

CHDA COVID-19 Filework process.

CHDA Clinical & Operations

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Document control

Superseded documents

Version history

Version	Date	Comments
1i draft	27 th April 2020	formatting
1j draft	28 th April 2020	Update by CST
1k draft	28 th April 2020	Approved by DWP
1l draft	15 th May 2020	CST update

Changes since last version

Updates to criteria for filework telephone call.

Updates to telephone suitability criteria

Outstanding issues and omissions

Updates to Standards incorporated

Issue control

Author: Clinical Standards team

Owner and approver: DWP

Introduction

The COVID-19 pandemic is uncharted territory for every citizen of the UK. DWP services are a vital safety net for society, and as a key supplier CHDA have been asked to assist and adapt our operations in order to support the DWP and the vulnerable people that they serve.

This document outlines the filework process to follow during this period.

The process is designed to work with both office based and home working.

This guidance covers the filework process to be followed. Telephone assessment processes will be covered in a separate document.

There is a requirement at filework to identify those suitable for a telephone assessment if the filework output is call to exam. That process is covered here.

This guidance cannot cover every eventuality. It is important that at any point you feel you are unsure you discuss with your support colleagues. In the first instance discussions should be with your CSL or QAL. If the situation remains unresolved then they can escalate to CALs.

This process is based upon current government advice and is subject to change.

Key Principles

Contacting claimants by telephone is allowed within current guidelines. This guidance introduces a process to gather clarification direct from the claimant.

Standard telephone identification processes to be followed as covered in Proof of identity procedures guide.

Unexpected findings, unacceptable behaviour and safeguarding policies are unchanged.

If uncertain – discuss with an appropriate colleague.

This guidance will be shared with the DWP and the IA.

In many files we will not have FME and nor is it likely any volume will be returned whilst GPs are at the frontline of this pandemic.

Currently the DWP still wish us to request FME where it is appropriate, however this guidance should reduce the amount that is necessary.

It is important to remember in our advice the level of proof is balance of probability not absolute proof.

All filework actions should be completed on LiMA and all telephone calls recorded on the FRR4. During this period for any advice justification or on an FRR4 please write COVID at the start of the FRR4 or your justification on a filework output.

It is likely to be useful to understand if an output was completed during this pandemic when the claimants benefit comes up for review in future and it is not possible to put in an automated fix quickly.

Whilst we are not carrying out face to face assessments, all filework options remain valid including call for telephone assessment. How assessments are managed is not a practitioner concern during the filework process.

Filework guidelines

The general principles laid out in the WCA Filework Guidelines document apply.

It is important to remember that absolute proof is never required, we are advising on balance of probability.

Refer to the filework guidance.

Remember the five fundamental areas of documentary evidence and provide advice based upon the strongest evidence. All filework options remain available.

- **Medical Knowledge:** The guidance is unchanged
- **Independent Medical Evidence (IME):** This may or may not be available in the file.

Don't forget that IME may also be taken from a previous, well-completed and justified Work Capability Assessment report.
- **Independent Medical Opinion (IMO):** This may or may not be available in the file.
- **Verifiable Medical Information (VMI):** This may already exist within the file or on MSRS. You may be able to supplement this with an appropriate call to the claimant.
- **Claimant Provided Opinion (CPO):** Again this may be supplemented during a call to the claimant.

Making calls to claimants

Do not request FME until you have considered if a call to the claimant could clarify enough to allow you to advise the DM.

The aim of any call is to clarify details that may then allow you to advise. It is NOT the intention at this stage to clarify every area nor to complete a telephone assessment.

Any call should be short with a few focused questions.

If you feel a call is inappropriate or unlikely to yield information allowing you to advise, then currently the DWP would still expect FME to be requested where appropriate within current guidelines.

Before requesting FME ensure it really is necessary and likely to answer the questions required. Do not default to FME where a call may help you advise or the right outcome is call to exam.

When calling claimants

It is imperative that proof of identity procedures are followed as detailed in the proof of identity procedures guide.

It is essential you establish the identity of the person to whom you are talking to at the outset.

The following script should be used:

“I’m X from the Centre for Health and Disability Assessments and I would like to speak to Mr/Mrs/Miss/Ms etc. (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 claimant DOB, NINo or postcode.

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.

Having established the identity of the claimant, there is then a need to explain why the telephone call is being made. The following form of words should be used:

“I am one of the Healthcare Professionals providing advice to the DWP on your claim to benefit, I am currently looking at your file would just like to clarify a few details, is this ok?”

Are you somewhere where you can hold a private conversation and not be overheard?

If at any stage the claimant is not happy to proceed the call should be terminated and filework progressed with the evidence you hold. An FRR4 should be completed to indicate you attempted clarification but the claimant declined, was unhappy to proceed or became upset.

If any claimant is unreasonable or verbally aggressive on the phone this is unacceptable and the standard processes should be followed.

Suitable Contacts:

- Appointee – only call if appointee is an actual person acting as an appointee and not the council or a lawyer
- Claimant – if appointee in place then the claimant must **NOT** be contacted. Information should be obtained from the appointee

Claimant Groups who should not be contacted to clarify information from a brief phone call –

This list is not exhaustive and the HCP must use their clinical judgement on information held on the appropriateness of a telephone call to the claimant. It is possible that some of these categories may only become apparent once you have made the call. In these cases you should use your skills as an HCP to politely terminate the call.

- Claimants without a phone by definition are excluded from this process
- Claimants requiring Interpreters (including BSL)
- Claimants with hearing difficulties unable to use a phone
- Claimants with speech difficulties
- Claimants with Mental Health problems with impaired insight
- Claimants with a Learning Disability (only appointee should be contacted) – if no appointee- there must be no contact with claimant. Exception – where the only learning disability is Dyslexia and / or Dyscalculia a telephone call can be made.
- We will not in the current climate make telephone contact with a claimant specifically to explore self harm or suicidal thoughts (there have been extensive discussions around this and we feel the risk to claimants, particularly in this current situation where levels of anxiety are understandably elevated, makes even a quick exploratory phone call inappropriate)
- Where a claimant has a significant history of self harm such that LCWRA risk was previously applied, given the current climate, we will not conduct a telephone clarification.

Recording of Evidence

The FRR4 will be used to record the content of any call. There will be a requirement to that this advice was provided under emergency COVID measures by putting the word “COVID” in the FRR4

Where a 113 is returned we will follow the BAU process. We expect very few already requested 113s to be returned given GPs workload.

Files currently at workstack (FME already requested)

1. Is there another option to the requested FME?

For example

- 113 requested but client address is a care home – a call could be made to care home manager.
- Clarification on Braille could be achieved with a call to the claimant, where this information could allow LCWRA decision

2. Additional key information from claimant/appointee may allow a decision to be made:

Initial Referrals

Without a previous report, fully justified advice options may be more limited with less evidence available.

There still may be an opportunity to obtain minor clarifications such as dates of admission, level of care etc. to allow LCWRA/Treat as LCWRA/Treat as LCW advice.

There is significant concern about the effects we could have on people where they are claiming risk of self harm or suicide. The current situation is likely to heighten anxiety in those already vulnerable, we will not have any visual cues and we will be limited in the support we can give during a telephone call.

- Suicidal / self harm thoughts mentioned in questionnaire – we will not telephone the claimant as per the risks in this current situation to ascertain LCW/LCWRA as detailed in the re-referral section below.

Re-referral Scrutiny

Accept ongoing Functional LCW

Areas you may be able to address from a few careful clarification questions include:

Mental Health – previous assessments above threshold e.g. getting about, social engagement - no LCWRA stated on questionnaire – phone call could be made to claimant to confirm static condition. A few questions could clarify that LCWRA is not applicable in conjunction with questionnaire.

Continence – Previously LCW for monthly continence. Clarifications should be made on ongoing frequency, changes to condition/management, use of pads and establishing LCWRA does not apply.

Consciousness – Previously LCW- may have to confirm if continence claimed as a result of seizures. In terms of consciousness the very rare occasions where physical risk may have to be considered could be explored through condition management, recent investigations, level of carer support etc.

Treat as LCW

Substantial Risk

Previous risk applied – given the additional stresses of the pandemic, we have concerns that a telephone call from CHDA may result in additional stress and exploration of aspects of self harm thoughts is not be appropriate over the phone and providing support would be extremely difficult.

Regular Treatment

A call could be made to the claimant to allow information to be gathered on frequency of treatment etc.

Recovery from treatment

A call to the claimant or appointee may help to ascertain extent of surgery, any complications and progress.

Exclusion through Public Health Order

COVID itself may bring about an increased frequency of use of this treat as LCW criteria by decision makers. Calls simply to ask if someone has been diagnosed or think they have COVID-19 are unlikely to be helpful.

Pregnancy (confinement)

A call may be required to clarify EDD. (ESA only)

Functional LCWRA

Mobilising – where there were severe issues before, medical knowledge of the condition and likely progression or improvement with treatment along with a few pertinent questions over the telephone may allow advice. Don't forget that observations of being breathless whilst talking on the phone are valuable pieces of evidence to consider alongside the other available evidence. Ensure the nature of the condition and potential for change is fully considered whilst formulating your advice.

Previous LCWRA for Upper Limb Function:

If questionnaire is unclear, a few questions may help clarify if any real improvement likely for example at last assessment joint replacement discussed.

Learning Disability- previous LCWRA – No Questionnaire – contact appointee to confirm no change. No contact with claimant even where there is no appointee.

Other severe enduring mental health conditions where functional LCWRA previously applied, details from appointee or claimant may confirm ongoing problems or even further deterioration. Care must be taken to sensitively explore any mental health issues.

Treat as LCWRA

Pregnancy Risk

Previous reports may indicate pre-existing health problems that may influence Pregnancy risk advice. E.g. Heart disease or MH. Brief clarifications may allow pregnancy risk advice- level of input etc. May also be to clarify the current pregnancy and complications such as placenta praevia/level of care etc

Recovery from Chemo and Radiotherapy

Previously LCWRA – sometimes questionnaire not fully completed. Further detail may clarify issues ongoing.

Eat/Drink

Clarification may confirm level of care in situations such as anorexia where LCWRA applied before or Peg tube feeding etc.

TI

We would not be phoning the client in terms of TI claims- normal DWP processes should be followed.

LCWRA risk

Previous risk applied – given the additional stresses of the pandemic issues, we have concerns that a telephone call from CHDA may result in additional stress and exploration of aspects of self harm thoughts may not be appropriate over the phone as providing support would be extremely difficult.

Screening appropriate cases for a full telephone assessment

Where the filework outcome is call to exam a process is required to select cases appropriate for a telephone assessment.

This applies to

- Existing referrals that are currently awaiting an assessment
- New referrals where the filework outcome is call for assessment

Existing referrals awaiting a face to face assessment will require review. Cases will be sorted and allocated by your admin colleagues.

When you are completing filework please ensure your justification explains who is suitable or not suitable and split all call to exam files into a suitable and non suitable bundle and identify these cases for your admin colleagues.

Claimant Groups who are not suitable for a telephone consultation

This list is not exhaustive and you as the HCP must use your clinical judgement based upon information held, as to the appropriateness of a telephone consultation. You should have a low threshold for discussion with colleagues.

- Claimants who refuse to participate in a telephone consultation
- Claimants without a phone
- Request for a recorded assessment
- Claimants requiring Interpreters (including BSL)
- Claimants with hearing difficulties unable to use a phone
- Claimants with speech difficulties
- Mental health problems with impaired insight
- LD (only appointee should be contacted)- if no appointee – no contact with claimant. Exception – where the only learning disability listed is Dyslexia or Dyscalculia a telephone assessment can be carried out.
- Where LCWRA risk was previously applied at any time for mental health we will not conduct a telephone assessment.
- Where a claimant has a history of self harm / suicidal ideation or behaviour, which has been referenced in at least one of the last two reports, the Questionnaire or further evidence, given the current climate, we will not conduct a telephone consultation as support cannot be adequately provided. However if these issues only become apparent during the telephone assessment they will be sensitively addressed and if appropriate LCWRA risk can be advised.

Filework priority level exercise for all cases suitable for a telephone assessment.

In order to maximise telephone assessment cases that can be returned with advice to the DWP, in this period where resource may be limited, it will be a requirement to classify those suitable for a telephone assessment into 3 categories.

Category 1 – High probability of being able to advise LCWRA YES at telephone assessment.

All other options have been exhausted and file cannot be dealt with using COVID 19 filework process.

Previous exam or filework suggest severe restriction and current questionnaire suggests no improvement or worsening and no recent FE, e.g. Severe cardiac or respiratory conditions where aids cannot be considered. Conditions where fatigue is likely to be a significant factor, i.e. Multiple

Sclerosis, Chronic Fatigue. Mental health conditions without significant suicidal/self harm ideation that are likely to meet support group criteria. (this list is not exhaustive). New claim and severe restriction indicated in the questionnaire consider consistent medication and input for condition, needs to be medically consistent.

Category 2 – Possibly LCWRA YES could be advised at telephone assessment.

All other options have been exhausted and file cannot be dealt with using COVID 19 filework process.

Previous over threshold exam or accept at filework and current questionnaire suggests no improvement or may have worsened. Previous under threshold exam but current questionnaire suggests has worsened and is consistent with level of input and medication. Mental health problem without significant suicidal/self harm ideation, previously over threshold and current questionnaire indicates that the same/similar descriptors would apply. New claim where questionnaire suggests over threshold and consistent with condition and medication.

Category 3 – Advising LCWRA Yes at assessment is unlikely.

Questionnaire indicates would be fit for work and consistent with reported condition, i.e. upper or lower limb fracture with obvious recovery. Mental health problem, no input and low dose medication and not indicating restriction in questionnaire. Any case where the likely outcome is fit for work.

Operational considerations for filework process

The following covers operational and logistical planning scenarios for Filework during the period when the COVID-19 Business Continuity Plan has been invoked.

The following assumptions have been made:

- Relay Royal Mail service / Royal Mail remains in operation. If Relay or Royal Mail is not in operation, CHDA sites will not receive any referrals for registration.
- Supplies (consumables etc) are still readily available ie WCA55's, cardboard jackets, treasury tags
- BSC/ACs are open with some Administrative resource available
- All BSC Administration are cross-trained to cover the Filework Registration role (max 1 day training)
- Social distancing should be applied for all individuals working in a BSC or AC
- Each person should have a designated workspace/keyboard and hot-desking should be avoided whenever possible.

Section 1: Administrative Actions

1. Referrals received in BSC
2. BSC Administration team register on MSRS and make up case files (BAU)
3. Resource team identify each HCP available for Filework and agree which current HCP Scenario (Section 3)) to apply. Line manager is notified. It should be noted that the scenario could change overnight and therefore plans should not be made too far in advance.
4. Filework bundles are created for each HCP
5. Hand carriage tracker is completed for each bundle leaving the BSC (it may be prudent to record all, including those not leaving BSC, in case of short notice changes). The tracker **must** list each case by Nino
6. Filework bundles are passed to HCP in one of three ways:
 - Left in a safe area of BSC for collection by HCP
 - Sent to relevant AC for collection by HCP
 - Passed to Transfer Team for delivery to home address of HCP
 - On return from HCP, follow the quarantine guidance Section 2) if applicable.
 - Update hand carriage tracker
 - Complete necessary actions to progress to next location – BF for FE requests, Assessment Centre or Benefit Centre
 - Any cases that HCP has indicated require call back should be prioritised into the next appropriate session.
 - If HCP has indicated that a customer telephone number is required, a call should be made to DWP to obtain current number held and case passed back to next available HCP.

Section 2: File transfer team

- The Transfer Team consists of a group of Administrators with own transport who have volunteered to deliver and collect files from HCPs who are self isolated or unable to collect files from the BSC or AC.
- Consideration will be given to the distance to be travelled to assess if it is economically viable
- Home collection/delivery of files should only be arranged if classed as essential.
- The Transfer Team need to be provided with mobile phones in order to contact the HCP to advise they have arrived at the property to minimise face to face interaction.
- The Transfer Team need to be provided with disposable gloves and large bags. The gloves are to be worn when collecting and delivering bag of files from HCP. The collected bag should be placed inside another bag, the gloves should then be removed and placed inside the bag for later disposal. The bag should then be sealed for transportation.
- The files should then be quarantined for 3 days to ensure any trace of virus has dissipated.
- The Line Manager will arrange the schedule for delivery/collection with the HCP and Transfer Team. Details of the individual completing the transfer should be noted in the Hand Carriage Tracker ie name, time of delivery/collection.

Section 3: HCP Scenarios

HCP Scenario 1: HCP working in BSC

- HCP collects Filework bundle from safe location
- HCP completes Filework using (designated) Desktop following temporary COVID-19 process (Section 4)
- HCP considers if case is suitable for a Telephone assessment. Y/N proforma is completed
- HCP returns Filework bundle to safe area

HCP Scenario 2: HCP working in AC-Filework Trained

- HCP collects Filework bundle from AC safe location
- HCP completes Filework using (designated) Desktop following temporary COVID-19 process (Section 4)
- HCP considers if case is suitable for a Telephone assessment. Y/N proforma is completed
- HCP returns Filework bundle to CSR/ AC Administration

HCP Scenario 3: HCP working from home on Laptop, Filework Trained and Able to collect files

- HCP collects Filework bundle from BSC or AC safe location
- HCP completes Filework using laptop following temporary COVID-19 process (Section 4)
- HCP considers if case is suitable for a Telephone assessment. Y/N proforma is completed
- HCP returns Filework bundle to BSC or AC Administration

*HCP Scenario 4: HCP working from home on Laptop, Filework Trained, Not Able to collect files
(possible self isolated)*

- Transfer Team member delivers Filework bundles at a pre-arranged time
- HCP completes Filework using laptop following temporary COVID-19 process (Section 4)
- HCP considers if case is suitable for a Telephone assessment. Y/N proforma is completed
- HCP returns Filework bundle to Transfer Team member at pre-arranged time

HCP Scenario 5: HCP working from home, No Laptop, Filework Trained, Able to collect files

- HCP collects Filework bundle from BSC or AC safe location
- HCP completes Filework on paper following temporary COVID-19 process (Section 4)
- HCP considers if case is suitable for a Telephone assessment. Y/N proforma is completed
- HCP returns Filework bundle to BSC or AC Administration

*HCP Scenario 6 HCP working from home, No Laptop, Filework Trained, Not able to collect files
(possible self isolation)*

- Transfer Team member delivers Filework bundles at a pre-arranged time
- HCP completes Filework on paper following temporary COVID-19 process (Section 4)
- HCP considers if case is suitable for a Telephone assessment. Y/N proforma is completed
- HCP returns Filework bundle to Transfer Team member at pre-arranged time

Section 4: Overview of temporary COVID-19 Filework FE process outlined in this document:

- HCP reviews claim and using this guidance document to decide if it is suitable to obtain FE from customer.
 - If not suitable, HCP continues to follow normal Filework actions
 - If suitable, HCP checks if a telephone number is available.
- If a telephone number is not available, HCP should annotate case and pass back to Administrator.
 - If telephone number is available, HCP should attempt to call customer to obtain 'verbal FE' using FRR4
 - If customer is not available and requires a call back outside of session parameters, annotate case with details and pass to Administrator
- If customer does not wish to provide detail, HCP should continue with normal Filework actions

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.

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