

Guidance for Mental Health Professionals providing Clinical Evidence for the Personal Independence Payment claims



What is Personal Independence Payment?

Personal Independence Payment (PIP) replaced Disability Living Allowance (DLA) from 8 April 2013 for people aged 16 to 64 with a long-term health condition or disability. Assessments for PIP are often based on face-face interviews in an assessment centre, rather than solely on the written submissions that were used for DLA. The type of assessment will depend on the medical evidence obtained. For PIP the face to face assessment in a centre, at home or by telephone. However, if sufficient medical evidence is held, then a paper-based decision can be made.

The claimant must satisfy the daily living and/or mobility activities test. The person must satisfy this test for at least 3 months and be likely to continue to satisfy this test for a period of at least 9 months after the three-month qualifying period.

PIP is a completely different benefit from DLA and has a different set of criteria which are applied at the assessment and by a DWP decision maker. PIP is intended to provide a payment to cover the additional costs that result from having a disability. People can receive it whether they are in work or not. It is not affected by their earnings or other income or by any capital or savings they may have. It is almost always paid alongside any other benefits or tax credits that they receive.

At present, all existing DLA claimants will receive a letter “inviting” them to claim PIP, they must make a claim for PIP, or their DLA payment will end. All new PIP claimants are being assessed. As part of the PIP claims process the person making the claim is asked to complete a *How your disability affects you* (PIP2) claim form. Clinicians may also be asked to provide additional evidence to accompany this form. The claimant returns the PIP2 claim form to the DWP and this is passed to one of the two companies contracted to carry out the PIP assessments (Atos Healthcare or Capita). These companies allocate a healthcare professional working for them, who may contact the claimants named doctor for further information, either by phone or ask them to produce a factual report (this does not happen often, so patients are normally left to source further medical evidence themselves).

Atos and Capita will arrange for the face-to-face assessment. At present Atos Healthcare carry out PIP assessments in Scotland, North East England, North West England, Isle of Man, London, Southern England. Capita carry out PIP assessments in Wales, Northern Ireland and Central England. Most assessments are carried out at a local assessment centre. Some people may be assessed at home visit if the claimants GP, or another healthcare professional, provides evidence that they are unable to travel on health grounds.

At present there is no existing guidance on writing clinical reports for PIP assessments. It is good practice to provide written information as it increases the chances of people getting the PIP payments for which they are eligible. We recommend that you write your own reports using the outline below.

Why is accurate medical evidence for the PIP assessments important?

- Such evidence is necessary to assist the DWP to make the right decision about eligibility for PIP. This decision may be important for the patient's future welfare.
- At present clinical evidence is often inconsistent and does not accurately describe a claimant's current functioning.
- The face to face assessments done by ATOS or CAPITA clinicians are of variable quality and the claimant is not always adequately assessed. Additional evidence from someone who knows the claimant can improve the quality of the overall assessment and the fairness of the decision.
- For many reasons, people with mental health conditions often under-report the severity of their condition. A second view from a clinician may help in redressing this.
- The assessment process can be stressful for people and an inaccurate PIP decision creates anxiety and worry which can worsen a person's mental health
- Provision of good quality evidence by a clinician who knows the claimant's condition can result in fewer unnecessary face to face assessments and aids assessors in making their decisions. This in turn can prevent unnecessary appeals needing to take place.

Writing the report

This report can be sent directly to the ATOS or CAPITA Assessment Centre or, preferably, can be given to the patient to send with their completed PIP2 form. We recommend that the report is discussed with the patient (and their carer, if they agree) and that they are given a copy. If the patient has a welfare advisor who is supporting their claim then it can be useful for the advisor to co-ordinate the dispatching of the clinical reports and the patient's self-assessment, if the patient agrees.

For clinicians working in multidisciplinary teams it is advantageous for the member of staff who knows the patient best to complete the report, but it is always best to consult the opinions of others who know the patient when compiling the report.

Overall, when writing the report:

- **Write in clear and easy to understand language.** The ATOS/CAPITA clinicians are not specialists and the DWP decision maker is not a clinician. Avoid using technical terms and explain them if you do
- **Do not write a long and detailed report.** It is not necessary to go into all the details of the patient's history. You are trying to provide useful information that is going to help the assessors make a decision about the effect of the persons condition on their care and mobility needs, and you should focus on this.
- **Give some basic details of the patient's current condition.** Especially those details that give an indication of the severity of the condition and the way this might affect them. Concentrate on the impact that the patient's condition has on their functioning. It is appreciated that it can be difficult to make a clear distinction between the physical and mental health condition and the person's functioning.

Content of the report

Basic demographic details

Name, date of birth, address etc.

Basic clinical details

Diagnosis. Psychiatric diagnosis, mental health and any other medical conditions

Current medication. Effectiveness of medication. Any side effects that may affect functioning. Are they on Clozapine and why? Any difficulties with the medication.

Length of contact with mental health services. Have they had repeated admissions; have they had a recent admission or contact with Crisis Resolution Home Treatment Team; are they currently in hospital? Are they subject to frequent relapses or fluctuations in their mental health condition?

Current contact. Are they on CPA and have a Care Coordinator? Are they in frequent contact with the mental health team; do they use any other services? Are they in supported accommodation or residential facilities? Are they undergoing a rehabilitation programme? How much support do they need to maintain their current levels of functioning? Have they or are they undergoing some other form of treatment e.g. psychological therapy?

Detail any factors that may make day-to-day activities difficult such as:

- **Variability of condition.** Does their condition fluctuate? What causes fluctuations? Describe the nature of the fluctuation; does it vary during the day or over longer periods; what are they like when their condition is at its worst?
- **Effects of stressors.** How do they react to stress? Do they have coping strategies? What has been the effect of previous attempts to support their return to work?
- **Side effects of their medication.** Do these affect their functioning? Do they have to have their medication monitored?

Details of level of functioning

To qualify for PIP the patient must meet the disability conditions. These conditions are look at under two components: *daily living needs* (for help participating in everyday life) and their *mobility needs* (for help with getting around). People are scored under 10 daily living activities and two mobility activities. Under each of the activities are several descriptors that describe what the person can or cannot do. Each of these descriptors describe differing levels of severity and carry a different number of points. The number of points that a person scores determines whether they are entitled to either component of PIP and at which rate.

The claimant can be paid either the daily living component or the mobility component on its own, or both components at the same time. The components are paid at two different levels: a 'standard rate' and an 'enhanced rate'. The rate at which people are paid depends on the person's ability to carry out daily living or mobility activities is 'limited' or 'severely limited'. This is tested under the PIP assessment.

It is therefore important to provide details of the patient's level of functioning as detailed and accurately as possible. For people whose levels of functioning fluctuate, the score given for each activity (the descriptor) will apply if it reflects the patient's ability for the majority of days (over 50%). This will be considered over a 12-

month period; looking back three months and forward nine months. So be clear about the amount of time that the patient is impaired.

Please note that when a person's ability is being assessed to carry out an activity, the descriptor can only be satisfied if that person can do so *Reliably; To an acceptable standard; Repeatedly; and Within a reasonable time period*. When writing a report, these requirements should be taken into account. If the person cannot meet these standards, they will be assessed as unable to complete the task and awarded a higher scoring descriptor.

The activities that are assessed are:

A. Daily living activities

The entitlement thresholds (pass mark) for the daily living rates and components of PIP are 8 points for the standard rate and 12 for the enhanced rate.

1. *Preparing food*. Can the person prepare and cook a simple meal unaided or are they unable to prepare and cook food? Do they need to use an aid or appliance? Can they use a microwave but not a conventional cooker? Do they need prompting to be able to prepare or cook a simple meal? Do they need supervision or assistance to prepare or cook a simple meal? In describing the level of functioning consider: can they use knives or hot pans without cutting or burning themselves? Can they work out sell-by dates or understand cooking instructions. Do they use the cooker safely, let things burn or risk a fire? Do they have sufficient energy or interest to cook? Are they exhausted after cooking a meal and not able to do it again? Are they motivated to cook or lose interest half way through preparation?
2. *Taking nutrition*. Can the person eat unaided or are they unable to convey food and drink to their mouth and needs another person to do so? Do they to use an aid or appliance, or need supervision or assistance to cut up food or take food? Do they need prompting to be able to take nutrition or need a therapeutic source (eg feed pump)? Are they motivated to eat or avoid eating? Do they have sufficient energy or interest to eat? (this could be attributed to someone with an eating disorder).
3. *Managing therapy or monitoring a health condition*. Can the person manage medication or therapy or monitor a health condition unaided or do they need supervision, prompting or assistance to be able to manage medication/therapy? Specify the number of hours each week that they need supervision, prompting or assistance to be able to manage medication/therapy. Do they use an aid or appliance to be able to manage medication? Do they often forget to take medication, or take too much? Have they taken a deliberate overdose or do they self-harm? What happens if they do not take their medication?
4. *Washing and bathing*. Can the person wash and bathe unaided or are they unable to wash and bathe at all and needs another person to wash their entire body? Do they need to use an aid or appliance? Do they need supervision or prompting or encouragement? Do they assistance to be able to wash parts of their body eg hair, body below the waist, body between the shoulders and waist? Do they assistance to be able to get in or out of a bath or shower? Have they stated that they will go for periods of time without managing their personal hygiene?
5. *Managing toilet needs or incontinence*. Can the person manage their toilet needs or incontinence unaided or do they need assistance to be able to manage incontinence of bladder and bowel (or both)? Do they need to use an aid or appliance? Do they need supervision or prompting to manage toilet needs or do they need assistance?
6. *Dressing and undressing*. Can the person dress and undress unaided or can they not dress or undress at all? Do they need to use an aid or appliance to be able to dress or undress? Do they need prompting or encouragement to dress, undress or determine appropriate circumstances for remaining clothed? Do they

need prompting or assistance to be able to select appropriate clothing? Do they need assistance to be able to dress or undress their lower or upper body? Do they spend most of the time at home in the same clothes?

7. *Communicating verbally.* Can the person express and understand verbal information unaided or are they not able to express or understand verbal information at all even with communication? Do they need to use an aid or appliance to be able to speak or hear? Do they need support with communication to be able to express or understand complex or even basic verbal information?
8. *Reading and understanding signs, symbols and words.* Can the person read and understand basic and complex written information either unaided or using spectacles or contact lenses, or are they unable to read or understand signs, symbols or words at all? Do they need to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information? Do they need prompting to be able to read or understand complex, or even basic, written information?
9. *Engaging with other people face to face.* Can the person engage with other people unaided or do they need prompting to be able to engage with other people? Do they need social support to be able to engage with other people? Are they unable to engage with other people because such engagement causes overwhelming psychological distress to the person; or causes them to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person? Do they avoid mixing with other people because they have nobody to help them? How do they feel mixing with others without any support? Do they panic, get angry or paranoid? Do they have difficulty understanding the behaviour of others?
10. *Making budgeting decisions.* Can the person manage complex budgeting decisions unaided, or are they unable to make any budgeting decisions at all? Do they need prompting or assistance to be able to make complex, or even simple, budgeting decisions? How do they deal with bills or buying items in shops? Are they able to give the shop assistant the right amount of money? Do they know if the change was correct? Are they easily exploited?

B. Mobility activities

The entitlement thresholds (pass mark) for the mobility rates and components of PIP are 8 points for the standard rate and 12 for the enhanced rate.

1. *Planning and following journeys.* Can the person plan and follow the route of a journey unaided? (i.e. without the use of an aid or appliance or without supervision, prompting or assistance). Or are they unable to undertake any journey because it would cause them overwhelming psychological distress to the claimant? Do they need another person to remind, encourage or explain the journey to them (i.e. need prompting) be able to undertake any journey to avoid them experiencing overwhelming psychological distress? Are they unable to plan the route of a journey? Are they able to follow the route of a familiar or an unfamiliar journey without another person, assistance dog or orientation aid? Can they work out and follow a route safely and reliably? Consider whether the route is familiar and unfamiliar. When assessing reasons other than psychological distress, consider whether the difficulty in following a route is due to cognitive or intellectual impairment, loss of drive or motivation, psychotic ideation or muddled thinking. Is the person able to use google maps or a sat nav, but would get confused and lost following those directions on their own?
2. *Moving around.* Can the person stand and then move more than 200 metres, either aided or unaided? Can they stand and then move more than 50 metres but no more than 200 metres, either aided or unaided? Can they stand and then move unaided more than 20 metres but no more than 50 metres? Can they stand and then move using an aid or appliance more than 20 metres but no more than 50 metres? Can they stand and

then move more than 1 metre but no more than 20 metres either aided or unaided? Are they unable to, either aided or unaided, stand or move more than 1 metre?

Can they get to the face to face assessment with the PIP assessor? Consider whether the person will be able to get to the assessment Centre. Will they need to be accompanied? How might they act under the stress of attending?

Further details of the PIP activities and descriptors can be found in Department for Work and Pensions (2017) *PIP Assessment Guide. Part Two - The Assessment Criteria. A DWP guidance document for providers carrying out assessments for Personal Independence Payment*. London DWP. Updated on 2 November 2017.

<https://www.gov.uk/government/publications/personal-independence-payment-assessment-guide-for-assessment-providers>

Useful information can also be found on:

Citizens Advice website: <https://www.citizensadvice.org.uk/development/old-content-for-user-testing/old-pip-content-for-ab-testing/personal-independence-payment/the-personal-independence-payment-pip-assessment/personal-independence-payment-pip-activities-descriptors-and-points/>

Disability Rights UK website: <https://www.disabilityrightsuk.org/personal-independence-payment-pip>

Rethink Mental Illness website: <https://www.rethink.org/living-with-mental-illness/money-issues-benefits-employment/personal-independence-payment>