



An Roinn Dlí agus Cirt
Máinnystrie o tha Laa



Medical Factual Reports (MFRs) and the Troubles Permanent Disablement Payment Scheme (TPDPS);

An update; 2/2/23





Objectives

- To provide an update about the Troubles Permanent Disablement Payment Scheme (TPDPS)
- To thank and acknowledge GP colleagues for their contribution to date in the submission of medical factual reports
- To outline changes made to the MFR process following GP feedback through 2022
- To briefly outline the GP capacity form and the wider process in which it sits (regulation 49 of the TPDPS regulations)

Troubles Permanent Disablement Payment Scheme (TPDPS)

What is it?

A scheme designed and delivered to acknowledge harm experienced by victims of troubles related incidents (TRI), and promote reconciliation.

The scheme has been designed to minimise where possible, the potential for retraumatisation as applicants progress through the scheme.

The scheme involves the assessment, by a registered health professional, of the level of disablement attributable to a TRI.

Medical evidence in the form of medical factual report (MFR) returns from primary and secondary care partners, plus the provision of medical notes, letters and printouts as part of MFR responses, are a key mechanism to reduce the possible anxiety and retraumatisation experienced by your patients when they apply.

Troubles Permanent Disablement Payment Scheme (TPDPS)

Scheme data correct as of 23rd January

Applicant volume

- 3725 to the scheme
- 1628 to Capita

Claimed injury classification

- 6% Physical only
- 41% Psychological only
- 53% both

Cases listed for hearing by a panel

- 492

GP contribution to date

GP MFR responses

- 664

Other input

- Telephone calls where an assessor requires clarity on a MFR response

Troubles Permanent Disablement Payment Scheme (TPDPS)

You said, we did Key actions taken to address concerns from GP colleagues include:

Payment Process Enhancements

- Short term manual solution
- Long term IT solution

Payment Amount Enhancements

E-transfer of MFR / data

- This remains in the scoping phase with various possible providers being considered

GP Capacity form and Regulation 49

- The Scheme (Regulation 49) requires that the Victims' Payments Board needs to be satisfied that an applicant is capable of managing their own affairs.
- Potential capacity issues will be raised by the Health Care Provider to the Victims' Payments Board
- The Victims' Payments Board will write to the applicant's GP and ask if they can complete a pro forma to clarify whether or not the applicant is capable of managing their affairs

Summary

The scheme is acutely aware of the pressures faced by GPs currently and will be responsive to the needs of and requests from the GP community where possible.

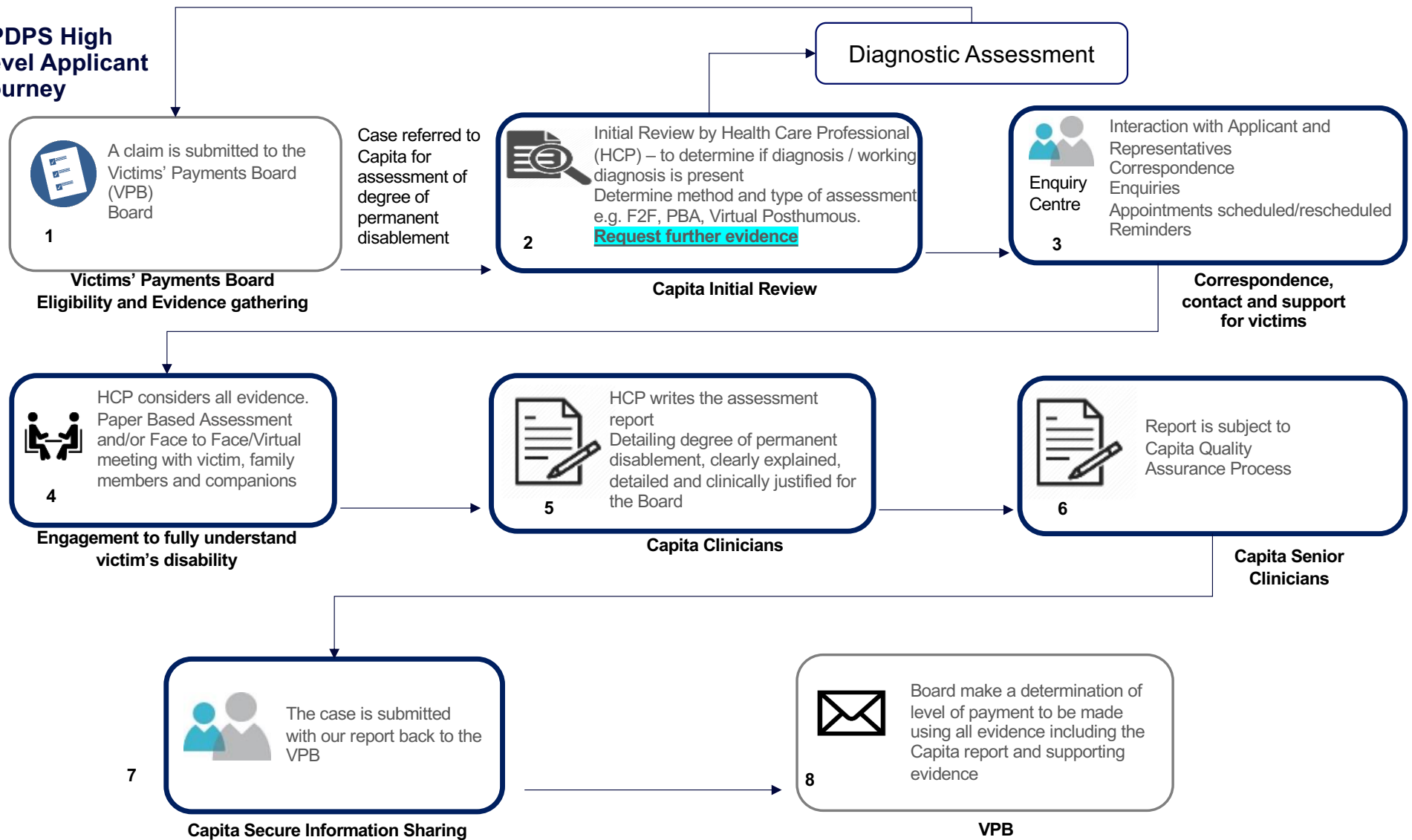
Medical evidence from GP colleagues is extremely important for the scheme and for Victims themselves to get the fairest, most accurate disablement assessment whilst limiting re-traumatisation to your patient.

We greatly value our relationship with GPs – Thank you.



Appendices

TPDPS High Level Applicant Journey



Our role is to provide the Victims' Payments Board with a report indicating the degree of permanent disablement due to a Troubles related injury

Medical Factual Report (MFR) – The Basics

- A form sent by Capita Healthcare professionals working on behalf of the Victims' Payments Board (VPB) to the clinicians or organisations who have supported or treated applicants to the scheme, since their injuries were sustained, in order to gather relevant clinical information that will support the completion of disablement assessments within the scheme.
- Designed in collaboration with GP BMA reps within Northern Ireland
- A list of (up to) 7 key questions that each disablement assessment completed by Capita must answer in each disablement assessment report within the scheme.
- ***The primary question that GPs can help with pertains to confirming – or otherwise – that the claimed diagnosis (documented on the MFR request) exists and whether there is an aetiological link to the claimed TRI.***

Medical Factual Report (MFR) – The Basics Continued

- Input provided by external partners is valuable in allowing a robust, rounded assessment of disability to be made in each case
- (1) Written input alongside (2) accompanying relevant medical records held by external partners, or (3) a combination of (1) and (2), can be provided when submitting a response.
- Responses to MFRs are incorporated in to the wider suite of evidence available within each case; conflicting evidence is synthesised / weighed up to allocate a percentage disablement, relevant to a TRI, on the balance of probabilities.

Scheme Contact Details:

Any queries from your patients regarding TPDPS are best directed to the following:

<https://www.victimspaymentsboard.org.uk/>

vpb@justice-ni.gov.uk

Tel: 0300 200 7808

Best evidence will tell us about one or more of the following:

- The diagnosis / working diagnosis and aetiology of the diagnosis in question
- Other medical history
- Symptoms over time / now
- Someone's personal story / journey since the incident
- Severity of the condition / injury
 - Vision / hearing test results
 - Medical / allied health reports
- Treatment received / planned throughout condition:
 - Medication
 - Therapy
 - Surgery
 - Ongoing management / care
- Impact of injury on day-to-day life:
 - How has the incident impacted someone's life?
 - Relationships
 - Going out
 - Looking after oneself
 - Managing one's affairs
 - Quality of life
 - (not exhaustive)



Examples

STRONG ADDITIONAL EVIDENCE – NOT EXHAUSTIVE

Consultant Letters

Hospital Discharge Letters

Psychiatric Report (in-patient and out-patient)

Psychological therapy / counselling report

Prescription Lists

Audiology Reports / Audiograms

Certificate of Visual Impairment (CVI)

Physiotherapy Report

Occupational Therapy (OT) Report

Community Psychiatric Nurse (CPN) Report

Social Services Records

Care Plans

Scan results (X-ray, Ultrasound, MRI)

Pain clinic reports/notes

Prosthetic clinic notes