. When the Site Manager is ready to forward the Case File, IF1 and IF2 to the customer, the referral must be withdrawn from MSRS.

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10.7 Claimant refuses to be examined

If a Claimant refuses to be examined, consider if they have an acceptable reason for refusing the medical assessment that day. Acceptable reasons are:

1. The Claimant is so ill or distressed that a medical assessment is clearly inappropriate. Seek the HCP's advice in these cases then
 - Phone the MSC
 - Explain that the circumstances
 - Explain that the Practitioner has said an examination is now inappropriate
 - Take action as directed by the MSC
2. The appointments are running late to such an extent that the Claimant's immediate plans would be significantly disrupted and they have already waited at least 30 minutes

Depending upon whether the appointment originated by session bundle or MSRS

- See the appropriate subsection in Section 10.3.

If the Claimant refuses to be examined for reasons other than those that are acceptable you should:

- Explain to the Claimant that:
- A medical assessment is needed before the Customer can make a decision about their entitlement to benefit
- Refusing to be examined may mean they could lose benefit (you must explain this in a very careful non-threatening way)

If the Claimant decides:

1. To be examined, take the normal action
2. Not to be examined
 - Telephone/fax the MSC and advise them why the Claimant has refused to be examined
 - Advise the Claimant their file will have to be returned to the Customer
 - Date stamp the file and return to the Customer

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10.8 Claimant refuses to leave and insists on being examined

Once a decision has been made that a Claimant cannot be seen, ask them to leave. If the Claimant refuses to vacate the premises continue to remind them that there is no possibility of them being examined and request for them to leave immediately. The Claimant should leave on his or her own accord.

If the Claimant becomes aggressive, take the appropriate action as noted under 'Site Security' of this guide.

10.9 Audio and video taping of examinations

The DWP never requires that a medical assessment for the purpose of advising on entitlement to state sickness or disability benefits be recorded on audio or videotape.

A Claimant may request that their interview and assessment by an AH HCP in respect of a benefit claim be recorded either on audio or videotape.

Such a request can only be agreed with the prior consent of the examining HCP, and then only if stringent safeguards are in place to ensure that the recording is complete, accurate and that the facility is available for simultaneous copies to be made available to all parties present. The recording must be made by a professional operator, on equipment of a high standard, properly calibrated by a qualified engineer immediately prior to the recording being made. The equipment must have facility for reproduction so that a copy of the tape can be retained by all parties.

The responsibility for meeting the cost of the above requirement rest with the Claimant.

Any request by a Claimant for an assessment to be audio or videotaped must be declined unless the above safeguards are in place. The Claimant must instead be offered the opportunity of a rescheduled assessment in the presence of a companion or other witness. If the Claimant refuses to avail him/her self of this opportunity and refuses to proceed with the assessment, the HCP should return the file to the DWP with a note explaining the situation.

It is for AH, in conjunction with their legal advisers, to determine the action to be taken in the event of a Claimant making an audio or video recording without the prior knowledge and consent of the examining HCP, or without ensuring that the safeguards defined above are in place.

10.10 Taking of Notes during an Examination by Claimant or Companion

From time to time you may encounter a situation where the claimant is accompanied by a companion and either the claimant or companion may wish to take notes during the assessment.

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Persons who are entitled to be in attendance are always entitled to take notes. This is because it is for their own purposes and not an official record of the process.

To attempt to deny the right to do so is likely to be contrary to Human Rights legislation.

To request a copy of the notes is unlikely to be helpful – it will place the Examining Practitioner in the position where they will be obliged to review the notes and comment on their reliability. However, the Practitioner should record in the medical report, the fact that notes were being taken. LiMA will offer the phrases as an optional addition. For any handwritten report, on the rare occasions when this is necessary, the report should be annotated on the front cover by the practitioner.

11 Rescheduling Appointments

In all instances where you wish to send a Claimant home unseen and re-arrange for an appointment on a different day, you must seek authorisation from the Site Manager or a suitably designated deputy. If authorisation is given then the SM or a suitably designated deputy should also confirm the CSHU category to use.

11.1 CSHU with the Claimant available in the MEC

Appointment re-scheduled for different day

Note the following does not apply to WFHRA appointments created automatically on completion of the ESA LCW assessment.

For appointments where a Claimant is to be rescheduled to different day (i.e. client sent home unseen) the MCA should phone the VCC (while the Claimant is still present). The MCA should tell the VCC Agent which CSHU code to use and the agent will record it in Siebel. A new appointment should be agreed with the Claimant, at the earliest possible opportunity following the CSHU. Details of the new appointment should be provided to the Claimant on an appointment card for them to take away as a reminder.

Appointment re-scheduled for same day

Note the following does not apply to WFHRA appointments created automatically on completion of the ESA LCW assessment.

For appointments where a Claimant is to be rescheduled on the same day (e.g. Claimant agrees to come back after lunch because of an expected long waiting time) the MCA should phone the Resource Team (while the Claimant is still present) and arrange for the appointment to be 'Cancelled by Medical Services'. A new appointment should be agreed with the Claimant on the same day. Details of the new appointment should be provided to the Claimant on an appointment card for them to take away.

11.2 CSHU with the Claimant not available in the MEC

The following does not apply to WFHRA appointments created automatically on completion of the ESA LCW assessment.

If for any reason the Claimant is not able to wait for a new appointment the MCA should phone the VCC (on the same day), provide the CSHU category for the original appointment to the VCC agent and ask the VCC agent to set up a new appointment giving statutory notice and this should be shown as made by no contact.

Note. Where a Claimant is sent home unseen due to a Registered Nurse being unable to continue the examination (e.g. when the Claimant declares a previously

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unknown condition during the exam), the CSHU code to be used is 5E “HCP unable to continue with exam”. There are also two new CSHU codes available to cater for situations where an Interpreter or a same gender practitioner was not available.

For a group CSHU (e.g. where a doctor goes sick on the day) the MCA should phone Resource Team, not the VCC.

Appointments re-scheduled for a different day

This applies to follow on WFHRA appointments only.

If the appointment is to be rescheduled to a later date, carry out the following action:

- Within the pop-up window (described above) select the ‘Request a later date appointment’ radio button.
- Select the appropriate Client Sent Home Unseen (CSHU) reason from the drop-down menu and click ‘OK’.

You should contact the VCC to schedule this appointment. If no appropriate slots are available you should contact your Resource Team.

If for any reason the Claimant is not able to wait for a new appointment the MCA should phone the VCC (on the same day) and ask the VCC agent to set up a new appointment giving statutory notice and this should be shown as made by no contact.

Appointments re-scheduled for the same day

This applies to follow on WFHRA appointments only.

For appointments re-scheduled on the same day (e.g. Claimant agrees to come back in the afternoon because of a long expected waiting time in the morning) this does not involve contact with either the VCC or the Resource Team and is done as follows:

- Under the ‘Int. Appointment’ column on the View Appointments by MEC by Day screen, click on the ‘YES’ hyperlink. This will open a small pop-up window.
- Select the ‘Reschedule for today at...’ radio button. Enter the required time in the text box and click ‘OK’.

11.3 Appointments No Longer Needed for WFHRA Referrals

There are three cases where an automatically created WFHRA referral may not be required.

1. During the course of the LCW Assessment, a WFHRA referral is

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automatically created within MSRS, unless certain restrictions are in place. If the HCP advises that the Claimant satisfy the criteria to be placed in the Support Group after the WFHRA referral has been created, the WFHRA may no longer be required.

2. The Claimant initially requests a WFHRA at the time they are placed in the Support Group, as above, but then changes their mind before the WFHRA takes place.
3. Male ESA Claimants who have reached the normal retirement age for Women (currently 60 years of age) are not required to undergo the WFHRA; however, they are given the option to undergo it if they so choose.
4. When the clerical results are entered into MSRS, a WFHRA is automatically generated and then the MCA is required to request that this referral is removed from the system.

Case 1 and 2

Where the Claimant has declined to undergo the WFHRA as described in scenario 1 and 2 above, the HCP that carried out the Assessment MUST inform the MCA that a WFHRA has been generated but is no longer required. The WFHRA referral must be withdrawn by the resource team. This is done as follows:

Select the WFHRA appointment within the View Appointments by MEC by Day screen and view the referral .Once on the View Referral screen, ensure it is the WFHRA referral you are viewing (by looking at the Referral Category field)

Select Withdraw Referral from the Referral Actions drop-down menu and click Go.

On the screen that follows, click Withdraw Referral

This action will withdraw the referral and automatically cancel the WFHRA appointment.

Any required actions carried out must be as dictated by the Referral Status of the ESA S referral and return the ESA55 to the referring Customer Office. An ESA85Amin is not required as the Decision Maker will be able to see that the Claimant was put in to the Support Group.

Case 3

Where the Claimant has declined to undergo the WFHRA and is over the female state retirement age, the WFHRA referral must be withdrawn. The HCP that carried out the Assessment MUST inform the MCA that a WFHRA has been generated but is no longer required and complete an ESA85A min to indicate the reason for this to the Decision Maker. This is done as follows:

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Select the WFHRA appointment within the View Appointments by MEC by Day screen and view the referral. Once on the View Referral screen, ensure it is the WFHRA referral you are viewing (by looking at the Referral Category field). Select Withdraw Referral from the Referral Actions drop-down menu and click Go.

On the screen that follows, click Withdraw Referral

This action will withdraw the referral and automatically cancel the WFHRA appointment.

When the ESA55 is returned from the HCP you should ensure that they have included a clerical ESA85Amin explaining why the WFHRA did not take place. You should carry out any required actions as dictated by the Referral Status of the ESA S referral and return the ESA55 to the referring Customer Office.

If no ESA55 exists one should be created to contain the ESA85Amin. Receipt of Unlisted FME should be recorded on MSRS (by a member of the Registration and Scrutiny Team) against the ESA S referral in order to set the Supporting Case File flag to Yes. If the S referral is still open, a referral status of OCP Scrutiny/Pre-Board Check will be created; however, this can be ignored as this referral status will be removed when the S referral is closed.

This applies to Claimants that decline the WFHRA on account of their age or if they are put in to the Support Group after the WFHRA Referral has been created. It does not apply to Claimants that refuse to undergo the WFHRA for any other reason; in such circumstances the Claimant should be recorded as having DNA the WFHRA and a BF223 WFHRA issued.

Case 4

A report is hand written when there is either a DV or the system faults and the business continuity plan is invoked or a non networked site i.e. the casual hire site is operated. So when these clerical handwritten results are entered into the MSRS a WFHRA is automatically generated.

The action taken on this automatically generated WFHRA is to get it withdrawn from the system.

11.4 Claimant Provides FME at Examination

If a Claimant arrives at the MEC with FME for the Practitioner to view, a copy of this FME should be added to the case file where there is one.

For WFHRA-only appointments the FME should be returned to the Claimant as the content of the WFHRA report does not inform the benefit entitlement decision.

For S-category referrals with no case file you must create a new case file to accommodate a copy of this FME (see section 11.4). In order to set the supporting case file flag to 'YES', receipt of the FME must be recorded on MSRS. You must

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contact a member of the Registration and Scrutiny Team and ask them to do this. This is to prevent the DWP decision-maker making a decision on entitlement without having all the available evidence.

11.4.1 Creating a case file

The front cover of the ESA55 is reversible. You should always use the side labelled 'Return of Supporting clerical documents'. Only the following fields should be completed:

Benefit Type

- If the referral is ESA, place a tick in the ESA box.
- If the referral is IB Reassessment, place a tick in the box

Special Indicator/PV Marking

If the Claimant is identified as being PV on MSRS, stamp this box using the Chequered stamp. A black stamp pad must be used.

Customer Details

- National Insurance Number
- Surname
- Title
- Other Names

Return Documents to

- Enter the Name and Office ID of the referring customer office.

11.5 Incomplete Examinations

It is expected that the practitioner would inform you on the day if they were unable to complete a report (so that the appropriate action can be taken immediately); however, there may be occasions when this does not happen. The following instructions will identify any uncompleted reports that you were not told about.

11.5.1 Checking for Incomplete Examinations

At the start of the day, go in to the View Appointments by MEC by Day screen for your MEC for the previous day to check any outstanding appointments. Select to view all Open appointments.

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Where the arrival time has not been recorded, you should follow the DNA process as described in section 7.10.

If there are any appointments which have an Arrival Time recorded but have no Appointment Outcome, then either that arrival time was recorded in error or the Claimant arrived but the examination did not take place or was not finished.

If the Examining Practitioner column is blank, then the examination was not started on Integrated LiMA. You will need to establish what happened, and establish whether the examination should be DNAd on the system, completed by the practitioner, a new appointment scheduled or the report was completed on paper and the result needs to be entered manually.

11.5.2 ESA S Referrals

If there is a practitioner number in the Examining Practitioner column, then the examination was started on Integrated LiMA but not completed. In this instance, contact the Practitioner to establish what happened and request that they complete the report on Integrated LiMA as soon as possible.

11.5.3 WFHRA Referrals

For ESA WFHRA referrals, contact the Practitioner to establish why the report was not finished. The WFHRA is a Claimant Facing assessment and must be fully completed whilst the Claimant is present.

If the Practitioner explains that the Claimant refused to continue with the WFHRA, then the WFHRA appointment should be DNAd. This is done as follows:

- Click on the Arrival Time (the time that was entered previously. This will be a hyperlink)
- Select the “DNA with BF223 Date...” radio button and click OK

If the Practitioner explains that the Claimant became too upset to continue with the WFHRA, but said that they would attend another one, then a new appointment will need to be arranged. This is done as follows:

- Click on the Arrival Time (the time that was entered previously. This will be a hyperlink)
- Delete the time that has been entered and click OK. The arrival time will have been replaced with the usual Arrival button.

For WFHRA Only referrals (where the “Internal Appt” column says “No”), contact the Resource Team and request that they cancel the appointment as a CSHU (using the reason 1E Claimant Issue) and arrange another appointment allowing for statutory notice to be given to the Claimant.

For follow on WFHRA referrals (where the “Internal Appt” column says “Yes”), follow the process described in section 11.2.

12 MEA Completion where SMART in MECs

LiMA will populate SMART with the examination details that SMART needs at the point at which LiMA saves the completed examination record.

These details are as follows:

- Outcome Code (Default to 01)
- Dr GMC who carried out examination*
- Start Time
- End Time
- Whether the Claimant has been exempted (exempted Y/N)
- Prognosis Values (1 to 5b)
- Whether Non Functional Descriptor has been applied (NFD Y/N)

This information will be sent back to SMART at the point that the LiMA record is saved.

The record will be associated with the appropriate Practitioner's session automatically and as part of this process the appropriate adjustments for payroll etc will be made to both sessions. This means that staff does not have to move Claimants from session to session where pooled sessions are in operation.

You must ensure that by the end of the sessions, ALL assessments that have taken place have reports completed for them. Full reports must be provided by the HCP, either manually on paper or electronically on LiMA.

***Note:** GMC will remain blank until an outcome code has been generated. If the outcome code of '01' is entered, i.e. the Claimant has been examined, the GMC number that will be populated, within this column will be the GMC number of the examining HCP. If, however, the outcome code is any other than '01' the GMC number generated, will be that of the HCP whose session the Claimant had been previously been booked into.

12.1 Completion of the AC1/MEA completion screen

SMART displays a screen, which is based of the current AC1 form. The AC1 on screen includes the following fields:

- NINo (Display only)
- Claimant Surname and Forename and title (Display only)

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- Appointee flag (Y/N)
- PV Indicator (Display only)
- Special Needs (Automatically populated from the scheduling appointment screen Y/N)
- Appointment Time (Display only and will be displayed in time order)
- Arrival (This field will default to “N”, but if this is changed to “Y” populate Arrival Time with time of this action)
- Arrival Time (You can change the value in this field)
- Outcome Code (Display only)
- Expenses Claimed (This field will default to “N”, but if this is changed to “Y”, this will call the Claimant expenses frame and allow you to enter claim details. If the call is made and you exit without saving then the flag will default back to “N”). When a ‘Y’ is input, a message will be displayed ‘No rows found. Do you wish to add new details Y/N’

This screen lists the appointments in time order i.e. all the 9's all the 10's etc.

You must refresh this screen manually, by pressing the appropriate function key after every 15 minutes of inactivity, a pop-up will appear prompting you to refresh. Press return and it allows you to save before you refresh, this will avoid the risk of losing your work.

You will have the ability to

- access the Client Details Screen when you have highlighted a Claimant. This can be done via a function key. When you exit the Client Details Screen you will be returned to the position in the AC1 frame you left
- search for an unknown Claimant. This can be done via a new function key, which will take you into the Maintain Client Details screen, here, you will insert the NINo
- access the Special Needs screen when you have highlighted a Claimant. This can also be done via a function key. When you exit the Special Needs Screen you will be returned to the position in the AC1 frame you left at

Within the AC1 screen you can print an online AC1. For those sites that do not have a network printer this will be printed in the MSC as is the case for all other prints.

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12.1.1 Special Needs

The MCA is able to identify that there is a Special Need applicable by the 'Y' entered in the 'SN' column of the MEA Completion Screen. When you tab to record that the Claimant has arrived and a Special Need exists, you will be presented with a SMART warning message, as shown at the bottom of the screenshot below:

The screenshot shows a terminal window titled "MEA COMPLETION" with a dark blue background and yellow text. The top right corner displays "Date: 06/07/06" and "Time: 12:34:50". Below this, the "Examination Centre: 0684" and "Examination Date: 05/07/06" are shown. A table lists claimant details with columns: Nino, Claimant Name, App, PV, SN, Time, Arr, Arr Time, OC, GMC Num, and Exp. The last row for Nino RJ000006A has a yellow highlight and a SMART message box below it. The message reads: "SMART MSG 84 : This client has outstanding Special Needs. If you wish to complete these now use the F6 function key to call the Special Needs screen." with a "[PRESS RETURN]" button.

Nino	Claimant Name	App	PV	SN	Time	Arr	Arr Time	OC	GMC Num	Exp
RJ000001A	MR J CAKE	N		Y	12:55	Y	12:43	01	2213833	N
RJ000000A	MR J FLASH	N		N	13:00	Y	15:17	U2	3483334	N
RJ000004A	MR R TEA	N		Y	13:00	Y	13:00	01	3483334	N
RJ000005A	MR B BOUN	N		N	13:00	Y	13:00	01	3483334	N
RJ000006A	MR F PARMAR	N		Y	13:25	Y				N

SMART MSG 84 : This client has outstanding Special Needs. If you wish to complete these now use the F6 function key to call the Special Needs screen.

[PRESS RETURN]

This advises you to press the relevant function key to enter the details of whether the Special Needs have been met or not. When you press the function key, this will take you into the Special Needs screen. Here you need to record whether the Special Needs have been met or not.

- **Special Need met**

If the Special Need has been met, you will enter 'Y' in the 'Met' column and then enter the function key to apply changes.

- **Special Need not met**

Where the Special Need is not met, you will enter 'N' in the 'Met' column, you will then enter a reason in the 'Reason Needs Not Met' column, e.g. *Interpreter not arrived*. You will then enter the function key to apply the changes.

Note: If you enter into this screen unintentionally, you will need to enter the function key F3 for 'End', this will take you out of this screen. At this point a message asking you to confirm if you wish to leave this screen without saving changes will appear, here you will enter 'Y' and press the return key.

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Also note that for example, if you are **awaiting** an interpreter, you must not record this as a Special Need not met, this will only be recorded as such if they fail to turn up. If you are within this screen and are awaiting the interpreter, you will not apply changes to this screen and need to exit. You will return to this screen when you have a result on the Special Need.

When you have completed the Special Need screen and applied changes as appropriate, you will be returned to the MEA Completion screen, where you will save changes as normal.

Special Needs – Mandatory call from Update Activity Screen

This applies to cases that have been completed on LiMA and where a Special Need exists.

When clearing a case from E800/E801 to C100 or P750 and an 'open' Special Needs exists (i.e. The Special Need screen has not been completed) you will be presented with a warning message. The message will inform you that the Special Need record must be completed before you can close the referral or send it for Quality Monitoring. You will hit 'return'. This will now take you into the Special Needs screen, where you **MUST** complete as described above, and apply changes. It is essential that you 'apply changes'. This will now bring you back to the Update Activity Details screen.

12.2 Time capture

The times captured electronically are based on a common synchronised clock.

12.2.1 Capture of arrival and exam start times

This will automatically default to today's date but can be changed accordingly. You are able to amend the times recorded, if for instance, you have recorded a time against the wrong Claimant.

12.2.2 Waiting time

The capture of waiting times is calculated by the system.

12.2.3 Exam end time (LiMA only)

The exam end times will be captured in LiMA. This information will then be sent back to SMART by way of an interface between both.

12.2.4 Exam end time (Non LiMA)

Completed as usual via session completion.

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12.3 Exam results (LiMA only)

For LiMA exams the interface will provide SMART with the appropriate exam result values. These cases will be updated with the appropriate next activity (E800).

12.3.1 Exam results (Non LiMA)

Completed as normal via session completion.

12.4 Removal of automatically printed AC1

With the introduction of the new SMART AC1 screen the automatic printing of the AC1 has been removed. Although you do still have the facility to print this as and when you need to.

13 Linking Reports and Clearing Cases

13.1 Post-LiMA Examination Actions

No Case File Exists

Where LiMA assessments are undertaken on referrals with no case file, there are no post-examination actions required at the MEC.

Case File Exists

For assessments undertaken on referrals with a case file, the Health Care Professional (HCP) will return the case file to the MCA following completion of the assessment. At this point the MCA will need to check the current Referral Status to ascertain what the next action is. This is done as follows:

- Select the appointment in question using the Radio Buttons on the right hand side of the table.
- Once you have selected the appropriate appointment, select 'View Referral' from the drop down menu at the bottom right hand side of the table and click 'Go'. This will take you to the View Referral screen.

Note you can also access this screen by carrying out a Client Search as described in section 3.4.

The Referral Status will be one of the following:

- 'Customer Action'
- 'Medical Audit'

These are described below.

Customer Action

This Referral Status indicates that no further action is required and that control has been returned to the referring Customer office. The Case File should be returned to them.

Medical Audit

This Referral Status indicates that the medical output has been selected to undergo Quality Audit. You should pass the Case File to the Administrator at your MSC that is responsible for Audit.

13.2 Post-Clerical Examination Actions

There are a number of scenarios where examinations will be completed on paper and not LiMA. Examples are LCWRA examinations, Contingency has been invoked or at sites that are not on the network.

For examination reports produced on paper you should record all examination outcomes and findings on an AC3. A number of checks are to be carried out before transferring the examination outcomes from the AC3 to MSRS. The latest version of the AC3 can be found in Appendix M along with a list of appropriate Outcome Codes to be used. The AC3 should be updated with 'QM' in the file location column.

Non-cabled MECs should not return case files to DWP on the same day as the examination. Once the outcomes from the AC3 are entered onto MSRS at the MSC, it will determine which referrals have been selected for audit and which can be returned to the DWP.

13.2.1 Legibility and Completeness

All clerical exam reports should be checked for legibility, jargon and completeness. This must be done prior to updating MSRS with the exam outcome. Please refer to the Administration Checks on Closure guide for further details on the checks to be made including LCWRA referrals.

13.2.2 Recording the Examination Outcome

Should an examination be carried out clerically it will be necessary to manually enter the examination outcome and findings. This should only ever be done when the clerical report is physically present.

This is done as follows:

- Carry out a Client search and navigate to the View Case screen for the appropriate case
- Select 'Record Examination Outcome' from the Referral Actions drop down menu and click 'Go'
- You will now be on the "Record Examination Outcome" screen for the appointment in question. Enter the following information in to the empty fields:
 - "Prof Reg Number" – the Professional Registration Number of the examining Health Care Professional
 - "Exam Date" – defaults to today's date, this can be changed
 - "Exam Start Time" – the time that the exam started
 - "Exam End Time" – the time the examination ended

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- “Total Case Duration” – the total time taken for that case
- “Interpreter Provided” – place a tick in this box if one was provided
- “CR1 Report Produced” – place a tick in this box if one was produced
- Click ‘Record Outcome’.

Having clicked ‘Record Outcome’ you will be returned to the View Case screen. For WFHRA referrals the referral will now be closed. For S-category referrals the workflow status will have progressed to “Examination Findings”. Click on this hyperlink to access the Record Examination Findings screen.

13.2.3 Recording the Examination Findings

Within the Examination Findings screen carry out the following actions:

ESA Examination

- If the Claimant falls under a Support Group select the appropriate Support Group category from the drop-down menu. Leave blank if they do not fall in to a Support Group. The Support Group category can be found on form ESA85A.
- If a subsequent WFHRA is required place a tick in the tick-box. Leave blank if not required.
- Place a tick in the tick-box if a non-Functional Descriptor was applied. Leave blank if not.
- Select the prognosis from the drop-down menu
- Click ‘Record Examination Findings’. This will return you to the View Case screen.

Note that the act of recording an examination outcome against an ESA S-referral will, where appropriate, automatically create a new WFHRA referral. In these circumstances that referral will be visible on the View Case screen and will have a status of ‘MEC Examination’. The WFHRA referral must be cleared either as examined, cleared as DNA or rescheduled.

13.3 Audit Selection

MSRS will now automatically select clerical cases for medical audit. After clerically recording the examination findings (for both DVs and Examinations carried out at the MEC), you must then view the referral status to establish what to do with the file next. If the referral status is Customer Action, the file can be returned to the referring DWP Office.

If the referral status shows any Audit type, then the audit process must be followed. Send the medical report along with its case file and a completed QR2 form to the

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Audit Administrator who will arrange for the audit to be undertaken.

14 Quality Initiatives

As part of contractual requirements, AH must ensure that the medical reports we provide are free of specific anomalies. If errors are found in medical reports after they have been returned to DWP, they are resubmitted as rework. The service target allows for no more than 1% of all referrals cleared, to be returned to AH as rework. All rework referrals carry high financial penalties if they are not corrected in a given time. Therefore, it is important that any mistakes are identified before the files leave the MEC, thus minimising the likelihood of any rework. As part of the medical quality programme you will also be asked to provide Claimant's files (post examination) as instructed by the MSC for quality monitoring.

All checks in any benefit stream should be undertaken whether the examination was conducted at a MEC or by DV.

14.1 Post examination checks

You will need to check that every report completed for any benefit referral is fit for purpose. Full details of what to check for each benefit are given in the guide for Administration Checks on Closure MED-ACC01, but every report must be:

- Clear to a lay person
- Signed by the HCP
- Dated
- Legible

14.2 Rework

You may receive rework referrals for the attention of the examining HCP who is scheduled for sessional work at the MEC where you are based.

You may receive two kinds of rework:

- Rework advice – Rework AH feel they are able to clear without referral for assessment
- Rework examinations – Rework AH feel they are unable to clear without a re-assessment

The guidance provided at section 14.2.1 and 14.2.2 is generic. For benefit specific guidance you should refer to the Rework Guidance for individual benefit types. The appropriate reference is listed below:

- Incapacity Benefit Rework - MED/S2/IBRW201

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- Industrial Injuries Scheme Benefit Rework – MED/S2/IDBRW201
- Disability Living Allowance Rework – MED/S2/DLARW201
- Severe Disablement Allowance Rework – MED/S2/SDARW201
- War Pensions Rework - MED/S2/WPRW201

14.2.1 Rework advice referrals

On receipt of rework advice you should follow the following procedures:

- All referrals with a RWK2 Rev form on their cover must be treated as URGENT
- If you are based at a co-located MEC you will receive the Claimant's file and the RWK2 form by hand, whereas outlying MECs/satellite MECs will receive the RWK2 and appropriate pages requiring rework by fax
- On the date of receipt or on the first date of attendance at the MEC, inform the examining HCP named on the RWK2 Rev that they are required to perform rework advice. The rework should be completed without interfering with the day's sessions
- At the beginning of the session, the HCP should collect the file from you and should return it as soon as the rework is completed
- Check the HCP has ticked the 'Advice Completed' box on the RWK2 Rev, completed the 'Time Taken To Complete Rework Advice' box on the RWK2 Rev, and signed and dated the action in the space provided on the form
- Tick the 'Rework Completed And Checked by MEA' box on the RWK2 Rev and sign and date the action in the space provided
- Return the RWK2 Rev and file and/or rework papers to the Customer Service Desk Medical Advisor (CSD MA) by hand for same day approval if based at a co-located MEC or by fax if based at an out lying/satellite MEC.

14.2.2 Rework examination referrals

The following steps determine the action you should take:

- Treat referrals with RWK2 Rev on the cover as URGENT. The Claimant must not be sent home unseen. Rework exams have a target of 10 days.
- After the examining HCP has completed the re-examination and the 'Re-examination Completed Section' of the RWK2 they will pass them both to you
- You will need to check the case has been completed ensuring it is not

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returned for repeat rework

- Remove the completed RWK2 Rev Form and fax to the Customer Service Desk (CSD) the same day
- Return the report directly to DWP

14.3 Quality monitoring

Administrative staff in the MSC are responsible for selecting a specific number of ESA, IIDB examination referrals each month for Full Time Medical Advisers to monitor. You will be advised if they wish to monitor case(s) from one/a number of HCPs who are conducting sessions at the centre where you are based.

You should be advised:

- How to make the selection
- The HCP(s) concerned
- The cases required
- The date(s) of the session(s)
- Who they should be returned to

Please note MSRS will select ESA referrals which require Quality Monitoring. These can be identified by checking the referral status for each referral as it is returned.

14.3.1 No SMART in MEC

Once the examination has taken place, the MCA must annotate the 'File Location' column of the AC3 with 'QM' and the form must then be faxed to the MSC. Form QM2, indicating that the case is to be audited must be attached to the front of the file. The file must be placed in a separate courier pouch or 1st class envelope (whichever is appropriate due to target clearance times) and returned to the MSC.

14.3.2 SMART in MEC

Where cases have been selected for quality monitoring, within the MEA Completion screen:

Step	Action
1	Press function key (from the bottom of the screen) for 'Session Comp'
2	This will take you into the Maintain Session Completion Details screen

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- 3 Clear case with the appropriate outcome code, i.e.; '01'
- 4 Tab to next activity, select **P750**
- 5 **Save**

Note that this will only be whilst we do not have the LiMA interface.

15 Completion of Forms

The completion of a number of different forms is a significant part of session administration.

15.1 Completion of form AC1

You will either print an AC1 or it will be sent to you. For MSRS cases you will then build your own session using the AC1, for SMART sessions it will accompany the bundle you receive as normal for each day's sessions.

The AC1 details all Claimants that are scheduled to attend on the given examination date printed at the top of the sheet. The Claimants are listed in time order and then alphabetically within each time. In addition to this substitutions (late filled appointments) may be included at the bottom of the page.

The following information will already be entered on the AC1

- Session Reference
- Claimant's name
- Insurance Number
- Business Code (Referral Type)
- Allocated Practitioner
- Appointment time
- PV

Use the following steps to complete the remainder of the form.

- On arrival of the Claimant enter the time (24 hr clock) of arrival in hours and minutes in the designated column
- If the Claimant does not attend, enter DNA in the arrival time column

Enter the appropriate waiting time

- Having allocated the Claimant to an examining HCP enter the HCP's name/General Medical Council (GMC)/Nursing Midwifery Council (NMC) Number in the appropriate box
- Once you have processed the Claimant's travelling expenses, record the amount being claimed and enter your initials in the next column
- Leave the final column blank. The Authorising Officer will enter their initials once

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the claim has been authorised

- After the Claimant has been examined, enter the time they leave the building in the departure column
- Having dealt with the Claimant's travelling expenses, record the amount of expenses being claimed. This may be before or after the examination depending on the time of arrival
- Fax completed AC1 to MSC at the end of the day

15.2 Completion of form AC3

Form AC3 is used by the local MSC to clear referrals from SMART and record information indicating the outcome of the assessment. It is also used for finance purposes to determine the relevant amounts payable to examining HCPs. It is therefore essential that this form is detailed and accurate.

You will need to ensure that all the relevant information has been transferred from either the AC1 or the Claimant's file to the AC3 by the end of the day. A separate AC3 must be completed for each examining HCP. Appendix E shows an AC3 Prognosis Desk Aid and lists benefit specific prognosis for completion of the AC3. The AC3 report is printed on SMART in the MEA completion screen. You must also refer to the Administration Checks on Closure (MED-ACC01), for further details on checks to be completed.

The following information should be entered at the top of the form:

- Date of session
- Session number
- Payable start time/finish time
- Number of claimants seen
- Centre name/number
- Doctor's name
- Doctor's GMC number
- Preferred No. of cases to be seen
- Your name and signature
- Doctor's signature

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15.2.1 Session time details

When entering information about the payable start and finish times you should enter the following information:

Payable Start Time

- Practitioner's arrival time if later than session start time (regardless of whether claimants are waiting) or
- First examination start time if before session start time or
- All other instances – session start time

Payable Finish Time

- Last examination finish time if after session end time or
- Leaving time if before session time and claimants are waiting or have been sent home or
- In all other instances – session end time

15.2.2 Examination details

In non-LiMA cases, you should then record the examination details. Firstly enter the Claimant's National Insurance Number (NINo), surname and initial and then record the appropriate details in the relevant columns:

Column	Information to enter
FEV	Enter P (Pass) F (Fail)

15.2.3 For ESA Assessment

In LiMA cases, the information such as the Payable Start Time and the Payable Finish Time, session number, no. of claimant seen the date of session, the centre name and the number, Doctor's name and the GMC number gets transferred automatically.

The only information which you need to input is the signature.

15.2.4 Own Occupation Test

Capable	Turn to part G1 on form IB84 where the HCP gives an opinion about the Claimant's capacity for work. Enter Y if the Claimant is capable or N if they are incapable of work
Prognosis	This should only be entered if the Claimant is incapable for work. Turn to part G3 of form IB84 where the HCP gives a

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prognosis. Use the AC3 prognosis desk aid to enter the appropriate prognosis 1-3

15.2.5 For IIDB cases

FME	IIDB cases Enter the number of pieces of FME requested prior to the examination. Enter zero if no request was made
Adj'd	Enter Y if the HCP has advised the case has been adjourned, N if not
%	IIDB cases Check the section of the BI form 'on loss of faculty'. The HCP will answer this question with a tick in the yes/no boxes or by writing 'yes' or 'no.' If the answer is no, enter 1 in the % box. If the answer is yes, you will need to enter a number depending on the percentage figure recorded at Part 8. Enter: 2 If the HCP has recorded 1 -13% 3 If the HCP has recorded 14 – 99% 4 If the HCP has recorded 100%
Prov Award	For IIDB cases only, consult the medical examination report form completed enter Y for yes, N for no
Related benefits	For IIDB cases only. The HCP will have recorded details of advice given to the Claimant about related benefits during the examination (e.g. Constant Attendance Allowance or Reduced Earnings Allowance). Enter the total number of benefits advised. Enter zero if no advice was given
For all benefits	
Time Taken	This is the start and finish time when the HCP started and finished the case. You will need to ensure that the entry in the 'Total Time Taken' field includes both writing up time and pre-examination reading time in all instances
File Location	Enter one of the following: The appropriate office code number if the file has been returned to the Customer. QM if the file has been extracted for quality monitoring

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MEC where the file has been retained at the examination centre (i.e. following an adjourned board)

At the end of the sheet you will need to indicate by ticking yes or no if:

- Any Claimants were left waiting or were sent away. If yes enter the Claimant's details onto an unseen record Claimant sheet and indicate why they were unseen

Complete 'If less than preferred volume seen state reason...'

You should fax/pass completed AC3/Session Exception Reports (SE1) to the MSC at the end of the day.

15.3 Issuing BF223

N.B. ESA Claimants only.

LCWRA Referrals do not issue a BF223. Follow DNA instructions described in Section 7.10. ESA Claimants who do not attend and who do not advise us they are unable to attend until after their appointment time a BF223 will need to be sent to the Claimant asking them to contact the Customer and explain why they could not attend

There are 2 types of BF223 in use at the MEC, they are as follows:

- BF223 (ESA) – used for ESA LCW and IB Reassessment appointments only
- BF223 (WFHRA) – used for WFHRA appointments only

A BF223 must be issued within the next working day of the scheduled appointment if the Claimant fails to attend. The following procedures should be followed:

- Complete the 'did not attend' column on the AC1 appointment list
- Complete form BF223 with:
 - DWP address stamp
 - Claimant's name and address
 - Claimant's NINO in reference number box
 - Date of issue
 - Date of examination
 - Date for return by (seven calendar days)
 - Omit DWP telephone and textphone numbers if these are included on the address stamp

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- Issue form BF223 to the Claimant by first class post, enclosing a pre-paid business reply envelope for return to the appropriate DWP office
- Return the file to the Customer

If any BF223s are returned to the MEC marked 'Undelivered' or 'Not known at this address' return the letter and the envelope to the relevant Customer Office who will take any necessary action. Return these letters immediately otherwise a Claimant's benefit may be suspended.

15.4 Form UE1 (Rev)

If, during an examination by any HCP working on behalf of AH, findings indicate or suggest the existence of a disease or medical disorder that may not be apparent to the Claimant or the Claimant's medical carer, then those findings must be communicated to the Claimant's General Practitioner (GP) or other medical carer within 24 hours of identification.

For work carried out in the MEC, the method of communication used by the examining HCP will depend upon the urgency of the situation. If the examining HCP deems it necessary, contact should initially be made by telephone, followed by written confirmation using form UE1 (Rev). If any telephone conversations are made to the Claimant's GP or Medical Carer they must also be documented on form UE1 (Rev).

On completion, the HCP will pass the completed UE1 (Rev) form back to you, you should

- Take four photocopies of form UE1 (Rev):
 - Return one copy to the HCP, to be handed to the Claimant
 - As it is doubtful that forms issued by 1st class post will reach the GP/medical carer within 24 hours, fax the completed UE1 (Rev) to the Claimant's GP (if the GP's fax number is not known you must obtain it by telephoning the GP) and post the hard copy 1st class immediately after
 - File a copy of form UE1 (Rev) in the Claimant's file
 - Issue a copy of the completed UE1 (Rev) form to the Customer Service Desk at the MSC

16 Communication

16.1 Communication methods

16.1.1 Email

MECs will, receive emailed notifications and communications from MSC, the VCC, the Resource Manager and other sources.

MECs will respond by email and it will result in faster communication.

16.1.2 Fax

Information will often be sent by fax - the fax machine must be checked regularly.

16.1.3 Phone

MECs will have regular telephone contact with other MECs in their region. If conducting examinations for other MSCs, the MEC will contact either the MSC or the MEC directly.

16.2 Contact between the MEC and the VCC

Appointments for MSRS Referrals will be made by the Virtual Contact Centre (VCC) using a system called Siebel.

Some contacts will be so that the MCA can update a file or add new information, others will require further actions such as sending the file to another location or returning it to the DWP.

Contact reasons and situations are:

- Whenever it is necessary to cancel or postpone an appointment, for example if the Claimant has to be CSHU, the MEC must contact the VCC to rebook the Claimant into a new appointment.
- If the Claimant is still present at the MEC, contact should be by telephone so that the appointment can be agreed before the Claimant leaves.
- Where a file needs to be transferred between MECs – the VCC will contact the MEC via email.
- Where the VCC has received change of circumstances information from the Claimant – the VCC will fax or email the DNA2 or CC1 form to the MEC for file updating and potential transfer of file to another MEC or return to the DWP

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- If the VCC receive a threatening call, they will complete a threat form and this will be faxed to the MEC for inclusion with the file

16.3 Contact between the MEC and the Resource Manager

The Resource Manager (RM) will be the single point of contact for the DWP. Any circumstances or situations that require escalation or notification to the DWP must be made via the RM.

Examples would be

- Where a Claimant behaves in a way that could lead to them being labelled as a PV, or where a Claimant already marked as PV is involved in a further PV situation. The IF1 and IF2 forms will be completed, linked to the file and the file returned to the DWP
- When the Claimant informs the VCC that they are going away for more than a month, the VCC will contact the RM for clearance of the referral and return of the file to the DWP-The RM will contact you, where applicable
- If the Claimant contacts the MEC with any changes to their details (address, phone number etc)
- If the Claimant notifies the MEC that they have returned to work, the MEC must contact the RM with this information. The RM will contact the DWP to confirm next steps.

The RM may contact the MEC after this by emailing or faxing a RTW form for linking with the file, closure of the referral and then return the file to the DWP

- Where the DWP recall the file for their reasons, the RM will contact the MEC to request closure of the referral and return of the file to the DWP
- When a taxi request is authorised, the RM Team will book the taxi and contact the MEC to confirm that the request is authorised. Confirmation should included with the file
- Where a DV is requested and approved, the RM Team will contact the MEC to request the return of the file to the RM

16.4 Communication between the Claimant and the MEC

This section deals with the remaining number of administrative tasks you will need to perform. This includes dealing with any communication you may receive from the Claimant.

16.4.1 Receiving written correspondence/verbal enquiries from the

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Claimant

If you receive correspondence from the Claimant you should

If it is a complaint	Refer to the Complaints Procedure Guide <i>MED-CP01</i>
If the Claimant advises they are unable to attend	Go to section 16.4.2 of this Guide
If the Claimant verbally raises an issue to which you are unable to respond	Contact the MSC for advice

Forward all written correspondence concerning other issues to the MSC

16.4.2 The Claimant is Unable to Attend (UTA)

A Claimant will be classed as Unable to Attend (UTA), where notice is given before the time of the appointment. Therefore, if a Claimant cancels on the day of the appointment *before* the appointment time they are classed as UTA. The Claimant can only UTA one appointment.

16.4.3 Receiving an 'Unable to Attend' letter

If the Claimant's file is already at the MEC when you receive the letter:

- Delete the appointment from the AC1 appointment list
- Note on the AC1 appointment list that the Claimant is unable to attend
- Fax or send the unable to attend letter to the MSC or VCC to arrange another appointment
- The file should remain in the MEC unless the MSC or VCC advise otherwise

If the Claimant's file is not at the MEC, send the unable to attend letter to the MSC straightaway. If the appointment date is imminent you should telephone in advance of doing this.

16.4.4 Receiving an 'Unable to Attend' telephone call

If the AC1 appointment lists are at the MEC when you receive the telephone call from the Claimant, ask the Claimant for

- Their name
- Their NINo
- Their appointment date/time

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- The reason why they are unable to attend the appointment
- Their telephone number
- Advise the Claimant you will contact the VCC who will advise them of the new appointment
- Contact the VCC with the Claimant's details and inform them why the Claimant is unable to attend
- Delete the appointment details from the AC1 appointment list
- The file should remain in the MEC unless you are advised otherwise by the MSC

If the Claimant's file is not at the MEC:

- Ask the Claimant for:
 - Their name
 - Their NINo
 - Their appointment date/time
 - The reason why they are unable to attend the appointment
 - Their telephone number
- Advise the Claimant to contact the MSC (first) in order to arrange a mutually convenient appointment
- Should the Claimant express any difficulties about contacting the MSC themselves, inform the Claimant you will liaise with the MSC on their behalf. The MSC will inform the Claimant of the new appointment.

16.5 Telephone contact with Claimants

If, for any reason you are required to contact the Claimant by telephone it is essential that you follow the procedure outlined in this section. This section is to ensure that you comply with the Data Protection Act when contacting Claimants or their Appointees by telephone.

Establishing the identity of the Claimant

When making the telephone call it is essential that you establish the identity of the person to whom they are talking at the outset.

The following script or something very similar must be used:

"I'm (admin staff to give full name) from AH and I would like to speak to

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Mr/Mrs/Miss/Ms (Use Full Name of Claimant)". No further details should be given until the Claimant has been positively identified.

A positive identification of the Claimant should be sought and this would normally be the DOB or NINo.

If you are uncertain that the person to whom you are speaking is the Claimant, terminate the call.

If the Claimant is unavailable, make arrangements to call back, without revealing any further details appertaining to the nature of the telephone call. If the Claimant cannot be contacted via the telephone the normal procedure, e.g. using the appropriate letter/informing the MSC, should be followed.

Informing the Claimant of the reason for the telephone call

Having established the identity of the Claimant, there is then a need to explain why the telephone call is being made.

Exceptional circumstances

There may be instances when the above procedure cannot be used due to the fact that:

- the Claimant has an Appointee;
- the Claimant requires an interpreter; or
- the Claimant has a medical condition that precludes a telephone conversation.

If any of these circumstances arise whilst contact is being made by telephone, greater care must be exercised to ensure that we remain within the confines of the Data Protection Act.

1. Claimant has an Appointee

If the referral shows that the Claimant has an Appointee, a check should initially be made to verify that we are talking about the correct Claimant by checking DOB, address and NINo. Once this is confirmed, the person who claims to be the Appointee should be asked for verification of their name and address, which will be shown on the referral or the View Client screen of MSRS. Further information may then be divulged.

2. Claimant requires an interpreter

If, when making a telephone call to the Claimant, it becomes obvious that an interpreter is required, staff should advise the person to whom they are speaking that a letter will be sent to the Claimant in due course. The telephone call should be terminated without divulging any of the Claimant's details.

3. Claimant has a medical condition which prevents him/her speaking on the telephone

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As in the case of an interpreter, once it becomes obvious that the Claimant cannot speak on the telephone staff should advise the person to whom they are speaking that a letter will be sent to the Claimant in due course. The telephone call should be terminated without divulging any of the Claimant's details.

In all cases a common sense approach must be used by staff when making contact with a Claimant by telephone.

For further details on the Data Protection Act refer to The Data Protection Act within Medical Services (MED-TDPAWMS01).

17 Changes made to by Atos Healthcare

17.1 Changes made on MSRS

The following changes can be made by Atos Healthcare without prior consultation with the referring Customer Office. When some of these changes are made, MSRS will send an automatic notification of Change of Circumstance to the Customer.

- Name:
 - Title
 - Surname
 - Forename
 - Middle Initials
- Address
- Telephone number and mobile number
- Requested language*
- Same gender practitioner required*
- GP name
- GP telephone number
- GP address
- Availability constraint text*
- Availability constraint expiry date*

* Changes to these fields will not trigger a notification to the Customer.

A CC1 form is not needed to communicate any of the changes listed above.

Where an address is updated and the referral status is MEC Examination, MSRS will automatically re-issue their appointment letter.

If any of the above changes would result in the need to update a Case File, the case file must be updated.

17.2 SMART where SMART in MECs

If you are amending details of a Claimant that you have listed within your MEA Completion screen follow the process below:

From the MEA Completion screen:

Step	Action
-------------	---------------

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- 1 Select the Maintain Client Details option, enter the NINo and F12
- 2 You will now be taken into the **Maintain Client Details** screen
- 3 Tab to 'more info'
- 4 Enter **Y**
- 5 You will be asked *Do you wish to update more info?* – enter **Y**
- 6 This will now enable you to change the appropriate details
- 7 Amend details as necessary
- 8 Use function key F10 to **Save**

If the Claimant is not listed on the MEA Completion screen, you can still press the function key for 'Change Details' as above, however once in the **Maintain Client Details** screen, you have the option to change the NINo and search details of the relevant Claimant. Proceed as above to amend details.

17.3 Changing details in Non-Cabled MECs

When a Claimant has informed an MCA of a change in a non-cabled MEC, telephone the MSC with full details of the Claimant and the changes required. The MSC will update the details on MSRS or SMART.

If the change is made on MSRS, you must check Update Case File in View Action Prompts, see section 1.18.2.

18 View Action Prompts

When DWP make changes on MSRS which will require AH to undertake an action, an entry will be added to the View Action Prompt screen.

The View Action Prompt option is found on the left hand side of the MSRS page and provides a list of further action needed on referrals. These actions can be in response to changes made by the Customer to Claimant details or they can be triggered by workflow progression.

View Action Prompts must be checked on a daily basis and actioned accordingly.

Non-Cabled MECs

The MEC responsible for holding Case Files for a non-cabled MEC must also check the View Action Prompts and update as appropriate.

Once View Action Prompts link has been selected:

- You should not make any changes to the Owing Office field as this is intended for managers only
- Select your MEC from the drop down menu.
- Select Action Prompt Type (mandatory).

18.1 Change DV Address

All entries in this area will be actioned by the Resource Team. Please see the MSRS Resource Team Guide for further information.

18.2 Update Case File

When certain Claimant details are changed on MSRS, either by DWP or Atos Healthcare and the Referral is identified as having a Case File within MSRS, the Case File will need to be updated accordingly. This will occur when any of the following fields have been changed on MSRS (more than one field change per NiNo can appear under one View Action Prompt eg Surname and PV could be changed together):

- Surname
- Forename
- PV Status
- Customer Office

Medical Services

Check the referral status to see where the case file is located. Locate the case file and discover the changes that have been made. You should cross reference the details on MSRS with those on the case file. The case file should be updated accordingly.

Where a change has been made to the Claimant surname it may not always be possible to locate the case file. Where this is the case, the details should in this instance be passed to the Scrutiny Team Leader.

The Team Leader will then, where available, check previous medical outputs to ascertain the previous surname. Where no previous outputs are available, the Team Leader should contact the BDC to confirm the previous name. The Scrutiny Team Leader will then inform you of the original surname so the case file can be found and amended.

Note: This activity should be restricted to the Scrutiny Team Leader to avoid duplication.

If once the file has been located and there is no difference between the information on MSRS and the Case file, clear the Action Prompt.

18.3 Change to PV Status

Jobcentre Plus (JCP) users only, are able to update PV details and include PV text (mandatory).

JCP are able to make changes where there is an open referral.

Where a claimant has become PV, MSRS will automatically withdraw any open referral at any one of the following statuses:

- Inbound Client Contact
- Siebel MEC Appointment
- DV Allocation
- MEC Examination
- DV Examination

If a MEC appointment has been made, MSRS will dispatch a cancellation letter. For short notice cancellations, MSRS will notify JCP that an appointment is imminent and a prompt is shown to telephone the claimant regarding the cancellation.

MSRS also displays a notification to JCP user to inform the Atos Healthcare Site Manager immediately and inform them that a claimant is now at PV status. PV measures should still be put in place in case attempts to contact the claimant have been unsuccessful and the claimant still arrives at a MEC.

Despite the referral showing as being closed, you will still need to carry out further action.

Medical Services

- Locate the case file as described above and add a PV marking
- Return the Case File to the Customer

18.4 Relocate Case File

When an address has been updated on MSRS and the postcode has indicated that a file now needs to be relocated to a different MEC a prompt will appear in the "Relocate Case File" list, The Case File's current location is listed together with the required location.

The MEC that requires the case file should contact the original MEC, (for Contact details see ..0.0.0.0.0.0Appendix N) to request that they send the case file. If the relocation is urgent i.e. the appointment is imminent, telephone the original MEC, as an e-mail may not be actioned as quickly. When the Case File has been located, it must be sent by courier to the required MEC.

Contact the requesting MEC and confirm that the Case File has been sent.

Once you have received confirmation that the file has been sent by the original MEC, the action should be cleared from the list by ticking the check box under the "select" column and clicking on the "confirm actioned" button.

18.5 Progress Case File

When a case is withdrawn on MSRS and the Referral is identified as having a Case File within MSRS an entry will appear in the "Progress case file" list. The case file should be located.

Once you have extracted the Case File will need to clear the 'Extract Case File' Referral Status. This is done as follows:

- Select the appropriate Referral from the list using the radio buttons then click 'View Referral'.
- You will now be taken to the View Referral screen.
- Click the 'Extract Case File' Referral Status hyperlink. This will take you to the Confirm Case File Extracted screen.
- Click 'Confirm' to confirm that you have extracted the Case File.
- You should not remove the referral from the Extract Case File list unless you have located the file.

Alternatively, you can clear the Referral Status from the View Case screen by clicking on the 'Extract Case File' hyperlink and following the process described above.

When you have done this, the system will update the Referral Status which will indicate the required Case File location.

19 Ordering Stationery/Medical Supplies

It is important that you always keep sufficient amounts of medical and stationery supplies at the MEC. You will be responsible for reordering supplies as and when required. All requests should be sent to the stationery co-ordinator at the MSC.

You must assess levels of stock on a regular basis, preferably at the end of each day and make sure stocks never completely run out before you place a new order.

Make sure you are aware how often stock is ordered by the MSC in order that you can supply requests in advance, ensuring they are included in the overall order.

A comprehensive list of the stocks of the medical and stationery supplies you should hold can be found at Appendix H.

The amount kept/ordered will be determined by both the size and the number of assessment referrals received in the MEC.

20 Site Security

20.1 Security Incident Reporting

It is important that you report any incident, potential or actual, which affects the security of the MEC, the Claimants attending, staff working there and the delivery of service. In the first instance this should be reported to your line manager, as soon as possible. They will advise you of the specific action to take. This includes:

- Threats to your own security/ the security of other staff
- Dealing with Potentially Violent Persons (PVP)
- The loss, theft damage to physical assets/confidential information
- Intrusion of unauthorised persons
- Non accidental injury

In the event of your line manager not being available you should contact the Site Security Co-ordinator. Each examination centre should display in a non-public place, or hold in reception if this is not possible, the Site Security Co-ordinator's contact details and a copy of the site security manual.

20.2 Potentially Violent Claimants

20.2.1 Claimant already identified as PV

When contact is made with a Claimant already marked as being PV, form 2(PVP) should be completed. This includes where a PV Claimant attends for an examination. This form can be found in Appendix K.

Please see the Potentially Violent Persons Procedure (MED-PVPP01) for further instructions.

If a Practitioner is about to examine a PV Claimant it would be courteous to discretely inform the HCP of the Claimant's PV status prior to the exam starting.

20.2.2 Non-PV Claimant becomes violent

Where an examination has to be ended prematurely due to the Claimant becoming aggressive / violent the following process should be applied:

- The HCP should abandon the examination within Integrated LiMA
- A clerical ESA85A (min) as appropriate should be completed by the HCP explaining why the examination was terminated.

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- The MCA should record the Claimant as having DNAd but the BF223 should **not** be issued.
- PV Paperwork (IF1 and IF2) should be completed and included in the case file. Should no case file exist, once should be created.
- You should inform your Team Leader of the incident and forward all paperwork to the Site Manager for progression.

Please see the Potentially Violent Persons Procedure (MED-PVPP01) for further instructions.

20.3 Completion of form IF1/PV1

If you receive serious threats, are intimidated, harassed, assaulted or receive severe or persistent abuse from a potentially violent person by telephone, in person, or by letter you should contact your line manager. A PVP may be the Claimant, a member of the Claimant's family or a helper. If the Claimant or member of the Claimant's family is known to be a PVP, DWP will have indicated this by a chequered flag stamped on the front of the Claimant's file. DWP will also mark the file with the appropriate category (number between 01 – 09) as follows:

- 01 - The person to whom the account relates is potentially violent
- 02 - Partner potentially violent
- 03 - Other member of household potentially violent
- 04 - Customer and partner potentially violent
- 05 - Customer and other member of household potentially violent
- 06 - Partner and other member of household potentially violent
- 07 - Customer, partner and other member of household potentially violent
- 08 - Spare – for potential future release
- 09 – Unspecified

There is a lookup facility for the markings on SMART. The entry will be from 1 to 9 omitting the 0 in front of the number but otherwise matching. i.e. 01 should be entered on SMART as 1, 02 as 2 etc.

Form IF1/PV1 will be completed on every occasion a PV incident occurs, regardless of whether the Claimant is already identified as PV. On completion these forms should be sent to your line manager who will refer the incident to the site security co-ordinator.

Full details of how to manage these situations and how to report incidents is contained in the Potentially Violent Persons Procedure MED-PVPP01.

20.4 Potentially violent DVs

If you have undertaken the necessary training, you may be asked to chaperone an appropriately trained HCP conducting a Domiciliary Visit (DV) on a Claimant,

Medical Services

member of their family or helper marked as PV. For your own safety you should:

- Carry a personal alarm
- Ensure the MSC are aware when and where the visit will take place
- Have agreed with another member of staff a report back time when you expect to have completed the visit and returned to a place of safety (home/back at the office)
- Provide the nominated member of staff with a contact number to check with, if you do not call in
- Be aware why the person is PVP (The examining Registered Medical Practitioner will have examined the Claimant's file or have a copy of form PV1/a full account of why the person is PVP).

20.5 Accommodation

Any accommodation issues (leaks, problems with lighting/heating etc) should be reported to the Local Accommodation Manager who will contact the Customer Service Centre (CSC) Helpline for DWP/other government properties or external contractors (where appropriate) who have the responsibility for handling maintenance issues.

20.6 Fire and bomb procedures

The fire and bomb procedures must be clearly displayed and all staff should be aware of the appropriate action to take.

20.7 Panic alarm tests

As a precautionary measure, you should ensure that a test of all panic alarms in both the assessment and reception areas is carried out at the beginning of each week. Any alarms found to be faulty should be reported to the Site Security Co-ordinator at the MSC immediately.

20.8 Emergency Evacuation Procedure-Wheelchair Users

Appointment letters sent to Claimants must identify the floor number that the particular MEC is on if the MEC is not on the ground floor.

20.8.1 Claimant Responds to Appointment Letter

If, resulting from the receipt of the letter, the Claimant telephones AH to inform of a possible access problem, the administrator must ask the Claimant if they will be able to leave the MEC by any means other than the lift in the event of an emergency. If

Medical Services

the Claimant advises that they cannot, a ground floor room must be used or if there is no ground floor option available, the appointment must be scheduled to another MEC with ground floor facilities within the '90 minute' travel rule or, failing that, the Claimant must be classified as Unable to Attend and a DV arranged.

20.8.2 Claimant Arrives for Assessment without Responding to the Appointment Letter

In centres where the MEC is not on the ground floor and the building the MEC is located in has Trillium/Group 4 security, the relevant Team Leader or Site Manager must make contact with the DWP Regional Estates Service Manager/s for their area/s requesting that they cascade the following to Trillium's Regional Manager for him/her to advise Group 4 of the new procedure.

If a disabled Claimant arrives, the security guards must contact the MEC reception and arrange for a member of staff to come down to the main entrance.

The staff member must ask the Claimant if they are able to walk unaided to the assessment room and if in the event of a fire they would be able to evacuate the building using the stairs. If so, then the assessment can proceed.

If the Claimant is unable to use the stairs in the event of an emergency evacuation, either the assessment must take place in a designated ground floor room, as pre-agreed with the site holder, or if a ground floor room is not available, the Claimant must be apologised to and an assessment at another MEC that has a ground floor assessment room, if there is one within a reasonable travelling distance, arranged or sent home and a DV arranged. The original appointment should then be categorised as CSHU 'Accommodation Problems'.

In centres where the MEC is not on the ground floor and the building the MEC is located does not have Trillium/Group 4 security, the disabled Claimant may make their way up to the MEC of their own accord. Once the Claimant arrives at the MEC, the relevant MEC/MSC member of staff must ask the Claimant if in the event of a fire they would be able to evacuate the building using the stairs. If so, then the assessment can proceed. If the Claimant is unable to use the stairs in the event of an emergency evacuation, the staff member must politely get the Claimant back to ground level as soon as possible.

Once back at ground level, the staff member must apologise and explain the situation. Following this, either the assessment must take place in a designated ground floor room, as pre-agreed with the site holder, or if a ground floor room is not available, an assessment at another MEC with ground floor facilities within the '90 minute' travel rule arranged or the Claimant must be sent home and a DV arranged. The original appointment should then be categorised as CSHU 'Accommodation Problems'.

20.8.3 Claimant Arrives for Assessment Accompanied by a Disabled Companion

If a Claimant arrives for his/her assessment accompanied by a disabled companion whose mobility requires the use of a wheelchair, the assessment may proceed but

Medical Services

the Claimant's companion will not be able to accompany the Claimant beyond the ground floor, unless, when asked, the companion states that they can evacuate from the building unaided in the event of an emergency.

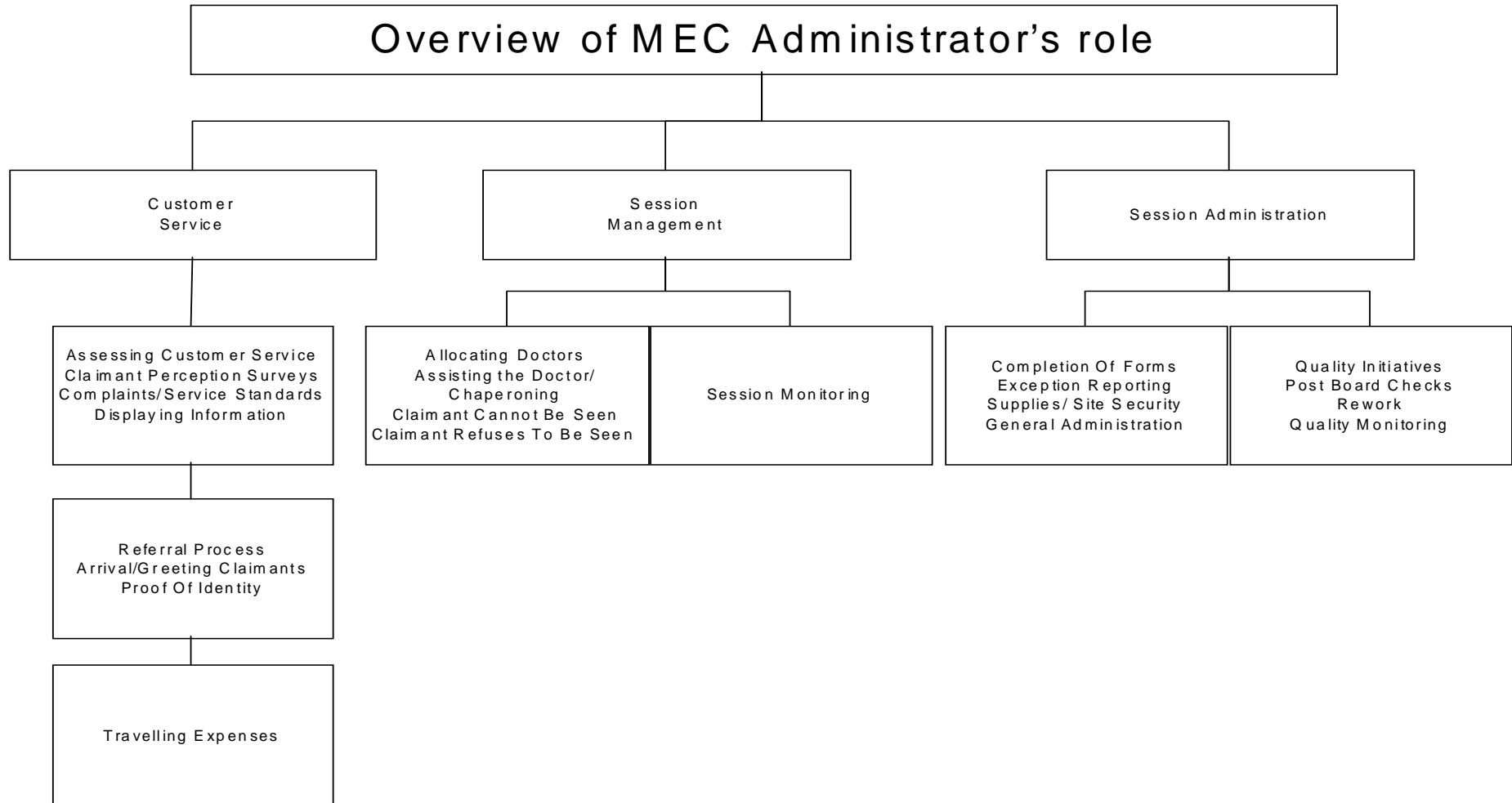
20.9 General tasks to be performed at the end of the day

At the end of the day you should have time to do some or all of the following duties. You may feel it is more appropriate to do them at other times during the day if you have time available:

- Ensure you have all the files available for the following day's session. Check your storage drawer/cupboard for any files you have retained that have appointments for that day
- Make sure you have all the files listed on the AC1 appointment list and sort the files into alphabetical order/appointment order. (NB Ideally this should be done a couple of days in advance to allow any problems to be resolved)
- Check that any Claimants whose special needs have been previously identified have been catered for
- Ensure all Claimant's files being returned to the Customer have been date stamped, this is not necessary for ESA referrals
- Arrange for courier pouches to be collected in accordance with local arrangements. Ensure courier pouches being returned to DWP do not display labels marked 'In Confidence' otherwise this will prevent business units carrying out date stamping at post opening stages
- Make sure all AC1s/AC3s/exception reports are faxed/passed to the MSC
- Check sufficient leaflets can be found in the examination centre (A list of all leaflets to be displayed in the examination centre is to be found at Appendix H
- Make a note of any medical/stationery supplies you will need to order
- Tidy the office area and lock away all files

Check and tidy the waiting and examination rooms. Make sure all rubbish is put in the bins and that all medical equipment in the examination rooms has been put away.

Appendix A - Overview of MEC Administrator's role



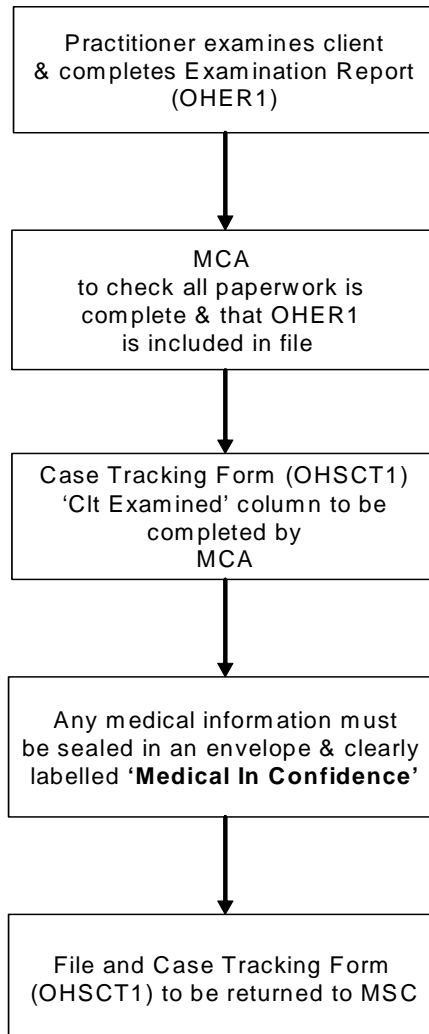
Medical Services

Appendix B B85 Checklist – Non-LiMA Reports only

Check this page has been signed and completed

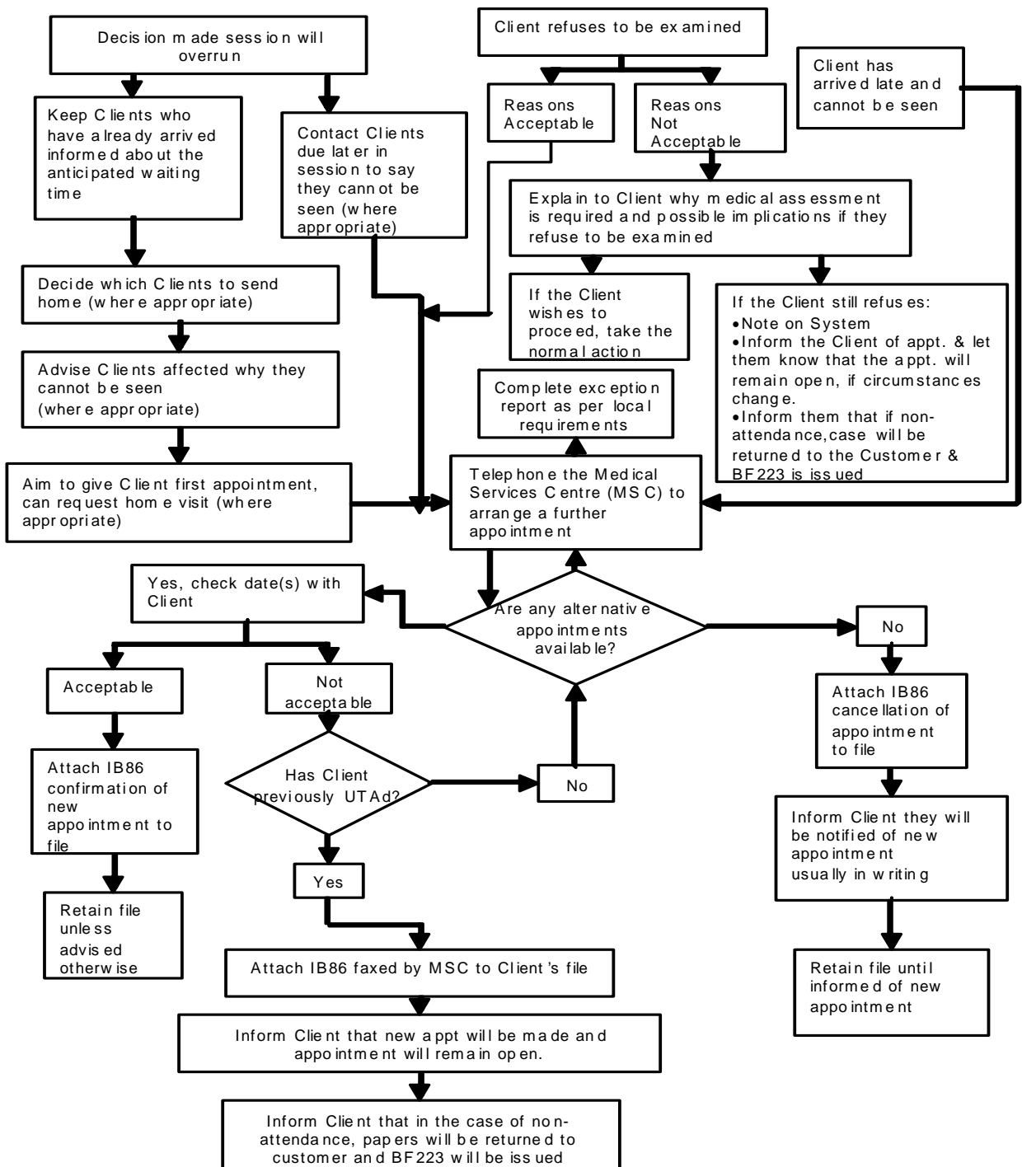
- Page 6** Have activity 3/5/6 descriptors been chosen, agreed/disagreed and evidence inserted?
- Page 8** Have activity 4/1/2 descriptors been chosen, agreed/disagreed and evidence inserted?
- Page 10** Have activity 7/9/8 descriptors been chosen, agreed/disagreed and evidence inserted?
- Page 12** Have activity 12/10/11 descriptors been chosen, agreed /disagreed and evidence inserted?
- Page 14** Has activity 14 descriptors been chosen, agreed/disagreed and evidence inserted?
- Page 15** Has activity 13 descriptors been chosen, agreed/disagreed and evidence inserted?
- Page 22** Has non-functional descriptor been chosen, if yes has justification been given?
- Page 23** Has question 60/61/62 been completed?
- Page 24** Has the Report been signed and dated?
- Page 25** Is the Report legible?

Appendix C - Occupational Health MCA Action



Medical Services

Appendix D - Claimant cannot be examined



Appendix E - AC3 Prognosis Desk Aid

Personal Capability Assessment

- 1 in 3 months
- 2 in 6 months
- 3 in 12 months
- 4 in 18 months
- 5a 2 years
- 5b In the longer term

Own Occupation Test

- 1 2 months or below
- 2 above 3 Months
- 3 indefinitely

IIDB

- 1 No loss of faculty
- 2 1% - 13%
- 3 14% - 99%
- 4 100%

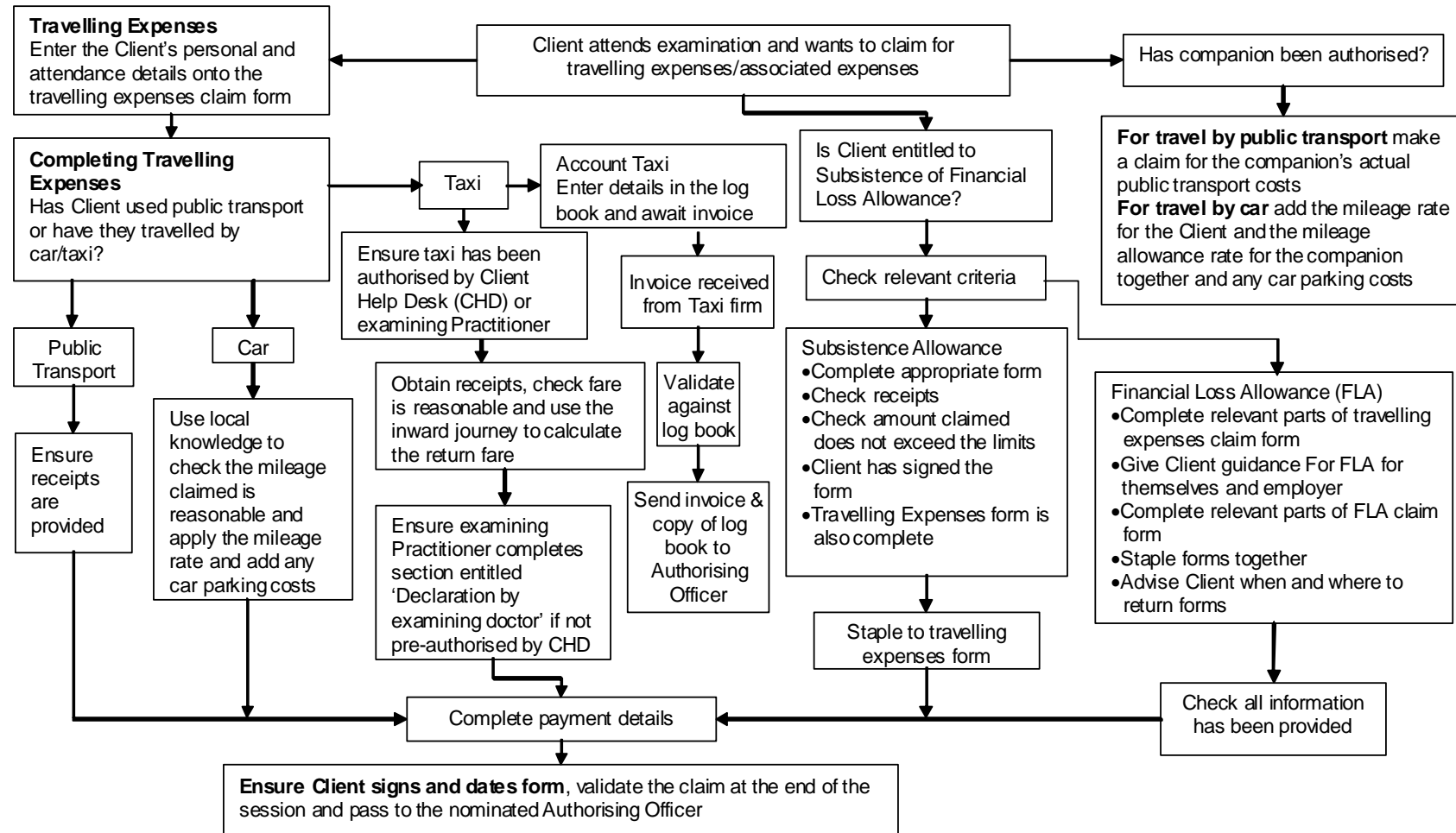
SDA

Enter the disability rate 1 – 100 recorded at Part 5 of the SDA 16

MEC PDA

Version 2
August 2007

Appendix F - Claiming Travelling/Associated Expenses



Appendix G - DPTC948



Inland Revenue
PO Box 178
Preston
PR1 0GQ

Phone number 0845 6055858
Textphone 0845 6088844

Monday to Friday 7.30am – 6.30pm

Disabled Person's Tax Credit

Our reference number is
Please tell us this number
if you phone or write to us

Date

For official use

Claims for loss of Earnings

Name

Mr/Mrs/Miss/Ms

Address

Postcode

National Insurance Number

Part one

Declaration by Examining Doctor

I confirm that the above named attended the Medical Services Centre for pre-arranged medical on/...../..... at am/pm.

Signature

Date

Medical Officer

Official Stamp

Part Two

Declaration by DPTC Customer

I left home/work at o'clock and I returned home/work at o'clock.

I apply for £..... loss of earnings.

Signature

Date

DPTC948 – (Back Page)

FOR OFFICIAL USE ONLY

Claim Examined and Payment Approved

NINO

Name

ACCOUNT COST CENTRE

Authorised Date

FF91 Number Date Paid

Appendix H - Stationery/Medical/Leaflet Supply Lists

Stationery/Forms Required for Use in MECs

General Office Stationery

- A4 Paper
- Compliment Slips
- Envelopes – pre-paid T41SS, Business Reply T4 (BRS 1), postage paid, grid envelopes
- Fax rolls
- Fax toner
- Headed Paper
- Pens, scissors, staples etc
- Pouch seals

Miscellaneous Items

- Air Fresheners
- Batteries

Forms

- AC3s - Assessment Outcome Monitoring
- BCX1 - Batch Forms
- BF223s – For Issue When Claimant Fails To Attend
- Complaints Proforma,/'Making A Complaint' leaflet
- CX1 Travelling Expenses Claim Form
- CX2 Subsistence Allowance Claim Form
- CX3 Financial Loss Allowance Claim Form
- CX5 Financial Loss Confirmation
- Exception Reporting Forms
- Exempt Categories
- IF1/PV1 – Reporting PVPs

Medical Services

- IIDB Series of Forms

Accidents and Prescribed Diseases

BI118H Reduced Earnings Allowance – Advice on Initial/Renewal Claim

BI118R -Change of Circumstances

BI140 - Prescribed Disease Claim -Diagnosis Advice

BI 118 ACCIDENT - Industrial Accident Claim - Assessment Advice

BI118A - Renewal - Assessment Advice

BI118-OD - Occupational Deafness Claim - Initial Advice

BI118A-OD -Occupational Deafness Claim - Renewal Advice

BI118PD - Prescribed Disease Claim - Assessment Advice

BI161C - Report by EMP - Prescribed Diseases

BI161CVWF - Prescribed Disease PDA11 - Vibration White Finger

Respiratory Diseases

BI180DIAG -Respiratory Prescribed Disease Claim - Diagnosis Advice

BI183A - Respiratory Prescribed Disease - Renewal Advice

BI183R - Respiratory Prescribed Disease - Change of Circumstances

BI180P - Respiratory Prescribed Disease Claim / Renewal - Disablement Advice in cases involving re-employed coal miners

BI180C - DIAG-Prescribed Disease D12: April 1997 Rules - Diagnosis Advice

BI180C - ASSESSMENT - Prescribed Disease D12: April 1997 Rules - Assessment Advice

BI611 -Notes for the MA Possible Aggregation Involved

BI181C - Prescribed disease D12: April 1997 Rules - Advice From AH

BI181 - Respiratory Prescribed diseases Claim - Advice from AH

BI118F - Unemployability Supplement - Medical Advice

- Personnel Related Forms - (Holiday Requests Self-Certificates, Special Payments)
- SE1 – Session Exception Report
- UE1(Rev) Report of Unexpected Findings
- Unseen Claimant Record Sheet

Medical Services

Medical Supplies Required for Use in MECs

- Blankets
- Cotton Wool Balls
- Couches
- Couch Rolls
- Couch Stools
- Diagnostic Sets
- Eye Charts
- Hand Towels
- Ophthalmoscopes
- Ophthalmoscope bulbs
- Oscopes
- Oscope bulbs
- Patient Examination Gowns
- Peak Flow Meters
- Peak Flow Meter Tubes
- Pillow Cases
- Sheets
- Sphygmomanometers
- Stethoscopes
- Tape Measures
- Tissues
- Tuning Forks

Medical Services

Leaflets to be Displayed in the Medical Examination Centre

The following leaflets should be displayed in all MECs:

Leaflet Number	Type of Leaflet
AAA5DCS	Attendance Allowance (AA)
AA5DCSW	Attendance Allowance (AA) Welsh (Bi-Lingual) Version
CAA5DCS	Carer's Allowance (CA)
CAA5DCSW	Carer's Allowance (CA) Welsh (Bi-Lingual) Version
DLAA5DCS	Disability Living Allowance (DLA)
DLAA5DCSW	Disability Living Allowance (DLA) Welsh (Bi-Lingual) Version
DLACA5DCS	DLA for children
DLACA5DCSW	DLA for children Welsh (Bi-Lingual) Version
BRA5DWP	Benefit Rates
BRA5DWPW	Benefit Rates Welsh (Bi-Lingual) Version
DWP1001	Employment and Support Allowance
DWP1001W	Employment and Support Allowance Welsh (Bi-Lingual) Version
DWP1004	Industrial Injuries Disablement Benefit
DWP1004W	Industrial Injuries Disablement Benefit Welsh (Bi-Lingual) Version
DWP1026	Help if you are sick or disabled
DWP1026W	Help if you are sick or disabled Welsh (Bi-Lingual) Version
GL24DWP	If you think our decision is wrong
GL24DWPW	If you think our decision is wrong Welsh (Bi-Lingual) Version
HC1 & HC5	Health Benefits
HC1W & HC5W	Health Benefits Welsh (Bi-Lingual) Version
VACDPA5DCS	Vaccine Damage Payments
VACDPA5DCSW	Vaccine Damage Payments Welsh (Bi-Lingual) Version

The following should be displayed in all Welsh MECs:

Leaflet Number	Type of Leaflet
AA5DCSW	Attendance Allowance (AA) Welsh Version
CAA5DCSW	Carer's Allowance (CA) Welsh Version
DLAA5DCSW	Disability Living Allowance (DLA) Welsh Version
DLACA5DCSW	DLA for children Welsh Version
ATWA5JPW	Access to Work - Information for Disabled People Welsh Version
BRA5DWPW	Benefit Rates Welsh Version
GL24DWPW	If you think our decision is wrong Welsh Version
IB214JPW	Incapacity – The Personal Capability Assessment Welsh Version
VACDPA5DCSW	Vaccine Damage Payments Welsh Version

Medical Services

Posters to be Displayed in the Medical Examination Centre

Posters that must be displayed will include, but not be limited to:

Posters
ESA – Employment and Support Allowance
ESA – Employment and Support Allowance – Welsh (where appropriate)
ESA – Support with moving into work
ESA – Support with moving into work – Welsh (where appropriate)
ESA - What to expect from your medical assessment
ESA - What to expect from your medical assessment - Welsh (where appropriate)
Waiting Times
Waiting Times – Welsh (where appropriate)
What to expect from your medical assessment
What to expect from your medical assessment – Welsh (where appropriate)

Service Standards Poster



"Standards Poster x
3.doc"

Standards of Behaviour Poster



"Aggressive
Behaviour POSTER 2"

Ways of Working Posters



Ways of Working
Posters.pdf



2243-0808 ESA DWP
Posters_Welsh.pdf

Appendix I - Unseen Client Authorisation Criteria

MEDICAL SERVICES

PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

Unseen Claimant Authorisation Criteria

- There are insufficient doctors available to allow the claimant to be seen
- The majority of claimants called have arrived
- All doctors available have/will have seen their preferred number of claimants
- The MSEC is on site of the MSC but there is no Atos Healthcare Practitioner available
- There are still more claimants due to arrive as the EC assignment(s) progresses
- There are too many claimants awaiting examination and insufficient doctors
- The claimant is not fit to be seen*
- The claimants file is not at the MSEC
- The claimant cannot be seen by the doctor*
- The interpreter has not arrived*
- There is no chaperone available*
- The claimant has been called in error*
- There is no time to see the claimant due to doctor productivity
- There is no time to see the claimant due to case mix
- The examining doctor has not arrived at the MSEC
- The claimant arrived too late to be seen

** Please provide further details on authorisation form.*

Medical Services

Appendix J - Acceptable forms of ID

Medical Services will accept as evidence of identity one of the following (photocopies are not acceptable);

- Claimant's own passport; PP
- European Community identity card; ECID
- Standard Acknowledgement (for those seeking asylum in the UK); SAL

Alternatively, Medical Services will accept any three of the following documents as proof of identity:

- Birth certificate; BC
- Marriage certificate; MC
- Form GV3 (one way travel document issued by UK embassies abroad); GV3
- Local Authority rent agreement; LARA
- Certificate of identity issued by the Home Office to the Claimant; HOID
- Forms issued by the Home Office to the claimant; HODOC
- Police registration certificate; PRC
- Full driving licence; DVLC
- Life assurance policy; LAP
- Divorce/annulment papers; DP
- Recent wage slip; WS
- Trade union membership card; TU
- Adoption certificate; AC
- Building society pass book; BSOXY
- Paid household bills in the name of the Claimant; BILLS
- Certificate of employment in Her Majesty's Forces; HMFC

Appendix K - Appendix 2(PVP) Form

When a Claimant identified as being Potentially Violent attends for an Examination, the form attached should be completed.



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Settings\49465n\My I

Appendix L - Medical Referral for Examination Form

No Supporting Case File

Client Details	
NINO	<input type="text"/>
Surname	<input type="text"/>
Mr/Mrs/Miss/Ms:	<input type="text"/>
Other Names	<input type="text"/>

Examination Type	
WFHRA Only (WE / WD)	<input type="checkbox"/>
ESA	<input type="checkbox"/>
IB	<input type="checkbox"/>
Pathways	<input type="checkbox"/>

Special Needs	
Practitioner Gender Request:	M / F <input type="checkbox"/>
Language Required	<input type="text"/>
PV Marker	<input type="checkbox"/>
Doctor Only	<input type="checkbox"/>

First Day of Incapacity:
<input type="text"/>

Diagnosed Cause of Incapacity:
<input type="text"/>
<input type="text"/>
<input type="text"/>

Appendix M - AC3 and Outcome Codes

Prognosis Codes

Prognosis	AC3 Code
3 Months	01
6 Months	02
12 Months	03
18 Months	04
2 Years	05
In the longer term	5a

Exemption category codes

Exemption categories	AC3 Code
Cardio-respiratory	ia
Dense paralysis of one side	ib
inflammatory polyarthriitis	ic
Motor, sensory and intellectual	id
Neurological or Muscle wasting	ie
Paraplegia	if
immune deficiency states	ig
Severe learning disability	ih
Severe Mental illness	ii

Support Group codes

Support group	AC3 Code
Terminally ill	ea
Chemotherepy	eb
Physical or Mental Health Risk	ec
Pregnancy Risk	ed
Severe Functional Disability	ee



AC3 - D:\Documents and Settings\49465n\My I

Appendix N - MEC Contact Details



MEC Contact List.xls

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.