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The Patient's Advocate

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Dr John Delfosse



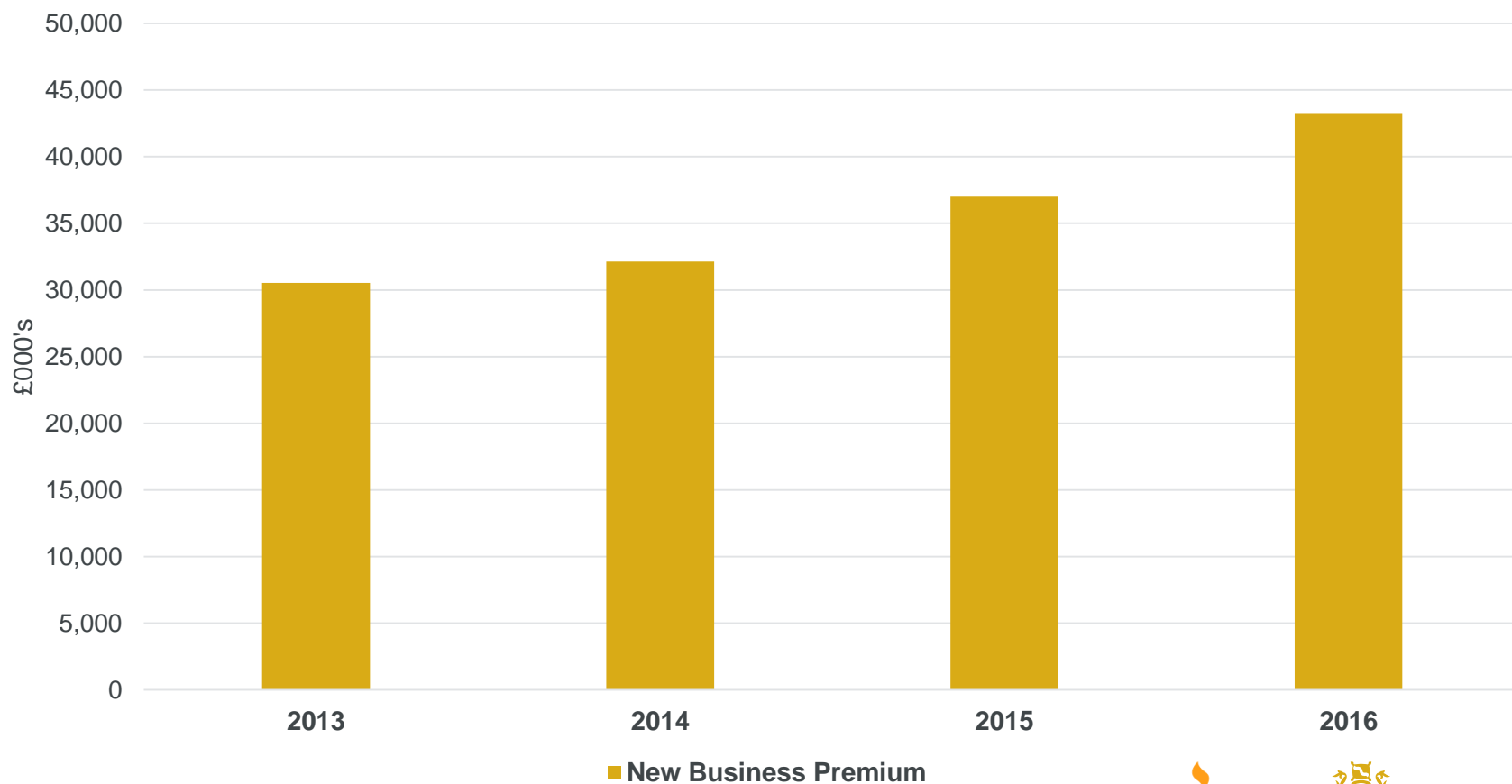
The Patient's Advocate

Agenda!

1. The state of the disability market
2. Patient advocacy: the differing roles of CMO & GP
3. The role of the Fit Note
4. Case Studies
5. The future of disability management

The state of the Disability Market

Individual Income Protection



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The state of the Disability Market

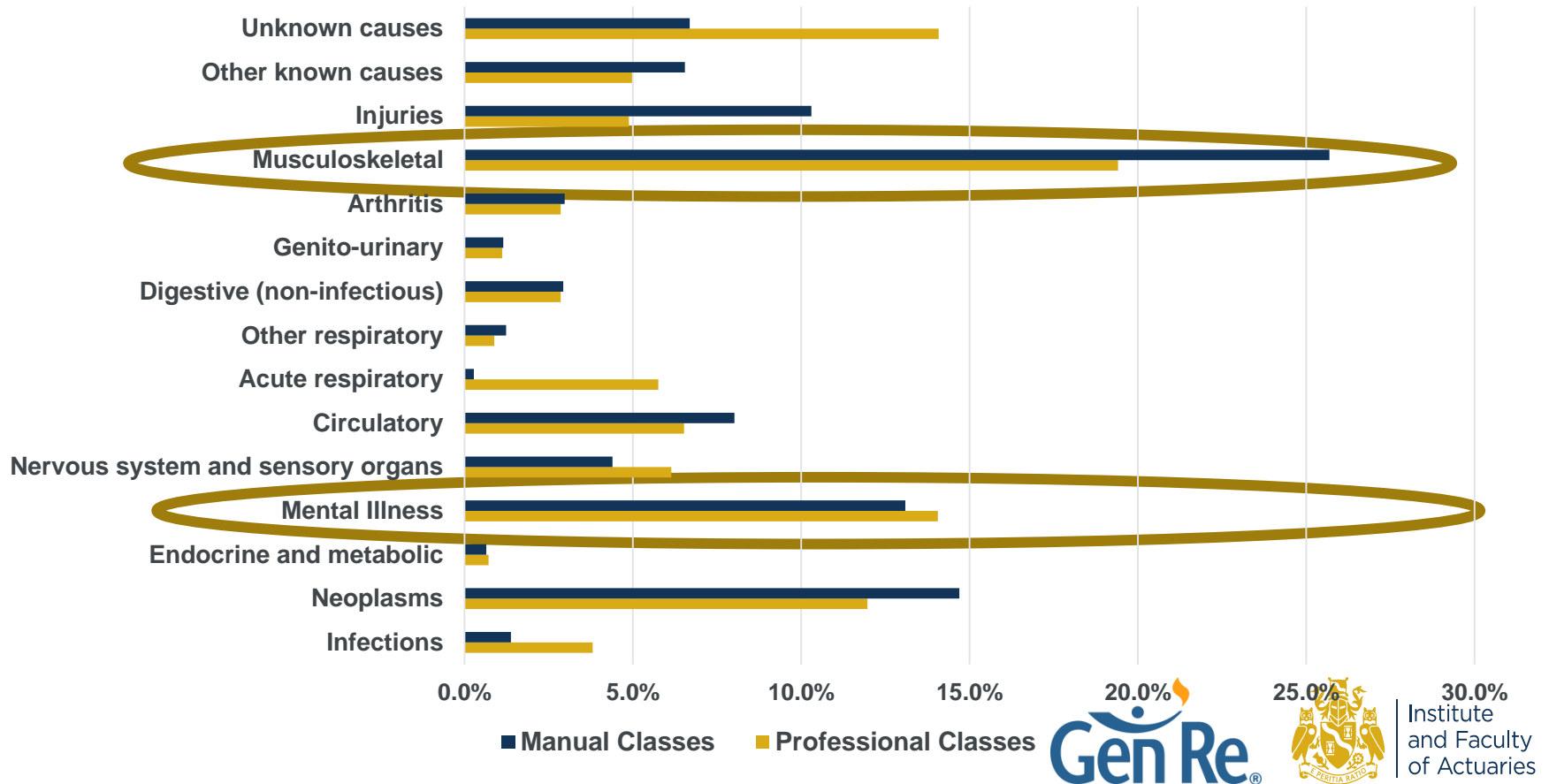
	Claimants	Benefits
Individual	5,094	£499,316m*
Group	5,146	£358.7m



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The state of the Disability Market

Cause of claim – Individual IP



The state of the NHS

Ayrshire NHS patients forced to wait up to one year for physio treatment with musculoskeletal service under "huge stress"

HEALTH bosses have been forced to launch a "recovery plan" to save the service, with the issue even reaching Scottish Parliament chambers.

Waiting lists for NHS treatment can be long and some people choose to pay for private treatment. Most private physiotherapists accept direct self-referrals.

Voices

Dangerous cuts to mental health forced me to pay for treatment – and only one party is taking this crisis seriously

On the advice of my family I spent £4,000 and turned my life around. I am the lucky one, given that millions of people in Britain only have £100 in savings and are unable to do the same

Chris Key | Monday 8 May 2017 11:11 BST | [4 comments](#)

News > Health

NHS hospital waiting lists to rise above five million in two years, leak suggests

Head of NHS England says longer waiting times are a 'trade off' for improved care elsewhere

Katie Forster | [@katieforster](#) | Thursday 4 May 2017 08:31 BST | [32 comments](#)



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Disability claims process 101

Injury/ Illness
Goes to GP



Notifies Insurer



Claim submitted
and assessed



Claim Decision
Goes into review



Open ended med
notes & varied
sources of
information

Already been off
work for a while

More info to finalise

Engagement in
rehab / treatment
Waiting lists



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Patient advocacy: the differing roles of CMO & GP

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ponsorship
Thought leadership
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Background

Qualified 1980 The Middlesex Hospital
Medical School

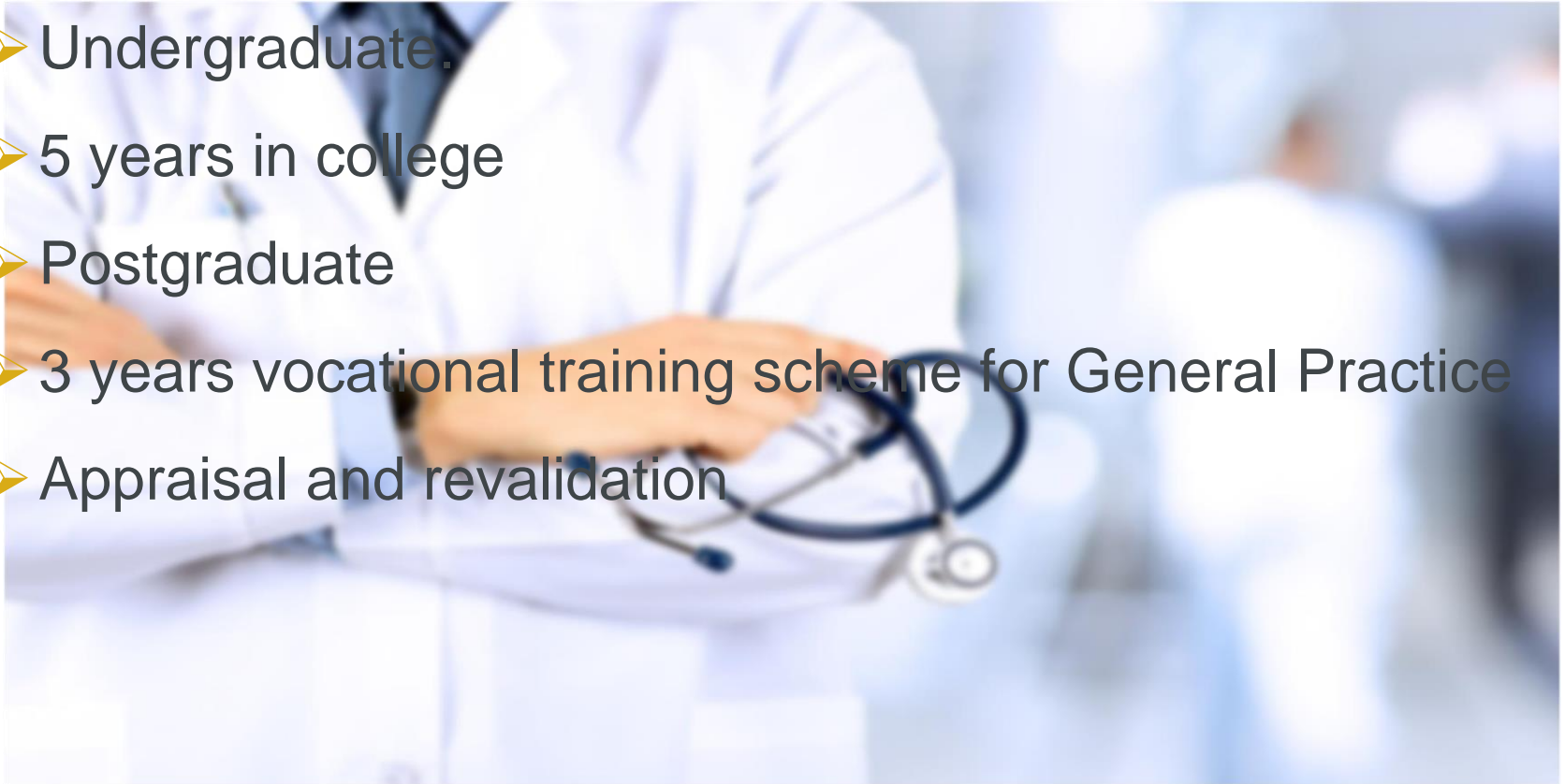
MBBS , DRCOG , MRCGP, DDAM,
FAMS

General Practitioner 1988

CMO 1997

General Medical Training

- Undergraduate.
- 5 years in college
- Postgraduate
- 3 years vocational training scheme for General Practice
- Appraisal and revalidation



Insurance Medicine

- Special interest
- Postgraduate
- Diploma of Disability Assessment Medicine – 2 year course



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“Customer” view



Insurance

- Employed to advise the insurance company
- Fair to a group
- No follow up
- Worried about prognosis more than diagnosis

Clinical

- Patient centred care
- Patients advocate
- Regular follow up
- Interested in prevention / diagnosis and treatment



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Assessment

Insurance

- Make decisions with minimal information
- Use evidence based risk assessment

Clinical

- Order as many tests as clinically indicated
- Use evidence based medicine for high standard of care



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Management

Insurance

- Need to establish the validity of a claim
- Use of predictive tools
- Indirect evidence via GPR, reports, correspondence
- IME, FCE

Clinical

- Consultation
- Referral for specialist assessment Physiotherapy, OT
- Holistic approach
- Patients caring physician acts in patients immediate interest

**FOR SOCIAL SECURITY AND STATUTORY
SICK PAY PURPOSES ONLY**

NOTES TO PATIENT ABOUT USING THIS FORM

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.

2. For Social Security purposes -
To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it your local Jobcentre Plus or social security office QUICKLY to avoid losing benefit.

NOTE: To start your claim for State benefit you must use form SC1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IB1 (from Jobcentre Plus or social security office).

Doctor's Statement

In confidence to
Mr/Mrs/Miss/Ms

I examined you today/yesterday and advised you that

(a) You need not
refrain from
work

for†

THREE MONTHS

(b) you should refrain from work

OR until

Diagnosis of your disorder
causing absence from work

POST-VIRAL FATIGUE.

Doctor's remarks

Date of
signing

09/07/07.

Doctor's
signature

[Signature]

Form Med 3

NOTE TO DOCTOR† See inside front cover for notes on completion



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Statement of Fitness for Work - For social security or Statutory Sick Pay

Patient's name

Mr, Mrs, Miss, Ms

I assessed your case on:

/ /

and, because of the following condition(s):

I advise you that:

☐ you are not fit for work.

☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work

☐ amended duties

☐ altered hours

☐ workplace adaptations

Comments, including functional effects of your condition(s):

Sample

This will be the case for

/ /

or from

/ /

to

/ /

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

/ /

Doctor's address

Gen Re®



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Fit for work

- Introduction in 2014
- Health Management Limited appointed in England and Wales
- Nearly a million employees reach the four week sickness absence point
- Assessment – occupational health profession
- Advice via phone or website
- Return to work plan with recommendations
- The service received only 9 – 10 thousand referrals



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How does it work in practice?

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Case Study I – Meet Jack

Hi, I'm Jack, I'm 37 and I'm a factory worker.

I had chest pain 3 days after I went on risk with my IP policy.



Booked off work for 6 weeks on 5/11/15 with Chest Pain

Referred to and seen in Rapid Access Chest Pain Clinic on 10/12/15 - no evidence of ischaemic heart disease. risk factors for heart disease low.

Appears to be under a lot of stress at work but it's not clear why

Case Study I – Meet Jack

Hi, I'm Jack, I'm 37 and I'm a factory worker.

I had chest pain 3 days after I went on risk with my IP policy.

Continued to be booked off for chest pain, later on reason for med notes was chest pain and **stress**, then later on chest pain and **anxiety**.

All examinations normal, no reason to be unable to work
Occupational Health involved - work related issue resolved and regular HR support meetings arranged.

He agreed to a phased RTW plan, didn't show up to work on the date agreed



Case Study I – Meet Jack

Hi, I'm Jack, I'm 37 and I'm a factory worker.

I had chest pain 3 days after I went on risk with my IP policy.



Independent home visit with psychiatric nurse - similar findings, no obvious reason why he cannot RTW as per plan decided with Occ Health.

GP continued to book him off work

Consultant CMO reviewed the case twice - no clear reason why he cannot RTW especially with issues having been resolved.

GP continued to book him off

Case Study I – What happened to Jack?

Jack was paid until the planned RTW and then his claim was closed.



Case study II – Meet Jill

Hi, I'm Jill. I'm 49, and a self-employed business owner.
I've been feeling dizzy

Applied for DP4, IP on 28/12/2015
Cover started on 2/3/216 with headache and migraine exclusion

Saw GP & off work since 19/9/2016 with labyrinthitis

Saw optician 26/10/16 and all normal so advised to see GP again



Case study II – Meet Jill

Hi, I'm Jill. I'm 49, and a self-employed business owner.
I've been feeling dizzy.

Called GP mid-November with memory problems in addition to dizziness and requesting med note, advised she needed to come in for an appointment

Didn't see GP until 5/12/16, booked off with dizziness and referred for MRI and to neuro

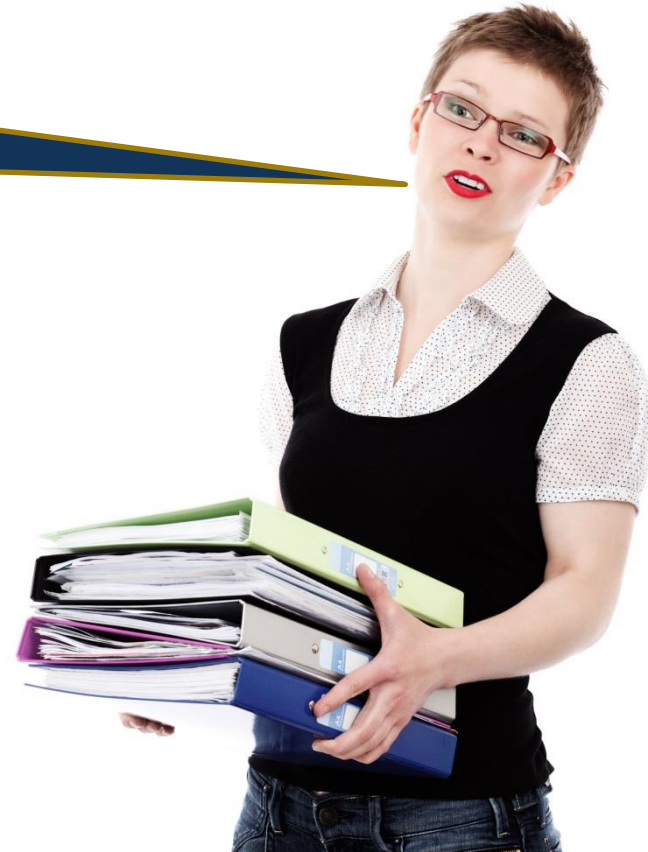


Case study II – Meet Jill

Hi, I'm Jill. I'm 49, and a self-employed business owner.
I've been feeling dizzy.

(Re)insurer funded neurologist in March 2017.
Diagnosed with paroxysmal positional vertigo attack disorder.
Discharged with exercises.

GP continued to book her off.



Case study II – what happened to Jill?

My GP continued to book me off work but my IP claim was closed as symptoms were expected to resolve with the exercises.



Case study III – Meet John



Hi, I'm John, a 37 year old
kitchen porter.
I have a sore back.

John has a 1 week deferred IP policy
Off work from 20/12/16

Saw GP on 20/12/16 with two month
history of symptoms of LBP, worse on
bending and affecting his sleep.

Provided with back exercises,
analgesia and referred to physio.

Booked off 2 weeks



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Case study III – Meet John



Hi, I'm John, a 37 year old
kitchen porter.
I have a sore back.

3/1/17: Booked off again

17/1/17: Awaiting physio, booked off again

31/1/17: Booked off for one month

14/2/17: Still hasn't received date for physio

Case study III – Meet John



Hi, I'm John, a 37 year old
kitchen porter.
I have a sore back.

Contacted physio dept who advised
he'll be waiting several months for a
physio appt

(Re)insurer agreed to fund private
physio

27/2/17 booked off 1 month



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Case study III – Meet John



Hi, I'm John, a 37 year old
kitchen porter.
I have a sore back.

21/3/17 First physio appt
On examination, objectively in a lot of
pain, unable to stand upright
6 sessions recommended

27/3/17: booked off month

Case study III – What happened to John?



I'm still off work having physio



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The future of disability management.

What are we doing with claims like
these?

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Disability in an insurance context

Claimants are anchored by previous conversations

Claimant behaviour is affected by expert bias



Medical scenario doesn't fit neatly in the insurance contract

The GP advocates for the patient

Examples of early communication

"Your policy has a **rehab benefit** which may be of relevance to you when you start rehab in a few months. Do you know how the rehab benefit works?"

"**Most people** with a job like yours need 6 months to recover fully from this injury."

"Many claimants who have undergone intensive treatment like you have **benefited from a graded RTW** over a period of 1 - 2 months. We can arrange an assessment for you to formulate a plan that would suit your recovery and your occupation."

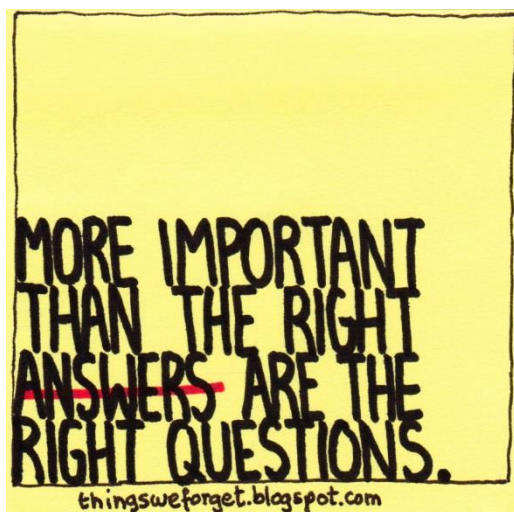
"Most people go back to work in 3 months but with a job like yours you may need a bit of time to return to work slowly **so we've admitted you claim for 4 months.**"



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What else should we be doing?

- Asking the right questions
- Asking the right people
- Additional benefit features
- Remember the role of the GP



Questions

Comments

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