



Department of
Justice

An Roinn Dlí agus Cirt
Máinnystrie o tha Laa



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

A listening and information session

Objectives

- **To provide background information about the Troubles Permanent Disablement Payment Scheme (TPDPS)**
- **To provide practical information around the completion of the Medical Factual Report (MFR) form and its overall importance to the assessment of the level of disablement of victims and survivors.**
- **To illustrate the steps in completing an MFR.**

Agenda

- 1. Scheme principles and how this relates to design and utilisation of MFRs – contextualise the ask.**
- 2. Disablement assessment process – end to end and where MFRs fit**
- 3. MFRs – how to interact with one as a GP / AHP**
- 4. Response to pre-submitted question themes**
- 5. Open Q&A**

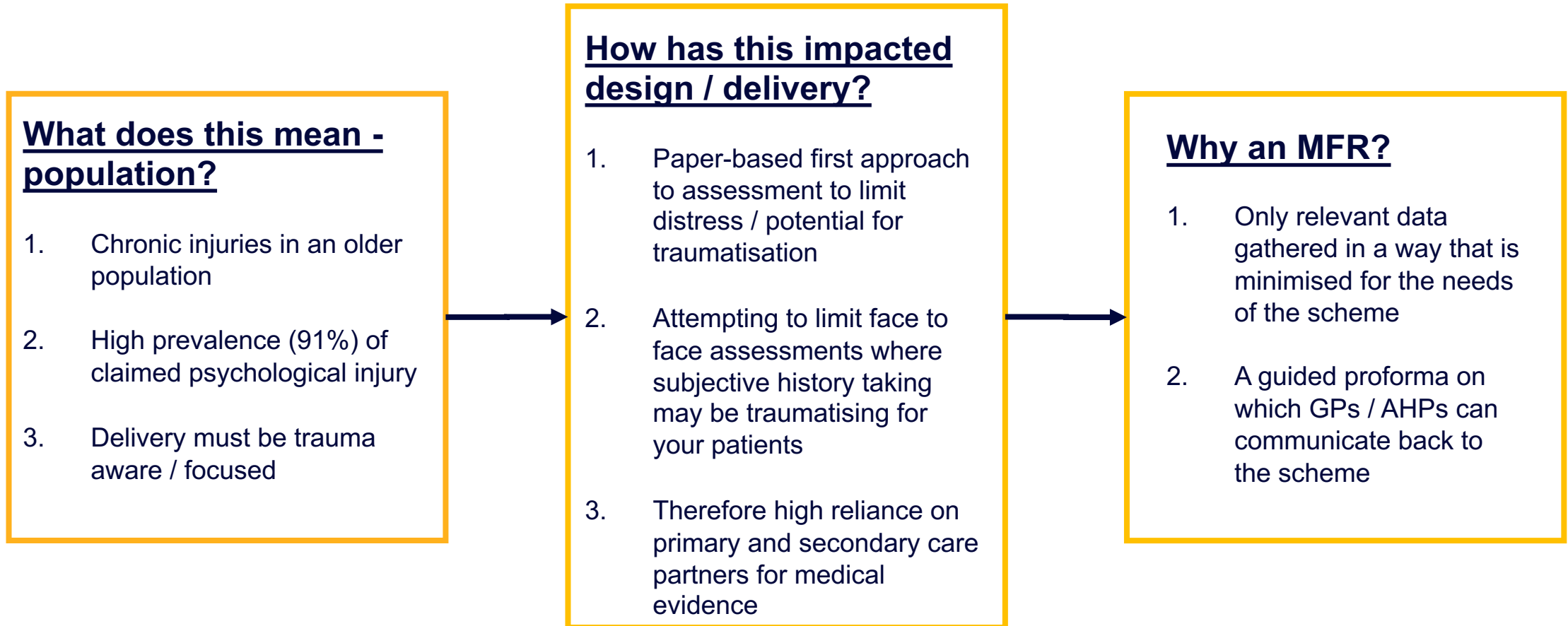
Scheme Principles

- a) **The need to prioritise, and be responsive to, the needs of Victims of troubles related incidents (TRIs)**
- b) The need to be transparent and to communicate effectively with the public and victims of TRIs.
- c) The need for the scheme to be straightforward and simple to navigate for victims and survivors.
- d) **The need for applications to be determined without delay.**
- e) **The need for personal data to be handled sensitively.**

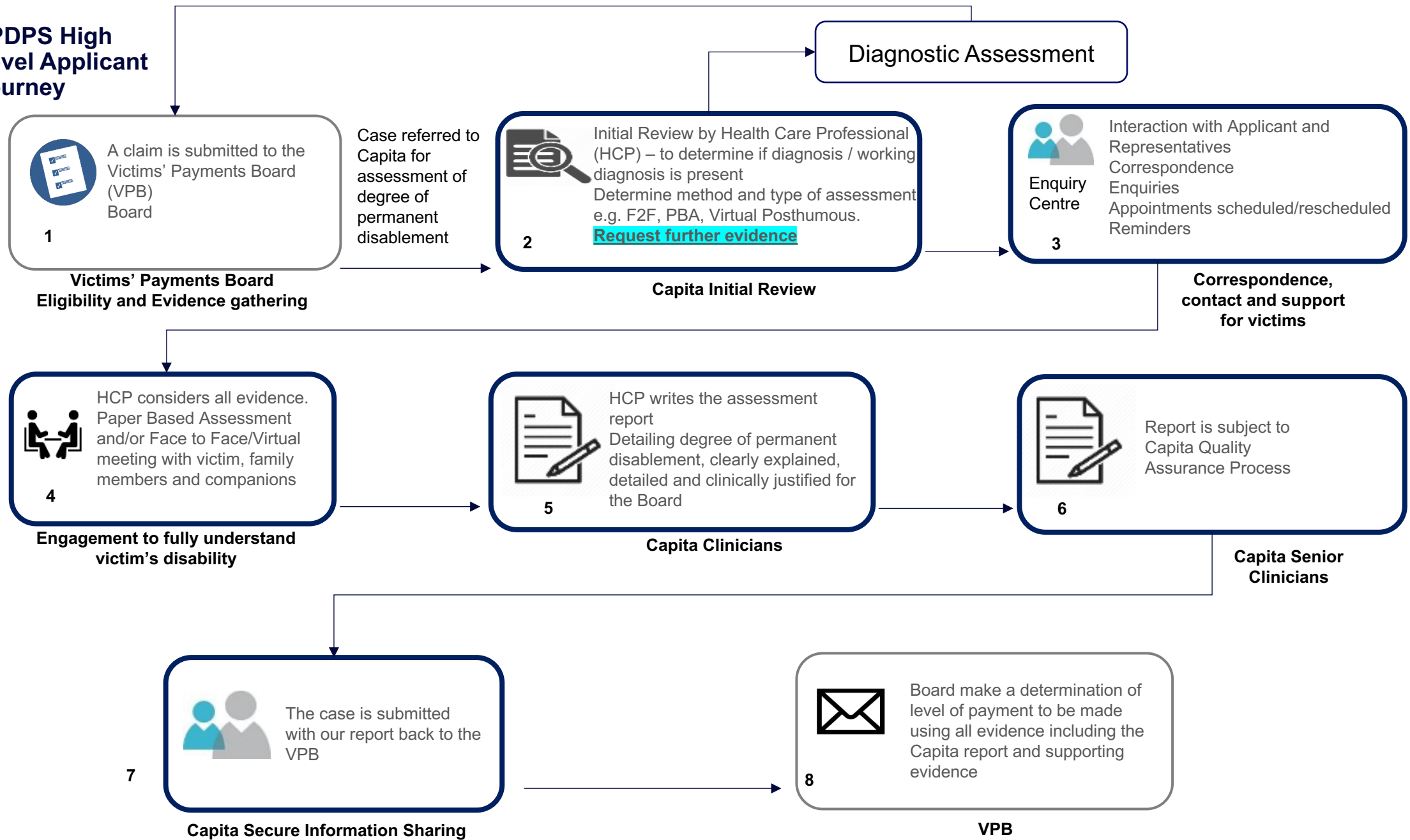


Collaborative Approach
to Design and Delivery

“The Needs of Victims of TRIs” – Paper based assessments first



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.

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.

Medical Factual Report (MFR) - The Questions

- 1. Can you confirm that your patient is suffering from the claimed conditions? (if possible – please confirm the date of diagnosis or date of working diagnosis)***
2. Please confirm who made this/these diagnosis/diagnoses and their profession. (where possible, please be specific with the level of seniority/grade of the diagnosing clinician)
- 3. If available, please provide evidence as to the aetiology of this/these diagnosis/diagnoses?***
4. Please list all other conditions which may affect your patient's functional ability in relation to activities of daily living, mobility, or social and occupational functioning. Please include the dates of diagnosis where possible

Medical Factual Report (MFR) - The Questions Continued

5. Please detail all current and previous treatment for the conditions stated at the top of this form

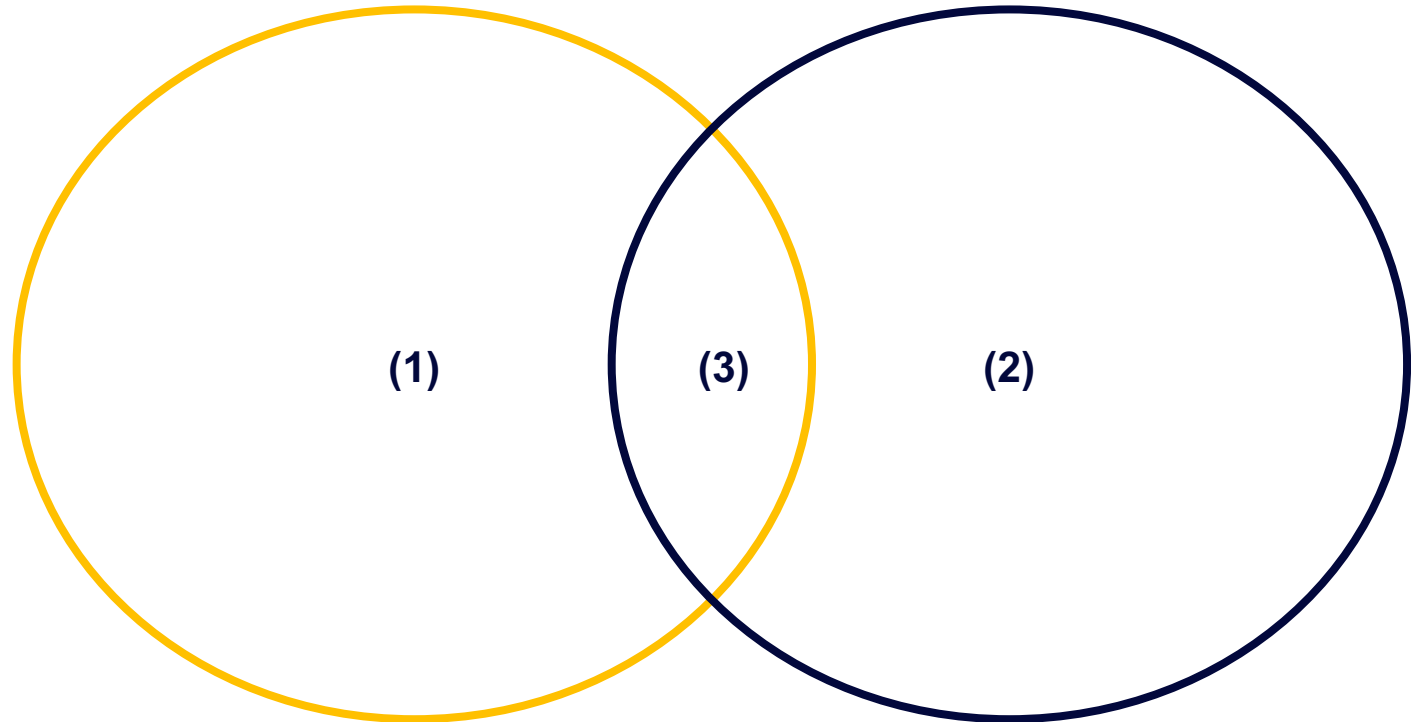
6. Are there any planned changes to their current treatment? If so, please detail what is planned and for what reason?

7. Is / are the condition/s noted in section 1 chronic in nature? (If available, does evidence suggest the condition/s has / have reached a steady or stable state at maximum medical improvement?)

Practical

3 methods of interacting with a Medical Factual Report

- 1) Writing within the available free text boxes
- 2) Attach relevant clinical reports (discharge letters, treatment summaries etc) that assist in answering the MFR questions
- 3) Combination of (1) and (2)



Worked example

Troubles Permanent Disablement Payment Scheme

Medical Factual Report

Patient Name Dolores Harrison

Date of Birth: 16/09/51

VPB Ref No VPBStand006

Priority Case

As part of their application to TPDPS your patient has advised they are suffering from the following condition(s).

- 1. Burns to face with subsequent scarring**
- 2. Reduced vision in both eyes**
- 3. Anxiety and depression**

If possible, could you please provide specific information relating to the impact on interpersonal relationships, function and day to day life as well as the treatment she underwent.

1. Can you confirm that your patient is suffering from the claimed conditions? (if possible – please confirm the date of diagnosis or date of working diagnosis)

- 1. Burns to face with subsequent scarring - Yes**
- 2. Reduced vision in right eye – Yes, she also has traumatic cataract and glaucoma in this eye.**
- 3. Anxiety and depression - Yes**

If possible, please provide any supporting medical reports. Note – such records may support the formulation of a working and/or final diagnosis.

Worked example

2. Please confirm who made this/these diagnosis/diagnoses and their profession.
(where possible, please be specific with the level of seniority/grade of the diagnosing clinician)

Facial burns and scarring diagnosis made by A&E and plastic surgery

Reduced vision diagnosed by Ophthalmology,

Anxiety and Depression diagnosed by her previous GP who has since retired

If possible, please provide any supporting medical reports

3. If available, please provide evidence as to the aetiology of this/these diagnosis/diagnoses?

Petrol bomb attack on her home – partial thickness burns across face and eye

No other known aetiological factors for mental health conditions other than the troubles related incident.

If possible, please provide any supporting medical reports

Worked example

4. Please list all other conditions which may affect your patient's functional ability in relation to activities of daily living, mobility, or social and occupational functioning. Please include the dates of diagnosis where possible.

Has hypertension and hypercholesterolaemia which are asymptomatic.

5. Please detail all current and previous treatment for the conditions stated at the top of this form.

Plastic Surgery – debridement, skin grafting, revision of grafts later in life due to contraction. Double base cream.

Ophthalmology – required several surgeries to the eye and eye lid, developed traumatic glaucoma reviewed every two years or earlier if needed. Acetazolamide and lacrilube

Mental health - attended surgery and given medications by my colleagues in the 1970s, mainly sedatives, prescribed anti-depressants and sleep aid from 1990s, was offered counselling in 90's, continues on anti-depressant and sleep aid.

Where possible, please provide treatment records, discharge summaries, care plans etc

Worked example

6. Are there any planned changes to their current treatment? If so, please detail what is planned and for what reason?

No planned treatment for visual problems (continued on medication) or skin grafts as far as I am aware.

Her mental health treatment has not changed for many years, and she has highlighted that she doesn't intend to seek further specialist treatment for this on numerous occasions.

If relevant, please list when this treatment is likely to finish

7. Is / are the condition/s noted in section 1 chronic in nature? (If available, does evidence suggest the condition/s has / have reached a steady or stable state at maximum medical improvement?)

All conditions are over 50 years - chronic

Worked example

Additional Information:

Reduced vision right eye - reduced to 6/60 as per clinic letters, requires support in complex ADLs, will be accompanied when out of her home for feeling of security.

Scarring - Self-conscious given the significant area of her face that has been affected, R cheek and eye and forehead with extension into the hair line, skin grafts still quite visible compared to the rest of her facial skin.

Anxiety and depression - Mood can dip at times; sleep is poor and can appear anxious at times on arriving from the waiting room when the surgery is busy.

Also see attached

Scheme Contact Details:

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

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



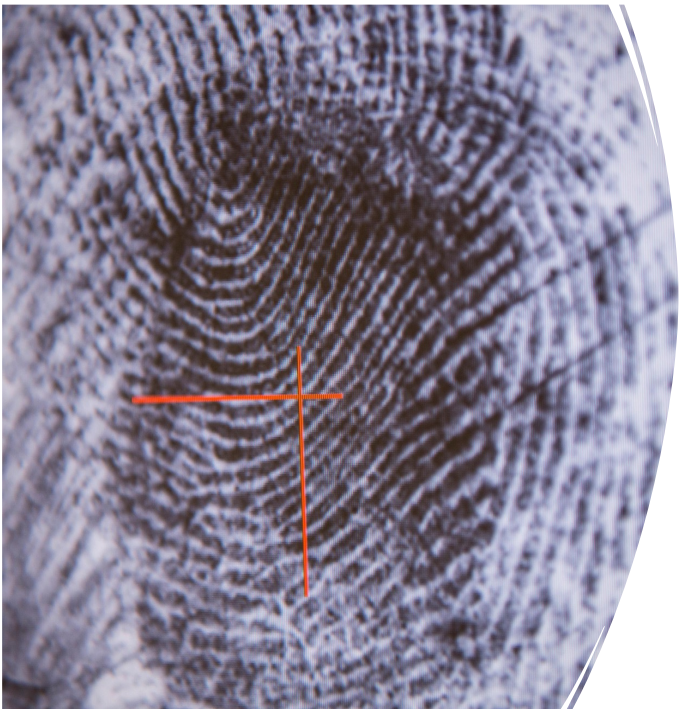
AOB



Appendices

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

- The diagnosis / working diagnosis
- 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