

Employment and Support Allowance Medical Reports

A Guide to Completion

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1 Introduction

This guidance is for all healthcare professionals who complete medical reports for the Department for Work and Pensions (DWP) in relation to Employment and Support Allowance. Employment and Support Allowance is replacing incapacity benefits from 27 October 2008 for new claims and some of the forms we ask you to complete are changing. The guidance gives advice on how patients can be supported through the sharing of information.

1.1 Background

1.1.1 Why does DWP request reports?

When deciding benefit entitlement it is essential that the right decision is reached. Up to date and relevant information is central to this process. DWP may seek information from a number of sources.

- The patient
- Carers, relatives and friends
- Professionals involved in the patient's care

Wherever possible, information collection is kept to a minimum but at times professional reports to substantiate claims are needed. This information is invaluable to ensure your patients get their entitlement with the minimum of disruption.

1.1.2 Who uses the report?

Experienced healthcare professionals, specially trained in disability assessment medicine, will review and interpret the report. Advice is then provided back to the DWP decision maker who determines entitlement to benefit.

1.1.3 Will the information be used?

Absolutely. Departmental decision makers are required to consider **all** the available evidence before deciding on benefit entitlement.

1.1.4 Relevant forms

- ESA113 – Factual report in connection with Employment and Support Allowance
- FRR2 – Factual report in connection with Employment and Support Allowance requesting an answer to a specific question

1.1.5 Further information

If you consider that your patient may have a potentially terminal illness you should complete a DS1500 to help us ensure that your patient receives the benefits they are entitled to. Further information on this form and other disability benefits relevant to you and your patient can be found at:

www.dwp.gov.uk/healthandwork

Telephone advice to clinicians on medical matters relating to

- Certification
- Report completion
- Disability benefits

is also available. The telephone number of your local service can be found at:

www.dwp.gov.uk/healthandwork/atos.asp

2 Report completion

This section explains the type of information that is useful to us and will help support your patients.

2.1 General points

2.1.1 All medical reports

Please complete the forms as fully as you can from your medical records and your knowledge of the patient. It is not necessary to interview or examine the patient in order to complete the report.

In the reports, we are looking for evidence based on clinical facts. If you would like to offer your opinion, please make sure it is supported by factual evidence.

A summary of any relevant information in hospital letters can be helpful.

Examples of useful information for specific conditions are contained in appendix B.

2.2 ESA113

2.2.1 Background

Most information requests regarding Employment and Support Allowance benefit claims will be on the ESA113.

We ask you to complete this form if we think that the patient may have a severe health condition or disability but do not have enough information to be sure.

The forms should be returned within 7 working days from the date of receipt.

2.2.2 Computer printouts

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. The printout should contain active problems; current medication with date last prescribed; details of the last three consultations. Please remove any third party data.

2.2.3 Specific questions

Question 4 – Functional difficulties

The question is trying to identify patients with the most severe disabilities, for example, those who have difficulty walking short distances etc. Identification of these patients may avoid the need to bring them to an unnecessary face-to-face assessment.

Question 5 – History of threatening or violent behaviour

The purpose of this section is to identify those patients who may pose a threat to a healthcare professional if invited to a face-to-face assessment.

Question 6 – Public transportation

A small number of patients are unable to travel to an examination centre, and may be offered a taxi or assessment in their own home if required. Patients who travel to an examination centre are entitled to claim travelling expenses.

2.3 FRR2

2.3.1 Background

Form FRR2 allows healthcare professionals to ask one or more specific questions. For example, 'This patient is known to have epilepsy, please could you let us know how many recorded fits they have had in the last 3 years?'

Simply answer the question and return the form within 7 working days from the date of receipt.

3 Essential details

This section contains important considerations when completing medical reports for DWP.

3.1 Contractual obligations

3.1.1 General Practitioners

There is a contractual obligation for any GP who has issued a Med3 (certificate of incapacity for work) to provide medical reports in relation to Employment and Support Allowance. This should be done free of charge as covered by the contractual arrangements between GPs and the relevant Primary Care Trust.

3.1.2 Hospital Trusts

NHS trusts are required to provide hospital case notes, X rays and medical reports without charge. For the provision of hospital case notes, photocopies should be supplied unless otherwise specified. Requests should be met within 10 working days of receipt. If original hospital case notes or X rays are requested, DWP aims to return them to the NHS Trust who sent them within 10 working days of receipt from the Trust.

3.2 Information provision

3.2.1 Consent

Consent has already been provided by your patient and checked before any request for a medical report is issued. Therefore, it is **not** necessary for you to discuss with your patient before releasing clinical information and you don't have to show them the report before sending. This is enshrined in the GMS Contract Regulations 2004 (Appendix A).

3.2.2 Release of information

Information (including medical reports) will be made available to patients on request or if they appeal against an unfavourable benefit entitlement decision. Harmful information (see below) is the only exception.

3.2.3 Harmful information

Harmful information is anything that would be considered harmful to a patient's health, if they were to become aware of it (e.g. a diagnosis of a malignancy). This may be legally withheld from a patient and would not be released by DWP.

Please identify any such information clearly in your report.

3.2.4 Embarrassing information

Under Data Protection legislation, information which would simply embarrass the author, or someone else, cannot be withheld. Any reports which you provide should not contain inappropriate personal remarks or suspicions of malingering which cannot be substantiated and which you would not want your patient to see.

3.2.5 Letters and reports from other healthcare professionals

Please include in your report any relevant information contained in letters or reports from other healthcare professionals. If you think it is essential to send us originals or copies of letters from other healthcare professionals, please obtain the author's consent for the correspondence to be used in connection with your patient's claim.

3.2.6 Rehabilitation of Offenders Act

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions whether spent or not unless the information is directly relevant to the patient's condition or disability.

3.2.7 Delegation of completion of reports

It is acceptable for you to delegate completion of the ESA113 or FRR2 to your practice nurse. However, you must confirm your authorisation by signing at the end.

Appendix A: Extract from GMS Contract Regulations 2004

“1. The contractor shall, if it is satisfied that the patient consents

- (a) supply in writing to a medical officer within such reasonable period as that officer, or an officer of the Department for Work and Pensions on his behalf and at his direction, may specify, such clinical information as the medical officer considers relevant about a patient to whom the contractor or a person acting on the contractor’s behalf has issued or has refused to issue a medical certificate; and

- (b) answer any inquiries by a medical officer, or by an officer of the Department for Work and Pensions on his behalf and at his direction, about a prescription form or medical certificate issued by the contractor or on its behalf or about any statement which the contractor or a person acting on the contractor’s behalf has made in a report.

For the purpose of satisfying himself that the patient has consented as required by paragraph (1), the contractor may (unless it has reason to believe the patient does not consent) rely on an assurance in writing from the medical officer, or any officer of the Department for Work and Pensions, that he holds the patient’s written consent.”

Appendix B: Specimen form with examples to aid completion

SPECIMEN

IB/ESA113

Incapacity for work/Employment and Support Allowance

Dr J Smith
The Surgery
Anywhere
AW1 3EG

Our phone number is: 0111 111 1111

If you have a textphone, you can call on: 0222 222 222

If you get in touch with us, tell us this reference number: AB123456C

Date 20th August 2008

<p>About your patient</p> <p>Full Name <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">Example Case</td></tr></table></p> <p>NINo <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">AB123456C</td></tr></table></p> <p>Date of birth <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">01/01/1970</td></tr></table></p>	Example Case	AB123456C	01/01/1970	<p>Address</p> <div style="border: 1px solid black; padding: 5px;"> <p>5 The Close Anywhere AW1 4EG</p> </div>
Example Case				
AB123456C				
01/01/1970				

Dear Doctor

Your patient has made a claim for Incapacity Benefit or Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- **A well completed form may mean that your patient will not need a further medical assessment and will help us in making a fair decision on their benefit entitlement.**

Computer printouts

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following

- Active problems
- Current medication with last prescribed date
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

For the Medical Officer

IB/ESA

Client Name: _____

Your reply

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
[Version xxx]

Example Case
 Client NINo: AB123456C
 Client Date of Birth: 01/01/1970

Please answer the following questions from the information which is currently available to you.
 If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

/ /

[Empty box for patient details]

2 Current conditions affecting ability to work:

Please give us details of those conditions which may have a significant effect on the person's capacity to work. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete both sides of this form,

And return the completed form in the supplied envelope – with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Musculoskeletal conditions e.g. back pain	Pain, variability, duration of acute exacerbations and severity etc.	Medication and effectiveness? Any planned surgical treatment?
Conditions affecting mental function	Mild, Moderate or Severe? Variation, suicidal ideation, self harm, self neglect, awareness of dangers, insight? etc.	History of psychiatric hospitalisation? Under primary or secondary care? Medication and effectiveness?
Coronary Artery Disease	Mild, Moderate or Severe? Frequency of anginal attacks, triggers, does GTN help? etc.	Hospital care or repeat admissions? Medications, are they effective? Surgical treatment undergone or planned?
Respiratory Conditions (e.g. Asthma / COPD)	Mild, Moderate or Severe? Breathless at rest or on mild or moderate exertion? etc.	Inhalers, nebulisers or oxygen used at home, oral steroids in the last 6 to 12 months? Under hospital care or history of hospitalisation for an acute attack?
Epilepsy or loss of consciousness	Type of epilepsy or cause of lost consciousness (if known) Frequency of episodes.	Medication, specialist intervention
Musculoskeletal conditions e.g. arthritis	Joints affected and severity. Variability? etc.	Medication and effectiveness? Any planned surgical treatment?

About your patient – continued

3 Current conditions not affecting ability to work

Please list any other relevant conditions that do not affect the ability to work.

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4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking	<input type="checkbox"/>
Rising from sitting	<input type="checkbox"/>
Picking up objects	<input type="checkbox"/>
Reaching	<input type="checkbox"/>
Manual dexterity	<input type="checkbox"/>
Continence	<input type="checkbox"/>
Maintaining personal hygiene	<input type="checkbox"/>
Eating or drinking	<input type="checkbox"/>
Initiating or completing simple tasks	<input type="checkbox"/>
Communication	<input type="checkbox"/>

5 Does the patient have a history of threatening or violent behaviour?

No

Yes

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**.

6 Could your patient travel to an examination centre by public transport or taxi?

No

Yes

Please tell us why at **Part 7**.

7 Additional information

Please continue on a separate sheet if necessary.

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The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS

Date

Practice stamp