

# Coronavirus (COVID-19)

## DA Telephone Guidance

Author	Version	Changes	Date
Clinical Governance	0.1	Initial Draft	12/03/2020
Clinical Governance	1.0	Live document	17/03/2020
Clinical Governance	1.1	Inclusion of consent confirmation at beginning of call	18/03/2020
Clinical Governance	1.2	Changes to wording for FE box. IR document added. Inclusion of management of FE on a call.	19/03/20
Clinical Governance	1.3	Detail regarding expectations of MSE/CSE	20/03/2020
Clinical Governance	1.4	/DfC added to FE statement for reason of telephone assessment	23/03/20
Clinical Governance	1.5	Clarified FTA approach	25/03/20
Clinical Governance	1.6	Script changed for voicemail	26/03/20
Clinical Governance	1.7	ID&V changes updated with screen shot and new guidance, as per recent comms. Closing statements inserted to reflect DWP change to 8 weeks response.	31/03/2020
Clinical Governance	1.8	Rewording of audit criteria box	09.04.2020
Clinical Governance	1.9	Assessment timing on script amended to approximately 60 minutes'	22.06.2020

Clinical Governance	1.10	FTA guidance wording updated in line with BA comms – 3 <sup>rd</sup> attempt	26.06.2020
Clinical Governance	1.11	ID&V updated with detail of process when there is no fixed abode	02.07.2020

Sign off	Date
XXX	17.03.2020
XXX	18.03.2020
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XXX	20.03.2020
XXX	23.03.2020

## **1.0 Clinical Guidance**

### **1.1 Telephone Etiquette**

Before making the call, you should ensure there is minimal noise around you, as background conversation can sound unprofessional. Be polite at all times and address people appropriately using their title e.g. Dr Smith or Mr Jones. Do not conduct a telephone call if eating or drinking. Avoid placing a caller on hold. If it is necessary, then reassure the caller at frequent intervals that you are still there. You must not conduct any telephone calls from your car.

### **1.2 Making the phone call**

The call should take place at the prescribed time. You will be able to access the claimant's telephone number via PIPCS, please use your headset and work mobile to make this call. Please ensure you withhold your phone number when making calls (dial 141xxxxxxx). At no point should you give out your mobile number or text the claimant.

You must ensure to give the claimant a minimum of 12 rings to answer the phone (or when the voicemail invokes).

You are permitted to leave a voicemail however you must not disclose any personal information regarding the claimant,

*Hello, my name is (first name only) and you will have received a text or letter reminder for your appointment that was booked for XX:XX (appointment time) today. To avoid any delays with progression, it is essential that I speak with you, so I will call you back at XX:XX (time – allow a minimum of 10 minutes after your current call) and then make one more attempt again, if you do not answer. I look forward to speaking with you then. Thank you very much*

The claimant is provided with three opportunities to answer their phone within the first 20 minutes of the appointment slot. The second attempt should be made 10 minutes after the first, and third attempt 10 minutes after the second. On the final attempt, the below terminology must be left in a voicemail (if available):

*I'm sorry that we have not been able to speak to you today. Unfortunately, you will need to contact (lot 2: 0808 1788 114 or lot 4: 0808 1788 116) to rebook a suitable appointment.*

(If FTA required by Authority) FTA will be marked as normal on the EAS appointment summary and report submitted incomplete. The appropriate wording must be included in the appointment summary depending on the situation:

- Telephone consultation attempted due to business continuity strategy. Attempted call at \*insert times\* on telephone number xxxxx and there was no response (voicemail left)
- Telephone consultation attempted due to business continuity strategy. Attempted call at \*insert times\* on telephone number xxxxx and the number did not connect (no voicemail facility).

The DA must then take a screen shot of their call history and send this immediately via email to their line manager with the subject line "FTA PIP2XXXXXX"

### 3.3 Introducing the consultation

You must determine that you are speaking to the claimant or their official appointee before disclosing the reason for your call. If the claimant does not wish to come to the phone, and there is no official appointee, please advise that in order to proceed they must confirm their identification. After that, companions can contribute and assist.

The use of speakerphone should be encouraged in such circumstances as this will allow the contributions of both/all parties.

*Hello my name is [state name]. Please can you confirm I am speaking to [claimant's name/appointee]?*

If they confirm, please proceed to explain the purpose of the assessment.

*I am a Disability Assessor calling from the Capita Personal Independence Payment Team. I am working on behalf of the Department for Work and Pensions/ Department for Communities to process the state benefit PIP. We have had a claim from [state claimant's name]. Can you confirm that you are [claimant's name/claimant's name official appointee]?*

### Identity Verification (ID&V) for Telephone Assessments

***The guidance below applies to telephone assessments only. The process differs between lot 2 and lot 4.***

#### Completing claimant Identity Verification (ID&V) – Lot 2 only

The DWP has clarified their preferred approach for completing claimant Identity Verification (ID&V).

**At this stage, this guidance applies to telephone assessments conducted with Lot 2 claimants.** It does not apply to any assessments conducted within Lot 4 or to Enquiry Centre employees, who should continue to use existing, approved ID&V approaches.

The changes are minor, and for many of you there will be no need to change your existing approach, but it's important that we all move to the revised process now DWP has officially issued it.

**Lot 2: ID&V Process:**

1. The DA will contact the claimant and ask for the following:
  - Date of Birth
  - Full Address
  - NINO
  - Alternative telephone number
2. If the claimant answers two questions correctly, you can progress with the call (stop as soon as they get two correct). You should record the questions asked and their answers, in the appointment summary box.
3. If a claimant can't answer two of the questions, or if you have any doubts about the validity of the person you're speaking to, the call cannot be progressed. Instead, you should follow the BAU approach of marking the case as 'attended not complete', selecting the 'Claimant – Suitable IDV not provided' option as shown below. Please add notes in the summary box to explain the reason the option was selected.
4. In the case of a No Fixed Abode (NFA) claimant with no alternative telephone number, their D.O.B. and NI number should be given. However, if a claimant can't remember their NI number, DAs are allowed to use health conditions, prescribed medication etc. to confirm ID&V. This is in line with the existing process, pre-COVID-19.

**Lot 4: ID&V Process:**

Claimants must be able to answer three out of five questions below, one of which needs to be a 'High' question. Questions asked and their answers must be recorded within the appointment summary box.

High	Weak
<ul style="list-style-type: none"> <li>• Date of letter issued by PIP</li> <li>• Any hospitalisation details that may be held in PIPCS e.g. name of hospital, inpatient dates</li> <li>• Information held in PIPCS e.g. Name of GP or other Health Care Professional who is treating the claimant</li> <li>• Information held in PIPCS e.g. Address of GP or other Health Care Professional who is treating the claimant</li> <li>• Any information which the claimant or appointee has declared on Part 2 of the PIP Claim Form (How your disability affects you) and which would be known only to the claimant or appointee.</li> <li>• The claimant's National Insurance No.</li> </ul>	<ul style="list-style-type: none"> <li>• Postcode</li> <li>• Mobile Telephone Number</li> <li>• Address</li> <li>• Date of Birth</li> <li>• Home Telephone number</li> </ul>

In the case of a No Fixed Abode (NFA) claimant with no alternative telephone number, their D.O.B. and NI number should be given. However, if a claimant can't remember their NI number, DAs are allowed to use health conditions, prescribed medication etc. to confirm ID&V. This is in line with the existing process, pre-COVID-19.

### **Claimant unable to provide suitable ID&V:**

If the claimant is unable to provide suitable ID&V, the Disability Assessor must select the appointment outcome as 'Attended but Assessment not Completed' and select 'Claimant – Suitable IDV not provided', in the appointment detailed outcome. All questions asked must be recorded within the appointment summary box.

<b>Appointment Outcome *</b>	Attended but Assessment not Completed
<b>Appointment Detailed Outcome *</b>	Claimant - Suitable IDV not provided
<b>Summary *</b>	<div style="border: 1px solid black; height: 60px;"></div>

If you have any questions regarding ID&V, please speak to your line manager.

The concept assumption is that DA's should conduct themselves in the same manner they ordinarily would way and proceed with the consultation in the same way wherever possible, however there will be clear exceptions where this is not possible and where supplementary guidance is required

As with a face to face consultation explain what will happen during the assessment and that it will take approximately 60 minutes to complete and that there are several specific questions that need to be asked. Explain that the assessment is about the claimant's functional ability and is different from going to see a health professional for treatment or diagnosis.

Possible explanations:

- *The purpose of today is ...*
- *It is going to take about 60 minutes to complete...*
- *This assessment is different to speaking to your doctor or nurse it is about seeing what you can do ...*
- *There will be several questions I will ask you about your typical day...*
- *Whilst on the phone I will be making notes about the way you are speaking to, and interacting with me as observations. This may include your speech, emotional state and reactions. Do I have your consent to continue?*

You must explain that no formal examinations will be carried out due to this being a telephone consultation. The following wording must be used:

*In line with Government directives and to protect claimants during the outbreak of Coronavirus/Covid-19 we are completing your PIP assessment via this telephone call. We will not be completing any examinations due to this. Please be assured that the DWP/DfC will take this into consideration when reviewing your claim.*

### 3.4 Documentation

In the Further Evidence (FE) box of the PA4 you must type:

*Telephone assessment undertaken due to DWP/DfC suspending all F2F assessments following the Covid-19 outbreak*

If a claimant requests to discuss new evidence during a telephone consultation the DA must:

- 1. Thank them for reporting they have further evidence*
- 2. Ask them to send the evidence to DWP/DfC at the appropriate address.*

**LOT 2:** Freepost RTEU-HAGT-SLBL  
Personal Independence Payment 1  
Mail Handling Site A  
Wolverhampton  
WV98 1AA

**LOT 4:** Freepost RTRT-EKUG-KXJR  
PIP MOU  
PO Box 42  
Limavady  
BT49 4AN

- 3. Ask the claimant to confirm what the evidence is e.g. consultant letter/care plan/appointment letter and use clinical reasoning to determine whether the FE would be considered 'high value' in its likelihood to give information pertaining to function. This will determine whether the DA should ask them for a synopsis or not. This can be considered on a case by case basis.*
- 4. Document in the Further evidence box: 'Further Evidence reported during telephone consultation as XXXXX advised to send to DWP/DfC and address given.' Then either:*
  - (a) Where the further evidence is deemed to be supportive of the claim and refers to functional ability and/or severity of condition confirmation. The DA should document a reported synopsis of the information contained in the evidence e.g. '... which confirms assistance with all personal care over two calls per day AM and PM due to fatigue and shortness of breath.'*
  - (b) Where the further evidence is deemed not to be supportive of the claim as it does not refer to functional impact or severity of condition such as an appointment letter. The DA should document '...due to the nature of the evidence a synopsis not given therefore has not been considered as evidence.'*

### 3.5 Conducting the consultation

You are required to complete the consultation as you would normally in a face to face setting, this incorporates ensuring you have prepared for the assessment by reviewing all the further evidence associated on PIPCS. If through this process you identify that the claimant could not complete a telephone consultation, you must highlight this to your Team Manager at earliest convenience.

The usual process applies to unacceptable claimant behaviour, refer to guidance on abandoning assessments.

The consultation includes gathering a *detailed* History of Conditions (HOC), Variability, Functional History (starting with activities 11, and 12), Social and Occupational History, and reviewing Current Medication and Treatment. The HOC must clarify any inconsistencies

including level of input, past treatment and response to it, in cases of lack of treatment or low-level medication clarifying if they have had same in the past with little or no benefits or even adverse effects. You need to be able to identify if the health condition is *likely* to be functionally restricting or not. You do not ask the claimant to complete any examinations, you do not complete a formal Visual Test or MSK and should document in these examination boxes, if they would have been appropriate: *Telephone assessment completed therefore unable to complete.*

You can record informal observations however it is expected these will be limited and focussed on what you are hearing throughout the telephone consultation such as how they follow the assessment process, how they engage verbally, what level of verbal communication can they understand. Elements of the MSE or CSE can be included in Informal Observations (IOs) such as:

Section	Examination MSE/CSE	Example for reference purposes only
Behaviour	Both	<i>Became emotional when discussing how condition has progressed over last few months. Requested a few minutes to compose themselves.</i>
Insight	Both	<i>Was able to give detail on how their condition affects them day to day and the impact of their treatment.</i>
Intellect	CSE	<i>Able to respond in a timely manner to complex questions and showed thought and reason as they discussed how they were diagnosed with their condition and why they have been advised certain treatment.</i>
Cognition	MSE	<i>Able to follow the process of the telephone consultation, and able to give detailed answers to questions.</i>
Information Processing	CSE	<i>Able to process simple and complex questions in a timely manner, responses were timely and gave detail such as what they are doing at school and what support they have and why.</i>
Central Coherence	CSE	<i>Demonstrated understanding for the consultation, but was literal in answering of questions, so some questions rephrased as a result. Displayed some restriction in answering how they would address certain situations but were able to discuss their relationships with others.</i>
Working Memory	CSE	<i>Delay in responding to questions. Some repetition in answers given and showed no awareness of previous conversations when assessor tried to move conversation on by referring to previous comments. Appointee supported by interjecting with most of the information.</i>
Thought Disorder	MSE	<i>Some muttering under breath whilst on the phone. Encouraged by advocate to discuss this with assessor. Confirmed hearing voices and being told negative things about the assessor and not to tell the truth. Advocate confirmed for rest of the assessment whether information accurate or not.</i>
Speech	MSE	<i>Speech was fully intelligible over the phone but some minor slurring of words, speech at times slowed in rate but stated at an audible volume.</i>

In the MSE/CSE box please document, if it would have been appropriate to complete one:  
*Due to telephone assessment no formal MSE/CSE completed therefore please see IOs for further details.*

Please ensure you are not making any informal observations which are an assumption. Avoid commenting on their ability to use the phone as this cannot be observed. Many people have adapted ways of using telephones such as using loudspeaker, headphones and/or having others dial for them. If you are not sure please ask a question to clarify. Any areas which cannot be identified through auditory observations should be explored within the report appropriately including their sensory processing which would usually be within the CSE.

You must still explore suicide and self-harm in relevant cases, this information needs to be recorded in the HOC section of the report. Where you identify cause for concern please refer to the 6-point plan.



6 Point Plan -  
Managing Suicidal Ide

You may have to spend more time understanding the medical history of the conditions, exploring the functional history to gain a picture of their functional ability day to day. By doing this, it will help inform your descriptor selections and justifications. You need to consider what is clinically likely or consistent in the case.

Please end the consultation as you would normally, thank the claimant for their participation, asking if they have any further questions. Please advise the claimant that their report will be sent to the DWP/DfC for consideration as normal.

### 3.6 Selecting Descriptors and Writing Justifications

When selecting descriptor choices consider:

- Do your research - make sure you know, in advance of the assessment, the detail you need to know about the condition and their functional ability to help inform your choice. Consider what is clinically likely.
- Analyse all the FE - To see if any indicate functional ability and refer to this in your SJs.
- Weigh up the evidence - When writing up the report make sure inconsistencies are addressed in SJs. Think about using evidence pie to help you.
- Listen for Inconsistencies – Explore these with the claimant, there may be an explanation, waiting until after the assessment will make it much harder to make a descriptor selection.
- Effective questioning skills – Listen to the claimant's response, use dynamic questioning, take time to explore and probe their functional ability.

#### **Balance of Probabilities:**

The PIPAG identifies that in some cases there may be sufficient information to advise on the majority of activities, but which leaves small gaps that it has not been possible to fill through obtaining FE or by contacting the claimant.

In such cases, where the available information is consistent, the HP MUST consider whether they can use their own expert clinical knowledge of the condition(s), its severity and known impact in other areas to determine, on the balance of probabilities, the likely impact in the remaining areas.

This approach in the PIPAG is with reference to Paper-based reviews however, due to business continuity measures, this approach can be utilised with telephone based PA4 assessments.

An example of BOP in a PA4 assessment could be:

*CQ states unable to speak due to pain, FH states will speak to family members and GP. Consultation conducted by telephone and IOs indicated she could speak and understand to an acceptable standard over the phone. A restriction with verbal communication due to pain is not medically likely, and therefore it is likely that she can express and understand verbal information unaided reliably.*

### 3.7 Review Periods

Please select review periods as you would normally, based on the guidance contained in award review desk aids Lot 2/Lot 4.

### 3.8 Considerations for Initial Review (IR)

To understand initial review process please review the following document.



IR Process -  
Contingency Covid-19

### 3.9 Consideration for Audit

#### 3.9.1 Selection

Selection of internal audit will remain the same.

#### 3.9.2 Identification

On opening of the PA4 the Evidence Considered Box will indicate if the assessment has been conducted over the telephone. Duration of consultation should be captured in the usual way

#### 3.9.3 Internal Grading

Opinion	Descriptor Choice	No change but consideration that DA will be selecting based on information they have and potentially using BOP
	Prognosis Advice	No change
	QP/ PT	No change
	Terminal Illness	No change
	Reliability Criteria	No change but consideration that DA will be selecting based on information they have and potentially using BOP
	Justification	No change but consideration that DA will be selecting based on information they have and potentially using BOP
Information Gathering	History	DA encouraged to gain detailed HoC, SoH & FH to aid BOP. Information gathered lacks detail, but is unlikely to have an adverse effect on award – AF. Major omissions whereby a decision cannot be made – U AA will not apply to information gathering in Telephone Assessments.
	Examinations	Will automatically be graded A as not applicable, if correct process followed. Omission of relevant examination statement (if applicable) – AA. Consent box must not be ticked, otherwise will be graded AA.
	Observations	Consider DA only expected to provide a brief description of the claimant's interaction over the phone
Further Evidence	All relevant stages	Consider if DA has made sufficient attempt to gather information. New evidence to be recorded with specific statement, otherwise will be graded AA.
Process	Case Handling	Consider if DA has adhered to the PA4 Telephone assessment process
	Usability	Consider if DA has adhered to the PA4 Telephone assessment process

If the Evidence Considered box does not contain the statement to indicate it is a telephone PA4 but the content of the report indicates it was AA grade applies.

### 3.9.4 DASL

It's likely that DA's will be contacting the Support Line for advice on using BOP. DA's and auditors will be receiving the same training. This is to ensure that auditors are capable of carrying out Telephone PA4's and have the insight to support DA's in Weighing up Evidence.