



DWP Medical (factual) Reports

A Guide to
Completion
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DWP Department for
Work and Pensions

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1 Introduction

This guidance is for all healthcare professionals who complete medical (factual) reports for the Department for Work and Pensions (DWP). It gives advice on how patients can be supported through the sharing of information.

1.1 Background

1.1.1 Why does the 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?

Decisions on benefit entitlement are made by non medical decision makers. Decision makers will use your report and will seek the advice of an experienced healthcare professional trained in disability assessment medicine to review and interpret the report where needed. Your report may also be used if your patient appeals against a benefit decision.

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

A list of each form and its purpose can be found in Appendix A

1.1.5 Further Information

Further information about the disability benefits relevant to you and your patient can be found at:
<http://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:
<http://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 IB/ESA113

2.2.1 Background

Most information requests regarding Incapacity Benefit (IB) and Employment and Support Allowance (ESA) claims will be on the IB/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 5 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 third party data or other information not relevant to your patient's benefit claim.

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 days from the date of receipt.

2.4 DLAA Claim Pack Statement

2.4.1 Background

Disability Living Allowance (DLA) and Attendance Allowance (AA) claim forms contain a statement section which patients or their representative may ask you to complete.

The form requires a brief description of your patient's illness and disabilities and how they are affected by them. Patients are advised that the best person to complete this section is the person most involved with their treatment or care, not necessarily their doctor. NHS doctors have a contractual obligation to provide the information free of charge.

2.5 DLA/AA Factual Report

2.5.1 Background

Factual reports for patients claiming DLA or AA may be requested when there is insufficient clinical information to make a decision.

The completed report should be returned within 10 working days from the date of receipt.

2.5.2 Specific Questions

Page 1

Contains information about the medical condition claimed by the patient and a specific question or questions that the decision maker would like you to answer in the report.

Date when last seen

If your patient has not been seen recently by a GP, if relevant, please tell us when and where the patient was seen by another healthcare professional (Include in Part 7 further details).

Question 2 - Details of conditions

Details of the past history can be very helpful, especially when it demonstrates a change in the condition over a period of time, rather than simple statements such as "suffered since 1999".

It is helpful to state whether the conditions are mild, moderate or severe, although it is accepted that this is subject to individual interpretation, and, if appropriate, whether they are well controlled or not (diabetes, asthma etc).

Relevant test results for example the result of exercise testing in coronary artery disease (Bruce Protocol).

Question 3 - Variability

For those conditions that vary on a day to day basis, information about how they vary can be very useful.

Question 4 - Relevant clinical findings

Main findings such as

- Peak flow or spirometry results in asthma or COPD
- Joint examination findings (range of movements, swelling, deformity)

Question 5 - Treatment

The level of medication (dose, frequency and compliance) is very helpful, especially for analgesics and inhalers.

Details of prognosis help the decision maker determine how long to award benefit for.

Question 6 - Disabling effects

We are looking for facts, not opinion, with the date of the observation. If you would like to offer your opinion, please make sure it is supported by factual evidence. Good examples of facts might be:

- "Walks slowly with marked right sided limp using walking stick"
- "Not breathless when attends surgery for routine check"
- "Normal balance and gait"

Question 7 - Further details

Again, this section is not asking for opinion but provides opportunity to add any other relevant information. For example:

- In patients with severe depression, do they have suicidal ideas or psychotic features?
- Planned treatment, for example hip replacement surgery

2.6 DS1500

2.6.1 Background

Your patient or their representative may ask you to complete form DS1500 if they think they are terminally ill. The form can be used for IB, ESA, DLA or AA claims and will ensure that they are dealt with rapidly under special provisions.

The completed report should be handed to the patient or their representative and not sent directly to the DWP.

2.6.2 Obtaining Blank DS1500 Forms

Requests for packs of blank DS1500 forms must be made on your letterhead and signed by a Doctor or Practice Manager.

They may be submitted by **fax: 01253 330 240**,

or sent by **post: DWP, DCS Unit 12, Manchester Road, Heywood, OL12 2PZ.**

2.6.3 Specific Questions

The DS1500 asks for factual information and should contain details of:

- Diagnosis and other relevant conditions
- Whether the patient is aware of their condition and/or prognosis.
 - If unaware, the name and address of the patient's representative requesting the DS1500
- Clinical features which indicate a severe progressive condition (examination findings and results of investigations including staging if appropriate)
- Relevant treatment including response and planned treatment/interventions that may significantly alter the prognosis

2.7 BI205 and SDA23

2.7.1 Background

These forms request factual information about an individual's medical condition in relations to claims for Industrial Injuries Disability Benefit (IIDB) and Severe Disablement Allowance (SDA) respectively.

The completed report should be returned within 7 days from the date of receipt.

2.7.2 Specific Questions

Question 2 (BI205) - History of the condition at first attendance

This should include any reference to industrial causation if known.

2.8 BI127 and SDA21

2.8.1 Background

These forms are sent to Hospital Medical Record Departments. The BI127 requests photocopies of the relevant case notes, including any X ray reports. SDA21 requests a summary of the hospital case notes.

Under a long standing agreement, NHS hospitals and Trusts are obliged to provide information (factual reports, hospital case notes and X rays) free of charge and within 10 working days.

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 Incapacity Benefit and 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

DWP obtain consent¹ from the patient² to approach you for the release of clinical information. Therefore you can rely on an assurance from from DWP or a healthcare professional working for Atos Healthcare that consent has been provided and there is no requirement for you to ask to see a copy of the patient's consent.

¹ Consent may be provided either in writing, electronically or verbally. DWP has procedures in place to ensure that consent is valid.

² Occasionally consent may be provided by a third party acting on the patient's behalf.

- If the patient is mentally incapable of managing his own affairs, and there is power of attorney or an appointee is acting on behalf of the patient, as permitted in legislation.
- If the patient is potentially terminally ill and the claim to benefit has been made by a third party on the patient's behalf, as permitted in legislation.

In addition, the Access to Medical Reports Act does not apply to reports for benefit purposes³ and you do not have to discuss with or show the information to the patient before you send it.

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 put any harmful information either in the relevant section of the report or on a separate sheet of paper.

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 The Access to Medical Reports Act only applies to reports for insurance and employment purposes.

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 customer's condition or disability.

3.2.7 Delegation of completion of reports

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

Appendix A

- IB/ESA113 – Factual report in connection with Employment and Support Allowance (ESA) / Incapacity Benefit (IB)
- FRR2 - Factual report in connection with ESA/IB requesting answers to one or more specific questions
- DLA/AA claim form statement - Statement at back of claim form in connection with Disability Living Allowance (DLA) / Attendance Allowance (AA)
- DLA/AA factual report - Factual report in connection with DLA/AA
- DS1500 - Factual report in connection with DLA/AA for people who may be terminally ill
- BI205 - Factual report in connection with Industrial Injuries Disability Benefit (IIDB)
- BI127 – Request for photocopies of case notes including X ray reports in connection with IIDB
- SDA21 - Request for summary of hospital case notes in connection with Severe Disability Allowance (SDA)
- SDA23 - Factual report in connection with SDA
- CTF1500 and FAS1500 - Factual report in connection with the Child Trust Fund and the Financial Assistance Scheme⁴

⁴ Requests for these reports are rare. They are therefore not included in this guidance. Further information can be found at: <http://www.dwp.gov.uk/healthandwork/benefitservices.asp>

Appendix B

Examples of useful information for specific conditions

Respiratory conditions including asthma and COPD

Severity	Mild, moderate or severe?
Symptoms	Breathless at rest or on mild or moderate exertion?
Hospital care	Under hospital care or history of hospitalisation for an acute attack?
Clinical findings	Chest examination, PEFr (expected, most recent, lowest recorded and when), spirometry (if available).
Treatment	Inhalers (which inhalers, are they regularly requested, if not when was the last prescription), nebulisers or oxygen used at home, oral steroids in the last 6 to 12 months?
Effects on day to day activities	If known.

Coronary artery disease

Diagnosis	How was the diagnosis made? Was it only clinical or confirmed by investigations? What investigations? Results of investigations such as ECG, echocardiogram, exercise test (Bruce Protocol).
Severity	Mild, moderate or severe?
Symptoms	Anginal attacks, how frequent, when do they occur i.e. associated with mild, moderate or severe exertion, does GTN help, is dyspnoea present on mild, moderate or severe exertion?
Hospital care	Under hospital care or is there a history of repeated attendance at A&E or inpatient admissions with chest pain?
Clinical findings	Is there any evidence of heart failure?
Treatment	Medications (dose and frequency), are prescriptions ordered regularly, are they effective, has the patient had any surgical treatment or is any planned in the future? If yes, which procedure?
Effects on day to day activities	If known.

Musculoskeletal conditions including back pain and arthritis

Diagnosis	What type of arthritis? If back pain is it simple or specific (disc prolapse etc)? Results of important investigations such as MRI scan.
Symptoms	For arthritis, which joints are affected, severity of affected joints, exacerbations and flare ups, how often and how severe? For back pain, pain, variability, duration of acute exacerbations and severity, radiation of pain.
Hospital care	Any history of falls recorded? Any hospital attendance? Neurology or rheumatology referral?
Clinical findings	For arthritis any deformity, range of joint movements, other clinical findings. For back pain, range of movements of spine and straight leg raising. Is there any neurological deficit or muscle wasting?
Treatment	Any physiotherapy, occupational therapy, aids provided, back pain clinic attendance, counselling/clinical psychologist? Has any of the above helped? Any planned surgical treatment such as awaiting hip or knee surgery. If so when is this due? Medication. What medication, dose, frequency, are regular prescriptions ordered, does medication help?
Effects on day to day activities	If known.

Conditions affecting mental function

Diagnosis	Duration of conditions – whether mental illness or cognitive impairments, for example autistic spectrum disorders.
Severity	Mild, moderate or severe?
Symptoms	<p>Day to day variations reported, recorded history of suicidal thoughts/intent/attempts in the past? If yes, when and how?</p> <p>Episodes of self harm?</p> <p>History of self neglect?</p> <p>Awareness of dangers?</p> <p>Insight?</p> <p>Confusion state or disorientation or lack of concentration or motivation?</p> <p>Capable of self medicating?</p>
Hospital care	<p>History of psychiatric hospitalisation, voluntary or compulsory under the Mental Health Act?</p> <p>Under primary or secondary care? Who sees and how often?</p>
Clinical findings	Brief mental state findings and date.
Treatment	<p>Medications, type, dose, frequency, route, side effects, effectiveness.</p> <p>Are regular prescriptions ordered, if not when was last prescription ordered?</p>
Effects on day to day activities	If known.

Epilepsy or loss of consciousness

Diagnosis	<p>Type of epilepsy or other causes of loss of consciousness, for example syncope etc?</p> <p>How was diagnosis made, is it confirmed on EEG or history alone?</p> <p>Any other associated conditions, for example mental health?</p>
Symptoms	<p>Warning before fit, type of warning and duration?</p> <p>Frequency of fits as recorded in notes or hospital letters.</p> <p>Injuries recorded after fits, history of attendance at A&E after fits and resultant falls.</p> <p>Date of last fit as recorded in notes or hospital letters.</p>
Hospital care	<p>Under hospital care, which specialist, frequency of review, when last seen?</p> <p>History of hospitalisation, history of status epilepticus?</p>
Treatment	<p>Medications, which ones, frequency, any change in medication type or dose, if yes any change in control and if so what change?</p> <p>Any future proposed changes in medication planned?</p>
Effects on day to day activities	<p>If known.</p>

Childhood problems (DLA only)

Children's claims are assessed on the need for help above that expected in another child of a similar age (without claimed medical conditions).

Diagnosis	If diagnosis is related to behavioural problems, for example ADHD, autism, Asperger's syndrome, learning difficulties etc then who made the diagnosis? Any other conditions such as incontinence (if dry before)?
School	Normal or special needs school?
Symptoms	Any reported behavioural problems? If yes provide details. Any injuries related to the conditions claimed?
Hospital care	Attending a specialist, if so who and how often? Any hospitalisations?
Treatment	On medication, if so is it effective? Any known night time medications such as creams etc and frequency of dosage or application?
Effects on day to day activities	If known.