

Supporting evidence for Personal Independence Payment (PIP) and Employment and Support Allowance (ESA) claims

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Supporting evidence for PIP and ESA claims – need to know

- Supporting evidence can be included at any stage of a benefits claim including new claims, renewal claims or at the appeal stage.
- Supporting evidence can include statements from a carer, friend or family member, a diary and/or medical evidence.
- Medical evidence is the most helpful form of evidence you can submit with your benefit claim and can make a crucial difference to the outcome.
- Ways in which you may request medical evidence include showing your doctor the PIP and/or ESA descriptors or writing a letter to your doctor requesting the information you need.
- The most useful medical evidence will be specifically relevant to the PIP and/or ESA criteria.

Supporting evidence

Supporting evidence – particularly medical – can make a crucial difference to the success of a benefits claim or appeal. Decision makers at the Department for Work and Pensions (DWP) and assessors who carry out face-to-face assessments may have little knowledge of M.E. and are very unlikely to have any specialist knowledge, so your evidence is vital in helping assessors understand how you are affected.

Supporting evidence for disability benefit claims can be useful when making a new or renewal PIP or ESA claim or when you are appealing against a decision that you are not entitled to one of these benefits. Supporting evidence can come in the form of:

- Statement from a carer, friend or family member
- Personal statement and/or diary
- Medical evidence.

If you have needed help getting evidence (from a relative or friend), the process has affected your health in any way or it has been difficult for you in terms of the effect on your health, make sure you explain this on your form.

1. Statement from a carer, friend or family member

Letters from carers, friends, or family can also be useful. They are likely to see you on a frequent basis and will see you at home. Again, commenting on the activities relevant to the benefit you are claiming is most helpful.

So if your partner helps you with daily living activities such as washing and bathing, dressing and preparing food, it would be helpful if they could include the things they do for you and why you have difficulty with them.

2. Personal statement and/or diary

Keeping a diary can also be useful and you can include this with your PIP or ESA questionnaire. A diary can be helpful in showing the help that you need and/or how you are affected by your condition on a day-to-day basis and may help you remember things that you struggle with that you may otherwise forget.

It can also help you to focus on ways in which you may have adapted to cope with being ill – it may help you appreciate that you are not doing things you need to because you are too unwell or that something takes you a lot longer than it used to. When you have been ill for some time it is usual to adapt and easy to forget what it's like to be well.

Once you have written your diary you may want to turn this into a personal statement. A personal statement should be two pages maximum and can explain the history of your condition(s) and how your ability differs on both good and bad days. You can also explain your average week so the person reading this manages to gain a full picture of how you are affected. This may be clearer and easier to read than a diary.

3. Medical evidence

Medical evidence is the most important form of evidence you should try to obtain. Medical evidence usually takes the form of a letter/report from your GP, consultant or other healthcare professional. Please note that some healthcare professionals will make a charge for this.

The DWP may contact your GP or healthcare professional to obtain medical evidence when you submit a PIP or ESA claim, but in many cases they will not. More and more people claiming benefits are expected to obtain their own supporting evidence.

If you feel that your healthcare professional would be willing to write a letter of support that you can send in with your claim, we recommend that you ask them. Not all healthcare professionals are able or willing to write supporting letters and they are not obliged to do so, but it is worth asking them to see if they will. It is always a good idea to update your healthcare professional when you make a claim for PIP. You can also let them know that the DWP may get in contact with them.

You may also want to ask another healthcare professional that you are involved with to support you, for example, a physiotherapist or occupational therapist. If you see a complementary therapist they could also be asked to provide a letter.

Medical evidence – what to include and how to request

The DWP will usually want to see up-to-date medical evidence, ideally written within the last six months. This does not mean that you can't use evidence which is more than six months old; it just means new evidence will have more credibility. Situations where old evidence may be particularly relevant include:

- Where your doctor has decided there is limited ongoing support they can give you with your health condition, meaning there is limited need for you to see your doctor regularly, or
- You are housebound and as a result have not been able to get to your doctors surgery.

The most helpful supporting medical evidence will be specifically relevant to the criteria used to assess claimants for their ESA or PIP claim. General background information is useful but more importantly you really want evidence that shows how you meet the criteria.

So for example, if you think that you should score 8 points in the mobility activities because you can walk less than 50 meters but more than 20 metres you may wish to ask your GP to comment on your difficulties with walking.

It is important that the healthcare professional knows that you will be assessed on how you are the majority of the time and that in order for you to be considered able to do an activity you need to be able to carry out the activity

- safely
- to an acceptable standard
- repeatedly AND
- in a reasonable timescale.

We would recommend that you ask that the letter be sent to you first, so you can check that you are happy with the content and that it is an accurate reflection of your condition and abilities. You may need to ask for the letter to be amended if you are unhappy with it. It's really important that you do not send in anything that you are not happy with.

Requesting your medical evidence

Ways in which you may request your medical evidence include:

1. Photocopying the descriptors

You could take a photocopy of the ESA and/or PIP descriptors to your GP or healthcare professional and highlight the ones you think you meet and that you would like them to comment on. This can help your GP/healthcare professional to write a letter and will hopefully mean they will focus on the activities that are most relevant to you.

The ESA and PIP descriptors can be found at the back of the following Action for M.E. information packs:

- ESA: a guide to making a claim and filling in the capability for work questionnaire
- PIP: filling in the form
- ESA: reconsiderations and appeals
- *PIP: reconsiderations and appeals.*

2. A letter requesting medical evidence

You could write a letter to your doctor explaining the topics you need them to comment on and the amount you are willing to pay for the medical report.

If your case goes to a tribunal, the tribunal members may ask to see any letters that you sent to your GP to ask for evidence. This allows them to gauge whether your report is based on your views or the views and opinions of your doctor. For this reason, it is important to request medical evidence by asking your doctor neutral, non-leading questions. If you do write to your doctor, it is important to keep a copy and to submit it to the tribunal if you are asked for it.

Example letters requesting medical evidence for PIP and ESA claims can be found under *Appendix I: Example of a medical evidence request letter for PIP* (p 6) and *Appendix II: Example of a medical evidence request letter for ESA* (p 8).

If you wish to use this template, you should adapt this letter to ensure it only includes information relevant to you. For example, this letter is tailored to suit individuals suffering from M.E. only. If you have other health conditions, your letter should cover these. You may also wish to remove descriptors that you feel do not apply to your situation. Question 5 on the ESA letter may also be adapted, depending on whether you for the criteria for the Work Related Activity group or the Support group.

Appendix I: Example of a medical evidence request letter for PIP

[Your address here] XXXX XXXXXXXX XXXXXXXX

[GP/Healthcare professional name and address here] XXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX

Re: PIP APPLICATION: Medical Report/Letter

Date: XXXX

Patient Name: XXXXX

Date to be completed by: XXXXX

Dear Dr XXXXX

I am currently in the process of claiming Personal Independence Payment (PIP) and I require a medical report to send to the Department of Work and Pensions (DWP) to be used as evidence.

I am willing to pay up to £XX to meet the costs of this.

Please comment on the following:

- Clinical history of my physical and mental health conditions and all of the relevant medication that I am currently taking.
- Whether my M.E. can cause fluctuations in symptoms and if so, what kind of impact this has on me.
- Whether my M.E. can prolong recovery from activities and if so, whether I am affected by this.
- Any aids or adaptations that have been recommended and/or provided for me by a health professional.
- Any aids or adaptations that have not been recommended and/or provided for me by a health professional but may help my condition.

- How my M.E. affects me in relation to each of the PIP descriptors that apply i.e. 'my patient struggles with walking due to M.E. related significant pain and exhaustion.' OR 'my patient is never able to cook due to the pain and exhaustion from standing and chopping things'. There is no need to mention descriptors that don't apply; only those that do.
- Whether you are aware of any care and support I am receiving at home (from a person) that allows me to manage my M.E. and its symptoms. If I am not receiving care, and you think extra assistance would be beneficial to me, please comment.

Please try to include both recent and past discussions I have had with you. The DWP will want to know how my condition has been affecting me over a period of time, not just what I have told you recently.

PIP daily living descriptors:

- Preparing food and cooking
- Taking nutrition
- Managing therapy or monitoring a health condition
- Washing and bathing
- Managing toilet needs or incontinence
- Dressing and undressing
- Communicating verbally
- Reading and understanding signs, symbols and words
- Engaging with other people face to face
- Making budgeting decisions.

PIP mobility descriptors:

- Planning and following journeys
- Moving around.

Appendix II: Example of a medical evidence request letter for ESA

[Your address here] XXXX XXXXXXXX XXXXXXXX

[GP/Healthcare professional name and address here] XXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX

Re: ESA APPLICATION: Medical Report/Letter Date: XXXX

Patient Name: XXXXX

Date to be completed by: XXXXX

Dear Dr XXXXX

I am currently in the process of claiming Employment and Support Allowance (ESA) and I require a medical report to send to the Department of Work and Pensions (DWP).

I am willing to pay up to £XX to meet the costs of this.

Please comment on the following:

- 1. Clinical history of my physical and mental health conditions and all of the relevant medication that I am currently taking.
- 2. Whether my M.E. can cause fluctuations in symptoms and if so, what kind of impact this has on me.
- 3. Whether my M.E. can prolong recovery from activities and if so, whether I am affected by this.
- 4. How my M.E. affects me in relation to each of the **ESA descriptors** that apply i.e. '*my patient struggles with organising and planning due to M.E. related lapses in concentration and brain fog.*' OR '*M.E. can cause mobility problems due to*

fatigue and pain. My patient struggles with walking and it is unlikely they can walk more than 200 metres.' There is no need to mention descriptors that don't apply; only those that do.

- 5. Whether, in your professional opinion:
 - If I am asked to work (or participate in work-related activity) there could be a substantial risk to my mental or physical health, and/or
 - If I am asked to work (or participate in work-related activity) there could be a substantial risk to the mental or physical health of those around me.

Please try to include both recent and past discussions I have had with you. The DWP will want to know how my condition has been affecting me over a period of time, not just what I have told you recently.

ESA descriptors:

- **Mobilising:** 50 metres, 100 metres or 200 metres (with or without an aid such as a stick or a wheelchair) and mounting/descending steps. If you can't specify exact metres, please mention general mobility problems.
- **Standing and sitting** for periods of time without experiencing pain, discomfort and/or exhaustion. Including the ability to transfer seats independently.
- **Reaching:** raising arms up, including above the shoulder or head.
- **Picking up, moving or transferring objects:** for example a cardboard box or carton of milk.
- Manual Dexterity: picking things up and pushing buttons.
- **Conveying messages to others:** through speech, writing or typing.
- **Understanding information:** verbally (talking or lip reading) or non-verbally (reading).
- **Navigating familiar and unfamiliar places:** includes patients unable to get to a familiar or unfamiliar place due to mental or cognitive function OR they can but only if accompanied by another person.
- Absence or loss of control of bladder and/or bowel: please include the use of aids if applicable.
- Loss of/altered consciousness: includes severely disrupted concentration.

- Learning tasks: for example, remembering the steps involved in using a washing machine.
- **Reduced awareness of everyday hazards:** i.e. forgetting about a boiling pan or forgetting to take medication.
- **Starting and finishing tasks:** includes planning a meal, shopping, washing, cooking and dressing.
- **Coping with change:** for example a change to the time of an appointment.
- Getting to familiar and unfamiliar places unaccompanied: relates to cognitive or mental function for example anxiety or lapses in concentration.
- Social engagement with others: can relate to anxiety and distress.
- **Appropriate behaviour:** includes becoming frustrated or emotionally distressed in public.
- Conveying food and drink to the mouth/chewing and swallowing food (without experiencing discomfort, breathlessness or assistance from another person).

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Useful contacts

Action for M.E.

Information and support for people with M.E. and their carers General enquiries: 0117 927 9551 (Mon-Fri 9am-5pm) Enquiries email: questions@actionforme.org.uk Welfare Rights Line: 0845 122 8648 (times vary) Online M.E. Centre: www.actionforme.org.uk

Citizens Advice Bureau

Offers advice on a range of issues and may complete a benefits check for you www.citizensadvice.org.uk

Civil Legal Advice

Help with some benefit appeals for eligible people www.gov.uk/civil-legal-advice

Disability Law Service

Offers information and advice on a range of issues including welfare rights Tel: 0207 791 9800 www.dls.org.uk

Disability Information and Advice Line (DIAL)

To find your local DIAL office, contact Scope, 6 Market Road, London N7 9PW Tel: 0808 800 3333 www.scope.org.uk/help-and-information/dial-groups

Disability Rights UK

Factsheets on benefits, tax credits and independent living www.disabilityrightsuk.org

Local councils

Some local councils employ welfare rights workers. Your local council may also have information about other services that offer welfare rights advice in your area. www.gov.uk/find-your-local-council



If you have found the information in this factsheet helpful, please consider making a donation to Action for M.E. at www.actionforme.org.uk or by calling 0117 927 9551. Thank you.