

Request for Medical Evidence in Support of Department for Work and Pensions (DWP) Claims and Appeals

Sheffield
LMC



GUIDANCE FOR SHEFFIELD GPs December 2024

This guidance relates to:

- Employment and Support Allowance (ESA)
- Personal Independence Payment (PIP)
- Attendance Allowance (AA)
- Universal Credit (UC)
- Disability Living Allowance (DLA)

For ESA and UC, GPs have a statutory obligation to provide statements of incapacity to patients on their list (Fit Note / Med3) and certain information to healthcare professionals working for the Health Assessment Advisory Service [Maximus](#).

The DWP does not require patients to request information direct from their GP. If the DWP or their providers consider that further medical evidence is necessary, they will seek it.

Further information about Maximus aimed at GPs and other health professionals can be found [here](#).

In addition, [DWP Medical \(factual\) reports: A guide to completion](#) offers background information on each form and clarification on specific questions, in order to make the processes as effective as possible. Please note paragraph 3.2.7 *Delegation of completion of reports*, which states:

It is acceptable for GPs to delegate completion of the ESA113, FRR2, PIP or DLA/AA factual report to your practice nurse.

No fee is payable to NHS doctors working in hospital for completion of PIP or DLA/AA factual reports.

MacMillan nurses, Nurse Specialists and practice nurses can complete the DS1500 and SRI, but only GPs and GMC registered consultants may claim a fee.

There is no contractual requirement for GPs to provide reports, letters of support or offer an opinion in relation to benefit claims direct to patients or anyone else, such as the Citizens Advice Bureau or the Tribunal Service. However, GPs may wish to provide a report or letter of support if they think it would help their patient's case and may charge a reasonable fee for undertaking the work. When refusing to provide information directly to the patient, GPs would be advised to:

1. Inform the patient that mechanisms are in place for relevant information to be requested from GPs by a number of organisations involved in the process.
2. Make it clear that the refusal to provide medical evidence should not be taken as having any bearing on the case in question.