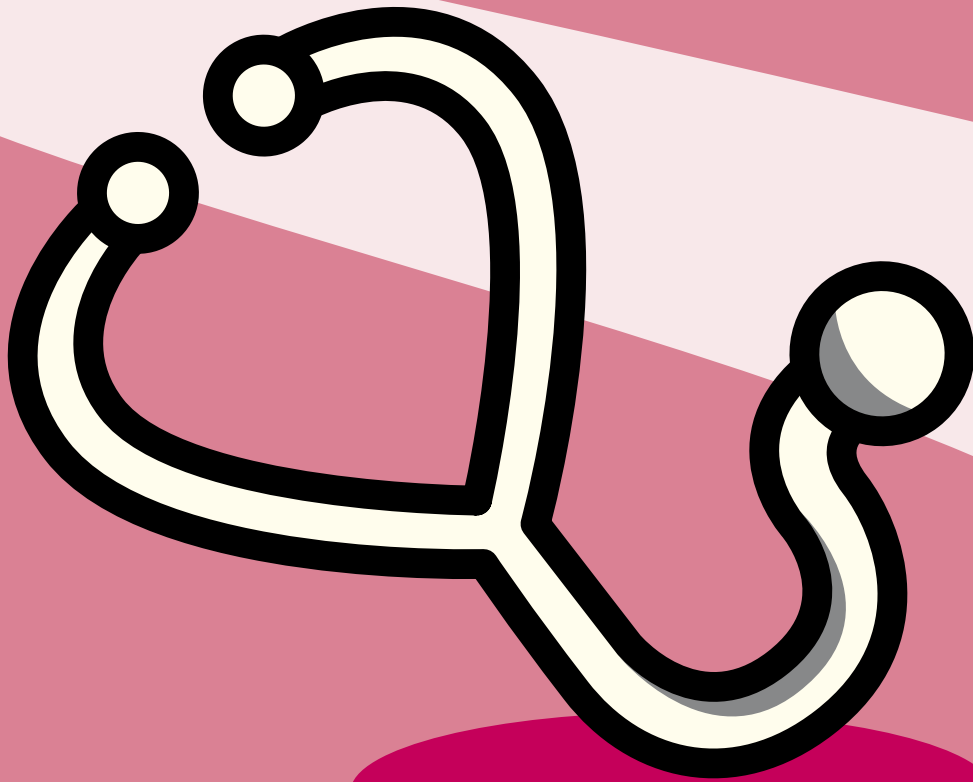


# Employment and Support Allowance. Medical Reports.



## A guide to completion

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## 1 Background

This guidance is for all healthcare professionals who complete medical reports for the Department for Social Development (DSD) 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. It gives advice on how patients can be supported through the sharing of relevant information.

### 1.1 Why does DSD 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. DSD 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.

### 1.2 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 DSD decision-maker who determines entitlement to benefit.

### 1.3 Will the information be used?

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

### 1.4 Relevant forms

- ESA113 – Factual report in connection with Employment and Support Allowance. A specimen ESA113 form can be found in Appendix B.
- FRR2 – Factual report in connection with Employment and Support Allowance requesting an answer to a specific question

### 1.5 Further information

Further information on Employment and Support Allowance can be found at: [www.dsdni.gov.uk/esa](http://www.dsdni.gov.uk/esa)

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](http://www.dwp.gov.uk/healthandwork)

## 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.

### 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 five 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 three years?' Simply answer the question and return the form within five working days from the date of receipt.

## 3 Essential details

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

### 3.1 Contractual obligations

#### 3.1.1 General Practitioners

There is a contractual obligation for any GP who has issued a Med 3 (certificate of incapacity for work) to provide medical reports, free of charge, in relation to Employment and Support Allowance.

#### 3.1.2 Hospital Trusts

Health and Social Care 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 ten working days of receipt. If original hospital case notes or X-rays are requested, DSD aims to return them to the Trust who sent them within ten 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 General Medical Services Contract Regulations (NI) 2004 (see 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 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 DSD.

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 Order (NI) 1978

To ensure compliance with the Rehabilitation of Offenders Order (NI) 1978 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:


### Reference to the Relevant Statutory Instruments

Key reference to the relevant law:

Health & Personal Social Services (General Medical Services Contracts) Regulations (NI) 2004 (as amended)

## Appendix B:

### Specimen form with examples to aid completion:

 <b>S O C I A L S E C U R I T Y A G E N C Y</b>	<b>Employment and Support Allowance Capacity for work</b>							
<table border="1"><tr><td>Dr J Smith</td></tr><tr><td>The Surgery</td></tr><tr><td>Anywhere</td></tr><tr><td>AW1 3EG</td></tr></table>	Dr J Smith	The Surgery	Anywhere	AW1 3EG	<p>Our telephone number is <b>0845 602 7301</b></p> <p>If you have a textphone, you can call on <b>0800 328 3419</b></p> <p>If you get in touch with us, tell us this reference number <b>AB123456C</b></p> <p>Date <b>20 / 08 / 2008</b></p>			
Dr J Smith								
The Surgery								
Anywhere								
AW1 3EG								
<b>About your patient</b>								
<table border="1"><tr><td>Full name</td><td>Example Case</td><td rowspan="3">Address <b>5 The Close Anywhere AW1 4EG</b></td></tr><tr><td>NINO</td><td>AB123456C</td></tr><tr><td>Date of birth</td><td>01/01/1970</td></tr></table>	Full name	Example Case	Address <b>5 The Close Anywhere AW1 4EG</b>	NINO	AB123456C	Date of birth	01/01/1970	
Full name	Example Case	Address <b>5 The Close Anywhere AW1 4EG</b>						
NINO	AB123456C							
Date of birth	01/01/1970							
<p>Dear Doctor</p> <p>Your patient has made a claim for 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.</p> <p>Please note</p> <ul style="list-style-type: none"><li>• NHS doctors have a <b>contractual obligation</b> to provide the information requested without charge.</li><li>• The form should be completed from your medical records. A separate examination is not necessary.</li><li>• 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.</li><li>• Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.</li><li>• <b>A well completed form may mean that your patient will not need a further medical assessment and will help us to make a fair decision on benefit entitlement.</b></li></ul> <p><b>Computer printouts</b></p> <p>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</p> <ol style="list-style-type: none"><li>1 Active problems</li><li>2 Current medication with last prescribed date</li><li>3 Details of the last three consultations. Please remove any third party data.</li></ol> <p>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.</p> <p>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.</p> <p><b>Please reply within 5 working days.</b> A business reply envelope is enclosed for your use.</p> <p>Thank you for your help. Yours sincerely</p> <p>On behalf of the Manager</p> <p><b>ESA113 10/08</b></p>								
<p style="text-align: right;">Page 1</p>								

## Your reply

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?  /  /

### 2 Current conditions affecting ability to work

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

Please 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.

<b>a. Condition</b> Back pain	Date of Diagnosis / /
<b>Symptoms and signs</b>	<b>Investigations and management, including medication</b>
Pain, variability, duration of acute exacerbations and severity etc.	Medication and effectiveness? Any planned surgical treatment?
<b>b. Condition</b> Affecting mental function	Date of Diagnosis / /
<b>Symptoms and signs</b>	<b>Investigations and management, including medication</b>
Mild, Moderate or Severe?	History of psychiatric hospitalisation?
Variation, suicidal ideation, self harm, self neglect, awareness of dangers, insight? etc.	Under primary or secondary care? Medication and effectiveness?
<b>c. Condition</b> Coronary Artery Disease	Date of Diagnosis / /
<b>Symptoms and signs</b>	<b>Investigations and management, including medication</b>
Mild, Moderate or Severe?	Hospital care or repeat admissions?
Frequency of anginal attacks, triggers, does GTN help? etc.	Medications, are they effective? Surgical treatment undergone or planned?

## Your reply continued

<b>d. Condition</b> Asthma	Date of Diagnosis / /
<b>Symptoms and signs</b>	<b>Investigations and management, including medication</b>
Mild, Moderate or Severe?	Inhalers, nebulisers or oxygen used at home, oral steroids in the last 6 to 12 months?
Breathless at rest or on mild or moderate exertion? etc.	Under hospital care or history of hospitalisation for an acute attack?
<b>e. Condition</b> Epilepsy or loss of consciousness	Date of Diagnosis / /
<b>Symptoms and signs</b>	<b>Investigations and management, including medication</b>
Type of epilepsy or cause of lost consciousness (if known)	Medication, specialist intervention
Frequency of episodes.	

### 3 Current conditions not affecting ability to work

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


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"/>	

**Your reply** continued

- 5 Does the patient have a history of threatening or violent behaviour? No  Yes  Tell us about their behaviour within the last 5 years, at **Part 7**.
- 6 Could your patient travel to an examination centre by public transport or taxi? No  Please tell us why at **Part 7**. Yes

7 **Additional information**  
Please continue on a separate sheet if necessary.


The information you have given us may be copied to the patient, their legal representative or the Appeals Service. The only information that can be withheld is medical evidence that would be harmful to the person's health. Such evidence should be provided on a separate sheet of paper.

**Your signature**

Practice stamp

**Name** IN CAPITALS

**Date**