Centre for Health and Disability Assessments

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# DWP Severe Conditions Prognosis/Re-referral Guidance at WCA Face to Face Assessments and Filework

## (Distance Learning)

**MED-DWPSCPRRWCAA~001(a)**

Date: 14th September 2017

## Foreword

This training has been produced as part of a training programme for Healthcare Professionals (HCPs) who conduct assessments for The Centre for Health and Disability Assessments on behalf of the Department for Work and Pensions.

All HCPs undertaking assessments must be registered practitioners who in addition, have undergone training in disability assessment medicine and specific training in the relevant benefit areas. The training includes theory training in a classroom setting, supervised practical training, and a demonstration of understanding as assessed by quality audit.

This training must be read with the understanding that, as experienced practitioners, the HCPs will have detailed knowledge of the principles and practice of relevant diagnostic techniques and therefore such information is not contained in this training module.

In addition, the training module is not a stand-alone document, and forms only a part of the training and written documentation that the HCP receives. As disability assessment is a practical occupation, much of the guidance also involves verbal information and coaching.

Thus, although the training module may be of interest to non-medical readers, it must be remembered that some of the information may not be readily understood without background medical knowledge and an awareness of the other training given to HCPs.

# Document control

## Superseded documents

### Version history

| Version | Date | Comments |
|---|---|---|
| 1a draft | 21st August 2017 | Initial draft |
| 1b draft | 22nd August 2017 | Updated with changes to DWP Guidance from UC policy |
| 1c draft | 23rd August 2017 | Formatting |
| 1d draft | 24th August 2017 | Updated with DWP comments |
| 1e draft | 29th August 2017 | Updated with further DWP comments |
| 1f draft | 30th August 2017 | Updated following DWP guidance changes. |
| 1g draft | 30th August 2017 | Formatting |
| 1h draft | 31st August 2017 | Draft DWP Severe Conditions Guidance inserted |
| 1i draft | 1st September 2017 | Further update from DWP Strategy, Policy and Analysis Group |
| 1j draft | 1st September 2017 | Further update from DWP Strategy, Policy and Analysis Group |
| 1 Final | 8th September 2017 | Signed off by SH&S |
| 2a Draft | 13th September 2017 | Further updates to DWP guidance added. |
| 2 Final | 14th September 2017 | Signed off by SH&S |

## Updates to Standards incorporated

## Issue control

**Author:** Clinical Training Team

**Owner and approver:** Department for Work and Pensions

**Signature:** **Date:**

**Distribution:**

# Contents

# Introduction

### An introduction to your Learning Pack

Welcome to the learning pack on the DWP Guidance and Policy Intent in relation to providing prognosis/re-referral advice in cases where a severe condition is identified. Within this learning pack, you will be provided with some background information to this change, the criteria set out by the DWP that defines a "severe condition" and case scenarios to consolidate your understanding of when it is appropriate to offer advice that further assessment of the claimant would not be required.

This learning pack will provide you with further detail and clarification on the DWP severe conditions guidance and policy intent. Any extracts from the actual guidance will be in *italics*. The full guidance can be found in Appendix A.

The Learning Pack will take you approximately 1 hour to complete, which can be done, in one go or at smaller separate "sittings". It is important that you complete learning activities in the order they are given; by doing so you will reflect, consolidate and build on your learning throughout.

Following completion of this learning pack, there will also be an opportunity for you to discuss further short scenarios with your CSL at team meetings.

## A guide to using this pack

The following symbols are used to assist you in completing the learning activities included in this folder.

Indicates a time for reading.

Indicates you should record / write your views and comments.

Advises you of the materials that are provided and/or needed.

**Duration**

Suggests the approximate time needed to complete any particular learning activity

## Learning Pack Objectives

Through completion of this learning pack you should:

- Understand the background for this change to DWP guidance on claimants with severe conditions
- Understand the DWP policy intent in relation to those with severe conditions and prognosis/re-referral periods
- Understand the DWP criteria that define what a severe condition is within the WCA
- Be aware of considerations at assessment and Filework and the use of the LIMA application
- Have consolidated learning through considering brief case scenarios.

## CPD Points

1 CPD point is allocated for the completion of this learning pack

# Section One – Background to Severe Conditions Guidance

Welcome to the first section of your Learning Pack which concentrates on the background to this DWP Guidance change.

## Objectives

By the end of this section you will:

- Understand the background for this change to DWP guidance in the WCA

## Materials

This learning pack

## Duration

The learning activities during this section should take approximately 5 minutes to complete.

The following information has been extracted from the first section of the DWP severe conditions guidance. The complete guidance can be found in Appendix A of this document. You should read this information to help you understand the reasons why the DWP have implemented this change.

### Extract from DWP Severe Conditions Guidance

- *Under the LCW/LCWRA clinical procedures Healthcare Professionals (HCP) are required to provide advice on the re-referral period or prognosis as part of an assessment.*

- *When considering prognosis or re-referral period, the HCP has to consider whether the condition or its functional effects are likely to improve. This may be due to the natural resolution of the condition, or improvement with treatment, with adaptation or with the use of appropriate aids and appliances.*

- *The approved HCP should provide this advice based upon their assessment of the claimant, their knowledge of the natural progression of the identified medical conditions, and the time they feel a claimant may need to adapt to their condition.*

- *HCPs currently are able to provide reassessment advice for 3, 6, 12, 18, 24 months or 'in the longer term'. In practice DWP policy meant that where a re-referral period of 'in the longer term' had been agreed by a DWP Decision Maker, the claimant be re-referred for a further WCA in 3 years if in the Support Group, or 2 years in the Work-Related Activity Group, and the equivalent Universal Credit (UC) groups.*

- *However, there is an acceptance that this approach does not work for all claimants. There will be a small number of those for whom their health condition or disability is such that there can be no realistic expectation that they would move towards work or take part in work-related activity at any point in the future. To that end, in October 2016, the Secretary of State announced that the Department would stop reassessments for claimants in the ESA Support Group/UC LCWRA Group (those with Limited Capability for Work-Related Activity) with the most severe and lifelong health conditions or disabilities for whom reassessments are likely to provide no further new information.*

- *The new re-referral period will apply to those with LCWRA ONLY. If a claimant has LCW but not LCWRA, the process remains as now.*

- *The principles behind this change are to:*

  - *Reduce any unnecessary disruption caused to claimants by a repeat assessment when we do not expect re-assessments to tell us anything new for the purposes of administering their benefit.*
  - *Reduce the burden placed on claimants to continue to produce evidence confirming the impact of a health condition or disability*
  - *Reduce the need for the Department or CHDA to conduct unnecessary assessments when resource could be better focused.*

- *The Department has set out the criteria for when to apply the new severe conditions re-referral period. This can be applied at filework and following a face-to-face assessment.*

  The criteria will be considered in the next section of this document.

## Questions from Section 1 (Answers in Appendix B)

1. This change applies only to claimants who meet LCWRA criteria? True or False

2. The prognosis/re-referral advice on severe conditions can be given at either the Filework or Face to Face assessment stages? True or False

3. When advice is provided that a person meets the severe conditions criteria, there will be no further requirement for the claimant to be re-assessed? True or False

# Section Two – DWP Severe Condition Criteria

The second section of your Learning Pack focuses on the DWP Severe Conditions Criteria.

## Objectives

By the end of this section you will:

- Gain an understanding of the DWP criteria that must be met in order to advise that the "severe conditions" prognosis/re-referral option applies

## Materials

This learning pack

## Duration

The learning activities during this section should take approximately 20 minutes to complete.

## Overview

The DWP guidance has 5 severe conditions criteria that must **all** be met in order to advise that significant improvement is unlikely and there is no requirement for further assessment. These are listed below.

The 5 criteria are:

- Key primary Criterion: Meets **Functional** LCWRA Threshold
- Then in addition all 4 of the below must be met:
    1. The level of function would always meet LCWRA
    2. Lifelong condition
    3. No realistic prospect of recovery of function
    4. Unambiguous condition

This learning pack will take you through each criterion in turn and provide you with some key clarifications.

## Key Primary Criterion

*ONE of the following Functional Support Group (LCWRA) criteria must be met:*

| | |
|---|---|
| *Mobilising 50m* | *Learning tasks* |
| *Transfer independently* | *Awareness of hazards* |
| *Reaching* | *Personal actions* |
| *Picking up and/or moving* | *Coping with change* |
| *Manual dexterity* | *Engaging socially* |
| *Making yourself understood* | *Appropriateness of behaviour* |
| *Understanding communication* | *Unable to eat / drink / chew / swallow / convey food or drink* |
| *Weekly incontinence* | |

## Guidance Notes

- Where you identify that any one of the **functional LCWRA** descriptor applies, you must then consider whether the other 4 severe conditions criteria apply.
- There is no change to how you consider the LCWRA criteria. The same principles of considering variability, reliably and repeatedly remain. There is no change to the scope or policy intent of any of the LCWRA criteria.
- Note – the severe conditions criteria **only apply** where a functional LCWRA category is identified.
- The **severe conditions guidance does not apply** to the "Treat as LCWRA" criteria. (LCWRA Special Circumstances Criteria). This means **you cannot advise** that the severe conditions prognosis/re-referral period applies where LCWRA Substantial Risk, Terminal Illness, Cancer Treatment, or Pregnancy Risk is deemed to apply.

## Criteria 1 – 4 – to be considered when functional LCWRA applies

| ***Criterion*** | ***Description*** | ***Examples of conditions that might meet the criteria*** | ***Examples of conditions that might not meet the criteria*** |
|---|---|---|---|
| ***The level of function would always meet LCWRA*** | *The level of function would always meet LCWRA criteria* | *Motor Neurone Disease (MND), severe and progressive forms of MS, Parkinson's, All dementias, All chromosomal conditions, Huntington's, severe irreversible cardiorespiratory failure, severe acquired brain injury …this list is not exhaustive* | *Conditions which might be severe at times but recovery of function might be present for substantial periods, such as recently diagnosed relapsing non-progressive forms of MS or some people with less severe mental health conditions with periods of reasonable function* |
| ***Lifelong condition, once diagnosed*** | *The condition will always be present. Some lifelong conditions are present from birth, but others will develop or be acquired later in life* | | *Conditions which might be cured by transplant / surgery / treatments or conditions which might resolve. This should be based on currently available treatment on the NHS and not on the prospect of scientists discovering a cure in the future* |
| ***No realistic prospect of recovery of function*** | *Advice on this should be based on currently available treatment and not on the prospect of scientists discovering a cure in the future* | *As per criterion 1* | *A person within the first 12 months following a significant stroke who may recover function during rehabilitation , so whilst the condition is lifelong, function might improve* |
| ***Unambiguous condition*** | *They have been through relevant clinical investigation and a recognised medical diagnosis has been made* | | *Non-specific symptoms not formally diagnosed or still undergoing investigation* |

Criteria 1-4 must be considered where you have identified that the claimant meets one of the Functional LCWRA criteria.

Criterion 1:

| ***Criterion*** | ***Description*** | ***Examples of conditions that might meet the criteria*** | ***Examples of conditions that might not meet the criteria*** |
|---|---|---|---|
| ***The level of function would always meet LCWRA*** | *The level of function would always meet LCWRA criteria* | *Motor Neurone Disease (MND), severe and progressive forms of MS, Parkinson's, All dementias, All chromosomal conditions, Huntington's, severe irreversible cardiorespiratory failure, severe acquired brain injury …this list is not exhaustive* | *Conditions which might be severe at times but recovery of function might be present for substantial periods, such as recently diagnosed relapsing non-progressive forms of MS or some people with less severe mental health conditions with periods of reasonable function* |

## Key Guidance Points

- Although this criterion refers to a level of function that would always meet LCWRA, this does not in any way exclude people diagnosed with a condition subject to fluctuation or variability.

- The key issue is that the person's condition is not subject to such variability that their function would ever be significantly improved from the LCWRA descriptor identified such that a lower descriptor would apply.

- For example, a person with severe multiple sclerosis may still have some fluctuation in their functional ability - but their fluctuation is between severe and very severe restriction. For example most of the time they are restricted to mobilising in the house, but during a period of further flare up the person may be bed bound.

- This criterion would not apply for example to a person who has moderate to severe COPD who has had recent exacerbations where they will meet LCWRA criteria – but at other times can manage reasonable walking distances.

- **Remember there is no change to the advice you would give in terms of when functional LCWRA applies**. The criteria and aspects of repeatedly, reliably and safely continue to apply.

- The key question to think about is "If I assessed this person at any point would my advice always be that functional LCWRA is likely to apply"

Criterion 2:

| ***Criterion*** | ***Description*** | ***Examples of conditions that might meet the criteria*** | ***Examples of conditions that might not meet the criteria*** |
|---|---|---|---|
| ***Lifelong condition, once diagnosed*** | ***The condition will always be present. Some lifelong conditions are present from birth, but others will develop or be acquired later in life.*** | | ***Conditions which might be cured by transplant / surgery / treatments or conditions which might resolve. This should be based on currently available treatment on the NHS and not on the prospect of scientists discovering a cure in the future*** |

## Key Guidance Points

- This criterion seems reasonably clear. The diagnosed condition must be permanent with no realistic possibility of resolution through recognised medical treatment.

- The condition may have been present from birth but could present later in life. This may include acute events from trauma/cerebrovascular accident (CVA) etc or may be from chronic disease processes where the condition progresses to a severe level and there is no cure or therapy likely to significantly improve function.

- In terms of considering transplantation, the DWP guidance is that where the clinician responsible for the care of the person has advised the claimant that they are not suitable for transplant, this information can be accepted by the HCP as long as it seems medically reasonable. For example a person with end stage chronic kidney disease who also has significant left ventricular dysfunction is unlikely to be considered as a suitable candidate for transplant as they may well not be able to withstand the effects of the surgery. In this case as long as all the other criteria are met, severe conditions advice could be offered.

- The DWP have confirmed that where a claimant has refused an intervention advised by their clinician that may improve function, the DWP advice is that the severe conditions prognosis **should not apply** as the person's circumstances may change at a later date, altering their views on this.

Criterion 3:

| ***Criterion*** | ***Description*** | ***Examples of conditions that might meet the criteria*** | ***Examples of conditions that might not meet the criteria*** |
|---|---|---|---|
| ***No realistic prospect of recovery of function*** | ***Advice on this should be based on currently available treatment and not on the prospect of scientists discovering a cure in the future*** | ***As per criterion 1*** | ***A person within the first 12 months following a significant stroke who may recover function during rehabilitation , so whilst the condition is lifelong, function might improve*** |

## Key Guidance Points

- Whilst this criterion may seem very similar to criterion 2 at first glance, there are conditions that may be “lifelong” – but may not necessarily meet this criterion.

- For example, an acquired brain injury (ABI) may have lifelong sequelae, however; recovery of some function is possible over time and this must be carefully considered when considering severe conditions advice. A person with an ABI may initially have profound effects but with rehabilitation etc, may improve substantially to a point where LCW only applies or indeed, the effects on their day to day life may be minimal.

- The HCP must use their clinical knowledge to consider and advise whether further recovery of function at the point of assessment point is possible.

- The advice must be based on recognised and current interventions - not based on some research initiatives or proposed research. For example stem cell research in Parkinson’s Disease.

Criterion 4:

| ***Criterion*** | ***Description*** | ***Examples of conditions that might meet the criteria*** | ***Examples of conditions that might not meet the criteria*** |
|---|---|---|---|
| ***Unambiguous condition*** | ***They have been through relevant clinical investigation and a recognised medical diagnosis has been made*** | | ***Non-specific symptoms not formally diagnosed or still undergoing investigation*** |

## Key Guidance Points

- This criterion means that a medically recognised diagnosis has been confirmed following investigation.
- The reference to “unambiguous” should not be confused with “medically unexplained” conditions. For example there are many conditions that are not fully understood in terms of the exact pathophysiological mechanisms of disease – but are fully recognised in the medical community as a diagnosis. For example Chronic Fatigue Syndrome, Fibromyalgia, Complex Regional Pain syndrome etc.
- The key issue is that there has been thorough clinical investigation and a recognised medical diagnosis has been made.
- Severe conditions advice cannot be provided where unexplained symptoms are still undergoing investigation. For example a person may be undergoing investigation for symptoms of sweats, joint/muscle pain and fatigue. The investigations could potentially uncover a treatable condition such as brucellosis and therefore while there is ongoing active investigation, severe conditions advice should not be provided.

A flowchart illustrating the severe conditions criteria has been provided in Appendix C. You may find this a useful prompt as a desk aid.

# Section Three – Key Assessment and Filework Considerations

The third section of your Learning Pack focuses on key considerations at Filework and face to face Work Capability Assessments.

## Objectives

By the end of this section you will:

- Understand key aspects of evidence gathering at WCA Filework in relation to severe conditions advice
- Understand key aspects of evidence gathering at face to face Work Capability Assessments in relation to severe conditions advice

## Materials

This learning pack

## Duration

The learning activities during this section should take approximately 10 minutes to complete.

## Filework Considerations

During WCA Filework, as detailed earlier, advice that a claimant meets the severe conditions criteria can be provided.

The following are some points extracted from the DWP Severe Conditions Guidance. Where relevant, further explanatory points are provided.

- *As per filework guidelines request further evidence if it is possible that one or more of the LCWRA criteria might be met but the information has not been provided.*

As normal, where the HCP identifies that one of the LCWRA criteria may apply, FME should be requested.

**Remember Severe Conditions advice can only be given where a Functional LCWRA criterion is applicable.**

- *Any request for further evidence should be based on indicators in the clinical information available to you.*

- *Where further evidence is considered necessary to enable advice regarding review or no review for a longer term prognosis further medical evidence review should always be chosen. As per current process only one request for written medical evidence should normally be made and at review only one telephone attempt to chase the evidence is required. If the claimant or their representative needs to be contacted for further evidence then a maximum of two telephone calls should be made. These should be documented on an FRR4. If the evidence is not available, you cannot advise that the claimant has a Severe Condition and normal filework case control action applies.*

You must carefully consider the most appropriate form of FME to help with your advice. You must keep in mind what information you have in relation to all 5 severe conditions criteria and what information you may need.

It may therefore be necessary to consider use of an FRR2 to ask a specific question around whether any further treatment options are being considered such as whether a transplant may be an option in future.

There is no change to the number or follow up of requests for FME as a result of this case. FME to review criteria will continue as per current process.

- *Filework HCPs should not default to calling a claimant to an assessment if the evidence required to meet the criteria is not available. If at filework a HCP feels that enough evidence is available on which a LCWRA 'in the longer term' recommendation can be made, but is unable to make a recommendation based on the Severe Conditions criteria, the advice is that they do not seek to call for exam but instead make a paper-based recommendation that change is not expected 'in the longer-term'. The reason being that DWP believes that to increase the burden on this group of claimants would be unnecessary and go against the spirit of the policy announcement.*

The above point carries a high degree of importance. **It would be inappropriate to call a person to face to face assessment solely to ascertain whether all the severe conditions criteria are met.** (E.g. you are unable to determine whether any further management options such as transplant are being considered). Remember the severe conditions option does not impact on benefit entitlement. You can still advise the longer term prognosis/re-referral period.

The difference in providing the normal long term prognosis/re-referral advice vs. the severe conditions prognosis/re-referral period is that a person with the "longer term" prognosis will have a further questionnaire sent to them in 3 years.

NB - in the guidance above, there is a reference to “paper based recommendation” – this simply means rather than face to face. All advice will still be completed on LiMA (other than sensitive cases).

- *If none of the criteria are met, continue with normal case action.*

Where one or more of the severe conditions criteria are not met - you should continue with case action as per normal process.

- *An HCP’s default position should be that a future review is required. If you are certain that the evidence indicates that a claimant meets the Severe Conditions criteria, and a future review is therefore not required, this should be fully justified.*

The DWP have clarified that you **must be certain** that all of the severe conditions criteria are met before advising “severe conditions” applies. If you have any uncertainty that all the severe conditions criteria apply – then you should not advise severe conditions applies.

Aspects of justification will be covered later in this section.

## Face to Face Assessment Considerations

The main area you may need to slightly adapt within the face to face WCA is in terms of evidence gathering to ensure you can consider whether all severe conditions criteria are met.

- Evidence Gathering in the Condition History.

As always, you must ensure you have adequate information from the clinical history, typical day and examination findings to fully justify your advice that a LCWRA functional category is met.

The same advice contained in the WCA Handbook at present continues to apply around the level of information required at assessment.

“The HCP must use their clinical judgement to tailor any assessment where LCWRA is identified and decide on the amount of history and level of clinical examination required in each case in order that they can fully justify their opinion to the DM”

However; adequate information must be obtained before you can offer severe conditions advice.

Within the clinical history - you must ensure you have adequate information to ensure all the severe conditions criteria are met. This may mean you need to ask a couple of further questions in relation to proposed treatment. You must ensure your questioning is sensitive.

Issues such as the prospects of transplant must be carefully but sensitively explored. DWP guidance is that where the claimant indicates they have been told they would not be considered for transplant, the HCP should accept this information as long as it appears medically reasonable.

Within the clinical history, you must also explore if the claimant has refused any interventions recommended by the consultant in charge of their care.

## Justification

- *An HCP's default position should be that a future review is required. If you are certain that the evidence indicates that a claimant meets the Severe Conditions criteria, and a future review is therefore not required, this should be fully justified.*

The DWP have clarified that where all severe conditions criteria apply, and severe conditions advice is offered, you must fully justify your opinion.

In many ways, this is a good opportunity to go through a final mental checklist for yourself that you do indeed have adequate information to be able to advise all criteria apply.

Within LiMA, additional phrase options will be available to support your justification.

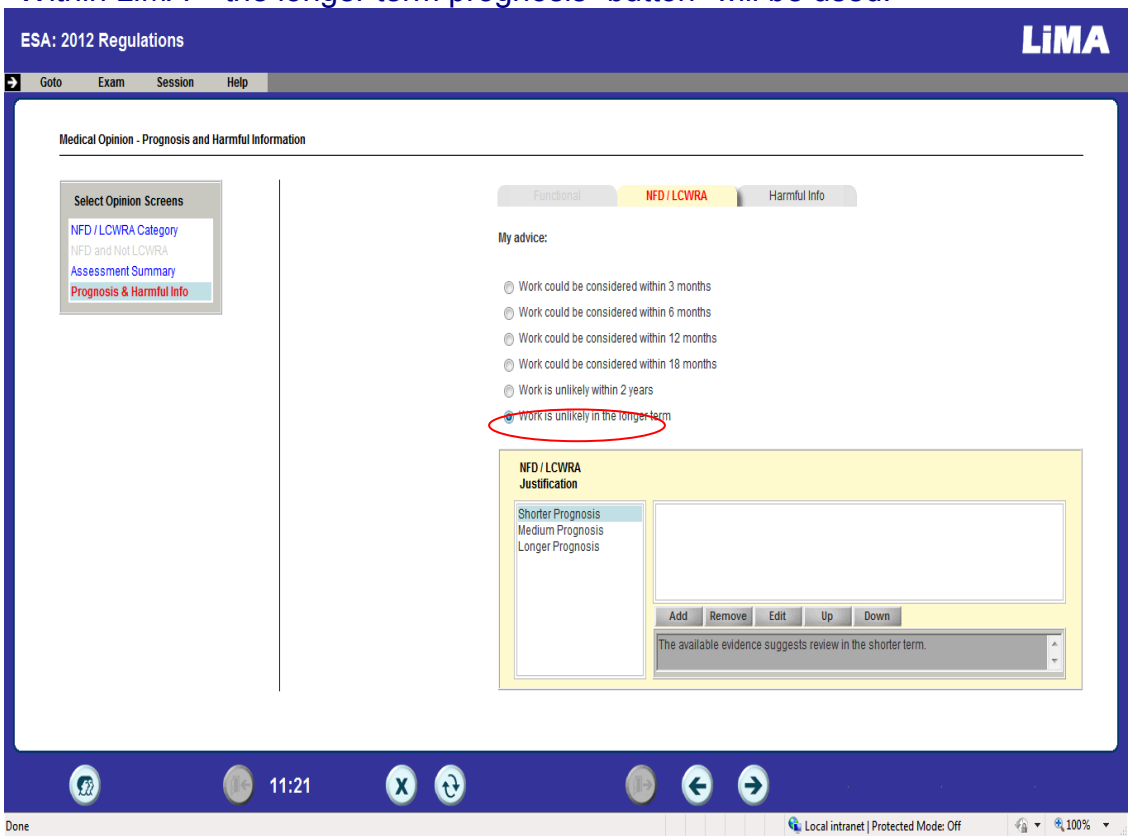
The LiMA changes do not have any inbuilt logic. This means the changes will not identify if LCW/ Functional LCWRA or treat as LCWRA (LCWRA Special Circumstances) advice is being given and the "severe conditions" option will be available in all cases where prognosis/re-referrals advice is an option. You need to take extreme care that you only use this phrase in FUNCTIONAL LCWRA cases where all criteria are met.

Be very careful as LiMA would technically allow you to apply this phrase in LCW/ treat as LCWRA(LCWRA Special Circumstances) cases (Cancer Treatment/ Pregnancy Risk/Substantial Risk).

**Remember Severe Conditions advice only applies where FUNCTIONAL LCWRA status is identified and all the other 4 criteria for severe conditions are met.**

## LiMA Justification

Within LiMA – the longer term prognosis "button" will be used.




You will then have 2 options when this prognosis/re-referral option is chosen.

Option 1 – **No further assessment** will be used where severe conditions advice applies.

Option 2 –**Re-assess in the longer term** will be used where not all severe conditions criteria are deemed to be met.

**No further assessment**

The [LCWRA Evidence] suggests that due to the [diagnosis] the client's condition is unlikely to improve and is consistent with a severe condition as defined [Free Text]. As per departmental policy the category of no further assessment cannot apply where the outcome is Cancer treatment, Risk (LCWRA), Risk (pregnancy) or LCW

Below the above phrase will include a list of LCWRA evidence reviewed in making the decision. The [diagnosis] will be free text. [Free Text] Will provide a mandatory free text box for the HCP to fully justify their reasoning.

**Re-assess in the longer term.**

The [LCWRA Evidence] indicates the client has [diagnosis] however there could be improvement in the longer term [Free Text].

The phrases above would provide the HCP with a list of LCWRA evidence they have reviewed in making the decision. The diagnosis box will be free text.

There will also be a mandatory free text box for the HCP to fully justify their reasoning.

**The DWP have confirmed that there is no requirement to justify why the "severe conditions" prognosis/re-referral advice has not been given. Your justification will remain as normal for any other LCWRA Prognosis/re-referral period.**

# Section Four – Brief Fictitious Case Scenarios

The fourth section of your Learning Pack focuses on some brief fictitious cases scenarios to consolidate your understanding of the DWP Severe Conditions Guidance.

## Objectives

By the end of this section you will:

- Have consolidated your understanding of DWP Guidance on Severe Conditions through considering brief case scenarios.

## Materials

This learning pack

## Duration

The learning activities during this section should take approximately 25 minutes to complete.

The following Case Scenarios are fictitious and have been developed solely to support learning activities. The amount of information supplied is kept as minimal to allow time for more scenarios to be considered. You should assume adequate information from the clinical history and typical day has been obtained to advise LCWRA. You can also assume any clinical examination findings are in keeping with the LCWRA criterion.

## Case Scenario 1

### Key Case details

58 year old Male.

Diagnosis – Schizophrenia. No FME returned.

Medication – Depo Injections of Clozapine administered by CPN.

Diagnosed age 20. Most information provided by carers. Multiple hospital admissions over the years. Multiple different medication regimes have been tried over the years and “Stable” for the last 4 years on clozapine administered by CPN.

No active psychotic symptoms for 4 years but “negative features” of Schizophrenia increasingly predominant and unchanging over many years. Lives in supported accommodation with full time carers providing full assistance with all aspects of living (Meets Personal Action LCWRA criteria). (Accompanied by 2 carers to assessment). Minimal variation - needs the same level of support daily for personal care, nutrition etc every day. Psychiatrist does not wish to further make changes to medication as no other medication regimes controlled severe psychotic symptoms. Behaviour therapy options have all also been exhausted.

Letter from CPN supplied at assessment indicates: Mr X has a long standing diagnosis of Schizophrenia confirmed. He has had negative features of the condition for many years. Historically his condition was extremely difficult to control and he had multiple admissions with acute episodes of psychosis. He has been on multiple treatment regimes over the years. He has had no recent episodes of psychosis on clozapine but unfortunately his general function is very poor and he demonstrates severe negative symptoms of schizophrenia. Outlook is very poor.

**Guidance for Case Scenario 1:**

Severe conditions advice would apply.

- Functional LCWRA criteria applies (Personal Action)
- The level of function would always meet LCWRA
- Schizophrenia is a lifelong condition
- Given duration of condition, multiple treatment regimes over the years and long terms negative features of disease, and significant functional improvement seems unlikely.
- Condition is formally diagnosed by specialist

## Case Scenario 2

## Key Case details

57 year old female

Diagnosis – COPD. No FME returned

Medication - Almost maximal medication with the exception of O2 therapy. Daily nebulisers, low dose oral steroids, tiotropium, long acting B2 inhalers and steroid inhalers.

Diagnosed age 32 with COPD. Heavy smoker since age 13. Breathless on minimal exertion. Minimal variability. Average days manages to slowly mobilise around ground floor of house (unable to get upstairs for the last 2 years). Bad days- she is bed bound and needs assistance for toileting using commode. Never leaves house other in wheelchair that her daughter pushes for her to go to hospital appointments. She was told she was Grade 5 on the breathlessness scale. In addition has atrial fibrillation and severe osteoarthritis affecting multiple joints (Meets LCWRA criteria for mobility)

Consultant has indicated that no further treatment options are available. She continues to smoke so he has said she cannot have home oxygen. He says this would improve things perhaps just a little – but not to any great extent – so she feels she would rather enjoy a few cigarettes – as the oxygen would not help much at all. She has also been told that due to all her other conditions and the advanced nature of her disease, she would not be considered as a candidate for transplant.

### Guidance for Case Scenario 2

Severe conditions advice would apply.

- Functional LCWRA criteria applies (Mobilising)
- The level of function would always meet LCWRA
- COPD is a lifelong condition – and in this case at advanced level
- The advanced nature of the condition, co-existing disease and ongoing smoking seems consistent with her statement that the consultant advised she would not be a suitable candidate for transplant. Although if she stopped smoking, O2 therapy may become an option, this is unlikely to improve her function to such an extent she would be able to mobilise beyond 50m.
- Condition is formally diagnosed by specialist.

## Case **Scenario 3**

### Key Case details

56 year old Male.

Diagnosis- Osteoarthritis. FME returned-confirmed diagnosis of osteoarthritis.

Medication – MST 30mg twice daily. Diclofenac 75mg twice daily. Morphine 10mg as required for breakthrough pain. (Usually 3-4 times daily)

Diagnosed age 45 when he saw his GP with bilateral hip pain. Pain affects mainly hips but increasingly his wrists as well. Minimal variation in pain.

Had a right hip replacement 4 years ago which was successful and gives him few problems. His left hip was replaced 5 years ago – but unfortunately he had recurrent dislocations in this joint. This was revised 2 years ago but he has had ongoing pain in this hip since. His consultant is concerned about infection in the replaced joint and has referred him to a tertiary referral centre for advice on whether a further hip revision would be possible. He manages to walk minimal distances due to the pain in his left hip. (Manages only in the house or out to the car). His physiotherapist has tried various aids and he uses an adapted walking stick in the house. He requires splints for his wrists and with these he manages basic things in the house. He tried to use a self propelled wheelchair but the pain in his wrists was too severe. If he needs to get further distances – e.g. in the hospital, his son takes him and propels him in the wheelchair. He meets criteria for LCWRA - mobilising

### Guidance for Case Scenario 3:

Severe conditions advice **would not apply**.

- Functional LCWRA criteria applies (Mobilising)
- The level of function would always meet LCWRA
- Osteoarthritis is a lifelong condition – however, although he has had complications of hip replacement, further treatment options are still being actively considered, therefore this criterion would not be met at this time.
- If a further hip revision is considered reasonable, with further rehabilitation, it would be hoped that improvement in mobility could occur. Therefore at this point, you could not advise that this criterion would be met at this time.
- Condition has been formally diagnosed.

## Case Scenario 4

### Key Case details

26 year old female

Diagnosis – Antisocial Personality Disorder. No FME returned – returned as “no longer registered at this practice. Removed from our practice list for threatening behaviour towards staff”.

Medication – No current medication. Awaits a further referral to the psychiatrists.

MSRS information – PV marker flag.

Attended AC with mother. Consent was obtained to include details of forensic history. Initially diagnosed with ADHD as a child. Had problems from an early age – truanting from school, shoplifting and began to self harm by cutting wrists age 13. By age 15, problems with violence began and she was expelled from various schools. She had been in trouble with authorities and by the age of 16, she received a custodial sentence in a Young Offenders Institution (YOI) as a juvenile offender.

The GP changed the diagnosis to depression while she was in the YOI and commenced her on citalopram. This did not help and following her release she had several more sentences served in the YOI.

Following further release, she again had problems with authorities and after several assault convictions, she received an adult custodial sentence age 22. After some time in prison, she was assessed by the psychiatric team and a diagnosis of Antisocial Personality Disorder was made. She was taken off medication and she engaged in some CBT and anger management therapies which helped her gain control of her behaviour to some degree.

She was released on parole 3 weeks ago and awaits referral to the community psychiatric services. (Appointment next week). Her physical violence to others has decreased, but she still has extreme verbal episodes of aggression and harms herself through hitting her head off walls or cutting her wrists when it all gets too bad. This occurs on a daily basis. (LCWRA for unacceptable behaviour applies).

## Guidance for Case Scenario 4

Severe conditions advice **would not** apply.

- Functional LCWRA criteria applies (Unacceptable Behaviour)
- The level of function would always meet LCWRA
- Personality disorder is a lifelong condition but the therapies she commenced while in prison have helped to some degree and some medications can assist with symptoms of aggression etc. **Therefore as not all treatment options have been exhausted, this criterion could not be deemed to be fully applicable.**
- Although Antisocial Personality Disorder is difficult to treat, current evidence does suggest that improvement in function can occur often by the age of 40 with appropriate therapies, **so again this criterion could not be advised as being met.**
- Although there have been various proposed diagnoses for this person, there is no doubt that she has a significant mental health disorder that would be recognised by the medical community.

# Appendix A - DWP Severe Conditions Guidance

Severe Conditions Guidance

1. Under the LCW/LCWRA clinical procedures Healthcare Professionals (HCP) are required to provide advice on the re-referral period or prognosis as part of an assessment.

2. When considering prognosis or re-referral period, the HCP has to consider whether the condition or its functional effects are likely to improve. This may be due to the natural resolution of the condition, or improvement with treatment, with adaptation or with the use of appropriate aids and appliances.

3. The approved HCP should provide this advice based upon their assessment of the claimant, their knowledge of the natural progression of the identified medical conditions, and the time they feel a claimant may need to adapt to their condition.

4. HCPs currently are able to provide reassessment advice for 3, 6, 12, 18, 24 months or 'in the longer term'. In practice DWP policy meant that where a re-referral period of 'in the longer term' had been agreed by a DWP Decision Maker, the claimant be re-referred for a further WCA in 3 years if in the Support Group, or 2 years in the Work-Related Activity Group, and the equivalent Universal Credit (UC) groups.

5. However, there is an acceptance that this approach does not work for all claimants. There will be a small number of those for whom their health condition or disability is such that there can be no realistic expectation that they would move towards work or take part in work-related activity at any point in the future. To that end, in October 2016, the Secretary of State announced that the Department would stop reassessments for claimants in the ESA Support Group/UC LCWRA Group (those with Limited Capability for Work-Related Activity) with the most severe and lifelong health conditions or disabilities for whom reassessments are likely to provide no further new information.

6. The new re-referral period will apply to those with LCWRA ONLY. If a claimant has LCW but not LCWRA, the process remains as now.

7. The principles behind this change are to:

    - Reduce any unnecessary disruption caused to claimants by a repeat assessment when we do not expect re-assessments to tell us anything new for the purposes of administering their benefit.
    - Reduce the burden placed on claimants to continue to produce evidence confirming the impact of a health condition or disability
    - Reduce the need for the Department or CHDA to conduct unnecessary assessments when resource could be better focused.

8. The Department has set out the criteria for when to apply the new severe conditions re-referral period. This can be applied at filework and following a face-to-face assessment.

**CRITERIA**

9. ONE of the following Functional Support Group (LCWRA) criteria must be met:

- Mobilising 50m
- Transfer independently
- Reaching
- Picking up and/or moving
- Manual dexterity
- Making yourself understood
- Understanding communication
- Weekly incontinence
- Learning tasks
- Awareness of hazards
- Personal actions
- Coping with change
- Engaging socially
- Appropriateness of behaviour
- Unable to eat / drink / chew / swallow / convey food or drink

10. If ONE of the above criteria is met, ALL FOUR of the following criteria must also be met:

| **Criterion** | **Description** | **Examples of conditions that might meet the criteria** | **Examples of conditions that might not meet the criteria** |
|---|---|---|---|
| The level of function would always meet LCWRA | The level of function would always meet LCWRA criteria | Motor Neurone Disease (MND), severe and progressive forms of MS, Parkinson's, All dementias, All chromosomal conditions, Huntington's, severe irreversible cardiorespiratory failure, severe acquired brain injury …this list is not exhaustive | Conditions which might be severe at times but recovery of function might be present for substantial periods, such as recently diagnosed relapsing non-progressive forms of MS or some people with less severe mental health conditions with periods of reasonable function |

| | | | |
|---|---|---|---|
| **Lifelong condition, once diagnosed** | The condition will always be present. Some lifelong conditions are present from birth, but others will develop or be acquired later in life. | | Conditions which might be cured by transplant / surgery / treatments or conditions which might resolve. This should be based on currently available treatment on the NHS and not on the prospect of scientists discovering a cure in the future |
| **No realistic prospect of recovery of function** | Advice on this should be based on currently available treatment and not on the prospect of scientists discovering a cure in the future | As per criterion 1 | A person within the first 12 months following a significant stroke who may recover function during rehabilitation , so whilst the condition is lifelong, function might improve |
| **Unambiguous condition** | They have been through relevant clinical investigation and a recognised medical diagnosis has been made | | Non-specific symptoms not formally diagnosed or still undergoing investigation |

11. If all of the above and any of the LCWRA criteria are met, advise the decision maker that the claimant has a Severe Condition and has LCWRA.

12. As per filework guidelines request further evidence if it is possible that one or more of the LCWRA criteria might be met but the information has not been provided.

13. Any request for further evidence should be based on indicators in the clinical information available to you.

14. Where further evidence is considered necessary to enable advice regarding review or no review for a longer term prognosis further medical evidence review should always be chosen. As per current process only one request for written medical evidence should normally be made and at review only one telephone

attempt to chase the evidence is required. If the claimant or their representative needs to be contacted for further evidence then a maximum of two telephone calls should be made. These should be documented on an FRR4. If the evidence is not available, you cannot advise that the claimant has a Severe Condition and normal filework case control action applies.

15. Filework HCPs should not default to calling a claimant to an assessment if the evidence required to meet the criteria is not available. If at filework a HCP feels that enough evidence is available on which a LCWRA 'in the longer term' recommendation can be made, but is unable to make a recommendation based on the Severe Conditions criteria, the advice is that they do not seek to call for exam but instead make a paper-based recommendation that change is not expected 'in the longer-term'. The reason being that DWP believes that to increase the burden on this group of claimants would be unnecessary and go against the spirit of the policy announcement.

16. If none of the criteria are met, continue with normal case action.

17. An HCP's default position should be that a future review is required. If you are certain that the evidence indicates that a claimant meets the Severe Conditions criteria, and a future review is therefore not required, this should be fully justified.

# Appendix B - Answers to Questions

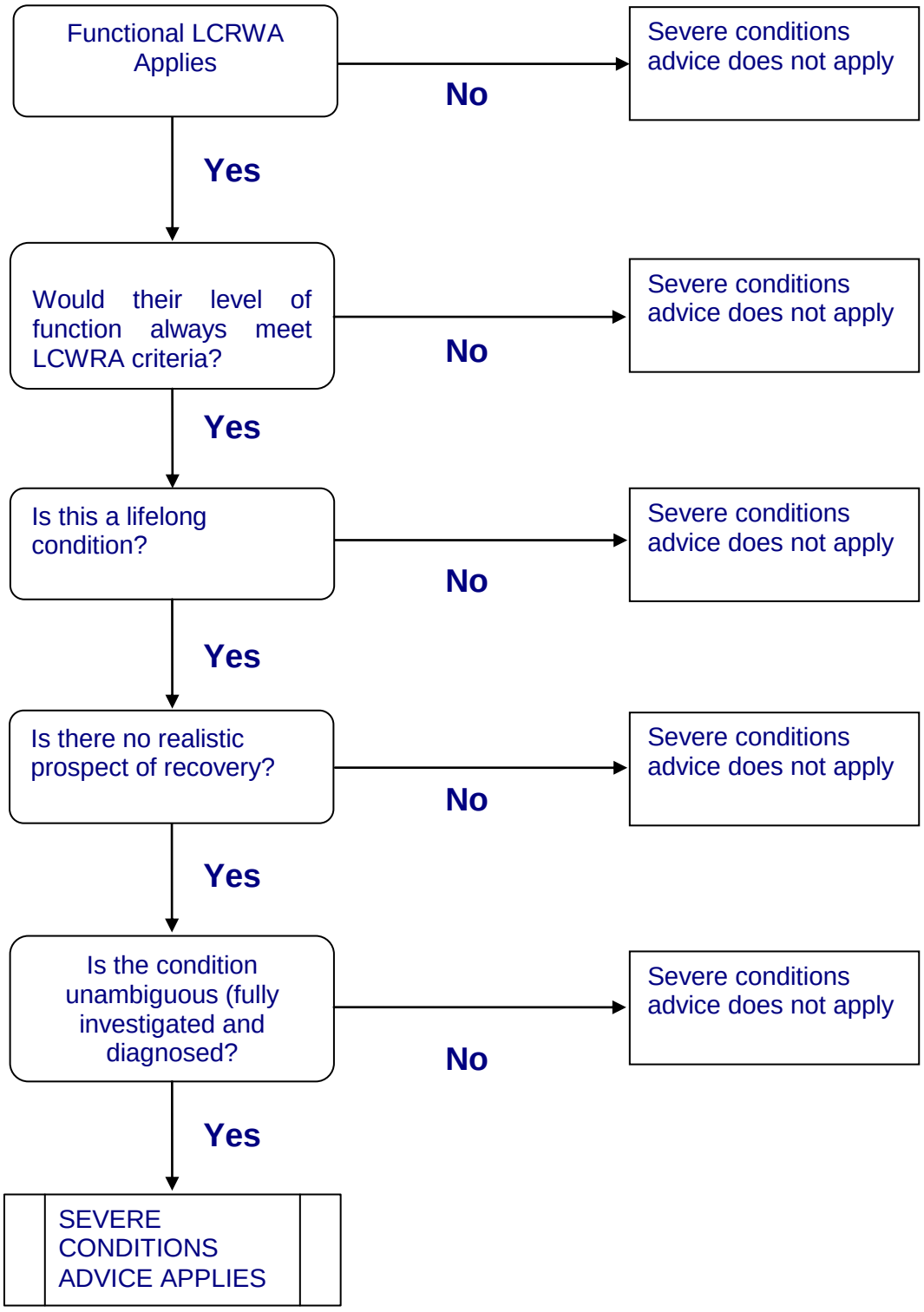
## Section 1

Question 1 - True

Question 2 - True

Question 3 - True

# Appendix C - Severe Conditions Advice Flow Chart (Desk Aid)



# Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be taken into account at the next scheduled review.

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