

# Digitally Transforming Blue Badge Processing and Assessments

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# Where did Kent Start?

- In January 2018:
  - Just hitting 50% digital take-up
  - 4 stage assessment process, all paper based
  - Hours wasted on un-necessary administration
  - Used BBIS as a standalone CMS
  - Multiple workarounds using other systems, including Firmstep forms

# Goals of Transformation

- Better understanding of customers
- Exceeding customer expectations
- Cutting Administration Pressure Points
- Speeding up processing time
- Digitising all applications
- Delivering efficiencies in administration
- Enhanced people management
- Go fully digital whilst still accepting paper applications

# Choosing a Supplier

- Looked at current processes
  - Gave factual basis for decision making
  - Dispelled some “myths” which made the change easier to manage
  - gave opportunity to look at all processes and identified areas to focus on
- Specification produced
  - Covered all aspects of administration and assessments
  - Included reporting and technical requirements
- Assessed suppliers against specification
  - Outcomes Based. “What did we want the end result to look like” made assessing much easier and solution based

# Fast Forward a Year

- June 2019:
  - 62% digital take-up
  - 5 stage assessment process, all electronic
  - Applications scanned at point of receipt
  - Un-necessary administration removed delivering multiple efficiencies
  - Automated correspondence
  - No “lost” applications or paper pushing
  - Remote working capability

# Application Process

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# Specialist Screening

- IMA Team run training sessions for administrators to become “Screeners”
- A large part of their training is around inconsistency of information, and understanding what doesn't make sense
- Use a score sheet which automatically calculates scores based on answers given to give quantifiable results – 50% approved in 2018
- Unsure of how this will work with Invisible (Hidden) Disabilities at this point

# Screening Training Guide

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# Why not do this digitally?

Kent decided **not** to make this initial process entirely electronic

- No two applications are the same
- Not able to highlight inconsistent information
- Maintain robust processing to protect scheme integrity
- Fibromyalgia cases for example will score highly but may not be eligible due to the fluctuating nature of their condition

# Application Process

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# Invisible (Hidden) Disabilities

## Electronic Assessment

- Kent already assess holistically, but recorded this in notes on our standard walking assessments.
- Designed to run alongside DfT question set, which we believe covers most bases when used with a diagnosis letter or supporting evidence
- Mirrors most of the information asked in Further Information Questions
- Records if self reported or professional supported and compares them against each other
- Professionals could be Education, Social or Health

# Assessment Tool – Hidden Disabilities

## Page 1

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# Assessment Tool – Hidden Disabilities

## Page 2

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# Further Information Requests if Medical Evidence is not provided

- Sent to applicants by email as a fillable PDF or post (and within the next few months as an online form in our self service portal) – Keeping it digital where possible
- Currently 3 types (will be expanding for Hidden):
  - Standard Adult Questions
  - Neurological Adult
  - Neurological Child
- Asks more specific questions around their circumstances to gather meaningful information that might not already be gathered without the need for more costly forms of assessment (Telephone or Clinic)
- Customers given 3 weeks to respond. Most do this in 1!

# Standard Questions

## What Healthcare Professionals are involved in your care?

Healthcare Professional or Treatments	On Waiting List (please tick)		Receiving or Recovering from Treatment (please tick)		Discharged (please tick)		Do you anticipate improvement post treatment? (please tick)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No
Awaiting Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Consultant/Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Complimentary Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Pain Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Fitness on Prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Speech and Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
SEN at School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Memory Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
Other Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="radio"/>	No	<input type="radio"/>
<b>Additional Information including dates for any surgeries</b>										

# Standard Questions

**What Daily activities or conditions exacerbate your condition?**

**Please tick all that apply and add any additional information in the box below**

Dressing	<input type="checkbox"/>	Domestic Activities	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	Walking on Level Ground	<input type="checkbox"/>
Walking Uphill/Downhill	<input type="checkbox"/>	Transfers from Chair to Standing	<input type="checkbox"/>
Weather Conditions	<input type="checkbox"/>	Other - Please State below	<input type="checkbox"/>
<b>Additional Information</b>			

**How do you relieve any symptoms you experience?**

**What would the blue badge help you to do? Please tick all that apply**

Entertainment	<input type="checkbox"/>	Paid Employment	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	Medical Appointments	<input type="checkbox"/>
Family Commitments	<input type="checkbox"/>	Other Activities - Please State below	<input type="checkbox"/>
Voluntary Work	<input type="checkbox"/>		



# Adults with Neurological Impairments

Do you have any of the following difficulties? Please tick all that apply

	Left Side	Right Side	Upper Body	Lower Body
Reduced Range of Movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Weakness or Paralysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sensation loss	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use of orthotics or splints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Co-ordination Difficulties	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Do you suffer from Short Term memory loss?

Yes  No

Do you suffer from Long Term memory loss?

Yes  No

Do you have difficulty if something unexpected happens?

Yes  No

Do you experience communication difficulties?

Yes  No

Do you need assistance from another person to aid independence?

Yes  No

Do you experience falls or balance issues?

Yes  No

Please describe how you walk. Please tick all that apply

Normal	<input type="checkbox"/>	With a Shuffle	<input type="checkbox"/>
Slow	<input type="checkbox"/>	Unsteady	<input type="checkbox"/>
With a Limp	<input type="checkbox"/>	With breaks	<input type="checkbox"/>
With another person assisting	<input type="checkbox"/>	Other - Please give more information	<input type="checkbox"/>
<b>Additional Information</b>			

# Children with Neurological Impairments

**What Daily activities exacerbate difficulties experienced?**

**Please tick all that apply and add any additional information in the box below**

Crowds / Noise	<input type="checkbox"/>	Toileting Needs	<input type="checkbox"/>
Unfamiliar Surroundings	<input type="checkbox"/>	Visual Stimulus	<input type="checkbox"/>
Getting Dressed	<input type="checkbox"/>	Physical Contact	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	Other - Please State below	<input type="checkbox"/>

**Additional Information**

**What do you do to alleviate these difficulties?**

# Children with Neurological Impairments

**What educational setting is the child in?**

Mainstream	<input type="checkbox"/>	Specialist	<input type="checkbox"/>	Home Schooling	<input type="checkbox"/>	Tutor	<input type="checkbox"/>
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**Does the child have a Education and Health Care Plan (EHCP)?**

Yes	<input type="radio"/>	No	<input type="radio"/>
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Please provide a copy of the EHCP if answered Yes above

**Does the child have access to a Time Out or Quiet Space?**

Yes	<input type="radio"/>	No	<input type="radio"/>
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**Does the child have language or communication difficulties?**

Yes	<input type="radio"/>	No	<input type="radio"/>
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**Does the child use Picture Exchange Communication (PECS)**

Yes	<input type="radio"/>	No	<input type="radio"/>
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**Does the child participate in PE classes or outdoor play?**

Yes	<input type="radio"/>	No	<input type="radio"/>
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**Does the child ride a bike or scooter?**

Yes	<input type="radio"/>	No	<input type="radio"/>
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**Does the child have access to any of the following support programs?**

BEAM	<input type="checkbox"/>	Sensory Circuits	<input type="checkbox"/>	Clever Fingers	<input type="checkbox"/>	FIZZY / JUMP	<input type="checkbox"/>
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# Questions?

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