

# Chapter 42 - Limited Capability for Work and Limited Capability for Work-Related Activity

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# Chapter 42 - Limited Capability for Work and Limited Capability for Work-Related Activity

## Introduction

42001 The WCA describes the end to end medical process comprising of three elements to help the DM decide

1. whether a claimant has LCW and is entitled to ESA
2. whether
  - 2.1 a claimant who has LCW also has LCWRA and is entitled to the support component **or**
  - 2.2 does not have LCWRA and is entitled to the WRAC
3. what interventions or actions may be required in each claimant's case to help them move back into the workplace through a WFHRA (see DMG Chapter 53).

**Note:** A claimant placed in the support group will not be required to undergo the WFHRA element. However claimants in the support group can participate in that element on a voluntary basis if they so wish.

## Benefits affected

42002 Whether a claimant has LCW and LCWRA must be determined using the following guidance<sup>1</sup>.

*1 WR Act 07 Part 1*

42003 A determination on whether a claimant

1. has or does not have **or**
2. is to be treated as having or not having

LCW for entitlement to any benefit, allowance or advantage is conclusive for other decisions on any other benefit, allowance or advantage for the same period where LCW is relevant to entitlement to that benefit, allowance or advantage<sup>1</sup>.

*1 SS CS (D&A) Regs, reg 10*

42004 The benefits and allowances affected include ESA<sup>1</sup>, JSA<sup>2</sup>, NI credits<sup>3</sup>, HB and CTB.

*1 ESA Regs; 2 WR Act 07, Sch 3 12(6); 3 SS (Credits) Regs 1975, reg 8B*

## Scope of this chapter and definitions

42005 This chapter contains guidance on

- Determination of LCW (see DMG 42008)
- Certain claimants to be treated as having LCW (see DMG 42017)
- Evidence and Information required for determining LCW (see DMG 42091)
- LCWA (see DMG 42111)
- Exceptional Circumstances (see DMG 42191)
- Treated as having LCW until assessment (see DMG 42221)
- Treated as not having LCW (see DMG 42221)
- WTB (see DMG 42311)
- LCWRA (see DMG 42351).

### Meaning of a health care professional

42006 A HCP means<sup>1</sup>

1. a registered medical practitioner **or**
2. a registered nurse **or**
3. a registered occupational therapist or physiotherapist<sup>2</sup>.

*1 ESA Regs, reg 2(1); 2 Health Act 1999, s 60*

### Meaning of claimant

42007 Claimant means a person who has claimed ESA<sup>1</sup>.

*1 WR Act 07, s 24(1)*

## Determination of limited capability for work

42008 To be entitled to ESA a claimant must have LCW<sup>1</sup>. This means that the claimant's capability for work is limited by their physical or mental condition and it is not reasonable to require them to work<sup>2</sup>.

*1 WR Act 07, s 1(3)(a); 2 s 51(4)*

42009 The question of LCW must be decided first in the WCA process as this determines entitlement to benefit. This is normally by questionnaire and face to face assessment at a medical. This part of the WCA process is referred to as the LCWA (Limited Capability for Work Assessment).

42010 A claimant can be treated as having LCW pending a determination of LCW provided certain conditions are satisfied<sup>1</sup> (see DMG 42201 et seq).

*1 ESA Regs, reg 30*

42011 Certain claimants are treated as having LCW and do not have to undergo the LCWA<sup>1</sup> (see DMG 42018). However some claimants who do not have to be assessed for LCW will still have to be assessed for LCWRA (see DMG 42351 et seq).

*1 reg 20*

42012 - 42016



## Certain claimants to be treated as having limited capability for work

- 42017 A claimant is treated as having LCW if the claimant
1. satisfies certain conditions<sup>1</sup> (see DMG 42018)
  2. is a hospital in-patient<sup>2</sup> (see DMG 42041)
  3. is receiving certain regular treatments<sup>3</sup> (see DMG 42045)
  4. has LCW for part of a day<sup>4</sup> (see DMG 42059)
  5. is a qualifying young person receiving education in certain circumstances<sup>5</sup> (see DMG 42074)
  6. has exceptional circumstances<sup>6</sup> (see DMG 42191).

*1 ESA Regs reg 20; 2 reg 25; 3 reg 26; 4 reg 27; 5 reg 33(2); 6 reg 29*

### Certain conditions

- 42018 Claimants are treated as having LCW and do not have to undergo the LCWA if any of the circumstances in DMG 42019 apply to them<sup>1</sup> unless they are treated as not having LCW because they are working<sup>2</sup> (see DMG 42288 et seq).

*1 reg 20; 2 regs 40 & 44*

- 42019 For the purposes of DMG 42018 the circumstances are that a claimant is<sup>1</sup>
1. terminally ill (see DMG 42020 et seq)
  2. receiving treatment or recovering from treatment by way of intravenous, intraperitoneal or intrathecal chemotherapy and in the case of recovery the DM is satisfied the claimant should be treated as having LCW
  3. a carrier, or has been in contact with a case, of a relevant disease and is
    - 3.1 excluded or abstains from work in accordance with a request or notice in writing in accordance with legislation **or**
    - 3.2 otherwise prevented from working in accordance with legislation regarding relevant diseases (see DMG 42029 for meaning of relevant diseases)
  4. a pregnant woman (see DMG 42030 for further guidance)
    - 4.1 where there is a serious risk of damage to her health or to the health of her unborn child if she does not refrain from work **or**
    - 4.2 who is in the MAP and is entitled to MA **or**
    - 4.3 whose EWC or ADC has been certified<sup>2</sup> on any day in the period

- 4.3.a** beginning with the first day of the 6th week before the EWC or the ADC, whichever is earlier **and**
- 4.3.b** ending on the 14th day after the ADC

if she would have no entitlement to a MA or SMP were she to make a claim in respect of that period.

*1 ESA Regs, reg 20; 2 SS (Med Ev) Regs 1976, reg 2(3)*

## Terminally ill

42020 “Terminally ill” is defined as a claimant who is suffering from a progressive disease and death in consequence of that disease can be reasonably expected within 6 months<sup>1</sup>.

*1 reg 2(1)*

42021 Claimants claiming under special rules are terminally ill as diagnosed by a GP or other HCP.

42022 Once medical services confirm a claimant is terminally ill they fall into the support group and receive the main phase rate of ESA immediately without having to wait until the 14th week.

42023 - 42028

## Meaning of relevant disease

42029 “Relevant disease” means<sup>1</sup>

1. in England and Wales, any disease, food poisoning, infection, infectious disease or notifiable disease to which certain legislation<sup>2</sup> applies
2. in Scotland, any food poisoning or infectious disease to which certain legislation<sup>3</sup> applies.

*1 reg 2(1); 2 Public Health (Control of Disease) Act 1984 s 20(1); Public Health (Infectious Diseases) Regs 1988, reg 3, reg 9(1), reg 9(2), Sch 1, Sch 3, Sch 4; Public Health (Aircraft) Regs 1979, reg 8, reg 9; Public Health (Ship) Regs 1979, reg 9, reg 10; 3 Health Services and Public Health Act 1968, s 71(1); Public Health (Aircraft) Regs 1979, reg 9; Public Health (Ships) Regs 1979, reg 10*

## Pregnant women

42030 A pregnant woman can be treated as having LCW in certain circumstances<sup>1</sup> (see DMG 42019).

*1 ESA Regs, reg 20 (d), (e) & (f)*

42031 “Sickness of pregnancy”, which can also be described as “emesis”, “hyperemesis”, “hyperemesis gravidarum”, or “morning sickness”, comes within the definition of a disease. This condition usually occurs between the 29th and 34th weeks before the WC but can also be accepted outside that period when it may include a complication in the pregnancy.

**Note:** “Pregnancy” itself does not come within the definition of a disease.

42032 Unless a woman can be treated as having LCW because of pregnancy as in DMG 42019(4), she should provide other evidence of LCW, for example

1. a complication in the pregnancy **or**
2. a medical condition not related to pregnancy.

42033 - 42040

## Hospital in-patient

42041 Claimants are treated as having LCW for any day on which they receive medical or other treatment as in-patients in a hospital or similar institution or which is a day of recovery from that treatment<sup>1</sup> unless they are treated as not having LCW because they are working<sup>2</sup> (see DMG 42288 et seq).

**Note:** Further guidance on ‘hospital or similar institution’ can be found in DMG Chapter 54.

*1 ESA Regs, reg 25(1); 2 regs 40 & 44*

42042 “Day of recovery” means a day on which a claimant is recovering from treatment as an in-patient in a hospital or similar institution and the DM is satisfied that the claimant should be treated as having LCW on that day<sup>1</sup>.

*1 reg 25(2)*

42043 A hospital in-patient can be treated as having LCW even if admitted only for investigation of symptoms unless the investigation reveals that admission was due to another factor such as a personality disorder<sup>1</sup>.

*1 R(S) 1/58; R(S) 6/59*

42044 A hospital in-patient includes a claimant who is admitted to hospital for a single day, for example to have day surgery which doesn’t need to involve an overnight stay. The distinction is with attending an out-patient clinic which would not be regarded as being an in-patient.

## Receiving regular treatment

42045 Claimants are treated as having LCW when they

1. receive
  - 1.1. regular weekly treatment by way of haemodialysis for chronic renal failure **or**
  - 1.2. treatment by way of plasmapheresis or by way of radiotherapy **or**
  - 1.3. regular weekly treatment by way of total parenteral nutrition for gross impairment of enteric function<sup>1</sup> **and**
2. satisfy the condition in DMG 42048<sup>2</sup>

unless they are treated as not having LCW because they are working<sup>2</sup> (see DMG 42288 et seq).

*1 ESA Regs, reg 26(1); 2 reg 26(2); 3 regs 40 & 44*

42046 An explanation of the treatments in DMG 42045 is in Appendix 3 to this Chapter<sup>1</sup>.

*1 reg 26*

42047 Subject to DMG 42048 a claimant referred to in DMG 42045 is to be treated as having LCW during any week in which that claimant is engaged in treatment or has a day of recovery from that treatment<sup>1</sup>.

*1 reg 26(1)*

42048 Claimants who receive the treatment in DMG 42045 **1.** are only treated as having LCW from the first week of treatment where they have no fewer than

1. two days of treatment **or**
2. two days of recovery from that treatment **or**
3. one day of treatment and one day of recovery from that treatment

but the days of treatment or recovery or both need not be consecutive<sup>1</sup>.

*1 reg 26(2)*

42049 The condition in DMG 42048 must be satisfied during the period of the current claim for ESA. Where the condition was satisfied before the date of the current claim, and is not satisfied at the date of that claim, the claimant cannot be treated as having LCW under the regular treatment rules.

### Example

Bill is receiving radiotherapy on one day a week, with a further day for recovery from the treatment. The treatment is changed so that he no longer needs a recuperation period. His SSP expires, and he claims ESA. He cannot be treated as having LCW because his regular treatment is only once a week. Later his condition deteriorates, and the radiotherapy treatment again means that he needs a subsequent day to

recover. He is treated as having LCW from the first week after the date of claim in which he has two days of treatment including the day of recovery. Bill continues to be treated as having LCW as long as the treatment lasts, even if it reduces to one day.

42050 There are no linking rules for periods of regular treatment. If

1. a claimant has been treated as having LCW as in DMG 42045 **and**
2. entitlement to ESA ends (for example because the treatment ends) **and**
3. a further award of ESA is made from a later date when treatment begins again

the claimant must satisfy the condition in DMG 42048 again before they can be treated as having LCW.

42051 - 42055

42056 A “day of recovery” means a day on which the claimant is recovering from any of the forms of treatment listed at DMG 42045 and the DM is satisfied the claimant should be treated as having LCW on that day.

*1 ESA Regs, reg 26(3)*

42057 Where a claimant is in receipt of ESA(IR) normal rules for exempt work apply (see DMG 42288 et seq). This means that if the claimant works during a week and their work does not fit within exempt work rules they cannot be treated as having LCW<sup>1</sup>.

*1 reg 44(3)(a)*

42058 Where a claimant is

1. in receipt of ESA(Cont) **and**
2. treated as having LCW as per DMG 42047 **and**
3. working on any day during a week when he is receiving regular treatment or recovering from it

the work does not affect the claimant’s entitlement to ESA(Cont)<sup>1</sup>. But the claimant is only paid ESA(Cont) for the days of receiving or recovering from treatment if they are not days of work<sup>2</sup>. (See DMG Chapter 46 for further guidance).

*1 reg 46; 2 reg 169*

## Claimants treated as having limited capability for work throughout a day

42059 If a claimant

1. has LCW at the start of a day but becomes capable later that day **or**
2. is capable of work at the start of the day but develops LCW during the day

the whole day is treated as a day of LCW if no work is done on that day<sup>1</sup>.

**Note:** The exception to this would be where the night shift worker provision applies (see DMG 42067).

*1 ESA Regs, reg 27*

42060 This provision applies where there is a sudden onset of, or recovery from, an incapacitating condition. It does not provide that a claimant with a variable condition that incapacitates them for part of each day has LCW throughout the whole of every day.

42061 When DMs determine that a claimant has LCW they can consider if this provision applies to treat the claimant as having LCW for the day at the beginning or end of the period of illness.

42062 Even if a claimant is treated as having LCW under this provision any work that they do on that day or on another day in that week may mean that they are to be treated as not having LCW. A day cannot be a day of LCW if they have undertaken work on that day<sup>1</sup>. The normal rules for exempt work<sup>2</sup> apply.

**Note:** For guidance on exempt work see DMG Chapter 41.

*1 reg 27; 2 reg 45*

### Example

If a claimant works 9am to 5pm from Monday to Friday, and on the Wednesday has an accident at work at 11am resulting in them being unable to continue with that day's work this will not be treated as a day of LCW. The first day of LCW will be the day following the accident if they do not return to work on that day.

42063 - 42066

## Night shift workers

42067 Night shift workers are claimants who work for a period of employment which begins on one day and extends over midnight into the next day. It is necessary to establish how many hours are worked before and after midnight. The hours of work on any other occasion are not relevant<sup>1</sup>.

*1 R(I) 31/55*

42068 The day on which the lesser hours are worked is treated as a day of LCW if<sup>1</sup>

1. a claimant works on a night shift for a continuous period over midnight **and**
2. the claimant has LCW for the rest of that day.

*1 ESA Regs, reg 28(1)*

42069 The second day of a night shift is treated as a day of LCW if<sup>1</sup>

1. the hours before and after midnight are equal **and**
2. the night shift is at the beginning of the PLCW.

*1 reg 28(2)(a)*

42070 The first day of the shift is treated as a day of LCW if<sup>1</sup>

1. the hours before and after midnight are equal **and**
2. the night shift is at the end of a PLCW.

*1 reg 28(2)(b)*

42071 The provisions do not apply to claimants whose employment lasts for more than 24 hours on either side of midnight<sup>1</sup>. For example, it would not apply to continuous employment from 6 pm on Monday to 2 am on Wednesday. In this example the Wednesday cannot be treated as a day of LCW.

*1 R(U) 18/56*

42072 A night worker paid by the shift is normally paid for a meal break and this should be included in the calculation of the total time worked.

42073 A night worker paid by the hour is not normally paid for a meal interval. This should be deducted from the shift hours to arrive at the actual hours worked. The shift is still regarded as one continuous period of employment because the meal break is a normal break.

## **Qualifying young claimants to be treated as having limited capability for work in certain circumstances**

42074 To help satisfy the condition relating to youth claimants can be treated as having LCW for days on which they are entitled to SSP<sup>1</sup>(see DMG 41047).

*1 ESA Regs, reg 33(1)*

42075 In addition for the purposes of ESA(IR) a claimant is treated as having LCW where the claimant is

1. not a qualifying young person **and**
2. receiving education **and**
3. entitled to a DLA<sup>1</sup>.

**Note:** See DMG Chapter 41 for further guidance on education.

*1 reg 33(2)*

42076 - 42090

## Evidence and information for limited capability for work

42091 Information or evidence is needed to determine whether a claimant has LCW<sup>1</sup>.

*1 ESA Regs, reg 21*

### Evidence

42092 Evidence of LCW should be provided for the day or days of LCW until the claimant has been assessed for the LCWA. Evidence may be<sup>1</sup>

1. self-certification<sup>2</sup> (see DMG 42093) **or**
2. a certificate or special statement from a doctor<sup>3</sup> (see DMG 42095) **or**
3. if it is unreasonable to require such a statement, other evidence which is sufficient to show that the claimant is limited by their physical or mental condition and it is not reasonable to expect them to work because of some specific disease or bodily or mental disablement<sup>4</sup>.

*1 reg 21(1)(a); 2 SS (Med Ev) Regs, reg 5, 3 reg 2(1)(a)(b) & (c); 4 reg 2(1)(d).*

### Self-certification

42093 Evidence of LCW for a spell of less than eight days, or for the first seven days of a longer spell, may be self-certification<sup>1</sup>. Self-certification is only appropriate for the first seven days of a PLCW.

*1 reg 5(1)*

42094 A self-certificate is<sup>1</sup>

1. a declaration made in writing by the claimant, in a form approved by the Secretary of State **or**
2. a verbal declaration by the claimant in such cases where the DM allows (for example where the claim to ESA is made by telephone).

**Note:** It should include the information that they have been unfit for work from a date or for a period. It may also include a statement that the claimant expects to continue to be unfit for work.

*1 reg 5(2)*

### Medical certificates

42095 Certificates are given by a doctor in the form of written statements. These are made on approved forms<sup>1</sup>.

*1 reg 2(1) (a), (b) and (c)*

42096 A doctor means a registered medical practitioner and includes a medical practitioner outside the UK who is asked for a medical opinion by the Secretary of State. Doctors

must be registered or recognised as such in the country in which they pursue a medical practice<sup>1</sup>.

*1 ESA Regs, reg 2(1)*

### Other evidence

42097 Evidence other than on an approved form or from a registered medical practitioner can be accepted<sup>1</sup> if

1. it is unreasonable to require a doctor's statement **and**
2. the evidence shows that the claimant is unfit for work because of a disease or disablement.

*1 SS (Med Ev) Regs, reg 2(1)(d)*

42098 The DM decides what is reasonable in each case. For example, evidence from alternative therapists such as chiropractors, osteopaths, etc can be accepted if the claimant is usually treated by them as well as, or instead of, a GP.

42099 Depending on the circumstances<sup>1</sup> a declaration that a claimant is incapable of following a particular occupation and is receiving non-medical treatment such as Christian Science treatment may be sufficient proof of LCW.

*1 R(S) 9/51*

42100 An employer's certificate which only confirms absence from work is not sufficient evidence<sup>1</sup>.

*1 R(S) 13/51*

### Information

42101 The DM can ask for any additional information to help determine whether a claimant has LCW<sup>1</sup>.

*1 ESA Regs, reg 21(1)(c)*

42102 Any information relating to the claimant's ability to perform certain activities referred to in Appendix 1 to this Chapter may be requested in the form of a questionnaire<sup>1</sup> unless

1. there is already sufficient information to determine the question<sup>2</sup>
2. a claimant is to be treated as having LCW<sup>3</sup> because they
  - 2.1 satisfy certain conditions (see DMG 42019)
  - 2.2 are a hospital in-patient (see DMG 42041)
  - 2.3 receive certain regular treatments (see DMG 42045)
  - 2.4 are a young person in certain circumstances (see DMG 42074).

*1 reg 21(1)(b); 2 reg 21(2); 3 reg 21(3)*

42103 - 42110

# Limited capability for work assessment

## Introduction

42111 The LCWA is the part of the WCA process that assesses LCW. It will normally be completed during the assessment phase of ESA<sup>1</sup> and determines entitlement to benefit beyond the assessment phase.

*1 WR Act 07, s 8(1) & (2)*

42112 Whether a claimant's capability for work is limited by their physical or mental condition and the limitation is such that it is not reasonable to require that claimant to work is determined on the basis of a LCWA<sup>1</sup>.

*1 ESA Regs reg 19(1)*

42113 Satisfying the test for LCW depends on the ability to perform certain functions<sup>1</sup>.

*1 reg 19(2)*

42114 A claimant's LCW must be due to a

1. specific bodily disease or disablement **or**
2. specific mental illness or disablement **or**
3. direct result of treatment by a registered medical practitioner, for such a disease, illness or disablement

**and** is assessed by their ability to perform defined activities. The level of each activity is measured by points which must reach a set total for entitlement to benefit (see Appendix 1 to this Chapter)<sup>1</sup>.

*1 reg 19(5); Sch 2*

42115 Certain claimants can be treated as having LCW without undergoing the LCWA (see guidance at DMG 42018).

42116 Claimants who are not treated as having LCW as per DMG 42115 and so have to undergo the LCWA can be treated as having LCW pending actual assessment, provided certain conditions are satisfied (see DMG 42201 et seq)<sup>1</sup>.

*1 reg 30*

42117 As part of the assessment, claimants who are not treated as having LCW have to answer a questionnaire and if necessary attend a medical examination. If they fail without good cause to do either, they can be treated as not having LCW<sup>1</sup> (see DMG 42211 et seq).

*1 regs 22 & 23*

- 42118 A claimant will have LCW if, by adding the points scored against any descriptor, a score of at least 15 points is reached<sup>1</sup> (see DMG 42158).

*1 ESA Regs, reg 19(3)*

42119 - 42130

## Application of the assessment

- 42131 The questionnaire is not required if the claimant
1. satisfies certain conditions (see DMG 42019) **or**
  2. is a hospital in-patient (see DMG 42041) **or**
  3. receives certain regular treatment<sup>1</sup> (see DMG 42045) **or**
  4. the DM is satisfied that there is sufficient information to decide whether a claimant has LCW without it<sup>2</sup>.

All other claimants will be sent the questionnaire (ESA50) during the assessment phase of their claim to ESA.

*1 reg 21(3), 2 reg 21(2)*

- 42132 The questionnaire is designed for the claimant to give as much information about their condition and how it affects them in their daily functioning and how they manage their condition.

42133 Medical Services will

1. scrutinise evidence regarding a claimant's condition to assess if
  - 1.1 they are treated as having LCW
  - 1.2 in second or subsequent referrals if they actually have LCW without requiring a LCWA
2. carry out the LCWA
3. provide impartial medical advice on request.

42134 Medical services are responsible for gathering any information required to support the WCA process. This includes

1. sending the questionnaire (ESA50)
2. sending a reminder if the claimant does not reply within 28 days
3. deciding if further medical evidence is required and if so issuing ESA113 to the claimant's GP or HCP.

**Note:** This could be any such additional information as the DM requires to determine whether a claimant has LCW<sup>1</sup>.

*1 reg 21(1)(c)*

- 42135 Medical services will arrange for a HCP to provide an opinion on LCW on either an
1. ESA85 if the claimant has been examined **or**
  2. ESA85A if the claimant has not been examined.

42136 Medical services will provide an independent medical opinion on the claimant's condition, functionality and their ability to perform activities related to work. They do not provide a diagnostic examination. Their focus is on a claimants abilities rather than their disabilities. HCPs should provide relevant information and good justification for their recommendations with regard to LCW.

42137 Medical reports will be completed electronically. There is no requirement for the report to be signed by the examining HCP<sup>1</sup>. However the report must identify the status of the HCP, i.e. whether he/she is a doctor or a registered nurse.

*1 R(IB) 7/05*

42138 The questionnaire and the medical report are referred to the DM to consider whether the claimant has LCW. The evidence may also include the ESA113 if medical services requested further medical evidence. There may be differences between the answers from the claimant and the HCP.

### **Example**

On the questionnaire Kevin indicates he can walk on level ground but cannot walk 200 metres. He also indicates on the form that he can walk about 50 metres before he has to stop due to severe pain. On the medical report the HCP should collect more evidence to identify the actual distance the claimant can walk and the amount of pain and discomfort experienced and how that affects the daily functioning.

The DM then considers the merit of each answer and any other evidence to determine an overall score (see DMG 42154)<sup>1</sup>. As with all evidence DMs have to decide what weight to give to the content of the medical report.

**Note:** The report should be read as a whole and any concerns over inconsistent or improbable entries addressed before a determination of LCW is made.

*1 ESA Regs, reg 19(3)*

42139 There should be no changes made to the content of the medical report other than of a very minor nature e.g. a typing error, and these are to be carried out by the same HCP who completed the original wherever possible. It is permissible for another approved HCP to make the amendment, having consulted the author of the original report, for example to avoid unnecessary delay. However the HCP making the amendment should make it clear that it has been made following consultation. Any other additions or alterations should be provided in a separate document.

42140 A claimant may not have returned a questionnaire. The DM can proceed without it if satisfied that there is sufficient information for a determination to be made whether the claimant has LCW without it<sup>1</sup>. For example the claimant is considered to be in a vulnerable group, i.e. there is a diagnosis of a mental health condition. A decision to treat as not having LCW due to non return of the questionnaire would not be made but the claimant referred for assessment.

*1 ESA Regs, reg 21(2)*

42141 The medical report includes an opinion of a HCP approved by the Secretary of State on whether any prescribed exceptional circumstances apply. The DM should consider that opinion when deciding whether a claimant can be treated as having LCW if they do not satisfy the test from the descriptors (see DMG 42191 et seq)<sup>1</sup>.

*1 reg 29*

## **Second or subsequent referrals**

42142 The medical report also includes advice on the period of time that should pass before a claimant is reconsidered for the next WCA process. This advice is given in all cases but the DM can determine afresh whether the claimant still has LCW in prescribed circumstances (see DMG 42147). This may be at a different time to the advice given on the medical report.

42143 In second and subsequent referrals medical services will

1. provide confirmation of the assessments which reach or exceed the threshold to satisfy LCW **or**
2. arrange for a HCP to examine all claimants who do not reach the threshold and provide a medical report on their ability to perform the specified activities (Appendix 1 to this Chapter) **or**
3. provide a recommendation on whether they fall into the support group criteria (Appendix 2 to this Chapter) see guidance in DMG 42351 et seq.

42144 Not all claimants require a LCWA in subsequent referrals. Medical services will decide if LCW can be assessed on scrutiny of the available evidence.

42145 However it may be necessary to call the claimant for examination on subsequent referrals to assess LCWRA (see DMG 42403).

42146 A WFHRA is usually not carried out on second or subsequent referrals unless the claimant was previously in the support group and

1. the subsequent referral determines they may now be in the WRAG **and**
2. they have not previously undergone a WFHRA.

**Note:** See DMG Chapter 53 for further guidance on WFHRA.

## Determining limited capability for work afresh

42147 Where it has been determined a claimant

1. has LCW **or**
2. is treated as having LCW
  - 2.1 in certain conditions (see DMG 42019)
  - 2.2 as a hospital in-patient (see DMG 42041)
  - 2.3 due to receiving certain regular treatment (see DMG 42045)
  - 2.4 in exceptional circumstances (see DMG 42191)
  - 2.5 as a qualifying young claimant receiving education in certain circumstances (see DMG 42074)

the DM can determine afresh whether the claimant still has LCW<sup>1</sup>.

*1 ESA Regs, reg 19(7)*

42148 DMG 42147 applies where<sup>1</sup>

1. the DM wishes to determine whether there has been a relevant change of circumstances in relation to the claimant's physical or mental condition **or**
2. the DM wishes to determine whether the previous determination was made in ignorance of, or based on a mistake as to some material fact **or**
3. at least 3 months have passed since the date of the previous determination.

*1 reg 19(8)*

42149 - 42150

## Qualifying conditions

42151 The LCWA is a test of the extent of a claimant's LCW because of some specific bodily disease or disablement, a specific mental illness or disablement or as a direct result of treatment provided by a registered medical practitioner for such a disease or disablement to perform specified **activities**<sup>1</sup>. The performance of activities is measured by **descriptors** the points from which have to reach a set total for the claimant to have LCW<sup>2</sup>. If the required number of points is not reached the claimant does not have LCW. The test is the ability to perform any work not a specific occupation.

*1 reg 19(2), Sch 2 Column 1; 2 reg 19(3), Sch 2 Column 2*

42152 The information to be provided for the LCWA is in Appendix 1 to this Chapter<sup>1</sup>.

1. **Activity** means an activity which is listed in Appendix 1 to this Chapter
2. **Descriptor** means the descriptor referred to in Appendix 1 to this Chapter which describes a claimant's ability to perform the activity<sup>2</sup>.

*1 ESA Regs, Sch 2, Column 1; 2 reg 2 & Sch 2, Column 2*

42153 The level of each activity is measured by points (see Appendix 1 to this chapter). Part 1 contains activities characterising physical function which are broken down into descriptors. Part 2 contains activities characterising mental, cognitive and intellectual function which are also broken down into descriptors. The extent to which a claimant can or cannot carry out an activity is determined by which descriptor applies to that claimant.

## Calculation of score

42154 Where a claimant meets a descriptor points will be awarded corresponding to that descriptor.

42155 Where more than one descriptor specified for an activity applies to a claimant, only the descriptor with the highest score in respect of each activity which applies can be counted<sup>1</sup>.

*1 reg 19(6)*

42156 A claimant will be assessed as if wearing any prosthesis with which that claimant is fitted (such as an artificial limb) or wearing or using any aid or appliance which they normally wear or use (such as a hearing aid)<sup>1</sup>.

*1 reg 19(4)*

42157 Other than as in DMG 42155, there is no scoring limitation based on the claimant's specific disease or bodily disablement. So, for example, a claimant who cannot walk up and down 2 steps even with the support of a handrail because of their defective sight can score points both for the activity of vision and that of walking<sup>1</sup>.

*1 R(IB) 3/98*

42158 A claimant has LCW when

1. one or more of the descriptors in the physical disabilities<sup>1</sup> or mental, cognitive and intellectual functions<sup>2</sup> apply **and**
2. a total is reached of at least 15 points<sup>3</sup> from the descriptors
  - 2.1 specified in Part 1 **or**
  - 2.2 specified in Part 2 **or**
  - 2.3 in both categories.

*1 ESA Regs, Sch 2, Part I; 2 Sch 2, Part II; 3 reg 19(3)*

42159 - 42170

## Determination of the limited capability for work assessment

42171 The DM determines whether the assessment is satisfied from

1. the questionnaire if one is available (see DMG 42102) **and**
2. a certificate or letter from the GP<sup>1</sup> if one is available **and**
3. the medical report of the claimant's ability to perform the specified functions **and**
4. any other relevant evidence.

*1 SS (Med Ev) Regs, reg 2(1)(c)*

42172 The normal principles apply to considering the evidence (see DMG Chapter 01).

42173 The LCWA does not have to be satisfied in respect of each day<sup>1</sup>. A claimant should satisfy the test throughout a period. A claimant whose condition varies from day to day and who would easily satisfy the LCWA on three days a week and would nearly satisfy it on the other four days might have LCW for the whole week.

*1 R(IB) 2/99*

42174 A claimant may have long periods of illness separated by periods of remission lasting some weeks, during which he or she suffers no significant disablement; such a claimant might have LCW during the periods of illness but not have LCW during the periods of remission. This is so even if the periods of illness are longer than the periods of remission<sup>1</sup>.

*1 R(IB) 2/99*

42175 The test of whether a claimant cannot perform an activity is not whether or not they are physically incapable of performing it. Matters such as pain, discomfort and repeatability are taken into account. A claimant is not capable of carrying out an activity if they can only do so with severe pain or, if having done it once, they are unable to repeat it for hours or days. The extent of a claimant's ability to repeat the activity in a single stretch and of the intervals at which the claimant would be able to repeat the performance should be identified. A decision can then be made on whether the claimant can perform the relevant descriptor with reasonable regularity.

42176 There is no specific requirement that a claimant must be able to perform the activity in question with "reasonable regularity". Even so regard should be had to some such concept. The real issue is whether, taking an overall view of the claimant's limited capability to perform the activity in question, they should reasonably be considered to be incapable of performing it. The fact that they might occasionally manage to accomplish it, would be of no consequence if, for most of the time, and in most circumstances, they could not do so<sup>1</sup>.

*1 R(IB) 2/99*

- 42177 Where relevant descriptors are expressed in terms that the claimant “cannot” perform the activity, one should not stray too far from an arithmetical approach that considers what the claimant’s abilities are most of the time<sup>1</sup>.

*1 R(IB) 2/99*

- 42178 Descriptors which state that “none of the above apply” to their ability to carry out the activity or where they do not apply mean that the claimant has no problem performing the activity or has less of a problem than would satisfy any of the other descriptors for that activity.

**Example**

Activity 1 descriptor (f) is “none of the above apply”. Descriptor (e) is “cannot walk more than 200 metres on level ground without stopping or severe discomfort”. “None of the above apply” means the claimant has no walking problem or less of a problem than would satisfy the penultimate descriptor 1(e) and would score no points for that activity.

- 42179 Where a descriptor refers to a claimant being able to use a tool or implement, the use referred to is the use to which the tool or implement is normally put. The activity relates to hand function and is intended to reflect the ability to manipulate objects in order to carry out work-related tasks.

**Example**

Ability to use a pen or pencil is intended to reflect the physical use of the object not reflect a claimant’s level of literacy. The same concept applies to the use of a computer keyboard or mouse.

- 42180 The DM should decide which descriptor applies to each activity. Provided the determination is sufficiently supported by evidence, for each activity the DM can select the descriptor from the medical report (ESA85), the evidence provided by the claimant (including the ESA50 questionnaire), or a different descriptor. Satisfaction of the test is decided on the total number of points from the final selection of individual descriptors (see DMG 42118).

- 42181 The DM must record the final scores for each descriptor and the reasons for the decision. Guidance on burden of proof is in DMG Chapter 01.

- 42182 If the required number of points is not reached a claimant does not have LCW<sup>1</sup>.

*1 ESA Regs, reg 19(3)*

42183 - 42190

## Exceptional circumstances

42191 Claimants who do not satisfy the LCWA by having enough points must be treated as having LCW<sup>1</sup> if they

1. are suffering from a life threatening disease for which
  - 1.1 there is medical evidence (see DMG 42193) that the disease is uncontrollable, or uncontrolled by a recognised therapeutic procedure **and**
  - 1.2 in the case of a disease that is uncontrolled, there is a reasonable cause for it not to be controlled by a recognised therapeutic procedure **or**
2. are suffering from some specific disease or bodily or mental disablement and, by reasons of such disease or disablement, there would be a substantial risk (see DMG 42194) to the mental or physical health of any person if they were found not to have LCW

unless they are treated as not having LCW because they are working<sup>2</sup> (see DMG 42288 et seq).

*1 ESA Regs, reg 29; 2 regs 40 & 44*

## Uncontrolled or uncontrollable disease

42192 There should be evidence that the disease is either uncontrolled or uncontrollable. The DM should establish that there is a reasonable cause for it not being controlled by medication or other recognised therapeutic procedure.

### Medical evidence

- 42193 Medical evidence means evidence<sup>1</sup>
1. from a HCP approved by the Secretary of State **and**
  2. from any HCP, hospital or similar institution **or**
  3. that constitutes the most reliable evidence available in the circumstances.

*1 reg 2(1)*

### Substantial risk

42194 'Substantial' is not defined and should be given its ordinary meaning. What amounts to 'substantial' is a question which must be determined using all the available evidence and taking account of all the circumstances.

42195 The substantial risk can be to the claimant or to any other person. For example, the claimant's mental health may be such that they may self-harm or self-neglect or may be violent to others.

42196 A claimant's anxiety or concern about their ability to cope with the demands of work or a return to work alone does not constitute a substantial risk.

42197 - 42200

## Treated as having limited capability for work until assessment is carried out

[See DMG Memo 07/10]

42201 A claimant can be treated as having LCW until such time as it has been determined whether the claimant<sup>1</sup>

1. has LCW **or**
2. is to be treated as having LCW **or**
3. is to be treated as not having LCW because they fail without good cause to provide the required information for the LCWA or to attend or submit for examination (see DMG 42221 - 42276)

unless they are treated as not having LCW because they are working<sup>2</sup> (see DMG 42288 et seq).

*1 ESA Regs, reg 30(1); 2 regs 40 & 44*

### Conditions

42202 Where there is acceptable evidence (see DMG 42092 et seq) of LCW and DMG 42203 does not apply the claimant is treated as having LCW<sup>1</sup> until

1. actual assessment **or**
2. they are treated as having LCW **or**
3. they are treated as not having LCW because they fail without good cause to
  - 3.1 provide the information in the questionnaire **or**
  - 3.2 attend for or submit to a medical examination.

*1 reg 30(2)(a) & SS (Med Ev) Regs, reg 2 & 5*

42203 **[See Memo DMG 48/08]** A claimant is not treated as having LCW if in the six months preceding the date of claim it has been determined that the claimant did not have LCW or was treated as not having LCW because of a failure without good cause to provide the required information or to attend or submit for examination unless<sup>1</sup>

1. the claimant is suffering from some specific disease or bodily or mental disablement from which the claimant was not suffering at the time of that determination **or**
2. a disease or bodily or mental disablement from which the claimant was suffering at the time of that determination has significantly worsened **or**
3. a claimant who was treated as not having LCW for failure to provide information has since provided the information requested by the DM.

*1 ESA Regs, reg 30(2)(b)*

42204 **[See DMG Memo 41/09] [See DMG Memo 07/10]** The conditions at DMG 42203 do not apply where a claimant has made and is pursuing an appeal against a decision that the claimant does not have LCW and that appeal has not yet been determined by an AT<sup>1</sup>.

*1 ESA Regs, reg 30(3)*

42205 Advice can be obtained from medical services on whether the reason for LCW is new or the previous medical condition has significantly worsened if this is not clear from the available evidence.

### **Further claim after determination that claimant does not have LCW**

**[See DMG Memo 07/10]**

42206 If the claimant cannot be treated as having LCW because DMG 42203 applies, their claim cannot be decided until the LCWA is carried out.

42207 The DM may already have sufficient information with which to carry out the LCWA. This could include the medical report from a previous HCP examination, medical evidence provided to support the new claim and any other evidence received by the DM which is relevant to the LCWA on the new claim.

### **Gap in medical evidence**

42208 If a claimant fails to provide medical certificates in the period pending a determination of LCW, payment of benefit may be suspended but the DM must progress to the WCA.

42209 In all cases where medical evidence ceases the DM must apply the WCA. The test may need to be applied on the balance of probabilities using all the available evidence, including evidence from the previous claim where appropriate. Where there is little or no evidence, the DM may draw adverse inferences. Advice should be sought from medical services in cases of doubt. Insufficient evidence does not mean that the WCA cannot be applied.

42210 Where a claimant stops submitting the required medical evidence this does not count as a change of circumstances to justify a decision to supersede the entitlement decision. The DM can suspend paying the claimant benefit because of the failure to provide medical evidence but cannot conclude they are not entitled to ESA without carrying out the WCA<sup>1</sup>. The determination on LCW gives the grounds for supersession not the lack of medical evidence.

*1 R(IB) 1/05*

42211 This applies even in cases where the claimant is treated as not having LCW because they fail to return the questionnaire or fail to attend or submit for examination.

**Example 1**

The claimant is treated as having LCW while submitting medical certificates. On 1.12.08 medical evidence expires and despite reminders no further medical evidence is received. The questionnaire is issued on 17.12.08 but is not returned. A reminder is issued on 15.1.09. On 4.2.09 the DM determines that the claimant is treated as not having LCW from 30.1.09. They also make a determination that for the period from 1.12.08 to 29.1.09 the claimant scores 0 points for the purposes of the LCWA and does not have LCW. The decision awarding ESA or credits is superseded to terminate entitlement from 1.12.08.

**Example 2**

The claimant is treated as having LCW while submitting medical certificates. On 1 November medical evidence expires and after reminders the claimant notifies that he resumed work on 5 November. The DM determines that for the period between 1 and 5 November the claimant scored 0 points for the purposes of the LCWA and does not have LCW.

- 42212 In all cases the effective date of the supersession to end entitlement to ESA or credits is the date from which the claimant does not have LCW<sup>1</sup>. This is because the later determination about LCW showed there had been a change of circumstances when the claimant was no longer treated as having LCW<sup>2</sup>.

*1 SS CS (D&A) Regs, reg 7(2)(c)(v); 2 ESA Regs, reg 30*

- 42213 While a claimant remains entitled to ESA until the WCA is carried out they remain subject to any obligation to attend WFIs, even if benefit is suspended because of a failure to provide medical evidence of LCW, and if they fail to attend a WFI could be sanctioned (see DMG Chapter 53 for guidance on WFIs and sanctions).

42214 - 42220



## Treated as not having limited capability for work

### General

42221 A claimant can be treated as not having LCW if

1. they fail without good cause to provide information, attend or submit to examination<sup>1</sup> (see DMG 42222 et seq)
2. they are certain claimants who
  - 2.1 claim JSA<sup>2</sup> (see DMG 42281)
  - 2.2 have a day of sick absence from duty recorded by the Secretary of State for defence<sup>3</sup> (see DMG 42282)
  - 2.3 are attending a training course for which a training allowance or premium is paid<sup>4</sup> (see DMG 42283)
  - 2.4 are disqualified for receiving ESA during a period of imprisonment or detention in legal custody<sup>5</sup> (see DMG 42285)
3. they are not entitled to ESA by reason of working<sup>6</sup> (see DMG 42288).

*1 ESA Regs, reg 22 & 23; 2 reg 31; 3 reg 32(1); 4 reg 32(2); 5 reg 159; 6 reg 40*

### Failure to return the questionnaire

42222 A claimant can be required to

1. provide certain information asked for by the DM including the return of the questionnaire (see DMG 42224) **and**
2. attend and submit to a medical examination for the LCWA (see DMG 42241)

If they fail without good cause to do either, claimants are treated as not having LCW<sup>1</sup>.

*1 reg 22 & 23*

42223 Before a claimant can be treated as not having LCW, the DM has to be satisfied that the prescribed conditions are met. These include the way in which the information or attendance was requested and the amount of notice given.

42224 A claimant who is subject to the LCWA can be asked to provide information<sup>1</sup> relating to their ability to perform the activities referred to in Appendix 1. This information is usually asked for by sending the claimant a questionnaire.

*1 reg 21(1)(b)*

42225 The questionnaire is not required in certain circumstances<sup>1</sup> (see DMG 42102). All other claimants will be sent the questionnaire.

*1 reg 21(3)*

42226 It is not appropriate to treat a claimant as not having LCW for non-return of the questionnaire if a claimant fails to return the form but the DM has exercised discretion to proceed without it<sup>1</sup>.

*1 ESA Regs, reg 21(2)*

42227 A claimant is treated as not having LCW for failure to return the questionnaire without good cause if the Secretary of State can show that

1. the questionnaire was sent **and**
2. there is no response after six weeks to the first request for the information<sup>1</sup> from the day following the date of issue **and**
3. a further request was sent at least four weeks after the first letter and at least two weeks have passed since then<sup>2</sup> **and**
4. good cause has not been accepted for delay beyond the period stated in **2.** and **3.** above<sup>3</sup>.

*1 reg 22(2)(a); 2 reg 22 (2)(b), 3 reg 22(1)*

### **The Secretary of State's duty**

42228 The DM needs to make sure that the Secretary of State has complied with the duty set out in the legislation<sup>1</sup> to send the questionnaire and the reminder to the claimant. The DM can accept that it has been sent if there is a record of its issue and no indication that it was not properly addressed, stamped and posted.

*1 Interpretation Act 78, s 7*

### **Has the questionnaire been sent**

42229 Care must be taken to identify the date the questionnaire was sent. The date of its issue is only an indication of the date on which it was posted. The DM should consider whether the questionnaire actually left the issuing office and was put into the external mail on the date recorded<sup>1</sup>.

*1 R(IB) 1/00*

### **Has the correct amount of time passed**

42230 The correct period of time must have passed since the first questionnaire was sent. The period of time starts on the day after the questionnaire is sent and ends at midnight on the last day provided for. If the questionnaire is posted to the claimant's last known address, the date on which it is sent is the date it was posted<sup>1</sup>.

*1 SS CS (D&A) Regs, reg 2(b)*

### Example

A questionnaire was sent to John on 1 August. A reminder is due and sent on 30 August. If he still does not return the questionnaire, the first day on which the DM can consider whether he should be treated as not having LCW is 14 September.

### Good cause

- 42231 If the DM concludes that the Secretary of State has complied with the duty set out in the legislation, they may then go on to consider whether the claimant had good cause for their failure to return the questionnaire<sup>1</sup> (see DMG 42261).

*1 ESA Regs, reg 24*

42232 - 42240

## Failure to attend or submit to a medical examination

### General

- 42241 Claimants may be called to attend a medical examination by a HCP approved by the Secretary of State where it has to be determined whether they have LCW<sup>1</sup>. The purpose of the medical examination is to enable the DM with the benefit of a medical opinion to determine whether a claimant meets the threshold for LCW.

*1 reg 23(1)*

- 42242 Claimants can be treated as not having LCW if

1. they fail without good cause to attend or submit to a medical examination<sup>1</sup> **and**
2. they
  - 2.1 had at least seven days' written notice of the examination **or**
  - 2.2 agreed to accept a shorter period of notice whether given in writing or otherwise<sup>2</sup>.

*1 reg 23(2); 2 reg 23(3)*

- 42243 Medical services will contact the claimant by telephone to arrange an appointment for the examination and will keep a detailed record of the date, time and place of the examination agreed with the claimant and written notice will be issued to confirm the arrangement. The claimant can agree to accept a shorter period of notice than seven days.

## The Secretary of State's duty

42244 Unless the claimant has agreed to accept a shorter period of notice whether given in writing or by telephone (see DMG 42243 and DMG 42246), when considering whether a claimant should be treated as not having LCW, the DM has to be satisfied that the Secretary of State has complied with the duty set out in the legislation<sup>1</sup>, that

1. a written notice was sent **and**
2. the notice included the time and place of the examination **and**
3. the notice was sent at least seven days before the date of the examination **and**
4. the examination had not been cancelled.

*1 ESA Regs, reg 23(3)*

42245 If, after calculating the period of time which passed between the date the written notice was sent and the time of the examination, the DM decides that seven days had not elapsed<sup>1</sup>, they should consider whether the claimant has agreed to accept a shorter period of notice whether given in writing or by telephone. If there is no evidence that the claimant had agreed to accept a shorter period of notice the claimant cannot be treated as not having LCW.

*1 reg 23(3)*

42246 Where the claimant has agreed to accept a shorter period of notice the DM considers the appropriate amount of time agreed between medical services and the claimant<sup>1</sup>. Medical services always send a confirmation of the date, time and venue of the appointment whether or not this has been agreed in a telephone call with the claimant.

*1 reg 23(3)*

42247 Only one rescheduled appointment can be offered during a WCA referral. If the claimant cannot attend the rescheduled appointment, medical services will record that the customer has failed to attend. The DM will have to consider the reasons why the claimant cannot attend and consider good cause (see DMG 42261 et seq).

42248 If the DM cannot confirm that the provisions in DMG 42244 were met, the claimant cannot be treated as not having LCW.

**Note:** Medical services can provide evidence of notification for requests from DMs who are considering revision or supersession of disallowance determinations and appeal submissions.

### **Has notice been sent**

- 42249 The DM needs to be sure that the claimant has been sent notice. The DM can accept that it has been sent if there is a record of its issue and no indication that it was not properly addressed, stamped and posted<sup>1</sup>. In addition the DM should make sure that the notice was in writing and included the time and place of the medical examination unless the claimant had agreed to accept a shorter period of notice whether given in writing or otherwise. Medical services always send a confirmation of the date, time and venue of the appointment whether or not this has been agreed in a telephone call with the claimant.

*1 Interpretation Act 78, s 7*

### **Have seven days passed**

- 42250 Where there is no evidence that the claimant agreed to accept a shorter period of notice whether in writing or otherwise, the DM needs to be sure that the correct period of notice has been given. The DM has to decide when the notice was sent. The day after is day one. Seven clear days of notice have to pass before the date of the examination<sup>1</sup>.

*1 R(IB) 1/00*

#### **Example 1**

A letter giving the time and place of a medical examination is prepared and placed in the post tray at 3pm on Friday 1st. Because of the timing of the internal post collection it does not reach the post room until Monday lunchtime and leaves the office into the external mail on Monday at 5pm. The appointment is timed for Monday 11th. The recipient does not attend. It is not possible to treat the claimant as not having LCW because if Tuesday 5th is Day one, Monday 11th is Day seven and they have not received seven days clear notice.

#### **Example 2**

A letter giving the time and place of a medical examination leaves the office on Wednesday 6th. The appointment is timed for Thursday 14th. The recipient does not attend. Subject to good cause the claimant is treated as not having LCW because Thursday 7th is Day one, Thursday 14th is Day eight and they have received at least seven days clear notice.

### **Has the appointment been cancelled**

- 42251 Claimants cannot fail to attend the medical examination if the appointment had already been cancelled by medical services. The DM should investigate any indications that the claimant had made contact with the issuing office before the time of the examination. This is so that they can satisfy themselves that the appointment had been left open for the claimant.

### **Good cause**

42252 If the DM concludes that the Secretary of State has complied with the duty set out in DMG 42244 they may go on to consider whether the claimant had good cause for their failure to attend to medical examination (see DMG 42261).

### **Failure to submit**

42253 Where a claimant attends a LCWA but fails to participate in the process the assessment is terminated. This may happen where a claimant

1. refuses to be examined
2. poses a threat to staff or others
3. shows inappropriate or threatening behaviour
4. shows intoxication from alcohol or substance abuse
5. is persistently uncooperative.

42254 Medical services will record a full and detailed account of the claimant's behaviour and arrange a further appointment to complete the assessment. Where a further appointment is arranged and is terminated for a second time a full report will be completed and referred to the DM to decide whether the claimant should be treated as not having LCW due to a failure to submit to an examination.

42255 If a claimant makes it clear that they will not be medically examined then that constitutes a failure to submit to an examination. Going to the examination but refusing to be examined constitutes attendance but is a failure to submit<sup>1</sup>.

*1 R(IB) 1/01*

42256 A claimant fails to submit to an examination not only by refusing to be examined but also if that claimant seeks to impose as a condition of being examined a term which would render the examination useless for the purpose for which it is required.

### **Example**

The claimant requests the medical report should not be passed to a layman, including a DM, insisting on complete confidentiality. By imposing such a condition the examination becomes useless for the purposes for which it was required (see DMG 42241) and the claimant is failing to submit to an examination.

## Good cause

42257 If the DM concludes that the Secretary of State has complied with the duty set out in DMG 42244 they may go on to consider whether the claimant had good cause for their failure to submit to a medical examination (see DMG 42261).

42258 - 42260

## Consideration of good cause

42261 When a claimant fails to return the questionnaire or fails to attend or submit to examination, consideration of good cause includes

1. whether the claimant was outside GB at the relevant time **and**
2. the claimant's state of health at the relevant time **and**
3. the nature of any disability the claimant has<sup>1</sup>.

**Note:** The list is not exhaustive (see DMG 42262 - 42276 for further guidance on good cause).

*1 ESA Regs, reg 24*

42262 The claimant will have been asked to give the reasons for not complying with the Secretary of State's request for information or to attend or submit for examination. The DM should bear in mind the guidance about considering evidence in DMG Chapter 01.

42263 The list is not exhaustive, the regulations state "include". The onus of proving good cause lies with the claimant who fails to comply. The test of good cause is whether the DM judges the reason for non-return or non-attendance or failure to submit to be reasonable and likely on the balance of probabilities. See DMG Chapter 01 for guidance. The DM needs to ascertain the precise facts and apply the concept of "good cause".

42264 The DM may determine that a claimant is treated as not having LCW if

1. they have failed to return the questionnaire **or**
2. they have failed to attend or submit for examination **and**
3. have not replied to enquiries **or**
4. the reasons given do not amount to good cause.

### Good cause - some scenarios

- 42265 Any reasons given for the non-return of the questionnaire should be judged on the balance of probabilities. Whether the reasons for delay amount to good cause depends upon whether the DM considers, for example,
1. it was reasonable not to return the questionnaire on this occasion **or**
  2. if non receipt by the office or claimant was more probable than not.
- 42266 If a claimant says that they were too ill to attend because of the nature of their disability, the DM should ask for evidence to support this. If the claimant is usually able to get out, for example to the doctor or hospital, good cause should only be accepted if it is unreasonable to expect the claimant to have attended on that occasion. Exceptionally, a claimant may be examined at home if they are unable to travel.
- 42267 A claimant may say they were too ill to attend because of a condition unrelated to their disability, for example they may say that they had flu at the time of the appointment. If the DM accepts the evidence, the claimant has shown good cause for their non-attendance.
- 42268 Good cause was not accepted in a case where a claimant had tried to avoid attending several examinations by submitting final certificates. In the particular circumstances the final certificate was irrelevant because it was replaced by an open statement which included the day of the examination<sup>1</sup>.
- 1 R(S) 12/59*
- 42269 If the claimant contends that they did not receive the notice of the appointment, DMs should satisfy themselves that the notice was sent. The DM should give consideration to the date on which the written notice was posted, the time sufficient to show whether or not it would have been collected from the post box, the address to which it was posted and whether by first or second class post. The DM should also be satisfied the letter has not been returned undelivered.
- 42270 The DM will normally need better evidence of the address to which it was posted than a later computer generated print out showing the address on the file at that later date. If there is no evidence to show whether first or second class post was used the DM should assume that second class post was used. If it was sent it can be assumed it was delivered unless there is evidence to the contrary.
- 42271 Where the claimant says the postal difficulties are specific to them or their address, all of their circumstances are to be given fair consideration. They will have to show that they have done enough to ensure as far as is reasonably possible that they receive their mail, special care may be expected in the cases of accommodation addresses and premises in multiple occupation.

- 42272 Sometimes it may be right to reject a claimant's allegation of non-receipt where the excuse extends to a number of letters, or is coupled with suspicious circumstances, or if the non-receipt of mail is selective so that only certain letters are not received. However the uncontradicted evidence of the non-receipt of a single letter in plausible circumstances, such as the communal delivery of mail to a particular premises where another person went through the mail before the claimant had a chance to do so may establish good cause.
- 42273 DMs can see all changes of address and when the changes were effective from in the relevant medical services computer system to help them decide where the questionnaire was sent and when.
- 42274 If a claimant attends but refuses to have a physical examination, for example because of religious beliefs, the refusal must be based on reasonable grounds. The DM should normally accept good cause unless it is evident that the refusal is based on a prejudice against or distaste for the examination rather than because of a particular belief<sup>1</sup>.
- 1 R(S) 9/51*
- 42275 It is possible for the DM to consider that a claimant did not have good cause for failure to submit to an examination because of drunkenness, drug abuse or other problem behaviour. However if the behaviour is a symptom of the stated medical condition such as alcoholism rather than an isolated occurrence, the claimant may have good cause.
- 42276 A claimant did not attend for medical examination because a consultant advised that attendance was not necessary. It was held that, irrespective of a medical advisor's opinion as to LCW, a claimant is obliged to abide by the rules for claiming benefit. None of the matters that have to be taken into account when considering good cause applied and the claimant had not shown good cause for failing to attend for medical examination.
- 42277 A failure to comply with a notice to attend a medical examination will be deliberate, except in cases where the claimant is unable to make a choice between attendance and non-attendance. The question is whether there is good cause for the deliberate failure to comply with the notice.
- 42278 A claimant who fails to attend an examination for LCWRA can only be treated as not having LCWRA. A claimant cannot be treated as not having LCW if their failure was to not attend or participate in the LCWRA part of the WCA.

42279 - 42280

## Claimant who claims jobseeker's allowance to be treated as not having limited capability for work

42281 [See DMG Memo 07/10] A claimant who

1. claims JSA **and**
  2. is able to show that they have a reasonable prospect of obtaining employment
- is treated as not having LCW throughout the period of the claim<sup>1</sup>.

This applies even when it has been determined that the claimant has LCW or is to be treated as having LCW<sup>2</sup> (see DMG 42059).

*1 ESA Regs, reg 31(1), JS Act 95 Sch 1, para (2)(1); 2 ESA Regs, reg 31(2)*

## Certain claimants to be treated as not having limited capability for work

### Member of Her Majesty's Forces

42282 A claimant who is or has been a member of HMF<sup>1</sup> is treated as not having LCW on any day which is recorded by the Secretary of State for Defence as a day of sickness absence from duty<sup>2</sup>. See DMG 41106 et seq for guidance on the meaning of HMF.

*1 reg 2(1); reg 32(1)*

### Training Course

42283 A claimant is treated as not having LCW on any day on which they<sup>1</sup>

1. attend a training course **and**
2. are paid a training allowance or premium under certain provisions<sup>2</sup>.

*1 reg 32(2); 2 E & T Act 73, s 2(1); Enterprise & New Towns (Scotland) Act 1990, s 2(3)*

42284 DMG 42883 does not apply

1. where the ESA claim is made for a period which begins after the claimant ceased attending the training course **or**
2. where any training allowance or premium paid to the claimant is paid for the sole purpose of travelling and meal expenses incurred as part of the training course<sup>1</sup>.

*1 ESA Regs, reg 32(3)*

## Detention in legal custody

42285 A claimant is to be treated as not having LCW if disqualified for receiving ESA (Cont) during a period of imprisonment or detention in legal custody if that disqualification is for more than six weeks<sup>1</sup>.

*1 ESA Regs, reg 159(1)*

42286 If the claimant is entitled to ESA (IR) as a prisoner during a period of imprisonment or detention in legal custody where they are awaiting trial or sentencing<sup>1</sup>, they are treated as not having LCW from the day after they cease to be so entitled<sup>2</sup>. For further guidance on prisoners see DMG Chapter 53.

*1 Sch 5, para 3; 2 reg 159(2)*

42287

## Claimants who are treated as not entitled to ESA by reason of working to be treated as not having limited capability for work

42288 For guidance on the effect of working on a claim or an award of ESA see DMG Chapter 41.

42289 Claimants who are treated as not entitled to ESA by reason of working are treated as not having LCW<sup>1</sup> unless the claimant remains entitled to ESA (Cont) but is not entitled to ESA (IR)<sup>2</sup>.

*1 reg 44(1); 2 reg 44(2)*

42290 DMG 42289 applies even if it is determined that the claimant has or is to be treated as having LCW because they

1. satisfy certain conditions<sup>1</sup> (see DMG 42019)
2. are a hospital in-patient<sup>2</sup> (see DMG 42041)
3. are receiving certain regular treatments<sup>3</sup> (see DMG 42045)
4. have exceptional circumstances<sup>4</sup> (see DMG 42191)
5. satisfy the conditions pending assessment<sup>5</sup> (see DMG 42201).

*1 reg 20; 2 reg 25; 3 reg 26; 4 reg 29; 5 reg 30*

## Date of determination

42291 Where a claimant is in receipt of ESA the determination to treat someone as not having LCW applies to the whole week during which the work is done. However that person is only treated as not having LCW on the days on which they actually work in the week in which they

1. first have LCW<sup>1</sup> or
2. start or return to work<sup>2</sup>.

*1 ESA Regs, reg 40(4)(a); 2 reg 40(4)(b)*

42292 See DMG 42067 for guidance on the day or days in a week on which a night shift worker works.

*1 reg 40(6)*

42293 See DMG 42057 et seq for guidance on the effect of work on claimants who are receiving or recovering from regular treatment.

42294 - 42310

## Work or training beneficiaries

### General

42311 Where a claimant is a WTB, any period of LCW which is separated from another such period by not more than 104 weeks is to be treated as a continuation of the earlier period<sup>1</sup>.

*1 ESA Regs, reg 145(2)*

42312 Where a claimant claims ESA after ceasing to be engaged in training, that claimant will be treated as having LCW for the period engaged in training if

1. the claimant was entitled to ESA within the 8 weeks immediately before starting the training **and**
2. the claimant has LCW on the day after finishing the training **and**
3. that day falls not later than the end of a period of 104 weeks beginning with the end of the last week of entitlement to ESA<sup>1</sup>.

*1 reg 145(5)*

42313 Certain claimants who move from LCW into work or training are WTBs<sup>1</sup>.

*1 WR Act 07, Sch 2 para 4(1); ESA Regs, reg 148*

42314 The linking term is a fixed period of 104 weeks starting on the first day immediately after the last day of a PLCW<sup>1</sup>.

*1 reg 148(3)*

### Example

Last day of PLCW	Thursday 13.11.08
Linking term starts	Friday 14.11.08
Linking term ends	Thursday 12.11.10

42315 Work for a WTB is work, other than exempt work,

1. for which payment is made **or**
2. which is done in expectation of payment<sup>1</sup>.

**Note:** The work does **not** have to be of 16 hours or more each week.

*1 reg 148(3) & reg 45*

42316 The benefits affected are any allowance or advantage for which entitlement is dependent upon LCW<sup>1</sup>. For example this includes credits, ESA and CTB disability-related premiums and housing costs linking rules.

*1 WR Act 07, SS CB Act 92, ESA Regs, reg 148(3)*

- 42317 A claimant is a WTB on any day in a LT if that claimant<sup>1</sup>
1. had LCW for more than 13 weeks in the most recent past PLCW **and**
  2. ceased to be entitled to an allowance or advantage at the end of that PLCW **and**
  3. started work or training within one month of benefit stopping at the end of that PLCW.

*1 ESA Regs, reg 148(1)*

- 42318 A claimant is not a WTB if<sup>1</sup>
1. the most recent PLCW was ended by a determination that the claimant did not have LCW **and**
  2. that determination was on the basis of a LCWA.

*1 reg 148(2)*

- 42319 A claimant is not a WTB if the PLCW ended because the claimant was treated as not having LCW because the claimant failed without good cause
1. to provide information **or**
  2. to attend for or submit to an examination.

- 42320 A claimant does not have to start work within one month of the determination that they do not have LCW made by the DM. The important date is the date entitlement to benefit ends<sup>1</sup>.

*1 reg 148(1)(c)*

## Linking rules - limited capability for work

- 42321 A WTB is to be treated as having LCW for a period of 13 weeks beginning on the day within the LT when ESA is claimed where<sup>1</sup>
1. there is medical evidence<sup>2</sup> of LCW **and**
  2. in the most recent past PLCW it had been determined that there was LCW because the WTB
    - 2.1 was assessed for LCW **or**
    - 2.2 was treated as having LCW due to
      - 2.2.a satisfying certain conditions (see DMG 42019)
      - 2.2.b being in hospital (see DMG 42041)
      - 2.2.c receiving regular treatment (see DMG 42045)
      - 2.2.d had exceptional circumstances (see DMG 42191)

**2.2.e** being a certain young person receiving ESA(IR) (see DMG 42075).

*1 ESA Regs, reg 149; 2 SS (Med Ev) Regs, reg 2*

## **Linking rules - limited capability for work-related activity**

42322 A WTB is treated as having LCW for 13 weeks beginning on the day within the LT on which a claim to ESA is made where that WTB was a member of the support group when the most recent past PLCW ended<sup>1</sup>.

*1 ESA Regs, reg 150*

42323 - 42330



## **Evidence of limited capability for work after determination that a claimant does not have limited capability for work**

[See DMG Memo 07/10]

- 42331 A claimant may make a new claim and provide medical statements after the DM has determined that they do not have LCW. The DM, if possible, applies the LCWA.
- 42332 The DM may already have sufficient information with which to carry out a new LCWA. This could include
1. medical evidence from the previous medical examination
  2. medical evidence provided to support the new claim **and**
  3. any other evidence received by the DM relevant to assessment of the LCWA on the new claim.
- 42333 If the DM considers there is sufficient information they should carry out the LCWA (see DMG 42111).
- 42334 If the DM considers there is insufficient information to carry out the LCWA they should consider whether the claimant can be treated as having LCW until the LCWA is carried out<sup>1</sup> (see DMG 42201 - 42206).

*1 ESA Regs, reg 30*

42335 - 42350



## Limited capability for work-related activity

[See Memo DMG 02/10]

### General

- 42351 A determination has to be made whether a claimant who has LCW also has LCWRA at the end of the assessment phase<sup>1</sup>.

*1 WR Act 07, s 9(1) & (2)*

- 42352 Where it is determined a claimant has LCW the claimant will receive an ESA component during the main phase of ESA entitlement. Which component they receive depends on whether or not they also have LCWRA. Claimants who are called for a LCWA are also booked for a WFHRA which explores their ability to do some work-related activity.

**Note:** See DMG Chapter 44 for guidance on amounts payable.

- 42353 Claimants with the most severe illnesses or disabilities who have LCWRA will receive the support component<sup>1</sup> without conditionality although they may participate in work-related activity on a voluntary basis if they so wish.

*1 s 2(2) & s 4(4)*

- 42354 The majority of claimants who will be determined not to have LCWRA will receive a WRAC<sup>1</sup>. These claimants are required to engage in the Wfl regime in the main phase of their ESA claim.

**Note:** For further guidance on WFHRA and Wfls see DMG Chapter 53.

*1 s 2(3) & s 4(5)*

42355

### Determination of limited capability for work-related activity

- 42356 Whether a claimant's capability for work-related activity is limited by the claimant's physical or mental condition and the limitation is such that it is not reasonable to require the claimant to undertake such activity is determined if one or more of the descriptors set out in Appendix 2 to this chapter are met<sup>1</sup>.

*1 ESA Regs, reg 34(1), Sch 3*

- 42357 A descriptor applies to a claimant if that descriptor applies to the claimant for the majority of the time or on the majority of the occasions on which the claimant carries out or attempts to carry out the activity described by that descriptor<sup>1</sup>.

*1 reg 34(2)*

- 42358 A claimant will be assessed as if wearing any prosthesis with which they are fitted or wearing or using any aid or appliance which they normally wear or use<sup>1</sup>.

*1 ESA Regs, reg 34(3)*

### **Certain claimants treated as having limited capability for work-related activity**

- 42359 A claimant is treated as having LCWRA if they are<sup>1</sup>

1. terminally ill
2. receiving or recovering from treatment by way of intravenous, intraperitoneal or intrathecal chemotherapy
3. in the case of a woman, she is pregnant and there is a serious risk of damage to her health or the health of her unborn child if she does not refrain from work-related activity.

*1 reg 35(1)*

- 42360 A claimant who does not have LCWRA can be treated as having LCWRA if

1. the claimant suffers from some specific disease or bodily or mental disablement **and**
2. by reasons of such disease or disablement, there would be a substantial risk (see DMG 42194) to the mental or physical health of any person if that claimant were found not to have LCWRA<sup>1</sup>.

*1 reg 35(2)*

### **Information required for determining capability for work-related activity**

- 42361 The information required to determine whether a claimant has LCWRA is<sup>1</sup>

1. any information relating to the descriptors in Appendix 2 that may be requested in the form of a questionnaire **and**
2. any additional information as may be requested.

*1 reg 36(1)*

- 42362 Where the DM is satisfied there is sufficient information to determine whether a claimant has LCWRA without the questionnaire that information will not be required<sup>1</sup>. For example the claimant is considered to be in a vulnerable group, i.e. there is a diagnosis of a mental health condition. A decision to treat as not having LCWRA due to non-return of the questionnaire would not be made but the claimant referred for assessment.

*1 reg 36(2)*

42363 Certain claimants who are treated as having LCW (see DMG 42017 et seq) are not required to complete a questionnaire for the purposes of determining LCW but will be required to provide information relating to the descriptors in Appendix 2 for LCWRA unless they are also treated as having LCWRA (see DMG 42359).

42364 Medical services are responsible for gathering any information required to support the WCA process. This includes

1. sending the questionnaire (ESA50A)
2. sending a reminder if the claimant does not reply within 28 days.

**Note:** This could be any such additional information as the DM requires to determine whether a claimant has LCWRA<sup>1</sup>.

*1 ESA Regs, reg 36(1)*

42365 It will not be necessary to obtain completion of an ESA50A for LCWRA in every case where the claimant has already provided information on an ESA50 for LCW. The HCP should obtain additional information regarding the descriptors in Appendix 2 at the medical examination for LCW in order to provide an opinion on LCWRA (see DMG 42382).

**Note:** There will be no need for a medical examination if medical services can confirm on the basis of paper evidence that the claimant is in the support group. If both LCW and LCWRA can be assessed from the same piece of evidence then there is no need to obtain further information.

### Failure to provide information

42366 A claimant is treated as not having LCWRA if

1. the questionnaire was sent **and**
2. there is no response after six weeks to the first request for the information<sup>1</sup> from the day following the date of issue **and**
3. a further request was sent at least four weeks after the first letter and at least two weeks have passed since then<sup>2</sup> **and**
4. good cause has not been accepted for the delay beyond the period stated in the **2.** and **3.** above<sup>3</sup>.

*1 reg 37(2)(a), 2 reg 37(2)(b), 3 reg 37(1)*

42367 The DM needs to make sure that the Secretary of State has complied with the duty set out in the legislation<sup>1</sup> to send the questionnaire and the reminder to the claimant. The DM can accept that it has been sent if there is a record of its issue and no indication that it was not properly addressed, stamped and posted.

*1 Interpretation Act 78, s 7*

42368 If the DM concludes that the Secretary of State has complied with the duty set out in the legislation, they may then go on to consider whether the claimant had good cause for their failure to return the questionnaire<sup>1</sup>(see DMG 42381).

*1 ESA Regs, reg 39*

42369 Any reasons given for the non-return should be judged on the balance of probabilities. Whether the reasons for delay amount to good cause depends upon whether the DM considers, for example,

1. it was reasonable not to return the questionnaire on this occasion **or**
2. if non receipt by the office or claimant was more probable than not.

42370 See DMG 42373 et seq for guidance on good cause where a claimant fails to return a questionnaire for a determination of LCWRA. The general principles in DMG 42229 to 42232 to be considered when determining LCW also apply to LCWRA.

**Note:** A claimant who fails to provide information for LCWRA can only be treated as not having LCWRA. A claimant cannot be treated as not having LCW if their failure was to not provide information in respect of the LCWRA part of the WCA.

## Claimants who may be called for examination

42371 Claimants may be called to attend a medical examination by a HCP approved by the Secretary of State where it has to be determined whether or not they have LCWRA<sup>1</sup>.

*1 reg 38(1)*

42372 Claimants can be treated as not having LCWRA if

1. they fail without good cause to attend or submit to a medical examination<sup>1</sup> **and**
2. they
  - 2.1 had at least seven days' written notice of the examination **or**
  - 2.2 agreed to accept a shorter period of notice whether given in writing or otherwise<sup>2</sup>.

*1 reg 38(2); 2 reg 38(3)*

42373 The general principles in DMG 42243 to 42257 to be considered when determining LCW also apply to LCWRA.

**Note:** A claimant who fails to attend or submit for examination for LCWRA can only be treated as not having LCWRA. A claimant cannot be treated as not having LCW if their failure to attend or submit for examination was in respect of the LCWRA part of the WCA.

42374 Where a claimant fails without good cause to attend or submit for examination the claimant can be treated as not having LCWRA<sup>1</sup> (see DMG 42375).

*1 reg 38(2)*

42375 If the DM concludes that the Secretary of State has complied with the duty set out in DMG 42372 they may go on to consider whether the claimant had good cause for their failure to attend or submit to a medical examination (see DMG 42381).

42376 - 42380

## Consideration of good cause

42381 When a claimant fails to provide information or to attend or submit to an examination, consideration of good cause includes

1. whether the claimant was outside GB at the relevant time **and**
2. the claimant's state of health at the relevant time **and**
3. the nature of any disability the claimant has<sup>1</sup>.

*1 ESA Regs, reg 39*

42382 The list is not exhaustive, the regulations state "include". The onus of proving good cause lies with the claimant who fails to comply. The test of good cause is whether the DM judges the reason for non-attendance or failure to attend or submit to examination to be reasonable and likely on the balance of probabilities. See DMG Chapter 01 for guidance. The DM needs to ascertain the precise facts and apply the concept of "good cause".

42383 See DMG 42265 - 42276 for further guidance on consideration of whether a claimant has good cause. This guidance is general on the principles of good cause and applies to consideration of both LCW and LCWRA.

**Note:** A claimant who fails to return information, attend or submit for an examination for LCWRA can only be treated as not having LCWRA. A claimant cannot be treated as not having LCW if their failure was to not return information, attend or participate in the LCWRA part of the WCA.

42384 Where there is no evidence of good cause or the reasons provided are not accepted as good cause, the DM should determine that the claimant is treated as not having LCWRA.

42385 - 42390

## Determination of whether a claimant has limited capability for work-related activity

42391 The DM determines whether a claimant has LCWRA from

1. the questionnaire if one is available **and**
2. a certificate or letter from the GP if one is available **and**

3. the medical opinion from the HCP **and**
4. any other relevant evidence.

42392 HCPs should provide relevant information and good justification for their recommendations with regard to LCWRA on a medical report form on either an

1. ESA85 if the claimant has been examined for LCW and the recommendation is that the claimant does not have LCWRA **or**
2. ESA85A if the claimant
  - 2.1 has not been examined **or**
  - 2.2 has been examined for LCW and the recommendation is that the claimant has LCWRA **or**
  - 2.3 is treated as having LCW and has been called for examination for assessment of LCWRA only.

**Note:** For the purposes of **2.2** if LCWRA is identified at examination the DM will get two reports. An ESA85 for LCW and an ESA85A for LCWRA.

42393 Medical reports will be completed electronically. There is no requirement for the report to be signed by the examining HCP<sup>1</sup>. However the report must identify the status of the HCP, i.e. whether he/she is a doctor or a registered nurse.

*1 R(IB 7/05)*

42394 The medical report includes an opinion of a HCP on whether any prescribed exceptional circumstances apply. The DM should consider that opinion when deciding whether a claimant can be treated as having LCWRA if they do not satisfy the test for LCWRA from the descriptors<sup>1</sup> (see DMG 42360).

*1 ESA Regs, reg 35(2)*

42395 The normal principles apply to considering the evidence. Guidance is in DMG Chapter 01.

42396 - 42400

## **Second or subsequent referrals**

42401 The medical report also includes advice on the period of time that should pass before a claimant is reconsidered for the next WCA process. This advice is given in all cases but the DM can determine afresh whether the claimant still has or can be treated as having LCWRA in prescribed circumstances (see DMG 42405). This may be at a different time to the advice given on the medical report.

42402 In second and subsequent referrals medical services will provide a recommendation on whether a claimant has LCWRA.

42403 Not all claimants require a LCWA in subsequent referrals. Medical services will decide if LCW can be assessed on scrutiny of the available evidence however it may be necessary to call the claimant for examination on subsequent referrals to assess LCWRA.

42404 Medical conditions can improve with treatment or they may decline. Depending on the outcome of future assessments claimants who are placed in the WRAG may be removed from that group and placed in the support group and vice versa.

### **Determining limited capability for work-related activity afresh**

42405 Where it has been determined a claimant

1. has LCWRA **or**
2. is treated as having LCWRA **or**
3. is treated as not having LCWRA

the DM can determine afresh whether the claimant still has or is to be treated as having LCWRA<sup>1</sup>.

*1 ESA Regs, reg 34(4)*

42406 DMG 42405 applies where<sup>1</sup>

1. the DM wishes to determine whether there has been a relevant change of circumstances in relation to the claimant's physical or mental condition **or**
2. the DM wishes to determine whether the previous determination was made in ignorance of, or based on a mistake as to some material fact **or**
3. at least 3 months have passed since the date of the previous determination.

*1 reg 34(5)*

42407 - 42999



## Appendix 1

### Disabilities which may demonstrate a claimant has limited capability for work

(See DMG 42154)

#### PART 1

#### PHYSICAL DISABILITIES

(1) Activity		(2) Descriptors	(3) Points
1. Walking with a walking stick or other aid if such aid is normally used.	1(a)	Cannot walk at all.	15
	(b)	Cannot walk more than 50 metres on level ground without repeatedly stopping or severe discomfort.	15
	(c)	Cannot walk up or down two steps even with the support of a handrail.	15
	(d)	Cannot walk more than 100 metres on level ground without stopping or severe discomfort.	9
	(e)	Cannot walk more than 200 metres on level ground without stopping or severe discomfort.	6
	(f)	None of the above apply.	0
2. Standing and sitting.	2(a)	Cannot stand for more than 10 minutes, unassisted by another person, even if free to move around, before needing to sit down.	15
	(b)	Cannot sit in a chair with a high back and no arms for more than 10 minutes before needing to move from the chair because the degree of discomfort experienced makes it impossible to continue sitting.	15

	(c)	Cannot rise to standing from sitting in an upright chair without physical assistance from another person.	15
	(d)	Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	15
	(e)	Cannot stand for more than 30 minutes, even if free to move around, before needing to sit down.	6
	(f)	Cannot sit in a chair with a high back and no arms for more than 30 minutes without needing to move from the chair because the degree of discomfort experienced makes it impossible to continue sitting.	6
	(g)	None of the above apply.	0
3. Bending or kneeling.	3(a)	Cannot bend to touch knees and straighten up again.	15
	(b)	Cannot bend, kneel or squat, as if to pick up a light object, such as a piece of paper, situated 15cm from the floor on a low shelf, and to move it and straighten up again without the help of another person.	9
	(c)	Cannot bend, kneel or squat, as if to pick up a light object off the floor and straighten up again without the help of another person.	6
	(d)	None of the above apply.	0
4. Reaching.	4(a)	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.	15
	(b)	Cannot put either arm behind back as if to put on a coat or jacket.	15

	(c)	Cannot raise either arm to top of head as if to put on a hat.	9
	(d)	Cannot raise either arm above head height as if to reach for something.	6
	(e)	None of the above apply.	0
5. Picking up and moving or transferring by the use of the upper body and arms (excluding all other activities specified in Part I of this Appendix).	5(a)	Cannot pick up and move a 0.5 litre carton full of liquid with either hand.	15
	(b)	Cannot pick up and move a one litre carton full of liquid with either hand.	9
	(c)	Cannot pick up and move a light but bulky object, such as an empty cardboard box, requiring the use of both hands together.	6
	(d)	None of the above apply.	0
6. Manual dexterity.	6(a)	Cannot turn a "star-headed" sink tap with either hand.	15
	(b)	Cannot pick up a £1 coin or equivalent with either hand.	15
	(c)	Cannot turn the pages of a book with either hand.	15
	(d)	Cannot physically use a pen or pencil.	9
	(e)	Cannot physically use a conventional keyboard or mouse.	9
	(f)	Cannot do up/undo small buttons, such as shirt or blouse buttons.	9
	(g)	Cannot turn a "star-headed" sink tap with one hand but can with the other.	6

	(h)	Cannot pick up a £1 coin or equivalent with one hand but can with the other.	6
	(i)	Cannot pour from an open 0.5 litre carton full of liquid.	6
	(j)	None of the above apply.	0
7. Speech.	7(a)	Cannot speak at all.	15
	(b)	Speech cannot be understood by strangers.	15
	(c)	Strangers have great difficulty understanding speech.	9
	(d)	Strangers have some difficulty understanding speech.	6
	(e)	None of the above apply.	0
8. Hearing with a hearing aid or other aid if normally worn	8(a)	Cannot hear at all.	15
	(b)	Cannot hear well enough to be able to hear someone talking in a loud voice in a quiet room, sufficiently clearly to distinguish the words being spoken.	15
	(c)	Cannot hear someone talking in a normal voice in a quiet room, sufficiently clearly to distinguish the words being spoken.	9
	(d)	Cannot hear someone talking in a loud voice in a busy street, sufficiently clearly to distinguish the words being spoken.	6
	(e)	None of the above apply.	0

9. Vision including visual acuity and visual fields, in normal daylight or bright electric light, with glasses or other aid to vision if such aid is normally worn.	9(a)	Cannot see at all.	15
	(b)	Cannot see well enough to read 16 point print at a distance of greater than 20cm.	15
	(c)	Has 50% or greater reduction of visual fields.	15
	(d)	Cannot see well enough to recognise a friend at a distance of at least 5 metres.	9
	(e)	Has 25% or more but less than 50% reduction of visual fields.	6
	(f)	Cannot see well enough to recognise a friend at a distance of at least 15 metres.	6
	(g)	None of the above apply.	0
10(a) Contenance other than enuresis (bed wetting) where the claimant does not have an artificial stoma or urinary collecting device.	10(a)(i)	Has no voluntary control of the evacuation of the bowel.	15
	10(a)(ii)	Has no voluntary control of the voiding of the bladder.	15
	10(a)(iii)	At least once a month loses control of bowels so that the claimant cannot control the full evacuation of the bowel.	15
	10(a)(iv)	At least once a week, loses control of bladder so that the claimant cannot control the full voiding of the bladder.	15

	10(a)(v)	Occasionally loses control of bowels so that the claimant cannot control the full evacuation of the bowel.	9
	10(a)(vi)	At least once a month loses control of bladder so that the claimant cannot control the full voiding of the bladder.	6
	10(a)(vii)	Risks losing control of bowels or bladder so that the claimant cannot control the full evacuation of the bowel or the full voiding of the bladder if not able to reach a toilet quickly.	6
	10(a)(viii)	None of the above apply.	0
10(b) Continence where the claimant uses a urinary collecting device, worn for the majority of the time including an indwelling urethral or suprapubic catheter.	10(b)(i)	Is unable to affix, remove or empty the catheter bag or other collecting device without receiving physical assistance from another person.	15
	10(b)(ii)	Is unable to affix, remove or empty the catheter bag or other collecting device without causing leakage of contents.	15
	10(b)(iii)	Has no voluntary control over the evacuation of the bowel.	15
	10(b)(iv)	At least once a month, loses control of the bowel so that the claimant cannot control the full evacuation of the bowel.	15
	10(b)(v)	Occasionally loses control of the bowel so that the claimant cannot control the full evacuation of the bowel.	9

	10(b)(vi)	Risks losing control of the bowel so that the claimant cannot control the full evacuation of the bowel if not able to reach a toilet quickly.	6
	10(b)(vii)	None of the above apply.	0
10(c) Continence other than enuresis (bed wetting) where the claimant has an artificial stoma.	10(c)(i)	Is unable to affix, remove or empty stoma appliance without receiving physical assistance from another person.	15
	10(c)(ii)	Is unable to affix, remove or empty stoma appliance without causing leakage of contents.	15
	10(c)(iii)	Where the claimant's artificial stoma relates solely to the evacuation of the bowel, has no voluntary control over voiding of the bladder.	15
	10(c)(iv)	Where the claimant's artificial stoma relates solely to the evacuation of the bowel, at least once a week, loses control of bladder so that the claimant cannot control the full voiding of the bladder.	15
	10(c)(v)	Where the claimant's artificial stoma relates solely to the evacuation of the bowel, at least once a month, loses control of bladder so that the claimant cannot control the full voiding of the bladder.	9
	10(c)(vi)	Where the claimant's artificial stoma relates solely to the evacuation of the bowel, risks losing control of the bladder so that the claimant cannot control the full voiding of the bladder if not able to reach a toilet quickly.	6

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	10(c)(vii)	None of the above apply.	0
11. Remaining conscious during waking moments.	11(a)	At least once a week, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration.	15
	(b)	At least once a month, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration.	9
	(c)	At least twice in the six months immediately preceding the assessment, has had an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration.	6
	(d)	None of the above apply.	0

**PART 2**  
**MENTAL, COGNITIVE AND INTELLECTUAL FUNCTION ASSESSMENT**

(1) Activity		(2) Descriptors	(3) Points
12. Learning or comprehension in the completion of tasks.	12(a)	Cannot learn or understand how to successfully complete a simple task, such as setting an alarm clock, at all.	15
	(b)	Needs to witness a demonstration, given more than once on the same occasion of how to carry out a simple task before the claimant is able to learn or understand how to complete the task successfully, but would be unable to successfully complete the task the following day without receiving a further demonstration of how to complete it.	15
	(c)	Needs to witness a demonstration of how to carry out a simple task, before the claimant is able to learn or understand how to complete the task successfully, but would be unable to successfully complete the task the following day without receiving a verbal prompt from another person.	9
	(d)	Needs to witness a demonstration of how to carry out a moderately complex task, such as the steps involved in operating a washing machine to correctly clean clothes, before the claimant is able to learn or understand how to complete the task successfully, but would be	6

		unable to successfully complete the task the following day without receiving a verbal prompt from another person.	
	(e)	Needs verbal instructions as to how to carry out a simple task before the claimant is able to learn or understand how to complete the task successfully, but would be unable, within a period of less than one week, to successfully complete the task without receiving a verbal prompt from another person.	6
	(f)	None of the above apply.	0
13. Awareness of hazard.	13(a)	Reduced awareness of the risks of everyday hazards (such as boiling water or sharp objects) would lead to daily instances of or to near-avoidance of:  (i) injury to self or others; or  (ii) significant damage to property or possessions,  to such an extent that overall day to day life cannot successfully be managed.	15
	(b)	Reduced awareness of the risks of everyday hazards would lead for the majority of the time to instances of or to near-avoidance of:  (i) injury to self or others; or  (ii) significant damage to property or possessions,  to such an extent that overall day to day life cannot successfully be managed without supervision from another person.	9

	(c)	Reduced awareness of the risks of everyday hazards has led or would lead to frequent instances of or to near-avoidance of:  (i) injury to self or others; or  (ii) significant damage to property or possessions,  but not to such an extent that overall day to day life cannot be managed when such incidents occur.	6
	(d)	None of the above apply	0
14. Memory and concentration.	14(a)	On a daily basis, forgets or loses concentration to such an extent that overall day to day life cannot be successfully managed without receiving verbal prompting, given by someone else in the claimant's presence.	15
	(b)	For the majority of the time, forgets or loses concentration to such an extent that overall day to day life cannot be successfully managed without receiving verbal prompting, given by someone else in the claimant's presence.	9
	(c)	Frequently forgets or loses concentration to such an extent that overall day to day life can only be successfully managed with pre-planning, such as making a daily written list of all tasks forming part of daily life that are to be completed.	6
	(d)	None of the above apply.	0
15. Execution of tasks.	15(a)	Is unable to successfully complete any everyday task.	15

	(b)	Takes more than twice the length of time it would take a person without any form of mental disablement, to successfully complete an everyday task with which the claimant is familiar.	15
	(c)	Takes more than one and a half times but no more than twice the length of time it would take a person without any form of mental disablement to successfully complete an everyday task with which the claimant is familiar.	9
	(d)	Takes one and a half times the length of time it would take a person without any form of mental disablement to successfully complete an everyday task with which the claimant is familiar.	6
	(e)	None of the above apply,	0
16. Initiating and sustaining personal action.	16(a)	Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain any personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	15
	(b)	Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain personal action without requiring daily verbal prompting given by another person in the claimant's presence.	15
	(c)	Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain personal action without requiring verbal prompting given by	9

		another person in the claimant's presence for the majority of the time.	
	(d)	Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain personal action without requiring frequent verbal prompting given by another person in the claimant's presence.	6
	(e)	None of the above apply.	0
17. Coping with change.	17(a)	Cannot cope with very minor, expected changes in routine, to the extent that overall day to day life cannot be managed.	15
	(b)	Cannot cope with expected changes in routine (such as a pre-arranged permanent change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult.	9
	(c)	Cannot cope with minor, unforeseen changes in routine (such as an unexpected change of the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult.	6
	(d)	None of the above apply.	0
18. Getting about.	18(a)	Cannot get to any specified place with which the claimant is, or would be, familiar.	15
	(b)	Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person on each occasion.	15

	(c)	For the majority of the time is unable to get to a specified place with which the claimant is familiar without being accompanied by another person.	9
	(d)	Is frequently unable to get to a specified place with which the person is familiar without being accompanied by another person.	6
	(e)	None of the above apply.	0
19. Coping with social situations.	19(a)	Normal activities, for example, visiting new places or engaging in social contact, are precluded because of overwhelming fear or anxiety.	15
	(b)	Normal activities, for example, visiting new places or engaging in social contact, are precluded for the majority of the time due to overwhelming fear or anxiety.	9
	(c)	Normal activities, for example, visiting new places or engaging in social contact, are frequently precluded, due to overwhelming fear or anxiety.	6
	(d)	None of the above apply.	0
20. Propriety of behaviour with other people.	20(a)	Has unpredictable outbursts of, aggressive, disinhibited, or bizarre behaviour, being either:  (i) sufficient to cause disruption to others on a daily basis, or  (ii) of such severity that although occurring less frequently than on a daily basis, no reasonable person would be expected to tolerate them.	15

	(b)	Has a completely disproportionate reaction to minor events or to criticism to the extent that the claimant has an extreme violent outburst leading to threatening behaviour or actual physical violence.	15
	(c)	Has unpredictable outbursts of, aggressive, disinhibited or bizarre behaviour, sufficient in severity and frequency to cause disruption for the majority of the time.	9
	(d)	Has a strongly disproportionate reaction to minor events or to criticism, to the extent that the claimant cannot manage overall day to day life when such events or criticism occur.	9
	(e)	Has unpredictable outbursts of aggressive, disinhibited or bizarre behaviour, sufficient to cause frequent disruption.	6
	(f)	Frequently demonstrates a moderately disproportionate reaction to minor events or to criticism but not to such an extent that the claimant cannot manage overall day to day life when such events or criticism occur.	6
	(g)	None of the above apply.	0
21. Dealing with other people.	21(a)	Is unaware of impact of own behaviour to the extent that:  (i) has difficulty relating to others even for brief periods, such as a few hours; or  (ii) causes distress to others on a daily basis.	15

(b)	The claimant misinterprets verbal or non-verbal communication to the extent of causing himself or herself significant distress on a daily basis.	15
(c)	Is unaware of impact of own behaviour to the extent that:  (i) has difficulty relating to others for longer periods, such as a day or two, or  (iii) causes distress to others for the majority of the time.	9
(d)	The claimant misinterprets verbal or non-verbal communication to the extent of causing himself or herself significant distress for the majority of the time.	9
(e)	Is unaware of impact of own behaviour to the extent that:  (i) has difficulty relating to others for prolonged periods, such as a week; or  (ii) frequently causes distress to others.	6
(f)	The claimant misinterprets verbal or non-verbal communication to the extent of causing himself or herself person significant distress to himself on a frequent basis.	6
(g)	None of the above apply.	0

## Appendix 2

### Information to be provided for the limited capability for work-related activity assessment

(See DMG 42351et seq)

Column 1 Activity	Column 2 Descriptors
1. Walking or moving on level ground-	Cannot-  (a) walk (with a walking stick or other aid if such aid is normally used);  (b) move (with the aid of crutches if crutches are normally used); or  (c) manually propel his wheelchair,  more than 30 metres without repeatedly stopping, experiencing breathlessness or severe discomfort.
2. Rising from sitting and transferring from one seated position to another-	Cannot complete both of the following-  (a) rise to standing from sitting in an upright chair without receiving physical assistance from someone else; and  (b) move between one seated position and another seated position located next to one another without receiving physical assistance from someone else.
3. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this Appendix)-	Cannot pick up and move 0.5 litre carton full of liquid with either hand.
4. Reaching-	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.

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5. Manual dexterity-
- Cannot-
- (a) turn a “star-headed” sink tap with either hand; or
  - (b) pick up a £1 coin or equivalent with either hand.
6. Continence-
- (a) Continence other than enuresis (bed wetting) where the claimant does not have an artificial stoma or urinary collecting device
- (a) has no voluntary control over bowel evacuation;
  - (b) has no voluntary control over voiding of bladder;
  - (c) at least once a week, loses control of bowel so that the claimant cannot control the full evacuation;
  - (d) at least once a week, loses control of bladder so that the claimant cannot control the full voiding of the bladder;
  - (e) at least once a week, fails to control full evacuation of the bowel, owing to a severe disorder of mood or behaviour; or
  - (f) fails to control full voiding of the bladder at least once a week, owing to a severe disorder of mood or behaviour.
- (b) Continence where the claimant uses a urinary collecting device, worn for the majority of the time including an indwelling urethral or suprapubic catheter-
- (a) is unable to affix, remove or empty the catheter bag or other collecting device without receiving physical assistance from someone else;
  - (b) is unable to affix, remove or empty the catheter bag or other collecting device without causing leakage of contents;
  - (c) has no voluntary control over bowel evacuation;
  - (d) at least once a week, loses control of bowel so that the claimant cannot control the full evacuation of the bowel; or

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	(e) at least once a week, fails to control full evacuation of the bowel, owing to a severe disorder of mood or behaviour
(c) Continence other than enuresis (bed wetting) where the claimant has an artificial stoma appliance-	(a) is unable to affix, remove or empty stoma appliance without receiving physical assistance from someone else;  (b) is unable to affix, remove or empty stoma appliance without causing leakage of contents;  (c) where the claimant's artificial stoma relates solely to the evacuation of the bowel, has no voluntary control over voiding of bladder;  (d) where the claimant's artificial stoma relates solely to the evacuation of the bowel, at least once a week, loses control of the bladder so that the claimant cannot control the full voiding of the bladder; or  (e) where the claimant's artificial stoma relates solely to the evacuation of the bowel, at least once a week, fails to control the full voiding of the bladder, owing to a severe disorder of mood or behaviour.
7. Maintaining personal hygiene-	
Cleaning own torso	(a) cannot clean own torso (excluding own back) without receiving physical assistance from someone else;  (b) cannot clean own torso (excluding own back) without repeatedly stopping, experiencing breathlessness or severe discomfort;  (c) cannot clean own torso (excluding own back) without receiving regular prompting given by someone else in the claimant's presence; or

(d) owing to a severe disorder of mood or behaviour, fails to clean own torso (excluding own back) without receiving-

(i) physical assistance from someone else,  
or

(ii) regular prompting given by someone else in the claimant's presence.

## 8. Eating and drinking

(a) Conveying food or drink to the mouth.

(a) cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;

(b) cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort;

(c) cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or

(d) owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving-

(i) physical assistance from someone else,  
or

(ii) regular prompting given by someone else in the claimant's presence.

(b) Chewing or swallowing food or drink

(a) cannot chew or swallow food or drink;

(b) cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;

(c) cannot chew or swallow food or drink without receiving regular prompting. given by someone else in the claimant's presence; or

- (d) owing to a severe disorder of mood or behaviour, fails to-
- (i) chew or swallow food or drink; or
  - (ii) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence
9. Learning or comprehension in the completion of tasks-
- (a) cannot learn or understand how to successfully complete a simple task, such as the preparation of a hot drink, at all;
  - (b) needs to witness a demonstration, given more than once on the same occasion of how to carry out a simple task before the claimant is able to learn or understand how to complete the task successfully, but would be unable to successfully complete the task the following day without receiving a further demonstration of how to complete it;
- or
- (c) fails to do any of the matters referred to in (a) or (b) owing to a severe disorder of mood or behaviour.
10. Personal action-
- (a) cannot initiate or sustain any personal action (which means planning, organisation, problem solving, prioritising or switching tasks);
  - (b) Cannot initiate or sustain personal action without requiring daily verbal prompting given by someone else in the claimant's presence;
- or
- (c) fails to initiate or sustain basic personal action without requiring daily verbal prompting given by someone else in the claimant's presence, owing to a severe disorder of mood or behaviour.

11. Communication-

- (a) none of the following forms of communication can be achieved by the claimant
  - (i) speaking (to a standard that may be understood by strangers);
  - (ii) writing (to a standard that may be understood by strangers);
  - (iii) typing (to a standard that may be understood by strangers)
  - (iv) sign language to a standard equivalent to Level 3 British Sign Language;
- (b) none of the forms of communication referred to in (a) are achieved by the claimant, owing to a severe disorder of mood or behaviour;
- (c) Misinterprets verbal or non-verbal communication to the extent of causing distress to himself or herself on a daily basis;  
or
- (d) effectively cannot make himself or herself understood to others because of the claimant's disassociation from reality owing to a severe disorder of mood or behaviour.

## **Appendix 3**

### **Regular treatment categories**

**(see DMG 42061)**

#### **Explanation of treatments**

##### **Plasmapheresis**

Plasmapheresis is a process by which harmful substances can be removed from the bloodstream. Blood is taken from the person's vein, and the fluid part (plasma) containing the harmful substance is separated from the blood cells and removed. The blood cells are then mixed with an appropriate substitute fluid and returned to the person.

##### **Radiotherapy**

Radiotherapy is the use of X-rays to kill cancer cells. It is given as a series of administrations, with varying intervals between doses. Persons undergoing radiotherapy often feel very unwell for a few days after each dose.

##### **Renal dialysis**

Renal dialysis is used in the treatment of kidney (renal) failure. It is the process whereby waste products, which would usually be excreted in the main by the kidneys, are artificially removed from the body. There are two forms of dialysis: haemodialysis and peritoneal dialysis.

In haemodialysis, blood is circulated from the person's arm into a machine which removes the waste substances; the cleansed blood is then returned to the person. Haemodialysis is usually carried out two or three times a week.

In peritoneal dialysis the process involves introducing fluid into the abdomen through a permanently-positioned tube (an indwelling catheter). Harmful waste products are removed from the blood into this fluid through the inner lining of the abdomen (the peritoneum). After some hours, the fluid is drained from the abdomen and replaced with a fresh volume, and the cycle is repeated on a continuous basis.

**Total parenteral nutrition**

Total parenteral nutrition is a recent development in the treatment of serious intestinal conditions such as Crohn's disease. It is a way of ensuring adequate nutrition when normal absorption of food and fluid from the gut is impossible as a result of severe disease.

A fine tube (catheter) is inserted into a major vein in the neck, and is held in permanent position; its end is capped when not in use. A special feeding solution, three to five litres in all, is pumped through the catheter using a special pump mounted on a stand. The process takes eight to fourteen hours, and is usually carried out overnight.

For most people, the need for total parenteral nutrition will be life-long.