

Partnership Pension Account

IHR 2 (Partnership) ORDER FORM
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Request for medical advice – ill health retirement

ⓘ Notes on completion for the employer

It is vital to ensure that when you send this order form to the Scheme Medical Adviser it is complete, contains as much relevant information as possible and includes all the relevant paperwork.

You can separate out Section 3 for your Occupational Health provider to complete and Section 4 for your employee to complete. You must tell them of any deadlines and where to return the form. You must make sure that all 4 sections are sent to Capita Health Solutions at the same time.

If you need advice about what to send, please contact the Scheme Medical Adviser helpdesk. The Medical Advice Employer Guide available on the Civil Service website: www.civilservice.gov.uk/pensions has details.

If this order form is not complete or required documents are missing it will be returned and a fee charged. This may also result in a delay in the Scheme Medical adviser making a recommendation.

Liaison with your occupational health adviser is an important element in referring a high quality and complete case. They should already have been involved in the process as, before considering ill-health retirement, you should have investigated ways of helping the individual return to, or stay in, employment. **It is therefore recommended that your Occupational Health Provider completes section 3. You should however refer to your internal policy guidance as some departments do not allow for completion of section 3.**

Partnership Pension Account

**IHR 2 (Partnership)
ORDER FORM**

Request for medical advice – ill health retirement

This form has four sections: **Sections 1&2 are for the employer**
Section 3 is for Occupational Health
Section 4 is for the Scheme Member

Section 1

EMPLOYER Completes

Name of employer	
Name of person placing order	
Address (including post code)	
Telephone number	
Fax number	
e-mail address	

Invoice details

i It is essential you enter your location code so that we can send your invoice to the right place:

Location code							
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(If you have not used this service before and require a location code please telephone us on 02476 500700)

Purchase order number	
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If you do not operate a purchase order system, please provide a unique identifier (for example your cost centre or referring manager's name).

Identifier	
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i As part of the Government's support to business departments should aim to pay invoices within 10 days

Section 1 continued

EMPLOYER Completes

Name of employee	Title	
	Surname	
	Forename(s)	
Male / Female (delete as appropriate)	Date of birth	

Job title		Grade	
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Contracted hours		Employee / Staff number (optional)	
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Which of the following categories applies to this grade? (Please tick box?)

Senior management (SCS)		Other management (Executive officer up to Grade 6)	
Administrative (Administrative officers and assistants)		Uniformed grade	
		Industrial employee	

Home address (including post code)	
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Daytime telephone number	
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Alternative telephone number	
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Is your employee still at work or absent due to illness? (Please tick box)	At work	
	Absent	

Is your employee voluntarily applying for medical retirement?	
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Are you considering compulsory medical retirement or dismissal of this employee?	
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Section 1 continued

EMPLOYER Completes

i It is important we know this employee's normal pension scheme retirement age. Please make sure that the information you provide below is correct.

Please tick one of the following boxes to confirm that this employee:

A	Entered eligible employment on or after 30 July 2007 and has a pension age of 65 Note: see i	
B	Entered eligible employment before 30 July 2007 and has a pension age of 60	

i You should tick box B if this employee is a rejoiner with eligible service before 30 July 2007.
The pension age of a partnership member will be the same age that would have applied had they joined PCSPS

The employer requests that Capita Health Solutions shall provide medical advice services in accordance with the terms of this order form.
The employer agrees to make payment to Capita Health Solutions for the provision of the medical advice services within 10 days of receipt of a valid invoice by the employer.

Signed for and on behalf of the employer

Signature		Date	
Name		Position	

What you must do now

When you have collected together all of the information we ask for in Sections 2, 3 and 4 send everything to us at this address

**Capita Health Solutions
Greyfriars
10 Queen Victoria Road
Coventry
CV1 3PJ
Tel: 02476 500700**

Section 2

EMPLOYER Completes

- ① You must supply ALL the information listed here. You may supply information as a separate document but if you do this you must clearly label it with the number shown and write in the tick box 'see attached'.

1 What consideration has been given to job modification and redeployment? Can these adjustments be maintained long term?

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2 What job is this employee expected to do? (We need a full description)

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3

Please list details of sick absences during the last 5 years

From	To	Incapacity

4 Occupational Health Records
(Enclose a Medical in confidence envelope with all relevant records and a completed Section 3 of this form)

Attached	
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5 Copies of any previous correspondence on this case from Capita Health Solutions as Scheme Medical Adviser


(Please tick relevant box)

None	
Attached	

If exceptionally you cannot provide any of the documents please explain why not

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IHR 2 ORDER FORM	Section 3 Occupational Health
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	<p>The next section is for Occupational Health to complete and enclose in a medical in confidence envelope.</p> <p>Completion of this section of the application form is recommended, but not mandatory. However, information that fulfils the criteria outlined in section 3 must still be provided to enable the Scheme Medical Adviser to reasonably assess a case even if the section is not completed. You should refer to your internal policy guidance as some departments do not allow for completion of section 3.</p> <p>It is important that the information provided is legible and so electronic completion is preferable.</p>
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Section 3

OCCUPATIONAL HEALTH Completes
Medical in Confidence when complete

Member's details		
Surname		
Forenames		
Date of Birth		

Dates of occupational health consultations		

1	List the primary diagnosis and any other medical conditions
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2	Provide information on the members current clinical signs, symptoms and functional abilities
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3	Detail current treatment and response
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4	Detail all treatment provided in the past
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5	What is the long-term outlook
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6	What are the possible remaining treatments for the primary condition/s? Are these likely to be effective?
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Section 3 continued	OCCUPATIONAL HEALTH Completes
7	List the medical evidence included with this application

Name		
Qualifications		
Signed		Date

Notes for Occupational Health Doctors

Ill health retirement should be a last resort. If a member has health problems, in the first instance they should seek the necessary treatment and, if appropriate, Occupational Health Advisers should look at ways to help them to remain in or to return to work, in line with the Disability Discrimination Act. This could be through such measures as redeployment, workplace adjustments, flexible working or specialist support. Adjustments must be considered before concluding ill-health retirement may be appropriate.


Before an application is likely to be supported it is necessary to demonstrate that the member not only has a medical condition that renders them incapable of their normal duties, but also despite appropriate treatment the resulting incapacity is likely to be permanent. In other words both the ill health and the incapacity must be likely to be present until normal pension age. When a medical condition is severe enough to warrant ill health retirement, it is generally expected that the applicant will have had the benefit of a specialist opinion during their illness. It is difficult to conclude that an illness will not resolve or improve until all evidence-based treatments for the specific illness have been completed. It is generally helpful in the consideration of an application if medical information is available from the applicant's treating specialist.

Applications for ill health retirement will be considered on the basis of the medical information submitted with the application. The scheme medical adviser will not necessarily seek further medical evidence in support of an application. The scheme medical adviser will provide an outcome to the application when the evidence base supports that outcome and that the collection of further medical evidence appears unlikely to add substantial new medical detail. Medical detail is needed on the presentation of the illness, clinical signs present, investigations performed, diagnosis, treatment administered, response to treatment and the resulting functional capability. An opinion on prognosis of an individual condition and the likely impact of remaining treatment/s would best come from a medical specialist.

The scheme medical adviser uses this information to assess an application against the scheme definitions with detailed knowledge of how this particular scheme's rules are interpreted.

ⓘ An expression of opinion on eligibility for ill health retirement is not required since only the scheme medical adviser is likely to fully understand the rules of the scheme. This form provides an opportunity to provide medical detail that may be helpful to the scheme medical adviser in consideration of your patient's application for ill health retirement benefits.

IHR 2 ORDER FORM	Section 4 Scheme Member
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	<p>Capita Health Solutions are medical advisers to the Civil Service pension scheme. They are being asked to consider whether you satisfy the scheme criteria for an ill health retirement pension.</p> <ul style="list-style-type: none"> • In order for Capita Health Solutions to consider this application you will need to fully complete all areas within this section including signatures where requested. • Full guidance on how to complete this section precedes each area. If you have specific queries please contact your employer direct.
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Ill health retirement should be a last resort and when you have health problems the expectation is you should seek the necessary treatment. When a medical condition is severe enough to warrant ill health retirement, it is generally expected that you will have had the benefit of a specialist opinion during your illness.

For an application to be supported it is necessary to demonstrate that you not only have a medical condition that means you cannot deliver your normal duties, but also that, despite appropriate treatment, the resulting incapacity is likely to be permanent. In other words both the ill health and the incapacity must be likely to be present until normal pension age.

You can find more information about entitlement to ill health retirement pensions in scheme booklets:

classic ill-health retirement benefits

classic plus and premium ill-health retirement benefits

nuvos ill-health retirement benefits

These are available on the Civil Service Pensions website:

www.civilservice.gov.uk/pensions, or from your pensions administrator

What happens after you return the completed form

Your employer will send this form to Capita Health Solutions who, as Scheme Medical Adviser, will consider whether or not you satisfy the criteria for ill-health retirement. If you are a member of **classic plus**, **premium** or **nuvos** they will also confirm whether your entitlement is at the lower or upper tier.

Capita Health Solutions are often able to do this on the basis of the information supplied to them by your employer's Occupational Health Adviser. They will not necessarily seek further medical evidence in support of an application when the evidence base is already sufficient and collecting further medical evidence is unlikely to provide substantial new information. In particular, they will not ask for a report from your General Practitioner to confirm medical detail that is already held.

Sometimes they may need to seek further medical advice from one or more of the doctors who have been treating you, this may include a Specialist or Consultant. If so and if you have consented to this, Capita Health Solutions will write to you at the same time as the request is sent to your doctor/s to confirm that it has been sent. If

you do not consent to Capita Health Solutions seeking further medical advice they will consider your entitlement on the basis of the information your employer is providing. Should you also wish to submit information from your doctors yourself please complete section 4d.

Capita Health Solutions may invite you to attend a medical consultation with a doctor who is familiar with Civil Service pension scheme. If you do not attend the first appointment they will make another one for you. Should you cancel or not attend on a second occasion they will provide advice on your case on the basis of the other information they have. You will not normally be offered a third appointment.

Capita Health Solutions will keep your employer updated about progress on your case. If you want any information about it you should therefore contact your employer who will find out what is happening on your behalf.

Once Capita Health Solutions have completed their assessment they will produce a report:

- If you **have attended a medical consultation**, you will have been made aware of the proposed content of the report provided the Physician who saw you is an authorised Pension Scheme Adviser.
- If the Physician is **not an authorised Pension Scheme Adviser** the clinical information gathered will be submitted to a Pension Scheme Adviser to provide a report which will be sent to you and your employer at the same time.
- Where **no medical consultation** takes place either due to your non attendance or if the case can be considered based on the information that your employer has sent. A copy of outcome report will be sent to you and your employer at the same time.

However, you are entitled to request advance release of the report. Details are outlined within the notes for section 4c.

If you satisfy the conditions for Ill-Health Retirement your employer will tell you and arrange a retirement date for you. This date cannot be more than 4 months and 10 days after the date Capita Health Solutions have confirmed that you satisfy the criteria.

If you do not satisfy the criteria for ill-health retirement; or you think you should receive the upper rather than lower tier pension you have the right of appeal. You have three months from the date you are notified of the decision to submit your appeal. Your employer will let you have more information about this when letting you know the outcome of this application. They will also pass on to you the reasons behind Capita Health Solutions decision on your case.

Section 4

MEMBER completes

Medical Advice request: member details and consent form

- i** **Capita Health Solutions are medical advisers to the Civil Service pension scheme. They are being asked to consider whether you satisfy the scheme criteria for an ill health retirement pension.**
Please complete this form as fully as you can, sign the Declaration and return the form to your employer as soon as possible.

Section 4a Your details

Your name	Title	
	Surname	
	Forename(s)	

Your home address	
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Post code

Your date of birth

Your day time telephone number

Alternative telephone number

- i** **Capita Health Solutions will telephone you to arrange an appointment if they want you to attend a medical consultation.**

If you have any specific mobility, hearing or visual needs that you think Capita Health Solutions should know about please provide details

Continued...

Section 4a (continued)	MEMBER completes
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Please now answer the following questions which will help the Scheme Medical Adviser consider your application:

1	Please describe why you are not able to work

2	Please explain any barriers to your return to work

3	Why do you believe you will not be able to return to work before your normal retirement age

Continued...

Section 4b

Medical Consent Form

Please read this section which gives information about your rights in relation to your medical records under the terms of the Access to Medical Reports Act 1988.

Capita Health Solutions may wish to apply to your family doctor or hospital specialist for further medical information. They will first need your consent to this. You have the right to refuse consent.

If you give your consent you have the right to see information about your medical condition before it is supplied to Capita Health Solutions. You will have 21 days from the date of Capita Health Solutions' letter telling you that a medical report has been requested to ask your family doctor or hospital specialist to let you see the report.

You still have a right to see information about your medical condition for up to six months after it has been sent to Capita Health Solutions.

YES - I consent to Capita Health Solutions seeking further medical information.

Please continue to complete section 4b

No - I do not consent to Capita Health Solutions seeking further medical information

Please sign below and then proceed to section 4c

Signature :	Date :
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If you have answered **YES** above please now answer the following question

Under the terms of the Access to Medical Reports Act 1988 do you intend to ask your family doctor or hospital specialist /private consultant to let you see the information before it is supplied to Capita Health Solutions?

(Please tick relevant box)

YES	
NO	

If you regard any information your doctor has included in the medical report as incorrect or misleading, you can ask them in writing to be amend it. They can refuse to amend it, but will then invite you to provide a written statement on the disputed information when it is sent to Capita Health Solutions.

If you ask your family doctor or hospital specialist to give you a copy of the medical report they may charge you a fee to cover the cost of providing it.

i As we may need to contact your family doctor and if appropriate your hospital specialist/private consultant we need to know their full name and address. Please make sure that you complete the boxes on the following pages. You must complete a separate declaration for each doctor you name.

Continued...

Section 4b (continued)

Medical Consent Form

Family Doctor (GP)

Name

Address
(include
postcode)

Telephone number

Declaration

By signing below, I agree that my family doctor may give information about my medical condition to Capita Health Solutions.

I understand my employer is asking Capita Health Solutions to consider whether or not I satisfy the criteria for ill health retirement.

I understand that this information is medical in confidence and that any advice given to my employer about my health relating to my work will be in general terms only and will be treated in the strictest confidence.

I also understand that should I wish to receive a copy of any information supplied to Capita Health Solutions by my family doctor, I may have to pay a reasonable fee for any report that is supplied to me.

I have seen and read the information at the beginning of this Consent Form about my rights in relation to my medical records.

I understand that Capita Health Solutions may need to examine me in order to provide advice. If I turn down or fail to attend an appointment on two occasions, Capita Health Solutions will provide advice on the basis of the information available to them.

Signature

Date

Section 4b (Continued)	Medical Consent Form	
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Hospital Specialist or Private Consultant (1)	
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Name	
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Specialism	
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i	You do not have to reveal details of your own medical condition here but if Capita Health Solutions contact a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.
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Address (include postcode)	
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Telephone number	
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Declaration

By signing below, I agree that my hospital specialist/private consultant may give information about my medical condition to Capita Health Solutions.

I understand my employer is asking Capita Health Solutions to consider whether or not I satisfy the criteria for ill health retirement.

I understand that this information is medical in confidence and that any advice given to my employer about my health relating to my work will be in general terms only and will be treated in the strictest confidence.

I also understand that should I wish to receive a copy of any information supplied to Capita Health Solutions by my hospital specialist/private consultant, I may have to pay a reasonable fee for any report that is supplied to me.

I have seen and read the information at the beginning of this Consent Form about my rights in relation to my medical records.

I understand that Capita Health Solutions may need to examine me in order to provide advice. If I turn down or fail to attend an appointment on two occasions, Capita Health Solutions will provide advice on the basis of the information available to them.

Signature	
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Date	
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Section 4b (Continued)	Medical Consent Form	
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Hospital Specialist or Private Consultant (2)	
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Name	
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Specialism	
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i	You do not have to reveal details of your own medical condition here but if Capita Health Solutions contact a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.
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Address (include postcode)	
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Telephone number	
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Declaration

By signing below, I agree that my hospital specialist/private consultant may give information about my medical condition to Capita Health Solutions.

I understand my employer is asking Capita Health Solutions to consider whether or not I satisfy the criteria for ill health retirement.

I understand that this information is medical in confidence and that any advice given to my employer about my health relating to my work will be in general terms only and will be treated in the strictest confidence.

I also understand that should I wish to receive a copy of any information supplied to Capita Health Solutions by my hospital specialist/private consultant, I may have to pay a reasonable fee for any report that is supplied to me.

I have seen and read the information at the beginning of this Consent Form about my rights in relation to my medical records.

I understand that Capita Health Solutions may need to examine me in order to provide advice. If I turn down or fail to attend an appointment on two occasions, Capita Health Solutions will provide advice on the basis of the information available to them.

Signature	
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Date	
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Section 4c	Advance Release of Report Guidelines	
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Once Capita Health Solutions have completed their assessment they will produce a report.

If you have a medical consultation with Capita Health Solutions as part of your assessment, the physician will explain the process. If the physician is an authorised Pension Scheme Adviser, they will explain the proposed content of the report which will be sent to your employer. Should the assessing physician not be an authorised Pension Scheme Adviser, the clinical information gathered will be sent to a Pension Scheme adviser to provide a report.

You will automatically receive a copy of the report at the same time as your employer. However, you can ask for Capita Health Solutions to send the report to you before they send it to your employer.

If you **wish to** receive a copy of the report before it is released to your employer, please confirm this by signing and completing the boxes below.

If you ask to see the report before it is released to your employer you will have **5 working days from issue** in which to raise any factual errors or to refuse consent to release it to your employer.

Signature:	
Date:	

If you have not contacted Capita Health Solutions to raise any factual errors or refuse consent to release the report to your employer within 5 working days of issue, the report will be sent to your employer.

Please bear in mind that it is unlikely to be in your best interests to refuse consent to release the report to your employer. Your employer can continue to take management action without a report. Your employer will reject your application if there is no assessment or medical retirement certificate.

You can also ask Capita Health Solutions not to send you a copy of the report.

If you **do not wish** to receive a copy of the report at the same time as it is released to your employer, please confirm this by signing below.

Signature:	
Date:	

Section 4d

For member wishing to supply medical information



Sometimes members ask if they can source their own medical reports, for example if they want to make sure their application is dealt with quickly. You should use this section if you want to provide medical detail from either your General Practitioner or treating specialist.

This section does not have to be completed but it does give you the opportunity to submit information from your doctors that may be helpful in consideration of your application. Your doctor may charge you for this and you will not be entitled to any reimbursement of this cost.

We have included brief guidance on how applications are considered which may help your doctor to complete the form.

You must make sure you return the form to your employer promptly. They will let you know of any deadline that applies. If your doctor would prefer an electronic version of this form please let your employer know.

When the form is completed you, or your doctor, should enclose it in an envelope clearly marked with your name and stating that it contains medical in confidence information to be opened only by Capita Health Solutions medical personnel.

PCSPS

IHR2

Section 4d

Medical in Confidence when completed

Members details

Surname	
Forename	
Date of Birth	
Date of most recent consultation	

Medical information

- 1 What is the diagnosis of the main medical condition?
- 2 Please list any secondary conditions
- 3 Please indicate the members current symptoms and clinical findings on examination
- 4 Please detail current and past treatment and response
- 5 What is the long term outlook?
- 6 What is the impact of the illness on the physical and mental functional ability of the applicant?
- 7 Is further treatment envisaged or possible and what is its likely effect?
- 8 Has there been referral for specialist assessment and treatment? Yes No
- 9 Have you received specialist reports on this patient? Yes No
- 10 Copies of specialist correspondence attached Yes No
- 11 Please list this correspondence

Note: If you need more space for any of the answers, please attach an additional sheet clearly marked with the relevant question number.

Name
Position and qualifications

Signed

Date

Section 4d (continued)

Notes for the scheme members general practitioner or treating specialist

Ill health retirement should be a last resort. If a member has health problems, in the first instance they should seek the necessary treatment and, if appropriate, occupational health should look at ways to help them to remain in or to return to work, in line with the Disability Discrimination Act. This could be through such measures as redeployment, workplace adjustments, flexible working or specialist support. Adjustments must be considered before concluding ill-health retirement may be appropriate

It is necessary to demonstrate that the member not only has a medical condition that renders them incapable of their normal duties, but also despite appropriate treatment that the resulting incapacity is likely to be permanent before an application is likely to be supported. In other words both the ill health and the incapacity must be likely to be present until normal pension age.

When a medical condition is severe enough to warrant ill health retirement, it is generally expected that the applicant will have had the benefit of a specialist opinion during their illness. It is difficult to conclude that an illness will not resolve or improve until all evidence-based treatments for the specific illness have been completed. It is generally helpful in the consideration of an application if medical information is available from the applicant's treating specialist.

This form provides an opportunity to provide medical detail that may be helpful to the scheme medical adviser in consideration of your patient's application for ill health retirement benefits.

It is important that the information provided is legible and typewritten detail is preferable. Your patient can ask their employer for an electronic version of this form if you would prefer this.