

A woman with glasses and a patterned jacket is sitting at a desk with a computer monitor. She is smiling and looking towards the right. The background is a plain wall with a computer monitor and keyboard on the desk.

Supporting GPs with Further Medical Evidence GP Ambassador *May 2017*

Plan

- Maximus
- Health Assessment Advisory Service
- The Customer Journey
- How we assess
- Further medical evidence

About MAXIMUS and CHDA

MAXIMUS®

- Established in 1975
- Provides Health & Employment Services
- Operates in Australia, Canada, United States, Saudi and the UK
- Employs more than 18,000 people globally

MAXIMUS® | United Kingdom

- Expanded to the UK in 2008
- Provides Health and Employment Services to public and private sector clients
- Employs over 4,000 people, including 1,500 doctors, nurses, and other healthcare practitioners

Centre for Health and Disability Assessments™

Operated by MAXIMUS®

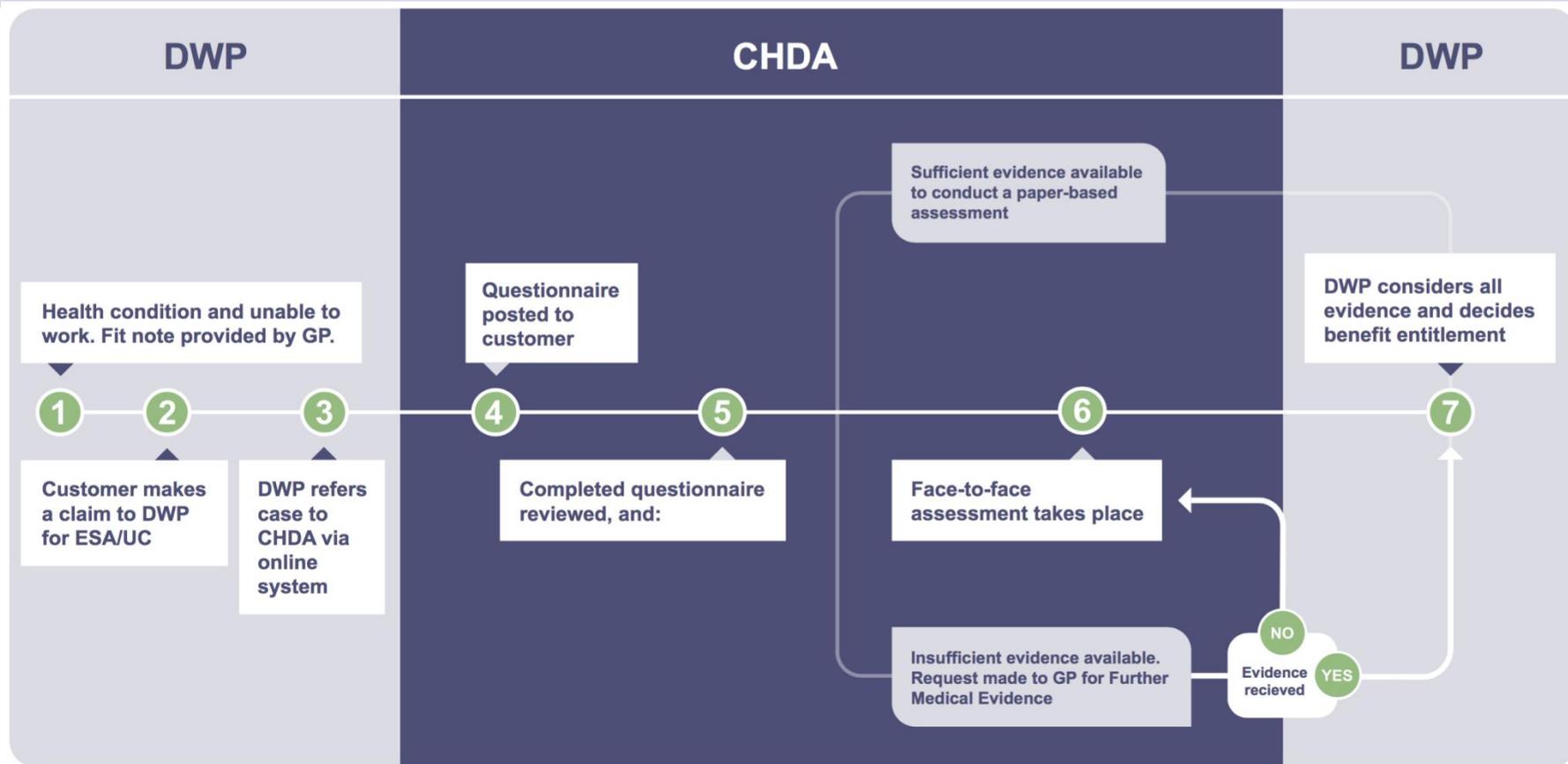
- Took over the Health Assessment Advisory Service in 2015
- Delivers functional assessments (both paper-based and face to face)
- Employs over 2,300 people

About the Health Assessment Advisory Service (HAAS)

- CHDA carry out Work Capability Assessments for people claiming Employment and Support Allowance (ESA) on behalf of the Department for Work and Pensions (DWP)
- Using criteria and policy determined by DWP, the role of our highly trained staff is to carry out a high quality, respectful and fair functional assessment. Following each assessment, a report is submitted to DWP, who make the final decision on an individual's entitlement to benefits
- We operate from over 150 Assessment Centres throughout England, Scotland and Wales



The Customer Journey



How we assess – an overview



How we assess – in detail

Physical Functional Areas

- Mobilising
- Sitting and Standing
- Reaching
- Picking up and Moving
- Manual Dexterity
- Communicating with Others
- Understanding Communication
- Getting Around Safely
- Controlling Bladder/Bowels
- Staying conscious when awake

Mental Health Functional Areas

- Learning Tasks
- Awareness of Hazards
- Starting and Completing Tasks
- Coping with Changes
- Going Out
- Coping with Social Situations
- Appropriateness of Behaviour

Other areas we consider

- Life threatening/ uncontrolled disease
- Terminal Illness
- Pregnancy “risk”
- Chemotherapy/Radiotherapy
- Specific substantial physical or mental risk
- Eating and drinking

Further Medical Evidence – an overview

Your reply continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

4 If known, please provide details of the following conditions:
Walking
Travelling
Reaching
Picking up
Manual handling
Communication
Cognition
Learning
Awareness
Initiating
Person engagement
Approach
Eating

5 Does the condition affect the person's history/violence?

6 Could the condition affect the person's public safety?

7 Address the person's needs

The information provided is for your signature

Name: _____
Date: _____
ESA113

Your reply

Please complete both sides of this form, then send it back to us in the envelope we have sent you. Make sure the address below shows in the window of the envelope.

Office contact name and address:

Client's name: _____
Client's NI number: _____
Client's date of birth: _____

Please answer the following questions from the information which is currently available to you. If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP? _____

2 Current conditions affecting ability to work capacity to work
Please give us details of those conditions which may have a significant effect on the person's capacity to work.
Please include:
• Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
• Past, present and planned investigations and management, including medication, where relevant.
If you are sending a computerised printout of current medication you do not need to list this here.

Condition and date of diagnosis	Symptoms and signs	Investigations and management, including medication

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- Last year we made 760,339 requests to GPs for Further Medical Evidence
- 30% were completed and returned within timescales
- Newcastle has the best response rate at 40%
- Bootle has the lowest response rate at 22%

Further Medical Evidence – evidence we can use

4 - If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities:

- | | |
|--|--|
| <input type="checkbox"/> Walking or moving | - Walking: unable - wheelchair user. UL too weak to self propel chair |
| <input type="checkbox"/> Transferring between seats | - Rising from sitting: cannot rise. Needs carer to rise |
| <input type="checkbox"/> Reaching | - Reaching: cannot move R arm |
| <input type="checkbox"/> Picking up objects | - Picking up objects: unable with right hand |
| <input type="checkbox"/> Manual dexterity | - Manual dexterity: cannot use R hand |
| <input type="checkbox"/> Communicating with others | - Communication: severe receptive and expressive dysphasia. |
| <input type="checkbox"/> Continence | - Continence: double incontinence. Needs carer to change pads and deal with catheter |
| <input type="checkbox"/> Learning simple tasks | - Initiating or completing simple tasks: some cognitive impairment |
| <input type="checkbox"/> Awareness of hazards | N / K |
| <input type="checkbox"/> Initiating and completing personal actions | - Personal actions: Maintaining personal hygiene – needs full assistance from carer |
| <input type="checkbox"/> Coping with changes or social engagement | - Engagement: cannot write due to paralysis r hand |
| <input type="checkbox"/> Appropriateness of behaviour | N / K |
| <input type="checkbox"/> Eating or drinking | - Eating or drinking: trouble swallowing – needs supervision to prevent aspiration |

EXAMPLE REPORT
In most cases only 1 or 2 responses are required

More about Further Medical Evidence

Types of Further Medical Evidence Reports

The list below includes all reports accepted by the Health Assessment Advisory Service. Some reports, such as the ESA113, are included in the NHS GP contract and do not attract an additional fee:

- ESA113 / UC113
- FRR3
- FRR2
- DLA-GP or Specialist
- DS1500

Remember

Completing and returning Further Medical Evidence as quickly as possible supports us to best help your benefit assessment patients

Timescales

Please **return the completed form within 5 working days** from the date of receipt

Computer printouts

Summaries in the form of computer printouts or hospital letters can be helpful – but they **must be relevant to the condition**. The ESA113 should still be completed and signed

Thank you for listening

Please take a copy of our guidance booklet for more information