Content

Introduction ................................................................................................................................. 2
Medical Evidence .......................................................................................................................... 3
NHS - How to Complain ............................................................................................................... 7
The NHS Complaints Procedure ............................................................................................... 8
Getting help using PASS ........................................................................................................... 9
Challenging a DWP benefits decision ...................................................................................... 10
Ten step guide for Mandatory Reconsiderations ................................................................. 11
Appendix A: Statement of Fitness For Work ................................................................. 15
Appendix B: Sample letter - medical evidence ...................................................................... 16
Appendix C: Sample letter - medical support ....................................................................... 17
Stirling & District CAB - an overview ..................................................................................... 18
Stirling & District CAB - services ............................................................................................ 19
Doctors are frequently requested to provide information about their patients from a variety of sources, e.g. employers, government agencies and regulatory bodies. In the UK, GPs receive the most requests as it is they who hold the most comprehensive records.

Provision of information may take the form of a report, a certificate, a statement or letter, or completion of a form. Most requests for information present no problem but occasional difficulties may arise, where there are conflicts of interest or unreasonable expectations about the information the doctor may hold and problems about payment.

Examples where doctors provide medical evidence are:

- **Legal** - child protection reports, Mental Health Act recommendations, proceedings to advance patient care, Notification of infectious diseases, death and cremation certificates, evidence of injuries for criminal proceedings.

- **Employment** - Fitness for Work Certificates or fitness to engage in a certain occupation.

- **Evidence for Entitlement to State Benefits** - DWP medical assessment forms or reports for entitlement to benefits such as DLA, PIP, ESA, AA, Exemptions from paying prescriptions.

- **Local Authorities** - housing support letters.

The above list is by no means exhaustive but this guide is specifically aimed to help people with the provision of medical evidence to support claims for medically assessed benefits provided by the Department for Works and Pensions (DWP).
The importance of medical evidence

Supporting medical evidence can make a crucial difference to the success of certain benefit related claims or appeals, for example Employment Support Allowance (ESA) and Personal Independence Payment (PIP) which is currently being rolled out to replace Disability Living Allowance (DLA).

- During the application process for these benefits the DWP does not automatically contact a claimant’s GP or any other healthcare professional and will only do so if it considers it necessary. In the majority of cases people claiming benefits are expected to obtain their own supporting evidence.

- Decision makers at the DWP and assessors who carry out face-to-face assessments may have little knowledge of the patient’s illness and are unlikely to have any specialist knowledge.

- Face-to-face assessments may be short, and in some cases, decisions are made without the patient being assessed in person at all.

- In cases where people struggle to self-report, good quality evidence is even more imperative to give the assessor a more accurate picture of a person’s condition thus medical evidence supplied by a GP or other health professional is vital in helping assessors understand how a patient is affected by their illness or disability.
What Constitutes Medical Evidence?

Medical evidence can encompass a variety of information, for example:
- Prescriptions.
- Care plans.
- Information from professionals such as a GP, hospital doctor, specialist nurse, occupational therapist, physiotherapist, social worker, support worker or counsellor.
- Other relevant information - e.g. X rays, diary kept to record on a daily basis how the illness affects the person.

Obtaining Medical Evidence

The DWP suggests that you only send evidence that you already have since getting further evidence could slow down your claim and in some cases you may have to pay for medical evidence, whereas the DWP can request and pay for this evidence if they think it’s needed.

The first point of call for medical information to support a benefit application is normally the person’s GP. GPs, for example, have a statutory obligation to issue a Statement of Fitness for Work (see Appendix A) for the purposes of Social Security or obtaining Standard Sickness Payments (SSP). When it comes to matters such as letters of support outlining a client’s illness, it is important to note that NHS GPs are under no obligation to provide such evidence to their patients or to provide it free of charge. Such provision is at the discretion of the GP.
They do have a statutory obligation to provide medical evidence if requested by healthcare professionals contracted on behalf of the DWP and there are procedures and forms that facilitate this requirement. If a claimant is unable to get other forms of medical evidence directly from their GP they should, when completing the benefit application form, give reasons why they believe that the DWP should obtain further evidence directly from their GP.

In other cases, medical evidence may be sought from other relevant health professionals and support workers as noted earlier.

If you wish to write to your GP or other health professional for support, a helpful letter template may be found in Appendix B.

**Requesting Medical Records**

Although GPs may reserve the right not to provide such evidence to their patients, they are, however, legally obliged to allow access to a patient’s medical records under both the 2012 NHS Charter of Rights and Responsibilities and the Data Protection Act 1988. Patients may wish, therefore, to request access to their medical records as they may contain evidence to support their claim to benefits.

If you want to see your health records - submit your request in writing or by email to your GP or other relevant health professional, stating the dates of the records you wish to see when you apply.

The health records manager, GP or other healthcare professional will decide whether your request can be approved. They can refuse your request if, for example, they believe that:

- Any information in the records would be likely to cause serious harm to the patient or to another person.
- Details about third parties might be removed from the records.
If a third party is applying on behalf of you please note that information given to the GP in confidentiality will not be provided to the third party.

There is usually a charge to see or get a copy of your records. The price is obtained from contacting your surgery, hospital or health authority.

For more information on accessing health records there is a leaflet called “How can I see my health records?” available at the Health Rights Information Scotland (HRIS) website at www.hris.org.uk.

If you are denied access you have a choice with regards to action. You can approach the Information Commissioner’s Office if you think the organisation has breached the Data Protection Act by denying you access or you can, more usually, complain through the NHS complaints procedure.
Making A Complaint About The NHS

You have the right to make a complaint about any aspect of NHS treatment using the NHS complaints procedure, including refusal of access to one’s own records, provided you are a patient or a former patient of the practitioner or institution concerned.

If complaining on behalf of someone else, the hospital or health practice must agree that you are a suitable representative.

Time Limits For Making A Complaint

You should make your complaint as soon as possible after the incident, and within 6 months from the date of the incident or within 6 months of you finding out you have a reason to complain (but no longer than 12 months after the event).

However, if a hospital or practice is unaware of the complaint, the 6 months limit starts from the time they first know about it as long as this is within 12 months of the date of the incident.

There is discretion in exceptional circumstances to waive the time limit where it would be unreasonable to expect you to have complained in time e.g. the suffering of grief or trauma.
First Stage - Local Resolution

The first step in making a complaint, called Local Resolution, is to go to the practice or hospital concerned and ask for a copy of their complaints procedure. All NHS practices have someone who has responsibility for it. If your complaint is about primary care services (GPs and other family health services), the complaints manager can, if necessary, arrange for an independent conciliator to be brought in to help resolve the complaint.

Second Stage - Referral To The Ombudsmen

If your complaint is not resolved through local resolution you can refer the matter to the Scottish Public Services Ombudsman or seek a judicial review.

Generally you have to send your complaint to the Ombudsman within a year from when the incident happened or you found out about it. If there are special circumstances, the Ombudsman may be able to extend the time limit.

Telephone: 0800 377 7330
Address: SPSO or FREEPOST EH641
4 Melville Street Edinburgh
EH3 0BR

Judicial Review

It may be possible to challenge the final decision on your complaint by seeking a judicial review which is a procedure which allows a court of law to review decisions made by public bodies. You will need to consult a solicitor if you plan to seek a judicial review.
Getting help using PASS

Getting Help With Your Complaint - Patient Advice and Support Service (PASS)

The Patient Advice and Support Service (PASS) is an independent service provided by the Scottish CAB Service accessible from any bureau in Scotland. It provides free, confidential advice and support to patients, their carers and families about NHS healthcare.

The PASS service:

• Helps you understand your rights and responsibilities as a patient.

• Provides information, advice and support for anyone who wishes to give feedback or comments, or raise concerns or complaints, about health care delivered by NHS Scotland.

• Provides practical help with making a complaint, including writing letters, making phone calls and supporting you in preparing for and attending meetings.

• Works with the NHS by using feedback to improve your healthcare and NHS service provision.

You can find more information about PASS on the Patient Advice and Support Service website at www.patientadvicescotland.org.uk.

For patients within the NHS Forth Valley you can contact your local PASS Advisor:

Name: Derek Neilson
Telephone: 0845 602 5485
Address: Clackmannanshire CAB
47 Drysdale St
Alloa
FK10 1JA
Challenging a DWP benefits decision

For anyone whose benefit application has been denied or withdrawn for failing medical assessment criteria, the following guidelines enable the client to challenge the decision made by the DWP.

Under new rules introduced on 28 October 2013 if the DWP make a decision about your benefits that you do not agree with, you may not appeal it immediately but may request that DWP reconsider it. You have one month from the decision date in which to do this. This process is called Mandatory Reconsideration.

If, after the DWP respond, you are still unhappy with the decision then you may appeal it by contacting Her Majesty’s Court and Tribunal Service (HMCTS) - see below.

It is important to stress that the DWP has not stipulated a time limit to complete mandatory reconsiderations.

If your ESA claim is disallowed under the work capability assessment you cannot be paid it during the mandatory reconsideration period. You will be forced to claim another benefit, such as Jobseeker’s Allowance (JSA) if you are eligible or not claim any income replacement benefit at all.

If you are obligated to claim JSA please be aware that you will be expected to comply with preset job search expectations and failure to do so may lead to you be sanctioned (JSA payment being withheld).
1. **You receive your decision letter and decide that you want it reconsidered.**

You have 1 month from receiving your decision letter to ask the DWP to do this. It is important that you act on this as soon as possible.

You can ask the DWP for a ‘statement of reasons’ for their decision but they must receive it within 1 month of you receiving your decision letter. This extends your time limit for requesting a mandatory reconsideration to 1 month and 14 days from the date that you received your original decision letter. Alternatively, if the date on the written statement of reasons is more than 1 month later than the date on the original decision letter, then your time limit is extended to 14 days after the date on the written statement of reasons.

2. **You contact the DWP and ask them to reconsider your benefit decision.**

The DWP’s contact details should be on your decision letter. It is recommended that you ask for the reconsideration in writing. When replying keep a copy of your response and proof that it was posted within the strict 1 month time limit. You should include in your letter:

- Your full name, address and national insurance number.
- The date of the decision and a summary of the decision.
- A focussed explanation of why you think the decision is wrong. If you are asking for a reconsideration of benefits such as Employment and Support Allowance (ESA), Disability Living Allowance (DLA), Attendance Allowance (AA) or Personal Independence Payment (PIP) decision, then try and show how you meet the assessment criteria of the benefit.
- Any evidence backing the claim include with your letter.
3. A DWP decision maker will reconsider the decision.

The DWP should acknowledge your request for reconsideration in writing and may phone you to ask questions about your claim and the decision, offering an opportunity for you to explain why you think the decision is wrong and submit further evidence.

4. The decision maker will write to you to let you know their decision.

The DWP will send you two copies of a ‘Mandatory Reconsideration Notice’, which contains the reconsidered decision. Keep both copies safe, as you will need them if you decide to appeal the decision.

If the DWP reverse their original decision, your benefits arrears will be back dated.

If you disagree with the reconsidered decision, then you can appeal to the Social Security Tribunal: see steps five to ten below.

5. You have received the DWP’s reconsidered decision and want to appeal it.

You have 1 month to submit your appeal from the date on the mandatory reconsideration notice letter sent to you by the DWP. Similar rules apply as per step 1 above. You may wish to request help from your GP by using the appeal letter at Appendix C.

6. You lodge your appeal directly with the Tribunal Service.

This can be done in writing or preferably by completion of a special form called the SSCS1 which contains all the information the Tribunal Service need to proceed with your appeal.
Once you have completed the form, attach a copy of your ‘Mandatory Reconsideration Notice’ together with any further supporting evidence and send it in to Her Majesty’s Courts and Tribunal Service (HMCTS) at the following address:

Address: HMCTS
SSCS Appeals Centre
P.O Box 27080
Glasgow
G2 9HQ

7. You have submitted your appeal to the Tribunal Service.

The DWP will aim to respond within 28 days of the Tribunal Service telling them that you have appealed. You will receive written confirmation of this.

If you have asked for an oral hearing, then you should also receive a notice of your hearing date from the Tribunal Service at least 14 days in advance of the hearing.

8. Preparing for your appeal.

In advance of your hearing date make sure to:

- Write a submission - This is a way you can focus the tribunal on the reasons you want to make for why the reconsidered decision was wrong. If you are appealing an ESA, PIP, DLA or AA decision, then try to show how you meet the criteria of the benefit.

- Get supporting evidence - and send it in. You can submit supporting evidence at any point up until and including the day of the hearing.
• Make arrangements for the hearing - If you have communication needs (e.g. you need an interpreter), then tell the Tribunal Service in advance, as they will need to make arrangements.

9. Attending the Appeal

Arrive on time. You can attend with a representative such as a support worker or friend to help your case but note that Legal Aid no longer exists for First Tier Tribunals thus you will not be able to request legal representation.

The hearing will last around 30 minutes. DLA, PIP and AA appeals will have a judge, a doctor and a ‘disability member’ (e.g. social worker, nurse, occupational therapist) on the panel. ESA appeals will be held in front of a judge and a doctor.

10. The Tribunal’s decision.

Usually, the tribunal will come to a decision on the day, but if not they will send out their decision by post.

In the event your appeal is successful, benefit arrears are normally repaid within 4 and 6 weeks of the decision. You may wish to send a copy of the appeal decision letter straight to the relevant DWP office to speed up the process.

If you disagree with the tribunal decision, then ask for a written statement of reasons. If you intend to challenge a tribunal decision, then seek specialist benefit advice as soon as possible, as a challenge can only be done on the grounds of an ‘error of law’ and will necessitate appealing to an Upper Tribunal for which you are likely to require legal representation and may be entitled to legal aid.
## Appendix A: Statement of Fitness For Work

**Statement of fitness for work**

For social security or Statutory Sick Pay

<table>
<thead>
<tr>
<th>Patient’s name</th>
<th>Mr, Mrs, Miss, Ms</th>
</tr>
</thead>
<tbody>
<tr>
<td>I assessed your case on:</td>
<td>/ /</td>
</tr>
<tr>
<td>and, because of the following condition(s):</td>
<td></td>
</tr>
<tr>
<td>I advise you that</td>
<td>ſ you are not fit for work ſ you may be fit for work taking account of the following advice:</td>
</tr>
<tr>
<td>If available, and with your employer’s agreement, you may benefit from:</td>
<td>ſ a phased return to work ſ amended duties ſ altered hours ſ workplace adaptations</td>
</tr>
<tr>
<td>Comments, including functional effects of your condition(s):</td>
<td></td>
</tr>
<tr>
<td>This will be case for</td>
<td></td>
</tr>
<tr>
<td>or from</td>
<td>/ /</td>
</tr>
<tr>
<td>to</td>
<td>/ /</td>
</tr>
<tr>
<td>I will/will not need to assess your fitness for work again at the end of this period. <em>(Please delete as applicable)</em></td>
<td></td>
</tr>
<tr>
<td>Doctor’s signature</td>
<td></td>
</tr>
<tr>
<td>Date of statement</td>
<td>/ /</td>
</tr>
<tr>
<td>Doctor’s address</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Sample letter requesting medical evidence from GP / Health Professional

To: (add name of professional).............................................
Address: (insert adress)....................................................
Date:

Dear..................................................
RE:..................................................

I need to provide medical evidence concerning my illness/disability to the Department for Works and Pensions (DWP) by (insert date) regarding my current entitlement to (insert the name of the benefit) and I am writing to you to ask if you could kindly provide some evidence which would help my case.

Your help in regard to the matter would be greatly appreciated and I enclose a stamp addressed envelope for the return of your evidence to me.

I would like to thank you for all your help in this matter and look forward to hearing from you.

Yours faithfully
Appendix C: Sample appeal letter requesting medical support from GP / Health Professional

To: (add name of professional)..............................................
Address: (insert address)....................................................
Date: 

Dear....................................................

RE:....................................................

I am appealing a decision made by the Department for Works and Pensions (DWP) on (insert date) regarding (insert the name of the benefit) and I am writing to you to ask if you could kindly provide some evidence which would help my case.

I need to appeal this decision by (insert appeal deadline) thus your help in regard to the matter would be greatly appreciated and I enclose a stamp addressed envelope for the return of your evidence to me.

I would like to thank you for all your help in this matter and look forward to hearing from you soon.

Yours faithfully
Stirling CAB is a charity delivering free, confidential, impartial and independent information, advice, and support and representation services to the citizens of the area regardless of their age, race, religion or belief, sexual orientation, disability, gender or any other social factor.

Information, advice and support are provided on a very wide range of issues, with the greatest demand relating to welfare benefits, employment, consumer debt, housing and legal issues.

The Bureau strives to deliver services that are efficient and effective, provide value for money, are fit for purpose and meet client needs as fully as possible. The mixture of city, towns and rural villages, means that service configuration and delivery are being met using a variety of different approaches to suit local need.

For example, Stirling CAB provides outreach clinics in a variety of different rural locations and settings, as well as a home visiting service for housebound people. It also offers email and telephone advice, and refers clients, as appropriate, to the service’s web-based information and self-help resource, Advice Guide.

Stirling CAB is a highly respected, valued and trusted brand providing a holistic service which aims to meet all of a client’s needs. It works in partnership with a number of agencies including Stirling Council, Women’s Aid and Criminal Justice to deliver welfare rights, employment, money, housing and legal advice. The Bureau currently has over 60 volunteers and a range of projects designed to meet the advice and support needs of the community. Please see below for details or visit our web site www.stirlingcab.org.uk.
Core Advice Service

Contact 01786 470239

The service provides at least 100 hours per week face to face advice, telephone and email advice, information and casework support up to but excluding a physical appearance at court or tribunal.

This covers the following subjects: Welfare Benefits, Consumer issues, Debt, Education, Employment, Finance, Housing, Health, Immigration and Nationality, Legal, Relationships, Utilities.

Last year Stirling CAB dealt with 14,000 issues and generated £3.75 million into the pockets of people in Stirling. It also resolved £3.6 million worth of debt for the community.

Money Advice Service

Contact Janet Taylor 01786 470239

Stirling CAB delivers Money Guidance in Stirling - in partnership with community organisations and Housing Associations - and offers advice on budgeting and money issues in relation to change of circumstances and explains issues on finance. Since 2012, it has assisted over 600 people.

Volunteers Into Work

Stirling CAB helps unemployed people get paid jobs. Last year, through our training and volunteer support work, 60% of our volunteers got a job within 12 - 18 months of joining the CAB.
**Representation At Tribunals**

Stirling CAB and Stirling Council on Disability have made a proposal to Stirling Council to provide a Best Value representation service to help the huge number of vulnerable people in Stirling District losing benefit entitlement due to Welfare reforms.

**Translators**

As Stirling is a multicultural city, and Stirling CAB an inclusive organisation, it offers advice in Polish, Russian, Latvian, Chinese, Braille and British Sign Language.

**Mental Health Money And Benefits Outreach Project**

Contact Sheila O’Donnell at
- Donnell@StirlingCAB.casonline.org.uk

or Norman Meffan at
- NomanMeffan@StirlingCAB.casonline.org.uk

Jointly funded by Stirling Council and NHS Forth Valley this specialist outreach Benefits and Money advice service provides advice and ongoing support to vulnerable people experiencing long term mental ill health at a variety of locations throughout Stirling.

It put £178,000 into the pocket of some of the most vulnerable people in our community and stopped hundreds having to access emergency NHS psychiatric support.

**Women’s Aid Outreach Surgery**

Stirling CAB provides a specialist advice service at Stirling Women’s Aid office to those women and children experiencing domestic abuse.
BIG - Financial Capability Project - The SKINT Campaign

Contact Jacqui on 07580 638443 or Marcin on 07580 638582

Stirling CAB secured funding for the Financial Capability Advice Project from BIG Lottery in 2012. This SKINT campaign has generated over £600,000 into some of the most deprived communities in Stirling District thus far.

It provides weekly advice surgeries and home visiting in Stirling District’s rural communities - Eastern Villages Cowie, Plean, Cornton, Callander and St Ninians.

The project has also taught over 1000 vulnerable people to better understand and manage money. They have also ensured that those without bank accounts get them and that people access the best and cheapest deals on the market for credit, for gas and electricity and for insurance.

Work Club

Contact Jacqui Gibson on 07580 638443

Stirling CAB runs successful Work Clubs in Plean, Cowie and Callander helping local unemployed adults back into work.

Armed Services Advice Project (ASAP)

Contact Ally Gemmell on 07580 811807

Stirling CAB provides specialist advice and support to the Armed services community and their dependants. In the last year this project has helped over 240 veterans with a range of welfare, debt, employment, housing and mental health issues and generated over £250,000 for some of the most vulnerable people in our community.
**Pro Bono Legal Clinic**

The provision of free legal advice, with 6 x 30 minute free solicitor interviews every fortnight.

**Patient Advisory Support Service (PASS)**

Contact Derek Neilson on 0845 602 5485

Stirling CAB provides a specialist advice and support service to people in Stirling district who are experiencing difficulty with their NHS service and wish to raise concerns or complaints. This service includes compensation and actions for medical negligence.

**Stirling CAB Rural Fuel Poverty Outreach Project**

Contact Kenny McKaig at

- KennyMckaig@stirlingcab.casonline.org.uk

Stirling CAB’s Rural Fuel Poverty Project is a response to help educate and inform, enable and empower people in rural Stirling District to take appropriate action to manage their fuel usage. It also helps them cope via energy efficiency advice and instruction, and access to energy related grants and products that use less energy.

This project has delivered over 40 Community workshops to both frontline workers and service users to provide practical assistance in obtaining cheaper electricity and gas. It also offers weekly outreach and home visiting to vulnerable people who may be housebound in rural Stirling District.
CAB/Criminal Justice Alliance Project

Contact Jane Freck on 07817 024365

This new Big Lottery funded project will allow Stirling CAB and the Council’s Criminal Justice Service to work together.

The two specialist Benefits and Money Advice Service workers will reduce the impact of welfare reforms on vulnerable people involved in the Criminal Justice system and provide a second tier advice support service to Criminal Justice workers.

Advice on money, entitlements and help with practical issues will contribute to a reduction in offending.

Social Policy Team

Our volunteer researchers have produced reports, research, factsheets and guides for vulnerable people in the community. This year, both the Crisis Survival campaign - “Got no Money, Got no Food” - and the Homelessness - “Know your rights” - activity were very successful. This evidence-based work helps influence local and national policy to be fairer on local people.

The Domestic Transitions Advice Project (The DATA Project)

Contact Gillian Baker (Women and Children’s Solicitor) 07958220295, Lesley Hunter (Case Worker) 07958220296

This new 5 year project aims to address the need for a comprehensive support package to enable women experiencing domestic abuse better access to housing, legal, financial and emotional support.

Working with Stirling Women’s Aid and other relevant agencies this initiative will deliver a holistic support programme which includes
legal, social/welfare advice, housing options, a volunteer befriending scheme, 1:1 support and advocacy to improve the outcomes for women and their children affected by domestic abuse.

The project will assist 120 women per year in the Stirling area to obtain a new home and sustain independent living confidently and safely.

**Final note**

The Poverty Alliance predicts that over £27 million will be removed from the Stirling District economy linked to Welafre reforms (2012 - 2015).

For this reason and many others, Stirling CAB exists as a *vital* Best Value service to our community and informs, enables, empowers and protects vulnerable people in Stirling District now more than ever before.