



Department
for Work &
Pensions

The benefits system

A short guide for GPs



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.dwp.gov.uk/healthcare-professional/ 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.

Contents

An overview of the following benefits is provided in this guide.

For children under 16 years

Disability Living Allowance (DLA)	3
---	---

For working age people (16 – 64 years)

Personal Independence Payment (PIP)	4
Disability Living Allowance (DLA)	5
Employment and Support Allowance (ESA)	5
Incapacity Benefit	7
Jobseeker's Allowance (JSA)	7
Universal Credit (UC)	8

For people aged 65 years and over

Attendance Allowance	9
----------------------------	---

For carers

Carer's Allowance and Carer's Credit	10
--	----

Help to stay in work

The fit note	11
Access to Work	11

More information and support

Support for GPs	12
Contact details for patients	12
Occupational Health Advice Service for Small Businesses	12

Patients may also be eligible for other benefits, such as Council Tax Reduction and Housing Benefit. These are not covered in this guide but details are at www.gov.uk/browse/benefits/

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 low / medium / high rate and a 'mobility component' which has a lower and higher rate. Claimants can be paid either or both of these components.

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 form to complete, which is considered by a DWP decision maker (a specifically trained lay person). This decision maker may ask for further information, or decide that an assessment should be carried out by the DLA Medical Service providers (currently Atos Healthcare).

As your 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.

If someone is claiming under the special rules for terminal illness, you may also 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 at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf

For working age people (16 - 64 years)

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.dwp.gov.uk/pip-toolkit or the PIP checker www.dwp.gov.uk/pip-checker

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, someone must have needed help with extra costs caused by a health condition or disability 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 a condition).

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: Atos Healthcare and Capita Health and Wellbeing. A postcode map is available at www.dwp.gov.uk/img/pip-postcode-map.png

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.

If your patient is terminally ill, they may ask you to complete a DS1500 form, which you or patient can send to DWP. There is guidance on completing the DS1500 for PIP at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf

A health professional from Atos Healthcare 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 needs a face-to-face consultation. Prompt responses can avoid unnecessary appointments and 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 guidance 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' (34 (b)).

Disability Living Allowance (DLA)

What is it?

Disability Living Allowance (DLA) is paid to people while they need help looking after themselves or moving around. The amount they get is based on the help they need due to their disability or condition, and they can get DLA whether they work or not.

DLA is made up of a 'care component' which is paid at either low / medium / high levels, and a 'mobility component' which has a lower and higher rate. Claimants can be paid either or both of these components.

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 you know how and when to apply for PIP. You can find out when existing DLA claimants might be affected by visiting the PIP toolkit <http://www.dwp.gov.uk/pip-toolkit> or the PIP checker <https://www.gov.uk/pip-checker>

DLA will remain for children up to the age of 16 and those in receipt of DLA who were 65 or over on 08 April 2013.

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. People assessed as 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.
- 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.

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 fit notes 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 WCA conducted by a healthcare professional, which DWP will use to help decide if the claimant should be awarded ESA. Once DWP has made a decision on whether to award benefit, they will write to you and your patient to let you know.

As your patient's doctor

Your patient may ask you for a fit note to support their claim to ESA, or if they wish to claim ESA while they appeal DWP's decision - see guidance on completing fit notes at www.dwp.gov.uk/fitnote. DWP will normally accept fit notes stating both 'not fit' and 'may be fit' for these purposes. 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.

A healthcare professional from Atos Healthcare 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 guidance 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' (34 (b)).

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 four of the ESA50. After signing the necessary declaration, they should then ask their chosen healthcare professional / cancer specialist to complete page 20.

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

You will only be asked for this form if it could result in approval of your patient's benefit without them needing to attend an assessment.

If your patient is terminally ill and wishes to claim ESA under special rules, DWP will ask you to complete a DS1500 form on their condition and treatment. There is guidance on completing the DS1500 form at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf. Their claim will be fast-tracked and referred to Atos for expert advice immediately. Once it has been confirmed that the claimant is terminally ill, they are placed in the Support Group from day one of their claim and are awarded the appropriate higher rate of benefit without having to serve the normal assessment phase or undergo any medical assessment.

Incapacity Benefit

Everyone currently receiving Incapacity Benefit will be assessed for Employment and Support Allowance (ESA) by 2014 (unless they reach State Pension age before then). There is more information about the reassessment process for health professionals at www.dwp.gov.uk/docs/ib-reassessment-questions-and-answers.pdf and claimants at www.dwp.gov.uk/docs/ib-reassessment-customer-factsheet.pdf

Income Support

What is it?

Income Support is an income-related benefit that can be paid to some people who are on a low income but not able to work. 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 a taxable benefit paid to unemployed people 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. People can claim one of two types of JSA:

- Contribution-based – paid for up to six months to people who have paid enough National Insurance contributions in the previous two tax years.
- Income-based – paid to people who do not qualify for Contribution-based JSA, if their income and capital (and/or their partner's income or capital) is low enough.

Submitting a claim

To make a claim for JSA, claimants should go to www.gov.uk/jobseekers-allowance. JSA claims made online are processed as a priority and claimants can claim 24 hours a day, 7 days a week. There's help and assistance available throughout the process, should they get stuck or have any questions.

As the patient's doctor

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 filling in the fit note at www.dwp.gov.uk/fitnote

Universal Credit (UC)

What is it?

Universal Credit (UC) is a new single payment for people who are looking for work or on a low income. It will simplify the benefits system by bringing together a range of working-age benefits into a single payment. It will replace:

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

Early rollout of Universal Credit, known as Pathfinder, started in some areas of Greater Manchester and Cheshire in April 2013. Universal Credit will be progressively rolled out nationally from October 2013. Our dedicated toolkit which is regularly updated is at: www.gov.uk/universal-credit-toolkit-for-partner-organisations

For people aged 65 years and over

Attendance Allowance

What is it?

Attendance Allowance supports people over 65 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 and be over 65. Attendance Allowance has two levels – lower and higher.

Submitting a claim

Claimants start a claim by phone (see ‘Contact Details for Patients’ at the end of this leaflet) or online at www.gov.uk/attendance-allowance/how-to-claim

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.

If your patient has a terminal condition, they or their representative may ask you to complete form DS1500.

There is guidance on completing the DS1500 form at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf

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:

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

Submitting a claim

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

Carer's Credit

Carer's Credit is a **National Insurance credit** that helps build entitlement to the basic State Pension and additional State Pension. It helps ensure there are no gaps in a carer's National Insurance record. It is payable to people who spend at least 20 hours a week caring for someone who receives:

- 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 someone who does 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.

Submitting a claim

Claimants start a claim 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 stay in work

The fit note

You can support patients who are employed by completing a fit note with helpful advice about what they can do at work. Your patient can then discuss this with their employer 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 at www.dwp.gov.uk/fitnote

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 specialist equipment, support workers or travel costs, or the additional employment costs that an employer would not normally be expected to fund (including arrangements where DWP and the employer share costs). 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 teams:

England: Telephone: 020 8426 3110 / Textphone: 020 8426 3133
email atwosu.london@dwp.gsi.gov.uk

Scotland: Telephone: 0141 950 5327 / Textphone: 0845 602 5850
email atwosu.glasgow@dwp.gsi.gov.uk

Wales: Telephone: 02920 423 291 / Textphone: 0845 602 5850 / 0208 426 3133
email atwosu.cardiff@dwp.gsi.gov.uk

As your 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.

More information and support

Support for GPs

DWP healthcare professional's website. Guidance on completing DWP forms and information about health and work issues: www.dwp.gov.uk/healthcare-professional/

Atos Healthcare helpline: Free advice for clinicians on medical issues linked to disability benefits and DWP forms. This service is strictly for healthcare professionals only. Contact numbers are available at: www.dwp.gov.uk/healthcare-professional/guidance/atos-healthcare/

Occupational Health Advice Service: Free professional occupational health support for individual patient cases or about occupational health in general. Contact numbers are:

England: 0800 0 778844 Scotland: 0800 0192211 Wales: 0800 1070900

Healthy Working UK: Free resource for GPs and healthcare professionals with information, guidance and training on health and work: www.healthyworkinguk.co.uk

Completing medical reports guide: DWP guidance on completing medical reports for DWP is available at www.dwp.gov.uk/docs/medical-reports-completion.pdf

Contact details for patients

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

Benefits

Jobseeker's Allowance

Employment and Support Allowance
Income Support

Disability Living Allowance
Attendance Allowance
Carer's Allowance/Carer's Credit

Personal Independence Payment

Contact details

www.gov.uk/jobseekers-allowance

0800 055 66 88
Textphone: 0800 023 4888

0800 882 200
Textphone: 0800 243 355

Claim line: 0800 917 2222
Textphone: 0800 917 7777
Enquiries: 0845 850 3322
Textphone: 0845 601 6677

Occupational Health Advice Service for Small Businesses

This advice services provide small business owners, managers and their employees with access to high quality and professional occupational health advice, tailored to their needs. The focus for the advice services is physical and mental health issues at work, which affect individual employees.

England: 0800 0778844 Scotland: 0800 0192211 Wales: 0800 1070900

