

BRITISH COAL

HAND ARM VIBRATION SYNDROME

**CLAIMS HANDLING ARRANGEMENT
(ENGLAND AND WALES)**

BETWEEN THE

DEPARTMENT OF TRADE & INDUSTRY

AND THE

**VIBRATION WHITE FINGER LITIGATION
SOLICITORS GROUP**

22nd JANUARY 1999

BRITISH COAL
HAND ARM VIBRATION SYNDROME
CLAIMS HANDLING ARRANGEMENT (ENGLAND AND WALES)

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**Schedule 17, amendment to
Patient Protocol at Schedule
19(1), amendment to
Schedules 7(1) and 7(9)
regarding Ogden tables,
adding at Schedule 20(1)
Stalled Claims Procedure
and 20(2) Claims stalled at
Capita procedure.**

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¹ Schedules relate to General Damages MAP

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² Now called "Protected Party". See Schedule 16.

VIBRATION WHITE FINGER AND CARPAL TUNNEL SYNDROME
HANDLING ARRANGEMENT

1. **PREAMBLE**

The occupational health liabilities of British Coal Corporation or its predecessors in title (BCC) are now vested in the Department of Trade and Industry (DTI). This arrangement is made between Capita Claims Management (Capita) of Queen's House, Sheffield, as agents for the DTI and the firms listed in Schedule 1 being members of the Vibration White Finger Litigation Solicitors Group (VWFLSG).

It is agreed that members of the VWFLSG when representing a Claimant for damages and loss for Vibration White Finger ("VWF") and/or Carpal Tunnel Syndrome ("CTS") incurred as a result of exposure to tortious vibration whilst in the employment of BCC will in the first instance endeavour to resolve the claim under the terms of this arrangement.

Those "CMC" "Coal Mining Contractors" and "CMR" "Coal Mining Related" Defendants that are signed up to the CHA are indicated in Annex A. The areas that individual CMC/CMR Defendants do not accept within the CHA are listed in Annex A at the back of this document.

2. **DEFINITIONS**

“BRITISH COAL CORPORATION” (“BCC”) means the Corporation of that name, any of its subsidiary companies or entities and its predecessors in title.

“Capita” means Capita (formerly IRISC) which is a division of the Capita Group plc (*registered office*) 71 Victoria Street, Westminster, London SW1H 0XA (*registered number* 2777642).

“CARPAL TUNNEL SYNDROME” (“CTS”) means compression of the median nerve causing pain in arms, wrist and numbness and tingling in the hands caused or contributed to by vibration.

The **“CLAIMANT”** means the person bringing the claim whether the injured person or where he is deceased the person or persons entitled by law to pursue the claim.

“CLAIMANTS SOLICITOR” is the firm of Solicitors representing the Claimant from time to time.

“Coal Mining Contractors” (“CMC Defendants”) means those companies contracted to [BCC or other CMR Defendants](#) coal mines who employed men either in [BCC owned mines or other non-BCC owned mines](#)

“Coal Mining Related Defendants” (“CMR Defendants”) means any co-defendant other than DTI/BCC or a CMC Defendant engaged in coal mining operations from time to time.

“CO-MORBID CONDITION(S)” means any medical condition(s) other than a dual pathology which would have

prevented the man from carrying out any task(s) claimed under Schedule 7 (1).

“CROSSOVER CLAIMS” *the term crossover refers to that period of time for which where a claimant has made a claim for both COPD and VWF ~~services~~ pecuniary loss. Where there is a crossover claim please refer to Schedule 17.*

“CRU LEGISLATION” means The Social Security (Recovery of Benefits) Act 1997, the Social Security (Recovery of Benefits) Regulations 1997.

The **“DATE OF RECEIPT”**, in the absence of evidence to the contrary, shall be the day of despatch of a letter or document properly addressed by first class post/document exchange.

“DEPARTMENT OF TRADE AND INDUSTRY” (“DTI”) means the department of state of that name.

“DUAL PATHOLOGY” means those conditions which display similar symptoms to VWF/CTS as referred to in Schedule 4.9 of this Arrangement.

“GROUPS 1 2 & 3” are occupational groups as set out in Schedule 2(1).

“HAND ARM VIBRATION SYNDROME” (“HAVS”) *means any injury to the fingers, thumbs, hands, wrists or arms caused or contributed to by exposure to vibration. (see definition of VWF)*

“Iron Mountain” *(formerly Hays IMS) means Iron Mountain (registered office) Third Floor, The Cottons Centre, Tooley Street, London SE1 2TT.*

"MEDICAL ASSESSMENT PROCESS"³ (also known as "MAP 1") is as defined in Schedule 4.

The **"MEDICAL REFERENCE PANEL"** ("MRP") are groups of medical experts, jointly agreed between the parties, appointed to advise and assist the parties.

"MEDICAL REPORT" (for General Damages) means a medical report prepared in accordance with the Medical Assessment Process (also known as MAP 1) or a medical report prepared by a Consultant for and on behalf of a Claimant or a CMC or CMR co-defendant.

The **"PARTIES"** means the SC and the DTI.

"PATIENT"⁴ means a person who by reason of mental disorder within the meaning of the Mental Health Act 1983 is incapable of managing and administering his own affairs as defined provided for in Part 21 of the Civil Procedure Rules 1998.

"SERVICES MEDICAL ASSESSMENT PROCESS (SMAP)" is as defined in Schedule 7.

"SERVICES MEDICAL REPORT" (for Services, also known as SMAP or MAP 2) means a medical report prepared in accordance with the Services guidance notes on behalf of the DTI and the Claimant.

"SERVICE PROVIDER FOR MAP 1" means *Atos Origin, (registered office) Services UK Limited, 4 Triton Square, Regents Place, London NW1 3HG* (formerly known as Schlumberger Sema).

³ For the purpose of diagnosing and assessing HAVS.

⁴ Now called "Protected Party". See Schedule 16

"SERVICE PROVIDER FOR SERVICES MAP/MAP 2" means **Capita** Health Solutions (**CHS**), 2 Circus Place, London, EC2M 5RS.

"STEERING COMMITTEE" ("SC") means the firms representing the VWFLSG pursuant to, inter alia, orders made by his Honour Judge Stephenson sitting as a Judge of the High Court at Newcastle-Upon-Tyne District Registry .

The **"STOCKHOLM WORKSHOP SCALE" ("SW")** means the scale of that name classifying the vascular and/or sensorineural stages of the hand-arm vibration syndrome ~~Raynauds~~ **Phenomenon Vibration White Finger**.

"TAYLOR PELMEAR SCALE" ("TP") means the scale of that name classifying the vascular stages of ~~Raynaud's Phenomenon~~ **Vibration White Finger**

"VIBRATION WHITE FINGER" ("VWF") means any injury to the fingers, thumbs or hands, wrists or arms caused or contributed to by exposure to vibration. (Also see definition for HAVS)

"VIBRATION WHITE FINGER LITIGATION SOLICITORS GROUP" ("VWFLSG") means those firms listed in Schedule 1 hereto.

3. **CLAIMS CATEGORISATION**

3.1 **CATEGORY "A" CLAIMS**

Category A claims are those where Court proceedings have been commenced as of 22 January 1999.

3.2 **CATEGORY "B" CLAIMS**

Category B claims are those claims where;

- (i) Court Proceedings were commenced after 22 January 1999 and a medical report has been served with those proceedings or;
- (ii) Claims which have not resulted in the commencement of Court proceedings but where a medical report or reports have been served on a Claimant's behalf or ~~has~~ **had** been commissioned prior to 25 March 1999 and subsequently served.

3.3 **CATEGORY "C" CLAIMS**

Category C claims are those claims which have not resulted in the commencement of Court Proceedings and where a medical report has not been served on the Claimant's behalf.

4. **PILOT**

The pilot scheme is referred to in Schedule [15](#)

5. **CLAIMS PROCEDURE**

- a) i) All claims ~~will~~ **can**⁵ be addressed to **any of the following addresses** Capita, Department of Industrial Diseases, 105 Queens Street, Sheffield, S1 1GN or DX 722181 Sheffield 37, **Capita, Riverside House, 31 Cathedral Road, Cardiff, CF11 9HB and Capita, 40 Torpichen Street, Edinburgh, EH3 8JB and Capita, PO Box 712, Manchester, M60 3TF**
- ii) **All claims made against the CMC or CMR Defendants should be served on their registered offices**
- b) On receipt of a claim Capita will provide the information required by CRU legislation.
- c) Capita shall provide to all solicitors who are not members of the VWFLSG who intimate a claim sufficient details to enable them to apply for membership of the VWFLSG.

⁵ **Closure of scheme.**

This agreement was closed to new claimants as between the Defendant and the CSG with effect from:

- **31 October 2002 for living claimants; and**
- **31 January 2003 for deceased claimants; and**
- **the position as between the CSG and the co-defendants is as set out in Annex A.**

5.1 **CATEGORY A CLAIMS**

- a) In all such claims where a medical report or medical reports have been served on behalf of a Claimant Capita shall within 42 days of the date hereof:
- i) make an offer in settlement in accordance with section 7 and schedules 5, 6, & 7 hereof save that the sums calculated pursuant to Schedule 5 and 6 shall be paid by reference to Table 1 in each of those schedules (save that Table 2 will apply to claims litigated after 31st July 1998).
 - ii) give notice that the claim is rejected with full particulars of the reasons therefore; or
 - iii) write to the Claimant's Solicitor informing them why there is a delay in meeting i) or ii) above.
- b) In any Category A claim where a medical report has not been served or where a claim is rejected upon the assertion by Capita that a medical report or reports that has/have been served is/are inadequate then a medical report shall be obtained as provided for at section 5.2 b) v) below and any such Category A claims will be given priority over Category B or C claims. The timetable and procedure for the resolution of such Category A claims thereafter shall be as provided for at Category B below save that any final offer made in accordance with section 6 and Schedule 5 and 6 shall be pursuant to Table 1 as provided for in sub-section a) i) above.
- c) If a claim is rejected for a reason other than that identified in sub-section b) above the disputes procedure, **at Schedule 13**, shall apply.

-
- d) Where pursuant to 5.1 a) iii) Capita write to the Claimants' solicitor and the reason for the delay remains unresolved three months from the date of receipt of Capita's letter (subject to any extension as may be agreed between the parties) the claim shall be referred to the disputes procedure, **at Schedule 13**, upon notice being given by the Claimants' solicitor to Capita.

5.2 CATEGORY B & C CLAIMS

- a) Each Claimant shall submit to Capita the information required as detailed within Schedule 3 according to whether a claim is considered by the Claimant to fall within Group 1, Group 2 or Group 3. For all claims submitted after 1st January 1999 this information will be provided in the form of the questionnaire at Schedule 8, unless otherwise agreed.
- b) Capita will:
- i) confirm within 56 days (or such longer period as may be agreed) of the date of this arrangement or receipt of the information specified in a) above, whichever is the later, whether the claim is accepted for further consideration under this arrangement or rejected on the basis of the Claimant's occupational history;
 - ii) if the claim is rejected give full particulars of the reasons therefor at that time;
 - iii) if the claim is accepted confirm the occupational group and if different from the group contended for by the Claimant will provide full particulars of the reasons therefor and serve any documentary or other evidence relied upon;
 - iv) subject to the outcome of the pilot study provided for at Schedule 15, by no later than 30th April, 1999 give notice as to whether any medical report already served by the Claimant is accepted for the assessment of the claim. Where a medical report served by the Claimant is not so accepted Capita will give full particulars of the reasons for rejection of that report;

- v) subject to iv) above upon agreement of the occupational group arrange for a MAP medical examination or a Domiciliary Visit medical examination as is appropriate to the Claimant's circumstances, including testing and the production of a completed report, in accordance with the Medical Assessment Process, as detailed at Schedule 4 hereto;
 - vi) ensure that upon completion of medical testing and examination, the relevant medical assessment centre will forward a copy of the completed report to both the Claimant's representative and Capita simultaneously;
 - vii) ensure that within 56 days of receipt of the report or such longer period as may be agreed by the parties either an offer in accordance with section 6 and schedules 5, 6, 7 hereof will be made or notification of rejection of the claim with full particulars of the reasons therefor will be given. However if the information required by Schedules 3 or 8 has not been supplied and is reasonably required for the assessment of an offer then the 56 days will not begin to run until provision of that information.
- c) In the event of a dispute pursuant to section 5.2 b)ii), iii) or iv) or if the Claimant rejects the findings of the report provided pursuant to section 5.2 b) v) the disputes procedure at Schedule 13 shall apply.

5.3 OCCUPATIONAL HISTORY

For the purposes of determining whether a Claimant's occupational history may be accepted under the terms of this Arrangement the provisions of Schedule 2 will be applied.

6. CRU AND OFFERS

- 6.1 Offers made in category A, B and C claims, shall:-
- i) be subject to the CRU legislation;
 - ii) remain open for a period of 3 calendar months from the date of receipt of the offer letter and if not accepted within that period (subject to any extension of time that may be agreed) shall be deemed refused.
- 6.2 Any offer which is accepted by a Claimant shall be paid by Capita on behalf of the DTI within 42 days of receipt of the letter of acceptance or such longer period as may be agreed between the parties and Capita will ~~immediately on receipt of that acceptance request an up to date CRU Certificate if required~~ repay CRU any recoverable benefits.

7. **DAMAGES**

- 7.1 Damages for pain, suffering and loss of amenity ("General Damages") will be paid as provided for in Schedule 5.
- 7.2 Damages for handicap on the labour market ("Smith v Manchester") will be paid as provided for in Schedule 6.
- 7.3 Damages for assistance with gardening, window cleaning, DIY, decorating, car washing, car maintenance ("Services") will be paid as provided for in Schedule 7(1).
- 7.4 Damages payable for any other financial losses ("Special Damages") including past and/or future loss of earnings shall be subject to individual negotiation. [Claims for loss of earnings and associated losses will be dealt with](#) **as provided for in the Loss of Earnings and Associated Losses Protocol [at Schedule 7(68) but only payable in those cases where evidence is adduced to meet the criteria set out in Schedule 7(8).]**
- 7.5 No deduction from damages payable pursuant to Schedule 5 or 7(1) or discount thereto shall be applied on account of any dual pathology or co-morbid condition save as provided for in Schedules **5(2)** or 7(1). **No deduction or discount shall be made to damages payable pursuant to Schedule 6 on account ~~for~~ of any dual pathology.**
- 7.6 The sums specified in Schedules 5, 6 and 7 shall be varied automatically on the 1 January 2000 ("the variation date") and thereafter on the anniversary of that date by the percentage by which the Retail Prices Index (as published in Kemp & Kemp) shall have changed in the 12 months prior to the variation date.

- ~~• This provision shall not apply to any offer made prior to a variation date if an offer so made is accepted in full after the variation date.~~
- [Where an offer has been made in a previous year, but is accepted in a subsequent year, the offer will be uplifted ~~on request by the Claimant's Solicitors.~~ to the appropriate tariff applicable to the year the offer was accepted.]
- ~~Where a 100% interim payment is made in satisfaction of a head of damage, there shall be no further uplift for RPI on that sum on full and final settlement.~~ **Where an interim payment had has been made for a head of damage and an the interim payment amounted to less than 100% of the sum due for that head of damage has been paid then upon full and final settlement of the claim the balance of such head of damage [together with interest] will be payable. The balance due will be calculated by deducting from the tariff for the particular head of damage current at the date of full and final settlement of the claim, a sum paid by way of interim payment and the result of the figure will be paid to the Claimant as the balance due for the head of claim.**
- ~~• In relation to any interim payments made of less than 100%, at final settlement of the claim, the applicable tariff at the date of final settlement would be applied and if appropriate damages payable under Schedules 5, 6 and/or 7 will be uplifted.~~

7.7 Duplicated Claims

Where an original claim has been [formally abandoned] the claimant will be entitled to interest from the date of the original

claim and his damages will be assessed by reference to his age at the date of that claim, providing the claim was renewed or a duplicate claim was made within 12 month's of the signing of the CHA ie 22 January 2000.

8. POSTHUMOUS CASES

8.1 Where a medical report has been obtained as provided for by section 3.2 and 5.2 b) iv) or v) damages payable under this arrangement shall be paid to the estate of the deceased in full if the deceased was 60 years or older at the date of death. For Claimants younger than 60 years at date of death damages payable pursuant to section 7.1 will be reduced by 20%; or

8.2 where no such report has been obtained but an assessment has been made for the prescribed disease PDA11(VWF) or PDA 12 (CTS) by the DSS, the damages under section 7.1 that would have been payable under the terms of this arrangement will be paid to the estate of the deceased in full if the deceased was 60 years or older at the date of death. For Claimants younger than 60 years at date of death, damages shall be reduced by 20%;³

8.3 for the purposes of assessment of compensation pursuant to **8.2** above;

1% to 3% shall be regarded as ***the*** equivalent of Stage 1

4% to 6% shall be regarded as the equivalent of Stage 2;

7% or above shall be regarded as the equivalent of Stage 3; and

10% or above with a change of job caused or materially contributed to by VWF shall be regarded

³ **Where after lodging a claim, a man dies aged less than 60 and there has been delay in processing the claim that has been substantially caused or contributed to by Capita, then the 20% discount will be waived.**

as the equivalent of Stage 4 on the Taylor Pelmear Scale.

Where the deceased had both a PDA11 and PDA12 assessment he shall be entitled to general damages calculated in accordance with Schedule 5 as if he were suffering from ***either VWF or CTS alone whichever produces the higher figure*** with a 10% uplift on [that figure for](#) general damages for CTS to ***reflect the fact that he suffered from both VWF and CTS.***

- 8.4** ***Where no medical report was obtained prior to death and no PDA 11 or 12 award, as required by sub-paragraph 8.3, is available **the claim will be dealt with as provided for in the protocol for the handling of Posthumous Vibration White Finger Claims as set out in Schedule 16.** ~~and where a post death medical report is served, meeting, so far as possible, the specification in Schedule 10 and which provides a diagnosis of occupationally caused VWF or CTS, the damages which would have been payable under section 7.1 of the terms of this Arrangement will be payable to the deceased in full if the deceased were 60 years or older at the date of death. If the deceased was younger than 60 years at the date of death, damages shall be reduced by 20%.~~***

~~*[In cases where a claim is brought on behalf of a deceased mineworker, then the Post Death Protocol at Schedules 4(6) and (7) shall be followed.]*~~

- 8.5** ***For the purposes of assessing damages payable pursuant to paragraph 8.1, 8.2 and 8.3 or 8.4, age should be the age of at the date of receipt of letter of claim at Capita or age at date of death if earlier.***

- 8.6** Damages will be payable under section 7 and/or as provided for by Schedule 16 on provision of a copy of Letters of Administration or Grant of Probate **(now known as Grant of Representation)** unless otherwise agreed.

9. PATIENT CLAIMS

Claims brought on behalf of Claimants who are patients within the meaning of the Mental Health Act 1983 shall be dealt with in accordance with Schedule **19**.

10. INTERIM PAYMENTS

Amended section

10.1 Save where there is a dispute as to liability interim payments will be made:-

- a) where there is a delay in making an offer in settlement as provided for in section 5.1 a) iii) above; or
- b) where there is a delay occasioned by seeking to secure a contribution from other employers; or
- c) in any case where no offer has been put forward within 12 months of the date hereof or date of receipt of letter of claim, whichever is the later; providing in each case the Claimant has produced a medical report or DWP assessment confirming he suffers from VWF and/or CTS.

10.2 The sums to be paid pursuant to section 10.1 (a) & (b) shall be 100% of Capita's valuation of the DTI's liability for general damages (and where appropriate, labour market handicap).

10.2.1 The sums to be paid pursuant to Section 10.1 (c) shall be 70% of Capita's valuation of the DTI's liability to pay compensation pursuant to Schedule 5.

10.2.2 The sums payable pursuant to ~~10.2.~~ and 10.2.1 shall not be less than:-

- a) £1,000 if both hands are affected;
- b) £700 if one hand is affected;
- c) £250 if the Claimant has been assessed at 1SN only in either one hand (if only one hand is affected) or both hands.

10.2.3 In all cases involving dual pathology, where an offer for general damages and (where appropriate) labour market handicap has been made and rejected in favour of other heads of claim, then an interim payment equivalent to 92.5% of general damages and labour market handicap should be paid, based upon the DTI's proportion of liability.

10.2.4 In all cases where Capita have put forward an offer for general damages (and where appropriate labour market handicap) in full and final settlement of the claim pursuant to Schedules 5 and 6 of this Arrangement, the Claimant is at liberty to accept:

- (a) in Category A cases the sum so offered;
- (b) in Category B and C cases 100% of the sum so offered pursuant to Schedule 5 and 100% of the sum so offered pursuant to Schedule 6;

as an interim payment pending resolution of any outstanding issue in respect of special damages and/or whether a discount is appropriate for any dual pathology, such payments to be made to the individual Claimant's Solicitor (on behalf of the Claimant) within 42 days of refusal of the offer as set out in Section 6(ii).

10.3 Interim payments only become payable where there is medical evidence deemed to be "fit for purpose" and this confirms that the claimant suffers from VWF and/or CTS, namely:

- (a) MAP report; or
- (b) a medical report from the Claimant. If the report is commissioned prior to 22 January 1999, it needs to be considered as to whether it can be accepted as a basis for settling the claim. All Consultant Vascular evidence will be assessed by a Senior Officer at Capita to consider if it is "fit for purpose"; or

(c) DWP assessment is available. If so then the staging is assessed as follows:

1 to 3% disability	=	Stage 1
4 to 6% disability	=	Stage 2
7% plus	=	Stage 3
10% plus with change of job	=	Stage 4

Where more than one of the above are available, then the assessment should be based on medical evidence in the following priority order (a) (b) (c).

10.4.1 Assessment of exposure periods for the purposes of an interim payment should be based on the best evidence available i.e. BCC's own records or MPS records or if none are available, the alleged period of exposure as set out in Schedule 3 or Schedule 8.

10.4.2 In the absence of BCC records, if no Schedule 3 or Schedule 8 has been supplied, by the Claimant then an interim payment cannot be made.

10.4.3 In Co-Defended cases, the assessment should, ideally, be based on the accepted periods of exposure which have been agreed. Capita/Nabarro Nathanson will attempt to co-ordinate an interim payment on behalf of all employers. If this is not possible, then an interim payment for DTI's liability should be made and the other employers' representatives should be notified as to the amount paid and the basis of its calculation.

11. APPORTIONMENT

- 11.1 The Claimant's solicitors may make claims to all employers/insurers where there has been or may have been exposure to vibration and shall provide details of the claims made to Capita. In addition, Capita may request that a Claimant's solicitor submits claims to other employers/insurers and, if so instructed by the Claimant, the Claimant's solicitor will do so when asked. Any periods of less than six months in aggregate with any single employer shall be disregarded for these purposes.
- 11.2 Capita will use their best endeavours to persuade other employers, or their insurers to agree to the terms of this arrangement and to co-ordinate the claims so that compensation shall be offered pursuant to section 7 and schedules 5, 6 and 7 hereof. ~~The areas of agreement and disagreement to the contents of this Arrangement by CMC and CMR Defendants is set out in the Addendum to this Arrangement.~~ **The CMC and CMR Defendants that accept the CHA are listed in Annex A to this Arrangement where the extent of any derogation by any is indicated.**
- 11.3 If no such arrangement is reached Capita will offer a proportion of the compensation calculated as follows:-

Total months of tortious exposure in the employment of BCC post 1 January 1975 divided by total months of tortious exposure in all employments (other than those to be disregarded pursuant to 11.1 above) since 1 January 1975 multiplied by total compensation payable under the terms of this arrangement on the basis that the whole of the tortious employment with BCC was post 1 January 1975;

Illustrative example of Apportionment formula:

Total months of tortious exposure with B.C.C. post 1.1.75	X	Compensation -Damages calculated under section 7 and Schedules 5,6 & 7	=	Sum offered as proportionate offer
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Total months of exposure in all employments post 1.1.75 save those of less than 6 months (11.1).

12. COSTS

12.1 Where a Claimant recovers damages under this Arrangement his costs will be paid as provided for in Schedule 9(1). Where a claim is denied and a Claimant does not receive any damages, the Claimant will bear his own costs.

12.2 Interim payment of costs shall be provided for as in Schedule 9(1).

13. INTEREST

13.1 Until the date an offer is accepted interest shall run:-

- a) on general damages at
 - (i) 3% per annum from the date of the letter of claim for offers made and accepted on or before 20 September 2000.
 - (ii) 2% from the date of the letter of claim or such other rate as may be agreed between the parties; for offers made and/or accepted on or after 21 September 2000.
- b) on services ~~claims~~ damages as provided in Schedule 7(1).
- c) on special damages, in accordance with common law principles, at half the special account rate from the date of commencement of loss if the loss is continuing or otherwise at the full special account rate from the mid point over which the losses accrued until the date of acceptance of the offer.

13.2 Interest shall run from 10 days after acceptance of the offer at judgment debt rate (at the rate set from time to time) on the entire sum due (including interest which had accrued under 13.1 a above) until Date of Receipt.

13.3 For the purposes of calculating interest pursuant to 13.1 and 13.2 above credit shall be given for any interim payments, to be applied, first against special damages.

~~13.4 Age shall be the age at date of receipt of Letter of Claim at Capita or age at date of death if earlier.⁶~~

⁶ See Schedule 5(1).

14. EXCLUSIONS

- 14.1 Payments will only be made on any claim where the Claimant is categorised at Stage 1 or above on the Taylor Peimear Scale or at Stage 1 or above on either the Stockholm Vascular or Stockholm Sensorineural Scale.
- 14.2 No payment will be made to any Claimant whose VWF is ~~proved~~ **proven** not to have deteriorated on either the Taylor Peimear or the Stockholm Scale since 1 January 1975.
- 14.3 **(a) No payment will be made to any claimant who is symptom free two years after his last exposure to vibration.**
- (b) To determine this issue a claimant (or in a posthumous case the next of kin) may be required to complete the onset of Symptoms Questionnaire at Schedule 8(3) or 8(4) of this arrangement.**
- (c) Where such a questionnaire demonstrates onset within two years of cessation of exposure to vibrating tools, an offer calculated in accordance with the terms of this arrangement will be made by Capita.**
- 14.4 No payment will ordinarily be made to any Claimant whose occupation does not fall within the terms of Group 1 or Group 2 unless tortious exposure to vibration is proven ~~in accordance with the procedure at Schedule 2(2)~~ is followed.

As set out in the original CHA dated 22 January 1999.¹

15.1 LIMITATION

15.1.1 No limitation defence will be raised in respect of any claim submitted prior to 30th September, 2000. Neither will a limitation defence be raised in respect of any claim submitted prior to 30th September, 2000 for VWF (or other conditions e.g. carpal tunnel syndrome which have been notified to Capita and where the claimant also alleges he has suffered from VWF) in litigation, following:

- (a) rejection of the claim pursuant to section 13 or;**
- (b) termination of the arrangement pursuant to section 15 or otherwise providing that that litigation is commenced within 12 months of that rejection; or**
- (c) termination whichever is soonest.**

15.1.2 Before issuing Court proceedings both parties agree to follow the disputes procedure at Schedule 13.

15.2 LIMITATION 2²

15.2.1 No limitation defence will be raised in respect of any claim made by a surviving mineworker submitted prior to 31st October 2002, or in respect of any claim made in respect of a deceased mineworker submitted prior to 31st January 2003, nor in any claims subsequently litigated within 12 months of the rejection of the claim.

15.2.2 Before issuing Court proceedings the Claimant and the DTI agree to follow the disputes procedure. For the avoidance of doubt the Claimant and the DTI are agreed that any time spent in the disputes procedure following the rejection of the claim will be disregarded for the purposes of calculating the 12 month period referred to in paragraph 15.1.

¹ **This section contained in the original CHA dated 22 January 1999 at paragraph 12.**

² **This section is not agreed by the CMC/CMR Defendants.**

Rejection as provided for in paragraph 15.1 includes denial of the claim at conclusion of the disputes procedure, if invoked. Where a claim is referred to the Disputes Procedure but rejected at the conclusion of that procedure, the 12 month period runs from the date of rejection at the conclusion of the Disputes Procedure

16. DISPUTES

Any disputes shall be addressed in accordance with Schedule 13 of this Arrangement.

17. MEDICAL REFERENCE PANELS

- 17.1 Medical Reference Panels **have** been established to advise for the purposes set out in Schedules **7(5) and 12(1)**.
- 17.2 The MAP may be changed from time to time by the Parties provided that the procedure at Schedule 12(2) is followed. **In respect of MAP 1 and by agreement between the parties in respect of Services MAP.**

18. **REVIEWS**

The operation and provisions of this arrangement shall be reviewed quarterly **or as otherwise agreed** between Capita and the SC and the costs of such review shall be paid by Capita on the DTI's behalf.

19. DISCHARGE

Acceptance of any offer under this Arrangement will be deemed to be in full and final settlement of any claim for damages for VWF or CTS **against** the DTI or other Co-defendants included in the offer, unless the offer and/or acceptance are expressly limited to a specified head or heads of damage only in which case acceptance will be deemed to be in relation to that specific head or heads only.

20. APPLICABLE LAW

The terms of this Arrangement are governed by the laws of England and Wales.

SCHEDULE 1
LIST OF CLAIMANT'S SOLICITORS

SCHEDULE 1

List of Claimant's Solicitors (updated 1.04.04)

A.H. Brooks & Co.
Abenson & Co
Accident & Injury Claims Centre
Acklam Bond
Adam F Greenhalgh & Co Solicitors
Beecham & Peacock
Anthony T Bryson & Co Solicitors
Archers Solicitors
Arthur Jackson & Co Solicitors
Arthur Smiths
Atherton & Godfrey Solicitors
Attey Dibb & Clegg
Atteys
Bailey Wain & Curzon
Bakewells
Banner Jones Middleton
Bartlett & Son
BBH Solicitors
Bell Wright & Dallman
Ben Hoare Bell & Co Solicitors
Beresfords (Incorporating R A Swift)
Blackett Hart & Pratt
Bolt Burdon Solicitors
Bond Pearce
Boote Edgar Esterkin
Bowermans Solicitors
Bradbury Roberts & Raby Solicitors
Bradshaws Solicitors
Branton Edwards
Bridge McFarland
Brinley Morris Rees & Jones
Browell Smith & Goodyear Solicitors
Browns Solicitors Limited
BSG Solicitors
Burroughs Day

Burton Green Williamson
Bury & Walkers Solicitors
Canter Levin & Berg Solicitors
Carter Hodge Solicitors
Cartwright & Lewis
Catteralls Solicitors
Chapman & Chubb
Charles, Crookes & Jones Solicitors
Cleaver Thompson
Colemans Solicitors
Coley & Tilley
Corries Solicitors
Crombie Wilkinson
David Auld & Co Solicitors
David Handy Solicitors
David W. Harris & Co.
David William Carr & Co Solicitors
Davies Sully Wilkins
Davis Blank Furniss Solicitors
Dean Thomas & Co
Denison Till
Dickinson Wood Solicitors
DMH Solicitors
Easthams Solicitors
Eaton, Smith, Marshall, Mills
Edwards Abrams Doherty Solicitors
Elliot Mather
Elliott-Jones Solicitors
Elmhirst & Maxton
Emsleys Solicitors
Endlars Solicitors
Farleys
Field Seymour Parkes
Fieldings Porter
Flint Bishop & Barnett
Foy & Co Solicitors
Frank Allen Pennington Solicitors
Franklins Solicitors
Frearsons Solicitors
Freeman Johnson Solicitors

Freer Bouskell
Furley Page Solicitors
Gabb & Co.
George Mills Solicitors
GM Wilson Solicitors
Gorman Hamilton Solicitors
Gorvin Smith Fort Solicitors
Gough Davies
Grainger Appleyard & Fleming Solicitors
Graysons Solicitors
Grunhut Makepeace & Duffy
Hardesty Elleanor Solicitors
Harding Evans Solicitors
Harold Benjamin Littlejohn
Hartley & Worstenholme Solicitors
Hartley Linfoot & Whitlam
Hattersleys Solicitors
Hellewell, Pasley & Brewer
Hewitts Solicitors
Hickmotts Solicitors
Hodgkinsons Solicitors
Hollis & Co.
Hopkin & Sons Solicitors
Horrocks & Co Solicitors
Houseman & Hails
Hugh James Ford Simey
Ibbitson Brady Solicitors
Ingrams
Irwin Mitchell Solicitors
Ison Harrison & Co Solicitors
J Keith Park & Co Solicitors
Jack Thornley & Partners Solicitors
Jackson Heath Solicitors
Jennings Son & Ash Solicitors
JM Skinner & Company
John Brennan & Co Solicitors
John E Millar & Company Solicitors
John O'Neill & Co.
John Pickering & Partners
Jordans Solicitors

Kate Patterson & Co Solicitors
Keeble Hawson Moorhouse
Keith S. Thompson
Kenyon Son & Craddock Solicitors
Kidd & Spoor Harper Solicitors
King-Davies & Partners Solicitors
L C Thomas & Son Solicitors
LA Steel Solicitors
Langleys Solicitors
Latham & Co Solicitors
Lauristons
Law Direct
Lawford & Co Solicitors
Lawrence Hamblin
Lawson & Thompson
Lawson & Thompson Solicitors
Leo Abse & Cohen
Lester Morrill Solicitors
Lindsay & Roland
Longden Walker & Renney Solicitors
Lopian Wagner Solicitors
Mace & Jones
Macquillan & Co Solicitors
Maidments Solicitors
Malcolm C Foy & Co Solicitors
Mark Gilbert Morse
Marrons Solicitors
McArdle Cardwell & Mitchell
McIntyre & Co.
McKeag & Co
Meikles Solicitors
Meloy, Whittle Robinson Solicitors
Mendelsons Solicitors
Merricks Solicitors
Mills Kemp & Brown Solicitors
Mincoffs
MLM Solicitors
Morrish & Co Solicitors
Mortons Solicitors
Moss Solicitors

Moxon & Barker Solicitors
Moxons
Needhams Solicitors
Nelsons
Newman & Bond Solicitors
Noonan & Co Solicitors
Norrie Waite & Co. Solicitors
O H Parsons & Partners Solicitors
Osborne Jones & Co Solicitors
Oxley & Coward Solicitors
Palser Grossman Solicitors
Pannone & Partners
Parker Rhodes Field
Parkers Solicitors
Patchell Davies Solicitors
Pattinson Brewer
Paul Dodds & Company Solicitors
Paul Potter
Paul Rooney Partnership
Peace & Co Solicitors
Peace & Co
Peter Dunn & Co. Solicitors
Philip Hamer & Co Solicitors
Pickerings Solicitors
Pigotts Solicitors
Pinto Potts
Pollard Coutts & Co
Quinn Melville
R.L. Edwards & Partners
Raleys Solicitors
Ralph & Co. Solicitors
Randell Saunders Phillips & Lloyd
Richard Knaggs & Co. Solicitors
Richards & Lewis Solicitors
Richmonds Solicitors
Robert Davies Ridgeway Greenall Solicitors
Robertsons Solicitors
Robinson & Murphy Solicitors
Robinson King Solicitors
Rowley Ashworth

Russell Jones & Walker Solicitors
Saffmans Solicitors
Schofields Solicitors
Sedgwick Phelan & Partners Solicitors
Shaw & Co.
Sidney Shields Solicitors
Sills & Betteridge
Silverbeck Rymer Solicitors
Simpson Millar Solicitors
Slater Ellison
Slater Smith Sherwood Solicitors
Slater Smith Sherwood-Smith & Co
Smith & Graham Solicitors
Southern Stewart & Walker
Stripes Solicitors
Swinburne Jackson Solicitors
T S Edwards & Son Solicitors
Taylor & Emmet Solicitors
Taylor Bracewell Solicitors
Terrence Carney & Co Solicitors
The Beaumont Partnership
The James Smith Partnership
The Jenkins Newman Partnership
The Legal Warehouse
The Mainman Partnership
The Smith Partnership
The Wilkes Partnership
Thompson & Co Solicitors
Thompson & Robinson Solicitors
Thompsons Solicitors
Tilly Bailey & Irvine Solicitors
Towells Solicitors
Tracey Barlow Furniss & Co.
Treanors Solicitors
Twigg Farnell Solicitors
W Brook & Co
Wake Smith Solicitors
Walker Cooke
Ward & Rider Solicitors
Watson Burton Solicitors

Wedlake Saint
Whittles Solicitors
Widdows Pilling & Co Solicitors
Woodford Robinson

SCHEDULE 2(1)
OCCUPATIONAL GROUPS

OCCUPATIONAL GROUPS

1. GROUP 1 OCCUPATIONS

1. This group incorporates the occupations where generally in the coal mining industry the use of hand held vibratory or percussive tools was recognised as a substantial part of the occupation.
2. (a) In order for a claim to be dealt with under the procedure applying to the Group 1 claims, the Claimant must have been employed in occupations listed in Group 1 and/or other occupations in other industries involving exposure to vibration for an aggregate period of at least 12 months from 1st January 1975.

(b) Christmas Leavers – 1975

Claimants in Group 1 occupations who cease working on or after 19 December 1975, but who were paid by British Coal through until 31 December 1975 will be treated as having achieved 12 month occupational requirements, subject to any other issue that may be raised over their exposure during this period. The criteria for deciding whether or not a claimant would have worked through until 31 December in the relevant year will be settled by reference to the last date for which the Claimant received pay for working for British Coal.

3. Upon agreement of the occupational group IRISC will, if appropriate, arrange for a medical examination, testing and report to be completed, in accordance with the medical specification at schedule 4.
4. If the criteria for a Group 1 occupation are not met a medical examination will not be arranged unless the claim is accepted either within Group 2 or Group 3.

-
5. If a claim is rejected, full particulars of the reasons will be given.
 6. Notwithstanding the period of 12 months specified in paragraph 2 above, if it can be shown that the Claimant had substantial heavy exposure for a lesser period then the claim will be accepted as qualifying for compensation and handled under the claims handling procedure for this Group.

GROUP 1 OCCUPATIONS

Back Ripper/Brusher
Blacksmith/Plater/Welder
Blacksmith Striker
Cagesmith
Development Heading Team
Dinter
Fabricator
Face Electrician
Face Fitter
Face Production Team
Manhole Maker
Methane Drainage Borer (hand held)
Pedestal Grinder
Pick or Bit Sharpener
Roof bolter
Shaft Sinker

2. GROUP 2 OCCUPATIONS

1. This group incorporates the occupations where in the Coal Mining Industry the use of hand held vibratory or percussive tools was not necessarily a substantial part of the job, however use by individuals within the group, may well have been significant.

-
2. (a) In order for a claim to be dealt with under the procedure applying to Group 2 claims the Claimant must have been employed in occupations listed in Group 2 and/or other occupations in other industries involving exposure to vibration for an aggregate period of at least 24 months from 1st January 1975.

(b) Christmas Leavers – 1975

Claimants in Group 2 occupations who cease working for British Coal on or after 19 December 1976, but who were paid by British Coal through until 31 December 1976 will be treated as having satisfied the 24 months exposure criteria for group 2 occupations, subject to any other issue that may be raised over their exposure during this period. The criteria for deciding whether or not a claimant would have worked through until 31 December in the relevant year will be settled by reference to the last date for which the claimant received pay for working for British Coal.

2. Upon agreement of the occupational group IRISC will arrange for a medical examination testing and report in accordance with the medical specification at schedule 4.
3. If the criteria for a Group 2 occupation are not met a medical examination will not be arranged unless the claim is accepted within either Group 1 or Group 3.
4. If a claim is rejected full particulars of the reasons will be given.
5. Notwithstanding the period of 24 months specified in paragraph 2 above, if it can be shown that the Claimant had substantial heavy exposure for a lesser period then the claim will be accepted as qualifying for compensation and handled under the claims handling procedure for this Group.

GROUP 2 OCCUPATIONS

Belt Patrol (when involving belt installation/movement)
Boiler Man / Boiler Cleaner
Boring Team (Exploration or Methane Drainage)
Bricklayer's Labourer
Carpenter/Joiner/Wood Worker
Conveyor Belt Maintenance Man
Deputy (face/development)
Electrician (other than Face or Surface)
Fitter (other than Face)
Fitter's Assistant
Gate End Supervisor
General Underground Labourer
Packer including Pump Packer
Pipe Man
Rope Man
Stage Loader Operator
Salvage Worker
Track Layer

GROUP 3 OCCUPATIONS

This group incorporates in Schedule 2(2) those occupations where ordinarily there should ***[may]*** have been no use of hand held vibratory or percussive tools. Evidence of exposure will be required to substantiate Group 3 claims as provided for in Schedule 2(2)below;

3. GROUP 3 OCCUPATIONS

Any occupations not listed in Group 1 or 2 including:

Banksman
Canteen Staff

Clerical Staff
Coal Sampler/Quality Control Inspector
Conveyor/Transfer Point Attendant
Control Room Operator
Crane Driver
Deputy other than Face / Development
Electrician (surface)
Explosive Store/Powder Magazine Attendant
FSV Driver
Greaser
Haulage/Engine Man/Supplier
Lamproom
Loco Driver/Guard Underground and Surface
Management/Office Staff
Medical Centre Attendant
Office Staff
On-setter
Overman
Pithead Baths Attendant
Security Staff
Shunter
Slinger
Stonedust Barrier Erector
Storeman
Surface Operator
Surface Official
Surface Stockyard Worker
Surveyor's Assistant/Linesman
Winding Engine Man
Worker/Materials Loading - Unloading

4. ~~LIABILITY RETRACTIONS~~

~~Where IRISC have accepted a Claimant as in a group 1 or 2 occupation in error, they will be able to retract the admission that the Claimant was in a group 1 or 2 occupation up to the date of the Map Report or 3 months from the date of the admission, which ever is earliest.~~

4. REPUDIATION OF PREVIOUSLY ACCEPTED CLAIMS

[Where IRISC have confirmed that a claim is accepted or that a man is within a group 1 or 2 occupation they may not resile from their acceptance ~~to of the claim if either:-~~

(a) three months have elapsed since acceptance of the claim; or

(b) the man has gone to Map; whichever is the sooner.]

SCHEDULE 2(2)
OCCUPATIONAL GROUP PROCEDURE

SCHEDULE 2(2)

OCCUPATIONAL GROUP PROCEDURE

Amended version

Generally

- 1) To qualify for compensation under the Handling Arrangement a claimant must have the appropriate occupational history. This requirement will be satisfied by a claimant showing employment after January 1st 1975 in an occupation:
 - (a) in Group 1 for 12 months; or
 - (b) in Group 2 for 24 months; or
 - (c) in Group 3 and evidence of tortious exposure to vibration as provided for in schedules 2 and 3 of the Handling Arrangement.

- 2) Pursuant to paragraph 5 of the Handling Arrangement, within **[56]** days of receiving a properly completed Schedule 8 Form or the information specified in Schedule 3 IRISC will:
 - (a) confirm whether the claim is accepted and if so whether the Occupational Group contended for by the claimant is accepted ; and if not
 - (b) where either the claim is rejected or a different Occupational Group is contended for provide full particulars of the reasons therefore and serve all documents obtained in their investigation together with any other evidence relied upon; or
 - (c) state that they are unable to confirm or deny the claim and/or Occupational Group contended for, due to the unavailability of documentary evidence. In such a case IRISC will unless otherwise already supplied to the Claimants Representative by

Iron Mountain at the same time serve copies of the Employment Documentation (as defined in paragraph 3 below) or other documents obtained as part of their investigation and if a search has failed to produce the records provide a copy of a letter from Iron Mountain confirming that a search for employment records has been carried out and that these are incomplete or not available.

- 3) Before confirming rejection of the claim or Occupational Group contended for or stating that they are unable to confirm or deny the same pursuant to 2 (b) or (c) , IRISC will seek to obtain “Employment Documentation”, in the form of a records pack the contents of which have been agreed between the Parties, which comprises the following: **(list*)** IRISC’s obligations under this paragraph shall extend to obtaining that records pack from Iron Mountain, or such records pack as the Parties may from time to time agree.

- 4)
 - (a) Where in these procedures reference is made to a written statement from a work colleague that shall be from a man who worked with the Claimant on the tasks complained of or in the vicinity during the material time.

 - (b) Where in these procedures the Claimant is required to produce a statement from a colliery official the Claimant should use his best endeavours to provide a statement from a colliery official of a higher rank than himself. The Parties understand that in the case of an Overman and above there might not have been an official of higher rank who is able to provide the evidence contemplated at 4 (a). In such cases evidence from another official will be acceptable. In the event that the claimant cannot provide a statement from a colliery official then a statement from a union official may be acceptable. When submitting evidence from a witness other than a colliery official the Claimants Representative

* IRISC/Iron Mountain need to insert.

should set out what steps were taken to try to obtain a colliery officials statement.

- 5) The standard of proof throughout this procedure shall be the balance of probabilities.

GROUP 1 OR 2 OCCUPATIONS

6) Incomplete or untraced Employment Documentation

- (a) Where IRISC are unable to confirm the Occupational Group for the relevant period following receipt of the Employment Documentation from Iron Mountain, and Occupational Group 1 or Group 2 is contended for by the Claimant, then in the absence of evidence to the contrary this will be accepted upon provision of a statement from:
- (i) the Claimant; and
 - (ii) preferably a colliery official (who, where the Claimant is a deputy, will normally be an Overman or above) but in his absence a union official or in the absence of either a work colleague

in the agreed form in Annex A(i) and A(ii), in each case confirming that the Claimants occupation was Group 1 or Group 2 for 12 or 24 months, as appropriate.

- (b) Such statement evidence is to be provided within **[42]** days (or such longer period as may be agreed) of IRISC giving notice that they are unable to confirm the occupation group.
- (c) IRISC shall consider any evidence submitted in accordance with 6(a) and shall notify the Claimants Representative of their decision within **[42]** days. If IRISC maintain their denial they shall

provide full reasons for the decision together with copies of any documentation and any other evidence relied upon.

7) Disputed Employment Documentation

(a) Where a claimant contends for Group 1 or Group 2 Occupation but the Employment Documentation indicates that employment in either Group was for less than 12 months for a Group 1 occupation or 24 months for a Group 2 occupation, the Employment Documentation will usually be conclusive, but the claim may still be accepted by IRISC if:-

(i) the Claimant provides statements in the agreed forms at Annex A(i) and A(ii) from:-

- himself; and
- preferably a colliery official (who, where the Claimant is a deputy, will normally be an Overman or above) but in his absence a union official or in the absence of either a work colleague

in each case confirming employment in either Group 1 or Group 2 for the relevant period; and /or

(ii) the Claimant has had employment in more than one Occupational Group which when aggregated meets the criteria in 8 below.

(b) The statements provided for at 7(a) above shall be provided within **[42]** days, (or such longer period as may be agreed), of IRISC giving notice that they consider that the Claimant was employed in Group 1 and /or Group 2 for an insufficient period of time to qualify under this Claims Handling Arrangement.

-
- (c) IRISC shall consider any evidence submitted in accordance with 7(a) and shall notify the Claimants Representative of their decision within **[42]** days. If IRISC maintain their denial they shall provide full reasons for the decision together with copies of any documentation and any other evidence relied upon.

Aggregation of periods of time in different Occupational Groups

- 8) (a) Where it is agreed that a Claimant has been employed in both Groups 1 and 2 but for an insufficient period of time in either Group to qualify under the Claims Handling Arrangement the following formulae will be applied: the period of months of employment in Group 1 divided by 12 and the period of months of employment in Group 2 divided by 24 and the resulting figures are added together. If that results in a figure of 1 or more then the Claimant will be taken to have satisfied the occupational history qualification and his Occupational Group shall be deemed to be Group 2.
- (b) Where it is agreed that a Claimant has:
- (i) been employed in a Group 1 occupation for less than 12 months or in a Group 2 occupation for less than 24 months;
or
 - (ii) been employed in both a Group 1 and 2 occupation but when the periods are aggregated as provided for in 7(a) above the resulting figure is less than 1; and
 - (iii) he has also been employed in a Group 3 occupation in which it is accepted that he was exposed to tortious vibration (as provide for below)

the exposure to vibration in the Group 3 occupation(s) will be taken into account using the following formulae:

the number of months of the period of exposure to tortious vibration in the Group 3 occupation(s) will be divided by 18 and aggregated to the figure derived by dividing the number of months of employment in Group 1 and/or 2 by 12 or 24 respectively. If the resulting figure is 1 or more the Claimants occupational history will be accepted as satisfying the occupational history qualification of the Claims Handling Arrangement and his Occupational Group shall be deemed to be Group 2.

GROUP 3 CLAIMS

- 9) Where the Claimant does not have the required period of employment after 1st January 1975 in Group 1 or Group 2 occupations he would not normally be expected to have had sufficient exposure to vibration so as to entitle him to compensation under the Claims Handling Arrangement and his claim will be rejected.
- 10) However, where evidence gathered in accordance with paragraph 11 below shows, tortious exposure to vibration during the course of the Claimants employment in the mining industry damages will be payable, subject to a medical report diagnosing ~~VWF or CTS~~ **VWF and/or CTS** acceptable to both parties.

DISPUTED GROUP 3 CLAIMS

- 11) (a) Where a claim is rejected on the grounds that the Claimants occupation fell within Group 3, the Claimant may within **[70]** days of rejection (or such longer period as may be agreed) request that the claim be reconsidered and submit in support of that request witness statements in the agreed form at Annex B(i) and B(ii) from:-

- (i) himself;
- (ii) a (former) colleague; and
- (iii) preferably a colliery official (who, where the Claimant is a deputy, will normally be an Overman or above) but in his absence a union official or in the absence of either a second work colleague

in each case confirming exposure to vibration.

- (b) Within a further **[70]** days (or such longer period as may be agreed) IRISC will reconsider the claim and confirm whether the claim is:-

- (i) accepted; or
- (ii) not accepted

as satisfying the occupational history requirements of the Handling Arrangement.

- (c) In the absence of evidence to the contrary the claim will be accepted unless:-
 - (i) the statements are deficient on their face and do not confirm exposure to tortious vibration during the course of employment in the mining industry; or
 - (ii) the statements describe circumstances inconsistent with mining practice or are materially inconsistent with any other evidence.

(iii) IRISC produce witness evidence contradicting the Claimants evidence or that of his witness from:

(a) a work colleague of the Claimant who worked with the Claimant on the task complained of or in the vicinity during the material time, and;

- preferably a colliery official (where the Claimant is a deputy, will normally be an overman above) but otherwise a second work colleague as defined above ;
or

(b) any member of management For the avoidance of doubt this phrase is meant to include anyone in a position superior to the Claimant.

In either case with a direct knowledge of

- the Claimant,
- the working practices complained of or
- the area within the colliery where the Claimant carried out the task complained of at the material time.

(d) If the claim is accepted it will be forwarded for a MAP assessment or an offer will be made on the basis of existing medical evidence.

(e) If IRISC maintain their denial they shall provide full reasons for the decision together with copies of any documentation and any other evidence relied upon.

CO-DEFENDANT CLAIMS

12) In any claim involving a co-defendant where any issue arises as to the period of time that a Claimant spent either:-

(a) in a Group 1 or 2 Occupation; or

- (b) exposed to substantial vibration whilst employed in a Group 3 occupation

(whether for the purpose of apportioning liability or compensation pursuant to Paragraph 8 of the Handling Arrangement or otherwise), IRISC will serve on the Claimants Representative copies of all Employment Documentation or other documents obtained during their investigation of the occupational history , within **[14]** days of receiving a written request to do so. Save that any documentation relevant to employment with a co-defendant which has been provided by a co-defendant will only be disclosed with the consent of that co-defendant. IRISC will in such circumstances use their best endeavours to obtain the consent of the co-defendants to disclose the information and shall notify the Claimants Representative of the steps taken.

DISPUTES

- 13) (i) Where a Claimant does not accept the rejection of his claim on the grounds that his period of employment in a group 1 and/or 2 occupation after 1 January 1975 was insufficient or that his exposure to vibration in a group 3 occupation was not tortious, then the matter may be referred to the VRP for consideration in accordance in the terms of reference at schedule 15 (1).
- (ii) The VRP decisions and advice are not binding upon the parties but it is there intention that individual VRP decisions should be followed where these findings are consistent with the evidence submitted to the VRP. Any subsequence reference to the disputes procedure under the Claims Handling Arrangement must take a VRP decision into account and treat the same as highly persuasive, only to be disregarded in exceptional circumstances.

SCHEDULE 2(3)(1)

OCCUPATIONAL GROUP QUESTIONNAIRES

Live Claimants

1

IRISC REF

SOL REF

ANNEX A (ii)

**VIBRATION WHITE FINGER
CLAIMANT CONTENDING FOR GROUP 1 or GROUP 2 OCCUPATION
CLAIMANT QUESTIONNAIRE**

CLAIMANT'S NAME: _____

Home Address: _____

1. (a) I confirm that the information given in Schedule 8 is correct, or where no Schedule 8 has been provided.
1. (b) Please list your coal industry work history **after January 1975** in as much detail as you know:

Occupation	Unit (Colliery etc.)	Start Date	Finish Date	Area worked (etc.)
		Jan. 1975		

2

2.

Any other information which you believe is relevant to your vibration exposure: (e.g. any special arrangements or contract work undertaken)

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether I am entitled to receive compensation for my VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ DATED: _____

IRISC REF _____ SOL REF _____

ANNEX B(i)

**VIBRATION WHITE FINGER
CLAIMANT CONTENDING FOR GROUP 3 EXPOSURE TO VIBRATION
CLAIMANT QUESTIONNAIRE**

Your Name: _____
Your Home Address: _____

1. Please give your full coal industry work history in the table below for the period 1st January 1975 to the date that you left (earliest job first):

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date	Area Worked (eg Seams/ District/Gates/Headings/ Workshops etc)
			Jan. 1975		

2. Did you use vibrating tools during your coal industry employment after 1st January 1975?
YES / NO (please circle)

If **NO** please go to the declaration at the end of the last page

3. **IF YES:**

What was the date of your **first** exposure to such tools? _____

What was the date of your **last** exposure to such tools? _____

4.

Any other information which you believe is relevant to your vibration exposure: (e.g. any special arrangements or contract work undertaken)

5. Please complete the table below setting out in detail for each occupation in which you say you used vibrating tools:
- EXPLANATORY NOTES ON COMPLETION OF THIS TABLE**
- * Each column is numbered at the top and the column numbers are referred to in the following notes which will help you to fill in this table. The first few rows have been filled in to give you an example of the type of information which should be given
 - * **COLUMN 1:** Enter the years which covered your first job with the National Coal Board/British Coal. For example, if you started in 1981 and worked as a DATAL or OUTBYE worker, until 1985, then write 1981 to 1985 in column 1. For example, if after 1985 you did another job then start a fresh line and provide all details separately.
 - * **COLUMN 2:** Enter the job you first did when you joined the National Coal Board/British Coal. For example, if you first worked as Datal or Outbye worker, then write DATAL or OUTBYE in column 2. If you then worked as a BACK RIPPER also enter that in Column 2.
 - * **COLUMN 3:** Describe the type of work you did during this period, and if possible the location, for example *DINTING in B16's supply gate*. It is important that each task is clearly identified and shown separately. For example, if between 1981 and 1985 you also worked on back ripping as well as dinting then complete the details on a separate line. If subsequently, for example between 1986 and 1988, you just did back ripping show this separately. Please use as many lines as you need for each task.
 - * **COLUMN 4:** Identify each vibrating hand-tool which you used for each task. Each tool must be written in a separate line. For example, if you used a jigger-pick, a rotary borer and an air-leg drill, each must be identified on a separate line. Attached to the back of this form is a list of vibratory tools which are commonly used. Each tool has a number. If possible, please write the particular tool number in column 4. If you cannot find the tool that you used listed write what you called the tool in Column 4.
 - * **COLUMN 5:** If you regularly used a particular tool each shift, then please enter the **average time (in minutes)** for which you used each tool in column 5. If a jigger-pick was used for 90 minutes for every shift, then write 90 in column 5 on the same line as that tool. If a tool was used for between 20 minutes and 40 minutes per shift, then please write 30 minutes in column 5. If the tool was not regularly used every shift, then leave column 5 blank and go onto column 6.
 - * **COLUMN 6:** If a tool was used 2 or 3 times per week, then estimate the total time (in minutes) it was used in a week. For example, if you used a borer on 2 days per week, for 40 minutes on each occasion, then the total time used per week would be 80 minutes which should be written in column 6 on the same line as that for the tool. If a particular tool was used on an infrequent basis, for example less than once per week, then leave column 6 blank and go onto column 7.
 - * **COLUMN 7:** If a tool was used on an irregular basis, for example every other week, then estimate the total time that the tool was used in a month, ie. over a period of 4 weeks. For example, if you used an air-leg drill two or three times a month to drill particularly hard bands of rock, and each time the tool was used for about 10 to 15 minutes, then the average time per month would be about 30 minutes which should be written in column 7 on the same line as the tool.
- Having completed your first job/period of employment with the National Coal Board/British Coal, you should continue to fill in the table for all other jobs that you carried out; remembering to give details for your earliest jobs first.

Tool No	Tool Description
1.	Air Pick – Ingersoll
2.	Air Pick - Windy/Jigger
3.	Air Pick – Hardy
4.	Air Pick – Huwood
5.	Air Pick – Holman
6.	Air Pick - Bull
7.	Bolt Croppers
8.	Bolt Cutter CP11
9.	Bolt Breaker
10.	Borer – Pigs Head
11.	Borer – Coal – Electric
12.	Borer – Turmag Power
13.	Borer - Rotary Huwood
14.	Borer - Climax
15.	Borer - Electric

Tool No	Tool Description
16.	Borer - Methane - 5'
17.	Borer – Cobra
18.	Borer - Cardox
19.	Borer - Hydraulic Leg
20.	Borer - Torque Tension
21.	Borer - Hydraulic
22.	Borer - Rotary Electric
23.	Borer – Huwood
24.	Borer - Bull Heading
25.	Borer – Air
26.	Borer - Roof Bolter – Wombat
27.	Borer - Roof Bolting – Gopher
28.	Borer – Turmag
29.	Borer - Hardy Windy
30.	Brushes - Cleaning
31.	Buffing Machine

Tool No	Tool Description
32.	Caulker
33.	Chisel – Air
34.	Concrete Breaker
35.	Descaler
36.	Descaling Gun
37.	Files - Rotary
38.	Grinder - Swing
39.	Grinder - 7" - Air
40.	Grinder – Hand
41.	Grinder - Air
42.	Grinder – Whizzer
43.	Grinder - Electric pedestal
44.	Hammer - Jack
45.	Hammer – Kango
46.	Impact Gun – Air
47.	Impact Gun - Hydraulic

Tool No	Tool Description
48.	Jigsaw
49.	Nut Runner - Air Desoutter models 230, 280
50.	Nut Runner - Chicago Pneumatic & Desoutter Model 24
51.	Nut Runner - Air
52.	Orbital Sander
53.	Percussive Drill - Silver Dart
54.	Percussive Drill - Air Leg
55.	Percussive - Rock Drill
56.	Percussive Drill - Hydraulic Rotary
57.	Percussive Drill - Holman Compressed Air
58.	Percussive Drill - Holman - Air Leg
59.	Percussive Drill - Silver 3 - Holman
60.	Pistol Drill
61.	Pneumatic Wire Brush
62.	Punchers
63.	Saw - Circular

Tool No	Tool Description
64.	Saw - Air
65.	Saw - Clipper
66.	Saw - Stihl

DECLARATION

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether I am entitled to receive compensation for my VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ **DATED:** _____

1

IRISC REF

SOL REF

AMENDED 10.2001
ANNEX A (i)

VIBRATION WHITE FINGER
CLAIMANT CONTENDING FOR GROUP 1 or GROUP 2 OCCUPATION
WITNESS QUESTIONNAIRE

CLAIMANT'S NAME: _____

WITNESS'S NAME: _____

NATIONAL INSURANCE NO: _____

DATE OF BIRTH: _____

CONTACT TELEPHONE NO: _____

(Provision of the above information ie NI Number, Date of Birth and contact telephone number, is not compulsory but may help to speed up the claim).

WITNESS'S HOME ADDRESS: _____

B3315/00015/1014721

1. Please give your Coal Industry work after 1975 history in the table below (earliest job first):

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date
			Jan. 1975	

2. When did you know the claimant at work? 19__ to 19__

3. Please list his work history after January 1975 in as much detail as you know:

Occupation	Unit (Colliery etc.)	Start Date	Finish Date	Area worked (etc.)
		Jan. 1975		

B3315/00015/1014721

3

4. **Any other information which you believe is relevant to the claimant's vibration exposure: (e.g. any special arrangements or contract work undertaken)**

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether Mr. _____ is entitled to receive compensation for his VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ DATED: _____

B3315/00015/10/14721

IRISC REF

SOL REF

AMENDED 10.2001

ANNEX B(ii)

<p>VIBRATION WHITE FINGER CLAIMANT CONTENDING FOR GROUP 3 EXPOSURE TO VIBRATION WITNESS QUESTIONNAIRE</p>
--

Your Name: _____

Your Home Address: _____

National Insurance No: _____

Date of Birth: _____

Contact Telephone No: _____

(Provision of the above information ie NI Number, Date of Birth and contact telephone number, is not compulsory but may help to speed up the claim).

B3315/00015/1014752

1. Please give your full coal industry work history in the table below for the period 1st January 1975 to the date that you left (earliest job first):

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date	Area Worked (eg Seams/District/ Gates/ Headings/ Workshops etc)
			1975		

2. Did the claimant use vibrating tools during his coal industry employment with the National Coal Board / British Coal Corporation after 1st January 1975?

YES / NO (please circle)

If no please go to the declaration at the end of the last page

3. **IF YES :**

Any other information which you believe is relevant to the claimant's vibration exposure: (e.g. any special arrangements or contract work undertaken)

B3315/00015/1014752

4. If you have answered "Yes" to question 2, please complete the table below setting out in detail for each occupation in which you say the claimant used vibrating tools:

EXPLANATORY NOTES ON COMPLETION OF THIS TABLE

* Each column is numbered at the top and the column numbers are referred to in the following notes which will help you to fill in this table. The first few rows have been filled in to give you an example of the type of information which should be given.

* **COLUMN 1:** Enter the years which covered the claimant's first job with the National Coal Board/British Coal that you can remember. For example, if he started in 1981 and worked as a DATAL or OUTBYE worker, until 1985, then write 1981 to 1985 in column 1. For example, if after 1985 he did another job then start a fresh line and provide all details separately.

* **COLUMN 2:** Enter the job the claimant first did when he joined the National Coal Board/British Coal that you can remember. For example, if he first worked as Datal or Outbye worker, then write DATAL or OUTBYE in column 2. If he then worked as a BACK RIPPER also enter that in Column 2.

* **COLUMN 3:** Describe the type of work the claimant did during this period, and if possible the location, for example *DINING in B16's supply gate*. It is important that each task is clearly identified and shown separately. For example, if between 1981 and 1985 he also worked on back ripping as well as driting then complete the details on a separate line. If subsequently, for example between 1986 and 1988, he just did back ripping show this separately. Please use as many lines as you need for each task.

* **COLUMN 4:** Identify each vibrating hand-tool which the claimant used for each task. Each tool must be written in a separate line. For example, if he used a jigger-pick, a rotary borer and an air-leg drill, each must be identified on a separate line. Attached to the back of this form is a list of vibratory tools which are commonly used. Each tool has a number. If possible, please write the particular tool number in column 4. If you cannot find the tool that he used listed write what you called the tool in Column 4.

* **COLUMN 5:** If the claimant regularly used a particular tool each shift, then please enter the **average time (in minutes)** for which he used each tool in column 5. If a jigger-pick was used for 90 minutes for every shift, then write 90 in column 5 on the same line as that tool. If a tool was used for between 20 minutes and 40 minutes per shift, then please write 30 minutes in column 5. If the tool was not regularly used every shift, then leave column 5 blank and go onto column 6.

* **COLUMN 6:** If a tool was used 2 or 3 times per week, then estimate the total time (in minutes) it was used in a week. For example, if the claimant used a borer on 2 days per week, for 40 minutes on each occasion, then the total time used per week would be 80 minutes which should be written in column 6 on the same line as that for the tool. If a particular tool was used on an infrequent basis, for example less than once per week, then leave column 6 blank and go onto column 7.

• **COLUMN 7:** If a tool was used on an irregular basis, for example every other week, then estimate the total time that the tool was used in a month, ie. over a period of 4 weeks. For example, if the claimant used an air-leg drill two or three times a month to drill particularly hard bands of rock, and each time the tool was used for about 10 to 15 minutes, then the average time per month would be about 30 minutes which should be written in column 7 on the same line as the tool.

Having completed the first job/period of employment with the National Coal Board/British Coal, you should continue to fill in the table for all other jobs that the claimant carried out that you can remember; remembering to give details for your earliest jobs first.

1	2	3	4	5	6	7
Year of employment	Job	Tasks carried out	Tool used	Average time used each shift	Average time used each week	Average time used each month
1981 to 1985	DATAL / OUTBYE	DINTING BT6'S SUPPLY GATE	ELECTRIC BORER (21)	60	60	
			JIGGER PICK (2)	30		
1986 TO 1988	RIPPING	WORKING AT XXII'S MAIN GATE BACK RIPPING	AIR LEG DRILL (64)	25	30	
			ELECTRIC BORER (21)			
			COMPRESSED AIR PUNCHER (4)	25		

Tool No	Tool Description
1.	Air Pick – Ingersoll
2.	Air Pick - Windy/Jigger
3.	Air Pick – Hardy
4.	Air Pick – Huwood
5.	Air Pick – Holman
6.	Air Pick - Bull
7.	Bolt Croppers
8.	Bolt Cutter CP11
9.	Bolt Breaker
10.	Borer – Pigs Head
11.	Borer – Coal – Electric
12.	Borer – Turnmag Power
13.	Borer - Rotary Huwood
14.	Borer - Climax
15.	Borer – Electric

Tool No	Tool Description
16.	Borer - Methane - 5'
17.	Borer - Cobra
18.	Borer - Cardox
19.	Borer - Hydraulic Leg
20.	Borer - Torque Tension
21.	Borer - Hydraulic
22.	Borer - Rotary Electric
23.	Borer - Huwood
24.	Borer - Bull Heading
25.	Borer - Air
26.	Borer - Roof Bolter - Wombat
27.	Borer - Roof Bolting - Gopher
28.	Borer - Turmag
29.	Borer - Hardy Windy
30.	Brushes - Cleaning

Tool No	Tool Description
31.	Buffing Machine
32.	Caulker
33.	Chisel – Air
34.	Concrete Breaker
35.	Descaler
36.	Descaling Gun
37.	Files - Rotary
38.	Grinder - Swing
39.	Grinder - 7"- Air
40.	Grinder – Hand
41.	Grinder - Air
42.	Grinder – Whizzer
43.	Grinder - Electric pedestal
44.	Hammer - Jack
45.	Hammer – Kango

Tool No	Tool Description
46.	Impact Gun – Air
47.	Impact Gun - Hydraulic
48.	Jigsaw
49.	Nut Runner - Air Desoutter models 230, 280
50.	Nut Runner - Chicago Pneumatic & Desoutter Model 24
51.	Nut Runner – Air
52.	Orbital Sander
53.	Percussive Drill – Silver Dart
54.	Percussive Drill - Air Leg
55.	Percussive – Rock Drill
56.	Percussive Drill - Hydraulic Rotary
57.	Percussive Drill - Holman Compressed Air
58.	Percussive Drill – Holman – Air Leg
59.	Percussive Drill - Silver 3 – Holman
60.	Pistol Drill

Tool No	Tool Description
61.	Pneumatic Wire Brush
62.	Punchers
63.	Saw - Circular
64.	Saw - Air
65.	Saw - Clipper
66.	Saw – Sthl

DECLARATION

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether Mr. _____ is entitled to receive compensation for his VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ **DATED:** _____

1

IRISC REF

SOL REF

AMENDED 10.2001
ANNEX A (f)

VIBRATION WHITE FINGER
CLAIMANT CONTENDING FOR GROUP 1 or GROUP 2 OCCUPATION
WITNESS QUESTIONNAIRE

CLAIMANT'S NAME: _____

WITNESS'S NAME: _____

NATIONAL INSURANCE NO: _____

DATE OF BIRTH: _____

CONTACT TELEPHONE NO: _____

(Provision of the above information ie NI Number, Date of Birth and contact telephone number, is not compulsory but may help to speed up the claim).

WITNESS'S HOME ADDRESS: _____

B3315/00015/1014721

2

1. Please give your Coal Industry work after 1975 history in the table below (earliest job first):

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date
			Jan. 1975	

2. When did you know the claimant at work? 19__ to 19__

3. Please list his work history after January 1975 in as much detail as you know:

Occupation	Unit (Colliery etc.)	Start Date	Finish Date	Area worked (etc.)
		Jan. 1975		

B3315/00015/1014721

3

4. 3

Any other information which you believe is relevant to the claimant's vibration exposure: (e.g. any special arrangements or contract work undertaken)

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether Mr. _____ is entitled to receive compensation for his VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ DATED: _____

E3315/00015/1014721

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AMENDED 10.2001

ANNEX B(ii)

<p>VIBRATION WHITE FINGER CLAIMANT CONTENDING FOR GROUP 3 EXPOSURE TO VIBRATION WITNESS QUESTIONNAIRE</p>
--

Your Name: _____

Your Home Address: _____

National Insurance No: _____

Date of Birth: _____

Contact Telephone No: _____

(Provision of the above information ie NI Number, Date of Birth and contact telephone number, is not compulsory but may help to speed up the claim).

B3315/00015/1014752

1. Please give your full coal industry work history in the table below for the period 1st January 1975 to the date that you left (earliest job first):

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date	Area Worked (eg Seams/District/ Gates/ Headings/ Workshops etc)
			1975		

2. Did the claimant use vibrating tools during his coal industry employment with the National Coal Board / British Coal Corporation after 1st January 1975?

YES / NO (please circle)

If no please go to the declaration at the end of the last page

3. **IF YES :**

Any other information which you believe is relevant to the claimant's vibration exposure: (e.g. any special arrangements or contract work undertaken)

B3315/00015/1014752

4. If you have answered "Yes" to question 2, please complete the table below setting out in detail for each occupation in which you say the claimant used vibrating tools:

EXPLANATORY NOTES ON COMPLETION OF THIS TABLE

* Each column is numbered at the top and the column numbers are referred to in the following notes which will help you to fill in this table. The first few rows have been filled in to give you an example of the type of information which should be given.

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* **COLUMN 2:** Enter the job the claimant first did when he joined the National Coal Board/British Coal that you can remember. For example, if he first worked as Datal or Outbye worker, then write DATAL or OUTBYE in column 2. If he then worked as a BACK RIPPER also enter that in Column 2.

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* **COLUMN 5:** If the claimant regularly used a particular tool each shift, then please enter the **average time (in minutes)** for which he used each tool in column 5. If a jigger-pick was used for 90 minutes for every shift, then write 90 in column 5 on the same line as that tool. If a tool was used for between 20 minutes and 40 minutes per shift, then please write 30 minutes in column 5. If the tool was not regularly used every shift, then leave column 5 blank and go onto column 6.

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• **COLUMN 7:** If a tool was used on an irregular basis, for example every other week, then estimate the total time that the tool was used in a month, ie. over a period of 4 weeks. For example, if the claimant used an air-leg drill two or three times a month to drill particularly hard bands of rock, and each time the tool was used for about 10 to 15 minutes, then the average time per month would be about 30 minutes which should be written in column 7 on the same line as the tool.

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			JOGGER PICK (2)			
1986 TO 1988	RIPPING	WORKING AT XXII's MAIN GATE BACK RIPPING	AIR LEG DRILL (64) ELECTRIC BORER (21)	25		30
			COMPRESSED AIR PUNCHER (4)	25		

Tool No	Tool Description
1.	Air Pick – Ingersoll
2.	Air Pick - Windy/Jigger
3.	Air Pick – Hardy
4.	Air Pick – Huwood
5.	Air Pick – Holman
6.	Air Pick - Bull
7.	Bolt Croppers
8.	Bolt Cutter CP11
9.	Bolt Breaker
10.	Borer – Pigs Head
11.	Borer – Coal – Electric
12.	Borer – Turmag Power
13.	Borer - Rotary Huwood
14.	Borer - Climax
15.	Borer – Electric

Tool No	Tool Description
16.	Borer - Methane - 5'
17.	Borer – Cobra
18.	Borer - Cardox
19.	Borer - Hydraulic Leg
20.	Borer – Torque Tension
21.	Borer - Hydraulic
22.	Borer – Rotary Electric
23.	Borer – Huwood
24.	Borer - Bull Heading
25.	Borer – Air
26.	Borer - Roof Bolter – Wombat
27.	Borer - Roof Bolting – Gopher
28.	Borer – Turmag
29.	Borer - Hardy Windy
30.	Brushes - Cleaning

Tool No	Tool Description
31.	Buffing Machine
32.	Caulker
33.	Chisel – Air
34.	Concrete Breaker
35.	Descaler
36.	Descaling Gun
37.	Files - Rotary
38.	Grinder - Swing
39.	Grinder - 7"- Air
40.	Grinder – Hand
41.	Grinder - Air
42.	Grinder – Whizzer
43.	Grinder - Electric pedestal
44.	Hammer - Jack
45.	Hammer – Kango

Tool No	Tool Description
46.	Impact Gun – Air
47.	Impact Gun - Hydraulic
48.	Jigsaw
49.	Nut Runner - Air Desoutter models 230, 280
50.	Nut Runner - Chicago Pneumatic & Desoutter Model 24
51.	Nut Runner – Air
52.	Orbital Sander
53.	Percussive Drill – Silver Dart
54.	Percussive Drill - Air Leg
55.	Percussive – Rock Drill
56.	Percussive Drill - Hydraulic Rotary
57.	Percussive Drill - Holman Compressed Air
58.	Percussive Drill – Holman – Air Leg
59.	Percussive Drill - Silver 3 – Holman
60.	Pistol Drill

Tool No	Tool Description
61.	Pneumatic Wire Brush
62.	Punchers
63.	Saw - Circular
64.	Saw - Air
65.	Saw - Clipper
66.	Saw – Stihl

DECLARATION

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether Mr. _____ is entitled to receive compensation for his VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ **DATED:** _____

SCHEDULE 2(3)(2)

DECEASED QUESTIONNAIRES

IRISC REF

SOL REF

ANNEX A (iii)

VIBRATION WHITE FINGER
CLAIMANT CONTENDING FOR GROUP 1 or GROUP 2 OCCUPATION
POSTHUMOUS CLAIM WITNESS QUESTIONNAIRE

CLAIMANT'S NAME: _____

DECEASED'S NAME:- _____

WITNESS'S NAME: _____

Witness's Home Address: _____

1. Please give your Coal Industry work after 1975 history in the table below (earliest job first):-

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date
			Jan. 1975	

--	--	--	--	--

2. When did you know the *deceased* at work? 19__ to 19__

3. Please list **his** work history after January 1975 in as much detail as you know:

Occupation	Unit (Colliery etc.)	Start Date	Finish Date	Area worked (etc.)
		Jan. 1975		

4.

Any other information which you believe is relevant to the *deceased's* vibration exposure: (e.g. any special arrangements or contract work undertaken)

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether the estate of Mr. _____ is entitled to receive compensation for its VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ **DATED:** _____

IRISC REF

SOL REF

ANNEX A (ii)

VIBRATION WHITE FINGER
CLAIMANT CONTENDING FOR GROUP 1 or GROUP 2 OCCUPATION
POSTUMOUS CLAIM CLAIMANT QUESTIONNAIRE

CLAIMANT'S NAME: _____

Home Address: _____

DECEASED'S NAME:

1. (a) I confirm that the information given in Schedule 9 is correct; **or where no Schedule 9 has been provided.**

1. (b) Please *list the deceased's* coal industry work history **after January 1975** in as much detail as you know:

Occupation	Unit (Colliery etc.)	Start Date	Finish Date	Area worked (etc.)
		Jan. 1975		

IRISC REF	SOL REF
<p>ANNEX B(i)</p> <p>VIBRATION WHITE FINGER</p> <p>CLAIMANT CONTENDING FOR GROUP 3 EXPOSURE TO VIBRATION</p> <p>POSTHUMOUS CLAIM CLAIMANT QUESTIONNAIRE</p>	

Your Name: _____

Your Home Address: _____

DECEASED'S NAME: _____

1. Please give *the deceased's* full coal industry work history in the table below for the period 1st January 1975 to the date that *he* left (earliest job first) *in as much detail as you know*:

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date	Area Worked (eg Seams/ District/Gates/Headings/ Workshops etc)
			Jan.1975		

2. Did *the deceased* use vibrating tools during your coal industry employment after 1st January 1975?

YES / NO (please circle)

If NO please go to the declaration at the end of the last page

3. *IF YES:*

What was the date of *his first* exposure to such tools? _____

What was the date of *his last* exposure to such tools? _____

4.

Any other information which you believe is relevant *to the deceased's* vibration exposure: (e.g. any special arrangements or contract work undertaken)

5. Please complete the table below setting out in detail for each occupation in which you say *the deceased* used vibrating tools *where you do not know the details requested write clearly "DO NOT KNOW" in the relevant box:*

(I) EXPLANATORY NOTES ON COMPLETION OF THIS TABLE

(II) * Each column is numbered at the top and the column numbers are referred to in the following notes which will help you to fill in this table. The first few rows have been filled in to give you an example of the type of information which should be given

- * **COLUMN 1:** Enter the years which covered *the deceased* first job with the National Coal Board/British Coal. For example, if *he* started in 1981 and worked as a DATAL or OUTBYE worker, until 1985, then write *1981 to 1985* in column 1. For example, if after 1985 *he* did another job then start a fresh line and provide all details separately.
- * **COLUMN 2:** Enter the job *the deceased* first did when *he* joined the National Coal Board/British Coal. For example, if *he* first worked as Datal or Outbye worker, then write DATAL or OUTBYE in column 2. If *he* then worked as a BACK RIPPER also enter that in Column 2.
- * **COLUMN 3:** Describe the type of work *the deceased* did during this period, and if possible the location, for example *DINTING in B16's supply gate*. It is important that each task is clearly identified and shown separately. For example, if between 1981 and 1985 *the deceased* also worked on back ripping as well as dinting then complete the details on a separate line. If subsequently, for example between 1986 and 1988, *he* just did back ripping show this separately. Please use as many lines as you need for each task.
- * **COLUMN 4:** Identify each vibrating hand-tool which *the deceased* used for each task. Each tool must be written in a separate line. For example, if *he* used a jigger-pick, a rotary borer and an air-leg drill, each must be identified on a separate line. Attached to the back of this form is a list of vibratory tools which are commonly used. Each tool has a number. If possible, please write the particular tool number in column 4. If you cannot find the tool that *he* used listed write what you called the tool in Column 4.
- * **COLUMN 5:** If *the deceased* regularly used a particular tool each shift, then please enter the **average time (in minutes)** for which *he* used each tool in column 5. If a jigger-pick was used for 90 minutes for every shift, then write 90 in column 5 on the same line as that tool. If a tool was used for between 20 minutes and 40 minutes per shift, then please write 30 minutes in column 5. If the tool was not regularly used every shift, then leave column 5 blank and go onto column 6.
- * **COLUMN 6:** If a tool was used 2 or 3 times per week, then estimate the total time (**in minutes**) it was used in a week. For example, if *he* used a borer on 2 days per week, for 40 minutes on each occasion, then the total time used per week would be 80 minutes which should be written in column 6 on the same line as that for the tool. If a particular tool was used on an infrequent basis, for example less than once per week, then leave column 6 blank and go onto column 7.
- * **COLUMN 7:** If a tool was used on an irregular basis, for example every other week, then estimate the total time that the tool was used in a month, ie. over a period of 4 weeks. For example, if *the deceased* used an air-leg drill two or three times a month to drill particularly hard bands of rock, and each time the tool was used for about 10 to 15 minutes, then the average time per month would be about 30 minutes which should be written in column 7 on the same line as the tool.

Having completed **the deceased's** first job/period of employment with the National Coal Board/British Coal, you should continue to fill in the table for all other jobs that **he** carried out; remembering to give details for **his** earliest jobs first.

1	2	3	4	5	6	7
<u>Year of employment</u>	<u>Job</u>	Tasks carried out	Tool used	Average time used each shift	Average time used each week	Average time used each month
<i>1981 to 1985</i>	<i>DATAL / OUTBYE</i>	<i>DINTING B16'S SUPPLY GATE</i>	<i>ELECTRIC BORER (21)</i>	-	80	-
			<i>JIGGER PICK (2)</i>	90	-	-
			<i>AIR LEG DRILL(54)</i>	-	-	30
<i>1986 TO 1988</i>	<i>RIPPING</i>		<i>ELECTRIC BORER (21)</i>	25	-	-

		<i>BACK RIPPING</i>				
			<i>COMPRESSED AIR PUNCHER (4)</i>	25	-	-

Tool No	Tool Description
1.	Air Pick – Ingersoll
2.	Air Pick - Windy/Jigger
3.	Air Pick – Hardy
4.	Air Pick – Huwood
5.	Air Pick – Holman
6.	Air Pick - Bull
7.	Bolt Croppers
8.	Bolt Cutter CP11
9.	Bolt Breaker
10.	Borer – Pigs Head
11.	Borer – Coal – Electric
12.	Borer – Turmag Power
13.	Borer - Rotary Huwood
14.	Borer - Climax

Tool No	Tool Description
15.	Borer - Electric
16.	Borer - Methane - 5'
17.	Borer – Cobra
18.	Borer - Cardox
19.	Borer - Hydraulic Leg
20.	Borer - Torque Tension
21.	Borer - Hydraulic
22.	Borer - Rotary Electric
23.	Borer – Huwood
24.	Borer - Bull Heading
25.	Borer – Air
26.	Borer - Roof Bolter – Wombat
27.	Borer - Roof Bolting – Gopher
28.	Borer – Turmag

Tool No	Tool Description
29.	Borer - Hardy Windy
30.	Brushes - Cleaning
31.	Buffing Machine
32.	Caulker
33.	Chisel – Air
34.	Concrete Breaker
35.	Descaler
36.	Descaling Gun
37.	Files - Rotary
38.	Grinder - Swing
39.	Grinder - 7" - Air
40.	Grinder – Hand
41.	Grinder - Air
42.	Grinder – Whizzer

Tool No	Tool Description
43.	Grinder - Electric pedestal
44.	Hammer - Jack
45.	Hammer – Kango
46.	Impact Gun – Air
47.	Impact Gun - Hydraulic
48.	Jigsaw
49.	Nut Runner - Air Desoutter models 230, 280
50.	Nut Runner - Chicago Pneumatic & Desoutter Model 24
51.	Nut Runner – Air
52.	Orbital Sander
53.	Percussive Drill – Silver Dart
54.	Percussive Drill - Air Leg
55.	Percussive – Rock Drill
56.	Percussive Drill - Hydraulic Rotary

Tool No	Tool Description
57.	Percussive Drill - Holman Compressed Air
58.	Percussive Drill – Holman – Air Leg
59.	Percussive Drill - Silver 3 – Holman
60.	Pistol Drill
61.	Pneumatic Wire Brush
62.	Punchers
63.	Saw - Circular
64.	Saw - Air
65.	Saw - Clipper
66.	Saw - Stihl

DECLARATION

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether the Estate of Mr [] is entitled to receive compensation for my VWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____ DATED: _____

IRISC REF	SOL REF
------------------	----------------

ANNEX B(ii)

<p>VIBRATION WHITE FINGER</p> <p>CLAIMANT CONTENDING FOR GROUP 3 EXPOSURE TO VIBRATION</p> <p>POSTHUMOUS CLAIM WITNESS QUESTIONNAIRE</p>

Your Name: _____

Your Home Address: _____

DECEASED'S NAME: _____

1. Please give your full coal industry work history in the table below for the period 1st January 1975 to the date that you left (earliest job first):

Occupation	Employer	Unit (Colliery etc.)	Start Date	Finish Date	Area Worked (eg Seams/District/ Gates/ Headings/ Workshops etc)
			1975		

2. Did the deceased use vibrating tools during his coal industry employment with the National Coal Board / British Coal Corporation after 1st January 1975?

YES / NO (please circle)

If no please go to the declaration at the end of the last page

3. **IF YES :**

Any other information which you believe is relevant to the deceased's vibration exposure: (e.g. any special arrangements or contract work undertaken)

-
4. If you have answered “Yes” to question 2, please complete the table below setting out in detail for each occupation in which you say the *deceased* used vibrating tools:

EXPLANATORY NOTES ON COMPLETION OF THIS TABLE

- * Each column is numbered at the top and the column numbers are referred to in the following notes which will help you to fill in this table. The first few rows have been filled in to give you an example of the type of information which should be given.
- * **COLUMN 1:** Enter the years which covered the *deceased's* first job with the National Coal Board/British Coal that you can remember. For example, if he started in 1981 and worked as a DATAL or OUTBYE worker, until 1985, then write *1981 to 1985* in column 1. For example, if after 1985 he did another job then start a fresh line and provide all details separately.
- * **COLUMN 2:** Enter the job the *deceased* first did when he joined the National Coal Board/British Coal that you can remember. For example, if he first worked as Datal or Outbye worker, then write DATAL or OUTBYE in column 2. If he then worked as a BACK RIPPER also enter that in Column 2.
- * **COLUMN 3:** Describe the type of work the *deceased* did during this period, and if possible the location, for example *DINTING in B16's supply gate*. It is important that each task is clearly identified and shown separately. For example, if between 1981 and 1985 he also worked on back ripping as well as dinting then complete the details on a separate line. If subsequently, for example between 1986 and 1988, he just did back ripping show this separately. Please use as many lines as you need for each task.
- * **COLUMN 4:** Identify each vibrating hand-tool which the *deceased* used for each task. Each tool must be written in a separate line. For example, if he used a jigger-pick, a rotary borer and an air-leg drill, each must be identified on a separate line. Attached to the back of this form is a list of vibratory tools which are commonly used. Each tool has a number. If possible, please write the particular tool number in column 4. If you cannot find the tool that he used listed write what you called the tool in Column 4.
- * **COLUMN 5:** If the *deceased* regularly used a particular tool each shift, then please enter the **average time (in minutes)** for which he used each tool in column 5. If a jigger-pick was used for 90 minutes for every shift, then write 90 in column 5 on the same line as that tool. If a tool was used for between 20 minutes and 40 minutes per shift, then please write 30 minutes in column 5. If the tool was not regularly used every shift, then leave column 5 blank and go onto column 6.
- * **COLUMN 6:** If a tool was used 2 or 3 times per week, then estimate the total time (**in minutes**) it was used in a week. For example, if the *deceased* used a borer on 2 days per week, for 40 minutes on each occasion, then the total time used per week would be 80 minutes which should be written in column 6 on the same line as that for the tool. If a particular tool was used on an infrequent basis, for example less than once per week, then leave column 6 blank and go onto column 7.
- * **COLUMN 7:** If a tool was used on an irregular basis, for example every other week, then estimate the total time that the tool was used in a month, ie. over a period of 4 weeks. For example, if the *deceased* used an air-leg drill two or three times a month to drill particularly hard bands of rock, and each time the tool was used for about 10 to 15 minutes, then the average time per month would be about 30 minutes which should be written in column 7 on the same line as the tool.

Having completed the first job/period of employment with the National Coal Board/British Coal, you should continue to fill in the table for all other jobs that the **deceased** carried out that you can remember; remembering to give details for **his** earliest jobs first.

1	2	3	4	5	6	7
<u>Year of employment</u>	<u>Job</u>	Tasks carried out	Tool used	Average time used each shift	Average time used each week	Average time used each month
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			<i>JIGGER PICK (2)</i>	90	-	-
			<i>AIR LEG DRILL(54)</i>	-	-	30
<i>1986 TO 1988</i>		<i>WORKING AT XXII's MAIN GATE BACK RIPPING</i>	<i>ELECTRIC BORER (21)</i>	25	-	-
			<i>COMPRESSED AIR PUNCHER (4)</i>	25	-	-

Tool No	Tool Description
67.	Air Pick – Ingersoll
68.	Air Pick - Windy/Jigger
69.	Air Pick – Hardy
70.	Air Pick – Huwood
71.	Air Pick – Holman
72.	Air Pick - Bull
73.	Bolt Croppers
74.	Bolt Cutter CP11
75.	Bolt Breaker
76.	Borer – Pigs Head
77.	Borer – Coal – Electric
78.	Borer – Turmag Power
79.	Borer - Rotary Huwood
80.	Borer - Climax

Tool No	Tool Description
81.	Borer – Electric
82.	Borer - Methane - 5'
83.	Borer – Cobra
84.	Borer - Cardox
85.	Borer - Hydraulic Leg
86.	Borer – Torque Tension
87.	Borer - Hydraulic
88.	Borer – Rotary Electric
89.	Borer – Huwood
90.	Borer - Bull Heading
91.	Borer – Air
92.	Borer - Roof Bolter – Wombat
93.	Borer - Roof Bolting – Gopher
94.	Borer – Turmag

Tool No	Tool Description
95.	Borer - Hardy Windy
96.	Brushes - Cleaning
97.	Buffing Machine
98.	Caulker
99.	Chisel – Air
100.	Concrete Breaker
101.	Descaler
102.	Descaling Gun
103.	Files - Rotary
104.	Grinder - Swing
105.	Grinder - 7" - Air
106.	Grinder – Hand
107.	Grinder - Air
108.	Grinder – Whizzer

Tool No	Tool Description
109.	Grinder - Electric pedestal
110.	Hammer - Jack
111.	Hammer – Kango
112.	Impact Gun – Air
113.	Impact Gun - Hydraulic
114.	Jigsaw
115.	Nut Runner - Air Desoutter models 230, 280
116.	Nut Runner - Chicago Pneumatic & Desoutter Model 24
117.	Nut Runner – Air
118.	Orbital Sander
119.	Percussive Drill – Silver Dart
120.	Percussive Drill - Air Leg
121.	Percussive – Rock Drill
122.	Percussive Drill - Hydraulic Rotary

Tool No	Tool Description
123.	Percussive Drill - Holman Compressed Air
124.	Percussive Drill – Holman – Air Leg
125.	Percussive Drill - Silver 3 – Holman
126.	Pistol Drill
127.	Pneumatic Wire Brush
128.	Punchers
129.	Saw - Circular
130.	Saw - Air
131.	Saw - Clipper
132.	Saw – Stihl

DECLARATION

I DECLARE that the information I have given on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information that it now has or may get in the future to decide whether the Estate of Mr. is entitled to receive compensation for itsVWF claim.

I understand that any information I give will be checked against the information contained in relevant records and that if I deliberately give information that is incorrect, action may be taken against me.

SIGNED: _____

DATED: _____

SCHEDULE 3

CLAIMS INFORMATION

SCHEDULE 3

CLAIMS INFORMATION

All Claims

1. All claims have to be registered with the **DWP** Compensation Recovery Unit (CRU). CRU require specified information to register claims and this should be included in all letters of claim where available:-
 - Claimant's full name and address
 - Date of birth
 - National Insurance Numbers
 - Works Number
2. It is very important that individual work histories are complete, to allow correct allocation of the job(s) to the specified occupation group. Where there are any breaks in British Coal employment, dates must be given of employment outside the Coal Industry, together with any periods of unemployment, ill health and retirement. The work history should be completed right up to date.
3. Additional information may be required for medical examinations eg. mandates.
4. Full details of other VWF claims against other employers being (or having been) pursued - to include name, address and reference of insurers - should be provided when available.
5. Where possible, prior to receipt of a medical report, heads of claim shall be intimated. Following the receipt of a medical report, where services and/or other special damages/future losses are claimed, the Claimant shall serve the services questionnaire(s) and/or schedule of loss within 56 days or such longer time as shall be agreed by the Parties.

GROUP 1 OCCUPATIONS

The following information should be provided where reasonably available.

Details of employment with British Coal :-

Names of all collieries, workshops etc. where employed.

The occupations while employed.

Dates of employment.

Dates of first and last exposure to hand held power tools.

It would be helpful to provide names and addresses of any British Coal officials that could confirm the work history or submit any work authorisations or certificates of training in support. (There may be individual claims where a specific request is made for this information)

Details of employment outside British Coal:-

Name/ address of employer

Type of business.

Occupation within that business - to include a full job description.

Details of tools and processes used as part of the occupation - including the type and make of equipment.

What was the above equipment used for and for how long each shift did the Claimant use the equipment. For how many shifts each week and for what period e.g. Number of weeks, months or years.

Date of first and last exposure to hand held power tools.

GROUP 2 OCCUPATIONS as above plus:-

The following information should be provided where reasonably available.

Details of employment with British Coal:-

Names of all collieries, workshops etc. where employed.

Exact locations within those establishments e.g. Seam, face, district etc.

Occupation at each location - to include full job description.

Hand held power tools used in each of these occupations - claimed to have contributed to a VWF condition. What was the name and make of this equipment including power source e.g. electric / compressed air.

What was the above equipment used for e.g. Bore heading and for how long each shift did the Claimant use this equipment. For how many shifts each week and for what period e.g. Number of weeks, months or years.

Date of first and last exposure to hand held power tools.

Names and addresses of all supervisory officials during the periods of alleged exposure to hand held power tools.

Details of employment outside British Coal :-

Name and address of all employers

Type of business

Occupations within that business - to include a full job description.

Details of tools and processes used as part of the occupation - including the type and make of equipment

What was the above equipment used for and for how long each shift did the Claimant use this equipment . For how many shifts each week and for what period e.g. Number of weeks, months or years.

Date of first and last exposure to hand held power tools

GROUP 3 OCCUPATIONS

This group of occupations do not ordinarily require the use of hand held power tools and should **[may]** therefore not normally be submitted as claims. If there is alleged to be evidence of tortious exposure to vibration the information required by Schedule 2(2) shall be provided.

SCHEDULE 4

MEDICAL ASSESSMENT PROCESS (MAP 1)

For the diagnosis and staging of HAVS

SCHEDULE 4

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SCHEDULE 4(1)

MEDICAL ASSESSMENT PROCESS
(MAP 1)

MEDICAL SPECIFICATION

SECTION 1

BASIC FORMAT

1. The Claimant will be given an appointment to attend for the examination at one of the approved Examination Centres.
2. A trained technician (see section 3) will perform the standardised tests as described in section 4. He/she will explain the tests to the Claimant by means of a written set of instructions (section 5).
3. The technician will apply the scoring system (section 6) and complete the appropriate form. Form 1 (section 10) to be presented to the Examining Doctor.
4. The Examining Doctors will be presented with details of the occupational work history/grouping (previously agreed between IRISC and Steering Group of Solicitors). He/she will receive Form 1 (section 10) with details of the test scores after he/she has completed Forms 2,3 and his own examination of the Claimant in Form 4.
5. The Examining Doctors will complete the agreed Hand Arm Vibration Questionnaire Form 2 (section 10) followed by completion of the Differential Diagnosis Questionnaire. Form 3 (section 10).
6. The Examining Doctor will perform an Allen Test, an Adson Test, and, if indicated, a Phalen Test and a Tinels Test. This will be followed by a standardised Purdue Pegboard test (section 8) and Grip Force measurement test (section 9) and complete Form 4 (section 10).
7. With the information available the Examining Doctor will arrive at a staging using the Stockholm Workshop Scales and complete the appropriate Form 5A, 5B, 5C and 5D (section 10).
8. The questionnaires, standardised test results and results of the Doctor's tests will be stored by means of a single database in case there is a Dispute.

SECTION 2

PERSONNEL

The DTI have entered into a contract that provides that:-

1. The Service Provider shall ensure that only staff with appropriate qualifications and experience are used in performing the Services.
2. Restrictions will apply to both doctors and technicians. Neither will be allowed to examine a Claimant, nor provide an opinion, if:
 - he or she is directly affected by the case (e.g. a relative of or has a long standing relationship with the Claimant);
 - [he or she has previously been involved in advising or examining in relation to any form of claim in whatever capacity that has resulted in an appeal in respect of the Claimant;]
 - he or she has been specifically excluded from examining the Claimant or providing an opinion by the DTI or any of their agents;
 - he or she does not have the appropriate qualifications or experience (as set out in MAP, section 2, or equivalent);
3. The Service Provider shall at all times provide a sufficient number of staff to ensure that the Services are provided in accordance with the standards, practices and other obligations set out in the Contract.

SECTION 3

TRAINING OF TECHNICIANS

- (a) Training of technicians will usually take place at The Health & Safety Laboratory, Broad Lane, Sheffield but may be held elsewhere.
- (b) The training course will be run by the Service Provider
- (c) The course will start with an afternoon session and will last a day and a half and will finish at 5.30pm on the second day.
- (d) The course will consist of familiarisation with the standardised tests ie. The cold provocation test, vibrotactile thresholds and thermal aesthesiometry.
- (e) The scoring system will be explained.
- (f) The technicians will demonstrate to the trainers that they have had a satisfactory assessment in their performance of the tests and in the correct completion of Form 1 (section 10). Those who pass the assessment will be issued with an appropriate certificate.
- (g) Each technician will be allocated an identifying number.
- (h) Each course could consist of six members who work in pairs to gain experience as a tester and as a subject.

SECTION 4

STANDARDISED TESTS

All tests will be performed according to the procedures developed under the research contracted by the HSE and published as (publication is under way).

The examination room will be kept at a temperature of $22^{\circ}\text{c} \pm 2^{\circ}\text{c}$.

(a) The vibrotactile threshold test

This will consist of:-

- (i) The forefinger and little finger of both hands being measured.
- (ii) The measurements being taken at 31.5Hz and 125 Hz.
- (iii) The thresholds at 31.5Hz and 125Hz will be recorded on Form 1.
- (iv) A score will be awarded using the scoring system.
- (v) The score being recorded on Form 1.

(b) The thermal aesthesiometry test

- (i) The forefinger and little finger of both hands being measured.
- (ii) The warm threshold and the cold threshold being measured and recorded in Form 1.
- (iii) The temperature neutral zone being calculated, the cold threshold is subtracted from the warm threshold (this is performed by the software) and recorded in Form 1.
- (iv) A score being awarded using the scoring system.
- (v) The score being recorded on Form 1.

(c) The Purdue Pegboard Test

This will consist of:-

- (i) The test being performed on both hands to detect loss of fine movement.
- (ii) A score being awarded using the scoring system.

- (iii) This test is performed by the Examining Doctor and not the technician.
- (iv) The score from this test being recorded, by the Doctor, at the end of the HAVS Questionnaire Examination and Staging Form. Form 2 (section 10).

(d) Grip force measurement

This will consist of:-

- (i) The grip force being measured on both hands.
- (ii) From the “normal” tables the results will be recorded as Normal or Abnormal.
- (iii) This test is performed by the Examining Doctor and not the technician.
- (iv) The results from this test being recorded, by the Doctor, at the end of the HAVS Questionnaire Examination and Staging Form. Form 2 (section 10).

SECTION 5

WRITTEN INSTRUCTIONS FOR USE BY THE TECHNICIAN

Written instructions are to be used by the technician on each occasion the objective tests are performed.

Written Instruction for use by the technician

Instruction 1

Vibrotactile threshold test

- (i) Rest your arm on the vibrometer so that the centre of the whorl on the fingertip is situated over the centre of the probe.
- (ii) Whilst watching the force feedback unit, press down gently on the probe until the needle on the force feedback unit reaches the "ON" position. Maintain the pressure on the probe so that the needle remains in the "ON" position throughout the test.
- (iii) Hold the response button unit in the opposite hand with the thumb over the response button.
- (iv) When you feel a vibration sensation at the probe, press the response button and keep it pressed until you can no longer feel the vibration. When the vibration can no longer be felt, release the response button until the vibration sensation is felt again i.e. when vibration can be felt the button should be DOWN; when the vibration cannot be felt the button should be UP.
- (v) Repeat this cycle until the technician informs you that the test is complete.

Instruction 2

Thermal aesthesiometry

- (i) Rest your finger on the top of the applicator so that the fleshiest part of your finger-tip is in the centre of the contact plate.
- (ii) Make sure that during the test procedure you maintain contact with the applicator contact pad without exerting excessive pressure.
- (iii) Hold the response button in the opposite hand with the thumb over the button.
- (iv) When you perceive a change in temperature of the contact pad, press the response button and then release it; the temperature will return to its original level. Do NOT press the button if you feel the temperature returning to the original temperature.
- (v) When you perceive another change in temperature like the first, press the response button again. The temperature will return to the original temperature.
- (vi) This cycle will repeat until the technician tells you the test is complete.

SECTION 6

SCORING SYSTEM

THE SCORING SYSTEM FOR THE STANDARDISED TESTS

1. Instructions to the Technicians

Complete personal details section of the scoring form. Form 1.

2. Thermal aesthesiometry

From the result summary sheet record the mean hot threshold and the mean cold threshold for each finger on Form 1. For each finger a separate temperature neutral zone TNZ is calculated by the software (by subtracting the cold threshold from the hot threshold result for that finger). Using the key given above each table you should record a score for each finger, ie. less than 21°C a score of 0, equal to or more than 21°C but less than 27°C a score of 2, equal to or more than 27°C a score of 4. Then total up the score for left and right hand and enter in the appropriate Total Box.

3. Vibrotactile thresholds

From the result summary sheet a score should be entered for vibrotactile thresholds at both 31.5Hz and 125Hz.

At 31.5Hz a score of less than 0.3 ms² is 0, equal to or greater than 0.3 ms² but less than 0.4ms² a score of 1, and equal to or greater than 0.4 ms² a score of 2.

At 125Hz less than 0.7 ms² scores 0, equal to or greater than 0.7 but less than 1.0 ms² scores 1 and equal to or more than 1 ms² scores 2.

The totals for 31.5Hz and 125Hz should be added and entered in the Total Box.

An overall total for the thermal aesthesiometry and the vibrotactile threshold is reached by adding the two Totals. This grand total should be entered for the left and right hand in the Total Sensorineural Score boxes.

4. Standardised Purdue Pegboard Test (Appendix 11)

After discussion with Professor Griffin we have agreed to recommend that the Purdue Pegboard test should be used.

This test has been widely used and normal values are readily available.

The pegboard will be supplied by ISVR.

The score of 10 is to purely allow for the distinction between late Sn2 and Stage Sn3.

A grip force will be performed as part of the Doctor's examination. A Jamar dynamometer will be supplied by the ISVR. This test should be recorded as Normal or Abnormal.

SECTION 7

TRAINING OF EXAMINING DOCTORS

(a) Training of the Examining Doctors will usually take place in Sheffield but may moved to other sites. Dr K L McGeoch and Dr I L Lawson will participate in the training.

(b) The training course will last for two days. A maximum of ten Doctors could be trained on each course.

The course would cover all aspects of the Hand-Arm Vibration Syndrome and would include familiarisation with the standardised tests i.e. the cold provocation test, vibrotactile thresholds and thermal aesthesiometry to measure the temperature neutral zone.

The tests include the Purdue Pegboard test and the Grip Force test to be performed by the Examining Doctors will be taught.

(c) The scoring system would be explained. Combining the test results with the information obtained from the questionnaires to arrive at a staging in a consistent manner will be an important part of the training.

(d) A certificate of satisfactory assessment will be issued where appropriate.

(e) Training the Doctors about the use of the test equipment will usually be done at the HSE Laboratory in Sheffield using their equipment but may be done elsewhere.

(f) Each Examining Doctor will be allocated an identifying number.

SECTION 8

TEST PROCEDURE FOR USING THE PURDUE PEGBOARD TO EVALUATE TACTILE SENSIBILITY

1.0 INTRODUCTION

The Purdue Pegboard has been used for many years to evaluate manual dexterity, but as it requires the subject to use a fine thumb to fingertip pinch grip, it can also give an indication of tactile sensibility, as the test requires the subject to pick up pins and place them in the holes in the Pegboard as a timed task.

It is an easy and quick test to administer relying on the use of a standardised testing kit, and normative data exists against which test results obtained can be compared.

The following method is the standard procedure devised by Tiffin (1948).

2.0 Test Method

2.1 Equipment set up

The pegboard should be placed on a table (of approximate height 760mm), directly in front of where the subject will be seated and orientated with the row of cups (which hold the pins) at the far end of the board. The extreme left and extreme right of the 4 cups should contain 25 pins each.

The examiner should be familiar with the test routine prior to the subject undertaking the test and should be capable of demonstrating the required tasks.

2.2 Subject Hand Dominance

The test assumes that the right hand is the dominant hand, but if this is not the case, the subject should take the test using the left hand first, and the left hand score should be looked up under the right hand column of the norm tables.

The following test instructions will need to be modified to accommodate this change.

2.3 Test Instructions

When the person is seated comfortably at the table with no obvious table height / seat anthropometric mismatches, the following instruction should be given by the examiner.

“This is a test to see how quickly and accurately you can work with your hands. Before you begin each part of the test, you will be told what to do and then you will have an opportunity to practice. Be sure you understand exactly what to do.”

Right Hand

Before each test, the required task is demonstrated. Begin by saying and demonstrating

“Pick up one pin at a time with your right hand from the right hand cup. Starting with the top hole, place each pin in the right hand row. (Leave the pin used for demonstration in the hole). Now you may insert a few pins for practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup.”

Correct any errors made in placing the pins and answer any questions. When the subject has inserted three or four pins and appears to understand the operation, say:

“Stop. Now take out the practice pins and put them back into the right hand cup.”

The say:

“When I say ‘Begin’ place as many pins as you can in the right-hand row starting with the top hole. Work as rapidly as you can until I say ‘Stop’.

“Are you ready? Begin”

Start timing when you say 'Begin'. At the end of exactly 30 seconds, say

"Stop".

Count the number of pins inserted and record the Right Hand Score. This is the total number of pins the subject placed with the right hand. Leave the pins in the holes.

Left Hand

(Directions for the Left Hand test are the same as the Right Hand test. They are repeated here for the ease of administration).

Begin by saying:

"Pick up one pin at a time with your left hand from the left hand cup. Starting with the top hole, place each pin in the left hand row, starting with the top hole. You may insert a few pins for practice."

When the subject has inserted three or four pins and appears to understand the operation, say:

"Stop. Now take out the practice pins and put them back in the left hand cup."

Then say:

"When I say 'Begin' place as many pins as you can in the left hand row starting with the top hole. Work as rapidly as you can until I say 'Stop'."

"Are you ready? Begin".

Start timing when you say 'Begin'. At the end of exactly 30 seconds, say

"Stop".

Count the number of pins inserted and record the Left Hand score. This is the total number of pins the subject placed with the left hand. After the right and left hand sequences have been administered the subject returns all pins to the proper cups.

Both Hands

This sequence tests both hands working together, Begin the test by saying:

*“For this part of the test you will use both hands at the same time. Pick up a pin from the right hand cup with your right hand and at the same time pick up a from the left hand cup with your left hand and place the pins down the rows. Begin with the top hole of both rows. (Demonstrate. Then replace the pins used for demonstration).
“Now you may insert a few pins for practice”.*

After three or four pairs of practice pins have been inserted correctly, say:

“Stop. Take put the practice pins and put them back in the proper cups”.

Then say,

“When I say ‘Begin’ place as many pins as you can with both hands starting with the top hole of both rows. Work as rapidly as you can until I say ‘Stop’.

“Are you ready? Begin”.

Start timing when you say ‘Begin’. After exactly 30 seconds, say

“Stop”.

Count the total number of pairs of pins inserted and record the score. The subject then returns the pins to the proper cups.

Right plus Left plus Both Hands (R+L+B)

This score is not based on a separate test, it is obtained by combining the test scores of the sequences described above. The score is the number of pins placed with the right hand plus the number of pins placed with the left hand plus the number of pairs of pins placed with both hands. It should be remembered that the number of pairs of

pins is used in adding the both hands score, not the total number of pins placed with both hands.

When the scores for the first three tests have been added together, record the sum for R+L+B. It is not necessary to record this score during the actual testing period.

3.0 Results

Test results can be easily and conveniently recorded on the record sheets supplied with the Pegboard Test Kit. This provides a standardised recording mechanism and enables rapid comparisons between subjects.

The record sheets also give a table normative data based on a sample (n=454) of males and female applicants for production work, of age range 17-65 years with mean average being 26.7 years. This is the sample most used for comparative purposes although much other normative data can be found in the Purdue Pegboard instruction manual, along with information relating to the reliability and validity of the tests.

Pass/fail criteria for the test can be set according to the percentile ranking of scores obtained as follows.

Purdue Pegboard Test

Men aged less than 60 years

Test Score	Mean - 2sd
Dominant Hand	13.88
Other Hand	13.47
Both Hands	11.10

The pass/fail criteria are 13 for each hand and 11 pairs for both hands.

Men aged 60-69 years

Test Score	Mean - 2sd
Dominant Hand	9.7

Other Hand	9.7
Both Hands	8.6

The pass/fail criteria are 9 for each hand and 8 pairs for both hands.

Men aged 70 - 79 years

Test Score	Mean - 2sd
Dominant Hand	7.4
Other Hand	6.5
Both Hands	4.2

The pass/fail criteria are 7 for dominant hand, 6 for other hand and 4 pairs for both hands.

Men aged 80+

Test Score	Mean - 2sd
Dominant Hand	6.1
Other Hand	6.4
Both Hands	4.2

The pass/fail criterion are 6 for each hand and 4 pairs for both hands

SECTION 9

TEST PROCEDURE TO EVALUATE GRIP STRENGTH

1.0 Introduction

Grip strength evaluation can be used as a measure of musculoskeletal function and level of gross mechanical ability of the hands and upper limbs. It is measured using a hand dynamometer, and can be measured easily and quickly using the standardised instrumentation, the Jamar Hand Grip Dynamometer (Model 5030J1). There is a large amount of normative data existing against which test results obtained can be compared.

The following method is from standard procedure adopted by many researches.

2.0 Test Method

2.1 Equipment set up

The Jamar 5030J1 is a hydraulic instrument with an adjustable handle to simulate 5 different grip sizes - the range of adjustment being $1 \frac{3}{8}$ " to $3 \frac{3}{8}$ " in $\frac{1}{2}$ " increments. It is recommended that the handle is set to the 2nd grip size ($1 \frac{3}{4}$ ") as this is an intermediate power grip size. The red peak-hold needle should be rotated counter clockwise to the zero position - this will automatically record the highest force the subject has exerted and should be reset before each new reading is taken and after the examiner has had a time to note down the reading.

2.2 Subject Posture

The subject should be asked to sit comfortably at a table of approximately height 760mm (30") with their shoulder (dominant side first) adducted and neutrally rotated. The test elbow should be flexed to 90 degrees and forearm and wrist should be in neutral position.

2.3 Test Instructions

When the person is seated comfortably at the table in the correct test posture, the following instruction should be given by the examiner, following a demonstration of the procedure by the examiner themselves.

“The purpose of this is to test your maximum hand grip strength. You will be asked to repeat this three times with each side beginning with your right (or left if appropriate) side. Please hold the grip strength meter in a comfortable position and when you are ready squeeze the handle as hard as you are able. After one maximum squeeze relax your hand and I will take the meter from you and record the measurement”.

After recording the measurement the examiner will hand back the meter to the subject then give the following instruction.

“When I say ‘Begin’ I would like you to repeat the test you have just done by giving the meter another squeeze with your hand”.

This procedure should be repeated once more to give a total of three measurements per hand tested. Then the subject should change position to their other (non-dominant) side and the whole test process is repeated.

3.0 Results

The mean of the three test results for each side should be calculated and this is then recorded as the average grip strength.

It is recommended that the results are recorded in both kg and lbs as normative data is given in lbs / kgs and Newtons (kg x 9.80) and then compared to the normative data obtained.

Jamar Hand Grip Dynamometer

Male subjects aged 20 - 54 years

Test Score	Mean –2sd score Kilograms
Dominant hand	33.77
Other hand	30.7

Pass/fail criterion 33kg in dominant hand and 30kg other hand.

Male subjects aged 55 - 69 years

Test Score	Mean –2sd score Kilograms
Dominant hand	22.24
Other hand	16.63

Pass/fail criterion 22kg in dominant hand and 16kg other hand.

Male subjects aged 70 - 75+ years

Test Score	Mean –2sd score Kilograms
Dominant hand	12.75
Other hand	11.32

Pass/fail criterion 12kg in dominant hand and 11kg other hand.

SCHEDULE 4(2)
MEDICAL REPORT FORM

(Version 5 of MAP Report dated 29 November 2002) – (Version 3.5 of MAP Report which has been operational since 30 June 2003 – with the exception of Glasgow - 22 July 2003)

CLAIM REFERENCE

HAND ARM VIBRATION - MEDICAL REPORT

THIS MEDICAL REPORT COMPRISES OF THE FOLLOWING SECTIONS:-	PAGE
1. THE CLAIMANT AND GENERAL INFORMATION	1
2. HAVS SYMPTOMS – QUESTIONNAIRE	2-6
3. MEDICAL HISTORY	7-11
4. EXAMINATION BY DOCTOR	12
5. RESULTS OF STANDARDISED TESTS (COMPLETED BY TECHNICIAN)	13-14
6. TEST SCORE SUMMARY	15-16
7. SUMMARY AND CONCLUSION INCLUDING QUESTIONS RE CARPAL TUNNEL SYNDROME AND DUAL PATHOLOGY AS APPROPRIATE	17-20

1. THE CLAIMANT AND GENERAL INFORMATION

NAME	FORENAMES
DATE OF BIRTH	AGE
CLAIMANTS ADDRESS	SOLICITOR

EXPOSURE TO VIBRATION:- **FIRST EXPOSURE TO**
IN ANY EMPLOYMENT **VIBRATION IN ANY EMPLOYMENT**

LAST EXPOSURE TO
VIBRATION IN ANY EMPLOYMENT

YEARS OF EXPOSURE

DOMINANT HAND L R BOTH

MAIN TRADE OCCUPATION

PRESENT EMPLOYMENT/STATUS

EXAMINATION TEST CENTRE

DATE AND TIME OF EXAMINATION

EXAMINING DOCTOR

2. HAVS SYMPTOMS - QUESTIONNAIRE

- 2.1 GENERAL**
- 2.2 VASCULAR**
- 2.3 SENSORINEURAL**
- 2.4 MUSCULOSKELETAL**
- 2.5 DEXTERITY**

THE EXAMINING DOCTOR SHOULD AVOID THE USE OF LEADING QUESTIONS WHILST STILL ENDEAVOURING TO ESTABLISH THE COMPLETE HISTORY.

2.1 GENERAL

HOW DO YOUR HANDS TROUBLE YOU?

2.2

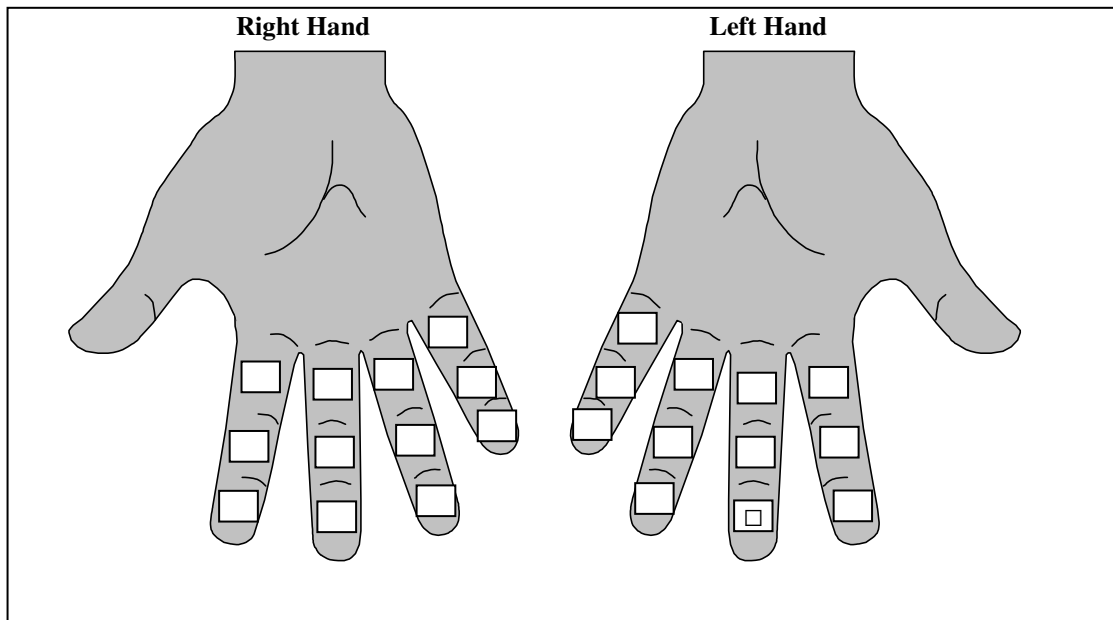
VASCULAR SYMPTOMS

2.2.1 COLD INDUCED WHITENESS

	YES	NO
(a) Have you ever suffered from your fingers going white on exposure to cold?	<input type="checkbox"/>	<input type="checkbox"/>
(b) When did you first notice the white finger?	<input type="text"/>	
(c) Do attacks of whiteness happen -		
All year round	<input type="checkbox"/>	<input type="checkbox"/>
Only in the Winter	<input type="checkbox"/>	<input type="checkbox"/>
How many attacks per week in the Winter?	<input type="text"/>	
How many attacks per week in the Summer?	<input type="text"/>	

State the most common circumstances:

(d) Which parts of your fingers are affected by whiteness?



(e) Does the white finger affect your job, hobbies or sports?

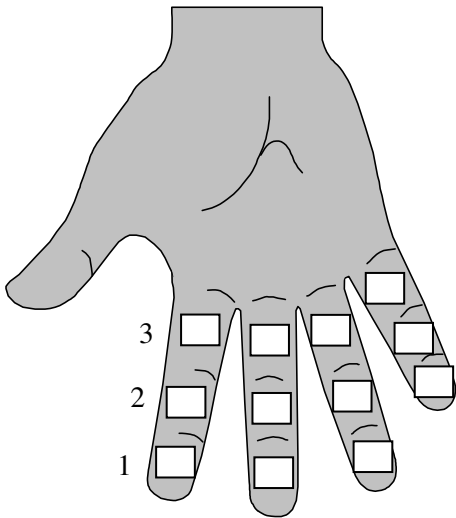
(f) Are the attacks of whiteness getting:-

	YES	NO
(i) Less frequent?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Frequency staying the same?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) More Frequent?	<input type="checkbox"/>	<input type="checkbox"/>

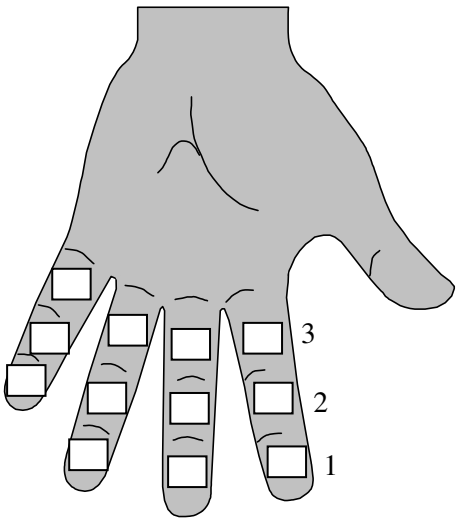
Where attacks are becoming more frequent please give details of the frequency and any possible reason(s) for the increase:-

(g) In the examining doctor's opinion, which parts of the fingers are affected by vaso-spasm?

Right Hand



Left Hand



Blanching Score right

Blanching Score left

If you feel that the areas of whiteness, described by the claimant in section 2.2.1d, are not consistent with vaso-spasm give the reason for your opinion

2.3 SENSORINEURAL SYMPTOMS

2.3.1 TINGLING (excluding the few minutes transient tingling after vibratory tool use)

(a) Did you suffer from tingling:-	YES	NO
(i) While using vibratory tools and for at least twenty minutes thereafter?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you suffer from tingling:-		
(ii) in response to cold?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) after an attack of whiteness?	<input type="checkbox"/>	<input type="checkbox"/>
(iv) at other times?	<input type="checkbox"/>	<input type="checkbox"/>
(v) is it persistent (at least more than 2 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Comments on tingling (comment on the distribution):-		

2.3.2 NUMBNESS

(a) Did you suffer from numbness:-	YES	NO
(i) While using vibratory tools and for at least twenty minutes thereafter?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you suffer from numbness:-		
(ii) in response to cold?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) during an attack of whiteness?	<input type="checkbox"/>	<input type="checkbox"/>
(iv) at other times?	<input type="checkbox"/>	<input type="checkbox"/>
(v) is it persistent (at least more than 2 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Comments on numbness (comment on the distribution):-		

2.3.3 TINGLING AND NUMBNESS

(c) When did you first notice tingling and/or numbness

(d) How does the tingling and/or numbness affect your job, hobbies or sports?

	YES	NO
(e) Does the tingling, numbness or pain in hands waken you at night?	<input type="checkbox"/>	<input type="checkbox"/>

(i) if yes, how often per week?	<input type="checkbox"/>
---------------------------------	--------------------------

2.3.4

Was the claimant exposed to vibration before 1 January 1975?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
Did he suffer from vascular or sensorineural symptoms before 1 January 1975?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
Have the symptoms become worse since 1 January 1975	<input type="checkbox"/>	<input type="checkbox"/>

2.4 MUSCULOSKELETAL

YES	NO	
Are you experiencing any other problems with muscles and joints of your hands/arms?	<input type="checkbox"/>	<input type="checkbox"/>
(i) pain?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) swelling?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) stiffness?	<input type="checkbox"/>	<input type="checkbox"/>
(iv) weakness of your grip?	<input type="checkbox"/>	<input type="checkbox"/>

2.5 DEXTERITY

Please detail all the areas where the Claimant reports dexterity problems.

After discrete but full questioning is it your opinion that the Claimant suffers from a loss of dexterity when in a warm environment?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate your reason for your decision:-		

3. MEDICAL HISTORY

- 3.1 PAST MEDICAL HISTORY
- 3.2 OTHER CONDITIONS
- 3.3 SMOKING HISTORY
- 3.4 ALCOHOL CONSUMPTION

3.1 PAST MEDICAL HISTORY

	YES	NO
a) Have you ever had white finger attacks prior to entering industry or prior to using vibratory tools?	<input type="checkbox"/>	<input type="checkbox"/>
Do attacks affect your feet, ears or nose?	<input type="checkbox"/>	<input type="checkbox"/>
Do attacks of whiteness affect other members of your family (father, mother, brother, sister)?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please give details:-

Are the attacks ever brought on by anything other than the cold?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If YES, please give details of what causes the attacks

Does the evidence suggest the Claimant suffers Primary Raynauds Disease?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If yes, on the balance of probabilities, does the condition contribute significantly to the claimant's vascular symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

- b) **Have you ever had injuries/accidents to fingers/
 palms/wrists or forearms?** **YES** **NO**

Give details of cuts, lacerations to fingers:-

Give details of fractures to fingers, wrists, forearms:-

- c) **Have you had an injury to neck, shoulder,
 chest or upper arms?** **YES** **NO**

If yes, has it left any after effects?

If YES, please give details

3.2 OTHER CONDITIONS IN YOUR PAST MEDICAL HISTORY

a)	Have you suffered from heart disease:-	YES	NO
	(i) angina?	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) coronary thrombosis?	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details:-		
	<input type="text"/>		
b)	Have you ever had any disease of the blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details:-		
	<input type="text"/>		
c)	Have you suffered from any condition of the nerves:-	YES	NO
	(i) carpal tunnel syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) poliomyelitis?	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) multiple sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>
	(iv) stroke?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details:-		
	<input type="text"/>		
d)	Have you ever suffered from disease of the joints, such as, arthritis, rheumatoid arthritis, connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details:-		

- e) Have you had any other serious illness? **YES** **NO**

If yes, give details:-

- f) Are you taking any medicine or tablets at present? **YES** **NO**

List medications:-

g) Are you attending hospital or your G.P.?

YES

NO

If yes, give details:-

3.3 SMOKING HISTORY

	YES	NO
Are you a smoker?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an ex-smoker?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ex-Smokers</u>		
When did you stop?	<input type="text"/>	
How many years did you smoke?	<input type="text"/>	
What was your usual consumption?	<input type="text"/>	
<u>Smokers</u>		
How many cigarettes a day?	<input type="text"/>	
How many grams of tobacco a week? (1oz equivalent to 25g)	<input type="text"/>	
How many grams of pipe tobacco a week? (1oz equivalent to 25g)	<input type="text"/>	

3.4 ALCOHOL CONSUMPTION

Units per week	<input type="text"/>		
Half pint of beer	equals	1 unit	
Small whisky	equals	1 unit	
Single gin	equals	1 unit	
Glass of wine	equals	1 unit	

4. EXAMINATION BY DOCTOR

			YES	NO
(a) Blood pressure left	/	Radial pulses normal	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure right	/	Ulnar pulses normal	<input type="checkbox"/>	<input type="checkbox"/>
Colour of fingers				
Scars or Callosities				
(c) Cervical spine/upper limb movement				
(d) of Hands				
(e) of Wrists				
(f) of Forearms				
			YES	NO
(g) Wasting of abductor pollicis brevis		Left?	<input type="checkbox"/>	<input type="checkbox"/>
		Right?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Is Dupuytren's Disease present		Left?	<input type="checkbox"/>	<input type="checkbox"/>
		Right?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Allen Test		Left normal?	<input type="checkbox"/>	<input type="checkbox"/>
		Right normal?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Tinel Test		Left normal?	<input type="checkbox"/>	<input type="checkbox"/>
		Right normal?	<input type="checkbox"/>	<input type="checkbox"/>
(k) Phalen Test		Left normal?	<input type="checkbox"/>	<input type="checkbox"/>
		Right normal?	<input type="checkbox"/>	<input type="checkbox"/>
(l) Adson Test		Left normal?	<input type="checkbox"/>	<input type="checkbox"/>
		Right normal?	<input type="checkbox"/>	<input type="checkbox"/>
(m) Purdue Pegboard Test:-	<u>By Hand</u>	<u>Score</u>		
	Dominant	<input type="checkbox"/>	Left normal ?	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Right normal ?	<input type="checkbox"/>
		<input type="checkbox"/>		

	Both				
(n) Grip strength	Left	<input type="text"/>	Left Normal?	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="text"/>	Right Normal?	<input type="checkbox"/>	<input type="checkbox"/>

5. RESULTS OF STANDARDISED TESTS

5.1 THERMAL AESTHESIOMETRY

5.2 VIBROTACTILE THRESHOLD

<p>Date of Birth:</p> <p>Age:</p> <p>Ref. Number:</p> <p>Room temperature $^{\circ}\text{C}$</p> <p>FST LEFT $^{\circ}\text{C}$</p> <p>FST RIGHT $^{\circ}\text{C}$</p>																																																					
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5.2 VIBROTACTILE THRESHOLD INDEX AND LITTLE FINGER

At 31.5 Hz $< 0.3\text{ms}^2 = 0$ $\geq 0.3\text{ms}^2 < 0.4\text{ms}^2 = 1$ $\geq 0.4\text{ms}^2 = 2$
 At 125 Hz $< 0.7\text{ms}^2 = 0$ $\geq 0.7\text{ms}^2 < 1.0\text{ms}^2 = 1$ $\geq 1.0\text{ms}^2 = 2$

	LEFT INDEX	LEFT SC	RIGHT LITTLE	RIGHT SC	RIGHT INDEX	RIGHT SC	LITTLE	SC
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MEAN 125 Hz	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINGER SCORES

TOTAL VTT LEFT = TOTAL VTT RIGHT =

Summary TA and VTT Scores

LEFT NEUTRAL ZONE SCORE RIGHT NEUTRAL ZONE SCORE
 LEFT VIBROTACTILE SCORE RIGHT VIBROTACTILE SCORE

Date:

Technician Number:

6. TEST SCORE SUMMARY

TEST SCORES

Thermal Neutral Zone Left Right

Vibrotactile Thresholds Left Right Blanching Score Left Right

Total TA Plus VTT Left Right

*** If the claimant has complained of a loss of dexterity in a warm environment see 2.5, page 7, has a hand score of ≥ 9 for the TA+VTT, then 10 should be added to the TA+VTT, for that hand, if the Purdue Pegboard Test is abnormal.**

Dexterity Test Left Right

FINAL SENSORINEURAL Left Right

7 SUMMARY AND CONCLUSION

7.1 GUIDANCE ON SENSORINEURAL STAGING

STAGE	CRITERIA	ASSESSMENT	
		LEFT HAND	RIGHT HAND
0 Sn	Vibration exposed but no symptoms		
1 Sn	Intermittent numbness and/or tingling with a sensorineural score $\geq 3 < 6$.		
2 Sn (early)	Intermittent or persistent numbness, and/or tingling, reduced sensory perception with a score of $\geq 6 < 9$.		
2 Sn (late)	As 2 Sn (early) but with a score of $\geq 9 \leq 16$.		
3 Sn	Intermittent or persistent numbness, and/or tingling, reduced manipulative dexterity and an Sn score ≥ 19 .		

GUIDANCE ON VASCULAR STAGING

STAGE	CRITERIA	ASSESSMENT	
		LEFT HAND	RIGHT HAND
0	No attacks		
1 V	Attacks affecting only the tips of the distal phalanges of one or more fingers and usually a blanching score of 1-4		
2 V	Occasional attacks of whiteness affecting the distal and middle (rarely also the proximal) phalanges of one or more fingers usually a blanching score of 5-16		
3V	Frequent attacks of whiteness affecting all of the phalanges of most of the fingers must have a blanching score of 18 or more		
4V	As 3V and trophic changes.		

7.2 HAVS STAGING

YES

NO

Is the Examining Doctor satisfied that the computer generated SENSORINEURAL staging is appropriate staging using the Stockholm Workshop Staging?

Is the Examining Doctor satisfied that the computer generated VASCULAR staging is the appropriate staging using the Stockholm Workshop Staging?

FINAL HAVS STAGING BY STOCKHOLM WORKSHOP SCALE

LEFT VASCULAR

LEFT SENSORINEURAL

RIGHT VASCULAR

RIGHT SENSORINEURAL

7.3 CARPAL TUNNEL SYNDROME:-

YES NO

Has the claimant at any time suffered from Right

Carpal Tunnel Syndrome Left

If YES:-

Has the claimant undergone surgery for that condition.

If YES please specify the number of surgical interventions, which wrists were involved, and the approximate dates of the surgery.

If NO:-

Is the claimant on a waiting list for surgery for CTS.

If the claimant is waiting for surgery, record which wrist(s) are to be operated on.

On the balance of probability does the Claimant suffer with HAVS (i.e. VWF Vascular or neurological symptoms) and CTS?

YES

On the balance of probability does the Claimant suffer not from CTS and suffer only with HAVS (i.e. VWF Vascular or neurological symptoms)?

On the balance of probability does the Claimant suffer with CTS only?

On the balance of probabilities, the Claimant does not suffer with CTS or HAVS

CTS STAGING WHERE HAVS IS NOT DIAGNOSED

CTS – NO SURGERY (2SN EARLY)

SURGERY (PLANNED OR PERFORMED) (3SN)

7.4 DUAL PATHOLOGY CONDITIONS

Does the evidence suggest that, on the balance of probabilities, the Claimant suffers from any of the agreed Dual Pathology conditions:

	YES	NO
• Cervical spondylosis	<input type="checkbox"/>	<input type="checkbox"/>
• Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
• Diabetes mellitus (previously diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>
• Arterial sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
• Primary Raynauds Disease	<input type="checkbox"/>	<input type="checkbox"/>

If yes, do any of those dual pathologies, on the balance of probabilities, contribute significantly to symptoms in the Claimant's hands?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, list each condition relevant and state in relation to each the basis of your views. In respect of diabetes neuropathy, please state the approximate date of diagnosis

7.5 SUMMARY AND CONCLUSION

Examining doctor's opinion on diagnosis of HAVS with appropriate justification. Any internal inconsistencies should be addressed, with explanation for any deviation from the computer generated staging.

DECLARATION:

I confirm that the contents of this report are true to the best of my knowledge and belief

SIGNATURE:

DATE

EXAMINING DOCTOR NO.

SCHEDULE 4(3)
MAP GUIDANCE NOTES FOR DOCTORS
(INCLUDING CTS)
(MAP 1)

Standards

Medical Services

BRITISH COAL

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Version: 4 (final)

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Document control

Superseded documents

Version history

Version	Date	Comments
4 (final)	18 September 2003	Amendment following medical review
3 (final)	02 May 2002	3 Final
2 (final)	29 May 2001	Inclusion of Carpal Tunnel Syndrome at Section 5
1 (final)	23 October 2000	Initial Version

Changes since last version

Section 3.2	Difficulty obtaining a clear history
Section 3.3	History of exposure to vibration
Section 4.2	Latent interval
Section 4.5	Vascular symptoms features to be addressed in the history
Section 4.8	Recording of vascular symptoms. The introduction of two hand diagrams
Section 4.9.2	Distribution of tingling and numbness
Section 4.11	Dexterity. Further guidelines
Section 4.12	1975 question
Section 5.2	Other conditions in the past medical history
Section 7.1	Vascular staging and advice regarding adjustment of vascular staging
Section 9.1	Comments by doctor on opinion of vascular and sensorineural staging
Section 10	Medical reviews
Section 10.5	Removal of CPT and advice when reviewing cases with a CPT

Updates to Standards incorporated

Issue control

Author: Medical Reference Panel

Owner and approver: Vibration White Finger Operational Manager

Signature:

Date:

Distribution: Intranet

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1. About this document

1.1 Purpose

The purpose of this document is to give advice to doctors who carry out the Medical Assessment Process on behalf of the Department of Trade and Industry. It is anticipated that the guide will assist to develop a consistent approach and clear up any difficulties and ambiguities that may have arisen since the work was contracted out to Schlumberger Medical Services.

1.2 Applicability

This guide applies to all doctors undertaking work for Schlumberger Medical Services relating to the Vibration White Finger (DTI) contract.

1.3 Owning process

1.4 Owner

The owns this document.

The owner is responsible for approval of this document and all related feedback should be addressed to them.

2. Introduction

You are instructed to examine former employees of British Coal who may be suffering from a condition referred to as Hand Arm Vibration Syndrome (HAVS), arising from their employment.

You are required to adhere as closely as possible to the Medical Assessment Process (MAP) which was developed by a group of experts in this field.

After much consultation, the current Medical Assessment Process (MAP) was agreed upon and the testing programme commenced in July 1999. The intention was to establish an efficient, cost effective mechanism by which to produce medical reports, upon which claims could be assessed for compensation. The process was intended to be fair to the claimant and to the public purse.

Much of the difficulty in agreeing the MAP centred around the lack of a specific test for the diagnosis of HAVS and disagreement amongst experts regarding the objectivity of the various standardised tests. Following a pilot study carried out at the Health and Safety Laboratory in Sheffield, the MAP was found to be "fit for purpose".

It was then introduced at fourteen testing centres throughout the United Kingdom.

2.1 Use of Guidelines

You will have already received training as a MAP Doctor and will be in receipt of training notes and manuals for reference. These guidance notes are not intended to replace information that you have already been given. The intention is to try and clear up difficulties and ambiguities that have become apparent since the work was contracted out for completion.

In fairness to the claimants and the DTI, there is need for consistency of approach throughout the programme. It is hoped that these guidance notes will provide you with proper instruction in performing your day-to-day examinations of claimants.

These notes have, as far as possible, been incorporated within the format of the guidance notes for doctors as have been as agreed between the parties. It is not intended to change the agreed format of the MAP at this stage. Nevertheless, our understanding of HAVS is an evolving process. These guidelines have been developed as advisory statements created according to validated methodologies, where available and consensus expert opinion elsewhere. Experience gained in this large scale testing programme will be invaluable in improving methods of diagnosis and assessment in future.

2.2 Role of the Examining Doctor

Your main task is to decide whether the claimant is suffering from the Hand Arm Vibration Syndrome, which for this assessment process includes carpal tunnel syndrome. If so, you will then be required to assess the extent of that disability,

based on your clinical examination and the results of the physical tests. Your report will help to determine whether or not compensation is to be paid to the claimant and if so, it will substantially influence the amount paid.

It is very important to accurately record the information given by the claimant about the development and extent of symptoms, particularly the extent of blanching.

Some claimants may not be suffering from HAVS. They may be suffering from some other condition entirely or from HAVS and some other condition (Dual pathology). Your report must therefore be comprehensive and clear in its meaning. It should comply with the instructions received and the guidance set out in this document.

2.3 Burden of Proof Applicable to the MAP

It is important that all of your assessments are based on the balance of probabilities test i.e. more than 50% sure. This is a civil law concept, which means that a matter is accepted as proven if it is more likely than not to be true. You do not have to be satisfied beyond reasonable doubt nor do you have to be “more than ninety-five per cent sure” (this is an approximation to the level of statistical significance often used in medicine).

3. The Claimant and General Information (Section 1)

The following guidance notes are presented in a sequence that follows the MAP sequence as it appears on your computer screen.

3.1 Taking the Claimants' History

The claimants will represent a wide range of personality types and ages. You should endeavour to make the interview and examination a pleasant experience, carried out in a business like manner. Where a claimant has problems with communication then they may reasonably request that they be accompanied and this should be complied with.

Whenever possible the history should be obtained from the claimant and not from some other interested party. An accompanying friend or relative may be invaluable if there are severe problems with deafness or speech impediment, as may occasionally follow a stroke.

On arrival, it is useful to observe the gait and general limb movements. The character of a handshake may be helpful.

Try to establish a good rapport with the claimant, making it clear that you expect an accurate account of their problems. Make sure that during the examination they are positioned comfortably in a chair preferably facing opposite you and then outline to them the basic sequence of your examination procedure.

Make a point of recording your accurate professional opinion of the claimant, including his attitude to the questions and examinations.

Problems with a poor memory may require patient, persistent and gentle enquiry. Claimants frequently have difficulty recalling the time when their condition was first noticed, particularly as the early disability may have been relatively trivial. The elderly in particular may underplay the seriousness of their disability.

Rarely, you will encounter claimants who are hostile or reluctant to co-operate. Sensitive handling will be necessary in such circumstances.

Avoid resorting to leading questions as far as possible. It is preferable for the claimant to volunteer information in his own words. It is all too easy for bald questioning to be responded to by affirmative replies.

3.2 Difficulty obtaining a clear history

In some circumstances the claimant may have a mental health condition which is adversely affecting his memory or ability to give clear account of his symptoms. A separate process for assessing claimants with severe mental health conditions is to be agreed by the parties. If the claims handlers prior to the assessment identify

such a case, they will not be given an appointment for a MAP examination. If you become aware that a claimant has a significant mental health problem either before or during the assessment process you should contact an audit doctor for advice on whether to continue the examination.

In some cases a claimant will be accompanied by a carer or representative who may volunteer information about symptoms or dates of onset that the claimant is unable to recall. Generally it would be expected that only information from the claimant is acceptable to be used for the MAP assessment. In some situations it may be reasonable to information such as dates from a 3rd party if in your clinical judgement they are more than likely to be correct. For example a claimant's wife may suggest a date of onset and substantiate this with reference to a known date such as retirement, daughter's wedding. If information is recorded from a 3rd party this should be made clear in the MAP and if you have any concerns you should seek further advice from an audit doctor.

A doctor may experience practical difficulties, during the assessment process (e.g. deafness requiring an interpreter or a claimant who is physically ill with a terminal illness). This may limit the amount of detail in the history or the performance of the practical tests. It is important these details should be recorded at the conclusion of the report, so that the information is available those auditing the process.

3.3 History of exposure to vibration

It is important that the total number of years of exposure to vibration are recorded in any industry, not just that with British Coal. In some cases other parties other than the DTI may use the MAP as the basis of compensation where the claimant has been exposed to vibration in non-British Coal mines or other non-mining industries.

When years of exposure do not equate to the total years worked in the coal mining industry, explain why (for example, specific years when in non-exposed work).

You will quickly become familiar with coal mining terminology and practices. Vibration exposure in a miner's working lifetime would alter considerably according to the equipment used and the type of work performed. For example, at the coal face or when carrying out percussive drilling in the hard headings. Promotion to a supervisory role e.g. colliery deputy might involve a significant reduction in vibration exposure per working shift.

4. HAVS Symptoms - Questionnaire (Section 2)

4.1 General (Map section 2.1)

How do your hands trouble you?

Get the claimant to volunteer to you the details of their symptoms and disability, carefully avoiding leading questions.

You might ask: -

"What was the first thing that you noticed wrong with your hands? What was the date of onset?"

Symptoms of HAVS usually develop after a number of years of exposure but this can be as short as six months or as long as twenty years.

4.2 Latent interval

The latent interval is the period between the first exposure and the onset of symptoms (usually taken as blanching). It is the view of the MRP that where symptoms have developed more than two years after the cessation of vibration exposure this should not be attributed to vibration and it will be up to the parties to decide whether the staging still stands. Where symptoms have first developed more than two years after cessation of vibration exposure they are very much less likely to be due directly to vibration damage. If a claimant develops symptoms compatible with Hand-Arm Vibration more than two years after discontinuing exposure, the doctor should identify the late onset in his final summary. The doctor should decide on the balance of probability if the claimant has HAVS on the basis of history (including vibration exposure), examination and investigations.

If the examining doctor, after considering all the above evidence, does not feel that this is consistent with a diagnosis of HAVS then this must be clearly stated. The staging should be adjusted to zero in such cases.

A staging should still be inserted solely on the basis of the vascular and sensori-neural scores to allow the case to be reviewed if the dates of exposure are subsequently found to be incorrect. This only applies in cases for which late onset is the only feature preventing you from diagnosing HAVS. If you decide that there are other factors making the diagnosis of HAVS unlikely, then the staging is adjusted to zero

4.3 Acute Vibration Exposure

Bear in mind that tingling and numbness may occur in almost everyone after prolonged use of vibrating equipment. Symptoms after such acute exposure usually clear up within twenty minutes or so. Significance of symptoms of HAVS is considered to exist if, after prolonged exposure to hand transmitted vibration,

vascular and/or neurological symptoms are reported. Episodic finger blanching (vibration white finger) is the most widely known of these effects but the sensory changes may be of greater functional importance. It is now appreciated that the vascular and neurological components of HAVS may present and progress separately. The two hands in each claimant require separate assessment.

4.4 Neurological symptoms

Perhaps the commonest hand symptoms, indicative of HAVS, are tingling and numbness. These symptoms may be initially slight and intermittent but may later become continuous and severe. As these neurological changes progress, they impair the functional ability of the affected hand. There is a gradual loss of dexterity. The claimant may describe clumsiness and a tendency to fumble with small objects such as coins.

Articles may drop without warning from their grasp and they may describe difficulties when dressing (particularly with zips, laces and small buttons) eating (using a knife and fork) or writing (difficulty holding a pen and deteriorating hand writing). They may also volunteer that there is sometimes pain or cramp in the hands and a loss of temperature appreciation. In severe cases there may be a significant loss of manipulative dexterity.

4.5 Vascular symptoms

The claimant may have noticed whitening of one or more fingers. The main trigger for these attacks is exposure to the cold and therefore, may be confined to the cold winter months. When first noticed, the change is usually confined to the fingertip and is well demarcated. The whiteness usually extends around the whole circumference of the finger. Very occasionally, the whole circumference is not involved or they may observe a white band at a proximal part of the involved finger.

As the condition progresses, so does the area affected. The area of whiteness observed may extend to include the whole of the distal, middle and finally also the proximal phalanx. Very occasionally the whiteness may extend beyond this into the palm. The thumb may also be affected. Mottling may be regarded as a physiological phenomenon not typical of HAVS.

Ask the claimant to give you an account of what occurs during a typical attack. Most attacks of whitening usually last between twenty and sixty minutes and are typically followed by the other changes of Raynaud's Phenomenon i.e. blueness followed by a red colour, due to the hyperaemic release phase. The classic sequence of colour change, from white to blue or purple and red is not always fully observed. The whitening is highly significant in the history and you must carefully document the claimant's responses. After exposure to vibration for a period of years, a permanent dusky bluish colouration of the affected fingers may result (a type of acrocyanosis).

The ischaemia in the fingers during the attack may cause the sufferer to experience pain, numbness and coldness in the affected digits. This may produce a marked

temporary impairment of manipulative dexterity and co-ordination. As the fingers recover, an unpleasant tingling and redness in the fingers are usual.

Nutritional changes such as ulcers or gangrene are extremely rare in HAVS and when they occur may be indicative of some other underlying constitutional disorder. They may of course be suffering from severe HAVS, in addition to such a constitutional condition.

Document in this section any other problems that they may have with their hands such as pain in the small joints of the hand or wrist and any restriction in the movement of the fingers. If you fail to obtain a history of attacks of whiteness at this stage, then it is essential that you document this finding. If a history of whiteness is not volunteered then a direct question regarding colour change should be asked. Both the question and the answer should be recorded.

A few claimants may suffer from vibration damage to thumbs. These claimants would have been involved in specific occupations, such as pedestal grinding, where damage to the thumbs has been recorded. It is recognised that none of the Stockholm Workshop Scales, the MAP, or the standardised tests is compatible with the involvement of the thumbs. However, if you genuinely believe that a claimant has such damage this should be recorded in the **final comment box**.

Whilst Section 2.1 of the MAP is the claimant's statement, the doctor should endeavour to tease out a full vascular and neurological history for inclusion at this stage. If the claimant offers no vasospastic history, then direct questioning on appearance or colour changes in the hand is appropriate. Such questioning might ask about whiteness, if more open questions fail to elicit a response

- The history should address:
- Description of the whiteness
- Demarcation of white change
- Circumferential blanching
- Areas affected at onset
- Areas currently affected
- Triggers
- Duration of an attack
- Hyperaemic phase
- Pain
- Symptoms on recovery

Not all these symptoms will be present in every case of HAVS but the history should be detailed and record those that are present.

4.6 Problems arising from coaching

The history, as given, is of fundamental importance to the MAP. Many of the claimants and their advisers will be aware of this, so it is not surprising that some prior coaching of claimants may have occurred. It is of course understandable that many claimants will receive guidance on what to expect during the medical process and there may sometimes be a fine line between such guidance on what to expect and direct coaching. You should listen carefully to the description of the symptoms given and in particular to the manner of delivery.

There may be a tendency to exaggerate relatively trivial symptoms and their duration, or even to describe symptoms that do not exist. Be suspicious if the claimant uses the word "blanching" in preference to white attacks. Gentle interrogation of the nature and duration of the colour changes during an attack will often clarify whether the symptoms are genuine or not. Where you suspect the accuracy of the history, you must comment accordingly in your report. Some claimants tend to downplay some of their symptoms. You should also document this finding if you believe it exists.

4.7 Vascular Symptoms (Map section 2.2)

Do not launch directly into leading questions on white finger. You might start by inquiring *"Do you notice anything odd about your fingers at any time?"* *"Does cold weather affect your hands; if so, how?"*

4.7.1 Cold induced whiteness

Cold exposure is a very common trigger. As HAVS progresses, minor temperature change may provoke attacks as may other factors such as damp weather.

Whiteness attacks can occur before, at the same time or after the onset of neurological symptoms. It is believed that the neurological and vascular components of HAVS develop independently, yet usually concurrently in a vibration exposed individual. When the claimant is unable to state when he first developed white finger, enter 0 in the box and explain.

Do the attacks happen all year around? Claimants may be only troubled in winter when the weather is cold. They may mention that they occur during cold or damp spells in the summer. Other attacks may develop when handling cold objects e.g., taking out the contents of a freezer or fridge or when swimming in cold water. Some sufferers try to warm their hands by placing them on radiators or under a hot tap. In others this activity provokes quite severe pain. Comment accordingly.

Blanching score. This should be assessed according to the diagram. You should ignore whitening in the thumbs for this purpose. You may find that the blanching score is higher in those fingers exposed to the more severe vibration during employment e.g. supporting or trigger fingers.

If they are still in employment, detail the nature of the occupation and comment on any restrictions. Outdoor work is much more liable to trigger attacks of whiteness. This vulnerability to cold may cause them to abandon hobbies such as gardening or fly-fishing. Outdoor sports activities such as swimming and cycling may have to be discontinued because of frequent episodes of white finger.

Some improvement in the vascular symptoms may occur once the worker is removed from harmful vibration. This improvement may simply be apparent due to changed circumstances. For example, the older worker in retirement may have less cold exposure than another worker who may be younger and finds alternative outdoor employment. Situations where attacks could be more frequent might be the painter and decorator or roofer working outside in all weather. He might find that the vascular symptoms are more frequent after removal from vibration. Most authorities consider that a genuine but slight improvement in the vascular problems may occur after some years removed from harmful vibration.

4.8 Recording of vascular symptoms

In order to improve the recording the claimant's description of the attacks of whiteness, there are now two screens to enter details of whiteness

The reason for this change is to improve the clarity of information recorded where the claimant states that his hands go white but the doctor does not accept that the whiteness is consistent with true blanching. By having two sets of hands the claimant's history and the doctor's opinion will be clearly recorded separately in every case and reduce the likelihood of a claimant perceiving that the doctor has not fully acknowledged and considered his symptoms.

The first set of hands is headed: -

Which parts of your fingers are affected by whiteness? Check boxes

This is used to record the areas of whiteness exactly as described by the claimant.

These boxes should be checked whether or not, in your medical opinion, you consider that the colour change described is true vasospasm.

A second set of hands has now been included after the remainder of the vascular questions to record **your medical opinion** on the nature of the whiteness. The ticks from the first hand diagram screen are automatically transferred to the second hand diagram screen.

The wording above the second hand diagram screen is: -

In the examining doctor's opinion, which parts of the fingers are affected by vaso-spasm? Check the boxes

The boxes on this set of hands should only be ticked where you consider the whiteness described is that of true vaso-spasm.

The final vascular staging is generated from the ticks on the second hand diagram screen.

If you accept that the areas of whiteness described by the claimant are consistent with true vaso-spasm then you will not need to make any amendments to check boxes.

If you make any amendments to this second hand diagram screen, then you must justify your reasons in the box below the hands, headed:

If you feel the areas of whiteness are not consistent with vaso-spasm give reasons. (This refers to areas described by the claimant that you ticked in the first diagram)

For instance if the claimant describes blotchiness, which you consider is not consistent with true vasospasm, you would tick the fingers on the first screen and then delete the ticks from the second screen. This will produce a computer-generated vascular staging of 0V.

The justification for your opinion needs to be more than just saying that the whiteness was not typical of true vaso-spasm. It should describe the features of the whiteness that you feel are inconsistent with true blanching. These features are covered in detail in the guidance for examining doctors.

Obviously if there was no whiteness described then both screens would be left blank.

4.9 Sensorineural Symptoms (Map section 2.3)

4.9.1 Tingling

- a) Severe vibration can produce temporary tingling and aching in the wrists and muscles of the forearm of a normal person. This is not HAVS but a normal response to acute vibration exposure. This usually clears up rapidly after cessation of vibration exposure. Where symptoms persist beyond twenty minutes or so after acute vibration, then they may represent pathological change indicative of HAVS.
- b) Tingling in HAVS is usually worsened by cold exposure whereas numbness is the usual complaint during attacks of whiteness. Tingling in the fingers at night or when the arms are elevated or dependent may be significant in indicating a carpal tunnel syndrome or median nerve involvement (neuropathy). In your comments on tingling try and describe the distribution in the hand and its timing, for example at the end of the working day. The claimants may have noticed that they recover some normal sensation after periods of rest (e.g. weekends or holidays). In general, claimants appear to suffer more disability from the neurological than from the vascular components of the Hand Arm Vibration Syndrome.

4.9.2 Numbness

1. Did you suffer from numbness?

The claimant may have difficulty in distinguishing between numbness (lack of sensation) and tingling. You may need to assist by explaining how these two symptoms differ, before proceeding with your questioning.

Numbness is the common accompaniment to blanching. Once the attack of whiteness is over, they may then gradually recover full sensation. Others may experience varying degrees of persistent numbness. This reduced sensory perception may be troublesome. For example, a worker on an assembly line may fumble with small articles and have difficulty keeping up to speed. Others may have abandoned activities such as playing cards or a musical instrument. This disability would be termed "impaired dexterity" and may be reflected in the slow performance of the Perdue Pegboard Test (PPT).

There is often a paucity of detail in the MAP report regarding the distribution of tingling and numbness in the digits. Doctors should describe the extent of involvement in the fingers for each hand.

Nocturnal exacerbation of tingling and numbness may indicate damage or compression of the median nerve at the wrist. This may be supported further by a positive Tinel's and Phalen's test, which must always be performed.

4.10 Musculoskeletal (Map section 2.4)

Problems with muscles and joints of the hands and arm. Claimants may experience muscle fatigue and reduction in hand grip strength after chronic exposure to vibration. These findings suggest that there may be an effect of vibration directly on muscle function. However, the mechanism and extent to which workers may be affected is not clearly understood.

You should carefully enquire regarding pain and joint swelling, particularly in the wrists, elbows and shoulders. Connective tissue changes attributed to vibration have been observed in the large joints of the upper limb. It was suspected that the development of the cysts and vacuoles with decalcification within the limb bones, could be directly attributable to the vibration, but it is now attributed to heavy manual work.

Some authorities believe that the use of impact vibration (where there is a percussive element to the vibration) may in the long term, produce bone spurs and osteoarthritic changes in the shoulder and cervical spine.

Weakness of grip may interfere with the ability to carry shopping bags or to drive a car. Some workers describe a spasm of their fingers (cramps) following prolonged grasping. Note whether the hand symptoms are symmetrical.

4.11 Dexterity (Map section 2.5)

If a claimant professes problems with fine movements and dexterity, careful observation and enquiry is required to make certain that such exist. Such matters may significantly affect the outcome of the MAP. You as the Examining Doctor must be satisfied that the claimant has a loss of dexterity in a warm environment. Use the comments box to try and precisely define the disability for this individual. To what degree, if any, is his lifestyle modified by his upper limb disability? Are there other factors affecting hand function such as the tremor of Parkinson's disease, paresis or paralysis from strokes, deformity from injury or Dupuytren's disease?

You must justify your opinion regarding the loss of dexterity question in all cases, whichever view you take.

The guidelines require the dexterity loss to be significant and continuous in a warm environment.

4.12 The 1975 question.

This question is of relevance to the claim where a claimant was working for British Coal prior to 1975. As 1/1/75 is the date of guilty knowledge, the MAP must contain a record of any deterioration of the HAVS after this date. If a claimant has not had any deterioration of his symptoms after 1/1/75 then he may not be eligible for compensation under this scheme.

The three questions apply to the **sensori-neural** symptoms in addition to the vascular symptoms.

The questions are as follows:

Was the claimant exposed to vibration before 1/1/75
yes/no

If yes

Did he suffer from vascular or sensori-neural symptoms before 1/1/75
yes/no

If yes

Have symptoms become worse since 1/1/75
yes/no

The second and third questions can only be answered if the previous is answered 'yes'. The ambiguity in previous version of the software has been removed.

5. Medical History (Section 3)

5.1 Past Medical History (Map section 3.1)

1. The vascular symptoms of HAVS i.e. episodic blanching may arise spontaneously in the general population from a variety of causes. These include Raynaud's Disease. This is believed to affect up to five percent of males and ten percent of females in the general population. If the claimants admit to problems with white finger prior to vibration exposure, this is highly significant.

Emotional factors as well as cold exposure may provoke the symptoms of Raynaud's Disease in adolescence, and particularly in young women. If you suspect Raynaud's Disease you should take a careful family history recording of the same in your report.

A number of other constitutional conditions may cause vascular symptoms secondarily. These have been referred to in your training notes. Conditions such as systemic lupus erythematosus, scleroderma and rheumatoid arthritis require exclusion for their vascular complications.

On the neurological side carpal tunnel syndrome may arise in the general population from entrapment of the medial nerve within the carpal tunnel. Similar symptoms may arise in vibration exposed workers.

This believed to be due to a neuropathy of the median nerve arising from the vibration. The present position with regard to the current MAP is that where carpal tunnel syndrome is detected in claimants, it is regarded as being part of HAVS.

2. Injuries, accidents to fingers, palms, wrists or forearms.
If such have occurred, include the sides and dates of injury and any surgical repair required. Document any permanent disability arising from these injuries. Some claimants may have undergone amputation of one or more digits. Surgical amputation may have been performed for severe Dupuytren's contracture. Claimants may have noticed that vascular symptoms are more severe in fingers distal to the level of injury.
3. Injuries to the neck, shoulder, chest or upper arms may be highly relevant. For example, a whiplash injury to the neck may produce symptoms referred to the hands. Some improvement over a period of time would normally be expected following trauma, although the development of osteoarthritis may lead to deterioration in affected joints. Cervical spondylosis may cause symptoms and signs in the upper limbs.

5.2 Other Conditions in Your Past Medical History (Map section 3.2)

Angina

A lay person can easily confuse angina with breathlessness or chest pain due to some other cause. The relationship of the pain to exertion and its relief by agents such as GTN may confirm the accuracy of this particular condition.

Coronary thrombosis and hypertension.

Details of the duration and severity of hypertension and the number of myocardial events would be relevant.

Have you ever had any disease of the blood vessels?

Problems such as intermittent claudication or rest pain, transient ischaemic attacks, strokes or arterial aneurysms would be relevant to this section.

Condition of the nerves.

Possible causes of neurological symptoms, similar to those encountered in HAVS may arise from peripheral nerve entrapment such as Carpal Tunnel Syndrome, ulnar nerve entrapment at the elbow, thoracic outlet syndrome and cervical spine degeneration. Neuropathy may occur as a consequence of several disease processes and exposure to certain physical agents.

a) Carpal Tunnel Syndrome (CTS)

In order to confirm this diagnosis you would expect the claimant to have experienced pain, tingling or sensory loss in the median nerve distribution (thumb, index, middle and radial side of ring finger). They may have noticed nocturnal exacerbation of their symptoms and possibly weakness of grip with associated wasting of abductor pollicis brevis.

Clinical tests supporting the diagnosis would be a positive Tinel's test and/or a positive Phalen's test (described in the examination section). Sparing of the little finger from symptoms may be a suggestive feature.

The claimants may have been subjected to a nerve conduction study (in an attempt to demonstrate abnormal median nerve conduction across the wrist) and may have had a surgical decompression performed.

CTS can arise idiopathically in the general population due to carpal tunnel compression. It is less common in males and when confirmed usually responds well to surgery. In vibration exposed workers the syndrome may be due to the development of a neuropathy in the median nerve. In this circumstance surgery to decompress the carpal tunnel may be disappointing. There is at present no easy test able to distinguish between these two aetiologies. The present MAP deals with

CTS by regarding all cases as a component of HAVS. Further guidelines on CTS are available at section 5.

b) Poliomyelitis.

This condition may have caused permanent limb weakness or paralysis. Such limbs may exhibit vasospasm without vibration exposure.

c) Multiple sclerosis and stroke

Multiple sclerosis and stroke may have produced permanent limb paresis or paralysis with associated sensory loss. Any central nervous system disorder may well affect hand function.

Connective tissue disease –

This section includes a long list of possible conditions. Some patients may be suffering from conditions such as scleroderma or systemic lupus erythematosus. They may not be able to accurately remember the name of their condition. If you suspect that such may be present, ask if they are currently under the care of a Rheumatologist. Check whether screening tests have been performed and whether they are currently receiving treatment, for example, by steroid injections or physiotherapy.

Other Serious Illnesses

All relevant serious illnesses should be entered. Conditions such as diabetes or other endocrine disorders including acromegaly and hypothyroidism, may be highly significant. Respiratory disease is frequently present and may be causing severe disability. Problems with vision or hearing and psychiatric illness should be documented.

Medication

Claimants often forget to bring a list of their medication and may not remember the name of the pharmaceutical product which they are taking on a regular basis. In these circumstances, it may be useful to ask for what complaint they think they are taking the particular drug.

The examining doctor should be aware of the importance of medication. This applies especially to the β (Beta) Blockers, calcium channel antagonists and the neurotoxic drugs listed below. He should record when the medication began in relation to the onset of symptoms and the effect, if any, on symptoms previously present. If the medication has been stopped then the effect or otherwise on the symptomatology should be noted.

The effect of medication is an area that is often not recorded in the MAP.

Possible neurotoxic agents encountered in the workplace include:

n-hexane	methylbutyl ketone	carbon disulphide
arsenic	diethylthiocarbamate	acrylamide
thallium	mercury compounds	antimony
lead (inorganic)	some organophosphates	
triorthocresyl phosphate (TOCP)		

Rarely, neuropathy may follow the administration of some groups of drugs, for example:

chloramphenicol	isoniazid	streptomycin
polymyxin	ethambutol	nitrofurantoin
metronidazole	gold	indomethacin
vincristine	perhexiline	phenytoin

(taken from HS(G) 88)

Recent hospital attendances

Enquire whether this was as an inpatient or an outpatient. Enquire whether they have discussed their hand problems with their own general practitioner, works doctor or nurse.

5.3 Alcohol Consumption (Map section 3.4)

Excessive drinking may be associated with an alcoholic neuropathy. This may aggravate the sensorineural problems in the hands.

5.4 Effect of Smoking on Vascular Staging

The data indicates that the effects of smoking on vascular symptoms are minimal.

6. Examination by a Doctor (Section 4)

6.1 Examination Requirements

a) Blood pressure

The blood pressure should be measured in both upper limbs and repeated on more than one occasion, if the measurement is difficult to obtain. If you suspect the patient to be hypertensive, you should advise the patient to have further checks by his General Practitioner. A discrepancy of more than 10mmHg between the upper limbs in the same individual may indicate some vascular narrowing at the subclavian or brachial level.

b) Inspection of hands

You should inspect the claimant's hands at room temperature. You may observe an acrocyanotic tinge (a bluish colour of the fingers) in the more severe cases. In some individuals, even at room temperature, some blanching may be observed. Scars or callosities should be noted, the presence of skin thickening and horniness (callosities at the base of the finger) with ingraining of dirt in the skin, may indicate continuing heavy manual work. The skin temperature itself may also be informative.

c) Cervical Spine/Upper limb movement

Check the range of neck movement by asking the claimant to look up at the ceiling, then put his chin onto his chest, turn his head to the right or to the left and to laterally flex his neck by approximating his ear to the shoulder on the same side. Note any restriction in the range of movement or any apparent pain or discomfort provoked by this movement. The range of movement at the shoulder may be checked by asking the claimant to place each upper limb above his head, then behind his head. Then in the reverse direction. If any significant arthritic change is suspected in the shoulder or if there is a frozen shoulder, this will be revealed by attempting circumduction at this joint.

Opening and closing the hands will indicate a full range of finger movement. Approximating the thumb to the tip of each finger in turn should be observed together with movements of the wrist both in adduction, abduction, flexion and extension. Inspection for wasting of the proximal part of the thenar eminence should be looked for.

Full movement at the elbow joint should be achieved with some hyperextension. You should check for full supination and pronation. Any tremor or weakness in the upper limb should be noted. Carpal Tunnel Syndrome, Dupuytren's contracture and trigger finger have all been reported in vibration exposed workers but a causal relationship has only been accepted for Carpal Tunnel Syndrome.

d) Wasting of the abductor pollicis brevis

This only occurs in more severe cases of median nerve compression. A positive Tinel's and/or Phalen's test will often be present. However, be aware that a limited

number of cases will have progressed to unremitting numbness, with negative Tinel and Phalen. A history of numbness in the median nerve distribution with negative Tinel and Phalen is consistent with a diagnosis of severe Carpal Tunnel Syndrome if found in association with wasting of abductor pollicis brevis. You must ask the subject to show you his hands palm uppermost and look for a hollow to the thenar musculature.

e) Dupuytren's Disease

In the early stages of Dupuytren's disease there may merely be some thickening of the palmar fascia in the palm of the hand. In more severe cases there will be an indrawing of the affected digit towards the palm of the hand and also thickening of the overlying skin in the palm. The loss of movement caused by fascial contraction should be recorded as well as any scars arising from surgical treatment. Record carefully any amputation of digits that may have occurred (from trauma or surgical treatment).

f) Allen Test

This clinical test is intended to demonstrate the patency of the palmar arteries and the digital arteries. The test should be carried out as follows; the patient should be sitting comfortably and the examining doctor standing.

You should find and compress the radial and ulnar arteries into one hand and then with the hand raised instruct the claimant to carry out a hand pumping action to expel the blood. The hand is then closed and lowered in the closed position. The hand is then opened palm upwards and one artery is released. If that vessel is patent a pink blush spreads over the palm. A delay in flushing of more than five seconds indicates a degree of occlusion. The test is then repeated on the other artery. Both hands are examined in this way.

g) Tinel and Phalen Tests.

1. Sit opposite the man and put him at ease
2. Hold his wrist in the palm of your hand with his palm side uppermost.
3. Hold the wrist so that it is in very slight flexion. This is designed to reduce tension in the wrist flexor muscles, notably the palmaris longus which overlies the median nerve.
4. Percuss the nerve firmly 3 or 4 times within 10 seconds with your slightly flexed middle finger or tendon hammer 1 cm proximal (i.e. near to the body and away from the fingers) to the wrist crease.
5. Tingling radiating distally (i.e. towards the fingers) in the median nerve distribution indicates a positive test. More usually the tingling affects the middle or ring fingers.
6. Local discomfort or no distal radiation indicates a negative test.

The Phalen test is carried out as follows:

1. You must place the man's wrist in acute flexion for this test.
2. Place the dorsum (back of the hand) against the dorsum of the other hand with the fingers pointing to the floor.
3. Lower the elbows as far as possible while the dorsa of both hands are still pressed together. By doing both tests at the same time, the normal one may act as a control for the affected hand. However both hands may be involved.
4. Keep the man's hands in this position for 1 minute. The test should be timed, since the more rapid the onset of paraesthesia, the more definite the diagnosis.
5. Tingling or numbness of the median nerve innervated fingers after 1 minute indicates a positive test.
6. Slight discomfort or no abnormal sensation after 1 minute indicates a negative test.

To test the weakness of thumb abduction:

With the palm of the hand uppermost, ask the Claimant to elevate the thumb against the resistance of your examining middle finger. You can apply your thumb to the muscle to ensure that the muscle is contradicting. Compare power in this way to both thumbs.

h) Adson's Test for Thoracic Outlet Syndrome

This is a clinical test which may detect an arterial compromise occurring at the subclavian artery level, for example due to a cervical rib.

To carry it out the following method is suggested; with the claimant sitting ask him to brace his shoulders back and rotate his head to the side being examined and elevate the chin. He should then be asked to take a deep breath (applicants with respiratory disease may find this difficult). You should continuously palpate the radial pulse, a decrease or disappearance of the radial pulse with simultaneous reproduction of symptoms would suggest thoracic outlet syndrome. Mere obliteration of the radial pulse happens in one in five of normal subjects but this does not usually produce any paraesthesia.

If you are in any doubt regarding the results you should perform a hyperabduction test. With the claimant in the same position as for the Adson's test, abduct the arm to 90 degrees and externally rotate (palm up) and palpate the radial pulse as before. Rarely, a thrill may be felt in the supraclavicular fossa during this procedure.

i) Recording of Results

Confusion has been occurring with regard to entering the results of these clinical tests. If Dupuytren's disease is present tick "yes", if absent "no". Allen's and Adson's Test must be performed in all cases, if normal tick the "yes" box. With regard to the Tinel and Phalen Tests (which are specific for Carpal Tunnel

Syndrome) it is now recommended that they be performed in ALL cases irrespective of whether nocturnal exacerbation of symptoms is present. By performing the tests in each case you will avoid any ambiguity from arising.

j) Purdue Pegboard Test

You should follow the test instructions as detailed in Appendix 11 of the MAP document. This test evaluates manipulative dexterity and tactile sensibility. You should count the pegs inserted in 30 seconds. For testing both hands count pairs of pegs inserted in 30 seconds. The test must be clearly explained to the claimant and they must have a practice session before timing. Observe the applicant during the test and take note of any fumbling with the fingers or if he tends to drop pegs. If the total VTT plus TA in each hand is equal to or greater than 9 and if you are convinced of a genuine reduction in manual dexterity, 10 is automatically added by the computer when the Purdue Pegboard Test (PPT) is abnormal.

k) Grip Strength

This uses the JAMAR Dynamometer. You should follow the test instruction as detailed in Appendix 12 of the MAP document. Three measurements are taken from each hand. You should take the average of three readings from the dominant hand followed by three by the non-dominant hand. This test is not scored but may be useful in detecting any attempt to cheat. A weak grip may arise from vibration damage to the intrinsic muscles of the hand and flexor group of the forearm.

6.2 Test Score Summary and Guidance for Sensorineural and Vascular Staging (Section 5)

6.2.1 Thermal Aesthesiometry

This test measures the thermal receptors in the nerves, i.e. cold/heat threshold. The test measures the mean hot and mean cold threshold and the difference between these two readings gives a thermal neutral zone. The test scores are calculated from the thermal neutral zone. Readings are taken from the median nerve (index finger) and the ulnar nerve (little finger) in each hand. The median and ulnar nerve scores are added together to find the total hand score (right and left hand separately). The nerve fibres being tested are cold threshold alpha (small myelinated fibres) and hot threshold (non-myelinated fibres).

6.3 Vibrotactile Threshold

This tests the mechanoreceptors (Alpha and Beta myelinated fibres) in the nerves. The mechanoreceptors have particular functions; i.e. they respond to stretch, edge and texture. These receptors respond at different frequencies. This is why the test is performed at two different frequencies of 31.5 Hz and 125Hz. Measurements are taken from the median nerve (index finger) and the ulnar nerve (little finger) in each hand at the two frequencies. The scores for the median and ulnar nerves in each hand are separately added together to give the vibrotactile threshold in each hand. The doctor is presented with the total VTT left and the total VTT right. Note neither

the TA nor the VVT tests are diagnostic on an individual basis. Both these tests require total co-operation from the client. Attempts at cheating have occurred e.g. trying to chill the hands prior to testing or wearing tight tourniquets on the arms. If you detect any such attempts you should advise the claimant and stop further testing. Carefully record the circumstances. The claim may be rejected on these grounds. In some circumstances, the claimant may have difficulty in performing the tests and in these cases the attending technician may discontinue the test. You should make sure that if the test is discontinued for whatever reason, that reason is recorded.

7. Examining Doctors Judgement Under the MAP Process

The diagnosis of HAVS remains dependent on the symptomatic history. The final decision depends ultimately on the judgement of the Medical Examiner taking into account both the reported symptoms, the findings and clinical examination and the test results. **You will be faced by two possible outcomes in this situation:-**

- ***The history is not consistent with the diagnosis of HAVS. If you decide on this then your reasoning must be recorded. In this situation, the clinical test results will be irrelevant for the diagnosis of HAVS, but may be supportive of another diagnosis. Where the latter is suspected you may wish to inform the patient's General Practitioner***
- ***The history is in keeping with the diagnosis of HAVS.***

Staging is based on test scores. If during your clinical assessment, you identify a reason to increase or decrease the staging, then you must put comments to this effect in the conclusion box. The following notes may assist you.

7.1 Vascular staging

The stage of the vascular component of the Stockholm Workshop Scales has a greater dependence of the history than has the neurological component.

It is important before arriving at the vascular staging that the history of onset of blanching, area affected by the blanching, frequency of attacks and a detailed description of a vaso-spastic attack are considered.

If you are in any doubts about this history try to clarify it with further questions. Is the history in keeping with all the other information that you have acquired during the examination?

The Stockholm Workshop Vascular component clearly states that to be a Vascular Stage 3 the blanching should affect all of the phalanges of **most** of the fingers. In other words the blanching should affect all of the phalanges of 3 or 4 fingers.

However, if the blanching affects all the phalanges of 2 fingers plus the middle and distal phalanges of the other two fingers and the examinee has frequent attacks summer as well as winter the Examining Doctor may feel justified in assessing this situation at V3. Anything less than what has been described should not be a Vascular 3. The blanching scores for Vascular Stage 2 should usually be 5 – 16 and **Vascular Stage 3 must be 18 or more.**

3V staging should not be made on the basis of blanching score in isolation. The grading should consider additional factors, such as frequency of attacks and the current level of exposure to cold. ***"The data provided by the MAP, so far, does***

not support the use of the TA & VTT scores for assessing the vascular stages in this contract.”

The data is strongly supportive of the use of the TA & VTT scores in the assessment of the neurological component.

In view of the above, the history is of paramount importance. The removal of the CPT may place too much emphasis on the blanching scores in arriving at the vascular stages. The importance of other factors such as the exposure history, the frequency of the vaso-spastic attacks and the severity of the latter must be recognised in addition to the blanching score when arriving at a vascular staging.

It is the experience of members of the MRP that high vascular stages are very unlikely if all other tests show little in the way of abnormalities.”

In all cases it important that the report contains evaluation of the evidence available and if there is conflicting evidence then the report must make it clear how the opinion regarding staging has been arrived at.

7.2 Sensorineural staging

An Examining Doctor is entitled to award a stage of 1Sn where the test score is less than 3 when there is a good history of exposure to vibration and a clear history of sensorineural symptoms.

If there is a vascular staging the minimum sensorineural staging should at least be 1SN because of the associated intermittent tingling that occurs after the blanching subsides.

A staging of 3SN must NOT be made unless all 3 of the following criteria apply to a particular hand:

1. There is a significant and continuous loss of manipulative dexterity in a warm environment. (i.e. not merely during blanching attacks or cold exposure.)
2. Where the total TA plus VTT score for the hand is equal to 9 or greater than 9.
3. Where the Purdue Pegboard result is abnormal.

Criterion (1) above demands your best clinical judgement, based on careful and critical history taking. If you strongly suspect coaching or other exaggeration of disability in the hands, do not stage a 3SN. A 2SN or 1SN may be more appropriate.

7.3 How to deal with missing digits

Where a digit is missing or can not be examined, possibly by being fixed in full flexion, then it should be assessed using the scores found on the adjacent finger

(the ring finger if the little finger can not be examined and the middle finger if the forefinger cannot be examined). If it is not possible then the assessment of the contra-lateral finger (i.e. same finger on the other hand) should be used.

8. Carpal Tunnel Syndrome

8.1 Background

The DTI has accepted that where a Claimant has CTS caused by exposure to vibration during the course of his employment with BCC that the Claimant will be entitled to receive compensation in certain circumstances. You are not concerned with assessing the Claimant's likely exposure to vibration as this will be done elsewhere. Nor are you concerned with the apportionment of the Claimant's condition as between competing employment. You will however be provided with a brief statement setting out the Claimant's employment history. Your task is to diagnose CTS and to comment upon the impact of any other condition that the Claimant may have which is having an effect on his hands.

8.2 Diagnosis

Surveillance criteria include pain or paraesthesia or sensory loss in the median nerve distribution which, broadly speaking, is the palmar aspect of the thumb, index and middle fingers, plus the radial half of the ring finger **with nocturnal exacerbation of symptoms and** at least one of the following:

- Tinel's test positive
- Phalen's test positive
- Motor loss with wasting of abductor pollicis brevis although this is a relatively late sign.

Be aware that severe chronic compression of the nerve will result in persistent numbness without nocturnal exacerbation of symptoms.

An additional feature which might support the diagnosis is:

- No sign or symptom in the little finger and dorsum of the hand

Wasting of the abductor pollicis brevis only occurs in more severe cases of median nerve compression. A positive Tinel and/or Phalen test will often be present. However, be aware that a limited number of cases will have progressed to unremitting numbness with a negative Tinel and Phalen test. In such cases damage to the nerve is so severe that provocative tests fail to cause additional symptoms. In such circumstances the history of numbness in the median nerve distribution with negative Tinel and Phalen tests is consistent with a diagnosis of severe Carpal Tunnel Syndrome if it is found in association with wasting of the abductor pollicis brevis.

You may encounter Claimants who have symptoms of both VWF and CTS. Care should be taken when coming to your diagnosis.

Whilst other tests exist to assist in the diagnosis of CTS, such as nerve conduction studies, it has been agreed that these will not be pursued.

Carpal Tunnel Syndrome may be seen as a single clinical entity without any evidence for HAVS. VTT and TA scores on the little finger imply that there are both CTS and HAVS.

8.3 Classification

If the surveillance criteria are met and you are satisfied that the Claimant has CTS you should state so clearly in section 7 of your MAP Report. Where you believe, again based on the balance of probabilities, that the Claimant has both CTS and VWF you should state so in the conclusion section of your MAP Report. It is not necessary to classify the severity of the Claimant's symptoms. The Claimant's entitlement to compensation will be determined by the overall staging that he has on the Stockholm scale.

8.4 Surgery

A Claimant may have undergone surgery on one or more occasions to relieve CTS. You should examine the Claimant's wrists and note within your MAP Report at section 7 the presence of any surgical scars. You should enquire of the Claimant whether he has undergone any operative treatment to relieve his CTS and note his response at section 7 of your MAP Report. You should specifically note the number of operations that he has had.

Claimants may not have undergone surgery but may be on the waiting list for surgery. You should enquire of the Claimant whether that is the case. If it is you should state so in the conclusions of your MAP Report.

*If you are of the view that a Claimant would benefit from surgery you should advise the Claimant to seek his General Practitioner's views. If you have so advised a Claimant you should state so in the conclusions of your MAP Report. This is most important. You are not required to make a referral to the Claimant's General Practitioner or to any other doctor or hospital.

When a claimant has Carpal Tunnel Syndrome alone you must indicate whether he/she has been managed without the need for surgery, or whether surgery has been carried out or is planned. The claimant's response to surgery should be recorded as ***improved, unchanged, worse***. The **number** of operations at each wrist should also be recorded.

8.5 CTS Staging

The presence of Carpal Tunnel Syndrome in the presence of HAVS is automatically allowed for in the awards made to claimants and you need do nothing further other than record the facts listed here.

When a claimant does not have HAVS the following levels of disability/condition severity should be recorded for Carpal Tunnel Syndrome. You must first adjust the

computer-generated staging to zero and these stages are automatically inserted when you tick the relevant Carpal Tunnel Syndrome boxes.

- No CTS Stage 0
- CTS - no surgery Stage 2SN - early
- CTS - surgery planned or performed Stage 3SN

9. Final Decision Making (MAP Section 7.3)

9.1 Comments by Doctor on Opinion of Vascular and Sensorineural Staging

If you wish to modify the computer generated staging you have the opportunity to do so. This must be fully explained in the comments section.

A common error is that the guidance is not followed or there is lack of reasoning for the alteration to the computer-generated staging.

If the Purdue Pegboard test result is surprisingly low, and not in keeping with informal observation, the current occupation or reported daily activities, the matter is worthy of comment in the conclusion.

If it is felt there TA or VTT results are unreliable, the doctor must comment on this and justify any modification of the computer generated sensori-neural staging.

10. Medical Reviews: Guidance for examining doctors

These guidance notes have been drafted by and agreed by the parties.

10.1 Background

The medical assessment process (MAP) is central to the claims handling arrangement (CHA) agreed between the parties.

The CHA provides that the Claimant and any Co-defendants may seek a review of the MAP report. IRISC can refer a report back to Schlumberger if it is not fit for purpose (NFFP) i.e. the report does not adhere to the doctors guidelines.

The Claimant has a right to seek a review or raise queries with the examining doctor and this should not be viewed as a criticism of the examining doctor's report or clinical judgement.

Examining doctors are reminded of their role as jointly instructed experts who owe a duty to all parties.

10.2 Types of Medical Reviews

Medical reviews fall into three broad categories: -

1. Where explanation or clarification is sought. For example, there may be some apparent ambiguity or inconsistency in the doctor's findings or comments.
2. Where there is a challenge to the accuracy of the report or the findings. For example, the claimant contends that the doctor has inaccurately recorded or omitted to record information given during the examination.
3. Where the examining doctor is requested to consider additional information.

With regard to the third category, the parties have agreed a process where a claimant is examined without reference to medical records, relying on thorough history taking from the claimant. The report is based on that history and on the doctor's assessment of the claimant at the examination. Therefore, in the main it is inappropriate for extraneous medical evidence, for example DSS assessments, previous Consultant Vascular Surgeons Reports, extracts from medical records, letters from GP's, etc to be referred to the MAP doctor. However the parties have agreed that in situations where a MAP doctor has considered the Claimant does not have Carpal Tunnel Syndrome but, for example, the Claimant has undergone nerve conduction studies which are positive, it will be appropriate for the nerve conduction studies to be forwarded to the examining doctor for consideration or preferably taken along to the MAP examination.

In addition there may be **rare** occasions where the GP records/hospital records are of relevance, and these can be forwarded to the audit/examining doctor as part of

the medical review. In these circumstances it would be expected that usually the full GP/hospital records would be included with the letter from the Claimant's representative setting out the basis of the medical review and not just a limited extract from those records. If only an extract is provided by the Claimant's representative they should make this clear in their covering letter and the audit/examining doctor at Schlumberger is entitled to request the full GP/hospital records from the Claimant's representative, (via IRISC) if they consider this to be appropriate. It should be noted, however that GP/hospital records will rarely add anything to the process and will not normally be submitted.

10.3 Process

The Schlumberger audit doctor will within 7 days consider whether the medical review (and any additional medical evidence) is in line with these guidance notes. If the medical review is not in line with these guidance notes it will be returned by the audit doctor to IRISC with an explanatory note and/or where appropriate a request for the full GP's medical records. A copy of the explanatory note will be sent by Schlumberger direct to the Claimants representative.

If the medical review is in line with these guidance notes the audit doctor should forward the relevant papers to the examining doctor and the examining doctor will review the report and provide as thorough a response as possible to the audit doctor, within 14 days (a total of 21 days from the date of referral by IRISC for Schlumberger to return to IRISC). If the examining doctor is not available for 14 days the matter will be referred to an audit doctor.

There may be cases where quite properly there has been a significant period of time between the examination and the request for the review. It may be difficult for the examining doctor to recall the claimant and/or the examination. However, the examining doctor should consider the issues raised in the review carefully and to answer in the fullest possible terms.

If the examining doctor is not available, the audit doctor should complete the medical review.

Once completed SchlumbergerSema will send the response to the medical review direct to IRISC and the Claimant's representative simultaneously.

The MAP process has evolved since it was set up and this is the fourth version of the guidance. It should be remembered that any review should take place using the guidance that was current at the time that the original MAP was completed rather than the time when the review was undertaken

10.4 Avoiding Medical Reviews

Medical reviews are part of the process and should not be regarded defensively or as criticism. Claimant's Representatives have been asked to ensure that letters in relation to medical reviews do not contain personal criticism.

However, there are steps that an examining doctor can take to reduce the likelihood of medical reviews. These include: -

Fully and accurately recalling the history given by the Claimant, particularly in relation to the history of the development, nature and extent of symptoms.

Stating clearly where the accuracy of information given by the Claimant is not accepted and giving clear reasons for that view.

In this context, you are referred to the guidance notes and in particular:-

“make a point of recording your accurate professional opinion of the claimant including his attitude to the questions and examinations”.

“where you suspect the accuracy of the history you are to comment accordingly in your report”.

“if you wish to modify the computer generated staging you have the opportunity to do so. This must be fully explained in your comments section”.

10.5 Removal of the Cold water provocation test (CPT) from the Map

The CPT was removed from the MAP on 17 June 2002. The parties have agreed that it will be inappropriate for a Claimant to raise a medical review in relation to a MAP report completed prior to that date solely on the basis that the Claimant's staging was downstaged on the basis of the CPT if that was in accordance with the guidance notes prevailing at the time.

Despite this it has been agreed that in all cases where review is sought the review is to be carried out against the guidance notes for examining doctors that were current at the time of the original examination, to ensure that the report and the diagnosis and staging are consistent with the guidelines in force at the time of the examination. Where the report is consistent with the guidance in force at the time it is not appropriate for the stagings to be altered on the medical review. In such cases the Claimants representative will be sent a standard response as follows:

“Your request for a medical review on the grounds that inappropriate reliance has been placed on the CPT has been considered. However, whilst the CPT was removed from the MAP with effect from 17 June 2002, it has been agreed between the DTI and CSG that in all cases, medical reviews, are to be carried out against the guidance notes for examining doctors that were current at the time of the original examination. The report has been reviewed and the diagnosis and staging are consistent with the guidelines in force at the time of the examination. Consequently it is not appropriate for the stagings to be altered on the medical review.

In the event the Claimant remains dissatisfied with this outcome we refer you to paragraph 13.2.7 of the disputes procedure. We suggest that if you have any further queries then you forward them to the CSG.”*

*This response is to be sent out by Schlumberger to the Claimant's representatives with a copy to IRISC.

Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be taken into account at the next scheduled review.

Name of sender: _____ Date: _____

Location and telephone number: _____

Please return this form to the Process Design Team.

SCHEDULE 4(4)
DOMICILIARY VISIT MAP
REPORT FORM
(MAP 1)

Version 3.5 dated 21 April 2003”-(Version 3.5 of MAP Report which has been operational since 30 June 2003)

IRISC CLAIM REFERENCE NO

HAND ARM VIBRATION - DOMICILIARY MEDICAL REPORT

THIS MEDICAL REPORT COMPRISES OF THE FOLLOWING SECTIONS:-	PAGE
1. THE CLAIMANT AND GENERAL INFORMATION	1
2. HAVS SYMPTOMS – QUESTIONNAIRE	2-7
3. MEDICAL HISTORY	8-12
4. EXAMINATION BY DOCTOR	13
5. SUMMARY AND CONCLUSION CARPAL TUNNEL SYNDROME /DUAL PATHOLOGY	14-16
6. FINAL COMMENTS	17

1. THE CLAIMANT AND GENERAL INFORMATION

NAME:	FORENAMES:
DATE OF BIRTH:	AGE:
CLAIMANT'S ADDRESS:	SOLICITOR:
POST CODE:	

EXPOSURE TO VIBRATION:- IN ANY EMPLOYMENT	First Exposure in any employment		
	Last Exposure in any employment		
	Years of Exposure		
	L	R	Both
Dominant Hand	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Trade Occupation			
Present Employment Status			

Place of Examination

Date and Time of Examination

AM/PM

Examining Doctor

2. H A V S S Y M P T O M S - Q U E S T I O N N A I R E

- 2.1 GENERAL**
- 2.2 VASCULAR**
- 2.3 SENSORINEURAL**
- 2.4 MUSCULOSKELETAL**
- 2.5 DEXTERITY**

Examining doctors should avoid the use of leading questions whilst still endeavouring to establish the complete history.

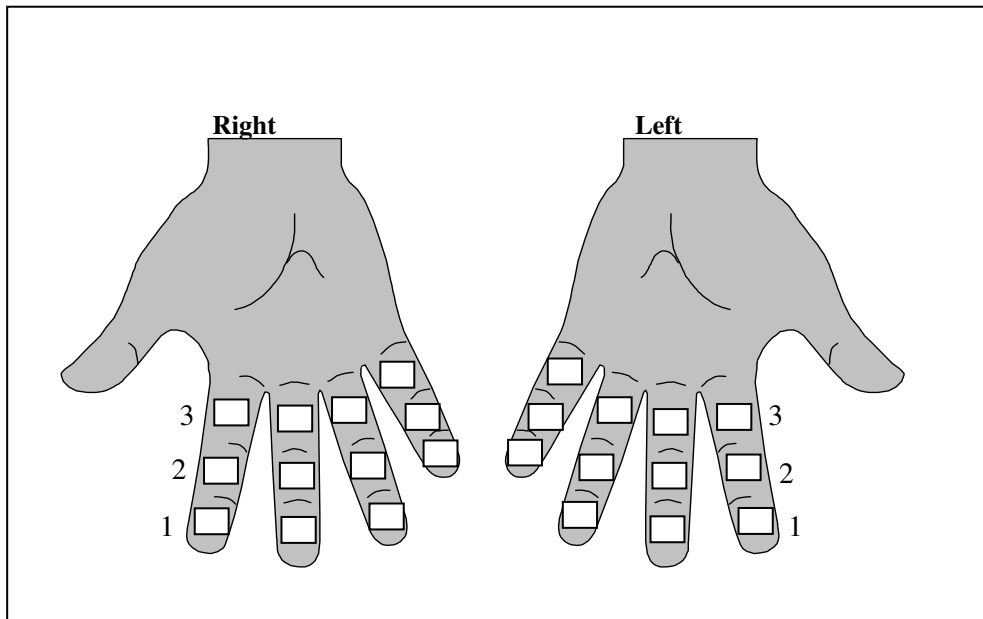
2.1 GENERAL

HOW DO YOUR HANDS TROUBLE YOU?

2.2 VASCULAR SYMPTOMS

2.2.1 COLD INDUCED WHITENESS		YES	NO
(a)	Have you ever suffered from your fingers going white on exposure to cold?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	When did you first notice the white finger?	Year	<input type="text"/>
(c)	Do attacks of whiteness happen -		
	All year round	<input type="checkbox"/>	<input type="checkbox"/>
	Only in winter	<input type="checkbox"/>	<input type="checkbox"/>
	How many attacks per week in winter?	<input type="text"/>	
	How many attacks per week in summer?	<input type="text"/>	
	State the most common circumstances		

(d) Which parts of your fingers are affected by whiteness?



(e) Does the white finger affect your job, hobbies or sports?

(f) Are the attacks of whiteness getting:-

(i) Less frequent?

(ii) Frequency staying the same?

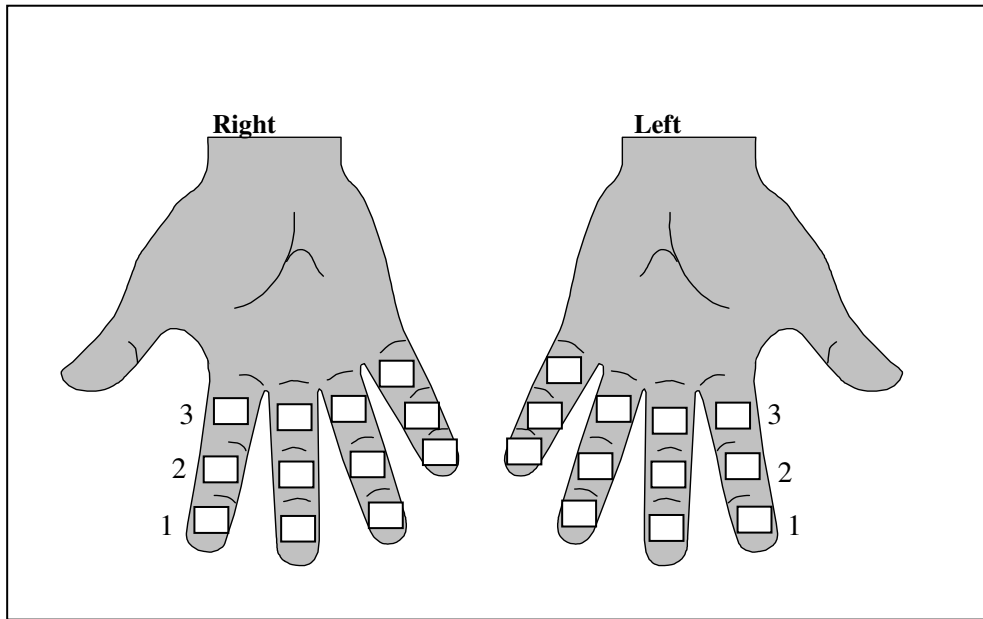
(iii) More frequent?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Where the attacks are becoming more frequent please give details of the frequency and any possible reason(s) for the increase

(g) In the examining doctor's opinion, which parts of the fingers are affected by vaso-spasm?



Blanching Score right

Blanching Score left

If you feel that the areas of whiteness described are not consistent with vaso-spasm give the reasons for your opinion.

2.3 SENSORINEURAL SYMPTOMS

2.3.1 TINGLING (excluding the few minutes transient tingling after vibratory tool use)		YES	NO
(a)	Did you suffer from tingling:-		
	(i) While using vibratory tools and for at least twenty minutes thereafter?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Do you suffer from tingling:-		
	(ii) in response to cold?	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) after an attack of whiteness?	<input type="checkbox"/>	<input type="checkbox"/>
	(iv) at other times?	<input type="checkbox"/>	<input type="checkbox"/>
	(v) is it persistent (at least more than 2 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Comments on tingling (comment on the distribution):-			

2.3.2 NUMBNESS		YES	NO
(a)	Did you suffer from numbness:-		
	(i) While using vibratory tools and for at least twenty minutes thereafter?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Do you suffer from numbness:-		
	(ii) In response to cold?	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) during an attack of whiteness?	<input type="checkbox"/>	<input type="checkbox"/>
	(iv) at other times?	<input type="checkbox"/>	<input type="checkbox"/>
	(v) is it persistent (at least more than 2 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Comments on numbness (comment on the distribution):-			

2.3.3 TINGLING AND NUMBNESS

(a) When did you first notice tingling and/or numbness Year

(b) How does the tingling and numbness affect your job, hobbies or sports?

(c) Does the tingling, numbness or pain in hands waken you at night? YES NO
if yes, how often per week?

2.3.4 **YES** **NO**

Was the claimant exposed to vibration before 1 January 1975?

If yes, Did he suffer from vascular or sensorineural symptoms before 1 January 1975 **1**

If yes, Have the symptoms become worse since 1 January 1975?

3 . M E D I C A L H I S T O R Y

- 3.1 PAST MEDICAL HISTORY**
- 3.2 OTHER CONDITIONS**
- 3.3 SMOKING HISTORY**
- 3.4 ALCOHOL CONSUMPTION**

3.1 PAST MEDICAL HISTORY

	YES	NO
(a) Have you ever had white finger attacks prior to entering industry or prior to using vibratory tools?	<input type="checkbox"/>	<input type="checkbox"/>
Do attacks affect your feet, ears or nose?	<input type="checkbox"/>	<input type="checkbox"/>
Do attacks of whiteness affect other members of your family (father, mother, brother, sister)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, to any of the above, please give details		
Are the attacks ever brought on by anything other than the cold?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details of what causes the attacks		

Does the evidence suggest the Claimant suffers Primary Raynaud's Disease?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, on the balance of probabilities, does the condition contribute significantly to the claimant's vascular symptoms?	<input type="checkbox"/>	<input type="checkbox"/>

3.2 OTHER CONDITIONS IN YOUR PAST MEDICAL HISTORY

		YES	NO
(a)	Have you suffered from heart disease:-		
	(i) angina?	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) coronary thrombosis?	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details:-		
(b)	Have you ever had any disease of the blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details:-		
(c)	Have you suffered from any condition of the nerves:-		
	(i) carpal tunnel syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) poliomyelitis?	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) multiple sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>
	(iv) stroke?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details:-		

(d) Have you ever suffered from disease of the joints, such as, arthritis, rheumatoid arthritis, connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give details:-		

(e) Have you had any other serious illness?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give details:-		
(f) Are you taking any medicine or tablets at present?	<input type="checkbox"/>	<input type="checkbox"/>
List medications:-		

(g) Are you attending hospital or your G.P.?

--	--

If yes, give details:-

--

3.3 SMOKING HISTORY

	YES	NO
Are you a smoker?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an ex-smoker?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ex-Smokers</u>		
When did you stop?		<input type="text"/>
How many years did you smoke?		<input type="text"/>
What was your usual consumption?		<input type="text"/>
<u>Smokers</u>		
How many cigarettes a day?		<input type="text"/>
How many grams of tobacco a week?(1oz equivalent to 25g)		<input type="text"/>
How many grams of pipe tobacco a week? (1oz equivalent to 25g)		<input type="text"/>

3.4 ALCOHOL CONSUMPTION

Units per week		<input type="text"/>
Half pint of beer	=	1 unit
Small whisky	=	1 unit
Single gin	=	1 unit
Glass of wine	=	1 unit

4. EXAMINATION BY DOCTOR

		YES	NO
(a)	Blood pressure left <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	Blood pressure right <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	Radial Pulses Normal	<input type="text"/>	<input type="text"/>
	Ulnar Pulses Normal	<input type="text"/>	<input type="text"/>
(b)	Colour of Fingers:		
	Scars or Callosites:		
(c)	Cervical spine/upper limb movement:		
(d)	Movement of hands:		
(e)	Movement of wrists:		
(f)	Movement of forearms:		
		YES	NO
(g)	Wasting of abductor pollicis brevis?		
	Left?	<input type="text"/>	<input type="text"/>
	Right ?	<input type="text"/>	<input type="text"/>
(h)	Dupuytren's Disease present?		
	Left?	<input type="text"/>	<input type="text"/>
	Right ?	<input type="text"/>	<input type="text"/>
(i)	Allen Test		
	Left normal?	<input type="text"/>	<input type="text"/>
	Right normal?	<input type="text"/>	<input type="text"/>
(j)	Tinel Test		
	Left normal?	<input type="text"/>	<input type="text"/>
	Right normal?	<input type="text"/>	<input type="text"/>
(k)	Phalen Test		
	Left normal?	<input type="text"/>	<input type="text"/>
	Right normal?	<input type="text"/>	<input type="text"/>
(l)	Adson test		
	Left normal?	<input type="text"/>	<input type="text"/>
	Right normal?	<input type="text"/>	<input type="text"/>
	By Hand No Pegs		
(m)	Purdue Pegboard Test		
	Dominant <input type="text"/>	Left normal?	<input type="text"/>
	Other <input type="text"/>	Right normal?	<input type="text"/>
	Both <input type="text"/>		

(n) Grip Strength	Left (Kg)	<input type="text"/>	Left normal?	<input type="checkbox"/>	<input type="checkbox"/>
	Right (Kg)	<input type="text"/>	Right normal?	<input type="checkbox"/>	<input type="checkbox"/>

5 . RESULTS OF STANDARDISED TESTS
Thermal Aesthesiometer and Vibrotactile tests are not included in the Domiciliary Medical Assessment Process.

This section is therefore left intentionally blank.

6 . TEST SCORE SUMMARY
Whilst the value of the Dexterity Tests (Purdue Pegboard and Grip Strength tests) are not shown, their results are noted in Section 4. "Examination by Doctor" and are subsequently used to formulate the opinions on Sensorineural and Vascular Stagings as given in section 7. "Summary and Conclusion"

This section is therefore left intentionally blank.

7. SUMMARY AND CONCLUSION

7.1 OPINION ON SENSORINEURAL STAGING

STAGE	CRITERIA	ASSESSMENT	
		LEFT HAND	RIGHT HAND
0 Sn	Vibration exposed but no symptoms		
1 Sn	Intermittent numbness and/or tingling		
2 Sn	Intermittent or persistent numbness, and/or tingling, reduced sensory perception.		
3 Sn	Intermittent or persistent numbness, reduced tactile discrimination and/or manipulative dexterity and/or tingling.		

OPINION ON VASCULAR STAGING

STAGE	CRITERIA	ASSESSMENT	
		LEFT HAND	RIGHT HAND
0	No attacks		
1 V	Attacks affecting only the tips of the distal phalanges of one or more fingers and usually a blanching score of 1-4		
2 V	Occasional attacks of whiteness affecting the distal and middle (rarely also the proximal) phalanges of one or more fingers usually a blanching score of 5-16		
3V	Frequent attacks of whiteness affecting all of the phalanges of most of the fingers must have a blanching score of 18 or more		
4V	As 3V and trophic changes.		

7.2 STAGING BY STOCKHOLM WORKSHOP SCALE

LEFT VASCULAR	<input type="text"/>	LEFT SENSORINEURAL	<input type="text"/>
RIGHT VASCULAR	<input type="text"/>	RIGHT SENSORINEURAL	<input type="text"/>

CTS - No surgery	(2SN EARLY)	<input type="checkbox"/>
CTS - Surgery planned or performed	(3SN)	<input type="checkbox"/>

7.4 DUAL PATHOLOGY CONDITIONS

Does the evidence suggest that, on the balance of probabilities, the Claimant suffers from any of the agreed Dual Pathology conditions:

	YES	NO
• Cervical spondylosis	<input type="checkbox"/>	<input type="checkbox"/>
• Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
• Diabetes mellitus (previously diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>
• Arterial sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
• Primary Raynaud's Disease	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do any of those dual pathologies, on the balance of probabilities, contribute <u>significantly</u> to symptoms in the Claimant's hands?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, list each condition relevant and state in relation to each the basis of your views.
In respect of diabetes neuropathy, please state the approximate date of diagnosis

7.5 SUMMARY AND CONCLUSION

Examining doctor's opinion on diagnosis of HAVS with appropriate justification. Any internal inconsistencies should be addressed, with justification of the sensori-neural staging and explanation for any deviation from the staging suggested by the blanching score.

DECLARATION:

I confirm that the contents of this report are true to the best of my knowledge and belief

Signature _____

Examining Doctor [PRINT]

Date:

Examining Doctor No

SCHEDULE 4(5)
D.V GUIDANCE NOTES
FOR DOCTORS
(MAP 1)

TO: All doctors approved to complete DV MAP **SUBJECT:** Amendments to DV MAP. Examination and print copy.
COPY: **REFERENCE:**
FROM: Dr Colin Wigley **DATE:** 18 Jun 2003

This guidance has been approved by the parties.

A new version of the domiciliary MAP has now been produced to bring it in line with the electronic MAP.

This document also contains some comments from the Medical Reference Panel as a result of their audit of domiciliary cases. It should be read in conjunction with the guidelines for carrying out domiciliary examinations.

The major changes are.

- 1975 question added
- Added dexterity question
- The section on impact on work/capacity has been removed.
- Carpal tunnel questions to reflect the questions on the computer version of MAP 1 are included
- In cases of carpal tunnel only, the doctor is required to stage the claimant according to instructions. This is done automatically on the computer version providing the doctor has staged the claimant as 0V and 0Sn.
- Dual pathology section included
- Inclusion of the extracts from the guidelines which appear on the doctor's screen in the electronic MAP are included on the doctor's template form of the DV MAP.

The page numbers below refer to the numbers on the template completed by the doctor.

1. Exposure to vibration

Page 1

The vibration exposure now specifically refers to any employment.

2. Blanching attacks

Page 2 section 2.

MRP Comment

'Although the history is always a very important part of the MAP, this is especially true of the domiciliary because there are no special tests. The doctors should obtain a full description of the attack of whiteness and should record whether the description is in keeping with a vasospastic attack. If not, this should be fully explained'.

Page 4 section 2.2.1f

Under the section "Are the attacks of whiteness getting less frequent? Etc" the question referring to the housebound has been removed.

The doctor must give additional details in cases when the attacks are becoming more frequent and give an opinion on why this is the case.

3. Insertion of an additional diagrammatic representation of the hands.

In order to improve the recording of the claimant's description of the attacks of whiteness, there are now two sets of hands to enter details of whiteness.

The reason for this change is to improve the clarity of information recorded where the claimant states that his hands go white but the doctor does not accept that the whiteness is consistent with true blanching. By having two sets of hands the claimant's history and the doctor's opinion will be clearly recorded in every case and reduce the likelihood of a claimant feeling that the doctor has not fully acknowledged his symptoms.

The first set of hands is headed:

Which parts of your fingers are affected by whiteness?

This is used to record the areas of whiteness exactly as described by the claimant.

These boxes should be ticked whether or not, in your medical opinion, you consider that the colour change described is true vasospasm.

A second set of hands has now been included after the remainder of the vascular questions to record your medical opinion on the nature of the whiteness.

The wording above the second hand diagram is.

In the examining doctor's opinion, which parts of the fingers are affected by vasospasm?

The boxes on this set of hands should only be ticked where you consider the whiteness described is that of true vaso-spasm or true Raynaud's phenomenon.

If the areas of the hands that are ticked are not identical on both sets of hands, then you must justify your reasons in the box below the hands, headed:

If you feel the areas of whiteness are not consistent with vaso-spasm give reasons (this refers to areas described by the claimant that you have ticked in the first diagram).

For instance if the claimant describes blotchiness which you consider is not true vasospasm, you will tick the fingers on the first set of hands but not insert ticks from the second set.

The justification for your opinion needs to be more than just saying that the whiteness was not typical of true vaso-spasm. It should describe the features of the whiteness that you feel are

inconsistent with true blanching. These features are covered in detail in the guidance for examining doctors. Obviously if there is no whiteness described then both sets will be left blank.

4. Sensorine ral symptoms

Page 5 section 2.3.1 and section 2.3.2

Under the section “sensorineural symptoms” there is now a prompt to comment on distribution of tingling and numbness.

Page 6 section 2.3.3

The section relating to nocturnal symptoms, the word “pain” has been added.

The revised question is.

Does the tingling, numbness or pain in hands waken you at night?

MRP Comment

'If tingling and numbness are reported during the initial history taking, details of whether it is volar or dorsal and the full extent of the tingling and numbness should be recorded in the history section'.

5. The 1975 question

Page 6 section 2.3.4

The 1975 question has now been added to the DV form.

There are three questions which have been amended to eliminate the ambiguity within the existing electronic form.

Please note that you are requested to consider both vascular and sensorineural symptoms not just the vascular symptoms as specified previously in the electronic MAP.

6. Dexterity

Page 7 section 2.5

The dexterity opinion has an additional justification box to mirror the computer version.

7. Primary Raynaud's Disease

Page 8 section 3.1a Primary Raynaud's Disease.

There are new questions to mirror the computer based MAP. An additional question has been inserted:

“Are the attacks ever brought on by anything other than the cold?”

The doctor is asked to give an opinion on whether the claimant suffers from Primary Raynaud's and whether it is making a significant contribution to the hand symptoms.

8. Other medical conditions

Page 10 Section 3.2.c

Details of CTS, poliomyelitis, Multiple Sclerosis and stroke are now specifically requested.

9. Smoking

Page 12 section 3.3

Details of tobacco consumption now required in grams

10. Carpal tunnel syndrome

Page 13 examination section 4.(g)

The doctor should record wasting of abductor pollicis brevis.

Page 17 section 7.3 Carpal tunnel syndrome.

These new questions require the doctor to record which hands are affected by carpal tunnel syndrome and if surgery is planned or has been carried out, which hands are affected.

The doctor must give an opinion on whether the claimant has HAVS only, CTS only or both or neither of these conditions. If CTS only is diagnosed, it is necessary for the staging to be recorded according to the proforma.

In the computer-generated MAP, this is done automatically providing the HAVS staging is adjusted to zero but for domiciliary reports the doctor must stage as follows:

CTS no surgery required	2Sn early	Ticks for right and left hand
CTS , surgery planned or performed required.	3Sn	Ticks for right and left hand

11. Dual Pathology

Page 18 section 7.4 Dual pathology

This new section mirrors the computer version and is self-explanatory.

12. Conclusion

Page 19 final conclusion.

Previous wording has been replaced with:

'Summary and Conclusion'

Examining doctor's opinion on diagnosis of HAVS with appropriate justification. Any internal inconsistencies should be addressed, with justification of the sensori-neural staging and explanation for any deviation from the staging suggested by the blanching score.

MRP Comment

'This is a very important section where it is necessary to summarise the case and discuss if it is not straightforward. There must be full justification for the staging and if the white attacks are considered not to be vasospastic in nature then full reasons must be given and it must be recorded in what ways the attacks are atypical of vasospasm'.

SCHEDULE 4(6)

SHORT LIFE EXPECTANCY

PROTOCOL

SCHEDULE 4(6)

SHORT LIFE EXPECTANCY PROTOCOL

1. It is recognised that cases will arise where a Claimant has a short life expectancy (less than 12 months) and may need an urgent map/domiciliary visit. This protocol sets out how such cases will be dealt with.
2. The Claimant's Representative will submit to IRISC a GP certification in the form at Annex 1. No case will be considered for expedition unless such a certificate is forthcoming..
3. IRISC will immediately, upon receipt of the GP notification, request the Claimant's employment record from Iron Mountain requiring that the search for records be completed within 7 days. Where a request for records is already with Hays IRISC will notify Iron Mountain of the escalated priority given to the case and require the return of the employment records pack within 7 days.
4. Within 7 days of the Claimants employment records becoming available IRISC will confirm whether the claim is accepted for consideration under the VWF CHA, or rejected on the basis of the Claimant's occupation history, and if the latter give full particulars of their reasons for rejecting the claim.
5. If the Claimants employment records are not available within 14 days IRISC will nevertheless arrange for the Claimant to be medically examined in accordance with paragraph 6.
6. If the claim is rejected the Claimant may follow the procedure set out in the Occupational Group Procedure. If the rejection is not accepted the Claimant's Representative shall notify IRISC within 14 days of the rejection, and IRISC will arrange for the Claimant to be medically examined in accordance with paragraph 6 below.
7. Upon agreement of the Occupational Group IRISC will arrange for either a full MAP, if the Claimant is fit to travel to a MAP centre, or a domiciliary visit, if appropriate, in accordance with the VWF CHA.
8. Within 7 days of receipt of the MAP report IRISC will:
 - make an offer in accordance with section 6 of schedules 5 and 6 and/or 7 of the vwf cha; or
 - notify a rejection of the claim providing full particulars of their reasons for that rejection; or
 - notify the claimants representative that they are unable to confirm the Claimant's occupation group in which case the claim will be dealt with in accordance with the occupational group procedures .

9. In the event of a dispute or if the Claimant rejects the finding of the map medical report the disputes procedures shall apply.

ANNEX 1 SLE PROTOCOL

For those Claimants who require certification from their GP that they may have a life expectancy of less than 12 months, it is proposed that the following letter should be sent to the GP by the Claimant's Representative.

Dear Doctor,

Your patient Mr.....is waiting to have a medical assessment for VWF for the purposes of his claim for compensation arising from his employment with British Coal.

As the representative of this man, I have been advised that he is very ill and as a result may need to be sent for testing very quickly. This is a sensitive issue because he should be given priority if it is justified but in fairness to those Claimants who are at present ahead of him in the queue he will only be given such priority if you are prepared to complete and return the attached certificate in the enclosed stamped addressed envelope.

Yours faithfully

CERTIFICATE

(This section should be completed by the Claimant's Representative)

Claimant's Full Name-----

Claimant's Address:-----

Claimant's contact telephone number (IMPORTANT) -----

Date of Birth: ----- NI No: -----

IRISC reference: -----

I, Dr ----- certify that my patient Mr -----

has in my opinion:

Tick as applicable

1. A life expectancy of greater than 12 months:

OR

2. A life expectancy of less than 12 months:

AND

3. Is too ill to leave his home for any purpose which requires a journey of more than a minimal time or distance and I, or my partners, always visit him at home as he suffers from the following conditions:

OR

4. Is able to attend a testing centre for the purpose of a VWF assessment to include testing and an examination

SCHEDULE 4(7)

MEDICAL REVIEW NOTES

(MAP 1)

SCHEDULE 4(7)
Medical Review Notes

MEDICAL REVIEWS : GUIDANCE FOR EXAMINING DOCTORS

These guidance notes have been drafted by and agreed by the parties.

BACKGROUND

The medical assessment process (MAP) is central to the claims handling arrangement (CHA) agreed between the parties.

The CHA provides that the Claimant and any Co-defendants may seek a review of the MAP report. IRISC can refer a report back to Atos Origin if it is not fit for purpose (NFFP) i.e. the report does not adhere to the doctors guidelines.

The Claimant has a right to seek a review or raise queries with the examining doctor and this should not be viewed as a criticism of the examining doctors report or clinical judgment.

Examining doctors are reminded of their role as jointly instructed experts who owe a duty to all parties.

Types of Medical Reviews⁷

Medical reviews fall into three broad categories:-

1. Where explanation or clarification is sought. For example, there may be some apparent ambiguity or inconsistency in the doctor's findings or comments.
2. Where there is a challenge to the accuracy of the report or the findings. For example, the claimant contends that the doctor has inaccurately recorded or omitted to record information given during the examination.
3. Where the examining doctor is requested to consider additional information.

With regard the third category the parties have agreed a process where a claimant is examined without reference to medical records, relying on thorough history taking from the claimant. The report is based on that history and on the doctor's assessment of the claimant at the examination. Therefore, in the main it is inappropriate for extraneous medical evidence, for example DSS assessments, previous Consultant Vascular Surgeons Reports, extracts from medical records, letters from GP's, etc to be referred to the MAP doctor. However the parties have agreed that in situations where a MAP doctor has considered the Claimant does not have Carpal Tunnel Syndrome but, for example, the Claimant has undergone nerve conduction studies which are positive, it will be appropriate for the nerve conduction studies to be forwarded to the examining doctor for consideration or preferably taken along to the MAP examination.

⁷ **It has been a retrospective exercise in relation to dual pathology and CTS. Relevant letters sent out are at Schedule 4(8).**

In addition there may be **rare** occasions where the GP records/hospital records are of relevance, and these can be forwarded to the audit/examining doctor as part of the medical review. In these circumstances it would be expected that usually the full GP/hospital records would be included with the letter from the Claimant's representative setting out the basis of the medical review and not just a limited extract from those records. If only an extract is provided by the Claimant's representative they should make this clear in their covering letter and the audit/examining doctor at Atos Origin is entitled to request the full GP/hospital records from the Claimant's representative, (via IRISC) if they consider this to be appropriate. It should be noted, however that GP/hospital records will rarely add anything to the process and will not normally be submitted.

Process

All medical reviews will be submitted by the Claimant's representative to IRISC who will within **28 days** refer the review to a Atos Origin audit doctor.

The Atos Origin audit doctor will within 7 days consider whether the medical review (and any additional medical evidence) is in line with these guidance notes. If the medical review is not in line with these guidance notes it will be returned by the audit doctor to IRISC with an explanatory note and/or where appropriate a request for the full GP's medical records. A copy of the explanatory note will be sent by Atos Origin direct to the Claimants representative.

If the medical review is in line with these guidance notes the audit doctor should forward the relevant papers to the examining doctor and the examining doctor will review the report and provide as thorough a response as possible to the audit doctor, within 14 days (a total of 21 days from the date of referral by IRISC for SchlumberSema to return to IRISC). If the examining doctor is not available for 14 days the matter will be referred to an audit doctor.

There may be cases where quite properly there has been a significant period of time between the examination and the request for the review. It may be difficult for the examining doctor to recall the claimant and/or the examination. However, the examining doctor should consider the issues raised in the review carefully and to answer in the fullest possible terms.

If the examining doctor is not available, the audit doctor should complete the medical review.

Once completed the response to the medical review will be sent by SchulumbergerSema direct to IRISC and the Claimant's representative simultaneously.

Avoiding Medical Reviews

Medical reviews are part of the process and should not be regarded defensively or as criticism. Claimant's Representatives have been asked to ensure that letters in relation to medical reviews do not contain personal criticism.

However, there are steps that an examining doctor can take to reduce the likelihood of medical reviews. These include:-

- Fully and accurately recalling the history given by the Claimant, particularly in relation to the history of the development, nature and extent of symptoms.
- Stating clearly where the accuracy of information given by the Claimant is not accepted and giving clear reasons for that view.

In this context, you are referred to the guidance notes and in particular:-

- 3.1.1. "make a point of recording your accurate professional opinion of the claimant including his attitude to the questions and examinations".
- 3.2.2 "where you suspect the accuracy of the history you are to comment accordingly in your report".
- 7.2 "if you wish to modify the computer generated staging you have the opportunity to do so. This must be fully explained in your comments section".

Removal of the Cold water provocation test (CPT) from the Map

The CPT was removed from the MAP on 17 June 2002. The parties have agreed that it will be inappropriate for a Claimant to raise a medical review in relation to a MAP report completed prior to that date solely on the basis that the Claimant's staging was downstaged on the basis of the CPT if that was in accordance with the guidance notes prevailing at the time.

Despite this it has been agreed that in all cases where review is sought the reviews are to be carried out against the guidance notes for examining doctors that were current at the time of the original examination, to ensure that the report and the diagnosis and staging are consistent with the guidelines in force at the time of the examination. Where the report is consistent with the guidance in force at the time it is not appropriate for the stagings to be altered on the medical review. In such cases the Claimants representative will be sent a standard response as follows:

"Your request for a medical review on the grounds that inappropriate reliance has been placed on the CPT has been considered. However, whilst the CPT was removed from the MAP with effect from 17 June 2002, it has been agreed between the DTI and CSG that in all cases, medical reviews, are to be carried out against the guidance notes for examining doctors that were current at the time of the original examination. The report has been reviewed and the diagnosis and staging are consistent with the guidelines in force at the time of the examination. Consequently it is not appropriate for the stagings to be altered on the medical review.

In the event the Claimant remains dissatisfied with this outcome we refer you to paragraph 13.2.7 of the disputes procedure. We suggest that if you have any further queries then you forward them to the CSG."*

*This response is to be sent out by Atos Origin to the Claimant's representatives with a copy to IRISC.

This guidance has been operational since 1 May 2003.

SCHEDULE 4(8)
RETROSPECTIVE EXERCISES

SCHEDULE 4(8)(i)
DUAL PATHOLOGY

29th November 2002

Our Ref:«cl_clref»
Your Ref:«cl_client»



IRISC Claims Management

«so_pracnm»
«so_addr1»
«so_addr2»
«so_addr3»
«so_addr4»
«so_postcd»

Specialist
Insurance
Services

Department of Industrial Diseases
P.O.Box 138
Sheffield
S1 1GN
DX722181 Sheffield 37

Tel: 0114 209 4812
Fax: 0114 209 4811

Dear Sirs,

**Re: Mr «cl_surname»
Vibration White Finger
Client : Department of Trade & Industry**

We act as claims handlers for the Department of Trade and Industry and are dealing with a claim for Vibration White Finger in respect of the above named.

Guidelines, advising MAP doctors how to diagnose a Dual Pathology, were issued on the 10 July 2001.

Your clients MAP examination took place before 10 July 2001 and indicated one of the agreed 5 Dual Pathologies: -

- Arterial Sclerosis
- Cervical Spondylosis
- Constitutional Raynaud's Phenomenon
- Diabetes Mellitus
- Rheumatoid Arthritis

The MAP report has, therefore, been returned to SchlumbergerSema (the DTI Service Provider for the medical examinations) for the original MAP doctor to confirm whether or not, on the balance of probability, the Dual Pathology is having a significant impact on your client's VWF condition.

On receipt of the updated MAP report, we will contact you again with our proposals. However if your clients claim has been identified as: -

Group 3
Occupation not confirmed
Denied

No proposals will be made until exposure/liability is accepted.

L Callaghan

For and on behalf of

IRISC Claims Management



IRISC Claims Management

Policy & Contracts Team

**Dual Pathology- Procedure for dealing with MAP and CVC medical reports pre
and post 10th July 2001**

Introduction

IRISC have been asked to provide a proposal for the return of historical medical reports where a Dual Pathology condition has been identified but no comment has been made as to it's impact on the claimant's HAVS and/or CTS and on a process for dealing with current reports where a Dual Pathology condition is identified.

This will involve

- Locating claims where a DP condition exists and establishing whether offer/acceptance has already occurred
- All claims where no offer has been made or an offer has been declined on the grounds of the dual pathology discount will need to be returned
- A copy of the MAP report with relevant form for the doctor's completion will be sent to Sema
- The original examining doctor, if he/she is available or an audit doctor will comment on the DP conditions, in line with Guidance Notes provided on the 10th July 2001
- The report will be returned to IRISC and the claim progressed accordingly
- The process of MAP returns to and from Sema will be monitored by the Policy and Contracts team
- Regular updates or statistical analysis will be provided to the relevant parties.

We have discussed the matter with Schlumberger Sema and have agreed that historic reports will be returned at the rate of 50 per week and the same volume received by IRISC.

Identifying the relevant claims

The majority of claims on which a Dual Pathology has been identified can be located on IRISC's file management system, as the relevant pathology will have been recorded. What we cannot tell from the system is whether an offer has been rejected on the grounds of a dual pathology discount, or because the claimant wishes to pursue other heads of damage. Therefore, IRISC will have to check each file manually where an offer has been made and rejected.

We have asked our IT department to identify all claims with a dual pathology flag on our system, in the first instance, and to group these into those claims with an offer and those without.

Those claims without an offer can be returned straight to Sema. Those with an offer will need to be checked to see if the claimant has accepted or rejected the discount applied for dual pathology.

This file review will be conducted by the Policy & Contracts team, who will review sufficient files to locate 50 a week that require returning to Sema. A specific team within the P & C team will be set up to facilitate this.

Procedure for handling claims with an identified dual pathology

The following is the proposed procedure for assessing and processing reports. We have dealt separately with reports generated pre and post 10th July 2001.

MAP Medical Reports produced on or BEFORE 10th July 2001

1. Where a doctor identifies a dual pathology condition in the report, but makes no mention of the impact it is having on the man's HAVs, the report will be returned to Sema before any offer is made.
2. ~~If the claimant rejects the offer on the grounds that he does not accept the discount for the dual pathology condition, then the DP assessment form (Appendix B) should be completed by the claims adjuster.~~
3. The MAP report and completed DP assessment form should be passed by adjusting staff to the Policy & Contracts team, who will record the claimant's details on a spreadsheet and return the MAP and DP assessment form to Sema.
4. Sema will arrange for the medical report to be reviewed by the original examining doctor, or if he/she is not available an audit doctor.
5. The doctor will be expected to comment, on the balance of probabilities, whether the relevant dual pathology is prima facie making a significant contribution to symptoms in the claimant's hands.
6. Sema will return copies of the pro forma and completed assessment form to IRISC, the claimant's solicitor and any identified co-defendants simultaneously, within 14 days of its receipt.
7. On reviewing the medical report, if the doctor has confirmed that prima facie the dual pathology condition was making a significant contribution to symptoms in the claimant's hands then the claims adjuster will make an offer with the discount applied, including a copy of the doctor's assessment form.
8. If the doctor did not feel the dual pathology was prima facie making a significant contribution to symptoms in the claimant's hands, then an offer should be made for full damages.
9. If following the actions in point 7, the claimant still does not accept the application of a discount, then the claimant should be asked to provide a signed mandate for disclosure of his GP records. The GP records will be obtained by a service provider (not IRISC).
10. On receipt of the GP records by IRISC, these will be passed to the Policy & Contracts team.
11. The Policy and Contracts team will arrange for the records and a copy of the MAP to be passed to an independent assessor (currently Pat Fisher).
12. The independent assessor will search the GP records. If two references to the dual pathology condition are discovered, with those references being a year apart, or

-
- one hospital referral for the condition, then the assessor will recommend the application of the dual pathology discount of 7.5%.
13. The assessor will report in an agreed format⁸ on their findings from the GP records, including highlighting copies of the relevant entries in the claimant's medical records.
 14. ~~The report will be returned to IRISC within 14 days of its submission to the assessor.~~
 15. The assessor will send his/her report to IRISC ~~return their report to IRISC~~ and the claimants solicitor simultaneously, and within fourteen days of receipt of the GP's records and copy MAP, and a further offer will be made, discounted or otherwise, based on the assessor's opinion. If the appropriate entries are not found in the GP records then a full offer will be made (with no discount for dual pathology). A copy of the assessor's report will be included with the offer letter.
 16. If at this stage, a discount is still applied and the claimant rejects that discount, the MAP report, Assessor's report and letter from the claimant's solicitor (and accompanying evidence) contending that the discount should not apply should be referred to the ~~the original medical report and GP records will be referred to a~~ MAP doctor (not necessarily the doctor who may have examined the claimant) for that doctor to report [within 14 days from the date of receipt of the documents] as to whether there were two or more entries made by the GP, separated in time by at least a year, or one entry in correspondence or a report from a hospital (within the GP records), confirming that the Claimant was suffering chronically from dual pathology.
 17. On receipt of this medical evidence, IRISC will consider whether a compromise offer would be appropriate. Where IRISC are unable to make a compromise offer, then the claimant is at liberty to refer the matter to the Disputes Procedure.

MAP Medical Reports Produced AFTER the 10th July 2001

1. If a MAP medical report is received with a dual pathology condition on it, but the doctor has not commented as to whether the relevant dual pathology is making a significant contribution to symptoms in the claimant's hands, then this report will be returned to Sema using the NFFP form (version 3/10/01).

⁸ Using the documentation designed for the original Dual Pathology Pilot

-
2. If the doctor states that the relevant dual pathology is making a significant contribution to symptoms in the claimant's hands then a discounted offer will be made.
 3. If the claimant rejects this offer and disputes the discount, then points 9- 16 of the procedure above for MAPs prior to 10/7/01 should be followed.

CVC Reports with an identified Dual Pathology Condition

No CVC report should have been commissioned after 22/01/99, so all CVC reports on which a solicitor would want to rely should already be in IRISC's possession. The Policy and Contracts team have conducted an exercise to track down all CVC reports on which a DP condition was identified, and have written to the consultant concerned asking for clarification on the issue of Dual Pathology. However, responses are incomplete with 31 of 38 consultants replying. IRISC will continue to pursue the outstanding responses. On 17 of the 31 cases the consultant concluded that the dual pathology condition identified was not contributing to the man's symptoms.

Monitoring Procedure by Policy and Contracts Team

1. All reports produced prior to 10th July 2001 and referred to Sema or CVC with a copy of the joint letter of instruction/Dual Pathology Assessment Form will be recorded on a spreadsheet specifically for that purpose.
2. The spreadsheet will record the claimant's name, reference, solicitor, date of MAP, dual pathology condition identified, date of return to Sema, date of receipt from Sema, and outcome of doctor's review (i.e. does a discount apply or not).
3. A summary of the report will be produced on a monthly basis and provided to all interested parties (IRISC, SchumbergerSema, CSG, DTI and MRP).
4. Those MAP reports produced after the 10th July 2001 will be recorded as NFFP if the doctor hasn't commented on the impact of the DP on the claimant's symptoms. The spreadsheet for recording NFFP has been amended to include a code for Dual Pathology referrals.

Agreement with Sema for return of reports

With effect from the 1st January 2002, IRISC have agreed with Sema to return a maximum of 50 historic reports per week where a Dual Pathology condition has been identified and requires clarification. Any reports received after 10th July 2001 with a DP condition identified but not commented upon will be returned to Sema as part of the usual NFFP procedures.

For the historic reports, Sema will ensure that the original examining doctor, or if not available, an audit doctor examines the report and clarify whether the condition is having an impact on the man's HAVS or otherwise.

Sema will endeavour to return the report to IRISC within 14 days of receipt with the doctors comments attached.

Outstanding Issues

1. IRISC need to establish how many reports with dual pathologies and no offer or a rejected offer remain outstanding. We are currently aware of 700 reports and they are being reviewed in order to provide Sema with 50 claims per week. We are therefore hopeful that the review will be completed by April 2002, however, this is subject to the volume of claims that need to be returned to Sema.
2. Timings and resources will require further consideration.

Appendix A

Letter of instruction for CVC reports

Dear

(Claimant's name and address)

Solicitors reference:

On the instructions of **(insert firm name)** you prepared a report on the above named in connection with his claim for compensation for vibration white finger against British Coal. We are claims handlers for the DTI who have now taken over British Coal's liabilities.

In your report you indicated that in addition to suffering from VWF there was evidence that the claimant might also be suffering from **(insert relevant dual pathology)**. This claim is being dealt with under the British Coal VWF Handling Arrangement which provides that a discount will be made to compensation payable to the claimant where he suffers from relevant dual pathology, in certain circumstances.

We would be obliged if you would review your original report and let us know:

1. Whether you are able to confirm, on the balance of probabilities, that the claimant was suffering from **(insert relevant dual pathology)** at the time of your examination; and if so
2. Whether, on the balance of probabilities, that condition was, at the time of your examination, making a significant contribution to the symptoms in the claimant's hands. In this context "significant" means material or more than minimal.

The balance of probabilities is a civil law concept which means that a matter is accepted as proven if it is more likely than not to be true. It is not necessary for you to be satisfied "beyond a reasonable doubt", nor for it to be "more than 95% sure". Accordingly, if you believe it to be more than 50% (50.01% will do) likely that the claimant had **(the relevant dual pathology)**, the conclusion should be that he had it. If you believe it to be 50% likely or less that the claimant had **(the relevant dual pathology)** your conclusion should be that he did not.

Please review your original report(s) and let us have your answers to the above questions as soon as possible and without arranging to re-examine the claimant **or obtain his medical records**. We enclose a copy of your original report(s) to assist. **We would ask you to refrain from obtaining the Claimant's GP records.**

We confirm that we will meet your reasonable fees for the work involved. Send your fee note, together with your supplementary report to us.

Yours faithfully

APPENDIX B: DUAL PATHOLOGY ASSESSMENT FORM

The attached medical report has been returned due to the identification of dual pathology or potential dual pathology condition. In your report you indicated that in addition to suffering from VWF/CTS there was evidence that the claimant might also be suffering from (insert relevant dual pathology). This claim is being dealt with under the British Coal VWF Handling Arrangement which provides that a discount will be made to compensation payable to the claimant where he suffers from relevant dual pathology, in certain circumstances.

We would be obliged if you would review your original report and let us know:

1. Whether you are able to confirm, on the balance of probabilities, that the claimant was suffering from (insert relevant dual pathology) at the time of your examination; and if so
2. Whether, on the balance of probabilities, that condition was, at the time of your examination, making a significant contribution to the symptoms in the claimant's hands. In this context "significant" means material or more than minimal.

The balance of probabilities is a civil law concept which means that a matter is accepted as proven if it is more likely than not to be true. It is not necessary for you to be satisfied "beyond reasonable doubt", not for it to be "more than 95% sure". Accordingly, if you believe it to be more than 50% (50.01% will do) likely that the claimant had (the relevant dual pathology), the conclusion should be that he had it. If you believe it to be 50% likely or less that the claimant had (the relevant dual pathology) your conclusion should be that he did not.

Please refer to the Doctors Guidance notes on dual pathology for further guidance.

Please comment on each condition identified, in the appropriate box.

Claimant Name

Date of birth

IRISC Ref

Claimant's Solicitor

Examination Test Centre

Date of examination

Examining Doctor

If report is completed by Audit Doctor, please give reasons for unavailability of original Examining Doctor ie retired

29th November 2002

Our Ref: «cl_clref»

Your Ref: «cl_client»



IRISC Claims

Specialist
Insurance
Services

Department of Industrial Diseases
P.O.Box 138
Sheffield
S1 1GN
DX722181 Sheffield 37

Tel: 0114 209 4812
Fax: 0114 209 4811

«so_pracnm»

«so_addr1»

«so_addr2»

«so_addr3»

«so_addr4»

«so_postcd»

Dear Sirs,

**Re: Mr «cl_surname»
Vibration White Finger
Client : Department of Trade & Industry**

We act as claims handlers for the Department of Trade and Industry and are dealing with a claim for Vibration White Finger in respect of the above named.

Guidelines, advising MAP doctors how to diagnose a Dual Pathology, were issued on the 10 July 2001.

Your clients MAP examination took place before 10 July 2001 and indicated one of the agreed 5 Dual Pathologies: -

- **Arterial Sclerosis**
- **Cervical Spondylosis**
- **Constitutional Raynaud's Phenomenon**
- **Diabetes Mellitus**
- **Rheumatoid Arthritis**

The MAP report has, therefore, been returned to SchlumbergerSema (the DTI Service Provider for the medical examinations) for the original MAP doctor to confirm whether or not, on the balance of probability, the Dual Pathology is having a significant impact on your client's VWF condition.

On receipt of the updated MAP report, we will contact you again with our proposals. However if your clients claim has been identified as: -

Group 3
Occupation not confirmed
Denied

No proposals will be made until exposure/liability is accepted.

L Callaghan

For and on behalf of

IRISC Claims Management

SCHEDULE 4(8)(ii)

CTS

«Recall_Letter_Sent»
«Claimant1stName» «ClaimantName»
«ClaimantAd1»
«ClaimantAd2»
«ClaimantAd3»
«ClaimantAd4»
«ClaimantPostCode»

Ref: «IRISCNo»

Dear Mr «ClaimantName»

Vibration White Finger Assessment: at «RecallCenter» on «RecallDate» at «RecallTime»

It is necessary to ask you to attend for a further examination because the original report raised the possibility that in addition to your claim for VWF you might also suffer from CarpalTunnel Syndrome (CTS). It is necessary to confirm whether or not you do suffer from CTS because if you do you may be entitled to compensation for this condition. This examination will be undertaken by a nurse technician.

Please arrive promptly and be advised that the centre you are requested to attend is not necessarily the same centre that you attended for your first appointment. Please find directions enclosed.

You must bring identification to your appointment. Failure to do so may result in this appointment being cancelled.

You are advised to take any medication as normal. Oxygen cylinders are not supplied at the VWF centre, so please bring oxygen with you if needed. Please do not consume alcohol prior to this appointment.

Space at the VWF centre is limited. If you require a chaperone, please limit this to one person.

It is envisaged that your appointment will take approximately 30 minutes.

Your appointed representative, «Solicitor» Solicitors has been advised, by copy of this letter, of the need for you to visit the VWF Centre. This is to ensure that they are fully aware of the circumstances and our request to have you medically examined for a second time.

It is important that you attend this appointment in order for your claim to proceed. Please complete the attached return slip **if you are unable to attend this appointment.**

Any reasonable incurred expense will normally be reimbursed upon conclusion of your claim. There may be exceptional circumstances where alternative arrangements may be made, but these will only be made in cases of genuine difficulty or hardship.

All request for reimbursement should be directed to your Legal Representative (or other appointed representative). In any claim for expenses, it will be necessary for all items to be fully supported by a receipt, and/or details of milage etc.

Please accept our apologies for any inconvenience this revisit may cause you.

Yours sincerely

Tim Clowes
Atos Origin

Copy «Solicitor»
IRISC Claims Management

CANCELLATION SLIP

Name: «Claimant1stName» «ClaimantName»
Address: «ClaimantAd1»
 «ClaimantAd2»
 «ClaimantAd3»
 «ClaimantAd4»
 «ClaimantPostCode»
IRISC Reference Number: «IRISCNo»

Date and time of «RecallDate» at «RecallTime» («RecallCenter»)
appointment:

I confirm I **will not** be available for examination on the above date because of the following reason:

.....
.....
.....

Another appointment will now be scheduled for you and you will be advised of the date and time of this appointment.

[] Please tick if you would like to be contacted by telephone to discuss a suitable date for your rescheduled appointment.

If you would like to be contacted by telephone, please write your telephone number below:

Telephone
number:.....
.....

Thank you for completing the above. Please return in the envelope provided **within the next 7 days.**

Signed.....

Dated.....

«SolName»
«SolAd1»
«SolAd2»
«SolAd3»
«SolAd4»
«SolPostcode»

Dear Sirs,

Re: Claimant «Claimant1stName» «ClaimantName»
IRISC reference: «IRISCNo»
Your Ref: «SolRef»

Please find attached copy correspondence, which is self explanatory, in respect of the above noted claimant.

Should you have any queries please do not hesitate to contact me direct.

Yours faithfully

Tim Clowes
Atos Origin

«Recall_Letter_Sent»

Mr «Claimant1stName» «ClaimantName»
«ClaimantAd1»
«ClaimantAd2»
«ClaimantAd3»
«ClaimantAd4»

Ref: «IRISCNo»

Dear Mr «Claimant1stName» «ClaimantName»

Vibration White Finger Assessment: at «RecallCenter» On «RecallDate» at «RecallTime»

It is necessary to ask you to attend for a further examination because the original report raised the possibility that in addition to your claim for VWF you might also suffer from CarpalTunnel Syndrome (CTS). It is necessary to confirm whether or not you do suffer from CTS because if you do you may be entitled to compensation for this condition. This examination will be undertaken by a nurse technician.

Please arrive promptly and be advised that the centre you are requested to attend is not necessarily the same centre that you attended for your first appointment. Please find directions enclosed.

You must bring identification to your appointment. Failure to do so may result in this appointment being cancelled.

You are advised to take any medication as normal. Oxygen cylinders are not supplied at the VWF centre, so please bring oxygen with you if needed. Please do not consume alcohol prior to this appointment.

Space at the VWF centre is limited. If you require a chaperone, please limit this to one person.

It is envisaged that your appointment will take approximately 30 minutes.

Your appointed representative, «Solicitor» has been advised, by copy of this letter, of the need for you to visit the VWF Centre. This is to ensure that they are fully aware of the circumstances and our request to have you medically examined for a second time.

It is important that you attend this appointment in order for your claim to proceed. Please complete the attached return slip **if you are unable to attend this appointment.**

Any reasonable incurred expense will normally be reimbursed upon conclusion of your claim. There may be exceptional circumstances where alternative arrangements may be made, but these will only be made in cases of genuine difficulty or hardship.

All request for reimbursment should be directed to your Legal Representative (or other appointed respresentative). In any claim for expenses, it will be necessary for all items to be fully supported by a receipt, and/or details of milage etc.

Please accept our apologies for any inconvenience this revisit may cause you.

Yours sincerely,

Tim Clowes
Atos Origin

Copy: «Solicitor»
IRISC Claims Management

Sols

date
Our ref:
Your client :

Dear Sirs,

Claimant's claim for Carpal Tunnel Syndrome – Appointment for Map

We are the medical Provider for the Secretary Of State for Trade and Industry, in respect of the scheme for HAVS.

We are aware that the Claimant has intimated a claim for Carpal Tunnel Syndrome, in addition to his claim for Vibration White Finger. In accordance with this , an appointment for the Claimant to attend a MAP consultation was arranged as follows :-

VWF Medical Centre on : @ The Examining Doctor was to be agreed.

Your client failed to attend for this appointment without giving us prior notice

A further appointment has been arranged as follows:

VWF Medical Centre on : @ The Examining Doctor is to be agreed.

This appointment, and the subsequent MAP report, will assess the Claimant's Carpal Tunnel Syndrome only.

If your client is unable to attend he should notify us immediately. If you are aware of any reason why your client is unable to attend or of any change of circumstances, eg change of address, that would affect his ability to attend, please notify us.

Please note that should your client again fail to attend the appointment without prior notice you should inform us within 28 days if your client intends to pursue his CTS claim. If we do not hear from you then we will be unable to assess the Claimant for Carpal Tunnel Syndrome , and consequently the Department will not be able to compensate the Claimant for this. If this situation arises, any compensation payable to the Claimant will therefore be in respect of his Vibration White Finger only.

Yours faithfully,

Tim Clowes

Thursday, 22 July 2010

SOLICITOR NAME
Solicitor Address One
Solicitor Address Two
Solicitor Address Three
Solicitor Address Four
Solicitor Postcode

Our Reference:
Your Reference:

Dear Sir or Madam,

RE: Claimant Name – Date of Birth: 27/11/78
Vibration White Finger – Domiciliary Visit Medical Examination for Carpal Tunnel Syndrome

It is necessary to ask your client to undergo further tests because his original report raised the possibility that in addition to his claim for VWF, he may also suffer from Carpal Tunnel Syndrome (CTS). It is necessary to confirm whether or not your client does suffer from CTS, because if this is the case, he may be entitled to compensation for this condition.

Your client has advised us that he is , on medical grounds, unable to attend a testing centre to undergo medical assessment and has requested a domiciliary visit. Requests for domiciliary visits need to be substantiated by your client's GP using the attached proforma.

We look forward to receiving the attached proforma in due course.

Please send your reply to the following address:

VWF (CTS)
Meadowcourt
2 Hayland Street
Sheffield
S9 1BY

Please ensure that the proforma is completed fully prior to its return to Atos Origin.

Yours faithfully,

Timothy Clowes
For **Atos Origin**

SCHEDULE 5

GENERAL DAMAGES TARIFF

SCHEDULE 5(1)(i)

GENERAL DAMAGES NOTES

SCHEDULE 5(1)(i)

GENERAL DAMAGES NOTES

Notes applicable to Tables 1 and 2 of Schedule 5 of CHA. The tariffs to be applied are set out in Schedule 5(1)(ii).

Table 1 is applicable to Category A claims and Table 2 to Category B and C claims. See Section 5.1(a)(i).

~~Amended version operational from 10.11.03~~

These notes apply to live claimants and deceased claimants in relation to [VWF only](#), CTS only and mixed VWF and CTS claims. For deceased VWF claims please also see paragraph 8 of the CHA.

VWF only cases

- (1) 4V on the Stockholm Scale involving trophic changes in the fingertips is an extremely serious condition which is inappropriate to include on the general scheme of damages. In such cases individual assessments will be made;
- (2) Age shall be the age at the date of receipt of the letter of claim at IRISC **or age at death if earlier.**⁹
- (3) Assessment will be based on the highest applicable staging in each hand on either the Taylor Pelmear or Stockholm Vascular or Stockholm Sensorineural Scales
- (4) Where only one hand is affected 70% of the sum fixed by the tariff shall be paid.
- (5) Where both hands are affected with different degrees of disability each hand should be assessed separately and damages calculated adopting the following formula:-

$$\frac{(2 \times \text{worst hand}) + (1 \times \text{least affected hand})}{3}$$

3

Where the claimant is diagnosed as 1Sn as the highest rating in one hand that hand will not be taken into account in the above calculation and the claim will be dealt with in accordance with note 4 above.

⁹ **See paragraph 8.5 of the CHA**

-
- (6) Where both hands have an equal disability the formula at 5 above shall not be applied.
- (7) Where the claimant is diagnosed as suffering from a dual pathology Schedule 5(2)(i)] shall apply. ~~[Subject to agreement of Schedule 4(8)(1)].~~
- (8) In cases assessed under Table 2 only where 3SN (in either one or both hands) is combined with a 3V/3TP or a 2V/2TP assessment in either hand the Claimant will receive the supplements set out in Schedule 5(1)(iii).

CTS only cases

- (1) ***Where the Claimant is or has been diagnosed as having suffered from CTS only (i.e. who have not also been diagnosed as suffering with VWF) will be staged:-***
- 3Sn if the claimant has undergone, or is awaiting, surgery for CTS
 - 2sn (early) if they have not undergone or are not awaiting surgery
- Any scoring contained in the MAP report should be ignored and the case should be settled according to the formula above. Please also see section 11 below (in section dealing with mixed VWF/ CTS claims).
- * Also applies in the case of deceased Claimants, where it is clear from the medical notes that the Claimant underwent an operation for decompression surgery.
- (2) Age shall be the age at the date of receipt of the letter of claim at IRISC or age at date of death, if earlier.⁷
- (3) Assessment will be based on the staging in each hand on the Stockholm Sensorineural Scale
- (4) Where only one hand is affected 70% of the sum fixed by the tariff shall be paid.
- (5) Where both hands are affected with different degrees of disability each hand should be assessed separately and damages calculated adopting the following formula:-

$$\frac{(2 \times \text{worst hand}) + (1 \times \text{least affected hand})}{3}$$

3

- (6) Where both hands have an equal disability the formula at 5 above shall not be applied.

⁷ **See paragraph 8.5 of the CHA**

- (7) Where the claimant is diagnosed as suffering from a dual pathology Schedule 5(2) shall apply.

Mixed VWF and CTS cases (points 2 3 4 5 6 and 7 of CTS claims (page 1270), also apply to mixed VWF and CTS claims).

- (1) Where the claimant is diagnosed as suffering from both VWF and CTS an enhancement is paid to the claimant on his basic figure for damages :-
- a. The appropriate basic figure for damages will be the higher of:-
 - i. the figure appropriate for the claimant's VWF staging; or
 - ii. the figure that would be paid to the claimant if he suffered only from CTSin either case determined as provided for above
 - b) The figure determined pursuant to (a) above shall be uplifted by 10%

Examples for Table 1¹⁰

- a) Claimant stage 2 VWF and has CTS but has not undergone, nor is awaiting, surgery use the tariff for stage 2 above and add 10% to the monetary value of the claim e.g. stage 2 age 44 £8,439 + £843.90 = £9282.90 £9555.70
- b) Claimant stage 1V VWF but has undergone surgery for CTS on both hands. Use tariff for stage 3 and add 10% to the monetary value of the claim e.g. stage 3 at 44 £16,025 + £1,602.50 = £17627.50.

Example for Table 2¹¹

- a) Claimant stage 3V 3Sn and has CTS but has not undergone surgery. Use the tariff for stage 3 above and add 10% to the monetary value of the claim e.g. stage 3V and 3Sn age 44 £13,176 + £792 (the enhancement pursuant to 3 below) giving £13,968 to which must be added 10% i.e. £1,396.80 making a total of £ 15,364.80.

- (2) 4V on the Stockholm Scale involving trophic changes in the fingertips is an extremely serious condition which is inappropriate to include on the general

¹⁰ As at 2002 tariff.

¹¹ As at 2002 tariff

scheme of damages. Where a claimant is staged at 4V and is diagnosed as having suffered from CTS individual assessments will be made;

- (3) In cases assessed under Table 2 only where 3SN (in either one or both hands) is combined with a 3V/3TP or a 2V/2TP assessment in either hand the Claimant will receive the supplements set out as Schedule 5(1)(iii).
- (4) Where the claimant is diagnosed as suffering from a dual pathology Schedule 5(3)(i) shall apply [subject to agreement of Schedule 5(3)(i)].
- (5) Age shall be the age at the date of receipt of the letter of claim at IRISC or age at date of death, if earlier.

Damages for CTS Surgery

- (1) Where the Claimant seeks damages for having undergone surgery for CTS he must provide proof in the form of a letter from his GP or other evidence from either his medical records or the hospital where the surgery was performed.
- (2) A Claimant is entitled to the payment of £1235 (2003 figure) per operation.
- (3) Where damages are claimed for more than one operation proof must be provided by the Claimant in the appropriate form confirming the number of operations carried out.
- (4) Damages may also be claimed if the Claimant can provide documentary evidence that they have been recommended to undergo surgery. Proof must be provided prior to payment, in the form of a letter from :
 - the Consultant who has either made the recommendation or who is to perform the surgery; or
 - from the hospital where the surgery is to be performed; or
 - the Claimants GP
 - Where a Claimant is on a waiting list for surgery and then dies, his estate will not be entitled to the payment in respect of surgery.
- (5) One admission for an operation on BOTH wrists, will be treated as 2 separate operations.

(6) Additional “Consequential Losses” may also be claimed provided that proof of loss is provided. Such losses may include:

- The cost of surgery if undergone privately. Proof would be in the form of an invoice from the relevant Practice or other appropriate confirmation of the expense.
- Loss of earnings for the Claimants rehabilitation period i.e. after the operation the Claimant may be off work for a number of weeks. Proof would be in the form of a letter from the Claimant’s employer or other appropriate evidence confirming the period of loss and the loss incurred.

SCHEDULE 5(1)(ii)
GENERAL DAMAGES
TARIFF

SCHEDULE 5(1)
GENERAL DAMAGES TARIFF

Table 1 – General Damages

ASSESSMENT					
AGE	Date of Tariff	1	2	3	4
Up to and including 45	1.1.08 to 31.12.08	5,132	10,263	19,492	23,558
	1.1.07 to 31.12.07	4,932	9,864	18,733	22,641
	1.1.06 to 31.12.06	4,723	9,446	17,938	21,681
	1.1.05 to 31.12.05	4,621	9,242	17,550	21,212
	1.1.04 to 31.12.04	4,465	8,930	16,958	20,497
	1.1.03 to 31.12.03	4,343	8,687	16,496	19,939
	1.1.02 to 31.12.02	4,219	8,439	16,025	19,370
	1.1.01 to 31.12.01	4,178	8,356	15,868	19,180
	1.1.00 to 31.12.00	4,044	8,088	15,164	18,197
	1.1.99 to 31.12.99	4,000	8,000	15,000	18,000
46-50	1.1.08 to 31.12.08	4,490	9,237	17,693	21,110
	1.1.07 to 31.12.07	4,315	8,877	17,004	20,288
	1.1.06 to 31.12.06	4,132	8,500	16,283	19,427
	1.1.05 to 31.12.05	4,043	8,316	15,931	19,007
	1.1.04 to 31.12.04	3,907	8,036	15,394	18,366
	1.1.03 to 31.12.03	3,801	7,817	14,975	17,866
	1.1.02 to 31.12.02	3,692	7,594	14,547	17,356
	1.1.01 to 31.12.01	3,656	7,520	14,404	17,186
	1.1.00 to 31.12.00	3,539	7,279	13,809	16,377
	1.1.99 to 31.12.99	3,500	7,200	13,660	16,200
51-55	1.1.08 to 31.12.08	3,849	8,210	15,746	18,931
	1.1.07 to 31.12.07	3,699	7,890	15,133	18,194
	1.1.06 to 31.12.06	3,542	7,555	14,491	17,422
	1.1.05 to 31.12.05	3,465	7,392	14,178	17,045
	1.1.04 to 31.12.04	3,348	7,143	13,700	16,470
	1.1.03 to 31.12.03	3,257	6,948	13,327	16,021
	1.1.02 to 31.12.02	3,164	6,750	12,946	15,563
	1.1.01 to 31.12.01	3,133	6,684	12,819	15,410
	1.1.00 to 31.12.00	3,033	6,470	12,333	14,741
	1.1.99 to 31.12.99	3,000	6,400	12,200	14,582
56-60	1.1.08 to 31.12.08	3,209	7,441	13,892	16,947
	1.1.07 to 31.12.07	3,084	7,151	13,351	16,287
	1.1.06 to 31.12.06	2,953	6,848	12,785	15,579
	1.1.05 to 31.12.05	2,889	6,700	12,509	15,259
	1.1.04 to 31.12.04	2,792	6,474	12,087	14,744
	1.1.03 to 31.12.03	2,716	6,298	11,758	14,342
	1.1.02 to 31.12.02	2,638	6,118	11,422	13,932

	1.1.01 to 31.12.01	2,612	6,058	11,310	13,795
	1.1.00 to 31.12.00	2,528	5,864	10,918	13,243
	1.1.99 to 31.12.99	2,500	5,800	10,800	13,100
61-65	1.1.08 to 31.12.08	2,567	6,160	12,060	15,154
	1.1.07 to 31.12.07	2,467	5,920	11,591	14,564
	1.1.06 to 31.12.06	2,362	5,669	11,099	13,946
	1.1.05 to 31.12.05	2,311	5,546	10,859	13,644
	1.1.04 to 31.12.04	2,233	5,359	10,493	13,184
	1.1.03 to 31.12.03	2,172	5,213	10,207	12,825
	1.1.02 to 31.12.02	2,110	5,064	9,915	12,459
	1.1.01 to 31.12.01	2,089	5,014	9,818	12,337
	1.1.00 to 31.12.00	2,022	4,853	9,503	11,882
	1.1.99 to 31.12.99	2,000	4,800	9,400	11,753
66-70	1.1.08 to 31.12.08	1,925	5,132	10,263	13,598
	1.1.07 to 31.12.07	1,850	4,932	9,864	13,069
	1.1.06 to 31.12.06	1,772	4,723	9,446	12,515
	1.1.05 to 31.12.05	1,734	4,621	9,242	12,244
	1.1.04 to 31.12.04	1,676	4,465	8,930	11,831
	1.1.03 to 31.12.03	1,630	4,343	8,687	11,509
	1.1.02 to 31.12.02	1,583	4,219	8,439	11,180
	1.1.01 to 31.12.01	1,567	4,178	8,356	11,070
	1.1.00 to 31.12.00	1,517	4,044	8,088	10,692
	1.1.99 to 31.12.99	1,500	4,000	8,000	10,576
71+	1.1.08 to 31.12.08	1,604	4,362	8,981	12,508
	1.1.07 to 31.12.07	1,542	4,192	8,631	12,021
	1.1.06 to 31.12.06	1,477	4,014	8,265	11,511
	1.1.05 to 31.12.05	1,445	3,927	8,086	11,262
	1.1.04 to 31.12.04	1,396	3,795	7,813	10,882
	1.1.03 to 31.12.03	1,358	3,692	7,600	10,586
	1.1.02 to 31.12.02	1,319	3,587	7,383	10,284
	1.1.01 to 31.12.01	1,306	3,552	7,311	10,183
	1.1.00 to 31.12.00	1,264	3,438	7,077	9,857
	1.1.99 to 31.12.99	1,250	3,400	7,000	9,750

Table 2 – General Damages

ASSESSMENT					
Age	Date of Tariff	1	2	3	4
Up to and including 45	1.1.08 to 31.12.08	4,171	8,674	16,026	19,492
	1.1.07 to 31.12.07	4,009	8,336	15,402	18,733
	1.1.06 to 31.12.06	3,839	7,982	14,749	17,938
	1.1.05 to 31.12.05	3,756	7,809	14,430	17,550
	1.1.04 to 31.12.04	3,629	7,546	13,943	16,958
	1.1.03 to 31.12.03	3,530	7,340	13,563	16,496
	1.1.02 to 31.12.02	3,429	7,130	13,176	16,025
	1.1.01 to 31.12.01	3,395	7,060	13,047	15,868
	1.1.00 to 31.12.00	3,286	6,834	12,546	15,164
	1.1.99 to 31.12.99	3,250	6,760	12,410	15,000
46-50	1.1.08 to 31.12.08	3,818	7,551	14,036	16,808
	1.1.07 to 31.12.07	3,669	7,257	13,490	16,154
	1.1.06 to 31.12.06	3,513	6,949	12,918	15,469
	1.1.05 to 31.12.04	3,437	6,799	12,639	15,135
	1.1.04 to 31.12.04	3,321	6,570	12,213	14,625
	1.1.03 to 31.12.03	3,231	6,391	11,880	14,227
	1.1.02 to 31.12.02	3,139	6,208	11,541	13,821
	1.1.01 to 31.12.01	3,108	6,147	11,428	13,686
	1.1.00 to 31.12.00	3,008	5,950	11,029	13,142
	1.1.99 to 31.12.99	2,975	5,885	10,910	13,000
51-55	1.1.08 to 31.12.08	3,175	6,492	12,393	15,516
	1.1.07 to 31.12.07	3,051	6,239	11,911	14,912
	1.1.06 to 31.12.06	2,922	5,974	11,406	14,279
	1.1.05 to 31.12.05	2,859	5,845	11,159	13,970
	1.1.04 to 31.12.04	2,763	5,648	10,783	13,499
	1.1.03 to 31.12.03	2,688	5,494	10,489	13,131
	1.1.02 to 31.12.02	2,611	5,337	10,189	12,756
	1.1.01 to 31.12.01	2,585	5,285	10,089	12,631
	1.1.00 to 31.12.00	2,502	5,116	9,766	12,157
	1.1.99 to 31.12.99	2,475	5,060	9,660	12,025
56-60	1.1.08 to 31.12.08	2,567	5,851	10,564	13,464
	1.1.07 to 31.12.07	2,467	5,623	10,153	12,940
	1.1.06 to 31.12.06	2,362	5,384	9,722	12,391
	1.1.05 to 31.12.05	2,311	5,268	9,512	12,123
	1.1.04 to 31.12.04	2,233	5,090	9,191	11,714
	1.1.03 to 31.12.03	2,172	4,951	8,941	11,395
	1.1.02 to 31.12.02	2,110	4,810	8,686	11,070
	1.1.01 to 31.12.01	2,089	4,763	8,601	10,961
	1.1.00 to 31.12.00	2,022	4,610	8,325	10,590
	1.1.99 to 31.12.99	2,000	4,560	8,235	10,475

61-65	1.1.08 to 31.12.08	1,988	4,694	9,315	11,675
	1.1.07 to 31.12.07	1,911	4,511	8,952	11,221
	1.1.06 to 31.12.06	1,830	4,320	8,572	10,745
	1.1.05 to 31.12.05	1,790	4,227	8,387	10,513
	1.1.04 to 31.12.04	1,730	4,084	8,104	10,158
	1.1.03 to 31.12.03	1,683	3,973	7,883	9,881
	1.1.02 to 31.12.02	1,635	3,860	7,658	9,599
	1.1.01 to 31.12.01	1,619	3,822	7,583	9,505
	1.1.00 to 31.12.00	1,567	3,700	7,340	9,200
	1.1.99 to 31.12.99	1,550	3,660	7,260	9,100
66-70	1.1.08 to 31.12.08	1,445	3,849	7,698	10,168
	1.1.07 to 31.12.07	1,389	3,699	7,398	9,772
	1.1.06 to 31.12.06	1,330	3,542	7,084	9,357
	1.1.05 to 31.12.05	1,301	3,465	6,931	9,155
	1.1.04 to 31.12.04	1,257	3,348	6,697	8,846
	1.1.03 to 31.12.03	1,223	3,257	6,515	8,605
	1.1.02 to 31.12.02	1,188	3,164	6,329	8,359
	1.1.01 to 31.12.01	1,176	3,133	6,267	8,277
	1.1.00 to 31.12.00	1,138	3,033	6,066	8,012
	1.1.99 to 31.12.99	1,125	3,000	6,000	7,925
71+	1.1.08 to 31.12.08	1,282	3,209	7,056	9,622
	1.1.07 to 31.12.07	1,232	3,084	6,781	9,247
	1.1.06 to 31.12.06	1,180	2,953	6,493	8,855
	1.1.05 to 31.12.05	1,154	2,889	6,353	8,664
	1.1.04 to 31.12.04	1,115	2,792	6,139	8,372
	1.1.03 to 31.12.03	1,085	2,716	5,972	8,144
	1.1.02 to 31.12.02	1,054	2,638	5,801	7,911
	1.1.01 to 31.12.01	1,044	2,612	5,744	7,833
	1.1.00 to 31.12.00	1,011	2,528	5,560	7,582
	1.1.99 to 31.12.99	1,000	2,500	5,500	7,500

SCHEDULE 5(1)(iii)

ENHANCEMENTS

Schedule 5(1)(iii)

Enhancements

Payment	Date of Tariff	Amount (£)
Supplement where Disability Level is 3Sn + 3SV/3TP (Table 2 only)	1.1.08 – 31.12.08	962.00
	1.1.07 – 31.12.07	925.00
	1.1.06 to 31.12.06	886.00
	1.1.05 to 31.12.05	867.00
	1.1.04 to 31.12.04	838.00
	1.1.03 to 31.12.03	815.00
	1.1.02 to 31.12.02	792.00
	1.1.01 to 31.12.01	784.00
	1.1.00 to 31.12.00	759.00
	22.1.99 to 31.12.99	750.00
Supplement where Disability Level is 3Sn + 2SV/2TP (Table 2 only)	1.1.08 – 31.12.08	643.00
	1.1.07 – 31.12.07	618.00
	1.1.06 to 31.12.06	592.00
	1.1.05 to 31.12.05	579.00
	1.1.04 to 31.12.04	559.00
	1.1.03 to 31.12.03	544.00
	1.1.02 to 31.12.02	528.00
	1.1.01 to 31.12.01	523.00
	1.1.00 to 31.12.00	506.00
	22.1.99 to 31.12.99	500.00
Damages for CTS surgery (per operation)	1.1.08 – 31.12.08	1459.00
	1.1.07 – 31.12.07	1,402.00
	1.1.06 to 31.12.06	1,343.00
	1.1.05 to 31.12.05	1,314.00
	1.1.04 to 31.12.04	1,270.00
	1.1.03 to 31.12.03	1,235.00
	1.1.02 to 31.12.02	1,188.00
	1.1.01 to 31.12.01	1,150.00
	1.1.00 to 31.12.00	n/a
	22.1.99 to 31.12.99	n/a
1 Sn only	1.1.08 – 31.12.08	643.00
	1.1.07 – 31.12.07	618.00
	1.1.06 to 31.12.06	592.00
	1.1.05 to 31.12.05	579.00
	1.1.04 to 31.12.04	559.00
	1.1.03 to 31.12.03	544.00
	1.1.02 to 31.12.02	528.00
	1.1.01 to 31.12.01	523.00
	1.1.00 to 31.12.00	506.00
	22.1.99 to 31.12.99	500.00

SCHEDULE 5(2)(i)
DUAL PATHOLOGY PROTOCOL
(MAP 1)

SCHEDULE 5(2)(i)
DUAL PATHOLOGY PROTOCOL

A discount is to be made of 7.5% from all damages save for those paid for a labour market handicap where one or more of the relevant dual pathologies are identified, and found to be making a significant contribution to the condition in the hands as provided for below;

1. Relevant dual pathology is :-

A) In relation to cases where a Claimant only suffers from VWF:-

- i) Cervical Spondylosis
- ii) Rheumatoid Arthritis.
- iii) Constitutional Raynaud's Phenomenon
- iv) Diabetes Mellitus
- v) Arterial Sclerosis

B) Where a Claimant only suffers from CTS

- i) Cervical Spondylosis
- ii) Rheumatoid Arthritis
- iii) Diabetes Mellitus
- iv) Certain Endocrine Disorders namely acromegally and hypothyroidism
- v) Mal-united Colles fracture producing chronic symptoms.

C) Where a Claimant suffers from VWF and CTS those conditions listed in A and B above.

2. Where on the MAP examination the doctor has diagnosed VWF and/or carpal tunnel syndrome and considers that prima facie:-

- a) The Claimant is suffering from relevant dual pathology; and
- b) Relevant dual pathology is making more than de minimus i.e. significant contribution to the symptoms in the Claimant's hands.

Then the Doctor will so report.

3. In such circumstances the claimant will provide mandates enabling the GP records to be obtained by IRISC or by a scrutineer agreed between the parties.
4. The medical records would be obtained and reviewed, in the first instance by a scrutineer to see whether there were 2 or more entries made by the GP, separated in time by at least a year, or one entry in correspondence or a report from a hospital (within the GP records), confirming that the Claimant was suffering chronically from dual pathology. If so, and IRISC propose to put forward a discounted offer (as provided for in paragraph 7 below) copies of the claimant's medical records will be disclosed to the claimant's solicitors on the making of such an offer together with the report of the scrutineer set out at Schedule 10(3) Appendix 3 of this Arrangement.
5. If, following the review of the medical records by the scrutineer the Claimant accepted that he was suffering from relevant dual pathology contributing significantly to the symptoms in his hand then a discount would apply as provided for below.
6. However if, following the scrutineer's review of the medical records, the claimant did not accept that he was suffering from dual pathology contributing significantly to the symptoms in his hands, then the original medical report and GP records would be referred to an MAP doctor (not necessarily one who had originally examined the claimant) for that doctor to report as to whether there were two or more entries made by the GP, separated in time by at least a year, or one entry in correspondence or a report from a hospital (within the GP records), confirming that the Claimant was suffering chronically from dual pathology. That report would have the same status as the original MAP report in that the Claimant would retain the right of appeal on this issue. The claimant's time for accepting the offer in settlement of his claim would be extended to 3 months from the date of receipt of that report.
7. Where following review of medical records by IRISC or a scrutineer, or reference to an MAP doctor it was confirmed that there were 2 or more entries made by the GP, separated in time by at least a year, or one entry in

correspondence or a report from a hospital (within the GP's records), confirming that the Claimant was suffering chronically from dual pathology, then, (subject to any appeal by the claimant), a 7.5% discount would be made to all heads of compensation paid under the terms of the Handling Arrangement save that the discount will not apply to any award for labour market handicap as provided for in schedule 6.

8. In respect of existing cases, where the medical report suggests that relevant dual pathology as defined in paragraph 1 is present then IRISC will send an agreed letter of joint instruction to the examining consultant to whether the claimant is prima facie:-

- a) suffering from relevant dual pathology; and
- b) the pathology is making significant contribution to the symptoms in the claimant's hands

If the claimant is not confirmed, prima facie, to be suffering from relevant dual pathology making significant contribution to symptoms in his hands then a full offer will be made. Otherwise, the procedure set out in paragraphs 3 to 7 above will be adopted.

Please refer to letters at Schedule 5(2)(iii).

SCHEDULE 5(2)(ii)
DUAL PATHOLOGY GUIDANCE NOTES

(MAP 1)

Document control

Superseded documents

Version history

Version	Date	Comments
1c (draft)	05 July 2001	Further customer comments incorporated
1b (draft)	31 May 2001	VWF Contract Manager comments incorporated
1a (draft)	29 May 2001	First draft

Changes since last version

Update(s) to Standards Incorporated

Outstanding issues and omissions

Issue control

Author: Mr W. Tudor Davies

Owner and approver: The Vibration White Finger Contract Manager

Signature: _____ Date: _____

Distribution:

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1. About This Document

1.1 Purpose

The purpose of this document is to provide guidance on Dual Pathology to doctors undertaking work on the Vibration White Finger contract.

1.2 Applicability

The guidance applies to all doctors who examine claimants for Vibration White Finger.

1.3 Owning process

Service Operation? The Vibration White Finger Contract.

1.4 Owner

Manager owns this document.

The owner is responsible for approval of this document and all related feedback should be addressed to them.

2 Introduction

In addition to Hand Arm Vibration Syndrome (HAVS) or Carpal Tunnel Syndrome (CTS), the claimant may be suffering from any number of conditions which are having an impact on his hands. This possibility of “dual pathology” resulted in a list of conditions to be considered by the MAP doctor. Closer scrutiny of these conditions has led to some modification of the original list. However, the principle that dual pathology should be considered for discounting purposes, was agreed between the parties and it is on this basis that the following guidelines are offered.

- 2.1 Qualifying conditions
 - Cervical spondylosis
 - Rheumatoid arthritis
 - Diabetes mellitus
 - Constitutional Raynaud’s phenomenon
 - Arterial sclerosis

2.2 Concept of functionality

In the MAP you are required to assess the extent to which, if at all, the claimant may have symptoms in his hands caused by a qualifying condition. You need to be aware of the interpretation of the statement “a de minimis injury”. This is where adverse changes due to a qualifying condition are clinically identifiable but are **not** considered to be producing a significant functional hand deficit. In this context significant means more than a minimal contribution. It does not mean a major or severe impact. Where there is significant disability from a qualifying condition, you must provide your clinical evidence for the diagnosis and your explanation of the resulting disability.

You should only diagnose a dual pathology where you are satisfied on the balance of probabilities that it is producing a “significant” impact on the claimant’s hands. The balance of probabilities is a civil law concept and means that a matter is accepted as proven if it is more likely than not to be true. You do not have to be “more than ninety-five percent sure” (this is an approximation to the level of statistical significance often used in medicine).

The following clinical guidelines are intended to assist you in making a diagnosis for each agreed condition and should be a framework for your interpretation of the degree of disability.

3. Cervical Spondylosis (CS)

Osteoarthritis is the most common form of arthritis and may be regarded as a chronic degenerative disease of ageing. The cervical spine is liable to develop osteoarthritic lesions, particularly at the point of greatest mobility and stress i.e. the lower cervical region C6 – C8. The cervical spinal nerves as they leave the spinal cord, are vulnerable to any posterior bulging or protrusion of the

intravertebral disc and to pressure from bony overgrowth (osteophytes). Typically, nerve root lesions produce symptoms and signs according to dermatomes. This assists the clinical diagnosis. Unfortunately, the relationship between x-ray evidence of cervical spondylosis (i.e. loss of disc height, irregularity of disc margins, subchondral sclerosis and osteophyte formation) and the incidence and severity neck and upper limb symptoms is very poor. It will be extremely rare for the three nerve roots (C6 – C8) to be affected in a patient.

3.1 Clinical Features

The sufferer may describe a severe shooting pain radiating into the shoulder, upper limbs, suboccipital and interscapular region. This may be associated with tingling and numbness in the same dermatome and at a later stage, by motor complications. Symptoms are intermittent and remittent.

The pain of Cervical Spondylosis tends to be worse during the day than at night. It is a feature of pain distribution caused by Cervical Spondylosis that it can affect the back and front of the upper limb. The C5 dermatome is entirely on the arm and forearm, C6 extends down the arm and forearm to the thumb and index finger. C7 extends over the dorsum of the hand and forearm up to the level of the elbow. Cervical Spondylosis will not cause vascular problems in the hands.

Root	Pain numbness	Sensory loss	Motor loss	R
C3	Occipital region	Occiput	None	N
C4	Back of neck	Back of neck	None	N
C5	Neck to outer shoulder and arm	Over shoulder	Deltoid	B su
C6	Outer arm to thumb and index fingers	Thumb and index fingers	Biceps (triceps) and wrist extensors	T su bi
C7	Outer arm to middle finger	Index and middle fingers	Triceps	T
C8	Inner arm to fourth and fifth fingers	Fourth and fifth fingers	Intrinsics extrinsics	N

Taken from: “Occupational Musculoskeletal Disorders”, Eds. Hadler, N. M.

3.2 Clinical examination for suspected cervical spondylosis

Inspection – Note any neck swellings or deformity, including the patient’s general posture.

Palpation - You should palpate the spine gently looking for localised tenderness. You may find some neck muscle rigidity and spasm. Check for neck movements as follows: The patient should sit comfortably on a chair or the edge of the examining table facing you. Ask the patient to rotate his neck to the right and then to the left, flex and extend and carry out right and left lateral flexion. You may find it helpful to rest your hand on the patient’s head or jaw, which will enable you to check gently that the maximum range is being achieved and should enable you to estimate on any restriction. Extra care and gentleness may be required if there is severe restriction of movement by pain.

Sensory Testing – You need to examine the upper limb for any sensory deficit using light touch. You should check for muscle weakness in the upper limb which might be cervical spondylosis.

Tendon Jerks – May be decreased or absent in the affected limb.

Gentle Traction – Root pain is often exacerbated by lateral flexion of the neck to the other side and occasionally Spurling’s manoeuvre (gentle vertebral pressure on the head) may exacerbate the symptoms within the affected dermatome.

Traction on the affected limb may similarly reproduce the symptom of tingling to the dorsal forearm, indicating the presence of cervical spondylosis.

If your tests show damage to both ulnar and median nerves it is very unlikely that this will have been caused by cervical spondylosis.

4. Rheumatoid Arthritis (RA)

This is the commonest inflammatory joint disease and may affect up to 1% of the population. Characteristically it presents as a symmetric polyarthritis, which progresses to destruction of joint cartilage and bone. Usually, the sufferer experiences a gradual onset, which may then follow several different disease patterns. Some have continuous disease activity leading to progressive and serious limitation of functional capacity. Hand involvement by Rheumatoid Arthritis (RA) may result in significant restriction of daily activities. Others, may have a milder disease course with periods of remission and little hand involvement. Vascular problems, including episodic whiteness, may occur in R.A.

This condition is uncommon as a form of disability in the context of HAVS.

R.A. is unlikely to affect more than 1000 in the study population and only 10% are likely to trigger a dual pathology. The great majority of patients with R.A. will have significant other disability.

Most general practitioners, once the diagnosis is suspected, are likely to refer their patient to a rheumatologist to stage the disease and to develop a treatment plan. You should ask the claimant whether he has been diagnosed as suffering from rheumatoid arthritis and you should record the answer. Carefully document the joint(s) involved, as relayed to you by the claimant. Enquire whether they suffer from morning stiffness in the affected joints. This can be a typical presenting feature. R.A. may occasionally start in the wrists.

4.1 Clinical features of R.A. in hands and wrists

Morning stiffness with symmetrical fusiform swelling and tenderness in MCP and PIP joints

Pain and restricted movement in wrists with associated chronic inflammation of the synovium and tendon sheaths

The claimant may have difficulty in making a fist as a consequence of the chronic inflammation in the hand. Grip strengths may be significantly reduced and there will be joint tenderness on palpation. Abnormal mobility in the joints is a feature of serious progression and is often associated with extensive joint destruction, subluxation and functional impairment to function.

You should look for the following:

Radial deviation of the wrist

Ulnar deviation of the MCP joints

“Spindling” of fingers

Subluxation of proximal IP joints – individual fingers may be affected by Boutonniere’s deformity (PIP flexion, DIP hyperextension) or “swan neck” deformity (PIP hyperextension, DIP Flexion). Your examination may reveal evidence of extensor tendon ruptures in one or more fingers.

4.2 Confirmation of the diagnosis

If the claimant is aware of the diagnosis, enquire as to how this was arrived at. Were blood tests performed? Has he had x-rays of the affected joints (these may show characteristic bone erosions in the metacarpal heads) or MRI scanning? Blood tests may have shown raised ESR and C-reactive protein. Also a positive rheumatoid factor is present in at least 80% of patients. It will be helpful to enquire regarding drug therapy. This may include NSAIDs (non-steroidal anti-inflammatory drugs), SLAs (second line agents such as Sulphasalazine, Methotrexate, Azathioprine, Gold (oral and intraarticular) and D Penicillamine). Corticosteroids may have been given orally, intramuscularly or as an intraarticular injection.

4.3 Disability

Is the presence of R.A. making a significant contribution to the hand disability caused by HAVS in the claimant? This will be a difficult judgement, particularly in early or mild cases of R.A. In this situation, you should apply the balance of probability rule i.e. if you believe that the disability due to R.A. is more likely than not, to be trivial or significant then make a clear statement saying so, supported by your reasoning.

The condition should only be diagnosed as a dual pathology if it affects the claimant’s hands but no other part of his body. This will be relatively rare. Where there is a polyarthropathy RA will need to be considered as a co-morbid condition.

5. Diabetes Mellitus

The prevalence of clinically diagnosed diabetes mellitus in the U.K. is around 2%. With the majority suffering from Type II. A sensory neuropathy can occur and have a typical “stocking and glove” distribution. Feet are often affected first. Where it affects the upper limb, it could contribute to the sensorineural component of HAVS.

You should enquire whether the claimant has been diagnosed as suffering from diabetes mellitus. (You will not be able to make the diagnosis for the first time, in the testing centre). Ask when the diagnosis was made.

Diabetics are now classified as:

“Type I” This is predominantly the type found in younger people, though it affects all ages. Type I diabetics require insulin injections to remain alive.

“Type II” This is characterised by chronic fasting and mealtime hyperglycaemia. It typically presents in older persons and is

associated with an increased risk of cardiovascular disease and neuropathy. It is often associated with obesity.

In both groups neuropathy will affect only a relatively small minority. Prevalence of Type II increases in older population.

Patients with peripheral neuropathy will often have other evidence of late manifestations of diabetes mellitus, such as retinopathy, renal disease, heart conditions etc.

You should comment on the agents used by the claimant for the control of his diabetes e.g. diet, oral hyperglycaemic agents or insulin. Tingling and loss of sensation in a symmetrical 'glove' distribution may be described; in contrast to the sensorineural symptoms of HAVS which may have been more severe in the digits most exposed to vibration and more intense on the palmar aspect of the hand.

You should only consider this condition as a Dual pathology if the claimant has previously been diagnosed as having a peripheral neuropathy due to his diabetes.

6 Constitutional Raynaud's, (Raynaud's Disease (RD))

This condition is sometimes diagnosed in a group of patient's suffering from Raynaud's phenomenon, where there appears to be no underlying pathology or associated disease. It is stated to occur in as many as 10% of adult women and 5% of adult men, normally presenting in early adult life. Blanching episodes in RD tend to be less troublesome with advancing years. Patients may have already been submitted to screening tests (typically FBC/ESR/rheumatoid factor/ANF) and found to be normal. Bear in mind that a minority of these will develop clinical and laboratory evidence of connective tissue disease, later on.

Raynaud's phenomenon is often the first symptoms of a connective tissue disease and may well predate the onset of other symptoms by many years. Although the pathological explanation for R.D is now unknown, it may be discovered in the future. It is therefore difficult to separate RD from secondary Raynaud's in the population. Be cautious in accepting the notion of RD as the main cause of finger blanching. Even in a claimant suffering from RD, the significant cause of finger blanching may be vibration exposure. Questions that assist you with a diagnosis should be asked for each claimant (see Past Medical History section). You should only consider this condition as dual pathology where it affects other parts of the body such as the nose, ears or feet. A family history and episodes triggered by emotion may be relevant.

7 Arterial Sclerosis (Syn: atherosclerosis)

This is a generalised vascular disease producing thickening and hardening of the arteries. There may be a genetic predisposition in the individual and several risk factors (eg. age, hypertension, diabetes and smoking) influencing the progress and severity of complications. It more commonly affects the lower limbs.

In practical terms, there will rarely be any direct hand symptoms in claimants attributable to this qualifying dual pathology. If you believe there are effects

e.g. as a consequence of a stroke, vascular occlusion, thrombosis or an embolic event then explain in the comments section. Episodic blanching is not a feature of atherosclerosis.

8 Medical Records

You will not be provided with any medical records when you examine the claimant. You will be expected to diagnose the presence of a dual pathology that is, on the balance of probabilities, significantly affecting the claimants hands (see legal test referred to above) on the basis of your examination and the history provided by the claimant.

In cases where a dual pathology has been identified as having a significant impact on the symptoms in the claimants hands, the claimants general practitioner's medical records may be obtained and examined by someone else. If that person is of the view that the identified dual pathology is present you may be asked in certain circumstances to review those records. You will be requested to confirm the presence of 2 or more entries in the records made by the general practitioner, or one entry in those records by way of correspondence or reports from a hospital, of dual pathology. You may be asked to review records in claimants whom you have not previously examined. You will be given clear instructions as to what you are required to identify, on each occasion that you are so instructed. Having reviewed the records you will be required to provide a letter confirming or otherwise the presence of the relevant entries in the records.

Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be taken into account at the next scheduled review.

Name of sender:

Location and telephone
number

Please return this form to Process Design.

SCHEDULE 5(2)(iii)
DUAL PATHOLOGY
FORMS AND LETTERS
(MAP 1)

SCHEDULE 5(2)(iii)
DUAL PATHOLOGY FORMS AND LETTERS

APPENDIX 1

Dear

(Claimant's name and address)

Solicitors reference:

On the instructions of **(insert firm name)** you prepared a report on the above named in connection with his claim for compensation for vibration white finger against British Coal. We are claims handlers for the DTI who have now taken over British Coal's liabilities.

In your report you indicated that in addition to suffering from VWF there was evidence that the claimant might also be suffering from **(insert relevant dual pathology)**. This claim is being dealt with under the British Coal VWF Handling Arrangement which provides that a discount will be made to compensation payable to the claimant where he suffers from relevant dual pathology, in certain circumstances.

We would be obliged if you would review your original report and let us know:

1. Whether you are able to confirm, on the balance of probabilities, that the claimant was suffering from **(insert relevant dual pathology)** at the time of your examination; and if so
2. Whether, on the balance of probabilities, that condition was, at the time of your examination, making a significant contribution to the symptoms in the claimant's hands. In this context "significant" means material or more than minimal.

The balance of probabilities is a civil law concept which means that a matter is accepted as proven if it is more likely than not to be true. It is not necessary for you to be satisfied "beyond a reasonable doubt", nor for it to be "more than 95% sure". Accordingly, if you believe it to be more than 50% (50.01% will do) likely that the claimant had **(the relevant dual pathology)**, the conclusion should be that he had it. If you believe it to be 50% likely or less that the claimant had **(the relevant dual pathology)** your conclusion should be that he did not.

Please review your original report(s) and let us have your answers to the above questions as soon as possible and without arranging to re-examine the claimant or obtain his medical records. We enclose a copy of your original report(s) to assist. We would ask you to refrain from obtaining the Claimant's GP records.

We confirm that we will meet your reasonable fees for the work involved. Send your fee note, together with your supplementary report to us.

Yours faithfully

APPENDIX 2

REQUEST FOR GENERAL PRACTITIONER'S RECORDS

I,.....of
.....
.....

Date of Birth

--	--	--

 N.I. Number

--

authorise the disclosure of the originals of my full medical notes and records in your possession to the Department of Trade & Industry's Coal Health Claims Unit, to their Agents IRISC Claims Management, to my Solicitors

.....
and to any other agent engaged by the Department of Trade & Industry or my Solicitors for the purpose of their enquiries about my medical condition, in respect of my claim for VWF.

No proceedings are contemplated against my GP or any Hospital Trust, Health Authority or any individual named in the records.

To: GP's name, address and number:

.....
.....

Signed:.....

Dated:.....

OR:

To: MPC

I authorise the disclosure of my GP notes and records in your possession to the Department of Trade & Industry's Coal Health Claims Unit, to their agents IRISC Claims Management, to my solicitors

.....
and to any other agent engaged by the Department of Trade & Industry or my solicitors that you may hold which have previously been obtained by you in connection with my claim for chronic obstructive pulmonary disease.

Signed:.....

Dated:.....

APPENDIX 3

HAND ARM VIBRATION SYNDROME

ASSESSMENT OF PRESENCE OF DUAL PATHOLOGIES IN GP MEDICAL RECORDS

SCRUTINEER REPORT

CLAIMANT NAME:	Mr G Hawthorn		
IRISC / ICMS REFERENCE NUMBER:	100128118		
DATE OF BIRTH:	10/15/37		
DATE OF CLAIM:	3/14/99		
CLAIMANT'S SOLICITOR:	Raleys		
DATE OF MEDICAL EXAMINATION:	1/22/00		
TYPE OF MEDICAL REPORT	MAP	CVS	
	YES	NO	
CENTRE WHERE EXAMINED (IF MAP EXAMINATION):	Wakefield		
NAME OF MEDICAL EXAMINER - IF MAP DOCTOR PLEASE STATE THEIR ID. NUMBER	Dr Armstrong - ID = 87		
DIAGNOSIS OF ORIGINAL EXAMINER	VWF	VWF / CTS	CTS
	YES / NO	YES / NO	YES / NO
TYPE OF DUAL PATHOLOGY IDENTIFIED FROM ORIGINAL REPORT	Cervical Spondylosis		

Evidence of dual pathology	GP records	Date of Entry	Page No.	Age of Claimant	Hospital records	Date of Entry	Page No.	Age of Claimant	Other evidence/ Comments

Evidence of dual pathology	Source*	Date of Entry	Page No.	Age of Claimant	Comments
Cerv Spondylosis	Clin	27.10.70	4	45	For x-ray
Cerv Spondylosis	Cons	03.11.70	54	45	X-R confirms mild/moderate CS
Cerv Spondylosis	GP	09.11.70	55	45	Referral letter
Cerv Spondylosis	Cons	30.02.71	56	45	[Note of main finding/s if required] plus Department (Ortho) (Neurology) (Rheumatoid)

* Notes: Clin (clinical) refers to the manuscript GP clinical notes
 GP refers to correspondence from the GP to consultants etc.
 Cons (hospital consultant)
 Other sources could be A&E, BCC, DSS

Declaration

I confirm that the contents of this report are true to the best of my knowledge, information and belief.

SIGNATURE:

SCRUTINISER'S NAME:

.....

TIME TAKEN TO ASSESS MEDICAL RECORDS:

SCHEDULE 5(3)(i)

CTS

AGREEMENT

British Coal Vibration White Finger Litigation
Carpal Tunnel Syndrome Proposal

The proposal provides for Carpal Tunnel Syndrome claims to be dealt with under the terms of the existing Vibration White Finger handling arrangement of 22nd January 1999, subject to enhanced payments where claimants suffer from both VWF and CTS or where surgery has been, or will be, undertaken:

1. Claimants suffering from Carpal Tunnel Syndrome only will have their claims dealt with under the existing VWF handling arrangement, with assessment of compensation calculated by reference to the Stockholm sensorineural stagings.
2. Claimants suffering from both VWF and Carpal Tunnel Syndrome would receive an uplift of 10% on tariffs for general damages only.
3. Claimants who have undergone surgery (or can produce documentary evidence showing that they have been recommended to undergo surgery which they are awaiting) will receive an additional payment of £1,150 for each operation undertaken, together with any proven consequential financial loss, including costs for surgery.

Outstanding Issues¹²

1. The views of SEMA, the service provider, are being ascertained as to whether MAP doctors would be prepared to make a recommendation, where appropriate, that the claimant should seek referral to an NHS hospital for surgery to be considered or should consult his GP.
2. The extent to which the costs for future surgery would be reimbursed.
3. Guidance notes for doctors to be drafted.
4. Additional payments to claimants' representatives in respect of costs where the claimant suffers from both VWF and CTS.

Relevant Documents

1. Medical report of Professor Burke.

¹² This is a historical document and outstanding issues have now been resolved.

SCHEDULE 5(3)(ii)

CTS LETTERS

SCHEDULE 5(3)(i)
CTS FORMS AND LETTERS

1 South Quay Victoria Quays Sheffield S2 5SY
TEL 0114 279 4000
FAX 0114 278 6123
www.nabarro.com
DX 712550 Sheffield 20

January 2001

Our ref: FC/ZXC/plf/B3315/00015
Your ref:

Dear Sirs

British Coal Corporation - Vibration White Finger Litigation/Carpal Tunnel Syndrome
(Claimants name and address)

On the instructions of **(insert firm name)** you prepared a report on the above named in connection with his claim for compensation against British Coal. We are claims handlers for the DTI who have now taken over British Coal's liabilities.

In your report you indicated that **(in addition to suffering from VWF)** there was some evidence that the Claimant might **(also)** suffer from Carpal Tunnel Syndrome (CTS). This claim is being dealt with under the British Coal VWF Handling Arrangement which provides that an enhancement will be made to compensation payable if the Claimant suffers from both CTS and VWF, and that where he suffers from CTS only his claim will be quantified in accordance with the damages tariff set out in the Handling Arrangement.

The Claimants Solicitors Co-ordinating Group (CSG) have agreed that in circumstances where the Claimant might (also) suffer from CTS we should seek clarification from the consultant originally reporting. The terms of his letter have been agreed with the CSG and we are sending a copy of it to the solicitors currently representing the Claimant **(insert firm name)** who are members of the solicitors group co-ordinated by the CSG.

We should be obliged if you would review your original report(s) and let us know if, on the balance of probabilities, you consider that the Claimant suffered from CTS (as well as VWF).

The balance of probabilities is a civil law concept which means that a matter is accepted as proven if it is more likely than not to be true. It is not necessary for you to be satisfied "beyond a reasonable doubt", nor for you to be more than "95% sure". Accordingly, if you believe it more than 50% (50.01% will do) likely

that the Claimant had CTS, the conclusion should be that he had it. If you believe it to be 50% likely or less that the Claimant had CTS you should conclude that he did not.

To assist your consideration we enclose draft notes for guidance prepared on medical advice for doctors considering this issue on future examinations. We also enclose copies of your original report(s).

Please let us have your answers to the above questions as soon as possible, and without arranging to re-examine the Claimant or seeking his GP or other medical records.

We confirm that we will meet your reasonable fees for the work involved. Send your fee note, together with your supplementary report to us.

Yours faithfully

Nabarro Nathanson
Direct Dial: 0114 279 4032
Z.Cooper@nabarro.com

SCHEDULE 6(1)
HANDICAP ON THE LABOUR MARKET
NOTES (CURRENT)

Notes to Tables 1 and 2

1. For the purposes of determining the level of the award to which the Claimant is entitled "age" shall be the Claimant's age as at the date of receipt of the letter of claim at IRISC.
2. For the purposes of determining the level of an award the highest disability staging from either hand shall be taken.
3. For the purpose of assessing the Claimant's entitlement to an award in all other respects the Claimant's circumstances shall be those pertaining as at the date of the intimation of a claim for an award for handicap on the labour market or the date of receipt at IRISC of evidence from the Claimant supporting his claim for such an award, whichever is the later.
4. It is a pre-condition of the making of an award that the Claimant is:
 - (a) in paid employment. This may be evidenced by:
 - a letter from an employer; or
 - a recent wage slip (dated not less than 3 months from the date of submission to IRISC); or
 - tax returns; or
 - a DSS schedule;or
 - (b) self-employed. This may be evidenced by:
 - copies of the most recent accounts; or
 - tax returns;or
 - (c) a full-time carer. This may be evidenced by:
 - the production of DSS documentation showing the receipt of the relevant benefit by the person being cared for; oror
 - (d) in full-time education pursuing a course with the intention of thereafter returning to paid employment. This may be evidenced by:

- a letter from the educational institute where the Claimant is studying confirming the Claimant's place on a course; or
- copies of any local authority grant documentation NB: The production of a student union card alone will be insufficient evidence;

or

(e) is otherwise actively seeking paid employment. This may be evidenced by:

- the production of evidence from the DSS showing the Claimant to be in receipt of unemployment benefit, job-seekers' allowance or other relevant benefit; or
- copies of job application forms and letters and responses from prospective employers NB: it will be expected that the Claimant will be able to demonstrate a period of job search for more than three months, with the last evidence being contemporaneous to the submission of the claim for an award.

5. No award will be made where the Claimant is:

- (a) assessed at Stage 1 or less; or
- (b) 60 years of age or older; or
- (c) in receipt of long-term sickness or incapacity benefit (or such benefit as may replace them from time to time) for a condition other than VWF and/or CTS.

These benefits may include:

- (i) **Incapacity benefit**

SCHEDULE 6(2)
HANDICAP ON THE LABOUR MARKET
NOTES (FROM ORIGINAL CHA)

Notes to Tables 1 and 2 (Notes from Original CHA dated 22.1.99)

1. "Age" shall be the age at the date of receipt of the letter of claim at IRISC.
2. Assessment will be based on the highest staging in either hand on either the Taylor/Pelmear or Stockholm Vascular or Stockholm Sensorineural Scales (The highest disability staging from either affected hand will determine the award).
3. No award shall be made where:-
 - a) the claimant is assessed at Stage 1 or less; or
 - b) the claimant is 60 years of age or older at the date of his letter of claim;
or
 - c) at the date of the letter of claim the claimant has been and continues to be in receipt of long term sickness or incapacity benefit for a condition other than VWF; or
 - d) the claimant cannot show he is either:-
 - i) in work, e.g. by producing a letter from an employer, a recent wage slip, tax information or a DSS schedule; or
 - ii) receiving relevant benefit if seeking work;

SCHEDULE 6(3)
HANDICAP ON THE LABOUR MARKET
TARIFFS

Schedule 6(3)

Handicap on the Labour Market – Table 1

Tariffs applicable to category A claims as provided for in Section 5.1(a)(i) and 5.1(b).

Figures Adjusted As At 01.01.2008 For Actual RPI = 4.05%

ASSESSMENT				
AGE	Date of Tariff	2	3	4
Up to and including 45	1.1.08 to 31.12.08	6,416	12,828	12,828
	1.1.07 to 31.12.07	6,166	12,329	12,329
	1.1.06 to 31.12.06	5,904	11,806	11,806
	1.1.05 to 31.12.05	5,776	11,551	11,551
	1.1.04 to 31.12.04	5,581	11,161	11,161
	1.1.03 to 31.12.03	5,429	10,857	10,857
	1.1.02 to 31.12.02	5,274	10,547	10,547
	1.1.01 to 31.12.01	5,222	10,444	10,444
	1.1.00 to 31.12.00	5,055	10,109	10,109
	1.1.99 to 31.12.99	5,000	10,000	10,000
46-50	1.1.08 to 31.12.08	5,132	10,236	10,236
	1.1.07 to 31.12.07	4,932	9,864	9,864
	1.1.06 to 31.12.06	4,723	9,446	9,446
	1.1.05 to 31.12.05	4,621	9,242	9,242
	1.1.04 to 31.12.04	4,465	8,930	8,930
	1.1.03 to 31.12.03	4,343	8,687	8,687
	1.1.02 to 31.12.02	4,219	8,439	8,439
	1.1.01 to 31.12.01	4,178	8,356	8,356
	1.1.00 to 31.12.00	4,044	8,088	8,088
	1.1.99 to 31.12.99	4,000	8,000	8,000
51-55	1.1.08 to 31.12.08	4,618	9,237	9,237
	1.1.07 to 31.12.07	4,438	8,877	8,877
	1.1.06 to 31.12.06	4,250	8,500	8,500
	1.1.05 to 31.12.05	4,158	8,316	8,316
	1.1.04 to 31.12.04	4,018	8,036	8,036
	1.1.03 to 31.12.03	3,909	7,817	7,817
	1.1.02 to 31.12.02	3,797	7,594	7,594
	1.1.01 to 31.12.01	3,760	7,520	7,520
	1.1.00 to 31.12.00	3,640	7,279	7,279
	1.1.99 to 31.12.99	3,600	7,200	7,200
56-59	1.1.08 to 31.12.08	4,105	8,210	8,210
	1.1.07 to 31.12.07	3,945	7,890	7,890
	1.1.06 to 31.12.06	3,778	7,555	7,555
	1.1.05 to 31.12.05	3,696	7,392	7,392
	1.1.04 to 31.12.04	3,571	7,143	7,143

	1.1.03 to 31.12.03	3,474	6,948	6,948
	1.1.02 to 31.12.02	3,375	6,750	6,750
	1.1.01 to 31.12.01	3,342	6,684	6,684
	1.1.00 to 31.12.00	3,235	6,470	6,470
	1.1.99 to 31.12.99	3,200	6,400	6,400

Handicap on the Labour Market – Table 2

Tariffs applicable to category B and C claims and those category A claims not to be dealt with under Table 1 (above pursuant to Section 5.1(a)(i) and 5.1(b).

Figures Adjusted As At 01.01.2008 For Actual RPI = 4.05%

ASSESSMENT				
AGE	Date of Tariff	2	3	4
Up to and including 45	1.1.08 to 31.12.08	4,490	9,622	9,622
	1.1.07 to 31.12.07	4,315	9,247	9,247
	1.1.06 to 31.12.06	4,132	8,855	8,855
	1.1.05 to 31.12.05	4,043	8,664	8,664
	1.1.04 to 31.12.04	3,907	8,372	8,372
	1.1.03 to 31.12.03	3,801	8,144	8,144
	1.1.02 to 31.12.02	3,692	7,911	7,911
	1.1.01 to 31.12.01	3,656	7,833	7,833
	1.1.00 to 31.12.00	3,539	7,582	7,582
	1.1.99 to 31.12.99	3,500	7,500	7,500
46-50	1.1.08 to 31.12.08	3,209	7,185	7,185
	1.1.07 to 31.12.07	3,084	6,905	6,905
	1.1.06 to 31.12.06	2,953	6,612	6,612
	1.1.05 to 31.12.05	2,889	6,469	6,469
	1.1.04 to 31.12.04	2,792	6,251	6,251
	1.1.03 to 31.12.03	2,716	6,081	6,081
	1.1.02 to 31.12.02	2,638	5,907	5,907
	1.1.01 to 31.12.01	2,612	5,849	5,849
	1.1.00 to 31.12.00	2,528	5,662	5,662
	1.1.99 to 31.12.99	2,500	5,600	5,600
51-55	1.1.08 to 31.12.08	2,567	5,775	5,775
	1.1.07 to 31.12.07	2,467	5,550	5,550
	1.1.06 to 31.12.06	2,362	5,315	5,315
	1.1.05 to 31.12.05	2,311	5,200	5,200
	1.1.04 to 31.12.04	2,233	5,025	5,025
	1.1.03 to 31.12.03	2,172	4,888	4,888
	1.1.02 to 31.12.02	2,110	4,748	4,748
	1.1.01 to 31.12.01	2,089	4,701	4,701
	1.1.00 to 31.12.00	2,022	4,550	4,550
	1.1.99 to 31.12.99	2,000	4,500	4,500
56-59	1.1.08 to 31.12.08	1,925	5,132	5,132
	1.1.07 to 31.12.07	1,850	4,932	4,932
	1.1.06 to 31.12.06	1,772	4,723	4,723
	1.1.05 to 31.12.05	1,734	4,621	4,621
	1.1.04 to 31.12.04	1,676	4,465	4,465

	1.1.03 to 31.12.03	1,630	4,343	4,343
	1.1.02 to 31.12.02	1,583	4,219	4,219
	1.1.01 to 31.12.01	1,567	4,178	4,178
	1.1.00 to 31.12.00	1,517	4,044	4,044
	1.1.99 to 31.12.99	1,500	4,000	4,000

SCHEDULE 7(1)
Services Agreement

SCHEDULE 7(1)

~~AMENDED IN MEETING 27.4.04 (DTI AND CSG)~~

Amended following CSG letter dated 8.9.04
Amended following CSG letter dated 11.4.05

BRITISH COAL VIBRATION WHITE FINGER LITIGATION:

SERVICES CLAIMS

1. INTRODUCTION

1.1 It is well established that at common law a claimant in a personal injury action can recover the cost of assistance with everyday tasks e.g. gardening, decorating, DIY etc he reasonably no longer does because of his injury. This is so whether paid assistance is obtained or help is provided by family and friends. Entitlement to compensation for this head of damage requires establishing that:

- (a) a prior to the injury the man undertook the task(s);
- (b) he no longer undertakes the task(s);
- (c) the reason he no longer undertakes the task(s) is because of the injury rather than for any other reason or because of any other medical condition.

1.2 Items (a)¹ and (b)² are factual matters. **Item (c)** raises medical issues as to whether the injury was sufficient to reasonably justify the cessation of carrying out the tasks and that there was no other medical condition which would have precluded continuing to carry them out in any event.

2. SERVICES CLAIMS UNDER THE VWF HANDLING ARRANGEMENT

There can be no doubt but that men significantly affected by vibration white finger are entitled to recover compensation for this head of damages. The Arrangement will provide for payment of fair and proper compensation in appropriate cases and will enable claims to be dealt with quickly, consistently, efficiently and at a minimum cost whilst at the same time recognising that the evidential burden must be met.

3. THE MEDICAL EVIDENCE

3.1 The Parties' medical experts were jointly instructed to consider how medical issues might most appropriately and efficiently be addressed. Essentially, they were asked to consider two alternative approaches:

- (i) that the doctors involved in the MAP would make an assessment, in each case where a claim of this nature was advanced as to whether or not they accepted it was made out; or

-
- (ii) that an assumption be made that once the condition had reached a certain level(s) causation should be presumed and that a man could no longer carry out certain tasks **without assistance**. The examining doctor would then merely have to consider whether there were any other conditions (VWF apart) which of themselves would have prevented the man from undertaking the task in question thereby rebutting the presumption.
- 3.2 Of the two alternative approaches , the medical experts and the parties have jointly rejected the former and endorsed the latter. The former would obviously lead to inconsistencies and if the doctors involved in the MAP were asked to carry out detailed assessments then this would have a significant impact on the time taken by the doctor to interview and examine each claimant and in consequence upon the operation of the MAP.
- 3.3 The medical experts have jointly provided a list of the tasks which men suffering significantly from VWF might reasonably no longer be expected to carry out **without assistance**.
- These are:
- (a) gardening work, including planting, heavier garden work, grass cutting, pruning etc, summer and winter;
 - (b) window cleaning, summer and winter;
 - (c) DIY, normal household repairs including changing fuses, plugs, etc;
 - (d) decorating including paper hanging and painting inside and out;
 - (e) car washing summer and winter;
 - (f) car maintenance, the basic servicing, changing plugs, points, oil, anti-freeze and other similar tasks.
- 3.4 The medical experts have jointly produced a matrix setting out at what point on the Stockholm Scale a man suffering from VWF would have difficulties with the various tasks. This is re-produced below:

DIFFICULTY WITH EVERYDAY TASKS

STOCKHOLM SCALE	TASKS						
	Vascular (V)	Gardening	Window Cleaning	D.I.Y.	Decorating	Car Washing	Car Maintenance
0							
1							
2	✓	✓				✓	✓
3	✓	✓			✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓
Neurological (SN)							
0							
1							
2 early							
2 late	✓			✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓

✓ : indicates difficulty to be expected.

3.5 It can be seen that men at 2V on the Stockholm Scale would be expected to have difficulty with all tasks but for DIY and decorating and at Stage 3V would have difficulty with the latter. Men at late Stage 2 on the Neurological Scale would have difficulty with all tasks apart from window cleaning with which they would have difficulty by Stage 3.

- 3.6 Men suffering from CTS and who have undergone surgery or who are on the waiting list for surgery will be staged as 3sn subject to any election in paragraph 7.1(f). Men suffering from CTS and who have neither undergone surgery nor are on the waiting list for it will be staged at 2sn(early). ~~alone who are assessed at late 2SN or 3SN will be treated (and compensated) as if their assessment was for VWF.~~
- 3.7 In relation to either DV MAP reports or Consultant reports, where a Claimant is ~~awarded~~ staged as 2sn ~~as the highest staging~~ it will be presumed that ~~he is 2sn late~~ this staging is 2sn late. ~~Where the Claimant has a CVS report with the highest staging as 2sn, [policy to be determined].~~
- 3.8 The approach jointly recommended by the medical experts would leave to be determined:
- (a) when the man reached the relevant stage(s);
 - (b) whether the man suffered from any other condition(s) which would have prevented him from continuing to carry out any task(s) in any event and;
 - (c) if so, what that condition was, when it developed and the extent to which it compromised ability to carry out the relevant tasks without assistance.
- ~~3.9 A Services Medical Reference Panel has been established by the parties to advise on medical issues in relation to the Services MAP. The Terms of Reference are attached at Schedule 7(6).~~

~~**Aon Health Solutions (the Services MAP provider) have been appointed by the parties to provide Services MAP reports. Aon Health Solutions and IRISCAPITA have a Services Level Agreement which details how the parties progress claims. There is also a Communications Protocol which details how all parties should communicate with each other.**~~

4. WHEN THE MAN REACHED THE RELEVANT STAGE(S)?

- 4.1 It is assumed that the condition will not have deteriorated since cessation of exposure to ~~{tortuous}~~¹³ vibration.
- 4.2 The above assumption is based on medical knowledge about the development VWF/HAVS generally. Such an approach has a number of advantages:
- (a) it minimises any impact on the operation of the MAP, with consequent savings in time and cost;
 - (b) it avoids inconsistency of approach between doctors;

¹³ For the purposes of the Services Agreement tortious vibration is that which Capita IRISC would accept as establishing liability ie in excess of 2.8ms²

-
- (c) it avoids the possibility of numerous, time consuming and costly appeals or references to the disputes procedure.

5. WHETHER THE MAN HAD OTHER CONDITION(S) WHICH WOULD HAVE PREVENTED HIM FROM CARRYING OUT ANY TASK(S) IN ANY EVENT; IF SO WHAT; WHEN DID IT DEVELOP; AND WHAT (IF ANY) WAS IT'S IMPACT?

5.1 The range of conditions which might impact on the claimant's ability to undertake the relevant tasks is extensive. For this reason the medical experts have declined to attempt to list them. The tasks themselves are different and the impact of any other condition will vary with the tasks. A bad back might preclude some gardening activities but would not preclude others. Not only is there a range of other conditions but the potential impact on the relevant tasks is variable.

5.2 For simplicity the doctors will be asked:

- (i) does the claimant have any other condition besides VWF/CTS which would significantly limit his abilities to carry out any of the following tasks **without assistance**:
- (b) gardening work, including planting, heavier garden work, grass cutting, pruning etc, summer and winter;
 - (c) window cleaning, summer and winter;
 - (d) DIY, normal household repairs including changing fuses, plugs etc;
 - (e) decorating including paper hanging and painting inside and out;
 - (f) car washing summer and winter;
 - (g) car maintenance, the basic servicing, changing plugs, points, oil, anti-freeze and other similar tasks.
- (ii) If so list what they are; and
- (iii) in respect of each task when did the relevant condition develop to the point when the impact was:
- (a) nil;
 - (b) material ie. more than de minimis but less than moderate;
 - (c) moderate;
 - (d) serious;
 - (e) complete and would have prevented carrying out the task in any event.

- 5.3 If the claimant had more than one condition which would have precluded an activity it would not be necessary for details of all to be recorded. However, where a claimant has one or more conditions which, when taken together, cause a claimant to reach b) to d) in paragraph 5.2.(iii) this should be recorded and the conditions listed.
- 5.4 The Services MAP report is attached at **Schedule 7(4)**. The guidance notes for Examining Doctors are attached at **Schedule 7(5)**.
- 5.5 A Services Medical Reference Panel has been established by the parties to advise the parties on medical issues in relation to the Services MAP. Its Terms of Reference are attached at Schedule 7(6).

6. THE FACTUAL EVIDENCE

- 6.1 It is necessary to collect factual evidence in a consistent, efficient, and cost effective manner ~~also arise~~. The Parties have agreed to a questionnaire based approach. The factual evidence required will be kept to reasonable levels. It would be impracticable to individually investigate or value the separate elements of individual claims; or to investigate in any detail the amount of assistance required by a claimant with a certain task which in turn might require individual consideration of his particular property, garden etc to enable the assessment to be made. Instead, broad assumptions will be made about the average assistance that would be required for the particular task by the individual at the relevant stage.
- 6.2 Such an approach recognises that there will be some individuals who will be able to demonstrate, by production of receipts or otherwise, that the value of the assistance that they have received with certain tasks is in excess of the figures proposed. However, practical and other considerations militate against other than a tariff based approach given the number of claims and the need for a quick, efficient, and inexpensive approach to their settlement.
- 6.3 The questionnaire to be completed by the claimant will require information as to only those of the tasks he did previously but now claims he is no longer able to do **without assistance** and as to any other relevant medical conditions he may suffer from. It will be supported by a statement of truth. A copy of the agreed ~~Claimant~~ questionnaires to be used in claims **by Claimants where the man is alive are is** attached at **Schedule 7(2)**.
- 6.4 The claimant will endeavour to identify past and present helpers giving their name(s), addresses and telephone numbers. ~~A questionnaire will be provided by the current [most recent] helper where there is more than one; by each helper in respect of the tasks for which a claim is made.~~ Subject to paragraph 15.4 below, a questionnaire would be provided by the current or **most recent** helper[s] relevant to the claim period and, where there is more than one, by each helper in respect of the tasks for which a claim is made. Questionnaires will not be required from past helpers although Capita IRISC Capita may contact them as part of their investigation into the claim. When

submitting questionnaires, the Solicitors must advise if the evidence is submitted in its entirety or if further evidence is to follow. If the latter, no offer will be made until all evidence has been received and ~~perused~~ **considered** by ~~Capital~~ **IRISC**. A copy of the agreed Helper questionnaire **to be used by Helpers for living men** is attached at **Schedule 7(2)**.

6.5 ~~[To assist in the investigation of these claims the tasks undertaken by the Claimant, within their current employment will be assessed. will be considered against their employment history.]~~

~~Agreed Claimant's and Helpers questionnaires for use in connection with posthumous claims are attached at Appendix 4.~~

7. QUANTUM

7.1 The parties have agreed that a multiplier/multiplicand approach for future loss would be appropriate and that the appropriate **(subject to paragraph 8.2 below)** multiplicands **for different stagings are:**

7.2

<u>Task</u>	<u>Year</u>	<u>2V</u> <u>530</u>	<u>3V</u> <u>740</u>	<u>Late 2SN</u> <u>740</u>	<u>3SN</u> <u>740</u>	<u>4TP</u> <u>1000</u>
<u>Gardening</u>	<u>2005</u>					
	<u>2004</u>					
	<u>2003</u>					
	<u>2002</u>					
	<u>2001</u>					
	<u>2000</u>	<u>250.00</u>	<u>250.00</u>	<u>199.80</u>	<u>177.60</u>	<u>250.00</u>
<u>Window Cleaning</u>	<u>2005</u>					
	<u>2004</u>					
	<u>2003</u>					
	<u>2002</u>					
	<u>2001</u>					
	<u>2000</u>	<u>60.00</u>	<u>60.00</u>	<u>Nil</u>	<u>44.40</u>	<u>60.00</u>
<u>DIY</u>	<u>2005</u>					
	<u>2004</u>					
	<u>2003</u>					
	<u>2002</u>					
	<u>2001</u>					
	<u>2000</u>	<u>Nil</u>	<u>Nil</u>	<u>199.80</u>	<u>177.60</u>	<u>240.00</u>
<u>Decorating</u>	<u>2005</u>					
	<u>2004</u>					
	<u>2003</u>					
	<u>2002</u>					
	<u>2001</u>					
	<u>2000</u>	<u>Nil</u>	<u>210.00</u>	<u>177.60</u>	<u>177.60</u>	<u>230.00</u>
<u>Car</u>	<u>2005</u>					

<u>Washing</u>	<u>2004</u>					
	<u>2003</u>					
	<u>2002</u>					
	<u>2001</u>					
	<u>2000</u>	<u>40.00</u>	<u>40.00</u>	<u>29.60</u>	<u>29.60</u>	<u>40.00</u>
<u>Car Maintenance</u>	<u>2005</u>					
	<u>2004</u>					
	<u>2003</u>					
	<u>2002</u>					
	<u>2001</u>					
	<u>2000</u>	<u>180.00</u>	<u>180.00</u>	<u>133.20</u>	<u>133.20</u>	<u>180.00</u>
<u>Total</u>	<u>2005</u>	<u>612.17</u>	<u>854.75</u>	<u>854.75</u>	<u>854.75</u>	<u>1155.07</u>
	<u>2004</u>	<u>591.53</u>	<u>825.93</u>	<u>825.93</u>	<u>825.93</u>	<u>1116.11</u>
	<u>2003</u>	<u>575.42</u>	<u>803.43</u>	<u>803.43</u>	<u>803.43</u>	<u>1085.71</u>
	<u>2002</u>	<u>558.99</u>	<u>780.48</u>	<u>780.48</u>	<u>780.48</u>	<u>1054.70</u>
	<u>2001</u>	<u>553.51</u>	<u>772.83</u>	<u>772.83</u>	<u>772.83</u>	<u>1044.36</u>
	<u>2000</u>	<u>530.00</u>	<u>740.00</u>	<u>740.00</u>	<u>740.00</u>	<u>1000.00</u>

- (a) The figures above are those listed in the original agreement
- (b) Details of all multiplicands for all stages that are broken down between tasks are set out in spreadsheets, the most up to date versions of which are attached to the agreement at Annex 1.
- (c) No payment will be made in respect of a services claim where the man is assessed at less than 2V, or 2TP or late 2sn **or suffers only from CTS unless he has undergone or is on the waiting list for surgery for CTS as provided for by where paragraph 3.6 applies.**
- (d) It is accepted that for men at 4V on the Stockholm Scale individual assessment would be appropriate although any multiplicand would not be expected to be lower than that for men at 4TP.
- (e) For the avoidance of doubt men staged by a consultant on the Taylor-Pelmeur scale alone will be treated as if staged at that scale on the Stockholm Vascular scale. ~~[See paragraph 3.7]~~
- (f) **Subject to paragraph (hf) a man who will be eligible to claim on vascular and sensorineural stagings will usually be assessed on the staging attracting the highest multiplicand.**
- (g) ~~The multiplicands of £530, £740 or £1000 will be the starting point for men assessed at 2V or 3SN/3V/late 2SN or 4TP for men who previously did all of the relevant tasks. However, those who did not claim they performed have the correct factual evidence eg which would result in the number of tasks reduced, background eg did not previously do any particular tasks, would have the annual figure reduced appropriately by reference to the table above.~~

~~Reduction would be made in similar manner for those men whose ability to do certain tasks was affected by another relevant medical condition (see below).~~

- (h) **Men having dual staging for which they will be entitled to compensation eg 2V and 2sn (late) can elect the staging on which they wish their claim to be assessed.**

7.3 The breakdown of the original annual figures between the tasks is set out ~~below~~ **in the table in 7.1 above**. Those figures are subject to adjustment annually to reflect increases in the Retail Price Index as provided for in paragraph 11 below and are to be agreed between the CSG and NN by the 31 January of each year.

8. CUT OFF AGE

8.1 No payment will be made for years after a man reaches his 70th birthday, except as provided for ~~below~~ **in paragraph 8.2 below** in respect of men aged 65 to 70 (inclusive) at the date on which the **offer is made in full and final settlement of the Services claim**. ~~Services full and final offer is made.~~

8.2 Men aged 65 to 70 inclusive i.e. whose 65th birthday has passed but who have not yet had their 71st birthday would receive an enhancement as follows:

- Men aged 65 - 5 yrs loss plus the remainder of the 66th year (the annual sum to be apportioned);
- Men aged 66 - 4 yrs loss plus the remainder of the 67th year (the annual sum to be apportioned);
- Men aged 67 - 3 yrs loss plus the remainder of the 68th year (the annual sum to be apportioned);
- Men aged 68 - 3 yrs loss plus the remainder of the 69th year (the annual sum to be apportioned);
- Men aged 69 - 2 yrs loss plus the remainder of the 70th year (the annual sum to be apportioned);
- Men aged 70 - 1 yr loss plus the remainder of the 71st year (the annual sum to be apportioned).

8.3 For the avoidance of doubt the age of a man is determined at the date **on which the offer is made in full and final settlement of the Services claim unless a claim has been brought under the Posthumous Protocol (see Schedule 16) in which case the man's age will be at the earlier of date of claim or date of death**. ~~the Services full and final offer is made.~~

8.4 The enhancement is for a fixed sum calculated according to the above formula and is not subject to the application of a multiplier. The parties recognise that the provisions

of paragraph 8.2 may produce anomalies as between ~~both~~: men who will receive the enhancement ~~and those men who do~~ and those men who do not.

9. OTHER CONDITIONS

9.1 With regard the impact of any condition for consistency and simplicity it is agreed that where the impact of any other condition is:

- (a) nil i.e. did not significantly impact on the claimants ability to carry out the activity it should be ignored;
- (b) minor the annual figure for the task should be reduced by 10% from the time the condition reached that stage;
- (c) was moderate the annual figure for that task should be reduced by 33%, from the time the condition reached that stage;
- (d) was serious the annual figure for that task should be reduced by 66% from the time the condition reached that stage;
- (e) was complete the annual figure for that task should be reduced by 100% from the time that the condition reached that stage.

9.2 Where a claimant suffers/suffered from dual pathology (as defined in the Dual Pathology Agreement) then provided he is not suffering with any other relevant medical condition that would limit his ability to carry out the relevant tasks to the levels set out in paragraph 9.1(2) - (5) above then the discount of 7.5%, to be made in accordance with the Dual Pathology Agreement, shall be made from any claim for loss of services. However, where a claimant suffers/suffered from dual pathology as defined in the Dual Pathology Agreement but also suffers from another relevant condition which would impact on his ability to carry out the relevant task at the levels set out in paragraph 9.1.(2) - (5) then the 7.5% deduction on account of dual pathology shall not apply to the services claim.

Example 1

~~A claimant staged at 2V and claiming gardening only from June 1986 to his 70th Birthday in April 2000 and suffering from cervical spondylosis will be entitled to:~~

_____	<u>£1926.81</u>
_____	Less discount of 7.5% <u>£144.51</u>
_____	Total services claim <u>£1782.30</u>

Example 2

~~A claimant staged at 2V and claiming gardening only from June 1986 to his 70th Birthday in April 2000. The MAP2 concluded that the Claimants co-morbid conditions will have~~

had a moderate effect upon his ability to undertake services until April 1999 and then a serious effect until the cut off date. The Claimant will be entitled to:

Total Past Loss	£1926.81
Total for period June 1986 to April 1999	£1726
Less 33% co-morbidity	£569.61
Total	£1156.48
Total for period May 1999	
to April 2000	£200.73
Less 66% co-morbidity	£132.48
Total	£68.25
Total Services claim after	
Reduction for co-morbidity	£1224.73

10. PAST LOSSES

- 10.1 Subject to proof that assistance has been provided in the form of the claimant's and witnesses questionnaire past losses will be paid as provided for in paragraph 7 above adjusted to reflect the historic value of money in accordance with ~~table D2 in Facts and Figures (Sweet and Maxwell)~~ with table D2 in Facts and Figures (Sweet and Maxwell) and further discounted as agreed. The agreed tables set out at Annex Schedule 21.
- 10.2 Claims may be submitted for a period going back to the later of 1 January 1980 or **the day following the cessation of exposure to [tortious vibration with British Coal or in the employment with a Contributing Co Defendant]¹⁴** . ~~a maximum of 1 January 1980 following cessation of exposure to vibration immediately preceding the offer or in the case of men who have died or who are older than the cut off age the date of death or date when they reached the cut off age as appropriate.~~ For the purposes of determining date of last exposure to tortious vibration of any period 6 months or less will be ignored. A Claimant may only claim for the period following the date of their onset of symptoms [as will exposure will any employer that was less than which IRISCCAPITA would accepted as establishing liability against them in a Group 3 claim or in respect of which IRISCCAPITA did not require a claim to be made pursuant to paragraph 8.1 of the Claims Handling Arrangement] For example, a man who left British Coal or ceased to be exposed to vibration in his employment with them in May 1993 and had no further exposure to vibration thereafter, will be entitled

¹⁴ Contributing Co Defendant means a defendant or his insurers who is contributing to payment for general damages to General Damages

~~to past loss of services from the start of the next month ie June 1993, subject to the Helper's evidence confirming that assistance was required from this date.~~

- 10.3 Where **10.2 does not apply** and the date that it is claimed the need for assistance first arose is stated no more precisely than by reference to a particular year, then if the claim is accepted, the starting point will be taken to be the ~~mid-point~~ **1 July** in that year.

11. INDEXATION

- 11.1 Multiplicands for future loss shall be index linked as provided for in paragraph **7.6 of the CHA. Handling Arrangement.**
- 11.2 Year on year an additional top row shall be added to the table for past losses in ~~schedule Annex 121.~~ **Annex 121.** The annual figure and cumulative totals shown in that row shall be the multiplicand for that year (i.e after indexation pursuant to paragraph 11.1 above), discounted by 20%. The cumulative totals in the table will be revised accordingly and provided together with an up to date past loss calculator by a representative of the CSG.

12. INTEREST

- 12.1 Past losses will attract interest in accordance with common law principles namely:
- (a) at the full special account rate, from time to time, from the mid point of the period over which the loss occurred where the loss is not continuing to the date of offer; and
 - (b) at half the special account rate, from time to time, from the commencement of the period of loss where the loss is continuing to the date of offer.
- 12.2 For the purposes of calculating interest the cumulative interest tables prepared by Rodney Nelson-Jones and published from time to time in the Law Society Gazette shall be used. Nabarro Nathanson shall provide the up to date interest tables to ~~AON Capita IRISC~~ **AON Capita IRISC** and the CSG as and when they are updated.

13. FUTURE LOSSES MULTIPLIERS

- 13.1 Where calculation by reference to a multiplier would be appropriate the multiplier shall be determined by reference to Table 11 and 28 of the Ogden Tables (~~Sixth Fifth Fourth~~ Edition) in Kemp and Kemp. The discount rate to be applied shall be **2.5%**, or such other rate as may be adopted from time to time.
- 13.2 ~~Where a multiplier is required for a claimant's age (at the date of assessment) but this is not an exact number of years it will be derived from table 11 but interpolation between multipliers for the exact number of years above and below his current age as indicated in the example below: the numbers of years above and below the period required in a like manner to that indicated in the example below: Where a~~

multiplier is required for a claimant's age (at the date of assessment) but this is not an exact number of years it will be derived from table 11 but interpolation between multipliers for the exact number of years above and below his current age as indicated in the example below: the numbers of years above and below the period required in a like manner to that indicated in the example below:

The basic multiplier, derived from Table 27 of the 4th Edition of the Ogden Tables, is calculated using the claimant's age (in years and months) at the date of assessment / calculation. To avoid rounding up, or down to whole months, a proportion of a whole month is calculated, and is represented as a decimal. Therefore, a claimant may have an age at date of assessment of, say, 46 years and 5.33 months. Taking this as an example, the calculation of the multiplier would go as follows:

- Using rate of return = 2.5%
- Table 27 multiplier (age 46) = 17.16
- Table 27 multiplier (age 47) = 16.62

- Difference in multipliers = 0.55

- Proportionate difference (based on months) = $0.55/12 = 0.045833 * 5.33 = 0.2442898$
= 0.24 (rounded to 2 decimal places)
- Resultant Table 27 multiplier = $17.16 - 0.24 = \underline{16.92}$

The same calculation is made for the Table 38 Multiplier. Using the same example as above, and the same rate of return, the calculation is as follows:

- Table 38 multiplier (years of loss = 24) = 18.11
- Table 38 multiplier (years of loss = 23) = 17.55

- Difference in multipliers = 0.56

- Proportionate difference (based on months) = $0.56/12 = 0.0466666 * 5.33 = 0.2487329$
= 0.25 (rounded to 2 decimal places)
- Resultant Table 38 multiplier = $18.11 - 0.25 = \underline{17.86}$

A Table 27/38 factor is calculated using the resultant multiplier from table 27 divided by the resultant multiplier from table 38 as follows:

- Table 27/38 factor = $\frac{16.92}{17.86} = \underline{0.9473684}$

If there was no co-morbidity for future loss, or the co-morbidity remained constant during this period, then the applicable multiplier would be:

$$\frac{\text{Table 38 multiplied by (Table 27 divided by Table 38)}}{= \frac{16.92}{(T27)}} = \frac{17.86 * 16.92}{17.86}$$

~~Essentially, where there is no co-morbidity for future loss, or the co-morbidity remains constant throughout the future loss years, then the multiplier is Table 27.~~

Initial Calculation of Multipliers.

The basic multiplier, derived from Table 11 of the 56th Edition of the Ogden Tables, is calculated using the claimant's age (in years and months) at the date of assessment / calculation. To avoid rounding up, or down to whole months, a proportion of a whole month is calculated, and is represented as a decimal. Therefore, a claimant may have an age at date of assessment of, say, 47 years and 5.33 months. Taking this as an example, the calculation of the multiplier would go as follows:

- Using rate of return = 2.5%
- Table 11 multiplier (age 47) = 16.64
- Table 11 multiplier (age 48) = 16.08
- Difference in multipliers = 0.56
- Proportionate difference (5.33 months of 12) = 0.56/12 = 0.0466667 x 5.33 = 0.2487335
- = 0.25 (rounded to 2 decimal places)
- Resultant Table 11 multiplier = 16.64 – 0.25
- = 16.39

The same calculation is made for the Table 28 Multiplier. Using the same example as above, and the same rate of return, the calculation is as follows:

$$\text{Table 28 multiplier (years of loss = 23)} = 17.55$$

$$\text{Table 28 multiplier (years of loss = 22)} = 16.97$$

$$\text{Difference in multipliers} = 0.58$$

$$\text{Proportionate difference (5.33 months of 12)} = 0.58/12 = 0.0483333 \times 5.33 = 0.2576165$$

$$= 0.26 \text{ (rounded to 2 decimal places).}$$

$$\text{Resultant Table 28 multiplier} = 17.55 - 0.26$$

$$= \underline{17.29}$$

A Table 11/28 factor is calculated using the resultant multiplier from Table 11 divided by the resultant multiplier from Table 28 as follows:

$$\frac{\text{Table 11/28 factor}}{0.9479468} = 16.39 =$$

$$\underline{17.29}$$

If there was no co-morbidity for future loss, or the co-morbidity remained constant during this period, then the applicable multiplier would be:

$$\text{Table 28 multiplied by (Table 11 divided by Table 28)} = 16.39 \times 16.92 = \underline{16.39 \text{ (T11)}}$$

Essentially, where there is no co-morbidity for future loss, or the co-morbidity remains constant throughout the future loss years, then the multiplier is Table 11.

13.3 In respect of any claim where the multiplicand may be discount to the multiplicand changes because of the variation in effect of a co morbid condition the multiplier will be split by reference to Tables 27 and 38. ~~discounted because of the subsequent development of another condition, the multiplier will be split according to the appropriate multiplier for each corresponding number of years, by reference to in accordance with Table 27 and 38 of the Fourth edition of the Ogden Tables. The following example illustrates this method of calculation:~~

~~If there was a change in the level of co-morbidity over the period of future loss, then a split multiplier is calculated based on the number of years of loss from Table 38, modified by the Table 27/38 factor. In this current example, the claimant is aged 46 years and 5.36 months at the date of assessment / calculation. Therefore, he has 23 years and 6.64 months of future loss. Say that 10 years of this loss are at "Nil" co-morbidity, and the other 13 years and 6.64 months are at "Mild" co-morbidity, the split multiplier would be calculated as follows:~~

- ~~• Full Resultant Multiplier (From Table 27) = 16.92~~
- ~~• Table 27/38 Factor = 0.9473684~~
- ~~• Table 38 Multiplier (10 years of Loss) = 8.86~~
- ~~• Resultant multiplier (10 years of Loss) = 8.86 * 0.9473684 = 8.393684
= 8.39 (rounded to 2 decimal places)~~
- ~~• Resultant multiplier (13 years & 6.64 m) = 16.92 - 8.39 = 8.53~~

~~There may be instances, however, where there is more than one change in co-morbidity levels over the claimant's period of future loss. Say, for example, that the~~

claimant had 5 years at “Nil” co-morbidity, 10 years at “Mild” co-morbidity, and 8 years: 6.64 months at “Moderate” co-morbidity. In this instance, the split multipliers would be calculated as follows:

- ~~Table 38 Multiplier (5 years of loss) = 4.70~~
- ~~1st Resultant Multiplier (5 years of loss) = 4.70 * 0.9473684 = 4.4526314~~
~~= 4.45 (rounded to 2 decimal places)~~
- ~~Table 38 Multiplier (15 years of loss (5+10)) = 12.54~~
- ~~2nd Resultant Multiplier (10 years of loss) = 12.54 * 0.9473684 = 11.879999 - 4.45~~
~~= 7.429999~~
~~= 7.43 (rounded to 2 decimal places)~~
- ~~3rd Resultant Multiplier (8 years & 6.64 m) = 16.92 - 4.45 - 7.43~~
~~= 5.04~~

Split Multipliers

If there was a change in the level of co-morbidity over the period of future loss, then a split multiplier is calculated based on the number of years of loss from Table 28, modified by the Table 11/28 factor. In this current example, the claimant is aged 47 years and 5.36 months at the date of assessment / calculation. Therefore, he has 22 years and 6.64 months of future loss. Say that 10 years of this loss are at “Nil” co-morbidity, and the other 12 years and 6.64 months are at “Mild” co-morbidity, the split multiplier would be calculated as follows:

$$\text{Full Resultant Multiplier (From Table 11)} = 16.39$$

$$\text{Table 11/28 Factor} = 0.9479468$$

$$\text{Table 28 Multiplier (10 years of Loss)} = 8.86$$

$$\text{Resultant multiplier (10 years of Loss)} = 8.86 \times 0.9479468 = 8.3988086$$

$$= 8.40 \text{ (rounded to 2 decimal places)}$$

$$\text{Resultant multiplier (12 years & 6.64 m)} = 16.39 - 8.40$$

$$= 7.99$$

There may be instances, however, where there is more than one change in co-morbidity levels over the claimant's period of future loss. Say, for example, that the claimant had 5 years at "Nil" co-morbidity, 10 years at "Mild" co-morbidity, and 7 years: 6.64 months at "Moderate" co-morbidity. In this instance, the split multipliers would be calculated as follows:

$$\text{Table 28 Multiplier (5 years of loss)} = 4.70$$

$$\text{1}^{\text{st}} \text{ Resultant Multiplier (5 years at "Nil")} = 4.70 \times 0.9479468 = 4.45535$$

$$= 4.46 \text{ (rounded to 2 decimal places)}$$

$$\text{Table 28 Multiplier (15 years of loss (5+10))} = 12.54$$

$$\text{2}^{\text{nd}} \text{ Resultant Multiplier (10 years at "Mild")} = 12.54 \times 0.9479468 = 11.8872529 - 4.46$$

$$= 7.4272529$$

$$= 7.43 \text{ (rounded to 2 decimal places)}$$

$$\text{3}^{\text{rd}} \text{ Resultant Multiplier (7 years \& 6.64 months)} = 16.39 - 4.46 - 7.43$$

$$= 4.50$$

~~14. INTER RELATIONSHIP WITH CLAIMS UNDER THE BRITISH COAL RESPIRATORY DISEASE LITIGATION CLAIMS HANDLING ARRANGEMENT (ALSO KNOWN AS CROSS OVER CLAIMS)~~

~~[Where the claimant also has a claim under the British Coal Respiratory Diseases (COPD) Claims Handling Agreement he shall be entitled to the higher amount of compensation for the crossover period (whether that be for COPD or VWF). Where a medical determination has been made that a co-morbidity discount for respiratory disease exceeds any discount for non respiratory disease, the discount shall be reduced for the COPD element.]~~

14. CROSSOVER CLAIMS

Where claims are made for payment of compensation for loss of the man's ability to carry out services tasks (DIY, gardening, car maintenance etc) under both the VWF and COPD schemes for concurrent or overlapping periods the parties are agreed that it is essential to ensure that every claimant should be properly compensated for his loss and that there

should be no double compensation or double discounting irrespective of the order in which claims under the VWF and BCRDL schemes were assessed. To give effect to these objectives the parties have agreed that:-

- (i) The claimant will receive the highest award in the cross over period (the period of overlap) in respect of his claim for services under the VWF and BCRDL Claims Handling Arrangements;
- (ii) In determining the highest award for the purposes of (i) above, the figure for the services award under the BCRDL is the sum actually paid or offered to the claimant after application of any discounts for co-morbidity, smoking or the effects of non tortious dust as appropriate.
- (iii) The two awards should be compared after any “factoring back” in the VWF scheme (pursuant to Paragraphs 15 and 16 below), where appropriate and then inclusive of interest– (as determined under the terms of the respective scheme);
- (iv) Any balance due upon settlement of the later claim will be determined by deducting from the figure for the award (inclusive of interest) the sum actually paid (for the award and interest) on the earlier settlement.

A claimant will receive the sum due under either the VWF or RDL CHA scheme for any period of claim outside the crossover period calculated normally pursuant to the provisions of the CHA under which the claim is paid (see Schedule 17).

15. CLAIMS HANDLING PROCEDURE

15.1 Services claims should only be submitted to CapitaIRISC in claims where:

- (a) The man’s Occupational Group has been confirmed or there is no dispute as to liability; and
- (b) There is medical evidence:
 - (i) Which ~~is a~~ **in a** Category C claim shall be a MAP medical report confirming that the man has VWF/CTS and in which he has been staged at 2V or 2SN (late) or higher; **or**
 - (ii) Which in Category B claim shall be a report from a consultant that has been accepted by CapitaIRISC confirming that the man has VWF/CTS and in which the man has been staged at 2V on either the Taylor-Pelmeear Scale or 2SN on the Stockholm Scale or higher [See paragraph 3.7] **and:**
- (c) The claimant wishes to pursue a claim and otherwise appears eligible to do so.

In such claims completed Claims Questionnaires from the claimant and all ~~{the most current or most helpers recent helpers will be submitted together subject to paragraph 15.4 below}~~, current helpers will, be submitted together.

-
- 15.2 On receipt of the completed questionnaires Capita IRISC will investigate the claim and inform the claimant's representatives whether subject to medical assessment of the impact or any co-morbid condition which may affect or may have affected the claimants ability to carry out the tasks for which assistance is claimed, the claim is:
- Accepted entirely
 - Accepted partially
 - Rejected
- 15.3 In respect of claims in which are not accepted entirely, CapitaIRISC, will set out in detail their reasons for rejecting the claim in whole or in part and disclose any evidence on which they rely in making their assessment of the claim. ~~IRISC-Capita's~~ investigation may involve telephoning current and past helpers. For the avoidance of doubt where a claim is rejected in whole or in part on the basis of evidence given by the helper to IRISC Capita, any statement from the helper or notes ~~(or (upon requestor transcript on request)~~ transcript recording of any telephone conversation with him/her will be disclosed.
- 15.4 Each claim will be considered by Capita IRISC on its merits. A pragmatic approach will be adopted in keeping with the requirements recognised in paragraph 6 above. ~~To collect factual evidence in a consistent, efficient and cost effective manner and to keep any factual investigations to reasonable levels. In consequence~~ In consequence a claim will not be rejected in whole or in part solely because:
- (a) Capita IRISC are not able to contact a current or past helper. In such cases the claimant's representative will be notified and credible evidence from a third party confirming that the helper provided the assistance claimed will be considered.
 - (b) A helper also suffers from VWF/CTS. [It may preclude that helper from making a services claim in his own right at a future date.]
- 15.5 **[In assessing the claim Capita IRISC may also consider any employment undertaken by the claimant in the period for which assistance is claimed. If they consider that the nature of such employment may contra-indicate the claim for assistance in whole or in part they will notify the claimant's representative and invite clarification of the nature of the man's duties including levels of manual dexterity required in that employment. Each claim will be considered on its merits. (See paragraph 6.5).] [Please see service employment protocol at Schedule 7.1.1.]**
- ~~15.6 Following completion of investigation into the factual aspects of the claim, within the period provided for in paragraph 15.1 above, unless the claim is rejected entirely, IRISC will provide a schedule in the agreed form at Appendix [] setting out. Following CapitaIRISC's investigations unless a claim is rejected entirely,~~

CapitaIRISC will send to the Claimant's representative a letter setting our periods and tasks verified.

~~15.6 The parties will seek to agree the period in respect of each task for which the claim for assistance is accepted with [] days. Upon agreement IRISCCAPITA will put in hand arrangements for a MAP2 examination by forwarding to the Services MAP provider a sheet **Co-morbidity Report in the agreed form** — IRISCCAPITA will send a copy of the Co-morbidity Report to the claimant's representative. A copy of the agreed form is attached at Schedule [].~~

15.7 **At the same time Capita will arrange a services MAP examination with the services MAP provider.**

15.8 The Service MAP provider will arrange to examine the claimant in accordance with the Services MAP prescribed by paragraph 5.3. ~~A copy of the medical report will then be sent by the Services MAP provider simultaneously to IRISCCapita and to the Claimant's representative.~~

15.9 Subject to Capita receiving a fit for purpose MAP report, Capita will issue a denial or calculate and make an offer to the claimant's representative and in the case of an offer with it schedules setting out in full the past the future loss calculations in the agreed form (at Annex 2).

~~15.8 Upon receipt of the medical report IRISCCapita will:~~

~~Carry out a Fit For Purpose Check of the report. If the report is not fit for purpose it will be returned to the Services MAP provider (pursuant to the SLA); if the report is fit for purpose IRISCCapita will either:~~

~~Deny the claim for past and future losses on the basis that any claim is extinguished by reason of co-morbidity; or~~

~~Confirm the schedule referred to at 15.4; or~~

~~Make an offer in settlement after adjusting the schedule referred to in 15.4 and make an offer in respect of the tasks and periods of time set out in the schedule to take account the effect of co-morbidity pursuant to the medical report.~~

~~**Where Co-Defendants are involved in a claim, any offer made by IRISCCAPITA will be based on the General Damages apportionment.**~~

~~15.9 Any offer will be accompanied by:~~

~~A schedule in the agreed form at Appendix [] setting out in detail the calculation of future loss and interest of any past losses;~~

~~And copies of the spreadsheets in the agreed form setting out in detail the calculation of any past losses;~~

~~And will remain open for acceptance for 3 calendar months from the date of receipt and if not accepted within that period (or any such extension of time that may be agreed) shall be deemed refused.~~

~~15.9 Subsequent to IRISCCapita receiving a fit for purpose medical report, IRISCCapita will calculate and make an offer to the Claimant's representative with accompanying document in agreed form (at Annex 2).~~

15.10 The Department will consider making an interim payment in cases where, on receipt of the services MAP report, it is clear the Claimant's prognosis is uncertain but it is expected to become more certain within a reasonable period (i.e. 3 months) following medical treatment or investigation. These cases are to be highlighted by the Claimant's solicitors to CapitaIRISCCapita.

15.11 The Claimant's reasonable expenses in attending services MAP medical examination will be paid by the Department. Requests for payment of expenses are to be made by the Claimant's representative to Capita IRISC.

16. DECEASED CLAIMS

16.1 Where a Claimant dies before he is able to attend for a Services MAP examination ~~but examination but~~ **there is a medical evidence as identified at paragraphs 8.2 and 8.3 of the CHA (to be known as Death in Service claims)**, are required to provide GP records ~~to IRISC CAPITA for analysis.~~ An assessment of co morbidity will then be made on the basis of the GP records **(to be known as Records based assessment) by the Services medical Provider.**

16.2 Where ~~there is no medical evidence as set out in paragraph 8.4 the Posthumous Protocol at Schedule 16 will be followed.~~ **The Claimant dies before he is able to attend for a MAP 1 examination the Protocol at paragraph [] will be followed.**

17. Where the Claimant is a patient, the Protocol at Schedule 19 should be followed.

18.

~~18.1 Where the claimant has a Short Life Expectancy, the Protocol at Schedule 4(6) should be applied.~~

18.2 Where the claimant has a Short Life Expectancy, the Protocol at Schedule 4(6) should be applied.

18.3 In Short Life Expectancy cases the Department will consider making interim payments for the Claimant on a case by case basis. These cases are therefore to be highlighted by the Claimant's representative to IRISCCapita.

19. Where the Claimant lives overseas, the Protocol at Schedule 18 should be followed.

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20. Where the Claimant is a prisoner, the claim will be assessed as a Records based Assessment (see paragraph 16) save where the Claimant is due to be released from prison before July 2006. Where the Claimant is due to be released from prison by this date, he will be sent for a MAP examination on his release.
21. Any disputes as to the application or interpretation of this Agreement shall be dealt with pursuant to the Disputes Procedure at Schedule 13(1) of the CHA. ~~Of the Claimant Handling Arrangement.~~

22. **COSTS**

~~Claimant solicitors reasonable costs will be reimbursed. The Department will meet the Claimant Representative's reasonable costs, disbursements and VAT, to be agreed failing which the matter will proceed to Detailed Costs Assessment. On receipt of the completed Schedule in the agreed form (at Annex 3) Capita IRISC will pay £300 interim costs plus VAT. See Schedule 9.~~

Annex 1

<u>Years</u>	<u>2V (annual figure)</u>	<u>2V (cumulative totals)</u>	<u>3V, 3SN, late 2SN (annual figure)</u>	<u>3V, 3SN, late 2SN (cumulative totals)</u>	<u>4TP (annual figure)</u>	<u>4TP (cumulative totals)</u>
2005	612.17	612.17	854.75	854.75	1,155.07	1,155.07
2004	591.53	1,203.70	825.93	1,680.68	1116.11	2,271.18
2003	460.34	1,664.04	642.74	2,323.42	868.57	3,139.75
2002	447.19	2,111.23	624.38	2,947.80	843.76	3,983.51
2001	442.81	2,554.04	618.26	3,566.06	835.49	4,819.00
2000	428.62	2,982.66	598.45	4,164.51	808.72	5,627.72
1999	424.00	3,406.66	592.00	4,756.51	800.00	6,427.72
1998	401.20	3,807.86	560.17	5,316.68	756.99	7,184.71
1997	379.56	4,187.42	529.95	5,846.63	716.14	7,900.85
1996	358.96	4,546.38	501.18	6,347.81	677.28	8,578.13
1995	339.33	4,885.71	473.79	6,821.60	640.00	9,218.13
1994	317.63	5,203.34	443.49	7,265.09	599.31	9,817.44
1993	299.98	5,503.32	418.83	7,683.92	565.98	10,383.42
1992	285.68	5,789.00	398.88	8,082.80	539.04	10,922.46
1991	264.42	6,053.42	369.18	8,451.98	498.89	11,421.35
1990	232.02	6,285.44	323.96	8,775.94	437.78	11,859.13
1989	204.16	6,489.60	285.05	9,060.99	385.20	12,244.33
1988	179.90	6,669.50	251.18	9,312.17	339.44	12,583.77
1987	166.32	6,835.82	232.23	9,544.40	313.82	12,897.59
1986	152.22	6,988.04	212.53	9,756.93	287.20	13,184.79
1985	134.55	7,122.59	187.86	9,944.79	253.87	13,438.66
1984	119.55	7,242.14	166.92	10,111.71	225.57	13,664.23
1983	104.92	7,347.06	146.49	10,258.20	197.96	13,862.19
1982	92.34	7,439.40	128.93	10,387.13	174.22	14,036.41
1981	70.29	7,509.69	98.13	10,485.26	132.62	14,169.03
1980	49.44	7,559.13	69.04	10,554.30	93.29	14,262.32

ANNEX 2

VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Claim Valuation

Past Losses by Task	Damages (£)	Interest (£)	Total (£)
Gardening	1263.61	412.08	1675.69
Window Cleaning	315.90	103.02	418.92
DIY	1263.61	412.08	1675.69
Decorating	1263.61	412.08	1675.69
Car Washing	221.65	72.28	293.93
Car Maintenance	997.37	325.25	1322.62
Total	5325.75	1736.79	7062.54

Future Losses by Task	Damages (£)
Gardening	2813.70
Window Cleaning	662.32
DIY	2158.50
Decorating	2158.50
Car Washing	560.37
Car Maintenance	2178.97
Total	10532.36

Cumulative Totals	£
Past Losses (inc. interest)	7062.54
Future Losses	10532.36
Total Payable (inc. interest)	17594.90

VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Relevant Information

At The Date of Calculation/Assessment, The Claimant Was Aged 47.442 years

Date Of Calculation	01/04/2005	Date Of Last Exposure	31/12/1985
Date Of Birth	22/10/1957	Date Left BC	31/12/1985
Staging	3SN	Date Of Death	/ /
		Date of Assessment	01/04/2005

Task	From	To	CM %
Gardening	01/01/1986	31/12/2000	0
Gardening	01/01/2001	01/04/2020	10
Gardening	02/04/2020	22/10/2027	33
Window Cleaning	01/01/1986	31/12/2000	0
Window Cleaning	01/01/2001	01/04/2015	10
Window Cleaning	02/04/2015	22/10/2027	33
DIY	01/01/1986	31/12/2000	0
DIY	01/01/2001	01/04/2010	10
DIY	02/04/2010	01/04/2020	33
DIY	02/04/2020	22/10/2027	66
Decorating	01/01/1986	31/12/2000	0
Decorating	01/01/2001	01/04/2010	10
Decorating	02/04/2010	01/04/2020	33
Decorating	02/04/2020	22/10/2027	66
Car Washing	01/01/1986	22/10/2027	0
Car Maintenance	01/01/1986	01/04/2010	0
Car Maintenance	02/04/2010	01/04/2020	10
Car Maintenance	02/04/2020	22/10/2027	33

VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Schedule of Past Losses

Gardening					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01/01/1986	31/12/1986	51.01	365	0	51.01
01/01/1987	31/12/1987	55.74	365	0	55.74
01/01/1988	31/12/1988	60.28	366	0	60.28
01/01/1989	31/12/1989	68.41	365	0	68.41
01/01/1990	31/12/1990	77.75	365	0	77.75
01/01/1991	31/12/1991	88.60	365	0	88.60
01/01/1992	31/12/1992	95.73	366	0	95.73
01/01/1993	31/12/1993	100.52	365	0	100.52
01/01/1994	31/12/1994	106.44	365	0	106.44
01/01/1995	31/12/1995	113.71	365	0	113.71
01/01/1996	31/12/1996	120.28	366	0	120.28
01/01/1997	31/12/1997	127.19	365	0	127.19
01/01/1998	31/12/1998	134.44	365	0	134.44
01/01/1999	31/12/1999	142.08	365	0	142.08
01/01/2000	31/12/2000	143.63	366	0	143.63
01/01/2001	31/12/2001	148.38	365	10	133.54
01/01/2002	31/12/2002	149.85	365	10	134.87
01/01/2003	31/12/2003	154.26	365	10	138.83
01/01/2004	31/12/2004	158.58	366	10	142.72
01/01/2005	01/04/2005	205.14	91	10	46.03
Gardening Total					2081.80

Window Cleaning					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01/01/1986	31/12/1986	12.75	365	0	12.75
01/01/1987	31/12/1987	13.93	365	0	13.93
01/01/1988	31/12/1988	15.07	366	0	15.07
01/01/1989	31/12/1989	17.10	365	0	17.10
01/01/1990	31/12/1990	19.44	365	0	19.44
01/01/1991	31/12/1991	22.15	365	0	22.15
01/01/1992	31/12/1992	23.93	366	0	23.93
01/01/1993	31/12/1993	25.13	365	0	25.13
01/01/1994	31/12/1994	26.61	365	0	26.61
01/01/1995	31/12/1995	28.43	365	0	28.43
01/01/1996	31/12/1996	30.07	366	0	30.07

VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Schedule of Past Losses

Window Cleaning					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01/01/1997	31/12/1997	31.80	365	0	31.80
01/01/1998	31/12/1998	33.61	365	0	33.61
01/01/1999	31/12/1999	35.52	365	0	35.52
01/01/2000	31/12/2000	35.91	366	0	35.91
01/01/2001	31/12/2001	37.10	365	10	33.39
01/01/2002	31/12/2002	37.46	365	10	33.71
01/01/2003	31/12/2003	38.56	365	10	34.70
01/01/2004	31/12/2004	39.64	366	10	35.68
01/01/2005	01/04/2005	51.29	91	10	11.51
Window Cleaning Total					520.44

DIY					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01/01/1986	31/12/1986	51.01	365	0	51.01
01/01/1987	31/12/1987	55.74	365	0	55.74
01/01/1988	31/12/1988	60.28	366	0	60.28
01/01/1989	31/12/1989	68.41	365	0	68.41
01/01/1990	31/12/1990	77.75	365	0	77.75
01/01/1991	31/12/1991	88.60	365	0	88.60
01/01/1992	31/12/1992	95.73	366	0	95.73
01/01/1993	31/12/1993	100.52	365	0	100.52
01/01/1994	31/12/1994	106.44	365	0	106.44
01/01/1995	31/12/1995	113.71	365	0	113.71
01/01/1996	31/12/1996	120.28	366	0	120.28
01/01/1997	31/12/1997	127.19	365	0	127.19
01/01/1998	31/12/1998	134.44	365	0	134.44
01/01/1999	31/12/1999	142.08	365	0	142.08
01/01/2000	31/12/2000	143.63	366	0	143.63
01/01/2001	31/12/2001	148.38	365	10	133.54
01/01/2002	31/12/2002	149.85	365	10	134.87
01/01/2003	31/12/2003	154.26	365	10	138.83
01/01/2004	31/12/2004	158.58	366	10	142.72
01/01/2005	01/04/2005	205.14	91	10	46.03
DIY Total					2081.80

VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Schedule of Past Losses

Decorating					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01.01/1986	31.12/1986	51.01	365	0	51.01
01.01/1987	31.12/1987	55.74	365	0	55.74
01.01/1988	31.12/1988	60.28	366	0	60.28
01.01/1989	31.12/1989	68.41	365	0	68.41
01.01/1990	31.12/1990	77.75	365	0	77.75
01.01/1991	31.12/1991	88.60	365	0	88.60
01.01/1992	31.12/1992	95.73	366	0	95.73
01.01/1993	31.12/1993	100.52	365	0	100.52
01.01/1994	31.12/1994	106.44	365	0	106.44
01.01/1995	31.12/1995	113.71	365	0	113.71
01.01/1996	31.12/1996	120.28	366	0	120.28
01.01/1997	31.12/1997	127.19	365	0	127.19
01.01/1998	31.12/1998	134.44	365	0	134.44
01.01/1999	31.12/1999	142.08	365	0	142.08
01.01/2000	31.12/2000	143.63	366	0	143.63
01.01/2001	31.12/2001	148.38	365	10	133.54
01.01/2002	31.12/2002	149.85	365	10	134.87
01.01/2003	31.12/2003	154.26	365	10	138.83
01.01/2004	31.12/2004	158.58	366	10	142.72
01.01/2005	01.04/2005	205.14	91	10	46.03
Decorating Total					2081.80

Car Washing					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01.01/1986	31.12/1986	8.50	365	0	8.50
01.01/1987	31.12/1987	9.29	365	0	9.29
01.01/1988	31.12/1988	10.05	366	0	10.05
01.01/1989	31.12/1989	11.40	365	0	11.40
01.01/1990	31.12/1990	12.96	365	0	12.96
01.01/1991	31.12/1991	14.77	365	0	14.77
01.01/1992	31.12/1992	15.96	366	0	15.96
01.01/1993	31.12/1993	16.75	365	0	16.75
01.01/1994	31.12/1994	17.74	365	0	17.74
01.01/1995	31.12/1995	18.95	365	0	18.95
01.01/1996	31.12/1996	20.05	366	0	20.05

VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Schedule of Past Losses

Car Washing					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01/01/1997	31/12/1997	21.20	365	0	21.20
01/01/1998	31/12/1998	22.41	365	0	22.41
01/01/1999	31/12/1999	23.68	365	0	23.68
01/01/2000	31/12/2000	23.94	366	0	23.94
01/01/2001	31/12/2001	24.73	365	0	24.73
01/01/2002	31/12/2002	24.98	365	0	24.98
01/01/2003	31/12/2003	25.71	365	0	25.71
01/01/2004	31/12/2004	26.43	366	0	26.43
01/01/2005	01/04/2005	34.19	91	0	8.52
Car Washing Total					358.02

Car Maintenance					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01/01/1986	31/12/1986	38.26	365	0	38.26
01/01/1987	31/12/1987	41.80	365	0	41.80
01/01/1988	31/12/1988	45.21	366	0	45.21
01/01/1989	31/12/1989	51.31	365	0	51.31
01/01/1990	31/12/1990	58.31	365	0	58.31
01/01/1991	31/12/1991	66.45	365	0	66.45
01/01/1992	31/12/1992	71.80	366	0	71.80
01/01/1993	31/12/1993	75.39	365	0	75.39
01/01/1994	31/12/1994	79.83	365	0	79.83
01/01/1995	31/12/1995	85.28	365	0	85.28
01/01/1996	31/12/1996	90.21	366	0	90.21
01/01/1997	31/12/1997	95.39	365	0	95.39
01/01/1998	31/12/1998	100.83	365	0	100.83
01/01/1999	31/12/1999	106.56	365	0	106.56
01/01/2000	31/12/2000	107.72	366	0	107.72
01/01/2001	31/12/2001	111.29	365	0	111.29
01/01/2002	31/12/2002	112.39	365	0	112.39
01/01/2003	31/12/2003	115.69	365	0	115.69
01/01/2004	31/12/2004	118.93	366	0	118.93
01/01/2005	01/04/2005	153.86	91	0	38.36
Car Maintenance Total					1611.01

Total Past Losses	8734.87
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VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Schedule of Future Losses

To quantify the future losses where the claimant is less than 65 years old at the date of assessment, a multiplier is calculated using the 5th Edition of the Ogden Tables, and an appropriate rate of return used

To quantify the future losses where the claimant is 65 years old to 70 years old at the date of assessment, a number is calculated which is equal to the period of loss using the provisions as set out in the Services Handling Arrangement

The Multiplier has been adjusted to take into account any changing levels of co-morbidity that the medical evidence suggests will apply.

Task	From	To	Multiplicand	Multiplier	CM % Reduction	Sub Total (£)
Gardening	02/04/2005	01/04/2020	205.14	11.89	10	2195.20
	02/04/2020	22/10/2027	205.14	4.50	33	618.50
Gardening Total						2813.70

Window Cleaning	02/04/2005	01/04/2015	51.29	8.40	10	387.75
	02/04/2015	22/10/2027	51.29	7.99	33	274.57
Window Cleaning Total						662.32

DIY	02/04/2005	01/04/2010	205.14	4.46	10	823.43
	02/04/2010	01/04/2020	205.14	7.43	33	1021.21
	02/04/2020	22/10/2027	205.14	4.50	66	313.86
DIY Total						2158.50

Decorating	02/04/2005	01/04/2010	205.14	4.46	10	823.43
	02/04/2010	01/04/2020	205.14	7.43	33	1021.21
	02/04/2020	22/10/2027	205.14	4.50	66	313.86
Decorating Total						2158.50

Car Washing	02/04/2005	22/10/2027	34.19	16.39	0	560.37
Car Washing Total						560.37

Car Maintenance	02/04/2005	01/04/2010	153.86	4.46	0	686.22
	02/04/2010	01/04/2020	153.86	7.43	10	1028.86
	02/04/2020	22/10/2027	153.86	4.50	33	463.89

VWF Services

NAME: Mr B Barrell

IRISC REF: 00606606001

Schedule of Future Losses

To quantify the future losses where the claimant is less than 65 years old at the date of assessment, a multiplier is calculated using the 5th Edition of the Ogden Tables, and an appropriate rate of return used

To quantify the future losses where the claimant is 65 years old to 70 years old at the date of assessment, a number is calculated which is equal to the period of loss using the provisions as set out in the Services Handling Arrangement

The Multiplier has been adjusted to take into account any changing levels of co-morbidity that the medical evidence suggests will apply.

Task	From	To	Multiplicand	Multiplier	CM % Reduction	Sub Total (£)
Car Maintenance Total						2178.97

Total Future Losses						10,532.36
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Annex 3

VIBRATION WHITE FINGER (VWF) LITIGATION

The full name of the Claimant:

Your reference:

IRISCCapita's reference:

SCHEDULE OF COSTS RELATING TO THE
CLAIMANT'S SERVICES CLAIM

Period covered by the schedule: From to

Grade of fee earner:

Hourly Rate:

22.20.ATTENDANCES ON THE CLAIMANT

Letters written:

units @ £ per unit £

Telephone attendances:

units @ £ per unit £

23.21ATTENDANCES ON HELPERS/WITNESSES

Letters written:

units @ £ per unit £

Telephone attendances:

units @ £ per unit £

24.22 ATTENDANCES ON IRISCCAPITA

Decorating					
From	To	Multiplicand	Days	CM % Reduction	Sub Total (£)
01/01/1986	31/12/1986	51.01	365	0	51.01

Letters written:

units @ £ per unit £

SCHEDULE 7(1)(i)
Employment Protocol

British Coal Vibration White Finger Litigation
Services Employment Protocol – May 2006

BRITISH COAL VIBRATION WHITE FINGER LITIGATION

SERVICES CLAIMS: EMPLOYMENT ISSUES PROTOCOL

1. Introduction

- 1.1 Since implementation of the Services Agreement difficulties have arisen in a number of claims where Capita have contended that the claimant employment during the period for which the claim for the cost of assistance with services tasks is made is inconsistent with ("contra-indicates") the claim. This has resulted in a number of claims becoming stalled whilst this aspect is considered or investigated by Capita and the denial (wholly or in part) of a number of claims leading to disputes. The issues have highlighted concerns from all parties. From a claimant perspective, the concerns are that, Capita should analyse the issues appropriately and apply the Services Agreement correctly. From the Department's perspective, the concerns are that unmeritorious claims are dealt with accordingly, and the compensation paid is warranted. This document sets out the approach that the parties agree should be adopted to address the issues.

2. The Services Agreement

- 2.1 The Services Agreement sets out the evidential burdens upon both the claimant and the defendant which apply to this protocol.
- 2.2 Paragraph 3 of the Services Agreement provides the context within which these issues must be considered. It records:-
- 3.1 "The party's medical experts were jointly instructed to consider how medical issues might most appropriately and efficiently be addressed. Essentially they were asked to consider two alternative approaches:-
- i) That the Doctors involved in the MAP would make an assessment, in each case where a claim of this nature was advanced as to whether or

not they accepted it was made out; or

- ii) That an assumption be made that once the condition [VWF/CTS] had reached a certain level(s) causation should be presumed and that a man could no longer carry out certain tasks without assistance. The examining doctor would then merely have to consider whether there were any other conditions (VWF apart) which of themselves would have prevented the man from undertaking the task in question thereby rebutting the presumptions.
- iii) Of the two alternative approaches, the medical experts and the parties have jointly rejected the former and endorsed the latter...”

2.3 Generic medical evidence was obtained jointly by the parties from Professor Welsh and Dr McGeogh on this issue. Those experts produced a matrix indicating at what staging on the Taylor Pelmear Scale either of the Stockholm Vascular or Sensorineural Scales a claimant would be expected to have difficulty with aspects of each of the relevant tasks such that he might reasonably no longer be expected to carry out all aspects of the tasks or to do so without assistance. That matrix is reproduced below

DIFFICULTY WITH EVERYDAY TASKS

STOCKHOLM SCALE	TASKS					
	Gardening	Window Cleaning	D.I.Y.	Decorating	Car Washing	Car Maintenance
0						
1						
2	./	./			./	./
3	./	./		./	./	./
4	./	./	./	./	./	./
Neurological (SN)						
0						
1						
2 early						

2 late	./		./	./	./	./
3	./	./	./	./	./	./

3. The Principles

3.1 The parties are agreed that the principles governing the approach to cases in which an issue is raised as to whether the claimant's employment contraindicates his services claims are:-

- a) Providing that all other requirements of the Services Agreement are met, eligibility to compensation requires a claimant only to need assistance with services tasks by reason of his VWF and **not** to be completely incapable of carrying out **all** aspects of the particular task. The varying multiplicands (which vary according to the severity of the condition) reflect a recognition that those eligible, whilst requiring assistance, may have some residual ability.
- b) Once a claimant's condition (VWF or CTS) has been staged at either 2V or late 2SN (or in the case of CTS regarded as equivalent as 3SN) it is presumed that the claimant's condition is at such a level that he would be expected to have difficulty with aspects of each of the relevant tasks, indicated in the matrix above so that he might no longer reasonably be expected to carry out all aspects of the tasks or to do so without assistance and therefore, subject to establishing that in fact he has needed and received assistance with those tasks for the period of his HAVS claim as provided for in para.1.1 I of the Services Agreement he is entitled to compensation. Such entitlement is subject to a determination of the impact of any co-morbid medical condition.
- c) There are no employment eligibility criteria in the Services Agreement, save in respect of claimants who have continued to be exposed to □ortuous levels of vibration (para 10.2 of the Services Agreement).
- d) Where Capita contend that the claimant's employment contraindicates the claim for assistance they may deny the claim (wholly or in part) only if they can rebut the presumption that once the man's condition has reached the relevant

stage he will be expected to have difficulty with relevant tasks and reasonably require assistance, as set out in the matrix above. The parties agree that Capita may make appropriate enquires in relevant cases, an approach endorsed by the court.

- e) To rebut the presumption created by the Services Agreement, Capita must establish that the actual duties carried out by the claimant in the relevant employment(s) are such as to demonstrate that he could reasonably be expected to have carried out **all** aspects of the particular services task in issue (gardening, decorating, DIY, etc) without assistance.
- f) The burden of proof lies upon Capita and it is for them, on the balance of probabilities, to rebut the presumption created by the Services Agreement; otherwise the claimant is entitled to compensation as provided for by the Services Agreement.
- g) In seeking to rebut the presumption, Capita must set out their reasons why they say the claimant's employment(s) contraindicates the claim and also produce to the claimant's representative evidence upon which they rely in that regard.
- h) When, as part of their investigation, Capita seek disclosure of medical and/or employment records a prima facie case must be made out by them as provided for in Paragraph 5.1 below.
- i) No approach will be made by Capita to the claimant's employers for disclosure of records or other information concerning his employment unless a prima facie case for disclosure of the records or other information has been made out as provided for in paragraph 5.1 below and the claimant has consented in writing.

4. The Procedure

Initial Steps

- 4.1 When the questionnaires from the claimant and helpers have been received by Capita,

they may carry out a review to consider whether they believe the claimant's employment(s) may contraindicate the claim, wholly or in part. That review will include, but not be limited to, consideration of:-

- a) The claimant's questionnaire.
- b) The MAP1 or vascular surgeons report obtained in connection with the claim for general damages and in particular the stagings in such report and the likely impact of the claimant's VWF symptoms.
- c) Statements made by the claimant about his symptoms and activities in schedule 8, or in other correspondence or documents.
- d) Statements made by helpers in questionnaires, or in helper calls about the claimant's need for assistance.
- e) Any other documentation already available via the coal compensation scheme.

4.2 Where, following the review detailed in 4.1 above, Capita reasonably believe:-

- a) That there is insufficient evidence on file relating to the activities in the claimant's employment(s) for Capita to form a view, Capita will request the claimant to provide additional information (which may be in the form of an additional statement) to explain the actual tasks/activities he undertook in that employment(s) (see paragraph 3h). Upon receipt of the additional information or statement Capita will review the information or statement in conjunction with all other information on file, and if necessary undertake the procedure set out in 4.1 to 4.3;
- b) That there is already sufficient evidence to deny a task they will write to the claimant's representative confirming the tasks and periods verified at that stage and setting out the reasons and providing the evidence relied upon in respect of any denial;

-
- c) That the claimant's employment(s) may contraindicate the claim wholly or in part they will write to the claimant's representative explaining why it is considered that the claimant's employment may contraindicate the claim and, giving disclosure of all evidence upon which reliance is placed and request an explanation of any apparent inconsistencies. Where the claimant has had a number of employments or different duties over different periods of time Capita will seek to raise the possible areas of contraindication detected relating to all of those employments at this stage if possible.
- 4.3 For the avoidance of doubt, with regard the particulars and evidence to be provided pursuant to paragraph 4.2 (b) and (c) (above):
- a) The particulars shall include:
- i) Identifying the aspects of the actual duties of the claimant's employment considered to contraindicate the claim; and
 - ii) Identifying which services tasks those duties considered to contraindicate; and
 - iii) Stating why the aspects of the duties identified in (i) are considered to contraindicate the tasks identified in (ii);
- 4.4 Where reliance is placed upon information obtained in telephone calls with helpers disclosure shall be given by Capita of the note of the telephone conversation with the helper and if requested an audio CD recording of that telephone conversation, if available.
- 4.5 Where audio CD is requested, but one is not available, Capita will inform the claimant's representative of this and explain why no recording is available.
- 4.6 Upon receipt by Capita of an explanation from the claimant's representative covering all apparent inconsistencies and, where appropriate, including any supporting documentation or other evidence, Capita will consider the matter further and if, in

accordance with the principles set out above, Capita are satisfied that their concerns about the claimant's employment contraindicating the claim are not made out i.e. that the actual duties of the employment are not inconsistent with a reasonable requirement for assistance with some aspect of the relevant task(s), then the claim will proceed. Subject to other outstanding enquiries and/or queries that arise if further evidence comes to light, Capita will write to the claimant's representative confirming the periods and tasks agreed. Where concerns remain Capita may pursue further investigations.

- 4.7 Such investigations may include, but are not limited to requesting employment records Capita have not yet seen or requesting other information from the claimant's employers or other third parties.

5. Disclosure of Records or information by employers or other third parties.

- 5.1 In any claim where Capita consider as part of their investigation they will wish to review all or part of the claimant's medical or employment records or seek other information from the claimant's employer or other third parties, they will write to the claimant's representative explaining the reasons for the request and making it clear why disclosure is considered relevant. In particular they will set out:

- a) To what issue under investigation they believe the records or other information requested will be relevant; and
- b) What information they believe is likely to be contained in the records that will assist in resolving that issue.

It is accepted that where Capita have limited information the explanation they can provide will be limited

- 5.2 Capita will also clearly identify the records or other documents that they wish to be disclosed to them and which are considered relevant, limiting those sought appropriately, e.g. by reference to a period of time, to avoid unnecessarily wide disclosure.

-
- 5.3 Where it appears employment records are, or may be insufficient Capita may ask for a statement from the Claimant's past and/or present employer(s) providing information as to the nature of his employment. Capita would provide a list of queries which it would wish addressed. Any such request should be made via the claimant's representative (unless otherwise agreed) and no direct approach will be made to the claimant's employers by Capita without the claimant's written consent.
- 5.4 Subject to any dispute as to the relevance or scope of the disclosure sought, or clarification of the terms of the proposed disclosure, the claimant's representative will, with the claimant's consent obtain copies of the relevant documents or other information from the record holder or agree to Capita seeking this. If the claimant's representative decides to ask Capita to request the disclosure, the claimant's signed consent will be returned to Capita without delay. If the claimant's representative decides to undertake the task themselves they will inform Capita without delay. The Department will reimburse the claimant's representative for any reasonable fee or fees etc of the record holder incurred in obtaining the records in any event.
- 5.5 In the event that additional information that further appears to contraindicate the claim is derived from the disclosure of such records above Capita will repeat the process set out in paragraph 5.1 above. This could include requesting information from third party records, for example medical records.
- 5.6 For the avoidance of doubt, although it is for the claimant's solicitor to obtain disclosure there may be exceptional circumstances where this is done by Capita. However, no approach will be made by Capita to the claimant's employers for disclosure of employment records or other information without the express written consent of the claimant.
- 5.7 The party managing the disclosure process will give disclosure to the other party consistent with the duties arising under the CPR. A list identifying the documents obtained from the 3rd party will be supplied together with any letter to the third party requesting disclosure. The list will identify those documents which the disclosing party

agrees may be inspected by the other party and also any to which objection to inspection is raised. It will be supported by a statement of truth.

- 5.8 Where a request for disclosure of records or information is unreasonably refused by the claimant, or the claimant does not provide a substantive response within 90 days then the claim will be assessed on the basis of the evidence available. Capita may only draw an adverse inference from the claimant's failure or refusal to consent where, on the balance of probabilities the claimant cannot establish that the refusal is with good reason.

6. Post Investigation Review

- 6.1 At the conclusion of their investigation Capita will review the information available and consider whether they believe that the evidence available is sufficient to rebut the presumption that the claimant reasonably required assistance with the relevant task(s). If they do not believe the evidence is sufficient the claim will proceed.
- 6.2 If they do believe that the evidence is sufficient to rebut the presumption that assistance with the particular task(s) is reasonably required, then they will write to the claimant's representative denying the claim (wholly or in part) and setting out the reasons for the denial and giving full disclosure of the evidence upon which they rely in support of that denial.
- 6.3 Where the claim is denied (wholly or in part) as provided for in paragraph 6.1 and that denial is not accepted by the claimant, he may:
- a) provide additional evidence and ask Capita to review the claim as set out in section 4; or
 - b) refer the matter to the Disputes Procedure.

7. Disputes

- 7.1 During the process of the investigation by Capita (above) there is a potential for a dispute to arise at various stages. Such disputes might include (but are not limited to) disputes as to:-
- a) The relevance or scope of any disclosure sought by Capita;
 - b) Whether Capita have adequately set out the reasons and given necessary disclosure of evidence in support of any denial;
 - c) Whether good reason has been given for refusal to the disclosure of employment or other records or information from third parties;
 - d) Whether evidence disclosed in support of a denial is sufficient, on the balance of probabilities, to rebut the claimant's presumed reasonable requirement for assistance with a particular task(s).
- 7.2 It is hoped that the number of disputes will be kept to a minimum and that, in the main, these will be resolved by discussion between Capita and the claimant's representative. However, where a dispute arises which cannot be resolved in this way then the matter may be referred to the disputes procedure for determination as provided for by that procedure.
- 7.3 Where the informal disputes procedure has been initiated and exhausted, Capita will make an offer/denial to the claimant based on their assessment of his claim. At this time, the claimant's representative will take his client's instructions as to acceptance/rejection of Capita's offer/denial, and advise Capita accordingly.
- 7.4 Where a claim has progressed past the initial investigation stage, Capita will review the claim in the light of this protocol when that claim is re-visited. At this time, Capita may make such enquiries on the subject of the claimant's employment as detailed above.

SCHEDULE 7(2)
SERVICES QUESTIONNAIRES
(LIVE CLAIMANTS)

(B) CLAIMANT QUESTIONNAIRE 4V

The purpose of this questionnaire is for you to provide information about any claim for losses and expenses, in relation to household tasks that your vibration injury may have caused.

The questionnaire asks whether your vibration injury has meant that you need help from others with tasks that you previously did yourself and would have carried on doing, if you had not sustained your vibration injury.

You are also asked to provide details of any medical conditions that you suffer from.

You may be expected to attend a further medical examination performed by a doctor at a test centre near to your home address, where you will be assessed for other medical problems you may have.

You should read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. PERSONAL DETAILS

1.1 Surname			
1.2 Forename(s)			
1.3 Address			
1.4 Date of Birth			
1.5 Telephone number (incl. Area code)			

2. BENEFITS

This section is about benefits that you currently receive or have recently applied for.

Please circle 'Yes' for those benefit(s) that you currently receive or have recently applied for and provide details of the condition / disease.

Please circle 'No' for those benefits you do not receive.

Type of Benefit	Circle as appropriate		Condition / Disease
2.1 Incapacity Benefit	YES	NO	
2.2 Severe Disablement Allowance	YES	NO	
2.3 Attendance Allowance	YES	NO	
2.4 Disability Living Allowance	YES	NO	
2.5 Industrial Injuries Disablement Benefit	YES	NO	
2.6 Constant Attendance Allowance	YES	NO	

3. CAR USAGE

This section is about car usage you have had during the period for which you are claiming Car Maintenance and / or Car Washing.

Please provide details of each car that you have had regular use of during the period for which you are claiming.

Please provide the dates when you started and finished using the car. If you still use the car now, please enter "To Date".

If you are not claiming for help with Car Maintenance / Car Washing, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did you have use of the car?		3.3 Was the car owned by you or your wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. brother / neighbour / company car / motability etc.)
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Have you worked – either paid or unpaid – since leaving BCC?		

	Yes	No
4.2 Are you currently in work, either paid or unpaid?		

Please provide details of all jobs you have had since leaving BCC, including your current job on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job you have had SINCE LEAVING British Coal, including your current job if you have one.
In Question 4.7 please tell us the job description and the main tasks you performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.3	<i>Question 4.4</i>	<i>Question 4.5</i>	<i>Question 4.6</i>	<i>Question 4.7</i>
FROM	<i>TO</i>	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP YOU NEED WITH TASKS BECAUSE OF YOUR VWF / CTS

This section is about help you need to perform household tasks.
You only need to provide information about the tasks that you need help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1		Question 5.2		Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did you do this task before developing VWF or CTS? (Circle as appropriate)		Do you still perform this task without help? (Circle as appropriate)		If you do require help to perform this task, please tell us why (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did you start receiving help?	How often have you received help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help do you receive on each occasion? (Please provide actual numbers)
GARDENING	YES	NO	YES	NO				

WINDOW CLEANING	YES	NO	YES	NO				
DIY	YES	NO	YES	NO				
DECORATING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. YOUR LIVING ARRANGEMENTS

Please provide details of your living arrangements from the earliest date you received help (as per Question 5.4).
Please provide dates for each property you have lived in.
If you had a garden or allotment during this time, please circle 'YES' in the relevant box.
Please continue on a separate sheet where necessary.

Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property	Homeowner? If "yes" please go to Question 6.7	Tenant?	If you were / are a tenant, what was / is the type of Tenancy? (Private / Council / Housing	Garden / Allotment (Circle as

	(Circle as appropriate)					(Circle as appropriate)		(Circle as appropriate)		Association)		appropriate)	
	House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO	YES	NO	YES	NO
						YES	NO	YES	NO			YES	NO
						YES	NO	YES	NO			YES	NO
						YES	NO	YES	NO			YES	NO
						YES	NO	YES	NO			YES	NO
6.8 If you are currently a tenant, please provide us with the full name and address of your landlord (Council or private)													

7. HELPER DETAILS

If you currently receive – or have received in the past – help from others with performing any of the tasks listed on page 5, please provide full details of those who have helped you.

Please provide the dates when they started and finished helping you. If they still help you now, please enter “To Date”

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HAVE HELPED YOU WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
WINDOW CLEANING					
DIY					
DECORATING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help you have received and paid for (e.g. for your car maintenance) is NOT compulsory.

However, if you have any receipts and would like to provide them, please mark in the box below the number of receipts you are providing and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED		
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8. GENERAL HEALTH DETAILS

Since developing VWF / CTS, have you suffered from any of the conditions listed below to the extent that you required treatment from your GP or a hospital?	Circle as appropriate		If you answer YES, please provide details, dates and the duration of your illness.
Rheumatism, arthritis or joint pain	YES	NO	
Fainting or blackouts	YES	NO	
Heart disease or high blood pressure	YES	NO	
Any disease of the lungs	YES	NO	
Vertigo	YES	NO	
Back trouble or back injury	YES	NO	

Any other conditions, please specify	YES	NO	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION AT YOUR MEDICAL ASSESSMENT			

9. Please use this box to provide any additional comments / information.

10. CLAIMANT'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether I am entitled to receive compensation for my services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who help me with the tasks specified to confirm the information I have provided in this questionnaire.

I authorise the disclosure of the originals of my GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about my medical condition. No proceedings are contemplated against my GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name

Signature

Date

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(C) CLAIMANT QUESTIONNAIRE 2SN LATE

The purpose of this questionnaire is for you to provide information about any claim for losses and expenses, in relation to household tasks that your vibration injury may have caused.

The questionnaire asks whether your vibration injury has meant that you need help from others with tasks that you previously did yourself and would have carried on doing, if you had not sustained your vibration injury.

You are also asked to provide details of any medical conditions that you suffer from.

You may be expected to attend a further medical examination performed by a doctor at a test centre near to your home address, where you will be assessed for other medical problems you may have.

You should read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

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1. PERSONAL DETAILS

--

1.1 Surname	

1.2 Forename(s)	

1.3 Address	

1.4 Date of Birth				

1.5 Telephone number (incl. Area code)	

2. BENEFITS

This section is about benefits that you currently receive or have recently applied for.

Please circle 'Yes' for those benefit(s) that you currently receive or have recently applied for and provide details of the condition / disease.

Please circle 'No' for those benefits you do not receive.

Type of Benefit	Circle as appropriate		Condition / Disease
2.1 Incapacity Benefit	YES	NO	
2.2 Severe Disablement Allowance	YES	NO	
2.3 Attendance Allowance	YES	NO	
2.4 Disability Living Allowance	YES	NO	
2.5 Industrial Injuries Disablement Benefit	YES	NO	
2.6 Constant Attendance Allowance	YES	NO	

3. CAR USAGE

This section is about car usage you have had during the period for which you are claiming Car Maintenance and / or Car Washing.

Please provide details of each car that you have had regular use of during the period for which you are claiming.

Please provide the dates when you started and finished using the car. If you still use the car now, please enter "To Date".

If you are not claiming for help with Car Maintenance / Car Washing, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did you have use of the car?		3.3 Was the car owned by you or your wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. brother / neighbour / company car / motability etc.)
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Have you worked – either paid or unpaid – since leaving BCC?		

	Yes	No
4.2 Are you currently in work, either paid or unpaid?		

Please provide details of all jobs you have had since leaving BCC, including your current job on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job you have had SINCE LEAVING British Coal, including your current job if you have one.
In Question 4.7 please tell us the job description and the main tasks you performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.3	<i>Question 4.4</i>	<i>Question 4.5</i>	<i>Question 4.6</i>	<i>Question 4.7</i>
FROM	<i>TO</i>	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP YOU NEED WITH TASKS BECAUSE OF YOUR VWF / CTS

This section is about help you need to perform household tasks.
You only need to provide information about the tasks that you need help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1		Question 5.2		Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did you do this task before developing VWF or CTS? (Circle as appropriate)		Do you still perform this task without help? (Circle as appropriate)		If you do require help to perform this task, please tell us why (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did you start receiving help?	How often have you received help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help do you receive on each occasion? (Please provide actual numbers)
GARDENING	YES	NO	YES	NO				

DIY	YES	NO	YES	NO				
DECORATING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. YOUR LIVING ARRANGEMENTS

Please provide details of your living arrangements from the earliest date you received help (as per Question 5.4).

Please provide dates for each property you have lived in.

If you had a garden or allotment during this time, please circle 'YES' in the relevant box.

Please continue on a separate sheet where necessary.

Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property	Homeowner? If "yes" please go to Question 6.7	Tenant?	If you were / are a tenant, what was / is the type of Tenancy?	Garden / Allotment

		(Circle as appropriate)					(Circle as appropriate)		(Circle as appropriate)		(Private / Council / Housing Association)	(Circle as appropriate)	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO

6.8 If you are currently a tenant, please provide us with the full name and address of your landlord (Council or private)

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7. HELPER DETAILS

If you currently receive – or have received in the past – help from others with performing any of the tasks listed on page 5, please provide full details of those who have helped you.

Please provide the dates when they started and finished helping you. If they still help you now, please enter “To Date”

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HAVE HELPED YOU WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
DIY					
DECORATING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help you have received and paid for (e.g. for your car maintenance) is NOT compulsory.

However, if you have any receipts and would like to provide them, please mark in the box below the number of receipts you are providing and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED			
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8. GENERAL HEALTH DETAILS

Since developing VWF / CTS, have you suffered from any of the conditions listed below to the extent that you required treatment from your GP or a hospital?

Circle as appropriate

If you answer YES, please provide details, dates and the duration of your illness.

Rheumatism, arthritis or joint pain	YES	NO	
Fainting or blackouts	YES	NO	
Heart disease or high blood pressure	YES	NO	
Any disease of the lungs	YES	NO	
Vertigo	YES	NO	

Back trouble or back injury	YES	NO	
Any other conditions, please specify	YES	NO	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION AT YOUR MEDICAL ASSESSMENT			

9. Please use this box to provide any additional comments / information.

10. CLAIMANT'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether I am entitled to receive compensation for my services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who help me with the tasks specified to confirm the information I have provided in this questionnaire.

I authorise the disclosure of the originals of my GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about my medical condition. No proceedings are contemplated against my GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name

Signature

Date

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(D) CLAIMANT QUESTIONNAIRE 2V

The purpose of this questionnaire is for you to provide information about any claim for losses and expenses, in relation to household tasks that your vibration injury may have caused.

The questionnaire asks whether your vibration injury has meant that you need help from others with tasks that you previously did yourself and would have carried on doing, if you had not sustained your vibration injury.

You are also asked to provide details of any medical conditions that you suffer from.

You may be expected to attend a further medical examination performed by a doctor at a test centre near to your home address, where you will be assessed for other medical problems you may have.

You should read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. PERSONAL DETAILS

1.1 Surname			
1.2 Forename(s)			
1.3 Address			
1.4 Date of Birth			
1.5 Telephone number (incl. Area code)			

2. BENEFITS

This section is about benefits that you currently receive or have recently applied for.

Please circle 'Yes' for those benefit(s) that you currently receive or have recently applied for and provide details of the condition / disease.

Please circle 'No' for those benefits you do not receive.

Type of Benefit	Circle as appropriate		Condition / Disease
	YES	NO	
2.1 Incapacity Benefit	YES	NO	
2.2 Severe Disablement Allowance	YES	NO	
2.3 Attendance Allowance	YES	NO	
2.4 Disability Living Allowance	YES	NO	
2.5 Industrial Injuries Disablement Benefit	YES	NO	
2.6 Constant Attendance Allowance	YES	NO	

3. CAR USAGE

This section is about car usage you have had during the period for which you are claiming Car Maintenance and / or Car Washing.

Please provide details of each car that you have had regular use of during the period for which you are claiming.

Please provide the dates when you started and finished using the car. If you still use the car now, please enter "To Date".

If you are not claiming for help with Car Maintenance / Car Washing, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did you have use of the car?		3.3 Was the car owned by you or your wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. brother / neighbour / company car / motability etc.)
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Have you worked – either paid or unpaid – since leaving BCC?		
	Yes	No
4.2 Are you currently in work, either paid or unpaid?		

Please provide details of all jobs you have had since leaving BCC, including your current job on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job you have had SINCE LEAVING British Coal, including your current job if you have one.
In Question 4.7 please tell us the job description and the main tasks you performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.3	<i>Question 4.4</i>	<i>Question 4.5</i>	<i>Question 4.6</i>	<i>Question 4.7</i>
FROM	<i>TO</i>	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP YOU NEED WITH TASKS BECAUSE OF YOUR VWF / CTS

This section is about help you need to perform household tasks.
You only need to provide information about the tasks that you need help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1		Question 5.2		Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did you do this task before developing VWF or CTS? (Circle as appropriate)		Do you still perform this task without help? (Circle as appropriate)		If you do require help to perform this task, please tell us why (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did you start receiving help?	How often have you received help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help do you receive on each occasion? (Please provide actual numbers)
GARDENING	YES	NO	YES	NO				

WINDOW CLEANING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. YOUR LIVING ARRANGEMENTS

Please provide details of your living arrangements from the earliest date you received help (as per Question 5.4).
Please provide dates for each property you have lived in.
If you had a garden or allotment during this time, please circle 'YES' in the relevant box.
Please continue on a separate sheet where necessary.

Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property	Homeowner? If "yes" please go to Question 6.7 (Circle as appropriate)	Tenant? (Circle as appropriate)	If you were / are a tenant, what was / is the type of Tenancy? (Private / Council / Housing Association)	Garden / Allotment (Circle as appropriate)

		(Circle as appropriate)											
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
6.8 If you are currently a tenant, please provide us with the full name and address of your landlord (Council or private)													

7. HELPER DETAILS

If you currently receive – or have received in the past – help from others with performing any of the tasks listed on page 5, please provide full details of those who have helped you.

Please provide the dates when they started and finished helping you. If they still help you now, please enter “To Date”

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HAVE HELPED YOU WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
WINDOW CLEANING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help you have received and paid for (e.g. for your car maintenance) is NOT compulsory.

However, if you have any receipts and would like to provide them, please mark in the box below the number of receipts you are providing and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED		
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8. GENERAL HEALTH DETAILS			
Since developing VWF / CTS, have you suffered from any of the conditions listed below to the extent that you required treatment from your GP or a hospital?	Circle as appropriate		If you answer YES, please provide details, dates and the duration of your illness.
	YES	NO	
Rheumatism, arthritis or joint pain	YES	NO	
Fainting or blackouts	YES	NO	
Heart disease or high blood pressure	YES	NO	
Any disease of the lungs	YES	NO	
Vertigo	YES	NO	
Back trouble or back injury	YES	NO	

Any other conditions, please specify	YES	NO	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION AT YOUR MEDICAL ASSESSMENT			

9. Please use this box to provide any additional comments / information.

10. CLAIMANT'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether I am entitled to receive compensation for my services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who help me with the tasks specified to confirm the information I have provided in this questionnaire.

I authorise the disclosure of the originals of my GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about my medical condition. No proceedings are contemplated against my GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name

Signature

Date

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(E) CLAIMANT QUESTIONNAIRE 3SN

The purpose of this questionnaire is for you to provide information about any claim for losses and expenses, in relation to household tasks that your vibration injury may have caused.

The questionnaire asks whether your vibration injury has meant that you need help from others with tasks that you previously did yourself and would have carried on doing, if you had not sustained your vibration injury.

You are also asked to provide details of any medical conditions that you suffer from.

You may be expected to attend a further medical examination performed by a doctor at a test centre near to your home address, where you will be assessed for other medical problems you may have.

You should read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. PERSONAL DETAILS

1.1 Surname			
1.2 Forename(s)			
1.3 Address			
1.4 Date of Birth			
1.5 Telephone number (incl. Area code)			

2. BENEFITS

This section is about benefits that you currently receive or have recently applied for.

Please circle 'Yes' for those benefit(s) that you currently receive or have recently applied for and provide details of the condition / disease.

Please circle 'No' for those benefits you do not receive.

Type of Benefit	Circle as appropriate		Condition / Disease
	YES	NO	
2.1 Incapacity Benefit	YES	NO	
2.2 Severe Disablement Allowance	YES	NO	
2.3 Attendance Allowance	YES	NO	
2.4 Disability Living Allowance	YES	NO	
2.5 Industrial Injuries Disablement Benefit	YES	NO	
2.6 Constant Attendance Allowance	YES	NO	

3. CAR USAGE

This section is about car usage you have had during the period for which you are claiming Car Maintenance and / or Car Washing.

Please provide details of each car that you have had regular use of during the period for which you are claiming.

Please provide the dates when you started and finished using the car. If you still use the car now, please enter "To Date".

If you are not claiming for help with Car Maintenance / Car Washing, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did you have use of the car?		3.3 Was the car owned by you or your wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. brother / neighbour / company car / motability etc.)
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Have you worked – either paid or unpaid – since leaving BCC?		
	Yes	No
4.2 Are you currently in work, either paid or unpaid?		

Please provide details of all jobs you have had since leaving BCC, including your current job on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job you have had SINCE LEAVING British Coal, including your current job if you have one.
In Question 4.7 please tell us the job description and the main tasks you performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.3	<i>Question 4.4</i>	<i>Question 4.5</i>	<i>Question 4.6</i>	<i>Question 4.7</i>
FROM	<i>TO</i>	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP YOU NEED WITH TASKS BECAUSE OF YOUR VWF / CTS

This section is about help you need to perform household tasks.
You only need to provide information about the tasks that you need help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1		Question 5.2		Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did you do this task before developing VWF or CTS? (Circle as appropriate)		Do you still perform this task without help? (Circle as appropriate)		If you do require help to perform this task, please tell us why (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did you start receiving help?	How often have you received help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help do you receive on each occasion? (Please provide actual numbers)
GARDENING	YES	NO	YES	NO				

WINDOW CLEANING	YES	NO	YES	NO									
DIY	YES	NO	YES	NO									
DECORATING	YES	NO	YES	NO									
CAR WASHING	YES	NO	YES	NO									
CAR MAINTENANCE	YES	NO	YES	NO									

6. YOUR LIVING ARRANGEMENTS

Please provide details of your living arrangements from the earliest date you received help (as per Question 5.4).

Please provide dates for each property you have lived in.

If you had a garden or allotment during this time, please circle 'YES' in the relevant box.

Please continue on a separate sheet where necessary.

Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property	Homeowner? If "yes" please go to Question 6.7	Tenant?	If you were / are a tenant, what was / is the type of Tenancy? (Private / Council / Housing)	Garden / Allotment (Circle as

		(Circle as appropriate)					(Circle as appropriate)		(Circle as appropriate)		Association)	appropriate)	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO

6.8 If you are currently a tenant, please provide us with the full name and address of your landlord (Council or private)	
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7. HELPER DETAILS

If you currently receive – or have received in the past – help from others with performing any of the tasks listed on page 5, please provide full details of those who have helped you.

Please provide the dates when they started and finished helping you. If they still help you now, please enter “To Date”

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HAVE HELPED YOU WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
WINDOW CLEANING					
DIY					
DECORATING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help you have received and paid for (e.g. for your car maintenance) is NOT compulsory.

However, if you have any receipts and would like to provide them, please mark in the box below the number of receipts you are providing and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED			
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8. GENERAL HEALTH DETAILS

Since developing VWF / CTS, have you suffered from any of the conditions listed below to the extent that you required treatment from your GP or a hospital?	Circle as appropriate		If you answer YES, please provide details, dates and the duration of your illness.
Rheumatism, arthritis or joint pain	YES	NO	
Fainting or blackouts	YES	NO	
Heart disease or high blood pressure	YES	NO	
Any disease of the lungs	YES	NO	
Vertigo	YES	NO	
Back trouble or back injury	YES	NO	

Any other conditions, please specify	YES	NO	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION AT YOUR MEDICAL ASSESSMENT			

9. Please use this box to provide any additional comments / information.

10. CLAIMANT'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether I am entitled to receive compensation for my services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who help me with the tasks specified to confirm the information I have provided in this questionnaire.

I authorise the disclosure of the originals of my GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about my medical condition. No proceedings are contemplated against my GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name

Signature

Date

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(F) CLAIMANT QUESTIONNAIRE 3V

The purpose of this questionnaire is for you to provide information about any claim for losses and expenses, in relation to household tasks that your vibration injury may have caused.

The questionnaire asks whether your vibration injury has meant that you need help from others with tasks that you previously did yourself and would have carried on doing, if you had not sustained your vibration injury.

You are also asked to provide details of any medical conditions that you suffer from.

You may be expected to attend a further medical examination performed by a doctor at a test centre near to your home address, where you will be assessed for other medical problems you may have.

You should read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. PERSONAL DETAILS

1.1 Surname			
1.2 Forename(s)			
1.3 Address			
1.4 Date of Birth			
1.5 Telephone number (incl. Area code)			

2. BENEFITS

This section is about benefits that you currently receive or have recently applied for.

Please circle 'Yes' for those benefit(s) that you currently receive or have recently applied for and provide details of the condition / disease.

Please circle 'No' for those benefits you do not receive.

Type of Benefit	Circle as appropriate		Condition / Disease
	YES	NO	
2.1 Incapacity Benefit	YES	NO	
2.2 Severe Disablement Allowance	YES	NO	
2.3 Attendance Allowance	YES	NO	
2.4 Disability Living Allowance	YES	NO	
2.5 Industrial Injuries Disablement Benefit	YES	NO	
2.6 Constant Attendance Allowance	YES	NO	

3. CAR USAGE

This section is about car usage you have had during the period for which you are claiming Car Maintenance and / or Car Washing.

Please provide details of each car that you have had regular use of during the period for which you are claiming.

Please provide the dates when you started and finished using the car. If you still use the car now, please enter "To Date".

If you are not claiming for help with Car Maintenance / Car Washing, please leave this section blank and move onto Section 4.

3.1	3.2		3.3		3.4
Please state the make of the car	When did you have use of the car?		Was the car owned by you or your wife / partner?		If you have answered "No" to Question 3.3, please tell us who owned the car
	From	To	If Yes, ignore Question 3.4 (Circle as appropriate)		(e.g. brother / neighbour / company car / motability etc.)
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Have you worked – either paid or unpaid – since leaving BCC?		
	Yes	No
4.2 Are you currently in work, either paid or unpaid?		

Please provide details of all jobs you have had since leaving BCC, including your current job on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job you have had SINCE LEAVING British Coal, including your current job if you have one.
In Question 4.7 please tell us the job description and the main tasks you performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.3	<i>Question 4.4</i>	<i>Question 4.5</i>	<i>Question 4.6</i>	<i>Question 4.7</i>
FROM	<i>TO</i>	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP YOU NEED WITH TASKS BECAUSE OF YOUR VWF / CTS

This section is about help you need to perform household tasks.
You only need to provide information about the tasks that you need help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1		Question 5.2		Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did you do this task before developing VWF or CTS? (Circle as appropriate)		Do you still perform this task without help? (Circle as appropriate)		If you do require help to perform this task, please tell us why (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did you start receiving help?	How often have you received help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help do you receive on each occasion? (Please provide actual numbers)
GARDENING	YES	NO	YES	NO				

WINDOW CLEANING	YES	NO	YES	NO				
DECORATING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. YOUR LIVING ARRANGEMENTS

Please provide details of your living arrangements from the earliest date you received help (as per Question 5.4).

Please provide dates for each property you have lived in.

If you had a garden or allotment during this time, please circle 'YES' in the relevant box.

Please continue on a separate sheet where necessary.

Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property	Homeowner? If "yes" please go to Question 6.7	Tenant?	If you were / are a tenant, what was / is the type of Tenancy?	Garden / Allotment

		(Circle as appropriate)					(Circle as appropriate)		(Circle as appropriate)		(Private / Council / Housing Association)	(Circle as appropriate)	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO

6.8 If you are currently a tenant, please provide us with the full name and address of your landlord (Council or private)

7. HELPER DETAILS

If you currently receive – or have received in the past – help from others with performing any of the tasks listed on page 5, please provide full details of those who have helped you.

Please provide the dates when they started and finished helping you. If they still help you now, please enter “To Date”

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HAVE HELPED YOU WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
WINDOW CLEANING					
DECORATING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help you have received and paid for (e.g. for your car maintenance) is NOT compulsory.

However, if you have any receipts and would like to provide them, please mark in the box below the number of receipts you are providing and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED			
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8. GENERAL HEALTH DETAILS			
Since developing VWF / CTS, have you suffered from any of the conditions listed below to the extent that you required treatment from your GP or a hospital?	Circle as appropriate		If you answer YES, please provide details, dates and the duration of your illness.
Rheumatism, arthritis or joint pain	YES	NO	
Fainting or blackouts	YES	NO	
Heart disease or high blood pressure	YES	NO	
Any disease of the lungs	YES	NO	
Vertigo	YES	NO	

Back trouble or back injury	YES	NO	
Any other conditions, please specify	YES	NO	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION AT YOUR MEDICAL ASSESSMENT			

9. Please use this box to provide any additional comments / information.

10. CLAIMANT'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether I am entitled to receive compensation for my services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who help me with the tasks specified to confirm the information I have provided in this questionnaire.

I authorise the disclosure of the originals of my GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about my medical condition. No proceedings are contemplated against my GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name

Signature

Date

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HELPER QUESTIONNAIRE 4V

Under the British Coal Vibration White Finger Claims Handling Arrangement, a Claimant who suffers from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he has required with everyday tasks e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help has been provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provide to the claimant. You should read this form carefully, particularly the declaration on page 4, before completing it.

It is very important that you answer all questions fully and truthfully.

The information you supply may be checked in the future.

1. PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

1.5 Telephone number
(incl. Area code)

2. CLAIMANT DETAILS

Please give the details of the person to whom you provide help

2.1 Name

2.2 Address



2.3 What is your relationship to this person?

Wife/Partner	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

3. HELP YOU PROVIDE

3.1 Please tick which of the following tasks you help the claimant with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorating, inside and/or outside the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIY, inside and/or outside the house, including normal Household repairs such as changing plugs etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 If you DO NOT / DID NOT help the claimant with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

I DO NOT HELP THE CLAIMANT WITH ANY OF THE TASKS LISTED ABOVE	<input type="checkbox"/>
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4. DETAILS OF THE HELP YOU PROVIDE

Please complete the following chart for each task you a) have helped with in the past; or b) provide help with at present.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5		Question 4.6
TASK	In which year did you start helping with this task?	How often, on average do / did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help do/did you provide on each occasion?	Please state the type of help you usually provide/provided e.g. cutting grass / painting.	Do you still help with this task? (Circle as appropriate)		If you do not still help with this task, please state when you finished.
Gardening					YES	NO	
Window Cleaning					YES	NO	
DIY					YES	NO	
Decorating					YES	NO	

Car Washing					YES	NO	
Car Maintenance					YES	NO	

5. Please use this box to provide any additional comments / information.

6. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the claimant is entitled to receive compensation for his services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name	
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Signature	
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Date			
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HELPER QUESTIONNAIRE 2SN LATE

Under the British Coal Vibration White Finger Claims Handling Arrangement, a Claimant who suffers from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he has required with everyday tasks e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help has been provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provide to the claimant. You should read this form carefully, particularly the declaration on page 4, before completing it. It is very important that you answer all questions fully and truthfully. The information you supply may be checked in the future.

1. PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

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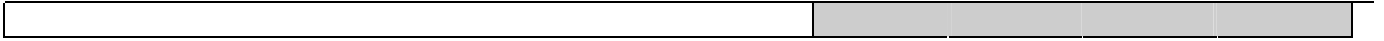
1.5 Telephone number
(incl. Area code)

2. CLAIMANT DETAILS

Please give the details of the person to whom you provide help

2.1 Name

2.2 Address



2.3 What is your relationship to this person?

Wife/Partner	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

3. HELP YOU PROVIDE

3.1 Please tick which of the following tasks you help the claimant with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorating, inside and/or outside the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIY, inside and/or outside the house, including normal Household repairs such as changing plugs etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 If you DO NOT / DID NOT help the claimant with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

I DO NOT HELP THE CLAIMANT WITH ANY OF THE TASKS LISTED ABOVE	<input type="checkbox"/>
--	--------------------------

4. DETAILS OF THE HELP YOU PROVIDE

Please complete the following chart for each task you a) have helped with in the past; or b) provide help with at present.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5		Question 4.6
TASK	In which year did you start helping with this task?	How often, on average do / did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help do/did you provide on each occasion?	Please state the type of help you usually provide/provided e.g. cutting grass / painting.	Do you still help with this task? (Circle as appropriate)		If you do not still help with this task, please state when you finished.
Gardening					YES	NO	
DIY					YES	NO	
Decorating					YES	NO	
Car Washing					YES	NO	

Car Maintenance					YES	NO	
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5. Please use this box to provide any additional comments / information.

6. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the claimant is entitled to receive compensation for his services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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HELPER QUESTIONNAIRE 2V

Under the British Coal Vibration White Finger Claims Handling Arrangement, a Claimant who suffers from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he has required with everyday tasks e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help has been provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provide to the claimant. You should read this form carefully, particularly the declaration on page 4, before completing it. It is very important that you answer all questions fully and truthfully. The information you supply may be checked in the future.

1. PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

1.5 Telephone number
(incl. Area code)

2. CLAIMANT DETAILS

Please give the details of the person to whom you provide help

2.1 Name

2.2 Address



2.3 What is your relationship to this person?			
Wife/Partner	<input type="checkbox"/>		
Family	<input type="checkbox"/>		
Friend	<input type="checkbox"/>		
Professional	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>		
3. HELP YOU PROVIDE			
3.1 Please tick which of the following tasks you help the claimant with in either the Summer, the Winter or both:			
	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 If you DO NOT / DID NOT help the claimant with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.			
I DO NOT HELP THE CLAIMANT WITH ANY OF THE TASKS LISTED ABOVE			<input type="checkbox"/>

4. DETAILS OF THE HELP YOU PROVIDE

Please complete the following chart for each task you a) have helped with in the past; or b) provide help with at present.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5		Question 4.6
TASK	In which year did you start helping with this task?	How often, on average do / did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help do/did you provide on each occasion?	Please state the type of help you usually provide/provided e.g. cutting grass / painting.	Do you still help with this task? (Circle as appropriate)		If you do not still help with this task, please state when you finished.
Gardening					YES	NO	
Window Cleaning					YES	NO	
Car Washing					YES	NO	
Car Maintenance					YES	NO	

5. Please use this box to provide any additional comments / information.

6. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the claimant is entitled to receive compensation for his services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name	
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Signature	
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Date					
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HELPER QUESTIONNAIRE 3SN

Under the British Coal Vibration White Finger Claims Handling Arrangement, a Claimant who suffers from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he has required with everyday tasks e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help has been provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provide to the claimant. You should read this form carefully, particularly the declaration on page 4, before completing it. It is very important that you answer all questions fully and truthfully. The information you supply may be checked in the future.

1. PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

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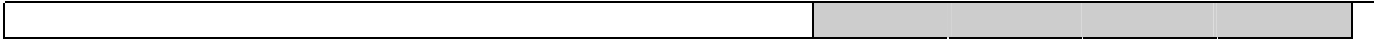
1.5 Telephone number
(incl. Area code)

2. CLAIMANT DETAILS

Please give the details of the person to whom you provide help

2.1 Name

2.2 Address



2.3 What is your relationship to this person?

Wife/Partner	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

3. HELP YOU PROVIDE

3.1 Please tick which of the following tasks you help the claimant with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorating, inside and/or outside the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIY, inside and/or outside the house, including normal Household repairs such as changing plugs etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 If you DO NOT / DID NOT help the claimant with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

I DO NOT HELP THE CLAIMANT WITH ANY OF THE TASKS LISTED ABOVE	<input type="checkbox"/>
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4. DETAILS OF THE HELP YOU PROVIDE

Please complete the following chart for each task you a) have helped with in the past; or b) provide help with at present.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5		Question 4.6
TASK	In which year did you start helping with this task?	How often, on average do / did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help do/did you provide on each occasion?	Please state the type of help you usually provide/provided e.g. cutting grass / painting.	Do you still help with this task? (Circle as appropriate)		If you do not still help with this task, please state when you finished.
Gardening					YES	NO	
Window Cleaning					YES	NO	
DIY					YES	NO	
Decorating					YES	NO	

Car Washing					YES	NO	
Car Maintenance					YES	NO	

5. Please use this box to provide any additional comments / information.

6. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the claimant is entitled to receive compensation for his services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name	<input type="text"/>
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Signature	<input type="text"/>
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Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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HELPER QUESTIONNAIRE 3V

Under the British Coal Vibration White Finger Claims Handling Arrangement, a Claimant who suffers from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he has required with everyday tasks e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help has been provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provide to the claimant. You should read this form carefully, particularly the declaration on page 4, before completing it. It is very important that you answer all questions fully and truthfully. The information you supply may be checked in the future.

1. PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**1.5 Telephone number
(incl. Area code)**

2. CLAIMANT DETAILS

Please give the details of the person to whom you provide help

2.1 Name

2.2 Address

2.3 What is your relationship to this person?

Wife/Partner

Family

Friend

Professional

Other (please specify)

3. HELP YOU PROVIDE

3.1 Please tick which of the following tasks you help the claimant with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.			
Window Cleaning			
Decorating, inside and/or outside the house.			
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.			
Car Washing			

3.2 If you DO NOT / DID NOT help the claimant with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

<p>I DO NOT HELP THE CLAIMANT WITH ANY OF THE TASKS LISTED ABOVE</p>	
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4. DETAILS OF THE HELP YOU PROVIDE

Please complete the following chart for each task you a) have helped with in the past; or b) provide help with at present.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5		Question 4.6
TASK	In which year did you start helping with this task?	How often, on average do / did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help do/did you provide on each occasion?	Please state the type of help you usually provide/provided e.g. cutting grass / painting.	Do you still help with this task? (Circle as appropriate)		If you do not still help with this task, please state when you finished.
Gardening					YES	NO	
Window Cleaning					YES	NO	
Decorating					YES	NO	
Car Washing					YES	NO	

Car Maintenance					YES	NO	
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5. Please use this box to provide any additional comments / information.

6. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the claimant is entitled to receive compensation for his services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name	<input type="text"/>
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Signature	<input type="text"/>
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Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**GUIDANCE NOTES FOR THE COMPLETION OF
VWF SERVICES QUESTIONNAIRES**

**(G) PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING
(H) ANY SERVICES QUESTIONNAIRES**

**(I)
(J) Introduction**

For a Services claim to be considered, it is necessary to collect factual evidence in a consistent way.

This evidence is collected using specific questionnaires.

The completion of these questionnaires should be managed in a simple and uniform fashion, in order that Services claims may be processed and agreed as quickly as possible.

These guidance notes are intended for use by solicitors / claimants' representatives. Their objective is to ensure the quality of submitted questionnaires to IRISC Claims Management so that there will be little or no need to query the information provided.

CLAIMANT QUESTIONNAIRE

Ensure that the correct questionnaire is used, based on your client's eligibility staging. His staging will have been established at his original VWF Medical Examination (MAP1) or from the Consultant Vascular Surgeons report.

Ensure that your client understands the declaration at the top of the questionnaire.

All answers must be legible and completed in black or blue ink.

1: PERSONAL DETAILS

Ensure that your client provides all personal details as requested in Section 1.

**(K)
(L)
(M) 2: BENEFITS**

Your client should indicate which – if any – of the benefits listed he receives or has recently applied

for.

For those benefits he does receive, your client should provide details of the disease or condition.

For those benefits he does not receive, your client should circle "No".

3: CAR USAGE

The purpose of this section is to understand your client's use of a car whether owned by him or not.

- 3.1 Your client should provide the make of each car he has had use of during the entire period for which he is claiming Car Maintenance / Car Washing;
- 3.2 Your client should provide the dates he has had use of the car;
- 3.3 Your client should state whether the car he used – or uses – was owned by him or his wife / partner;
- 3.4 If the car was – or is – owned by someone other than your client or his wife / partner, he should state who owned it.

4: EMPLOYMENT

- 4.1 Your client should state whether he has been in employment – either paid or unpaid – since leaving British Coal Corporation (BCC)
- 4.2 Your client should state whether he is currently in employment

If your client has worked since leaving BCC, he should provide details of all separate employments, including his current employment on page 4.

- 4.7 *Job Description:* Your client should list the main tasks required of him on a frequent basis;

We ask that your client provides as much detail as possible in Question 4.7. This will help reduce further correspondence after submission of the questionnaire.

5: HELP YOU NEED WITH TASKS BECAUSE OF YOUR VWF / CTS

Your client should complete the table on page 5.

If your client answers 'Yes' to Question 5.2 in the table, he need not answer questions 5.3 to 5.6 for that task.

- 5.3 Your client should state why he needs help to perform the task;
- 5.5 – 5.6 Your client should enter actual numbers when answering these questions. He should refrain from using terms such as "variable" and "as and when".

6: YOUR LIVING ARRANGEMENTS

The purpose of this section is to provide details of your client's living arrangements from the earliest date that he received help – as he has indicated in Question 5.4.

Your client should provide full details of past and present living arrangements.

- 6.4 & 6.5 Your client should state whether he was – or is – a homeowner or tenant;
- 6.6 In the case of your client being a tenant, he should state the type of tenancy e.g. private / council / Housing Association;
- 6.7 Your client should state whether the property had a garden and / or allotment;
- 6.8 If your client is currently a tenant (private or council), he should provide the name and address of his landlord.

7: HELPER DETAILS

Referring to the table he has completed in Section 5, your client should provide the full name, address and telephone number of each person from whom:

- he has received help in the past to perform a task; and
- he receives help currently to perform a task.

In addition, your client should also provide the dates that that person helped / helps him with the task.

N.B. Those who are named by your client as currently helping with task(s) should complete a Helpers Questionnaire.

The provision of receipts is not mandatory. If your client wishes to submit them, ensure that he attaches them to the questionnaire and states the number attached in the box at the bottom of page.

8: GENERAL HEALTH DETAILS

The purpose of this section is to understand the status of the claimant's health in order to assist the Co-Morbidity assessment.

If your client answers "Yes" to any of the conditions listed, he should provide details, continuing on a separate page if necessary.

9: ADDITIONAL COMMENTS

This section is for your client to provide any additional information he feels has not been requested or addressed elsewhere within the questionnaire.

Again, your client should continue on a separate piece of paper if necessary.

10: CLAIMANT'S DECLARATION

Your Client should ensure that he understands this declaration before signing and dating it.

HELPER QUESTIONNAIRE

Ensure that the Helper completes the correct questionnaire, based on your client's eligibility staging.

The Helper should ensure that he / she understands the declaration at the top of the questionnaire.

All answers must be legible and completed in black or blue ink.

1: PERSONAL DETAILS

The Helper should provide all personal details as requested in Section 1.

2: CLAIMANT DETAILS

The Helper should provide details of the claimant whom they are helping / have helped.

3: HELP YOU PROVIDE

3.1 Please ensure that the Helper indicates which of the tasks he / she undertakes by placing a tick in the relevant box.

There are three boxes provided for each task so that the

Helper can state whether they provide / provided help with

that

task in:

- **the winter; or**
- **the summer; or**

-
- **both winter AND summer.**

If the Helper does not / did not provide help with the task listed, all 3 of the boxes should be left blank.

3.2 If the Helper does not / did not provide help with any of the tasks listed, he / she should tick the box at the bottom of the page and go to the Helper's Declaration on page 4.

4: DETAILS OF THE HELP YOU PROVIDE

Please ensure that the Helper fully completes the table on page 3.

4.1 – 4.3 & 4.6 We ask that Helper is as precise as possible in respect of dates and frequencies of assistance.

We accept that pin-pointing exact dates in history may prove difficult, and as such, an approximate indication is sufficient. THE INDICATION MUST BE A DATE; THE HELPER SHOULD REFRAIN FROM USING TERMS SUCH AS "VARIABLE" AND "AS AND WHEN".

The information input into this grid should reflect the information provided by your Client.

5: ADDITIONAL COMMENTS

This section is for the Helper client to provide any additional information he / she feels has not been requested or addressed elsewhere within the questionnaire.

The Helper should continue on a separate piece of paper if necessary.

6: HELPER'S DECLARATION

The Helper should ensure that he / she understands this declaration before signing and dating it.

SUBMITTING QUESTIONNAIRES

Please ensure that submitted questionnaires are originals, as we cannot accept copies.

Our reference number should be shown on your covering letter together with your confirmation that the submitted questionnaires are complete.

If there is any query regarding the completion of these questionnaires, please do not hesitate to contact IRISC.

SCHEDULE 7(3)
SERVICES QUESTIONNAIRES
(Deceased Claimants)

(N) CLAIMANT QUESTIONNAIRE 4V (DECEASED)

The purpose of this questionnaire is for the provision of information by the Next of Kin / Executor of the Deceased's Estate regarding any claim for losses and expenses in relation to household tasks that the Deceased's vibration injury may have caused.

This questionnaire should be completed by the Next of Kin / Executor of the Estate **if the Deceased attended a medical examination prior to his death to confirm his vibration injury OR if an assessment has been made for VWF by the DSS.**

This form is NOT appropriate for cases pursued under the Posthumous Protocol.

The questionnaire asks whether the Deceased's vibration injury meant that he needed help from others with tasks that he previously performed himself and would have carried on doing, if he had not sustained his vibration injury.

The Next of Kin / Executor of the Estate is also asked to provide details of any medical conditions that the Deceased suffered from. The Deceased's GP records will be used by a doctor to assess other medical problems he may have had.

Please read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. NEXT OF KIN / EXECUTOR'S PERSONAL DETAILS

1.1 Surname			
1.2 Forename(s)			
1.3 Address			
1.4 Date of Birth			

1.5 State the Capacity in which you are acting for the Deceased			
2. DECEASED'S PERSONAL DETAILS			
2.1 Surname			
2.2 Forename(s)			
2.3 Last Address Lived At			
2.4 Date of Birth			
2.5 Date of Death			

3. CAR USAGE

This section is about car usage the Deceased had during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide details of each car that the Deceased had regular use of during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide the dates when the Deceased started and finished using each car.

If you are not claiming for help with Car Maintenance / Car Washing on behalf of the Deceased, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did the Deceased have use of the car?		3.3 Was the car owned by the Deceased or his wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. deceased's brother / neighbour / company car / motability etc.)
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Had the Deceased worked – either paid or unpaid – since leaving BCC?		

Please provide details of all jobs the Deceased had since leaving BCC on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job the Deceased had AFTER LEAVING British Coal.
In Question 4.6 please tell us the job description and the main tasks the Deceased performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.2	Question 4.3	Question 4.4	Question 4.5	Question 4.6
FROM	TO	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP THE DECEASED NEEDED WITH TASKS BECAUSE OF HIS VWF / CTS

This section is about help the Deceased needed to perform household tasks.
You only need to provide information about the tasks that the Deceased needed help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1	Question 5.2	Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did the Deceased do this task before developing VWF or CTS? (Circle as appropriate)	Did the Deceased still perform this task without help after developing VWF or CTS? (Circle as appropriate)	If the Deceased did require help to perform this task, please tell us why. (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did the Deceased start receiving help?	How often did the Deceased receive help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help did the Deceased receive on each occasion? (Please provide actual numbers)

GARDENING	YES	NO	YES	NO				
WINDOW CLEANING	YES	NO	YES	NO				
DIY	YES	NO	YES	NO				
DECORATING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. THE DECEASED'S LIVING ARRANGEMENTS							
Please provide details of the Deceased's living arrangements from the earliest date he received help (as per Question 5.4). Please provide dates for each property the Deceased lived in. If the Deceased had a garden or allotment during this time, please circle 'YES' in the relevant box. Please continue on a separate sheet where necessary.							
Question 6.1	Question 6.2	Question 6.3		Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property		Was the Deceased the Homeowner? If "yes" please go to Question 6.7	Was the Deceased a Tenant?	If the Deceased was a tenant, what was the type of Tenancy?	Was there a Garden / Allotment

		(Circle as appropriate)					(Circle as appropriate)		(Circle as appropriate)		(Private / Council / Housing Association)	(Circle as appropriate)	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO

7. HELPER DETAILS

If the Deceased received help from others with performing any of the tasks listed on page 5, please provide full details of those who helped him.

Please provide the dates when they started and finished helping the Deceased.

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HELPED THE DECEASED WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
WINDOW CLEANING					
DIY					
DECORATING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help the Deceased received and paid for (e.g. for his car maintenance) is NOT compulsory.

However, if there are any receipts and you would like to provide them, please mark in the box below the number of receipts provided and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED			
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8. DECEASED'S GENERAL HEALTH DETAILS

Since developing VWF / CTS, had the Deceased suffered from any of the conditions listed below to the extent that he required treatment from his GP or a hospital?	Circle as appropriate			If you answer YES, please provide details, dates and the duration of the Deceased's illness.
Rheumatism, arthritis or joint pain	YES	NO	DON'T KNOW	
Fainting or blackouts	YES	NO	DON'T KNOW	
Heart disease or high blood pressure	YES	NO	DON'T KNOW	
Any disease of the lungs	YES	NO	DON'T KNOW	
Vertigo	YES	NO	DON'T KNOW	
Back trouble or back injury	YES	NO	DON'T KNOW	

Any other conditions, please specify	YES	NO	DON'T KNOW	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION HELD				

9. Please use this box to provide any additional comments / information.

10. NEXT OF KIN / EXECUTOR'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the Deceased's Estate is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who helped the Deceased with the tasks specified to confirm the information provided in this questionnaire.

I authorise the disclosure of the originals of the Deceased's GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about the Deceased's medical condition prior to his death. No proceedings are contemplated against the Deceased's GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name	
-----------------	--

Your Signature	
----------------	--

Date			
------	--	--	--

(O) CLAIMANT QUESTIONNAIRE 2SN LATE (DECEASED)

The purpose of this questionnaire is for the provision of information by the Next of Kin / Executor of the Deceased's Estate regarding any claim for losses and expenses in relation to household tasks that the Deceased's vibration injury may have caused.

This questionnaire should be completed by the Next of Kin / Executor of the Estate **if the Deceased attended a medical examination prior to his death to confirm his vibration injury OR if an assessment has been made for VWF by the DSS.**

This form is NOT appropriate for cases pursued under the Posthumous Protocol.

The questionnaire asks whether the Deceased's vibration injury meant that he needed help from others with tasks that he previously performed himself and would have carried on doing, if he had not sustained his vibration injury.

The Next of Kin / Executor of the Estate is also asked to provide details of any medical conditions that the Deceased suffered from. The Deceased's GP records will be used by a doctor to assess other medical problems he may have had.

Please read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. NEXT OF KIN / EXECUTOR'S PERSONAL DETAILS

1.1 Surname			
1.2 Forename(s)			
1.3 Address			
1.4 Date of Birth			
1.5 State the Capacity in which you are acting for the Deceased			

2. DECEASED'S PERSONAL DETAILS

2.1 Surname			
2.2 Forename(s)			
2.3 Last Address Lived At			
2.4 Date of Birth			
2.5 Date of Death			

3. CAR USAGE

This section is about car usage the Deceased had during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide details of each car that the Deceased had regular use of during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide the dates when the Deceased started and finished using each car.

If you are not claiming for help with Car Maintenance / Car Washing on behalf of the Deceased, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did the Deceased have use of the car?		3.3 Was the car owned by the Deceased or his wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. deceased's brother / neighbour / company car / motability etc.)
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Had the Deceased worked – either paid or unpaid – since leaving BCC?		

Please provide details of all jobs the Deceased had since leaving BCC on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job the Deceased had AFTER LEAVING British Coal.
In Question 4.6 please tell us the job description and the main tasks the Deceased performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.2	Question 4.3	Question 4.4	Question 4.5	Question 4.6
FROM	TO	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP THE DECEASED NEEDED WITH TASKS BECAUSE OF HIS VWF / CTS

This section is about help the Deceased needed to perform household tasks.
You only need to provide information about the tasks that the Deceased needed help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1	Question 5.2	Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did the Deceased do this task before developing VWF or CTS? (Circle as appropriate)	Did the Deceased still perform this task without help after developing VWF or CTS? (Circle as appropriate)	If the Deceased did require help to perform this task, please tell us why. (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did the Deceased start receiving help?	How often did the Deceased receive help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help did the Deceased receive on each occasion? (Please provide actual numbers)

GARDENING	YES	NO	YES	NO				
DIY	YES	NO	YES	NO				
DECORATING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. THE DECEASED'S LIVING ARRANGEMENTS						
Please provide details of the Deceased's living arrangements from the earliest date he received help (as per Question 5.4). Please provide dates for each property the Deceased lived in. If the Deceased had a garden or allotment during this time, please circle 'YES' in the relevant box. Please continue on a separate sheet where necessary.						
Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property (Circle as appropriate)	Was the Deceased the Homeowner? If "yes" please go to Question 6.7 (Circle as appropriate)	Was the Deceased a Tenant? (Circle as appropriate)	If the Deceased was a tenant, what was the type of Tenancy? (Private / Council / Housing)	Was there a Garden / Allotment (Circle as appropriate)

											Association)			
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO	

7. HELPER DETAILS

If the Deceased received help from others with performing any of the tasks listed on page 5, please provide full details of those who helped him.

Please provide the dates when they started and finished helping the Deceased.

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HELPED THE DECEASED WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
DIY					
DECORATING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help the Deceased received and paid for (e.g. for his car maintenance) is NOT compulsory.

However, if there are any receipts and you would like to provide them, please mark in the box below the number of receipts provided and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED			
8. DECEASED'S GENERAL HEALTH DETAILS				
Since developing VWF / CTS, had the Deceased suffered from any of the conditions listed below to the extent that he required treatment from his GP or a hospital?	Circle as appropriate			If you answer YES, please provide details, dates and the duration of the Deceased's illness.
Rheumatism, arthritis or joint pain	YES	NO	DON'T KNOW	
Fainting or blackouts	YES	NO	DON'T KNOW	
Heart disease or high blood pressure	YES	NO	DON'T KNOW	
Any disease of the lungs	YES	NO	DON'T KNOW	
Vertigo	YES	NO	DON'T KNOW	
Back trouble or back injury	YES	NO	DON'T KNOW	
Any other conditions, please specify	YES	NO	DON'T KNOW	

**PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE
CHECKED
AGAINST OTHER MEDICAL INFORMATION HELD**

9. Please use this box to provide any additional comments / information.

10. NEXT OF KIN / EXECUTOR'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the Deceased's Estate is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who helped the Deceased with the tasks specified to confirm the information provided in this questionnaire.

I authorise the disclosure of the originals of the Deceased's GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about the Deceased's medical condition prior to his death. No proceedings are contemplated against the Deceased's GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name	
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Your Signature	
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Date			
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(P) CLAIMANT QUESTIONNAIRE 2V (DECEASED)

The purpose of this questionnaire is for the provision of information by the Next of Kin / Executor of the Deceased's Estate regarding any claim for losses and expenses in relation to household tasks that the Deceased's vibration injury may have caused.

This questionnaire should be completed by the Next of Kin / Executor of the Estate **if the Deceased attended a medical examination prior to his death to confirm his vibration injury OR if an assessment has been made for VWF by the DSS.**

This form is NOT appropriate for cases pursued under the Posthumous Protocol.

The questionnaire asks whether the Deceased's vibration injury meant that he needed help from others with tasks that he previously performed himself and would have carried on doing, if he had not sustained his vibration injury.

The Next of Kin / Executor of the Estate is also asked to provide details of any medical conditions that the Deceased suffered from. The Deceased's GP records will be used by a doctor to assess other medical problems he may have had.

Please read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. NEXT OF KIN / EXECUTOR'S PERSONAL DETAILS

1.1 Surname			
1.2 Forename(s)			
1.3 Address			
1.4 Date of Birth			
1.5 State the Capacity in which you are acting for the Deceased			

2. DECEASED'S PERSONAL DETAILS

2.1 Surname			
2.2 Forename(s)			
2.3 Last Address Lived At			
2.4 Date of Birth			
2.5 Date of Death			

3. CAR USAGE

This section is about car usage the Deceased had during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide details of each car that the Deceased had regular use of during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide the dates when the Deceased started and finished using each car.

If you are not claiming for help with Car Maintenance / Car Washing on behalf of the Deceased, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did the Deceased have use of the car?		3.3 Was the car owned by the Deceased or his wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. deceased's brother / neighbour / company car / motability etc.)
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Had the Deceased worked – either paid or unpaid – since leaving BCC?		

Please provide details of all jobs the Deceased had since leaving BCC on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job the Deceased had AFTER LEAVING British Coal.
In Question 4.6 please tell us the job description and the main tasks the Deceased performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.2	Question 4.3	Question 4.4	Question 4.5	Question 4.6
FROM	TO	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP THE DECEASED NEEDED WITH TASKS BECAUSE OF HIS VWF / CTS

This section is about help the Deceased needed to perform household tasks.
You only need to provide information about the tasks that the Deceased needed help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1	Question 5.2	Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did the Deceased do this task before developing VWF or CTS? (Circle as appropriate)	Did the Deceased still perform this task without help after developing VWF or CTS? (Circle as appropriate)	If the Deceased did require help to perform this task, please tell us why. (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did the Deceased start receiving help?	How often did the Deceased receive help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help did the Deceased receive on each occasion? (Please provide actual numbers)

GARDENING	YES	NO	YES	NO				
WINDOW CLEANING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. THE DECEASED'S LIVING ARRANGEMENTS

Please provide details of the Deceased's living arrangements from the earliest date he received help (as per Question 5.4).
Please provide dates for each property the Deceased lived in.
If the Deceased had a garden or allotment during this time, please circle 'YES' in the relevant box.
Please continue on a separate sheet where necessary.

Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property	Was the Deceased the Homeowner? If "yes" please go to Question 6.7 (Circle as appropriate)	Was the Deceased a Tenant? (Circle as appropriate)	If the Deceased was a tenant, what was the type of Tenancy?	Was there a Garden / Allotment (Circle as

		(Circle as appropriate)									(Private / Council / Housing Association)	appropriate)	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO

7. HELPER DETAILS

If the Deceased received help from others with performing any of the tasks listed on page 5, please provide full details of those who helped him.

Please provide the dates when they started and finished helping the Deceased.

If necessary, continue on a separate sheet(s) of paper.

PLEASE PROVIDE DETAILS OF ALL THOSE WHO HELPED THE DECEASED WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
WINDOW CLEANING					
CAR WASHING					
CAR MAINTENANCE					

Providing receipts for any help the Deceased received and paid for (e.g. for his car maintenance) is NOT compulsory.

However, if there are any receipts and you would like to provide them, please mark in the box below the number of receipts provided and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED		
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8. DECEASED'S GENERAL HEALTH DETAILS				
Since developing VWF / CTS, had the Deceased suffered from any of the conditions listed below to the extent that he required treatment from his GP or a hospital?	Circle as appropriate			If you answer YES, please provide details, dates and the duration of the Deceased's illness.
	YES	NO	DON'T KNOW	
Rheumatism, arthritis or joint pain	YES	NO	DON'T KNOW	
Fainting or blackouts	YES	NO	DON'T KNOW	
Heart disease or high blood pressure	YES	NO	DON'T KNOW	
Any disease of the lungs	YES	NO	DON'T KNOW	
Vertigo	YES	NO	DON'T KNOW	
Back trouble or back injury	YES	NO	DON'T KNOW	

Any other conditions, please specify	YES	NO	DON'T KNOW	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION HELD				

9. Please use this box to provide any additional comments / information.

10. NEXT OF KIN / EXECUTOR'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the Deceased's Estate is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who helped the Deceased with the tasks specified to confirm the information provided in this questionnaire.

I authorise the disclosure of the originals of the Deceased's GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about the Deceased's medical condition prior to his death. No proceedings are contemplated against the Deceased's GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name	
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Your Signature	
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Date			
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(Q) CLAIMANT QUESTIONNAIRE 3V (DECEASED)

The purpose of this questionnaire is for the provision of information by the Next of Kin / Executor of the Deceased's Estate regarding any claim for losses and expenses in relation to household tasks that the Deceased's vibration injury may have caused.

This questionnaire should be completed by the Next of Kin / Executor of the Estate **if the Deceased attended a medical examination prior to his death to confirm his vibration injury OR if an assessment has been made for VWF by the DSS.**

This form is NOT appropriate for cases pursued under the Posthumous Protocol.

The questionnaire asks whether the Deceased's vibration injury meant that he needed help from others with tasks that he previously performed himself and would have carried on doing, if he had not sustained his vibration injury.

The Next of Kin / Executor of the Estate is also asked to provide details of any medical conditions that the Deceased suffered from. The Deceased's GP records will be used by a doctor to assess other medical problems he may have had.

Please read the declaration on page 9 of this form before completing it and remember to sign and date it once completed.

1. NEXT OF KIN / EXECUTOR'S PERSONAL DETAILS

1.1 Surname 			
1.2 Forename(s) 			
1.3 Address 			
1.4 Date of Birth 			
1.5 State the Capacity in which you are acting for the Deceased 			

2. DECEASED'S PERSONAL DETAILS

2.1 Surname			
2.2 Forename(s)			
2.3 Last Address Lived At			
2.4 Date of Birth			
2.5 Date of Death			

3. CAR USAGE

This section is about car usage the Deceased had during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide details of each car that the Deceased had regular use of during the period for which Car Maintenance and / or Car Washing is being claimed.

Please provide the dates when the Deceased started and finished using each car.

If you are not claiming for help with Car Maintenance / Car Washing on behalf of the Deceased, please leave this section blank and move onto Section 4.

3.1 Please state the make of the car	3.2 When did the Deceased have use of the car?		3.3 Was the car owned by the Deceased or his wife / partner? If Yes, ignore Question 3.4 (Circle as appropriate)		3.4 If you have answered "No" to Question 3.3, please tell us who owned the car (e.g. deceased's brother / neighbour / company car / motability etc.)
	From	To	Yes	No	

4. EMPLOYMENT

	Yes	No
4.1 Had the Deceased worked – either paid or unpaid – since leaving BCC?		

Please provide details of all jobs the Deceased had since leaving BCC on the next page.

4. (Continued) EMPLOYMENT DETAILS

Please provide details of each job the Deceased had AFTER LEAVING British Coal.
In Question 4.6 please tell us the job description and the main tasks the Deceased performed on a frequent basis.
Please continue on a separate sheet if necessary.

Question 4.2	<i>Question 4.3</i>	<i>Question 4.4</i>	<i>Question 4.5</i>	<i>Question 4.6</i>
FROM	<i>TO</i>	EMPLOYER	JOB TITLE	JOB DESCRIPTION (List main tasks performed on a frequent basis)

5. HELP THE DECEASED NEEDED WITH TASKS BECAUSE OF HIS VWF / CTS

This section is about help the Deceased needed to perform household tasks.
You only need to provide information about the tasks that the Deceased needed help with.
FOR QUESTION 5.6, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Question 5.1	Question 5.2	Question 5.3	Question 5.4	Question 5.5	Question 5.6
TASKS	Did the Deceased do this task before developing VWF or CTS? (Circle as appropriate)	Did the Deceased still perform this task without help after developing VWF or CTS? (Circle as appropriate)	If the Deceased did require help to perform this task, please tell us why. (e.g. VWF / Other Medical Condition. If more than one reason / condition, list all of them)	From what date did the Deceased start receiving help?	How often did the Deceased receive help with this task? (Please provide actual numbers rather than answers such as “as required” or “when necessary”)	On average, how many hours’ help did the Deceased receive on each occasion? (Please provide actual numbers)

GARDENING	YES	NO	YES	NO				
WINDOW CLEANING	YES	NO	YES	NO				
DECORATING	YES	NO	YES	NO				
CAR WASHING	YES	NO	YES	NO				
CAR MAINTENANCE	YES	NO	YES	NO				

6. THE DECEASED'S LIVING ARRANGEMENTS						
Please provide details of the Deceased's living arrangements from the earliest date he received help (as per Question 5.4). Please provide dates for each property the Deceased lived in. If the Deceased had a garden or allotment during this time, please circle 'YES' in the relevant box. Please continue on a separate sheet where necessary.						
Question 6.1	Question 6.2	Question 6.3	Question 6.4	Question 6.5	Question 6.6	Question 6.7
Date from	Date to	Type of Property	Was the Deceased the Homeowner? If "yes" please go to Question 6.7 (Circle as appropriate)	Was the Deceased a Tenant? (Circle as appropriate)	If the Deceased was a tenant, what was the type of Tenancy?	Was there a Garden / Allotment (Circle as

		(Circle as appropriate)									(Private / Council / Housing Association)	appropriate)	
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO
		House	Bungalow	Flat	Sheltered Housing	Other	YES	NO	YES	NO		YES	NO

7. HELPER DETAILS

If the Deceased received help from others with performing any of the tasks listed on page 5, please provide full details of those who helped him.

Please provide the dates when they started and finished helping the Deceased.

If necessary, continue on a separate sheet(s) of paper.
PLEASE PROVIDE DETAILS OF ALL THOSE WHO HELPED THE DECEASED WITH EACH TASK.

TASK	FULL NAME OF HELPER	ADDRESS	TEL NO.	DATES	
				FROM	TO
GARDENING					
WINDOW CLEANING					
DECORATING					

CAR WASHING					
CAR MAINTENAN CE					

Providing receipts for any help the Deceased received and paid for (e.g. for his car maintenance) is NOT compulsory.

However, if there are any receipts and you would like to provide them, please mark in the box below the number of receipts provided and attach them to this questionnaire.

	NUMBER OF RECEIPTS ATTACHED			
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8. DECEASED'S GENERAL HEALTH DETAILS

Since developing VWF / CTS, had the Deceased suffered from any of the conditions listed below to the extent that he required treatment from his GP or a hospital?	Circle as appropriate			If you answer YES, please provide details, dates and the duration of the Deceased's illness.
Rheumatism, arthritis or joint pain	YES	NO	DON'T KNOW	
Fainting or blackouts	YES	NO	DON'T KNOW	
Heart disease or high blood pressure	YES	NO	DON'T KNOW	
Any disease of the lungs	YES	NO	DON'T KNOW	
Vertigo	YES	NO	DON'T KNOW	
Back trouble or back injury	YES	NO	DON'T KNOW	

Any other conditions, please specify	YES	NO	DON'T KNOW	
PLEASE REMEMBER THAT INFORMATION YOU PROVIDE MAY BE CHECKED AGAINST OTHER MEDICAL INFORMATION HELD				

9. Please use this box to provide any additional comments / information.

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10. NEXT OF KIN / EXECUTOR'S DECLARATION

--

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form are correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the Deceased's Estate is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I understand that the DTI – or their agents – will contact those who helped the Deceased with the tasks specified to confirm the information provided in this questionnaire.

I authorise the disclosure of the originals of the Deceased's GP's medical notes and records to the Department of Trade & Industry's Coal Health Claims Unit where appropriate. I also authorise any agent engaged by the Department of Trade & Industry to hold and process these records for the purpose of their enquiries about the Deceased's medical condition prior to his death. No proceedings are contemplated against the Deceased's GP or any Hospital Trust or Health Authority or any individual named in the records.

Print your name

Your Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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HELPER QUESTIONNAIRE 4V (DECEASED)

Under the British Coal Vibration White Finger Claims Handling Arrangement, the estate of a deceased miner who suffered from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he required with everyday tasks prior to his death e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help was provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provided to the deceased.

You should read this form carefully, particularly the declaration on page 4, before completing it.

It is very important that you answer all questions fully and truthfully.

The information you supply may be checked in the future.

1. YOUR PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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1.5 Telephone number
(incl. Area code)

2. DECEASED'S DETAILS

Please give details of the deceased to whom you provided help

2.1 Name

2.2 Address

2.3 What was your relationship to this person?

Wife/Partner

Family

Friend

Professional

Other (please specify)

3. HELP YOU PROVIDED

3.1 Please tick which of the following tasks you helped the Deceased with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.			
Window Cleaning			
Decorating, inside and/or outside the house.			
DIY, inside and/or outside the house, including normal Household repairs such as changing plugs etc.			
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.			
Car Washing			

3.2 If you DID NOT help the Deceased with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

I DID NOT HELP THE DECEASED WITH ANY OF THE TASKS LISTED ABOVE		
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4. DETAILS OF THE HELP YOU PROVIDED					
Please complete the following chart for each task you helped the Deceased with. Please be as precise as possible with dates and times.					
	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5
TASK	In which year did you start helping with this task?	How often, on average did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help did you provide on each occasion?	Please state the type of help you usually provided e.g. cutting grass / painting.	Please state when you finished helping the Deceased with this task.
Gardening					
Window Cleaning					

DIY					
Decorating					
Car Washing					
Car Maintenance					

5. Please use this box to provide any additional comments / information.

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6. It may be necessary for a representative of the DTI to contact you to discuss the answers you have provided in this questionnaire.

Please state when the best time to telephone you would be (e.g. morning / afternoon / after 6pm etc.).

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7. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the estate of the Deceased is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name	
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Signature	
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Date				
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HELPER QUESTIONNAIRE 2SN LATE (DECEASED)

Under the British Coal Vibration White Finger Claims Handling Arrangement, the estate of a deceased miner who suffered from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he required with everyday tasks prior to his death e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help was provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provided to the deceased.

You should read this form carefully, particularly the declaration on page 4, before completing it.

It is very important that you answer all questions fully and truthfully.

The information you supply may be checked in the future.

1. YOUR PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

--	--	--

1.5 Telephone number
(incl. Area code)

2. DECEASED'S DETAILS

Please give details of the deceased to whom you provided help

2.1 Name

2.2 Address

2.3 What was your relationship to this person?

Wife/Partner	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

3. HELP YOU PROVIDED

3.1 Please tick which of the following tasks you helped the Deceased with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorating, inside and/or outside the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIY, inside and/or outside the house, including normal Household repairs such as changing plugs etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 If you DID NOT help the Deceased with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

I DID NOT HELP THE DECEASED WITH ANY OF THE TASKS LISTED ABOVE	<input type="checkbox"/>
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4. DETAILS OF THE HELP YOU PROVIDED

Please complete the following chart for each task you helped the Deceased with.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5
TASK	In which year did you start helping with this task?	How often, on average did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help did you provide on each occasion?	Please state the type of help you usually provided e.g. cutting grass / painting.	Please state when you finished helping the Deceased with this task.
Gardening					
DIY					
Decorating					
Car Washing					

Car Maintenance					
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5. Please use this box to provide any additional comments / information.

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6. It may be necessary for a representative of the DTI to contact you to discuss the answers you have provided in this questionnaire.

Please state when the best time to telephone you would be (e.g. morning / afternoon / after 6pm etc.).

--

7. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the estate of the Deceased is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name	
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Signature	
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Date			
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HELPER QUESTIONNAIRE 2V (DECEASED)

Under the British Coal Vibration White Finger Claims Handling Arrangement, the estate of a deceased miner who suffered from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he required with everyday tasks prior to his death e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help was provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provided to the deceased.

You should read this form carefully, particularly the declaration on page 4, before completing it.

It is very important that you answer all questions fully and truthfully.

The information you supply may be checked in the future.

1. YOUR PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

--	--	--

1.5 Telephone number
(incl. Area code)

2. DECEASED'S DETAILS

Please give details of the deceased to whom you provided help

2.1 Name

2.2 Address

2.3 What was your relationship to this person?

Wife/Partner	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

3. HELP YOU PROVIDED

3.1 Please tick which of the following tasks you helped the Deceased with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 If you DID NOT help the Deceased with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

I DID NOT HELP THE DECEASED WITH ANY OF THE TASKS LISTED ABOVE	<input type="checkbox"/>
---	--------------------------

4. DETAILS OF THE HELP YOU PROVIDED

Please complete the following chart for each task you helped the Deceased with.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5
TASK	In which year did you start helping with this task?	How often, on average did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help did you provide on each occasion?	Please state the type of help you usually provided e.g. cutting grass / painting.	Please state when you finished helping the Deceased with this task.
Gardening					
Window Cleaning					
Car Washing					
Car Maintenance					

5. Please use this box to provide any additional comments / information.

6. It may be necessary for a representative of the DTI to contact you to discuss the answers you have provided in this questionnaire.

Please state when the best time to telephone you would be (e.g. morning / afternoon / after 6pm etc.).

7. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the estate of the Deceased is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name	
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Signature	
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Date			
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HELPER QUESTIONNAIRE 3V (DECEASED)

Under the British Coal Vibration White Finger Claims Handling Arrangement, the estate of a deceased miner who suffered from VWF or Carpal Tunnel Syndrome (CTS) may be entitled to compensation to reflect help that he required with everyday tasks prior to his death e.g. gardening, decorating, DIY or car maintenance. This is the position whether or not that help was provided professionally or provided by family and friends, with or without charge. The purpose of this questionnaire is to enable you to provide factual information about the help that you provided to the deceased.

You should read this form carefully, particularly the declaration on page 4, before completing it.

It is very important that you answer all questions fully and truthfully.

The information you supply may be checked in the future.

1. YOUR PERSONAL DETAILS

1.1 Surname

1.2 Forename(s)

1.3 Address

1.4 Date of birth

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1.5 Telephone number
(incl. Area code)

2. DECEASED'S DETAILS

Please give details of the deceased to whom you provided help

2.1 Name

2.2 Address

2.3 What was your relationship to this person?

Wife/Partner	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

3. HELP YOU PROVIDED

3.1 Please tick which of the following tasks you helped the Deceased with in either the Summer, the Winter or both:

	Summer	Winter	Both
Gardening work, including planting, grass cutting, pruning etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorating, inside and/or outside the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance, including basic servicing, changing oil, plugs, anti freeze etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 If you DID NOT help the Deceased with ANY of these tasks, please tick the box below and sign the declaration at the end of the form.

I DID NOT HELP THE DECEASED WITH ANY OF THE TASKS LISTED ABOVE	<input type="checkbox"/>
---	--------------------------

4. DETAILS OF THE HELP YOU PROVIDED

Please complete the following chart for each task you helped the Deceased with.
Please be as precise as possible with dates and times.

	Question 4.1	Question 4.2	Question 4.3	Question 4.4	Question 4.5
TASK	In which year did you start helping with this task?	How often, on average did you provide that help? E.g. once a week, once a month etc (Please provide actual numbers rather than answers such as "as required" or "when necessary")	On average, how many hours of help did you provide on each occasion?	Please state the type of help you usually provided e.g. cutting grass / painting.	Please state when you finished helping the Deceased with this task.
Gardening					
Window Cleaning					
Decorating					
Car Washing					

Car Maintenance					
-----------------	--	--	--	--	--

5. Please use this box to provide any additional comments / information.

6. It may be necessary for a representative of the DTI to contact you to discuss the answers you have provided in this questionnaire.

Please state when the best time to telephone you would be (e.g. morning / afternoon / after 6pm etc.).

7. HELPER'S DECLARATION

I DECLARE that, to the best of my knowledge and belief, the information I have given in answer to ALL OF THE QUESTIONS on this form is correct and complete.

I UNDERSTAND that the DTI may use this information, together with other information, (which it currently has or may acquire in the future) to decide whether the estate of the Deceased is entitled to receive compensation for the Deceased's services claim.

I understand that any information I have given can be checked and that if I have provided information that is incorrect, action may be taken against me.

I UNDERSTAND that the DTI's representatives may contact me to discuss the contents of this questionnaire and I confirm that I have no objections to this.

Print your name

Signature

Date

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**GUIDANCE NOTES FOR THE COMPLETION OF VWF SERVICES
QUESTIONNAIRES ON BEHALF OF DECEASED CLAIMANTS**

**PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING
SERVICES QUESTIONNAIRES ON BEHALF OF DECEASED CLAIMANTS**

Introduction

For a Services claim to be considered, it is necessary to collect factual evidence in a consistent way. This evidence is collected using specific questionnaires.

The completion of these questionnaires should be managed in a simple and uniform fashion, in order that Services claims may be processed and agreed as quickly as possible.

These guidance notes are intended for use by the solicitors / representatives of deceased claimants. Their objective is to ensure the quality of submitted questionnaires to IRISC Claims Management so that there will be little or no need to query the information provided.

There are two distinct types of questionnaires with regard to deceased claimants:

1. Questionnaires in respect of those claimants that died having already attended a medical examination to confirm their vibration injury, OR if an assessment has been made for VWF by the DSS. These questionnaires are entitled "**Deceased**". They are NOT appropriate for cases pursued under the Posthumous Protocol. Deceased Questionnaires ARE staging specific; and
2. Questionnaires in respect of those claimants that died having NOT attended a medical examination to confirm their vibration injury. These questionnaires are entitled "**Posthumous**". They are ONLY for cases pursued under the Posthumous Protocol. Posthumous Questionnaires ARE NOT staging specific.

CLAIMANT QUESTIONNAIRE – FOR DECEASED CLAIMANTS

This questionnaire should be completed by the Next Of Kin / Estate Executor to the Deceased in the event that the Deceased attended a medical examination to confirm his vibration injury prior to his death OR if an assessment has been made for VWF by the DSS.

Ensure that the correct questionnaire is used, based on the Deceased's eligibility staging. His staging will have been established at his original VWF Medical Examination (MAP1) or from the Consultant Vascular Surgeons report or from the DSS assessment.

Ensure that the Next of Kin / Executor understands the declaration at the top of the questionnaire.

All answers must be legible and completed in black or blue ink.

1: NEXT OF KIN / EXECUTOR'S PERSONAL DETAILS

Ensure that the Next of Kin / Executor ("your client") provides all OF THEIR OWN personal details in Section 1.

Your client should also state the capacity in which he / she is acting for the Deceased.

2: DECEASED'S PERSONAL DETAILS

Ensure that your client provides all personal details for the Deceased as requested in Section 2.

3: CAR USAGE

The purpose of this section is to understand the Deceased's use of a car whether owned by him or not.

- 3.1 Your client should provide the make of each car the Deceased had use of during the entire period for which Car Maintenance / Car Washing is being claimed;
- 3.2 Your client should provide the dates the Deceased had use of the car;
- 3.3 Your client should state whether the car the Deceased used was owned by him or his wife / partner;
- 3.4 If the car was owned by someone other than the Deceased client or his wife / partner, your client should state who owned it.

4: EMPLOYMENT

- 4.1 Your client should state whether the Deceased had been in employment – either paid or unpaid – since leaving British Coal Corporation (BCC)

If the Deceased did work after leaving BCC, your client should provide details of all separate employments on page 4.

- 4.6 Job Description: Your client should list the main tasks required of the Deceased on a frequent basis;

We ask that your client provides as much detail as possible in Question 4.6. This will help reduce further correspondence after submission of the questionnaire.

5: HELP THE DECEASED NEEDED WITH TASKS BECAUSE OF HIS VWF / CTS

Your client should complete the table on page 5.

If your client answers 'Yes' to Question 5.2 in the table, he need not answer questions 5.3 to 5.6 for that task.

- 5.3 Your client should state why the Deceased needed help to perform the task;
- 5.4 Your client should state the date at which the Deceased started to receive help for each relevant task;
- 5.5 – 5.6 Your client should enter actual numbers when answering these questions. He should refrain from using terms such as “variable” and “as and when”.

6: THE DECEASED’S LIVING ARRANGEMENTS

The purpose of this section is to provide details of the Deceased’s living arrangements from the earliest date that he received help – as indicated in Question 5.4.

Your client should provide full details of the Deceased’s living arrangements up to the time of his death.

- 6.4 & 6.5 Your client should state whether the Deceased was a homeowner or tenant;
- 6.6 In the case of the Deceased having been a tenant, your client should state the type of tenancy e.g. private / council / Housing Association;
- 6.7 Your client should state whether the property had a garden and / or allotment.

7: HELPER DETAILS

Referring to the table completed in Section 5, your client should provide the full name, address and telephone number of each person from whom the Deceased received help in the past to perform a task.

In addition, your client should also provide the dates that that person helped the Deceased with the task.

N.B. Those who are named by your client as helping with task(s) should complete a Helpers Questionnaire.

The provision of receipts is not mandatory. If your client wishes to submit them, ensure that he / she attaches them to the questionnaire and states the number attached in the box at the bottom of page.

8: GENERAL HEALTH DETAILS

The purpose of this section is to understand the status of the Deceased’s health prior to his death in order to assist the Co-Morbidity assessment.

If your client answers “Yes” to any of the conditions listed, he should provide details, continuing on a separate page if necessary.

9: ADDITIONAL COMMENTS

This section is for your client to provide any additional information he / she feels has not been requested or addressed elsewhere within the questionnaire.

Again, your client should continue on a separate piece of paper if necessary.

10: NEXT OF KIN / EXECUTOR'S DECLARATION

Your Client should ensure that he / she understands this declaration before signing and dating it.

HELPER QUESTIONNAIRE – FOR DECEASED CLAIMANTS
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Ensure that the Helper completes one of these questionnaires in the instance where the Deceased to whom he / she provided help DID attend a medical examination to confirm his vibration injury prior to his death OR if an assessment had been made for VWF by the DSS.

Ensure that the Helper completes the correct questionnaire, based on the Deceased's eligibility staging.

The Helper should ensure that he / she understands the declaration at the top of the questionnaire.

All answers must be legible and completed in black or blue ink.

1: PERSONAL DETAILS

The Helper should provide all OF THEIR OWN personal details as requested in Section 1.

2: DECEASED'S DETAILS

The Helper should provide details of the Deceased claimant whom they have helped.

3: HELP YOU PROVIDED

3.1 Please ensure that the Helper indicates which of the tasks he / she undertook by placing a tick in the relevant box. There are three boxes provided for each task so that the Helper can state whether they provided help with that task in:

- the summer; or
- the winter; or
- both winter AND summer.

If the Helper did not provide help with the task listed, all 3 of the boxes should be left blank.

3.2 If the Helper did not provide help with any of the tasks listed, he / she should tick the box at the bottom of the page and go to the Helper's Declaration on page 4.

4: DETAILS OF THE HELP YOU PROVIDED

Please ensure that the Helper fully completes the table on page 3.

4.1 – 4.3 & 4.6 We ask that Helper is as precise as possible in respect of dates and frequencies of assistance.

We accept that pin-pointing exact dates in history may prove difficult, and as such, an approximate indication is sufficient. THE INDICATION MUST BE A DATE; THE HELPER SHOULD REFRAIN FROM USING TERMS SUCH AS “VARIABLE” AND “AS AND WHEN”.

The information input into this grid should reflect the information provided by your client on the Claimant Questionnaire in respect of the Deceased.

5: ADDITIONAL COMMENTS

This section is for the Helper to provide any additional information he / she feels has not been requested or addressed elsewhere within the questionnaire.

The Helper should continue on a separate piece of paper if necessary.

6: BEST TIME TO CALL QUESTION

It may be necessary for a representative of the DTI to contact the Helper to discuss the answers provided in this questionnaire.

The Helper should state what the best time would be to be contacted by telephone (e.g. morning / afternoon / after 6pm etc.)

7: HELPER’S DECLARATION

The Helper should ensure that he / she understands this declaration before signing and dating it.

CLAIMANT QUESTIONNAIRE FOR POSTHUMOUS CLAIMANTS

This questionnaire should be completed by the Next Of Kin / Estate Executor to the Deceased in the event that the Deceased DID NOT attend a medical examination to confirm his vibration NOR had an assessment made for VWF by the DSS.

Ensure that the Next of Kin / Executor understands the declaration at the top of the questionnaire.

All answers must be legible and completed in black or blue ink.

1: NEXT OF KIN / EXECUTOR’S PERSONAL DETAILS

Ensure that the Next of Kin / Executor (“your client”) provides all OF THEIR OWN personal details in Section 1.

Your client should also state the capacity in which he / she is acting for the Deceased.

2: DECEASED'S PERSONAL DETAILS

Ensure that your client provides all personal details for the Deceased as requested in Section 2.

3: CAR USAGE

The purpose of this section is to understand the Deceased's use of a car whether owned by him or not.

- 3.1 Your client should provide the make of each car the Deceased had use of during the entire period for which Car Maintenance / Car Washing is being claimed;
- 3.2 Your client should provide the dates the Deceased had use of the car;
- 3.3 Your client should state whether the car the Deceased used was owned by him or his wife / partner;
- 3.4 If the car was owned by someone other than the Deceased client or his wife / partner, your client should state who owned it.

4: EMPLOYMENT

- 4.1 Your client should state whether the Deceased had been in employment – either paid or unpaid – since leaving British Coal Corporation (BCC)

If the Deceased did work after leaving BCC, your client should provide details of all separate employments on page 4.

- 4.6 Job Description: Your client should list the main tasks required of the Deceased on a frequent basis;

We ask that your client provides as much detail as possible in Question 4.6. This will help reduce further correspondence after submission of the questionnaire.

5: HELP THE DECEASED NEEDED WITH TASKS BECAUSE OF HIS VWF / CTS

Your client should complete the table on page 5.

If your client answers 'Yes' to Question 5.2 in the table, he need not answer questions 5.3 to 5.6 for that task.

- 5.3 Your client should state why the Deceased needed help to perform the task;
- 5.4 Your client should state the date at which the Deceased started to receive help for each relevant task;

5.5 – 5.6 Your client should enter actual numbers when answering these questions. He should refrain from using terms such as “variable” and “as and when”.

6: THE DECEASED’S LIVING ARRANGEMENTS

The purpose of this section is to provide details of the Deceased’s living arrangements from the earliest date that he received help – as indicated in Question 5.4.

Your client should provide full details of the Deceased's living arrangements up to the time of his death.

- 6.4 & 6.5 Your client should state whether the Deceased was a homeowner or tenant;
6.6 In the case of the Deceased having been a tenant, your client should state the type of tenancy e.g. private / council / Housing Association;
6.7 Your client should state whether the property had a garden and / or allotment;

7: HELPER DETAILS

Referring to the table completed in Section 5, your client should provide the full name, address and telephone number of each person from whom the Deceased received help in the past to perform a task.

In addition, your client should also provide the dates that that person helped the Deceased with the task.

N.B. Those who are named by your client as helping with task(s) should complete a Helpers Questionnaire.

The provision of receipts is not mandatory. If your client wishes to submit them, ensure that he / she attaches them to the questionnaire and states the number attached in the box at the bottom of page.

8: ADDITIONAL COMMENTS

This section is for your client to provide any additional information he / she feels has not been requested or addressed elsewhere within the questionnaire.

Again, your client should continue on a separate piece of paper if necessary.

9: NEXT OF KIN / EXECUTOR’S DECLARATION

Your Client should ensure that he / she understands this declaration before signing and dating it. Your client should also state the capacity in which he / she is acting for the Deceased.

HELPER QUESTIONNAIRE FOR POSTHUMOUS CLAIMANTS

Ensure that the Helper completes this questionnaire in the instance where the Deceased to whom he / she provided help DID NOT attend a medical examination to confirm his vibration injury prior to his death NOR had an assessment made for VWF by the DSS.

The Helper should ensure that he / she understands the declaration at the top of the questionnaire.

All answers must be legible and completed in black or blue ink.

1: PERSONAL DETAILS

The Helper should provide all personal details as requested in Section 1.

2: DECEASED'S DETAILS

The Helper should provide details of the Deceased claimant whom they have helped.

3: HELP YOU PROVIDED

3.1 Please ensure that the Helper indicates which of the tasks he / she undertook by placing a tick in the relevant box. There are three boxes provided for each task so that the Helper can state whether they provided help with that task in:

- the summer; or
- the winter; or
- both winter AND summer.

If the Helper did not provide help with the task listed, all 3 of the boxes should be left blank.

3.2 If the Helper did not provide help with any of the tasks listed, he / she should tick the box at the bottom of the page and go to the Helper's Declaration on page 4.

4: DETAILS OF THE HELP YOU PROVIDED

Please ensure that the Helper fully completes the table on page 3.

4.1 – 4.3 & 4.6 We ask that Helper is as precise as possible in respect of dates and frequencies of assistance.

We accept that pin-pointing exact dates in history may prove difficult, and as such, an approximate indication is sufficient. THE INDICATION MUST BE A DATE; THE HELPER SHOULD REFRAIN FROM USING TERMS SUCH AS "VARIABLE" AND "AS AND WHEN".

The information input into this grid should reflect the information provided by your client in respect of the Deceased.

5: ADDITIONAL COMMENTS

This section is for the Helper to provide any additional information he / she feels has not been requested or addressed elsewhere within the questionnaire.

The Helper should continue on a separate piece of paper if necessary.

6: BEST TIME TO CALL QUESTION

It may be necessary for a representative of the DTI to contact the Helper to discuss the answers provided in this questionnaire.

The Helper should state what the best time would be to be contacted by telephone (e.g. morning / afternoon / after 6pm etc.)

7: HELPER'S DECLARATION

The Helper should ensure that he / she understands this declaration before signing and dating it.



Please ensure that submitted questionnaires are originals, as we cannot accept copies.

Our reference number should be shown on your covering letter together with your confirmation that the submitted questionnaires are complete.

If there is any query regarding the completion of these questionnaires, please do not hesitate to contact IRISC.

SCHEDULE 7(4)(i)
Services MAP Report Form

Vibration White Finger and Carpal Tunnel Syndrome: Services		
CO-MORBIDITY ASSESSMENT EXAMINATION REPORT		
1. Claimant Details		
1.1 Claimant Solicitor and Address	1.2	Solicitor's Reference

1.3 IRISC Reference	
1.4 Claimant's Name	
1.5 Date Of Birth	
1.6 Age on Exam Date	
1.7 Claimant Address	

1.8	Examination Centre	
1.9	Date & Time of Examination:	
1.10	Examining Doctor	Name (Printed):
		Doctor No:

2. Service Periods to be considered during assessment

Service	Period Past	Period Future
Gardening		
Window Cleaning		
DIY		
Decorating		
Car Washing		
Car Maintenance		

EXAMINATION FORM:

3.

i) Clinical history; other than that resulting from HAVS

--

ii) Activities of daily living

--

iii) Observed behaviour

--

4. Physical Examination, excluding any manifestations of HAVS

General
Cardiovascular

Chest
Abdomen
Central nervous system
Musculo-skeletal Spine
Musculo-skeletal Peripheral
Mental state

**5. Does the claimant have co-morbid conditions causing significant functional impairment, which would reduce his ability to perform any of the six household tasks listed at 2 either in the past, present or future?
(Yes/ No)**

If 'Yes' please proceed to part 6

If 'No' go to part 14 of this report.

6. If yes, please identify which functional abilities are impaired:

(Note that in determining whether any of these functional abilities are impaired, the effects of pain, stiffness, fatigue, breathlessness, balance, co-ordination, power, sensation and psychological functioning should be taken into account. The ability to perform the various functions consistently over a period of about one hour, on a daily basis, is likely to be critical in determining whether there is any material effect on the ability to perform the various functions).

7. Give the diagnosis of the clinical conditions, whose effects have been identified at 6 above.

8. Identify the clinical findings responsible for each of the impaired functional abilities identified at 6 above. Express these findings clearly in terms that are understandable to a lay person.

9. In which of the household tasks identified at 2 is the claimant's performance affected by the identified co-morbid conditions:

1. Gardening
2. Window Cleaning
3. DIY
4. Decorating
5. Car Washing
6. Car Maintenance

10. You have identified that the claimant has co-morbidity that affects his ability to carry out the identified household tasks. This co-morbidity is the result of:

11. Please identify the impact the co-morbid condition is currently having on the claimant's ability to undertake the identified household activities. Select a descriptor for each functional category which most closely resembles the claimants impaired functional capacity.

Gardening	
Window Cleaning	
DIY	
Decorating	
Car Washing	
Car Maintenance	

Gardening

- Nil Can cut the lawn, plant dig and prune continuously for an hour on a daily basis
Mild Can cut, plant, dig and prune for an hour on a daily basis, but requires one or more rests or works slowly.
Moderate Able to prune and plant. Able to cut small lawn, albeit slowly and with difficulty. Unable to do heavier work such as digging.
Severe Able to prune and plant in a box at waist height. Unable to cut small lawn.
Complete Unable to undertake any gardening activity.

Window Cleaning

- Nil Can clean windows, summer and winter, upstairs and down, inside and out, continuously for an hour on a daily basis.
Mild EITHER: able to clean windows, summer or winter, upstairs and down, inside and out, for an hour on a daily basis but requires one or more rests or works slowly, OR: able to clean windows, summer or winter except for upstairs windows outside.
Moderate Unable to clean more than the inside of 4 windows at any one time.
Severe Unable to clean more than the inside of one window at any one time.
Complete Unable to undertake any window cleaning activity.

DIY

- Nil Can undertake DIY activity such as including assembling flat pack desk, fixing a 0.75m shelf to a wall and changing a plug, continuously for an hour on a daily basis.
Mild Can undertake DIY activity for an hour on a daily basis, but works slowly or needs one or more rests.
Moderate Unable to fix 0.75m shelf to a wall, but able to change fuse, plug or ceiling light bulb.
Severe Unable to change ceiling light bulb, but able to change fuse or plug.
Complete Unable to undertake any DIY activity.

Decorating

- Nil Able to decorate inside and out, including paper hanging, preparation and painting continuously for an hour on a daily basis.
Mild Able to decorate inside and out, including paper hanging, preparation and painting for an hour on a daily basis, but works slowly or needs one or more rests.
Moderate Unable to paper a wall but can prepare and paint a wall in an average sitting room.
Severe Unable to prepare and paint an area greater than the size of a side of an average door.
Complete Unable to undertake any decorating activity.

Car Washing

- Nil Able to wash car fully, summer and winter, without a rest.
Mild Able to wash car fully, summer and winter, but only at a slow pace or with the need for a rest.
Moderate Able to wash windscreen and lights and part, but not all of bodywork.
Severe Severe Limited to windscreen and lights only.
Complete Unable to wash any part of a car.

--

Car Maintenance

- Nil Can carry out all routine car checks and change a wheel.
Mild Can carry out all routine checks including topping up oil and water, but cannot change a wheel.
Moderate Can open bonnet, carry out checks, but has difficulty with opening oil and water caps and/or checking or inflating tyres.

Severe	Has difficulty in opening bonnet unaided, can carry out checks, but is unable to top up oil and water levels.
Complete	Unable to undertake any car maintenance.

12. A Claimant is entitled to claim from 1980 to age 70 years old. Where definitive effects on the claimant's ability to undertake one or more of the household tasks has been identified, please indicate on the table below the date of onset in terms of whether the functional effects began to have at least a mild effect on the ability to carry out each of the tasks concerned. Please also indicate approximate dates where the functional effects changed from one severity to the other for each task. Please confine your assessment to those tasks at 2.0. In providing this advice, discount completely all limitations on the capacity to carry out those tasks that were consequent upon HAVS:

Household Task	Years (past)				
	16+	11-15	6-10	0-5	Present
Gardening					
Total					
Non-Resp					
Respiratory					
Window Cleaning					
Total					
Non-Resp					
Respiratory					
DIY					
Total					
Non-Resp					
Respiratory					
Decorating					
Total					
Non-Resp					
Respiratory					
Car washing					
Total					
Non-Resp					
Respiratory					
Car maintenance					
Total					
Non-Resp					
Respiratory					

Any comment you may wish to make on the advice provided above

13. Please give your opinion on prognosis for the effect of the co-morbid conditions on the person's ability to perform each of the household activities where impairment has currently been identified, giving approximate dates where a change from one severity category to another might be expected:

Household Task	Years (future)					
	Present	0-5	6-10	11-15	16-20	21+
Gardening						
Total						
Non-Resp						
Respiratory						
Window cleaning						
Total						
Non-Resp						
Respiratory						
DIY						
Total						
Non-Resp						
Respiratory						
Decorating						
Total						
Non-Resp						
Respiratory						
Car washing						
Total						
Non-Resp						
Respiratory						
Car maintenance						
Total						
Non-Resp						
Respiratory						

In the circumstances that you are unable to make a prognosis for the effects of the claimant's co-morbidity, please provide a full account of the information you require to reach a prognosis.

Any comments you may wish to make on your answers to question 13:

--

14. If any medical conditions were identified on the claimant information sheet prepared by IRISC, that have not yet been commented on elsewhere in the report, please confirm in the box below that you have considered the condition and explain briefly why you consider it to have no impact on the claimant's ability to carry out tasks. If more than one medical condition was identified, but not covered elsewhere, please provide a brief explanation for each condition in turn.

--

15. Declaration and signature of examining doctor

I confirm that I have considered all comorbid conditions.

Doctors Signature	
Date	

SCHEDULE 7(4)(ii)
Services MAP Report Form

Vibration White Finger and Carpal Tunnel Syndrome: Services	
CO-MORBIDITY ASSESSMENT REPORT	
1. Claimant Details	
1.1 Claimant Solicitor and Address	1.2 Solicitor's Reference

1.3	Capita Reference
1.4	Claimant's Name
1.5	Date Of Birth
1.6	Date of Death
1.7	Claimant Address

1.8	Assessment Centre	Paper Based Review	
1.9	Date & Time of Review:		
1.10	Assessment Doctor	Name (Printed):	Doctor No:

2. Service Periods to be considered during assessment

Service	Period Past
Gardening	
Window Cleaning	
DIY	
Decorating	
Car Washing	
Car Maintenance	

ASSESSMENT FORM:

3.

i) Clinical history; other than that resulting from HAVS

The claim period is from to.

This report on Mr is constructed from the following sources:

Review of pages of General Medical Practitioner records.

Review of the COMO pack:

- (i) a MAP 1 report
- (ii) a claimant questionnaire
- (iii) a COPD report.
- (iv) a Spirometry report
- (v) an accident file
- (vi) C400
- (vii) Schedule 8

(Items (iii) to (vii) if applicable)

The claimant had conditions causing significant co-morbidity:

Review of the medical notes reveals

3 (i) 1:

2 (i) 2

3

Non Co-morbid conditions:

3 (i)

The following conditions were listed in the notes supplied but without supporting evidence of significant history or physical signs.

Consideration of any respiratory disorder.

Apparently inconsistent information on paperwork review:

Occupational History: Mr xx left school aged 15 in 19xx and joined the mining industry until 19xx aged xx.

Prescribed Medication: During the claim period Mr was prescribed

ii) Recorded information relating to Activities of Daily Living

Smoking: Alcohol intake: Exercise tolerance: Social & domestic situation: Hobbies: Personal care tasks:
--

4. Record specific details of any relevant examination findings recorded in the medical notes

General
Cardiovascular
Chest
Abdomen
Central nervous system

Musculo-skeletal Spine
Musculo-skeletal Peripheral
Mental state

5) In relation only to the period covered by the claim **were** there any co-morbid conditions which caused significant functional impairment and limited the Claimant's ability to perform any of the six household tasks listed at 2, for which a claim has been made? (Yes/No)

If 'Yes' please proceed to part 6
If 'No' go to part 14 of this report.

6. If yes, please identify which functional abilities were impaired:

(Note that in determining whether any of these functional abilities were impaired, the effects of pain, stiffness, fatigue, breathlessness, balance, co-ordination, power, sensation and psychological functioning should be taken into account. The ability to perform the various functions consistently over a period of about one hour, on a daily basis, is likely to be critical in determining whether there was any material effect on the ability to perform the various functions).

7. Give the diagnosis of the clinical conditions, whose effects have been identified at 6 above.

8. Identify the **medical evidence that supports the conclusions** for each of the impaired functional abilities identified at 6 above. Express these findings clearly in terms that are understandable to a lay person.

9. In which of the household tasks identified at 2 **was** the claimant's performance affected by the identified co-morbid conditions:

1. Gardening
2. Window Cleaning
3. DIY
4. Decorating
5. Car Washing
6. Car Maintenance

10. You have identified that the claimant had co-morbidity that affected his ability to carry out the identified household tasks. This co-morbidity was the result of:

11. Please identify the impact the co-morbid condition was having at the time of the claimant's death on his ability to undertake the identified household activities. Select a descriptor for each functional category which most closely resembles the claimants impaired functional capacity.

Gardening	
Window Cleaning	
DIY	
Decorating	
Car Washing	
Car Maintenance	

Gardening

- Nil Able to cut the lawn, plant dig and prune continuously for an hour on a daily basis
- Mild Able to cut, plant, dig and prune for an hour on a daily basis, but required one or more rests or works slowly.
- Moderate Able to prune and plant. Able to cut small lawn, albeit slowly and with difficulty. Unable to do heavier work such as digging.
- Severe Able to prune and plant in a box at waist height. Unable to cut small lawn.
- Complete Unable to undertake any gardening activity.

Window Cleaning

- Nil Able to clean windows, summer and winter, upstairs and down, inside and out, continuously for an hour on a daily basis.
- Mild EITHER: able to clean windows, summer or winter, upstairs and down, inside and out, for an hour on a daily basis but required one or more rests or worked slowly, OR: able to clean windows, summer or winter except for upstairs windows outside.
- Moderate Unable to clean more than the inside of 4 windows at any one time.
- Severe Unable to clean more than the inside of one window at any one time.
- Complete Unable to undertake any window cleaning activity.

DIY

- Nil Able to undertake DIY activity such as including assembling flat pack desk, fixing a 0.75m shelf to a wall and changing a plug, continuously for an hour on a daily basis.
- Mild Able to undertake DIY activity for an hour on a daily basis, but worked slowly or needed one or more rests.
- Moderate Unable to fix 0.75m shelf to a wall, but able to change fuse, plug or ceiling light bulb.
- Severe Unable to change ceiling light bulb, but able to change fuse or plug.
- Complete Unable to undertake any DIY activity.

Decorating

- Nil Able to decorate inside and out, including paper hanging, preparation and painting continuously for an hour on a daily basis.
- Mild Able to decorate inside and out, including paper hanging, preparation and painting for an hour on a daily basis, but worked slowly or needed one or more rests.
- Moderate Unable to paper a wall but able to prepare and paint a wall in an average sitting room.
- Severe Unable to prepare and paint an area greater than the size of a side of an average door.
- Complete Unable to undertake any decorating activity.

Car Washing

- Nil Able to wash car fully, summer and winter, without a rest.
- Mild Able to wash car fully, summer and winter, but only at a slow pace or with the need for a rest.
- Moderate Able to wash windscreen and lights and part, but not all of bodywork.
- Severe Severe Limited to windscreen and lights only.
- Complete Unable to wash any part of a car.

Car Maintenance

- Nil Able to carry out all routine car checks and change a wheel.
- Mild Able to carry out all routine checks including topping up oil and water, but unable to change a wheel.
- Moderate Able to open bonnet, carry out checks, but had difficulty with opening oil and water caps and/or

Severe	checking or inflating tyres. Had difficulty in opening bonnet unaided, able to carry out checks, but was unable to top up oil and water levels.
Complete	Unable to undertake any car maintenance.

12. A Claimant is entitled to claim from 1980 to age 70 years old or the date of death, whichever is earlier. Where definitive effects on the claimant's ability to undertake one or more of the household tasks have been identified, please indicate on the table below the date of onset in terms of whether the functional effects began to have at least a mild effect on the ability to carry out each of the tasks concerned. Please also indicate approximate dates where the functional effects changed from one severity to the other for each task. Please confine your assessment to those tasks at 2.0. In providing this advice, discount completely all limitations on the capacity to carry out those tasks that were consequent upon HAVS:

Household Task	Years (past)				
	16+	11-15	6-10	0-5	Present
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Window Cleaning					
Total					
Non-Resp					
Respiratory					
DIY					
Total					
Non-Resp					
Respiratory					
Decorating					
Total					
Non-Resp					
Respiratory					
Car washing					
Total					
Non-Resp					
Respiratory					
Car maintenance					
Total					
Non-Resp					
Respiratory					

Any comment you may wish to make on the advice provided above (including if the GP records are insufficient to make an assessment on the balance of probabilities)

13. If any medical conditions were identified on the claimant information sheet prepared by CAPITA, that have not yet been commented on elsewhere in the report, please confirm in the box below that you have considered the condition and explain briefly why you consider it to have had no impact on the claimant's ability to carry out tasks. If more than one medical condition was identified, but not covered elsewhere, please provide a brief explanation for each condition in turn.

--

14. Declaration and signature of doctor carrying out the assessment

I confirm that I have considered all comorbid conditions.

Doctors Signature	
Date	

SCHEDULE 7(5)

**INSTRUCTIONS AND GUIDANCE TO
SERVICES ASSESSMENT DOCTORS**

CAPITA

HEALTH SOLUTIONS

VIBRATION WHITE FINGER

SERVICES MEDICAL ASSESSMENT PROCESS

(CONTRACT WITH DEPARTMENT OF TRADE & INDUSTRY)

**INSTRUCTION AND GUIDANCE
TO ASSESSMENT DOCTORS**

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3. On receipt of the documentation NN, on behalf of the parties, will instruct each member of the MRP in the terms agreed by the parties sending them, on or before the 7 th day of the month, reports to review in the quantities as follows:	719
• Dr K McGeoch...15	719
• Professor F Burke ...5.....	719
• Mr G Proud...15.....	719
4. Copies of the letters of instruction will be sent to the CG and a copy of all documentation will be retained by NN.	719
5. Each member of the MRP will then review and comment on the MAP reports as appropriate and categorise each report as set out in Appendix 1. The MRP member will complete an agreed pro-forma for each assessment and return it to NN by e-mail by the last working day of the month. NN will then circulate the Audit Reports to the DTI, CSG, IRISC and SchlumbergerSema. NN will keep all details on database.	719
6. The findings of the MRP will then be acted upon as set out in the table at Appendix 1.....	719
7. The MRP will provide quarterly to the parties a regular generic report identifying any trends or issues shown by the individual audits. This report to be provided to Nabarro Nathanson, for distribution, by the 10 th day of March, June, September and December.....	719
8. Atos Origin to provide feedback in the Quality report identifying numbers of reports that have been audited, breakdown of gradings and any trends.	719
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Examples/	720
Explanatory note.....	720
Action Required.....	720
1.	720
Approved	720
Findings recorded by NN on database.....	720

doctor.	SchlumbergerSema to note and forward findings to examining 720	
	2. 720	
	Satisfactory – with reservations.....	720
	The MRP has approved the report with some reservation:.....	720
<i>MRP felt that there could be some improvement or where they have a very minor criticism.</i>	<i>This category comprises of satisfactory MAP reports were the</i> 720	
	Findings recorded by NN on database	720
	SchlumbergerSema pass on the comments of the MRP member to their Audit doctor who will forward the details to the examining doctor and advise if the concerns have already been dealt with during routine/targeted monitoring. If so audit doctor to give details of action taken	720
	If these concerns have not been previously addressed Audit doctor to discuss with examining doctor and where necessary provide training/advise. 720	
	No further action required unless highlighted by Audit doctor.	720
	In either category SchlumbergerSema are to supply the response/action to NN, CSG and MRP member within 21 days, who will record on database. 720	
	No further action is required.....	720
	3. 721	
	Unsatisfactory.....	721
report has been	+The MRP express concerns about the way in which the MAP completed.....	721
	and/or721	
investigation is	+The report is not to an adequate standard and further required	721
	Concerns forwarded to SchlumbergerSema for investigation.	721
doctor for discussion	MRP member’s comments will be forwarded to Sema audit with examining doctor.	721
	SchlumbergerSema will sample 3 reports prepared by the examining doctor (2 from those completed within the last month) and submit a report on their findings (together with copies of the reports to NN, CSG and MRP member within 28 days.....	721
	The MRP member will be asked for their comments on this report(taking into account the further 3 MAP reports supplied) within 28 days.....	721
	NN will at each stage forward copies to all parties.	721
findings of the	The next stage of the process will be dependant upon the MRP member	721
with other	a)The MRP member feels that the audited report is inconsistent satisfactory reports completed by the examining doctor:	

Accordingly, if the MRP member is satisfied no further action is recommended, he will notify NN 721

or b) The MRP member finds that reports of the examining doctor are within the bands of reasonableness but that the examining doctor requires further guidance: The subsequent 6 reports that the examining doctor completes will be scrutinised by SchlumbergerSema audit doctor and a report will be sent to NN (together with copies of the MAP reports) for distribution to the parties. SchlumbergerSema to advise parties in advance dates when this is likely to be completed. If the MRP member is satisfied by the report from SchlumbergerSema no further action will be required. If the MRP member is not satisfied that sufficient progress has been made by the examining doctor further guidance will be given and the name of the examining doctor is added to the list of those who require ongoing targeted monitoring. 721

or c) The MRP member deems that the examining doctor's reports are unacceptable and do not meet the required standard:..... 722

SchlumbergerSema's Disciplinary procedure will be activated – the examining doctor will be advised that he/she will be the subject of targeted monitoring (ie until further notice all MAP reports will be audited by SchlumbergerSema Audit doctor). The Audit doctor will also carry out a thorough review of the last 10 MAP reports completed by that examining doctor. A report, based on the findings of these actions, and giving SchlumbergerSema's recommendations to be supplied to NN for distribution to the parties and the MRP member. MRP member to circulate details and discuss with MRP (as a whole) who will then advise TICS and NN within 4 weeks whether: 1) they feel confident that the doctor has had sufficient training/guidance to now continue performing MAP examinations 722

2) they feel the examining doctor should continue on targeted monitoring for a further period (specify period or number of MAP reports)..... 722

or 722

3) they recommend that SchlumbergerSema should continue with the Disciplinary procedure. 722

In cases 2 and 3 further action will be taken as agreed between the parties on an individual basis..... 722

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Document control

Version history:

Version	Date	Comments
1	Oct 2002	As issued by DTI in IT
2	July 2003	Inclusion of additional CHS guidance to Assessment doctors
3.	August 2003	Amendment to Protocol for claimants attending with incomplete information
4	February 2004	Various updates
5	May 2004	Change from AHS to Capita Health Solutions
6	October 2004	Further guidance on respiratory co morbidity, additional information for future prognosis for Heart Disease and COPD, guidance on determination of prognosis for conditions where treatment likely to be available.
7	February 2005	Amendments following instructions from CSG agreement with Nabarro Nathanson
8	June & Sept 2005	Amendments following MRP meeting March 2005
9	November 2005	Amendments following input from MRP/CSG

Changes since last version	Page
Numbering of pages and paragraphs	All
Deletion of reference to website www.prodigy.nhs.uk/guidance.asp	16
Clarification of text regarding chronic bronchitis	20
Clarification of text regarding inconsistency between COPD & SMAP	20-21
Deletion of paragraph regarding chronic bronchitis	22
Change to wording of "Closure Protocol"	33
Additional guidance on averaging of co-morbidity	11-13
Amendments to references to COPD MAP report page	22-23
Additional guidance on mental health, obesity, and medically unexplained symptoms/ill-defined conditions	26-30

1. About this document

1.1 Purpose

The purpose of this document is to provide a formal record of the current guidance to Capita Health Solutions' assessment doctors undertaking the medical assessment of former coal-miners making 'Services' claims. As procedures change over time, the document can be amended to reflect developments and improvements to recommended practice.

1.2. Applicability

This guidance applies to all doctors undertaking medical assessments known as "Services Medical Assessments" under the contract between Capita Health Solutions and the DTI

1.3. Ownership of document

This document is owned by the Capita Health Solutions Lead Physician and amendments and additions should be made only by him/her.

1.4. Scope

This guidance is produced in order to provide a permanent record of the instructions provided to CHS assessment doctors in addition to the introductory training. It will be updated regularly to reflect changes in practice and, thus, forms a reference document for use by any involved parties to verify agreed protocols. For an assessment doctor, any day-to-day issues causing confusion or concern should be referred directly to the Lead Physician or Consultant Advisor. This document will be a useful aide-memoir, but is not a substitute for discussion of clinical issues that arise in the conduct of assessments. It is hoped that this document will contribute to a consistency of approach between doctors.

2. Instruction and Guidance to Doctors

- 2.1** The purpose of this part of the assessment procedure is to allow you to identify and evaluate the effects of any co-morbid condition that may be affecting the person's ability to undertake the everyday activities identified. By a co-morbid condition we mean one that is separate from the hand arm vibration syndrome or from any condition identified as a dual pathology. This will usually be a condition whose effects are on functions other than grip or dexterity. There may however be some conditions which affect grip or dexterity, but which are unlikely to interfere with the presentation of the hand arm vibration syndrome. These are then classified as co-morbid conditions.
- 2.2** The first step in the process is to identify through history taking and physical examination whether the person has any functional limitations or functional restrictions, which would impinge on the claimant's ability to undertake one of the relevant tasks. (A functional limitation is any activity the person has difficulty performing as a result of their medical condition, while a restriction is any activity the person should not perform). It is then necessary to identify which particular functional area is involved. This would normally involve one of the following: reaching/stretching, bending/squatting/stooping, lifting/carrying, walking/climbing and performing repeated coarse movements with the upper limbs. It will also be necessary to record impairment of grip or dexterity where these have been caused by a condition that has not been classified as a dual pathology. You will also be able to identify any additional functional area, which is not specifically covered by this list. Your conclusions will be drawn from the results of history taking and physical examination. The following steps should be followed:

2.3 History

This should start with the use of open questions and should guide the person through relating the onset of the any conditions present, to describe the main symptoms arising from each along with their effects, severity and how they have developed over time. More specific questions (but without leading the person) should be asked about the person's ability to undertake each of the everyday activities concerned. It is important to ask specifically about fluctuation, variability and the effects of pain and fatigue.

By now it should be clear what functional areas (reaching/stretching, bending/squatting, stooping, lifting/carrying, walking/climbing, performing coarse movements of upper limbs and grip/dexterity) are likely to be involved. The person's complaints should be tested for consistency by asking about other activities that may also involve similar functional abilities (for example shopping, playing with grandchildren etc).

It will also be necessary to check for consistency further by asking about what treatment the person has had, what investigations and specialist involvement has taken place and what future management plans are in place.

2.4 Physical Examination

2.4.1 General:

Record a few general observations of the claimant which will help to start painting a meaningful picture of the individual. It will be particularly helpful to record some observations which may help in determining the ability to undertake the household activities concerned. For example, how did the person appear when walking into the consulting room? Was the person able to get up off the chair without difficulty and engage in conversation without any problems? Observations of this sort will be useful when you do not agree with the claimant's own estimate of his ability. Also in this section any relevant findings should be recorded which do not fit neatly into the examination of a specific system.

2.4.2 Cardiovascular System:

This should start with a general observation on the degree of any breathlessness present at rest or on minimal exertion along with observations on the presence or absence of anaemia, cyanosis and finger clubbing.

The rate, volume and rhythm of the radial pulse should be recorded. Where there is a suggestion that the claimant is suffering from peripheral vascular disease, please record whether the femoral, popliteal, posterior tibial and dorsalis pedis pulses are present and if so, the volume of the beat detectable.

Blood pressure should be recorded in the standing and supine positions. An elevated reading should be repeated when it is judged that the claimant has had more time to relax.

When measuring the jugular venous pressure, the angle at which the claimant lies is not critical. This should be such that it allows any venous pulsation to be clearly seen in the neck. The vertical height (in centimetres), of any pulsation above the sternal angle should be recorded. Venous pressure should be detected with pressure from the side of the hand across the root of the neck. This will cause venous pressure to be obliterated.

Auscultation should confirm the presence of first and second heart sounds and detect whether a third or fourth sound is present. For any murmur detected, record its timing in the cardiac cycle, its site of maximum intensity and the direction of any radiation. If the auscultatory findings suggest any definite diagnosis (e.g. mitral stenosis), please record this. The extent of any displacement of the apex beat should be noted.

Oedema should be detected by applying firm pressure over the medial malleolus for 15 seconds. Unless the claimant is bed bound, or has been sitting for a prolonged period with the feet elevated, it should not be necessary to check for sacral oedema.

2.4.3 Chest

Chest expansion should be tested anteriorly, posteriorly and in the mid-axillary line. Please record whether the percussion note is hyperresonant, resonant, dull or stony dull, and whether the air entry is normal, reduced or absent and state whether breath sounds are vesicular or bronchial. Record whether any wheezes or crackles can be heard and if so, state their volume and pitch. State whether any adventitious sounds are affected by asking the claimant to cough. Where abnormalities are found on examination of the chest, please describe the distribution of these by reference to the

chest wall, and also state whether there is any deviation of the trachea. The best of three peak flow measurements should be recorded whenever there is a history of respiratory disease.

2.4.4 Abdomen

This should be examined with the person lying supine and should be palpated gently to detect any tenderness. Any tenderness should be recorded by reference to its site, severity and presence or absence of rebound. The abdomen should be palpated specifically to detect any enlargement of liver, spleen or kidneys. Rectal examination will not be necessary.

2.4.5 Central Nervous System:

Power in the upper and lower limbs should be tested with the claimant lying supine. The ability to perform the following movements against a firm resistance should be assessed: hip flexion and extension, knee flexion and extension and ankle flexion and extension, elbow extension and flexion and shoulder abduction. In addition grip and pinch grip should be evaluated. Power should be assessed on the following scale:

- 0 No movement
- 1 Visible contraction without active movement
- 2 Movement which is possible with gravity eliminated
- 3 Movement which is possible against gravity
- 4 Movement which is possible against gravity plus resistance, but which is weaker than normal
- 5 Normal power

Where reduced power is found, please state whether this is flaccid or spastic. Where spasticity is present, record whether or not ankle clonus is found. Light touch and pain sensation should be tested with a piece of cotton wool and a disposable pin respectively. Work from areas of reduced towards areas of normal sensation to map out the anatomical distribution. Position sensation should be assessed by movements of the great toe and index finger with the claimant's eyes closed.

Co-ordination should be tested by finger/nose and heel/shin tests and by rapid opposition of the fingers and thumbs. The claimant's ability to stand with eyes closed should be assessed.

Any abnormal involuntary movements involving the upper and lower limbs should be described.

2.4.6 Musculo-skeletal system:

The aim here is to give a detailed description of how individual joints are affected by any disease process. If no abnormality is found in an individual joint, simply record "normal function". There is no need to record, for example a list of normal ranges of movement. For any abnormal joint, however, the following information should be obtained:

- i. Deformity: expressed in degrees and direction

-
- ii. Swelling:
 - 3 – severe
 - 2 – moderate
 - 1 – mild
 - 0 – none(specify whether the swelling consists of bone or soft tissue)
 - iii. Inflammation (taking into account pain, redness and warmth):
 - 3 – severe
 - 2 – moderate
 - 1 – mild
 - 0 – none
 - iv. Range of Passive Movements: Expressed in degrees (except where specified below), with 0° being the neutral position.
 - v. The degree of pain associated with movement should also be assessed as follows:
 - 4 – Pain at rest
 - 3 – Pain on palpation (i.e. tenderness)
 - 2 – Pain throughout range of movements
 - 1 – Pain at limits of range of movements
 - 0 – No pain
 - vi. The presence or absence of crepitus
 - vii. Stability: see specific sections on individual joints.

Upper Limbs: The presence of typical deformities of the hands due to the effects of rheumatoid arthritis should be sought with subluxation and ulnar deviation of the meta-carpal phalangeal joints. Despite their appearance, such joints can be quite effective functionally if synovitis is absent and so grip and pinch grip between each of the fingers and the thumb should be tested.

Flexion and extension of the wrist and elbow, along with pronation and supination of the forearm should be assessed. Movement at the shoulder is complex and is best evaluated functionally by assessing the person's ability to reach fully upwards and out to the sides, to get both hands to the back of the head and into the small of the back.

Hips: These should be examined with the claimant lying supine. During testing of passive movements, the examining hand should hold the lower limb near to the ankle, whilst the other hand stabilises the pelvis. The following movements should be assessed: flexion, abduction, adduction, internal rotation, external rotation. Any true or apparent shortening should be assessed by giving measurements on both sides between the umbilicus and medial malleolus and the anterior superior iliac spine and the medial malleolus.

Knees: These should be examined with the claimant lying supine. In addition to examining for swelling, the presence or absence of an effusion should be sought by using either the massage test or the patellar tap. The range of flexion should be measured.

Lateral stability should be tested with the knee extended and the hip flexed to about 30°. One hand should grasp the knee anteriorly pressing gently downwards, whilst the other should grasp the heel and gently oppose this movement. The leg should

then be rocked from side to side using the hand holding the heel. With a normal knee, no lateral movement should be possible.

Antero-posterior stability should be tested with the knee flexed to 90° and the foot placed flat on the bed. Any movement should be prevented by resting your right elbow on the dorsum of the foot. The leg is then grasped by both hands, just below the knee and rocked gently backwards and forwards. Normally, no antero-posterior movement should be possible.

Ankles and Feet: Movement of the ankles and feet involves a complex combination of movements involving the ankle, sub-talar and mid-tarsal joints. Movement of the ankle should be expressed in degrees of plantar and dorsiflexion. Movement at the sub-talar joint should be measured by grasping the underside of the heel and rocking the foot from side to side, while the mid-tarsal joint should be assessed by grasping the ball of the foot and rotating whilst the heel is stabilised with the other hand. Restriction of movement at these joints should be classified as being mild, moderate or severe. Restricted movement of the toes should be expressed in a similar way.

Spine: The posture and any deformities should be detected with the claimant standing by inspecting from the front, back and side. Any tenderness or para-vertebral spasm should be sought by gentle palpation of the spine and para-vertebral muscles.

Movement is tested whilst the claimant is still standing with flexion, extension, lateral flexion and rotation being assessed.

Flexion is measured by the distance between the fingertips and the floor at the extreme of movement, whilst with lateral flexion it is the distance between the fingertips and the popliteal crease which should be measured. Extension and rotation should be expressed as a percentage of the normal range. Similar movements should be evaluated in the cervical spine.

With the claimant in the prone position, palpation should be repeated. Flexing the knee in this position puts pressure on the femoral nerve and the site of any pain produced should be noted. In addition, the effect of extending the hip whilst the knee is flexed on any pain should be recorded. With the claimant supine, the straight leg raising test should be performed. This should not be assisted, although the heel can be supported. The site of any pain produced should be noted, along with the effects on this of dorsiflexion and plantar flexing the ankle. Tendon reflexes should be tested with the claimant in this position along with an assessment of any sensory or motor deficit. Particular attention should be paid to pain and light touch sensation on the lateral sides of the shin and foot. Power of dorsiflexion of the great toe should be tested by asking the claimant to pull the toe back against a firm resistance for 15 seconds. In addition, the claimant's ability to kneel, squat and tiptoe should be assessed.

2.5 Mental State Assessment

Any leads and clues in the history suggestive of serious mental health problems should be followed up by looking for evidence of thought disorder, or the presence of delusions or hallucinations. Formal assessment of cognitive function will not be routinely necessary, but will need to be followed up if the history suggests the presence of dementia or organic brain disease. This can be evaluated by asking the person to subtract serial 7s, to recall a sequence of digits and to name parts of a common object with gradually increasing levels of complexity and, increasing use of abstract concepts.

In all cases, the person's dress and appearance should be recorded, along with a comment on the level of rapport achieved during the assessment. The general impression of the person's mood should be given along with a description of whether the person showed a normal modulation in the way it was expressed throughout the process. Any lack of expression, tearfulness, aggression, anger etc should be recorded. With any hint of depression, specific findings on biological symptoms (appetite, sleep etc) and suicidal ideas should be recorded.

2.6 Assessment of Co-morbidity

The causes of any such functional impairment will usually be readily identified, for example the breathlessness resulting from cardio-respiratory disorders or the muscle weakness resulting from neurological conditions. It is important however to take account of the more subtle effects of the fatigue which may be part of a number of medical conditions and also to take account of fluctuating conditions and variability of symptoms. To undertake a useful part in any of these functions it would normally be reasonable to expect the person to participate in the activity, continuously for an hour on a daily basis.

The effect of psychiatric conditions should not be neglected. For many of these e.g. anxiety and mild depression, claimants will actually find participation in everyday activities of this sort beneficial. However, with some disorders such as severe depression or obsessive-compulsive disorder, it is possible to envisage that the claimant's ability will be reduced.

Having identified which functional areas are involved, it will then be necessary to identify the diagnosis of the medical conditions concerned. In some instances it may not be possible to define this in precise terms particularly when dealing with a rare condition. However, it should be possible from the history and examination findings, to identify the specific abnormalities, which will be sufficient to justify your opinion on the functional limitations and restrictions. The aim at this part of the assessment is to give a consistent picture which can be understood by the non-medical decision maker, but which will also stand up to scrutiny by medical peers.

You should then identify whether the claimant's ability would be impaired were the hand arm vibration syndrome not to be present. This means that the effects of the effects of the co-morbid condition are dealt with equally regardless of the severity of the hand arm vibration syndrome.

Bearing in mind the response to this question, it should be possible to identify the magnitude of the effect of the co-morbid conditions present on each of the everyday activities concerned. This is done on the following scale: none, mild, moderate, severe and complete. The application of such a scale is a matter of judgement and it is not possible to give precise guidance on all the factors which would determine which of the severity ratings was appropriate. The application of the "none" or "complete" categories should normally be straightforward, but deciding on which of the intermediate grades is appropriate is more difficult. To assist in this is a set of descriptors for each of the everyday activities has been produced and these are set out at the appropriate part of the examination form. It will be necessary to choose for each activity, the particular descriptor that most closely resembles the person's functional ability. It has to be recognised that these are for guidance only and it is not possible to cover every conceivable combination of functional restrictions and functional limitations. They are simply a means of focussing thinking towards making a reasonable judgement on the appropriate level of severity.

IMPORTANT NOTE (1): You are required to enter a comment (routinely in all cases) in the box below Question 12 or 13 to briefly explain the descriptor choices that have been made. Failure to make transparent the logic behind descriptor choices is one of the most frequent reasons for a report to be found inadequate during the audit process, or to be the subject of challenge by a claimant.

IMPORTANT NOTE (2) Benefits: Many claimants will be in receipt of one or more Benefits, e.g. Disability Living Allowance, Incapacity Benefit etc. It is important that you make sufficient enquiry in each case to understand the nature of any benefit being received, since the granting of such a benefit may provide circumstantial evidence regarding levels of disability. There will be cases where the evidence that you collect during the course of your assessment appears inconsistent with the limitation in functional capacity that you customarily associate with receipt of such benefits. Whilst no specific comment should be made on the accuracy of the benefit award, it is expected that you will acknowledge the disparity in the evidence and indicate that the issue has been duly considered in coming to your conclusions concerning co-morbidity.

In making the choice of descriptors, assessment doctors need to bear in mind that the claim period, both for past and future loss, is divided into 5 year blocks. So, when a condition has been present for only part of this period, for example a severely disabling Stroke occurring 2 years into a 5 year period, the degree of co-morbidity needs to be **averaged** over the whole 5 years. In order to provide some consistency in the approach to **averaging** the ready reckoner calculator below is recommended. The model uses a linear scale and adheres to WHO models of impairment. This approach is to be used for cases where the co-morbidity is present for 1 year or more of a pentad (5 year period).

To use: the x axis represents numbers of years within the pentad that the co-morbidity lasted, the y-axis the grading given to the co-morbidity for the number of years. Where they meet gives the co-morbidity for the pentad.

For example: if a client has a “severe” co-morbidity for 3 years with “Nil” co-morbidity for the remaining 2 years, this would be graded as “Mild” for the pentad in question.

	1	2	3	4	5
nil	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>
mild	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>mild</i>
moderate	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>mild</i>	<i>moderate</i>
severe	<i>nil</i>	<i>nil</i>	<i>mild</i>	<i>moderate</i>	<i>severe</i>
complete	<i>nil</i>	<i>mild</i>	<i>moderate</i>	<i>severe</i>	<i>complete</i>

The reckoner applies to cases where there has been no co-morbidity present during the other years of the pentad. Suitable adjustments will need to be made if different levels of co-morbidity pertain during any particular 5-year period e.g. a background level of

“Mild” co-morbidity throughout the period as a result of osteoarthritis, plus a superimposed level of co-morbidity for 3 years as a result of a stroke

IMPORTANT NOTE: Where co-morbidity is present for less than 1 year in a particular pentad, the averaging approach is inappropriate. Examples might include:

- Trauma such as a fracture causing substantial disability for, say, 6 months only. Full recovery thereafter
- Major surgery with problems for 3 months followed by a full recovery
- Surgery for Cancer with adjuvant chemotherapy lasting a total of 9 months with full return of function thereafter.

In these situations, the claimant will have experienced Nil co-morbidity for all but a few months of a pentad. It is therefore more transparent for assessment doctors to record Nil co-morbidity in the grid for Question 12, and to complete the comment box for the same question to explain what level of co-morbidity would have been experienced (for each service) for the period of illness. So, for the examples above, suitable comments might be as follows:

- *“The claimant’s tibial fracture resulted in a period of 6 months’ Complete co-morbidity for Decorating and Severe co-morbidity for the remaining services. There was no co-morbidity for the remainder of the Past 0-5 year period”.*
- *“Following his heart surgery, the claimant experienced Complete co-morbidity for all claimed services for a 3 month period, with Nil co-morbidity for the remainder of the past 6-10 year period”.*
- *“As a result of the oesophageal cancer, the claimant experienced Complete co-morbidity for 6 months and Severe co-morbidity for 3 months of the past 11-15 year period for all claimed services. In view of his full recovery there was Nil co-morbidity before and after this period”.*

The next part of the assessment is to delineate the time course of any impairment of function in the ability to undertake each of the tasks concerned. You will not have access to the claimant’s medical records and so it may not be possible to do this precisely. However, you should aim to identify from the history, the date of onset of any effects and when the person is likely to have moved from one severity category to another.

3 – Section headings for use in SMAP reports

In order to enhance the consistency of CHS Services MAP reports, the following headings will be included in the 'Initialised' reports provided to doctors from February 2004. The headings are not exhaustive, but represent a basic minimum that is required of all doctors in all reports. It is important that detail be expanded as appropriate to suit the requirements of the case.

Question 3(i)

The claim period is from to

The claimant has conditions causing significant co-morbidity.

Occupational History:

Question 3(ii)

Smoking:

Alcohol intake:

Exercise tolerance:

Social & domestic situation:

Hobbies:

Personal care tasks:

Hand dominance:

Driving:

Question 3(iii)

Appearance, demeanour & rapport:

Gait & mobility:

Breathlessness:

Question 4 – General

No pallor, cyanosis, jaundice, clubbing, oedema, lymphadenopathy

Build:

Question 4 – Cardiovascular

P /min regular

Peripheral pulses:

BP mm Hg

Jugular Venous Pressure:

Apex Beat:

HS 1&2:

Added sounds:

Bruits:

Question 4 – Chest

Distress:

Trachea:

Chest Wall:

Expansion:

Percussion note:

Breath Sounds:

Added sounds:

PEFR: L/min (best of 3) predicted - L/min

Question 4 – Abdomen

Scars:

Tenderness:

Organ enlargement:

Palpable masses:

Question 4 – Musculo-skeletal Spine

Cervical:

Thoracic:

Lumbar:

Question 4 – Musculo-skeletal Peripheral

Upper limbs:

Lower limbs:

Question 4 – Mental State

Cognition:

Affect:

4 – WORDING OF QUESTION 5

Question 5 reads as follows (with effect end of March 2004):

5) In relation only to the period covered by the claim (past, present or future), are there any co-morbid conditions which will (have) cause(d) significant functional impairment and (have) limit(ed) the Claimant's ability to perform any of the six household tasks listed at 2, for which he claims? (Yes/No)

It is important to be consistent in responding to this question. It is intended that you should give a “YES” response only when there was/is/will be a co-morbid condition for the **period being claimed**.

Thus, if you are seeing, for example, an 80 year old claimant whose claim ended 10 years previously, a hemiplegic stroke occurring 3 years ago would lead you to answer “No” to this question since the condition arose outside the claim period.

5 – FUTURE PROGNOSIS

5.1 One of the hardest parts of undertaking a SMAP assessment is the determination of a claimant's prognosis and the resulting co-morbidity. Unfortunately, CAPITA are only able to make a full offer to settle a Services claim if the assessment doctor has provided an estimate of the future co-morbidity levels in question 13. If an assessment doctor says that he/she is unable to give a prognosis, this means that an offer cannot be made. The following advice is to be followed:

If the prognosis for a particular claimant is difficult to determine, for example in an individual who is being treated for cancer and the outcome of the treatment is, as yet, unknown, you are asked to make the best estimate you can on the information available. Having done this, it is **essential** that you explain the reasoning you have applied in the box at the foot of question 13. This will enable the claimant and his solicitor to decide whether they wish to accept the prognosis estimated by the assessment doctor, or to ask for additional information to be considered. In other words, please do not fail to provide a prognosis and, if an assessment doctor feels concerned, advice should be sought from the lead doctor.

In some cases, the prospect of a substantial change in the level of co-morbidity can reasonably be expected to result from a treatment that is likely for the future. (typical examples include coronary artery bypass grafting, joint replacement, spinal surgery).

So, there are 2 possible scenarios for responding to Question 13:

1. If a **definite date for treatment/surgery has been set within 3 months** of the assessment date, you should give your future co-morbidity decisions based on the most reasonable outcome from treatment. You must include a statement in Question 13 to explain this clearly to the reader.
2. In most cases, however, the **exact date of the treatment will be unknown**, and assessment doctors should then ignore the effect of possible treatment in setting co-morbidity levels in Question 13. It is important to explain this reasoning in the box below Question 13. But, you should also include an estimate as to the **likely co-morbidity following such treatment in the box at Question 13**. This will allow IRISC and the claimant's solicitor to agree a settlement for the claim.

5.2 The information below provides some useful information that may be of help when assessing future prognosis for Ischaemic Heart Disease and COPD in response to Question 13.

5.2.1 Advice on assessment of long term cardiovascular risk.

Introduction

The claimants we are concerned with here are **only those with established cardiovascular disease**. Claimants with risk factors but no evidence of cardiovascular disease at the time of assessment can be assessed against standard risk tables, but you are unlikely to have sufficient information to make any meaningful risk assessment. In most cases, whilst you may well suspect that cardiovascular disease will develop, you will not have sufficient evidence to include the condition as a cause of co-morbidity for the future years if it is not already present.

Do not include a comorbid condition in the future if it is not present currently

Some background facts and figures

1. Long standing angina (e.g. 10-15 years) probably reflects mild underlying disease. (In patients with stable Angina, normal blood pressure and normal resting ECG, annual mortality is 2% rising to 8% in those with hypertension or resting ECG abnormalities).
2. The prognosis for an individual following an MI is **much** worse than that in an individual with Angina and no history of MI.
3. A patient needing triple vessel grafts as opposed to a double graft only has a much worse prognosis following CABG.
4. Ischemic heart disease can be regarded as slowly progressive condition.
5. Impaired Left Ventricular function implies a poor prognosis. (16% annual mortality).

Following on from the above comments, the degree of myocardial damage caused by an MI is closely correlated with long term prognosis hence the measures taken to hasten the delivery of clot busting therapy to patients diagnosed with MI.

In terms of survival after MI in those who leave hospital, the following figures are available from research.

Year 1	10% mortality
Subsequent years	5% annual mortality
Survivors from an MI with heart failure will rarely survive beyond 5 years.	

It is probably safe to assume, particularly in the interests of allowing the claimant the benefit of the doubt that modern drug therapy, acute phase angioplasty, thrombolysis and cardiac rehabilitation would result in long term survival figures, perhaps twice as good as those figures shown above.

5.2.2 Advice on prognosis for claimants with COPD

There is much less information available, but the following observations may be helpful;

1. Smoking is the most important risk factor predicting the development of COPD, and cessation of smoking is the single most effective measure to improve outlook.
 - a. 20 cigarettes per day will result in COPD in 15% of smokers
 - b. 40 cigarettes per day will result in COPD in 25% of smokers
2. It causes 30,000 deaths per year (5.9% of all male deaths)
3. Strong predictors of mortality are;
 - a. Advancing age
 - b. Severity of airflow obstruction
 - c. Severity of hypoxaemia
 - d. Presence of hypercapnia
4. 5 year survival;
 - a. Mild disease 78%
 - b. Severe disease 30%
5. Mean age of death;

a. Healthy	78.3
b. Mild COPD	77.2
Severe COPD	74.2

6 – ASSESSMENT OF RESPIRATORY CO-MORBIDITY

6.1 As you will be aware, many of the claimants attending for a Services MAP are also making a claim under the COPD scheme to obtain compensation for industrial lung disease. The COPD scheme encompasses the terms Emphysema, Chronic airflow obstruction, Chronic Obstructive Airways Disease and all other similar synonyms. Chronic Bronchitis, where caused by exposure to coal dust, is also compensable under the COPD scheme.

However, you need to remember that “Chronic Bronchitis” is considered as a non-disabling condition. The MRC definition of the condition is as follows, “The presence of chronic productive cough on most days for 3 months, in each of 2 consecutive years, in a patient in whom other causes of chronic cough have been excluded” (Note here that the claimant would have a cough, but not experience disabling breathlessness). Under the COPD scheme, therefore, a claimant who is assessed as having “Chronic Bronchitis” only is likely to receive considerably less compensation than a claimant with COPD, for example. In the course of assessing claimants, you will inevitably come across individuals with a label of “Chronic Bronchitis” at the COPD MAP, but in whom there appears to be a disabling level of breathlessness. The notes below set out a logical approach to gathering all the relevant evidence to come to an informed decision as to the most likely cause of the breathlessness in each case.

There is another important difference between the COPD Scheme and the Services scheme. The COPD scheme assesses what is known as Total Respiratory Disability. Under the terms of the COPD scheme, this will include any conditions contributing to respiratory disability. In other words, any musculo-skeletal conditions such as Osteoarthritis of the knees, that make walking or climbing stairs more difficult, could easily contribute towards Total Respiratory Disability. In addition, cardiac problems and other disabling conditions may be considered in the COPD MAP when calculating Total Respiratory Disability. The principle difference is that, **under the Services scheme, the only conditions that would be categorised as respiratory co-morbidity are those that are primarily respiratory in origin.** So, for example, under the terms of the Services scheme, congestive cardiac failure causing pulmonary oedema and resulting breathlessness would not count as respiratory co-morbidity but should be shown as non-respiratory (i.e. cardiac).

It is also important to note that the total respiratory disability may be substantial but with there being no definitive respiratory condition identified when assessed at the COPD MAP. The specialist will indicate that there is respiratory disability in the COPD MAP report, and will attempt to explain the cause of it where possible.

The table below shows the disability ratings scale for COPD (developed by the European Society for Respiratory Physiology) taken from para 34.3 of the COPD Guidance to Doctors

MRC Grade	Disability Score	Symptoms	Lung function impairment*
	0%	Not breathless on exercise	None
1	10%	Breathless on prolonged or heavy exertion	Mild
2	20%	Breathless on walking uphill or climbing stairs or on hurrying on level ground	Mild
3	30%	Breathless at normal pace for age walking on level ground	Mild
	40%	Breathless on walking 100 yards or climbing one flight of stairs at a normal pace	Moderate
4	50%	Breathless on walking 100 yards at a slow pace or climbing one flight of stairs at a slow pace	Moderate
	60%	Breathlessness prevents walking 100 yards at a slow pace without stopping or climbing one flight of stairs without stopping	Moderate
	70%	Breathlessness prevents activity outside the home without assistance or supervision	Severe
5	80%	Breathlessness limits activities within the home	Severe
	90%	Able to walk only a few steps because of breathlessness	Severe
	100%	Bed and chair bound, totally dependent on carers because of breathlessness	Severe

6.2 In determining the appropriate level of respiratory co-morbidity to advise in the SMAP report, it is essential that all relevant evidence is considered. Overall, of course, in cases where you decide that respiratory co-morbidity is present, there should be substantial evidence to support this even if some of the background information may be contradictory. In assessing respiratory co-morbidity, the following represent the areas from which the evidence should be considered:

1. The Claimant Questionnaire in the Como pack.
2. Results of the Spirometry provided in the Como pack.
3. The report of the COPD MAP in the Como pack (when available).
4. The medical history obtained during your SMAP assessment.
5. Your observations of the individual's level of breathlessness during the SMAP assessment.

The results of your examination.

The following is a guide as to how to obtain the relevant information to consider respiratory co-morbidity as efficiently as possible.

Claimant Questionnaire – There are various versions of the questionnaire in the Como packs you will receive, but usually page 2 or 3 lists any benefits the individual may be receiving. It is worth checking here to see if any significant benefit is being given for a respiratory condition. Section 2 (usually page 6) is a general health declaration and, similarly, this may contain information regarding possible respiratory pathology and/or treatment.

Spirometry – information from a COPD MAP that has been completed prior to you seeing the claimant for his services map will be included in 2 main formats. Firstly there is usually a Microsoft Word document containing a screen shot of the Spirometry. This shows the usual spirometric measures including FEV1, FVC, VC, FEV1/FVC%, FEV1/VC% and Peak Expiratory Flow Rate. It is suggested that you enlarge this to 150% to obtain a clear display. You will be able to tell from the figures quoted and from the shape of the graph whether the Spirometry is essentially normal, obstructive in nature, restrictive in nature, or technically unreliable. Further Spirometry is available attached to the end of the COPD MAP report and this provides all of the formal lung function tests carried out at the COPD MAP. It is strongly advised that you do not spend time trying to analyse these but use the conclusions of the respiratory specialist which will be discussed further under the COPD MAP report.

COPD MAP report – This is the largest document in the Como pack, often approximately 40 pages. Not all of the pages contain useful or relevant information, so the guidance here is to help you quickly find those pages which are likely to be of help. There are different versions of the COPD MAP report, so the page numbers quoted refer to the most widely used version. Thus, you may find that the information appears in a slightly different position, but you will rapidly become familiar with the format and can find the information you require quite easily. The following pages are highlighted for your particular attention:

Page 3 (questions 1-3) – Confirms the claimant's details, and it is always worth checking this to ensure that you are reading about the correct claimant. This page also shows the date of the COPD MAP.

Page 5 & 6 (question 8) – Sets out relevant entries that the specialist has picked from the GP records and may give you a good indication as to the length and severity of any medical history, both respiratory and other conditions.

Page 7-9 (questions 13-16) – Summarises the information available on smoking and is worth looking at.

Page 10 (questions 17-18) – Summarises the specialist opinion regarding any relevant conditions that have been detected on a trawl through the GP records. It is recommended that you routinely check this page.

Page 11 (question 19) – Contains the hand written notes made during the consultation between the respiratory specialist and the claimant. This will give a good indication as to the symptoms reported by the claimant to the specialist and often includes other medical conditions that you will need to assess in the overall assessment of co-morbidity. It is recommended that you read this before meeting the claimant. This provides a useful means by which to check the veracity of statements made by the claimant at assessment.

Page 12 (question 20) – Contains the findings of an examination carried out by the respiratory specialist and, again, provides a useful benchmark for your own findings. At the bottom of page 13 the Body Mass Index is given.

Page 13 (question 23) – Here the specialist sets out the main findings of the lung function tests, discusses them and notes his conclusion. Careful perusal will save the need for you to go through the detailed Spirometry, most of which is more appropriately interpreted by a specialist.

Page 16-18 (questions 27-35) – Lists all the diagnoses made by the respiratory specialist.

Page 20-23 (question 37-51) – This is an important page where the degree of co-morbidity and the relevant causes of it are detailed. Please note that this represents the Total Respiratory Disability in question 37(a) whereas 37(b) and 37(c) show the percentage of disability attributed to respiratory causes whilst 37(d) shows disability due to non-respiratory causes.

- 6.3** The basis of the Services MAP is that of a functional assessment. For this, the history obtained from the claimant and your observations on the day of assessment are extremely important. When attributing respiratory co-morbidity, particularly if your conclusion disagrees with that of the COPD MAP, you will need to provide good evidence from the history and examination to substantiate your assertion. In other cases, you may feel that the claimant has over reported the degree of respiratory disability and that a negative finding at COPD MAP with relatively normal Spirometry and little to find on examination would be more powerful evidence to exclude respiratory co-morbidity than a claimant who is reportedly relatively symptomatic.

Problems arise, for example, when a claimant is found by the COPD scheme to have Chronic Bronchitis (and so is not considered disabled under COPD rules), but the SMAP assessment determines that the man has a co-morbid (disabling) respiratory condition. The SMAP doctor often does not know the exact diagnosis of a claimant's respiratory disorder. Indeed, the COPD MAP process may not have been concluded at the time of the SMAP assessment.

- 6.4** Ultimately, it will not necessarily be the case that you come to the same conclusions regarding the presence of respiratory co-morbidity as was the case at the COPD MAP. In some cases the underlying health of the claimant will have deteriorated since the COPD MAP was undertaken, in others you may simply disagree with the conclusion of the respiratory specialist.

The assessment methods used in the SMAP and COPD schemes are fundamentally different, and it is not inappropriate that different outcomes may result. **What is essential, however, is that the SMAP doctor provides a full and reasoned argument with convincing evidence to support the conclusions. Specifically, you must explain any significant difference between the co-morbidity conclusions of the COPD and SMAP assessments.** This is best provided in response to Question 8 or as a summary comment in the box at Question 14.

It has been agreed that, in order to minimise the problems with the schemes contradicting each other, SMAP doctors will avoid the use of specific labels for respiratory disorders in response to questions 7 & 8. In these questions, the only term to describe a co-morbid respiratory condition should be:

CHRONIC RESPIRATORY DISORDER

In other sections of the SMAP report, reference can be made to the specific respiratory condition if you are very confident of the actual diagnosis, but the above term is the **only** one that should be used in the responses to these particular questions.

7 – PEAK FLOW RATES

Please bear in mind that those reading your reports will have no way of knowing what the predicted peak flow is for the claimant.

You have been provided with a nomogram and tables of normal values for adult males up to the age of 70 years. Where the claimant is older than 70 at the time of assessment, please make a sensible estimate of the expected PEFr.

The expected PEFr should be included with the result of the best of 3 attempts in the Chest section of Question 4.

Remember that Peak Flow in itself is a poor diagnostic test for lung disease and it is essential that an abnormal PEFr be assessed in light of all the available evidence for/against respiratory pathology.

8 – Assessment of co-morbidity arising from mental health conditions, obesity and medically unexplained symptoms

8.1 General

Whereas it is relatively straightforward to assess the degree of functional impairment for common conditions causing mainly physical impairment, it is harder when the health problem is less tangible. From time-to-time, claimants will appear to have significant functional loss and will fall into one of the following categories:

- a well recognised mental health condition (e.g. depression, psychosis, dementia)
- a medically unexplained syndrome (e.g. Chronic Fatigue Syndrome, Fibromyalgia)
- Obesity (BMI 20-24.9 Normal, 25-29.9 Overweight, > 30 Obese)
- Lack of motivation not associated with a specific physical or mental condition
- Deconditioning (i.e. general lack of fitness, most commonly resulting in breathlessness without identifiable physical or psychogenic cause)

8.1.1

These cases require an assessment of co-morbidity using the same principles of disability assessment medicine as would be applied in any other case. It is important to apply a Biopsychosocial model in keeping with Best Practice. This model recognises the following:

- People with the same impairment may have very different levels of disability
- An individual's functional capacity is influenced by-**Attitudes, Beliefs, Cultural & Social Perspectives, and Coping strategies**

In the situations mentioned above, it is particularly important that the assessment doctor presents appropriate evidence in the report to support co-morbidity decisions. In the absence of objective tests (with the exception of calculation of BMI), the assessment doctor is dependent on exploration of subjective symptoms and the claimant's reported functional level. The claimant's report should be tested as far as is possible by direct observation during the assessment. As always in disability assessment, there are factors that may lead a claimant to (unwittingly in most cases) under or over represent his disability. It is the task of the assessment doctor to weigh up and present the evidence, indicating any inconsistencies and to come to well-reasoned conclusion that is supported by adequate documented justification.

The following is offered as a point of reference and to guide assessment doctors in coming to consistent conclusions:

8.2 Mental Health

For a mental health condition to cause co-morbidity as far as carrying out services are concerned, the degree of impairment would need to be significant and sustained. Remember that the services claimed are being undertaken in familiar surroundings, in or around the claimant's own home. In these circumstances, the level of function is likely to be greater than may appear to be the case on interview at an assessment centre. In considering whether an individual has a co-morbid mental health condition, it would be reasonable to apply the same test as is used to define disability in the Disability Discrimination Act (1995), namely;

“A [physical or] mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.”

In this context, a substantial effect would include major problems with memory, concentration, motivation, awareness of danger, understanding etc. Under the DDA, long-term is accepted as meaning a condition that has been, or is expected to be present for 12 months or more. Note that recurring conditions are also considered long-term. This would be a reasonable test in the consideration of a potential co-morbid condition in a services claim.

The following list indicates areas that could be discussed with the claimant to obtain information to enable a realistic assessment of capacity for undertaking the services claimed. Please note that this is in addition to any questions that may be asked about the specific services.

- Activities of Daily Living – cooking, eating cleaning, laundry, dressing, personal hygiene, paying bills, going to the shops, hobbies and social activities
- Mood and behaviour – distress, fatigue, apathy, fluctuations of mood, disruptive episodes
- Social functioning – communicating with others, starting conversations, answering the telephone, working with others, going out unaccompanied
- Concentration & Persistence – planning and initiating, activity & pace of activity, completion of tasks, ability to read and retain information, levels of energy and enthusiasm, need for others to supervise

8.2.1 Examples

Here are 2 examples to illustrate:

Severe depressive episode – a claimant gives a history of developing severe depression during the claim period. He indicates that the onset was over a period of a month or two following the death of his daughter. He describes a typical pattern of low mood with diurnal variation, suicidal thoughts, severe sleep disturbance with middle insomnia, 1 stone weight loss and tending to sit around all day doing little more than watching TV. He could not prepare a meal and often did not bother to dress all day. He commenced antidepressants with good effect and found that after 2 months of treatment he was back to normal. The episode caused problems for him for around 3-4 months, although the severe effect was for only 6-8 weeks. He has been completely well since and required no treatment for the last 4 years. This claimant would **not be considered to have co-morbidity** from this condition since the substantial effects were very short lived and have not recurred.

Chronic depression – Consider the above example, but suppose that the claimant did not respond to medication and remained essentially house-bound and dependent upon others for much of his day-to-day functioning. Let us assume also that he had a substantial wait for psychiatric assessment that was requested in view of his poor response to GP initiated treatment, and that he derived little benefit from the counseling that he underwent. The assessment is being undertaken 5 years after the bereavement, and he shows signs of ongoing severe depression on examination. This man may well be considered to be so severely affected by his ongoing depression that it would be hard to conceive of him undertaking the claimed services without some degree of limitation. In this case, the mental health condition would be expected to have had an adverse effect on his ability to undertake the claimed services and, consequently, **co-morbidity would be present**. In cases such as this, and in a similar way in a claimant who has suffered a CVA, there may be specific issues of motivation, initiative and the need to be supervised and reminded. The claimant may retain reasonable levels of physical functioning, but require a carer to assist/supervise. Whilst such a problem may well represent comorbidity, it is unlikely to be considered to be as complete as an individual with a more physically based disability.

8.3 Obesity

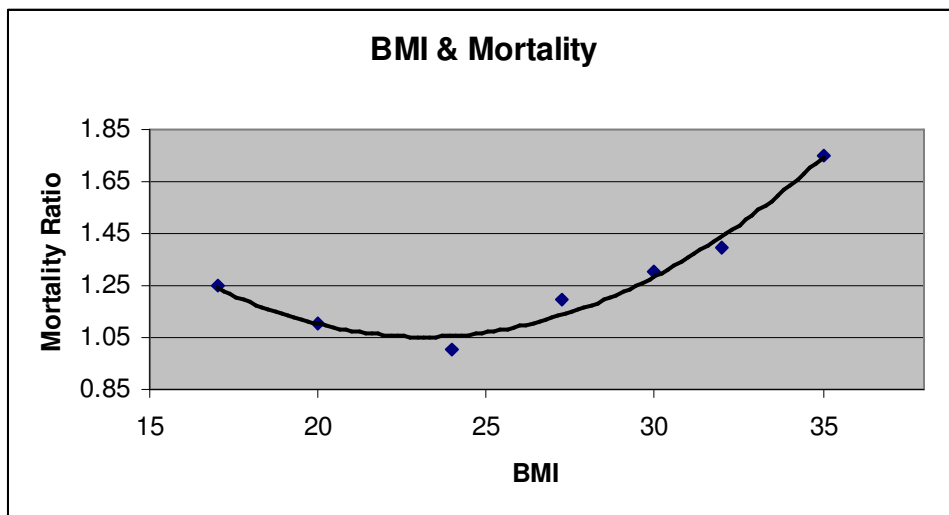
The most common difficulty facing assessment doctors is to determine to what extent weight should be considered in a claimant's co-morbidity. It is not possible to provide a hard and fast rule, and each case requires consideration on its own merits. In particular, consideration needs to be given as to whether the obesity is of such significance to be:

- considered a co-morbid condition in its own right
- merely worsening the functional impairment that is caused by another documented condition,
- or is irrelevant.

Each case must be assessed on the available evidence and it would not normally be considered appropriate to classify obesity as contributing to co-morbidity in the absence of either another relevant physical condition, or some definite limitation in function. It is hoped that the data below will provide useful background in considering this issue

BMI Ranges are as follows:

BMI	
20-24.9	Normal (age 19-34 yrs)
21-27	Normal (age > 35)
25-29.9	Overweight
30-39.9	Obese
> 40	Morbidly Obese



The above graph shows the significantly increased mortality related to increasing BMI. Above 30 kg/m² there is a substantial increase

% above average weight	Mortality Ratio (%)
10	111
20	120
30	133
40	150
50	171
60	195

Whilst this information is useful, assessment doctors are more concerned with the likely effect on the progression of other co-morbid conditions in the obese claimant. Data from the Insurance industry indicate that the combination of obesity with conditions such as Diabetes, Hypertension, Cardiovascular disorders etc causes mortality increases of more than the sum

of the two conditions, by an additional 25%. Although figures are not readily available, it is reasonable to apply the same approach when considering morbidity issues for such conditions and this will result in future levels of co-morbidity that are significantly greater in obese claimants than those of ideal weight. It is suggested that a BMI of less than 30 is unlikely to affect future co-morbidity estimates, between 30-40, there might be a material effect, and for BMI's above 40, there is likely to be a substantial effect. Lastly, it is important to remember that BMI alone is not a sophisticated measure, and account should be made of the claimant's build and musculature. Central adiposity is now recognized to be a particularly important long term risk.

8.4 Deconditioning

The term 'deconditioning' is used not infrequently by the respiratory specialists to explain functional capacity limitation detected but unexplained during the COPD MAP. During SMAP, there are claimants in whom there appears to be limitation of function, of a sufficient degree that might suggest possible co-morbidity for claimed services, and yet a definitive diagnosis is not evident. The question then arises whether an individual should be considered to have a co-morbid condition for which his claim would be discounted.

The term itself originated in aeronautical and space-flight medicine. The accepted definition is, "**An integrated physiological response of the body to a reduction in metabolic rate, that is, to a reduction in energy use or in exercise level**". In the context of the coal health claims process, the syndrome occurs in those men who adopt a markedly sedentary lifestyle, but where the lack of activity is not secondary to a defined medical problem (including medically unexplained symptoms such as Fibromyalgia or Chronic Fatigue Syndrome) where disability might be expected.

In the overwhelming majority of cases, the explanation for what may appear to be reduced functional capacity will be decline due to age. Doctors should consider the range of normal performance for a claimants' age.

Co-morbidity due to deconditioning should be determined in only the most exceptional circumstances. It is not generally acceptable to ascribe comorbidity to an unnamed condition simply labeled as deconditioning. If you do feel that there is incontrovertible evidence of functional loss due to deconditioning, then you must satisfy yourself of the following:

- There is indisputable evidence of breathlessness or fatigue that is causing substantial limitation of capacity for any or all of the claimed services, within the claim period. **THIS LIMITATION MUST BE CLEARLY IN EXCESS OF THAT EXPECTED AS A RESULT OF AGE ALONE.** Deconditioning would not be an appropriate term to use for anticipated future co-morbidity if not currently present.
- All possible pathological processes that might explain the limitation have been considered and conclusively rejected.

Assessment doctors should bear in mind that determining any co-morbidity as being due to deconditioning, will result in a discount being applied to the man's claim. As such, very particular care should be taken when responding to Question 8 in the SMAP report to present solid evidence supporting the conclusion regarding deconditioning. This will ensure that all parties are able to understand the reasons for the doctor's decision, and will make the report defensible in case of challenge.

9 – GP REFERRAL PROTOCOL

This protocol outlines the actions to be taken in the event that medical problems are identified during a services medical assessment that require follow-up by the claimant's own medical adviser.

9.1 – Background

Claimants are being assessed for the presence of co-morbid (non-VWF) conditions that affect their ability to carry out 'services'. The client population is by and large middle aged and older men, approximately 60% of whom will have one or more co-morbid conditions. On this basis, it is to be expected that there will be claimants with chronic disease that is poorly controlled, or in whom previously undiagnosed conditions are found during the assessment.

9.2 – Responsibility & Consent

Although your role is that of an assessment doctor with no ongoing clinical responsibility for the claimant, your professional responsibility does require you to take appropriate action to prevent harm occurring to a claimant as a result of action or even inaction on your part. Passing on any medical information to relatives or other healthcare professionals requires the claimant's consent. If you are intending to contact a medical colleague urgently, you must seek the claimant's agreement to this in advance. In cases where a letter is given to the claimant to pass on to his GP, consent will be implicit when the claimant takes your referral letter to his doctor

9.3 – Actions

1. Confirm your clinical findings (e.g. hypertension, heart murmur, suspicious skin lesion, swelling/mass, rectal bleeding etc.)
2. Explain carefully to the patient what you have observed, and your recommended action which will be one of the following:
 - Immediate referral by ambulance to hospital A&E department for treatment of a medical emergency (e.g. suspected MI)
 - Urgent referral to GP by telephone (e.g. acute exacerbation of bronchitis)
 - Routine referral to GP (e.g. poorly controlled hypertension, sub-optimal treatment of COPD)
3. In all non-emergency cases, complete a standard referral letter on your laptop (GP Notification letter), print out on CHS letterhead and give to the patient.
4. If emergency treatment is needed, assess whether you need assistance from colleagues, administer Basic Life Support if required, and arrange for an ambulance to be called.

Enter the findings and your recommended actions in the MAP report on your laptop (GP Notification Letter)

22 July, 2010

Medical Assessment for VWF Services Claim

Dear Doctor

Re: Insert Name & DOB

Your patient attended today for a medical assessment as part of his ongoing claim for Vibration White Finger. During the course of the consultation, the following potentially significant findings were observed:

-
-
-

I have explained my findings to your patient and advised him to make an appointment urgently/as soon as possible to discuss this with you.

Yours faithfully.

Dr insert name and qualifications
Assessment

10 – Closure protocol to be used at end of VWF Services Medical Assessment

It is important to follow a standard procedure at the end of each medical assessment, including domiciliary visits in the case of short life expectancy (SLEX) claims:

1. Explain that you have completed your medical assessment.
2. Enquire whether the claimant has any questions he wishes to ask you.
3. Provide a clear answer to any queries.
4. Explain that your report will be submitted to CAPITA and to the claimant's solicitor simultaneously. *(It is essential that you avoid giving any specific time for the provision of your report as this can cause problems for CAPITA and solicitors. Please state the following: "I will now prepare my report and it will be submitted to CAPITA and to your solicitor in due course. If you qualify for compensation, CAPITA will make settlement proposals to your representative, who will then contact you. Unfortunately I cannot say when this will be")*
5. Avoid expressing any opinion to the claimant or his helper about the likely content of your report.
6. Ask the claimant if they would be happy to complete a feedback claimant questionnaire. If so, explain that this is used to monitor the quality of our service and that it should be filled out anonymously and returned to the reception desk (or directly to the doctor in the case of a home visit).
7. Provide a copy of the 'On completion of your assessment' leaflet.

CAPITA

HEALTH SOLUTIONS

VIBRATION WHITE FINGER Services Medical Assessment Protocol

On completion of your medical assessment.

A copy of the completed report will simultaneously be forwarded to your representative and to CAPITA Claims Management – the appointed claims handlers for the DTI.

As soon as possible thereafter, if you qualify for compensation, CAPITA will make settlement proposals to your representative, who will then contact you in relation to your claim.

For any query regarding your claim please contact your legal representative, who will be more than happy to advise you.

11 – Procedure to follow where claimant information is incomplete

(10 April 2003) updated 12 August 2003 (following introduction of automatic electronic provision of claim periods and services claimed in initialised MAP reports)

From time to time, claimants will attend with incomplete documentation having been supplied by CAPITA. This is likely to be either where:

1. no 'Initialized' report is available on the Lotus Notes database, or
2. the report / appointment slot appears, but the background COMO pack / information has not been supplied.

In order to minimize any possible inconvenience, it is recommended that you proceed as follows:

- If no initialized report is available, you should proceed with the assessment as usual, but record the medical history, clinical findings & co-morbidity decisions in hard copy form. Upon completion of the assessment, please contact the SAT administration office (020 7309 1510) where arrangements will be made with CAPITA for the required electronic report to be provided to you and, upon receipt of this, the electronic version of the report can be completed, validated and sent off. In these cases, the following statement should appear in section 14 of the report –

“Please note that, at the time of the assessment, a contemporaneous paper record was made due to the absence of an electronic version, which was completed subsequently”

- If the COMO pack is missing or incomplete, it is nonetheless recommended that you proceed to undertake the assessment. The medical details should be recorded in the normal way, and the medical history checked especially carefully to ensure that no details are overlooked. The report should be retained as 'Save as Draft'. At the conclusion of the assessment, please contact the SAT administration office (020 7309 1510) to request that the missing information be provided, following which the report should be reviewed to ensure:
 - a. that no details have been omitted;
 - b. that the report is consistent with all the medical information.

In these cases, the following statement should appear in section 14 of the report –

“Please note that the COMO pack provided for this claimant at the time of the assessment was incomplete. The COMO information has subsequently been received and the report checked against it to ensure accuracy”

12 – Standardization of MAP reports (Medical History section)

16 April 2003

In order to standardize the presentation of our reports and to make them easier to read, please set out the medical history in Question 3 (i) in the following manner. Each medical item should be listed separately, preferably with the most significant conditions listed first, or in chronological order if this will make a more readable report. For example:

1. Ischaemic Heart Disease – Suffered a heart attack in 1996, following which etc.
2. Parkinsons Disease – Has progressed in severity since onset in 1990, despite maximal medical therapy etc.
3. Osteoarthritis – Mainly affects his R knee and limits his walking to no more than 200 yards, as well as preventing him standing without pain for more than 10 minutes at a time etc.

It has been agreed that commonly used abbreviations may be used in the examination section (Question 4), but these should be avoided in question 3 (i), unless an explanation follows in brackets immediately after the word is used. For example:

2. The claimant suffered an MI (Myocardial infarction – heart attack) in 1996 following which he has experienced angina limiting his walking to no more than 250 yards on the flat.
3. Mr. X suffered a CVA (Cerebrovascular accident – Stroke) in 2000. As a result, he was paralysed in his left arm and leg.....

13 – Identification requirements – Services MAP

1. This form is to be completed by the examining doctor if the claimant fails to meet the identification criteria laid out in the IDENTIFICATION QUESTIONS (Instructions To Doctors For Claimants Attending Without Satisfactory Identification) which are repeated below for reference.

2. Mr (*claimants name*).....*CAPITA REF No*:..... attending (*4 letter centre code*).....on.....at.....hrs has failed to produce satisfactory identification for the following reason(s):

a. Failed to produce any of the following:

- Birth Certificate
- Driving Licence
- Passport
- Travel Pass (if photograph attached)
- Council Tax Form
- Local Authority Rent Card
- Recent Utility Bill

b. Failed to answer satisfactorily the verification questions (identify which was not satisfactory by placing X in the appropriate box(es))

1. Checking brief confirmatory details of the medical history as set out in sections 2.2 and 2.3 of the ‘Claimant Information – Services’ sheet.

2. Asking for details of current medication (if relevant) as set out in section 2.3 of the ‘Claimant Information – Services’ sheet, or asking to see a GP prescription counterfoil, which many patients carry with them.

3. Checking the employment history (if available) in section 2.6 of the ‘Claimant Information – Services’ sheet.

4. Checking the name of the claimant’s solicitor.

5. Failed to provide a comparable signature to that in Schedule 8

Name of Doctor:..... Date:.....
Checked by Capita Health Solutions:..... Date:.....
Emailed to IRISC:..... Date:.....

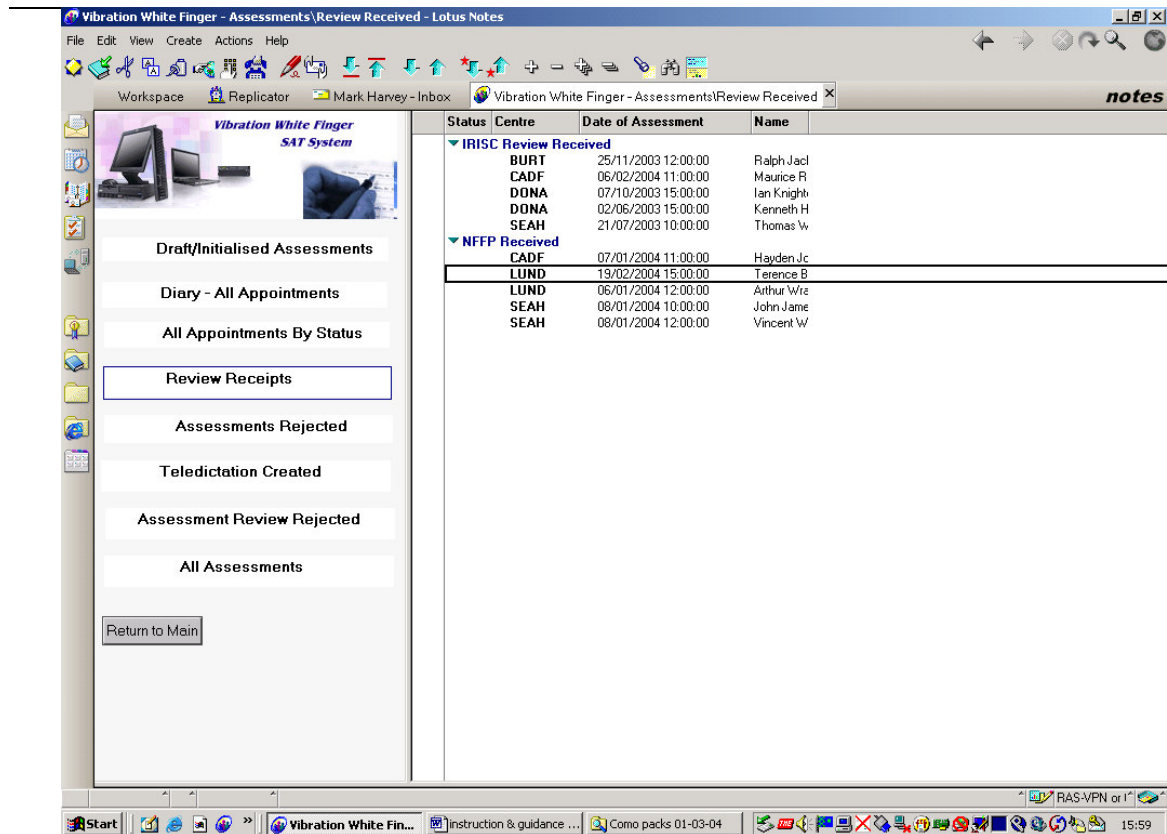
14 – Process for Medical & IRISC reviews

14.1 From time to time it is necessary for reports to be referred back to CHS for review by the medical team. This occurs in the following situations:

1. **CAPITA REVIEW** – Such a review is most frequently as a result of a change to the dates of claim to be considered. This will have happened where new evidence has come to light during the CAPITA investigation or, occasionally, where an error has occurred in providing CHS with the claim periods. Occasionally, we may receive some reviews as a change of **policy** agreed between DTI and CSG, in which case, it will appear on your screen as a CAPITA review.
2. **NFFP REVIEW** – These cases are those in which the MAP report has failed the Not Fit For Purpose check carried out by CAPITA upon receipt. Some relate to minor IT system errors, for example where the system has entered incorrect dates, and others are where some information has not been included by the doctor.
3. **MEDICAL REVIEW** – In this case, the report is being returned as a result of a challenge notified to CAPITA by a claimant’s solicitor. Typically, the solicitor or claimant is unhappy with one or more aspect of the original MAP report, and has asked that the assessment doctor reconsider his/her conclusions in the light of new evidence or new arguments about the medical information provided.

14.2 – Process

1. **CAPITA & NFFP Reviews** – CHS administration will be notified by e-mail of any review case. CHS administration will then forward you a new draft report which will be a *version 2 report*, and when you receive it, it will be unchanged from the report that you submitted. Any reviews will appear in your Lotus Notes as shown in the screen shot below. You access it by double clicking on it in the normal way. Once the report is open, you scroll down to the end, where the necessary changes and any instructions will appear in a new comments box. Please then amend the report as requested, make any necessary comment in the doctor comments box, and return the report to CHS administration.



2. Medical Reviews – You will be notified by e mail of any medical review that you need to attend to. Any correspondence received by CAPITA from the solicitor will form part of the e-mail and will be available for you to see. It is expected that the Lead Doctor will see all medical reviews to deal with any quality issues that are raised and to ensure fairness and equity in the CHS response. Once a review is received, CHS administration will forward you an e-mail containing all relevant documents along with comments from the Lead doctor to help you respond. You will find the draft report in your Lotus Notes system as outlined in 1 above. Once again, the report should be reviewed and amended as recommended by the Lead Doctor, and any relevant comments entered in the comments box, before returning to CHS administration.

IMPORTANT NOTE – Please bear in mind that the comments you make in the box at the foot of the report will be printed to form part of the final report that is despatched to CAPITA and the solicitor. If you wish to respond to the request in a way that differs from the advice given by the Lead Doctor, this must be discussed with him first.

APPENDIX 1

Insert Template Version 1.5 of MAP report

APPENDIX 2

Insert Claimant Satisfaction Questionnaire

SCHEDULE 7(6)

SERVICES MRP TERMS OF REFERENCE

VERSION CONTROL

VERSION	DATE	DISTRIBUTION	COMMENTS
0.1	July 2003	CSG, DTI, NN	For review and comments
0.2	22 September 2003	CC JS JL FC PD CB MH MG LL ZC ID	Roger Maddocks comments included/Discussion at the MRP Meeting on 16 September 2003
0.3	3.10.03	CC JS JL PD CB MH LL ZC RM AT	Amendment of section 2 – insert word “and”
0.4	25.2.04	All parties	Amendment of section 3 – add Dr Roberts

SERVICES MEDICAL REFERENCE PANEL (MRP 2)

TERMS OF REFERENCE

- 1. The role and functions of the MRP will be:**
 - a. to assist in monitoring the operation of the Services MAP in the light of experience, making recommendations as to any modifications to the Services MAP it feels to be necessary;**
 - b. to advise the parties jointly (on relevant aspects including improvements to training and/or guidance for examining doctors). The parties anticipate that any recommendations made by the MRP will influence the action the parties agree to take subsequently.**
 - C to audit Services MAP reports produced by the Service Provider (number and frequency to be confirmed) and to provide a quarterly report to the parties of their findings. The quarterly report will give an evaluation/accreditation of the VWF MAP process, showing any trends/issues of general interest to the parties or any issues that may require clarification or consideration. The report will provide an overall evaluation of the performance of the MAP doctors and recommend any training/guidance requirements.**

-
- D** to meet on a regular basis to be agreed by the parties. All meetings to be minuted.
- E** in relation each referral, the MRP will indicate upon receipt, the date by which they anticipate responding.
- F** to undertake other tasks as instructed by the parties.
2. **The parties are the Claimant's Steering Committee (CS) and the Department of Trade & Industry (DTI).**
 3. **The membership of the MRP will be agreed by the parties from time to time. The parties have agreed that the inaugural members will be Dr Peter Dewis, Dr Charles Baron and Dr Adrian Roberts.**
 4. **The MRP will be invited to report upon the basis of joint instructions agreed between the parties.**
 5. **Any reports produced by the MRP will be expected to reflect the views of all of the members of the panel. If there is a dispute, details of that dispute will be included in the report, so that any report represents the range of views expressed by the membership of the panel. Any report from the MRP will confirm the members of the MRP who have seen it. If a report is prepared without a contribution from all of the members, those members contributing should be identified in the report and the reasons(s) for the absence of a contribution from the other members noted.**
 6. **The Services Agreement is designed to minimise the scope for argument, and the disputes procedure (included in the Claims Handling Arrangement) is intended to resolve those that arise. However, there may be occasions when consideration by the MRP of an issue or issues arising in an individual case would help.**
 7. **Where the MRP believes that it would be appropriate to take advice from experts, whose specialist area and/or experience is not reflected in the membership of the panel, to assist them in carrying out their functions, then the panel should so advise the parties, setting out the issue to be addressed and the person or specialism to be consulted. Both parties will then consider the MRP's request. If the parties agree with the panel on the instruction of the expert then the parties will jointly instruct the expert to report directly to the MRP (and simultaneously to the parties) and the DTI will be responsible for the fees of the expert.**
 8. **The reasonable costs and expenses of the MRP members shall be paid by the DTI.**

SCHEDULE 7(7)

SERVICES MRP AUDIT PROTOCOL

VWF SERVICES MRP AUDIT PROTOCOL

Version Control

Version	Date	Distribution	Comments
0.1	26 Jun 03	Zoe Cooper, Peter Dewis, Christine Chamberlain, Jackie Leah, Roger Maddocks	For review and comments
0.2	24 July 03	ZC, PD, CC, JL, RM, Mark Harvey, Charles Baron	CC comments included
0.3.	3 Sept 03	ZC, PD, CC, JL, RM, MH, CB, Isaac David, Lawrence Lumsden, John Sartin	Comments included following distribution of v0.2
0.4	10 Sept 03	ZC, PD, CC, JL, RM, MH, CB, ID, LL, JS	Roger Maddocks comments included
0.5	19.9.03	ZC, CC, JL, FC, JS	Following meeting 16.9.03
0.6	15.10.03	AT, RM and LL	LL proposed amendments (letter of 3.10.03)
0.7	19.12.03	ZC, JL, JS, RM, MH, MG, CB, PD	Following meeting 15.12.03
0.8	23.12.03	ZC, JL, JS, RM, MH, MG, CB, PD	Further amendments
0.9	29.1.04	CSG, MRP, DTI, AHS and NN	Further to CSG letter 16.1.04
0.10	23.11.04	CSG, MRP, DTI, CHS and NN	Amend AHS to CHS

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1. Background

1.1 In February 2003, the DTI awarded a contract to Aon Health Solutions (AHS) to provide medical assessments (MAP) for eligible former coal miners claiming for Services. AHS subsequently changed their name to CHS (Capital Health Solutions).

1.2 Under the Claims Handling Agreement (CHA), CHS doctors are jointly instructed medical experts, owing a dual obligation to both the DTI and the claimant/claimant solicitors in that their reports should be fair and findings based on the balance of probabilities.

1.3 The Medical Reference Panel (MRP) are a group of medical experts, who are jointly agreed between the parties. Their key roles and functions include:

- To assist in the monitoring of the Services MAP operation.
- To advise the parties on Services medical matters.
- To audit Services MAP reports on a monthly basis.
- To report their findings and recommendations on a quarterly basis.

1.4 There is a separate document which details the roles and functions of the MRP. This is known as the Terms of Reference for Service Medical Reference Panel.

2. MRP Audit Process

2.1 Audit protocol

This protocol sets out the process for the monthly Services MAP audit, including notes for categorising reports, procedures following the audit and maintenance of the audit database. Where the CHS lead doctor is the subject of audit concerns, then the role normally to be performed by him under this protocol will be taken by the consultant doctor (or other suitably qualified position) in either case appointed by CHS.

2.2 Selection of Services MAP reports

- On the first working day of the month CHS will e mail to all members of the MRP a list for each examining doctor of all reports carried out in the previous month and identifying DV's and SLE reports and providing the IRISC number for every report listed. The MRP will, by return of e mail, confirm which reports they wish to audit.

- The MRP will select 4 Services MAP reports per full time Doctor or pro rata (ie in case of lead Doctor) [N.B. figure to be reviewed after 3 months of commencement of audit process].
- Where DVs or SLE reports have been conducted by an individual Doctor, at least 1 domiciliary visit / short life expectancy report should be submitted per quarter
- The selected sample should include reports across a range of claimants ages, and across centres/locations.
- Reports which have previously been selected for MRP audit, cannot be reselected.

2.3 Initial processing of reports

- CHS shall input basic information into the Services audit database.
- Four fields are required (1) MRP Audit Doctor (2) Examining Doctor ID (3) IRISC reference number (4) Date of Examination.
- CHS shall send copies of the selected reports, by e mail (with PGP encryption) to the MRP doctors by the third working day of the month. All the selected reports in the audit period should be sent to all MRP doctors.
- CHS shall also send copies of the selected reports to Nabarro Nathanson.
- Copies should be made available to the CSG upon request.

2.4 Medical audit of reports

- On receipt of the reports from CHS, the MRP doctor should enter the audit database via <http://nabarro.redtechnology.com/services>
- The option “View Report” should be selected, followed by the option “MRP Audit Doctor”. When the doctor selects their own name, they should see the 8 MAP reports marked as “pending”.
- The MRP doctor should review the Services MAP report.
- The reports should then be graded into 3 categories (A,B,C) and relevant comments entered onto the database. All audit reports should be signed off on the system by the 21st of the month.

2.5 Medical report grades

- There are 3 grades of medical reports: (A) Approved (B) Satisfactory (C) Unsatisfactory.
- (A) Approved – this is where the medical content and integrity of the report is deemed as acceptable.
- (B) Satisfactory – this is where the MRP doctor has approved the report but had some reservations, felt there could be some improvements or where they have minor criticism. The examining doctor’s decisions nonetheless appear reasonable.
- I Unsatisfactory – There are concerns about the way the MAP assessment or report has been completed and / or the report is not

adequate and / or the examining doctor's decisions appear questionable and further investigation is required.

2.6 Follow-up actions

2.6.1 (A) Approved

- There are no follow up actions for approved reports other than that the examining doctor should be informed by the CHS lead doctor of the MRP's comments, and any comments should be recorded on the database.

2.6.2 (B) Satisfactory

- CHS should pass on the comments of the MRP doctor to their lead doctor who will forward the details to the examining doctor and advise if the concerns have already been dealt with during routine/targeted monitoring.
- If these concerns have not been previously addressed, the CHS lead doctor should discuss with the examining doctor and where necessary provide training and/or advise.
- In either category, CHS should record details of action taken/to be taken on the database within 21 days.
- This data should be available on the database for the DTI, CSG, MRP and Nabarro Nathanson to review.
- There will be standing agenda item on the MRP meetings to deal with Grade B reports and the MRP will be asked for their comments on trends / recommendations.

2.6.3 I Unsatisfactory

- CHS should pass on the comments of the MRP doctor to their lead doctor who will forward the details to the examining doctor.
- For each grade C graded report the MRP doctors will review 4 additional cases. The MRP doctors should nominate the 4 reports that they want to review (from the original list of all reports carried out in the previous month – see 2.2), but only after the whole batch of audit reports has been reviewed. The 4 reports will be split between the MRP members equally and these reports will be e mailed to all members of the MRP by CHS in 3 days.
- MRP members will be asked for their formal comments on this report within 21 days.
- MRP doctors should enter their comments on the database.
- Reports relating to unsatisfactory work should be discussed at the next available MRP meeting.

The next stage of the process will be dependant upon the findings of the MRP doctor:

- a) The MRP doctor feels that the audited report(s) is inconsistent with other satisfactory reports completed by the examining doctor:

Accordingly, if the MRP doctor is satisfied, no further action is recommended.

Or b) The MRP doctor feels that the audited report(s) is unsatisfactory. In this case, the MRP doctor's findings will be discussed at the next MRP meeting and the appropriate course of action will be agreed by the parties.

2.7 Quarterly reviews

2.7.1 MRP quarterly report

- The MRP should produce a quarterly report after perusing the AHS quarterly report summarising their findings, identifying trends or issues, providing clarification on issues where required, and raising any matters of concern.
- The quarterly report will provide an overall evaluation of the performance of CHS's examining doctors and recommend any training/guidance.
- The report should be sent to Nabarro Nathanson for distribution to all parties

2.7.2 CHS quality report

- CHS will produce a quarterly quality report as part of their Quality Assurance and Quality Management systems.
- The report should be provided by the end of the month following the reporting period.
- The report should provide information including volumes, not fit for purpose levels, clinical audit results, improvement measures, MRP actions and claimant satisfaction.

2.8 Administering the audit database

- Nabarro Nathanson will host and maintain the MRP audit database.
- Maintenance will include administering the users such as updating contact details, allowing read/write access, adding/deleting/modifying user access, defining access levels, etc.

SCHEDULE 7(8)
OTHER FINANCIAL LOSSES

SCHEDULE 7(8)
OTHER FINANCIAL LOSSES¹⁵

- 1 Loss of earnings past and/or future (and any associated losses):
- i) such losses shall be paid pursuant to this arrangement, subject to arrangement as to quantum, where:
 - a) the Claimant has been unemployed due to VWF for any period in excess of three calendar months post 1 January 1975 and;
 - b) there is medical evidence to the effect that due to VWF and/or CTS the Claimant is medically unfit/disadvantaged in pursuing employment requiring manual dexterity and;
 - c) there is evidence proving reasonable efforts have been made to find work;
 - d) the Claimant is not otherwise so medically unfit or disadvantaged as to be unable to work;
 - ii) A claim for partial loss will be paid pursuant to this arrangement, subject to arrangement as to quantum, where:
 - a) there is medical evidence to the effect that due to VWF and/or CTS the Claimant is medically unfit/disadvantaged in pursuing employment requiring manual dexterity and;

¹⁵ *This section is as at the original CHA 22 January 1999*

b) there is evidence that the rate(s) of pay he has received are below those which on the balance of probabilities would have been received but for VWF and/or CTS.

2. Past Expenses/ future expenses other than services.

Expenses reasonably incurred and future costs reasonably claimed shall be paid pursuant to this arrangement, subject to agreement as to quantum where supported as to need by medical evidence, for example:

- Medical costs
- Care (gratuitous and/or professional)
- Clothing (i.e. gloves)

3. If the Claimant is entitled to compensation for full loss of earnings to normal retirement age, then any sum paid or to be paid to compensate for a disadvantage on the open labour market, will be deducted from the future loss of earnings claim.

All claims falling within this schedule will be assessed on a common law basis.

SCHEDULE 7(9)

**LOSS OF EARNINGS
AND ASSOCIATED LOSSES
PROTOCOL**

SCHEDULE 7(9)

LOSS OF EARNINGS AND ASSOCIATED LOSSES PROTOCOL

1. The parties are agreed that claims for loss of earnings (past and/or future and partial or full) and any associated losses (pension, redundancy or benefits in kind) will be dealt with in accordance with common law principles and Schedule 7(7) of the CHA.
2. The purpose of this Protocol is to set out how claims for such losses will usually be dealt with. The parties appreciate that given the individual nature of such claim uniformity of claims handling will not be possible. Wherever possible however, this claims protocol should be followed. Where it is not possible to follow the Protocol, for example where the claim for loss of earnings arises late in the claim which may be when a Claimant changes his work and only then realises that he cannot perform the new work because of his condition, the basic principles of the Protocol should be followed.

PROCEDURE

3. The Claimant's Representatives are invited to notify IRISC at the earliest possible stage if they know that the Claimant will be pursuing a claim for loss of earnings and/or associated losses. If such notification is given prior to the commissioning of medical evidence it is agreed that it will be sufficient for the Claimant's Representative to indicate the claim to IRISC but not to particularise it.
4. A Claimant may request Occupational Health Records before indicating that he wants to pursue a wage loss claim. A copy of the records should be provided within 40 days of the request at no cost. If the records cannot be provided quickly IRISC should provide details of what is being done to resolve the difficulty.
5. The Claimant's Representative will submit to IRISC a Schedule of Losses setting out the full extent of the claim within three months (or such longer period as may be agreed) of receipt of the medical evidence, which will

usually be the MAP medical report. Where there is a dispute as to the content of the medical report time for submitting the Schedule of Losses will not begin to run until that dispute has been resolved.

6. The schedule of losses will be accompanied by:
 1. a completed Schedule 8 (if not already provided)
 2. a witness statement from the Claimant supporting the claim (which should usually contain the details set out in Annex 1)
 3. all documents relied upon in support of his claim; and
 4. a booklet of mandates for release of his general practitioner, occupational health, DPW and personnel records
7. Within 3 months (or such longer period as may be agreed) of IRISC having received all of the evidence required by paragraph 5. IRISC will either accept the Claimant's schedule of losses or will serve a counter-schedule setting out what is agreed and what is not agreed, and where any losses are not agreed the reasons for their contention and all evidence that they may have to support those contentions.
8. Within 56 days, or such longer period as may be agreed, of service of any counter-schedule and any additional evidence relied upon the Claimant's Representatives and IRISC will use their best endeavours to negotiate a settlement of the claim for loss of earnings and associated losses.
9. In the event that the claim remains unresolved the Claimant's Representatives and IRISC will within a further 28 days, or such longer period as may be agreed, together consider what additional evidence (medical or otherwise) is likely to assist in the resolution of the dispute and who shall obtain it. If any additional experts evidence is to be sought following such consideration it shall be obtained from agreed experts who shall be jointly instructed. When considering whether to commission any additional evidence the parties should consider the proportionality of the commissioning of that evidence to the value of the claim. In the event that

the parties are unable to agree what further evidence, or from whom that evidence shall be provided by, the matter should be referred to the Disputes Procedure.

10. Within 28 days of the receipt of all of the additional evidence the Claimant's Representatives and IRISC will either confirm that they stand by their original Schedules or submit revised Schedules.
11. Within 28 days of confirming the original Schedule or service of revised Schedules the Claimant's Representative and IRISC will seek to negotiate a settlement of the claim for loss of earnings and associated losses. In the event that the claim remains unresolved thereafter the matter may be referred to the Disputes Procedure by service by either party of a Notice of Dispute.

CALCULATION OF LOSSES

12. A table of agreed net rates of pay within British Coal and average outside earnings is attached at Annex 2. The Claimant's wage loss will, unless there is evidence to the contrary, be calculated using that table.
13. Any claim for loss of benefits in kind arising from loss of employment with British Coal will be calculated using the table at Annex 3 of rates for benefits in kind. No such sum will be paid during a period when the Claimant continued to work within the mining industry.
14. Men left the mining industry for a number of reasons: retirement, redundancy, voluntarily, etc. It will be for the parties to agree why a man left the industry and what if any contribution his VWF/CTS symptoms had in that regard. The following information may be useful in agreeing wage loss and associated claims where it is accepted that the Claimant's VWF/CTS disability caused him to leave the industry earlier than he would otherwise have done.
 - (i) BCC Pensions were payable from the following ages for members of:

Mineworkers Pension Scheme at retirement:

- (a) 65 to 31.03.90
- (b) 62 from 01.04.90 to 28.02.92
- I 60 from 01.03.92 onwards

British Coal Staff Superannuation Scheme at retirement:

- (a) 65 to 18.06.87
- (b) 62 from 19.06.87 to 16.05.90
- I 60 from 17.05.90

- (ii) The Voluntary Early Retirement Scheme when operative paid a percentage of earnings to those who elected to retire and met the qualifying conditions. Payments were approximately equivalent to 85% of the net rates of pay (see Annex 2).
- (iii) BCC Redundancy packages consisted of:
 - (a) Redundancy payment under the Employment Protection (Consolidation) Act;
 - (b) Payment under the Redundant Mineworkers Pension Scheme/British Coal Redundancy Arrangements;
 - I One week's gross earnings for each full year of service up to a maximum of 12 in lieu of notice. **(See Annex 4)**
- (iv) Usual dates for leaving British Coal employment:
 - (a) Men born before 31.12.1913 usually worked until their 65th birthday or 31.12.1976 whichever is the earlier.
 - (b) Men born between 01.01.1914 and 31.12.1918 usually worked until their 63rd birthday or 31.12.1978 whichever is the earlier.
 - I Men born between 01.01.1919 and 30.09.1925 usually worked until their 60th birthday.
 - (d) Men born between 01.10.1925 and 30.09.1930 usually worked to 30.09.1985.
 - (e) Men born between 01.10.1930 and 30.12.1939 usually worked until their 55th birthday.
 - (f) Men born after 01.01.1940 usually worked in the mining industry to 31.12.1994.

-
15. In relation to pension loss the parties intend that the BCRDL Pension Model will be used to calculate VWF pension losses, subject to a review once the Model is available. In the meantime it is anticipated that the existing Excel spreadsheet will be used, subject to necessary adjustments to ensure that the sum due has been properly calculated.
16. Where calculation by reference to a multiplier is to be made the multiplier will normally be determined by reference to Table 259 of the Ogden Tables (46th Edition) adopting a 2.5% discount rate, or such other rate as may be adopted from time to time. However where the medical evidence confirms that the Claimant is suffering from an impaired life expectancy then Table ~~3828~~ will be used adopting a 2.5% discount rate or such other rate as may be adopted from time to time.
17. Examples of splitting multipliers are attached at Annex 5.

ANNEX 1

Claimant's Witness Statement

The Claimant's Witness Statement in support of his claim for loss of earnings and associated losses should usually contain at least the following details (sections to be adopted depending upon the nature of the claim, but sections A, B, C, G and H will be required in all cases):

- a.
 - name
 - address
 - age
 - academic and vocational qualifications (formal and informal)
ie. Driving licence
- b.
 - an account of the Claimant's entire working life (it will be sufficient for the witness statement to exhibit the fully completed Schedule 8 provided that schedule contains all of the relevant information to the Claimant's claim for loss of earnings and associated losses)
- c. In respect of the development of the Claimant's VWF/CTS symptoms:
 - the circumstances and date of onset of symptoms
 - the effect of the symptoms upon the Claimant's job at that time
 - the progression of the Claimant's symptoms, their frequency and extent and the impact of the same and the work being carried out by the Claimant at the relevant time
 - What medical advice if any the Claimant sought in respect of those symptoms from time to time
- d. If the Claimant had to give up work because of his VWF/CTS:
 - details of the work given up

- the name and address of the employer
 - what discussions if any were had with that employer and the terms of the cessation of employment
 - what steps if any were taken by the Claimant to seek medical advice, from whom and what that advice was
- e. If it is the Claimant's case that he had a reduced earnings capacity because of his VWF/CTS:
- the job(s) he says he would have had but for his VWF/CTS
 - the job(s) he in fact had
 - from when until when
 - at what rate of pay (specifying for each job)
- f. If it is the Claimant's case that he was unemployed at any time because of his VWF/CTS:
- for what period(s)
 - any other reasons why the Claimant may not have worked, eg. Dependents or own incapacity
 - what benefits the Claimant was in receipt of during the period(s)
 - what steps the Claimant took during this time to find work (to include names and addresses of prospective employers to whom job applications were made and any retraining or re-qualification undertaken)
- g.
- details of any other medical condition that the Claimant may have been suffering from at the material times which affected his ability to work
 - name and address of the Claimant's General Practitioner
- h
- the following declaration:

“I DECLARE that to the best of my knowledge and belief the information I have given in this Statement is correct and complete.

I UNDERSTAND that the DTI may use this information together with other information which it now has or may get in the future to decide whether I am entitled to receive compensation.

I also understand that any information I have given may be checked and that if I have deliberately given or give information that is incorrect, action may be taken against me.

Signature

Date”

ANNEX 2
Table of Net Rates of Pay

Financial Year	Deputies £	U1 £	U2 £	U3 £	U4 £	U5 £	U6 £	U7 £	Surface £	Outside Employment £
1954/55	12.78	11.86	10.68	10.25	9.81	9.70	9.48	9.37	8.67	9.02
1955/56	13.54	12.51	11.24	10.82	10.37	10.26	10.02	9.91	9.30	9.88
1956/57	14.71	13.41	12.02	11.56	11.10	10.98	10.76	10.64	10.15	10.62
1957/58	15.64	14.44	12.83	12.34	11.85	11.72	11.48	11.35	10.80	10.92
1958/59	15.30	14.04	12.52	12.03	11.55	11.43	11.19	11.07	10.28	11.24
1959/60	15.49	14.19	12.63	12.14	11.65	11.53	11.28	11.15	10.34	11.72
1960/61	15.96	14.75	13.04	12.52	12.01	11.89	11.63	11.50	10.67	13.52
1961/62	16.45	15.29	13.43	12.89	12.34	12.21	11.94	11.80	11.06	13.09
1962/63	17.02	15.81	14.03	13.37	12.80	12.65	12.38	12.23	11.34	13.48
1963/64	17.50	16.22	14.57	13.01	13.43	13.28	12.98	12.83	12.02	14.10
1964/65	18.17	16.84	15.11	14.53	13.95	13.81	13.50	13.34	12.49	15.05
1965/66	19.07	17.69	15.90	15.30	14.70	14.55	14.26	14.11	13.30	16.05
1966/67	19.80	18.35	16.46	15.83	15.20	15.05	14.73	14.58	13.95	16.42
1967/68	20.58	19.05	17.06	16.41	15.75	15.58	15.25	15.08	14.32	17.05
1968/69	21.51	19.90	17.81	17.12	16.42	16.24	15.90	15.72	15.19	18.10
1969/70	22.92	21.21	18.98	18.24	17.41	17.21	16.79	16.57	15.79	19.46
1970/71	25.15	23.19	20.65	19.80	18.95	18.74	18.33	18.11	17.38	20.23
1971/72	28.19	25.92	22.98	22.00	21.02	20.77	20.28	20.03	20.32	21.93
1972/73	32.45	29.86	26.49	25.37	24.24	23.96	23.40	23.13	24.37	24.71
1973/74	35.08	32.34	28.80	27.61	26.43	26.14	25.54	25.25	26.59	29.43
1974/75	50.78	46.79	41.61	39.88	38.15	37.72	36.86	36.42	39.23	32.82
1975/76	63.79	56.06	49.88	47.82	45.89	45.44	44.48	44.01	45.99	41.52
1976/77	59.73	54.84	49.41	47.61	45.83	45.38	44.44	44.00	48.86	48.23
1977/78	65.72	59.47	53.68	51.73	49.83	49.30	48.35	47.88	55.05	54.19
1978/79	84.25	76.83	65.39	64.07	62.46	61.48	60.48	59.82	58.54	60.66
1979/80	100.66	89.74	75.92	74.36	72.38	71.20	70.00	69.22	67.63	70.32
1980/81	121.81	107.17	90.49	88.58	86.20	84.75	83.33	82.37	80.48	83.08

Financial Year	Deputies £	U1 £	U2 £	U3 £	U4 £	U5 £	U6 £	U7 £	Surface £	Outside Employment £
1981/82	126.42	112.68	95.02	92.98	90.48	88.97	87.46	86.44	84.41	88.30
1982/83	144.86	122.08	103.05	100.86	98.15	97.28	94.90	93.82	91.64	96.14
1983/84	155.63	129.70	109.73	107.42	104.58	102.87	101.14	99.99	97.72	103.75
1984/85 ¹⁶	118.18	STRIKE	STRIKE	STRIKE	STRIKE	STRIKE	STRIKE	STRIKE	STRIKE	-
1985/86	147.99	137.90	117.13	114.75	111.79	110.00	108.22	107.04	104.66	119.76
1986/87	186.50	156.94	132.88	130.16	126.71	124.66	122.61	121.22	118.48	128.55
1987/88	193.73	172.78	145.84	142.76	138.91	136.62	134.26	132.76	129.69	138.45
1988/89	209.92	199.30	167.71	164.13	159.62	156.89	154.17	152.38	148.80	152.12
1989/90	240.81	221.96	186.71	182.66	177.61	174.61	171.53	169.50	165.51	164.83
1990/91	262.10	231.73	195.53	191.44	186.26	183.17	180.09	178.00	173.83	182.49
1991/92	297.88	262.54	221.32	216.57	210.67	207.17	203.59	201.25	196.51	194.83
1992/93	319.65	281.20	237.11	232.08	225.80	222.04	218.27	215.76	210.73	207.66
1993/94	334.88	291.26	245.54	240.31	243.45	229.91	225.99	223.37	218.13	212.24
1994/95	365.04	315.85	264.24	258.55	251.50	247.16	242.92	240.11	234.42	213.18
[1995/96										225.50
1996/97										237.90
1997/98										248.60
1998/99										256.10
1999/00										263.50]

¹⁶ The claim for wage loss for years 1984/85 will be considered in the following circumstances:

- if the claimant can show he was unable to carry out his normal employment at the colliery, entirely due to his relevant condition during the strike period; and
- that the pit in which he was based was in production during that period.

ANNEX 3

Table of Rates for Benefits in Kind

Year	Weekly rate £.p	Year	Weekly rate £.p
1954	0.27	1970/1	0.94
1955	0.30	1971/2	1.04
1956	0.34	1972/3	1.26
1957	0.37	1973/4	1.28
1958	0.40	1974/5	1.51
1959	0.42	1975/6	2.15
1960	0.44	1976/7	2.57
1961	0.30	1977/8	3.01
1962* ¹	0.53	1978/9	3.48
1963/4	0.55	1979/80	3.95
1964/5	0.82	1980/1	4.95
1965/6	0.61	1981/2	5.45
1966/7	0.68	1982/3	5.90
1967/8	0.72	1983/4	5.75
1968/9	0.74	1984/5 * ²	-
1969/70	0.82	1985/6	6.30

*¹ 15 months

*² strike year (see note 1 to Annex 2)

ANNEX 4

(I)

(II) Table of Gross Rates of Pay

Financial Year	Deputies	U1	U2	U3	U4	U5	U6		Surface	Outside Employment
1954	£15.61	£13.57	£11.94	£11.40	£10.86	£10.72	£10.45		£9.44	£9.88
1955	£16.49	£14.34	£12.62	£12.05	£11.47	£11.33	£11.04		£10.16	£10.87
1956	£17.86	£15.53	£13.67	£13.05	£12.42	£12.27	£11.96		£11.20	£11.77
1957	£19.15	£16.65	£14.65	£13.99	£13.32	£13.15	£12.82		£11.93	£12.08
1958	£18.80	£16.35	£14.39	£13.73	£13.08	£12.92	£12.59		£11.44	£12.66
1959	£18.77	£16.32	£14.36	£13.71	£13.06	£12.89	£12.57		£11.41	£13.15
1960	£19.46	£16.92	£14.89	£14.21	£13.54	£13.37	£13.03		£11.81	£15.53
1961	£20.64	£17.95	£15.80	£15.08	£14.36	£14.18	£13.82		£12.66	£15.34
1962	£21.51	£18.70	£16.46	£15.71	£14.96	£14.77	£14.40		£13.03	£15.86

*HAVS Handling Arrangement
Version 0.8*

Financial Year	Deputies	U1	U2	U3	U4	U5	U6		Surface	Outside Employment
1963	£22.76	£19.79	£17.42	£16.62	£15.83	£15.63	£15.24		£13.98	£16.75
1964	£23.77	£20.67	£18.19	£17.36	£16.54	£16.33	£15.92		£14.60	£18.11
1965	£25.31	£22.01	£19.37	£18.49	£17.61	£17.39	£16.95		£15.67	£19.59
1966	£26.61	£23.14	£20.36	£19.44	£18.51	£18.28	£17.82		£16.67	£20.30
1967	£27.97	24.32	£21.40	£20.43	£19.46	£19.21	£18.73		£17.36	£21.38
1968	£29.50	£25.65	£22.57	£21.55	£20.52	£20.26	£19.75		£18.71	£23.00
1969	£31.50	£27.40	£24.11	£23.02	£21.92	£21.65	£21.10		£19.80	£24.82
1970	£35.83	£31.15	£27.41	£26.17	£24.92	£24.61	£23.99		£22.60	£26.80
1971	£40.39	£35.12	£30.91	£29.50	£28.10	£27.74	£27.04		£27.10	£29.40
1972	£46.20	£40.18	£35.36	£33.75	£32.14	£31.74	£30.94		£32.32	£32.80
1973	£48.60	£42.26	£37.19	£35.50	£33.81	£33.39	£32.54		£34.04	£38.10

*HAVS Handling Arrangement
Version 0.8*

Financial Year	Deputies	U1	U2	U3	U4	U5	U6		Surface	Outside Employment
1974	£74.12	£64.45	£56.72	£54.14	£51.56	£50.92	£49.63		£53.18	£43.60
1975	£95.87	£83.36	£73.36	£70.02	£66.69	£65.85	£64.19		£66.81	£55.70
1976	£89.40	£80.70	£71.02	£67.79	£64.56	£63.75	£62.14		£70.03	£65.10
1977	£95.80	£84.90	£74.71	£71.32	£67.92	£67.07	£65.37		£77.15	£71.50
1978	£123.30	£109.70	£90.50	£88.31	£85.57	£83.92	£82.28		£83.37	£80.70
1979	£144.80	£126.70	£104.53	£101.99	£98.83	£96.93	£95.03		£96.29	£93.00
1980	£177.80	£153.60	£126.72	£123.65	£119.81	£117.50	£115.20		£116.74	£111.74
1981	£189.40	£165.30	£136.37	£133.07	£128.93	£126.45	£123.98		£125.63	£121.93
1982	£220.70	£180.90	£149.24	£145.62	£141.10	£138.39	£135.68		£137.48	£133.88
1983	£237.50	£192.10	£158.48	£154.64	£149.84	£146.96	£144.08		£146.60	£143.60

Financial Year	Deputies	U1	U2	U3	U4	U5	U6		Surface	Outside Employment
1984	£170.80	STRIKE	STRIKE	STRIKE	STRIKE	STRIKE	STRIKE		STRIKE	-
1985	£218.50	£199.60	£164.67	£160.68	£155.69	£152.69	£149.70		£151.70	£163.60
1986	£278.70	£227.30	£187.52	£182.98	£177.29	£173.88	£170.48		£172.70	£174.40
1987	£283.10	£246.90	£203.69	£198.75	£192.58	£188.88	£185.18		£187.60	£185.50
1988	£300.80	£281.60	£232.32	£226.69	£219.65	£215.42	£211.20		£214.00	£200.60
1989	£345.20	£315.00	£259.88	£253.58	£245.70	£240.98	£236.25		£239.40	£217.80
1990	£371.01	£322.62	£266.16	£259.71	£251.64	£246.80	£241.97		£245.20	£237.20
1991	£423.27	£368.06	£303.65	£296.29	£287.09	£281.57	£276.05		£279.70	£253.10
1992	£451.74	£392.82	£324.08	£316.22	£306.40	£300.51	£294.62		£298.50	£268.30

Financial Year	Deputies	U1	U2	U3	U4	U5	U6		Surface	Outside Employment
1993	£470.05	£408.74	£337.21	£329.04	£318.82	£312.69	£306.56		£310.60	£274.30
1994	£520.18	£452.33	£373.17	£364.13	£352.82	£346.03	£339.25		£343.80	£280.70

ANNEX 5

Multipliers

(i) Table 25

- Age of Claimant: 40 years and 4 months.
- Age at which payments are assumed to cease: on 65th Birthday.
- Rate of return: 2.5%.
- Multiplier at age 40 exact: 18.03.
- Multiplier at age 41 exact: 17.50.

Therefore multiplier at age 40 years and 4 months:-
 $(18.03 \times 8/12) + (17.50 \times 4/12) = 17.85.$

(ii) Table 38

- Period of loss: 10 years and 6 months.
- Rate of return: 2.5%.
- Multiplier for period 10 years exact: 8.86.
- Multiplier for period 11 years exact: 9.63.

Therefore multiplier of 10 years and 6 months:-
 $(8.86 \times 6/12) + (9.63 \times 6/12) = 9.25$

SCHEDULE 8(1)

CLAIMS

QUESTIONNAIRES

SCHEDULE 8(1) CLAIMS

VWF QUESTIONNAIRE – PLEASE COMPLETE IN CAPITAL LETTERS

<p>Surname</p> <p>First Names</p> <p>Date of Birth/...../.....</p>		<p>Home Address</p> <p>Post</p> <p>Code Solicitors Address</p>										
<p>NI Number</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												

<p>Work History - Please complete in date order for <u>full</u> history from leaving retirement</p> <p>School to date of this claim. Include periods of <i>un</i>employment, ill health and</p>				
Employer	Dates From To	Location/Colliery/Works etc.	Occupation/Job Title or Unemployed/ Ill Health Retired	* Area Worked

* Area of work for mining related employment: Face/Heading(f), Elsewhere below ground (e), Surface (s).
 1. If the job title or occupation changes but employer remains the same, please give date of each occupation.
 2. Name of last Colliery worked Date left/...../..... Works No

Hand Held Tools used with each employer including British Coal

Employer	Tools used Name/Make/Model	Tasks	Hours per shift/week	Period From To	

<u>Details of other claims pursued in respect of VWF</u> <u>Employer</u> <u>Insurer</u> <u>Address</u> <u>Reference</u>	<u>Remarks</u>

VIBRATION EXPOSURE

Please tick whichever of the following applies to you:

- 1 I have not worked since leaving the employment of British Coal.

- 2. I have worked since leaving the employment of British Coal but I have not used handheld vibrating equipment or tools.

- 3. I have worked since leaving the employment of British Coal and I have used handheld vibrating equipment or tools. I have set out details of the employment and use of tools in the table on page 2 of this questionnaire.

DETAILS OF ONSET OF SYMPTOMS

- 1.1 Do you notice your fingers going white on exposure to cold.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

- 1.2(a) If YES, did you notice your fingers going white on exposure to cold while you were employed using vibrating tools by British Coal Corporation.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

- 1.2(b) If you answered NO to 1.2(a) did you notice your fingers going white on exposure to cold while you were employed using vibrating tools whilst employed with an employer other than British Coal Corporation.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

1.2l If the answer to question 1.2(b) is YES please name the employer.

1.2(d) If you answered NO to 1.2(a) or 1.2(b) how long after you stopped using vibrating tools in your work, did you notice your fingers going white on exposure to cold.

YEARS

MONTHS

2.1 Do you suffer with tingling in your fingers?

YES

NO

2.2(a) If YES, did you notice tingling in your fingers lasting more than 20 minutes after using vibrating tools whilst you were employed by British Coal Corporation.

YES

NO

2.2(b) If you answered NO to 2.2(a) did you notice your fingers tingling on exposure to cold while you were employed using vibrating tools whilst employed with an employer other than British Coal Corporation.

YES

NO

2.2l If the answer to question 2.2(b) is YES please name the employer.

2.2(d) If you answered NO to 2.2(a) or 2.2(b) how long after you stopped using vibrating tools in your work, did you notice tingling in your fingers which lasted more than 20 minutes.

YEARS

MONTHS

3.1	Do you suffer with numbness in your fingers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.2(a)	If YES, did you notice numbness in your fingers, lasting more than 20 minutes after using vibrating tools, whilst you were employed by British Coal Corporation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.2(b)	If you answered NO to 3.2(a) did he notice numbness in his fingers, lasting more than 20 minutes using vibrating tool, whilst he was employed with an employer other than British Coal Corporation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.2I	If the answer to question 3.2(b) is YES please name the employer.		
3.2(d)	If you answered NO to 3.2(a) or 3.2(b) how long after you stopped using vibrating tools in your work, did you notice numbness in your fingers which lasted more than 20 minutes.	YEARS <input type="checkbox"/>	MONTHS <input type="checkbox"/>

DECLARATION

I DECLARE that the information I have given in answer to all the questions on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information which it now has or may get in the future to decide whether I am entitled to receive compensation for my services claim.

I also understand that any information I have given may be checked and that if I have deliberately given or give information that is incorrect, action may be taken against me.

Signed **Dated**

SCHEDULE 8(2)

POSTHUMOUS

CLAIMS

SCHEDULE 8(2) POSTHUMOUS CLAIMS

VWF QUESTIONNAIRE – PLEASE COMPLETE IN CAPITAL LETTERS

DECEASED MINER'S DETAILS

<p>Surname</p> <p>First Names</p> <p>Date of Birth/...../.....</p>		<p>Home Address</p> <p>Code</p> <p>Solicitors Address</p> <p>Post</p>										
<p><u>CLAIMANT'S DETAILS</u></p>												
<p>Surname</p> <p>First Names</p> <p>Date of Birth/...../.....</p>	<p>NI Number</p> <table border="1" data-bbox="705 794 1055 837"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Relationship to deceased:</p>											<p>Home Address</p> <p>Code</p> <p>Post</p>

Ref:.....IRISC Ref:.....Solicitors

Work History - Please complete in date order for full history from leaving School to date of this claim. Include periods of **unemployment** ill health and retirement

<u>Employer</u>	<u>Dates</u> <u>From To</u>		<u>Location/Colliery/Works</u> <u>etc.</u>	<u>Occupation/Job</u> <u>Title or</u> <u>Unemployed/</u> <u>Ill Health Retired</u>	<u>* Area</u> <u>Worked</u>

* Area of work for mining related employment: Face/Heading(f), Elsewhere below ground (e), Surface (s).

1. If the job title or occupation changes but employer remains the same, please give date of each occupation.

2. Name of last Colliery worked Date left/...../..... Works No

Ref:.....IRISC Ref:.....Solicitors

Hand Held Tools used with each employer including British Coal

Employer	Tools used Name/Make/Model	Tasks	Hours per shift/week	Period From To	

<u>Details of other claims pursued in respect of VWF and/or CTS</u>			<u>Remarks</u>
<u>Employer Reference</u>	<u>Insurer</u>	<u>Address</u>	

Ref:.....IRISC Ref:.....Solicitors

VIBRATION EXPOSURE

Please tick whichever of the following applied to the deceased:

- 1 The deceased did not work since leaving the employment of British Coal.

- 2. The deceased worked since leaving the employment of British Coal but he did not use handheld vibrating equipment or tools.

- 3. The deceased worked since leaving the employment of British Coal and used handheld vibrating equipment or tools. I have set out details of the employment and use of tools in the table on page 3 of this questionnaire.

DETAILS OF ONSET OF SYMPTOMS

- 1.1 Did the deceased notice his fingers going white on exposure to cold.
If No go directly to 2.1 **YES** **NO**

 - 1.2(a) If YES, did he notice his fingers going white on exposure to cold whilst he were employed using vibrating tools by British Coal Corporation. **YES** **NO**
- Ref:.....IRISC Ref:.....Solicitors

	YES	NO	NOT APPLICABLE
1.2(b) If you answered NO to 1.2(a) did he first notice his fingers going white on exposure to cold whilst he was employed using vibrating tools with an employer other than British Coal Corporation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2I If the answer to question 1.2(b) is YES please name the employer(s)

1.2(d) If you answered NO to 1.2(a) and NO or NOT APPLICABLE to 1.2(b) how long after he stopped using vibrating tools in his work, did he first notice his fingers going white on exposure to cold.	YEARS	MONTHS
	<input type="checkbox"/>	<input type="checkbox"/>

2.1 Did the deceased suffer with tingling in his fingers? If NO go directly to 3.1	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

2.2(a) If YES, did he notice tingling in his fingers lasting more than 20 minutes after using vibrating tools whilst he was employed by British Coal Corporation.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Ref:.....IRISC Ref:.....Solicitors

	YES	NO	NOT APPLICABLE
2.2(b) If you answered NO to 2.2(a) did he first notice tingling in his fingers lasting more than 20 minutes after using vibrating tools whilst he was employed with an employer other than British Coal Corporation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2I If the answer to question 2.2(b) is YES please name the employer(s).

2.2(d) If you answered NO to 2.2(a) and NO or NOT APPLICABLE to 2.2(b) how long after he stopped using vibrating tools in his work, did he first notice tingling in his fingers which lasted more than 20 minutes.	YEARS	MONTHS
	<input type="checkbox"/>	<input type="checkbox"/>

3.1 Did the deceased suffer with numbness in his fingers? If NO go directly to the Declaration at the end of this form.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

3.2(a) If YES, did he notice numbness in his fingers, lasting more than 20 minutes after using vibrating tools, whilst he was employed by British Coal Corporation.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Ref:.....IRISC Ref:.....Solicitors

3.2(b) If you answered NO to 3.2(a) did he notice numbness in his fingers, lasting more than 20 minutes after using vibrating tools, whilst he was employed with an employer other than British Coal Corporation .

YES

NO

**NOT
APPLICABLE**

3.2I If the answer to question 3.2(b) is YES please name the employer(s)

3.2(d) If you answered NO to 3.2(a) and NO or NOT APPLICABLE to 3.2(b) how long after he stopped using vibrating tools in his work, did not notice numbness in his fingers which lasted more than 20 minutes.

YEARS

MONTHS

DECLARATION

I **DECLARE** that the information I have given in answer to all the questions on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information which it now has or may get in the future to decide whether I am entitled to receive compensation for my claim.

I also understand that any information I have given may be checked and that if I have deliberately given or give information that is incorrect, action may be taken against me.

Signed Dated

SCHEDULE 8(3)
LATE ONSET
(LIVING CLAIMANTS)

SCHEDULE 8(3)REF: IRISC

REF: SOLICITORS

VIBRATION WHITE FINGER CLAIM – ONSET OF SYMPTOMS QUESTIONNAIRE

NAME

ADDRESS

1.1 Do you notice your fingers going white on exposure to cold.
If NO go directly to 2.1

YES

NO

1.2(a) If YES, did you notice your fingers going white on exposure to
cold while you were employed using vibrating tools by British Coal
Corporation.

YES

NO

REF:..... IRISC

REF: SOLICITORS

	YES	NO	NOT APPLICABLE
1.2(b) If you answered NO to 1.2(a) did you notice your fingers going white on exposure to cold while you were employed using vibrating tools whilst employed with an employer other than British Coal Corporation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2I If the answer to question 1.2(b) is YES please name the employer(s)

	YEARS	MONTHS
1.2(d) If you answered NO to 1.2(a) and NO or NOT APPLICABLE to 1.2(b) how long after you stopped using vibrating tools in your work, did you notice your fingers going white on exposure to cold.	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
2.1 Do you suffer with tingling in your fingers? If NO go directly to 3.1.	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
2.2(a) If YES, did you notice tingling in your fingers lasting more than 20 minutes after using vibrating tools whilst you were employed by British Coal Corporation.	<input type="checkbox"/>	<input type="checkbox"/>

REF:..... IRISC

REF: SOLICITORS

2.2(b) If you answered NO to 2.2(a) did you notice tingling in your fingers lasting more than 20 minutes after using vibrating tools whilst you were employed with an employer other than British Coal Corporation.

YES	NO	NOT APPLICABLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2I If the answer to question 2.2(b) is YES please name the employer(s).

2.2(d) If you answered NO to 2.2(a) and NO or NOT APPLICABLE to 2.2(b) how long after you stopped using vibrating tools in your work, did you notice tingling in your fingers which lasted more than 20 minutes.

YEARS	MONTHS
<input type="checkbox"/>	<input type="checkbox"/>

3.1 Do you suffer with numbness in your fingers?
If NO go to the Declaration at the end of this form.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

3.2(a) fingers, lasting more than 20 minutes after using vibrating tools, whilst you were employed by British Coal Corporation.

If YES, did you notice numbness in your

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

REF:..... IRISC

REF: SOLICITORS

3.2(b)
numbness in his fingers,

lasting more than 20 minutes after using vibrating tools, whilst he was employed with an employer other than British Coal Corporation.

If you answered NO to 3.2(a) did he notice
YES **NO** **NOT
APPLICABLE**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

3.2I If the answer to question 3.2(b) is YES please name the employer(s).

3.2(d) If you answered NO to 3.2(a) and NO or NOT APPLICABLE to 3.2(b) how long after you stopped using vibrating tools in your work, did you notice numbness in your fingers which lasted more than 20 minutes.

<input type="checkbox"/>	YEARS	<input type="checkbox"/>	MONTHS
--------------------------	--------------	--------------------------	---------------

REF:..... IRISC

REF: SOLICITORS

4 When approximately did your symptoms reach their present level of severity? -----

DECLARATION

I DECLARE that the information I have given in answer to all the questions on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information which it now has or may get in the future to decide whether I am entitled to receive compensation for my claim.

I also understand that any information I have given may be checked and that if I have deliberately given or give information that is incorrect, action may be taken against me.

Signed

Dated

SCHEDULE 8(4)

LATE ONSET

POSTHUMOUS CLAIMS

SCHEDULE 8(4)..... Page 1 of 5

REF IRISC

REF: SOLICITORS

VIBRATION WHITE FINGER CLAIM – ONSET OF SYMPTOMS QUESTIONNAIRE

DECEASED MINERS

NAME

ADDRESS

YOUR
NAME

ADDRESS

REF IRISC

REF:

SOLICITORS

1.1 Did the deceased notice his fingers going white on exposure to cold. If NO go directly to 2.1.

YES

NO

1.2(a) If YES, did he notice his fingers going white on exposure to cold whilst he was employed using vibrating tools by British Coal Corporation.

YES

NO

YES

NO

NOT
APPLICABLE

1.2(b) If you answered NO to 1.2(a) did he notice his fingers going white on exposure to cold whilst he was employed using vibrating tools whilst employed with an employer other than British Coal Corporation.

1.2I If the answer to question 1.2(b) is YES please name the employer(s)

1.2(d) If you answered NO to 1.2(a) or NO or NOT APPLICABLE to 1.2(b) how long after he stopped using vibrating tools in his work, did he notice his fingers going white on exposure to cold.

YEARS

MONTHS

REF IRISC

REF

SOLICITORS

2.1	Did the deceased suffer with tingling in his fingers? If NO go directly to 3.1.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.2(a)	If YES, did he notice tingling in his fingers lasting more than 20 minutes after using vibrating tools whilst he was employed by British Coal Corporation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.2(b)	If you answered NO to 2.2(a) did he notice tingling in his fingers lasting more than 20 minutes after using vibrating tools whilst he was employed with an employer other than British Coal Corporation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.2I	If the answer to question 2.2(b) is YES please name the employer(s).		
2.2(d)	If you answered NO to 2.2(a) or NO or NOT APPLICABLE to 2.2(b) how long after he stopped using vibrating tools in his work, did he notice tingling in his fingers which lasted more than 20 minutes.	YEARS <input type="checkbox"/>	MONTHS <input type="checkbox"/>
3.1	Did the deceased suffer with numbness in his fingers? If NO go to the Decl	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REF IRISC

REF SOLICITORS

3.2(a) If YES, did he notice numbness in his fingers, lasting more than
NO
20 minutes after using vibrating tools, whilst he was employed by
British Coal Corporation.

YES

3.2(b) If you answered NO to 3.2(a) did he notice numbness in his fingers, lasting
more than 20 minutes using vibrating tools, whilst he was employed with an
employer other than British Coal Corporation.

YEARS

3.2I If the answer to question 3.2(b) is YES please name the employer(s).

3.2(d) If you answered NO to 3.2(a) or NO or NOT APPLICABLE to 3.2(b) how
long after he stopped using vibrating tools in his work, did he notice numbness
in his fingers which lasted more than 20 minutes.

YEARS

MONTHS

Page 5 of 5

REF IRISC
REF

SOLICITORS

4 When approximately did his symptoms reach their present level of severity?

DECLARATION

I DECLARE that the information I have given in answer to all the questions on this form is correct and complete to the best of my information, knowledge and belief.

I UNDERSTAND that the DTI may use this information together with other information which it now has or may get in the future to decide whether I am entitled to receive compensation for my claim.

I also understand that any information I have given may be checked and that if I have deliberately given or give information that is incorrect, action may be taken against me.

Signed

Dated

SCHEDULE 9(1)
CLAIMANT'S SOLICITORS COSTS

SCHEDULE 9.1

CLAIMANTS' SOLICITORS COSTS

1. In category A claims and those litigated cases involving co-defendants costs will be dealt with on the merits of each claim and assessed failing arrangement ***agreement*** on the standard basis.
2. In Category B claims costs will be dealt with on the merits of each claim and assessed failing arrangement ***agreement*** on the standard basis.
3. In Category C claims:
 - a) £631.00¹⁷+ VAT and reasonable disbursements will be paid in respect of claims handled under the procedure for Group 1 occupations.
 - b) £736.00+VAT and reasonable disbursements will be paid in respect of claims handled under the procedure for Group 2 occupations.
 - c) Where compensation is paid in respect of claims for Group 3 occupation costs will be dealt with on the merits of each case and assessed failing ***agreement*** on the standard basis.
 - d) For the avoidance of doubt, where any claim is settled on the basis that it is a group 1 or group 2 but for any period of time the claim had been rejected as a group 3, any additional costs following that rejection will be paid (following agreement, failing which detailed assessment) in addition to the figure provided for in (a) or (b) above.***
 - e) Where in any claim settled as a group 1 or 2, the Claimant is required to adduce witness evidence pursuant to paragraphs 6 or 7 of the Occupational Group Procedure, the costs of identifying, tracing and obtaining evidence from the Claimant and his witnesses and corresponding in respect of the same with IRISC, together with any associated costs will be paid (as determined on***

¹⁷ **The uplifted figures for RPI for appropriate years are Schedule 9(2).**

detailed assessment failing agreement) in addition to the costs provided for in (a) and (b) above.

(f) In any case where late/early onset is an issue and evidence has been provided by the Claimant's solicitors, costs will be dealt with on the merits of each case and assessed following agreement on the standard basis. [In any case where an issue is raised as to the late/early onset and evidence on this issue is provided by the Claimant's solicitors, then the costs of obtaining and submitting that evidence will be paid (as determined on detailed assessment following agreement) in addition to the costs provided for in (a) and (b).]

4. In addition to the sums provided for at 9.1 (3) above the following sums shall be paid:-

- a) £217.00+ VAT and any reasonable disbursements in posthumous claims.
- b) £217.00+ VAT per additional Defendant and any reasonable disbursements in cases involving co-defendants where the additional defendant:-
 - i) either contributes to the settlement or the employment is disregarded pursuant to section 11.3 of this Arrangement; or
 - ii) is made the subject of a claim at the request of IRISC.
- c) £217.00 + VAT and any reasonable disbursements where the disputes procedure is invoked other than in respect of medical assessment and an improved offer is made;
- d) £217.00 + VAT and any reasonable disbursements where the disputes procedure is invoked in respect of medical assessment and a further medical report is obtained and an improved offer made;
- e) Where additional payment is made pursuant to c) above as a result of referral to the disputes procedure in respect of more than one issue then the additional sums paid pursuant to c) shall not exceed

£315.00 + £225.00+ VAT together with any reasonable disbursements in respect of all issues in dispute.

f) In any claim where Special Damages (other than damages provided for by the services agreement or pursuant to the loss of earnings and associated loss of protocol)-are paid:-

i)where the sum paid for special damages is less than £500 no additional sum shall be paid in respect of costs;

ii)where the sum paid for special damages is £500 but less than £5,000 £217.00 + VAT and any reasonable disbursements shall be paid;

iii)where the sum paid for special damages is £5,000 or more the costs of dealing with the heads of special damage together with related disbursements will be dealt with on the merits of each claim and assessed failing arrangement on the standard basis.

(g) Services costs

~~Costs in relation to services claims will be dealt with on the merits of each case and assessed failing agreement on the standard basis. See Schedule 9(2).~~

(h) Wage losses

Costs in relation to wage loss claims will be dealt with on the merits of each case and assessed failing agreement on the standard basis.

5. Dual Pathology Costs

With regard to existing cases in which dual pathology has been raised as an issue (including those cases where it is now accepted that the condition identified is not relevant to dual pathology e.g CTS) an additional sum of £162.00 + VAT will be payable.

In future claims¹ where the examining doctor concludes that the Claimant was suffering from a relevant dual pathology which prima facie was causing a significant contribution to the symptoms in the Claimants

¹ From 10 July 2001.

hands leading to the medical records being obtained and considered by the scrutineer then:

a) Where this did not lead to a discounted offer then NO additional costs would be paid;

b) Where it led to a discounted offer then an additional sum of £150 £162.00 + VAT would be payable whether the discounted offer was accepted initially or only after further reference to a MAP doctor as provided for in Schedule 13(1).

6. CTS Costs

a) In CTS **only** category A & B cases costs will be dealt with on the merits of each claim and assessed failing agreement on the standard basis.

b) In the CTS **only** category C cases costs will be dealt with in accordance with paragraph 9.1(3) as above

c) In mixed VWF/CTS category C cases, costs will be dealt with as with VWF only cases with an additional £162.00 + VAT and disbursements.

d) In CTS **only** category C cases where decompression surgery has been carried out or the Claimant is awaiting surgery, an additional sum of £162.00 + VAT and disbursements shall be paid.

7. The sums for costs provided for above shall be uplifted in the manner provided for by **paragraph 6** of this Arrangement above. **Costs paid will be those applicable at the date the payment is made.** This provision shall not apply to the sums to be paid for costs where an offer has been put forward prior to the variation date (pursuant to **paragraph 7.6**) but is accepted in full after that date.

8. By way of guidance as to payment of disbursements and without limitation to the jurisdiction of the court on any assessment:

a) The DTI will pay for all Category 1 and 2 medical reports obtained pursuant to paragraph 5.2 b) v)

-
- b)** Reasonable travelling expenses incurred by the Claimant will be refunded on settlement of a claim. Reasonable travelling expenses are public transport rates or 38 pence per mile by private car. Applicable receipts should accompany a claim;
 - c)** IRISC will pay the cost of medical reports served in all Category A or B claims. In addition reasonable travelling expenses incurred in respect thereof, as provided for by sub section b) above, will be paid.
 - d)** For Category C cases, other disbursements such as DWP schedule of employment, or the cost of obtaining medical records, will only be paid if both parties have agreed to the obtaining of such documents by the Claimant, save that it is agreed that a DWP schedule of employment is appropriate and will be reimbursed in any claim involving other employers.
 - e)** “Reasonable Disbursements” include those incurred in relation to CTS cases in establishing that a man has undergone or will undergo surgery
9. Without prejudice to any claim for such costs that may be advanced in subsequent litigation, no costs or disbursements will be paid, pursuant to this arrangement, when a claim is finally rejected.
- 10 Where a Claimant has obtained a medical report pursuant to schedule 13.1, the cost of such medical report and associated expenses will only be paid if it results in an increased offer of compensation.
- 11 In the event that a dispute arises as to the payment of disbursement which cannot be settled by the disputes procedure the parties will consent to assessment before an appropriate officer of the Court.
- 12 Where the Claimant in a Group 3 case is successful in recovering compensation the costs payable will be subject to negotiation and failing agreement assessed on the standard basis.

-
- 13** Wherever in schedule 9 of the arrangement and the relevant schedule there is provision for assessment:
- a) prior to the commencement of assessment proceedings a breakdown of costs and disbursements will be supplied as required by Schedule 11 unless otherwise agreed.
- b) for the avoidance of doubt the parties shall consent to an Order for such assessment:-
- i) in the Court in which the action is proceeding in a litigated case;
 - ii) or otherwise in the Claimant's solicitors local County Court (see draft at Schedule 9.3).
- c) The costs of any assessment (including any assessment fees) shall be decided by the costs judge if not agreed. Assessment proceedings must be commenced within 3 months of the order made on the originating application.
- 14** **Interim costs¹⁸**
Upon payment by IRISC to the Claimant of the first interim payment of damages, interim costs will be paid to the Claimant's solicitor in the sum of £500 plus VAT.
- 15** **General Damages Posthumous Costs**
See Schedule 9(2).

¹⁸ **Services interim costs, under consideration.**

SCHEDULE 9(2)
SOLICITORS COSTS TARIFF

Schedule 9(2)

Schedule 9 Costs Table

Payment	Schedule 9.1 CHA Ref	Date of Tariff	Amount (£)	VAT	Reas.Dis b.
Costs in Group 1 occupations Category C CHA claims:	3(a)	1.1.08 to 31.12.08	769.00	Yes	Yes
		1.1.07 to 31.12.07	739.00	Yes	Yes
		1.1.06 to 31.12.06	708.00	Yes	Yes
		1.1.05 to 31.12.05	693.00	Yes	Yes
		1.1.04 to 31.12.04	670.00	Yes	Yes
		1.1.03 to 31.12.03	652.00	Yes	Yes
		1.1.02 to 31.12.02	631.00	Yes	Yes
		1.1.01 to 31.12.01	627.00	Yes	Yes
		1.1.00 to 31.12.00	607.00	Yes	Yes
	22.1.99 to 31.12.99	600.00	Yes	Yes	
Costs in Group 2 occupations Category C CHA claims:	3(b)	1.1.08 to 31.12.08	898.00	Yes	Yes
		1.1.07 to 31.12.07	863.00	Yes	Yes
		1.1.06 to 31.12.06	826.00	Yes	Yes
		1.1.05 to 31.12.05	808.00	Yes	Yes
		1.1.04 to 31.12.04	781.00	Yes	Yes
		1.1.03 to 31.12.03	760.00	Yes	Yes
		1.1.02 to 31.12.02	736.00	Yes	Yes
		1.1.01 to 31.12.01	731.00	Yes	Yes
		1.1.00 to 31.12.00	708.00	Yes	Yes
	22.1.99 to 31.12.99	700.00	Yes	Yes	
Additional costs in posthumous claims:	4(a)	1.1.08 to 31.12.08	256.00	Yes	Yes
		1.1.07 to 31.12.07	246.00	Yes	Yes
		1.1.06 to 31.12.06	236.00	Yes	Yes
		1.1.05 to 31.12.05	231.00	Yes	Yes
		1.1.04 to 31.12.04	223.00	Yes	Yes
		1.1.03 to 31.12.03	217.00	Yes	Yes
		1.1.02 to 31.12.02	N/A	Yes	Yes
		1.1.01 to 31.12.01	209.00	Yes	Yes
		1.1.00 to 31.12.00	202.00	Yes	Yes
	22.1.99 to 31.12.99	200.00	Yes	Yes	
Additional costs where co-defendant contributes to settlement; employment is disregarded; or, defendant is made subject of a claim at the request of IRISC:	4(b)	1.1.08 to 31.12.08	256.00	Yes	Yes
		1.1.07 to 31.12.07	246.00	Yes	Yes
		1.1.06 to 31.12.06	236.00	Yes	Yes
		1.1.05 to 31.12.05	231.00	Yes	Yes
		1.1.04 to 31.12.04	223.00	Yes	Yes
		1.1.03 to 31.12.03	217.00	Yes	Yes
		1.1.02 to 31.12.02	N/A	Yes	Yes
1.1.01 to 31.12.01	209.00	Yes	Yes		

		1.1.00 to 31.12.00	202.00	Yes	Yes
		22.1.99 to 31.12.99	200.00	Yes	Yes
Additional costs where dispute procedure invoked other than in respect of a medical assessment and an improved offer is made:	4(c)	1.1.08 to 31.12.08	256.00	Yes	Yes
		1.1.07 to 31.12.07	246.00	Yes	Yes
		1.1.06 to 31.12.06	236.00	Yes	Yes
		1.1.05 to 31.12.05	231.00	Yes	Yes
		1.1.04 to 31.12.04	223.00	Yes	Yes
		1.1.03 to 31.12.03	217.00	Yes	Yes
		1.1.02 to 31.12.02	N/A	Yes	Yes
		1.1.01 to 31.12.01	209.00	Yes	Yes
		1.1.00 to 31.12.00	202.00	Yes	Yes
		22.1.99 to 31.12.99	200.00	Yes	Yes
Where dispute procedure invoked above is done so in respect of more than one issue, additional costs in respect of all issues shall not exceed:	4(e)	1.1.08 to 31.12.08	385.00	Yes	Yes
		1.1.07 to 31.12.07	370.00	Yes	Yes
		1.1.06 to 31.12.06	354.00	Yes	Yes
		1.1.05 to 31.12.05	346.00	Yes	Yes
		1.1.04 to 31.12.04	334.00	Yes	Yes
		1.1.03 to 31.12.03	225.00	Yes	Yes
		1.1.02 to 31.12.02	315.00	Yes	Yes
		1.1.01 to 31.12.01	313.00	Yes	Yes
		1.1.00 to 31.12.00	303.00	Yes	Yes
		22.1.99 to 31.12.99	300.00	Yes	Yes
Additional costs where dispute procedure is invoked in respect of medical assessment, a further medical report is obtained and improved offer made:	4(d)	1.1.08 to 31.12.08	256.00	Yes	Yes
		1.1.07 to 31.12.07	246.00	Yes	Yes
		1.1.06 to 31.12.06	236.00	Yes	Yes
		1.1.05 to 31.12.05	231.00	Yes	Yes
		1.1.04 to 31.12.04	223.00	Yes	Yes
		1.1.03 to 31.12.03	217.00	Yes	Yes
		1.1.02 to 31.12.02	N/A	Yes	Yes
		1.1.01 to 31.12.01	N/A	Yes	Yes
		1.1.00 to 31.12.00	N/A	Yes	Yes
		22.1.99 to 31.12.99	200.00	Yes	Yes
No additional sum to be paid where costs for special damages are less than:	4(f)(i)	1.1.08 to 31.12.08	500.00	Yes	Yes
		1.1.07 to 31.12.07	500.00	Yes	Yes
		1.1.06 to 31.12.06	500.00	No	No
		1.1.05 to 31.12.04	500.00	No	No
		1.1.04 to 31.12.04	500.00	No	No
		1.1.03 to 31.12.03	5000.00	No	No
		1.1.02 to 31.12.02	N/A	No	No
		1.1.01 to 31.12.01	N/A	No	No
		1.1.00 to 31.12.00	<u>5000.00</u>	No	No
		22.1.99 to 31.12.99	500.00	No	No

Costs where sum for special damages is more than the figure in 4(f)(i) above but less than the figure in 4(f)(iii) below:	4(f)(ii)	1.1.08 to 31.12.08	256.00	Yes	Yes
		1.1.07 to 31.12.07	246.00	Yes	Yes
		1.1.06 to 31.12.06	236.00	Yes	Yes
		1.1.05 to 31.12.05	231.00	Yes	Yes
		1.1.04 to 31.12.04	223.00	Yes	Yes
		1.1.03 to 31.12.03	217.00	Yes	Yes
		1.1.02 to 31.12.02	N/A	Yes	Yes
		1.1.01 to 31.12.01	209.00	Yes	Yes
		1.1.00 to 31.12.00	202.00	Yes	Yes
		22.1.99 to 31.12.99	200.00	Yes	Yes
Sum to be decided on merits of each claim or standard basis where sum paid for special damages exceeds:	4(f)(iii)	1.1.08 to 31.12.08	5000.00	No	No
		1.1.07 to 31.12.07	5000.00	No	No
		1.1.06 to 31.12.06	5000.00	No	No
		1.1.05 to 31.12.05	5000.00	No	No
		1.1.04 to 31.12.04	5000.00	No	No
		1.1.03 to 31.12.03	50001.00	No	No
		1.1.02 to 31.12.02	N/A	No	No
		1.1.01 to 31.12.01	N/A	No	No
		1.1.00 to 31.12.00	<u>50000.00</u>	No	No
22.1.99 to 31.12.99	5000.00	No	No		
Additional costs where dual pathology raised as an issue:	5	1.1.08 to 31.12.08	192.00	Yes	Yes
		1.1.07 to 31.12.07	185.00	Yes	No
		1.1.06 to 31.12.06	177.00	Yes	No
		1.1.05 to 31.12.05	173.00	Yes	No
		1.1.04 to 31.12.04	167.00	Yes	No
		1.1.03 to 31.12.03	162.00	Yes	No
		1.1.02 to 31.12.02	N/A	Yes	No
		1.1.01 to 31.12.01	N/A	Yes	No
		1.1.00 to 31.12.00	155.00	Yes	No
22.1.99 to 31.12.99	150.00				
Additional amount payable where dual pathology leads to a discounted offer where discounted offer was accepted initially or only after further reference to a MAP doctor (Schedule 10):	5(b)	1.1.08 to 31.12.08	192.00	Yes	No
		1.1.07 to 31.12.07	185.00	Yes	No
		1.1.06 to 31.12.06	177.00	Yes	No
		1.1.05 to 31.12.05	173.00	Yes	No
		1.1.04 to 31.12.04	167.00	Yes	No
		1.1.03 to 31.12.03	162.00	Yes	No
		1.1.02 to 31.12.02	N/A	Yes	No
		1.1.01 to 31.12.01	N/A	Yes	No
		1.1.00 to 31.12.00	155.00	Yes	No
		22.1.99 to 31.12.99	150.00	Yes	No
Costs in mixed VWF/category C cases:	6(c)	1.1.08 to 31.12.08	192.00	Yes	Yes
		1.1.07 to 31.12.07	185.00	Yes	Yes
		1.1.06 to 31.12.06	177.00	Yes	Yes
		1.1.05 to 31.12.05	173.00	Yes	Yes

		1.1.04 to 31.12.04	167.00	Yes	Yes
		1.1.03 to 31.12.03	162.00	Yes	Yes
		1.1.02 to 31.12.02	N/A	Yes	Yes
		1.1.01 to 31.12.01	N/A	Yes	Yes
		1.1.00 to 31.12.00	N/A	Yes	Yes
		22.1.99 to 31.12.99	N/A	Yes	Yes
Costs in pure CTS category C cases where compression surgery has been carried out or Claimant is awaiting surgery:	6(d)	1.1.08 to 31.12.08	192.00	Yes	Yes
		1.1.07 to 31.12.07	185.00	Yes	Yes
		1.1.06 to 31.12.06	177.00	Yes	Yes
		1.1.05 to 31.12.05	173.00	Yes	Yes
		1.1.04 to 31.12.04	167.00	Yes	Yes
		1.1.03 to 31.12.03	162.00	Yes	Yes
		1.1.02 to 31.12.02	N/A	Yes	Yes
		1.1.01 to 31.12.01	N/A	Yes	Yes
		1.1.00 to 31.12.00	N/A	Yes	Yes
		22.1.99 to 31.12.99	N/A	Yes	Yes
Reasonable travelling expenses in pence per mile when travelling by private car:	8(b)	1.1.08 to 31.12.08	0.47	No	No
		1.1.07 to 31.12.07	0.45	No	No
		1.1.06 to 31.12.06	0.43	No	No
		1.1.05 to 31.12.05	0.42	No	No
		1.1.04 to 31.12.04	0.41	No	No
		1.1.03 to 31.12.03	0.41	No	No
		1.1.02 to 31.12.02	N/A	No	No
		1.1.01 to 31.12.01	0.38	No	No
		1.1.00 to 31.12.00	0.38	No	No
		22.1.99 to 31.12.99	0.38	No	No

Schedule of Costs For GD Posthumous Claims
Updated As At 01.01.2008 for Actual Increase = 4.05%

PSSG SOLICITOR COSTS: VWF POSTHUMOUS GDs TARIFFS			
BASE COSTS TARIFFS			
Group 1 (2008)	£666.00	+ VAT =	£782.55
Group 1 (2007)	£640.00	+ VAT =	£752.00
Group 2 (2008)	£770.00	+ VAT =	£904.75
Group 2 (2007)	£740.00	+ VAT =	£869.50
Group 3 (2008)	£1,301.00	+ VAT =	£1,528.68
Group 3 (2007)	£1,250.00	+ VAT =	£1,468.75
Group 3 – Now Group 1 or 2 Bolt-On (2008)	£256.00	+ VAT =	£300.80
Group 3 – Now Group 1 or 2 Bolt-On (2007)	£246.00	+ VAT =	£289.05
Codefendant Bolt-On (2008)	£256.00	+ VAT =	£300.80
Codefendant Bolt-On (2007)	£246.00	+ VAT =	£289.05
Posthumous Probate Bolt-On (2008)	£256.00	+ VAT =	£300.80
Posthumous Probate Bolt-On (2007)	£246.00	+ VAT =	£289.05
Prisoners Bolt-On (2008)	£256.00	+ VAT =	£300.80
Prisoners Bolt-On (2007)	£246.00	+ VAT =	£289.05
Overseas Bolt On (2008)	£256.00	+ VAT =	£300.80
Overseas Bolt On (2007)	£246.00	+ VAT =	£289.05
Protected Parties Bolt-On (2008)	£780.00	+ VAT =	£916.50
Protected Parties Bolt-On (2007)	£750.00	+ VAT =	£881.25
Disputes Bolt-On (2008)	£256.00	+ VAT =	£300.80
Disputes Bolt-On (2007)	£246.00	+ VAT =	£289.05
Schedules Bolt-On (2008)	£54.00	+ VAT =	£63.45
Schedules Bolt-On (2007)	£52.00	+ VAT =	£61.10
Bill of Costs Bolt-On (2008)	£166.00	+ VAT =	£195.05
Bill of Costs Bolt-On (2007)	£160.00	+ VAT =	£188.00

SCHEDULE OF COSTS FOR VWF SERVICES CLAIMS
FIGURES UPDATED AS AT 01.01.2008 FOR ACTUAL RPI = 4.05%

PSSG SOLICITOR COSTS: VWF SERVICES			
BASE COSTS TARIFFS			
Base Costs (2008 Actual RPI Tariff)	£1,041.00	+ VAT =	£1,223.18
Base Costs (2007)	£1,000.00	+ VAT =	£1,175.00
BOLT-ONS TARIFFS			
Employment Protocol Bolt-on (2008 Actual RPI Tariff)	£364.00	+ VAT =	£427.70
Employment Protocol Bolt-on (2007)	£350.00	+ VAT =	£411.25
Crossover Bolt-on (2008 Actual RPI Tariff)	£208.00	+ VAT =	£244.40
Crossover Bolt-on (2007)	£200.00	+ VAT =	£235.00
Posthumous Bolt-on (2008 Actual RPI Tariff)	£256.00	+ VAT =	£300.80
Posthumous Bolt-on (2007)	£246.00	+ VAT =	£289.05
Disputes Bolt-on (2008 Actual RPI Tariff)	£256.00	+ VAT =	£300.80
Disputes Bolt-on (2007)	£246.00	+ VAT =	£289.05

SCHEDULE 9(3)
BREAKDOWN OF COSTS AND DISBURSEMENTS

SCHEDULE 9(3)
BREAKDOWN OF COSTS AND DISBURSEMENTS

Any breakdown of costs and disbursements supplied pursuant to paragraph 13 should include the following information unless otherwise agreed :-

- a) name, status and category of fee earner(s);
- b) number of hours with breakdown of time spent;
- c) hourly rate(s);
- d) mark-up ***(if applicable)***;
- e) number of letters out;
- f) telephone calls;
- g) details of disbursements (confirmed by presentation of vouchers);
- h) details of VAT.

SCHEDULE 9(4)

DRAFT ORDER

SCHEDULE 9.4

DRAFT ORDER

Court of Justice
Bench Division
District Registry

In the High
Queen's
Newcastle upon Tyne

Claim Number:

Applicant

and

DEPARTMENT OF TRADE AND INDUSTRY

Respondent

I/we, _____ on behalf of _____

Intend to apply for an order (a draft of which is attached) that

1. The Applicants [solicitors' fees: charges: disbursements] submitted to [NN] representing the Respondent be referred to [appropriate court officer] for detailed assessment and be paid by the Respondent.
2. The costs of and incidental to this applicant be costs in the assessment.

Because

the Applicant claims to be entitled to the order as the Respondent has agreed pursuant to the British Coal Vibration White Finger Claims

Handling Arrangement to consent to an order for assessment of his costs.

I (We) wish to rely on;

Evidence in Part C in support of my application

Signed

Position or office held

Part C

I (We) wish to rely on the following evidence in support of this application;

The Respondent has agreed to an order for the assessment of costs pursuant to the British Coal Vibration White Finger Claims Handling Arrangement.

Statement of Truth

(I believe) (The Applicant believes) that the facts stated in Part C are true

Signed

Position or office held

SCHEDULE 10
MEDICAL REPORT SPECIFICATION

SCHEDULE 10

MEDICAL REPORT SPECIFICATION

1. The claimant's full employment history, both within and outside the coal industry, detailing exposure to vibration in relevant employments .
2. Physical examination including:
 - a) measurement of blood pressure in both arms;
 - b) confirmation that both radial and ulnar pulses are present in both arms;
 - c) confirmation that there are no bruits in the subclavian or auxiliary arteries;
 - d) Adson's, Allen's, Lewis- Prussiks, Phalen's and Tinel's tests;
 - e) Other tests, such as moving two point discrimination;
 - f) Comments on any wasting of the abductor pollicis brevis:
 - g) Jamar Grip strength and dexterity Purdue Pegboard T tests, using Jamar dynamometer and Purdue Pegboard or similar, where available.
3. Diagnosis of occupational VWF and/or CTS, and where CTS is diagnosed for each hand affected giving details of -including any surgery undergone as treatment for the latter, or any surgery planned for the future.
4. Date of onset of symptoms, or number of years that the claimant has experienced symptoms.
5. Deterioration (if relevant) of symptoms post 1 January 1975.
6. Details of whether both or one hand is effected, and if one hand only, whether this is the left or right.

7. Stagings for each hand should be made on the Stockholm vascular and sensorineural scale and if a claimant is staged at 2Sn, it must be stated whether he is suffering from 2Sn (early) or 2Sn (late).

8. If the claimant is suffering from:

Diabetes Mellitus

Rheumatoid Arthritis

Cervical Spondylosis

Arteriosclerosis

Primary Reynauds Phenomenon

then please comment as to whether the condition/s are, on the balance of probabilities, having a significant impact on the Claimant's symptoms in his hands.

9. In preparing a medical report addressing the above issues, the medical expert may call for medical notes and records for consideration, examination of the Claimant, and review the medical report test results and any other materials arising as a consequence of examination and report pursuant to schedule 4.

SCHEDULE 11
PANEL OF MEDICAL EXPERTS TO BE
INSTRUCTED

SCHEDULE 11

PANEL OF MEDICAL EXPERTS TO BE INSTRUCTED

TO PREPARE SECOND REPORTS

Dr M G Ashton, FRCP
Consultant Physician
Chatsworth Suite
Chesterfield and North Derbyshire Royal Hospital
Calow
Chesterfield
S44 5BL

Professor J J F Belch
Professor of Vascular Medicine
Ninewells Hospital
Dundee
DD1 9SY

Mr J Beard
Claremont Hospital
410 Sandygate Road
Sheffield
S10 5UB

Mr P Chan
Consultant Vascular Surgeon
Claremont Hospital
410 Sandygate Road
Sheffield
S10 5UB

Mr K Clark, MD, FRCS
Consultant Vascular Surgeon
Dryburn Hospital
North Road
Newcastle upon Tyne
DH1 5TW

Mr R J Cuscheiri, MD, ChM, FRCS
Consultant in Vascular Surgery
IBH Park Hill Hospital
Thorne Road
Doncaster
DN2 5TH

Mr J K Drury, PhD, FRCS
General and Vascular Surgery
10 Main Road
Castlehead
Paisley
PA2 6AJ

Mr I E Hawthorn
Consultant General and Vascular Surgeon
The BUPA Washing Hospital
Picktree Lane
Rickelton
Washington
Tyne & Wear
NE38 9JZ

Dr E Housley, FRCP EDIN, FRCP LOND
Consultant Physician
Beechwood House
BUPA Murrayfield Hospital
122 Corstorphine Road
Edinburgh
EH12 6UD

Mr D Lambert
Consultant Vascular Surgeon
Nuffield Hospital
Clayton Road
Newcastle upon Tyne
NE2 1JP

Mr T A Lees, MD, FRCS
Consultant Vascular Surgeon
Nuffield Hospital
Clayton Road
Newcastle upon Tyne
NE2 1JP

Mr J A Michaels M.Chir, FRCS
Consultant Vascular Surgeon
Thornbury Hospital
312 Fulwood Road
Sheffield
S10

Dr P Platt, MD, FRCP
Consultant Rheumatologist
Musculoskeletal Department
Freeman Hospital NHS Trust
Newcastle upon Tyne
NE7 7DN

Mr J V Psaila, MD, MCh, FRCS
IBH Park Hill Hospital
Thorne Road
Doncaster
DN2 5TH

Mr S Singh MB, CHB, MD, FRCS
Consultant Surgeon
Tickhill Court
56A Sunderland Street
Tickhill
Doncaster DN11 9QL

Mr W G Tennant, BSc, MB, ChB, MD, FRCSEd, FRCSEd (Gen)
Consultant General and Vascular Surgeon
The Convent Hospital
748 Mansfield Road
Nottingham
NG5 3FZ

~~Mr W Tudor Davies, FRCS
University Hospital of Wales
Heath Park
Cardiff
CF4 4XW~~

Professor C L Welsh
38 Clarendon Road
Sheffield
S10 3TR

Mr M Wyatt, MSc, MD, FRCS
22 Adeline Gardens
Gosforth
Newcastle upon Tyne
NE3 4JQ

Mr Ian Lane
Consultant Vascular Surgeon
Clamorgan House
BUPA Hospital
Croescadarn Road
Pentwyn
Cardiff
CF23 8XL

Mr Richard Whiston
University Hospital of Wales
Heath Park
Cardiff
CF4 4XW

~~HAVS Screening Ltd~~

SCHEDULE 12(1)

**MEDICAL REFERENCE PANEL TERMS OF
REFERENCE**

SCHEDULE 12(1)
MEDICAL REFERENCE PANEL
TERMS OF REFERENCE

MEDICAL REFERENCE PANEL

1. The role and functions of the MRP will be:
 - a. to assist in monitoring the operation of the MAP (Medical Assessment Process) in the light of experience, and report quarterly to the parties making recommendations as to any modifications to the MAP it feels to be necessary;
 - c. to advise the parties jointly and its recommendations will be expected to influence the subsequent action taken;
 - d. to audit MAP reports produced by SchlumbergerSema in line with the Protocol for monthly audit of MAP reports;
 - e. to provide a quarterly report to the parties of their findings. The MRP will have access to a database produced report specifically designed to co-ordinate findings of the audit. The quarterly report will give an evaluation/accreditation of the VWF MAP process, showing any trends/issues of general interest to the parties or any issues that may require for their clarification or consideration. The report will provide an overall evaluation of the performance of the MAP doctors and recommend any training/guidance requirements.
 - f. to undertake other tasks as instructed by the parties.
2. The parties are the Claimant's Steering Group (CS), the Department of Trade & Industry (DTI), (and the CMC/CMR Defendants).
3. It will have a membership of Dr Ken McGeoch, Dr Ian Lawson, Professor Frank Burke and Mr George Proud.
4.
 - a. The MRP will be invited to report upon the basis of joint instructions agreed between the parties.
 - b. The MRP shall also consider any issue(s) relating to modification or operation of the MAP raised by the parties at any time provided that a

document setting out in full the proposed reference to the MRP, together with a copy of the draft letter of instruction and any supporting documentation, has been circulated by that party to all parties 21 days prior to the submission to the MRP to allow any other party to make any representations to the MRP on the issue(s) as they wish. Any party making such representations on the issue(s) to the MRP shall circulate to all other parties a copy of their correspondence with the MRP together with any supporting documentation submitted to the MRP.

5. Any reports produced by the MRP will be expected to reflect the views of all of the members of the panel. If there is a dispute, details of that dispute will be included in the report, so that any report represents the range of views expressed by the membership of the panel. Any report from the MRP will confirm the members of the MRP who have seen it. If a report is prepared without a contribution from all of the members, those members contributing should be identified in the report and the reasons(s) for the absence of a contribution from the other members noted.

6. The MAP is designed to minimise the scope for argument, and the disputes procedure (included in the Claims Handling Arrangement) is intended to resolve those that arise. However, there may be occasions when consideration by the MRP would help. This may simply be a matter of a novel or unusual feature of a particular case, which is likely to recur in others. Such precedents should usefully be established to expedite settlement of future claims with comparable features. Alternatively, it may be more substantive where a definitive advice on the presence or absence of a particular condition is needed, and/or an assessment of the severity of the injury it entails. Further litigation needs to be avoided wherever possible.

7. Where the MRP believes that it would be appropriate to take advice from non medical experts, or medical experts whose specialist area and/or experience is not reflected in the membership of the panel, to assist them in carrying out their functions, then the panel should so advise the parties, setting out the issue to be addressed and the person to be consulted. The parties will then consider the MRP's request. If the parties agree with the panel on the instruction of the expert then the parties will jointly instruct the expert to report directly to the MRP (and

simultaneously to the parties) and the DTI will be responsible for the fees of the expert.

8. The reasonable costs and expenses of the MRP members shall be paid by the DTI.

SCHEDULE 12(2)
MAP CHANGE CONTROL MECHANISM

SCHEDULE 12(2)
MAP CHANGE CONTROL MECHANISM

The Parties are agreed that any changes to the MAP have to be agreed between the Parties usually after advice has been taken from the MRP.

Proposed changes to the MAP may arise via the following:

at the party's suggestion
at the suggestion of the MRP, or
at the suggestion of the service provider

Where the proposals come from the Parties the matter should be referred to the MRP through the agreed mechanism of joint instructions.

Where the proposals come from the MRP or the service provider those proposals will be considered by the Parties at a review meeting.

Any recommendations made by the MRP following joint instructions, will be considered by the Parties and the MRP notified whether the recommendations are ratified by the Parties or not.

All ratified recommendations shall be notified by NN to the service provider within 5 working days of ratification who shall immediately upon receipt of such notification implement the changes recommended as follows:

notify examining doctors at individual centres by faxed memo or bulletin within 2 working days

arrange an amendment to the guidance notes within 28 days. Within 7 days a copy of the draft amendments to the MAP/Guidance Notes shall be sent by the service provider to the CSG and NN for approval. The CSG and NN will notify the service provider of their approval within 3 working days.

Once these have been approved by both NN and the CSG the amended notes will be circulated and copies sent to the MRP, CSG and NN

identify training needs within 2 working days

the implementation of training needs will depend on the nature of the training identified. If a memo is suitable this will be delivered within 2 working days. If a one to one training session is identified, this will be delivered within 5 working days. A re-training programme for all examining doctors would be delivered within 3 months

where any amendment to the MAP requires a software change the service provider will within 3 working days advise NN and the CSG of that requirement and provide a timescale for implementation for approval. NN and the CSG will agree a timescale with the service provider within 3 working days of being notified of it. The service provider will adhere to that timescale unless otherwise agreed with the CSG and NN.

internal audit monitoring is performed on a weekly basis. Any change of control will be monitored by the internal audit procedure, the monthly Quality Forum Group and by the monthly MIS information. A change to the way in which the internal audits are performed will be implemented within 10 working days of notice

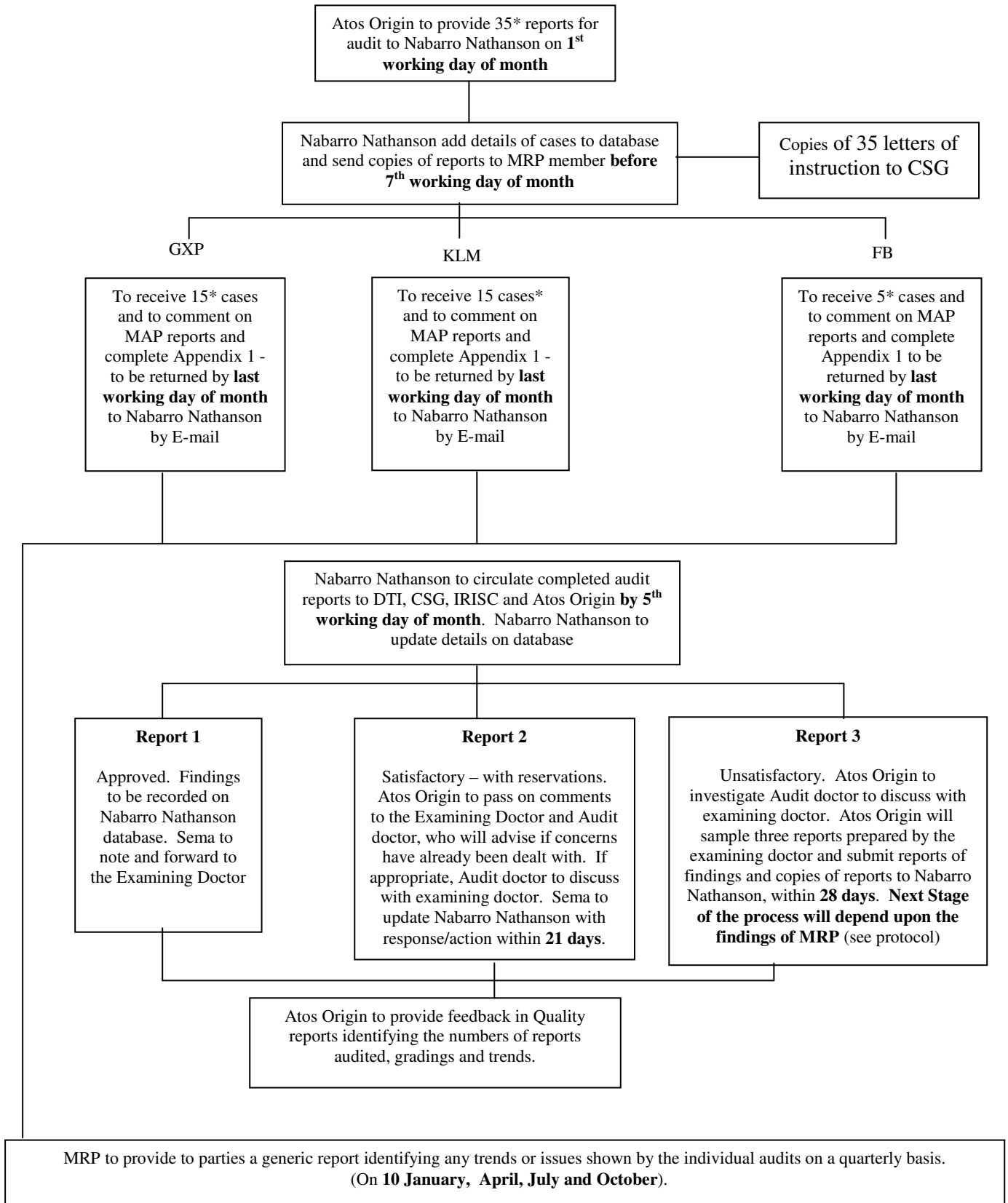
The CSG will notify their members of the changes to the MAP/Guidance Notes and shall- advise the DTI of the date of the relevant bulletin and its issue number.

The MAP/Guidance Notes will be posted on the www.coalclaims.co.uk The MAP/Guidance Notes will be updated by IRISC within [5] working days of any amendment to the MAP/Guidance Notes being ratified.

SCHEDULE 12(3)
MRP AUDIT PROCEDURE

**SCHEDULE 12(3)
MRP AUDIT PROCEDURE**

MRP AUDIT FLOWCHART



*or other number to be agreed from time to time

PROTOCOL FOR THE MONTHLY AUDIT OF MAP REPORTS

INTRODUCTION

This protocol, agreed between the CG and the DTI, sets out the procedure for the monthly MAP audit and the procedure to be followed in instances where the MRP express concerns over the content of a MAP report.

PROCESS

1. On the 1st working day of each month Atos Origin will select 35 MAP reports and forward them to NN.
 - 1.1 These will be reports completed by examining doctors who have not previously had their reports audited by a member of the MRP within the current audit cycle.¹⁹
 - 1.2 Atos Origin will endeavour to ensure that there are a variety of reports including:
 - (a) domiciliary visits
 - (b) live; and
 - (c) deceased. [**deceased procedures to be agreed**]
 - 1.3 Atos Origin will update and maintain a list of Examining doctors whose reports have been audited by the MRP.
 - 1.4 Atos Origin should ensure that the MAP reports have been with IRISC for 2 weeks before passing them to NN²⁰. Atos Origin will inform IRISC which MAP reports have been selected by providing names and reference numbers.
 - 1.5 Atos Origin will select reports in a manner to ensure that audits are targeted first at the doctors producing most reports at centres where the most examinations have taken place. In a three month audit cycle Atos Origin will ensure that each doctor is audited at least once in the cycle.
2. NN will set up and maintain a database which will record all reports sent from Sema and forwarded to the MRP. This to be updated at all stages with MRP's recommendations and Sema's comments. All parties to have access to database.

¹⁹ NB The process will continue until the MRP have audited the reports of all Examining doctors and the cycle will begin again.

²⁰ IRISC will normally QA MAP reports within 2 weeks and so this affords a degree of surety that they have not been inappropriately transferred to the MRP.

-
3. On receipt of the documentation NN, on behalf of the parties, will instruct each member of the MRP²¹ in the terms agreed by the parties sending them, on or before the 7th day of the month, reports to review in the quantities as follows:
 - Dr K McGeoch...15²²
 - Professor F Burke ...5
 - Mr G Proud...15
 4. Copies of the letters of instruction will be sent to the CG and a copy of all documentation will be retained by NN.
 5. Each member of the MRP will then review and comment on the MAP reports as appropriate and categorise each report as set out in Appendix 1. The MRP member will complete an agreed pro-forma for each assessment and return it to NN by e-mail by the last working day of the month. NN will then circulate the Audit Reports to the DTI, CSG, IRISC and SchlumbergerSema. NN will keep all details on database.
 6. The findings of the MRP will then be acted upon as set out in the table at Appendix 1.
 7. The MRP will provide quarterly to the parties a regular generic report identifying any trends or issues shown by the individual audits. This report to be provided to Nabarro Nathanson, for distribution, by the 10th day of March, June, September and December.
 8. Atos Origin to provide feedback in the Quality report identifying numbers of reports that have been audited, breakdown of gradings and any trends.

²¹ By way of the draft letter included in Appendix 2.

²² Or other number to be agreed from time to time

APPENDIX 1

TABLE FOR THE CATEGORISATION OF AUDITED MAP REPORTS

Please note that for the purpose of this table the term MRP member refers to the individual MRP member who completes the report

	Finding	Examples/ Explanatory note	Action Required
1.	Approved		Findings recorded by NN on database. SchlumbergerSema to note and forward findings to examining doctor.
2.	Satisfactory – with reservations The MRP has approved the report with some reservation:	<i>This category comprises of satisfactory MAP reports were the MRP felt that there could be some improvement or where they have a very minor criticism.</i>	<p>Findings recorded by NN on database</p> <p>SchlumbergerSema pass on the comments of the MRP member to their Audit doctor who will forward the details to the examining doctor and advise if the concerns have already been dealt with during routine/targeted monitoring. If so audit doctor to give details of action taken .</p> <p>If these concerns have not been previously addressed Audit doctor to discuss with examining doctor and where necessary provide training/advise.</p> <p>No further action required unless highlighted by Audit doctor.</p> <p>In either category SchlumbergerSema are to supply the response/action to NN, CSG and MRP member within 21 days, who will record on database.</p> <p>No further action is required.</p>

	Finding	Examples/ Explanatory note	Action Required
3.	Unsatisfactory.	<p>+The MRP express concerns about the way in which the MAP report has been completed</p> <p>and/or</p> <p>+The report is not to an adequate standard and further investigation is required</p>	<p>Concerns forwarded to SchlumbergerSema for investigation. MRP member's comments will be forwarded to Sema audit doctor for discussion with examining doctor. SchlumbergerSema will sample 3 reports prepared by the examining doctor (2 from those completed within the last month) and submit a report on their findings (together with copies of the reports to NN, CSG and MRP member within 28 days. The MRP member will be asked for their comments on this report(taking into account the further 3 MAP reports supplied) within 28 days. NN will at each stage forward copies to all parties.</p> <p>The next stage of the process will be dependant upon the findings of the MRP member</p> <p>a)The MRP member feels that the audited report is inconsistent with other satisfactory reports completed by the examining doctor: Accordingly, if the MRP member is satisfied no further action is recommended, he will notify NN</p> <p>or</p> <p>b) The MRP member finds that reports of the examining doctor are within the bands of reasonableness but that the examining doctor requires further guidance: The subsequent 6 reports that the examining doctor completes will be scrutinised by SchlumbergerSema audit doctor and a report will be sent to NN (together with copies of the MAP reports)for distribution to the parties. SchlumbergerSema to advise parties in advance dates when this is likely to be completed. If the MRP member is satisfied by the report from SchlumbergerSema no further action will be required. If the MRP member is not satisfied that sufficient progress has been made by the examining doctor further guidance will be given and the name of the examining doctor is added to the list of those who require ongoing</p>

	Finding	Examples/ Explanatory note	Action Required
			<p>targeted monitoring.</p> <p>or c) The MRP member deems that the examining doctor's reports are unacceptable and do not meet the required standard: SchlumbergerSema's Disciplinary procedure will be activated – the examining doctor will be advised that he/she will be the subject of targetted monitoring (ie until further notice all MAP reports will be audited by SchlumbergerSema Audit doctor) .</p> <p>The Audit doctor will also carry out a thorough review of the last 10 MAP reports completed by that examining doctor. A report ,based on the findings of these actions , and giving SchlumbergerSema's recommendations to be supplied to NN for distribution to the parties and the MRP member. MRP member to circulate details and discuss with MRP (as a whole) who will then advise TICS and NN within 4 weeks whether: 1) they feel confident that the doctor has had sufficient training/guidance to now continue performing MAP examinations 2) they feel the examining doctor should continue on targeted monitoring for a further period (specify period or number of MAP reports) or 3) they recommend that SchlumbergerSema should continue with the Disciplinary procedure.</p> <p>In cases 2 and 3 further action will be taken as agreed between the parties on an individual basis.</p>

	Finding	Examples/ Explanatory note	Action Required

APPENDIX 2

TEL 1 South Quay Victoria Quays Sheffield S2 5SY
0114 279 4000
FAX 0114 278 6123
www.nabarro.com
DX 712550 Sheffield 20

[ADDRESS]

[DATE]

Our ref: []

Dear []

**British Coal Vibration White Finger Litigation
MAP Report Audit**

We are writing to you in your capacity as a member of the MRP.

We enclose sample MAP reports in relation to:

1. [NAME] - IRISC reference [];
2. [NAME] - IRISC reference [].

These are being sent to you under the standing procedure to audit the MAP reports on a monthly basis.

We would be grateful if you could audit these reports and return the assessment pro-formas to Nabarro Nathanson by the last working day of this month in accordance with agreed protocol.

We will then forward your findings to the parties.

We look forward to hearing from you.

Yours faithfully

Nabarro Nathanson
Direct Dial: 0114 279 4101
C.Dray@nabarro.com

]

APPENDIX 3

British Coal Vibration White Finger Litigation; MAP Audit Process

Name of MRP Audit Doctor	
Name of Examining Doctor	
Name of Claimant	
IRISC Number	
Date of examination	

**General marking and comments on MAP report –
please mark based on following - A: good explanation/full details
 B: adequate
 C: unsatisfactory/unclear comments**

ITEM	MARK	COMMENTS
2.1		
2.2		
2.3/4		
2.5		
3		
4		
5		
6		
7		

Please make any further comments here

Taking into account your markings above please give your overall grading for this report based on the grades below *

*** Grade 1: Approved
Grade 2: Satisfactory with reservations**

Grade 3: Unsatisfactory

Please use the following space to make you recommendations. This is optional if you have given a Grade 2 but must be completed if you have awarded a Grade 3

Signed **Dated**

To be completed by SchlumbergerSema Audit doctor

Please give below your comments/observations following discussion of this report with the examining doctor

Signed..... **Date.....**

This form to be returned to MRP member who should give any further comments/recommendations below

Signed..... **Date.....**

SCHEDULE 13(1)
DISPUTES PROCEDURE

SCHEDULE 13(1)

DISPUTES PROCEDURE

- 1 The Parties anticipate that the majority of minor disputes that arise in individual claims, whether of evidence or of interpretation of this Arrangement, will be resolved between the Claimants Representative and IRISC or the coordinating party²³ via the agreed escalation process at Schedule 13(1)(i). The Parties also recognise that some disputes may include issues that relate to all or a number of claims. In such circumstances the Parties will formally identify those issues as requiring resolution between the SC and the DTI (or the insurers of CMR and CMC Defendants where relevant) and thereupon the provisions provided for the resolution of disputes in individual cases will be suspended save that any party may give notice to the other(s) that the issue or issues so identified should proceed as individual disputes.

MEDICAL DISPUTES

- 2 Initially issues arising in relation to medical evidence shall be addressed as follows:-
- 2.1 In Category A or B claims IRISC or the coordinating party shall be at liberty to obtain a further medical report subject to payment of all costs arising there from including the Claimants reasonable travelling and other expenses. The report shall include examination and testing as described in Schedule 4. Any such report shall be disclosed immediately on receipt to the Claimants Representative.
- 2.2 In category C cases where either the Claimants Representative or IRISC or the coordinating party disagrees with the MAP Report obtained pursuant to Schedule 4 the concerned party should notify the other party in writing of the issue or issues within [42] days of receiving the MAP Report.

²³ In claims not involving BCC/DTI the last insurer will coordinate the claim and stand in the place of IRISC. The escalation process is limited to BCC/DTI cases only.

-
- 2.3 If following discussions between IRISC or the coordinating party and the Claimants Representative the issue or issues are not resolved within 14 days of the notification IRISC or the coordinating party shall immediately refer the issue or issues to the Medical Service Provider (Atos Origin) for reconsideration and Atos Origin will within 28 days of the reference provide their version on the issue or issues simultaneously to the Claimants Representative and IRISC or the coordinating party.
- 2.4 Atos Origin will, if the issue is one of clinical judgement, seek the views wherever possible of the doctor who examined the Claimant. If it has not been possible to obtain the views of that doctor Atos Origin will so advise the parties.
- 2.5 When replying to the parties Atos Origin will copy to the parties any comments provided by the examining doctor. Where the examining doctor is unable to comment within 28 days, the issue may be reconsidered by another Atos Origin doctor of equivalent or superior experience to the original examining doctor.
- 2.6 In the event that the dispute is not resolved the Claimant or the coordinating party²⁴ shall be at liberty to obtain a further report from an expert listed in Schedule 11 which report shall meet the criteria set out in Schedule 10, subject to the payment of the Claimant's reasonable travelling and/or other expenses.
- 2.7 Where any further medical evidence obtained pursuant to either sub-sections 2.1, 2.2 or 2.6 puts in issue the original diagnosis or assessment of the extent or severity of the condition and this cannot be resolved by negotiation within 28 days of service of the further medical report the claim shall be dealt with pursuant to sub-section 3.1.

² IRISC on behalf of DTI/BCC are not entitled to obtain a further report from an expert listed in Schedule 11 or from any other expert.

NON MEDICAL DISPUTES

- 3 Initially issues arising in relation to matters other than medical evidence shall be addressed as follows:
 - 3.1 Where the matter in issue relates to an individual claim then the matter in the first instance shall be referred to a senior IRISC employee, or a senior employee of the coordinating party who will try to resolve the dispute directly with a partner or other fee earner (usually being a person other than one who has sought to resolve the claim hereinbefore) nominated by the Claimants Representative. In the event of the matter remaining unresolved within 28 days of the reference (unless otherwise agreed) the claim may be referred to the Disputes Procedure by either party by service of a Notice of Dispute in the form of the Notice at Schedule 13(2)
 - 3.2 Where disputes arise raising issues that affect or may affect a group of claims the DTI and the SC (or the insurers of CMC and CMR Defendants where relevant) will as provided for in paragraph 1 seek to resolve those issues directly out with this disputes procedure and may refer the matter or matters either for mediation in accordance with paragraph .5 or to the High Court Judge nominated to oversee the litigation. Individual cases that are in dispute can also be resolved in this way. If such a dispute arises the Claimants Representative and IRISC or the coordinating party shall respectively notify the SC and the DTI (or the insurers of CMC and CMR Defendants where relevant) forthwith.
- 4 Following service of Notice of Dispute the dispute will be addressed in accordance with the following procedure:-
 - 4.1 Any Notice of Dispute shall be addressed to the Technical Claims Manager at IRISC or the nominated representative of the Claimants Representative or the nominated representative of the CMC or CMR Defendant, where relevant.
 - 4.2 Other than provided for by paragraphs 4.3 and 5 should any Notice of Dispute remain unresolved 28 days after receipt of the Notice of Dispute (unless

otherwise agreed) the claim may be treated as rejected leaving the claimant free to pursue Court proceedings outside this Arrangement.

- 4.3 Following receipt of a Notice of Dispute the receiving party shall confirm whether or not there is scope for resolution of the matter in issue within 14 days and if so, the Parties will by any means they agree to, seek to resolve the issue within a further 14 days. If the receiving party either:
- a) gives notice that there is no issue for resolution; or
 - b) fails to respond within 14 days; or
 - c) if agreement is not achieved within the 14 day period, or such longer period as may be agreed, following the giving of Notice then the claim shall be deemed rejected leaving the Claimants free to pursue Court proceedings outside this Arrangement if so advised.
- 4.4 Where a Claimant does not accept the rejection of his claim on the grounds that his period of employment in a Group 1 and/or 2 occupation after 1st January 1975 was insufficient or that his exposure to vibration in a Group 3 occupation was not tortious then the matter may be referred to the VRP for consideration in accordance with the terms of reference at Schedule 14.
- 4.6 The VRP decisions and advice are not binding upon the Parties but it is their intention that individual VRP decisions should be followed. Where these findings are consistent with the evidence submitted to the VRP. Any subsequent reference to the disputes procedure under the Claims Handling Arrangement must take a VRP decision into account and treat the same as highly persuasive, only to be disregarded in exceptional circumstances.

LITIGATION

- 5 Any dispute falling to be dealt with under paragraph 3.1 (individual cases) or 3.2 (generic issues) not resolved between **Capita and the Claimant's Representative** or the SC and the DTI (or the insurers of CMC and CMR Defendants where relevant) may, with the consent [not to be unreasonable

withheld] of the DTI and the SC (or the insurers of CMC and CMR Defendants where relevant) (the “Mediatees”), be submitted to mediation by an accredited mediator nominated by the agreed mediation service provider. If the Mediatees agree to refer the dispute to mediation, and upon notice in writing being given by either Mediatee to the other, then:

- 5.1 the matter shall be referred to an accredited mediator (who shall act as a mediator and not as an arbitrator) [chosen by the agreed mediation service provider] provided always that any such mediator must be suitably qualified and experienced and usually will be a solicitor or barrister with at least 10 years post qualification experience of personal injury claims but who shall not be involved in the VWFLSG or have any claims against the DTI or any CMC or CMR Defendants registered under this Arrangement
- 5.2 [the Mediatees shall within 14 days of the appointment of the mediator meet or otherwise communicate with him/her in order to agree a timetable for the exchange of any relevant information and the structure to be adopted for the mediation. If considered appropriate, the Mediatees may at any stage seek assistance from the agreed mediation service provider to provide guidance as to a suitable procedure.]
- 5.3 unless concluded with a written legally binding agreement, all negotiations connected with the dispute shall be conducted in confidence and without prejudice to the rights of the Mediatees in any future proceedings.
- 5.4 if the Mediatees accept the mediator’s recommendations or otherwise reach agreement on the resolution of the dispute such agreement shall be reduced to writing and once it is signed by their duly authorised Representatives, shall be binding on the Mediatees.
- 5.5 the costs of any mediation (including the costs of the mediator) shall be shared equally between the SC and the DTI.
- 5.6 in the event of a dispute remaining unresolved within one month of the mediation concluding (unless otherwise agreed) or if consent to mediation is not given by either DTI or the SC or the CMC or CMR Defendant, where

relevant within one month of a written request by the other, the claims affected shall be treated as rejected at that date for the purpose of determining the time for commencing proceedings pursuant to paragraph 15.1

- 5.7 if mediation fails to resolve the dispute the Parties irrevocably agree that the Courts of England and Wales shall have jurisdiction to hear and determine any action or proceedings and to settle any issue in dispute, which may arise out of or in conjunction with this Arrangement and for such purpose the Parties irrevocably submit to the jurisdiction of the Courts of England and Wales.
6. Any litigation commenced after the operation of the disputes procedure shall be restricted to the issue or issues that remain to be resolved between the Parties.

SCHEDULE 13(2)

DISPUTES NOTICE

SCHEDULE 13(2)
DISPUTES NOTICE

The Issue:

The Dispute:

Background:

Steps taken to date to resolve the dispute:

Relevant documents:

Dated this day of 2000

Signed-----

[insert claimant's representative]/ For and on behalf of IRISC/For and on behalf of the coordinating party.

SCHEDULE 13(3)
DISPUTES
ESCALATION PROCEDURE

CAPITA

Insurance Services

**IRISC – A review of the current complaints
escalation procedure for VWF**

Diane Barnard, David Camplejohn & Stuart Callaghan

March 2004

File: Shared / VWF / Katrina Carnall's Team / Escalation
procedures

Version 1.1

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Introduction

1.1 Aims

The aims of this report are:

- To establish the extent to which IRISC’s prescribed Complaints Escalation Procedure is currently followed, both by the claimants’ solicitors and by IRISC staff
- To identify reasons for any deviation from this prescribed procedure
- To consider opportunities to improve the Escalation Procedure

1.2 Prescribed Escalation Procedure – non-medical disputes/issues/complaints

The current prescribed procedure as detailed in the table below has been in place since May 2003, and whilst initially it was successful this was as a result of just one centralised team being accountable for this area. The team was disbanded as a result of the introduction of Solicitor allocation, although the prescribed procedure remains unchanged.

Level	Solicitor Action Required	IRISC Action Required
Level 1	1 st letter of complaint / dissatisfaction – Addressed to Team Leader	Response from Team Leader within 10 working days of receipt.
Level 2	2 nd letter of complaint / dissatisfaction - Addressed to Team Manager	Response from Team Manager within 10 working days of receipt.
Level 3	3 rd letter of complaint / dissatisfaction - Addressed to Operations Manager	Response from Operations Manager within 10 working days of receipt.
Level 4	4 th letter of complaint / dissatisfaction - Addressed to VWF Director	Response from VWF Director within 10 working days of receipt.

Level 5	Solicitor should refer to DTI	Response from DTI
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**Where solicitor considers that a situation cannot be resolved, they may issue a Notice of Formal Dispute, which should be addressed to David Burman as Technical Manager.

2. Review Findings

Having reviewed the current application of IRISC's Escalation Procedure, the following flaws/issues have been identified:

2.1 Irisc non-compliance

Initially, control of complaints was managed within one team and the escalation procedure was fully applied. Subsequently, with the introduction of Solicitor allocation, the centralised work was fully operationalised resulting in a less controlled environment in respect of this area only. Initial indications are that whilst the prescribed process was in place, in practice the dissemination of this crucial area has resulted in a diluted approach to complaint handling and control. This has been evidenced through adjusters working the complaints work queue and not determining the correct level of complaint. As such, the correct level of Management sign-off / response is not being supplied. Adjusters are signing complaint responses in their own name / capacity as adjuster, regardless of, and not referring to, the addressee of letter (this is not in accordance with the escalation procedure).

In relation to the service level agreement on complaints, IRISC continually aspires to meet the 10-day turnaround target. In practice this has not always been possible mainly due to the complexity of issues raised and the resultant investigations needed, however the FSA guidelines on complaint handling advises that 20 days for a full response is in order. In addition, the FSA guidelines as to what constitutes a complaint whilst specific provide an extremely broad interpretation and are not conducive to easy identification and categorisation of complaints. An example of this would be the reference to previous correspondence, in practice on investigation, letters of this nature tend to refer to previous information received or supplied, rather than previous correspondence that we have failed to respond to.

2.2 Solicitor non-compliance

The main issue identified is that Solicitors are not following the escalation procedure as prescribed and are addressing complaints to incorrect levels of IRISC Management. In February 2004, 76 Senior Management / Formal disputes were received at IRISC. Of these, 12 were formal disputes; 4 were VWF Director (level 4); 11 were Operations Manager (level 3); 49 were level 1 & 2 that should have been addressed to Team Leaders (41) and Team managers (8) that were in fact addressed to members of the Senior Management team (level 4 and above).

In addition, Solicitors are addressing letters to named contacts no longer employed in that operational area, (e.g. a G3 complaint addressed to Philip Knight) and no longer featured on IRISC's key contact list. Furthermore, Solicitors are escalating the issue of delays in liability decisions on claims for men less than 71 years of age, despite the current agreement of prioritising men over 71 years. This results in IRISC having to respond to "complaints" generated only due to Solicitors disregarding the agreed protocols in place.

2.3 Current Practices for communicating contact changes to solicitors

Appendix A shows the approaches adopted by Team Manager Units for notifying their allocated solicitors of any changes. This shows that each Unit has adopted a different approach for notifying their solicitors of any changes, and as such, there is no immediate consistency. However, in many cases, the solicitors concerned have driven the methods adopted, and any changes may not be well received by the solicitors, resulting in a potentially poorer perceived service. IRISC will continue to follow the current methods in place with feedback being requested from the individual Solicitors.

Part of the role of Solicitor Liaison Manager (Caroline Lacey) has been to personally communicate the current IRISC contact information and escalation procedures to the top 15 Solicitors. During visits, Caroline regularly provides updates to the relevant Solicitors of any key contact changes to ensure a smooth and readily available relationship. In addition, Caroline has managed Solicitor behaviour when she has been made aware of any non-

compliance to the procedures; this is often managed face to face at Partner level to ensure immediate rectification.

2.4 Use of the website as a vehicle for advising solicitors of changes

Currently the website is not used for this purpose by any team. IRISC are keen to follow this route to further encourage Solicitors to utilise this informative data tool. IRISC will need to investigate further the efficiency of utilising the website for this purpose and the timeliness of the updates supplied.

IRISC is keen to encourage Solicitors to utilise the website more frequently from a case tracking perspective to allow an immediate update of the current position of the individual claim concerned. This in turn should reduce the overall number of complaints received particularly in areas where Solicitors believe IRISC are delaying the claim as Solicitors are able to establish the current stage of the claim without having to resort to written correspondence.

2.5 Change Control Mechanism

The escalation procedure (as described in 'Basic Procedure') was agreed and signed off by Simon Varley in Quarter 2 of 2003. Following this agreement, descriptive flowcharts and Named Contact lists, for all sites, were supplied by the Policy Unit (James Powell), to Chris Young at Nabarro Nathanson for onward transmission to the CSG and Co-def Representatives.

Since this initial cascade, formal updates of the contact list have been requested by James and supplied to the same distribution group, on two occasions. The latest quarterly updated contact list was issued by IRISC on 17 March 2004.

NN also notify IRISC that the contact list has been forwarded to the CSG and Co-def Reps, confirmation from Damian Whitlam at Nabarro Nathanson's that the latest list has been cascaded to the CSG representatives was received on 22 March 2004. Beyond this, IRISC does not request formal confirmation of receipt from individual solicitor practices and we would ask the client to confirm that this remains the acceptable position going forward.

3. Conclusions and recommendations

1. **IRISC non-compliance** - All complaints will be worked by a dedicated complaints training academy from Quarter 2 (2004). We are aiming to train small groups of adjusters on the complaints handling protocol including the application of the prescribed escalation procedure. This will enhance and develop their current skills with a view to returning them to their respective teams once trained. This mirrors the current Co-def training academy model, which has been extremely successful. This will ensure that all complaints are dealt with in a consistent manner and additionally will be directed to the correct level of management for sign off / response. In order to monitor that all procedures are adhered to once the adjusters return to their respective teams, complaints work will be restricted to a small number of individuals in each unit. Management Information systems will be developed to reconcile the number of complaints progressing through the system against the number recorded within the new ICMS database, to ensure that all complaints are acted upon. In addition, quality audits will be implemented and samples monitored and checked by an independent resource, similar to current technical checking. This activity will be owned by the Quality Assurance team (Diane Barnard).
2. **Solicitor non-compliance** – We would recommend that the CSG reiterate the escalation procedure to its members to ensure the protocol is understood and adhered to. Any further complaints received addressed to the wrong party will be dealt with by the complaints training academy in accordance with the attached protocol. This activity needs to be managed by the CSG, timescales to be advised.
3. **Current practices for communication** - Appendix A will be updated in accordance with current individual practices however a formal cascade via the CSG will be issued quarterly to confirm current Solicitor contacts. This has just been produced and issued (17 March 2004) and will be updated in June 2004. James Powell (IRISC Policy team) will manage the production for June 2004 onwards.
4. With reference to 3 above, IRISC will investigate the future use of the website to cascade changes to the Solicitor's contact lists in addition to the current postal methods. This activity will be progressed by the end of April 2004 by Diane Barnard & Stuart Callaghan. In addition, we will look to flowchart the escalation procedure on the website for reference. The flow chart is currently available however IRISC will need to make arrangements with Hyperlink (website maintenance) to confirm suitability and release timescales.
5. **Change control mechanism** - IRISC will nominate an internal resource to own the overall Solicitor contacts list and ensure that changes to the contacts are maintained on a daily basis

and that teams feed the information to the relevant Solicitors. In addition the individual will feed all changes to James Powell (Policy) to ensure the quarterly cascade to the CSG is accurate and fully up to date. Ownership will lie with the Solicitor Liaison Manager, Caroline Lacey from 1st April 2004.

Appendix A – Current contact arrangements established with allocated solicitors

General Damages:

TM	Solicitor	Method of contact	Person contacted at sols	Sol asked to confirm receipt?	Comments
VC	Browells & OH Parsons	e-mail/fax	Team Leaders	No	
VC	Misc A-H	None/infrequent	N/A	No	
MG	Watson Burton, Legal Warehouse	Telephone contact on a weekly basis, 6-monthly face to face meetings	Senior partners	No	
MG	Towells	Telephone/e-mail	Senior partners	No	Sols have stated that they are not interested in building relationships – only want to be able to ring IRISC.
MG	Misc I-P	e-mail	Senior Partners	No	Only contacted when key contact details change.
ED	Raleys	TM contacts fortnightly by telephone	Senior Partners	No	
NT	I Mitchell	Telephone	Team Manager	No	No regular contact, unless requested by sol.
NT	Saffmans	Telephone	Key contact	No	Sols have requested contact with their fee earner only.
SO	Graysons	Weekly telephone calls by TL/TM	Senior partners (Sally Hayles)	No	
SO	Atteys	Monthly telephone calls by TL	Senior partners	No	
DC	Moss	Telephone/e-mail updates by TL whenever anything changes	Senior partners	No	Sols confirmed that they prefer to contact IRISC when issues arise
DC	AMS	Telephone	Team Leader	No	Sols confirmed that they prefer to contact IRISC when issues arise

DC	Beresfords	Telephone	Team Leader	No	
JK	UDM	Weekly telephone calls to Team Leader, senior partners notified of key contact changes	Senior partner	No	

Services:

TM	Solicitor	Method of contact	Person contacted at sols	Sol asked to confirm receipt?	Comments
NT	UDM	Telephone contact 3 times per week with TL, but contact lists issued by e-mail	Team Leader	No	
Other Sols		e-mail	Senior partner	No	

SCHEDULE 14

Vibration Reference Panel

SCHEDULE 14(1)

VIBRATION REFERENCE PANEL

TERMS OF REFERENCE

VIBRATION WHITE FINGER LITIGATION

VIBRATION REFERENCE PANEL

TERMS OF REFERENCE

1. The Vibration Reference Panel (the VRP) will comprise of at least three members agreed by the parties. At least two of the members will be nominated for their respective expertise in the working practices of the coal mining industry with particular reference to the circumstances of use of vibrating tools. At least one member will be nominated as a consequence of his or her legal experience. For the avoidance of doubt a member may only be appointed by agreement of the parties.
2. The inaugural members are Alun Davies and Edward Sellars.
3. The purpose of the VRP is to consider referrals made to it in accordance with the Occupational Group Procedure set out at Schedule 2(2). The VRP will be asked to advise as to the likely extent of vibratory tool usage in circumstances contended for in individual cases. For the avoidance of doubt it shall not be part of the VRP's role to assess the likely vibration level of a tool or tools in any case the subject of a referral.
4. Reference to the Panel can only be sought by the following routes:-
 - Joint instruction by IRISC and an individual claimant's solicitor; or
 - Joint instruction from the DTI and the Claimant's solicitors Group (CSG)
5. For the avoidance of doubt, no request to the panel, may be made unilaterally by any party and all requests must also be copied in writing to Nabarro Nathanson and to the (CSG) save that if either the Claimant or IRISC fail to object and set out in writing the reasons for their objection to the others request for a reference to the VRP within 42 days of receipt then the claim may be referred to the VRP without further notice provided a copy of the reference in question is forwarded by the referring party to the other party.

6. Wherever possible the VRP will provide an agreed joint report in respect of the matter referred to it. In the event that the members of the VRP are not in agreement then in their joint report they shall set out those matters they agree (if any), those matters in respect of which they disagree and the reasons for such disagreement. The VRP shall use their best endeavours to reply to instructions from the parties, convening if they deem that necessary, within 28 days of receipt of those instructions and to provide their agreed report within 28 days thereafter.
7. Joint reports will be delivered simultaneously to the Claimants Representative, to IRISC, Nabarro Nathanson and to (CSG) by the VRP
8. It is recognised that mining practices vary over time and from region to region within the UK coalfields. The members of the VRP may seek assistance from others with particular expertise of regional working practice provided that any expenditure over £50 in obtaining such assistance is approved in advance by the DTI. Where any assistance is sought by or provided to the VRP full details of the person consulted and their input should be included in the VRP report on the individual case.
9. The VRP decisions and advice are not binding upon the parties but it is the intention of the parties that individual VRP decisions should be followed. Any subsequent reference to the formal disputes procedure under the Claims Handling Agreement must take a VRP decision into account and treat the same as highly persuasive, only to be disregarded in exceptional circumstances.
10. Where an issue arises that affects or may affect a group of claims the parties may seek to refer that matter to the VRP for advice. If such a referral is made the parties will agree a joint letter of instruction to the VRP. Any report received from the VRP shall be advisory to the parties and shall not be binding.
11. The members of the Panel will be paid individually as set out in their contracts with the DTI. The Panel will, however, be required to provide the parties with a budget before any additional expenditure not covered by their contracts is incurred and all such expenditure will have to be authorised in advance by the DTI.

SCHEDULE 14(2)

VRP REPORT DOCUMENT

VRP REPORT

Claimant's Name:	
IRISC Reference:	
Solicitor's Reference:	
Claimant's Solicitor:	
Date of Report:	
Documents Considered:	
Issue referred:	
Findings of the VRP as to Fact:	

VRP Assessment of Tool Usage (where required)					
PERIOD Dates		Length of period Months/Years	Tool used	Daily/ Weekly/ Monthly	Period of use Minutes
From Month/Year	To Month/year				
Decision and Reasons for Decision:					
Signed By:					

SCHEDULE 14(3)

VRP DOCUMENTS CHECKLIST

LETTER OF INSTRUCTION TO THE VRP

DOCUMENTS CHECKLIST

1. Employment Record:

Training Record	
Personnel Record	
Earnings Details	

2. Claimant Witness Statement Evidence:

Claimant's Witness Statement	
Colliery Official's Statement	
Union Official's Statement	
Colleague (1)	
Colleague (2)	

3. Defendant Witness Statement Evidence:

Area Official's Statement	
Colliery Official's Statement (if more than one state no.)	
Colleague Statement (if more than one state no.)	

4. Other Documentation (*please state documents enclosed*):

Relevant correspondence	

**Please cross the box indicating which documents are being submitted with the letter of instruction*

SCHEDULE 15

PILOT SCHEME

SCHEDULE 15

PILOT CLAIMS

1. A group of Category B claims the number and identity of which shall be agreed between the Steering Committee and IRISC shall form a pilot group for medical examination in accordance with the procedure set out below at section 5.2 b) v). The purposes of the pilot are:-
 - i) To enable the parties to determine whether it is fair and reasonable for the DTI to make offers of settlement in Category B cases on the basis of medical reports obtained and served by each Claimant following independent medical examination until the medical assessment process is established without recourse to the further examinations as provided for at 5.2 b) v);
 - ii) To test the performance of the medical examination procedure at section 5.2 b)v);
- 2 The pilot study shall be completed by 31st January, 1999 and by 28th February, 1999 the parties shall inform each other of their decision with regard to section 4.1 i) and ii) above and shall indicate to each other the reasons for their respective decisions.
- 3 Where in any of the pilot study cases there is a variance between the medical report obtained under the pilot study and the medical report served on behalf of the Claimant which would produce a difference in the sums of compensation payable to the Claimant pursuant to section 7 and schedules 5, 6 and 7 then:-
 - a)If the medical report produced pursuant to the pilot would be more favourable to the Claimant then his entitlement to compensation will be determined on the basis of that report;

a) If the medical report produced by the pilot is less favourable to the Claimant :-

- by not more than one stage in one or both hands then the Claimant's compensation will be determined by the medical report served on his behalf;
- Otherwise, in the first instance IRISC will offer the mean of the compensation pursuant to the staging in each of the medical reports and if this is not accepted the claim will be referred to the disputes procedure in Schedule 14.

SCHEDULE 16(1)

**PROTOCOL FOR THE HANDLING OF POSTHUMOUS
VIBRATION WHITE FINGER CLAIMS**

SCHEDULE 16(1) **PROTOCOL FOR THE HANDLING OF** **POSTHUMOUS VIBRATION WHITE FINGER** **CLAIMS**

PROTOCOL FOR THE HANDLING OF POSTHUMOUS VIBRATION WHITE FINGER CLAIMS WHERE NO MEDICAL EVIDENCE AVAILABLE

Introduction

1. This protocol applies only to the handling of posthumous claims for Vibration White Finger where no medical report has been obtained and no DWP assessment is available, as per paragraph ~~6.5~~ **8.4** of the Claims Handling Arrangement (CHA).

General damages claims

2. Such claims are to be registered by the claimant using the deceased Schedule ~~9~~ **8.2** forms. The Schedule ~~9~~ **8.2** form should be completed by the claimant as fully as possible. Where any information cannot be provided the claimant should answer "not known". In any event the minimum information to be provided on the form in order for the claim to be registered is:
 - name and address of miner
 - date of birth of miner
 - date of death of miner (and if not known details of the steps taken to trace it).
 - next of kin details (name, address of person bringing the claim)
 - the relationship of the person bringing the claim to the deceased (e.g. widow or estate)
 - confirmation that the alleged employment is with BCC and was for at least one year post 1.1.75
3. Upon receipt of a claim, IRISC will seek to establish the occupational group of the deceased.

4. Where the claim is categorised by IRISC as Group 1 or 2 the claim will be accepted and proceed in accordance with the CHA as amended and supplemented by this protocol
5. Where IRISC are unable to confirm the Occupational Group for the relevant period following receipt of the Employment Documentation for Hays, and Occupational Group 1 or Group 2 is contended for by the claimant then the claimant should endeavour to provide evidence required by Paragraph 6 of the Occupational Group Procedure (setting out details of the deceased's employment history) , if possible. However, it is recognised that the claimant may not always be able to provide this information or other information strictly required by the Occupational Group Procedure. Where the information usually required by the Occupational Group Procedure cannot be provided the claimant's solicitor should provide an explanation of the steps taken to obtain such evidence and IRISC will consider the claim on its merits on the basis of the information available
6. Where a claim is categorised by IRISC as Group 3 and that categorisation is accepted by the claimant, the claim will follow the Occupational Group Procedure as amended for the handling of posthumous claims. The claimant should endeavour to provide evidence setting out the deceased's exposure to vibration, if possible. However, it is recognised that the claimant may not always be able to provide this information or other information strictly required by the Occupational Group Procedure. Where the information usually required by the Occupational Group Procedure cannot be provided the claimant's solicitor should provide an explanation of the steps taken to obtain such evidence and IRISC will consider the claim on its merits on the basis of the information available.
7. Where there is any potential co defendant involvement in a case, IRISC will follow the Co Defendant Protocol. If an agreement cannot be reached with the co defendant, IRISC will offer a proportion of the compensation as set out in section 11 of the CHA. Any period(s) of less than 6 months in aggregate with any single employer shall be disregarded for the purposes of apportionment, but not for the purposes of determining whether the deceased

had sufficient exposure in a Group 1 or Group 2 occupation for the purposes of establishing liability.

8. When Group 1 or Group 2 is confirmed or when exposure to tortious vibration in a Group 3 occupation is accepted by IRISC they will proceed to make an offer in respect of general damages in accordance with Appendix A.

Services claims

9. Where a claimant wishes to pursue a claim for services a claim may be submitted in accordance with the procedure for live claimants.
10. For the avoidance of doubt, the evidence required to substantiate the claim will usually be a statement from the claimant, and from the service providers who were providing the assistance claimed for. The statements should be in the forms set out in the services agreement. Where statements cannot be obtained from service providers statements may be submitted from third parties confirming that the assistance was provided by the service provider as an alternative. Where statements are submitted from a third party rather than the service provider the Claimant's Representative should provide an explanation as to why it has not been possible to comply with the Services Agreement. IRISC will then consider the merits of the claim, on the basis of the evidence submitted.
11. IRISC will validate the claim for services and advise the claimant whether the claim is accepted or rejected.
12. Where the claim for services is accepted, IRISC will proceed to make an offer in accordance with Appendix B.
13.
 - (a) In respect of all cases where a Claimant has not received payment before 2 October 2006 in full and final settlement following unconditional acceptance, interest should be payable on the sum offered and accepted for services at the following rates:

- Offers made before 1 February 2007 – 120%

 - Offers made between 1 February 2007 and 31 October 2007 – 124%

 - Offers made after 31 October 2007 – 128%
- (b) In all cases where a Claimant has received a payment before 2 October 2006 under Schedule 16(1) of the Claims Handling Agreement in full and final settlement following unconditional acceptance which has included a payment for services that an additional payment of interest at the rate of 80% of the value of the services claim will be made.
- (c)(i) The DTI agrees to meet the CSG's costs of the Mediation, to be assessed, failing agreement.
- (c)(ii) The DTI agrees to meet the costs of the Mediator, Steven Grimes QC, in connection with Mediation, in full.

Disputes

14. Where the claim is rejected the claimant may elect to follow the disputes procedure as applicable for the stage of rejection (occupation group or otherwise).

Costs

15. See Schedule 9.

SCHEDULE 16(2)

TARIFF

APPENDIX A

General Damages Schedule for Posthumous Claims Summary Table	
RPI Adjusted Figures at 01.01.05 at 3.49%	
Age Band	2005 Tariff (Average Payment)
Up to 45	7,543.52
46 to 50	6,899.21
51 to 55	6,352.11
56 to 59	5,577.68
60	7,065.06
61 to 65	5,942.84
66 to 70	4,945.67
71 and over	4,458.52

APPENDIX A

**GENERAL DAMAGES SCHEDULE
FOR POSTHUMOUS CLAIMS
ADJUSTED FIGURES AS AT 1.1.07 – ACTUAL RPI = 4.05%**

Discount Rates

20% 20% as agreed in CHA (for Claimants whose death precedes their 60th birthday)

5% for litigation risk

<u>Age-Band</u>	<u>Year</u>	<u>Total Claims In Age-band</u>	<u>Total Amount Paid For Age-band</u>	<u>Average For Age-band</u>	<u>Discount Rate</u>	<u>Average Payment</u>
Up to and Including Age 45	2002	7131	65,491,906.73	9,184.11	25%	6,888.08
	2003	7131	67,417,368.79	9,540.12	25%	7,090.59
	2004	7131	69,305,055.12	9,718.84	25%	7,289.13
	2005	7131	71,723,801.54	10,058.03	25%	7,543.52
	2006	7131	73,308,897.55	10,280.31	25%	7,710.23
	2007	7131	76,556,481.71	10,735.73	25%	8,051.80
	2008	7131	79,657,019.22	11,170.53	25%	8,377.90
46-50	2002	3218	27,030,160.97	8,399.68	25%	6,299.76
	2003	3218	27,824,847.70	8,646.63	25%	6,484.97
	2004	3218	28,603,943.44	8,888.74	25%	6,666.55
	2005	3218	29,603,220.07	9,198.95	25%	6,899.21
	2006	3218	30,257,451.23	9,402.56	25%	7,051.92
	2007	3218	31,597,856.32	9,819.10	25%	7,364.33
	2008	3218	32,877,569.50	10,216.77	25%	7,662.58
51-55	2002	3693	28,560,151.75	7,733.59	25%	5,800.19
	2003	3693	29,399,820.21	7,960.96	25%	5,970.72
	2004	3693	30,223,015.18	8,183.87	25%	6,137.90
	2005	3693	31,277,798.41	8,469.48	25%	6,352.11
	2006	3693	31,969,037.75	8,656.66	25%	6,492.50
	2007	3693	33,385,266.12	9,040.15	25%	6,780.11
	2008	3693	34,737,369.40	9,406.27	25%	7,054.70
56-59	2002	4612	31,318,841.77	6,790.73	25%	5,093.05
	2003	4612	32,239,615.72	6,990.38	25%	5,242.79
	2004	4612	33,142,324.96	7,186.11	25%	5,389.59
	2005	4612	34,298,992.10	7,436.90	25%	5,577.68
	2006	4612	35,056,999.83	7,601.26	25%	5,700.95

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	2007	4612	36,610,024.92	7,937.99	25%	5,953.50
	2008	4612	38,092,730.93	8,259.48	25%	6,194.61
60	2004	4612	33,142,324.96	7,186.11	5%	6,826.80
	2005	4612	34,298,992.10	7,436.90	5%	7,065.06
	2006	4612	35,056,999.83	7,601.26	5%	7,221.20
	2007	4612	36,610,024.92	7,937.99	5%	7,541.09
	2008	4612	38,092,730.93	8,259.48	5%	7,846.51
61-65	2002	5447	31,113,759.52	5,712.09	5%	5,426.49
	2003	5447	32,028,504.05	5,880.03	5%	5,586.03
	2004	5447	32,925,302.16	6,044.67	5%	5,742.44
	2005	5447	34,074,395.21	6,255.63	5%	5,942.84
	2006	5447	34,827,439.34	6,393.88	5%	6,074.19
	2007	5447	36,370,294.90	6,677.12	5%	6,343.27
	2008	5447	37,843,291.84	6,947.55	5%	6,600.17
66-70	2002	3878	18,434,599.41	4,753.64	5%	4,515.90
	2003	3878	18,976,576.63	4,893.39	5%	4,648.73
	2004	3878	19,507,920.78	5,030.41	5%	4,778.89
	2005	3878	20,188,747.22	5,205.97	5%	4,945.67
	2006	3878	20,634,918.53	5,321.02	5%	5,054.97
	2007	3878	21,549,045.42	5,556.74	5%	5,278.90
	2008	3878	22,421,781.76	5,781.79	5%	5,492.70
71+	2002	4673	20,025,665.37	4,285.40	5%	4,071.13
	2003	4673	20,614,419.93	4,411.39	5%	4,190.82
	2004	4673	21,191,623.69	4,534.91	5%	4,308.16
	2005	4673	21,931,211.36	4,693.18	5%	4,458.52
	2006	4673	22,415,891.13	4,796.90	5%	4,557.06
	2007	4673	23,408,915.11	5,009.40	5%	4,758.93
	2008	4673	24,356,976.17	5,212.28	5%	4,951.67

APPENDIX B

**SERVICES SCHEDULE FOR POSTHUMOUS CLAIMS ADJUSTED AS AT
01.01.2008: ACTUAL RPI = 4.05%**

GARDENING

Age Band	Date of Figure	Total No of Claims	Total Amount Offered by Age Band (£)	Average For Age Band (£)	Discount Rate	Average Payment (£)
Up to 45	01.01.2003 - 31.12.2003	100	106,507.91	1,065.07	0%	1,065.07
	01.01.2004 - 31.12.2004	100	109,490.13	1,094.89	0%	1,094.89
	01.01.2005 - 31.12.2005	100	113,311.34	1,133.11	0%	1,133.11
	01.01.2006 - 31.12.2006	100	115,815.52	1,158.16	0%	1,158.16
	01.01.2007 - 31.12.2007	100	120,946.15	1,209.46	0%	1,209.46
	01.01.2008 - 31.12.2008	100	<u>125,844.47</u>	<u>1,258.44</u>	0%	<u>1,258.44</u>
46 - 50	01.01.2003 - 31.12.2003	60	62,661.87	1,044.36	0%	1,044.36
	01.01.2004 - 31.12.2004	60	64,416.40	1,073.60	0%	1,073.60
	01.01.2005 - 31.12.2005	60	66,664.53	1,111.08	0%	1,111.08
	01.01.2006 - 31.12.2006	60	68,137.82	1,135.63	0%	1,135.63
	01.01.2007 - 31.12.2007	60	71,156.33	1,185.94	0%	1,185.94
	01.01.2008 - 31.12.2008	60	<u>74,038.16</u>	<u>1,233.97</u>	0%	<u>1,233.97</u>
51 - 55	01.01.2003 - 31.12.2003	84	84,866.44	1,010.31	0%	1,010.31
	01.01.2004 - 31.12.2004	84	87,242.70	1,038.60	0%	1,038.60
	01.01.2005 - 31.12.2005	84	90,287.47	1,074.85	0%	1,074.85
	01.01.2006 - 31.12.2006	84	92,282.82	1,098.61	0%	1,098.61
	01.01.2007 - 31.12.2007	84	96,370.95	1,147.27	0%	1,147.27

	01.01.2008 - 31.12.2008	84	<u>100,273.97</u>	<u>1,193.74</u>	0%	<u>1,193.74</u>
56 - 60	01.01.2003 - 31.12.2003	114	111,120.18	974.74	0%	974.74
	01.01.2004 - 31.12.2004	114	114,231.55	1,002.03	0%	1,002.03
	01.01.2005 - 31.12.2005	114	118,218.24	1,037.00	0%	1,037.00
	01.01.2006 - 31.12.2006	114	120,830.86	1,059.92	0%	1,059.92
	01.01.2007 - 31.12.2007	114	126,183.67	1,106.87	0%	1,106.87
	01.01.2008 - 31.12.2008	114	<u>131,294.11</u>	<u>1,151.70</u>	0%	<u>1,151.70</u>
61 - 65	01.01.2003 - 31.12.2003	100	102,203.91	1,022.04	0%	1,022.04
	01.01.2004 - 31.12.2004	100	105,065.62	1,050.66	0%	1,050.66
	01.01.2005 - 31.12.2005	100	108,732.42	1,087.32	0%	1,087.32
	01.01.2006 - 31.12.2006	100	111,135.41	1,111.35	0%	1,111.35
	01.01.2007 - 31.12.2007	100	116,058.71	1,160.59	0%	1,160.59
	01.01.2008 - 31.12.2008	100	<u>120,759.09</u>	<u>1,207.59</u>	0%	<u>1,207.59</u>
66 - 70	01.01.2003 - 31.12.2003	51	47,052.25	922.59	0%	922.59
	01.01.2004 - 31.12.2004	51	48,369.71	948.42	0%	948.42
	01.01.2005 - 31.12.2005	51	50,057.81	981.53	0%	981.53
	01.01.2006 - 31.12.2006	51	51,164.09	1,003.22	0%	1,003.22
	01.01.2007 - 31.12.2007	51	53,430.66	1,047.66	0%	1,047.66
	01.01.2008 - 31.12.2008	51	<u>55,594.60</u>	<u>1,090.09</u>	0%	<u>1,090.09</u>
71+	01.01.2003 - 31.12.2003	30	10,145.12	338.17	0%	338.17
	01.01.2004 - 31.12.2004	30	10,429.18	347.64	0%	347.64
	01.01.2005 - 31.12.2005	30	10,793.16	359.77	0%	359.77

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01.01.2006 - 31.12.2006	30	11,031.69	367.72	0%	367.72
01.01.2007 - 31.12.2007	30	11,520.39	384.01	0%	384.01
01.01.2008 - 31.12.2008	30	<u>11,986.97</u>	<u>399.57</u>	0%	<u>399.57</u>
01.01.2003 - 31.12.2003	539	£524,557.68			£973.21
01.01.2004 - 31.12.2004	539	£539,245.29			£1,000.46
01.01.2005 - 31.12.2005	539	£558,064.97			£1,035.37
01.01.2006 - 31.12.2006	539	£570,398.21			£1,058.25
01.01.2007 - 31.12.2007	539	<u>£595,666.86</u>			<u>£1,105.13</u>
01.01.2008 - 31.12.2008	539	<u>£619,791.37</u>			<u>£1,149.89</u>

**SERVICES SCHEDULE FOR POSTHUMOUS CLAIMS ADJUSTED AS AT
01.01.2008: ACTUAL RPI=4.05%**

WINDOW CLEANING

Age Band	Date of Figure	Total No of Claims	Total Amount Offered by Age Band (£)	Average For Age Band (£)	Discount Rate	Average Payment (£)
Up to 45	01.01.2003 - 31.12.2003	81	22,544.61	278.33	0%	278.33
	01.01.2004 - 31.12.2004	81	23,175.86	286.12	0%	286.12
	01.01.2005 - 31.12.2005	81	23,984.70	296.11	0%	296.11
	01.01.2006 - 31.12.2006	81	24,514.76	302.65	0%	302.65
	01.01.2007 - 31.12.2007	81	25,600.76	316.06	0%	316.06
	01.01.2008 - 31.12.2008	81	<u>26,637.59</u>	<u>328.86</u>	0%	<u>328.86</u>
46 - 50	01.01.2003 - 31.12.2003	45	11,590.15	257.56	0%	257.56
	01.01.2004 - 31.12.2004	45	11,914.67	264.77	0%	264.77
	01.01.2005 - 31.12.2005	45	12,330.50	274.01	0%	274.01
	01.01.2006 - 31.12.2006	45	12,603.00	280.07	0%	280.07
	01.01.2007 - 31.12.2007	45	13,161.31	292.47	0%	292.47
	01.01.2008 - 31.12.2008	45	<u>13,694.34</u>	<u>304.32</u>	0%	<u>304.32</u>
51 - 55	01.01.2003 - 31.12.2003	68	18,285.95	268.91	0%	268.91
	01.01.2004 - 31.12.2004	68	18,797.96	276.44	0%	276.44
	01.01.2005 - 31.12.2005	68	19,454.01	286.09	0%	286.09
	01.01.2006 - 31.12.2006	68	19,883.94	292.41	0%	292.41
	01.01.2007 - 31.12.2007	68	20,764.80	305.36	0%	305.36
	01.01.2008 - 31.12.2008	68	<u>21,605.77</u>	<u>317.73</u>	0%	<u>317.73</u>

56 - 60	01.01.2003 - 31.12.2003	78	19,301.35	247.45	0%	247.45
	01.01.2004 - 31.12.2004	78	19,841.79	254.38	0%	254.38
	01.01.2005 - 31.12.2005	78	20,534.27	263.26	0%	263.26
	01.01.2006 - 31.12.2006	78	20,988.08	269.08	0%	269.08
	01.01.2007 - 31.12.2007	78	21,917.85	281.00	0%	281.00
	01.01.2008 - 31.12.2008	78	<u>22,805.52</u>	<u>292.38</u>	0%	<u>292.38</u>
61 - 65	01.01.2003 - 31.12.2003	72	20,362.26	282.81	0%	282.81
	01.01.2004 - 31.12.2004	72	20,932.40	290.73	0%	290.73
	01.01.2005 - 31.12.2005	72	21,662.94	300.87	0%	300.87
	01.01.2006 - 31.12.2006	72	22,141.69	307.52	0%	307.52
	01.01.2007 - 31.12.2007	72	23,122.57	321.15	0%	321.15
	01.01.2008 - 31.12.2008	72	<u>24,059.03</u>	<u>334.15</u>	0%	<u>334.15</u>
66 - 70	01.01.2003 - 31.12.2003	39	9,017.89	231.23	0%	231.23
	01.01.2004 - 31.12.2004	39	9,270.39	237.70	0%	237.70
	01.01.2005 - 31.12.2005	39	9,593.93	246.00	0%	246.00
	01.01.2006 - 31.12.2006	39	9,805.96	251.43	0%	251.43
	01.01.2007 - 31.12.2007	39	10,240.36	262.57	0%	262.57
	01.01.2008 - 31.12.2008	39	<u>10,655.09</u>	<u>273.21</u>	0%	<u>273.21</u>
71+	01.01.2003 - 31.12.2003	20	1,805.89	90.29	0%	90.29
	01.01.2004 - 31.12.2004	20	1,856.45	92.82	0%	92.82
	01.01.2005 - 31.12.2005	20	1,921.26	96.06	0%	96.06
	01.01.2006 - 31.12.2006	20	1,963.72	98.19	0%	98.19

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	01.01.2007 - 31.12.2007	20	2,050.71	102.54	0%	102.54
	01.01.2008 - 31.12.2008	20	<u>2,133.76</u>	<u>106.69</u>	0%	<u>106.69</u>
	01.01.2003 - 31.12.2003	403	£102,908.10			£255.36
	01.01.2004 - 31.12.2004	403	£105,789.52			£262.51
	01.01.2005 - 31.12.2005	403	£109,481.61			£271.67
	01.01.2006 - 31.12.2006	403	£111,901.15			£277.67
	01.01.2007 - 31.12.2007	403	<u>£116,858.36</u>			<u>£289.97</u>
	01.01.2008 - 31.12.2008	403	<u>£121,591.10</u>			<u>£301.71</u>

SERVICES SCHEDULE FOR PATIENT CLAIMS ADJUSTED AS AT 01.01.2007:
ACTUAL RPI=4.05%

DIY

Age Band	Date of Figure	Total No of Claims	Total Amount Offered by Age Band (£)	Average For Age Band (£)	Discount Rate	Average Payment (£)
Up to 45	01.01.2003 - 31.12.2003	78	75,743.13	971.06	0%	971.06
	01.01.2004 - 31.12.2004	78	77,863.94	998.25	0%	998.25
	01.01.2005 - 31.12.2005	78	80,581.40	1,033.09	0%	1,033.09
	01.01.2006 - 31.12.2006	78	82,362.25	1,055.93	0%	1,055.93
	01.01.2007 - 31.12.2007	78	86,010.90	1,102.70	0%	1,102.70
	01.01.2008 - 31.12.2008	78	<u>89,494.34</u>	<u>1,147.36</u>	0%	<u>1,147.36</u>
46 - 50	01.01.2003 - 31.12.2003	48	44,348.77	923.93	0%	923.93
	01.01.2004 - 31.12.2004	48	45,590.54	949.80	0%	949.80
	01.01.2005 - 31.12.2005	48	47,181.66	982.95	0%	982.95
	01.01.2006 - 31.12.2006	48	48,224.37	1,004.67	0%	1,004.67
	01.01.2007 - 31.12.2007	48	50,360.71	1,049.18	0%	1,049.18
	01.01.2008 - 31.12.2008	48	<u>52,400.32</u>	<u>1,091.67</u>	0%	<u>1,091.67</u>
51 - 55	01.01.2003 - 31.12.2003	71	70,275.61	989.80	0%	989.80
	01.01.2004 - 31.12.2004	71	72,243.33	1,017.51	0%	1,017.51
	01.01.2005 - 31.12.2005	71	74,764.62	1,053.02	0%	1,053.02
	01.01.2006 - 31.12.2006	71	76,416.92	1,076.29	0%	1,076.29
	01.01.2007 - 31.12.2007	71	79,802.19	1,123.97	0%	1,123.97
	01.01.2008 - 31.12.2008	71	<u>83,034.18</u>	<u>1,169.50</u>	0%	<u>1,169.50</u>

56 - 60	01.01.2003 - 31.12.2003	92	88,814.41	965.37	0%	965.37
	01.01.2004 - 31.12.2004	92	91,301.21	992.40	0%	992.40
	01.01.2005 - 31.12.2005	92	94,487.63	1,027.04	0%	1,027.04
	01.01.2006 - 31.12.2006	92	96,575.81	1,049.74	0%	1,049.74
	01.01.2007 - 31.12.2007	92	100,854.12	1,096.24	0%	1,096.24
	01.01.2008 - 31.12.2008	92	<u>104,938.71</u>	<u>1,140.64</u>	0%	<u>1,140.64</u>
61 - 65	01.01.2003 - 31.12.2003	80	88,306.31	1,103.83	0%	1,103.83
	01.01.2004 - 31.12.2004	80	90,778.89	1,134.74	0%	1,134.74
	01.01.2005 - 31.12.2005	80	93,947.08	1,174.34	0%	1,174.34
	01.01.2006 - 31.12.2006	80	96,023.31	1,200.29	0%	1,200.29
	01.01.2007 - 31.12.2007	80	100,277.14	1,253.46	0%	1,253.46
	01.01.2008 - 31.12.2008	80	<u>104,338.36</u>	<u>1,304.23</u>	0%	<u>1,304.23</u>
66 - 70	01.01.2003 - 31.12.2003	38	33,182.35	873.22	0%	873.22
	01.01.2004 - 31.12.2004	38	34,111.46	897.67	0%	897.67
	01.01.2005 - 31.12.2005	38	35,301.96	929.00	0%	929.00
	01.01.2006 - 31.12.2006	38	36,082.13	949.53	0%	949.53
	01.01.2007 - 31.12.2007	38	37,680.57	991.59	0%	991.59
	01.01.2008 - 31.12.2008	38	<u>39,206.63</u>	<u>1,031.75</u>	0%	<u>1,031.75</u>
71+	01.01.2003 - 31.12.2003	27	9,111.30	337.45	0%	337.45
	01.01.2004 - 31.12.2004	27	9,366.42	346.90	0%	346.90
	01.01.2005 - 31.12.2005	27	9,693.31	359.01	0%	359.01
	01.01.2006 - 31.12.2006	27	9,907.53	366.95	0%	366.95

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01.01.2007 - 31.12.2007	27	10,346.43	383.20	0%	383.20
01.01.2008 - 31.12.2008	27	<u>10,765.46</u>	<u>398.72</u>	0%	<u>398.72</u>
01.01.2003 - 31.12.2003	434	£409,781.88			£944.20
01.01.2004 - 31.12.2004	434	£421,255.79			£970.64
01.01.2005 - 31.12.2005	434	£435,957.66			£1,004.51
01.01.2006 - 31.12.2006	434	£445,592.32			£1,026.71
01.01.2007 - 31.12.2007	434	<u>£465,332.06</u>			<u>£1,072.19</u>
01.01.2008 - 31.12.2008	434	<u>£484,178.00</u>			<u>£1,115.62</u>

**SERVICES SCHEDULE FOR POSTHUMOUS CLAIMS ADJUSTED AS AT
01.01.2008: ACTUAL RPI=4.05%**

DECORATING

Age Band	Date of Figure	Total No of Claims	Total Amount Offered by Age Band (£)	Average For Age Band (£)	Discount Rate	Average Payment (£)
Up to 45	01.01.2003 - 31.12.2003	92	90,921.38	988.27	0%	988.27
	01.01.2004 - 31.12.2004	92	93,467.18	1,015.94	0%	1,015.94
	01.01.2005 - 31.12.2005	92	96,729.18	1,051.40	0%	1,051.40
	01.01.2006 - 31.12.2006	92	98,866.89	1,074.64	0%	1,074.64
	01.01.2007 - 31.12.2007	92	103,246.69	1,122.25	0%	1,122.25
	01.01.2008 - 31.12.2008	92	<u>107,428.18</u>	<u>1,167.70</u>	0%	<u>1,167.70</u>
46 - 50	01.01.2003 - 31.12.2003	60	57,182.55	953.04	0%	953.04
	01.01.2004 - 31.12.2004	60	58,783.66	979.73	0%	979.73
	01.01.2005 - 31.12.2005	60	60,835.21	1,013.92	0%	1,013.92
	01.01.2006 - 31.12.2006	60	62,179.67	1,036.33	0%	1,036.33
	01.01.2007 - 31.12.2007	60	64,934.23	1,082.24	0%	1,082.24
	01.01.2008 - 31.12.2008	60	<u>67,564.07</u>	<u>1,126.07</u>	0%	<u>1,126.07</u>
51 - 55	01.01.2003 - 31.12.2003	73	68,903.93	943.89	0%	943.89
	01.01.2004 - 31.12.2004	73	70,833.24	970.32	0%	970.32
	01.01.2005 - 31.12.2005	73	73,305.33	1,004.18	0%	1,004.18
	01.01.2006 - 31.12.2006	73	74,925.38	1,026.38	0%	1,026.38
	01.01.2007 - 31.12.2007	73	78,244.57	1,071.84	0%	1,071.84
	01.01.2008 - 31.12.2008	73	<u>81,413.48</u>	<u>1,115.25</u>	0%	<u>1,115.25</u>

56 - 60	01.01.2003 - 31.12.2003	108	96,614.56	894.58	0%	894.58
	01.01.2004 - 31.12.2004	108	99,319.77	919.63	0%	919.63
	01.01.2005 - 31.12.2005	108	102,786.03	951.72	0%	951.72
	01.01.2006 - 31.12.2006	108	105,057.60	972.76	0%	972.76
	01.01.2007 - 31.12.2007	108	109,711.65	1,015.85	0%	1,015.85
	01.01.2008 - 31.12.2008	108	<u>114,154.97</u>	<u>1,056.99</u>	0%	<u>1,056.99</u>
61 - 65	01.01.2003 - 31.12.2003	99	100,613.10	1,016.29	0%	1,016.29
	01.01.2004 - 31.12.2004	99	103,430.27	1,044.75	0%	1,044.75
	01.01.2005 - 31.12.2005	99	107,039.99	1,081.21	0%	1,081.21
	01.01.2006 - 31.12.2006	99	109,405.57	1,105.11	0%	1,105.11
	01.01.2007 - 31.12.2007	99	114,252.24	1,154.06	0%	1,154.06
	01.01.2008 - 31.12.2008	99	<u>118,879.46</u>	<u>1,200.80</u>	0%	<u>1,200.80</u>
66 - 70	01.01.2003 - 31.12.2003	46	40,187.12	873.63	0%	873.63
	01.01.2004 - 31.12.2004	46	41,312.36	898.09	0%	898.09
	01.01.2005 - 31.12.2005	46	42,754.17	929.44	0%	929.44
	01.01.2006 - 31.12.2006	46	43,699.04	949.98	0%	949.98
	01.01.2007 - 31.12.2007	46	45,634.91	992.06	0%	992.06
	01.01.2008 - 31.12.2008	46	<u>47,483.12</u>	<u>1,032.24</u>	0%	<u>1,032.24</u>
71+	01.01.2003 - 31.12.2003	29	9,409.35	324.46	0%	324.46
	01.01.2004 - 31.12.2004	29	9,672.81	333.54	0%	333.54
	01.01.2005 - 31.12.2005	29	10,010.39	345.19	0%	345.19
	01.01.2006 - 31.12.2006	29	10,231.62	352.81	0%	352.81

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01.01.2007 - 31.12.2007	29	10,684.88	368.44	0%	368.44
01.01.2008 - 31.12.2008	29	<u>11,117.62</u>	<u>383.37</u>	0%	<u>383.37</u>
01.01.2003 - 31.12.2003	507	£463,831.99			£914.86
01.01.2004 - 31.12.2004	507	£476,819.29			£940.47
01.01.2005 - 31.12.2005	507	£493,460.30			£973.29
01.01.2006 - 31.12.2006	507	£504,365.77			£994.80
01.01.2007 - 31.12.2007	507	<u>£526,709.17</u>			<u>£1,038.87</u>
01.01.2008 - 31.12.2008	507	<u>£548,040.90</u>			<u>£1,080.95</u>

**SERVICES SCHEDULE FOR POSTHUMOUS CLAIMS ADJUSTED AS AT
01.01.2008: ACTUAL RPI=4.05%**

CAR WASHING

Age Band	Date of Figure	Total No of Claims	Total Amount Offered by Age Band (£)	Average For Age Band (£)	Discount Rate	Average Payment (£)
Up to 45	01.01.2003 - 31.12.2003	76	13,919.93	183.16	0%	183.16
	01.01.2004 - 31.12.2004	76	14,309.69	188.29	0%	188.29
	01.01.2005 - 31.12.2005	76	14,808.94	194.85	0%	194.85
	01.01.2006 - 31.12.2006	76	15,136.22	199.16	0%	199.16
	01.01.2007 - 31.12.2007	76	15,806.75	207.98	0%	207.98
	01.01.2008 - 31.12.2008	76	<u>16,446.92</u>	<u>216.41</u>	0%	<u>216.41</u>
46 - 50	01.01.2003 - 31.12.2003	47	8,448.69	179.76	0%	179.76
	01.01.2004 - 31.12.2004	47	8,685.25	184.79	0%	184.79
	01.01.2005 - 31.12.2005	47	8,988.37	191.24	0%	191.24
	01.01.2006 - 31.12.2006	47	9,187.01	195.47	0%	195.47
	01.01.2007 - 31.12.2007	47	9,593.99	204.13	0%	204.13
	01.01.2008 - 31.12.2008	47	<u>9,982.55</u>	<u>212.39</u>	0%	<u>212.39</u>
51 - 55	01.01.2003 - 31.12.2003	73	12,839.04	175.88	0%	175.88
	01.01.2004 - 31.12.2004	73	13,198.53	180.80	0%	180.80
	01.01.2005 - 31.12.2005	73	13,659.16	187.11	0%	187.11
	01.01.2006 - 31.12.2006	73	13,961.03	191.25	0%	191.25
	01.01.2007 - 31.12.2007	73	14,579.50	199.72	0%	199.72
	01.01.2008 - 31.12.2008	73	<u>15,169.97</u>	<u>207.81</u>	0%	<u>207.81</u>

56 - 60	01.01.2003 - 31.12.2003	80	14,902.48	186.28	0%	186.28
	01.01.2004 - 31.12.2004	80	15,319.75	191.50	0%	191.50
	01.01.2005 - 31.12.2005	80	15,854.41	198.18	0%	198.18
	01.01.2006 - 31.12.2006	80	16,204.79	202.56	0%	202.56
	01.01.2007 - 31.12.2007	80	16,922.66	211.53	0%	211.53
	01.01.2008 - 31.12.2008	80	<u>17,608.03</u>	<u>220.10</u>	0%	<u>220.10</u>
	61 - 65	01.01.2003 - 31.12.2003	68	12,214.17	179.62	0%
01.01.2004 - 31.12.2004		68	12,556.17	184.65	0%	184.65
01.01.2005 - 31.12.2005		68	12,994.38	191.09	0%	191.09
01.01.2006 - 31.12.2006		68	13,281.56	195.32	0%	195.32
01.01.2007 - 31.12.2007		68	13,869.93	203.97	0%	203.97
01.01.2008 - 31.12.2008		68	<u>14,431.66</u>	<u>212.23</u>	0%	<u>212.23</u>
66 - 70		01.01.2003 - 31.12.2003	26	4,186.46	161.02	0%
	01.01.2004 - 31.12.2004	26	4,303.68	165.53	0%	165.53
	01.01.2005 - 31.12.2005	26	4,453.88	171.30	0%	171.30
	01.01.2006 - 31.12.2006	26	4,552.31	175.09	0%	175.09
	01.01.2007 - 31.12.2007	26	4,753.98	182.85	0%	182.85
	01.01.2008 - 31.12.2008	26	<u>4,946.52</u>	<u>190.25</u>	0%	<u>190.25</u>
	71+	01.01.2003 - 31.12.2003	10	489.17	48.92	0%
01.01.2004 - 31.12.2004		10	502.87	50.29	0%	50.29
01.01.2005 - 31.12.2005		10	520.42	52.04	0%	52.04
01.01.2006 - 31.12.2006		10	531.92	53.19	0%	53.19

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01.01.2007 - 31.12.2007	10	555.48	55.55	0%	55.55
01.01.2008 - 31.12.2008	10	<u>577.98</u>	<u>57.80</u>	0%	<u>57.80</u>
01.01.2003 - 31.12.2003	380	£66,999.94			£176.32
01.01.2004 - 31.12.2004	380	£68,875.94			£181.25
01.01.2005 - 31.12.2005	380	£71,279.56			£187.58
01.01.2006 - 31.12.2006	380	£72,854.84			£191.72
01.01.2007 - 31.12.2007	380	<u>£76,082.29</u>			<u>£200.22</u>
01.01.2008 - 31.12.2008	380	<u>£79,163.63</u>			<u>£208.33</u>

**SERVICES SCHEDULE FOR POSTHUMOUS CLAIMS ADJUSTED AS AT
01.01.2008: ACTUAL RPI=4.05%**

CAR MAINTENANCE

Age Band	Date of Figure	Total No of Claims	Total Amount Offered by Age Band (£)	Average For Age Band (£)	Discount Rate	Average Payment (£)
Up to 45	01.01.2003 - 31.12.2003	79	63,202.92	800.04	0%	800.04
	01.01.2004 - 31.12.2004	79	64,972.60	822.44	0%	822.44
	01.01.2005 - 31.12.2005	79	67,240.14	851.14	0%	851.14
	01.01.2006 - 31.12.2006	79	68,726.15	869.95	0%	869.95
	01.01.2007 - 31.12.2007	79	71,770.72	908.49	0%	908.49
	01.01.2008 - 31.12.2008	79	<u>74,677.43</u>	<u>945.28</u>	0%	<u>945.28</u>
46 - 50	01.01.2003 - 31.12.2003	42	31,063.28	739.60	0%	739.60
	01.01.2004 - 31.12.2004	42	31,933.05	760.31	0%	760.31
	01.01.2005 - 31.12.2005	42	33,047.51	786.85	0%	786.85
	01.01.2006 - 31.12.2006	42	33,777.86	804.23	0%	804.23
	01.01.2007 - 31.12.2007	42	35,274.22	839.86	0%	839.86
	01.01.2008 - 31.12.2008	42	<u>36,702.83</u>	<u>873.88</u>	0%	<u>873.88</u>
51 - 55	01.01.2003 - 31.12.2003	58	42,109.27	726.02	0%	726.02
	01.01.2004 - 31.12.2004	58	43,288.33	746.35	0%	746.35
	01.01.2005 - 31.12.2005	58	44,799.09	772.40	0%	772.40
	01.01.2006 - 31.12.2006	58	45,789.15	789.47	0%	789.47
	01.01.2007 - 31.12.2007	58	47,817.61	824.44	0%	824.44
	01.01.2008 - 31.12.2008	58	<u>49,754.22</u>	<u>857.83</u>	0%	<u>857.83</u>

56 - 60	01.01.2003 - 31.12.2003	60	39,953.66	665.89	0%	665.89
	01.01.2004 - 31.12.2004	60	41,072.36	684.54	0%	684.54
	01.01.2005 - 31.12.2005	60	42,505.79	708.43	0%	708.43
	01.01.2006 - 31.12.2006	60	43,445.17	724.09	0%	724.09
	01.01.2007 - 31.12.2007	60	45,369.79	756.16	0%	756.16
	01.01.2008 - 31.12.2008	60	<u>47,207.27</u>	<u>786.79</u>	0%	<u>786.79</u>
61 - 65	01.01.2003 - 31.12.2003	47	34,491.29	733.86	0%	733.86
	01.01.2004 - 31.12.2004	47	35,457.05	754.41	0%	754.41
	01.01.2005 - 31.12.2005	47	36,694.50	780.73	0%	780.73
	01.01.2006 - 31.12.2006	47	37,505.45	797.99	0%	797.99
	01.01.2007 - 31.12.2007	47	39,166.94	833.34	0%	833.34
	01.01.2008 - 31.12.2008	47	<u>40,753.20</u>	<u>867.09</u>	0%	<u>867.09</u>
66 - 70	01.01.2003 - 31.12.2003	21	14,717.27	700.82	0%	700.82
	01.01.2004 - 31.12.2004	21	15,129.35	720.44	0%	720.44
	01.01.2005 - 31.12.2005	21	15,657.36	745.59	0%	745.59
	01.01.2006 - 31.12.2006	21	16,003.39	762.07	0%	762.07
	01.01.2007 - 31.12.2007	21	16,712.34	795.83	0%	795.83
	01.01.2008 - 31.12.2008	21	<u>17,389.19</u>	<u>828.06</u>	0%	<u>828.06</u>
71+	01.01.2003 - 31.12.2003	8	1,764.84	220.61	0%	220.61
	01.01.2004 - 31.12.2004	8	1,814.26	226.79	0%	226.79
	01.01.2005 - 31.12.2005	8	1,877.58	234.70	0%	234.70
	01.01.2006 - 31.12.2006	8	1,919.07	239.88	0%	239.88

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	01.01.2007 - 31.12.2007	8	2,004.08	250.51	0%	250.51
	01.01.2008 - 31.12.2008	8	<u>2,085.25</u>	<u>260.66</u>	0%	<u>260.66</u>
	01.01.2003 - 31.12.2003	315	£227,302.53			£721.60
	01.01.2004 - 31.12.2004	315	£233,667.00			£741.80
	01.01.2005 - 31.12.2005	315	£241,821.97			£767.69
	01.01.2006 - 31.12.2006	315	£247,166.24			£784.65
	01.01.2007 - 31.12.2007	315	£258,115.70			£819.41
	01.01.2008 - 31.12.2008	315	£268,569.39			£852.60

SCHEDULE 16(3)

**DOCUMENT HIGHLIGHTING PROCEDURE IN
POSTHUMOUS CLAIMS AND FLOWCHART**

British Coal Vibration White Finger Litigation

Death in Process

Introduction

The purpose of this document is to give guidance as to the procedure for dealing with claims and in particular the basis for assessment of claims for general damages and services, depending upon the evidence available and/or point in the process at which death has occurred²⁵. You are referred to paragraph 8 of the CHA. The basic premise is that, wherever a DWP (or DSS) assessment or suitable medical evidence is available confirming that the man suffered from VWF or CTS then this will provide the basis for staging the claimant for the purposes of assessing general damages or services and that claims will only be assessed under the Posthumous Protocol (See Schedule 17.1 **16.1**)²⁶ where such evidence is not available.

Calculation of Age of Deceased for the assessing of Damages

- Where the Claimant is alive at date of claim, but subsequently dies – age at date of claim
- Where the Claimant is deceased at date of claim – age at date of death.

Death Prior to Claim

If a man dies before a claim is submitted the claim will only be dealt with under the Posthumous Protocol if no DWP (or DSS) assessment or medical evidence confirming that the man suffered from VWF or CTS is available. If a DWP (DSS) assessment or suitable medical evidence is available confirming that the man suffered from VWF and/or CTS then this will provide the basis for assessment of general damages and in connection with a claim

²⁵ In all cases where a Claimant dies before his 60th birthday, the General Damages will be reduced by 20% (para 8.1) except where it is established that there was a substantial delay on the part of IRISC prior to the Claimant's death.

²⁶ The tariffs to be applied are at Schedule 16(2).

for services, co-morbidity will be based on an assessment of co-morbidity prepared by CHS following a review by them of the man's medical records.

Men dying after submission of claim but before MAP

As above.

Men dying after MAP but before services MAP (Records based assessment)

A claim for general damages will be assessed by reference to the MAP in the usual way. Co-morbidity in connection with any claim for services will be assessed by reference to an assessment prepared by CHS based on a review of the man's medical records.²⁷

Men dying after MAP and undergoing co-morbid services medical assessment

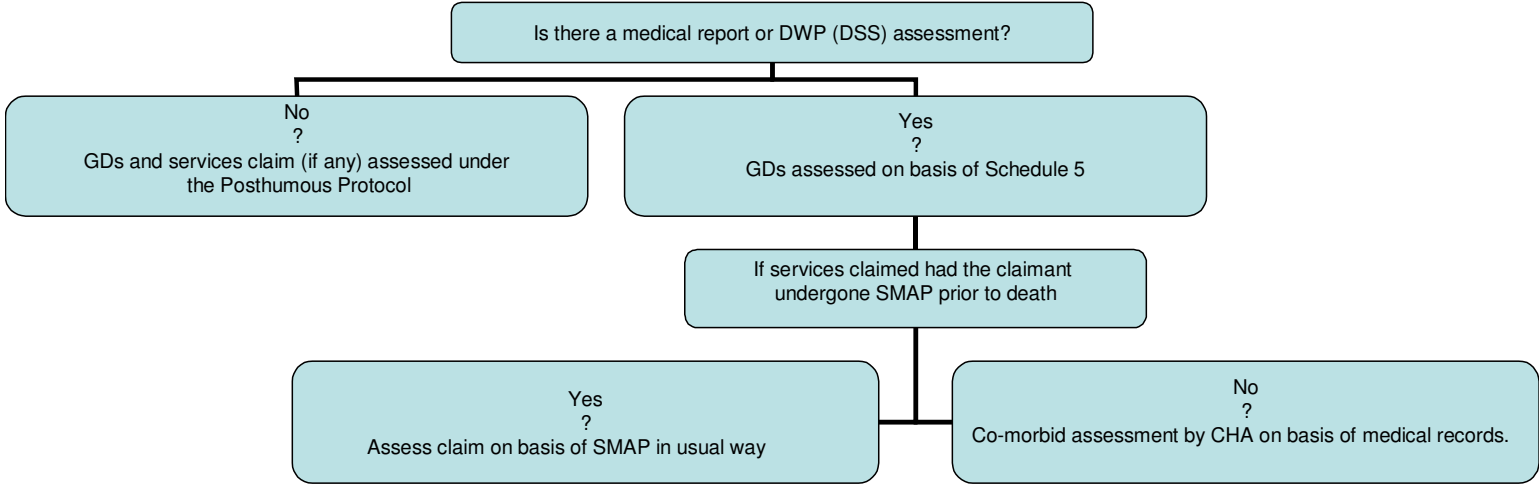
General damages and services are assessed in the usual way on the basis of MAP1 and MAP2 respectively.

Payment of Damages

Pursuant to paragraph 8.5 damages will be paid out in relation to deceased claims on provision of a copy of the Grant of Representation by the Claimant, unless otherwise agreed.

²⁷ Patient/overseas claims may also be dealt with on this basis.

DEATH IN PROCESS



SCHEDULE 17

CROSSOVER CLAIMS

""CROSS OVER CLAIMS"

SERVICES AGREEMENT PARA 14

CROSSOVER CLAIMS

14. Where claims are made for payment of compensation for loss of the man's ability to carry out services tasks (DIY, gardening, car maintenance etc) under both the VWF and COPD schemes for concurrent or overlapping periods the parties are agreed that it is essential to ensure that every claimant should be properly compensated for his loss and that there should be no double compensation or double discounting irrespective of the order in which claims under the VWF and BCRDL schemes were assessed. To give effect to these objectives the parties have agreed that:-

- i) The claimant will receive the highest award in the cross over period (the period of overlap) in respect of his claim for services under the VWF and BCRDL Claims Handling Arrangements.
- ii) In determining the highest award for the purposes of (i) above, the figure for the services award under the BCRDL is the sum actually paid or offered to the claimant after application of any discounts for co-morbidity, smoking or the effects of non tortious dust as appropriate.
- iii) The two awards should be compared after any "factoring back" in the VWF scheme (pursuant to Paragraphs 15 and 16 below), where appropriate and then inclusive of interest (as determined under the terms of the respective scheme, except where the provisions of Paragraph 18 apply)
- iv) Any balance due upon settlement of the later claim will be determined by deducting from the figure for the award (inclusive of interest) the sum actually paid (for the award and interest) on the earlier settlement.
- v) A claimant will receive the sum due under either the VWF or RDL CHA scheme for any period of claim outside the crossover period calculated normally pursuant to the provisions of the CHA under which the claim is paid.

FACTORING BACK

15. In assessing the discount for co-morbidity in a VWF services claim where the co-morbidity is respiratory disability attributable wholly or partly to COPD the parties are agreed that the DTI should not obtain the advantage of a discount for co-morbidity in

the VWF services claim to the extent that such co-morbidity was due to COPD, for which the DTI were liable and neither should they be disadvantaged due to a discount for respiratory co-morbidity in the VWF services claim being reduced by elements for which they were not liable. Consequently any discount for respiratory disability should be reduced to reflect the extent to which COPD (for which DTI are liable) contributed to the assessment of respiratory co-morbidity.

16. To give effect to this objective the parties are agreed that any discount for respiratory disability in the VWF services award should be reduced by adding back or "factoring back" a percentage of the discount for respiratory disability that reflects the contribution to respiratory disability of COPD for which the DTI are liable.
- (a) The proportion of COPD for which the DTI are liable is that determined by the COPD dust model.
 - (b) Where appropriate, the extent of the contribution of COPD to respiratory disability is to be determined by use of a weighted average derived from the RDL MAP.
 - i) Where COPD is the only cause of respiratory disability diagnosed in the RDL MAP then the discount for respiratory co-morbidity in the VWF services claim will be reduced to reflect the proportion of COPD for which the DTI are liable as determined by the dust model

Example A

For the past 0 to 5 years co-morbidity block in the VWF Services MAP the MAP2 doctor assesses respiratory disability as moderate, which would result in a discount of co-morbidity of 33%. The respiratory disability is entirely due to COPD. According to the COPD dust model the recoverable proportion of quantum (RPQ) is 25%. Consequently, the discount for co-morbidity should be reduced from 33% by 8.25 [25% (the percentage of RPQ) of 33%] to a resulting discount for co-morbidity of 24.75%.

- ii) Where the cause of respiratory disability in the RDL MAP is partly due to COPD and partly due to other causes, a weighted average will be derived from the COPD co-morbid fraction, as shown in RDL MAP report disability grids, for each of the relevant co-morbidity blocks (usually 5 years) in the VWF Services MAP, and this weighted average (of the COPD co-morbid fraction) will be applied to the discount(s) for respiratory co-morbidity determined from the VWF MAP co-morbid assessment, for each relevant

period, after being reduced to reflect the proportion of the COPD for which the DTI are liable as determined by the dust model (pursuant to (i) above

Example B

According to the COPD dust model the recoverable proportion of quantum (RPQ) in the COPD claim is 25%. VWF discount for co-morbidity on account of respiratory disability for five year period 33%. Derived from the relevant information sheet the co-morbid fraction (i.e. that part of the respiratory disability attributable to COPD) is assessed as follows:-

Years	COPD co-morbid fraction	Total
3	X 50 =	150
1	X 33.33 =	33.33
1	X 66.67 =	66.67
		250
	Weighted average 250/5	50

Thus 50% of the respiratory disability over the 5 year "band" is regarded as attributable to COPD.' The 33% discount should be reduced by 25% (the percentage of RPQ) of 50% i.e. 12.5% consequently reducing the discount for co-morbidity in the VWF award from 33% (by 12.5% - i.e. 4.13) to 28.89%.

- iii) For the avoidance of doubt, where the only cause of respiratory disability diagnosed in the RDL MAP is entirely due to conditions other than COPD, there will be no adjustment to the discount applied for a respiratory disability in the VWF services claim.
- (c) The adjustment to the discount for respiratory disability pursuant to Paragraphs 15 and 16 above applies to the entire period of the VWF services claims in any 5 year co-morbidity block in the VWF Services MAP where respiratory co-morbidity exceeds non-respiratory co-morbidity, and is not restricted to the cross over period. It may arise in cases where a claimant has not sought or is not eligible to recover compensation for loss of services under the COPD schemes as it relates purely to the assessment of the discount for respiratory co-morbidity in the VWF services claim where COPD is diagnosed within the RDL MAP.

- (d) Where a claimant under the COPD CHA has accepted an Expedited Offer there will be no reduction in the discount for respiratory co-morbidity in his VWF services claim to reflect the extent, if any, to which COPD may have contributed to his respiratory disability.
- (e) If after "factoring back" as described above the discount for non-respiratory disability exceeds the respiratory disability the only discount to be applied for co-morbidity shall be that for non-respiratory disability.

PREMATURE DEATH OR REDUCED LIFE EXPECTANCY DUE TO COPD

- 17. (a) Where a live Claimant with a VWF service claim has a reduced life expectancy as a result of COPD then no account is to be taken of the reduction in life expectancy due to COPD when assessing the VWF services claim (for the crossover period and any other periods) and that claim will be paid to the appropriate maximum age for the claimant as determined in the Services Agreement).
- (b) Where in a posthumous VWF services claim the man died as a result of COPD (or any other condition) then the VWF services claim will only be paid in respect of any appropriate periods up to the date of the man's death.

The Calculation of Interest on Damages Relating to the VWF Services Claim.

- 18. Where there are past losses on the VWF Services claim that fall outside of the crossover period, those losses will be treated as being separate from past losses that fall within the crossover period. Accordingly, there will be separate calculations of interest for past losses that fall outside of the crossover period, and past losses that fall within the crossover period as follows:-
 - (a) Where the entire VWF Services claim is restricted to past loss only, the calculation of interest for both of the non-crossover, and during crossover loss periods will be calculated separately using the "ceased loss" method. That is to say, a separate "mid-point" will be calculated for each loss period, and interest will accrue at the Full Special Investment Account Rate from that mid point to the date of Calculation.
 - (b) Where the VWF Services claim involves future loss **AND** the past loss for the period covering the crossover period is accruing to the date of calculation, the "continuing loss" method will be used to calculate the interest for past loss

- (c) covering the crossover period. That is to say, Interest shall accrue at half the Special Investment Account Rate from the start of the crossover period to the date of calculation. In addition, interest on past loss which pre-date the crossover period will be calculated using the ceased loss method.

- (d) Where the VWF claim involves future loss **AND** losses for the crossover period are restricted to future loss only, interest will be calculated on past losses that pre-date the crossover period using the continuing loss method.

SCHEDULE 18(1)

OVERSEAS CLAIMS

[Under consideration by CSG.]

OVERSEAS PROTOCOL

Introduction

This protocol is designed to explain the procedures and steps to be adopted by the Claimant's legal representatives for Claimants living abroad.

Once vibration exposure has been confirmed IRISC will then write to the legal representative requesting that the Claimant identifies which of the following two options he prefers for this medical examination.

Option One

Examination at an existing MAP Centre, if the Claimant is planning to visit the United Kingdom.

Option Two

Examination by a Consultant Vascular Surgeon in their Country of residence;

1. Examination at an Existing UK VWF MAP 1 Centre

If the Claimant's legal representative confirms that their client is planning to visit the United Kingdom and is willing to be medically examined IRISC will request a written estimate of the expenses likely to be incurred by their client to attend. This will not be a retrospective exercise and agreement/approval from IRISC must be obtained prior to the expenses being incurred.

If the expenses submitted are unreasonable a letter (appendix 1) will be sent to the Claimant's legal representative informing them and offering to progress the claim through option 2.

If the expenses are deemed reasonable the Claimant's availability will be requested and IRISC will request an appointment to be made at an existing VWF MAP centre.

An appointment letter will be sent to the Claimant and his legal representative simultaneously.

IRISC will inform Atos Origin via the DF2 weekly appointments file. Atos Origin should avoid cancellation due to the nature and importance of the Claimant travelling from overseas.

On receipt of the completed Medical Report from Atos Origin, IRISC will quality check to make sure that the report is fit for purpose. If found to be correct the claim will be progressed as normal according to the current Claims Handling Agreement (CHA).

2. Examination by an Overseas Consultant Vascular Surgeon (CVS)

Where the Claimant's legal representatives has indicated that the claimant wishes to be medically examined in the country of residence IRISC will write inviting them to provide three CVs of proposed overseas CVS.

On receipt of the CVs IRISC will forward to Mr Tudor Davies, the jointly agreed expert in this matter, an agreed letter and proforma instructing him to list in order of preference the CVS, which should be approached to perform the examination. IRISC and the claimant's legal representatives will simultaneously receive a copy of Mr Tudor Davies decision within 14 days. (appendix 2).

When the preferred CVS has been nominated a request for a quotation together with copies of the following documents will be sent to the preferred overseas consultant:

- (i) Schedule 8 confirming employment history;
- (ii) A blank MAP report for Domiciliary Visits with screen shots for further guidance;
- (iii) Formal Guidelines for Doctors performing the Medical Assessment Process (version 3) dated 2 May 2002;
- (iv) Guidance for Medical Practitioners carrying out domiciliary visits (testing program for HAVS in the Coal Mining industry) (version 3) dated 2 May 2002;
- (v) Dual pathology guidance notes for MAP Doctors (version 1) dated 10 July 2001.

These documents will be forwarded to the CVS by e-mail wherever possible.

Prior to undertaking the examination and preparing the report the CVS must submit a quotation identifying their costs. If the quotation is acceptable to IRISC formal instructions will be provided for the CVS to proceed with the report. If the quotation is considered unacceptable then the matter will be referred to Mr Tudor Davies for consideration and advice. The Claimant's solicitor will be notified of this referral. The decision of Mr Tudor Davies will be copied to the Claimant's representative and will be binding on both parties.

A formal letter on instruction (appendix 3) will then be sent, by IRISC, to the CVS appointed to carry out the examination.

The report must be returned by post to IRISC within 42 days. IRISC in turn will forward a copy to the Claimant's representative and Co-Defendants (if applicable). In the event of the report not being received following posting IRISC will contact the CVS requesting that s/he re-send the report and provide either a fax or an email copy as a failsafe.

On receipt of the completed medical report from the Consultant Vascular Surgeon IRISC will undertake a quality check to ensure that the report is fit for purpose. If found to be correct the claim will be processed as normal via the current CHA.

On receipt of the CVS's invoice for the completed Medical Report and associated administration IRISC will check and authorise payment.

3. Not Fit for Purpose (NFFP)

If the report is considered to be NFFP then the medical report and a NFFP proforma will be returned to either Atos Origin for the examining Doctor's comments or direct to the overseas Consultant Vascular Surgeon for their comments. If the examining Doctor at the MAP Centre is not available for comment then an Audit Doctor will review the report and it's associated evidence and make a judgement based on this.

If the overseas CVS is not available then the report will be returned to Mr Tudor Davies for his comments.

The Claimant's legal representative and co-defendant (if applicable) will be notified by IRISC in cases where the report is considered to be NFFP and the action to be taken.

The Atos Origin Doctor will have 14 days to return the report and the overseas CVS will have 28 days to return the report to IRISC.

The MAP report will be reassessed by IRISC. If the report remains NFFP the process will continue as previously outlined in this paragraph.

4. Medical Review Procedure

Where any party (Claimant, Claimant's legal representative or Co-Defendant) dispute the contents of the MAP report the Medical Review Procedure will be followed.

When correspondence has been received at IRISC disputing the MAP report the nominated Claims Adjuster will review the contents of the letter and complete a medical review proforma stating who is disputing the report and for what reason.

In the case of an examination that took place at a centre in the UK the report and any additional evidence will be returned to Atos Origin for the examining Doctors comments. If the examining Doctor is not available for comment then an Audit Doctor will review the report and it's associated evidence and make a judgement based on this.

Where the examination was performed by an overseas CVS then the medical report and any additional evidence will be returned to that Surgeon requesting further comments.

The Claimant's legal representative and Co-Defendant (if applicable) will be notified once the MAP report has been returned to Atos Origin or the overseas CVS.

The Atos Origin Doctor will have 21 days and the overseas Consultant Vascular Surgeon will have 28 days to return the report with full comments to the Claimant's legal representative, co-defendants (if applicable) and IRISC.

If the Claimant's legal representative and co-defendant (if applicable) are still not in agreement with the additional comments from either the Atos Origin Doctor or the overseas CVS then the dispute procedure as set out in the CHA is to be followed.

5. Services Claims

Where a services claim has been made and investigated by IRISC, to the point that a medical examination, to identify co-morbid conditions is required the claimant will have two options.

a) Examination at a MAP2 centre in the United Kingdom.

The system outlined in paragraph one will be adopted with Aon Health Solutions (AHS) replacing Atos Origin as the medical provider.

b) Review of the claimant's medical records by an AHS Doctor.

If the Claimant remains abroad then the Claimant's representative will obtain the Claimant's General Practitioner notes and records. These will be provided to IRISC who will forward the records on to a nominated AHS Doctor to assess the issues of co-morbidity. The report completed by the AHS Doctor will be based solely upon the entries contained in the GP records and copies of the medical report will be provided to the Claimant's legal representative.

The calculation in respect of services will be made in the usual way by IRISC.

In those cases where a crossover issue arises between services claims for VWF and services claims for COPD both claims will be considered. The Claimant will receive the highest award of the two claims. The Claimant can expect to receive the balance of what he has already received to the higher amount or no further compensation in respect of services if the amount which he has already received is in excess of what he is due to receive on the second claim.

Services awards on overseas claims will continue to be processed in accordance with the Services Agreement contained in Schedule 7 of the CHA.

6. Loss of Earnings and associated losses.

Claims will be dealt with in accordance with the Loss of Earnings and associated losses Protocol.

7. Posthumous Claims.

Claims will be dealt with in accordance with the Posthumous Protocol.

SCHEDULE 18(2)

TARRIFF

GENERAL DAMAGES TARIFF

Table 1 – General Damages
Figures Adjusted As At 01.01.2008 For Actual RPI = 4.05%

AGE	Date of Tariff	1. ASSESSMENT			
		1	2	3	4
Up to and including 45	1.1.08 – 31.12.08	5,132	10,263	19,492	23,558
	1.1.07 – 31.12.07	4,932	9,864	18,733	22,641
	1.1.06 to 31.12.06	4,723	9,446	17,938	21,681
	1.1.05 to 31.12.05	4,621	9,242	17,550	21,212
	1.1.04 to 31.12.04	4,465	8,930	16,958	20,497
	1.1.03 to 31.12.03	4,343	8,687	16,496	19,939
	1.1.02 to 31.12.02	4,219	8,439	16,025	19,370
	1.1.01 to 31.12.01	4,178	8,356	15,868	19,180
	1.1.00 to 31.12.00	4,044	8,088	15,164	18,197
	1.1.99 to 31.12.99	4,000	8,000	15,000	18,000
46-50	1.1.08 – 31.12.08	4,490	9,237	17,693	21,110
	1.1.07 – 31.12.07	4,315	8,877	17,004	20,288
	1.1.06 to 31.12.06	4,132	8,500	16,283	19,427
	1.1.05 to 31.12.05	4,043	8,316	15,931	19,007
	1.1.04 to 31.12.04	3,907	8,036	15,394	18,366
	1.1.03 to 31.12.03	3,801	7,817	14,975	17,866
	1.1.02 to 31.12.02	3,692	7,594	14,547	17,356
	1.1.01 to 31.12.01	3,656	7,520	14,404	17,186
	1.1.00 to 31.12.00	3,539	7,279	13,809	16,377
	1.1.99 to 31.12.99	3,500	7,200	13,660	16,200
51-55	1.1.08 – 31.12.08	3,849	8,210	15,746	18,931
	1.1.07 – 31.12.07	3,699	7,890	15,133	18,194
	1.1.06 to 31.12.06	3,542	7,555	14,491	17,422
	1.1.05 to 31.12.05	3,465	7,392	14,178	17,045
	1.1.04 to 31.12.04	3,348	7,143	13,700	16,470
	1.1.03 to 31.12.03	3,257	6,948	13,327	16,021
	1.1.02 to 31.12.02	3,164	6,750	12,946	15,563
	1.1.01 to 31.12.01	3,133	6,684	12,819	15,410
	1.1.00 to 31.12.00	3,033	6,470	12,333	14,741
	1.1.99 to 31.12.99	3,000	6,400	12,200	14,582
56-60	1.1.08 – 31.12.08	3,209	7,441	13,892	16,947
	1.1.07 – 31.12.07	3,084	7,151	13,351	16,287
	1.1.06 to 31.12.06	2,953	6,848	12,785	15,596
	1.1.05 to 31.12.05	2,889	6,700	12,509	15,259
	1.1.04 to 31.12.04	2,792	6,474	12,087	14,744

	1.1.03 to 31.12.03	2,716	6,298	11,758	14,342
	1.1.02 to 31.12.02	2,638	6,118	11,422	13,932
	1.1.01 to 31.12.01	2,612	6,058	11,310	13,795
	1.1.00 to 31.12.00	2,528	5,864	10,918	13,243
	1.1.99 to 31.12.99	2,500	5,800	10,800	13,100
61-65	1.1.08 – 31.12.08	2,567	6,160	12,060	15,154
	1.1.07 – 31.12.07	2,467	5,920	11,591	14,564
	1.1.06 to 31.12.06	2,362	5,669	11,099	13,946
	1.1.05 to 31.12.05	2,311	5,546	10,859	13,644
	1.1.04 to 31.12.04	2,233	5,359	10,493	13,184
	1.1.03 to 31.12.03	2,172	5,213	10,207	12,825
	1.1.02 to 31.12.02	2,110	5,064	9,915	12,459
	1.1.01 to 31.12.01	2,089	5,014	9,818	12,337
	1.1.00 to 31.12.00	2,022	4,853	9,503	11,882
	1.1.99 to 31.12.99	2,000	4,800	9,400	11,753
66-70	1.1.08 – 31.12.08	1,925	5,132	10,263	13,598
	1.1.07 – 31.12.07	1,850	4,932	9,864	13,069
	1.1.06 to 31.12.06	1,772	4,723	9,446	12,515
	1.1.05 to 31.12.05	1,734	4,621	9,242	12,244
	1.1.04 to 31.12.04	1,676	4,465	8,930	11,831
	1.1.03 to 31.12.03	1,630	4,343	8,687	11,509
	1.1.02 to 31.12.02	1,583	4,219	8,439	11,180
	1.1.01 to 31.12.01	1,567	4,178	8,356	11,070
	1.1.00 to 31.12.00	1,517	4,044	8,088	10,692
	1.1.99 to 31.12.99	1,500	4,000	8,000	10,576
71+	1.1.08 – 31.12.08	1,604	4,362	8,981	12,508
	1.1.07 – 31.12.07	1,542	4,192	8,631	12,021
	1.1.06 to 31.12.06	1,477	4,014	8,265	11,511
	1.1.05 to 31.12.05	1,445	3,927	8,086	11,262
	1.1.04 to 31.12.04	1,396	3,795	7,813	10,882
	1.1.03 to 31.12.03	1,358	3,692	7,600	10,586
	1.1.02 to 31.12.02	1,319	3,587	7,383	10,284
	1.1.01 to 31.12.01	1,306	3,552	7,311	10,183
	1.1.00 to 31.12.00	1,264	3,438	7,077	9,857
	1.1.99 to 31.12.99	1,250	3,400	7,000	9,750

Handicap on the Labour Market – Table 1

Tariffs applicable to category A claims as provided for in Section 5.1(a)(i) and 5.1(b).

Figures Adjusted As At 01.01.2008 For Actual RPI = 4.05%

		2. ASSESSMENT		
AGE	Date of Tariff	2	3	4
Up to and including 45	1.1.08 to 31.12.08	6,416	12,828	12,828
	1.1.07 to 31.12.07	6,166	12,329	12,329
	1.1.06 to 31.12.06	5,904	11,806	11,806
	1.1.05 to 31.12.05	5,776	11,551	11,551
	1.1.04 to 31.12.04	5,581	11,161	11,161
	1.1.03 to 31.12.03	5,429	10,857	10,857
	1.1.02 to 31.12.02	5,274	10,547	10,547
	1.1.01 to 31.12.01	5,222	10,444	10,444
	1.1.00 to 31.12.00	5,055	10,109	10,109
	1.1.99 to 31.12.99	5,000	10,000	10,000
46-50	1.1.08 to 31.12.08	5,132	10,263	10,263
	1.1.07 to 31.12.07	4,932	9,864	9,864
	1.1.06 to 31.12.06	4,723	9,446	9,446
	1.1.05 to 31.12.05	4,621	9,242	9,242
	1.1.04 to 31.12.04	4,465	8,930	8,930
	1.1.03 to 31.12.03	4,343	8,687	8,687
	1.1.02 to 31.12.02	4,219	8,439	8,439
	1.1.01 to 31.12.01	4,178	8,356	8,356
	1.1.00 to 31.12.00	4,044	8,088	8,088
	1.1.99 to 31.12.99	4,000	8,000	8,000
51-55	1.1.08 to 31.12.08	4,618	9,237	9,237
	1.1.07 to 31.12.07	4,438	8,877	8,877
	1.1.06 to 31.12.06	4,250	8,500	8,500
	1.1.05 to 31.12.05	4,158	8,316	8,316
	1.1.04 to 31.12.04	4,018	8,036	8,036
	1.1.03 to 31.12.03	3,909	7,817	7,817
	1.1.02 to 31.12.02	3,797	7,594	7,594
	1.1.01 to 31.12.01	3,760	7,520	7,520
	1.1.00 to 31.12.00	3,640	7,279	7,279
	1.1.99 to 31.12.99	3,600	7,200	7,200
56-59	1.1.08 to 31.12.08	4,105	8,210	8,210
	1.1.07 to 31.12.07	3,945	7,890	7,890

	1.1.06 to 31.12.06	3,778	7,555	7,555
	1.1.05 to 31.12.05	3,696	7,392	7,392
	1.1.04 to 31.12.04	3,571	7,143	7,143
	1.1.03 to 31.12.03	3,474	6,948	6,948
	1.1.02 to 31.12.02	3,375	6,750	6,750
	1.1.01 to 31.12.01	3,342	6,684	6,684
	1.1.00 to 31.12.00	3,235	6,470	6,470
	1.1.99 to 31.12.99	3,200	6,400	6,400



IRISC CLAIMS MANAGEMENT

Date

Our Ref:
Your Ref:

Address

Specialist
Insurance
Services

Department of Industrial Disputes
PO Box 138
Sheffield
S1 1GZ

Tel: 0114 209 4912
Fax: 0114 203 4491

Dear Sir or Madam

**Re: Hand Arm Vibration Syndrome Examination
Client: The Department of Trade & Industry**

(Name and Address)

Date of Birth –

Telephone Number -

British Coal Vibration White Finger Litigation – Overseas Claimants

We write on behalf of the Department of Trade and Industry (DTI) and (name of Claimant).

We have been provided with your details by ----- Solicitors/Legal Representatives with a view to you carrying out an examination of Mr----- and preparing a report with regard to the disease(s) Vibration White Finger (VWF) and/or Carpal Tunnel Syndrome (CTS).

Mr [] pursues a claim against British Coal Corporation (BCC) in which he alleges that he has suffered Vibration White Finger/Carpal Tunnel Syndrome, as a result of his employment with BCC. Mr ['s] employment history is set out in the Schedule 8 and the employment documentation enclosed with this letter. It is agreed between the parties that Mr ['s] employment with BCC would have involved exposure to excessive vibration from hand held vibrating tools.

In 1996, the Court ordered that BCC had a liability to compensate miners and ex-miners who had developed VWF in relation to their use of vibratory tools from 1975. In consequence, present and former mineworkers are eligible to seek compensation if they have VWF attributable to their occupation.

On the 1 January 1998 the liabilities of BCC were formally transferred to the United Kingdom government and are presently vested in the DTI who now have responsibility for paying valid compensation claims previously made against BCC.

In 2000 the DTI accepted that where a Claimant has CTS caused by exposure to vibration during the course of his employment with BCC, that Claimant would be entitled to receive compensation in certain circumstances.

The following documents are enclosed to assist in the preparation and completion of the report. Please take time to consider the enclosed documents when considering your quotation.

- Schedule 8 (showing employment history).
- A blank Medical Assessment Process Report to be completed. This report contains “prompts” to assist you in completing the report which must not be discussed or divulged to the claimant.
- Additional documentation to assist in the completion of the report.
- Formal Guidelines for Doctors carrying out the Medical Assessment Process (version 3) dated 2 May 2002.
- Guidance for Medical Practitioners carrying out Domiciliary Visits (Testing Programme for HAVS in the Coal Mining Industry) (version 3) dated 2 May 2002.
- Dual Pathology Guidance Notes (Version 1) dated 10 July 2001

Please note that all these documents will be required should you be instructed to carry out the examination.

If, having read the documentation, you remain uncertain as to what is required of you please contact Mr Tudor Davies, Consultant Vascular Surgeon, by telephone on 44 29 207 43354 or by e-mail at Claire.miles@cardiffandvale.wales.nhs.uk who is familiar with the process and will be able to offer assistance as to the interpretation of the documents enclosed. ***Please ensure that you provide a full note of the enquiry made to Mr Tudor Davies together with the advice received from him, should you be given authority to proceed in this matter.***

Your quotation will be considered and if acceptable you will be provided with a formal letter of instruction to proceed with the examination and preparation of the report. Please do not arrange to examine Mr-----until such time as you have received that formal instruction from us. The quotation should be returned by post, within 28 days, to:

PCTM
IRISC Claims Management
105 Queen Street
Sheffield
S1 1GN

A copy of the quotation should also be forwarded by facsimile to 44 114 209 4811, or by e-mail to policy-and-contracts@ars.aon.co.uk.

Name
For and on behalf of
IRISC Claims Management



IRISC CLAIMS MANAGEMENT

Date

Our Ref:
Your Ref:

Address

Specialist
Insurance
Services

Department of Industrial Disease
PO Box 138
Sheffield
S1 1GZ

Tel: 0114 209 4912
Fax: 0114 203 4491

Dear Sir or Madam

**Re: Hand Arm Vibration Syndrome Examination
Client: The Department of Trade & Industry**

(Name and Address)

Date of Birth –

Telephone Number -

British Coal Vibration White Finger Litigation – Overseas Claimants

Thank you for your letter/quotation of------. Your quotation is acceptable and please accept this letter as the formal instruction to carry out the examination.

We would be grateful if you could examine (name of claimant) after reviewing the guidelines and then complete the blank Medical Assessment Process for Domiciliary Visits Report in block capital letters (these documents were sent to you on -----). It is envisaged that examinations will usually take place in your surgery/consulting rooms, though the Domiciliary Report should be used in all cases. If you require further copies of the documentation please contact the team identified at the end of this letter.

It is central to the assessment and quantification of this claim that you pay particular attention, when completing the HAVS staging (for VWF/CTS) contained in the MAP form, to the points listed below:

- Date of onset of symptoms.
- Dual pathology (guidance notes previously supplied).
- CTS, if any, to include the history of surgical interventions (see Section 6 of the main Guidance Notes at page 24).

If you remain uncertain as to what is required of you please contact Mr Tudor Davies, Consultant Vascular Surgeon, on [] who is familiar with the process and will be able to offer assistance as to the interpretation of the documents. ***Please ensure that you provide a full note of the enquiry made to Mr Tudor Davies together with the advice received from him.***

We look forward to receiving your report within six weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of this letter. Please return the completed report form and your bill, by post, to:

PCTM
Queens House
105 Queens Street
Sheffield
S1 1GN
United Kingdom
Telephone: 44 114 209 4912

Name
For and on behalf of
IRISC Claims Management

SCHEDULE 19(1)

PATIENT CLAIMS

PATIENT CLAIMS²⁸ GUIDANCE NOTES

1. A Patient is a person who by reason of medical disorder within the meaning of the Mental Health Act 1983 is incapable of managing and administering his own affairs. A Patient must have a litigation friend to conduct proceedings on his behalf. This document describes the procedure to be followed where the Claimant is a patient. The provisions of Part 21 Civil Procedure Rules should be followed.
 - (1) Appointment of Litigation Friend
 - (a) It is the duty of the Litigation Friend to conduct proceedings on behalf of the patient fairly and competently. The Litigation Friend must have no interest in the proceedings adverse to that of the patient and all steps and decisions he takes in the proceedings must be for the benefit of the patient.
 - (b) The appointment of a Litigation Friend should be made as soon as possible. The Claimant's solicitor should not delay this step until an offer is made. If the appointment is made without order the requirement to file the authorisation or the certificate of suitability should be met when application is made to the Court for approval.
 - (c) A Litigation Friend may be appointed either with or without a Court Order. Rule 21.4 and Rule 21.5 of the Civil Procedure Rules refer to the appointment of a Litigation Friend without a Court Order and should be followed save where an Order is necessary.
 - (d) If an application for the appointment of a Litigation Friend by Order is made the procedure at paragraph 2 should be adopted unless otherwise directed by the Court.
 - (e) District Judges have been designated to preside over all matters relating to claims brought by patient as follows:
 - District Judge Oldham at the Sheffield District Registry;
 - District Judges Alderson and Loomba at the Newcastle District Registry;
 - District Judges Rees and North at the Cardiff District Registry.
 - (f) It is expected that Applications will be issued in the Regional Court convenient to the Claimant or his solicitor.
 - (g) The medical evidence establishing that a Claimant is a patient should be obtained from a Consultant Psychiatrist, a Consultant Geriatrician or from the Claimant's General Practitioner in the form required by the Court of

²⁸ Mental Capacity Act 2005 changed reference from patient claims to protected party. Also see Nabarro's letter to the CSG of 13 November 2007.

Protection (see **Appendix 1**). The Consulting Psychiatrist, Consultant Geriatrician or General Practitioner should also be asked to complete **Appendix 2**.

- (h) The report from the Consultant Psychiatrist/Geriatrician or General Practitioner should address whether the Claimant's mental incapacity is such as to render him incapable of managing his affairs and secondly where appropriate, whether the Claimant is able to undergo the Medical Assessment Procedure (MAP).

It is envisaged that applications for the appointment of a Litigation Friend will be approved without the need for a hearing unless the designated District Judge considers that the circumstances of the application require the attendance of the parties.

(2) Application to be made to the Court

- (a) In cases handled by IRISC, the Claimant's solicitors should, in the first place, appoint a Litigation Friend (if this has not already been done) and then seek approval of settlement. The Claimant's solicitors should make Part 8 application attaching completed Appendix 2 as referred to at 1(h) above. If an interim payment of damages is payable then the amount paid by way of an interim requires the approval of the Court.
- (b) In claims handled by Nabarro Nathanson (on behalf of the DTI) the Claimant's solicitors should make application to Court for appointment of a Litigation Friend and/or approval of settlement attaching completed Appendices 1 and/or 2 as above.
- (c) Generally Part 8 proceedings will be the correct procedure for 2 (a) and (b) where an application for an appointment of a Litigation Friend by Order (where this is necessary), and for approval of settlement or interim payment.

(3) Applications for Approval of Full and Final Settlement and Interim Payments *

Documents to be Submitted to the Court in Support of the Application for Approval (see 2 above) will consist of relevant:

- (1) Schedule 8
- (2) Services Questionnaires (if appropriate)
- (3) MAP Report (general damages MAP or services MAP if appropriate) or Consultant Vascular Consultants report (where this predates the diagnosis of mental incapacity).
- (4) Offer letter
- (5) Draft Order

- (6) Approval of Master of Court of Protection (where applicable)
- (7) CRU certificate
- (8) Signed statement of the parties confirming the amount of the settlement with a breakdown of different heads of damage (if necessary) and that the proposed settlement is in accordance with the CHA.

The Claimant's solicitors will forward to the Court (with a covering letter marked for the attention of the named District Judge(s) in the nearest Designated Court) the appropriate documentation listed above. In the majority of cases, these documents will be considered by the District Judge without hearing and an Order will be made that the approved settlement should be Paid into Court and the case transferred to the Court local to the Litigation Friend for further directions regarding investment etc. When considered necessary the District Judge will require an Approval hearing to take place and the parties will be notified by the Court.

No application for approval of damages will be heard by the Judges unless a Litigation Friend is appointed. Applications for the appointment of Litigation Friend by Order (where required) should not normally be submitted to the Court at the same time as an application for approval of an offer of settlement.

*Interim Payments

It will not be usual for requests to be sent to the District Judge for approval of interim payments. It is preferable for the approval of the final settlement only to be sent to the District Judge at the conclusion of the case. However where there is an urgent need for funds then an interim payment will be appropriate. In cases such as this the approval of an interim payment should take place and the Claimant Solicitors should provide the necessary documents to the Court with full reasons for their request.

Co-Defendants

Where Co-Defendants are involved in a claim they will be asked by IRISC to confirm that they agree to contribute towards the claim (on a time exposed basis) within 21 days from the request from IRISC. Where they are not prepared to contribute towards a patient claim on a time exposed basis where IRISC have used their best endeavours to achieve settlement, IRISC will make a proportionate offer to the Litigation Friend. The District Judge will then be requested to approve this as an Interim Payment.

(4) Medical Evidence

- (a) As in paragraph 1(g) above, it will be the decision of the Geriatrician, Psychiatrist or General Practitioner as to whether the Claimant can attend a MAP appointment. Any report provided in accordance with paragraph 1(g) will indicate whether or not the Claimant is fit to undertake a MAP examination. Where it is considered that a patient Claimant can undergo a MAP examination, the completed certificate of suitability (Appendix 2) will be forwarded by IRISC to Atos Origin.
- (b) Where a MAP doctor forms the view that a Claimant is a patient during a MAP /Services MAP examination it is matter for the doctor to decide whether or not the examination can be concluded in whole or in part. The examining doctor shall complete the MAP report as far as possible and a further report in the form at Appendix 3 which will be forwarded by Atos Origin/Capita Health Solutions to IRISC and the Claimants' representative. Where the patient Claimant has undergone part or all of the MAP before presenting as a patient, that part of the MAP shall be utilised where possible, and if necessary, supplemented by additional Medical Report for filling in the remainder of the patient MAPs. In these cases the Atos Origin/CHS examining doctor will complete Appendix 3 and this will be forwarded by Atos Origin/CHS to IRISC and the Claimant's representative.
- (c) Where the Claimant's solicitor disagrees with the examining doctor decision as to the suitability of the Claimant to undergo the MAP they should within [] days submit to IRISC a letter from the Consultant Psychiatrist, Geriatrician or General Practitioner confirmed the Claimant's suitability. If a letter is submitted to IRISC from the Claimant's solicitor confirming this, IRISC will reset the MAP appointment with an alternative examining doctor.
- (d) Where the Claimant has a short life expectancy, the short life expectancy protocol (attached at **Appendix 4**) should be followed as supplemented by this protocol as regard the type of MAP and the making payments to the Claimant.

(5) Where No Medical evidence available

- (a) Where the Claimant is a patient and unable to attend a MAP appointment or where the MAP examination has been aborted (see paragraph 4b above), if there is either a DSS assessment or a Consultant Vascular Surgeons report (see para 3.3) in existence for either VWF or CTS or both or other acceptable medical evidence, an offer for General Damages will be made to the Claimant on the basis of this evidence.

- (b) In the absence of any available evidence as listed in paragraph (a) above, an offer for General Damages will be made in accordance with the Schedule attached at **Appendix 5**.
- (i) In relation to Services Claims where the Claimant is unable to attend a medical appointment but where there is in existence some medical evidence ie MAP report, CVS report or DSS schedule, the papers relevant to the claim (including the Services Questionnaires and GP records) will be forwarded by IRISC to Aon Health Solutions (AHS) who will provide an opinion on co-morbidity on the basis of the documentation provided. An offer will then be made by IRISC on the basis of the multiplicands in the Services agreement, with the appropriate co-morbidity deduction(s). Where the Claimant presents at the Services MAP examination as a patient, the AHS doctor will deal with the situation as in 4(b) above.
- (ii) Where there is no medical evidence in existence, an offer will be made for services on the basis of Appendix 5.
2. In posthumous cases, the widow or other next of kin may be a patient. In cases such as these, the provisions of these notes should be followed in respect of the approval of the settlement.
3. IRISC will pay any monies due to the Claimant in accordance with directions given by the Court, and IRISC shall comply with any additional directions so given. The DTI will pay the reasonable costs and disbursements incurred by the Claimant as a consequence of the appointment of a Litigation Friend and of any application or applications for approval of either an interim payment or final settlement and in appropriate cases will meet any costs associated with any application to the Court of Protection or in relation to the management of funds arising as a consequence of the payment of damages by the DTI.

COURT OF PROTECTION

MEDICAL CERTIFICATE (CP3)

- Important - please read the attached guidance notes before completing the form.
- As this is an official Court document, please ensure that this form is typed if your handwriting is unclear.
- If you have any queries about this form, please call our Customer Services helpline ☎ 0845 330 2900.

IN THE MATTER OF

(please use BLOCK CAPITALS)

Full name of patient:

Address of patient:

.....

Post code:

Telephone number and
date of birth of patient ☎ d.o.b...

Male/Female (please circle)

Your name: I

Your address: of

Post code:

Your telephone number
and email address ☎ email. .

Your medical qualifications:

declare as follows:

1. I am the medical practitioner for the above-named patient and have so acted since:

1. I last examined the patient on: and in my opinion the patient is incapable by reason of mental disorder of managing and administering his/her property and affairs. (For a <i>definition of "mental disorder"</i> please see note 2 attached)	
2. My opinion is based on the following diagnosis : (Please refer to notes 5, 6 and 7 attached) My diagnosis is based on the following evidence of mental incapacity :	
3. The present mental disorder has lasted since:	
4. Is the patient a danger to himself/herself and/or others in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please comment:	
5. Does the patient need anything at present to provide additional support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , what recommendations do you make?	
6. What is the patient's life expectancy? (Please refer to note 8 attached)	<input type="checkbox"/> Under 5 years <input type="checkbox"/> Over 5 years
Please comment:	
7. Please give a brief summary of the patient's physical condition.	

8. In your opinion, how capable is the patient of appreciating his/her surroundings? Capable
Please comment: Limited capability
 Not capable

9. Has the patient made you aware of any views he/she has about his/her future care and welfare? Yes No
If yes, please comment:

10. Do you consider that in respect of this patient there is a prospect of a recovery in the patient's mental capacity? *(Please refer to note 9 attached)* Yes No

If no, please state the reasons why:

If yes, please state:

- a. Why you consider that there is a prospect of mental recovery in this case.
- b. When the Court might usefully enquire further to establish whether or not the patient has demonstrated a sufficient level of mental recovery to be able to manage and administer his/her property and affairs.

11. Is the patient capable of understanding that an application is being made to appoint a receiver to manage and administer his/her property and affairs? Yes No

Please comment:

12. Do you consider that the patient should receive verbal notice of the application to appoint a receiver? *(Please refer to note 10 attached)* Yes No

If **yes**, please indicate who you consider to be the best person to give such notice and comment further below

- Close relative or friend
- Professional carer
- Social Worker
- Medical Practitioner
- Legal Representative
- Psychiatrist
- Other (please specify)

13. Have you or your family or friends any financial interest in the accommodation in which the patient is living or in any other matter concerning the patient? Yes No

If **yes**, please give details:

14. General comments and any other recommendations for future care:

I declare that to the best of my knowledge and belief, the information I have given on this form is true and accurate:

Signature:

Name (print): Date:

NOTES FOR GUIDANCE

- **Please read these notes before completing the Medical Certificate.**
 - **Please note that when the Medical Certificate has been completed its contents will be confidential to the Court and those authorised by the Court to see it.**
 - **These notes have been prepared in consultation with the British Medical Association. The BMA sets the level of fees and reviews the fees on an annual basis.**
1. Doctors should be aware that if a person owning real or personal property becomes incapable, by reason of mental disorder, of safeguarding and managing his affairs, an application should be made to the Court of Protection for the appointment of a receiver for such directions as may be necessary.
 2. An application to the Court of Protection for the appointment of a receiver for directions must be supported by a medical certificate stating that, in the doctor's opinion, the patient is incapable of managing and administering his property and affairs by reason of mental disorder as defined in Section 1 of the Mental Health Act 1983. "Mental Disorder" is defined in Section 1(2) of the act as meaning "mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind", and "psychopathic disorder" is defined as "persistent disorder or disability of mind (whether or not including significant impairment of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the person concerned".
 3. Criteria for assessing incapacity are not identical with those for assessing the need for compulsory admission to hospital. The fact that a person is suffering from mental disorder within the meaning of the Mental Health Act 1983, whether living in the community or resident in hospital, detained or informal, is not of itself evidence of incapacity to manage his affairs. On the other hand, a person may be so incapable and yet not be liable to compulsory admission to hospital.
 4. The certifying doctor may be either the person's general practitioner or any other registered medical practitioner who has examined the patient.
 5. The Medical Certificate requires the doctor to state in paragraph 3 the nature of the mental disorder and the grounds on which he/she bases his opinion of incapacity. What is required is a diagnosis and a statement giving clear evidence of incapacity, e.g. reference to defect of short-term memory, of spatial and temporal orientation or of reasoning ability, or to reckless spending (sometimes periodic as in mania) without regard for the future, or evidence of vulnerability to exploitation. It is especially important that the evidence of incapacity shows how the incapacity prevents the patient from being able to administer and manage his/her financial affairs.
 6. In many cases of senile dementia, severe brain damage, acute or chronic psychiatric disorder and severe mental impairment the assessment of incapacity should present little difficulty. Cases of functional and personality disorders may give more problems and assessment may depend on the individual doctor's interpretation of mental disorder. The Court tends toward the view that these conditions may render a person liable to the Court's jurisdiction where there appears to be a real danger that the disorder will lead to dissipation of considerable capital assets.
 7. A person may not be dealt with under the Mental Health Act 1983, and may not be the subject of an application to the Court of Protection by reason only of promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs.
 8. In Paragraph 7, the information you are asked to provide on life expectancy is useful in that it helps the Court to determine an appropriate investment policy for the patient.
 9. The Court recognises that it is difficult for general practitioners or consultant psychiatrists to specify whether there is a prospect of a recovery in the patient's mental capacity in a particular case. However, under the Human Rights Act 1998, the Court is under a proactive obligation to find out if a patient will

be fit to resume management of his/her own affairs. It would therefore assist the Court if you could indicate whether the patient is likely to demonstrate a sufficient level of recovery to be able to manage and administer his/her own property and affairs.

10. In all cases, the patient must be given formal notice of any application to the Court of Protection for a receiver to be appointed on his/her behalf. This is in order to comply with the European Convention on Human Rights and the Human Rights Act 1998. Notification provides the patient with the opportunity to express views about the appointment of a particular person or contribute other information, which will assist the Court in reaching a decision. Normally, notice of any application is given by personally serving a letter on the patient. The Court however recognises that some patients will not be in a position to comprehend the notice that is given to them. For some patients it may therefore be better if a relative, friend or professional person such as a carer, social worker, legal representative or medical practitioner explained the notice verbally to them. It may also be preferable for the notice to be given verbally because of the risk to the patient's health or distress that might be caused to the patient by receipt of a written notice on its own. It would therefore be helpful to the Court if you could indicate whether in this case notice should be explained verbally and who would be the best person to give such notice.

The completed Medical Certificate should be returned to either the solicitors acting in the matter or to:

Public Guardianship Office
Archway Tower
2 Junction Road
London
N19 5SZ

Data Protection Act 1998

The Court of Protection (an office of the Supreme Court) exists to protect the property and financial affairs of persons suffering from mental disorders. The Public Guardianship Office carries out the day-to-day administrative functions of the Court. Information that you provide in these forms will be retained and used initially by the Court to determine how the property and financial affairs of the incapacitated person will be managed & administered.

COURT OF PROTECTION

THE INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL AND MUST NOT BE DISCLOSED TO ANY OTHER PARTY UNLESS THE COURT SO DIRECTS
--

IN THE MATTER OF

Appendix 2

British Coal HAVS Litigation: Claimants suffering from impairment of their mental state: Certificate from Treating Doctor including Consultant Psychiatrist, Geriatrician or GP

TO BE COMPLETED BY THE CLAIMANT'S SOLICITOR

Name of Claimant	
IRISC Number	
Address of Claimant	

Name of Doctor	
Address of Practice/Hospital	

CLAIMANT'S NAME AND REFERENCE NUMBER

TO BE COMPLETED BY DOCTOR Statement by Doctor - please tick box 1 or box 2 as appropriate. Note to doctor: this form relates only to your patient's mental state, not to his physical condition. You are being asked whether, in your opinion, he is likely to be incapable of understanding and co-operating with a medical assessment for hand arm vibration syndrome. This will comprise of history taking, a simple clinical examination and two standardised testing procedures on his hands. These tests are performed at a test centre or exceptionally at his home (in a Domiciliary Visit - DV). In a DV a Claimant would not carry out the standardised tests. *

Box 1 It is my opinion that the above named claimant is not prevented, by reason of his mental state, from attending a medical assessment centre and undergoing a physical assessment and testing in connection with his claim.

Box 2 It is my opinion that the mental state of the above named claimant is such as to be inappropriate for him to attend a medical assessment centre and undergo any form of physical assessment testing in connection with his claim.

Signed: Dated:

Please provide information on:

- i) Diagnosis of mental illness and duration
- ii) History of aggression
- iii) Current symptoms and management
- iv) Medication history and compliance

Doctor to also provide information regarding his/her qualifications/experience.

*The standardised Tests comprise of the :

Thermal Aesthesimeter test (TA). This measures the sensitivity of the fingers to temperature. 6 measurements are taken for both warm and cool. The test measures a range of temperature that can not be perceived – and the score is dependant on range ; and

Vibrotacile Thershold test (VTT). The measures the sensitivity of the fingers to a vibration stimulus. 2 vibration frequencies are used to assess different skin receptors. The scoring system is dependant on frequency.

To successfully carry out both tests, it is dependant on the patient understanding instructions on how the tests are carried out and being able to concentrate when being tested for a significant period of time.

Appendix 3

British Coal HA VS Litigation: Claimants appearing to have impairment of their mental state on the day of the Medical Assessment Process MAP examination:

Examining Doctors' Certificate

Name of Claimant	
IRISC Number	
Address of Claimant	

Name of ED	
Name of Assessment Centre	

The above-named claimant attended the above-named medical assessment centre today for consultation and testing of any disability arising from occupational vibration exposure.

From my observation of the claimant I have formed the opinion that his mental state today was such that his judgement and the accuracy of any history given, might be impaired.

(Delete whichever of the following paragraphs do not apply)

1. In my view the claimant, with appropriate supervision and encouragement, was able to usefully complete the MAP.
2. In my view the claimant's condition was such that he should not undergo a MAP consultation or physical assessment.

Having formed the opinion referred to in paragraph 2 (above) during the course of my consultation, I concluded the consultation forthwith. [ED provide comments on validity of the parts of MAP report that have been completed (where appropriate). In particular the ED is to confirm where these parts of the report can be relied upon]

VIBRATION WHITE FINGER

Appendix 4

SHORT LIFE EXPECTANCY PROTOCOL

It is recognised that cases will arise where a Claimant has a short life expectancy (less than 12 months) and may need an urgent MAP/Domiciliary visit. This Protocol sets out how such cases will be dealt with.

The Claimant's Representative will submit to IRISC a GP certification in the form at Annex 1. No case will be considered for expedition unless such a certificate is forthcoming..

IRISC will immediately, upon receipt of the GP notification, request the Claimant's employment record from Hays requiring that the search for records be completed within [7] days. Where a request for records is already with Hays IRISC will notify Hays of the escalated priority given to the case and require the return of the employment records pack within [7] days.

Within [7] days of the Claimants employment records becoming available IRISC will confirm whether the claim is accepted for consideration under the VWF CHA, or rejected on the basis of the Claimant's occupation history, and if the latter give full particulars of their reasons for rejecting the claim.

If the Claimants employment records are not available within [14] days IRISC will nevertheless arrange for the Claimant to be medically examined in accordance with paragraph 6.

If the claim is rejected the Claimant may follow the procedure set out in the Occupational Group Procedure. If the rejection is not accepted the Claimant's Representative shall notify IRISC within 14 days of the rejection, and IRISC will arrange for the Claimant to be medically examined in accordance with paragraph 6 below.

Upon agreement of the Occupational Group IRISC will arrange for either a full MAP, if the Claimant is fit to travel to a MAP centre, or a domiciliary visit, if appropriate, in accordance with the VWF CHA.

Within [7] days of receipt of the MAP report IRISC will:

- make an offer in accordance with section 6 of Schedules 5 and 6 and/or 7 of the VWF CHA; or
- notify a rejection of the claim providing full particulars of their reasons for that rejection; or
- notify the Claimants Representative that they are unable to confirm the Claimant's occupation group in which case the claim will be dealt with in accordance with the Occupational Group Procedures.

In the event of a dispute or if the Claimant rejects the finding of the MAP medical report the disputes procedures shall apply.

ANNEX 1 SLE PROTOCOL

For those Claimants who require certification from their GP that they may have a life expectancy of less than 12 months, it is proposed that the following letter should be sent to the GP by the Claimant's Representative.

Dear Doctor,

Your patient Mr.....is waiting to have a medical assessment for VWF for the purposes of his claim for compensation arising from his employment with British Coal.

As the representative of this man, I have been advised that he is very ill and as a result may need to be sent for testing very quickly. This is a sensitive issue because he should be given priority if it is justified but in fairness to those Claimants who are at present ahead of him in the queue he will only be given such priority if you are prepared to complete and return the attached certificate in the enclosed stamped addressed envelope.

Yours faithfully

CERTIFICATE

(This section should be completed by the Claimant's Representative)

Claimant's Full Name -----

Claimant's Address: -----

Claimant's contact telephone number (IMPORTANT) -----

Date of Birth:----- NI No: -----

IRISC reference: -----

I, Dr ----- certify that my patient Mr -----

has in my opinion:

Tick as applicable

1. A life expectancy of greater than 12 months:

OR

2. A life expectancy of less than 12 months:

AND

3. Is too ill to leave his home for any purpose which requires a journey of more than a minimal time or distance and I, or my partners, always visit him at home as he suffers from the following conditions:

OR

4. Is able to attend a testing centre for the purpose of a VWF assessment to include testing and an examination

SCHEDULE 19(2)

PATIENT CLAIMS TARIFF

Appendix 5

**GENERAL DAMAGES SCHEDULE
FOR USE IN PATIENT CLAIMS
FIGURES ADJUSTED AS AT 01.01.2008 FOR ACTUAL RPI = 4.05%**

Age Band	Date of Tariff	Average for Age Band (£)	Discount Rate	Average Payment
Up to 45	1.1.08 – 31.12.08	11,170.53	5%	10,612.00
	1.1.07 – 31.12.07	10,735.73	5%	10,198.94
	1.1.06 – 31.12.06	10,280.31	5%	9,766.29
	1.1.05 – 31.12.05	10,058.03	5%	9,555.13
	1.1.04 – 31.12.04	9,718.84	5%	9,232.89
	1.1.03 – 31.12.03	9,454.12	5%	8,981.41
46 to 50	1.1.08 – 31.12.08	10,216.43	5%	9,705.61
	1.1.07 – 31.12.07	9,818.77	5%	9,327.83
	1.1.06 – 31.12.06	9,402.25	5%	8,932.15
	1.1.05 – 31.12.05	9,198.96	5%	8,739.02
	1.1.04 – 31.12.04	8,888.74	5%	8,444.30
	1.1.03 – 31.12.03	8,646.63	5%	8,214.30
51 to 55	1.1.08 – 31.12.08	9,405.29	5%	8,935.03
	1.1.07 – 31.12.07	9,039.20	5%	8,587.24
	1.1.06 – 31.12.06	8,655.74	5%	8,222.96
	1.1.05 – 31.12.05	8,468.59	5%	8,045.16
	1.1.04 – 31.12.04	8,183.87	5%	7,774.67
	1.1.03 – 31.12.03	7,960.96	5%	7,562.91
56 to 60	1.1.08 – 31.12.08	8,259.49	5%	7,846.52
	1.1.07 – 31.12.07	7,938.00	5%	7,541.10
	1.1.06 – 31.12.06	7,601.26	5%	7,221.21
	1.1.05 – 31.12.05	7,436.91	5%	7,065.06
	1.1.04 – 31.12.04	7,186.11	5%	6,826.80
	1.1.03 – 31.12.03	6,990.38	5%	6,640.86
61 to 65	1.1.08 – 31.12.08	6,947.55	5%	6,600.17
	1.1.07 – 31.12.07	6,677.13	5%	6,343.27
	1.1.06 – 31.12.06	6,393.87	5%	6,074.18
	1.1.05 – 31.12.05	6,255.62	5%	5,942.84
	1.1.04 – 31.12.04	6,044.67	5%	5,742.44
	1.1.03 – 31.12.03	5,880.03	5%	5,586.03
66 to 70	1.1.08 – 31.12.08	5,781.79	5%	5,492.70
	1.1.07 – 31.12.07	5,556.74	5%	5,278.90
	1.1.06 – 31.12.06	5,321.02	5%	5,054.97
	1.1.05 – 31.12.05	5,205.97	5%	4,945.67
	1.1.04 – 31.12.04	5,030.41	5%	4,778.89
	1.1.03 – 31.12.03	4,893.39	5%	4,648.73
71 and over	1.1.08 – 31.12.08	5,212.28	5%	4,951.67
	1.1.07 – 31.12.07	5,009.40	5%	4,758.93
	1.1.06 – 31.12.06	4,796.90	5%	4,557.06

	1.1.05 – 31.12.05	4,693.18	5%	4,458.52
	1.1.04 – 31.12.04	4,534.91	5%	4,308.16
	1.1.03 – 31.12.03	4,411.39	5%	4,190.82

SERVICES SCHEDULE FOR PATIENT CLAIMS
ADJUSTED AS AT 01.01.2007: ACTUAL RPI =4.43%

2007 Patient Claim Tariff Values for the Tasks in each Age Band - Actual RPI = 4.43%						
Age Bands	Gardening	Window Cleaning	DIY	Decorating	Car Washing	Car Maintenance
Up to and Including Age 45	1,209.46	316.06	1,102.70	1,122.25	207.98	908.49
Aged 46 to 50	1,185.94	292.47	1,049.18	1,082.24	204.13	839.86
Aged 51 to 55	1,147.27	305.36	1,123.97	1,071.84	199.72	824.44
Aged 56 to 60	1,106.87	281.00	1,096.24	1,015.85	211.53	756.16
Aged 61 to 65	1,160.59	321.15	1,253.46	1,154.06	203.97	833.34
Aged 66 to 70	1,047.66	262.57	991.59	992.06	182.85	795.83
Aged 71+	384.01	102.54	383.20	368.44	55.55	250.51

SCHEDULE 19(3)

PATIENT ORDERS

IN THE SHEFFIELD/CARDIFF/NEWCASTLE
UPON TYNE
COUNTY COURT

CLAIM NO:

B E T W E E N:

X
(BY HIS LITIGATION FRIEND Y)

Claimant

-and-

DEPARTMENT OF TRADE & INDUSTRY

Defendant

ORDER

An application was made on [date] by solicitors for the Claimant [and was attended by solicitors for the Defendant].

District Judgeapproved the following terms of settlement and made them an Order of the Court.

The Claimant may accept the sum of [£.....] in satisfaction of the claim made against the Defendant for damages for personal injury and loss caused by exposure to vibratory tools during employment by the Defendant such sum being calculated in accordance with the British Coal Vibration White Finger Handling Agreement.

[The Defendant pay the sum of [£.....] to the Claimant's [solicitors] [litigation friend] on or before [.....]

The Defendant pay the [further]sum of [£.....] into the [Court Funds Office] on or before [.....] to be invested and accumulated in the Special Investment Account pending further order.

[The claim be transferred to [.....] Court for investment directions].

[The Claimant's solicitor attend a hearing for further investment directions on [date] at [time] at [address of court].

[The Claimant's solicitor to apply to the Court of Protection for the appointment of a receiver on or before [.....] and upon such appointment being made the sum of [£.....] together with any interest accrued on that sum from the date of this order to be carried over to the Court of Protection to the credit of the Claimant there to be dealt with as the Court of Protection thinks fit].

[Any interest accrued up to the date of this order on any money in Court paid in by or on behalf of the Defendant be paid out to the Defendant's solicitors].

The Defendant pay the Claimant's costs to be assessed with permission to request assessment to be dispensed with [and the Claimant's solicitor waiving any claim to further costs].

Upon payment of the sum(s) and costs referred to above, the Defendant be discharged from further liability in respect of all claims made by the Claimant against him in these proceedings.

All further proceedings be stayed except that either party has permission to apply to the Court for the purpose of carrying this order into effect.

DATED the day of

**IN THE SHEFFIELD/CARDIFF/NEWCASTLE
UPON TYNE
COUNTY COURT**

CLAIM NO:

B E T W E E N:

**X
(BY HIS LITIGATION FRIEND Y)**

Claimant

-and-

DEPARTMENT OF TRADE & INDUSTRY

Defendant

ORDER

Irwin Mitchell
St Peter's House
Hartshead
Sheffield
S1 2EL

Tel: 0870 1500 100
Fax: 0114 2753306

Ref: PS/AT/BM/00148565-0
E-mail: tuckera@irwinmitchell.co.uk

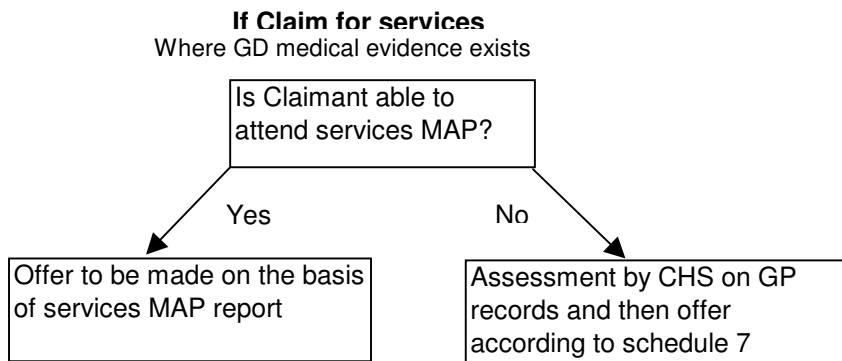
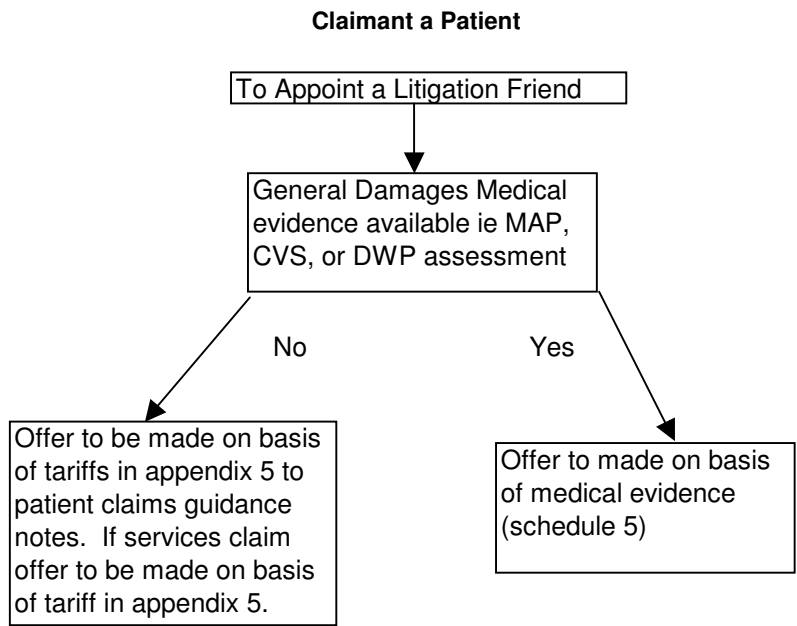
27 November 2003

Solicitors for the Claimant

SCHEDULE 19(4)

**DOCUMENT HIGHLIGHTING PATIENT PROCEDURE AND
FLOWCHART**

Patient Claims



**BRITISH COAL VIBRATION WHITE FINGER LITIGATION HAND ARM
VIBRATION SYNDROME**

PATIENT CLAIMS

Introduction

The purpose of this document is to give guidance on the procedure for dealing with claims where the Claimant is assessed as being a patient or having some other mental problem. You are referred to paragraph 9 and Schedule 19 of the CHA. The patient claims Guidance Notes are at Schedule 19[1]. These Guidance Notes have been approved by the nominated District Judges²⁹ (nominated by Lady Justice Smith who oversees the VWF litigation) who deal with patient claims.

See attached 2 flow charts.

Appointment of Litigation Friend (1.1 of the guidance notes)

As soon as it comes to light that a Claimant is a patient (definition set out in the Guidance Notes) the Claimant's representative must arrange to appoint a litigation friend if this has not already been done. The procedure for this is set out in the Guidance Notes at paragraph 1(1).

Where there is medical evidence available (4a of guidance notes)

- Where a Claimant has been able to attend the general damages MAP examination, or where there is an existing CVS report or DWP assessment available, an offer will be made for general damages on the basis of this existing medical evidence.
- Where the patient is able to attend a services MAP examination, an offer will be made on the basis of this evidence. Where the Claimant has general damages medical evidence but is unable to attend a services MAP, an assessment will be made by CHS on the basis of the Claimant's GP records in relation to the patient's co-morbidity an offer will be made accordingly.

Where no medical evidence is available (see 5 of guidance notes)

- In the absence of any evidence listed in the first bullet point above, an offer will be made for general damages in accordance with the schedule attached to the Patients Claims Guidance Notes (Appendix 5).
- Where the Claimant has a services claim and there is no medical evidence an offer will be made for services on the basis of Appendix 5.

²⁹ See 1(e) of guidance notes

Where Claimant presents as a patient at MAP or services MAP (4b of the guidance notes)

See 4b of the Guidance Notes which confirms that it will be up to the doctor to decide whether or not to conclude the examination (either in the whole or in part).

SCHEDULE 20(1)

STALLED CLAIMS PROCEDURE

CLAIMS STALLED AT CAPITA – PROTOCOL (Final Version Revised 28 April 2008)

Principles and Objectives

- (i) The parties are agreed that it is essential that claims are actively managed throughout the claims handling process. It was never the intention of the parties that claims would simply remain in the Scheme without progressing towards a conclusion.
- (ii) All claims should exit the scheme by one of five routes:-
 - a) Settlement;
 - b) Withdrawal;
 - c) Denial; or
 - d) Prosecution through litigation
 - e) The Stalled Claims Procedure for claims stalled with solicitors.
- (iii) When any claim brought under the CHA has been registered for a considerable period of time and has not exited the CHA by one of the five routes referred to above and where it appears not to be progressing without good cause then the claim may be considered to be stalled.

VWF claims may be stalled for a number of reasons. These include failure by Capita (or other DTI contractors) to make decisions or take necessary steps timeously and/or at appropriate stages in the claims handling procedure which may result in claims becoming stalled.

A protocol for addressing claims stalled with claimants or their solicitors is already in place. At present claims becoming stalled with the DTI's contractors other than Capita are not perceived to be a problem. Consequently this protocol currently focuses on claims stalled at Capita. The position of the DTI's other contractors will, however, be kept under review.

- (iv) Stalled claims are detrimental to the working of the CHA for the following reasons:-
 - a) They divert resources;
 - b) They distort statistics by inflating work in progress;
 - c) There are among them claims that require attention to enable them to be progressed in the interest of the claimants concerned;
 - d) They must be finalised before the conclusion of the Scheme.
- (v) It is therefore appropriate that overall the process should be fair and even handed to ensure that claims stalled are encouraged to progress. The procedure for addressing claims stalled with claimants and/or their solicitors is set out in a document VWF – Protocol for Stalled Claims (12th draft).
- (vi) This protocol (for addressing claims stalled at Capita) provides balance to the existing protocol for addressing claims stalled with claimants or their solicitors. The point of the exercise is not to penalise the tax payer by payment of additional sums to claimants, but to advance towards conclusion cases where there is no

justifiable reason for delay on the part of the DTI or its claims handlers, consistent with the overriding objective of the CPR and to provide limited compensation to claimants for such delay as has occurred.

Definitions

For the purpose of this protocol, the following definitions will apply:-

A. Stalled Claims means:-

A claim that has become inactive at Capita for the periods prescribed in the attached matrix and that cannot be progressed further without Capita making a decision or taking a step required by the Claims Handling process to enable the claim to progress

B. Substantive Response means:-

- (i) A letter sent to the claimant's solicitor from Capita confirming a decision or that a step had been taken in either case required to progress the claim. A "holding" letter/telephone call will not be accepted as a substantive response.
- (ii) A request from Capita for relevant information/evidence from solicitors, necessary to enable Capita to take the required step.
- (iii) A letter sent to the claimant's solicitors by Capita confirming that the claim is not stalled but in a category of claim where it either awaits action by Capita by virtue of the application of a prioritisation procedure agreed between the parties or is awaiting the resolution of an outstanding policy issue.

C. Stalled Claims Consequence (SCC) means:-

A payment of Judgment Debt Rate Interest (JDRI) as provided for in paragraph 3 of the procedure below.

Procedure

1. Introduction

The times at which claims enter the stalled claims protocol vary depending on the circumstances and in particular the stage at which the claim has stalled. The timescales for the operation of this protocol are set out in the attached matrices.

The date from which the timescales of the procedure are deemed to begin will be the date of the letter from solicitors informing Capita that the claim has entered the procedure, or entered stage 2, or that a penalty has become due. In the case of claims entering the procedure the date will be the date of the letter or the telephone call whichever is earlier.

If there is a significant gap between a letter being dispatched, and received at Capita, Capita may seek an adjustment to the timescales of the procedure.

If it becomes apparent at any point after implementation that the procedure is ineffective or being misused, it will be suspended for a period, for review. For claims already within CSC at the time of suspension, the clock will stop and re-start after the 'misuse' issues are resolved. Solicitors should cease submission of CSC claims during the suspension period.

2. Letters from Solicitors and Responses from Capita

Where claimant's solicitors write to Capita to inform them that a claim has entered the Claims Stalled at Capita Procedure, or has proceeded to Stage 2, or has incurred a penalty, or any other correspondence relating to the process, e.g. regarding extension requests, the letter from claimant's solicitors should have a bold heading reading 'Claim Stalled at Capita'. At the initial notification stage, claimant's solicitors should also state the reason claimant's solicitors believe it to be stalled. Failure to fulfil either of these obligations will result in a rejected or reduced penalty payment. Claimant's solicitors should state the head of damage stalled on all correspondence, in addition to the bold heading, if possible. Correspondence listing multiple claims will not be acceptable at any stage of the process.

Where Capita respond to solicitors on a claim within the Claims Stalled at Capita procedure, the response will have a bold heading reading 'Claim Stalled at Capita', except where the response is indisputably a substantive response, eg confirmation of group offer.

3. Responses and requests for extension of time within the Stalled Claims Protocol.

Where a substantive response is received by claimant's solicitors a claim will be removed from the stalled claims procedure.

Capita will be granted reasonable extensions to the timescales where these are reasonably required to enable a substantive response to be made. Requests for extensions of time will be assessed on a case-by-case basis. Where agreement as to an extension of time cannot be agreed the parties should resolve that issue by means of the Disputes Procedure.

4. Consequence of failure to provide a substantive response in time

Where, within the timescales set out in the attached matrix Capita fail to make a substantive response so that the claim progresses through the stages set out in the matrix to the point at which a SCC arises JDRI interest will become payable by Capita to the claimant at the successful conclusion of the case. Such SCC will be JDRI:-

- a) On the total value of the head of damage which was delayed and
- b) For 60 days (which is the duration of the Claims Stalled at Capita procedure, not including any delay by solicitors, or agreed extensions or suspensions, in addition to the 60 days), plus JDRI for the number of days of the period after the claim reaches the conclusion of the procedure until Capita provide the substantive response.

For the avoidance of doubt, if during the period that a claim is subject to the Claims Stalled at Capita Procedure but before the point in the procedure at which the SCC attaches Capita make a substantive response then no SCC will attach.

The SCC will become payable at full and final settlement of the claim. The solicitor must inform Capita at full and final acceptance if a penalty has been incurred on the claim. The solicitor should also calculate the sum of the penalty owing and provide the basis of that calculation.

5. DISPUTES

Should any issue arise as to the application of the stalled claims procedure the claimants and Capita should seek to resolve the dispute by means of negotiation and exchange of correspondence, failing which reference to the Disputes Procedure. Matters that may require resolution may include:-

- a) Disputes as to whether the Claims Handling Arrangement requires Capita to take a step, or provide information and/or whether as a matter of fact they have done so;
- b) Disputes as to the entry or exit of claims from this Stalled Claims Procedure;
- c) Disputes as to the reasonableness of any refusal by the claimant to extend the time to take any action or provide a substantive response within the stalled claims procedure;
- d) Disputes as to whether a Substantive Response was provided in general and in relation to Substantive Responses falling within B (ii) or (iii);
 - i) Whether the information required was necessary or relevant; or
 - ii) Whether the claim was not stalled but is either in a category of claims where it awaited attention by Capita by virtue of a prioritisation procedure agreed between the parties, or is awaiting the resolution of an outstanding policy issue.

Where a dispute is resolved in Capita's favour the claim will normally be removed from the procedure (except in circumstances where the dispute relates to agreement of an extension where removal may not be appropriate).

For the avoidance of doubt:

- a) If Capita provide a substantive response while a dispute is ongoing, the claim will be removed from the procedure.
- b) Negotiation and/or exchange of correspondence or reference to the Disputes Procedure will suspend the operation of the procedure, or elapse of time under the procedure, pending resolution of the dispute. Where the dispute is resolved in the Solicitors' favour, CSC will be restarted from the point at which it is suspended. If the dispute is resolved in Capita's favour, the appropriate action will be taken, e.g. granting of the requested extension. Where a notice of Formal dispute is served, the claim will be removed from CSC.

6. Relief from SCC on the DTI

A claimant's solicitor may consent to, and will not unreasonably refuse, the setting aside of sanctions of any SCC that arises pursuant to the procedure, in any individual case.

Otherwise, the DTI may seek relief from the sanction (or part thereof) pursuant to this protocol by making application to the Court and if so the Court may set aside the sanction in whole or part or vary the terms of the sanction if (but only if) it appears to the Court that there is good reason why the sanction should be set aside or varied.

An application by the DTI must be made within 30 days of the SCC arising, or exhaustion of the Disputes Procedure, whichever is later. The application must be made in writing setting out in full the grounds relied upon and supported by evidence.

CLAIMS STALLED AT CAPITA: PROCEDURE – MATRIX (Final version revised 28 April 2008)

Cat No.	Category	When Applied	Stage 1	Action Stage 2	STAGE 3	Penalty
			30 days	+ 30 days	+ 30 days	
1.	General Damages confirmation of group (except where additional evidence is required)	30 days after submission of properly completed, fit for purpose schedule 8.	Phone call followed by letter advising that if group not confirmed within 60 days SCC applies.	Letter advising that if no response within 30 days stalled claims SCC applies.	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
2.	Confirmation of group where additional evidence supplied to confirm Group	30 days after submission of complete, fit for purpose additional evidence.	Phone call followed by letter advising that if the group not confirmed within 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
3.	Contested Group 3 claim: confirmation claim accepted or rejected.	30 days after submission of properly completed group 3 evidence or 30 June 2005, whichever is the later.	Phone call followed by letter advising that if confirmation not received in 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
4.	Offer for general damages	30 days after distribution of fit for purpose MAP report by ATOS Origin, or submission of properly completed evidence (in line with Cut-off guidelines) in support of CTS and/or CTS surgery, whichever is later.	Phone call followed by letter advising that if offer not made within 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
5.	Offer for labour market handicap (where appropriate)	30 days after distribution of fit for purpose MAP report from ATOS Origin	At 60 days phone call followed by letter advising that if no offer	Letter advising that if no response within 30 days SCC applies	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the

		or submission of evidence in support of claim for labour market handicap, or, where relevant, submission of properly completed evidence (in line with Cut-off guidelines) in support of CTS and/or CTS surgery ,whichever is later	for labour market handicap received in 60 days SCC applies.			case.
6.	Make interim payments	Within 30 days of the request for interim payment ³⁰ in response to offer, where offer was non-conditional OR within 30 days of receipt of valid documentation where offer was conditional	At 30 days phone call followed by letter advising that if no interim payment received in 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies,	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
7..	Services claim: Capita confirm claim rejected or accepted subject only to co-morbidity and claimant sent for SMAP	60 days from submission of properly completed questionnaires from claimant and helper, or payment of GD interim, whichever is later.	At 30 days phone call followed by letter advising that if confirmation of rejection or acceptance of claim not received within 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies.	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
8.	Services claim: Capita confirm claim rejected or accepted, and claimant sent to SMAP, where additional evidence requested by Capita, subject only to	60 days after acceptable/properly completed evidence supplied	At 30 days: phone call followed by letter advising that if confirmation of rejection or acceptance of claim not received within 60 days SCC applies	Letter advising that if no response within 30 days SCC applies	Letter advising that SCC applies	SCC payable by Capita to the claimant at the successful conclusion of the case.

³⁰ The 30-day lead-in time can only begin from request for interim (or from receipt of Grant of Probate etc where offer was conditional) if the interim is payable.

	co-morbidity.					
9.	Services claim: outstanding offer	30 days after fit for purpose SMAP report distributed by CHS, or receipt of information requested from solicitors after SMAP.	Phone call followed by letter advising that if no offer received in 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
10.	Wage Loss Claims: acceptance of claim and offer or service of counter schedule	30 days after submission of schedule and evidence in support	At 30 days phone call followed by letter advising that if acceptance of claim not confirmed and offer made or alternatively counter schedule served within 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies.	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.

11.	Wage Loss Claim: additional evidence requested by Capita	30 days after supply of additional evidence	At 30 days phone call followed by letter advising that if acceptance of claim not confirmed and offer made or alternatively counter schedule served or letter from Capita confirming whether the claim remains denied or is now accepted within 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies.	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
12.	Disputes (informal)	30 days after submission of notice of informal dispute	At 30 days phone call followed by letter advising that if no substantive response to notice of dispute received in 60 days SCC applies.	Letter advising that if no response within 30 days SCC applies.	Letter advising that SCC applies.	SCC payable by Capita to the claimant at the successful conclusion of the case.
13.	Formal disputes	As above	As above	As above	As above	SCC payable by Capita to the claimant at the successful conclusion of the case.

ANNEX 1

The intention of this Procedure is both to remove abandoned claims from the process and to progress stalled claims expeditiously through the claims handling procedure.

The conclusion of the Scheme may be delayed in another way: the late submission of additional heads to the claim, Medical Reviews, and Group 3 evidence. Cut-off Dates for Wage Loss, Services and Disputed Group 3 claims have been agreed as follows.

Wage Loss

- a. All Schedules of Loss to be submitted (properly completed and accompanied by the relevant documentation) by 31.01.05; alternatively, if later, 6 months from the date of the General Damages MAP report or confirmation of occupation group.
- b. Where loss of earnings commences after 31.01.05 or more than 6 months after MAP whichever is later the schedules of loss are to be submitted to Capita (properly completed etc) within 3 months from the date of a letter of offer for either general damages or Services, whichever is the later.

Services

All questionnaires, together with accompanying helper questionnaires to be relied upon to be submitted to Capita (properly completed) by: -

In the case of live claimants the later of: - 31.03.05 or within 6 months of the General Damages MAP, or confirmation of the Occupation Group, whichever is the later; and

In the case of posthumous claims by the later of: - 31.01.06 ; or 6 months from confirmation of the Occupational Group

Group 3

In the case of live claimants:-

- a. In all contested Group 3 claims in which documentation has been submitted by the 31.10.02 deadline for submission of evidence pursuant to the OGP but the claim has been rejected at the QA stage the claim shall be resubmitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.06.05;
- b. In all contested Group 3 claims not subject to the 31.10.02 deadline for submission of evidence pursuant to the claim shall be resubmitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.06.05 or 3 months from the original denial whichever is later

In the case of Posthumous claims:-

- c. In all contested Group 3 claims the claim shall be resubmitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.06.05 or 3 months from denial whichever is later

Discretion in Live and Posthumous Group 3 claims

- d. Notwithstanding the provisions of (a)(b) and (c) above, in any case where the Claimant wishes for discretion to be applied by DTI so that the claim would be considered on the basis of evidence from fewer witnesses than contemplated by the OGP, notice of this must be submitted to Capita by 30.06.05 or 3 months from denial which ever is later.

Co-defended claims

e. In all contested Group 3 claims when the Group 3 issues arises as a result of a dispute between co-defendants as to their respective contributions to damages, the claim shall be submitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.6.05 or within 3 months of notification to the Claimant's representative by Capita or any co-defendant of a proportionate offer which is purportedly discounted by reason of a period of Group 3 employment.

SCHEDULE 20(2)

CLAIMS STALLED AT CAPITA PROCEDURE

VWF – PROTOCOL FOR STALLED CLAIMS

Introduction

- (i) The parties are agreed that it is essential that claims are actively managed throughout the claims handling process. It was never the intention of the parties that claims would simply remain in the Scheme indefinitely without progressing towards a conclusion.
- (ii) All claims should exit the scheme by one of five routes:-
 - a) Settlement;
 - b) Withdrawal;
 - c) Denial; or
 - d) Prosecution through litigation
 - e) Operation of the Stalled Claims Procedure
- (iii) When any claim brought under the CHA, has been registered for a considerable period of time and has not exited the CHA by one of the five routes referred to above and where there appears to be no reasonable prospect of it progressing then the claim may be considered to be stalled.

VWF claims may be stalled for a number of reasons. These include failure of the Claimant to provide full claim information (at various points of the claim), non-attendance of the claimant at MAP (DNA/DNR) or Services Medical, and failure to respond to queries reasonably raised by Capita.

The terms of this procedure only cover claims that have become stalled when with claimant's solicitors. A separate procedure has been agreed in respect of claims stalled at Capita.

- (iv) Stalled claims are detrimental to the working of the CHA for the following reasons:-
 - (a) They divert resources;
 - (b) They distort statistics by inflating work in progress;
 - (c) They must be finalised before the conclusion of the Scheme.

- (v) It is therefore appropriate that there should be a process which is fair and even handed to ensure that claims that appear to be stalled are either closed or encouraged to progress. The protocol for addressing stalled claims is set out below.

Definitions

For the purpose of this protocol, the following definitions will apply:-

- D. Stalled Claim – means where a claim cannot be progressed further without a substantive response from the claimant or claimant’s solicitors, for example response explaining why a medical appointment has been missed, response to a request for information reasonably required to progress the claim or a full response to an offer/denial.
- E. Substantive Response – means:-
- (i) A response in writing or by telephone received by Capita or ATOS Origin from the Claimant’s Representative providing the information or response required in order to progress the claim;
 - (ii) A letter received by Capita from the claimant’s solicitor challenging the validity of a request from Capita:-
 - a) For information; or
 - b) That the claimant or his solicitor take some action;

The grounds for such a challenge may include (but are not limited to) that:-

- i) The step had already been taken; or
- ii) The information has already been supplied; or
- iii) That the information sought is:-
 - not relevant;
 - not reasonably required to progress the claim; or

- not that to which Capita are entitled.

Proposed Protocol for Closing Stalled Claims

3. Procedure

From the relevant point of stalling as set out in the Matrix, the procedure to be followed, (with some exceptions which are set out in the Matrix), will be as follows:-

Stage 1

Day 1 – Telephone call and letter (Stage 1 letter) to Claimant's Representative, advising that as no Substantive Response has been received within the relevant period (this period to be measured from the original correspondence from Capita or notification from solicitors that they intend to provide information or take action, not subsequent chase letters), then the claim will commence the stalling procedure and will be closed and archived in 60 days, unless a Substantive Response is received.

Stage 2

At 30 Days into the 60 day period – Letter (Stage 2 letter) to Claimant's Representative advising that unless a Substantive Response is received within the next 30 days, the claim will be closed or an offer made on existing information if possible.

Stage 3

At 60 Days – Letter (Stage 3 letter) to Claimant's Representative confirming that the file has been closed or progressed on existing information.

The timescale at which claims enter the Stalled Claims Procedure and the penalties that will apply may vary depending on the circumstances and in particular the stage at which the claim has stalled. The timescales for the operation of the Stalled Claims Procedure may also vary. These are set out in the attached Matrix. For the avoidance of doubt, where a substantive response is received a claim will be removed from the Stalled Claims Procedure.

4. Offers

If an offer has been made, it will be formally withdrawn at the point the claim is closed. If an interim payment has been made which has resulted in overpayment the Department will not seek to recover any overpayment (unless fraud or the provision of significantly misleading information has been established).

If an interim payment of less than 100 per cent has been paid for head of damage the balance will be paid when the claim is closed, save where the Claimant's solicitor is no longer acting for the claimant or has lost touch with the claimant or in other similar circumstance where it would not be appropriate to do so.

Where Capita are awaiting information to substantiate a particular head of claim or task (for example where evidence in support of a claim for handicap on the labour market is awaited, or where a helper cannot be contacted³¹), they will make an offer based on the information to hand.

When a claim is closed at the conclusion of the SCP prior to acceptance for general damages offer, any and all outstanding heads of damage (to include CTS, CTS surgery, *Smith v Manchester*, Services, wage loss and associated losses) will also be closed.

3. Responses Other Than Substantive Responses And Requests For Extension Of Time Within The Stalled Claims Procedure

A "holding" letter/telephone call will not be accepted as a substantive response.

However, the parties will agree reasonable extensions to the timescales where these are reasonably required to enable a substantive response to be made. Requests for extensions of time will be assessed on a case-by-case basis. Where agreement as to an extension of time cannot be agreed, the parties should resolve that issue by means of the Disputes Procedure.

4. Denied Claims

Where Capita deny a claim (e.g. where the Claimant had no compensable condition diagnosed at MAP, or was not employed in a Group 1 or 2 occupation, post – 1975), the initial denial letter will not only confirm the denial and the reasons for the denial, but will also state that if no response is received confirming that the denial is accepted or whether it will be contested, then the claim will be closed subject to timescales set out in the Stalled Claims Procedure Matrix.

Where a services claim is denied because the staging is less than 2V the denial letter will state that if no response is received confirming that the denial is accepted or that it will be disputed, then the claim will be closed subject to timescales set out in the Stalled Claims Procedure Matrix. There will be no further warning after the initial denial letter.

Where a claim is denied or closed pursuant to the Stalled Claims procedure then the DTI will not raise a limitation defence in any actions subsequently commenced providing that proceedings are commenced within 12 months of the letter of denial or subsequent exhaustion of the Disputes Procedure, if invoked, whichever is the later.

³¹ If the claimant's representatives confirm that they cannot get in touch with helpers, then at the end of the SCP (or sooner if so confirmed), Capita will deny the period/task for which the helper alleges assistance save where the claimant's representative submits a proper witness statement from a third party together with an explanation of the circumstances giving rise to the need for third party evidence in place of that from the helper.

5. Closure

Where a claimant wishes to re-open a claim after it has been closed under the Stalled Claims Protocol, the claim will usually fall outside the Scheme and will be dealt with under Common Law principles. The claimant's solicitor must submit a new letter of claim and the date of claim will be as at the new letter of claim. Interest will run from the date of the new claim. However, claims may be re-admitted to the CHA as provided for by the Disputes Procedure pursuant to paragraph 7 or by leave of the Court.

If a claim is within the SCP (as Stage 1 or 2), and a Claimant's Representative informs Capita that they are closing their file or that they are without instructions, Capita will write back to the representatives in an attempt to clarify the position.

In cases where the representative makes it clear that they are no longer instructed, then it will be appropriate for Capita to write directly to the claimant prior to closure for confirmation that they do not wish to pursue the claim.

6. Multiple Stalled Cases

A procedure for limiting the number of entries into the SCP is under consideration.

7. Disputes

Should any issue arise as to the application of the Stalled Claims Procedure the claimants and Capita should seek to resolve the dispute by means of the Disputes Procedure. Matters that may require resolution may include, but are not limited to:-

- e) Disputes as to whether the Claims Handling Arrangement requires the claimant or Capita to take a step, or provide information;
- f) Disputes as to the relevance of any request for information from Capita or as to their entitlement to it or as to whether the information is reasonably required to evaluate the claim or to enable it to be progressed;
- g) Disputes as to the entry or exit of claims from the Stalled Claims Procedure; or
- h) Disputes as to the reasonableness of any refusal by the party to extend the time by the other to take any action or provide a substantive response within the Stalled Claims Procedure.

Where a notice of an informal dispute is served the SCP will be suspended pending resolution of the dispute. Where the dispute is resolved in Capita's favour the SCP will be restarted from the point at which it is suspended.

Where notice of formal dispute is served the claim will be removed from the SCP. If the dispute is resolved in Capita's favour the SCP will be restarted afresh.

8. Operational Procedure

Capita's intention is to run the Stalled Claims Procedure as an underlying procedure to be adopted wherever an adjuster reviews a file which fits the circumstances. Exercises may also be run periodically by Capita to identify populations of potentially stalled claims.

9. Co-Defendants

Where a claim is closed by Capita on behalf of the Department (either at the conclusion of the SCP or where solicitors close their claim), the claim against the other defendants in the case will remain open under the CHA. However Capita will not have the obligation to co-ordinate settlement of the claim, under the CHA, in those circumstances.

Costs

Where a claim reaches the closure stage of the SCP prior to any payments of any type being made by Capita, no costs will be paid.

Where a claim reaches the closure stage of the SCP after interim costs and interim damages for General Damages have been paid, but prior to settlement of the General Damages claim, any balance of costs (except any uplift/disbursement associated with the element that stalled) will be paid.

Where a Services or wage loss claim reaches the closure stage of the SCP, the balance of costs owing for previously settled heads (general damages, or general damages plus Services) will be paid. No costs will be paid on the head of damages (Services or wage loss) that became stalled.

Any balance of costs deemed payable when a claim reaches the conclusion of the SCP will be paid at the current applicable tariff.

STALLED CLAIMS PROCEDURE – MATRIX

Notes

- Any new categories of claims identified by Capita, will be agreed with the CSG before being added to this Matrix.
- Existing procedures outside the Stalled Claims Procedure are in italics.

Category	When Applied	Action		
GENERAL DAMAGES & SMITH & MANCHESTER a) SCHEDULE 8 INFORMATION REQUEST	30 days after the request has been raised	At 30 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming this.
b) ONSET STATEMENTS	30 days after the request has been raised	At 30 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim.	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming this.
c) OTHER QUERIES (eg GP mandate, non-Schedule 8	30 days after the request has been raised	At 30 days Phone call followed by letter advising	+ 30 days Letter advising that if	+ 30 days

Category	When Applied	Action		
information, Patient information, Death Certificate) ³²		that if no substantive response received in 60 days – intention to apply procedure to close claim	no response within 30 days, claim will be closed	Claim closed – letter sent confirming this.
c.i) DSS/ Inland Revenue SCHEDULES REQUESTED ³³	60 days after the request has been raised	At 60 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming this.
c.ii) GRANT OF PROBATE/LETTER OF ADMINISTRATION² (required at settlement of General Damages OR Services) NB this category does not including Death Certificate/Forms of Discharge/Forms of Authority.	60 days after the request has been raised	At 60 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming this.

³² In the case of claims where the claimant is unable to attend a MAP appointment (overseas claimants, prisoners, patients and claimants requiring a domiciliary visit) Capita will not telephone the claimant’s representative at Stage 1 of the SCP. Pursuant to the Order made 2.5.07, in respect of any patient claim closed under the Stalled Claims Procedure, the claimant may apply to the court to have his claim re-opened under the Scheme, provided that 1) and such application is made within 3 months of the claim being closed and 2) closure pursuant to the SCP was caused by reasons directly attributable to the claimants state as a patient.

³³ In these categories of claims, when a claim is added to the SCP (or at the time of the initial telephone call by Capita to the claimant’s representative) and subsequently a Claimant’s representative confirms that the appropriate documentation has been requested, the claim will be removed from the SCP

Category	When Applied	Action		
<p><i>OGP</i></p> <p>d) CAPITA UNABLE TO CONFIRM OCCUPATION GROUP AND AWAITING EVIDENCE FROM CLAIMANT'S REPRESENTATIVE TO CONFIRM GROUP</p>	<p>30 days after the request for evidence has been raised</p>	<p>At 30 days Letter advising that if no substantive response received in 60 days – intention to apply close procedure.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim will be closed</p>	<p>+ 30 days Claim closed – letter sent confirming this.</p>
<p>e) CLAIM CATEGORISED BY CAPITA AS GROUP 3 OCCUPATION AND THE CLAIMANT HAS CONTESTED THAT BUT CAPITA ARE AWAITING PROPERLY COMPLETED WITNESS EVIDENCE</p>	<p>Claimant to submit evidence by 30.6.05</p>	<p>If evidence not submitted by 30.6.05 claim will be closed. Letter sent confirming this</p>		
<p>f) CAPITA AWAITING EVIDENCE WHERE DISCRETION REQUESTED BY CLAIMANT'S REPRESENTATIVE</p>	<p>60 days after the request has been raised</p>	<p>At 60 days Letter advising that if no substantive response received in 60 days– intention to apply close procedure.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim will be closed.</p>	<p>+ 30 days Claim closed – letter sent confirming this.</p>

Category	When Applied	Action		
<p>g)CAPITA HAVE DENIED THE CLAIM AS A GROUP 3 OCUPATION AND THE CLAIMANT'S REPRESENTATIVE HAS NOT CONTESTED THAT DENIAL (INITIAL DENIAL NOT FOLLOWING SUBMISSION OF OGP OR OTHER EVIDENCE AND INVESTIGATION/ INFORMAL/FORMAL DISPUTE)</p>	<p>Cut-off date for Group 3 evidence applies (excluding live claimants under the age of 71 as at 1.1.04, where no response was received for 12 months following Capita's chase in Oct-Dec 03 – these claims remain outside the Scheme)</p>			
<p>h) CLAIMS CLOSED (FOLLOWING ANY TYPE OF DENIAL) AT REQUEST OF SOLICITORS, AND FOLLOWING APPROPRIATE INVESTIGATION BY CAPITA, WHERE SOLICITORS WISH TO REOPEN</p>	<p>Claims cannot be reopened</p>			
<p>i) CAPITA DENY CLAIM AS A GROUP 3 CLAIM POST FULL OGP INVESTIGATION/INFORMAL DISPUTE INVESTIGATION/FORMAL DISPUTE INVESTIGATION/VRP INVESTIGATION/MEDIATION.</p>	<p>60 days after the denial has been made</p>	<p>At 60 days Letter advising that if no substantive response received in 60 days– intention to apply close procedure.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim will be closed.</p>	<p>+ 30 days Claim closed – letter sent confirming this.</p>

Category	When Applied	Action		
<p>MAP</p> <p>j) claimant did not attend MAP and did not respond to queries</p>	<p>At conclusion of DNA/DNAR procedure (30 day procedure)</p>	<p>At 30 days Letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim will be closed</p>	<p>+ 30 days Claim closed – letter sent confirming this.</p>
<p>k) <i>CTS REVIEWS – Procedure undertaken by Atos Origin</i></p>	<p><i>If claimant fails to attend CTS Review appointment</i></p>	<p style="text-align: center;"><i>At 28 days</i></p> <p><i>2nd appointment set – letter advises that if claimant does not attend and Claimant's Representative does not provide explanation within 28 days, Capita will make full & final offer for VWF only</i></p>	<p><i>+ 28 days</i> <i>If claimant does not attend 2nd appointment Atos Origin inform Capita. Capita make offer in full and final, for VWF only</i></p>	

Category	When Applied	Action		
OFFERS/DENIALS l) POST MAP DENIALS (not including Medical Reviews)	30 days after the denial has been made	At 30 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming this.
m) GENERAL DAMAGES OFFERS (including Smith & Manchester, and Revised offers if appropriate)	30 days after the offer has been made	At 30 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim.	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming closure and that offer has been withdrawn
CTS INTIMATED PRE OR POST GD OFFER m.i) CTS INTIMATED PRE OR POST GD OFFER, WHERE CTS NOT DIAGNOSED AT MAP – MEDICAL EVIDENCE AWAITED	Claim is exception to Stalled Claims Procedure until clear guidelines on issue are received and agreed by all parties			
m.ii) CTS INTIMATED PRE OR POST GD OFFER WHERE CTS NOT DIAGNOSED AT MAP – MEDICAL EVIDENCE SUPPLIED BUT ISSUE REMAINS RE ONSET	Claim is exception to Stalled Claims Procedure until clear guidelines on issue are received and agreed by all parties			

Category	When Applied	Action		
<p>m.iii) CTS SURGERY INTIMATED PRE OR POST GD OFFER WHERE CTS DIAGNOSED AT MAP – MEDICAL EVIDENCE THAT SURGERY IS REQUIRED/WAS PERFORMED AWAITED³⁴</p>	<p>60 days after Medical Evidence has been requested</p>	<p>At 60 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim will be closed</p>	<p>+ 30 days Claim closed – letter sent confirming this</p>
<p>REJECTED OFFERS n) REJECTED OFFER, FURTHER INFORMATION REQUIRED (eg Handicap on Labour Market evidence)</p>	<p>30 days after the offer has been made</p>	<p>At 30 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim will be closed</p>	<p>+ 30 days Claim closed – letter sent confirming closure and that offer has been withdrawn</p>

³⁴ See Footnote 2

Category	When Applied	Action		
<p>SERVICES</p> <p>o) QUESTIONNAIRE QUALITY QUERY</p>	<p>60 days after the query has been raised</p>	<p>At 60 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim or part of claim.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim or part of claim will be closed</p>	<p>+ 30 days Claim or part of claim closed–letter sent confirming this.</p>
<p>p) EMPLOYMENT QUERY</p>	<p>60 days after the query has been raised</p>	<p>At 60 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim or part of claim.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim or part of claim will be closed</p>	<p>+ 30 days Claim or part of claim closed–letter sent confirming this.</p>
<p>q) AWAITING RESPONSE FROM CLAIMANT'S REPRESENTATIVE IN RELATION TO HELPER CALLS OR ANY OTHER OUTSTANDING INFORMATION(NB 4 weeks are given for helpers to contact Capita before the query is raised with the claimant's representatives</p>	<p>60 days after the query has been raised with claimant's representative</p>	<p>At 60 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim or part of claim closed and claimant sent to MAP if possible.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim closed or part of claim closed and claimant sent to MAP if possible.</p>	<p>+ 30 days Claim closed or part of claim closed and claimant sent to Services MAP if possible–letter sent confirming this.</p>

Category	When Applied	Action		
r) DENIED DUE TO STAGING	If denied due to insufficient staging, denial letter will confirm that if no response received confirming that denial accepted/rejected claim will be moved to closure in 30 days.	At 60 days – Claim closed - Letter sent confirming this.		
s) DENIED FOR ANY OTHER REASON	30 days after the denial has been made	At 30 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim.	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming this.
t) CLAIMANT DID NOT ATTEND SERVICES MEDICAL	30 days after Capita’s first query re failure to attend	At 30 days Letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim.	+ 30 days Letter advising that if no response within 30 days, claim will be closed	+ 30 days Claim closed – letter sent confirming this.

<p>u) CLAIMANT ATTENDED SERVICES MAP, OUTSTANDING QUERY (where claim is ready for offer, but for response to query)</p>	<p>30 days after the query has been raised</p>	<p>At 30 days Phone call followed by letter advising that if no substantive response received in 60 days – intention to apply procedure to close claim or part of claim.</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim or part of claim will be closed</p>	<p>+ 30 days Claim or part of claim closed – letter sent confirming this.</p>
<p>v) OFFERS</p>	<p>30 days after date of offer</p>	<p>At 30 days Phone call followed by letter advising of intention to automatically settle damages as per offer letter if no acceptance/rejection is received in 60 days</p>	<p>+ 30 days Letter advising that if no response within 30 days, claim will be automatically paid as offered</p>	<p>+ 30 days Claim closed – letter sent confirming this.</p>

ANNEX 1

The intention of this Procedure is both to remove abandoned claims from the process and to progress stalled claims expeditiously through the Claims Handling Procedure.

The conclusion of the Scheme may be delayed in another way: the late submission of additional heads to the claim, Medical Reviews, and Group 3 evidence. cut-off dates for wage loss, Services and Disputed Group 3 claims have been agreed as follows³⁵.

Wage Loss

- a. All Schedules of Loss to be submitted (properly completed and accompanied by the relevant documentation) by 31.01.05; alternatively, if later, 6 months from the date of the General Damages MAP report or confirmation of occupation group.
- b. Where loss of earnings commences after 31.01.05 or more than 6 months after MAP whichever is later the schedules of loss are to be submitted to Capita (properly completed etc) within 3 months from the date of a letter of offer for either general damages or Services, whichever is the later.

Services

All questionnaires, together with accompanying helper questionnaires to be relied upon to be submitted to Capita (properly completed) by: -

In the case of live claimants the later of: - 31.03.05 or within 6 months of the General Damages MAP, or confirmation of the Occupation Group, whichever is the later; and

In the case of posthumous claims by the later of: - 31.01.06; or 6 months from confirmation of the Occupational Group

Group 3

In the case of live claimants:-

- a. In all contested Group 3 claims in which documentation has been submitted by the 31.10.02 deadline for submission of evidence pursuant to the OGP but the claim has been rejected at the QA stage the claim shall be resubmitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.06.05;

³⁵ For amended timescales see Order of 6.03.08.

- b. In all contested Group 3 claims not subject to the 31.10.02 deadline for submission of evidence pursuant to the claim shall be resubmitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.06.05 or 3 months from the original denial whichever is later

In the Case of Posthumous Claims:-

- c. In all contested Group 3 claims the claim shall be resubmitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.06.05 or 3 months from denial whichever is later

Discretion in Live and Posthumous Group 3 Claims

- d. Notwithstanding the provisions of (a)(b) and (c) above, in any case where the Claimant wishes for discretion to be applied by DTI so that the claim would be considered on the basis of evidence from fewer witnesses than contemplated by the OGP, notice of this must be submitted to Capita by 30.06.05 or 3 months from denial which ever is later.

Co-Defended Claims

- e. In all contested Group 3 claims when the Group 3 issues arises as a result of a dispute between co-defendants as to their respective contributions to damages, the claim shall be submitted to Capita (properly completed and accompanied by the relevant documentation referred to in the OGP) by 30.6.05 or within 3 months of notification to the Claimant's representative by Capita or any co-defendant of a proportionate offer which is purportedly discounted by reason of a period of Group 3 employment.

ANNEX A

CO-DEFENDANTS

**AREAS NOT ACCEPTED BY CMR/CMC CO-
DEFENDANTS WITHIN THE CHA**

SCHEDULE OF CMC/CMR DEFENDANTS

CONTRACTOR	INSURER	PERIOD OF COVER	CUT OFF DATE
A Monk & Co Ltd now Kvaerner Construction (regions) Ltd	CGU	01/09/1986 - 29/09/1994	31/10/2002
AM Mining Services Ltd (incorporated on 21 June 1993) Dissolved 07/05/2002	Lloyds Underwriters through Garwyn	21/06/1993 - 07/05/2002	31/10/2002
Amalgamated Construction Company Ltd	Norwich Union Lloyds Underwriters through Garwyn	01/01/1963 - 31/10/1992 01/11/1992 - 31/10/2002	31/10/2002
Caledonian Mining Company Ltd (now Calsafe Group Ltd incorporating Caledonian Building Systems Ltd)	Norwich Union Lloyds Underwriters through Garwyn Independent Insurance Ltd	01/01/1968 - 12/12/1988 01/01/1989 - 31/10/1992 01/11/1997 - 16/12/1999 16/12/1999 - 17/06/2001	31/10/2002
CEMEC	Independent Insurance Ltd	26/01/1995 - 25/01/1997	31/10/2002
Cementation Mining Ltd/Kvaerner Cementation (a division of Kvaerner Construction Ltd) from 1997 when Kvaerner was acquired by Trafalgar House Construction Mining (a division of Trafalgar House Construction Ltd and Cementation Mining and Davy Mining merged (both owned by Trafalgar House)	CGU	01/10/1986 - 30/09/1994	31/10/2002
Cleveland Potash	Norwich Union	01/12/1973 - 01/03/1989	31/10/2002
Davy Mining Ltd	CGU	01/04/1992 - 30/09/1994	31/10/2002
Derek Crouch Mining Ltd	Norwich Union Independent Insurance Ltd CGU	01/01/1963 - 01/01/1988 01/07/1994 - 30/06/1998 01/07/1998 to date	31/10/2002

CONTRACTOR	INSURER	PERIOD OF COVER	CUT OFF DATE
G Elect Services Ltd	Royal & Sun Alliance Independent Insurance Ltd	07/01/1991 - 07/03/1994 07/03/1994 - 24/12/1997	31/10/2002
Hollybank Engineering Ltd	Lloyds Underwriters through Garwyn CGU Lloyds Underwriters through Garwyn	01/01/1989 - 30/06/1993 01/07/1993 - 01/04/1994 01/04/1994 - 29/12/1995	31/10/2002
James Williams (Neath) Ltd	CGU	01/09/1986 - 29/09/1994	31/10/2002
Kvaerner Construction Ltd	CGU	01/09/1986 - 29/09/1994	31/10/2002
Low Valley Engineering & Shot Blasting Ltd	Royal & Sun Alliance Lloyds Underwriters through Garwyn	09/01/1990 - 09/01/1993 09/01/1993 - 08/01/1994	31/10/2002
Matthew Hall Mining Ltd	Royal & Sun Alliance	01/04/1981 - 26/06/1988	31/10/2002
MB Installations & Site Services	Independent Insurance Ltd	24/06/1996 - 24/07/1997	31/10/2002
Mining Skills Ltd	Norwich Union Lloyds Underwriters through Garwyn	20/05/1989 - 31/05/1992 06/01/1992 - 31/05/1996	31/10/2002
National Plant & Transport	Norwich Union Lloyds Underwriters through Garwyn	25/02/1988 - 31/05/1992 01/06/1992 - 13/02/1993	31/10/2002
OMEC Engineering	Commercial Union Independent Insurance Ltd	04/05/1976 - 21/07/1980 01/04/1994 - 17/06/2001	31/10/2002
Specialist Mining Services Ltd	CGU	13/09/1988 - 09/1996	31/10/2002
T Bridges & Co Ltd	Royal & Sun Alliance Independent Insurance Ltd	01/01/1972 - 31/12/1997 01/01/1998 - 17/06/2001	31/10/2002
Techplus Mining Ltd	Independent Insurance Ltd JM Murphy through Garwyn	17/02/1992 - 16/02/1994 17/02/1996 - 31/01/1999	31/10/2002
Thyssen (GB) Ltd	Royal & Sun Alliance Independent Insurance Ltd	01/01/1972 - 31/12/1997 01/01/1998 - 17/06/2001	31/10/2002
Trafalgar House Group	CGU	01/10/1986 - 30/09/1994	31/10/2002

CONTRACTOR	INSURER	PERIOD OF COVER	CUT OFF DATE
West Riding Technology	Lloyds Underwriters through Garwyn	09/01/1993 - 08/01/1994	31/10/2002
Coal Investment	Independent Insurance Ltd	31/03/1994 - 23/05/1996 Trenton Colliery 31/03/1994 - 30/08/1996 Coventry Colliery 29/04/1994 - 31/05/1996 - Markham Colliery 11/11/1993 - 26/02/1996 Cwingwill Colliery 24/04/1995 - 31/05/1996 Annesley Bentinck Colliery 20/07/1994 - 07/06/1996 Silverdale Colliery	31/10/2002
Hatfield Colliery	Lloyds Underwriters through Garwyn	24/06/1994 - 08/01	31/10/2002
Midland Mining Ltd	Independent Insurance Ltd General Star International Indemnity	07/06/1996 - 08/09/1998 08/09/1998 - 28/02/2000	31/10/2002
Tower Colliery	BR Smith Sun Alliance Royal & Sun Alliance	23/12/1994 - 22/12/1995 23/12/1995 - 22/12/1997 23/12/1997 to date	31/10/2000

**ANNEX OF AREAS NOT ACCEPTED BY CMC/CMR DEFENDANTS WITHIN THE CHA
DATED 19 APRIL 2004**

Section 2

Definitions

"Co morbid condition(s)" - This definition does not apply to CMC/CMR defendants listed in the schedule to Annex A (henceforth CMC/CMR defendants) who do not subscribe to the services agreement between the DTI and CSG.

"Crossover Claims" - As the CMC/CMR defendants do not subscribe to the services agreement between the DTI and the CSG, Crossover Claims cannot apply to the CMC/CMR defendants.

"Services Medical Assessment Process (SMAP)" - As provided by AON Health Solutions, is relevant only to DTI and CSG services scheme.

"Services Medical Report" - This is relevant solely to DTI and CSG services scheme.

"service provider for services MAP/MAP2" - Not relevant to services claims against CMC/CMR defendants.

Section 5

Claims Procedure

Section 5a)i) - This section is subject to section 5a)ii). For the avoidance of doubt no claim against a CMC/CMR defendant can be validly served on any address other than the registered office of the CMC/CMR defendant in question.

Section 5a)i)2 - Closure of the Scheme - This Scheme was closed to new claimants on the dates as set out in the Schedule of CMC/CMR defendants at the front of

Annex A.

Section 5.2b)v) - The reference to Medical Assessment Process as detailed at Schedule 4 is subject to the CMC/CMR defendants' position in respect of Schedule 4(2) - MAP1 Guidance Notes for Doctors.

Section 7

Damages

Section 7.1 - This is subject to the CMC/CMR defendants' position in respect of Schedule 5.

Section 7.2 - This is subject to the CMC/CMR defendants' position in respect of Schedule 6.

Section 7.3 - The CMC/CMR defendants do not accept Schedule 7(1).

Section 7.4 - The CMC/CMR defendants do not accept the Loss of Earnings and Associated Losses Protocol at Schedule 7.

Section 7.6 - *"where an offer has been made in a previous year but is accepted in a subsequent year, the offer will be uplifted on request by the claimant's solicitor"*. This provision is not accepted by the CMC/CMR defendants. The tariff applicable throughout shall be that which was applicable at the date the offer was made.

"in relation to any interim payments made of less than 100% at final settlement of the claim, the applicable tariff at the date of final settlement would be applied and if appropriate damages payable under Schedules 5,6 and/or 7 will be uplifted" - Not accepted by the CMC/CMR defendants. For the purposes of clarification where an interim payment of less than 100% of the final settlement has been made, the balance of the payment due at final settlement shall be calculated by applying the proportion

of the head of damages which remains outstanding (as a percentage of the total at the date of interim payment) to the tariff applicable for that head of damage at the date of final settlement.

For example a defendant makes an interim payment of 92½ of the tariff for general damages i.e. £4,625 at a date when the full tariff for general damages is £5,000. The defendant makes payment of the balance of the general damages in the following year when the tariff for such damages on a full and final basis has increased to £5,150. The balance of the damages paid should be 7½% of £5,150 i.e. £386.25

Section 8

Posthumous Cases

Section 8.1 - Not accepted by CMC/CMR defendants pending receipt of a worked example from the DTI.

Section 8.4 - Not accepted by the CMC/CMR defendants. The CMC/CMR defendants will deal with each such case on its merits.

Section 8.5 - Accepted by the CMC/CMR defendants but only to the extent that such defendants would have made payment in accordance with the provisions of the CHA dated 22/01/1999 - that is where a medical report had been obtained or DSS assessment before the deceased's death made in accordance with sections 8.1 and 8.2.

Section 9

Patient Claims

CMC/CMR defendants do not accept Section 9. Patient claims against CMC/CMR defendants will be dealt with on the merits of the case.

Section 10

Interim Payments	<p>Section 10.2 - Norwich Union will agree to make interim payments pursuant to 10.1.(a) and (b) of 92.5% of their valuation of their insured's liability for general damages. Each claim will be considered on its merits with discretion exercised on whether to pay 100% in individual cases.</p> <p>Section 10.2.3(b) - Norwich Union will pay 92.5% of the sum offered pursuant to Schedules 5 and 6 and will consider each claim on its own merits with discretion exercised on whether to pay 100% in individual cases.</p>
Section 12	
Costs	<p>Section 12.2 - The CMC/CMR defendants do not accept that interim costs are payable.</p>
Section 13	
Interest	<p>Section 13.2 - In respect of co-defendants' claims to which the Co-defendant Protocol applies, interest shall run from 20 working days from receipt of notification of settlement of the claim by Capita.</p> <p>Section 13.4 - Not accepted by the CMC/CMR defendants. Age shall be the age at date of receipt of letter of claim by the relevant CMC/CMR defendant in respect of which the claim is made or age at date of death if earlier.</p>
Section 14	
Exclusions	<p>Section 14.3(b) - The CMC/CMR defendants do not accept the late onset of symptoms agreement as set out within Schedule 8(3) or 8(4).</p> <p>Section 14.3(b) - Not accepted by the CMC/CMR defendants.</p>

Section 14.3(c) - Not accepted by the CMC/CMR defendants.

Section 14.4 - Tower Colliery does not accept the automatic assumption of liability to men employed in occupational groups 1, 2 or 3. Tower Colliery reserves the right to investigate the exposure of the claimant in each case so as to satisfy themselves that liability would apply at common law.

Section 15

Limitation

Proposed amended Section 15.1 and 15.2 - The CMC/CMR defendants do not accept this amendment but will abide by Section 15.1 and 15.2 as set out in the CHA dated 22 January 1999.

Section 17

Medical Reference Panels

Section 17.2 - The CMC/CMR defendants do not agree to be bound by any changes to MAP agreed by the MRP, DTI and CSG without their involvement or consent.

Schedule 2(1)

Occupational Groups

"3. Group 3 Occupations - Any occupation not listed in Group 1 or Group 2" - The CMC/CMR defendants do not accept this amendment to the list of Group 3 occupations.

Schedule 2(2)

4. Liability Retractions - Not accepted by the CMC/CMR defendants pending receipt of instructions from insurance clients.

Occupational Group Procedure

4(b) - In claims against CMC defendants, a statement from a colliery official is often not practicable or relevant to the CMC defendant. Consideration should be given to

identifying and agreeing a more appropriate source.

6(a)(ii) - See above.

7(a)(i) - See above.

10(a)(iii) - See above.

Schedule 4(2)

Medical Report Form

The CMC/CMR defendants do not accept the automatic upgrading to 3SN of a claimant if surgery is planned or performed.

**Schedule 4(3) MAP Guidance
Notes for Doctors**

CTS Staging - The CMC/CMR defendants do not accept the automatic upgrading to 3SN of a claimant if surgery is planned or performed.

Schedule 4(4)

**Hand Arm Vibration - Medical
Report**

The CMC/CMR defendants do not accept the automatic upgrading to 3SN of a claimant if surgery is planned or performed.

Schedule 4(5)

**D.V Guidance Notes for
Doctors**

Carpal Tunnel Syndrome - The CMC/CMR defendants do not accept the automatic upgrading to 3SN of a claimant if surgery is planned or performed.

Schedule 4(8)

Retrospective Exercises

No contents, to comment upon.

Schedule 5(1)(i)

General Damage Notes

VWF only cases (2) - For the purposes of determining the general damages tariff, the claimant's age shall be the age at the date of receipt of the letter of claim by the

relevant defendant or at the date of death if earlier.

CTS only cases (1) - The The CMC/CMR defendants do not accept the automatic upgrading to 3SN of a claimant if surgery is planned or performed.

CTS only cases (2) - For the purposes of determining the general damages tariff, the claimant's age shall be his age at the date of receipt of the letter of claim by the relevant defendant or age at date of death if earlier.

Mixed VWF and CTS cases - examples from tables 1 and 2 - The CMC/CMR defendants do not accept the automatic upgrading to 3SN of a claimant if surgery is planned or performed.

Mixed VWF and CTS cases (5) - For the purposes of determining the general damages tariff, the claimant's age shall be his age at the date of receipt of the letter of claim by the relevant defendant or age at date of death if earlier.

Schedule 6(1)

Handicap on the Labour Market Notes (Current)

Notes to tables 1 and 2 - 1. - For the purposes of determining the damages tariff, the claimant's age shall be the age at the date of receipt of the letter of claim by the relevant defendant.

Notes to tables 1 and 2 - 3 - The claimant's circumstances shall be those pertaining as at the date the level of the award for handicap if any is agreed.

Notes to tables 1 and 2 - 4(c) - The CMC/CMR defendants do not accept this provision. They will deal with each such claim on its merits.

Notes to tables 1 and 2 - 4(d) - The CMC/CMR defendants do not accept this provision. They will deal with each such claim on its merits.

Notes to tables 1 and 2 - 4(e) - The CMC/CMR defendants do not accept this provision. They stand by the original provision in the agreement dated 22/01/1999, that no award shall be made where a claimant cannot show he is receiving relevant benefit if seeking work.

Schedule 6(2)

**Handicap on the Labour
Market Notes**

Notes to tables 1 and 2 (notes from the original CHA dated 21/01/1999) - 1 - For the purposes of determining the damages tariff, the claimant's age shall be the age at the date of receipt of the letter of claim by the relevant defendant.

**Schedule 7(1) to Schedule
7(6) Inclusive**

Services Agreement

This is not accepted by the CMC/CMR defendants who are negotiating their own Services Protocol.

Schedule 7(8)

**Loss of Earnings and
Associated Losses Protocol**

The CMC/CMR defendants will accept the right in principle for claimants to pursue claims for loss of earnings and associated losses under a protocol, subject to amendments which will be put to the CSG shortly.

Schedule 8(2)

Posthumous Claims

Not accepted by the CMC/CMR defendants save to the extent that such defendants would be prepared to accept such a claim in accordance with the provisions of the original CHA dated 22 January 1999 where medical evidence has been obtained during the claimant's lifetime

or the claimant has undergone a DSS assessment see comments on Section 8.

Schedule 8(3)

Late Onset (Living Claimants) This agreement is not accepted by the CMC/CMR defendants.

Schedule 8(4)

Late Onset (Posthumous Claimants) This agreement is not accepted by the CMC/CMR defendants.

Schedule 9(1)

Claimants' Solicitors' Costs **3(d)** - The CMC/CMR defendants do not accept this amendment to the CHA.

3(e) - The CMC/CMR defendants do not accept this amendment to the CHA.

3(f) - The CMC/CMR defendants do not accept this amendment to the CHA.

4(f) - The CMC/CMR defendants do not accept this provision of the CHA but await receipt of an acceptable explanation of the reasoning behind it.

4(g) Services Costs - The CMC/CMR defendants do not accept this provision pending finalisation of negotiations of their services protocol with the CSG.

4(h) Wage Loss - The CMC/CMR defendants do not accept this provision pending finalisation of negotiation of their own protocol with the CSG.

14 Interim Costs - The CMC/CMR defendants do not accept this provision.

Schedule 13(1)

Disputes Procedure

The representatives for the CMC/CMR defendants understand that there have been further amendments to the Disputes Procedure following the production of the CHA dated 19/04/2004. In the circumstances and pending sight of details of these changes, the CMC/CMR defendants reserve their position in respect of adoption of the Disputes Procedure.

Schedule 14(1)

**Vibration Reference Panel
Terms of Reference**

4 - The CMC/CMR defendants reserve their right to be entitled to make reference to the Vibration Reference Panel jointly with individual claimant's solicitors and with the CSG or DTI as appropriate.

Schedule 16(1)

**Protocol for Handling of
Posthumous Vibration White
Finger Claims**

CMC/CMR defendants do not subscribe to this protocol. Such claims against CMC/CMR defendants must be pursued by court proceedings outside the arrangement.

Schedule 16(2)

Tariff

Not applicable to the CMC/CMR defendants.

Schedule 17

Crossover Claims

No document upon which to comment. For the avoidance of doubt, the CMC/CMR defendants do not subscribe to the agreement reached between the CSG and DTI in respect of Crossover Claims.

Schedule 18

Overseas Claims

This protocol has not previously been disclosed to the CMC/CMR defendants and instructions will need to be obtained from their insurers on its acceptability. It is likely

that the protocol will be acceptable to the extent that were the claim commenced by a claimant living in England and Wales, his claim would be accepted by the CMC/CMR defendants' insurers. For example, the CMC/CMR defendants do not accept that services claims against them will be processed in accordance with the services agreement reached between the DTI and CSG. The same comments apply to claims for loss of earnings and associated losses, posthumous claims, patient claims, the late onset agreement and all other amendments to the CHA not accepted by the CMC/CMR defendants to date.

Schedule 19(1)

Patient Claims

This protocol is not accepted by the CMC/CMR defendants.

Schedule 19(2)

Patient Claims Tariffs

Not accepted by the CMC/CMR defendants.

Schedule 19(3)

Patient Orders

Not applicable to CMC/CMR defendants.

Schedule 19(4)

Document Highlighting

Not applicable to CMC/CMR defendants.

**Patient Procedure and Flow
Chart**