

NR969323B

BACKGROUND					
DUE DATE	18/05/2015	RECEIVED	24/04/2015	REF	1390
OWNED BY		RECD IN DEPT	24/04/2015	BENEFIT	PIP

CUSTOMER/OTHER PERSON DETAILS					
CUSTOMER SURNAME	STILL	CUSTOMER FORENAME	PETER	NINO	NR969323B
OTHER SURNAME		OTHER FORENAME		REL TO CUSTOMER	

FEEDBACK DETAILS			
NATIONAL ASPECT(S)	2. DWP STAFF DON'T TREAT ME WITH RESPECT B) YOU WERE UNHELPFUL/UNPROFESSIONAL	OVERVIEW	NOT HAPPY WITH THE WAY HE WAS SPOKEN TO BY A CM. APOLOGY BY A MEMBER OF THE TEAM. NP SCJ
		NOTES	

ACTIONS TAKEN			
ACTION TAKEN	DATE	INITIALS	BF DATE
FULL REPLY	14/05/2015		18/05/2015

CLEARED ON DATABASE		CLEARED BY	
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Patrick Nicola DCS COMPLAINTS RESOLUTION MANAGER

From: DWP Blackpool BC Customer Complaints
Sent: 14 May 2015 11:31
To: Patrick Nicola DCS COMPLAINTS RESOLUTION MANAGER
Subject: FW: Peter Still

From: Rogers Rachel DWP BD DISABILITY BLACKPOOL
Sent: 14 May 2015 10:23
To: DWP Blackpool BC Customer Complaints
Subject: Peter Still

24/4/15

Good Morning,

I have contacted Peter Still (NR969323B) as he had a complaint re the service he had received. He felt the CM he spoke to (Stuart May) was abusive and unhelpful. I apologised for this and Mr Still seemed happy with my apology and the fact I had returned his call.

Thanks
Rachel

13/6/15

**Rachel Rogers | Case Manager | Department For Work And Pensions
Room B207 | Warbreck House | Blackpool | FY2 0UZ | Tel: 01253 337587 | Ext:
67587 | www.gov.uk**

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Personal Independence Payment

Abbreviations List

ACN	Account Number
AP	Assessment Provider
BA	Bank Account
BC	Benefits Centre
CLMT	Claimant
COA	Change Of Address
CoC	Change Of Circumstances
CRU	Compensation Recovery Unit
DM	Decision Maker
FME	Further Medical Evidence
GP	General Practitioner
HCP	Health Care Professional
Hosp	Hospital & Other Accommodation
HP	Healthcare Professional
HMCTS	Her Majesty's Courts & Tribunal Service
NFA	No Fixed Abode
MOU	Mail Opening Unit
OBC	Outbound Call
PIP	Personal Independence Payment
PWA	Person Without Address
R&P	Residence & Presence
R/N	Roll Number
RR	Personal Representative
S/C	Sort Code
TASKS	Clerical Actions

Atos and DWP Abbreviations

ATOS ABBREVIATIONS	
AP	Assessment Provider
AC	Assessment Centre
BO	Back Office
BPS	BACS Payment System
CAP	Capacity & Planning Team
CC	Consultation Centre
CD	Clinical Director
CM	Clinical Manager
CoC	Change of Circumstances
CRMA	Client Relations Medical Advisor
CRN	Case Reference Number
CSC	Customer Services Centre
CSHU	Claimant Sent Home Unseen
CRT	Client Relations Team
CSS	Customer Service Support
DRS	Document Repository System
DWP	Department for Work and Pensions
EST	Employee Support Team
FME	Further Medical Evidence
FE	Further Evidence
FTA	Failure to Attend
FTC	Failure to Comply
GPFR	General Practitioners Factual Report
HC	Home Consultation
HP	Health Professional
IAT	Interim Assessment Tool
IDV	Identification & Verification
IEG	Intelligent Evidence Gathering
KPI	Key Performance Indicators
MI	Management Information
MOU	Mail Opening Unit
NINO	National Insurance Number
OOA	Out of Area
PA Form	Personal Assessment Form
PAB	Personal Acting Body
PBR	Paper Based Review
PDF	Portable Document Format
PIP	Personal Independence Payment
PIPAT	PIP Assessment Tool
PIPCS	PIP Computer System
PRS	Practitioner Referral System
RAF	Return Assessment Function
RPT	Referrals Processing Team
RSDM	Regional SDM
SAMS	Siebel Appointment Management System
SCM	Supply Chain Manager
SCP	Supply Chain Partner
SDC	Service Deliver Centre
SDM	Service Delivery Manager
SLA	Service Level Agreement
SNA	Short Notice Appointment
SPoC	Single Point of Contact
SRTI	Special Rules Terminally Ill
TI	Terminally Ill
UCB	Unacceptable Claimant Behaviour
VA	Vulnerable Adult
UTA	Unable to Attend

DWP ABBREVIATIONS	
AC/N	Account Number
AP	Assessment Provider
ARUC	Automatic return of unapplied credits
BC	Benefits Centre
BLS	Bank Liaison Section
CCS	Contact Centre Services
CH	Care Home
CLMT	Claimant
CM	Case Manager
COA	Change of Address
CoC	Change of Circumstance
CRM	Case Resolution Manager
CRU	Compensation Recovery Unit
CW	Case Worker
DK	don't know
DLO	Dead Letter Office
DRS	Document Repository System
FME	Further Medical Evidence
GP	General Practitioner
HCP	Health Care Professional
HMCTS	Her Majesty's Courts and Tribunals Service
Hosp	Hospital and other accommodation
HP	Health Professional (based in the AP space)
IBAN	International Bank Account Number
IDV	Identification Verification
MOU	Mail Opening Unit
NFA	No Fixed Abode
NINO	National Insurance Number
NR	Normal Rules
OBC	Outbound Call
OGD	Other Government Department
PI	Planned Intervention
PIP	Personal Independence Payment
PIPAT	PIP Assessment Tool
PIPCS	Personal Independence Payment Computer System
PUG	PIP user guide
PWA	Person Without Address
QAM	Quality Assurance Manager
QAS	Quick Address Search
R&P	Residence and Presence
R/N	Roll Number
RR	Recognised Representative
S/C	Sort Code
SCR	Special Customer Records
SLA	Service Level Agreement
SPVA	Service Personnel and Veterans Agency
SRTI	Special Rules Terminally Ill
Swift/BIC	Bank Identification Code
UCB	Unacceptable Claimant Behaviour
UI	Unplanned Intervention
WQ	Work Queue
WFT	Workflow Team

Claimant Overview - Windows Internet Explorer
 https://prs.pip.local/PRS/ViewFlow/ADA/ua/view-claimant-overview.html?executionContext=1533&prstoken=148-0-CBCB267C385244670955D987C3451CD

Workbench EXIT PRS

PRS Release: 29 NINo Search

Claimant Overview [Full details](#) Notifications

NINo	Name	Availability	DoB	Gender	UCB
NR969323B	Mr Peter T Still 84 Plessey Road Bathgate West Lothian EH482XP	Available	13-06-1989	Male	

Referrals [Create Referral](#)

Ref.	Contract	Category	Priority	KPI Start	KPI Due	KPI Stopped	Workflow Status	Outcome	Assessment Report	Contact History
1.	Lot 1	Scrutiny	02-01-15	02-01-15	12-02-15	14-02-15		Consultation report completed	Go	

FME

Outputs

Ref.	Created	PIPAT	Outcome	Status	Author	Provider	Audit Type	Audit Completed	Location
1.	13-02-15	No	Consultation report completed	Authorised	04L0532E - Miss Margaret Chivanza	Salus			Assessment centre
	27-01-15	No	Consultation required	Authorised	01B0576S - Ms Angela Cowden	Alos			Assessment centre

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Assessment Report Document List - Windows Internet Explorer

https://prs.pip.local:PRSSWebFlow/ADA/ai/view/rainmanoverview.html?view:cutome:d552&prstobene:L30-0_0155281F897F4785243486FD2C34006

Assessment Report Document List

Workbench Exit PIP

PRS Release: 29 NINo Search

Assessment Report

NINo	Name	Availability	DoB	Gender	UCB
NR069323B	Mr Peter T Still 84 Plessey Road Bathgate West Lothian EH482XP	Available	13-06-1969	Male	

[Back](#) [Refresh](#)

Document List

Print Selection	First Saved	Document Type	Status	Author	Last Updated By	Last Saved	Document Action
<input type="checkbox"/>	13-02-15 14:47	PA1	Complete	04L0532E - Miss Margaret Chwianza		13-02-15 16:41	
<input type="checkbox"/>	27-01-15 11:43	PA1	Complete	01E0576S - Ms Angela Cowden		27-01-15 11:43	
<input type="checkbox"/>	10-01-15 10:09	PA1	Complete	11F1879E - Mr Jeremy Roberts		10-01-15 10:09	

[Merge to print](#)

Actions

Date / Time	Action	Author
No data available in table		

[Previous](#) [Next](#)

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Personal Independence Payment

Review filenote - PA1

Title	<input type="text" value="Mr"/>	Surname	<input type="text" value="Still"/>
Other Names	<input type="text" value="Peter T"/>		
PIP Reference Number	<input type="text" value="NR969323B"/>		

- Further evidence is required
 - A face-to-face consultation is required
 - There is sufficient evidence to advise DWP on the basis of paper evidence
-

Summary justification

POTENTIAL PA3

I can confirm that there is no harmful information in the report.

Author	<input type="text" value="Mr Jeremy Roberts"/>		
Type of professional	<input type="text" value="Nurse"/>	Date	<input type="text" value="10/01/2015"/>
Consideration/writing up time (mins)	<input type="text" value="3"/>		
Last updated by	<input type="text"/>		
Type of professional	<input type="text"/>	Date	<input type="text"/>

Continuation box

[Continued from...]

Personal Independence Payment Claimant History

Outcome: Assessed

Outcome recorded: 13-FEB-15

Appointment Contact History

Contact time & date: 10/02/2015 15:02:47

Type: Outbound SMS

Reason: Out - Reminder

Notes: Reminder text sent to '07586715423'

Personal Independence Payment Claimant History

NINo:	NR969323B
Name:	Mr Peter Still
Address:	84 Plessey Road Bathgate West Lothian EH482XP
DoB:	13-JUN-69
Gender:	Male
Claimant No:	0000000012350000000000100081
Home Phone:	01501470781
Mobile Phone:	07586715423

Consultation Request Details

Consultation Request Id: 0000000012350000000000100094

Consultation Request Status: Closed

Contract: Lot 1

Consultation Request
Created: 27-JAN-15

Letter sent Date: 13-FEB-15

Appointment History

Appointment date & time: 13-FEB-15 15:00 - 16:00

Assessment centre ref: 20003

UCB: N

Gender Required: N

Arrival Time: 14:35

Review filenote - PA1

Title	<input type="text" value="Mr"/>	Surname	<input type="text" value="Still"/>
Other Names	<input type="text" value="Peter T"/>		
PIP Reference Number	<input type="text" value="NR969323B"/>		

- Further evidence is required
- A face-to-face consultation is required
- There is sufficient evidence to advise DWP on the basis of paper evidence
-

Summary justification

A face-to-face consultation is required to determine functional ability, moved to AC

I can confirm that there is no harmful information in the report.

Author	<input type="text" value="Ms Angela Cowden"/>		
Type of professional	<input type="text" value="Nurse"/>	Date	<input type="text" value="27/01/2015"/>
Consideration/writing up time (mins)	<input type="text" value="2"/>		
Last updated by	<input type="text"/>		
Type of professional	<input type="text"/>	Date	<input type="text"/>

Continuation box

[Continued from...]

Personal Independence Payment

Consultation report form – PA4

Surname	Still
Other Names	Peter T
PIP Reference Number	NR969323B

Date of consultation	13 February 2015
Place of consultation	Edinburgh Salus
Time consultation started	14:51
Name of professional carrying out consultation	Margaret Chiwanza
Type of professional	Nurse

List all evidence considered alongside the consultation findings

PIP questionnaire.

The purpose and nature of the consultation has been clearly explained to the claimant

The following individual attended the consultation with the claimant:

Name of individual

Not applicable

Relationship to claimant

Not applicable

History

History of conditions

Lumbar spondylosis, for almost 20 years, has constant pain in his back radiating down to both legs, finds it hard to bend or walk long distances, is on medication and condition affects him most of the time.

Depression and anxiety, for many year, feels nervous, can't go out alone, has low mood, no motivation, tired, was previously admitted to hospital in 2012 due to his suicidal intention, has a support worker once a week from Scottish association for mental health (SAMH), is on medication, last saw a a psychiatrist nurse in July 2014 and has more bad days than good.

Current medication and treatment

Amitriptyline 50mg three tablet daily for depression and anxiety.
Gabapentin 100mg 3 tablets daily for pain.
Side effects tiredness.

Social and occupational history

Lives on his own in a upper villa.
Has a dog.
Was driven to the assessment centre by his friend.
Worked at TESCO warehouse and was medically retired in 2010.
Uses the computer.

Continuation box

[Continued from...]

Variability

Please see history of conditions.

Preparing food

Normally has microwave meals because has previously almost burned the house on several occasions due to poor concentration and forgetting.

Taking nutrition

Usually has toast and cheese for breakfast and lunch and has a microwave meal for his tea.

Managing therapy or monitoring a health condition

Takes his medication as directed.

Washing and bathing

Has a walk in shower, showers once a week due to feeling down and no energy.
His support worker prompts him weekly to have a shower and to change his clothes.

Managing toilet needs or incontinence

Independent with toileting.

Dressing and undressing

Normally stays and sleeps in jogging bottoms and may get changed once a week.
His support worker prompts him weekly to have a shower and to change his clothes.

Communicating verbally

Has a mobile phone and normally uses to text his 2 daughters.
He avoids making conversation and mixing with people due to anxiety.

Reading and understanding signs, symbols and words

Has a laptop uses it for watching videos and surfing the internet..

Engaging with others face to face

He avoids making conversation and mixing with people due to anxiety.
Avoids answering doors and hides away from people.
Keeps his curtains shut.

Making budgeting decisions .

Has a post office account.
Receives his ESA allowance and uses it for his living expenses.
His support worker usually takes him shopping once a week and assist him with dealing with his finances

Planning and following journeys

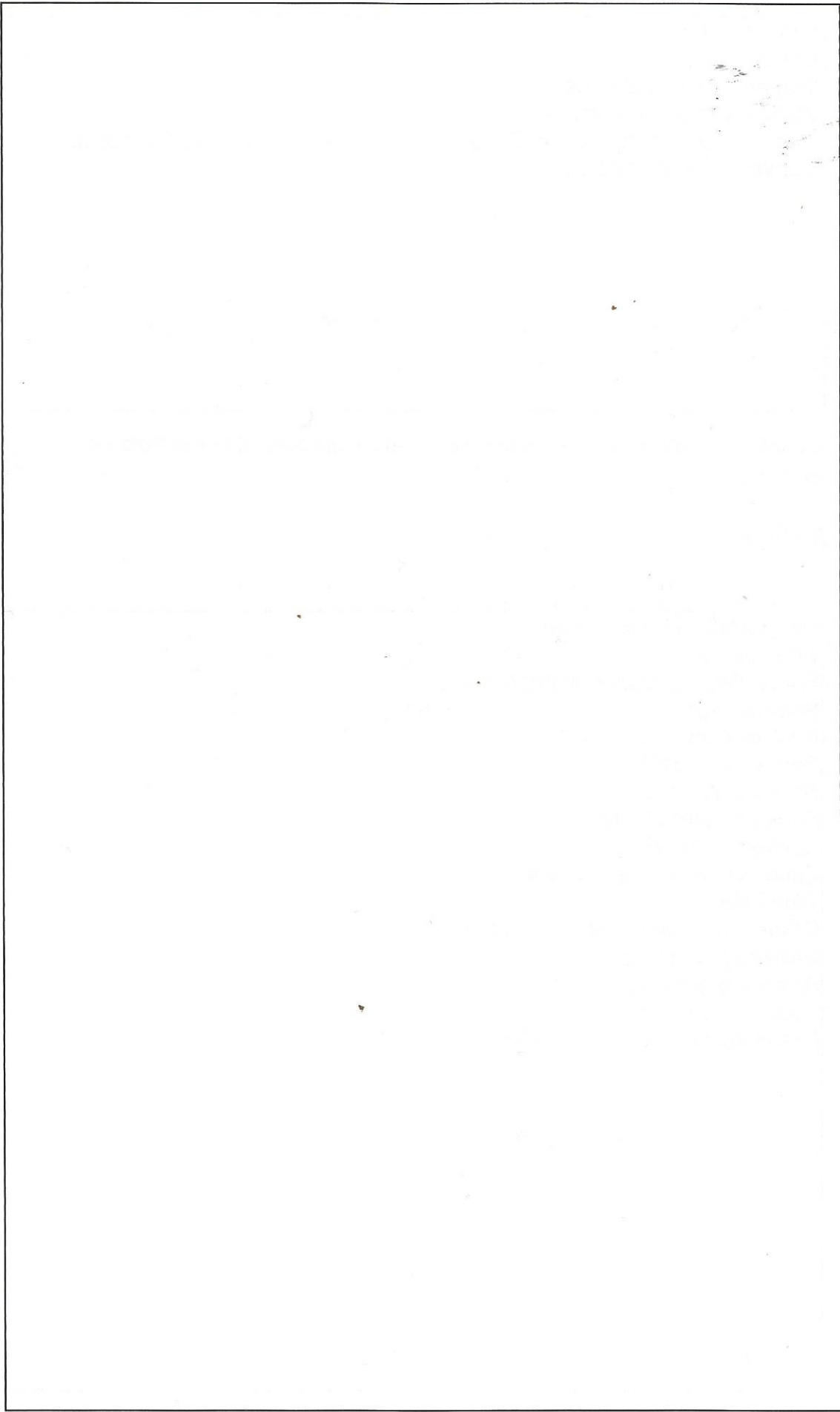
Can't go out of the house alone and last time was out alone was beginning of July 2014.
Finds it hard to cope with crowds, has no motivation and feels scared.
His support worker takes him shopping once a week and sorts out his appointments makes sure there is someone available to take him to all his appointments.

Moving around

Finds it hard to walk long distance due to back pain and can manage to walk with discomfort for about 200 yards and has to stop.
His daughter takes the dog out for a walk.

Other relevant functional history

Has no fixed sleep pattern.



Observations

General appearance and Informal Observations

Large build.
Unkempt.
Wearing stained clothes.
Walked without restrictions.
Went to the toilet approximately 25 metres away from the waiting room.
Conversed with assessor.

Consent to carry out any necessary examination has been obtained from the claimant



Mental state

Reduced facial expression.
Was restless.
Some difficulty coping at interview.
Seemed agitated.
Poor rapport.
Poor eye contact.
Spoke very little.
Spoke at normal rate.
Spoke at normal volume.
Speech content was normal.
Was irritable.
Orientated in time, place and person.
Needed prompting.
Adequate general memory.
Poor concentration.
Had good insight into their illness.

Spine can bend forward to reach knee level only.
Squat not examined due to bending restrictions.
All other movement within normal limits.

Other relevant systems (e.g. Vision, Hearing, Cardiovascular, Respiratory etc)

Not examined.

Time consultation ended

15:30

Health professional's opinion - Daily Living activities

Activity	Descriptor	
1. Preparing food	a. Can prepare and cook a simple meal unaided.	<input type="radio"/>
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	<input type="radio"/>
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	<input checked="" type="radio"/>
	d. Needs prompting to be able to either prepare or cook a simple meal.	<input type="radio"/>
	e. Needs supervision or assistance to either prepare or cook a simple meal.	<input type="radio"/>
	f. Cannot prepare and cook food at all.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSE findings indicating poor concentration. Therefore requires to use a microwave to complete this task safely.

Activity	Descriptor	
2. Taking nutrition	a. Can take nutrition unaided.	<input checked="" type="radio"/>
	b. Needs – (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.	<input type="radio"/>
	c. Needs a therapeutic source to be able to take nutrition.	<input type="radio"/>
	d. Needs prompting to be able to take nutrition.	<input type="radio"/>
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	<input type="radio"/>
	f. Cannot convey food and drink to their mouth and needs another person to do so.	<input type="radio"/>

Justification for descriptor choice

<p>The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.</p>	<input type="checkbox"/>
<p>If not ticked, reason given below:</p> <p>Inconsistent with large build and his typical day. Therefore is able to complete this task independently.</p>	

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.	<input type="radio"/>
	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.	<input checked="" type="radio"/>
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	<input type="radio"/>
	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.	<input type="radio"/>
	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.	<input type="radio"/>
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Inconsistent with no evidence of cognitive impairment and his typical day were he states that he takes his medication as directed. Therefore is able to complete this task independently.

Activity	Descriptor	
4. Washing and bathing	a. Can wash and bathe unaided.	<input type="radio"/>
	b. Needs to use an aid or appliance to be able to wash or bathe.	<input type="radio"/>
	c. Needs supervision or prompting to be able to wash or bathe.	<input checked="" type="radio"/>
	d. Needs assistance to be able to wash either their hair or their body below the waist.	<input type="radio"/>
	e. Needs assistance to be able to get in or out of a bath or shower.	<input type="radio"/>
	f. Needs assistance to be able to wash their body between the shoulders and waist.	<input type="radio"/>
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with informal observations was unkempt and wearing stained clothes and diagnosis. Therefore requires prompting to complete this task.

Activity	Descriptor	
5. Managing toilet needs or incontinence	a. Can manage toilet needs or incontinence unaided.	<input checked="" type="radio"/>
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	<input type="radio"/>
	c. Needs supervision or prompting to be able to manage toilet needs.	<input type="radio"/>
	d. Needs assistance to be able to manage toilet needs.	<input type="radio"/>
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	<input type="radio"/>
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	<input type="radio"/>

Justification for descriptor choice

<p>The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.</p>	<input checked="" type="checkbox"/>
<p>If not ticked, reason given below:</p>	

Activity	Descriptor	
6. Dressing and undressing	a. Can dress and undress unaided.	<input type="radio"/>
	b. Needs to use an aid or appliance to be able to dress or undress.	<input type="radio"/>
	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.	<input checked="" type="radio"/>
	d. Needs assistance to be able to dress or undress their lower body.	<input type="radio"/>
	e. Needs assistance to be able to dress or undress their upper body.	<input type="radio"/>
	f. Cannot dress or undress at all.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with informal observations was unkempt and wearing stained clothes and diagnosis. Therefore requires prompting to complete this task.

Activity	Descriptor	
7. Communicating verbally	a. Can express and understand verbal information unaided.	<input checked="" type="radio"/>
	b. Needs to use an aid or appliance to be able to speak or hear.	<input type="radio"/>
	c. Needs communication support to be able to express or understand complex verbal information.	<input type="radio"/>
	d. Needs communication support to be able to express or understand basic verbal information.	<input type="radio"/>
	e. Cannot express or understand verbal information at all even with communication support.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

inconsistent and though he spoke very little. However he was able to converse with assessor and understood questions. Therefore is able to complete this task independently.

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.	<input checked="" type="radio"/>
	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.	<input type="radio"/>
	c. Needs prompting to be able to read or understand complex written information.	<input type="radio"/>
	d. Needs prompting to be able to read or understand basic written information.	<input type="radio"/>
	e. Cannot read or understand signs, symbols and words at all.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Inconsistent with no evidence of cognitive impairment, ability to text and use the internet. Therefore is able to complete this task independently.

Activity	Descriptor	
9. Engaging with others face to face	a. Can engage with other people unaided.	<input type="radio"/>
	b. Needs prompting to be able to engage with other people.	<input checked="" type="radio"/>
	c. Needs social support to be able to engage with other people.	<input type="radio"/>
	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.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSE findings indicating anxiety and poor rapport and medications prescribed. Therefore would require prompting to complete this task.

Activity	Descriptor	
10. Making budgeting decisions	a. Can manage complex budgeting decisions unaided.	<input type="radio"/>
	b. Needs prompting or assistance to be able to make complex budgeting decisions.	<input checked="" type="radio"/>
	c. Needs prompting or assistance to be able to make simple budgeting decisions.	<input type="radio"/>
	d. Cannot make any budgeting decisions at all.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSE findings indicating anxiety and has weekly support from his support worker to deal with his finances. Therefore would require prompting to make complex budget decisions.

The functional restriction affecting the **daily living** activities identified in this report is likely to have been present for:

At least 3 months

Not applicable

Less than 3 months

(no functional restriction present)

The functional restriction affecting the **daily living** activities identified in this report is likely to remain for:

At least 9 months

Not applicable

Less than 9 months

(no functional restriction present)

Mobility activities

Activity	Descriptor	
11. Planning and following journeys	a. Can plan and follow the route of a journey unaided.	<input type="radio"/>
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	<input checked="" type="radio"/>
	c. Cannot plan the route of a journey.	<input type="radio"/>
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	<input type="radio"/>
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	<input type="radio"/>
	f. Cannot follow the route of a familiar journey without another person, assistance dog or an orientation aid.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSE findings indicating anxiety, medications prescribed, was driven to the assessment by his friend and indicates that he has not been out alone since July 2014. Therefore would require prompting to make a journey.

Activity	Descriptor	
12. Moving around	a. Can stand and then move more than 200 metres, either aided or unaided.	<input type="radio"/>
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	<input checked="" type="radio"/>
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres.	<input type="radio"/>
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	<input type="radio"/>
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	<input type="radio"/>
	f. Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSO indicating bending restriction and medications prescribed. Therefore is able to walk between 50metres and 200 metres for the majority of the time.

The functional restriction affecting the **mobility** activities identified in this report is likely to have been present for:

At least 3 months

Not applicable

Less than 3 months

(no functional restriction present)

The functional restriction affecting the **mobility** activities identified in this report is likely to remain for:

At least 9 months

Not applicable

Less than 9 months

(no functional restriction present)

Based on the claimant's likely future circumstances, it would be appropriate to review the claim in:

Years

Months

OR

Based on the available evidence, I consider there to be no requirement to arrange a review of this claim as significant change is unlikely:

Justification for review period choice

Given history of condition, I would recommend a review in 2 years.

It is likely that the functional restriction identified in this report will be present at the recommended point of review:

Yes

Not applicable

No

(no restriction present)

Although they have not claimed under the terminal illness provisions, in my opinion they are terminally ill under the prescribed definition:

Yes

No

The claimant has a mental, intellectual or cognitive impairment and may need additional support to comply with future claim processes:

Yes

No

Continuation box

[Continued from...]

[if further details are required please use the following continuation page]

Continuation box

[Continued from...]

Consideration/writing up time (mins)

I can confirm that there is no harmful information in this report.

Name

Type of professional

Date

Last updated by

Type of professional

Date

For office use only

96

ESA85

Employment and Support Allowance Medical Report Form

Surname	STILL
Other Names	PETER
National Insurance Number	NR969323B
Date of Birth	13 June 1969
Time Examination and Interview Started	15:05
Time Examination and Interview Ended	15:34
Time Report Completed	16:15
Date of Examination	02 July 2014
Place of Examination	YORK PLACE
Healthcare Professional's Name	Mr PETER HARKNESS (Registered Nurse)

- 5 MAY 2015

Client Interview

Medical Conditions and Treatment

Medical Conditions

1

Conditions Medically Identified

Anxiety and Depression
Back Pain

Other Conditions Reported

Client states no other problems

Medication

2

Amitriptyline (antidepressant) taken regularly every day at normal dosage.
Currently using no medication for Back Pain.

Side Effects Due to Medication

3

Description of Functional Ability

4

Having considered whether the condition is likely to vary during the average week and if the function can be carried out regularly and repeatedly taking into account, fluctuation, pain, fatigue, stiffness, breathlessness, balance problems etc, the description of functional ability is as follows:

Condition History

Anxiety and Depression

Onset was about 18 months ago.

Has a number of personal problems - lost his job, home and was struggling to cope - previously homeless

Was admitted to ward 17 in St Johns hospital - was taken by the police

Was admitted for 3-4 days

Has been attending for regular appointments at SAMH -

Has regular support workers who he sees for 2 hours a week - they will take him shopping and to collect his benefits

Prescribed regular anti-depressant medication

Describes occasional suicidal ideation - has not acted on his thoughts recently

Has problems with low mood and anxiety - will have occasional panic attacks

Will always be accompanied when going out due to anxiety

Description of Functional Ability

Attends for regular CPN appointments after referral from his support worker

Back Pain

Diagnosed with spondylitis several years ago
Has intermittent lower and upper back pain - pain will radiate up into his left arm and down into his right leg
No prescribed analgesia
No current specialist input or physio
Symptoms vary but no set pattern.
No previous operations
Previous CT scan several years ago
Will see his GP regularly

Social History

Evidence reviewed includes the ESA50, Med 3, previous report, appointment letter and specialist letter.
Got a lift here today which took about 30 minutes.
The client was accompanied by their friend, who stayed in the waiting room during the assessment.
Lives alone.
Lives in a flat with 1 flight of stairs.

Occupational History

Last occupation: Tesco warehouse.
Stopped work 4 years ago.
Not currently working or studying.
The client is right-handed.

Description of a Typical Day

Is stated that:

Describes an erratic sleep pattern
Usually gets up at different times.
No problem getting up in the morning.
Gets out of bed without difficulty.
Will get up every day - will have a shower every few days - has prompting from his support workers
Will usually spend time at home reading - does not have a television or a radio
No problem with bathroom tasks.
No problem dressing.
No problems making meals.
Will usually make himself chips or occasional microwave meals
Will speak to his daughters regularly on the phone
Will occasionally see his friends
No problems doing housework.

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Description of Functional Ability

4

Will go with his support worker to his local Iceland and Post Office for his benefits - will see for 2 hours every Wednesday

Has a small dog he looks after - will let it out into the garden every day - does not take walking due to anxiety

Will get a lift to his appointments

Will avoid buses and busy places due to anxiety

100

Medical Opinion - Physical

I have considered the possible ESA activity outcomes and my advice is that the following apply:

Lower Limb - Activity Outcomes

Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be, worn or used Activity 1

We None of the above apply

Standing and sitting Activity 2

Sd None of the above apply

Lower Limb - Supporting Medical Evidence

The evidence does not suggest significant functional disability.

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Upper Limb - Activity Outcomes

Reaching

Activity 3

Rd None of the above apply

Picking up and moving or transferring by the use of the upper body and arms

Activity 4

Pd None of the above apply

Manual dexterity

Activity 5

Me None of the above apply

Upper Limb - Supporting Medical Evidence

The evidence does not suggest significant functional disability.

Vision, Speech, Hearing - Activity Outcomes

Navigation and maintaining safety, using a guide dog or other aid if either is or both are normally, or could reasonably be, used **Activity 8**

Vd None of the above apply

Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably be, used, unaided by another person **Activity 6**

SPd None of the above apply

Understanding communication by - i) verbal means (such as hearing or lip reading) alone, ii) non-verbal means (such as reading 16 point print or Braille) alone, or iii) a combination of i) and ii), using any aid that is normally, or could reasonably be, used, unaided by another person **Activity 7**

Hd None of the above apply

Vision, Speech, Hearing - Supporting Medical Evidence

I have discussed these activities with the client. The client states that there is no problem with these activities. I have no evidence or opinion to the contrary.

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Continence (Other than Enuresis) - Activity Outcome

Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting), despite the wearing or use of any aids or adaptations which are normally, or could reasonably be, worn or used

Activity 9

Cc None of the above apply

Continence - Supporting Medical Evidence

Client has no problem with this activity.

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Consciousness - Activity Outcome

Consciousness during waking moments

Activity 10

Fc None of the above apply

Consciousness - Supporting Medical Evidence

Client has no problem with this activity.

605

Medical Opinion - Mental, Cognitive and Intellectual Function

Understanding and Focus - Activity Outcomes

Learning tasks

Activity 11

LTd None of the above apply

Awareness of everyday hazards (such as boiling water or sharp objects)

Activity 12

AHd None of the above apply

Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)

Activity 13

IAc Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions

Understanding and Focus - Supporting Medical Evidence

Prominent Features of Functional Ability Relevant to Daily Living

18

Is stated that:

Will get up every day - will have a shower every few days - has prompting from his support workers
Will go with his support worker to his local Iceland and Post Office for his benefits - will see for 2 hours every Wednesday

Relevant Features of Clinical Examination

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Abnormal Findings:

Appearance

Unkempt

Appeared to be trembling

Behaviour

Some difficulty coping at interview

Relevant Normal Findings:

Appearance

Looks well

Behaviour

Did not make rocking movements (rocking may indicate anxiety)

Normal facial expression

Cognition - General

Orientated in time, place and person

Did not require prompting at interview

Adequate concentration on examination

Relevant Features of Clinical Examination

Insight

Had good insight into their illness
Adequate awareness of dangers

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Adapting to Change - Activity Outcomes

Coping with change

Activity 14

CCd None of the above apply

Getting about

Activity 15

GAc Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person

Adapting to Change - Supporting Medical Evidence

Prominent Features of Functional Ability Relevant to Daily Living

20

Is stated that:

The client was accompanied by their friend, who stayed in the waiting room during the assessment.

Will always be accompanied when going out due to anxiety

Has regular support workers who he sees for 2 hours a week - they will take him shopping and to collect his benefits

Got a lift from his friend to the examination today

Relevant Features of Clinical Examination

21

Abnormal Findings:

Appearance

Appeared to be trembling

Behaviour

Some difficulty coping at interview

Appeared tense

Speech

Was talkative

Mood

Occasional thoughts of self-harm

Relevant Normal Findings:

Appearance

Looks well

Increased sweating was not apparent

Behaviour

Did not make rocking movements (rocking may indicate anxiety)

Normal facial expression

Adequate rapport

Adequate eye contact

Speech

Spoke at a normal rate

Spoke at normal volume

Speech content was normal

Cognition - General

Orientated in time, place and person

Did not require prompting at interview

Adequate concentration on examination

Insight

log

Relevant Features of Clinical Examination

21

Had good insight into their illness

Social Interaction - Activity Outcomes

Coping with social engagement due to cognitive impairment or mental disorder

Activity 16

CSc Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual

Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder

Activity 17

IBd None of the above apply

Social Interaction - Supporting Medical Evidence

Prominent Features of Functional Ability Relevant to Daily Living

22

Is stated that:

Will occasionally see his friends
Will go with his support worker to his local Iceland and Post Office for his benefits - will see for 2 hours every Wednesday
Has a small dog he looks after - will let it out into the garden every day - does not take walking due to anxiety
Will avoid buses and busy places due to anxiety

Relevant Features of Clinical Examination

23

Abnormal Findings:

Appearance

Unkempt
Appeared to be trembling

Behaviour

Some difficulty coping at interview
Appeared tense

Speech

Was talkative

Mood

Occasional thoughts of self-harm

Relevant Normal Findings:

Appearance

Looks well
Increased sweating was not apparent

Behaviour

Did not make rocking movements (rocking may indicate anxiety)

Normal facial expression

Adequate rapport

Adequate eye contact

Speech

Spoke at a normal rate

Spoke at normal volume

Speech content was normal

Cognition - General

Orientated in time, place and person

10

Relevant Features of Clinical Examination

23

Did not require prompting at interview
Adequate concentration on examination

Addictions

No signs of drug use

Was sober

Insight

Had good insight into their illness

(u)

Exceptional Circumstances

Non-Functional Descriptors

The non-functional descriptors were not considered for this case as curtailment applied.

Limited Capability for Work-Related Activity

Evidence to support the opinion that the person does not meet any of the descriptors for limited capability for work-related activity

Terminally Ill:

There are no conditions reported that are likely to result in death within 6 months.

Chemotherapy/Radiotherapy:

From the available evidence, the client is not receiving, likely to receive in the next 6 months or recovering from treatment for cancer by way of chemotherapy or radiotherapy.

Pregnancy Risk:

Male client.

Substantial Mental or Physical Risk:

The client has Anxiety and Depression. The mental state examination does not suggest there would be a substantial risk to the mental or physical health of any person if they were found capable of work related activity. Client states occasional suicidal thoughts - has not acted on them recently.

Conveying food or drink to the mouth and chewing or swallowing food or drink:

The evidence does not support that the client cannot eat and drink independently.

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Assessment Summary

Personalised Summary Statement

27

Mr Still has issues with Anxiety and Depression and Back Pain.

He has had intermittent upper and lower Back Pain for several years but has no current specialist input or prescribed analgesia. He is able to carry out all of his daily activities and his physical examination was unremarkable today. The evidence from this as well as his typical day, observed behaviour and condition history would not appear to suggest any significant functional disabilities in relation to this condition.

He has had issues with Anxiety and Depression for the last 18 months due to a number of personal problems. He was admitted to ward 17 at St Johns hospital for observation at the time and he has regular CPN input. Mr Still also has regular support worker input and they will see him once a week to go shopping, collect benefits and to try and build up his confidence. He is prescribed regular anti-depressant medication but denies any recent suicidal thoughts.

He requires frequent prompting for his daily activities and he appeared unkempt today. He does not leave his home unless accompanied and he has missed some of his appointments due to anxiety. Mr Still appeared highly stressed and anxious today and he was trembling throughout. He was stressed and talkative throughout but had obvious difficulty coping.

The evidence from his mental state examination, typical day and condition history would appear to suggest a significant functional disability in relation to his mental health in the areas of getting about, personal action and social interaction and a prognosis of 1 year would be appropriate as his condition would hopefully improve with continued CPN input and regular support from SAMH.

Prognosis

Expected Change

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Functional Problems :

I advise that work could be considered within 12 months.

Reasons for the Opinion Given

29

The available evidence suggests review in the medium term.
The client's level of disability would be expected to improve.

Medical Examination Findings

The information contained in this section uses medical terminology and is intended for a reader with medical training. All relevant findings are explained in non-technical terminology in the appropriate sections earlier in the report.

General

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The details and scope of the physical examination were explained to the client, including advice not to perform any movements causing pain or discomfort. The client gave consent for the process to proceed.

Lower Limb

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Lower Back

Forward flexion to : Mid shin

Left Leg

Hip flexion is : 130° (normal)

Knee flexion is : 120° (normal)

Knee extension is : Full

External hip rotation : 45° (normal)

Power : Normal

Ankle Plantarflexion : Normal (50°)

Ankle dorsiflexion : Normal (20°)

Straight leg raising is : Normal (more than 70°)

Right Leg

Hip flexion is : 130° (normal)

Knee flexion is : 120° (normal)

Knee extension is : Full

External hip rotation : 45° (normal)

Power : Normal

Ankle Plantarflexion : Normal (50°)

Ankle dorsiflexion : Normal (20°)

Straight leg raising is : Normal (more than 70°)

Upper Limb

32

Left Upper Arm

Shoulder external rotation : 70° (normal)

Hands behind neck : Fingers overlap mid-line

Upper Limb 32

Hands behind back : Finger to mid scapula
Shoulder abduction : 170° (normal)
Elbow flexion : 130° (normal)
Power : Normal

Right Upper Arm

Shoulder external rotation : 70° (normal)
Hands behind neck : Fingers overlap mid-line
Hands behind back : Finger to mid scapula
Shoulder abduction : 170° (normal)
Elbow flexion : 130° (normal)
Power : Normal

Left Forearm

Wrist pronation : 70° - 80° (normal)
Wrist supination : 70° - 80° (normal)
Wrist dorsi-flexion : 30° or more
Wrist palmar-flexion : 30° or more

Right Forearm

Wrist pronation : 70° - 80° (normal)
Wrist supination : 70° - 80° (normal)
Wrist dorsi-flexion : 30° or more
Wrist palmar-flexion : 30° or more

Cardiac, Respiratory, Vascular 33

Vision, Speech, Hearing 34

Consciousness 35

Continence 36

Mental State 37

Appearance

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Mental State

37

Tired : Normal
Build : Average build
Grooming : Unkempt
Dress General : Casually dressed
General health : Well
Tremulous : Present
Increased sweating : Absent
Complexion : Looks flushed

Behaviour

Activity Rocking : Absent
Facial expression : Normal
Coping at Interview : Some difficulty coping at interview
Arousal : Tense
Rapport : Adequate
Eye Contact : Adequate eye contact

Speech

Amount : Was talkative
Rate : Normal
Volume : Normal
Content : Normal

Mood

Ideas of Self Harm : Occasional thoughts of self-harm

Cognition - General

Orientation : Orientated in time, place and person
Prompting : Did not require prompting
General Memory : Adequate
Concentration : Adequate

Addictions

Signs of drug use : No signs of use
Smell of alcohol : Not detected
Signs of intoxication : Sober

Insight

Insight : Good
Awareness of Danger : Adequate

Observed Behaviour

38

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Observed Behaviour

38

Lower Limb & Back

Client was able to sit on a chair with a back for 25 minutes.

The client rose twice from sitting in an upright chair (no chair arms) without physical assistance from another person.

The client walked 15 metres normally to the examination room.

Was able to get onto the couch without assistance.

Upper Limb

All upper limb movements appeared fluid and pain-free.

Sensory

Declaration

This form has been completed by a healthcare professional approved by the Secretary of State for Work and Pensions.

I have completed this form in accordance with the current guidance to ESA examining healthcare professionals as issued by the Department for Work and Pensions.

I can confirm that there is no harmful information in the report other than indicated.

Healthcare Professional's Name Mr PETER HARKNESS (Registered Nurse)
Approved Disability Analyst
Date 02 July 2014

Mandatory Reconsideration Request

Name: Mr Peter Still

Address: 84 Plessey Road, Bathgate, West Lothian EH48 2XP

Date of Birth: 13/06/1969

National Insurance no: NR969323B

Contact no: 07586715423

Name of benefit: Employment and Support Allowance

Date of Decision: 12/08/2014

Grounds for Reconsideration:

I feel that the decision to move me from Support Group to Work Related Activity Group is wrong. My reasons for this are as follows.

I have suffered with depression and anxiety for a few years now, I can't leave the house on my own due to this. The only time I leave the house is when my support worker visits me on a Wednesday, they have to take me out to get my shopping as I can't go out on my own. I don't mix with others because of my depression I shut myself away at home, I find it very distressful when I am around others, I would go into a panic attack and I get even more depressed or anxious. I have a CPN and support through SAMH to try help me with my issues, but it hasn't been successful. I don't think I'll improve any time soon; therefore it's unreasonable to attend work related activity which will only make my condition worse. In the medical report you suggested that my condition would improve within 1 year, I disagree with this as even with support my condition just seems to be getting worse.

In the medical report it is stated "Mr Still appeared highly stressed and anxious today and he was trembling throughout" This is due to my anxiety and I can't control it, being in any work place would leave me in this state.

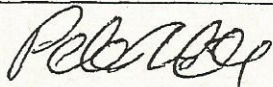
I don't cope well at all with changes, I have to build myself up to attend appointments and if there are any changes – planned or unexpected – I find it very difficult to deal with.

I am constantly in pain due to arthritis in my back no matter how far I walk. I have to regularly stop when I am walking due to the pain.

My MR may be late as decision was made on 12/08/14 however, I spoke to an adviser at Bathgate Job Centre on 15/09/14. He advised me that because the medical report was not sent to me until 22/08/14 I should have up until 22/09/14 to send MR. I also never received a decision letter to make me aware it had been changed to work related activity group. The first letter I got was one on 20/08/14 asking me to attend an interview and I couldn't understand why.

With the above in mind I would be grateful if I could be placed into the ESA Support Group as that would help my current state of anxiety.

Signature:



Date: 18/09/14

If you contact us,
use this reference:
NR969323B - PIP.1003



Department
for Work &
Pensions

Mr Peter Still
84 Plessey Road
Bathgate
West Lothian
EH48 2XP

Personal Independence
Payment 9
Post Handling Site B
Wolverhampton
WV99 1AG

I HAD SENT THE RECORD
DELIVERED, DUE TO XMAS POSTAGE
I HAD PAID FOR POSTAGE
THAT SEND THE 2ND CLASS IN ENVELOPE

www.gov.uk

Telephone: 0845 850 3322

Textphone: 0845 601 6677

24 November 2014

Personal Independence Payment

About your claim

PROVIDE
copy Peter Still - my number is 07586715423
AF

Dear Mr Still

Thank you for your claim for Personal Independence Payment.

What we want you to do

Please fill in the enclosed form. You must return it to us by 24 December 2014 if you wish to continue with your claim. If you don't return the form in time then your claim and any existing entitlement to PIP may be disallowed. You'll need to tear off this letter from the front page of the form; you don't need to send this letter back.

On the last page of the form you'll see the return address. Place the form and any other information you wish us to see in the envelope provided so that the address shows through the window of the envelope. The envelope we've sent you doesn't need a stamp.

The form asks about any health conditions or disabilities you may have and how these affect you. Please ensure you complete the form as fully as possible to enable your claim to progress.

An information booklet is included which tells you about the questions we ask, why we ask them and gives you help with how to answer them and examples of what you can tell us. You don't need to return the information booklet.

Please send copies of any medical reports, care plan or letters from your doctor, consultant or health care professional, or other information you wish us to see, with this form. You do not need to send copies of appointment cards or letters or information from the internet about your condition.

If you are making a further claim because your existing claim is coming to an end, then we may use the evidence you provide to look at your existing claim.

What is enclosed:

- form - 'How your disability affects you'.
- information booklet, and
- return envelope and reply slip.

About help you may need

If you want help filling in this form or any part of it you can read the information booklet. You can ask a friend, relative or representative to help you complete this form, or you can contact a local support organisation who can provide independent help and support. You can find their details online, at your local library or in the telephone directory. If you think you'll have difficulty completing your claim that will cause a delay, please contact us on the number on the front page of this letter. A textphone is available for people who don't speak or hear clearly.

For information about benefits and services go to www.gov.uk/benefits or contact us using the numbers shown on the front page of this letter.

How Personal Independence Payment is worked out

There are two components to Personal Independence Payment:

- Daily Living
- Mobility

If you qualify for Personal Independence Payment, you'll get money for one or both components. The amount you get is based on how your health condition or disability affects how well you carry out everyday activities, the difficulties you face and the help you would need to do them - even if you don't actually get any help.

For each component of Personal Independence Payment there is a list of activities.

For each activity, there is a list of 'descriptors'. Descriptors are sentences which describe how much support, and the type of support, you need to do the activity. Each descriptor has a point score.

The number of points you get will depend on how much help you need. Your scores for the activities are added together to give a total for each component.

If you qualify, you can be paid for each component at either the Standard rate or the Enhanced rate.

For each component, you will get the Standard rate if your scores add up to between 8 and 11 points.

For each component, you will get the Enhanced rate if your scores add up to 12 points or more.

If you want to know more about how Daily Living and Mobility activities are scored, go to www.gov.uk/pip.

What happens next

It's likely you'll be contacted soon by a health professional who completes Personal Independence Payment consultations on behalf of the Department for Work & Pensions. You'll be able to take someone with you but if we have enough information already, a consultation may not be needed.

Yours sincerely

Office Manager



WOLVERHAMPTON,

WV99 1AG

Royal Mail
Signed For

BZ 5364 1115 1GB

BZ 5364 1115 1GB SIGNED FOR



BZ 5364 1115 1GB SIGNED FOR



BZ 5364 1115 1GB SIGNED FOR

P6607 July 13

Simpson Medical Group

Partners: Dr J Thomson, Dr A McNutt, Dr D Hay, Dr R Holden, Dr L Heath

Bathgate Primary Care Centre, Whitburn Road, BATHGATE EH48 2SS
Tel: 01506 654444 Fax: 01506 635931

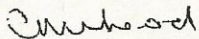
7 November 2014

Mr Peter Still
84 Plessey Road
BATHGATE
EH48 2XP

Dear Mr Still

I write regarding the appointment that you had made with myself to see your medical records, which, unfortunately, you failed to keep. If you still wish to see your notes, please contact me to arrange another appointment.

Yours sincerely



Catherine McLeod
Practice Manager

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Mr Peter Still
84 Plessey Road
Bathgate
West Lothian
EH48 2XP

6955-2209

Our address: Atos Healthcare
PO Box 1006
Stockton-on-Tees
TS19 1UL

Customer Service Centre: 0300 3300 120

Reference no: NR969323B

Date: 01/02/2015

PERSONAL INDEPENDENCE PAYMENT

Your appointment for a consultation with a Health Professional

Dear Mr Still,

Atos Healthcare conducts assessments for Personal Independence Payment on behalf of the Department for Work and Pensions (DWP). Your claim has recently been referred to us.

We have arranged an appointment for you to see a qualified Health Professional. This will help them to understand how your condition or disability affects you in your daily life. Your appointment details are shown below.

Time: 3:00pm

Date: Friday 13th February 2015

Location: Salus, Suite B, 1 Osborne Terrace, Haymarket, EH12 5HG

It is important that you attend this appointment. If you fail to attend without good reason the decision maker at the Department for Work and Pensions is likely to disallow your claim. If you can't attend please contact our Customer Service Centre straightaway on 0300 3300 120.

Please only contact the Customer Service Centre in connection with your appointment. If you want to discuss your claim, or if you would like more information about why you need to attend a consultation, please contact the Department for Work and Pensions on **0845 850 3322** or textphone 0845 601 6677.

Please bring this letter and proof of identity with you when you come for your consultation. We have enclosed a leaflet which lists acceptable forms of identification, how to claim travelling expenses and what to expect at your consultation. We have also enclosed a map showing how to get to the consultation centre.

If you have any concerns about your appointment or what to bring with you, please call us on **0300 3300 120**.

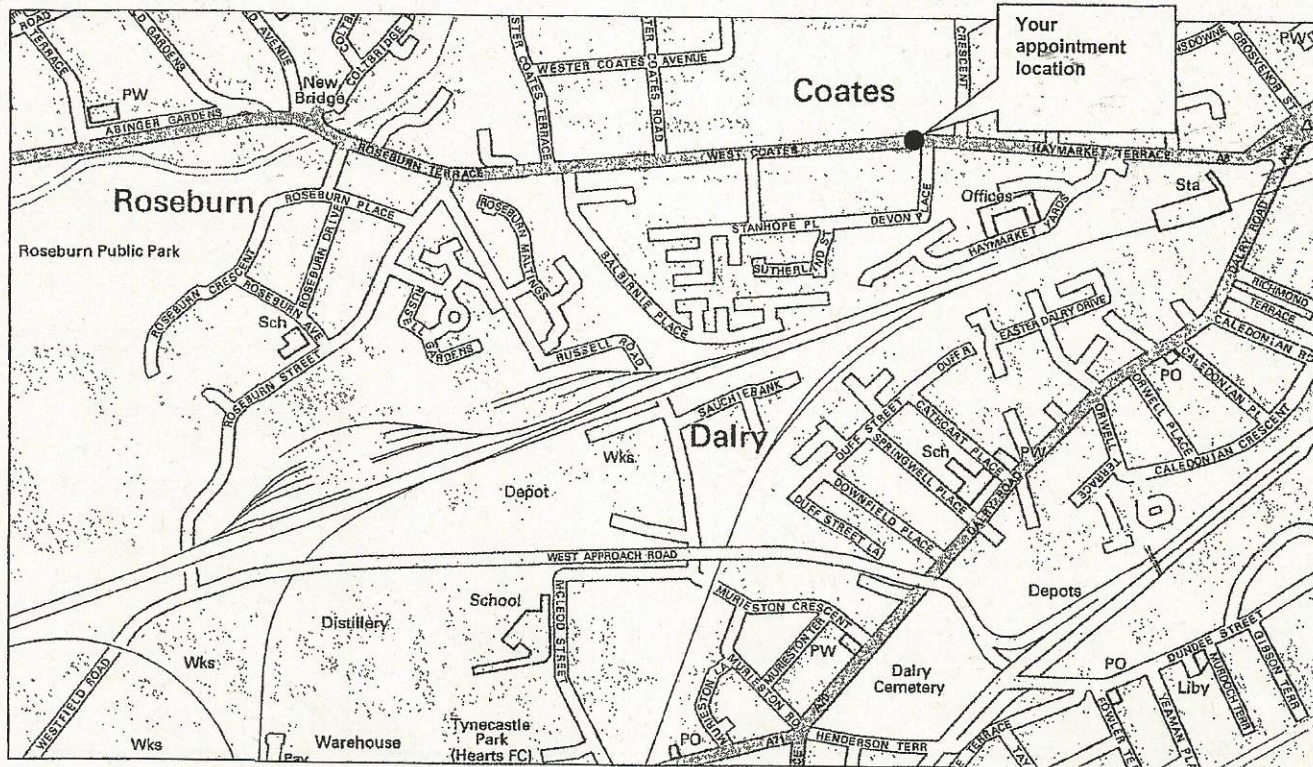
Yours sincerely,

Atos Healthcare

P344976/002209/1/4

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Salus, Suite B, No. 1 Osborne Terrace, Haymarket, Edinburgh, EH12 5HG



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On Site Directions: No. 1 Osborne Terrace, Haymarket, is a large office block situated in the West Coates area. On-site car parking is available although spaces are minimal. There is an intercom system at the front entrance to the building on which 'Salus' is clearly indicated. Please use the intercom to contact reception in order to gain entry/ascertain parking availability on arrival.

By Public Transport: Arriving by train at Haymarket Station – Osborne Terrace is a short distance from Haymarket Station. When leaving the station turn left onto Haymarket Terrace. No. 1 Osborne Terrace is situated on the junction immediately after Haymarket Terrace.

Arriving by train at Waverley Rail Station - There are several trains available regularly to take you onto Haymarket Station (i.e. Rail service EDINBURGH – GLASGOW (Queen Street) or EDINBURGH – DUNBLANE, (4 min journey). Osborne Terrace is a short distance from Haymarket Station. Turn left when leaving the station and go along Haymarket Terrace. No. 1 Osborne Terrace is situated on the junction immediately after Haymarket Terrace.

Arriving by bus – Lothian Buses provide a frequent bus service from the centre of Edinburgh. Service nos. 12, 26 and 31 westbound from Princes Street and Service No. 100 from Waverley Bridge. Buses 12, 26 and 31 stop outside No. 1 Osborne Terrace. The stop for the No. 100 bus is after Stanhope Street. After alighting from the bus, go in an easterly direction along A8. After 200 yards arrive at No. 1 Osborne Terrace.

By Car: Haymarket District is situated one mile west from the city centre. Approaching the town centre along Corstorphine Road, continue ahead on the A8 passing Edinburgh Zoo and Murrayfield Hospital. You should continue along Roseburn Terrace and will approach the West Coates area. Continue straight ahead on West Coates and as you approach the second set of traffic lights you will see the office block on the right hand side. Turn right immediately after the traffic lights bringing you onto Devon Place which runs adjacent to our offices.

From Edinburgh city centre, A1 London Road. At the London Road roundabout, take first exit onto Antigua Street. At roundabout, take second exit and keep left onto York Place. Continue onto Queen Street and Albyn Place. Turn left onto Charlotte Square and South Charlotte Street. Turn right onto Princes Street and left onto Lothian Road. Turn right onto West Approach Road and right onto Morrison Link. Turn left onto Morrison Street. Keep straight on to A8/Haymarket. No. 1 Osborne Terrace is situated on the left on the junction immediately after Haymarket Terrace.

0120003A2

Your PIP Consultation Explained

Introduction

Your claim to Personal Independence Payment (PIP) has been referred to us by the Department for Work and Pensions.

Our Health Professionals will look at all of the information you have provided, as well as any information obtained from your GP or others involved in your care. Most people are also asked to attend a face-to-face consultation with a Health Professional. This will give you the opportunity to tell us how your health condition or disability affects your daily life.

After your consultation we will produce a report for the Decision Maker at the Department for Work and Pensions. The Decision Maker will look at all of this information, including our report, to work out how much Personal Independence Payment you are entitled to.

This information sheet is designed to tell you more about the consultation process and to answer some common questions.

If you have a query about your claim please contact the Department for Work and Pensions on **0845 850 3322** or textphone 0845 601 6677. We are unable to answer these queries.

If you have any concerns or questions about your consultation that are not answered by this information sheet, please contact our Customer Service Centre on **0300 3300 120**. Calls cost the same as calls to geographic numbers (phone numbers beginning with 01 or 02) and will be included in any inclusive call minutes or discount schemes you may have. Our lines are open from 8:00am to 8:00pm Monday to Friday and from 9:00am to 5:00pm on Saturday.

What to expect at your consultation

The Health Professional will talk to you about how your health condition affects your daily life. This will not be a full physical examination or an attempt to diagnose your symptoms. It will focus on how your life is affected by the challenges you face.

There is no fixed duration for a consultation but they generally take about 60 minutes. How long your consultation takes will depend on the complexity of your condition.

Please remember that the Health Professional does **not** make the decision on your claim.

We will do our best to start your consultation on time although this may not always be possible. The receptionist will keep you informed if we do have to ask you to wait.



What you should bring to your consultation

Please bring:

- Your appointment letter
- Any recent or new information showing how your health condition impacts on your daily life. For example: any hospital appointment or admission letters; tablets or other current medication such as inhalers; medical aids such as walking aids, hearing aids, glasses and contact lenses.
- Proof of identity. Please bring **two** forms of identification, for example:
 - Passport
 - UK driving licence
 - UK travel pass with photograph
 - Birth certificate
 - Marriage certificate
 - Debit/credit card
 - Council tax demand
 - UK utility bill
 - Council/housing association rent or tenancy agreement document
 - Foreign national ID card
 - Evidence of entitlement to state or local authority benefit

Who should come with you?

Companion

You are encouraged to bring a companion (e.g. a relative, carer or friend) to the consultation if you would find this helpful.

Appointee

If you have an appointee we will have sent your appointment letter to them. They must attend the consultation with you. If they are not available to attend this appointment please contact the Customer Service Centre on 0300 3300 120 as soon as possible to rearrange the appointment. We cannot go ahead with your consultation if your appointee does not attend with you.

Children

If you need to bring your children with you, please bring someone to look after them whilst you are in the consultation room. We are not able to offer a child crèche facility.

Special communication needs

If you have specific communication needs please contact our Customer Service Centre to discuss these. We can provide interpreters covering a wide range of languages including British Sign Language. Please let us know about your specific needs and we will do our best to help.

Some interpreter services take time to arrange so please tell us about your needs as soon as possible. This will help us avoid having to rearrange your consultation.

If your companion will be translating the consultation for you, they must be at least 18 years old.

How to claim travel expenses

We can reimburse the cost of travel to your consultation:

- If you are travelling by public transport we can reimburse the cost of travel from your current address to our consultation centre and your return journey home.
- If you are travelling using a private vehicle, we will pay 25 pence per mile towards the cost of your journey and we can also reimburse the cost of your parking.

If you are travelling with a companion we can also pay their travel expenses.

In some circumstances we may be able to reimburse the cost of travelling by taxi. This may apply if public transport is not available or you are unable to use it. If you intend to travel by taxi please contact the Customer Service Centre who may be able to give approval for you to claim the cost. If you choose to travel by taxi without this approval, we may not be able to reimburse your fare.

A travel expense claim form and a pre-paid envelope will be offered to you at the consultation centre. We will pay your expenses into a bank or building society account, or by cheque or giro. Please note that we are unable to pay any travel expenses in advance, in cash, into a building society account that has a roll number or into a Post Office account.

What happens after your consultation?

Write a report

The health professional you see will write a report based on what you talked about at your consultation and the other evidence with your claim.

Quality check the report

A high proportion of completed reports then go through a quality checking process in order to ensure consistency and accuracy. We will write to you again with more information if your report is selected for quality checking.

Send the report to DWP

If the report is not selected for quality checking, we will send it straight to DWP. If it is selected for quality checking we will send the report to DWP as soon as it has satisfied the quality checks.

Make a decision on your claim

A DWP decision maker will then look at the report and all the other evidence with your claim including your questionnaire, and then make a decision on your claim. It can take around 4-8 weeks from the time that you had your consultation to the time you receive your decision. DWP will write to you to tell you whether or not you will receive PIP, including how much you will get and for how long, so you don't need to call them.



Contacting Atos Healthcare

Please contact our Customer Service Centre straightaway if:

- you would like to rearrange your appointment. We are able to rearrange your appointment only once.
- you need us to provide an interpreter. Please let us know as soon as possible so that we can arrange one for you. Remember that if you will be bringing your own interpreter they must be at least 18 years of age.
- you want to have your Consultation with a Healthcare Professional of the same gender.
- you have any other questions relating to your consultation.

You can contact our Customer Service Centre on 0300 3300 120. Calls cost the same as calls to geographic numbers (phone numbers beginning with 01 or 02) and will be included in any inclusive call minutes or discount schemes you may have. Our lines are open from 8:00am to 8:00pm Monday to Friday and from 9:00am to 5:00pm on Saturday.

If you have any questions regarding your claim, please contact the Department for Work and Pensions on 0845 850 3322 or textphone 0845 601 6677.

Making a complaint or suggesting an improvement

Our aim is to make every customer experience a good one, treating you fairly, with respect and with dignity. If you feel that you didn't have a good experience, please let us know so that we can improve our service. Making a complaint or suggesting an improvement will not affect your claim. To make a complaint or suggest an improvement, please write to our Customer Relations Team at:

Atos PIP Customer Relations, PO Box 1006, Stockton-on-Tees, TS19 1UL

Frequently Asked Questions

Q: Can I have a copy of the consultation report?

A: Yes. If you would like a copy of the consultation report please contact the Department for Work and Pensions on 0845 850 3322 or textphone 0845 601 6677.

Q: What happens if my health condition changes since I applied for PIP?

A: If you experience a change in circumstances, for example your health condition or if your disability improves or deteriorates; you should discuss this with the Department for Work and Pensions office that is dealing with your claim. They will advise you how best to progress with your claim.

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Q5 Managing treatments

① Use page 8 of the Information Booklet

Please tell us about your ability to monitor changes in your health condition, take medication or manage any treatments carried out at home.

Monitoring changes includes monitoring blood sugar level, changes in mental state and pain levels.

Home treatments include things like physiotherapy and home dialysis, regardless of whether these are NHS or private.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q5a Do you use an aid or appliance to monitor your health conditions, take medication or manage home treatments? For example using a Dosette Box for tablets.

Yes No Sometimes

Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?

Help includes someone:

- prompting or reminding you to take medication or how to do it,
- supervising you while you take medication,
- physically helping you to take medication or manage a treatment, and
- monitoring your mental state.

This includes help you have and help you need but don't get.

Yes No Sometimes

Q5 Extra information - Managing treatments

Tell us more information about the difficulties or help you need to monitor your health conditions, take medication or manage home therapies. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you use aids and appliances, tell us what type they are and how you use them.
- If you need help from another person what kind of help you need (for example whether they need to prompt or remind you to take medication or treatment, physically help you or supervise you taking medication or treatment or help you monitor your mental state).
- If you need help from another person, tell us how many hours a week of help you need on average.
- If your needs vary, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

MY NERVE HEALTH IS SUCH THAT I ONLY CAN
 SUPPORT 2 HRS A WEEK FROM SUNDAY, I'M ON
 STRONG MEDICAL ANTIDEPRESSANT 3 X 50mg DAILY
 I DON'T LEAVE THE HOUSE - I'D HAVE JUST
 MOVED BACK TO AREA I'M IN AT MOMENT AND
 HAD TO CHANGE GP, I WOULD ALSO PREFER
 REPEATED MEDICINE, AS AFTER I'M ABLE TO OBTAIN
 THESE, I HAD NO HARD TIME TO OBTAIN THESE
 THINGS I'M HAVING TO GO TO YOU IN SITUATION
 THAT BE SIDE.

If you need to add more please continue at Q15 Additional Information.



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Q11 Mixing with other people

(i) Use page 10 of the Information Booklet

Please tell us about your ability to mix with other people.

This means how well you are able to get on with other people, understand how they're behaving towards you and behave appropriately to them. It includes both people you know well and people you don't know.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra information box.

Q11a Do you need another person to help you to mix with other people?

Help includes someone:

- prompting or encouraging you to do so,
- being there to support or reassure you, and
- helping you understand how people are behaving towards you.

This includes help you have and help you need but don't get.

Yes No Sometimes

Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?

Yes No Sometimes

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Activity	Descriptor	
9. Engaging with others face to face	a. Can engage with other people unaided.	<input type="radio"/>
	b. Needs prompting to be able to engage with other people.	<input checked="" type="radio"/>
	c. Needs social support to be able to engage with other people.	<input type="radio"/>
	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.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSE findings indicating anxiety and poor rapport and medications prescribed. Therefore would require prompting to complete this task.

Q11 Extra information - Mixing with other people

Tell us more information about the difficulties or help you need to interact with other people. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, what kind of help you need (for example whether you need them to prompt, encourage and support you or to help you understand how people are behaving and how to behave yourself).
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you avoid mixing with others, please tell us.
- If your ability depends on who you are mixing with, please give details.
- If you have side effects from carrying out the activity - including before, during and after the activity - like anxiety and distress or tiredness and fatigue.
- If you put something in the box below you don't have to fill all of the box.

I DO NOT LEAVE HOUSE, GOT SEVERE PANIC
 ATTACKS, ANXIETY - STRESS. I LEAVE MY
 HOME ONCE A WEEK, WITH MY MENTAL HEALTH
 SUPPORT WORKER. ONCE A WEEKEND, I DO
 NOT MIX WITH ANYONE, THE THOUGHT OF ONLY
 THE DISTRESS ME, MY SUPPORT WORKER HAS TRIED
 TO ENCOURAGE ME TO LEAVE THE HOUSE, BUT
 THE THOUGHT OF THIS MAKES MY ANXIETY - AND
 I STAY IN HOME WITH DOOR LOCKED - I HAVE
 HAD SEVERE PANIC ATTACKS PREVIOUS WHEN I TRIED
 TO GO TO LOCAL SHOP ON MY OWN, I TURNED BACK
 AND WENT HOME DUE TO THIS, I
 ONLY GET 2 HRS SUPPORT A WEEK. THE REST I STAY IN MY HOME

If you need to add more please continue at Q15 Additional Information AND DO NOT WORRY
 → SO ANSWER AS



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Q13 Going out

① Use page 11 of the Information Booklet

Please tell us about your ability to work out and follow a route to another place and if severe anxiety or stress prevents you from going out.

A route includes using public transport.

This activity doesn't look at your physical ability to get around which is covered in Q14 Moving around.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q13a Do you need help from another person to plan a route to somewhere you know well? Or do you need another person, guide dog or specialist aid to help you get there?

Help includes someone:

- to help you plan a route or plan it for you,
- to prompt or encourage you to go out or be with you when going out to reassure you, and
- to be with you to keep you safe or stop you getting lost.

Aids include:

- long canes and white sticks.

This includes help you have and help you need but don't get.

Yes No Sometimes

Q13b Do you need help from another person, guide dog or specialist aid to get to a location that is unfamiliar to you?

Help includes someone:

- to prompt or encourage you to go out or be with you when going out to reassure you,
- to be with you to keep you safe or stop you getting lost, and
- to help you deal with public transport or unexpected circumstances.

Aids include:

- long canes and white sticks.

This includes help you have and help you need but don't get.

Yes No Sometimes

Q13c Are you unable to go out because of severe anxiety or distress?

Yes No Sometimes

Q13 Extra information - Going out

Tell us more information about the difficulties or help you need to work out and follow a route to another place and whether severe anxiety or stress prevents you from going out. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to plan a route for you, encourage you to go out, reassure you or help you to make sure you don't go the wrong way).
- If you use a specialist aid such as a long cane or white stick, please tell us.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If your needs vary depending on where you're going, or what the route might involve, please tell us.
- If you have side effects from carrying out the activity - including before, during and after the activity - like anxiety and distress.
- If you put something in the box below you don't have to fill all of the box.

I DO NOT LEAVE THE HOUSE DUE TO PANIC
 ATTACKS, ONLY ANXIETY - STRESS
 I GO OUT ONCE A WEEK WITH MY MAJOR
 HEALTH SUPPORT WHEELER CHRIS WART
 EACH WEDNESDAY WHO TAKES ME TO GET
 MY BEANIE AND TO GET SOME SHOPPING
 I DO NOT LEAVE THE HOUSE ANYOTHER TIME
 EXCEPT WHEN I'M WITH CHRIS, I HAVE
 PROVIDED HIS CONTACT DETAILS AT BEGINNING OF
 THIS APPLICATION

If you need to add more please continue at Q15 Additional Information.



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Mobility activities

Activity	Descriptor	
11. Planning and following journeys	a. Can plan and follow the route of a journey unaided.	<input type="radio"/>
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	<input checked="" type="radio"/>
	c. Cannot plan the route of a journey.	<input type="radio"/>
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	<input type="radio"/>
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	<input type="radio"/>
	f. Cannot follow the route of a familiar journey without another person, assistance dog or an orientation aid.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSE findings indicating anxiety, medications prescribed, was driven to the assessment by his friend and indicates that he has not been out alone since July 2014. Therefore would require prompting to make a journey.

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Activity	Descriptor	
12. Moving around	a. Can stand and then move more than 200 metres, either aided or unaided.	<input type="radio"/>
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	<input checked="" type="radio"/>
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres.	<input type="radio"/>
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	<input type="radio"/>
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	<input type="radio"/>
	f. Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre.	<input type="radio"/>

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

If not ticked, reason given below:

Consistent with MSO indicating bending restriction and medications prescribed. Therefore is able to walk between 50metres and 200 metres for the majority of the time.

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Declaration

We cannot pay any benefit until you've signed the declaration and returned the form to us. Please return the signed form straight away.

I declare that the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.

I understand that I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

I understand that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming,
- any other benefit I have claimed, and
- any other benefit I may claim or be awarded in the future.

Signature

Peter Still

Date

17 12 2014
dd mm yy

Print your name here

PETER T. W. STILL

For information about how we collect and use what you tell us, and for help and advice about other benefits, please see the Information Booklet enclosed.

