



Supporting evidence for Personal Independence Payment (PIP) claims

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Supporting medical evidence

Supporting medical evidence can be useful when you make a new or renewal PIP claim or when you are appealing against a decision that you are not entitled to PIP. It usually takes the form of a letter from your GP, consultant or other healthcare professional.

The Department for Work and Pensions (DWP) may contact your GP or health care professional to obtain medical evidence when you submit a PIP claim but in many cases they will not.

If you feel that your health care professional would be willing to write a letter of support that you can send in with your claim, we recommend that you ask them. Please note that some healthcare professionals will make a charge for this.

Not all healthcare professionals are able or willing to write supporting letters and they are not obliged to do so, but it is worth asking them to see if they will.

It is always a good idea to update your healthcare professional when you make a claim for PIP. You can also let them know that the DWP may get in contact with them.

If you need to appeal, a letter of support is really valuable so it may be at this stage you approach your healthcare professional to ask for supporting medical evidence.

The most helpful supporting medical evidence will be specifically relevant to the criteria used to assess claimants for PIP. General background information is useful but more importantly you really want evidence that shows how you meet the criteria for PIP.

We have listed these in Appendix I on page 8.

Think about the descriptors that you think you should score points for, and ask your GP or consultant to comment on this.

So for example, if you think that you should score 8 points in the mobility activities because you can walk less than 50 meters but more than 20 metres you may wish to ask your HP to comment on your difficulties with walking.

If you are not able to prepare food you may want to ask your GP to talk about this in the letter.

It is important that the healthcare professional knows that you will be assessed on how you are the majority of the time and that in order for you to be considered able to do an activity you need to be able to carry out the activity

- safely
- to an acceptable standard
- repeatedly AND
- in a reasonable time scale.

You may also want to ask another health care professional that you are involved with to support you, for example, a physiotherapist or occupational therapist.

If you see a complementary therapist they could also be asked to provide a letter. Some people share their completed PIP questionnaire with their GP but you may not want to do this or the GP may not have time to read through it.

You could just take a photocopy of the descriptors in and highlight the ones you think that you meet and would like your healthcare professional to comment on. This can help the GP to write a letter and will hopefully mean they will focus on the activities that are most relevant to you.

If your case goes to a tribunal the tribunal members may ask to see any letters that you sent your GP to ask for evidence. If you do write it is important to keep a copy and to submit it to the tribunal if you are asked for it. If they feel that the supporting letter is just based on what you wrote in your letter they may not feel that it is objective so that's why it is important that the GP has up to date knowledge at the outset about how you are affected.

You need to be aware that some healthcare professionals will charge for a letter so make sure you ask about any costs beforehand. We would also recommend that you ask that you are sent the letter first.

You will want to check you are happy with the content and that it is an accurate reflection. You may need to ask for the letter to be amended if you are unhappy with it- it's really important that you do not send in anything that you are not happy with.

We have attached the descriptors so you can take these along to your GP if you feel that would be helpful. We have also produced a covering information sheet to go with it.

Other evidence

Letters from carers, friends, or family can also be useful. They are likely to see you on a more frequent basis and will see you at home. Again, commenting on the activities relevant to PIP is most helpful.

So if your partner helps you with daily living activities such as washing and bathing, dressing and preparing food, it would be helpful if they could include the things they do for you and why you have difficulty with them.

Keeping a diary can also be useful and you can include this with your PIP questionnaire. A diary can be helpful with showing the help that you need on a day to day basis and may help you remember things that you need help with that you may otherwise forget.

It can also help you to focus on the ways you may have adapted to cope with being ill – it may help you appreciate that you are not doing things you need to because you are too unwell or that something takes you a lot longer than it used to. When you have been ill for sometime it is usual to adapt and easy to forget what it's like to be well.

If you have needed help with getting the medical evidence (from a relative or friend), the process has affected your health in any way or it has been difficult for you in terms of the effect on your health make sure you explain this on your form.

Information to share with your healthcare professional (to be used in conjunction with the descriptors in Appendix I)

People with M.E./CFS may be eligible for a number of benefits. This will depend on how affected they are by their condition and whether they meet certain criteria under which they are assessed.

As you will probably know, when someone makes a claim for benefit the Department of Work and Pensions (DWP) will sometimes contact their healthcare professional (most usually their GP) to obtain further information. However, in many cases they do not do this and rely instead on the patient gathering their own supporting evidence.

At Action for M.E. we suggest to people that they may like to obtain supporting medical evidence. However, we are aware that this puts pressure on healthcare professionals like you who already have many demands on your time, so we have produced this information sheet to support you in this.

This information sheet is concerned with Personal Independence Payment. A benefit paid to people who have difficulties with getting around/mobility and/or have difficulty with daily living tasks

Why supporting medical evidence is so important

Supporting medical evidence can make a crucial difference to the success of a PIP claim or appeal.

The DWP does not automatically contact a claimant's GP or any other healthcare professional (although they may do).

Decision makers at the DWP and assessors who carry out face-to-face assessments may have little knowledge of M.E./CFS and are very unlikely to have any specialist knowledge. So your evidence is vital in helping assessors understand how your patient is affected by M.E./CFS.

Providing your evidence

PIP is a points-based test and your patient needs to score enough points to get the benefit. They do this by meeting certain descriptors.

It is important to be aware that your patient will be assessed on how they are the majority of the time and that in order to be considered able to carry out an activity they need to be able to carry out the activity:

- safely
- to an acceptable standard
- repeatedly AND
- in a reasonable time scale.

Even if they can carry out an activity, like walking 20 metres once, if they are not able to do it safely, to an acceptable standard, repeatedly and in a reasonable time scale they should be treated as being unable to do it.

Likewise if they cannot do the activity the majority of the time they should be treated as being unable to do it. The effect of the activity should also be taken into account, so if they can do something but then have an increase in symptoms and/or a deterioration in their condition this should also be taken into consideration.

Supporting medical evidence usually takes the form of a letter. Key points you might include are:

- there is no cure for M.E./CFS and prognosis can be very difficult.
- M.E./CFS is a fluctuating condition that affects people in many different ways; perhaps you could outline the main disabling symptoms that your patient experiences in addition to debilitating exhaustion.
- how M.E./CFS specifically affects your patient's ability to manage day to day tasks and to get around/walk.

Your patient may also ask you to comment on the particular descriptors that apply in their individual case. For example, your patient may ask you to comment on their ability to walk out of doors or to cook a meal.

If you know the problems that they would have with these activities or the likely impact their M.E/CFS would have on their ability to carry out these activities you may wish to make specific comments in your letter or report.

Useful contacts

Action for M.E.

Information and support for people with M.E. and their carers

General enquiries: 0117 927 9551 (Mon-Fri 9am-5pm)

Enquiries email: admin@actionforme.org.uk

Welfare Rights Line: 0845 122 8648 (times vary)

Online M.E. Centre: www.actionforme.org.uk

Citizens Advice Bureau

Offers advice on a range of issues and may complete a benefits check for you

www.citizensadvice.org.uk

Civil Legal Advice

Help with some benefit appeals for eligible people

www.gov.uk/civil-legal-advice

Disability Law Service

Offers information and advice on a range of issues including welfare rights

Tel: 0207 791 9800

www.dls.org.uk

Disability Information and Advice Line (DIAL)

To find your local DIAL office, contact Scope, 6 Market Road, London N7 9PW

Tel: 0808 800 3333

www.scope.org.uk/help-and-information/dial-groups

Disability Rights UK

Factsheets on benefits, tax credits and independent living

www.disabilityrightsuk.org

Local councils

Some local councils employ welfare rights workers. The council may also have information about other services that offer welfare rights advice in your area.

www.gov.uk/find-your-local-council



If you have found the information in this factsheet helpful, please consider making a donation to Action for M.E. at www.actionforme.org.uk or by calling 0117 927 9551. Thank you.

Appendix I: PIP activities and descriptors

The activities, descriptors and points listed below are the legal test as laid out in the Social Security (Personal Independence Payment) Regulations 2013. You can see these at www.legislation.gov.uk/uksi/2013/377/made

In order to qualify for the daily living component (activities 1 to 10 in the table below) of PIP you need to score:

- at least eight points to be awarded the standard rate
- at least 12 points to be awarded the enhanced rate

In order to qualify for the mobility component (activities 11 and 12 in the table below) of PIP you need to score:

- at least eight points to be awarded the standard rate
- at least 12 points to be awarded the enhanced rate

To get both the daily living and mobility component you would need to score at least eight points in both sections (ie. a total of 16 points.) **You can only score once in each activity so only the descriptor with the highest points that applies to you will be awarded.**

Daily living component activities	
Activity	Descriptor
1. Preparing food	a. Can prepare and cook a simple meal unaided – 0 points
	b. Needs to use an aid or appliance to either prepare or cook a simple meal – 2 points
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave – 2 points
	d. Needs prompting to be able to either prepare or cook a simple meal – 2 points
	e. Needs supervision or assistance to either prepare or cook a simple meal – 4 points
	g. Cannot prepare and cook food – 8 points

Activity	Descriptor
2. Taking nutrition	a. Can take nutrition unaided – 0 points
	b. Needs either (i) to use an aid or appliance to be able to take nutrition OR (ii) supervision to be able to take nutrition OR (iii) assistance to be able to cut up food – 2 points
	c. Needs a therapeutic source to be able to take nutrition – 2 points
	d. Needs prompting to be able to take nutrition – 4 points
	e. Needs assistance to be able to manage a therapeutic source to take nutrition – 6 points
	f. Cannot convey food and drink to their mouth and needs another person to do so – 10 points
Activity	Descriptor
3. Managing therapy or monitoring a health condition	a. Either: (i) does not receive medication or therapy or need to monitor a health condition OR (ii) can manage medication or therapy or monitor a health condition unaided – 0 points
	b. Needs either: (i) to use an aid or appliance to be able to manage medication OR (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition – 1 point
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week – 2 points
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week – 4 points
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week – 6 points

	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week – 8 points
Activity	Descriptor
4. Washing and bathing	a. Can wash and bathe unaided – 0 points
	b. Needs to use an aid or appliance to be able to wash or bathe – 2 points
	c. Needs supervision or prompting to be able to wash or bathe – 2 points
	d. Needs assistance to be able to wash either their hair or body below the waist – 2 points
	e. Needs assistance to be able to get in or out of a bath or shower – 3 points
	f. Needs assistance to be able to wash their body between the shoulders and waist – 4 points
	g. Cannot wash and bathe at all and needs another person to wash their entire body – 8 points
Activity	Descriptor
5. Managing toilet needs or incontinence	a. Can manage toilet needs or incontinence unaided – 0 points
	b. Needs to use an aid or appliance to manage toilet needs or incontinence – 2 points
	c. Needs supervision or prompting to be able to manage toilet needs – 2 points
	d. Needs assistance to be able to manage toilet needs – 4 points
	e. Needs assistance to be able to manage incontinence of either bladder or bowel – 6 points
	f. Needs assistance to manage incontinence of both bladder and bowel – 8 points

Activity	Descriptor
6. Dressing and undressing	a. Can dress and undress unaided – 0 points
	b. Needs to use an aid or appliance to be able to dress or undress – 2 points
	c. Needs either: (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed OR (ii) prompting or assistance to be able to select appropriate clothing – 2 points
	d. Needs assistance to be able to dress or undress their lower body – 2 points
	e. Needs assistance to be able to dress or undress their upper body – 4 points
	f. Cannot dress or undress at all – 8 points
Activity	Descriptor
7. Communicating verbally	a. Can express and understand verbal information unaided – 0 points
	b. Needs to use an aid or appliance to be able to speak or hear – 2 points
	c. Needs communication support to be able to express or understand complex verbal information – 4 points
	d. Needs communication support to be able to express or understand basic verbal information – 8 points
	e. Cannot express or understand verbal information at all even with communication support – 12 points
Activity	Descriptor
8. Reading and understanding signs, symbols and words.	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses – 0 points
	b. Needs 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. – 2 points

	c. Needs prompting to be able to read or understand complex written information – 2 points
	d. Needs prompting to be able to read or understand basic written information – 4 points
	e. Cannot read or understand signs, symbols or words at all – 8 points
Activity	Descriptor
9. Engaging with other people face to face.	a. Can engage with other people unaided – 0 points
	b. Needs prompting to be able to engage with other people – 2 points
	c. Needs social support to be able to engage with other people – 4 points
	d. Cannot engage with other people due to such engagement causing either: (i) overwhelming psychological distress to the claimant OR (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person – 8 points.
Activity	Descriptor
10. Making budgeting decisions.	a. Can manage complex budgeting decisions unaided – 0 points
	b. Needs prompting or assistance to be able to make complex budgeting decisions – 2 points
	c. Needs prompting or assistance to be able to make simple budgeting decisions – 4 points
	d. Cannot make any budgeting decisions at all – 6 points

Mobility component activities	
Activity	Descriptor
11. Planning and following journeys.	a. Can plan and follow the route of a journey unaided – 0 points
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant – 4 points
	c. Cannot plan the route of a journey – 8 points
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid – 10 points
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant – 10 points
	f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid – 12 points
Activity	Descriptor
12. Moving around	a. Can stand and then move more than 200 metres, either aided or unaided – 0 points
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided – 4 points
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres – 8 points
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres – 10 points
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided – 12 points
	f. Cannot, either aided or unaided: (i) stand OR (ii) move more than 1 metre – 12 points

Appendix II: DWP definitions for activities and descriptors

Note: The information below is based on The Social Security (Personal Independence Payment) Regulations 2013. You can see these at www.legislation.gov.uk/ukxi/2013/377/made

“aid or appliance”

A device to improve either a physical or mental function or both. It includes a prosthesis but does not include an aid or appliance ordinarily used by a person without a physical or mental condition which limits that person’s ability to carry out daily living or mobility activities

“assistance”

Physical intervention by another person

“bathe”

To clean one’s torso, face, hands and underarms

“cook”

To heat food at or above waist height

“communicate”

To convey and understand information in the claimant’s native language

“communication support”

(a) support from a person trained to communicate with people with specific communication needs

(b) support from someone experienced in communicating with the claimant;

“complex financial decisions”

(a) calculating household and personal budgets

(b) managing and paying bills

(c) planning future purchases

“dress and undress”

To put on and take off socks and slip-on shoes

“engage socially”

(a) to interact with others in a contextually and socially appropriate manner

(b) to understand body language

(c) to establish relationships

“groom”

- (a) to comb or brush one’s hair
- (b) to wash one’s hair
- (c) to clean one’s teeth

“manage incontinence”

To manage evacuation of the bowel or bladder including using a collecting device or self-catheterisation;

“manage medication or therapy” means take medication or undertake therapy, where a failure to do so is likely to result in a deterioration in the claimant’s health;

“medication”

Medication prescribed or recommended by a registered doctor, nurse or pharmacist

“monitor health”

- (a) to detect significant changes in the claimant’s health condition
- (b) to take action advised by a healthcare professional, without which the claimant’s health is likely to deteriorate

“overwhelming psychological distress”

Distress caused by an enduring mental health condition or an intellectual or cognitive impairment

“prepare”

In the context of food, means the activities required to make food ready for cooking or eating

“prompt”

To remind or encourage

“simple financial activities”

- (i) calculating the cost of goods
- (ii) calculating change required after a purchase

“simple meal”

A cooked, one-course meal for one using fresh ingredients

“social support”

Support from a person trained or experienced in assisting people to engage in social situations

“supervision”

The continuous presence of another person for the purpose of ensuring the safety of the claimant

“support dog”

A dog trained to guide or assist a person with a sensory impairment

“take nutrition”

- (a) to cut food into pieces
- (b) to convey food or drink to one’s mouth
- (c) to chew and swallow food or drink
- (d) to take nutrition by using a therapeutic source

“therapeutic source”

Parental or enteral tube feeding using a rate limiting device such as a delivery system or feed pump

“therapy”

Refers to long-term therapy which is

- (a) undertaken at home
- (b) prescribed or recommended by a registered doctor, nurse, pharmacist or healthcare professional regulated by the Health Professions Council [now Health and Care Professions Council]

“toilet needs”

- (a) getting on and off the toilet
- (b) cleaning oneself after using the toilet

“unaided” means without

- (a) without the use of an aid or appliance
- (b) without assistance, prompting or supervision

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correct at the time of writing. We are updating this factsheet as changes occur. Whilst every care has
been taken to ensure accuracy at the time of writing, this fact sheet can only be a general guide as the
process will vary depending on the severity of the claimant’s condition. Action for M.E. cannot accept
responsibility for any loss experienced as a result of this document.