Customer Service Improvements & Efficiencies Implementing the Changes

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Removing Waste & Duplication

- Remove the issue of forms / incomplete returns process & associated delays
- Remove the requirement for customers to do this and then potentially be rejected at OT stage
 - Eliminate at least 95% of the OT process & the associated delays
- Virtually eliminate avoidable contact progress chasing
 - Drastically reduce high levels of customer dissatisfaction / complaints
 - Reduce the difficulties associated with the issue and subsequent withdrawal of PCN's

Sunderland City Council

Customer Service Improvements / Efficiencies

Massive improvements to customer service Instant decision – reduced requirement to provide supporting documentation & possibly the £2 fee Much simpler end to end process Much higher levels of customer satisfaction Average reduction of approx 6 weeks to 2/3 days



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Generate significant efficiencies -Virtually eliminate avoidable contact (CSN savings) Reduce OT assessments by 95% (1 fte OT) Massive reductions in fulfilment activities (CSN savings) Reduction in F2F contact (CSN savings) Potential savings associated with processing payments

> Sunderland City Council

Implementing the Changes

- Senior commitment to the transformation agenda
- Early political engagement & support
- A partnership approach Adults Services / OT's / CSN / Parking Services / KPMG
- Transition team (service champion) procedures, system development, training module, dress rehearsal
- The decision matrix.....



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ncy	Event Type : xxx Blue Ba	ge/Concessionary Travel Pass - xxx Standard Appli	ication
rmed follow up	First Name		Help
	Last Name		Please Note Blue Car
	Channel	Telephone Call	Bide Cal Badge/Concessionary Travel Pass You can get a badge
	Event Details		or pass if you - receive the higher
	Keywords	0	rate of the mobility component of the Disability Living
	Description		Pensioners' Mobility
	Event Time	Start 07/09/2010 🛄 10 : 34 End 🛄	: Supplement, You are registered blind, have a severe disability in both upper limbs and
	Additional Information	cannot operate, or have considerable	
	What type of application are you applying for?	Not Asked 💌	difficulty in operating all or some types of parking meter (for
	Is the caller a Health or Social Care Professional		example those with Thalidomide related disabilities).
	"Adult" Badge (Go to PART A)		AUTOMATIC CRITERIA - You have a permanent and
	"Child" Badge (Go to PART B)		substantial disability, which means you are unable to walk or
	PART A "Adult " Autom	tic Qualification	have very considerable difficulty
	Are you registered as blind under the National		in walking. In this case, you may be asked to answer a
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	PART A "Adult " Auton	natic Qualificatio	on		unable to walk or have very considerable difficu	ulty
	Are you registered as blind under the National Assistance Act 1948? (If Yes, "ISSUE" go to Decision Point, If No, continue with remaining questions).	Not Asked 💌			in walking. In this case, you may be asked to answer a series of questions help the Local Authority determin whether you are eligible for a badge	s to ne e.
	Do you receive Disability Living Allowance at the higher rate for mobility or War Pensioners Mobility Supplement?(If Yes, continue with questions. If No, go to PART C)	Not Asked 💌			You may be asked attend an appointment to be assessed by an Occupational Therapist to determine eligibilit CHILDREN UNDER	y.
	Ask caller if they receive HB/CTB as we may be able to get proof of DLA/War Pension Mobility Supplement from their Benefit records (If Yes, continue with questions. If No, "INCOMPLETE" Request Verification - Decision Point)	Not Asked 💌			It is assumed that children under 2 years of age will st require assistance relating to their mobility. However, children under 2 w because of a speci medical condition need to travel with bulky medical	till , /ho ific
	(If consent given, continue with questions. If No, "INCOMPLETE" Request Verification - Decision Point).	Not Asked 💌			equipment or need be close to a vehic for emergency medical treatment will be able to appl for a badge.	le ly
	If consent has been given please ask the caller for their National Insurance Number. (Go to Decision Point "INCOMPLETE" Request Verification income check).			A V	CONCESSIONARY TRAVEL PASS - Th are additional qualifying criteria i blind or partially sighted, profoundly or severely deaf, is without speech	iere i.e. y
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	Trups://ccs-trains	Income check). PART B "Child" Automative Is the child registered blind under the National Assistance Act 1948? (If Yes, "ISSUE" go to Decision Point, If No, continue with remaining questions) Is the child under 2 years of age? (If Yes, go to PART D. If No, continue with questions) Do you receive Disability Living Allowance on behalf of the child? (If Yes, continue with questions. If No, go to PART C) Ask caller if they receive HB/CTB as we may be able to get proof of DLA from their Benefit records (If Yes, continue with questions. If No inform customer to provide proof - go to Decision Point) Ask the caller if they give their consent for us to obtain proof of DLA on their behalf. (If Yes, continue with questions. If No, inform the customer that they will need to	Not Asked Not Asked Not Asked Not Asked Not Asked	on.		without speech (including those persons having a Laryngectomy) D not have arms or long-term loss of use of both arms Has a learning disability, Unable drive having had driving licence refused or revok on medical groun	a Does rhas fthe s, e to la ed
		provide proof - go to Decision Point). If consent has been given					
		n consent has been given					
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		that they will need to provide proof - go to Decision Point). If consent has been given please ask caller for their National Insurance Number. (Go to Decision Point "INCOMPLETE" Request Verification Income Check) PART C - Discretionary What is the disability? LIST								
		1 - gives examples of recognised disabilities. (If the disability is TERMINAL "ISSUE" go to Decision Point. If disability appears in list - Go to PART E. If No, go to LIST 2)	Chronic Bronchiti Chronic Obstructi	reathing Difficulty s ve Airways Diseas ascular Accident) /						
		LIST 2 - gives examples of recognised Upper Limb Disabilities. (If the disability appears in this list continue with questions. If No, go to LIST 3)	Amputation Cerebral Palsy Muscular Dystrop Spinal Cord Injur Thalidomide							
		Do you have a severe impairment in both arms? (If Yes, continue with questions, If No, "DECLINE" and go to Decision Point).	Not Asked 💌							
		Do you drive a vehicle? (If Yes, continue with questions. If No, "DECLINE" go to Decision Point)	Not Asked 💌							
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	Are you unable to operate, or have considerable difficulty operating all, or some types of parking meter? (If Yes, "ISSUE" go to Decision Point. If No, "DECLINE" and go to Decision Point)	Not Asked 💌				•
	LIST 3 - gives examples of joint disabilities. (If the disability appears in this list continue with questions. If the disability does not appear in any of the lists please consult with OT)	Arthritis Hip Replacement Joint Pain Knee Replacemer	nt			
	Advice received from OT			A Y		
	Have you had a joint operation within the last 3 months? (If Yes, "DECLINE" go to Decision Point. If No, continue with questions)	Not Asked 💌				
	Has your GP/Specialist recommended or booked any joint replacement operations within the next 6 months. (If yes, "DECLINE" go to decision point. If No, go to PART E)	Not Asked 💌				
	PART D - Child Under 2	years				
•	What is the child's disability? LIST 1 - gives	High unstable dial Severe epilepsy/f				 ►
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PART D - Child Under 2	2 years		•
What is the child's disability? LIST 1 - gives examples of recognised disabilites.	High unstable diabetes Severe epilepsy/fitting Terminally Ill Tracheostomies		
Does the child have a medical condition that requires you to transport bulky medical equipment? (If Yes, go to LIST 2. If No Continue with questions).	Not Asked		
LIST 2 gives examples of bulky medical equipment (If the equipment appears in the list "ISSUE" go to Decsion Point. If No, continue with questions).	Feed Pumps Oxygen Saturation Montior Oxygen Tank/Mask Parental Equipment Spica Cast		
Does the child have a medical condition that requires you to remain close to a vehicle in order to administer urgent treatment to your child inside of the vehicle? (If Yes, "ISSUE" go to Decision Point. If No, continue with questions).	Not Asked		
Does the child have a medical condition that requires you to remain close to a vehicle in order to drive urgently to access a place of treatment? (If Yes, please consult with OT. If No, go to Decision	Not Asked		
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		Decision Point. If No, continue with questions).										
		Does the child have a medical condition that requires you to remain close to a vehicle in order to drive urgently to access a place of treatment? (If Yes, please consult with OT. If No, go to Decision Point to "DECLINE").	Not A	sked 💌								
		PART E - Mobility Asse	ssmen	t								
		Is the condition likely to last more than 12 months? (If Yes, continue with questions. If No, "DECLINE" and go to Decision Point)	Not As	sked 💌								
		Is your only form of mobility aid a wheelchair? (If Yes, "ISSUE" and go to Decison Point. If No, continue with questions).	Not As	sked 💌								
		What aids do you use if anything to help you walk?	Not As	sked		•						
		How far can you walk before needing to stop and rest, before feeling severe discomfort?	Not as	sked								
		If LESS than 27 steps. Ask applicant how do they cope with stairs? (WITH difficulty "ISSUE" go to Decision Point. WITHOUT difficulty continue with questions).	Not As	sked	•							
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			Do you need any assistance with every day tasks? (If Yes, "ISSUE" go to Decision Point. If no "DECLINE" and go to Decision Point) If 28 - 64 steps do they have any adaptations of special equipment to assis with their activities of daily living? (If Yes, select from ADAPTATION LIST. If No, ADAPTATION LIST. If No, ADAPTATIONS go to last mobility question Do you need assistance" EQUIPMENT/ADAPTATIONS LIST - (If adaptations are in the list "ISSUE" - go to Decision point. If adaptation does not appear in the List - consult with OT). Advice from OT received Do you need any assistance with everyday tasks. (If Yes, "ISSUE" go to Decision Point. If No, "DECLINE" go to Decision Point) If MORE than 65 steps ("DECLINE" go to Decision	Not As	ever ral / Doub	eat ble banister rails oist and slings									
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Thank you for listening

Any questions?

