Department for Work & Pensions

The benefits system: a short guide for GPs

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Introduction

This guide 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.

It is aimed at GPs but may also be useful for other doctors and health professionals.

More information for healthcare professionals is available at: www.gov.uk/government/collections/healthcare-practitioners-guidance-and-information-from-dwp and more information for patients is available at: www.gov.uk/browse/benefits

This is only a guide and has no status in law. It does not cover all the rules for every situation, nor does it provide a full interpretation of the rules.

For children under 16 years

Disability Living Allowance (DLA)

What is it?

DLA is a tax-free benefit which helps with the extra costs of looking after a child who needs help to look after themselves or move around because of a disability or health condition.

It is paid to a child's parent or a person who looks after the child as if they are a parent (e.g. step-parents, guardians, grandparents, foster parents and older brothers and sisters over 18 years).

Someone only qualifies for DLA if the child concerned needs much more day-to-day help than other children of the same age who don't have a disability. The child must have needed help for three months and be expected to need help for at least a further six months.

DLA is made up of a 'care component' which is paid at either the lowest / middle / highest rate and a 'mobility component' which has a lower and higher rate. Claimants can be paid either or both of these components. The care component can be paid from age 3 months (from birth if the child is terminally ill – see 'Claims from people who are terminally ill' at the end of this leaflet). The higher rate mobility component can be paid from age 3 and the lower rate from age 5.

Submitting a claim

Claimants can start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet) after which they are then sent a form to complete. Alternatively, the claim form is available online. The completed claim form and any additional evidence submitted is considered by a DWP decision maker (a specifically trained lay person). This decision maker may ask for further information.

As the patient's doctor

You may be asked to complete the statement at the end of the DLA claim form.

If the DWP decision maker (a specifically trained lay person) can't decide about benefit entitlement without further evidence, they may ask you to complete a medical report based on your medical records and knowledge of the patient.

Information on completing medical reports for DWP can be found at www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals

For working age people

Personal Independence Payment (PIP)

PIP is gradually replacing Disability Living Allowance for people aged 16 to 64. You can find out how potential new PIP claimants will be affected by visiting the PIP toolkit www.gov.uk/guidance/the-personal-independence-payment-pip-toolkit

What is it?

PIP helps with the extra costs arising from a long term condition (ill-health or disability expected to last 12 months or longer). There are two components to PIP; a Daily Living component and a Mobility component. Each component has two rates; standard and enhanced.

PIP is based on how a person's condition affects them, not the condition itself. It isn't affected by income or savings, it's not taxable and people can get it whether they're in or out of work.

To qualify for PIP, unless they are terminally ill (see 'Claims from people who are terminally ill' at the end of this leaflet), someone must have needed help with daily living or mobility activities for three months or more and be reasonably likely to need help for the next nine months (although someone can submit a claim for PIP during the first three months of having needed help).

Submitting a claim

Claimants start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet). They are then sent a 'How your disability affects you' form to fill in, and a booklet explaining how to complete the form.

Claimants should complete and return the form with any supporting evidence they already hold (such as copies of clinic letters, notes, or a care plan). Claimants are asked to provide details of the health professional best placed to provide evidence on their condition, so that when the Assessment Provider completes the PIP Assessment they can obtain additional evidence if required.

DWP has appointed two Assessment Providers on a regional basis: Independent Assessment Services (IAS, previously known as Atos Healthcare) and Capita Health and Wellbeing. A postcode map is available at www.gov.uk/government/publications/pip-postcode-map-uk

Once the PIP Assessment has been completed the details including all the evidence available are sent to a DWP decision maker. They will make a decision on eligibility to PIP based on the assessment report, the form completed by the claimant and any additional evidence.

As the patient's doctor

Your patient should complete the forms to support their claim using information that they have to hand, and should not ask you for information to help them do this, or to complete the forms yourself.

Further medical information

A healthcare professional from IAS or Capita may occasionally phone you for more information. Patients give consent for this to happen as part of their claim and you do not need to seek additional consent.

General Medical Council confidentiality guidance (paragraph 115c) states 'you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented'.

IAS or Capita may ask you to complete a medical report if they require further medical evidence to decide whether your patient needs a face-to-face assessment or to help inform the face-to-face assessment. You can complete this from your medical records without carrying out a separate examination of your patient.

Information on completing medical reports for DWP can be found at www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals

Disability Living Allowance (DLA)

DLA for working-age people is being replaced by PIP

Personal Independence Payment has now replaced DLA for new claimants over the age of 16 – see the PIP section on page 4 for more information. If your patient is already getting DLA, they don't need to take any action. DWP will write to them to let them know how and when to apply for PIP. You can find out when existing DLA claimants might be affected by visiting the PIP toolkit www.gov.uk/guidance/the-personal-independence-payment-pip-toolkit

DLA will remain for children up to the age of 16 and those in receipt of DLA who were aged 65 or over on 08 April 2013 and who continue to satisfy the entitlement conditions but no new claims can be made.

Employment and Support Allowance (ESA)

What is it?

ESA offers financial support to ill or disabled people who are unable to work; or personalised help so that someone can work if they're able to. There are 3 types of ESA:

- 'New style' ESA if you're entitled to claim Universal Credit
- Contributory ESA - usually you get this if you've paid enough National Insurance contributions (National Insurance credits can count for part of this, if you get them)
- Income-related ESA - usually you get this on its own or on top of contributory ESA, if you're on a low income

People are assessed to see if they are eligible for ESA and if so when they should be called for a further assessment, which can be anything from 3 months up to 3 years. Claimants with the most severe conditions will not be called for reassessment.

Those claimants found eligible for ESA by DWP are placed into one of two groups:

- The 'Work-Related Activity Group' – for people who have limited capability for work at present, but can prepare for a return to work in the short to medium term. In these cases the claimant must take part in work-focused interviews with their personal adviser who will support them to prepare for suitable work. There is a time limit of one year for claimants placed in this group who receive contributory ESA (this is a payment based solely on their national insurance record).
- The 'Support Group' – for people who have limited capability for work-related activity because their illness or disability has a severe functional effect on their capability to work. Claimants are not expected to work or regularly attend a Jobcentre, but they can volunteer to attend work-focused interviews with a personal adviser. Claimants who are terminally ill are also placed into the Support Group (see 'Claims from people who are terminally ill' at the end of this leaflet).

Submitting a claim

People should call Jobcentre Plus to start a claim (see 'Contact Details for Patients' at the end of this leaflet). Claimants need to provide medical evidence until DWP makes a decision on their claim, and must also complete the ESA50 self-assessment form. During the assessment phase, claimants are paid the same amount of benefit as if they were claiming Jobseeker's Allowance. DWP can decide to award benefit to people with the most severe illnesses and disabilities from evidence submitted during the assessment phase alone.

Otherwise claimants must attend a face-to-face Work Capability Assessment (WCA) conducted by a healthcare professional, which DWP will use to help decide if the claimant should be awarded ESA.

As the patients doctor

Your patient may ask you for a fit note to support their claim to ESA, see guidance on assessing a patient's fitness for work in general and completing fit notes at www.gov.uk/government/publications/fit-note-guidance-for-gps

Fit notes are required until DWP makes a decision on their claim if the patient remains unfit for work. Once DWP has made a decision on whether to award benefit, they will write to you and your patient to let you know. No further fit notes will be required unless the patient wishes to appeal the decision.

If your patient's appeal is unsuccessful, you should only issue further fit notes if their condition worsens significantly or they develop a new condition.

Further medical information

A healthcare professional from the Centre for Health and Disability Assessments (CHDA) may phone you for more information. Patients give consent for this to happen as part of their claim and you do not need to seek additional consent. General Medical Council confidentiality guidance (paragraph 115c) states 'you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented'.

You may occasionally be asked by patients to contribute some information to the ESA50 form. If a claimant is claiming solely because of cancer, they only need to complete up to page five of the ESA50. After signing the necessary declaration, they should then ask their chosen healthcare professional / cancer specialist to complete the section "Cancer treatment" at the end of the form.

CHDA may ask you to complete an ESA113 or FRR2 form if they require further medical evidence to decide whether your patient needs a face-to-face assessment or to help inform the face-to-face assessment. You can complete this from your medical records without carrying out a separate examination of your patient.

Information on completing medical reports for DWP can be found at www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals

Income Support

What is it?

Income Support is an income-related benefit that can be paid to people who work less than 16 hours per week (on average) and are on a low or no income with little or no capital and savings. Any income, capital or savings that a partner has (if they have one) will be taken into account. People who might qualify include:

- carers
- lone parents with children under 5
- pregnant women
- sick and disabled people who need money to top up their Statutory Sick Pay

Submitting a claim

Claimants start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet).

Jobseeker's Allowance (JSA)

What is it?

Jobseeker's Allowance (JSA) is paid to unemployed people (or who work less than 16 hours on average per week) who are available and actively looking for work. Claimants must attend regular work-focused interviews at a Jobcentre and provide proof that they are looking for work. There are two types of JSA:

- Contribution-based – paid for up to six months to people who have paid enough National Insurance contributions, usually in the previous two tax years (exceptions apply).

- Income-based – paid to people if their income, capital and savings (and their partner's, if they have one, income, capital or savings) is low enough.

Contribution-based JSA is paid at a single rate and is paid first but can be topped up by income-based JSA if that is higher, e.g. they have a partner and are eligible for the higher couple rate. Jobcentre Plus will decide how much they are paid based on their circumstances.

Submitting a claim

To make a claim for JSA, claimants should go to www.gov.uk/jobseekers-allowance. JSA claims can be made online 24 hours a day, 7 days a week. This is the best way to claim JSA and there's help and assistance available throughout the process, should they get stuck or have any questions. Those claimants who are unable to go online can make a claim by calling the new benefit claim number.

As the patient's doctor

Your patient cannot get JSA if they are sick and unable to work when they make their claim, they must claim ESA or Universal Credit instead. If they are able to work and become entitled to JSA they can then have up to 3 periods of temporary sickness every year, where they are unable to work due to illness. Your patient may ask you for a fit note for them to give Jobcentre Plus if they are unable to meet JSA conditions because of ill health. You should complete the fit note in the same way as if your patient was employed. See guidance for GPs about assessing fitness for work and completing the fit note at www.gov.uk/government/publications/fit-note-guidance-for-gps

Universal Credit (UC)

Universal Credit (UC) is payable to people in and out of work. It replaces the six main out-of-work benefits with one simple, monthly payment:

- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- Income Support
- Child Tax Credit
- Working Tax Credit
- Housing Benefit

Since 2013 Universal Credit has been introduced to every Jobcentre across the country and it's available to all single jobseekers. The Universal Credit Full Service is now rolling out to all types of claimants, including families, people who are limited in the work they can do by their health conditions or disabilities, and carers.

More information about Universal Credit at: www.gov.uk/universal-credit-toolkit-for-partner-organisations

Claims may be made by people who are terminally ill (see 'Claims from people who are terminally ill' at the end of this leaflet).

As the patient's doctor

Your patient may ask you for a fit note if they claim UC on health grounds. Some patients may be working but have restricted ability to work – in these circumstances the patient may ask you for medical evidence of their health condition.

The patient will be referred to CHDA for a Work Capability Assessment as for ESA. Fit notes are required until DWP makes a decision on their claim. No further fit notes will be required unless the patient wishes to appeal the decision.

If your patient's appeal is unsuccessful and it is decided that he or she is fit for work, you should only issue further fit notes if their condition worsens significantly or they develop a new condition.

Further medical information

See page 9 Further medical information

For people aged 65 years and over

Attendance Allowance

What is it?

Attendance Allowance is a tax-free benefit which helps towards the extra costs faced by people over age 65 or State Pension age (whichever is the higher) who have a disability and so need extra help with personal care. Payment is not affected by income or whether a person works. To qualify, the person must have needed help for six months (unless they are terminally ill - see ‘Claims from people who are terminally ill’ at the end of this leaflet) and be over 65. Attendance Allowance has two levels – lower and higher.

Submitting a claim

Claimants can print a claim form at Gov.UK at www.gov.uk/attendance-allowance/how-to-claim and submit it by post to the address shown, or call the Attendance Allowance helpline for a claim form. For the phone and website details see ‘Contact Details for Patients’ at the end of this leaflet

As the patient’s doctor

You may be asked to complete the statement at the end of the Attendance Allowance claim form by your patient.

If the decision maker (a specifically trained lay person) can’t decide about benefit entitlement without further evidence, they may ask you to complete a medical report based on your medical records and knowledge of the patient.

For carers

Carer's Allowance

What is it?

Carer's Allowance is payable to people aged 16 or over if they spend at least 35 hours a week caring for a person receiving:

- Disability Living Allowance care component at the middle or highest rate; or
- Personal Independence Payment daily living component at either rate; or
- Attendance Allowance / Constant Attendance Allowance; or
- Armed Forces Independence Payment.

Submitting a claim

Claimants start a claim by post, by phone or online at www.gov.uk/carers-allowance (see 'Contact Details for Patients' at the end of this leaflet).

A DWP decision maker will make a decision on eligibility based on the information provided and any additional evidence that they request from the claimant.

Carer's Credit

Carer's Credit is a National Insurance credit that helps build qualifying years for State Pension. It helps ensure there are no gaps in a carer's National Insurance record. It is awarded to people who spend at least 20 hours a week caring for one or more people who receive:

- Disability Living Allowance care component at the middle or highest rate; or
- Personal Independence Payment daily living component at either rate; or
- Attendance Allowance / Constant Attendance Allowance; or
- Armed Forces Independence Payment.

Alternatively, if someone spends over 20 hours a week caring for one or more people who do not claim one of these benefits, they may still be able to get Carer's Credit. In these cases they should fill in the 'Care Certificate' part of the application form and ask a health or social care professional to sign it.

How to apply

Claimants apply for Carer's Credit by phone (see 'Contact Details for Patients' at the end of this leaflet) or online at www.gov.uk/carers-credit/how-to-claim

A DWP decision maker will make a decision on eligibility based on the information provided and any additional evidence that they request from the claimant.

Help to return to or stay in work

The fit note

Your assessment of a patient's fitness for work is in general (not job specific) and should focus on the work they could do rather than what they are unable to do. You can support patients by completing a fit note with helpful advice about what they can do at work. Your patient can then discuss this with their employer or work coach to see if there are changes that could help them return to work. There is comprehensive guidance available for GPs, patients and employers about the fit note www.gov.uk/government/collections/fit-note

Access to Work (AtW)

What is it?

Access to Work provides practical support to people with a disability or mental / physical health condition to overcome work-related difficulties resulting from their disability. It can help pay for the additional employment costs that an employer would not normally be expected to fund which may include specialist equipment, travel costs or support workers – including a Mental Health Support Service. How much someone receives depends on their individual circumstances.

Submitting a claim

For more information about Access to Work or to make an application, visit www.gov.uk/access-to-work or contact DWP's Access to Work team:
Telephone: 0345 268 8489 / Textphone: 0345 608 8753

As the patient's doctor

AtW can help employed people who become disabled to keep their jobs. Please consider mentioning AtW in the fit note comments box when advising the patient that they may be able to return to work. It may be that someone applying to AtW for travel support is asked for corroboration of their medical conditions. We have worked with the BMA and RCGP to develop a less onerous form in order to support their recommendation to practices to avoid charging individuals for confirming the information which is required by AtW in order to provide a grant to enable them to realise the health outcome of employment.

Fit for Work Advice service

An advice service offering health and work advice to GPs, employees, employers, and the general public, via a telephone advice line, web chats and a dedicated website. It offers free, professional and impartial work-related health advice and guidance on issues relating to work and health to support people in work with health conditions, and help minimise the negative effects of sickness absence. Fit for Work is designed to work alongside, not replace, existing occupational health services and employer sickness absence policies.

It can offer advice on steps to promote staff health and well-being and the best way to support individuals/ patients with health conditions and manage impact on work. It can cover a broad range of topics related to health and work, including getting back to work after illness, staying healthy at work; understanding the fit note and implementing a phased return to work.

www.fitforwork.org/ and www.fitforworkscotland.scot/

Advice service: (England and Wales) 0800 032 6235 (Scotland) 0800 019 2211

More information and support

Claims from people who are terminally ill

Attendance Allowance, Disability Living Allowance, Personal Independence Payment, Employment and Support Allowance and Universal Credit all have special rules for claimants who are terminally ill. For the purpose of these benefits, someone is considered terminally ill if they have a progressive disease and the person's death in consequence of that disease can reasonably be expected within 6 months. Claims made under the special rules are fast tracked and payments are guaranteed from the earliest point.

If someone is claiming under the special rules for terminal illness, you may be asked to complete a DS1500 form with factual information on your patient's condition and treatment. There is guidance on completing the DS1500 form (PIP factual reports) at www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals

A health professional from Independent Assessment Services, Centre for Health and Disability Assessments or Capita Health and Wellbeing may contact you for factual information about your patient's condition.

This additional evidence will be crucial in deciding whether someone is terminally ill. Prompt responses can avoid unnecessary delays to your patient's claim.
Patients give consent for this to happen as part of their claim and you do not need to seek additional consent. General Medical Council confidentiality guidance (paragraph 115c) states 'you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented'.

Support for GPs

DWP healthcare professional's website.
www.gov.uk/government/collections/healthcare-practitioners-guidance-and-information-from-dwp

Centre for Health and Disability Assessments helpline: Free advice for clinicians on medical issues linked to disability benefits and DWP forms. This service is strictly for healthcare professionals only. Contact number 0800 2888777 or customer-relations@chdauk.co.uk. The Customer Relations team is available Monday to Friday from 8am to 8pm, and Saturdays 9am to 5pm. Frequently asked questions for GPs at www.chdauk.co.uk/frequently-asked-questions-gps.

Completing medical reports guide: DWP guidance on completing medical reports for DWP is available at https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals

Fit for Work Health and work advice line: www.fitforwork.org/ and www.fitforworkscotland.scot/

Advice line: (England and Wales) 0800 032 6235 (Scotland) 0800 019 2211

Contact details for patients

All lines open Monday to Friday 8am to 6pm.

Benefits	Contact details
Jobseeker's Allowance	0800 328 9344
Employment and Support Allowance and Income Support	0800 055 66 88 Textphone: 0800 023 4888
New style Employment and Support Allowance in Universal Credit full service area	Telephone: 0800 328 5644 Textphone: 0800 328 1344
New style Employment and Support Allowance living anywhere else	Telephone: 0800 328 9344 Textphone: 0800 328 1344 A Video Relay Service is also available
Disability Living Allowance – age 16 and under only	0800 121 4600 Textphone: 0800 121 4523
Carer's Allowance / Carer's Credit	Telephone: 0800 731 0297 Textphone: 0800 731 0317
Personal Independence Payment	Claim line: 0800 917 2222 Textphone: 0800 917 7777 Next Generation Text Service: Dial 18001 then 0800 917 2222 Enquiries: 0800 21 4433 Textphone: 0800 121 4493 Next Generation Text Service: Dial 18001 then

	0800 121 4433 A Video Relay Service is also available for the above services. https://www.youtube.com/watch?v=Osx7FFxFpNY
Universal Credit	Universal Credit helpline Telephone: 0800 328 9344 Welsh language (make a claim): 0800 012 1888 Welsh language (report changes): 0800 328 1744 Textphone: 0800 328 1344
Attendance Allowance	Attendance Allowance helpline Telephone: 0800 731 0122 Textphone: 0800 731 0317