

Request for Medical Evidence in Support of Department for Work and Pensions (DWP) Claims and Appeals

Sheffield
LMC



GUIDANCE FOR SHEFFIELD GPs

October 2019

This guidance relates to:

- Employment and Support Allowance (ESA)
- Personal Independence Payment (PIP)
- Attendance Allowance (AA)
- Universal Credit (UC)
- Disability Living Allowance (DLA)

For ESA and UC, GPs have a statutory obligation to provide statements of incapacity to patients on their list (Fit Note / Med3) and certain information to healthcare professionals working for the Centre for Health and Disability Assessments (CHDA) on behalf of the DWP when requested (ESA113 / FRR2).

DWP do not require patients to request information direct from their GP. If DWP or their providers - CHDA for ESA and UC; Independent Assessment Services (IAS) and Capita for PIP - consider that further medical evidence is necessary, they will seek it.

CHDA information:

- <https://www.chdauk.co.uk/frequently-asked-questions-gps>
- www.chdauk.co.uk

IAS and Capita information:

- <https://www.mypipassessment.co.uk/supporting-evidence/medical-professionals-guide/>
- <http://capita-pip.co.uk/>

DWP guidance:

- *DWP Medical (Factual) Reports* offers background information on each form and clarification on specific questions, in order to make the processes as effective as possible:
<https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals>
- *The Benefits System: A short guide for GPs* describes the main benefits that DWP provides, and situations when you may be asked for information relating to a benefit claim on behalf of your patients:
<https://www.gov.uk/government/publications/a-short-guide-to-the-benefit-system-for-general-practitioners>

There is no contractual requirement for GPs to provide reports, letters of support or offer an opinion in relation to benefit claims direct to patients or anyone else, such as the Citizens Advice Bureau or the Tribunal Service. However, GPs may wish to provide a report or letter of support if they think it would help their patient's case and may charge a reasonable fee for undertaking the work. When refusing to provide information directly to the patient, GPs would be advised to:

1. Inform the patient that mechanisms are in place for relevant information to be requested from GPs by a number of organisations involved in the process.
2. Make it clear that the refusal to provide medical evidence should not be taken as having any bearing on the case in question.