Department for Work & Pensions

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Date: 13th May 2021

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Independent Assessment Services (IAS)
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Dear (REDACTED)

Personal Independence Payments (PIP) Assessment Service

Lot 1 - Contract Reference: UI_DWP_100429

Lot 3 - Contract Reference: UI_DWP_100431

Subject: COVID-19 Service Impact – Training and Approval of Healthcare Professionals (HP's)

We are writing further to our workshop of 01/04/21 and your joint response with Capita of 12/04/21 regarding HP training and a temporary approvals process to support the reintroduction of Face to Face Assessments effective from Monday 17/05/21.

This approach will amend your Temporary Service Specification contained in your Stage 3 Covid Variation (the Transition Variation, dated 28th January).

The proposals contained within your response of 12/04/21 (Annex 1 and Annex 2) have been agreed by DWP as follows;

1. **HP's recruited pre-COVID (16th March 2020) and fully approved in Face to Face Assessments and now completing Telephony Assessments (TA)**

    a. Refresher training only will be required

b. There is no requirement for formal DWP Approval process to be applied
c. DWP to have sight of proposed training
d. DWP to have confirmation that named HP's have undertaken refresher training

2. **HP's recruited pre-COVID but not fully approved in Face to Face Assessments and HP's recruited post-COVID (April 2020), approved in Telephone Assessments only but who have never undertaken a Face to Face Assessment or are not fully approved in Face to Face Assessment;**

   a. Three full days training as outlined in your paper of 12/04 (Annex 1 and Annex 2) consisting of;

      i. the assessment (greeting the claimant, the assessment, ending the assessment)
      ii. clinical examinations
      iii. observations at the assessment
      iv. evaluation of the evidence/objectivity – 'beware the snapshot' use of comparison scenarios Telephone Assessment vs Face to Face Assessment
      v. role play – practical assessment of clinical examinations

   b. There is no requirement for the formal DWP Approvals process to be applied. In this instance it will be replaced by the Assessment Provider completing a quality assurance of 5 reports to assess;

      i. Have clinical examinations and observations been undertaken appropriately
      ii. Have the clinical examinations and observation (or reason supporting the decision not to perform examinations) been documented appropriately
      iii. Any issues identified will result in further training or support measures being put in place for individual HP's

   c. DWP to have sight of proposed training
   d. DWP to have confirmation that named HP's have undertaken refresher training

This has been agreed as a temporary COVID easement which will be reviewed 3 months from the resumption of face to face assessments on Monday 17th May. Colleagues from CMPD will continue to work with you during this time as you progress with your training and approval programme.

The Departments approach to mitigation will continue to be as set out at Appendix 14, paragraph 9.1 of your PIP contract.

Yours sincerely,

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Annex 1

Following the meeting held on 1st April, Capita and IAS met last week to discuss approach to health professionals returning to face to face (telephone assessment approved only). Please see below a joint response:

It is recognised that since the cessation of face to face consultations in response to the COVID-19 pandemic, clinical examinations as described in the PIPAG Sections 2.6.27 to 2.6.36 have not been possible. Informal observations, as described in Sections 2.6.23 to 2.6.26, have needed to be considered through the lens of a telephone assessment i.e. what can be observed through listening to the claimant (such as breathlessness).

In absence of clinical examinations, which would only be required should the HP wish to undertake them (in the absence of clear and current clinical examination findings documented in the evidence claimants submit) and if a claimant consents to clinical examinations, it has been necessary to ensure that the social and occupational history, functional history and clinical history are robust. In giving advice, using these findings alongside the further evidence submitted by the claimant is important. Clinical examinations of physical, mental and sensory function should only be considered as one source of evidence to be weighed up against all other evidence in forming advice on claimants' function, especially when considering STAR. Indeed we have seen some face to face assessments where the "snapshot" evidence gained from examination and observation has been used to support advice that has not adequately considered other evidence and under/over scored the claimant as a result.

Health professionals that joined after 17th March 2020 and have gained approval in telephone assessments have gone through a rigorous process to assure their quality and competency to undertake PIP assessments to the required standards. The quality of their work has been assessed against all audit attributes (notwithstanding the minor amendments made to the attributes in response to the conversion to telephone assessments). There is a considerable body of evidence to support the quality and consistency of this group of HPs and their competency to undertake PIP assessments, which is considerably greater than a newly-trained HP going through approval audit.

For HPs that have never undertaken a face to face consultation and therefore not undertaken any clinical examinations, we recognise there is a need for further training. We propose the following:

- The equivalent of 3 full days of training which will focus on:
    - The assessment (greeting the claimant, the assessment, ending the assessment)
    - Clinical examinations
    - Observations at assessment
    - Evaluation of the evidence/objectivity – "beware the snapshot" use of comparison scenarios TA v F2F
    - Role play – practical assessment of clinical examinations

- Assessment of health professional competency will happen following the training to allow sign off to move into independent face to face practice
- Following the training, quality assurance of 5 reports will be undertaken to assess the following:
    - Have clinical examinations and observations been undertaken appropriately?
    - Have the clinical examinations and observations (or reasons supporting the decision not to perform examinations) been documented appropriately?
    - Have the clinical examinations and observations been appropriately weighed up and used when justifying advice?
- This will not be a full audit of all aspects of the report but a focus on this new element of the assessment process.

We have attached the proposed outline of the training.

Annex 2

Resumption of F2F Assessments – Training for non-F2F Approved HPs

- 3-day training delivered remotely via MS Teams (09:00 – 17:00 daily)
- HPs who joined IAS from 2020 onwards who are not F2F approved
- Groups of no more than 10 participants per cohort
- Uses and remodels existing resources contained within initial and CPD training programme
- COVID-secure MSO, MSE, observations, competency completed as part of the 3 days

Day 1

Session	Topic	Detail
AM	COVID-secure Assessment centres	HP and Claimant journey through clinic PPE requirements Risk assessments
AM	The F2F Assessment	Greeting the claimant The assessment Ending the assessment
Am	Observations at assessment	Importance of informal observations (theory) Practice with use of videos identifying and documenting observations seen
AM	MSO Theory	Covid-safe MSO demonstration by trainers Movements in relation to function Documenting the MSO When should an MSO be carried out, and when should it not? Relevant desktop aids
PM	MSO Practice	Practice of MSO in pairs (observed by trainers with feedback)
PM	Vision Test Theory	Vision test visual guide When is it/is it not appropriate to test vision? Documenting vision examination findings
PM	Vision Test Practice	Practice of vision test in pairs (observed by trainers with feedback)

Day 2

Session	Topic	Detail
AM	MSE Theory (including cognitive testing)	Information gathering MSE Desktop aids Suicide/self-harm Safeguarding
AM	MSE Video Scenarios	Video 1: mild anxiety Video 2: severe anxiety Documenting and interpreting MSE
AM	Objectivity	"Beware the snapshot" – using MSO/MSE/IO in context of the wider body of evidence and STAR
PM	Physical practice case	"Jeremy Innes" (Stroke) "Kirsty Smith" (ME) To include reflection on TA v F2F scenarios