Advice Link Network Toolkit

Employment Support Allowance Self Help GP report and questionnaire – How to use the template letter and questions

When to use this template:

- you have had a medical in connection with your Benefits and have been deemed as able to work
- you feel that due to your health problems you are not currently in a position to work,
- you wish to challenge the decision
- You need to gather evidence to support your challenge.

The example letter and questions attached can be used to ask your gp, specialist or support worker if they are in a position to help in this matter. They are not obliged to do so.

If they wish to help the form asks specific questions relating to the point scoring system used for this Benefit.

- The letter is an example you can adapt for your own situation
- Choose and use only the questions that you want a reply to.
- Don't forget to fill in the patient details on each page or it could get lost.

Name
Address
Contact
Telephone No:

GP Surgery

Date:

Dear Dr

Patient's Name :			
D.O.B :		N.I. No:	

Recently I had a medical in connection with my Benefits. The Jobcentre has deemed me as able to work. I feel that due to my health problems I am not currently in a position to work. Therefore I wish to challenge the decision.

I would like to ask if you are in a position to help in this matter by completing the enclosed form that asks specific questions relating to the point scoring system used for this Benefit.

Many people with mental health difficulties and physical problems are losing their Benefits as they are being classed as able to work.

DWP guidance states that:

If a person can perform a task but is unable to repeat it within a reasonable timescale the person should be considered unable to perform the task.

The safety of the person must also be considered in each of the activities. If a person is at risk when performing a task, they must be considered incapable of the task.

A task must also be completed reasonably. If a person can complete a task but suffers significant pain or distress in doing so, they should be considered incapable of the activity.

I would like to thank you for all your help in this matter.

I look forward to hearing from you.

Yours sincerely

PATIENT DETAILS

Patient's Name :			
Patient's Address :			
D.O.B :		N.I. No:	

Please list the conditions with which your patient is currently diagnosed:

Please list any medication currently prescribed for this patient:

Please give prognosis for this patient:

Do you consider this patient to be fit for work?		
	YES ☐	NO ☐
Please indicate the reasons for your response:		

Signed **Date**

Please use this space to make any comments that you feel are appropriate.

Office Stamp:

Limited capability for work

<u>Physical Functions</u>

Patient's Name :			
D.O.B :		N.I. No:	

MOBILITY

Patient cannot mobilise more than without stopping to avoid significant discomfort or exhaustion or cannot repeatedly mobilise within a reasonable timescale because of significant discomfort or exhaustion.	
50 metres	☐
100 metres	☐
200 metres	☐
Please indicate the reasons for your response:	

Please select mobility ability of patient when completing the following tasks:	
Cannot mount or descend two steps unaided by another person even with the support of a handrail.	☐
Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	☐
Cannot, for the majority of the time, remain at a work station, either standing unassisted or sitting for 30 minutes	☐
Cannot, for the majority of the time, remain at a work station, either standing unassisted or sitting for 60 minutes	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

UPPER BODY RESTRICTIONS

From the options below please select reaching capability of your patient:	
Cannot raise either arm as if to put something in the top pocket of a coat or jacket	☐
Cannot raise either arm to top of head as if to put on a hat.	☐
Cannot raise either arm above head height as if to reach for something	☐
Please indicate the reasons for your response:	

From the options below please select the most appropriate level for your patient in relation to Picking up and moving or transferring by the use of the upper body and arms:	
Cannot pick up and move a 0.5 litre carton full of liquid.	☐
Cannot pick up and move a one litre carton full of liquid.	☐
Cannot transfer a light but bulky object such as an empty cardboard box.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

MANUAL DEXTERITY

From the options below please select the level of your patients manual dexterity:	
Cannot either (i) press a button, such as a telephone keypad; OR (ii) turn the pages of a book with either hand.	☐
Cannot pick up a £1 coin or equivalent with either hand.	☐
Cannot use a pen or pencil to make a meaningful mark.	☐
Cannot use a suitable keyboard or mouse.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

MAKING SELF UNDERSTOOD

From the options below please select the most appropriate level of your patient for making self understood through speaking, writing or typing:	
Cannot convey a simple message such as the presence of a hazard.	☐
Has significant difficulty conveying a simple message to strangers.	☐
Has some difficulty conveying a simple message to strangers.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

UNDERSTANDING COMMUNICATION

From the options below please select the most appropriate level of your patient for understanding communication by hearing, reading 16 point print or braille:	
Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.	☐
Has significant difficulty understanding a simple message from a stranger due to sensory impairment.	☐
Has some difficulty understanding a simple message from a stranger due to sensory impairment.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

NAVIGATING AND MAINTAINING SAFETY

From the options below please select the most appropriate level of your patient in relation to navigation and maintaining safety, using a guide dog or other aid if normally used:	
Unable to navigate around familiar surroundings, without being accompanied by another person	☐
Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person	☐
Unable to navigate around unfamiliar surroundings, without being accompanied by another person	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

INCONTINENCE

From the options below please select the most appropriate in relation to your patients absence or loss of control whilst conscious leading to extensive evacuation of the bowel or bladder:	
At least once a month experiences full loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder sufficient to require a change of clothes.	☐
OR At risk of loss of control sufficient to require a change of clothes if not able to reach a toilet quickly.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

CONCIOUSNESS DURING WAKING MOMENTS

From the options below please select the most appropriate in relation to your patients consciousness during waking moments:	
At least once a week, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration.	☐
At least once a month, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration.	☐
Please indicate the reasons for your response:	

Could this patient's reduced awareness of hazard lead to significant risk in a work place environment without supervision to maintain safety.?		
	YES ☐	NO ☐
If yes, please outline what you think the risk is:		

Limited capability for work

Mental, Cognitive and Intellectual functions

Patient's Name :			
D.O.B :		**N.I. No:**	

LEARNING TASKS

From the options below please select the most appropriate learning task level of your patient:	
Cannot learn how to complete a simple task, such as setting an alarm clock.	☐
Cannot learn anything beyond a simple task, such as setting an alarm clock.	☐
Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

AWARENESS OF HAZARD

From the options below please select the most appropriate for your patient in relation to their level of awareness of everyday hazards (e.g. boiling water or sharp objects):			
	For the majority of the time	Frequently	Occasionally
Reduced awareness of the risks of everyday hazards leads to a significant risk of: Injury to self or others or damage to property or possessions, such that they require supervision to maintain safety.	☐	☐	☐
Please indicate the reasons for your response:			

Patient's Name :			
D.O.B :		N.I. No:	

INITIATING AND COMPLETING PERSONAL ACTION

Please select the most appropriate level of your patient for initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks):			
	Always	**For the majority of the time**	**Frequently**
Unable to, due to impaired mental function, reliably initiate or complete at least two routine tasks.	☐	☐	☐
Please indicate the reasons for your response:			

Patient's Name :			
D.O.B :		N.I. No:	

ADAPTING TO CHANGE

From the options below please select the most appropriate in relation to your patients level of coping with change:	
Cannot cope with any change to the extent that day to day life cannot be managed.	☐
Cannot cope with minor planned changes in routine.	☐
Cannot cope with minor unplanned changes in routine.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

GOING OUT

From the options below please select the most appropriate in relation to your patients ability for getting about:	
Cannot get to any place outside the claimant's house with which the patient is familiar.	☐
Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person.	☐
Is unable to get to a specified place which the claimant is unfamiliar without being accompanied by another person.	☐
Please indicate the reasons for your response:	

Patient's Name :			
D.O.B :		N.I. No:	

SOCIAL INTERACTION

From the options below please select the most appropriate in relation to your patients ability to cope with social engagement due to cognitive impairment or mental disorder:		
	Always	For the Majority of the time
Engagement in social contact with both familiar and unfamiliar people is always precluded due to difficulty relating to others or significant distress experienced by the individual.	☐	☐
Engagement in social contact with someone unfamiliar to the claimant is precluded due to difficulty relating to others or significant distress experienced by the individual.	☐	☐
Please indicate the reasons for your response:		

Patient's Name :			
D.O.B :		N.I. No:	

BEHAVIOUR WITH OTHERS

From the options below please select the most appropriate in relation to your patients appropriateness of behaviour with other people, due to cognitive impairment or mental disorder:			
	On a daily basis	Frequently	Occasionally
Has, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	☐	☐	☐
Please indicate the reasons for your response:			