



FACTSHEET: EVIDENCE FOR YOUR CLAIM, MR OR APPEAL AND HOW TO OBTAIN IT.

Do I need to send evidence with my benefit claim?

The simple answer is yes if you are completing a benefit claim and state you have any health condition which impacts your ability to work, complete activities of daily life, travel or walk. The most common benefits which this relates to are Personal Independence Payment, Adult Disability Payment, Disability Living Allowance, Attendance Allowance, Industrial Injuries Disablement Benefit and the Work Capability Assessment for Universal Credit and Employment and Support Allowance.

What is the evidence used for?

When you state that you have a health condition which is negatively impacting your life and capabilities, then you must prove this in order to be successful in a claim for welfare benefits from the DWP, DFC or SSS. The most useful evidence is medical evidence which can show relevant diagnoses, symptoms, treatments and care plans.

The information that you provide will be used to assess the difficulties that you report in your claim and evaluate whether they are supported by relevant evidence from medical professionals. A claimant is much more likely to be more successful at any stage of a benefit claim, from Application Form to Tribunal, if they have included reliable medical evidence.

Can the DWP just contact my GP?

It is rare that the DWP / DFC / SSS will contact a claimant's GP. There is space on benefit application form for their details, however these are very rarely used. They will very occasionally post a simple 'tick box' form to your GP about your claim if you have not provided any evidence. There will be space for them to list your conditions and how they impact you. There will also be a section relating to the specific benefit and the activities that incorporate the benefit. The form will also usually ask about ability to travel on public transport and attend a face-to-face assessment.

Here at the PIPP Support Group, the most common response we see from GPs is a simple list of conditions – often completed along with lots of other forms the same day, by a locum doctor who the surgery hire just to complete that task. They usually include little to no information about symptoms and the activity section will usually be crossed out completely and left without any information. GPs will also usually tick that there are no issues with travelling or attending a face-to-face assessment. This can all obviously be highly detrimental to a benefit claim and yet the DWP will actually pay the GP up to £33.50 to provide this information.

Similarly, a Tribunal Panel will not contact the health professionals related to a claim. The onus is therefore always on the claimant to provide all evidence to support their claim.



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What evidence should I include?

The most important evidence is medical evidence. We suggest obtaining your full GP Medical Records for at least the previous two years and sometimes more. These should include all consultations, treatments, referrals, tests, results and specialist reports. Other helpful evidence includes: -

- Occupational Therapy Reports
- Occupational Health Reports
- Photographs of aids used
- Photographs of Blue Disabled Parking Badge
- Private Medical Records e.g. for mental health therapy, physiotherapy or ASD assessments etc
- Previous favourable DWP Benefit Award Notices (including Tribunal Notices)
- Other favourable DWP Benefit Awards and Assessment Reports e.g. Universal Credit, Employment and Support Allowance, Disability Living Allowance, Disabled Students Allowance or Industrial Injuries Disablement Benefit
- Favourable medical evidence from a relevant Personal Injury Claim e.g. a specialist report
- Educational information including EHCP and SEN provision
- Social Services Reports

What evidence should I NOT include?

We do not advise that any of the following is required: -

- A GP Letter which is provided as a paid for service. This will usually cost up to £100 and will actually be of less value than the medical records. If a patient requests a private medical letter, then the GP will often provide one including all the information you have requested. They will then enter this request into the medical records. It therefore becomes very obvious when viewing the records that the letter contains the patient's words and not the doctor's. It is also extremely unlikely that the GP has observed you trying to bathe or make a meal, and so their thoughts on your abilities in these areas are not evidence-based.
- Appointment letters and vaccination records. These do not provide the DWP with any useful information about your symptoms or capabilities.
- Supporting Letters from family and friends. These are based on the opinion of those close to you and will usually be biased in your favour. They are also not the evidence-based opinion of a suitably qualified health professional. They will therefore be given very low evidentiary value by the DWP/Tribunal Panel and will often be overlooked. Sometimes such letters will also contain information which is unfortunately detrimental to the claim.
- Daily Activity/Feelings Diaries. These are not classed as evidence as they are completed by the claimant and not a suitably qualified health professional. They can also unfortunately contain information which is detrimental to the claim.
- Print outs or leaflets from charities or online services explaining what the symptoms of your conditions might be. As this evidence does not relate to how your conditions affect you specifically, then these will hold little weight.

What if I cannot afford to obtain medical evidence?

All patients can obtain their full medical records from their GP Practice via a Subject Access Request free of charge and within a reasonable timescale, usually 6-8 weeks. These usually contain much more than a claimant expects because the surgery acts as a central hub for all NHS (and sometimes other organisations) documentation about their patients.



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What if I cannot afford to obtain medical evidence (continued)

You can request your records via telephone, in writing or in person. The information is legally the property of the patient and access must not be delayed or denied. Requests for payment must also not be made. If you have any issues obtaining your information, make your GP Surgery aware of the guidance as follows:

<https://www.england.nhs.uk/long-read/subject-access-requests-sar/>

You can also consider submitting an SAR to other departments involved in your care such as private medical practitioners, local authorities and social services departments or places of study such as universities and colleges.

What if my medical records are incorrect?

When reading through the medical records, it is not uncommon to come across information that you do not agree with. Remember it is the opinion of medical professionals that are contained within the records, it does not necessarily mean that patients will always be in favour of what they read. However, sometimes the records can contain completely inaccurate information-diagnoses you do not have, treatment you have never received etc. Sometimes you may also find other patient records within yours due to filing or scanning errors. You must contact your GP Practice and request to speak to the Practice Manager to discuss these issues. You have a right to rectification with regards to your medical records. The following guidance will assist this process [Your right to get your data corrected | ICO](#)

Do I need to include legal evidence?

Welfare benefits are based on the law; be it statutes, regulations or case law. At no point are claimants expected to have knowledge of, nor understand and apply, legal frameworks to their benefit claims. The DWP and/or Tribunal Panel are interested in your health, not your legal ability.

How much evidence should I send?

If you are sending evidence to support your application at the form and / or assessment stage (this includes reviews) then we suggest sending only the most recent and relevant pages. An assessor will have a limited amount of time to read your documentation before an assessment, maybe only ten minutes or so. This means that we generally say that in addition to your form, limit your evidence to no more than around 30 pages. Make sure this includes proof of your diagnosed conditions along with any information about the symptoms and limitations that you have. Beware that if you send in too much at this stage, you run the risk of the assessor being unable to manage to read the pertinent pages.

At mandatory reconsideration stage, the DWP Decision Maker will have longer to review your case so you can send in more evidence at this stage. However, it is still helpful to select only the relevant pages to support your case.



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How much evidence should I send (continued)....

For an appeal, if you have obtained your medical records and they have page numbers on them, the Tribunal Panel, will expect you to submit every page. This is because they like to understand the entire recent medical history. If pages are missing we have known them to treat this with suspicion. At a Tribunal a doctor will always be a member of the decision making panel so they should understand the information that the medical evidence contains.

How should I send my evidence?

If you are completing an online benefit claim, then there will be an opportunity for you to upload your evidence digitally. All benefit claims permit the sending of evidence via post. The correct DWP address will be on the Application Form/Decision Notice etc. If sending evidence to a Tribunal you will be given the option of uploading digitally, emailing it to the court centre or sending via post. The address will be provided by HMCTS (His Majesty's Court and Tribunal Service). When sending evidence please ensure that:-

- Your name, date of birth and national insurance number are on every page
- If you are sending evidence to HMCTS also include your unique Tribunal Reference Number-this will be found on the letter you receive from HMCTS to say that your claim has been lodged with the Tribunal Service
- The evidence must be clearly about you and so will usually have your personal details contained within it
- Do not send via regular post-use tracked Royal Mail delivery and keep the receipt with the tracking reference number
- Contact the DWP/ HMCTS after 5 -7 days after posting to check that evidence has been received - the tracking reference number will be required for this

Can you do this all for me?

As part of our Form Filling Service, we can check up to 30 pages of evidence that you upload to our digital portal to confirm that its supportive to send.

Should we be instructed by you on our Legal Drafting Mandatory Reconsideration Service we will discuss what evidence is needed and advise how to obtain it along with providing a form to take to your GP to obtain your medical records.

When representing you in your Appeal, in addition to advising you on the evidence needed and how to obtain this, as of Jan 2025, we will also obtain your records from your GP surgery directly as part of our Service. Please do get in contact if you require any further advice or assistance.

Here at the PIPP Support Group we have a fully qualified Legal Department. Every one of our Legal Advocates must hold a Qualifying Law Degree as a minimum. Most hold qualifications far beyond this including Post Graduate Diploma in Law and Master of Law. Some are even training to be barristers or solicitors. We even have an Advocate who is both medically and legally qualified.

We do urge caution when approaching companies who claim to be able to take over your claim. Always ensure that the person completing your documentation is legally qualified, particularly if they are charging for their services.

Get in Touch:

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www.linkedin.com/company/pippsupport

Email: info@pipps.co.uk

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