

Personal Independence Payment

Telephone Assessments
during Covid-19 crisis



Why are we doing this?

- Due to the spread of coronavirus it is necessary to comply with Government instructions and avoid people travelling to face to face assessments
- We need to avoid the risk of the virus being passed from claimant to assessor and vice-versa
- As there is a claimant at the heart of what we do as disability analysts, we had to come up with a plan to continue to carry out assessments during this time whilst protecting not only our claimants but our staff as well.
- Telephone assessments will allow us to gather as much information as possible in the circumstances to enable us to provide advice to the Case Manager
- We recognise that there will be some gaps in the evidence available to make an assessment compared with a standard face to face assessment. Please be assured we have worked closely with DWP who are fully supportive of our approach and have approved that we assess in this fashion, in these extreme circumstances

Prep

The key to a successful telephone assessment will be your prep

- Prior to the assessment you should read all the evidence on file and make notes directly onto the prep notes on the PA4
- As you would for a F2F assessment, you will make notes in your prep of all areas that need to be explored.
- You should also make notes to remind yourself to listen out for such things as breathlessness, tone of voice, difficulty hearing or coping with the assessment. These will depend on the conditions present and the needs claimed
- Where physical/mental state examinations would have been required, make notes to ask questions to help you get more information in the functional history instead
- Do not rush your prep as getting your prep right will help you get your assessment right.
- In the evidence considered box you should document : **Telephone Assessment undertaken due to DWP suspending all face-to-face assessments following the Covid-19 outbreak.**

Prior to making the call

- All actions start from the Arrivals Board

Workbench Exit PRS

PRS Release: 13 NINo Search

Arrivals Board

Date:

Assessment Centre:

Show open appointments only: ☐

Slot ▲	Room ▼	PRN ▼	NINo	Claimant ▼	UCB	Appointee	Language	Gender	Arrival ▼	Outcome	Cancelled	Retracted ▼
18:00	Room 1		PN230301A	claimant Mr test				N	<input type="button" value="Update"/>			
18:15	Room 1							N				
18:30	Room 1							N				
18:45	Room 1							N				

◀ Previous Next ▶

- To access your claimant's details, simply search your name where you would previously have searched for your centre.

Prior to making the phone call

- To view a claimant's contact history, click on the NINo in the arrivals board. The following screen will appear:

The screenshot shows the PRS (Personal Record System) interface. At the top, there is a blue header bar with 'Workbench' on the left, 'PRS Release: 13' in the center, and 'Exit PRS' on the right. Below the header, there is a search bar with 'NINo' and a 'Search' button. The main content area has two tabs: 'Contact History' (selected) and 'Manage AC Appointment'. Below the tabs, there is a box containing the following details:

- NI Number: PN230301A
- Claimant Name: Mr test A claimant
- Date of Birth: 07-03-1991
- Claimant Address: 2 Rylands Drive, WARRINGTON, WA2 7DB
- Home Telephone:
- Mobile Telephone:
- Appointee Name:
- Appointee Address:
- Appointee Telephone:
- UCB Type:
- UCB Text:

Below the details box, there is a table with the following columns: 'Contact Date Time', 'Type', 'Reason', 'Notes', and 'User ID'. The table is currently empty, with the text 'No data available in table' displayed. At the bottom of the table, there are 'Previous' and 'Next' navigation buttons. A 'Cancel' button is located at the bottom left of the main content area.

- Any existing contact history is listed here too. Please review this before contacting the claimant.
- The data in this screen can be used to help you check the claimant's ID

Making the 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/speaker 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 you 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 or the specifics of your role.

“Hello, my name is (first name only) and I am calling regarding your appointment. I will call back at (time – allow a minimum of 5 minutes after your current call). Thank you very much.”

-
- The claimant is provided with three opportunities to answer their phone in the assigned appointment slot. On the final attempt, the below message must be left in a voicemail:

“I’m sorry that we have not been able to speak to you today. Please contact (Lot 1: 0800 188 4880 / Lot 3: 0800 188 4881) to rebook a suitable appointment. That number again, “Lot 1: 0800 188 4880 / Lot 3: 0800 188 4881

Unable to contact claimant

- Whenever you have failed to reach the claimant, you must add a new contact record. If the number you have called is unobtainable (and there is no other number to call) please add a contact record to that effect. Contact records are added in the 'Manage AC Appointment' tab thus:

The screenshot shows the PRS Workbench interface. At the top, there's a 'Workbench' tab and a red 'Exit PRS' button. Below that, the 'PRS Release: 13' header is visible, along with a 'NINo' search field. The main content area has two tabs: 'Contact History' and 'Manage AC Appointment'. The 'Manage AC Appointment' tab is active, displaying a form for adding a contact record. The form includes several sections: 'Action' with radio buttons for 'Keep appointment (25/03/2020 09:00)', 'UTA (Accept UTA : Yes)', and 'Slot cancelled by provider'; 'Retraction reason' with a dropdown menu; 'Language required' with a dropdown menu; '*Contact type' with a dropdown menu set to 'In Person'; '*Contact reason' with a dropdown menu set to 'In - HC Request'; and 'Contact notes' with a text area containing 'test 1'. A legend indicates that an asterisk (*) denotes a mandatory field. On the right side of the form, there are 'View Slots' options: 'View within KPI due date (30/06/2020)' and 'View after KPI due date', with a 'Clear' button. Below these is a 'Same gender required' checkbox. A table with columns 'Select', 'Date', 'Time', 'Gender', and 'UCB' is shown, displaying 'No available slots'. At the bottom of the form, there is an 'Add contact record' button, a 'Cancel' button, and a 'Confirm' button.

- Select the following:
 - Action: 'Keep appointment'
 - Contact type: 'Out – Other'
 - Contact reason: 'Telephone out'
 - Contact notes: [free text, e.g. "Called claimant to begin consultation, but no answer." Or "Called claimant to confirm that I would ring back in 10 mins to begin the consultation."]
- ...then click 'Confirm' to add this contact record.

Guidelines for Call Structure



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 Health Professional calling from Independent Assessment Services. I am working on behalf of the Department for Work and Pensions in regards to your claim for 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]?

Recording the Claimant's Arrival

- Whenever you are about to begin the appointment, you must record the claimant's 'arrival' and IDV. This is done in the screen below, which is accessed by the clicking the 'Update' button on the Arrivals Board:

NINo	Name	Availability	DoB	Gender	UCB
PN230301A	Mr test A claimant 2 Rylands Drive WARRINGTON WA2 7DB	Available	07-03-1991	Male	

Validate Identity

Claimant Arrival Time:

Failed To Attend: ☐

☐ 01 UK or Foreign Passport

☐ 02 Foreign National ID Card

☐ 03 UK Photo Card Driving Licence

☐ 04 Passport

☐ 05 Northern Ireland Electoral Identity Card

☐ 06 Biometric Residence Permit issued by UKBA

☐ 07 UK Travel Pass with photograph

☐ 08 Birth certificate, UK and Foreign

☐ 09 Marriage certificate, UK and Foreign

☐ 10 Decree Absolute, UK and Foreign

☐ 11 UK Driving Licence (old style, no photograph)

☐ 12 Naturalisation/UK citizenship certificate

☐ 13 UK Council/Housing Association rent agreement document

☒ 14 UK Council/Housing Association tenancy agreement document

☐ 15 UK Council Tax Demand

☐ 16 UK Utility Bill

☐ 17 UK evidence of entitlement to State or local authority benefit

☐ 18 Other - please specify

[Cancel](#)

Select the following:

- Claimant arrival time:
[enter the time you contacted the claimant]
- IDV type: '18 Other - please specify'
- IDV text: "Three biographical questions"

...then click 'Confirm' and proceed to the PA4 as normal

Guidelines for call structure



Identification verification

Ensure you have access to PIPCS to complete ID verification. Claimants or appointees must correctly answer 3 out of a maximum 5 security questions, one of which must be a HIGH Question.

Should they be unable to correctly complete the security questions the consultation should not proceed, this should be recorded in the action log and the co ordinator informed.

High	Weak
<ul style="list-style-type: none">• Any Hospitalisation details that may be held in PIPCS e.g. name of hospital, inpatient dates• Information held in PIPCS e.g. Name of GP or other Health Care Professional who is treating the claimant• Information held in PIPCS e.g. Address of GP or other Health Care Professional who is treating the claimant• Any information which the claimant or appointee has declared on PIPCS which would be known only to the claimant or appointee• The claimant's National Insurance Number	<ul style="list-style-type: none">• Postcode• Mobile Telephone Number• Address• Date of Birth• Home Telephone Number

Guidelines for Call Structure



Remember you must record the time the consultation started and ended in the PA4. It is imperative that these times are 100% accurate; do not round to the nearest 5/10/15 minutes.

Guidelines for call structure



Introducing the Assessment

- The concept assumption is that HPs 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, that it will take approximately 60 minutes to complete and that there are several specific questions that need to be asked
- 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 will take this into consideration when reviewing your claim”

Guidelines for call structure



You can inform the claimant that there is a structure to the call, and at the end of the call they will have the opportunity to ask questions.



If the claimant deviates from the question asked guide them back to the area you need to discuss.



Remember you are leading the call but the claimants' cooperation is vital

Telephone assessment vs F2F assessment

There are obviously some areas where there will be significant differences

- **Observations:** you do not have the claimant in front of you so you cannot rely on visual observations as part of your evidence. However you will be able to hear some things and comment on these.
- **MSE:** you'll be able to do cognitive tests and comment on some aspects like speech, level of engagement and evidence of anxiety as examples, but as the MSE is also observational you will need to gather the information in different ways.
- **MSO:** you will be unable to complete an MSO or other physical examinations, so will need to gather as much information as possible in different ways.
- **Body language:** you will not be able to visualise changes in body language, you will therefore need to be aware of changes such as to tone of voice.

In this module we will take you through each of the areas of the assessment and give you hints and tips on how to acquire the required information to fill the gaps and allow you to produce a good quality report.

Active listening skills



Giving full attention- make it clear to the claimant that you are listening to what they say. Ask questions where things are not clear. Acknowledge that you are listening while they are speaking.



Give people time to answer- You have had time to prepare for the call and should know what you need to know. They may not be expecting the call and often pauses are needed to think about how they want to answer. Try not to jump in and supply the answer for them.



Reflecting content - Reflecting back the points made by the claimant as you hear them. Look for an opportunity to reflect by signaling your intention by using phrases such as: *"Can I just check that I've understood these points?"*



Reflecting feelings - Sometimes what the claimant is saying and the emotions they are expressing do not seem to match. Reflecting these back will test that your perceptions are accurate.



Summarizing - When you have reflected information several times and you are confident that you understand what the claimant is telling you, then a summary helps both you and the claimant to review where you have got to. It is a check on your mutual understanding.

Barriers to active listening

- Talking speed versus speed of thought
- Lack of interest
- Noise
- Accent/dialect differences
- Distractions
- Interruptions
- Thinking about what to say next
- Thinking about personal issues
- Being uncomfortable with silences (such as thinking time and time needed to type)
- “Heard it all before”
- Making assumptions about what the caller means/is saying
- Poor preparation

The questioning funnel

The questioning style should be the same as if you were carrying out a face to face assessment.

- **TED: Tell me about, Explain, Describe**

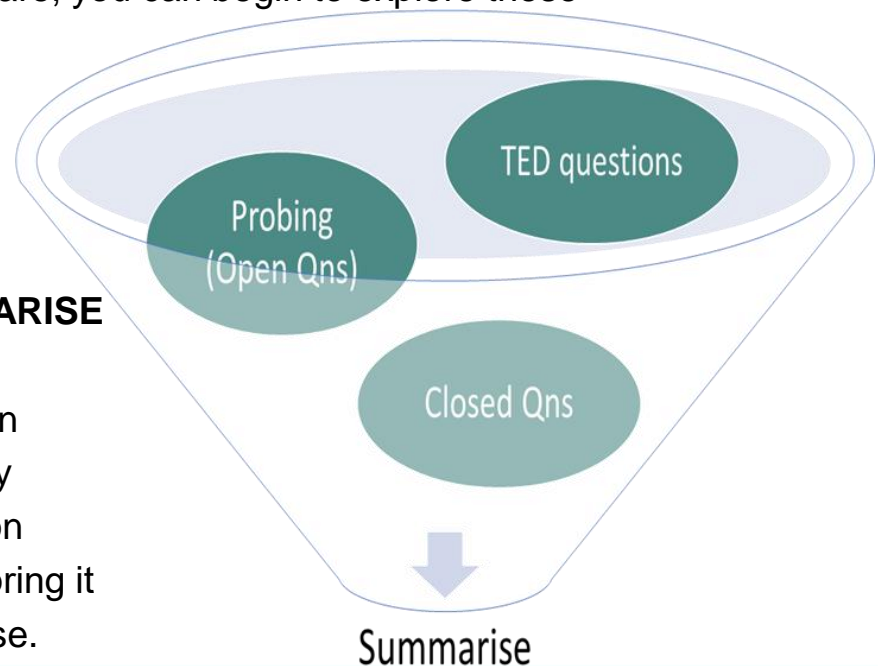
- ☐ Invitations to talk, rather than questions as such. Once you've got the other person talking and have some idea what the issues are, you can begin to explore these

- **PROBING**

- ☐ Develop greater understanding ask probing questions— these could be open, reflective or hypothetical

- **CHECK UNDERSTANDING AND SUMMARISE**

- ☐ Bring in closed questions to check specifics, confirm information and gain agreement to actions; Finally you may choose to summarise the conversation with an “Is that correct?” as this can bring it to an effective, focused and clear close.



History Gathering

Due to there being no ability to carry out observations or examinations during a telephone assessment, the information gathered during the social and occupational, functional, condition and medication histories is even more vital than before.

Social and Occupational history: Ensure that all fertile areas are covered in detail for example;

- **Work:** what do they do, how many hours do they work, have any adaptations been made to help, if so what are they, what did they struggle with before the adaptations were in place and how have they helped, have they had to have sick time due to their condition..?
- **Education (where appropriate):** What type of school, what did they study, did they have support and if so what for and what form did the support take, did they gain any qualifications or study for any? How do they get to school/day centre/college can they describe that journey.
- **Pets:** do they care for them and feed them if not why not (being able to feed your pet illustrates the ability to bend down to place the food on the floor), If a dog, do they walk it, how often and for how long, ask them to describe that walk, has it changed from what they were able to do before?
- **Mobile phones/computers:** do they use a mobile or a landline phone, can they use a mobile, what do they do on it, Can they use their phone by holding it to their ear or do they need to have it on speaker (holding it to their ear demonstrates adequate elbow flexion) can they do this with both arms? Do they text or play games (this demonstrates dexterity)

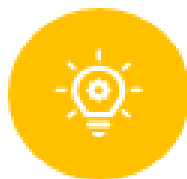
Fertile areas



These are generally considered as things that the claimant will do as part of everyday life. They might not cover a specific PIP activity but information related to the PIP activities can be obtained by finding out information. We can do this by discussing real life examples of things that the claimant does.



Relating information gathered about fertile areas can give us information about how claimants are able to do things.

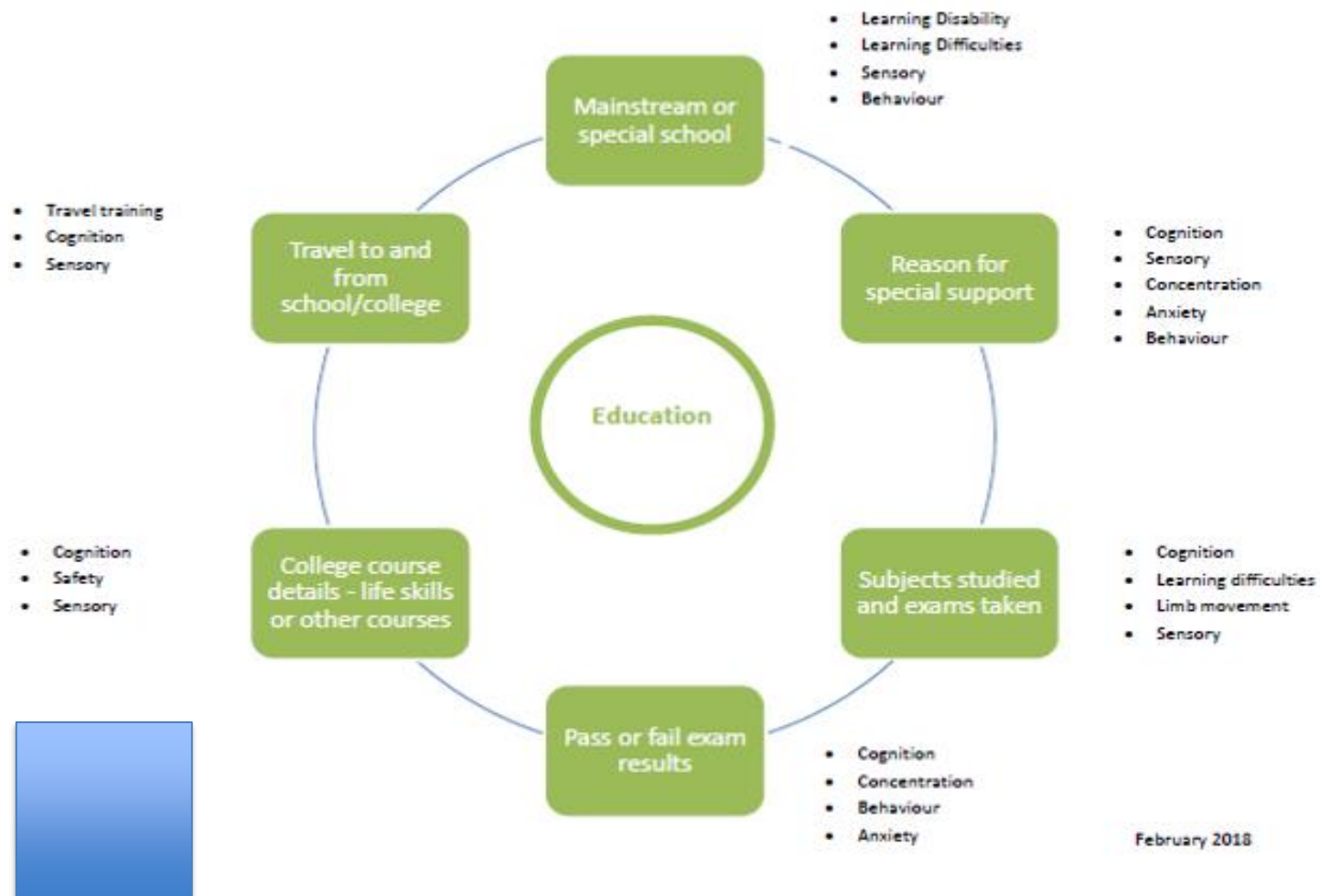


Knowledge about what is involved in carrying out the PIP activities can allow us to assess how the claimant is able to carry these out.



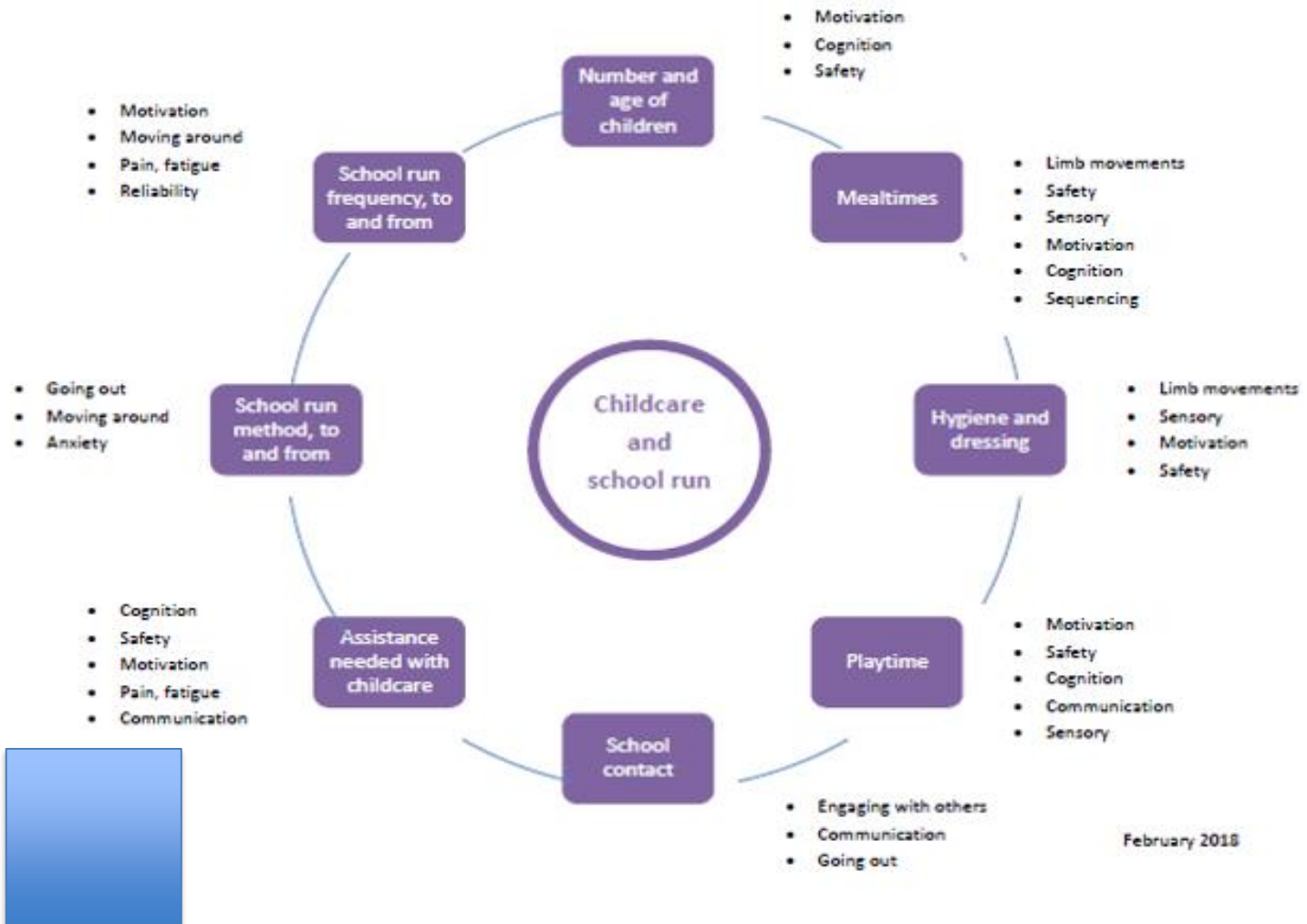
Careful analysis of the information can help us to decide on descriptors to advise.

Fertile areas: education

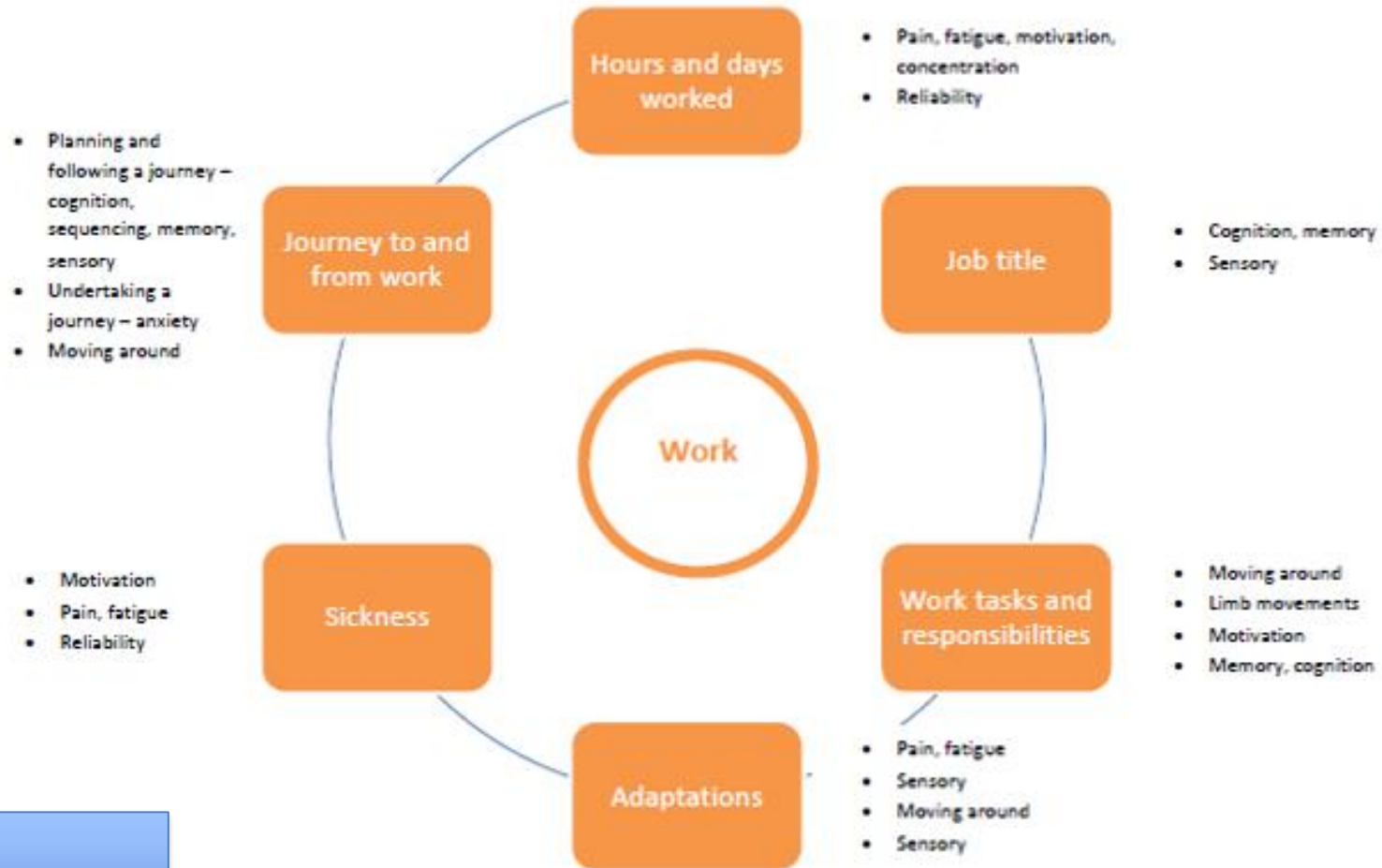


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Fertile areas: childcare

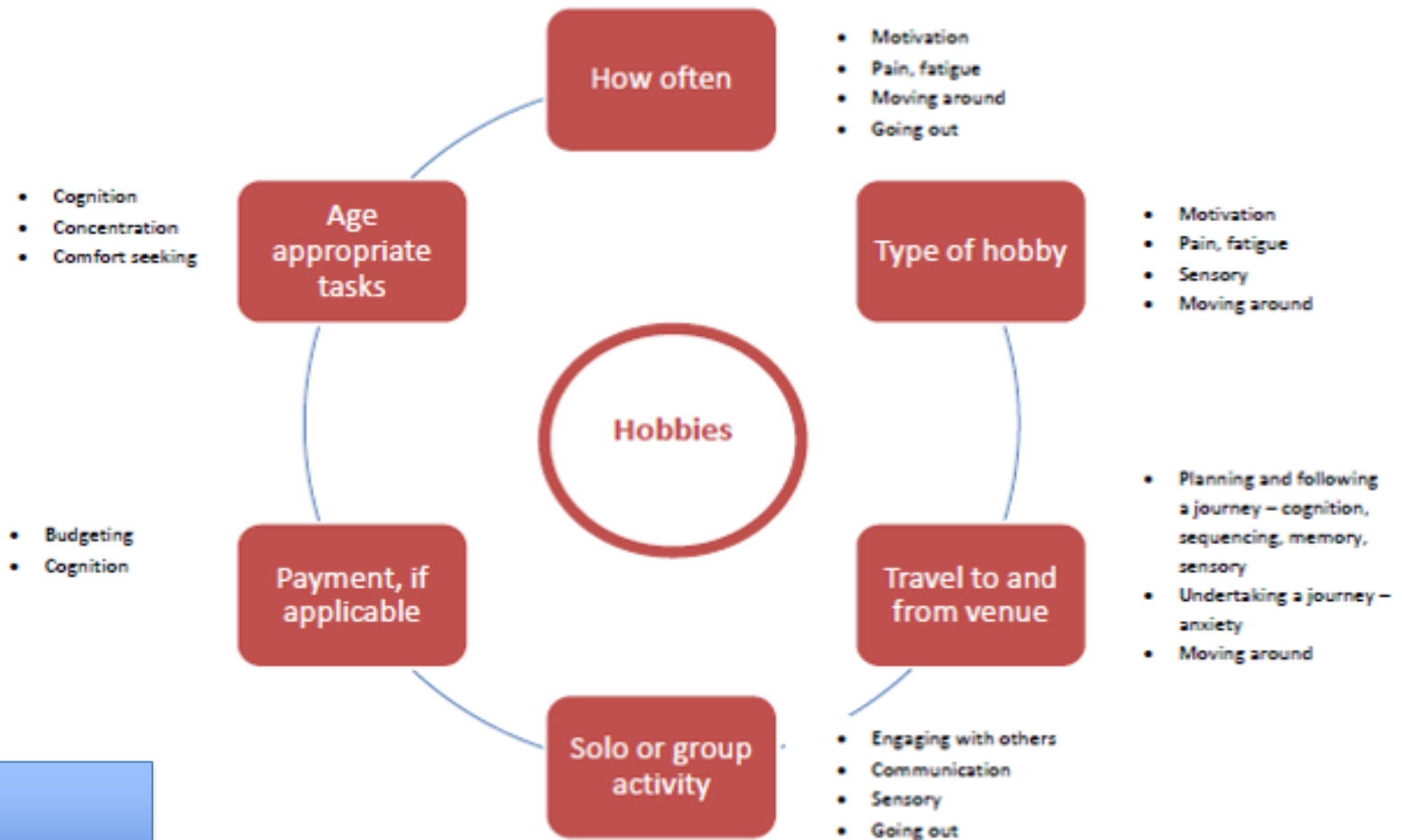


Fertile areas: work



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Fertile areas: hobbies



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History Gathering continued

Functional History

The level of detail you gain in the functional history is no different than it would be if you were carrying out a F2F assessment. In fact extra probing can help fill in the gaps.

For each activity you should establish:

- What they are able to do and how they do it
- What they are not able to do and why they cannot
- How do they go about the task. This is key – *“Tell me how you do that?” “Describe what you do”*
- Is the outcome completing the task to an acceptable standard?
- Are they able to do the task safely and in a timely manner?
- What is the outcome of completing the task, i.e. pain, breathlessness, fatigue?
- Can they do the task repeatedly and on the majority of days?
- What can they do on their good days that they cannot on their bad days and why is that?
- Do not move on from the activity until you have satisfied yourself that you know what descriptor applies on the majority of days. Remember there are no exams or observation so if unsure ask another question.
- It is advisable to summarise back to the claimant what has been said after each activity area to ensure understanding.

History Gathering cont.

Condition History

- This is no different than the level of detail required at F2F.
- For symptoms ensure you cover current symptoms the claimant has and any recent changes.

Medication

- Again this is no different to the information required at F2F
- Remember to explore any recent changes in medication, the reason for this and the efficacy of the change
- Remember it is vital that when someone is on a lower dose of medication than expected that the reason for this is explored.

Observations



- This is where you start to see the main differences between a F2F and telephone interview.
- Although you cannot see the claimant you can document “virtual observations”
- At the top of the observation box you should write: *Telephone Assessment undertaken due to DWP suspending all face-to-face assessments following the Covid-19 outbreak.*

Some examples of virtual observations are:

- ❖ Was breathless when speaking
- ❖ Audible wheeze noted
- ❖ Breathlessness increased as assessment continued
- ❖ Speech impediment noted
- ❖ Questions had to be rephrased due to hearing difficulty/ability to understand
- ❖ Able to answer all questions with no difficulty
- ❖ Partner/carer/appointee had to answer some questions and provide detail



MSE

- As the MSE is mainly observational again this cannot be performed in its usual format.
- Where applicable at the top of the MSE box write: *Telephone Assessment undertaken due to DWP suspending all face-to-face assessments following the Covid-19 outbreak.*
- MSE drop down list should not be used and any virtual findings documented in free text, be descriptive!

Examples of what could be documented include:

- ❖ Sounded chaotic
- ❖ Sounded anxious or distressed. Give examples of words used
- ❖ Crying at times (why were they crying?)
- ❖ Tone of voice very flat/monotone/elevated
- ❖ Speech, content, rate and volume
- ❖ Questions had to be rephrased due to problems understanding
- ❖ Was orientated in time and place
- ❖ General memory and concentration
- ❖ Insight; good insight into condition, poor insight (into what aspect? Be specific)
- ❖ Spelling world backwards and serial 7's (if appropriate)



MSO

You will be unable to complete an MSO, therefore getting detail in the functional history of how they are able to complete activities and why they are not will be the key!

Try asking for some more detail in key areas of the claim. For example, in someone who claims difficulty in Activity 6, you could ask “How exactly do you get dressed? Describe what you do for me.”

In the top of the box you should document (when appropriate)

Telephone Assessment undertaken due to DWP suspending all face-to-face assessments following the Covid-19 outbreak.

Other examinations

Other examinations that would normally be carried out (where indicated) include

Vision

Neuro exam

Cardio exam

Peak Flow

These cannot be carried out over the phone so if one of these examinations would have been required at the top of the box document:

Telephone Assessment undertaken due to DWP suspending all face-to-face assessments following the Covid-19 outbreak..

Remember in cases where a peak flow would normally have been carried out you can document signs of breathlessness in the observations.

Analysing the evidence

Although there will be less evidence than we are used to at a face to face assessment, for example minimal MSE or observations, when we take into account that these are just a snap shot in time rather than evidence to support a functional impairment on the majority of days, we really do have sufficient evidence to provide robust advice to the case manager.

Review all the evidence:

- **PIP2/AR1**
- **All FE on file**
- **All evidence gathered at the telephone assessment**
- **Your own clinical knowledge**



Weigh up the evidence objectively and advice the descriptor that is supported by the evidence on the majority of days

Key points



Call listening is one of the most vital attributes to completing a telephone assessment



Listen to what the claimant is telling you



Give them time to speak and tell their story, but control the call



The use of probing questions is essential



There is no MSO and only limited virtual MSE and observations, but we have all the evidence we've gathered, our clinical knowledge and logical reasoning to help us evaluate the evidence.

Frequently Asked Questions

- this is just a starter as a full FAQ document is being produced

❖ *What do I do if there is an interpreter required?*

- ❑ If an HP sees that an interpreter has clearly been requested – either as listed on the arrivals board or in the contact history – then they should initiate the assessment by calling The Big Word who will then pass the call on to an appropriate interpreter; the interpreter will then dial the claimant into the call.

❖ *What do I do if their signal/battery goes and I cannot get hold of them again?*

- ❑ Try to call them back, if possible. If after 2 attempts, mark the assessment as attended but not completed and the reason why. Depending on where you are in the consultation it may still be possible to complete your report in the same way as you would if you had to abandon an assessment if you have gathered enough evidence. If unable to complete the report, document in the Action log what happened and your attempts to recontact the claimant
- ❑ You should then inform your site co-ordinator

Frequently Asked Questions

- this is just a starter as a full FAQ document is being produced

❖ *How do I manage if there are two people talking?*

□ Start by politely reminding the claimant this is a consultation between themselves and the assessor and although the companion is welcome to add their comments you can only listen to one person at a time. If the issue continues please repeat this 3 times before politely advising the claimant a final time that if coherent responses cannot be gathered the assessment will have to be rescheduled. All attempts should be made to complete the assessment, however if after the fourth warning the assessment may have to be terminated if this continues and you are unable to gather the required information. Reasons for abandoning the assessment should be documented and the process followed for an abandoned assessment.

Frequently Asked Questions

- this is just a starter as a full FAQ document is being produced

❖ *What do I do if the Claimant tells me they have further evidence ?*

- ☐ Ask them what the evidence is, if it is of “low value” such as appointment letters then this does not need to be recorded.
- ☐ If it is of “high value” such as a CPN letter, or MRI result, care plan etc, then ask them the date of the report, who wrote it and their profession and ask them to summarise the content of the evidence. This should be documented in the evidence considered box and can then be used when justifying your advice.
- ☐ If you do not have enough room in the evidence considered box, simply document what the evidence is, date and who by here and write the summary in the communications box. (Remember to write see continuation box next to the evidence listed)
- ☐ Remember if you have not documented it you cannot use it!
- ☐ You should then ask them to send in the evidence to the DWP for scanning.

Thank you.



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