

Welfare Benefits and General Practice

A Study at Keppoch Medical Practice, Possilpark Health and Care Centre

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1. Introduction

1.1. Background

The Keppoch Medical Practice is based in Possilpark Health and Care Centre, Glasgow. It has a practice list of 3,300 patients, with 87.95% of the practice population belonging to the most deprived 15% of the population in Scotland (ISD Scotland, 2014). In a political climate of austerity and increasing deprivation in the UK, there is a serious threat to the health and well-being of the poorest in society (Deep End Report 25, 2014). Deep End GPs are on the front line, treating the symptoms of social injustice in an ever-harshening environment of inequality and poverty.

An estimated £12.3 billion of benefit payments went unclaimed in the UK in 2009/10, with large numbers of individuals missing out on the social support to which they are entitled (DWP, 2012). Ensuring that patients receive the maximum amount of social support is a downstream attempt to minimise the detrimental health impacts of the UK's liberal welfare state model (Esping-Anderson, 1990). The benefits trajectory is a fluid and intricate web of bureaucracy, which is difficult for patients to navigate alone. In order to understand the nature of GPs' interactions with the welfare system in working to maximise income for their patients, it is useful to deconstruct the benefits pathway into three distinct stages as outlined below:

1. Initial advice
2. Application and assessment
3. Appeals

GPs interact with the benefits system both directly and indirectly at various stages of this trajectory, from social referring to money advice services, to completing disability benefit reports for the DWP, to supporting patients who have been sanctioned and treating the subsequent health impacts of deprivation. Investigating how the GP practice maps onto the benefits system allows us to understand the role of GPs in maximising income for marginalised patients.

1.2. Aims

My role in The Keppoch Practice was a unique one. As a final year medical student, I took a year out of my studies due to family bereavement. During this time, I was privileged to be able to spend six months in Possilpark, integrating into different aspects of The Keppoch Practice, and focusing upon how the practice interacts with the benefits system.

This study aims to examine the interaction between The Keppoch Practice and the benefits system, in order to understand how GPs can better assist patients in deprived areas in accessing welfare support. This work falls into two clearly defined strands of study:

1. A fact-finding exercise to ascertain the current climate of welfare advice services available to patients in Possilpark. This information will be used to formulate a benefits toolkit for the practice, which will include a list of key local contacts and resources.
2. A semi-quantitative analysis of the workload for GPs relating to benefits applications.

Recommendations will be made on the basis of these findings as to how the interaction between the GP practice and the benefits system can be improved on a local level.

2. Methodology

2.1. Researching Financial Inclusion Networks

Financial inclusion networks exist in order to make financial services accessible within deprived areas. In attempting to map local services and infrastructure, and how these interact with the benefits system on a national level, I first met with different key players within the financial inclusion network in Possilpark. I observed the routine interaction between the practice and these local financial inclusion services, as well as reviewing practice resources and referral procedures. I spent time with GPs, gathering anecdotal evidence relating to their experiences of, and engagement with, the benefits system, and how improvements could be made to improve financial inclusion in Possilpark.

2.2. Practitioner Research

As a practitioner, I undertook the work of completing disability benefits applications forms for patients from The Keppoch Practice. Disability benefit forms are ordinarily sent to the GP by the Department of Work and Pensions (DWP). The GP uses the patient's electronic medical record, and their knowledge of the patient, to provide medical evidence relating to their disability. Whilst I was based in the practice, I was responsible for receiving these forms, and completing them by providing the relevant medical information, taken from the patients' notes and clinical letters. The forms were then reviewed by the GPs, and any necessary amendments were made (often based on their knowledge of the patient), before being signed and returned to the DWP. I also worked to provide some quantitative analysis of the workload created for GPs in completing these benefits forms. After four months of completing the practice's benefits forms, I felt confident in my ability to carry out this work efficiently, and so I began to document the time taken to complete each form. I also took note of how many forms were received each week, and which benefit payment the forms related to. This allowed for a degree of quantitative analysis of the amount of work generated by the benefits application and assessment process.

3. Findings

My overwhelming experience on starting work at The Keppoch Practice was of the sheer complexity of the benefits system and the fragmented nature by which the benefits system, financial inclusion services, and the GP practice interact. In order to deconstruct some of the complexity surrounding this interaction, it is helpful to examine the different stages of the benefits trajectory.

3.1. Initial Advice

A GP's initial engagement with the welfare system often occurs during a consultation, where the issue of a patient's financial situation may first arise. At this point, obstacles to effective engagement include the time-constraints of the consultation, how openly the patient is willing to discuss their financial situation, and how confident the GP feels in asking about what is often

considered to be a very sensitive topic. There may be a situation in which the patient freely offers information during a consultation which warrants referral to money advice. Anecdotal evidence from one GP at The Keppoch Practice suggested that this happens regularly, with two surgeries within a single week, in which one third of the patients expressed anxiety about their benefits. However, there may also be situations in which the patient does not offer this information freely, and the GP is required to initiate a conversation around the patient's financial situation. This requires a level of GP confidence in asking questions relating to benefits, and with ongoing welfare reforms, and ever-changing bureaucracy within the benefits system, GPs may not feel confident enough in their own knowledge to ask patients about their financial situation. This highlights the need for readily available, easily accessible information for GPs relating to benefits, so that they have the confidence to ask about money worries, and refer patients to money advice where appropriate. Furthermore, training on how to bring up these sensitive issues may be useful for GPs, who do not receive such teaching as a formal part of their training. During my time at The Keppoch Practice, I delivered a teaching session on benefits as part of a broader teaching session on deprivation for GP trainees (ST4) from the North West sector (see appendix 3). The teaching material produced for this session is an example of the type of resource which may be useful for Deep End practices in working to improve GP engagement with money advice services.

Having identified the need for financial advice, there are several pathways through which patients from The Keppoch Practice can be referred for support. The first and least complex pathway involves an individual presenting at the CAB during one of their twice-weekly drop-in sessions (10.00-15.30, Tuesdays and Thursdays). The drop-in sessions take place at the Maryhill office of the Maryhill and Possilpark CAB, presenting an additional level of complexity in that although there is a CAB office in Possilpark, it is too small to hold drop-in sessions, and patients must therefore travel to Maryhill to use this service. Furthermore, this requires that the individual is aware of the drop-in session (or is directed there by their GP), and current resources are such that there may be long waiting times for patients during these sessions, or occasionally they may not be seen. In addition, there is a lack of continuity along this pathway, as the individual will not be necessarily be seen by a

money advice worker that they know or have seen before. However, this pathway is recommended for patients who present to their GP in financial crisis and require access to money advice services very quickly. This situation highlights another example of GP engagement with financial inclusion. It is important that GPs have an awareness of the drop-in sessions at their local CAB, and this information should be readily available for all practice staff so that patients can be appropriately sign-posted towards this service in a financial emergency.

Direct referrals to money advice are another method through which GPs engage with this initial stage of the benefits trajectory for their patients. If a GP feels during a consultation that their patient would benefit from seeing a money advice worker, however they are not in a financial emergency, they can complete a referral form, which is available on DOCMAN (see appendix 1). These forms are collected by the local CAB weekly and the patient will then be contacted and seen by a money advice worker within approximately two weeks. In Possilpark, the Scottish Legal Aid Board has provided funding for two money advice workers to be based in the health centre, in an attempt to provide a greater cohesion between the NHS and money advice, facilitating access for patients, and removing any stigma which may be associated with attending the CAB. Patients from The Keppoch Practice are currently seen by a money advice worker in the health centre during a half-day session held weekly. The CAB review the referral letters from the practice and decide whether the patient will be seen within the medical practice or at the local CAB in Possilpark.

During discussions with a money advice worker from the local CAB, it became apparent that if a patient presents in financial emergency, but does not want to attend the drop-in session, it is possible for the GP to complete a paper referral and then telephone the CAB to inform them of urgency of the situation, resulting in the patient being seen more quickly. This highlights the need for cohesion between services, and for practice staff to be aware of all referral pathways.

In summary, at the initial stage of the benefits trajectory for patients, the GP plays an important role in initiating a benefits discussion during the consultation, and advising the best route of

action, whether it is sign-posting to the local CAB drop-in session, or completing a paper referral to a money advice worker.

3.2. Application and Assessment

The GPs play an important role during the application and assessment stage of the benefits trajectory, both in providing the DWP with relevant medical evidence for patients who are applying for disability benefits, and in supporting patients who are going through this stressful and dehumanising process, which may negatively impact upon their mental health (Royal College of Psychiatrists, 2015). This is particularly relevant currently, as a result of the replacement of Disability Living Allowance (DLA) with Personal Independence Payment (PIP), currently being rolled out across Glasgow. All patients who are currently receiving DLA will be ‘invited’ to reapply for their benefit and subsequently re-assessed. If patients do not reply to this invitation for re-application within four weeks, they may be sanctioned, leaving them in some cases without an income. This is an important example of an indirect way in which GPs map onto the benefits system. It is the most vulnerable patients who are at risk of being sanctioned during the changeover to PIP, and GPs who are aware of the risk to the well-being of these patients can work to try and prevent this from happening, by initiating a discussion about benefits during consultations, and referring to money advice services. Furthermore, this supports the requirement for GPs to have an awareness of the benefits system and any reforms which will affect the well-being of their patients.

There were a number of outcomes, both quantitative and qualitative, from the work I undertook in completing the benefits forms for The Keppoch Practice. The table below outlines the benefits for which the practice received requests for medical evidence in a 3-month period from March to May 2015 (inclusive).

Employment and Support Allowance (ESA)	16
Personal Independence Payment (PIP)	4
Disability Living Allowance (DLA)	1

As there is not a steady flow of application forms coming into the practice, it is important to further examine these figures in order to achieve a greater idea of the workload for GPs. The forms come into the practice irregularly, dependent upon several factors, including the geographical rollout of welfare reforms such as PIP. During one week in May (08/05-15/05), the practice received four PIP forms, which all had to be completed within five days, however in the two previous months the practice had not received any PIP requests. This may be an indication of an imminent increase in workload associated with the rollout of welfare reforms and subsequent reassessment of patients for benefits such as PIP and Universal Credit.

It is helpful to look further into the two individual benefits for which we received forms most regularly, ESA and PIP, in order to comment upon the time taken to complete each form.

ESA113

During my time at the practice, the majority of benefits forms received were for ESA. The DWP request that the GP completes the ESA113 form *“if they require further medical evidence to decide whether [the] patient needs a face-to-face assessment,”* (DWP, 2013). The GPs are contractually obliged to complete ESA113 forms and do not receive any individual funding correlating with the number of forms they complete. This is an example of The Inverse Care Law (Tudor Hart, 1971), in that GPs in Deep End practices will spend a much greater amount of time completing ESA forms than GPs in affluent areas where less patients receive ESA. During May 2015, I documented the time taken to complete each ESA113 form that was sent to the practice GPs. The information below gives an indication as to the amount of time taken to complete each form.

Number of ESA113 forms completed in May 2015	Average time taken to complete form	Range of times taken to complete forms
8	47 minutes	25 minutes - 1 hour 30 minutes

In The Keppoch Practice in May 2015, completing ESA forms accounted for approximately 6.27 hours of work, which would ordinarily be undertaken by GPs.

PIP Factual Report

GPs may be sent a ‘PIP factual report’ form relating to a patient’s application for PIP, from the private companies Capita or ATOS, who have been contracted by the government to carry out disability assessments. The practice receives £33.50 for each PIP form completed, and these forms must be completed within 5 working days. The medical information required in these forms is very detailed, and this is reflected in the times taken to complete these forms (see below).

Number of PIP forms completed in May 2015 (all received within one week)	Average time taken to complete form	Range of times taken to complete forms
4	97 minutes	72 minutes – 110 minutes

In a single week in May, completing PIP forms accounted for 6.47 hours of work in The Keppoch Practice.

Limitations of Study

The information above gives an indication of the benefits administration workload in The Keppoch Practice, however as outlined earlier, the number of benefits forms varies with time, and this represents a mere snapshot of the type of work a GP might see in a single month. Furthermore, it is important to note that as a medical student, I had relatively non-existent time-constraints in completing the forms, and although I developed an efficient method, I was able to spend a lot of time reviewing the clinical notes and letters in more complex cases. It is therefore difficult to compare my time to GPs’ time, as they are under extreme time-pressure and cannot feasibly be expected to review historical notes and letters.

Completing Disability Benefits Forms

When first faced with the task of completing the benefits forms, I encountered a number of difficulties which are important to capture, as they may reflect those issues faced by GPs who

similarly do not receive any formal training around benefits. In addition, despite developing a personal style and efficiency in completing the benefits forms after several months, there were still several areas of subjectivity which were concerning.

My overwhelming impression during this project was that of the DWP's starting point of an assumption that all individuals applying for disability benefits are malingering. On completing the medical reports, there is a feeling of having to prove the patient's disability, and from this feeling arises subjectivity when completing the forms. It is important to identify how witnessing the effects of austerity, the dehumanising assessment process, sanctions and subsequent deprivation impacted upon my personal opinion of the benefits system, as this undeniably affected my approach to completing the benefits forms. The level of detail required in the form is not immediately apparent from the wording of the questions and is open to interpretation, for example the forms asked for 'relevant detailed clinical findings.' Even on further reading around the guidance provided by the DWP for GPs completing these reports, there is a lack of clarity as to how much information is relevant to the application, as below:

“Question 4 - Relevant Clinical Findings

Entitlement to PIP is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.” (DWP, 2014).

This created a dilemma as to whether or not to include negative clinical findings, as it was unclear whether or not they would be deemed “*relevant.*” Furthermore, I was able to identify feelings of not wanting to disadvantage the patient in a climate of cuts to welfare and benefits sanctions. This highlights an important ethical issue in that a GP's personal experiences and opinions may, albeit subconsciously, impact upon the way in which they engage with this stage of the benefits trajectory. Another example of this arose when the letters request that GP's comment upon the ‘effects of the disabling conditions on day to day life.’ Again, this question is open to interpretation and the level of detail the GP provides is dependent on several factors, including how well they know the patient,

whether the impact of their condition upon their life has been assessed, and whether or not the GP includes negative clinical findings.

In addition, the most relevant clinical information may not be immediately apparent from, or documented in, the patient's electronic medical record, for example if the condition has been managed in a secondary care setting. I was able to spend a great deal of time reading through clinical letters on the electronic portal 'DOCMAN' in order to find any relevant clinical information, for example detailed psychiatric assessments, or historical secondary care letters in the case of long-standing conditions. However, GPs are extremely time-pressured and may not be able to read through volumes of historical letters to find the appropriate information. In addition, although there is more detailed guidance available for GPs on completing medical reports for disability benefits (DWP, 2014), this information is highly detailed, lengthy and constantly changing with welfare reforms, and it is perhaps unrealistic to expect GPs to have the time available to use this material.

The question must be asked as to whether completing benefits forms represents good use of GP time, and whether they are always the most appropriate health-care professionals to undertake this work. Despite not knowing any of the patients in The Keppoch Practice, I was able to find most of the information required in the benefits forms from the clinical notes and letters. Furthermore, on review, the GPs did not often need to make many amendments to the forms from their knowledge of the patient. Even in situations where the GPs added to the reports, this was much more time-efficient, as they did not have to read through the clinical notes and letters. The system we developed in The Keppoch Practice, in which I was able to review all the notes in detail before passing the completed forms to the GPs, seemed to be much more efficient use of GP time. In addition, although it was helpful to have a level of medical knowledge in order to understand which information was relevant to the reports, I did not feel that it was necessary to be a doctor to complete this work (as proven in the ability to undertake this task myself). Furthermore, there may in fact be health-care professionals who are better placed to provide this information, for example the patient's community psychiatric nurse (CPN) in the case of mental health, occupational therapist (OT) or physiotherapist, who may have a much better idea as to how the patient's condition impacts their day-to-day life.

Overall, this stage of the benefits trajectory currently provides complex and time-consuming work for Deep End GPs, who may benefit from greater training and increased resources in order to facilitate their engagement with this process. In addition, there must be a discussion as to whether there are other health-care professionals who may be better equipped to first review the patient notes and letters, or provide information based on their knowledge of the patient, before passing the benefits forms to the GPs for review. There is undoubtedly significance accredited to the GP medical reports because of the weight behind the GP's voice and their ability to advocate for their patients. However, this can still be the case without the GPs having to spend a great deal of time undertaking administrative work in reviewing patients' notes to provide information such as the date of diagnosis or the clinical findings from secondary care. A system could be developed in which GPs still provide their opinion and personal knowledge of the patient, supported by the clinical findings which are extracted from the notes by another member of the team, for example a medical student, as in the case of this project.

3.3. Appeals

The nature of GP involvement with the appeals process is both indirect, in that they may be requested to provide further medical information to support the patient's appeal, and direct, in that they will see first hand the health and well-being impacts of a negative welfare decision for patients. Having been sanctioned, patients are at their most vulnerable, and there may be serious risks to their health and well-being. If they have not been referred previously, it is vital at this stage in the process that patients are referred to money advice services, as the local CAB in Possilpark recommend that individuals should not engage with the appeals process alone. GPs must be aware of the risks to the health of their patients, and this stage of the process reflects the issues highlighted earlier, in that it is essential that GPs feel comfortable in talking about money issues with their patients. I had limited exposure to the requests for medical evidence for appeals, as GP practices receive direct funding from legal aid for this work, and therefore it was felt within the practice that this evidence should be provided by GPs and subsequently this work was not audited.

4. Discussion

On consideration of the outcomes of this study, the natural progression was towards the development of a transferable resource aimed at facilitating the interaction between the GP practice and the benefits system. This resource was solely based upon my experiences at The Keppoch Practice, and therefore would need to be adapted for other Deep End practices, which have a different local financial inclusion infrastructure. However, the development of a benefits toolkit for Deep End practices may help to facilitate cohesion between the medical practice and financial inclusion services.

4.1. Benefits Toolkit for Deep End Practices

The benefits trajectory will provide a clear structure to the toolkit for practices, which will include the key resources and contacts relevant to each stage.

Initial Advice

The most important information at the initial stage of the benefits trajectory is a knowledge of local money advice services and their functioning. This information will form the first item in the benefits toolkit; the address of the local CAB, the drop-in times, and a contact telephone number, which the GP can use in case of financial emergency when the patient requires an urgent appointment. In addition, information about local referral procedures, and the money advice referral form will be the second item in the benefits toolkit, in order to improve awareness and familiarise GPs with the referral process to money advice.

At the initial stage of the trajectory, it is vital that the GP feels confident in asking about money issues during the consultation. The next item in the toolkit aims to provide an overview of the benefits system in an attempt to improve the confidence of GPs in discussing these issues during the consultation. Furthermore, the toolkit will not only be useful for GPs, it will help other members of the practice team, including practice nurses, health visitors and district nurses, who all have

opportunities to initiate a discussion around benefits during a consultation. On reviewing the available material for GPs relating to the benefits system as a whole, the DWP has produced a fairly concise and comprehensive resource, *'The Benefits System; A short guide for GPs'* (DWP, 2013). I was directed towards this resource by one of the practice GPs, and it may be particularly helpful for new GPs and medical students coming into the practice, who have not previously had exposure to the benefits system. Therefore, this material will be included in the benefits toolkit, as it provides a comprehensive overview of the main benefits that GPs have interactions with, and also outlines the situations in which GPs are required to provide medical evidence.

During my time in Possilpark, I developed a teaching resource for GP trainees relating to benefits and financial inclusion. I attended a local GP training session, and delivered a session on benefits to GP trainees working locally. It may be helpful for practices to have teaching resources such as this available for new GPs joining the practice, and therefore this resource will form the next part of the benefits toolkit.

Application and Assessment

Outwith the benefits toolkit, a discussion around the most appropriate health-care professional to complete the benefits forms is an important next step. On a practical note relating to this discussion, I developed word document templates for both ESA and PIP forms, which allowed me to electronically input the required information, which could then more easily be reviewed and amended by GPs, before being printed and attached to the original form. These resources would be of use in a situation in which health-care workers other than GPs are inputting the relevant information before passing them to the GPs for review. Therefore the benefits templates will form the next item in the toolkit.

Appeals

Patients who are at risk of sanctions and subsequent appeals find themselves immersed in a world of ever changing welfare reforms and continued austerity. Currently, the rollout of PIP is the

most imminent threat facing vulnerable patients, and it may be helpful to provide information about this process within practices. The next item in the benefits toolkit is an example of such a resource; a notice for patients about the rollout of PIP, which could be placed in the practice waiting room. The toolkit would need to be updated regularly alongside welfare changes and cuts, and additional resources could be included over time, relating to welfare issues such as Universal Credit.

In summary, the benefits toolkit is a resource aimed at facilitating the interaction between the GP practice and the benefits system. It is a transferable resource, which can be adapted at the practice-level to include information relevant to local financial inclusion services. Outlined below is the benefits toolkit for The Keppoch Practice, with longer documents included within appendices.

Benefits Toolkit for The Keppoch Practice

1. The Local Money Advice Service

Maryhill and Possilpark Citizen's Advice Bureau, Possilpark branch
160-162 Saracen Street Possilpark Glasgow G22 5AS.
General enquires telephone: 0141 336 3405

Drop-in times: **Tuesdays and Thursdays 10.00 – 15.30**

Advise patients to attend as early as possible to secure appointment, 09.30 by the latest

Drop-in sessions take place at the **Maryhill office:**

25 Avenuepark Street
Glasgow G20 8TS
Telephone: 0141 946 6373

Please note: In the case of financial emergency, direct patient to the CAB drop-in session, or complete money advice referral form (see below) and telephone the CAB administration team to inform them that this patient requires an urgent appointment.

Admin team telephone: 0141 948 0204

2. Money Advice Referral Procedure

Money Advice Referral Form is available on DOCMAN in practice documents under 'money advice.' Paper form is completed by the GP, and picked up from reception by the local CAB. Patients should be seen in approximately 2 weeks following referral to this service.

Referral form - see appendix 1

3. The Benefits System and GPs, An Overview.

The Benefits System; A short guide for GPs (DWP, 2013). Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/249923/gp-benefit-guide.pdf

See appendix 2

4. Benefits Teaching Resource for GP Trainees

See appendix 3

5. Templates for Benefits Forms

Templates for ESA and PIP forms - see appendix 4

6. Welfare Reforms Notices for Patients

PIP waiting room notice – see appendix 5

4.2. Lothian Model of Financial Inclusion

It is also important to consider other models of financial inclusion when discussing future actions to facilitate the interaction between the benefits system and the GP practice. On attending a financial inclusion workshop in Glasgow, I had the opportunity to hear about the Lothian Model of financial inclusion. In Lothian, patients are seen by a money advice worker within the health centre (as happens in Possilpark), however the appointment system functions differently in that following discussion with the GP, appointments to see the money advice worker are made directly at the practice reception. We had a discussion within The Keppoch Practice with the money advice workers from the local CAB as to whether this system should be introduced locally, however it was felt that the current referral form system was functioning well and shouldn't be changed at this time. It is important that these systems are constantly reviewed and discussed in order to reflect upon and learn from good practice elsewhere. The Lothian model also ensures that updated information on welfare reforms is circulated regularly amongst health-care workers. Similar measures should be considered in Glasgow, in order for GPs to have access to accurate information relevant to the well-being of their patients, for example the most imminent risk of sanctions during the changeover to PIP.

5. Conclusion

5.1. Recommendations

The benefits toolkit outlined above will be made available in The Keppoch Practice, as a resource which can be used by GPs and other practice staff to help them to engage with the benefits system and financial inclusion services. This resource can also be transferred to other Deep End practices, and adapted to include local information and services. However, this resource is only a basis upon which relationships and networks must be developed, in order to improve the fragmented nature by which GP practices and the benefits system interact. Building relationships with the money advice workers based in the health centre and in the local CAB is an integral part of this process, so

that they become part of the health-care team providing a holistic approach to the well-being of patients.

5.2. Acknowledgements

I was extremely fortunate to spend time in The Keppoch Practice, both observing the interaction between the practice and the benefits system, and working as part of the team in my role as a practitioner. On discussion with the local health improvement team lead, it became apparent that the GPs in The Keppoch Practice are leading the way in terms of their engagement with financial inclusion. In a climate of severe time-pressure for GPs, complex patient need, and increasing deprivation, I was privileged to observe the GPs in The Keppoch Practice, who were so pro-active in engaging with social referring and a holistic approach to care for their patients.

6. References

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7. Appendices

Appendix 1 – Money Advice Referral Form

NHS Referrals to Money Advice Services		
Date of Referral:	Clients Date of Birth:	
Client's Full Name:	M <input type="checkbox"/> F <input type="checkbox"/>	
Address (including flat number) / Addressograph	Post Code:	
Mobile Telephone and Home Telephone:		
Email:		
CHI Number:		
Reason for Referral:		
Expected Delivery Date (if client pregnant):		
NHS Priority Referral Group (Please Tick)		
<input type="checkbox"/> Keep Well (State GP Practice Code)	Practice code:	
<input type="checkbox"/> All other NHS referrals	RHSC (Yorkhill Hospital)	
<input type="checkbox"/> Early Years (Formerly Healthier Wealthier Children)		
Referrer (Please Tick)		
<input type="checkbox"/> Addiction Team	<input type="checkbox"/> Health Visiting Team	
<input type="checkbox"/> Allied Health Professional	<input type="checkbox"/> Mental Health Team	
<input type="checkbox"/> Clinical Nurse Specialist	<input type="checkbox"/> Midwife-Community	
<input type="checkbox"/> District Nurse	<input type="checkbox"/> Midwife- Hospital	
<input type="checkbox"/> Family Support Team	<input type="checkbox"/> Practice Nurse	
<input type="checkbox"/> GGP		
<input type="checkbox"/> Other (Please Specify)		
Referrer Name and Base (GP practices, please enter practice name / practice code):		
Contact Telephone:		
Email:		
<ul style="list-style-type: none"> • Does client require support for additional need(s) - e.g. more time in appointment/ translator & language required / physical access. • Please highlight any potential health and safety issues. 		
I have documented <input type="checkbox"/> this referral in the clients notes and informed them they can withdraw at anytime		
Return to: Maryhill Citizens Advice Bureau, 25 Avenuepark Street, Glasgow, G20 8TS, Tel: 0141 948 0204 Drumchapel Citizens Advice Bureau, 195C Drumry Road East, Glasgow, G15 8NS, Tel: 0141 944 2612		

V.1.1 open to ongoing review

The benefits system

A short guide for GPs

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

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

More information for healthcare professionals is available at: www.dwp.gov.uk/healthcare-professional/ and more information for patients is available at: www.gov.uk/browse/benefits

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

Contents

An overview of the following benefits is provided in this guide.

For children under 16 years	
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Patients may also be eligible for other benefits, such as Council Tax Reduction and Housing Benefit. These are not covered in this guide but details are at www.gov.uk/browse/benefits/	

For children under 16 years

Disability Living Allowance (DLA)

What is it?

DLA is a tax-free benefit which helps with the extra costs of looking after a child who needs help to look after themselves or move around because of a disability or health condition. It is paid to a child's parent or a person who looks after the child as if they are a parent (e.g. step-parents, guardians, grandparents, foster parents and older brothers and sisters over 18 years).

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

DLA is made up of a 'care component' which is paid at either the low / medium / high rate and a 'mobility component' which has a lower and higher rate. Claimants can be paid either or both of these components.

Submitting a claim

Claimants start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet). They are then sent a form to complete, which is considered by a DWP decision maker (a specifically trained lay person). This decision maker may ask for further information, or decide that an assessment should be carried out by the DLA Medical Service providers (currently Atos Healthcare).

As your patient's doctor

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

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

If someone is claiming under the special rules for terminal illness, you may also be asked to complete a DS1500 form with factual information on your patient's condition and treatment. There is guidance on completing the DS1500 form at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf

4 The benefits system

For working age people (16 - 64 years)

Personal Independence Payment (PIP)

PIP is gradually replacing Disability Living Allowance for people aged 16 to 64. You can find out how potential new PIP claimants will be affected by visiting the PIP toolkit www.dwp.gov.uk/pip-toolkit or the PIP checker www.gov.uk/pip-checker

What is it?

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

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

of work.

To qualify for PIP, unless they are terminally ill, someone must have needed help with extra costs caused by a health condition or disability for three months or more and be reasonably likely to need help for the next nine months (although someone can submit a claim for PIP during the first three months of having a condition).

Submitting a claim

Claimants start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet). They are then sent a 'How your disability affects you' form to fill in, and a booklet explaining how to complete the form.

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

DWP has appointed two Assessment Providers on a regional basis: Atos Healthcare and Capita Health and Wellbeing. A postcode map is available at www.dwp.gov.uk/img/pip-postcode-map.png

Once the PIP Assessment has been completed the details including all the evidence available are sent to a DWP decision maker. They will make a decision on eligibility to PIP based on the assessment report, the form completed by the claimant and any additional evidence.

As the patient's doctor

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

A short guide for GPs 5

If your patient is terminally ill, they may ask you to complete a DS1500 form, which you or patient can send to DWP. There is guidance on completing the DS1500 for PIP at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf

A health professional from Atos Healthcare or Capita Health and Wellbeing may contact you for factual information about your patient's condition.

This additional evidence will be crucial in deciding whether someone needs a face-to-face consultation. Prompt responses can avoid unnecessary appointments and delays to your patient's claim.

Patients give consent for this to happen as part of their claim and you do not need to seek additional consent. General Medical Council guidance states 'you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented' (34 (b)).

Disability Living Allowance (DLA)

What is it?

Disability Living Allowance (DLA) is paid to people while they need help looking after themselves or moving around. The amount they get is based on the help they need due to their disability or condition, and they can get DLA whether they work or not.

DLA is made up of a 'care component' which is paid at either low / medium / high levels, and a 'mobility component' which has a lower and higher rate. Claimants can be paid either or both of these components.

DLA for working-age people is being replaced by PIP

Personal Independence Payment has now replaced DLA for new claimants over the age of 16 – see the PIP section on page 4 for more information. If your patient is already getting DLA, they don't need to take any action. DWP will write to them to let you know how and

when to apply for PIP. You can find out when existing DLA claimants might be affected by visiting the PIP toolkit <http://www.dwp.gov.uk/pip-toolkit> or the PIP checker <https://www.gov.uk/pip-checker>

DLA will remain for children up to the age of 16 and those in receipt of DLA who were 65 or over on 08 April 2013.

Employment and Support Allowance (ESA)

What is it?

ESA offers financial support to ill or disabled people who are unable to work; or personalised help so that someone can work if they're able to. People assessed as eligible for ESA by DWP are placed into one of two groups:

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The benefits system

• •

The 'Work-Related Activity Group' – for people who have limited capability for work at present, but can prepare for a return to work in the short to medium term. In these cases the claimant must take part in work-focused interviews with their personal adviser who will support them to prepare for suitable work.

The 'Support Group' – for people who have limited capability for work-related activity because their illness or disability has a severe functional effect on their capability to work. Claimants are not expected to work or regularly attend a Jobcentre, but they can volunteer to attend work-focused interviews with a personal adviser.

Submitting a claim

People should call Jobcentre Plus to start a claim (see 'Contact Details for Patients' at the end of this leaflet). Claimants need to provide fit notes until DWP makes a decision on their claim, and must also complete the ESA50 self assessment form. During the assessment phase, claimants are paid the same amount of benefit as if they were claiming Jobseeker's Allowance. DWP can decide to award benefit to people with the most severe illnesses and disabilities from evidence submitted during the assessment phase alone.

Otherwise claimants must attend a face-to-face WCA conducted by a healthcare professional, which DWP will use to help decide if the claimant should be awarded ESA. Once DWP has made a decision on whether to award benefit, they will write to you and your patient to let you know.

As your patient's doctor

Your patient may ask you for a fit note to support their claim to ESA, or if they wish to claim ESA while they appeal DWP's decision - see guidance on completing fit notes at www.dwp.gov.uk/fitnote. DWP will normally accept fit notes stating both 'not fit' and 'may be fit' for these purposes. If your patient's appeal is unsuccessful, you should only issue further fit notes if their condition worsens significantly or they develop a new condition.

A healthcare professional from Atos Healthcare may phone you for more information.

Patients give consent for this to happen as part of their claim and you do not need to seek additional consent. General Medical Council guidance states 'you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented' (34 (b)).

You may occasionally be asked by patients to contribute some information to the ESA50 form. If a claimant is claiming solely because of cancer, they only need to complete up to page four of the ESA50. After signing the necessary declaration, they should then ask their chosen healthcare professional / cancer specialist to complete page 20.

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

[A short guide for GPs 7](#)

You will only be asked for this form if it could result in approval of your patient's benefit without them needing to attend an assessment.

If your patient is terminally ill and wishes to claim ESA under special rules, DWP will ask you to complete a DS1500 form on their condition and treatment. There is guidance on completing the DS1500 form at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf. Their claim will be fast-tracked and referred to Atos for expert advice immediately. Once it has been confirmed that the claimant is terminally ill, they are placed in the Support Group from day one of their claim and are awarded the appropriate higher rate of benefit without having to serve the normal assessment phase or undergo any medical assessment.

Incapacity Benefit

Everyone currently receiving Incapacity Benefit will be assessed for Employment and Support Allowance (ESA) by 2014 (unless they reach State Pension age before then). There is more information about the reassessment process for health professionals at www.dwp.gov.uk/docs/ib-reassessment-questions-and-answers.pdf and claimants at www.dwp.gov.uk/docs/ib-reassessment-customer-factsheet.pdf

Income Support

What is it?

Income Support is an income-related benefit that can be paid to some people who are on a low income but not able to work. People who might qualify include:

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

Submitting a claim

Claimants start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet).

Jobseeker's Allowance (JSA)

What is it?

Jobseeker's Allowance (JSA) is a taxable benefit paid to unemployed people who are available and actively looking for work. Claimants must attend regular work-focused interviews at a Jobcentre and provide proof that they are looking for work. People can claim one of two types of JSA:

- Contribution-based – paid for up to six months to people who have paid enough National Insurance contributions in the previous two tax years.
- Income-based – paid to people who do not qualify for Contribution-based JSA, if their income and capital (and/or their partner's income or capital) is low enough.

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Submitting a claim

To make a claim for JSA, claimants should go to www.gov.uk/jobseekers-allowance. JSA claims made online are processed as a priority and claimants can claim 24 hours a day, 7 days a week. There's help and assistance available throughout the process, should they get stuck or have any questions.

As the patient's doctor

Your patient may ask you for a fit note for them to give Jobcentre Plus if they are unable to meet JSA conditions because of ill health. You should complete the fit note in the same way as if your patient was employed. See guidance for GPs about filling in the fit note at www.dwp.gov.uk/fitnote

Universal Credit (UC)

What is it?

Universal Credit (UC) is a new single payment for people who are looking for work or on a low income. It will simplify the benefits system by bringing together a range of working-age

benefits into a single payment. It will replace:

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

Early rollout of Universal Credit, known as Pathfinder, started in some areas of Greater Manchester and Cheshire in April 2013. Universal Credit will be progressively rolled out nationally from October 2013. Our dedicated toolkit which is regularly updated is at: www.gov.uk/universal-credit-toolkit-for-partner-organisations

[A short guide for GPs 9](#)

For people aged 65 years and over

Attendance Allowance

What is it?

Attendance Allowance supports people over 65 who have a disability and so need extra help with personal care. Payment is not affected by income or whether a person works. To qualify, the person must have needed help for six months and be over 65. Attendance Allowance has two levels – lower and higher.

Submitting a claim

Claimants start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet) or online at www.gov.uk/attendance-allowance/how-to-claim

As the patient's doctor

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

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

If your patient has a terminal condition, they or their representative may ask you to complete form DS1500.

There is guidance on completing the DS1500 form at www.dwp.gov.uk/docs/gp-guidance-pip-factual-reports.pdf

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For carers

Carer's Allowance

What is it?

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

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

Submitting a claim

Claimants start a claim by phone (see 'Contact Details for Patients' at the end of this leaflet)

or online at www.gov.uk/carers-allowance/how-to-claim

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

Carer's Credit

Carer's Credit is a National Insurance credit that helps build entitlement to the basic State Pension and additional State Pension. It helps ensure there are no gaps in a carer's National Insurance record. It is payable to people who spend at least 20 hours a week caring for someone who receives:

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

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

Submitting a claim

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

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

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Help to stay in work

The fit note

You can support patients who are employed by completing a fit note with helpful advice about what they can do at work. Your patient can then discuss this with their employer to see if there are changes that could help them return to work. There is comprehensive guidance available for GPs, patients and employers about the fit note at www.dwp.gov.uk/fitnote

Access to Work (AtW)

What is it?

Access to Work provides practical support to people with a disability or mental / physical health condition to overcome work-related difficulties resulting from their disability. It can help pay for specialist equipment, support workers or travel costs, or the additional employment costs that an employer would not normally be expected to fund (including arrangements where DWP and the employer share costs). How much someone receives depends on their individual circumstances.

Submitting a claim

For more information about Access to Work or to make an application, visit www.gov.uk/access-to-work or contact DWP's Access to Work teams:

England: Telephone: 020 8426 3110 / Textphone: 020 8426 3133 email atwosu.london@dwp.gsi.gov.uk

Scotland: Telephone: 0141 950 5327 / Textphone: 0845 602 5850 email atwosu.glasgow@dwp.gsi.gov.uk

Wales: Telephone: 02920 423 291 / Textphone: 0845 602 5850 / 0208 426 3133 email atwosu.cardiff@dwp.gsi.gov.uk

As your patient's doctor

AtW can help employed people who become disabled to keep their jobs. Please consider mentioning AtW in the fit note comments box when advising the patient that they may be able to return to work.

More information and support

Support for GPs

DWP healthcare professional's website. Guidance on completing DWP forms and information about health and work issues: www.dwp.gov.uk/healthcare-professional/
Atos Healthcare helpline: Free advice for clinicians on medical issues linked to disability benefits and DWP forms. This service is strictly for healthcare professionals only. Contact numbers are available at: www.dwp.gov.uk/healthcare-professional/guidance/atos-healthcare/

Occupational Health Advice Service: Free professional occupational health support for individual patient cases or about occupational health in general. Contact numbers are:
England: 0800 0 778844 Scotland: 0800 0192211 Wales: 0800 1070900

Healthy Working UK: Free resource for GPs and healthcare professionals with information, guidance and training on health and work: www.healthyworkinguk.co.uk

Completing medical reports guide: DWP guidance on completing medical reports for DWP is available at www.dwp.gov.uk/docs/medical-reports-completion.pdf

Contact details for patients

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

Benefits

Jobseeker's Allowance

Employment and Support Allowance Income Support

Disability Living Allowance Attendance Allowance

Carer's Allowance/Carer's Credit

Personal Independence Payment

Contact details

www.gov.uk/jobseekers-allowance

0800 055 66 88 Textphone: 0800 023 4888

0800 882 200 Textphone: 0800 243 355

Claim line: 0800 917 2222 Textphone: 0800 917 7777 Enquiries: 0845 850 3322 Textphone: 0845 601 6677

Occupational Health Advice Service for Small Businesses

This advice services provide small business owners, managers and their employees with access to high quality and professional occupational health advice, tailored to their needs. The focus for the advice services is physical and mental health issues at work, which affect individual employees.

England: 0800 0778844

Scotland: 0800 0192211

Wales: 0800 1070900

Published by the

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ISBN: 978-1-78153-681-0

Appendix 3 - Benefits Teaching Resource

6/18/15

Benefits and General Practice 27th March 2015

Should GPs know about benefits?

Deprivation and Health

Carlton male life expectancy 52 years
Lenzie male life expectancy 82 years



Deprivation has a cumulative effect on health throughout the life-course

Low birth weight leading to increased risk of cardiovascular disease in adult life

(WHO, 2008)
(NHS Education for Scotland, 2013)
(Barker, 1992)

Social Determinants of Health - The Role of Doctors

- GPs have contact with most patients during a year, providing opportunities for health promotion
 - Preventing ill-health and promoting well-being
 - Non-medical early intervention
 - Holistic approach to care - patient's experience of illness not confined to clinical pathology
- Supporting marginalised patients to access maximum income

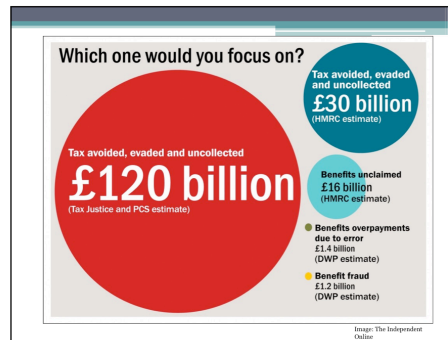
(BMA, 2011)
(Boyd, 2000)

The government estimates £1.2bn per annum in benefits is paid due to fraud, less than 1% of the overall welfare expenditure

£45.5bn per annum is lost in tax-avoidance from the private sector

Image: Daily Express Online
Image: BBC News Online

(National Fraud Authority, 2012)



Welfare Reforms and Mental Health

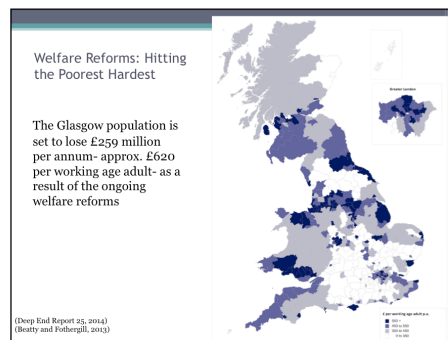
Benefits assessment led to woman's suicide says watchdog

By Eleanor Bradford

GPs are on the front-line responding to the needs of the individuals who are suffering from deteriorating mental health as a result of cuts to their benefits

Image: BBC News Online

(Deep End Report 16, 2012)



The UK Welfare Model

Benefits minimal and highly stigmatised

- Reinforces rigid class structure rather than redistributing wealth between socio-economic classes
- Marginalises individuals who depend upon highly stigmatised social support
- Difficultly engaging with complex system of applications, assessment and appeals for often vulnerable, marginalised patients

Royal College of Psychiatrists - Assessment process is highly stressful and risks to the mental health of patients must be considered

(Esping-Andersen, 1999)
(Royal College of Psychiatrists, 2013)

How much do GPs need to know about benefits?

DWP
Department for Work and Pensions

The benefits system A short guide for GPs



This guide describes the main benefits that GPs should know about in order to be able to advise their patients. It is aimed at GPs but may also be useful for other healthcare professionals. For more information on healthcare professionals in contact with the Department for Work and Pensions, please visit www.gov.uk/healthprof

(DWP, 2013)

Personal Independence Payment PIP

- Replacing Disability Living Allowance (DLA)
- To help with the extra costs caused by long-term ill-health or a disability if aged 16 to 64
- All DLA claimants invited for reassessment as PIP is rolled-out across the UK, benefits stopped if they fail to respond within 4 weeks
- 37,000 Glaswegians will be affected by the change from DLA to PIP
- Vulnerable people will need to be identified and supported as early as possible to ensure they do not fall out of the system
- GPs contacted by ATOS or Capita and asked to complete detailed medical report

(Deep End Report 25, 2014)

Universal Credit

- Replacing the following;
 - Jobseeker's Allowance
 - Housing Benefit
 - Working Tax Credit
 - Child Tax Credit
 - Employment and Support Allowance
 - Income Support
- Single monthly payment per household if partner also receives Universal Credit.
- Concern regarding consequences for individuals in abusive relationships

(Deep End Report 25, 2014)

The Bedroom Tax

- Cuts to housing benefits for those considered to have a spare bedroom
- Affects 660,000 housing benefit claimants living in social housing across the UK.
- 2/3 of households affected by the bedroom tax have fallen into rent arrears



Image: The Herald online

(National Housing Federation, 2014)

Benefits Cap

- £500 per week for couple/single parent
- £350 a week for single people
- Will not apply to people on DLA, ESA (if support component) working tax credit, attendance allowance and war pensions

• Employment Support Allowance

- Replaced Incapacity Benefit
- Ill or disabled people who are unable to work or need personalised help to enable them to work
- Patient may ask GP for a fit note during application/appeal process
- GPs contacted by ATOS and asked to complete a medical report to support a patient's application

• Job Seekers Allowance

- Unemployed people who are available and actively looking for work
- Patient requires fit note if unable to attend the Job-Centre, same process as if they were employed

(DWP, 2013)

• Attendance Allowance

- For people over 65 who have a disability and so need extra help with personal care
- GPs may be asked by patient to complete statement on their application form
- GPs contacted by assessment company and asked to complete medical report

• Carer's allowance

- At least 35 hours a week caring for someone who receives disability allowance (within specific criteria)

• DS1500

- Completed by GP
- For terminally ill patients whose death can be reasonably expected within 6 months
- Applications for benefits fast-tracked

(DWP, 2013)

Social Referring

Should primary care professionals be asking patients about money worries?

Referrals to Money Advice Services

- There are contracts with money advice services in all areas of GGC so that direct NHS referrals can be made.
- Referral forms should be available in every practice.
 - Majority of NHS referrals for long term financial advice and planning
 - Emergency financial situations – patients often directed towards the local CAB or advice-place drop-ins

Money Advice Services

- Over the last 3 years there were over **27,000 referrals** into money advice services from NHS/GGC
- **£32 million** financial gain (£5.5 million from hospital referrals, £26.5 million from community referrals)
- Families with young children gained **£8.5million**

Improving Referrals to Money Advice Services

- **Training for GPs –**
 - How much is needed?
 - How confident are GPs regarding money issues and bringing them up in consultations?
 - How often do these issues arise in consultations?
 - Welfare reforms – keeping up to date
 - Online Emodule on financial inclusion – useful for GP trainees?
- **Making referrals –**
 - Current referrals via paper form.
 - Lothian model – ask patients to make an appointment at reception with money advice worker.

Questions?

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Appendix 4 - Templates for ESA and PIP Forms

ESA

Name and DOB:

Date last seen by GP:

Condition and Date of Diagnosis	Symptoms and Signs	Investigations, management and medication

PIP

Name and DOB:

Date last seen by health professional:

Where and by whom:

1. Disabling conditions

2. History of conditions

3. Symptoms and variability

4. Relevant detailed clinical findings

5. Treatment

6. Effects of the disabling conditions on day to day life

Appendix 5 – Resources for Practice Waiting Room – PIP Notice

NOTICE FOR ALL PATIENTS CURRENTLY RECEIVING DISABILITY LIVING ALLOWANCE (DLA)

If you are currently receiving Disability Living Allowance (DLA) please note that you will receive an invitation from the Department of Work and Pensions (DWP) to apply for Personal Independence Payment (PIP), which is replacing DLA and is currently being rolled-out across Glasgow. You must reply to this invitation from the DWP within 4 weeks, or you risk being sanctioned and losing your benefit. For money advice, contact the Maryhill and Possilpark Citizen's Advice Bureau or speak to your GP who can refer you to this service.

CAB Drop-in times: **Tuesdays and Thursdays 10.00 – 15.30**
Drop-in sessions take place at the **Maryhill CAB:**
25 Avenuepark Street
Glasgow G20 8TS
Telephone: 0141 946 6373