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# The Personal Capability Assessment of incapacity for work

**A Guide For Adults With  
Ulcerative Colitis or Crohn's Disease**

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The information in this guide is intended as general information only and is not intended to be relied upon by any individual in relation to their specific circumstances. It is not intended as a replacement for appropriate professional advice.

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## **We're Here To Help**

One of the last things you will feel like facing if you are very unwell because of your IBD is having to fill out long, complicated forms and possibly attend a medical examination. However, if you're reading a copy of this guide that probably means that you are now subject to the Personal Capability Assessment (PCA) and have received a detailed questionnaire to complete. The PCA is the test used to decide whether you are incapable of work in connection with a claim for:

- Incapacity benefit;
- Income support;
- Severe disablement allowance;
- National Insurance credits.

It may apply to you as soon as you become too ill to work, or after a period of 28 weeks of being ill. (For more on this, see our separate guide: *Going sick or resigning on health grounds*).

## **What We Can Do**

While we can't save you from being subject to the PCA, we can try to make the process as stress free and straightforward as possible. For example, we can:

- Advise you on how to fill out the IB50 questionnaire in sufficient detail, but ensuring you devote your energy to the most important pages first;
- Help you to make sure your GP supplies the kind of information the Department for Work and Pensions (DWP) needs to make the correct decision;
- Explain how to reduce the chances of having to attend a medical examination;
- Describe what will happen at a medical examination, if you do have to attend one, and give you simple tips on how to prepare for it;
- Show how you can be helped by the 'exceptional circumstances' rules if they apply to you.

## **Who We Are**

We are a partnership of an experienced welfare rights worker and a qualified barrister with specialist knowledge of benefits. We are the authors of NACC's guides to claiming disability living allowance and we also write about benefits for a wide range of other disability organisations. So you can be confident that, provided your copy of this guide is the current one, the information it contains is reliable. You can check whether you have the most up-to-date copy by visiting the NACC website at [www.nacc.org.uk](http://www.nacc.org.uk) or calling NACC on 01727 830038.

## **And If The Worst Should Happen . . .**

Whilst the vast majority of people with IBD so severe that they are not able to work should have no difficulty in passing the PCA, there will still be people for whom things go awry. If that happens to you, help is at hand. NACC produce an accompanying guide: *Challenging a decision that you're capable of work*. This explains how to ask to have a decision looked at again, how to appeal against the decision and how to get professional help with the process. And take heart: 60% of people who turn up to an appeal tribunal on their own are successful and more than 70% win if they manage to find a representative.

## **Getting Started**

We'll going to take you through the questionnaire in detail later on in this guide. But, before we actually fill it in, it's important that you know about exemptions, exceptional circumstances and what you need to get from your GP.

So, good luck and let's get started.

Steve Donnison & Holiday Whitehead (barrister)

## Should You Be Exempt?

Some people are exempt from the PCA and automatically treated as incapable of work because of the severity of their condition or because of the benefits they receive.

### Getting Higher Rate DLA Care

If you receive disability living allowance care component at the highest rate you are exempt from the PCA. If you are sent a questionnaire contact the office that sent it out and explain about your award of DLA.

### Other Benefits

You are also exempt if you are assessed as 80% disabled for disablement benefit, War Pension or Severe Disablement Allowance purposes or if you receive the higher rates of Constant Attendance Allowance paid with War Pensions or Industrial Injuries Benefit.

### Other Medical Conditions

There are a range of health conditions which, if severe, lead to exemption from the PCA. Unfortunately IBD is not one of them, but if you have any of the other conditions listed below you should inform the DWP, preferably enclosing medical evidence. If you think that you might be exempt but the DWP don't agree, get help from a specialist welfare rights worker.

#### The exempt categories are:

- 1) People who are terminally ill
- 2) People who are registered blind
- 3) People suffering from the following severe medical conditions:
  - a) A severe mental illness involving the presence of mental disease, which severely and adversely affects a person's mood or behaviour, and which severely restricts their social functioning, or their awareness of their immediate environment
  - b) Tetraplegia
  - c) Paraplegia, or uncontrollable involuntary movements or ataxia which effectively render the sufferer functionally paraplegic
  - d) Persistent vegetative state
  - e) Severe learning disabilities
  - f) Severe and progressive neurological or muscle-wasting diseases
  - g) Active and progressive forms of inflammatory polyarthritis
  - h) Progressive impairment of cardio-respiratory function which severely and persistently limits effort tolerance
  - i) Dementia
  - j) Dense paralysis of the upper limb, trunk and lower limb on one side of the body
  - k) Multiple effects of impairment of function of the brain and/or nervous system causing severe and irreversible motor sensory and intellectual deficits
  - l) Manifestation of severe and progressive immune deficiency states characterised by the occurrence of severe constitutional disease or opportunistic infections or tumour formation.

## Should you be covered by the exceptional circumstances regulations?

The PCA is based on a points system: you get points depending on the degree of difficulty you have with activities such as coping with toilet needs, walking, sitting and standing. If you score enough points you are found incapable of work (see *The PCA points system* for more about this).

The exceptional circumstances regulations are a kind of safety net intended to catch people who don't score enough points, but are nevertheless too ill to work. There are three exceptional circumstances that may be relevant to you if you have IBD.

### 1) Severe and Uncontrolled Disease

You can be found incapable of work if you suffer from a '*severe uncontrolled or uncontrollable disease*'.

This may apply to you if your IBD is not currently being controlled by medication. Medical Services doctors are told that a condition may be considered uncontrolled '*if a deterioration in health is very likely to occur. This may be where there would be a worsening from which recovery could only be affected by some form of further medical intervention*'. Medical Services Doctors are specifically advised in their Handbook that '*severe inflammatory bowel disease (such as Crohn's disease) which is poorly controlled medically*' falls into this category.

**What You Should Do** - If you think this might apply to you it will be very helpful if your doctor notes on the Med 4 certificate that your condition is not currently being controlled by treatment. For more on the Med 4 see '*Getting a Med 4 From Your Doctor*'.

If a specialist IBD nurse or gastroenterologist is involved in your treatment it may be possible to get a letter from them instead of, or as well as, from your GP. You can also include information yourself in the '*Other Information*' box on page 18 of the questionnaire – we'll remind you about this when we take you through filling in the form.

### 2) Therapeutic Procedure

If there is medical evidence that you require a major surgical operation or other major therapeutic procedure within three months of the date of the medical assessment you should be found incapable of work.

A major surgical operation is not legally defined. However, the kind of procedure that is likely to fall into this category is one which requires a stay in hospital as an in patient and where you could not reasonably be expected to return to most ordinary activities within a few days.

**What You Should Do** - You need to provide medical evidence of the date that the procedure is going to take place. Your GP may be able to provide evidence on the Med 4; otherwise you will need to get evidence from the hospital at which the procedure is to take place. As the three months runs from the date of your medical examination, if you have to have one, include information about any procedure that is going to take place in the next six months or so.

### 3) Risk to Health

You can be found incapable of work if:

*You suffer from some specific disease or bodily or mental disablement and, by reasons of such disease or disablement; there would be a substantial risk to the mental or physical health of any person if you were found capable of work.*

In other words, if because of your IBD, you can show that there would be a serious risk to your health if you were found capable of work then you may be covered by the exceptional circumstances rules. So, for example, it may be the case that your IBD is made much worse by stress and that in the past stressful situations have led to flare-ups and hospitalisation. If you would find being found capable of work, having to sign on for Jobseekers Allowance and take part in training or work experience very stressful, then that may be grounds for finding you incapable of work under the exceptional circumstances regulations.

**What You Should Do** - If you think that this may apply to you, once again you will need to provide some supporting evidence. You can give written information yourself in the 'Other Information' box on page 18 of the questionnaire, perhaps giving examples of how stressful situations have affected you in the past. In addition, if you can get a letter from a health professional, such as your GP, a specialist IBD nurse or gastroenterologist supporting what you are saying, that is likely to make a big difference.

### 4) Regular Treatment

Although not classed as an exceptional circumstance, people on regular treatment are counted as incapable of work on the days in which they are engaged in treatment. 'Engaged in treatment' includes:

- Any necessary pre-treatment tests
- Administration of the treatment
- Any necessary period of post-treatment recovery

Regular treatment includes total parenteral nutrition.

**What You Should Do** - If this applies to you make sure you include details on your IB50 questionnaire in the 'Other Information' box on page 18. In addition, try to get a letter from the health professional involved in providing the regular treatment.

## Getting a Form Med 4 from Your GP

When you become subject to the PCA you will receive a letter from the DWP asking you to complete and return the enclosed questionnaire within six weeks and, in most cases, also to get a Med 4 from your GP.

### What Is A Med 4?

The Med 4 is a small certificate which your GP completes the front of and you fill in your details on the back. You then send it to the DWP along with your completed questionnaire. The doctor has to see you in person in order to complete the Med 4, so it may be a good opportunity for you to ask if they would be prepared to provide supporting evidence, (see *Getting supporting evidence*).

The Med 4 itself asks your GP to say what your main diagnosis and other diagnoses are. It also has a very small space for '*Further Remarks: Including comments on the disabling effect of the condition, treatment and progress.*'

### Why your GP?

Many people with IBD do not receive treatment in connection with their IBD from their GP. You may have a specialist IBD nurse or gastroenterologist whom you see regularly, only visiting your GP's surgery to pick up repeat prescriptions. Nevertheless, it is to your GP that the DWP are likely to turn for evidence, because your GP has to provide it as part of their contract with the NHS.

## What You Need To Talk To Your GP About

You should bear in mind that doctors receive no training at all in completing medical forms for the DWP. Your GP is most unlikely to know about exemptions or exceptional circumstances unless another patient has told them. So you may need, tactfully, to explain to your GP what evidence it might be helpful to include on the Med 4.

Ask your doctor to consider making a note on the form of any of the following that apply:

1. Your IBD is 'severe';
2. Your IBD is not currently well controlled by medical treatment;
3. You are due to have a major therapeutic procedure within the next three to six months;
4. Being found capable of work is likely to cause a substantial risk to your health;
5. You are having any regular treatment, such as parenteral nutrition;
6. You are suffering from anxiety, depression or something similar.

These points, except for number 6, all relate to the *Exceptional circumstances rules*, which we looked at earlier.

In addition, even a few words in this box about whether your IBD causes bowel urgency, continence problems, pain or fatigue, will be very helpful in allowing the decision maker to find you incapable of work without your needing to have a medical examination. Finally, if you think that you fall into any of the medically exempt categories listed in '*Should you be exempt*' ask your doctor if they will provide evidence on the Med 4.

## Will You Have to Have a Medical?

Many people with IBD, perhaps the majority, are found incapable of work without having to have a medical.

In these cases, when you return the questionnaire and the Med 4, the decision maker will make a decision that you are exempt from the PCA or that you score enough points to be found incapable of work.

If this happens you will receive a letter giving you the decision and you will be able to begin, or continue, claiming income support and/or incapacity benefit. You will no longer need to get medical certificates from your doctor, but you are likely to have your incapacity for work reviewed at least every three years and probably more often. This is usually done by sending you another questionnaire to complete. However, the DWP may simply contact your GP to find out whether your condition has improved and, if not, they may not even send you another questionnaire to complete.

## Reducing the Chances of Having To Have a Medical

Some people who are subsequently found incapable of work do have to attend a medical examination first. The medical itself lasts only about thirty minutes on average and consists mostly of a doctor asking you questions about how your IBD affects your everyday life, with very little in the way of physical examination. Nonetheless, most people would probably prefer to avoid having a medical, if possible. You can improve your chances of doing so by:

- Filling in the questionnaire in as much detail as possible, so that the decision maker has plenty of evidence from you to support a decision that you are incapable of work (we give lots of information on how to do this in the rest of this guide);
- Talking to your doctor about what information they can put on the Med 4 to help the decision maker reach an informed decision, see *Getting a Med 4 from your doctor*;
- Enclosing supporting evidence, particularly medical evidence, with your questionnaire, see *Getting supporting evidence*.

If you are asked to attend a medical, read the section on '*Attending A Medical Examination*' before you do so.

# Reaching a decision about your claim

## What the Decision Maker Looks At

Before reaching a conclusion, the decision maker should consider all the evidence available to them, including:

- Your IB50 incapacity for work questionnaire;
- The Med 4 from your doctor;
- The IB85 medical report form from the medical services doctor, if you have a medical;
- Any additional evidence, such as supporting letters from your GP, specialist IBD nurse or gastroenterologist, relatives or carers.

## How the Decision Is Made

The decision maker should first decide whether you are exempt from the PCA, for example because you get the higher rate of the care component of DLA. (See: *Should you be exempt?*)

If not they should decide how many points you score. As already mentioned, you get points depending on the degree of difficulty you have with activities such as coping with toilet needs, walking, sitting and standing. For physical health conditions, such as IBD, you will need to score 15 points in order to be found incapable of work. We explain how the points system works in the section called *The PCA points system*.

If you don't score sufficient points the decision maker should then go on to decide whether any of the exceptional circumstances rules apply to you. (See: *Should you be covered by the exceptional circumstances regulations?*)

### If You Are Found Incapable Of Work

If you are found incapable of work you will receive, or continue to receive, incapacity benefit, income support, severe disablement allowance or national insurance credits. But do try to get your benefits checked at least once a year by an advice agency: sometimes the DWP make mistakes and, in any case, benefits rules change frequently and you may become entitled to additional amounts because of your health condition or the length of time it has lasted.

### Getting a Copy of Your Medical Report

Even if you pass the PCA it's a good idea to, contact your local DWP office as soon as you get the decision and tell them you would like a copy of your PCA medical report, if you had a medical, and the score sheet completed by the decision maker. There is no charge for sending you copies of these documents and they will be useful if you have to have another PCA in the future. If you wait until you receive your next questionnaire before you ask you are likely to find that the DWP have shredded your old medical report.

## Further PCA's

Most people are likely to receive a further questionnaire at least every three years, which may lead to your having a further medical assessment. It is vitally important to take as much trouble as possible over every questionnaire you receive, rather than imagining it is just a formality. Welfare rights workers see many clients who have been found incapable of work in the past, who say their condition has not changed for years, but who nonetheless have now been found capable of work

## Completing Future Questionnaires

If your condition is unchanged, when you next receive a questionnaire you can use copies of your previous completed questionnaire and your PCA medical report to help you provide evidence this time. Try to get up-to-date medical and other supporting evidence though, because the decision maker will take little notice of evidence that they regard as out of date.

If your condition has changed, whether for the better or worse, you must make this clear in the evidence you provide.

### **If You Are Found Capable Of Work**

If you don't score enough points you will receive a letter informing you that you have been found capable of work and are no longer entitled to benefits or credits based on your incapacity for work. You may be eligible for jobseeker's allowance instead, but you will have to sign on as available for work and actively look for a job.

## Challenging the Decision

If you decide to challenge the decision that you are capable of work, you can do so whilst claiming jobseeker's allowance or you may be able to claim income support instead and so not have to sign on while you are waiting for your appeal to be heard. But if you do claim income support your personal allowance will be reduced by 20%. If your appeal is successful you will be paid the money that has been withheld.

If you do consider that you are not well enough to work we would very strongly recommend that you get help from one of the agencies listed in the *Help!* Section and challenge the decision. As we pointed out at the beginning of this guide: 60% of people who turn up on their own to an appeal about capability for work win their appeal and over 70% win if they manage to find a representative. NACC produce a detailed guide called '*Challenging a Decision That You're Capable of Work*'

which will take you step-by-step through the appeals process. You can download the guide from the NACC website or you can contact NACC for a paper copy if you don't have access to the internet

### **'Within One Month' Deadline**

The most important thing to be aware of if you wish to challenge a decision that you are capable of work, either by asking for a revision or an appeal, is that you must do so *within one month* of the date on the letter giving you the decision.

## If You're Condition Deteriorates

If, for example, because of the stress of the appeal process, your IBD flares up you will need to go back to your GP and get a fresh sick note (Med 3) and try to ensure that the GP notes on it that your condition has deteriorated. You will then need to submit this to the DWP and inform them that you wish to have your capacity for work reassessed due to a change in your circumstances. This should then trigger a fresh PCA.

## Handy Hints for Completing the Questionnaire

We hope, if you've made it this far, that you now have a clear picture of how the PCA works and why it's very important that you give as much detail as possible when filling out the questionnaire. This is particularly the case with a condition like IBD which the decision maker may know little or nothing about.

The questionnaire itself is large and can seem rather daunting. But we're going to do our best to make the job as easy as possible for you by taking you step-by-step through the whole form.

### Missed Deadline

If you've missed the deadline, return the form as quickly as possible along with a letter explaining why you are late doing so. If the decision maker decides you have 'good cause' for sending your form in late they can still accept it, otherwise you will be treated as capable of work. Obviously this is a serious matter, so if you've been ill, away from home or have some other reason why you are late explain in as much detail as possible.

### Check the Deadline for Returning the Form

The very first thing you need to do is check how long you have left in which to return the form. It has to be returned within six weeks of the date on the letter that came with it.

If you're very close to the deadline don't delay by waiting to get a Med 4 from your GP or other evidence: send the form off straight away and any other evidence as soon as you get it. Enclose a note explaining that this is what you are doing.

If the decision maker refuses to accept your late claim, get advice from one of the agencies listed in the 'Help' section as quickly as possible as you may be able to appeal this decision as well as making a fresh claim.

### Explain the Effects of Your IBD

When filling in the IB50 questionnaire, remember to give details of:

- Pain or severe discomfort you experience when carrying out an activity;
- Whether you get very tired when carrying out an activity, or afterwards, how long this lasts and how it affects you;
- Whether you can carry out an activity with reasonable regularity, e.g. if you walked up and down the stairs, could you do so again soon afterwards;
- Whether there is a real risk to your health if you carry out an activity, for example, if you have been told by a doctor not to do it;
- Variability: does your condition vary throughout the day or from day to day – if so, explain in as much detail as possible.

### Use Additional Sheets

Some of the boxes on the questionnaire are very small. It's definitely worth using additional sheets if you can't fit everything you want to say in the boxes. Make sure you include your name and national insurance number on the top of every additional sheet you use and, if possible, staple them to the back of the questionnaire.

## Start With the Pages Most Relevant To IBD

The questionnaire may look alarmingly large. But some pages are more likely to be relevant to people with IBD than others and very few people need to fill in every page. So, while it's important to complete all the pages that apply to you, and to give details of the effects of any other health conditions you have, we've set out which pages are most likely to allow you to score points because of IBD.

And remember, any one page on its own may be sufficient to score 15 points and lead to you being found incapable of work, if the decision maker agrees with your assessment of how your condition affects you.

### 1) Do you experience incontinence or extreme urgency, so that you have often have to stay close to the toilet and rush to get there in time?

If so fill give information on this first, following the detailed information about completing the *Coping with toilet needs* page you will find in this guide. We do realise how difficult it may be to write about such a personal matter – but the more detailed information you give now, the less likely it is that you will have to attend a medical later.

### 2) Do you have a stoma device?

If so give details on the *Coping with toilet needs* page. The fact that you have a stoma device may be sufficient for you to be found incapable of work. However, the law is rather muddled in this area, so if you are not found incapable of work you should definitely seek help from a welfare rights worker in relation to an appeal.

### 3) Do you have painful fistulas?

If so, you should pay particular attention to the following pages:

- a) *Sitting in a chair* – if you can't sit on a dining chair for more than an hour.
- b) *Walking* – if you can't walk more than 400 metres without having to stop.
- c) *Walking up and down stairs* - if you have to hold on, go sideways or go one step at a time.
- d) *Standing* - if you can't stand in one position for more than 30 minutes.

### 4) Do you have painful joints or get tired very easily?

If so, then look at all of the following pages:

- a) *Sitting in a chair* – if pain or severe discomfort mean that you can't sit on a dining chair for more than an hour.
- b) *Getting up from a chair* – if pain, severe discomfort or fatigue means you can't get up from a dining chair without leaning on something or someone.
- c) *Bending or kneeling* – if this causes pain, severe discomfort or you have to lean on something to get back up.
- d) *Standing* - if pain, severe discomfort or fatigue mean you can't stand in one position for more than 30 minutes.
- e) *Walking* – if pain, severe discomfort or fatigue mean you can't walk more than 400 metres without having to stop.
- f) *Walking up and down stairs* – if you have to go sideways or go one step at a time.
- g) *Using your hands* – if you experience pain or severe discomfort with things such as turning taps or knobs, picking up coins, doing up laces or writing.

- h) *Reaching* – if you experience pain or severe discomfort if you reach above your head or behind your back.
- i) *Lifting and carrying* – if you can't lift a 2.5kg (5lb approximately) bag of potatoes, a full kettle or a pan of water for example, without pain or severe discomfort.

**5) 5 Do any of the following apply:**

- a) Your IBD is severe and uncontrolled;
- b) You are due to have an operation within three months;
- c) There would be a substantial risk to someone's health if you were found capable of work;
- d) You are having regular treatment, such as parenteral nutrition.

If so, read the *Should you be covered by the exceptional circumstance regulations* section of this guide and give details in the *Other information* box on page 18 of the questionnaire.

**6) Have you become depressed or anxious because of your condition?**

If so, you will probably need a diagnosis on your Med 4 from your GP before the decision maker will consider awarding points under the mental health test. But if this does apply, give details of how your mental health condition affects you on page 16 of the questionnaire.

**A Warning about Disability Living Allowance  
(Whether You Get It or Not)**

If you are already getting DLA, you need to be aware that the findings in your PCA can affect your award of DLA. For example, if a Medical Services doctor states that you can walk at least 200 yards then this may in turn lead to your disability living allowance higher rate mobility component being looked at again or to it not being awarded next time it comes up for renewal. This makes it all the more important that you fill in your questionnaire as accurately as possible.

If you are *not* currently claiming Disability Living Allowance (DLA), but your IBD causes problems with everyday activities, then please get a copy of the NACC DLA guide and look at the two minute test to help you decide if it would be worth making a claim. DLA is a very valuable benefit and is paid in addition to incapacity benefit and income support. If you do make a claim, the decision maker may consider any evidence from your PCA when deciding whether to make an award.

## Completing Pages 1-5

### Page 1

This asks for your name, address daytime and mobile telephone numbers and national insurance number. You are not obliged to give your phone number, although the DWP may already have it or may try to get it via directory enquiries. We would suggest you think particularly carefully before giving your mobile phone number: very few people would wish to be asked questions about their IBD whilst they are, for example, in a shop or walking down the street.

If you would prefer to receive letters about your benefits rather than be telephoned at home, then say so here. It is generally a good idea to avoid talking to the DWP on the telephone wherever possible: there's much less scope for confusion if everything is done in writing.

### Page 2

There are three boxes for contact details for: you're GP; your hospital doctor or consultant if you have one; anyone treating you for mental health problems. But please note that the DWP are extremely unlikely to contact anyone other than your GP, if they contact anyone at all. (See: *Getting supporting evidence*). This page also asks about your illness or disability – you only need to give a diagnosis such as ulcerative colitis or Crohn's disease at this point.

### Page 3

The first box is for details of your medication. Give the name and the amount you take and how often, if possible. If you experience any side effects from your medication, list them in this box. You are also asked for details of any disability living allowance you are getting. You should be aware that information you give in this form can be used as grounds for looking again at your DLA award. (See: *Handy hints for completing the questionnaire*).

### Page 4

This is for details of any hospital treatment you have had as an in-patient or an out-patient. It's particularly important that you give details if you are expecting to have any in-patient treatment in the next three months as this may mean you are covered by the exceptional circumstances rules. (See: *Should you be covered by the exceptional circumstances regulations*.)

### Page 5

This page gives information about how to fill in the form. It stresses the need to include information about all the effects of your condition, including any pain, tiredness and breathlessness you experience and whether your condition varies from day to day.

## Sitting In a Chair

**Bear in mind:** this is about sitting in a very specific sort of chair: an upright chair with a back but no arms. A good example would be a dining chair. If the reason you have to get up is that you have to get to the toilet, this may not be taken into account – the question is how long it would be before the *discomfort caused by sitting* makes you rise. But if it's sitting that increases your need to go to the toilet then this should be taken into account.

If you have a sore anus or painful fistulas, it may be that you cannot sit comfortably at all.

**On your questionnaire**, you may want to write about:

- What causes the problems with sitting, for example, stiffness in your limbs, a sore anus;
- What sort of chairs you normally sit on and whether you generally avoid using an upright chair with a back but no arms;
- Whether you generally lie on a sofa rather than sitting; whether you have any special cushions, rings or anything else to ease your discomfort – your ability to sit without these is what counts.

### If You Have a Medical

**The doctor may ask about things like:**

- a) What programmes you watch on television and what type of chair you use;
- b) Other leisure or social activities, e.g.
  - Listening to the radio; using a computer;
  - Sitting in a friend's house; pub or restaurant;
  - Reading;
  - Knitting;
- c) How long you sit at mealtimes;
- d) How long you can spend traveling in cars, buses or planes including holiday trips.

**The doctor may observe** how you sit at the medical: if you sit still without obvious discomfort for say 20 minutes, the doctor may say that you could clearly have sat for much longer.

#### Assumption Alert!

The doctor is likely to ask you what TV programmes you watch. If you say you watch films, for example, the doctor may assume you can sit for at least 90 minutes. Or if you say you watch *Coronation Street* the doctor may assume you can sit for at least 30 minutes. So make sure, even if you're not asked, that you tell the doctor if you have to get up during programmes, what sort of chair you sit in, whether it has arms or special cushions or whether you lie on the sofa.

If you say you have been on holiday, perhaps driving from London to Cornwall, the doctor may assume that you can sit for at least three hours. Make sure that, if you do mention any especially long trips, you also make it clear if you had breaks, stood up and walked up and down on the plane or train, etc.

The waiting room will be equipped with upright chairs with backs but no arms. The time you arrived will have been noted and the doctor may assume, without ever asking, that if you were kept waiting for say half an hour, then you sat for that period. Don't expect to be asked, instead make a point of telling the doctor if you were unable to sit for the whole time.

## Getting Up From a Chair

**Bear in mind:** this is about rising from sitting from a very specific sort of chair: an upright chair with a back but no arms. A good example would be a dining chair. If you need to hold onto something, such as a table or the chair itself in order to rise, then you are unable to carry out the activity without holding on to something. If you can manage to rise unaided most of the time, but you have bad days, or bad times of the day, when you can't, then tick the sometimes box and give details. If you can rise without help or holding on but it hurts, makes you breathless or it would tire you so much that you wouldn't be able to do it with reasonable repeatability, then make this clear.

**On your questionnaire,** you may want to write about:

- The sort of chair you use at home;
- How you get up from a table if you sit down to eat;
- Whether you lean on the cistern, bath tub, or anything else when getting off the toilet;
- Whether you lean on the door, seat, dashboard, the bodywork or anything else when getting in and out of a car.

### **If You Have a Medical**

**The doctor may ask about things like:**

- Getting on and off the toilet without help;
- Getting in and out of a car;
- Getting out of chairs or out of bed.

**The doctor may observe how:**

- You get up from the chair in the waiting room;
- How you get off the chair in the examination room;
- How you get on and off the couch in the examination room;
- How you get back into your car in the car park – doctors often observe people from a window or doorway as they leave the building after their examination.

#### **Assumption Alert!**

If you say you don't have anyone's help getting off the toilet or out of a car the doctor may assume this means you don't need to lean on anything either – so make sure you tell the doctor if you do.

## **Bending or Kneeling**

**Bear in mind:** if you can pick up a piece of paper from the floor and get back up again by bending, kneeling, squatting or a combination of all three you are unlikely to score any points. If you can manage to do it most of the time, but you have bad days, or bad times of the day, when you can't, then tick the sometimes box and give details. If you can do it but it hurts, makes you breathless or you wouldn't be able to do it with reasonable repeatability, then make this clear.

**On your questionnaire:** you may want to write about any problems or pain you have when bending and kneeling to do such things as:

- Dressing and undressing, especially footwear;
- Getting in and out of the bath;
- Washing and drying your lower legs and feet;
- Bending to reach the oven, front loading washing machine, low cupboards or shelves;
- Hanging laundry to dry;
- Carrying out household cleaning chores;
- Bending to tend to babies and toddlers;
- Leisure and recreational activities involving bending, such as gardening, tending to pets.

### **If You Have a Medical**

The doctor may ask about any of the activities listed above:

**The doctor may observe how:**

- You take your shoes off if asked to do so;
- You put down and pick up any bag you have with you.

#### **Assumption Alert!**

Even if you're sitting down when you pick up your bag or take off and put on your shoes the doctor may say that they saw you doing so and fail to mention that you were sitting at the time, assuming that if you can do it sitting you can do it standing. Make a note after the examination about whether you were sitting or standing when you did this.

## Standing

### ‘Standing Without the Support of another Person or the Use of an Aid except a Walking Stick’

**Bear in mind:** this is about how long you can stand without pain, fatigue, stiffness, breathlessness or balance problems and whether you could stand for the same period of time again with reasonable repeatability. If you normally use a walking stick then the time you can stand with the help of the walking stick is what counts.

If the reason you to stop standing is that you have to hurry to the toilet, this may not be taken into account. However, if the act of standing increases your bowel urgency then the point at which you need to move because of bowel urgency should be taken as the limit of your standing ability.

**On your questionnaire,** you may want to write about what causes you to have problems with standing and examples of when you have had problems because you were unable to stand longer. Think about activities such as:

- Standing to do household chores such as washing up or cooking;
- Standing at queues in supermarkets or waiting for public transport;
- Standing and waiting when collecting a child from school;
- Standing to watch sporting activities.

### **If You Have a Medical**

The doctor may ask about any of the activities listed above.

#### **The doctor may observe:**

How long you stand for when asked to do so during the examination.

#### **Assumption Alert!**

If you say you go shopping or catch buses, the doctor may assume you can stand in queues for 30 minutes or more. So, if you sit on walls or there are seats at the bus stops you use, say so. Likewise, if you go shopping with someone else and they stand in the queue while you sit down or you lean heavily on your shopping trolley while queuing, you need to tell the doctor this. If you stand for a short time without apparent difficulty during the examination, the doctor may assume that you are able to do so for much longer. Try to make a note of how long you actually stand for uninterrupted during the examination.

## Walking

### **‘Walking on Level Ground with a Walking Stick or Other Aid if Such Aids are normally used’**

**Bear in mind:** this is about how far you can walk without pain, fatigue, stiffness, breathlessness or balance problems, and whether you could walk the same distance again with reasonable repeatability. If you normally use a walking stick or other aid, then it’s how far you can get using this that counts. If walking causes or worsens abdominal pain, pain from fistulas, soreness around the anus or other symptoms, say how far you can walk before severe discomfort begins.

**On your questionnaire,** you may want to write about what limits your ability to walk: whether it’s pain, fatigue, breathlessness, etc. Think about activities such as:

- Moving around at home;
- Shopping and walking around a supermarket;
- Exercising pets.

### **If You Have a Medical**

The doctor may ask about the activities listed above and how you got to the examination centre, whether by car or by bus.

#### **The doctor may observe how:**

You walk from the waiting room to the examination room, including the speed you walk at and whether you have any problems with balance;

How you walk back to your car or out of the examination centre – doctors often observe people from a window or doorway as they leave the building after their examination.

#### **Assumption Alert!**

The doctor should not only record how far you say you can walk, but also ask you how long it takes, whether you need to stop, and if so how often, and for how long. But very often they just ask how far and assume you don’t need to stop.

If you came by bus they may know how far it is from the bus stop to the examination centre.

They should ask how long it took you to walk, the number of rests required, and the lengths of the rest periods, but again they will often assume you walked from the bus stop at a normal pace and without stopping.

Examining doctors are also told to:

*“Bear in mind that a person who can easily manage around the house and garden is unlikely to be limited to walking less than 200 metres; a person who can walk around a shopping centre/supermarket is unlikely to be limited to walking less than 800 metres”.*

If this doesn’t apply in your case then say so – for example, do you always lean on a shopping trolley when walking around the supermarket and stop frequently?

## Walking Up and Down Stairs

**Bear in mind:** you can't score points for both stairs and walking, you get whichever is the higher of the two. However, you should still give as much information as possible about problems with both activities. If you can go up stairs but have problems coming down, or vice versa, this is sufficient to score the appropriate points. If you have to go up and down the stairs on your bottom this should count as being unable to walk up and down stairs.

**On your questionnaire,** you may want to write about any pain in your joints or from fistulas when walking up and down stairs, any fatigue dizziness or unsteadiness you experience and any falls you have had. If you get very tired using stairs, say how long it takes to recover. Also say whether you arrange your life so that you avoid going upstairs during the day.

### **If You Have a Medical**

#### **The doctor may ask about things like:**

- Do you live in a flat or a house with stairs?
- Is your bathroom/toilet upstairs?
- Do you sleep upstairs or downstairs?

#### **The doctor may observe:**

The way you walk from the waiting area to the examination room and the way you walk when leaving the building;

The way you climb on and off the couch, including whether you use a footstool – which should be available.

#### **Assumption alert!**

The doctor may assume that you hold onto the handrail out of habit or for reassurance – you will need to make it clear if you hold on out of necessity.

## Using Your Hands

**Bear in mind:** in relation to writing, you must be able to write more than just a few words, enough for everyday purposes such as cards and letters, and be able to write clearly and at a reasonable speed. In relation to picking up coins, the law actually refers to a coin which is 2.5 centimetres or less in diameter rather than a two pence coin. You may wish, therefore, to give details of any difficulties you have, because of your condition, with picking up 5p or 1p coins.

**On your questionnaire,** you may want to write about any problems that you have with activities that involve using your hands, such as:

- Filling in forms such as this questionnaire;
- Coping with buttons, zips, and hooks on clothing;
- Cooking - including opening jars and bottles;
- Washing and peeling vegetables;
- Leisure activities, including reading books and newspapers; doing crosswords; knitting; manipulating the petrol cap to refuel a car.

### **If You Have a Medical**

The doctor may ask about the activities listed above.

#### **The doctor may observe:**

- You undoing and doing up your shoelaces if asked to undress;
- How much ingrained dirt or calluses you have on your hands;
- How you handle medicine containers if you have brought any to show the doctor.

#### **Assumption Alert!**

Even though calluses and ingrained dirt, such as diesel oil or coal dust, may remain for years after you have stopped working, the doctor –who may have little personal experience of such things – is likely to assume that these are evidence of recent heavy manual work. If this is not the case volunteer the information as you will probably not be asked.

## Reaching.

**Bear in mind:** this activity is just about your ability to reach, not about whether you are able to use your hands effectively once you have reached for something

**On your questionnaire,** you may want to write about any problems that you have with the activities like:

- Dressing and undressing, including reaching for clothes on shelves and in wardrobes;
- Hair washing and brushing;
- Shaving;
- Reaching up to shelves in shops and putting shopping away at home;
- Household chores such as: dusting and hanging laundry on a washing line;
- Leisure activities, such as aerobics, golf, painting and decorating.

### **If You Have a Medical**

The doctor may ask about the activities listed above.

**The doctor may observe:**

- Any spontaneous movements of your arms, as well as those you are asked to attempt;
- The speed and efficiency with which you dress and undress;
- How you hang up your coat or jacket.

## Lifting and Carrying

**Bear in mind:** in spite of the title, this activity is only about lifting and carrying by the use of your upper body and arms. It doesn't include carrying the objects from one place to another, but it does include holding them for at least a brief period. References to '*either hand*' mean you have problems with both hands. You need to be able to grip and lift a carton of milk itself, it doesn't count if you can only do so if it's placed in a bag. It is the use of an ordinary kettle that is being considered, not one that has been adapted to make it easier to pour from.

**On your questionnaire,** you should write about any problems that you have with the activities such as.

- Cooking, especially lifting and carrying saucepans and crockery;
- Shopping, especially lifting goods out of a shopping trolley;
- Dealing with laundry;
- Care of children, such as lifting them out of cots and high chairs;
- Hobbies such as gardening, carrying pet animals or birdcages.

### **If You Have a Medical**

The doctor may ask about the activities listed above.

**The doctor may observe:**

- Any hand, arm and head gestures;
- The way you dress and undress;
- The way you hang up a coat or jacket;
- How you lift any handbag, shopping bag or similar.

**Assumption alert!**

If you are carrying a bag the doctor may make assumptions about how much it weighs without actually asking you. If your bag weighs less than a bag of potatoes or less than a carton of milk, you may wish to point this out to the doctor.

## Seeing

**Bear in mind:** the test is how well you can see wearing glasses if you normally use them. You should be able to recognise a friend by their face rather than by, for example, their clothing.

**On your questionnaire,** you may want to write about any problems that you have with the activities such as:

- Filling in forms;
- Reading newspapers or magazines;
- Helping children with homework or reading bedtime stories;
- Leisure activities, in particular sports such as snooker or darts; and activities which require good vision such as knitting or sewing;
- Whether you drive: anyone who holds a driving licence will be assumed to have no problems with vision.

### **If You Have a Medical**

The doctor may ask about the activities listed above.

**The doctor may observe:**

- How you move about within the centre;
- Whether you can see to deal with belts and buttons when dressing and undressing.

## Speaking

**Bear in mind:** the problems with speech have to stem from your disability or health condition and not, for example, because you have a strong accent.

**On your questionnaire,** you may want to write about any problems that you have with activities such as:

- Your ability to socialise with family and friends;
- Any difficulties you have with activities such as shopping, or travelling on public transport;
- Whether you are able to use a telephone.

### **If You Have a Medical**

The doctor may ask about the activities listed above.

## Hearing

**Bear in mind:** it is your ability to hear whilst using a hearing aid if you normally use one which is being considered. A busy street is one with traffic and ordinary street noises, but not, for example, one where there are very noisy road works or which is beside a motorway.

**On your questionnaire,** you may want to write about any problems that you have with activities such as:

- Details of social isolation and domestic difficulties, such as problems communicating in shops or on family occasions;
- Inability to continue particular hobbies such as going to the cinema or theatre, playing bridge or bingo;
- Whether you use any aids such as: headphones or loop system amplification for TV, radio or video; amplification for your telephone; loud front door bells or door lights.

### **If You Have a Medical**

The doctor may ask about the activities listed above.

## Fits or Something like This

**Bear in mind:** the law in this area is rather confused, but it may be the case that vertigo, severe migraines and other conditions that cause '*altered consciousnesses*' may score points under this activity.

**On your questionnaire,** you may want to write about any activities you avoid because of fits as well as:

- Any fits or seizures you have had
- Whether you drive, as the DVLC will refuse to issue a licence to anyone who has had a daytime fit in the past year.
- Whether you undertake potentially hazardous domestic activities such as cooking
- Whether you undertake potentially hazardous recreational activities e.g. swimming, contact sports.

### **If You Have a Medical**

The doctor may ask about the activities listed above.

## Coping with toilet needs

We do realise that this may be a distressing page for you to have to fill in, but it is vitally important that you do so if it applies to you.

The points for this activity are as follows:

- a) No voluntary control over bowels. **15 points.**
- b) No voluntary control over bladder. **15 points.**
- c) Loses control of bowels at least once a week. **15 points.**
- d) Loses control of bowels at least once a month. **15 points.**
- e) Loses control of bowels occasionally. **9 points.**
- f) Loses control of bladder at least once a month. **3 points.**
- g) Loses control of bladder occasionally. **3 points.**
- h) No problem with continence. **0 points.**

The scoring system is explained in detail in the section entitled *The PCA points system*. But, in brief, you need to score a combined total of 15 points from all the physical activities that you have difficulties with. (Except that you can't have points for both walking and stairs). So, if the decision maker accepts that you have episodes of incontinence – or possibly extreme urgency, see below – at least once a month, then that will be enough on its own for you to be found incapable of work. Even if it is accepted that you only lose control of your bowels occasionally you will score nine points, leaving you needing just six more from any other activities you have problems with.

### Bear in mind:

- Pads  
Very small amounts of faecal incontinence which cause staining of underwear, but no more, may not count. But if you have to use pads and you do actually soil them we would argue very strongly that this should count.
- Urgency  
If you suffer from extreme urgency, so that you have to stay close to a lavatory most of the time in order to avoid episodes of incontinence, each episode of urgency may count as losing control or you may be considered to have no voluntary control. In the same way, if you have to take anti-diarrhoeal when you go out to avoid episodes of incontinence, this may count as no voluntary control.

However, the law is currently rather a muddle in this regard. So, if you have episodes of extreme urgency at least once a week, tick the box saying '*I lose control of my bowels at least once a week*'. If, however, you suffer from extreme urgency most days, we would suggest you tick the box saying '*I have no voluntary control of my bowels*'.

Whichever box you tick, the most important thing is to give detailed evidence, using the box on page 18 or an additional sheet if necessary.

- Stoma devices  
There is currently disagreement over whether using a stoma device, such as a colostomy bag, should count as having no voluntary control over your bowels or whether points should only be awarded if you have problems with leakage from the appliance. If you do have a stoma device, make this clear on the form and explain any problems you have with it. If you are found capable of work, consult a welfare rights worker.
- Diet  
If your loss of control is due to failing to adhere to a prescribed diet – for example, because you have coeliac disease - this will probably not count, provided it would be reasonable to expect you to follow the diet.
- Bladder problems  
For bladder problems, small amounts of leakage, such as may be present with stress incontinence, may not count.

**On your questionnaire**, give as much information as possible about:

1. Any actual episodes of incontinence you have had;
2. Any near misses;
3. How often you go shopping, visiting friends or other social outings and how long these last,
4. Any precautions you take to reduce the risk of episodes of incontinence both indoors and out, such as:
  - a) Using pads;
  - b) Taking anti-diarrhoeal medication;
  - c) Staying very close to the lavatory;
  - d) Avoiding eating and drinking before going out;
  - e) Only going to places if you know in advance where the toilets are and planning your route from one toilet to the next.

### **If You Have a Medical**

The doctor may ask about the issues listed above.

#### **Assumption alert!**

The doctor may simply ask if you have had any recent episodes of incontinence and if you say ‘No’ assume you have no problems with continence. It’s very important that, whether the doctor asks or not, you explain in detail any precautions you take to prevent episodes and what would happen if you didn’t take them.

## **Anxiety, depression and other mental health problems**

**Bear in mind.** You are asked if you have been treated for anxiety, depression or mental illness or whether you think you have a mental health problem. You are also asked how often you receive treatment and when your last appointment was. You do not have to be receiving treatment in order to be found incapable of work, so don't worry if you have to leave these boxes blank.

This page also has a large box for you to describe your mental health condition, any treatment you receive and problems you have with day to day activities and with dealing with other people.

If you do get depressed or anxious it would be worth discussing with your doctor whether you should have a diagnosis stating that you are suffering from anxiety or depression. In the absence of such a diagnosis there is a strong possibility that the Medical Services doctor will conclude that your condition is simply a normal reaction to your IBD and does not constitute a mental health condition for which you can be awarded points.

**On your questionnaire,** give as much information as you can about the way that your depression or anxiety affects your everyday life.

### **If You Have a Medical**

The doctor will carry out the mental health test if it is accepted that you have a mental health condition. You can download a detailed guide to the mental health test from [www.benefitsandwork.co.uk](http://www.benefitsandwork.co.uk)

## Completing pages 17-20

**Page 17** - There are three boxes on this page. The first is for any additional information you want to provide about how your condition affects your daily life – there is another larger box you can use on the next page for the same purpose.

The second box is for you to explain any special needs you have in relation to attending a medical. Medicals take place at DWP medical centres. If you are unable to use public transport and will have to come by taxi say so here. The DWP may arrange transport for you or agree to pay your taxi fare, but you will need medical evidence to support what you are saying. In exceptional circumstances a home visit may be arranged.

You are also asked to say if you '*must have someone to attend with you because of your medical condition*'. In fact, you may well wish to have someone with you whether your condition requires it or not, perhaps because you find it difficult to talk to strangers about your condition and would be reassured by the presence of a friend or relative. You do not need to inform the DWP in advance that you are bringing someone. For more on this, see: *Attending a medical examination*.

The third box asks for any dates in the next three months when you're not available to attend a medical. If you're bringing someone with you, also put down the dates when they aren't available.

**Page 18** - This page asks you to say whether you've been asked to send a Med 4 and if so when you are sending it. Enclose it with this form if possible, but don't delay returning the form, you can send the Med 4 afterwards if necessary. If you don't know what date you'll be sending it, simply write '*As soon as possible*'.

There is another large box which you can use if you ran out of room on the previous pages. You may also want to use this box to include details of any reasons why you think you should be covered by the exceptional circumstances regulations (See *Should you be covered by the exceptional circumstances regulations?*)

**Page 19** - This page contains various declarations and agreements. Don't be intimidated by the very misleading bit saying '*I understand that if I give information that is incorrect or incomplete action may be taken against me.*' If you deliberately try to mislead the DWP about the severity of your condition, your identity, your age or address or other matters, in order to get benefits, you may be committing an offence. You *cannot*, however, be prosecuted simply for not filling in the form very well, forgetting to include relevant information or accidentally getting things wrong. By signing in the box on this page, you are agreeing to allow the DWP to contact any health professionals who have treated you.

If someone else fills in the form for you they should give their details on this page. They do not have to give their telephone number if they would prefer to be contacted in writing, which we would very much recommend.

**Page 20** - The final page gives contact details for the Benefits Enquiry Line.

If at all possible, keep a copy of the form. It may be helpful for you to go through it before attending a medical.

## Getting Supporting Evidence

As well as your questionnaire and the Med 4, the decision maker has to take into account any other evidence you might wish to provide. Most people don't provide any additional evidence, but there are circumstances in which it could make a vital difference

### Medical Evidence

Although the questionnaire asks for details both of your GP and your consultant, the DWP are very unlikely to contact anyone but your GP. So, if your GP has very little to do with the treatment of your IBD, but you do have a specialist IBD nurse or gastroenterologist, it is likely to be very helpful if you can get a letter from them giving the kind of information we suggested you try to get on the Med 4, (see: *Getting a form Med 4 from your GP*).

It is extremely rare for the DWP to contact anyone but your GP for medical evidence, so if you do think it could affect the outcome it will be up to you to try to get evidence from other health professionals.

### Non-Medical Evidence

You can also submit letters from your partner, carers, relatives or friends if they have observed the difficulties you have with activities that are relevant to the PCA.

### Deadlines

You must return your questionnaire within the six week deadline (see: *Handy hints for completing the Questionnaire*). Under no circumstances should you delay returning the questionnaire just because you are waiting for additional evidence. Instead, enclose a letter with your claim form telling the DWP that you intend to send further evidence and when you hope to be able to send it to them.

## Attending a Medical Examination

We don't want you to be overly concerned about having a medical examination. As we have explained elsewhere, many people with IBD are found incapable of work without having an examination at all. And even if you do have to have one, it is likely to last no more than half an hour and consist mostly of the doctor asking you questions about your everyday life.

Nevertheless, the doctor's opinion will be taken very seriously by the decision maker and they may not have encountered many people with IBD. So it's a good idea to be well prepared if you go for a medical.

### Getting Your Appointment

You will receive either a letter, or increasingly commonly, a phone call from medical services asking you to attend for a medical assessment at your local Medical Services Examination Centre. If you wish to have someone with you then you will need to check with them whether they are available before agreeing to attend on the suggested date.

### Do I Have To Attend The Medical?

Yes you do. If you fail to turn up to the medical without good cause you will be considered capable of work and lose any benefits based on your incapacity for work. So, if you do miss the appointment, contact Medical Services immediately, explain why and ask for another appointment. If this is refused and your benefit is stopped, try to get advice as quickly as possible from a welfare rights worker or solicitor who specialises in welfare benefits. You can appeal against the decision to find you capable of work.

If you cannot attend the appointment because you are too ill to travel or have another appointment, such as a hospital visit which you cannot rearrange, then contact the medical services as soon as possible to rearrange the appointment. If you do this by telephone, make sure you get the name of the person you speak to and follow up your call with a letter confirming what was agreed.

### Preparing For Questions

Before you attend the assessment, try to read through what you wrote on your questionnaire and have a look at any other evidence you have submitted. This might help to remind you of things you want to tell the doctor. In addition, read through the information about what the doctor may ask and observe in the page-by-page guide to completing the questionnaire in this guide.

### Travelling To the Medical

You can claim travelling expenses for going to the medical, but taxi fares won't be paid unless this has been agreed beforehand with the DWP. If you don't normally use public transport, perhaps because it makes you too anxious, then try not to do so to travel to your medical. The doctor is likely to ask how you travelled and may make all sorts of assumptions about your ability to deal with everyday tasks and other people just on the basis that you can travel on a bus. If you do have to use public transport and it is painful or distressing for you, make sure you explain this to the doctor who assesses you.

## **Submitting Additional Evidence**

If you have letters or other written evidence that you have not been able to submit before, give it to the doctor at the start of your assessment. Even if the doctor declines to read it, they will have to pass it on to the decision maker who will be obliged to take it into account before making a decision.

### **Having Someone with You**

You are allowed to have someone come with you and sit in on your medical assessment. This can be anyone you like: friend, relative, carer, social worker, advice worker, etc. This may be particularly helpful if you are worried that you might be too anxious to tell the doctor everything you think they should know. The person who comes with you should try not to speak on your behalf, but they can remind you if there are things you forget to tell the doctor. Just having them there may help you to feel more confident and give more detailed information than you would be able to give if you were alone.

## **The Assessment**

The medical assessment may involve a brief physical examination followed by a number of questions about how you spend your time and what activities you have difficulty with. The examination may involve such things as asking you to turn your head from side to side, raise and lower your arms and legs, stand up, sit down and movements. If appropriate your blood pressure and pulse rate may also be checked.

The questions are designed to gather information about your typical day. Your answers are very important as they are used to gather evidence about which activities you should score points for. Think carefully about how you answer questions and why they might be being asked in order to ensure that you give the doctor all the information they need to make an accurate assessment.

In an increasing number of medical centres the doctor will be using a computer with software specially designed to tell the doctor which questions to ask and which offers a range of multiple choice answers for the doctor to choose from, based on your replies and their own observations. The software also produces the final medical report, which the doctor does not see or sign before submitting it to the decision maker.

When the medical examination is over the doctor may accompany you back to the waiting room and may also secretly observe you leaving the building and getting into a car or walking down the street. Any observations that are made in this way may be used in the medical report.

# Help!

## Help From NACC

### **NACC-in-Contact Support Line 0845 130 3344**

Contacts are NACC members who are trained to give supportive listening over the telephone. They are not there to deal with any questions to do with benefits, but if you find the process of going through the PCA is causing you distress they can offer support.

### **NACC guides**

You can download a range of guides to benefits from the NACC website at [www.nacc.org.uk](http://www.nacc.org.uk) alternatively, if you don't have access to the internet, paper copies can be obtained from: NACC, 4 Beaumont House, Sutton Road, St Albans, Hertfordshire, AL1 5HH. Tel: 01727 830038

## Advice providers

We've listed these agencies in the order which we think reflects the likelihood you'll be able to contact one in your area.

### **CLS Direct helpline and website**

The Community Legal Service offers free initial (30 minutes) advice from a qualified legal adviser about Welfare Benefits between 9am and 5pm weekdays. And if you call outside office hours, just leave a message and they say they'll call you back. If you are eligible for Legal Aid you can then get further free legal help with your case by phone and post. To use the helpline call **0845 345 4345**. After you choose the welfare benefits option you will be advised to listen to recorded messages about benefits. We recommend that you don't, the messages are long, sometimes confusing and you can read them at your leisure on the CLS website at [www.clsdirect.org.uk](http://www.clsdirect.org.uk) if you wish to. Instead go straight for the option of speaking to an adviser.

You can also get information about your nearest CLS funded advice providers by visiting the CLS website at: [www.clsdirect.org.uk](http://www.clsdirect.org.uk) or calling the CLS Directory Line on **0845 608 1122**.

(CLS is a government agency, but most of the organisations providing telephone advice are actually local advice agencies, which is why we've listed them here).

### **Citizens' Advice Bureaux (CAB)**

There are over 750 bureaux in mainland Britain. Look under Citizens Advice Bureau in your phone book for details of your nearest one. You can also find details of your nearest bureau at: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

### **Citizens Advice Scotland**

To find your nearest bureau, look under Citizens Advice Bureau in your phone book or visit the CAS website at: [www.cas.org.uk](http://www.cas.org.uk)

**AdviceUK**

Over 900 advice agencies are members of AdviceUK. Details of your nearest ones are available from AdviceUK's website at [www.adviceuk.org.uk](http://www.adviceuk.org.uk)

**Association of Independent Advice Centres (Northern Ireland)**

AIAC is the umbrella body for independent advice centres in Northern Ireland. You can get details of your local independent advice centre in Northern Ireland from their website at: [www.aiac.net](http://www.aiac.net)

**Disability Information Advice Line**

There are over 140 local DIALs, all staffed by disabled people and all offering telephone advice. If you have a local line it should be listed in your telephone directory under DIAL UK. Alternatively, call the national office on **01302 310 123** or visit their website at [www.dialuk.info](http://www.dialuk.info) where you can find a directory of DIAL offices.

## The PCA points system

Please don't worry if this points system makes no sense at all to you – the important thing is to give detailed evidence in the questionnaire.

### Physical health

For physical activities, you need to score a minimum of 15 points.

You score the highest points that apply to you from each activity, but you can't have two lots of points from the same activity. So, for example, under the activity 'Manual dexterity' if you can't tie a bow (10 points) and can't turn a sink tap on (6 points), you will be awarded 10 points.

Walking on level ground and walking up and down stairs overlap: you can only score points for one of the two activities, whichever you get the highest for.

### Mental health

For mental health you have to score a minimum of 10 points, but you can have as many from each of the four activities as apply. There is a very detailed guide to the mental health test available which can be downloaded from the internet from [www.benefitsandwork.co.uk](http://www.benefitsandwork.co.uk).

### Combined scores

If you score points under both the mental and physical health tests, but not enough to pass either test on its own, then you need a combined score of 15 points and:

less than 6 points under the mental health test counts as nil points;

between 6 and 9 points under the mental health test counts as 9 points.

In other words, as long as you score at least 6 points under the mental health test, you need only score 6 points under the physical health test to reach a combined score of 15 points.

### Physical health points

#### 1. Walking on Level Ground with a Walking Stick or Other Aid if Such Aids are normally used.

- 1) Cannot walk at all. **15 points**
- 2) Cannot walk more than a few steps without stopping or severe discomfort. **15 points**
- 3) Cannot walk more than 50 metres without stopping or severe discomfort. **15 points**
- 4) Cannot walk more than 200 metres without stopping or severe discomfort. **7 points**
- 5) Cannot walk more than 400 metres without stopping or severe discomfort. **3 points**
- 6) Cannot walk more than 800 metres without stopping or severe discomfort. **0 points**
- 7) No walking problem. **0 points**

**2. Walking Up and Down Stairs.**

- 1) Cannot walk up and down one stair. **15 Points**
- 2) Cannot walk up and down a flight of twelve stairs. **15 Points**
- 3) Cannot walk up and down a flight of twelve stairs without holding on and taking a rest. **7 Points**
- 4) Cannot walk up and down a flight of twelve stairs without holding on. **3 Points**
- 5) Can only walk up and down a flight of twelve stairs if he goes sideways or one step at a time. **3 Points**
- 6) No problem in walking up and down stairs. **0 Points**

**3. Sitting in an Upright Chair with a Back but No Arms.**

- a) Cannot sit comfortably. **15 Points**
- b) Cannot sit comfortably for more than ten minutes without having to move from the chair because the degree of discomfort makes it impossible to continue sitting. **15 Points**
- c) Cannot sit comfortably for more than 30 minutes without having to move from the chair because the degree of discomfort makes it impossible to continue sitting. **7 Points**
- d) Cannot sit comfortably for more than one hour without having to move from the chair because the degree of discomfort makes it impossible to continue sitting. **3 Points**
- e) Cannot sit comfortably for more than two hours without having to move from the chair because the degree of discomfort makes it impossible to continue sitting. **0 Points**
- f) No problem with sitting. **0 Points**

**4. Standing Without the Support of Another Person Or The Use of an Aid Except a Walking Stick.**

- a) Cannot stand unassisted. **15 Points**
- b) Cannot stand for more than a minute before needing to sit down. **15 Points**
- c) Cannot stand for more than 10 minutes before needing to sit down. **15 Points**
- d) Cannot stand for more than 30 minutes before needing to sit down. **7 Points**
- e) Cannot stand for more than 10 minutes before needing to move around. **7 Points**
- f) Cannot stand for more than 30 minutes before needing to move around. **3 Points**
- g) No problem standing. **0 Points**

**5. Rising From Sitting in an Upright Chair with a Back But No Arms Without the Help of Another Person.**

- a) Cannot rise from sitting to standing. **15 Points**
- b) Cannot rise from sitting to standing without holding on to something. **7 Points**
- c) Sometimes cannot rise from sitting to standing without holding on to something. **3 Points**
- d) No problem with rising from sitting to standing. **0 Points**

**6. Bending and Kneeling.**

- a) Cannot bend to touch his knees and straighten up again. **15 Points**
- b) Cannot either, bend or kneel, or bend and kneel as if to pick up a piece of paper from the floor and straighten up again. **15 Points**
- c) Sometimes cannot either, bend or kneel, or bend and kneel as if to pick up a piece of paper from the floor and straighten up again. **3 Points**
- d) No problem with bending or kneeling. **0 Points**

**7. Manual Dexterity.**

- a) Cannot turn the pages of a book with either hand. **15 Points**
- b) Cannot turn a sink tap or the control knobs on a cooker with either hand. **15 Points**
- c) Cannot pick up a coin which is 2.5 centimetres or less in diameter with either hand. **15 Points**
- d) Cannot use a pen or pencil. **15 Points**
- e) Cannot tie a bow in laces or string. **10 Points**
- f) Cannot turn a sink tap or the control knobs on a cooker with one hand, but can with the other. **6 Points**
- g) Cannot pick up a coin which is 2.5 centimetres or less in diameter with one hand, but can with the other. **6 Points**
- h) No problem with manual dexterity. **0 Points**

**8. Lifting and Carrying by the Use of Upper Body and Arms (Excluding All Other Activities Specified in Part 1 of This Schedule).**

- a) Cannot pick up a paperback book with either hand. **15 Points**
- b) Cannot pick up and carry a 0.5 litre carton of milk with either hand. **15 Points**
- c) Cannot pick up and pour from a full saucepan or kettle of 1.7 litre capacity with either hand. **15 Points**
- d) Cannot pick up and carry a 2.5 kilogramme bag of potatoes with either hand. **8 Points**
- e) Cannot pick up and carry a 0.5 litre carton of milk with one hand, but can with the other. **6 Points**
- f) Cannot pick up and carry a 2.5 kilogramme bag of potatoes with one hand, but can with the other. **0 Points**
- g) No problem with lifting and carrying. **0 Points**

**9. Reaching.**

- a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket. **15 Points**
- b) Cannot raise either arm to his head as if to put on a hat. **15 Points**
- c) Cannot put either arm behind back as if to put on a coat or jacket. **15 Points**
- d) Cannot raise either arm above his head as if to reach for something. **15 Points**
- e) Cannot raise one arm to his head as if to put on a hat, but can with the other. **6 Points**
- f) Cannot raise one arm above his head as if to reach for something, but can with the other. **0 Points**
- g) No problem with reaching. **0 Points**

**10. Speech.**

- a) Cannot speak. **15 Points**
- b) Speech cannot be understood by family or friends. **15 Points**
- c) Speech cannot be understood by strangers. **15 Points**
- d) Strangers have great difficulty understanding speech. **10 Points**
- e) Strangers have some difficulty understanding speech. **8 Points**
- f) No problems with speech. **0 Points**

**11. Hearing with a Hearing Aid or Other Aid if normally worn.**

- a) Cannot hear sounds at all. **15 Points**
- b) Cannot hear well enough to follow a television programme with the volume turned up. **15 Points**
- c) Cannot hear well enough to understand someone talking in a loud voice in a quiet room. **15 Points**
- d) Cannot hear well enough to understand someone talking in a normal voice in a quiet room. **10 Points**
- e) Cannot hear well enough to understand someone talking in a normal voice on a busy street. **8 Points**
- f) No problem with hearing. **0 Points**

**12. Vision in Normal Daylight or Bright Electric Light with Glasses or Other Aid to Vision if Such Aid is normally worn.**

- a) Cannot tell light from dark. **15 Points**
- b) Cannot see the shape of furniture in the room. **15 Points**
- c) Cannot see well enough to read 16 point print at a distance greater than 20 centimetres. **15 Points**
- d) Cannot see well enough to recognise a friend across the room at a distance of at least 5 metres. **12 Points**
- e) Cannot see well enough to recognise a friend across the road at a distance of at least 15 metres. **8 Points**
- f) No problems with vision. **0 Points**

**13. Contenance Other than Enuresis (Bed Wetting).**

- a) No voluntary control over bowels. **15 Points**
- b) No voluntary control over bladder. **15 Points**
- c) Loses control of bowels at least once a week. **15 Points**
- d) Loses control of bowels at least once a month. **15 Points**
- e) Loses control of bowels occasionally. **9 Points**
- f) Loses control of bladder at least once a month. **3 Points**
- g) Loses control of bladder occasionally. **3 Points**
- h) No problem with continence. **0 Points**

#### **14. Remaining Conscious Other than for Normal Periods of Sleep**

- a) Has an involuntary episode of lost or altered consciousness at least once a day. **15 Points**
- b) Has an involuntary episode of lost or altered consciousness at least once a week. **15 Points**
- c) Has an involuntary episode of lost or altered consciousness at least once a month. **15 Points**
- d) Has had an involuntary episode of lost or altered consciousness at least twice in the 6 months before the day in respect to which it falls to be determined whether he is incapable of work for the purpose of entitlement to any benefit, allowance or advantage. **12 Points**
- e) Has had an involuntary episode of lost or altered consciousness once in the 6 months before the day in respect to which it falls to be determined whether he is incapable of work for the purpose of entitlement to any benefit, allowance or advantage. **8 Points**
- f) Has had an involuntary episode of lost or altered consciousness once in the 3 years before the day in respect to which it falls to be determined whether he is incapable of work for the purpose of entitlement to any benefit, allowance or advantage. **0 Points**
- g) Has no problem with consciousness. **0 Points**

### **Mental Health Points**

#### **15. Completion of Tasks.**

- a) Cannot answer the telephone and reliably take a message. **2 Points**
- b) Often sits for hours doing nothing. **2 Points.**
- c) Cannot concentrate to read a magazine article or follow a radio or television programme. **1 Point**
- d) Cannot use a telephone book or other directory to find a number. **1 Point**
- e) Mental condition prevents him undertaking leisure activities previously enjoyed. **1 Point**
- f) Overlooks or forgets the risk posed by domestic appliances or other common hazards due to poor concentration. **1 Point**
- g) Agitation, confusion or forgetfulness has resulted in potentially dangerous accidents in the 3 months before the day in respect to which it falls to be determined whether he is incapable of work for the purposes of entitlement to any benefit' allowance or advantage. **1 Point**
- h) Concentration can only be sustained by prompting. **1 Point**

#### **16. Daily Living.**

- a) Needs encouragement to get up and dress. **2 Points**
- b) Needs alcohol before midday. **2 Points**
- c) Is frequently distressed at some time of the day due to fluctuation of mood. **1 Point**
- d) Does not care about his appearance and living conditions. **1 Point**
- e) Sleep problems interfere with his daytime activities. **1 Point**

**17. Coping with Pressure.**

- a) Mental stress was a factor in making him stop work. **2 Points**
- b) Frequently feels scared or panicky for no obvious reason. **2 Points**
- c) Avoids carrying out routine activities because he is convinced they will prove too tiring or stressful. **1 Point**
- d) Is unable to cope with changes in daily routine. **1 Point**
- e) Frequently finds there are so many things to do that he gives up because of fatigue apathy or disinterest. **1 Point**
- f) Is scared or anxious that work would bring back or worsen his illness. **1 Point**

**18. Interaction with Other People.**

- a) Cannot look after himself without help from others. **2 Points**
- b) Gets upset by ordinary events and it results in disruptive behavioural problems. **2 Points**
- c) Mental problems impair ability to communicate with other people. **2 Points**
- d) Gets irritated by things that would not have bothered him before he became ill. **1 Point**
- e) Prefers to be left alone for six hours or more each day. **1 Point**
- f) Is too frightened to go out alone. **1 Point**

## Glossary

Sadly, it's almost impossible to write a guide to claiming benefits without using some technical terms and abbreviations. We've tried to keep them to a minimum and we hope we've explained them all clearly in this section.

- **All work test:**  
You may know the personal capability assessment better as the All Work Test. The name was changed in 2000
- **Claimant:**  
We use this term to refer to people claiming, or attempting to claim, benefits
- **Commissioner:**  
If you appeal to a tribunal about a benefits decision but are unsuccessful, you may be able to take your appeal on to the next stage by appealing to the Social Security Commissioners. Their decisions are binding on tribunals. You can find out more about the Commissioners and their work from their website at [www.osscsc.gov.uk](http://www.osscsc.gov.uk)
- **Decision Maker:**  
The people who make decisions about your entitlement to benefits, including whether you are capable of work, are called decision makers. They used to be called adjudication officers.
- **Descriptors:**  
The Personal Capability Assessment is divided into a physical and mental health test. The tests are made up of separate activities, such as standing sitting and walking. Each activity is then divided into a range of descriptors, which score points, such as:
  - I cannot walk more than a few steps without stopping or severe discomfort. **15 points.**
  - I cannot walk more than 50 metres without stopping or severe discomfort. **15 points.**
  - I cannot walk more than 200 metres without stopping or severe discomfort. **7 points.**
- **Department for Work and Pensions (DWP):**  
This is the new name for what used to be called the Department of Social Security. The name was changed in 2001. You may also have contact with Jobcentre Plus.
- **Jobcentre Plus:**  
Jobcentre Plus offices and call centres are being opened all over the country: by the end of 2006 there should be no Jobcentres or social security offices left. Jobcentre Plus offices combine both the office where you claim your benefits with the office that helps you look for work or training.
- **Med 4:**  
A form you may have to get from your GP, see '*Getting a Form Med 4 from your GP*' for more details.
- **Medical Services Doctors:**  
The doctors who carry out personal capability assessments on behalf of the DWP
- **Personal Capability Assessment (PCA):**  
The test used to decide whether a claimant is incapable of work for benefits purposes.