

Telephone call structure

Talent and development

06 July 2020

STAGES OF CONSULTATION	WHAT YOU NEED TO DO	HOW TO DO IT	RATIONALE , SUGGESTIONS and NOTES
Review customer file	Prepare for the call	<p>Read the questionnaire, all supporting FE in file, any previous reports either face to face or scrutiny outputs, Med 3, FRR2's and FRR4's.</p> <p>Make sure you are in a confidential space and your work station is set up correctly.</p> <p>Make sure all equipment is fully working and fully charged.</p> <p>Have a glass of water on hand as you may be on the phone for some time.</p>	To ensure you are prepared for the call and fully informed of the client requirements. Make sure you have reviewed all evidence. If the evidence suggests possible support group focus on this area first.
Step 1: Greeting	Identify the customer Introduce yourself	<p>"Good Morning /Afternoon</p> <p>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)".</p>	Ensure you are speaking to the customer
Answering machine	If the customer is not available	<p>"This is a message from the Centre for Health and Disability for Mr/Mrs/Miss/Ms XXXX. We have been trying to contact you to commence the appointment you agreed to on (date and time). I shall attempt to call back in xx minutes. Otherwise if you now cannot commence</p>	How to record a message on an answer machine if the customer is not available

<p>Identity Checks</p>	<p>Conduct an Identity check</p>	<p>this appointment please contact our Help Desk on (local tel number)</p> <p>“I just need to check I am speaking to the right person.... Could you please tell me your:</p> <ol style="list-style-type: none"> 1. DOB 2. NiNO 3. GP Surgery* <p>*If the customer cannot give you the name of their GP surgery, ask for their Postal code</p>	<p>It is essential to carry out an identity check to ensure you are speaking with the customer directly.</p> <p>Complete the POID 1 form (this will have been filled out by a CSR but we still need to confirm identity as per process.</p> <p>Highlight ‘telephone assessment’ on the form.</p>
	<p>Explain purpose of telephone assessment and consent to proceed</p>	<p>“I am one of the Healthcare Professionals providing</p>	<p>Ensure the customer is ready and prepared for the call</p>

	<p>If a companion is present</p> <p>advice to the DWP on your claim to benefit, I need to get some details about your health problems and how they affect you day to day is this ok?"</p> <p>Are you somewhere where you can hold a private conversation and not be overheard?</p> <p>'Is there anyone else in the room with you? And are you on a speaker phone?"</p> <p>Note: If there is someone in the room, ask: "Can you give me their name and relationship to you?"</p> <p>Note: Remember to add their details into the social history.</p> <p>'Are you happy to continue?</p> <p>Do you have a glass of water to hand? If not, would you like to get one? I'm happy to wait. If the call is disconnected, I will call you back straight away.</p> <p>Equally, if the call is disconnected at any point during our conversation, please keep the line clear and I will call you back. If I cannot get hold of you on this number, do you have an alternative number I can call?</p>	<p>This is an opportunity to assess if the customer is capable and willing to continue the call.</p> <p>Identify if a companion is present and record their details</p>
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<p>Step 2: Empathetic Listening</p> <p>Step 3: Building Rapport</p>	<p>Develop a 'relationship'</p>	<p>The Department for Work and Pensions (DWP) has temporarily suspended all face-to-face assessments for health and disability-related benefits. This is to protect people from unnecessary risk of exposure to coronavirus (COVID-19) during the current outbreak.</p> <p>As an interim measure, we are doing Work Capability Assessments by telephone. We may not be able to get as much information as we could from a face-to-face assessment and we may not get enough to make a recommendation. However, we are doing our best to make recommendations where possible.</p> <p>The purpose of this call is to identify people who should be getting a higher rate of benefit, where we can. Please be reassured that you will not lose your benefit as a result of this call.'</p> <p>"How have you been recently?"</p>	<p>Allow the customer time to talk, express their feelings and frustrations. They may have been isolated for some time and/or struggling with ill-health</p>
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Step 4: Assess capacity (obtain consent)	<p>Identify if the customer has the capacity to proceed</p>	<p>Note: As you open and progress through the call (greeting, identity check, opening the conversation) use your clinical expertise to assess if the customer has capacity to continue with the call.</p> <p>If at any stage the claimant is not happy to proceed the call should be terminated and ESA/UC 85A min completed detailing the circumstances.</p> <p>If any claimant is unreasonable or verbally aggressive on the phone this is unacceptable and the standard processes should be followed.</p>	
Step 5: Set expectations, and reaffirm consent	<p>Clarify the purpose of call, how long it will take, and what will happen after the call ends.</p>	<p>“During this call I will be typing as we go along and collating what you say. This is to ensure I have accurate details of your medical conditions and how they affect you on a daily basis.</p> <p>It is likely you will hear me typing during our conversation. If it is difficult to hear me, or you need me to repeat something, please let me know.</p> <p>The call should take around one hour to complete. If at any point you need to take a break, please let me know, I am happy to wait.</p> <p>At the end of this call, I will summarise what we have discussed and write up a report for you.</p>	<p>Clarify and establish expectations for the call.</p> <p>This provides an additional opportunity to assess if the customer is capable of continuing the call and they wish to continue the call.</p> <p>If the answer to either of these questions is the file will be returned to the BSC for assessment at a later date.</p>

		<p>Are you happy to continue?"</p> <p>Note: If the claimant is not happy to proceed the call should be terminated and ESA/UC 85A min completed detailing the circumstances.</p>	
Step 6: The Assessment	<p>Obtain information as you would during a face-to-face assessment:</p> <p>Medical conditions, condition history, social/occupational and Typical day</p>	<p>Note: The format of the assessment will be the same as face to face but you will need to adapt your questioning style as per the workshops.</p> <p>Summarise regularly to make sure you have accurate information.</p> <p>You may have to adapt you normal questioning style. If you do not get a response you may need to;</p> <ul style="list-style-type: none"> • repeat the question • check if the customer heard you • check that they understood the request <p>Use your listening skills to pick up non-verbal cues: is the customer breathless, do they sound tired/fatigued, can you hear them moving around as if they are in pain. Listen to the tone of their voice for pain, fatigue and breathlessness.</p>	<p>To gather medical information to allow you to complete the assessment.</p> <p>To ensure you are applying a logical approach to history taking and the customer experiences a smooth journey.</p>

		<p>Listen to what's <u>not</u> being said as well. For example, are they saying they are well, but they sound unwell? Gently probe into this area – for example “You sound sore, what have you done today and have you taken your medication?” Remember reliably, repeatedly and variability.</p> <p>You may pick up noises in the background, someone asking them if they are ok.</p> <p>Although we cannot do formal observations we can still document how they sounded.</p>	
Dealing with an emergency situation	Identify any immediate concerns	<p>As per any clinical situation you may identify an immediate concern.</p> <p>If the customer sounds clinically unwell and you have immediate concerns i.e., chest pain, short of breath that is different from normal then you may have to phone for an ambulance.</p> <p>If you have immediate concerns about their mental health and feel they are in imminent danger, i.e. voicing current suicidal intent with a firm plan you will have to phone for an ambulance and possibility involve the police.</p>	<p>To follow process if there are any concerns regarding the customers' health</p> <p>To ensure the customer gets a fair and accurate assessment.</p> <p>If this occurs the case will not be actioned and the case will be returned to the BSC for appointment at a later date.</p>

			Please fill in a UE1 to let the GP surgery know what has happened and add an FRR4 or advice minute to file to explain the situation.
<p>If you are unable to proceed with the call due to customer behaviour or concerns regarding understanding during call.</p> <p><i>This will be a very rare occurrence as cases will have been sifted prior to identifying them for telephone assessment</i></p>	<p>Try all normal de-escalation techniques explaining why you are calling and what your expectations are during the call.</p>	<p>Note: If the customer displays unacceptable behaviour on the call and you have not been able to de-escalate you will need to terminate the call and follow the normal UCB process. This would also include if you feel the customer is intoxicated or under the influence of drugs.</p> <p>If you have concerns over the customers' level of understanding and do not feel they have the capacity to give you the level of detail you need to complete the call you will need to terminate the call and explain to them that they will be assessed at a later date. You may have to give this detail to a 3rd party, unless they have an appointee with them during the call.</p>	<p>To follow process if the customer's behaviour is unacceptable or you feel you cannot get an accurate picture of the level of disability.</p> <p>To ensure the customer gets a fair and accurate assessment.</p>
<p>Step 7/8/9:</p> <p>Closing the call</p>	<p>Close the call, explain next steps, questions</p>	<p>Thank you for your time today</p> <p>I have asked all the questions I need to ask in relation to your assessment</p> <p>Do you have any questions you want to ask me?</p>	<p>To ensure you have covered all the salient points of the assessment, and the customer</p>

		<p>Following this call, your report will be reviewed and you will be contacted by letter in relation to the next steps.</p> <p>As I said at the beginning, the purpose of this call is to identify people who should be getting a higher rate of benefit where we can. When I review your report, I may not be able to make a recommendation about your capability to work without seeing you face-to-face. If this happens, you will continue to be paid your current rate of benefit and we will invite you to a face-to-face assessment as soon as we can once they resume. Please be reassured that you will not lose your benefit as a result of this call.</p> <p>In the meantime please do not hesitate to contact the DWP if there is a change in your circumstances, for example if you have a new health condition or if there is a change in your existing condition.</p> <p>Is there anything further you would like to discuss before I end the call?</p> <p>Thank you again for the time today.</p>	<p>understands what will be summarised in their report.</p> <p>Give the customer an opportunity to discuss anything else on their mind, or that they want to share with you. Customers sometimes say they feel 'rushed' at the end of an assessment, so give them extra time.</p>
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<p>Step 10: Follow up</p>	<p>Complete any further procedural issues – UCB, Unexpected Findings, Safeguarding, Follow up/Welfare</p>	<p>If any UCB issues have been identified during the call <i>but</i> you have been able to complete the call – follow the normal UCB process.</p> <p>If you believe a UE1 is required, ensure you have explained this to the customer and obtained consent, where possible. Refer to the UE1 guidance located on the intranet for full scope. For any unexpected findings that did not require immediate action - follow UE1 guide.</p> <p>If any Safeguarding issues have been identified during the call – follow the Safeguarding process and raise with your QAL.</p> <p>Remember we are working in unprecedented times; customers may be reluctant to phone their GP so you may pick up incidental findings.</p> <p>Any welfare issues during COVID 19, social isolation, lack of basic essentials and concerns for vulnerable customers may require a follow up – use guidance from QAL support.</p>	<p>Ensuring we are completing the follow up needed in order to protect our customers.</p> <p>Following the call you may want to reflect on the call and make sure you have completed any necessary follow up.</p>
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Step 11: Post call	Take a short break before your next call	<p>Take a few minutes to:</p> <ul style="list-style-type: none"> → Get up and move around → Stretch → Make a drink → Anything else <p>...before you prepare for the next call</p>	Looking after yourself = looking after your customers
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