



Supporting medical evidence for people with M.E./CFS

A guide for healthcare professionals who are asked to provide reports for welfare benefit claims and appeals

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Contents

Employment and Support Allowance (ESA) for M.E./CFS	2
The importance of supporting medical evidence	3
Qualifying for ESA	3
Providing your evidence	4

Employment and Support Allowance (ESA) for M.E./CFS

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

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

At Action for M.E. we encourage people to try to obtain supporting medical evidence. However, we are aware that this puts pressure on healthcare professionals who already have many demands on their time, so we have produced this factsheet to support you in this.

This factsheet is concerned with Employment and Support Allowance (ESA), a benefit that is paid to people who are unable to work due to illness or disability. When someone is awarded ESA, they can either be placed in the Work-Related Activity Group (WRAG) or the Support Group.

If someone is in the WRAG they will be required to attend work-focused interviews and perhaps take part in other work-related activity: this could include training, work placements or work experience. When you are placed in the Support Group, there are no conditions attached to getting your benefit and you would not be expected to participate in work-related activity.

Your patient may ask you for a supporting letter when they are

- making an initial claim for ESA or
- appealing against the decision that they have been turned down completely
- appealing because they have been placed in the WRAG when they think they should be in the Support Group.

The importance of supporting medical evidence

Supporting evidence can make a crucial difference to the success of an ESA claim or appeal.

The DWP does not automatically contact a claimant's GP or any other healthcare professional. More and more people claiming benefits are expected to obtain their own supporting evidence.

Decision makers at the DWP and assessors who carry out face-to-face assessments are not trained in particular disabilities or impairments; often they have little or no knowledge of M.E./CFS. Face-to-face assessments are very short – an assessor might see your patient for as little as 20 minutes. In some cases, decisions are made without your patient being assessed in person at all. So your evidence is vital in helping assessors understand how your patient is affected by M.E./CFS.

Qualifying for ESA

Your patient will be assessed against a number of descriptors covering activities like mobilising, standing and sitting, reaching, manual dexterity, coping with change, initiating and completing personal actions, awareness of hazards, leaning tasks and many more. You may wish to check with your patient which activities are particularly relevant to them.

One of the ways in which people with M.E./CFS may qualify for ESA is through what are known as the exceptional circumstance rules.

The regulation that may apply to some people with M.E./CFS is Reg 29 (2)(b) of the ESA regulations. This refers to someone who is: *“suffering from some specific disease or bodily or mental disablement and consequently there would be a substantial risk to the mental or physical health of any person if they were found not to have a limited capability for work.”*

The grounds for using the exceptional circumstances rule are that the person with M.E./CFS is unable to sustain physical or mental activity without experiencing serious consequences. This could include increased fatigue with progressive deterioration and a worsening of symptoms if s/he continues to be active above his/her own sustainable level. This could lead to a serious decline in health or a relapse.

There is a very similar rule (Reg 35)(2)(b) that allows entry to the Support Group for someone who is: *“suffering from some specific disease or bodily or mental disablement and consequently there would be a substantial risk to the mental or physical health of any person if they were found not to have a limited capability for work related activity.”*

It would be useful to comment on what the implications would be of your patient being found fit for work or of having to attend interviews and possibly participate in work-related activity.

Providing your evidence

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

- there is no cure for M.E./CFS and prognosis can be very difficult
- M.E./CFS is a fluctuating condition that affects people in many different ways; perhaps you could outline the main disabling symptoms that your patient experiences in addition to debilitating exhaustion
- how M.E./CFS specifically affects your patient's ability to manage day to day tasks, and carry out activities such as mobilising/walking, concentrating and remembering, standing and sitting, reaching and using a computer
- people with M.E./CFS who over-exert themselves one day often experience a deterioration in their condition later that day or in the days following
- your patient with M.E./CFS is unable to sustain activity and cannot do things repeatedly and reliably (DWP guidance states that when assessing claimants under the WCA, the healthcare professional must take account of factors such as pain, fatigue, stress and possible variability of the condition. It has been established that it must be possible for someone to be able to carry out the activities reliably, repeatedly and safely).



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