Care Services Efficiency Delivery Programme

# Blue Badge Initiative

**INITIATIVE OO1**

**www.csed.org.uk**

# Acknowledgements

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# 1. Introduction

## 1.1 Executive Summary

At the last count in March 2005, there were approximately 2.1 million Blue Badges in issue across England. Responding to this demand, some Councils operate processes that can be improved to achieve more cost effective, customer focused and timely outcomes. By making simple changes to current processes, the following labour-intensive and cost-heavy activities with built-in inefficiencies can be refined.

Currently, the charge of £2 applied to each application incurs processing costs of between £12 - £25 (as estimated by the British Bankers' Association). Maintaining this fee might therefore be both uneconomic and generate unnecessary administration.

Additionally, costs from £25 - £39 are incurred when consulting GPs about discretionary applications which can lead to delays in processing of up to 12 weeks. If the service is centralised (ideally within a Contact Centre), unnecessary hand-offs, service delays and inefficiencies can be avoided.

Many of the councils we consulted have improved the quality of service by taking simple steps such as replacing GP consultation with training for staff to make informed decisions and on-site OT advice (where needed), absorbing the function within a Contact Centre, and not collecting the application fee.

This document is designed to offer a more efficient approach to the administration of Blue Badges than currently practiced in many Councils across England. We hope that by implementing some or all of the refined process improvements proposed, Councils will achieve greater efficiency in both cashable and non-cashable terms.

## 1.2 Background to the CSED Programme

The Department of Health established the CSED Programme in June 2004 to support the implementation of the recommendations of the Independent Review of Public Sector Efficiency, led by Sir Peter Gershon. CSED is an open and transparent programme with representation from key stakeholders in this agenda, such as ADSS, LGA, DCLG, and CSCI.

CSED works in collaboration with Councils to develop sustainable efficiencies and improve services in the delivery of care to vulnerable adults. CSED does not have a mandate to impose its initiatives on Councils but seeks to encourage there up take by displaying the value in doing so.

This Blue Badge initiative is part of the work being undertaken to improve end-to-end Assessments and Care Management processes. CSED Lead for the Blue Badge initiative, Devyani Gupta, can be contacted for advice on the specific approach for individual Councils on 020 7972 1282 and at csed.info@dh.gsi.gov.uk

## 1.3 Scope of Initiative and Project Approach

The Blue Badge initiative is limited to applying efficiencies to the administration and processing of Blue Badges for individuals. Given the steady decline in the number of badges issued to institutions (currently at 1.2% of all badges issued), process efficiencies for this category fall outside of the remit for this initiative. In addition, it does not advise on fraud detection or deterrence to misuse.

The findings in this initiative have emerged from desktop research and reviews of current processes in a number of Councils. The document has been discussed with a range of organisations, including the Department for Transport (DfT). It is intended to offer practical advice to help Councils improve existing arrangements to deliver better service to clients and reduce costs. **It should not be taken as endorsement or official guidance by either the DH or DfT. Rather, councils may choose to use it as the basis of further consultation and local application. It will be the responsibility of individual Councils to keep abreast of central government policy and meet all statutory requirements that affect the administration of Blue Badges.**

# 2. The Case for Change

## 2.1 Background

Formerly known as the Orange Badge Scheme, the Disabled Persons' Parking Badge Scheme allowing on-street parking concessions to eligible applicants, was introduced in 1971. Since then a number of changes in regulations have extended its scope, with the latest offering in the form of the 'Blue Badge' in April 2000 - in line with the recommendation of the Council of the European Union.

Policy remit for the scheme lies with the DfT but the responsibility for administering the scheme lies with Local Authorities. People who meet at least one of the set criteria (see Annex A) have an 'automatic right' to the badge. In cases where this is not applicable, the 'discretionary' criterion allows issue of badges if the applicant has a permanent and substantial disability that means they are unable to or have very considerable difficulty in walking.

As a result of changes to the Disability Discrimination Act 1995 (as amended by the DDA 2005), from December 2006, it will be unlawful for any Local Authority to discriminate against a disabled person when carrying out its functions, including the administration of the Blue Badge scheme and parking policy. Local Authorities will also, from the same date, be under a positive duty to promote disability equality. The purpose of this duty is to ensure that the needs of disabled people are built into policy development and service design at an early stage. The Disability Rights Commission (DRC) has published a code of practice to assist public authorities in implementing the new duties. The code is available on the DRC web site at
http://www.drc-gb.org/employers_and_service_provider/disability_equality_duty/code_of_practice.aspx

## 2.2 Summary of Problem

Wide variations have been reported in the criteria used to issue discretionary badges, as well as in the administrative practices. These differences reflect misinterpretations about legislative requirements in the process and can lead to inefficiencies in both cost and speed of delivery. By eliminating some of these non-value added activities, Councils can improve the quality of service delivery and significantly reduce administrative costs.

### *2.2.1 Sample Generic Process*

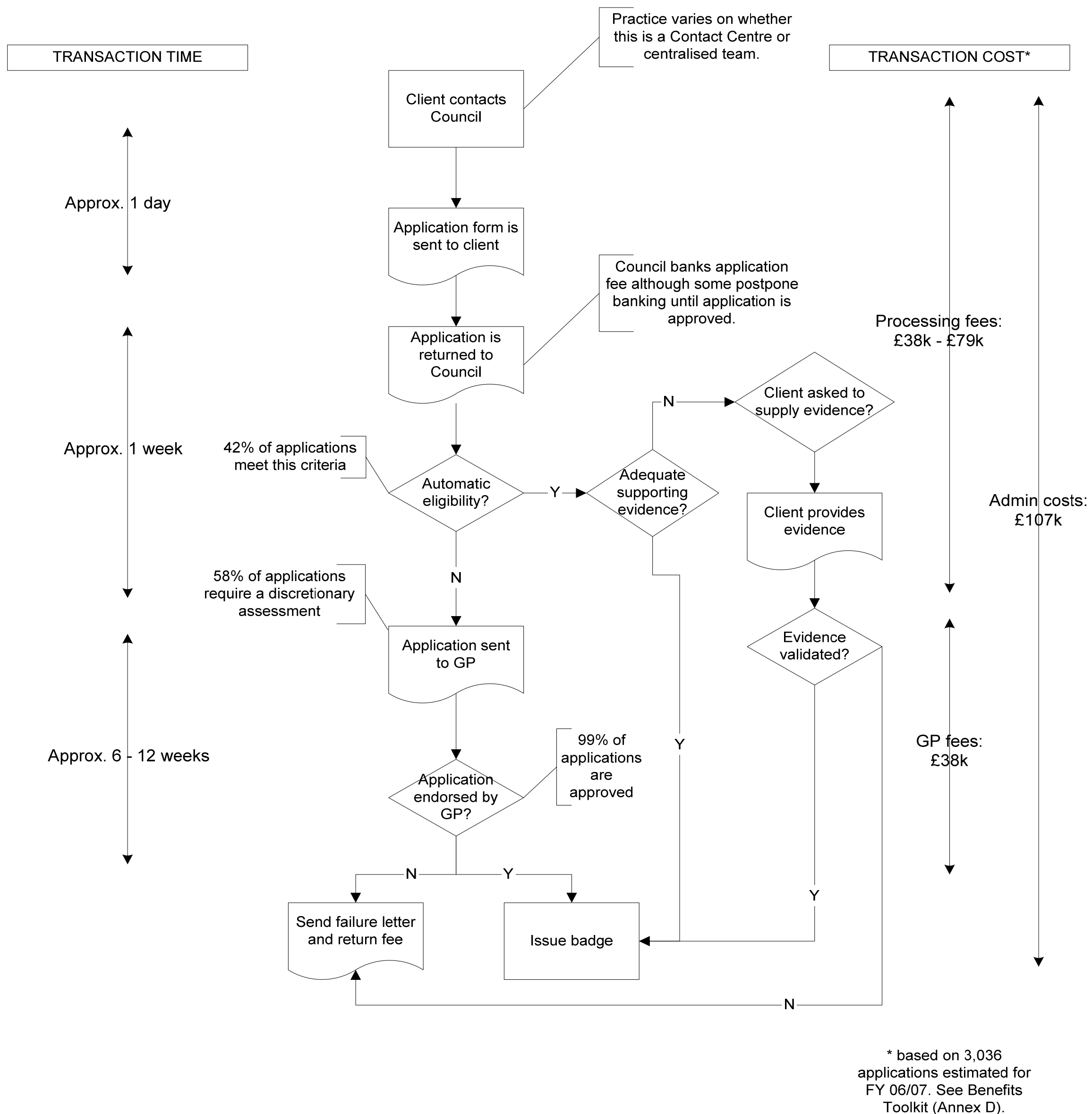
When a potential applicant contacts a Council, their call is handled in a number of ways. They may be routed through to a dedicated central team, managed at first contact through a call centre, or be dealt with by general administrative staff in locality offices. At initial contact, the client will either simply be sent an application or may have a basic eligibility assessment over the telephone.

The client is sent a postal application form or is referred to the Council website for an electronic version. The client submits the completed form to the Council along with a £2 application fee (this is made by cash or cheque/postal order), along with passport size photographs and supporting evidence where required. Practice varies, but some Councils process the £2 fee on application (and refund if the application is rejected), whereas others hold the application fee until the outcome of the application is known.

Around 40% of applications meet automatic qualifying criteria and subject to submission of supporting evidence, a Blue Badge can be issued. However, if the applicant does not automatically qualify and a judgement needs to be made on whether the nature and extent of an individual's disability qualifies them, most Councils refer the application to the client's GP for a professional opinion. Depending on whether the GP undertakes an examination of the client or relies on a review of medical records, the cost of this medical advice for each application ranges from £25 - £39. Although PCTs are not obliged to meet this cost, it is our understanding that some PCTs absorb it as part of their local collaborative arrangements.

If the GP supports the application (and discussions with Councils indicate that it is rare for GP opinion not to do so), the application is approved and the badge is sent to the client. If the application is rejected, a cheque to reimburse the fee (or return of the original cheque), along with relevant application materials are returned to the client.

The diagram below reflects our understanding of the generic process currently operated in Councils for Blue Badges.




* based on 3,036 applications estimated for FY 06/07. See Benefits Toolkit (Annex D).

### 2.2.2 *Identified Inefficiencies*

There are a number of widespread misinterpretations of the legislative requirement for assessment and administration of Blue Badges. Removing the associated processes that result in unnecessary hand-offs and costs can significantly improve the quality of service, whilst also improving efficiency.

*Administration of application fee*

There is no cost saving associated with the continued application of this charge. Although the cost of processing cash or cheque/postal order payment is difficult to precisely measure, current estimates from the British Bankers' Association suggest a full cost in the range £12 - £25, per transaction.

Additionally, it is left to the discretion of the Council to charge or not for a Blue Badge. Section 6(1) of the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 (SI 2000/682) states:

> "The fee (if any) which a local authority may charge for the issue of a disabled person's badge is a fee not exceeding £2."

Dependent on the Council's specific arrangements, there will also be an administration cost for processing applications. Based on example Councils processing between 3,000 to 5,000 applications per annum, a WTE equivalent of 3 staff is expected.

*Assessment of discretionary badges*

The latest annual survey compiled by the DfT shows that nearly 60% of all badges currently on issue are in the discretionary category. Given that most Councils consult GPs in such cases, this presents a considerable workload burden on GPs, a significant price tag for Councils due to the associated consultation costs and, in a number of cases, a lengthy wait for clients who may be in urgent need of the badge.

Whereas some Councils believe there is a statutory obligation for PCTs to pay for GP fees, policy advice from DfT suggests that there is no formal requirement. The BMA's guidance on work under the 'collaborative arrangements' between health authorities and local authorities, states that the following charges apply for any doctor's consultation on assessments for Blue Badges:

| | |
|---|---|
| - full medical examination including report and opinion | £39.22 |
| - report and opinion only | £25.15 |

Where Councils directly pay for GP input, there is a cost saving opportunity. Where the PCT currently pays, a health and social care economy opportunity still exists.

*Procurement Process*

There may be a further process efficiency opportunity associated with purchasing the blank Blue Badges. These are currently purchased from The Stationery Office at a rate of £82 for 200 badges. This will need to be explored further to ascertain the extent of associated benefits.

## 2.3 Solution Overview

The realisation of efficiency improvements will depend on the specific characteristics of the Council's current arrangements and the infrastructure available (specifically whether a Contact Centre exists). However, there are generic changes that any Council can introduce to deliver process improvement. These include not collecting the application fee; replacing GP input with an algorithm based decision-making approach (supported by OT advice) and increasing the level of support to clients at the front end of the process to enable better screening and assurance of complete applications first time.

*Removal of the application fee*

The use of the £2 application fee has often been cited as a useful deterrent to fraudulent applications, however, whilst this may have been the case when the scheme was first introduced, the low value of the fee today is unlikely to discourage such applications.

Furthermore, considering that the cost of processing the payment currently exceeds the value of the fee collected, Councils might consider it to be uneconomic to continue its collection.

*Revision to discretionary criteria evaluation*

The removal of GPs from the process eliminates part of the process costs, improves the relationship with health partners and the use of on site OTs allows for a speedier and more effective decision.

The involvement of GPs is at the discretion of the Council. Councils are free to determine their own assessment arrangements. In December 2002, the DfT accepted the DPTAC recommendation that discretionary assessments "should be conducted by an accredited health professional, other than the applicant's GP", which was in line with the Cabinet Office report *Making a Difference: Reducing a General Practitioner's Paperwork*.

Using alternative arrangements to GP input also has the potential to improve speed of delivery. Whilst GP response times vary, this can be anything up to 12 weeks which has a significant impact on processing times.

CSED research has also revealed that GPs rarely alter the final decision on an application, questioning the need for their involvement. There are also indications that the GP-patient relationship can be compromised and the GP is not always best placed to assess an individual's eligibility.

Indications from some Council sites suggest that with appropriate decision support, administrative grade staff can take such decisions with professional guidance from OTs where cases are borderline. Research has demonstrated that only about 5% of discretionary applications require consultation from an OT - each requiring up to 15 minutes to assess. Assuming an OT hourly rate of £35 and based on 3,000 discretionary applications per year, the chart below highlights the potential scale of savings involved.

| *Advisor* | *Approx. Time per Application* | *Charge per Application* | *Number of Applications / yr.* | *Cost / yr.* |
|---|---|---|---|---|
| GP | 6 – 12 weeks | £25 - £39 | 100% = 3,000 | £75,000 |
| OT | 15 minutes | £8.75 | 5% = 150 | £1,313 |
| Potential Saving up to<br>(depending on whether LA pays full cost of GP consultation or shares with PCT. Toolkit – Annex D - makes the assumption of the LA being responsible for 50% of the GP costs with the remaining 50% split between PCTs and client own fees) | | | | £73,687 |

*Expansion of the Contact Centre (if applicable)*

Where a Contact Centre is available, the role of handling and processing Blue Badge applications can be absorbed by Customer Service Advisors. A specific example in one Council transferred responsibility for 6,000 applications per annum to the call centre without the need to increase call centre capacity.

This will allow the previous dedicated resource for Blue Badges to be more effectively utilised in another capacity. This can also improve staff morale amongst Contact Centre Advisors who will feel more empowered to directly assist people in the community.

*Renewals*

Most Councils repeat the same process when dealing with renewals, sometimes prompting clients to re-apply six weeks prior to expiry of their badge. All other elements of the process are exactly the same, and can presumably benefit from the same recommendations above. This would allow consistency for operatives and clients alike.

A remodelled process chart showing anticipated benefits is set out on the next page.

## 2.4 Anticipated Benefits

Implementing the suggested changes above will generate a combination of **cash and non-cash savings**.

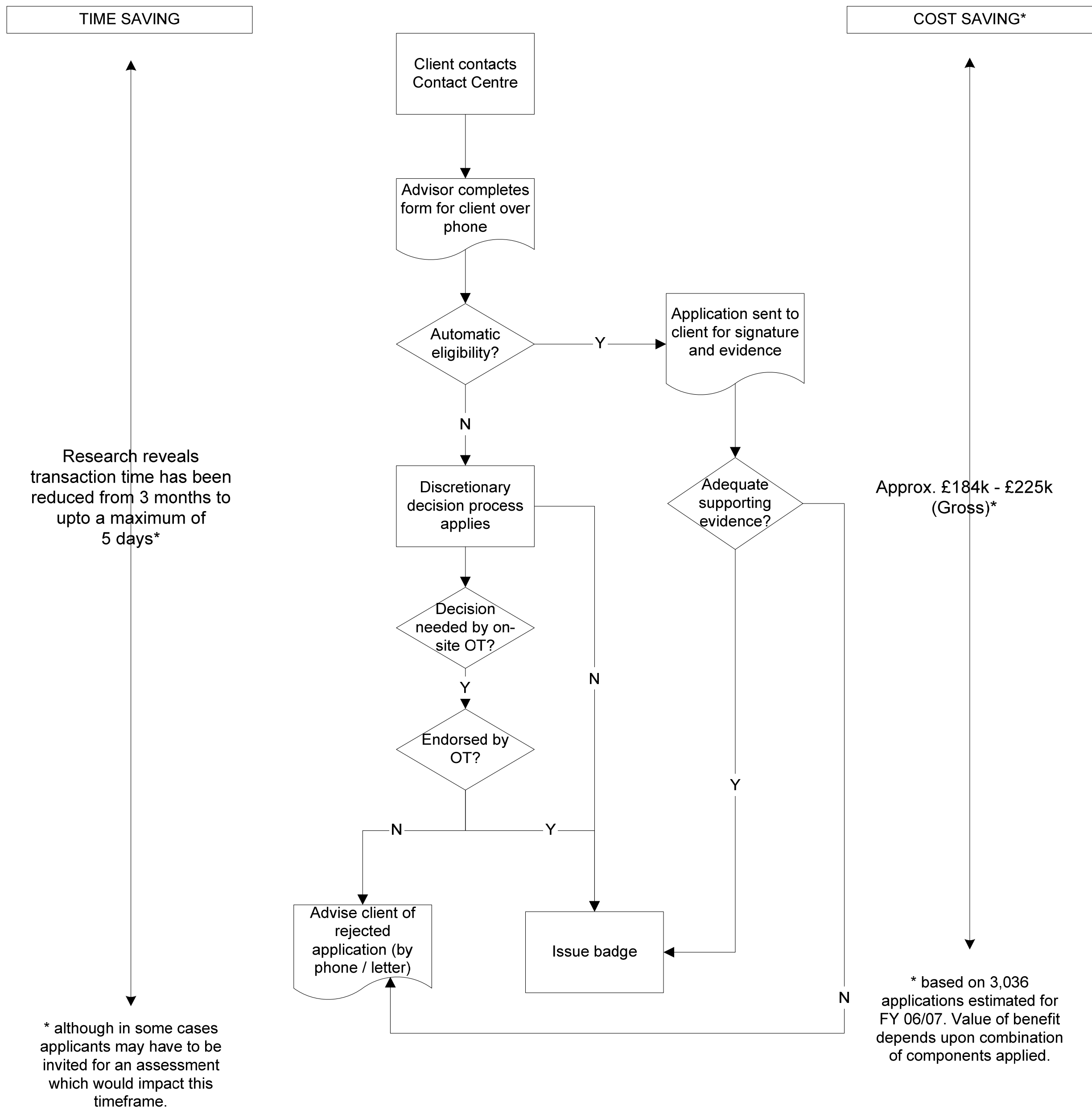
Benefits for the Council:

- Removes wastage of time, cost and resources from the process
- Transparency in service delivery
- Reduced time spent on service enquiries and complaints handling
- Enhancement of role for customer service operatives with higher morale and job satisfaction

Benefits for service users:

- Faster processing of Blue Badge. The processing time has been reduced in some cases from 3 months to almost an immediate decision
- Better help at front end with improved customer focus
- Improved quality of life for clients through greater accessibility and by reducing their exposure to bureaucracy and giving them the benefits of a Blue Badge faster

## Blue Badge - Initiative



# 3. Implementation Pathway

The Gershon efficiency agenda has prompted many Councils to accelerate their modernisation programmes and the Blue Badge initiative is just one of the modular solutions which can reap high benefits with relatively low investment.

However, the comparatively simple process change it requires, should not underestimate the challenges that could accompany an unrealistic view of effort and time needed for successful implementation. Appropriate strategies, using various mediums to communicate the Council's intention for change, should therefore be used in parallel with the implementation plan to fully engage all stakeholders and pave the way for sustainable change.

An initial route plan mapping the various stages and actions is outlined below to assist Councils in the implementation process.

## 3.1 Self-Assessment

Every Council has its own particular characteristics and administration process for Blue Badges thereby negating the validity of a one-size-fits-all approach. The flowchart and toolkit are intended to help Councils diagnose their own problems, prescribe one or more of the recommended solutions as needed and assess the level of potential efficiencies that could be gained.

We recommend that Councils use the diagnostic tools presented separately in an annex to focus on the areas of opportunity that are most suited to their needs. The value of the associated savings will vary considerably depending upon the specific aspect of change chosen and the Council's particular characteristics.

### *3.1.1 Quick Diagnostic Tool*

Please refer to the separately attached Excel spreadsheet (Annex C)

### *3.1.2 Benefits Toolkit*

Please refer to the separately attached Excel spreadsheet (Annex D)

## 3.2 System Design

The diagnostic tool above will determine the combination of recommendations that Councils may choose to adopt. Recommendations A and B are basic process changes and are likely to require minimal effort to apply. Recommendations C and D, however, need consultation with GPs and OTs to produce a decision-making algorithm, and will require stakeholder engagement to ensure buy-in prior to implementation.

The final recommendation is only applicable to Councils where Contact Centres are operational and analysis (culminating in a business case) may need to be conducted to assess the potential for absorption and / or growth. This will also require involvement from all stakeholders, and may require IT changes if inputting decision-making software, therefore incurring some capital costs in the process. Training support will also need to be accounted for in all but A and B.

## 3.3 Planning and Project Management

- Map the specific arrangements for your Council to compare against the proposed ‘to be’ model
- Identify change requirements and clearly specify those for immediate change and those requiring real process change.  The areas requiring real process change, may require training support before implementation
- Identify a lead individual to coordinate action on potential changes
- Depending on the size of your area, consider employing a phased approach to learn lessons and allow a smooth transition
- Build in training needs into the timescale and resource requirement – ensure that staff have a dedicated contact point for any questions or concerns about the revised process

## 3.4 Stakeholder Engagement

A communication strategy, designed to convey clear and consistent messages throughout the implementation period, will be essential to avoid the risk of misunderstanding or confusion amongst Council staff, health professionals and clients.

In order for this to be effective, all stakeholders such as the existing Blue Badge team, Contact Centre operatives (if applicable), GPs, OTs, IT representatives and local disability community representatives should be involved from the outset to respond to concerns and design a process with which everyone is engaged. Any revisions to the process should be reviewed with the key stakeholders to ensure that expectations are managed appropriately.

Regular updates on progress and involvement of all staff from the outset will help to create and maintain the momentum necessary for change to occur.

## 3.5 Benefits Monitoring

Appropriate mechanisms to monitor and evaluate benefits and issues during the implementation period should be in place to learn from and resolve challenges so as to keep to the plan. Expected changes in inputs/outputs should be clearly stated to enable success to be measured.

Visible sponsorship by senior management at regular review sessions will be key to meeting objectives. This will need to be followed by regular post-implementation reviews for validation against the agreed measures of success.

Example KPIs include:

- data captured in the attached Benefits Toolkit (Annex D)
- number of new and renewal applications received before and after the new process
- number of approved/rejected applications for both categories
- time taken to process applications before and after the new process
- cost/benefit analysis before and after the new process
- customer satisfaction survey results
- number of complaints generated before and after the new process

### 3.6 Risk Management

One of the possible risks involved with this scheme is that removing GP involvement could lead to ineligible applicants being approved for a Blue Badge. However, current research demonstrates that a negligible proportion of applications referred to GPs for advice are rejected, questioning the purpose of including this unnecessary step in the process.

There is also no evidence to suggest that the number of Blue Badge approvals would increase by removing GP assessment. In any case, this hypothetical risk can be mitigated if Council staff follow a carefully designed assessment for the discretionary criteria (see Annex B as example) that has been agreed with social and health care professionals. Where cases are unclear, access to a professional opinion from an on-site OT can further reduce the possibility of abuse.

Those Councils that are concerned about fraud can take advantage of ongoing work by the National Fraud Initiative (NFI) in the Audit Commission. Following the conclusion of a recent pilot with a number of Councils on abuse of blue badges, the NFI has asked other interested Councils to submit key information such as the names, addresses, date of birth, start and expiry date of all blue badge holders' by 13th October 2006. This will be processed and matched against the database of deceased persons and other data such as payroll to provide each Council with either a data match CD (or web-based access through a password) by January 2007 which will help to signal any fraudulent activity.

Other concerns include the loss of revenue through parking charges due to the perception that a simpler process is likely to attract more applicants and will therefore result in more badge holders. The DfT announced that the number of Blue Badges rose by about 1% in the period 2003-2005 but even if a higher influx were to occur due to the proposed changes, it is unlikely that the revenue lost would be of a significant scale. Furthermore, as mentioned earlier, Councils are under a positive duty to promote disability equality as per changes to the Disability Discrimination Act 1995 from December 2006.

### 3.7 Post Implementation Review

Using the KPIs measured during the implementation period, a review of performance should be conducted immediately post implementation and at monthly intervals for 6 months. This will be key to incorporating any lessons learned as well as meeting reporting expectations. It may also help to alleviate any remaining opposition to the scheme and convert opinions more favourably.

# 4. Reference Sites

As mentioned earlier, every Council operates the Blue Badge service in different ways and therefore the scale of opportunity will vary depending on the capacity for change. Below is a basic summary of four Councils that have been kind enough to share their practices and experiences.

## 4.1 Bolton

Blue Badges are administered by the Travel Passes and Permits team with1 FTE and 3 PTE. They work closely with their PCT colleagues for assistance on discretionary applications.

There are separate applications forms for automatic and discretionary eligibility. The latter requires completion of a mobility assessment form, which, once completed is, evaluated by the OT and if further information is required, an appointment is made for the applicant to visit the OT personally.

In the financial year 2005/06, 1,626 new applications were submitted. Rough estimates suggested that discretionary applications have required about 6 weeks to process, while automatic applications have been processed in about 4 weeks.

## 4.2 Cambridgeshire

Clients are directed to a dedicated telephone line for Blue Badges open from 8 am to 8 pm Monday to Saturday. The team uses the OneServe CRM system with a built-in E-Gain application (used in Adults and OT Services as well) that includes a decision-tree for 'automatic' and 'discretionary' criteria. Approximately 1,000 new applications for Blue Badges are received per month, of which roughly 50% are renewals.

At first contact, the operative requests basic contact details followed by questions about automatic eligibility. Set criteria for judging discretionary eligibility were developed in conjunction with GPs and OTs to ensure comfort with risk level. Approximately 1% of all discretionary applications are referred to GPs for random checks.

The system generates a letter automatically to the client detailing the decision and reasons therein to enable a full audit trail. For approved applications, clients sign the application and send a passport-sized photo and £2 fee. The typical turnaround time ranges from 5 to 8 days.

## 4.3 Somerset

Whilst the £2 application fee remains, Somerset Direct (the Contact Centre) has absorbed most of the processing function for new applications (renewals continue to be administered by local offices) and replaced the GP consultation with on-site OT advice. Manned by 21 operatives, Somerset Direct handles about 8,500 applications per year, as well as other Social Care related enquiries and referrals.

Applicants call Somerset Direct (or apply on-line) and are led through some questions using the Northgate system to assess their automatic or discretionary eligibility. If successful, they are asked to send the appropriate evidence, photo and fee to one of four designated area offices where the badge is produced and sent to the client. This process has drastically reduced the processing time to approximately 2 weeks.

## 4.4 Worcestershire

In April 2005, the Blue Badge service was integrated in the Worcestershire Hub – a partnership between the County Council and the District and Borough Councils, with 9 walk-in centres. Applications can be submitted by telephone (a golden number for this service) or in person at any one of the centres.

The advisor checks and scans all the application materials so that the originals can be returned. The discretionary criteria was incorporated into the automatic process following consultations of GPs and OTs. A training programme for the 100 advisors in all centres was also used to ensure consistency.

# Annex A: Eligibility Criteria

*Automatic Eligibility*

- people who receive the higher rate of the mobility component of the Disability Living Allowance;
- people who receive a War Pensioner's Mobility Supplement
- people who use a motor vehicle supplied for disabled people by a Government Health Department;
- people who are registered blind;
- people who have a severe disability in both upper limbs, regularly drive a motor vehicle but cannot turn the steering wheel of a motor vehicle by hand even if that wheel is fitted with a turning knob; or

*Discretionary Eligibility*

- people who have a permanent and substantial disability which means they are unable to walk or have very considerable difficulty in walking. In this case they may be asked to answer a series of questions to help the local authority determine whether they are eligible for a badge.

# Annex B: Discretionary Eligibility – Sample Assessment

**The sample below has been extracted from a Council site and should not be taken as endorsement or official guidance by either the DH or DfT. Councils may choose to use it as the basis of further consultation and local application. It will be the responsibility of individual Councils to keep abreast of central government policy and meet all statutory requirements that affect this assessment.**

- people aged 66 or over who would, apart from their age, meet the criteria for the higher rate mobility component of DLA. These are: for those unable or virtually unable to walk, or where to exert themselves to walk would constitute a danger to life, or a serious deterioration to health. It also applies to those who have had both legs amputated at or above the ankle, or who were born without legs or feet, for those deaf and blind who need someone with them outdoors, or have severe learning disabilities or behavioural problems and require the highest rate of care for day and night needs.
- people who have a permanent and substantial disability that means they are unable to walk or have very considerable difficulty in walking more than 100 metres. This might be someone who uses a walking frame or 3-wheeled walker, or who gets very breathless on exertion.
- people who use a wheelchair for outdoor use, whether self-propelled or attendant controlled. This does not automatically apply to powered scooters.
- people who live alone or care for a spouse, wish to retain their independence for shopping etc. but due to age and frailty cannot walk and carry shopping etc. This is often for those aged 85 and over.

Northgate Front Office - Somerset County Council - Microsoft Internet Explorer

northgate

Agent 29 LOGGED OFF

Mr Test Testing
1 The Street
The Town
PC1 1PC

Case 57939

F

Back Office Systems
Standard 9

Testing
Home Phone 01935000000

Contact Method : Telephone
Case Type : Unknown
Home Authority: scc

contact

help
case notes
log off

Blue Badge Network

Blue Badge Scheme

Fields marked * are mandatory

* Type of Applicant ◉ Individual ○ Instituitional

* Do you currently have a Blue Badge ○ Yes ◉ No

**Automatic Criteria**

* Are they registered blind (not partially sighted) ○ Yes ◉ No ○ Not Known

* Do they receive DLA Higher Level Mobility Allowance ○ Yes ◉ No ○ Not Known

* Do they receive War Pensioners mobility supplement ○ Yes ◉ No ○ Not Known

* Date of Birth 16/06/1932

**The caller is not automatically eligible**

They may still be eligible, but we may need to take quite a lot of information to enable us to make a decision

Are they happy to give this additional information ◉ Yes ○ No

**OT Check Details**

* What is the nature of your disability: Heart Condition

* Do you drive an adapted vehicle ○ Yes ◉ No

* Are you waiting for any operation or treatment that may improve your condition ◉ Yes ○ No

* Details: No date as yet for operation.

Northgate Front Office - Somerset County Council - Microsoft Internet Explorer

northgate

Agent 29 LOGGED OFF

Mr Test Testing Case 57939 F Back Office Systems
Standard 9

1 The Street
The Town
PC1 1PC

Testing
Home Phone 01935000000

Contact Method : Telephone
Case Type : Unknown
Home Authority: scc

contact

help
case notes
log off

Blue Badge Network

* When are you hoping to get the treatment/operation: no date as yet

Unable to walk ☐

Walking causes severe discomfort/pain: ◉ Always ○ Sometimes ○ Occasionally ○ Never

Gets very tired after walking a short distance: ◉ Always ○ Sometimes ○ Occasionally ○ Never

Sloping or uneven ground affects ability to walk: ◉ Yes ○ No

Requires the help of another person to walk: ○ Yes ◉ No

Further information on walking ability: None given

* Can you manage to walk up stairs: ◉ Yes ○ No

* How do you manage the stairs: Slowly

* Do you use a walking aid: ○ Yes ◉ No

* Have you fallen in the last year: ◉ Yes ○ No

* Can you manage any public transport: ○ Yes ◉ No

* Do you have severe upper limb difficulties: ○ Yes ◉ No

* Do you have a valid driving licence and drive regularly: ◉ Yes ○ No

Are you currently receiving services from any of the following

Occupational Therapy ☑

Social Work ☐

Physiotherapy ☐

Northgate Front Office - Somerset County Council - Microsoft Internet Explorer

northgate

Agent 29 LOGGED OFF

Mr Test Testing Case 57939 F Back Office Systems
Standard 9

1 The Street
The Town
PC1 1PC

Testing
Home Phone 01935000000

Contact Method : Telephone
Case Type : Unknown
Home Authority: scc

contact

help
case notes
log off

Blue Badge Network

* Can you manage any public transport: ○ Yes ◉ No

* Do you have severe upper limb difficulties: ○ Yes ◉ No

* Do you have a valid driving licence and drive regularly: ◉ Yes ○ No

Are you currently receiving services from any of the following

Occupational Therapy ☑

Social Work ☐

Physiotherapy ☐

District Nurse ☐

Swift ID (if you can look it up): 465675

**Eligibility Decision**

Eligibility Criteria

Discretionary Criteria

* Are you able to make a decision as to eligibility: ◉ Yes ○ No

* Are they eligible: ○ Yes ◉ No

* Please give a brief reason for the eligibility decision: Mobility not compromised

* Do they want a letter sending out to confirm that they aren't eligible: ○ Yes ◉ No

your info | suspend | terminate | submit