Centre for Health and Disability Assessments

Operated by MAXIMUS

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

(CSL Support Scenarios)

MED-DWPSCPRRWCAA~001(b)

Date: 8th 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Superseded documents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	23rd August 2017	Formatting
1c draft	24th August 2017	Updated with DWP comments
1d draft	30th August 2017	Formatting
	31st August 2017	Signed off by DWP Strategy, Policy and Analysis Group
1e draft	1st September 2017	Update to DWP guidance after sign off training document
1 Final	8th September 2017	Signed off by SH&S

Changes since last version

Outstanding issues and omissions

Updates to Standards incorporated

Issue control

Author: Clinical Training Team

Owner and approver: Department for Work and Pensions

Signature: **Date:**

Distribution:

Contents

Introduction

This document contains case scenarios to supplement the HCP Self Directed Learning Pack – DWP Guidance on Severe Conditions in the WCA. [MED-DWPSCPRRWCAA~001(a)]

This document contains a number of cases that CSLs should discuss with HCPs during short meetings such as the morning “buzz” meetings.

Each case scenario is designed to take only 10 minutes or so to discuss with the groups.

The scenarios should be discussed over the course of the week or 2 weeks after HCPs have completed their self directed learning.

CPD Points

1 CPD point is allocated on completion of the discussion scenarios with CSLs

1. Case Scenarios for Discussion with HCPs.

These additional scenarios have been designed to consolidate HCP understanding of the DWP Severe Conditions Guidance.

CSLs should copy the cases and distribute these to the HCPs prior to the morning meetings where these will be discussed.

The CSL must ensure each HCP has completed their self directed learning module “DWP Guidance on Severe Conditions Self Directed Learning” [MED-DWPSCPRRWCAA~001(a)]

Each scenario should take around 10 minutes to discuss.

These cases have been designed to provide only key facts to allow the discussion to focus mainly on the severe conditions guidance.

It should be assumed that a full history was obtained and any examination findings were fully consistent with the LCWRA advice.

1.1 CSL Discussion Case Scenario A

Key Case details

28 year old Male.

Diagnosis – Head Injury

Medication – Nil

Fell from a ladder at work and sustained a severe head injury 7 months ago.

Was in intensive care for 2 weeks.

When he woke up he had no physical problems but severe cognitive deficits were apparent.

He was unable to complete any basic tasks at all for himself and has been undergoing intensive rehabilitation. He was an inpatient in the rehabilitation unit for 6 months. He has been discharged to his parent's home but has carers who come in 3 times a day. He still attends the rehabilitation unit 5 days a week and is making some very gradual progress.

He can manage very basic tasks now such as brushing his teeth unassisted but still requires prompting and assistance to wash and dress due to forgetfulness and inattention. He has severe issues with identifying any hazards and requires supervision at all times from his parents/staff in the rehabilitation centre.

He makes gradual progress with each week – but there is very little daily variability other than having even greater problems with personal action if there is noise or distraction.

1.2 CSL Discussion Case Scenario B

Key Case details

28 year old Male.

Diagnosis – Head Injury

Medication – Nil

Fell from a ladder at work and sustained a severe head injury 5 years ago.

Was in intensive care for 2 weeks.

When he woke up he had no physical problems but severe cognitive deficits were apparent.

He was unable to complete any basic tasks at all for himself and had an 18 month period of intensive rehabilitation. He was an inpatient in the rehabilitation unit for 6 months. He has been discharged to his parent's home and has carers who come in 3 times a day. His parents supervise and assist him at other times of the day. He no longer attends the rehabilitation unit as he made no further progress after 18 months of therapy.

He can manage very basic tasks now such as brushing his teeth unassisted but still requires prompting and assistance to wash and dress due to forgetfulness and inattention. He has severe issues with identifying any hazards and requires supervision at all times from his parents and carers.

There is very little variability day to day – with the only change being that his concentration and focus becomes worse with any distractions or noise.

1.3 CSL Discussion Case Scenario C

32 year old male

Diagnosis – renal failure – polycystic kidney disease

Medication- Losartan, erythropoietin, phosphate binders, vitamin D, Vitamin B supplements. (Previously on Tolvaptan until disease process progressed).

Diagnosed with Polycystic Kidney Disease 6 years ago. Stage 2 at diagnosis. Was commenced on Tolvaptan to try to slow disease progression but advanced to Stage 4 chronic kidney disease 6 months ago and haemodialysis was commenced.

Tolerating dialysis badly and suffers extreme fatigue. Has haemodialysis 3 times weekly. Has very little time he feels any better.

When he is due for dialysis, he manages only to walk in the house. For brief periods after recovering from the dialysis he might manage to have a walk in his small garden. Self care takes a lot of time due to fatigue and he is unable to cook or do any household tasks due to fatigue. (Would meet LCWRA threshold for Mobility).

He is on the waiting list for a transplant at the present time – but he has no idea how long this will take.

Several of his relatives have been tested for compatibility – but none of his family are a good enough match.

1.4 CSL Discussion Case Scenario D

54 year old female.

Diagnosis – Severe Rheumatoid arthritis

Medication: Adaluminab, Methotrexate, Alendronate, Calcium, Tramadol.

Diagnosed with rheumatoid arthritis age 30. Was reluctant to commence DMARD therapy due to side effects she had heard of. Condition was managed for a long time with analgesia and high dose oral steroids during frequent flare ups. Has severe erosion of joints particularly in hands. Has also developed severe osteoporosis as a result of long term steroids.

All joints are affected – but her hands and wrists are particularly badly affected. Uses splints for support but due to pain and weakness, her ability to lift any weight at all is extremely restricted. (Meets LCWRA criteria for lifting and carrying).

Her consultant did refer her to another orthopaedic specialist for consideration of surgery, but due to the severe extent of her osteoporosis, no surgery was considered possible.

Condition varies to some degree. Some weeks her mobility is a bit better and she manages a few hundred yards. Other days her mobility will be restricted to about 50 yards.

Her hand and wrist function never improves at all. She only gets days where it is even worse where rather than lift a small plastic mug for coffee, she has to use a straw.

1.5 CSL Discussion Case Scenario E

52 year old male.

Diagnosis - Faecal incontinence as a result of dumping syndrome.

Medication: Octreotide

Had suffered “heartburn” for many years. Always tended to ignore it and just took “antacids” if he needed them.

4 years ago developed severe abdominal pain one evening and began to vomit large amounts of blood.

Was admitted to hospital and taken to theatre as an emergency. Surgeons had to perform a partial gastrectomy to save his life. Due to blood loss, he was in intensive care for over a week. He was “traumatised by this experience” and feared for his life when he woke up in intensive care.

He recovered fairly well from this but noticed afterwards that he was suffering a severe urge to open his bowels after eating.

He would feel hot and sweaty and have explosive and uncontrollable diarrhoea. He had very regular “accidents” and would have to shower and change his clothes. He would only eat when at home and was losing a lot of weight.

Eventually he saw his GP who referred him back to the surgeons. They performed various investigations and “dumping syndrome” was diagnosed.

He continues to have episodes of severe incontinence even with the use of pads, dietary modification and lifestyle changes at least once a week. Some days through the various measures he takes, he makes it to the bathroom at times, but other days, he simply cannot make it from his kitchen to the bathroom in time.

The surgeons are keen to operate and feel there are several surgical options that may help but he is terrified to go back into hospital because of his previous time in intensive care.

His GP is referring him to counselling so that he can perhaps be helped with his fear of hospitals in surgery to allow him to perhaps consider surgery in the future.

2. Suggested Outcomes for Case Scenarios for Discussion with HCPs.

2.1 Guidance for CSL Discussion Case Scenario A:

Severe conditions advice would not apply.

- Functional LCWRA criteria applies (Personal Action or Awareness of Hazard)
- The level of function would always meet LCWRA
- Acquired Brain injury is a lifelong condition – however with ongoing therapy, some improvement may be possible.
- As this condition has only been present 7 months, he is in the relatively early phases of rehabilitation. He is showing some signs of improvement, so this criterion could not be advised as being applicable at this time.
- Condition is formally diagnosed by specialist

2.2 Guidance for CSL Discussion Case Scenario B:

Severe conditions advice would apply.

- Functional LCWRA criteria applies (Personal Action or Awareness of Hazard)
- The level of function would always meet LCWRA
- Acquired Brain injury is a lifelong condition. 5 years on from his injury, he remains significantly impaired. There are no recognised further interventions medically recognised that are likely to further improve function.
- As his condition has been present 5 years and despite 18 months of intensive therapy, no further improvement has occurred. It now would seem unlikely that there would be any significant alteration to his functional status.
- Condition is formally diagnosed by specialist

2.3 Guidance for CSL Discussion Case Scenario C:

Severe conditions advice would not apply.

- Functional LCWRA criteria applies (Mobility)
- The level of function would always meet LCWRA – although there is some degree of variability in that he improves a little post dialysis, his function remains very limited only mobilising in the garden.
- Although Polycystic Kidney disease is genetic condition, significant potential for recovery can be possible through renal transplant – therefore this criterion for the severe conditions guidance would not be met.
- At this time, the possibility of transplant is being proposed, so if this should occur, there would be a good prospect of recovery of function.
- Condition is formally diagnosed by specialist

2.4 Guidance for CSL Discussion Case Scenario D:

Severe conditions advice would apply.

- Functional LCWRA criteria applies (Lifting and Carrying)
- Although her condition varies to some degree, her hand function is always very poor and likely to always meet LCWRA criteria for lifting and carrying.
- Rheumatoid arthritis is a lifelong condition. Often with medication, the disease progression may be controlled to some degree and often surgical interventions will be possible, however, in this case, the disease process is very advanced and there appears to be little prospect for significant intervention likely to substantially improve function.
- As her condition has been present long term, and she has developed further complications of osteoporosis, any future management strategies are likely to be supportive only and significant improvement in function would not be anticipated.
- Condition is formally diagnosed by specialist

2.5 Guidance for CSL Discussion Case Scenario E:

Severe conditions advice would not apply.

- Functional LCWRA criteria applies (Continence)
- His condition varies little week by week. Although he can manage to control his condition to some extent by avoiding eating when out, he still has at least one episode of severe incontinence weekly.
- His partial gastrectomy is a lifelong condition, but there are a number of surgical options that could substantially improve function – and these have been recommended by his consultant. At this time, he is reluctant to undergo surgery, but his GP is arranging counselling that may alter his view in the future. Therefore as there are options available, this criterion could not be advised at this time.
- As there are a number of options available and significant improvement can be expected in a high percentage of patients, recovery of function could reasonably anticipated should he decide to have surgery in the future.
- Condition is formally diagnosed by specialist

Observation form

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