

51. FURTHER EVIDENCE AND ADVICE

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51.2 Introduction

51.2.1 At various points in this book suggestions are made concerning the sources of further evidence which are most likely to be of assistance in particular types of case. The purpose of this chapter is to describe the various sources of further evidence and to indicate the sorts of information which can be obtained from each one. Providers of further evidence should not be asked to answer direct questions on whether the qualifying conditions for the benefit are satisfied. In general terms they can be asked for information which will fill gaps in the evidence which would otherwise be incomplete. They can also provide evidence which will help the adjudication officer deal with inconsistencies or contradictions in the information already held.

51.3 Sources of Further Evidence

51.3.1 General Practitioner Factual Reports (GPFRs)

- (i) A special fee payable to individual GPs has been agreed whereby factual information based on a patient's clinical records will be provided. The fee does not extend to the provision of an opinion and so, unless the information is already contained within the clinical records, the GP will not be in a position to provide it. It has to be understood that individual entries in a patient's clinical record are relatively brief and will usually concentrate on diagnosis, clinical findings and treatment plan. The records will not really contain any meaningful information relating to care and mobility needs. In general therefore GPFRs can provide useful information on the diagnosis and overall severity of a person's disabling conditions. It will not usually be appropriate to ask specific questions about the help a person requires unless there appears to be gross under-or over-representation of those in the claim pack.
- (ii) Where a person has a number of different conditions which are being investigated and treated by a variety of hospital departments, the GP's records will be the place where all this information is co-ordinated. In these circumstances the GP may well be able to indicate the relative importance of the various conditions in terms of their effect on the patient's day to day life.

51.3.2 Hospital Factual Reports (HFRs)

The Benefits Agency does not have to pay for individual HFRs. Hospitals are funded separately to provide this service but again this extends only to the

provision of factual information. Although usually more detailed than GP records, hospital notes still concentrate on recording information on diagnosis, clinical findings and treatment. They may contain a great deal of detailed information about the various types of investigation which have been undertaken and which are usually of no relevance to the issues the adjudication officer has to decide. In general therefore HFRs can provide similar information to GPFRs. The hospital rather than the GP is likely to be the most appropriate source of information where the person suffers from an uncommon condition, where the diagnosis is complicated or where specialised forms of treatment are involved.

51.3.3 Consultants Reports

It is possible to ask a consultant to examine a person and to answer specific questions relating to the care and mobility needs. However, it has to be appreciated that such reports are expensive and take a long time to complete.

More importantly though, it has to be recognised that a consultant's expertise will be concentrated in the areas of diagnosis, investigation and treatment. Whilst consultants usually provide excellent information in these areas, they often do not appreciate the full significance of questions relating to care and mobility needs. Experience has shown that such questions are not answered as fully as adjudication officers would want. Consequently, the situations where a consultant's report is the most appropriate source of further evidence are likely to be few and will usually be confined to cases where the diagnosis is particularly uncommon.

51.3.4 Examining Medical Practitioner (EMP) Reports

EMPs have been given training in the discipline of disability medical analysis. Within this discipline, the diagnosis, whilst being an essential starting point, is only of secondary importance. EMPs will be able to assess what effects a person's condition is likely to have on day to day living. They will be able to provide a critical appraisal of whether a person's claimed care and mobility needs are reasonable in the light of the diagnosis and clinical severity of the particular disabling conditions. Consequently if the evidence relating to the level of needs is incomplete, inconsistent or contradictory, an EMP report is likely to be most appropriate source of further evidence to deal with these issues.

51.3.5 Reports From Other Professionals

Whilst for most people, professional advice is likely to come from the GP, there will be a significant number where other professionals are involved. These may include nurses, physiotherapists, occupational therapists, psychologists and specialist teachers. In some cases these will be in a much

better position to provide meaningful information than the GP. In each case, a critical assessment is needed on how useful a report from such a professional is likely to be. This will include an assessment of how closely they are involved in day to day care and whether they have been instrumental in deciding how a person's condition is managed, rather than simply carrying out a plan which has been devised by others. There are two situations where such a report is likely to be particularly helpful. First, community psychiatric nurses may be heavily involved in the community care of people with severe mental illnesses and may have a detailed knowledge of the daily needs. Secondly, specialist teachers in children with learning disabilities are extremely well placed to report on the educational and behaviour problems of such children.

51.4 Advice from Medical Services Doctors

Although Departmental Medical Services doctors do not have the opportunity to examine claimants, adjudication officers should be aware that they are particularly skilled and knowledgeable in the field of disability medical analysis. Consulting a Medical Services doctor at an early stage in a difficult case, either formally or informally, can often prevent a time consuming and potentially fruitless search for inappropriate further evidence. Medical Services doctors will be able to advise in a number of areas. They can interpret and explain medical terminology within the evidence, describe the range and extent of care and mobility needs which are likely to arise from a particular diagnosis, analyse the claimed needs for any inconsistencies or contradictions, identify the most appropriate sources of further evidence along with the specific questions to be asked, and finally can explain and interpret the further evidence once it has been received.