



Department
for Work &
Pensions

The benefits system: a short guide for GPs

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Introduction

This guide describes the main benefits that DWP provides, and situations when you may be asked for information relating to a benefit claim on behalf of your patients.

It is aimed at GPs but may also be useful for other doctors and health professionals.

More information for healthcare professionals is available at: www.gov.uk/government/collections/healthcare-practitioners-guidance-and-information-from-dwp and more information for patients is available at: www.gov.uk/browse/benefits.

This is only a guide and has no status in law. It does not cover all the rules for every situation, nor does it provide a full interpretation of the rules.

For children under 16 years

Disability Living Allowance (DLA)

What is it?

DLA is a tax-free benefit which helps with the extra costs of looking after a child who needs help to look after themselves or move around because of a disability or health condition. Further information can be found at: <https://www.gov.uk/disability-living-allowance-children>

It is paid to a child's parent or a person who looks after the child as if they are a parent (e.g. step-parents, guardians, grandparents, foster parents and older brothers and sisters over 18 years).

Someone only qualifies for DLA if the child concerned needs much more day-to-day help than other children of the same age who don't have a disability. The child must have needed help for three months and be expected to need help for at least a further six months.

DLA is made up of a 'care component' which is paid at either the lowest / middle / highest rate and a 'mobility component' which has a lower and higher rate. Claimants can be paid either or both of these components. The care component can be paid from age 3 months (from birth if the child is terminally ill – see 'Claims from people who are terminally ill' at the end of this leaflet). The higher rate mobility component can be paid from age 3 and the lower rate from age 5.

Submitting a claim

Claimants can start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet) after which they are then sent a form to complete. Alternatively, the claim form is available online. The completed claim form and any additional evidence submitted is considered by a DWP decision maker (a specifically trained lay person). This decision maker may ask for further information.

As the patient's doctor

You may be asked to complete the statement at the end of the DLA claim form.

If the DWP decision maker (a specifically trained lay person) can't decide about benefit entitlement without further evidence, they may ask you to complete a medical report based on your medical records and knowledge of the patient.

Information on completing medical reports for DWP can be found at: www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals.

For working age people

Personal Independence Payment (PIP)

PIP is gradually replacing Disability Living Allowance for people who are aged 16 or over and have not reached State Pension age (<https://www.gov.uk/state-pension-age>). You can find out how potential new PIP claimants will be affected by visiting the PIP toolkit: www.gov.uk/guidance/the-personal-independence-payment-pip-toolkit.

What is it?

PIP helps with the extra costs arising from a long term condition (ill-health or disability expected to last 12 months or longer). There are two components to PIP; a Daily Living component and a Mobility component. Each component has two rates; standard and enhanced.

PIP is based on how a person's condition affects them, not the condition itself. It isn't income-related so it is unaffected by income, earnings or savings, it's not taxable and people can get it whether they're in or out of work.

To qualify for PIP, unless they are terminally ill (see 'Claims from people who are terminally ill' at the end of this leaflet), someone must have needed help with daily living or mobility activities for three months or more and be reasonably likely to need help for the next nine months (although someone can submit a claim for PIP during the first three months of having needed help).

Submitting a claim

Claimants usually start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet), but there are alternative ways to claim which are shown on the "How to claim page" <https://www.gov.uk/pip/how-to-claim>. They are then sent a 'How your disability affects you' form to fill in, and a booklet explaining how to complete the form.

Claimants should complete and return the form with any supporting evidence they already hold (such as copies of clinic letters, notes, or a care plan). Claimants are asked to provide details of the health professional best placed to provide evidence on their condition, so that when the Assessment Provider completes the PIP Assessment they can obtain additional evidence if required.

DWP has appointed two Assessment Providers on a regional basis: Independent Assessment Services (IAS, previously known as Atos Healthcare) and Capita Health and Wellbeing. A postcode map is available at: www.gov.uk/government/publications/pip-postcode-map-uk.

Once the PIP Assessment has been completed the details including all the evidence available are sent to a DWP decision maker. They will make a decision on eligibility

to PIP based on the assessment report, the form completed by the claimant and any additional evidence.

As the patient's doctor

Your patient should complete the forms to support their claim using information that they have to hand, and should not ask you for information to help them do this, or to complete the forms yourself.

Further medical information

A healthcare professional from IAS or Capita may occasionally phone you for more information. Patients give consent for this to happen as part of their claim and you do not need to seek additional consent.

[General Medical Council confidentiality guidance](#) (paragraph 115b) states 'you may accept an assurance from an officer of a government department or agency, or a registered health professional acting on their behalf, that the patient or a person properly authorised to act on their behalf has consented'.

IAS or Capita may ask you to complete a medical report if they require further medical evidence to decide whether your patient needs a face-to-face assessment or to help inform the face-to-face assessment. You can complete this from your medical records without carrying out a separate examination of your patient.

Information on completing medical reports for DWP can be found at: www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals.

Disability Living Allowance (DLA)

DLA for working-age people is being replaced by PIP

Personal Independence Payment has now replaced DLA for new claimants over the age of 16 – see the PIP section on page 6 for more information. If your patient is already getting DLA, they don't need to take any action. DWP will write to them to let them know how and when to apply for PIP. You can find out when existing DLA claimants might be affected by visiting the PIP toolkit: www.gov.uk/guidance/the-personal-independence-payment-pip-toolkit.

DLA will remain for children up to the age of 16 and those in receipt of DLA who were aged 65 or over on 08 April 2013 and who continue to satisfy the entitlement conditions, but no new claims can be made.

Employment and Support Allowance (ESA)

What is it?

ESA offers financial support to ill or disabled people who are unable to work; or personalised help so that someone can work if they're able to. There are 3 types of ESA:

- new Style ESA – is contribution based and replaces the 'old style' contributory ESA. All new ESA claims are for New Style ESA. Eligibility for New Style ESA is dependent on National Insurance contributions, usually in the last 2 to 3 years. [National Insurance credits](#) can also count. Some claimants [eligible for Universal Credit](#), can get Universal Credit at the same time or instead of New Style ESA.
- contribution-based ESA – claimants could get this if they have paid enough National Insurance contributions – [National Insurance credits](#) could also count for part of this.
- income-related ESA – claimants could usually get this on its own or on top of contribution-based ESA, if they're on a low income.

People can no longer make a new claim for contribution-based ESA or income-related ESA. They must claim New Style ESA or Universal Credit instead.

People are assessed to see if they are eligible for ESA and if so when they should be called for a further assessment, which can be anything from 3 months up to 3 years. Claimants with the most severe conditions will not be called for reassessment.

Those claimants found eligible for ESA by DWP are placed into one of 2 groups:

- the 'Work-Related Activity Group' – for people who have limited capability for work at present, but can prepare for a return to work in the short to medium term. In these cases, the claimant must take part in work-focused interviews with their work coach who will support them to prepare for suitable work. There is a time limit of one year for claimants placed in this group who receive contribution-based ESA or New Style ESA (these payments are made solely on the basis of their National Insurance record).
- the 'Support Group' – for people who have limited capability for work and work-related activity because their illness or disability has a severe functional effect on their capability to work. Claimants are not expected to work or regularly attend a jobcentre, but they can volunteer to attend work-focused interviews with a work coach. Claimants who are terminally ill are also placed into the Support Group (see 'Claims from people who are terminally ill' at the end of this leaflet).

Submitting a claim

People can [claim New Style ESA](#) online or by contacting the Universal Credit helpline.

Claimants need to provide medical evidence until DWP makes a decision on their claim, and must also complete the ESA50 self-assessment form.

During the assessment phase, claimants are paid the same amount of benefit as if they were claiming Jobseeker's Allowance. DWP can decide to award benefit to people with the most severe illnesses and disabilities from evidence submitted during the assessment phase alone. Otherwise claimants must attend a [Work Capability Assessment \(WCA\)](#) conducted by a healthcare professional, which DWP will use to help decide if the claimant should be awarded ESA.

As the patient's doctor

Your patient may ask you for a fit note to support their claim to ESA, see guidance on assessing a patient's fitness for work in general and completing [fit notes](#).

Fit notes are required until DWP makes a decision on their claim if the patient remains unfit for work. Once DWP has made a decision on whether or not to award benefit, they will (in most cases) write to you using a letter known as the ESA65B.

The ESA65B was revised in June 2019 to further emphasise the clinical discretion of GPs to continue issuing fit notes in appropriate circumstances such as when an appeal against a DWP decision is being undertaken.

A sample of the revised ESA65B letter is attached at the end of this guide. If your patient's appeal is unsuccessful, you should only issue further fit notes if their condition worsens significantly or they develop a new condition.

Further medical information

A healthcare professional from the Centre for Health and Disability Assessments (CHDA) may phone you for more information. Patients give consent for this to happen as part of their claim and you do not need to seek additional consent. [General Medical Council confidentiality guidance](#) (paragraph 115b) states 'you may accept an assurance from an officer of a government department or agency, or a registered health professional acting on their behalf, that the patient or a person properly authorised to act on their behalf has consented'.

You may occasionally be asked by patients to contribute some information to the ESA50 form. If a claimant is claiming solely because of cancer, they only need to complete up to page five of the ESA50. After signing the necessary declaration, they should then ask their chosen healthcare professional/ cancer specialist to complete the section "Cancer treatment" at the end of the form.

CHDA may ask you to complete an ESA113 or FRR2 form if they require further medical evidence to decide whether your patient needs a face-to-face assessment or to help inform the face-to-face assessment. You can complete this from your medical records without carrying out a separate examination of your patient.

See information on [completing medical reports for DWP](#).

Income Support

People can no longer make a new claim for Income Support. They must claim Universal Credit instead.

What is it?

Income Support is an income-related benefit that can be paid to people who work less than 16 hours per week (on average) and whose income, capital and savings (and those of their partner, if they have one) are below certain levels. People who might already be getting Income Support include:

- carers
- lone parents with children under 5
- pregnant women
- sick and disabled people who need money to top up their Statutory Sick Pay

The amount payable depends on the person's circumstances.

Jobseeker's Allowance (JSA)

What is it?

Jobseeker's Allowance (JSA) is a benefit for unemployed people (or people who work less than 16 hours on average per week) who are available and actively looking for work. Claimants must attend regular work-focused interviews at a jobcentre and provide proof that they are looking for work.

There are 3 different types of JSA:

- New Style JSA - is contribution based and replaces the 'old style' contributory JSA. All new JSA claims are for New Style JSA. This is payable for (up to) 182 days to people who have paid enough National Insurance contributions, usually in the previous 2 to 3 tax years (exceptions apply). National Insurance credits can also count. It is not affected by their partner's (if they have one) income or savings. New Style JSA can be claimed on its own or at the same time as Universal Credit (see section headed Universal Credit).
- contribution-based JSA - this is payable at a flat rate for up to 6 months to people who have paid enough National Insurance contributions, usually in the previous 2 tax years (exceptions apply). It is payable regardless of a person's capital and savings, provided they meet the contribution conditions. It can be topped up by income-based JSA (see below).
- income-based JSA - this is payable if a person's income, capital and savings (and those of their partner, if they have one) are below certain levels. The amount payable depends on the person's circumstances. It can be paid regardless of whether the person has paid any National Insurance contributions, and can also be paid on top of contribution-based JSA.

People can no longer make a new claim for contribution-based JSA or income-based JSA. They must claim New Style JSA or Universal Credit instead.

Submitting a claim

Claims for [New Style JSA](#) can usually be made online. Claims can be made online 24 hours a day, 7 days a week, and there's help and assistance available throughout the process, should they get stuck or have any questions. Those claimants who are unable to go online can make a claim by calling Jobcentre Plus. (see "Contact Details for Patients" at the end of this leaflet).

As the patient's doctor

Your patient cannot get JSA if they are sick and unable to work when they make a new claim, they must claim Universal Credit and/ or New Style ESA depending on their circumstances. If they are already entitled to JSA, they can have up to 3 periods of temporary sickness every year, where they are unable to work due to illness. Your patient may ask you for a fit note for them to give Jobcentre Plus if they are unable to meet JSA conditions because of ill health. You should complete the fit note in the same way as if your patient was employed. See guidance for GPs about assessing fitness for work and completing the [fit note](#).

Universal Credit (UC)

Universal Credit (UC) is payable to people in and out of work. It replaces the six income-related benefits with one simple, monthly payment:

- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Income Support
- Child Tax Credit
- Working Tax Credit
- Housing Benefit

If someone is currently getting any of these six benefits, they do not need to do anything unless:

- they have a change of circumstances they need to report
- the Department for Work and Pensions (DWP) contacts them about moving to Universal Credit

A person's monthly Universal Credit payment is made up of a standard allowance and any extra amounts that apply to them, for example if they:

- have children
- have a disability or health condition which prevents them from working
- need help paying their rent

Further information is available in the [Universal Credit: health conditions and disability guide](#)

More detailed information about Universal Credit can be found at: www.gov.uk/universal-credit-toolkit-for-partner-organisations

Submitting a claim

A step by step guide to claiming Universal Credit can be found at: <https://www.gov.uk/how-to-claim-universal-credit>

If a person needs help with their application they should ask for help straight away – the sooner they apply for Universal Credit, the sooner they'll get their first payment. They can contact the Universal Credit helpline (see 'Contact details for patients' at the end of the leaflet) or use the Citizens Advice (England and Wales) and Citizens Advice Scotland 'Help to Claim' service.

More [information about Help to Claim if you live in England or Wales](#).

More [information about Help to Claim if you live in Scotland](#).

Claims may be made by people who are terminally ill (see 'Claims from people who are terminally ill' at the end of this leaflet).

As the patient's doctor

Your patient may ask you for a fit note if they claim UC on health grounds. Some patients may be working but have restricted ability to work – in these circumstances the patient may ask you for medical evidence of their health condition.

The patient will be referred to CHDA for a Work Capability Assessment as for ESA. Medical evidence, most commonly fit notes, are required until the DWP makes a decision on their claim. No further fit notes will be required unless the patient wishes to appeal the decision.

If your patient's appeal is unsuccessful and it is decided that he or she is fit for work, you should only issue further fit notes if their condition worsens significantly or they develop a new condition. Further medical information

See page 9 [Further medical information](#)

For people of State Pension age and over

Attendance Allowance

What is it?

Attendance Allowance is a tax-free benefit which helps towards the extra costs faced by people State Pension age or over who have a disability and so need extra help with personal care. Payment is not affected by income or whether a person works. To qualify, the person must have needed help for six months (unless they are terminally ill - see 'Claims from people who are terminally ill' at the end of this leaflet) and be State Pension age or over. Attendance Allowance has two levels – lower and higher.

Submitting a claim

Claimants can print a claim form from: www.gov.uk/attendance-allowance/how-to-claim and submit it by post to the address shown on the website, or call the Attendance Allowance helpline for a claim form. For phone details see 'Contact details for patients' at the end of this leaflet.

As the patient's doctor

You may be asked to complete the statement at the end of the Attendance Allowance claim form by your patient.

If the decision maker (a specifically trained lay person) can't decide about benefit entitlement without further evidence, they may ask you to complete a medical report based on your medical records and knowledge of the patient.

For carers

Carer's Allowance

What is it?

Carer's Allowance is payable to people aged 16 or over if they spend at least 35 hours a week caring for a person receiving:

- Disability Living Allowance care component at the middle or highest rate; or
- Personal Independence Payment daily living component at either rate; or
- Attendance Allowance / Constant Attendance Allowance; or
- Armed Forces Independence Payment.

Submitting a claim

Claimants start a claim by post, by phone or online at: <https://www.gov.uk/carers-allowance/how-to-claim> (see also 'Contact Details for Patients' at the end of this leaflet).

A DWP decision maker will make a decision on eligibility based on the information provided and any additional evidence that they request from the claimant.

Carer's Credit

Carer's Credit is a National Insurance credit that helps build qualifying years for State Pension. It helps ensure there are no gaps in a carer's National Insurance record. It is awarded to people who spend at least 20 hours a week caring for one or more people who receive:

- Disability Living Allowance care component at the middle or highest rate; or
- Personal Independence Payment daily living component at either rate; or
- Attendance Allowance / Constant Attendance Allowance; or
- Armed Forces Independence Payment.

Alternatively, if someone spends over 20 hours a week caring for one or more people who do not claim one of these benefits, they may still be able to get Carer's Credit. In these cases, they should fill in the 'Care Certificate' part of the application form and ask a health or social care professional to sign it.

Carers who don't qualify for Carer's Allowance may qualify for Carer's Credit.

How to apply

Claimants apply for Carer's Credit by phone (see 'Contact Details for Patients' at the end of this leaflet) or online at: www.gov.uk/carers-credit/how-to-claim.

A DWP decision maker will make a decision on eligibility based on the information provided and any additional evidence that they request from the claimant.

Universal Credit: additional amount for carers

UC can include additional financial support for carers who meet the entitlement criteria for carer's allowance: providing care of 35 hours or more each week for a severely disabled person.

Eligibility for the additional amount for caring in UC does not depend on the eligible adult also claiming carer's allowance. Where carer's allowance is also claimed, it is deducted in full from the claimant's UC entitlement.

How to apply

Please see Universal Credit, above.

Help to return to or stay in work

The fit note

Your assessment of a patient's fitness for work is, in general, not job specific and should focus on the work they could do rather than what they are unable to do. You can support patients by completing a fit note with helpful advice about what they can do at work. Your patient can then discuss this with their employer or work coach to see if there are changes that could help them return to work.

This will be particularly helpful where you consider your patient 'may be fit for work'. Including details of what restrictions the patient has regarding what work they can't do, will greatly assist in helping them find work they can do. For example, a bricklayer who has back problems and can no longer undertake any heavy lifting may no longer be able to lay bricks, but is still able to work in a job where no lifting is involved. Other patients may be able to work providing the employer makes some workplace adjustments to accommodate their health or disability requirements, such as: working on the ground floor; providing handrails; specialised seating – and so on.

There is comprehensive guidance available for GPs, patients and employers about the fit note: www.gov.uk/government/collections/fit-note.

Access to Work (AtW)

What is it?

Access to Work provides grant funding for people with a disability or mental/ physical health condition to overcome work-related difficulties resulting from their disability. It can help pay for the additional employment costs that are above an employer's legal obligations under the Equality Act. The types of support AtW can provide funding for may include specialist aids and equipment, travel costs, support workers, communication support as well as Mental Health Support Services. How much someone receives depends on their individual circumstances.

Submitting an application

For more information about Access to Work visit: www.gov.uk/access-to-work or contact DWP's Access to Work team:

Telephone: 0800 121 7479 / Textphone: 0800 121 7579

As the patient's doctor

AtW can help employed people who have a disability or physical/ mental health condition to take up, return to, or retain their employment. Please consider mentioning AtW in the fit note comments box when advising the patient that they may be able to return to work. It may be that someone applying to AtW for travel support is asked for corroboration of their disability, physical/ mental health condition. We have worked with the BMA and RCGP to develop a less onerous form in order to support their recommendation to practices to avoid charging individuals for confirming the information which is required by AtW in order to provide a grant to enable them to realise the health outcome of employment.

Fit for Work Advice service

An advice service offering health and work advice to GPs, employees, employers, and the general public, via a telephone advice line, web chats and a dedicated website. It offers free, professional and impartial work-related health advice and guidance on issues relating to work and health to support people in work with health conditions, and help minimise the negative effects of sickness absence. Fit for Work is designed to work alongside, not replace, existing occupational health services and employer sickness absence policies.

It can offer advice on steps to promote staff health and well-being and the best way to support individuals/ patients with health conditions and manage impact on work. It can cover a broad range of topics related to health and work, including getting back

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to work after illness, staying healthy at work; understanding the fit note and implementing a phased return to work.

www.fitforwork.org/ and www.fitforworkscotland.scot/

Advice service: (England and Wales) 0800 032 6235 (Scotland) 0800 019 2211

More information and support

Claims from people who are terminally ill

Attendance Allowance, Disability Living Allowance, Personal Independence Payment, Employment and Support Allowance and Universal Credit all have special rules for claimants who are terminally ill. For the purpose of these benefits, someone is considered terminally ill if they have a progressive disease and the person's death in consequence of that disease can reasonably be expected within 6 months. Claims made under the special rules are fast tracked and payments are guaranteed from the earliest point.

If someone is claiming under the special rules for terminal illness, you may be asked to complete a DS1500 form with factual information on your patient's condition and treatment. You should complete this form promptly if you believe that your patient meets the special rules criteria, namely:

- they have a progressive disease and, as a consequence of that disease
- you would not be surprised if your patient were to die within 6 months

There is guidance on completing the DS1500 form at:

www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals.

A health professional from Independent Assessment Services, Centre for Health and Disability Assessments or Capita Health and Wellbeing may contact you for factual information about your patient's condition.

This additional evidence will be crucial in deciding whether someone is terminally ill. Prompt responses can avoid unnecessary delays to your patient's claim. Patients give consent for this to happen as part of their claim and you do not need to seek additional consent. [General Medical Council confidentiality guidance](#) (paragraph 115b) states 'you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented'.

Further information on the benefits available, how to report a change in circumstances, and links to organisations who can provide further support to those with a terminal illness is available on Gov.uk. Patients and their family members can be signposted across to: <https://www.gov.uk/benefits-if-youre-terminally-ill>

Support for GPs

DWP healthcare professional's website:

www.gov.uk/government/collections/healthcare-practitioners-guidance-and-information-from-dwp

Centre for Health and Disability Assessments helpline: Free advice for clinicians on medical issues linked to disability benefits and DWP forms.

Contact number: 0800 288 8777 or e-mail: customer-relations@chdauk.co.uk.

The Customer Relations team is available Monday to Friday from 8am to 8pm, and Saturdays 9am to 5pm.

Frequently asked questions for GPs at: www.chdauk.co.uk/frequently-asked-questions-gps.

Completing medical reports guide: DWP guidance on completing medical reports for DWP is available at: <https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals>.

Fit for Work Health and work advice line: www.fitforwork.org/ and www.fitforworkscotland.scot/

Advice line: (England and Wales) 0800 032 6235 (Scotland) 0800 019 2211

Money help and debt advice

The Money Advice Service (MAS) provides free, impartial guidance on all kinds of money topics, including, budgeting, saving, debt and borrowing. This may be a service you can signpost your patients to if they have any financial concerns. People can talk to a money guidance expert using:

Webchat:

Monday to Friday, 8am to 6pm. Saturday, 8am to 3pm

Go to www.moneyadviceservice.org.uk to launch Webchat.

WhatsApp:

Add +44 7701 342744 to your WhatsApp to send a message.

Telephone:

Monday to Friday, 8am to 6pm

Telephone: 0800 138 7777

Typetalk: 18001 0800 915 4622

Contact details for patients

All lines open Monday to Friday 8am to 6pm.

Benefits

[Jobseeker's Allowance](#)

(new claims)

Contact details

0800 055 6688

Textphone: 0800 023 4888

Relay UK Service: Dial 18001 then 0800 055 6688

Welsh language: 0800 012 1888

[Contribution-based and Income-related Employment and Support Allowance](#) and [Income Support](#)

(new claims)

0800 169 0350

Textphone: 0800 023 4888

Relay UK Service: Dial 18001 then 0800 169 0350

Welsh language: 0800 012 1888

[New Style Employment and Support Allowance](#)

(new claims)

0800 328 5644

Textphone: 0800 328 1344

Relay UK Service: Dial 18001 then 0800 328 5644

Welsh language: 0800 328 1744

A [Video Relay Service](#) is also available

[Disability Living Allowance](#) – age 16 and under only

0800 121 4600

Textphone: 0800 121 4523

Relay UK Service: Dial 18001 then 0800 121 4600

[Carer's Allowance / Carer's Credit](#)

0800 731 0297

Textphone: 0800 731 0317

Relay UK Service: Dial 18001 then 0800 731 0297

[Personal Independence Payment](#)

Claim line: 0800 917 2222

Textphone: 0800 917 7777

Relay UK Service: Dial 18001 then 0800 917 2222

Enquiries: 0800 121 4433

Textphone: 0800 121 4493

Relay UK Service: Dial 18001 then 0800 121 4433

A Video Relay Service is also available for the above services.

<https://www.youtube.com/watch?v=Osx7FFxFpNY>

Universal Credit

0800 328 5644

Textphone: 0800 328 1344

Relay UK Service: Dial 18001 then 0800 328 5644

Welsh language: 0800 328 1744

Attendance Allowance

0800 731 0122

Textphone: 0800 731 0317

Relay UK Service: Dial 18001 then 0800 731 0122

For enquiries about existing claims to Jobseeker's Allowance, Employment and Support Allowance and Income support:

0800 169 0310

Textphone: 0800 169 0314

Relay UK Service: Dial 18001 then 0800 169 0310

Welsh language: 0800 328 1744

Revised ESA65B Letter

We no longer need Statements of Fitness for Work (known as fit notes) for your patient as they are fit for work

Dear Doctor

Patient's name:

Address:

Date of birth:

Following your patient's Work Capability Assessment, we've decided they are fit to do some types of work, but this might not be the same as they have done before.

This means you no longer need to provide fit notes for their Employment and Support Allowance (ESA) claim.

Providing fit notes in the future for their ESA claim

Subject to your clinical discretion you may issue further fit notes in the future to your patient if:

- their condition gets worse
- they develop a new disability or health condition
- they ask you for evidence for a reconsideration or appeal against our decision.

Further guidance for GPs on completing fit notes is available at:

<https://www.gov.uk/government/publications/fit-note-guidance-for-gps>

<https://www.gov.uk/government/publications/a-short-guide-to-the-benefit-system-for-general-practitioners>

Helping people back into work

We know most people are better off in work, so we are encouraging your patient to find out what type of work they may be able to do with their health condition or disability through focused support at their local Jobcentre Plus. Their work coach will take your patient's illness, health condition, or disability into account when setting work requirements.

Your patient has agreed that we can tell you about the decision.

We've sent your patient a summary of their Work Capability Assessment outcome.

We may need to contact you again about your patient's disability, illness or health condition in the future.

If you have any questions about this letter or you need it in Braille, large print, or audio please call us on the number at the top of this letter.

Thanks for your help.

Yours sincerely,

[name]

Manager

SAMPLE