

**APPENDIX 2 – Specification**

1. This Specification sets out the requirements for the provision of medical and associated administrative services to the Principal Civil Service Pension Scheme, the Civil Service Compensation Scheme, the Civil Service Injury Benefits Scheme, the Partnership Pension Account Ill Health Benefits Scheme, and the Alpha scheme – hereafter collectively known as ‘the Schemes’.

2. The following is a brief description of each of the current Schemes:

**Principal Civil Service Pension Scheme (PCSPS)** – This is one of the occupational pension scheme for civil servants. It is a salary-related pension scheme, and is divided into three sections

* **2002 Section (Section I)** – This section of the scheme is known as **premium** membership, this generally covers employees who commenced employment between 01st October 2002 and 29th July 2007, together with former members of either Section I, II or Section III or the 1972 section, who returned to civil service employment after a break of less than five years. Also, members who were in service on 20 September 2002 have the option to transfer into premium; remain in the 1972 section (see below); or join the 2002 section but have their service before 01 October 2002 provide benefits similar to those in the 1972 section.
* **1972 Section (Section II)** – This section of the scheme, known as **classic**, covers member who commenced employment before 01 October 2002, and who did not opt to join the 2002 section. Deferred and pensioner members of the PCSPS whose service ended before 01 October 2002 are all covered by the 1972 section.
* **2007 Section (Section III)** – This section of the scheme, known as **Nuvos**, generally covers members who commenced employment on or after 30 July 2007. It provides pension benefits calculated on a ‘whole career’ basis with a pension age of 65. In contracts, to 2002 and 1972 sections provide ‘final salary’ pensions and have a pension age of 60.

**Civil Service Compensation Scheme (CSCS)** – This scheme provides compensation for early severance and early retirement (other than medical retirement). In addition it covers compensation for personal injury.

**Civil Service Injury Benefits Scheme (CSIBS)** – This scheme provides injury benefit for civil servants, those employed by organisations covered by the PCSPS, people employed for the purposes of HM Government, and Government Ministers, who are injured or killed on duty. Before 01 October 2002, the injury benefit provisions formed part of the PCSPS (1972 section).

**Partnership Pension Account** – This is a stakeholder scheme into which the employer makes a significant contribution, and is open to those whose service commenced on or after 01 October 2002 and who opted not to or were unable to join the PCSPS 2002 section or PCSPS 2007 section. This Contract does not cover the Partnership Pension Account, however it does incorporate the following associated scheme:

**Partnership Pension Account Ill Health Benefits Scheme (PPAIHBS)** – This scheme provides lump sum benefits to individuals with a Partnership Pension Account who are medically retired.

**Public Service (Civil Service and Others) Pension Scheme Regulation (Alpha)** – This is a relatively new scheme which was launched in April 2015, and covers all civil servants who were/are in active service when or after the scheme was launched. Civil servants who were previously part of the PCSPS will have dual membership of their previous scheme and their new Alpha scheme. Civil servants starting employment after April 2015 will hold their pension solely in the Alpha scheme.

**Full guidance for all the above schemes can be found here:** [**http://www.civilservicepensionscheme.org.uk/about-us/scheme-rules/**](http://www.civilservicepensionscheme.org.uk/about-us/scheme-rules/)**.**

**BACKGROUND**

1. The Civil Service Pensions Team within the Cabinet Office are responsible for managing the Schemes outlined above on behalf of the Civil Service. This is done through the management of the PCSPS provider, MyCSP (a private company).
2. The Schemes outlined above are provided to all Civil Service employees as part of Schedule 1 of the Superannuation Act 1972. These are therefore statutory schemes, and therefore both membership and benefit entitlement is governed by the scheme rules. Alongside, however separate, is the Civil Service Management Code, which sets out the mandatory retirement policy.
3. MyCSP, as scheme administrator, has responsibility for administering all the Schemes within the PCSPS for current and past employees of the Civil Service.
4. The contract is to provide these services on a UK wide basis to ensure that all pension scheme members are able to access the services. The services being delivered are of a specialist nature and are fully outlined below under the ‘Scope’ section of this Specification. PCSPS employers (government departments, their agencies, non-departmental bodies and any other organisation involved in administering the schemes) will be able to call off any or all of these services from the contract provider.

**SCOPE**

1. This contract is for the provision of medical advice and recommendations using specialist professional skills and judgement regarding entitlement to the Schemes benefits in accordance with the Schemes rules, by:
   1. Examining occupational health case papers, other medical papers and any other documents relevant to the case;
   2. Arranging any additional essential medical examinations or reports and payment of fees for these, as described in 7a above;
   3. Providing the employer with information regarding the progression of cases;
   4. Notifying or advising the employer as appropriate as to whether the qualifying criteria are met;
   5. Advising on cost effective procedures, referral and report forms design;
   6. Dealing with appeals against a refusal to support an application;
   7. Maintaining statistics and records required by the client and;
   8. Providing further information to the client as they may reasonably require.
2. The contractor shall ensure that any medical advice and recommendations given are representative of the consensus of the published evidence.
3. The contractor shall ensure that all practitioners providing medical advice in relation to this contract are qualified in accordance with the provisions of this Specification.
4. The contractor shall develop and maintain an effective working relationship with occupational health advisers within each employer, so to avoid any unnecessary duplication of effort and costs.
   1. The contractor will have in place prior to contract commencement a protocol for developing such relationships and establishing responsibilities of the provider.
5. If the contractor provides occupational health advice to an employer through a separate contract, the contractor must demonstrate how any such advice will be independent of advice given under this contract.
   1. Prior to contract commencement the contractor will have in place a framework of how advice given on the Scheme Medical Advice contract will remain independent.
6. The contractor shall ensure that the service provided to members and employers is consistent, regardless of their location.
7. The contractor must maintain integrity and impartiality at all times when delivering these services, and must be in accordance with the rules of natural justice, i.e. that no one should be a judge on their own cause, and those who are subject to decisions which affect their interest have a right to be heard before those decisions are taken.
8. The contractor shall provide advice and services on a case-by-case basis in consultation with the Contracting Authority.
9. The contractor shall deliver the contracted services with the professionalism, skill, care and diligence in accordance with the best professional practices. The contractor shall continuously review its practices, to ensure that procedures are reasonable and appropriate to the circumstances, keeping abreast of best practice, legislative and other requirements. Throughout the contract term, the contractor shall endeavour to continuously improve its professional and administrative activities.
10. The contractor shall deliver the services through a digital solution, removing the need to post hard copy forms from employer to the contractor.
11. The contractor shall provide a detailed plan for delivering a smooth transition of service from the incumbent provider, including adapting existing process’s as necessary, should the service change hands. This plan must pay particular attention to how a digital solution will be implemented and rolled out to employers.
12. The contractor shall provide a detailed strategy for engaging with the employer base to facilitate buy-in and support the establishment of the digital solution.

1. **Services**

**General**

1. The contractor shall develop an digital platform for medical information to be uploaded to by the employer, for review by the contractor. Such a platform should be sufficiently tailored to the requirements on this contract so that employers are easily able to upload such information.
2. The contractor shall take all steps necessary to secure the evidence required in order to facilitate the decision making process or provide advice on each case as appropriate. Such steps may include, but not limited to;
   1. Arranging or conducting further medical examinations and;
   2. Obtaining further medical reports.

**Ill-health retirement benefits**

1. The contract will make assessments on whether a scheme’s member meets the criteria for the payment of ill health retirement benefits as follows
   1. For members of PCSPS 2002 section, the criteria is set out in rule D.14;
   2. For members of PCSPS 1972 section, the criteria is set out in rule 1.12;
   3. For members of PCSPS 2007 section, the criteria is set out in rule E.7;
   4. For members of the Alpha scheme, the criteria is set out in Chapter 6, and;
   5. For those covered by the PPAIHBS, the criteria is set out in rule B.1.

The contractor shall issue a medical retirement certificate and explanatory report in a form agreed with the client.

1. Additionally for members of PCSPS 2002 and 2007 sections and the Alpha scheme, the contractor will make assessments on whether the member meets the criteria for:
   1. Lower tier ill health retirement, as set out in PCSPS 2002 section rule D.4(3)(a); PCSPS 2007 section rule E.7(4); Alpha scheme Chapter 6 clause 72; or;
   2. Upper tier ill health retirement, as set out in PCSPS 2002 section rule D.4(3)(b); PCSPS 2007 section rule E.7(5); Alpha scheme Chapter 6 clause 73, or;
2. If the contractor is unable to advise whether the member meets the upper or lower tier criteria, they should advise on whether a provisional ill health award is appropriate, as set out in rule D.4 of the 2002 section; E11 of the 2007 section or Alpha scheme Chapter 6 part 75. If this is the case, the contractor should also recommend which level is most appropriate based on the members current condition and when the case should be reviewed (no more than five years from the date of the provisional recommendation). If the provisional recommendation is lower tier, the member may ask for a review earlier than the date the contractor has given, if they have fresh medical evidence that shows deterioration in their health.
3. If a member meets the upper tier criteria the contractor shall also recommend the frequency with which the case should be reviewed (a maximum interval of five years), reviews do not continue beyond pension age.
4. For the circumstances outlined in paragraphs 5 and 6, the contractor will conduct a review of the member’s medical condition at the appropriate time, and advice on what level (upper or lower tier) the member’s ill health pension should come.
5. The contractor shall acknowledge all applications for ill health retirement benefits uploaded to the digital platform from the employer within two (2) working days of receipt.
6. If additional information is required for the contractor to be able to advice on the outcome of the assessment, the contractor shall notify the employer of this within 15 working days of receiving the application. This notification will inform the employer of the reason for the delay and outline when a full response to the application will be issued.
7. If a member is determined to meet the relevant criteria for ill health retirement the contractor shall notify the employer and provide a medical retirement certificate (indicating if upper or lower tier, and any review recommendations). If a member does not meet the criteria for ill health retirement the contractor shall notify the employer providing a medical refusal certificate.
   1. In both circumstances the contractor shall provide an explanatory report;
   2. The final determination notification to the employer shall be made by the digital platform, however on-going progress will be able to be reviewed in real time by the employer
8. Where required the contractor will assess a member under the HMRC serious ill health, criteria, providing the outcome on a certificate.

N.B. HM Revenue and Customs (HMRC) issued guidance that gives a member exemption from the Annual Allowance tax charge to individuals who meet the HMRC ‘severe ill health’ criteria. There severe ill health criteria does not match the Schemes criteria for ill health retirement meaning that to gain exemption status an additional assessment is required.

**Early Payment of Preserved Awards (PCSPS 1972 Section only)**

1. The contractor will provide advice on whether deferred members of the 1972 sections may have preserved benefits brought into payment before pension age on the grounds of ill health, as set out in PCSPS rule 3.14. The contractor will consider each application and supporting evidence to determine whether it is established that the illness would have led to retirement on medical grounds had the member remained in the Civil Service.

**Ill Health Retirement Appeals (including Early Payment of Preserved Awards and retrospective Ill Health Retirement)**

1. The contractor will deal with appeals from scheme members against a decision that; the criteria for ill health retirement are not met; or the tier of benefits that is awarded.
2. The contractor will follow the procedure for reviewing appeals that is outlined below. This is to ensure and demonstrate that consideration of the appeal has been made independently of any stage in the procedures which precede it.

**Stage 1** – The contractor will comprehensively review the medical evidence relating to the appeal (including any new medical evidence the individual has provided) and determine whether the original decision was correct. The contractor will notify the employer of the outcome of the appeal via the digital platform that is being used for the delivery of this contract.

**Stage 2** – If the appeal is rejected at Stage 1 then, where fresh medical evidence has been provided by the individual, the contractor will arrange for the case to be considered by another physician, and notify the employer of the outcome.

**Stage 3** – The contractor shall, on the further appeal of the Schemes member against the decision to retire or not retire them on ill health grounds, consider whether a prima facie case has been made. If so, the contractor shall convene an independent medical review board which shall prepare and issue a report.

**Stage 4 -** On receipt of the review board report the contractor will notify the employer the outcome of the appeal. The notification will detail the outcome of the appeal at that point giving reasons why the original decision has been upheld or changed.

**Injury Benefits**

1. The contractor shall provide advice so the employer or client can decide whether a person has suffered a qualifying injury as defined by CSIBS rule 1.3 or (if the injury occurred before 01 October 2002) former rule 11.3 of the PCSPS, and whether there is a causal link between a specified injury and the Schemes member’s official duty.
2. Where the Schemes member becomes entitled to be considered for the payment of injury benefit the contractor will provide an assessment of the degree to which the qualifying injury has impaired earning capacity. Any assessment will be placed in one of the categories contained in CSIBS rule 1.7 (or former rule 11.7 of the PCSPS as the case may be).
3. In addition, where the injury was sustained on or after 01 April 2003, the contractor will advise whether the injury is ‘wholly’ (more than 90%) or ‘mainly’ (between 50% and 90%) attributed to the nature of the duty. Where the injury is mainly but not wholly attributed to the nature of the duty, the contractor will advise whether attribution is ‘low’ (50%70%) or ‘medium’ (71%-90%).
4. The contractor will give advice on appeals from an injury benefit beneficiary against a decision that there is no causal link between a specified injury and the Schemes member’s official duty, or against assessments of impairment of earning capacity and (where appropriate) apportionment, reviewing the medical evidence.
5. The contractor will give advice in accordance with CSIBS rule 1.10 (or former PCSPS rule 11.10 as the case may be) on the beneficiary’s request for a review of benefit following a deterioration of their condition (does not apply to injuries sustained on or after 01 April 2003).

**Personal Injury Compensation**

1. The contractor will provide the employer with advice on the permanency of disability and prospects of future employment for the purposes of determining the level of payment under the personal injury compensation arrangements in section 10 of the CSCS.

**Allocation of Benefits**

1. The contractor shall, upon request by the employer, provide the employer with a medical assessment of the good health of a scheme member based on a medical examination and in accordance with rule D.13 (members of the 2002 section), rule E.21 (members of the 2007 section), rules 5.1-5.11 and appendix 8 to the rules (members of the 1972 section) or Part 6 Chapter 6 (Alpha scheme).
2. The medical assessment described at paragraph 20 above shall be used by the employer to decide whether the scheme member can allocate part of their PCSPS pension to a dependent in accordance with the relevant rules.
3. The contractor will be required to give advice to the client and employer in resolving disputes under the Occupational Pension Schemes (Internal Dispute Resolution Procedures) Regulations 1996 and cases investigated by the Pensions Ombudsman.

**Disputes**

1. The client or employer will specify the nature of the advice required on a case by case basis and shall require that the advice is provided by the contractor’s senior physician or, when absent, by their deputy.
2. Where there is need to obtain further evidence which is likely to prevent the contractor from issuing notification of advice within 10 days of receiving the referral, the contractor shall issue an interim reply to the client of employer describing the reasons for the delay and explaining when a full reply to the referral is likely to be issued.

**Ad Hoc Medical Issues**

1. The contractor will give advice to the client or an employer on ad hoc medical issues relating to the PCSPS, Alpha scheme or CSCS requiring professional consideration.
2. The contractor will give advice to the client on any medical issue pertaining to the MEP scheme and the FSSU.
3. **Service Standards**

**Introduction**

1. The Contractor's obligations are conditional upon the client/employer complying with a requirement to ensure that referrals to the contractor are submitted in the appropriate format and that all necessary information is supplied in accordance with the guidance provided to employers by the client, in consultation with the contractor where appropriate.
2. The contractor will, from the outset of the contract, commit to delivering administrative excellence, including using:

* A secure electronic digital platform for the movement of casework and other sensitive material for use by Clients and the Scheme Administrator
* A file tracking and management system
* Clear management support and dedicated point(s) of escalation for Clients
* Provision of management information

1. Except where specified below at clause 4 and 5, the contractor will acknowledge all referrals within two (2) working days of receipt.
2. Except where specified below at clause 5, in any case where the contractor requires additional information from a third party in order to complete the referral, the contractor will within five (5) working days of receipt of the referral inform the employer of the need to obtain additional information.
3. In providing these services, the contractor shall bear in mind at all times the need to balance quality of decision making with the speed of response. For each referral the contractor will provide a submission to the clients and/or employer, which:
   1. Is legible;
   2. Is clear, unambiguous and free of complex medical terminology;
   3. Can be readily understood by a non-medical audience;
   4. Gives full consideration to all available evidence;
   5. Provides cogent reasons for not accepting professional advice in support of the application; and
   6. Indicates whether the medical advice provided contains any harmful information if disclosed to the member

**Set out minimum service standards expected for items of business listed on Tariff**

**Note: the service standards set out are intended to:**

1. **illustrate the key milestones we expect to include in the service standards**
2. **provide the basis on which your bid is costed.**

**You may however include in your bid proposal alternative timescales making clear whether and to what extent any changes would alter the proposed charge for that element.**

**Ill Health Retirement Benefits (including Early Payment of Preserved Awards)**

1. Where no further medical information is required, the contractor shall issue a notification of assessment under the relevant scheduled services within ten (10) working days of receiving the application in order to receive 100% of the fee.
   1. If the decision is made between eleven (11) and thirty (30) working days following receipt of the application, the fee shall be reduced by 25%;
   2. If the decision is made between thirty-one (31) and forty (40) working days following receipt of the application, the fee shall be reduced by 50%;
   3. If the decision is made after forty (40) working days following receipt of the application, no fee shall be levied.

The contractor shall meet the time limit for receiving 100% of the fee in 95% of the cases as a minimum.

Where the contractor is requested they will assess the member against the HMRCs severe ill health criteria, at the same time as the ill health retirement assessment.

The contractor will notify the Client the outcome via the digital platform and provide a certificate.

Included in bid proposals should be outline recommendations for how the following cases will operate:

* Timescales for returning inadequate referrals
* Provision of a 72 hour fast track service for exceptional cases of terminal illness, where the member’s life expectancy is less than the timescales specified in the service standards.

**Injury Benefits**

1. Where no further medical information is required, the contractor shall within fifteen (15) working days of receiving the application, issue the relevant advice to the employer to receive 100% of the fee.
   1. If the decision is made between sixteen (16) and thirty (30) working days following receipt of the application, the fee shall be reduced by 25%;
   2. If the decision is made between thirty-one (31) and forty (40) working days following receipt of the application, the fee shall be reduced by 50%;
   3. If the decision is made after forty (40) working days following receipt of the application, no fee shall be levied.

The contractor shall meet the time limit for receiving 100% of the fee in 95% of the cases as a minimum.

Included in bid proposals should be outline recommendations for how the following cases will operate:

* Timescales for returning inadequate referrals

**Third Party Reports (All categories of work)**

1. Where a report from a third party is required, the contractor shall:
   1. Request the report within five (5) working days of receiving the referral from the employer;
   2. Send a reminder to the third party if further medical evidence report has not been received within twenty (20) working days from the date of the initial request;
   3. Issue a further reminder if the medical evidence report has not been received within five (5) working days from the first reminder;
   4. If five (5) working days have passed from the second reminder and the further medical evidence report has not been received, the case shall be returned to the employer, and the reasons explained;
   5. Upon receipt of the medical evidence report the contractor shall issue a notification of decision to the service standards set out for a Health Standard Questionnaire, Ill Health Retirement Case, or an Injury Benefit Application where no further medical information is required;
   6. The cost and fee associated with obtaining the medical evidence report shall not be subject to any rebate.
2. The contractor shall not return an application to the employer until the actions represented by 8a, 8b and 8c have been carried out.
3. Where an application is returned to the employer under 8d the full charge of the relevant primary referral product shall be levied.
4. Where an application is re-referred with the relevant medical information (third party report) now in place, the fee for advice provided by the contractor shall from the outset be reduced by 25%. The notification of decision shall be made as set out in the relevant service standard where no further medical information is required, with the final fee reflecting the timing of the contractor’s response in the normal way.

**Consultations (All categories of work)**

1. Where a ‘face-to-face’ consultation is required the contractor shall:
   1. Issue an appointment letter to the applicant within ten (10) working days of the receipt of the case;
   2. The appointment date shall be within twelve (12) working days of notifying the applicant that a consultation is required;
   3. If further medical information is required the case shall be processed in accordance with the service standards details in the appropriate part of this Specification;
   4. If the case is complete following the consultation the contractor shall issue a notification of decision to the service standards set out for an Ill Health Retirement Case, or an Injury Benefit Application where no further medical information is required;
   5. The fee associated with the consultation shall not be subject to any rebate.

**Do Not Attend (DNA) and Cancellations**

1. In the vent that the member or former member cancels or does not attend two (2) appointments offered giving either no notice or less than 72 hours’ notice:

The contractor shall return the referral to the employer and charge the relevant fees as disclosed in this schedule, as follows:

* + No notice given = 100% of Appointment Fee
  + Less than 24 hours’ notice given = 90% of Appointment Fee
  + Between 24 and 71 hours’ notice given = 50% of Appointment Fee

**Ill Health Retirement Upper Tier Reviews**

1. Before considering whether the member continues to meet the criteria for upper tier, the contractor will send a letter, in a form agreed with the client, to the member within five (5) working days of receipt of the member’s details from the Schemes paying authority. Should the member not reply within fifth teen (15) working days, a reminder by recorded delivery will be issued on the day following the 15th working day.
2. All upper tier review cases should be dealt with in the manner specified as the service requirement for Ill Health Retirement, except that:
   1. Before recommending that upper tier benefits are reduced to lower tier the contractor shall offer a face-to-face consultation to the member.

**Ill Health Retirement Appeals**

1. The contractor will conduct an initial review (stage 1) of the papers submitted on appeal within 10 working days of receipt in 95% of cases.
2. Where the appeal cannot be resolved at the initial stage, the contractor will complete a further review (stage 2) and any other action needed, and notify the employer, within 20 working days in 95% of cases.
3. Where a further appeal (stage 3) if made following the action above, the contractor will within 5 working days appoint the Chair of a Medical Appeal Board providing all data necessary to enable them to convene the Appeal Board.
4. The contractor shall use all reasonable efforts and means to ensure that the Appeal Board is convened and that the Board’s decision is taken as soon as is practicable. The client will keep the employer informed of progress on a regular basis.
5. On receipt of the Appeal Board’s decision the contractor will in 95% of cases report the finding to the employer within 10 working days.

Included in bid proposals should be outline recommendations for how the following cases will operate:

* Timescales for returning inadequate referrals

**Complaints under the Internal Dispute Resolution (IDR) procedures and cases referred by the Pensions Ombudsman**

1. The contractor shall provide a response to all cases referred by the client/employer under the Occupational Pensions Scheme IDR Regulations 1996 within ten (10) workings days of receipt. Any difficulties in meeting this requirement must be notified to the client/employer immediately.
2. The contractor shall provide a response to all cases referred by the client which are the subject of an investigation by the Pensions Ombudsman within five (5) working days of receipt. Any difficulties in meeting this requirement must be notified to the client immediately.

**Ad Hoc Referrals**

1. The contractor shall provide a substantive response to ad hoc medical issues, including referrals under the MEP scheme and FSSU, and other correspondence within:
   1. The timescales agreed with the client/employer in 95% of cases;
   2. Fifteen (15) working days from receipt in 95% of cases where no specific timescale is agreed with the client/employer; and
   3. Twenty (20) working days from receipt in 99% of cases.
2. **Management Information**
3. The Contractor shall provide the following management information to the Client at no additional cost to the fees listed.
4. On a **monthly** basis the contractor will provide the client with a report containing the following information:
   1. Numbers of Ill Health Retirement Cases received, completed and outstanding;
   2. Numbers of Injury Benefit Cases received, completed and outstanding;
   3. The prescribed standards met per individual Service Standard for (i) to (ii) above.
5. On a **quarterly** basis the contractor will provide the Client with a report containing the following information:

Ill health retirement cases (PCSPS 2002 and 2007 sections and Alpha scheme):

* 1. Number of cases where ‘upper tier’ medical retirement approved (broken down on a monthly basis);
  2. Number of cases where ‘lower tier’ medical retirement approved (broken down on a monthly basis);
  3. Number of cases where medical retirement was rejected (broken down on a monthly basis);
  4. Number of cases where HMRC Severe Ill Health criteria has not been met (broken down on a monthly basis).
  5. Ill Health Retirement cases (PCSPS 1972 section and PPAIHBS)
  6. Number of cases where medical retirement approved (broken down on a monthly basis);
  7. Number of cases where medical retirement is rejected (broken down on a monthly basis);
  8. Number of cases where HMRC Severe Ill Health criteria has not been met (broken down on a monthly basis).

Medical Appeals:

* 1. Number of appeals received;
  2. Number of appeals upheld after review;
  3. Number of appeals upheld and rejected by the independent Medical Appeals Board;
  4. Number of cases where time limits met at review;
  5. Number of Medical Appeals Board cases where time limit met.

Injury Benefits:

1. Number of cases referred for advice by employers to enable them to decide whether injury qualified for benefits;
2. Number of cases where advice given to employers recommends that qualifying injury should be accepted;
3. Number of cases meeting each level of impairment of earnings capacity.

Early payment of preserved awards (PCSPS 1972 section only):

* 1. Number of cases where early payment is supported (by month);
  2. Number of cases where early payment is not supported (by month);

The prescribed standards met per individual Service Standard for clause A & B above.

Upper tier reviews:

1. Number of cases reviewed;
2. Number of cases where advice is that the conditions for upper tier are no longer satisfied.
3. The performance of the contract shall be reviewed on a monthly basis between the Client and Contractor in order to maintain performance against Key Performance Indicators (KPI’s) as detailed within this Specification. Once a quarter a face to face meeting will be held for an in-depth review of: performance; service standards; trends revealed by referrals; management of ill health retirement related issues; any other relevant matters as they arise.
4. The digital platform developed by the contractor for the delivery of this contract shall allow for the following information (as a minimum) the be stored and maintained by the contractor for each case:
   1. Age / date of birth;
   2. Gender;
   3. Employer;
   4. Work location / region;
   5. Type of job;
   6. ICD code;
   7. Whether or not an application was successful;
   8. Type of application (i.e. in service or early payment of preserved award);
   9. Date of decision;
   10. Whether upper or lower tier was recommended (for PCSPS 2002 and 2007 sections only);
   11. Whether a provisional recommendation was made (for PCSPS 2002 and 2007 sections only).
5. The contractor will produce an Annual Report (in a format to be agreed with the client) reporting on all aspects of medical advice provided by the contractor in the previous financial year, including any trends identified. The contractor shall also give the client access to the database described in paragraph 5, in a useable format. This report shall be produced within two (2) calendar months from the end of the financial year to which the report refers. The report shall be produced at no additional cost to the client.
   1. The Annual Report shall also include a breakdown of performance against all service standards, including requests for advice on complaints, allocation of benefits and ad hoc referrals. Statistics on injury benefit cases shall be broken down by medical condition and employing department.
6. The contractor shall, upon request by the client, supply the client with such other management information and statistics in relation to the services as the client may reasonably require.
7. The contractor shall provide the information outlined within this Management Information section, following the end of the period to which the information relates as follows, unless otherwise specified:
   1. Monthly within 10 working days from the 1st of the month;
   2. Quarterly within 20 working days from the 1st of the reporting month;
   3. Annually within 40 working days from 1st April.
8. The contractor shall use their professional judgement to bring to the clients’ attention at any time any incidences of problem, or potential problems in meeting the deadlines specified in paragraph 8.
9. The digital platform developed for the delivery of these services shall allow for a tracking and retrieval system which will allow employers to know immediately the status of any case referred. On a **quarterly** basis the contractor shall inform employers, at no cost, of outstanding cases and, where delay has occurred and the anticipated date of completion.
10. The contractor shall be responsible for monitoring performance of the contract and provide the client with full detail of any aspects of performance which fail to meet the requirements of the contract, unless otherwise notified by the client.
11. **MANAGEMENT OF MEDICAL ISSUES**
12. The contractor shall ensure that the only persons advancing medical advice and recommendations to the client or employer in relation to the contract are, as a minimum, Associates of the Faculty of Occupational Medicine, or have achieved an equivalent European qualification. The contractor will provide the client with a list of the names of all such qualified personnel who it is intended will provide services under the contract.
13. All advice under the contract is to be given by Medical Doctors who are familiar with the provisions of the PCSPS and Civil Service employment.
14. Only persons qualified as in paragraph 1 above may act as authorised signatories for the purpose of completing certificates for medical retirement and early payment of preserved awards.
15. Wherever possible, the contractor shall also ensure that the persons advancing medical advice and recommendations to the client in relation to the contract:
    1. Have experience in providing medical advice recommendations similar to those required under the contract, e.g. under the provisions of an occupational or personal pension scheme; and
    2. Are prepared to attend any expert working groups established by the client or the client’s policy advisers to consider the issues posed by any difficult medical conditions.
16. All persons providing medical advice under the contract will maintain and continue their professional education and development in accordance with best practice as identified by the Faculty of Occupational Medicine.

1. **DEVELOPMENT OF THE SERVICE**
2. The contractor will commit itself to a programme of continuous improvement, both through professional medical training and development of administrative performance.
3. The contractor will, in conjunction with the client, draw up a timetable for implementing changes and improvements to administrative procedures. The timetable will be subject to review periodically (and at least every 12 months) by the contractor and the client. As a minimum this will include:
   1. Appointment of an Implementation Manager (immediately upon award of the Framework Agreement);
   2. Liaise with existing contractor (as required) to ensure a smooth transition of services (immediately);
   3. Appointment of a Contract Manager (from the start of the contract);
   4. Introduce a dedicated helpline to provide advice and information to employers/PCS (from the start of the contract);
   5. Provide opportunities for departmental occupational health advisers to attend training events run and organised by the contractor (from the start of the contract).
4. The contractor will submit a plan for developing and implementing a digital platform to administer the services from. This plan will include:
   1. How employers will be involved in the development of the digital platform;
   2. Timescales for the development of the digital platform;
   3. Timetable of activities for launching the digital platform to employers, and any training sessions that will form part of this;
   4. How issues faced by employer will be addresses by the contractor.