

London Landscape – papers from other faculties

Improving patients' lives: Disability Living Allowance (DLA)

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As doctors you will know very well how much health status – physical or mental – can impact on patients' lives. For a GP, looking after patients doesn't just mean diagnosing and treating but also getting involved in a patient's life, sometimes in a major way. Writing reports, providing evidence, completing forms and generally advocating for patients is all part of the job.

One area where the GP's role is crucial is in the application for Disability Living Allowance (DLA). At the Citizen's Advice Bureau (CAB) we help people with their applications and would like to encourage a full understanding of this special benefit, which is unlike other benefits. It is awarded in recognition that, for people with substantial physical or mental health problems to achieve a reasonably normal life, they need extra financial help to afford appropriate support.

We have set out below a short explanation of DLA, which we hope will promote a greater understanding.

Q. As a GP what do I need to know about DLA that will help my patient?

A.

- DLA is a **non-means tested benefit** for people under the age of 65 (information about Attendance Allowance, for those 65 and over, is at the end).
- DLA is a benefit your patient can receive whether they are in employment or not and whether or not they are in receipt of other benefits such as Income Support or Incapacity Benefit.
- The basis for a DLA award is the patient's **needs**.
- The condition/disease has been continuous for a minimum of three months and is expected to continue for a further six months.
- There are two components – care and mobility. Your patient can receive either or both. The care

component has three rates – higher, middle and lower. The mobility component has just two rates – higher or lower.

- The DLA award usually covers a specified period of time – e.g. 1, 2 or 3 years. It can be renewed on expiry. Sometimes it is awarded for an indefinite period when the patient's condition is considered unlikely to improve. It is not a benefit that can be backdated.

Q. As a GP what is my role?

A.

- The GP's role is pivotal. A patient's eligibility for DLA is based on an assessment of physical and/or mental health status and this usually needs medical input from the patient's doctor(s). This input is usually by way of a Factual Report, a form that is sent to the GP by the Department of Work and Pensions (DWP).
- The Factual Report: it is essential that all the boxes in the questionnaire are completed.
- The information given should be an honest and factual report on how the physical and/or mental condition of your patient **affects** their mobility, and/or their ability to go out independently, and/or their capacity to carry out tasks necessary for daily living. This would include the effects of medication on the above.
- The decision to award DLA is made by the DWP based on the patient's application and the doctor's report. The GP does not have to judge whether it should be awarded or not.
- It is important that the doctor who completes the form is one who either sees the patient regularly or has seen them most recently. In some GP practices there is a system for routine completion of these

forms by a designated professional who may not know the patient well or know how s/he copes with daily life. The CAB believes that this system is not in the best interests of the patient.

Q. What should I ask my patient?

A.

- Use the questionnaire in the Factual Report form to aid your discussion with your patient and listen to how your patient copes with daily living. It is not only physical problems which can prevent the accomplishment of daily tasks – phobias, fears, anxieties, lack of social contacts and medication can also impair capacity and independent mobility.
- Patients can often make light of their difficulties if for instance they are intermittent or irregular, regardless of how disabling they are.
- The importance of the role of the patient's carer may also need to be emphasised.
- If a patient is seen in the surgery it would be relevant to consider any mental or physical problems they may have had in getting there to see you.

Q. What should I include in my report?

A.

- Information from the patient and their carer, if they have one.

Q. Do I have a role if my patient is refused an award but wishes to appeal?

A.

- Yes – you may be asked by the patient, or their representative, for a more detailed report or to expand on points made in the Factual Report.
- If the report is obtained from another doctor (e.g. visiting DWP doctor) you may be asked by the patient (or their representative) to comment on this as you will know your patient better.

Q. To whom can I refer my patient for help with an application or appeal?

A.

- Local disability group such as Directions Plus.
- Local mental health support group.
- Citizens Advice Bureaux (CABx).

Q. How often will I be asked to make a report?

A.

- Usually when a patient first applies or when their award comes up for review or renewal.

Summary

The doctor's report is crucial to the application for DLA. Listening and trying to understand how your patient copes with life when they are not in your surgery is essential. If you have a patient who has difficulties with daily living because of their physical or mental health then, regardless of their income, they may well be entitled to this benefit.

Attendance Allowance (AA)

- This benefit is a similar benefit for those aged 65 and over. This benefit does not have a mobility component and just considers care needs. For a patient to be considered for either lower or higher mobility, this has to be made **before the patient becomes 65 with a DLA application**.
- If a patient is approaching 65 years of age and has mobility problems or difficulties going out independently, then it is important not to delay claiming DLA because once they reach 65 they will only be able to claim Attendance Allowance. If claimed before, DLA continues to be paid beyond 65.

Carers Allowance (CA)

- If your patient is awarded DLA Care at the higher or middle rate, or either rate of AA, then their carer may be able to claim CA, if they provide at least 35 hours of care per week (night and/or day), are not a student or do not earn too much.
- As people are not always aware of what benefits they are eligible to claim you could be instrumental in passing on this information.

Other benefits

An award of DLA, AA or CA can also increase entitlement to means-tested benefits for patients/families on low incomes.