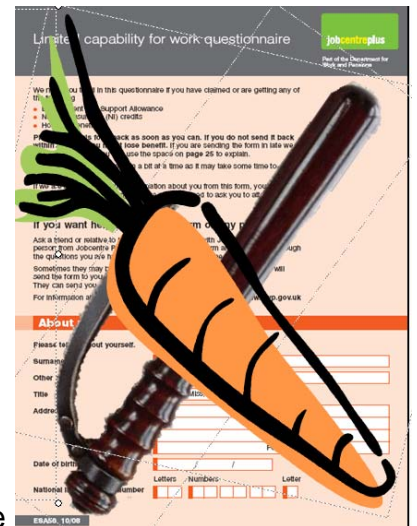


Employment and Support Allowance: Dealing with Interviews Questionnaires and Medicals.

On Monday 7th October Employment and Support Allowance Started (ESA). It is designed to replace Income Support and Incapacity Benefit in one. Because it is a completely new benefit we have no experience in dealing with issues arising, and consequently the only guidance we can offer is guesswork based in our experience DLA, ICB and information from the DWP. With ICB there was first an IB50 form which gave warning that a summons for a medical at Crossgates House would eventually follow. The first member received a summons to a Work Based Interview (WBI) on the 1st November. The letter contains veiled threats that your benefit would stop if you didn't attend and ignores all previous a present benefits, even DLA and previous ICB decisions. Such a letter causes anxiety and ME is made worse by that type of thing. The WBI is actually a assessment of a persons ability to return to work, and is carried out by a Health Professional, who could be a doctor, nurse or physiotherapist.



Support Group First work-focused interview.

The first assessment is to decide if some is ever going to be capable of turning to work. A medical assessment and examination may be involved. It is a mini ESA 50. From the DWP paperwork it is only foreseeable for grade 3 ME/CFS way is a 30 meter walking test as applied in DLA. So unless you have other coexisting conditions terminally ill, or severely mentally ill, you will be deemed assessed as being able to work at some point in the future. Those ill enough to qualify will we left alone, until some other new benefit is introduced.

The **Limited capability for work-related activity** will be carried out at the same time. This looks at whether it is reasonable for the claimant to undertake any work-related activity. If a claimant demonstrates that any one of 46 descriptors applies to them, they will be put into the 'support group', and will not be expected to engage in work related activity, although they can volunteer to do so. Those in the 'work-related activity group' will have to undertake a variety of work-related activities as a condition of continued entitlement to ESA.

A Strategy for Dealing with the ESA

- 1) First decide what grade your illness is form the table. You need to choose the worst part of your day. Ignore periods of remission or good periods. Choose the grade that best describes your circumstances. There are no hard and fast rules. If you suffer from another major co-existing illness like Arthritis, Diabetes or Cardiovascular Heart disease asthma, multiple chemical sensitivity, OR are receiving hospital treatment or specialist clinic like mental health or pain control OR are using medical appliances or prosthetics, choose a higher grade.
- 2) Learn as much as you can about ME/CFS and how it applies to you. We have a table which should help you to fill out a ESA 50, and/or questions that will be asked.
- 3) Work out your Chances of recovery. From the table on page xxx
- 4) Prepare for the interview. A summary of questions and topics, with possibly defensive answers is on page xxx
- 5) Get help from a welfare rights advisor, don't fill out the ESA from yourself without advice. Do not attend any Medical or Interview without a chaperone.

At the time of write (November 2008) this is the best information we have. As experience is gained, we be able to update guidance. The tables on the following pages are for ME/CFS only—please not use them as the final authorities word. With experience, our guidance will change..

Summary of the assessment.

Jargon Butser Healthcare Professionals (HCPs) trained in the principles of Disability Analysis. in their training and in performing Work Focused Health Related Assessments (WFHRA)

An overall summary of the report should be cover:

- What the claimant enjoys
- Functional limitations
- Health Beliefs
- Other things that prevent work
- Future aspirations
- What the claimant feels is needed for health and return to work

If there were no further additional management of the claimant's condition, what is likely to happen?

- Become more significant
- Improve
- Fluctuate
- Be severe
- Be enduring
- Unable to predict

The opinion must be based on the claimant's current overall condition, drawn from information

obtained . Health and workplace interventions that may assist a return to work include any reasonable health and workplace interventions that may assist in a return to work, must avoid being too specific or prescriptive in this area as they are not in possession of all the clinical information. The opinion is based on such should be suggestions only. It is the responsibility of the PA and claimant to agree a management plan together. It is still the responsibility of the clinician involved in the intervention (e.g. physiotherapist) to make the final decision as to the suitability of this intervention for the person. The HCP should provide fairly general advice such as:

- Improved understanding of the condition
- Health interventions
- Psychological support
- Expert Patient Programme
- Physical exercise
- CMP
- Physiotherapy
- Occupational therapy

The many issues such as how to get to work and get around in work, as well as workplace adaptations and specific aspects of work organisation should be considered. Any suggestions must be consistent. The HCP is asked to give an opinion regarding return to work.

Within 6 months OR More than 6 months

This is not a prognosis of the medical condition or work related activity; but an opinion. Most ME's are likely to be within the 'more than 6 months' category.

An example case:

A lady enjoys her role caring for children, and would like to consider work perhaps in the future when the children she cares for are all at school. Enjoys painting and drawing in her spare time. She has never gained any formal qualifications, but has considered the possibility of trying to obtain the necessary qualifications to allow her to pursue child minding as a career or would like to further develop her interest in art, perhaps through night school classes. She feels her mental health condition causes her problems with concentration and dealing with the public in busy places. She feels she would be unable to return to her previous job as a shop assistant due to her mental health condition. She feels her medical problems may be helped by different medication or some form of counselling or anxiety management. She also feels it would help her back to work if she could have help with her childcare responsibilities while she studied for her qualifications. She thinks that she would be overwhelmed with significant responsibility at work

Possible work place adoptions :

- Buddy systems
- Flexible working hours
- Working in a quiet environment
- Working on the ground floor
- Provision of lifting aids
- Ergonomic assessment
- Suitable toileting facilities
- Working from home
- Transport such as taxi to work

ME/CFS grading based in the Finley and NICE systems

<u>Grade</u>	<u>Descripti on</u>	<u>Ability of Patient</u>	<u>%</u>	<u>DLA</u>	<u>Daily Personal Minimal Care</u>	<u>Home Life</u>	<u>Quality Leisure Time</u>	<u>Work Ability</u>
0	Normal	Lives a 'normal' life.		None	Normal	Normal	Normal	Full time
1	Mild	Mobile and self caring and able to manage light domestic and work tasks, with difficulty	25-33%	Low Rate Mobility	Can cope with Personal care, but rationed.	Trade off against work.	May be severely rationed	Part time
2	Moderate	Reduced mobility and restricted in all activities of daily living, often having peaks and troughs of ability, dependent on degree of symptoms. Usually stopped work or limited capacity, requiring many rest periods.	50–60%	High Rate Mobility Low Rate Care	Rationed personal Care	Rationed	Often Minimal	Some possible in protected environment or maybe from home in certain circumstances
3	Severe	Will be able to carry out minimal daily tasks, i.e. face-washing, cleaning teeth, has severe cognitive difficulties and is wheelchair-dependent for mobility. Often unable to leave the house except rarely.	25%	High Mobility Middle Rate Care	Many need intervention from others. Personal Care and meals	Minimal	Some but severely restricted	Occasional voluntary when and if able with support and protected environment
4	Very Severe	Unable to mobilize or carry out any daily task for themselves. Bed-ridden the majority of the time.	1-2%	High Mobility High Rate Care	Needs intervention from others 24/7	Zero	Zero	None

The chances of recovery based on Leger ME Experience

History

Most Common Outcome

Child or Young adult acute onset	Expect Peak at around 18 months, full recovery possible in 3-5 years, but may not be complete.
Middle age Adult, acute onset	Expect peak at 2 years, and slow, partial or incomplete recovery.
Older acute onset	Expect peak at 2 years, with incomplete recovery influenced by age.
Insidious Onset	Expect the condition will become chronic with poor chance of full recovery.
Long established ME/CFS or duration > 4 years	Chronic, lifelong, may be periods of remission or relapse
Pre-existing Atopic disease history e.g. multiple allergies, asthma, psoriasis eczema	Expect partial recovery after 2 years, with the condition becoming chronic, and following the peaks and troughs of the atopic disease.
Later life or age related conditions cardiovascular, arthritis, diabetes.	Expect partial recovery, and chronic common shared symptoms more severe than would be expected for th eage related condtion.

ESA2 Descriptors From April 2011

	<u>ESA 50/2</u>	<u>ME/CFS issues</u>	<u>Grade 2</u>	<u>Grade 3</u>	<u>Grade 4</u>
1)	Moving around & using steps	Pain, dizziness tremor, muscle weakness rebound, cognitive, confusion.	<200 meters (6)	<50 meters (15) <100 meters (9)	<50 meters (15) No Steps (15)
2)	Standing and sitting.	Pain, dizziness stiffness discomfort. muscular weakness	Cannot sit for most of the time (6)	Sit <30 minutes (9)	Sit or stand < 10 minutes(15) Can't rise or move
3)	Reaching.	Pain, muscle weakness, limited movements, involuntary jerks		Above head(6)	Top pocket (15) Put on hat (9)
4)	Picking up and moving things.	Clumsiness, manual dexterity, weakness tremor, fasciculation, myoclonus	Light bulky object (6)	Litre liquid(9)	Pint liquid (15)
5)	Manual dexterity.	Clumsiness, manual dexterity, weakness tremor, fasciculation, myoclonus		Modified Keyboards(6)	Meaningful mark(9) Buttonton, coin or book (15)
6)	Communicating with people	Pausing mid sentence, forgetting or can't find right word. talk out of context		Stranger some difficulty (6)	Strangers significant difficulty (15) Can't convey simple messages(15)
7)	Other people commutating with you	Hyperacusis, competing noise, concentration		Has difficulty in understanding simple message from stranger (6)	Can't understand or has difficulty understanding simple message (15)
8)	Getting around safely	Photophobia, eye fatigue quickly, loose ability to focus, glasses don't help		Can't Navigate unfamiliar places (9)	Can't get around with help from another person (15)
9)	Continance	Leaking, wearing pads	Caught short 1x monthly (6)	Caught short 1x monthly (6) Caught short 1x weekly (15)	Caught short 1x weekly (15) No control(15)
10)	Staying conscious while awake	Drowsy in a morning. sleep during day. absences	1 weekly (15) 1 month (6)	1 weekly (15) 1 month (6)	1 weekly (15)
11)	Learning how to do tasks	Attentions span limited Confusion, without awareness, aphasia		Can operate washing machine (6) Cant learn to et alarm clock(15)	Cant set alarm clock(15)
12)	Awareness of hazard or danger.	Concentration span limited. Inna appropriate Automaton action	Needs supervision occasionally(6)	Needs supervision daily (9)	Needs supervision majority of time(10)
13)	Initiating action	Sleep morning or during day Short terms memory. Fatigue limits ability to complete tasks. May avoid activities. EMS, and later fatigue kicks in	Cant do 2 sequential frequently (6)	Cant do 2 sequential some of time(9)	Cant do 2 sequential actions(15)
14)	Coping with change.	Early Morning Stiffness. Not easy to learn new behaviours disruptions	Can't cope minor planned changes (6)	Can't cope minor changes if planned (9)	expected changes (15)
15)	Going out	Anxiety, dizziness, fatigue if driven		Cannot get to a familiar place without supervision (6)	Cannot get to specified without accompaniment (9) Cannot get to familiar place(15)
16)	Coping with social situations.	Fatigue, pacing strategies don't dress, Anxiety, phobia. concentration	Social engagement sometimes not possible with strangers (6)	Social engagement preclude /distressing (9)	Precluded (15)
17)	Behaviour appropriately with other people.	Usually depressive, and phobia. tend to be irritated. Sleep	Occasional disinhibited workplace behaviour (9)	Uncontrolled unreasonable behaviour (15)	Uncontrolled unreasonable behaviour 7/7 (15)

<u>Question</u>	<u>Topics to be Discussed</u>	<u>Defensive Response</u>
1) How do you see your future, from a health and work point of view?	Acquiring new skills, training/retraining, voluntary work, or education. Previous job changing occupation. Exploring beliefs about work, health beliefs, general acceptance, coping with illness	Work aggravated ME. unreliability , health and safety issues is in issues.
2a) What activities do you currently enjoy, what may help your health and work prospects?	General activities (housework, family, Childcare), socialising, services , hobbies (those no longer pursued), gardening, use of computers. particular subjects, leisure time, sports. voluntary, permitted work, charity activities, Education	Don't (hobbies could work). Health problems limitations are persistent. Most people with ME stop socialising & hobbies first.
2b) What activities would you like to do in the future, that may help your health and work prospects?	What activities would you like to do in the future, what may help your health and work prospects? new hobbies or interests, but may also include discussion about acquiring new skills, training/ retraining, voluntary work and education.	We like to get back to a full normal life, tradeoffs have to be made. The biggest stressor is pressure from work.
3) What activities would you like to do, what may help your health and work prospects?	Rehabilitation, including symptom or health improvement. Practical support such as help with childcare, transport or housing issues Careers advice Financial support such as help with travel costs or help with dealing with debt Access to work related equipment	There a no options as there is no cure or control for my condition
4a) What impact do you feel your health has on your daily life?	Getting about and self care , Communication ,Social interaction. ,Ability to manage their own affairs, diet and nutrition. pain on mobilising, and driving limited to local driving now. mental health limits them socially. Don't like crowds and get panicky in busy places. They feel anxious about meeting new people and only feel comfortable in their own environment.	DLA mobility because of limitations. Devastating, Short term memory, Aphasia Morning stiffness, Daytime sleeping or drowsiness Pain. Substance sensitivity
4b) Do you receive any help or support from other people with regard to your daily life?	Support received, psychosocial aspects, managing a household, or actual physical support help with bodily functions, or perhaps emotional support such as prompting. supported housing, level / type of support they require, alarms are provided, shopping, provision of meals, help with finances, mail etc.	Use of a carer paid or unpaid A current DLA award says you can't care for yourself and need help from other. Mental health issues
4c) What sort of caring of responsibilities do you have?	Caring for oneself, children or older relatives .	Self care is first priority, then balance responsibilities. Caring is work.
5a) What impact do you feel your medication has on your daily life?	Is it helpful, or makes things worse? (e.g. relief of pain after taking pain killers) including how long the medication takes to work and how long it lasts for. Side effects and reduction	No cure, palliation only. Pain killers, antidepressants, sleeping tablets may cause dizziness or drowsiness
5b) What impact do you feel your overall treatment has on your daily life?	Assessment of treatment, physiotherapy, osteopathy, cognitive behavioural therapy, and counselling as well as complementary and alternative treatment. Positive and negative impacts	For grade 1, CBT and GET may help, but are unrealistic for grades 2+ as they r are dangerous. Pacing works.
6) Are you trying other ways to help yourself get better or move towards work?	lifestyle modification, complementary or alternative therapies. Life style modifications, dietary changes, regular exercise and smoking cessation. Complementary or alternative therapies may include homeopathy, acupuncture, aromatherapy, reflexology or massage. OTC medications Expert Patient Programmes.	Yes, but they are not working or cure . Lifestyle modification is a pacing or coping strategy
7) What other help that you have had in the past or are currently awaiting that would help get you back into work?	Treatment and investigations (past treatments, current, future). appointments pending, management plans specialist, referrals ,educational needs assessment , physiotherapy, complementary therapy, hydrotherapy, psychological therapy.	No current treatments is NOT a acceptable answer. Abstention is pacing Medicines, ,therapists & special clinics
8) Do you feel that you have the right support that you need to help you find work? .	Equipment or transport. practical support, Communication. internet access or computer use. Social support, household managing, responsibilities Volunteering and confidence building, retraining, work trials and work placements.	No, because there is no cure or support. Work made my condition worse, and would do if I returned.
9a) Is there anything that would help you to move towards work, or work related activity?	Equipment, workplace solutions: i.e. adaptations to suit specific needs, training, flexible hours, re-training, considering alternative work, Communication, specialist employment support. Counselling.	The NHS, NICE or the government only giving lip service to the condition. Urgently need better services
9b) Is there anything that would help you to return to your most recent job?	Reasons for leaving previous employment changes enabled ting to remain at work. If the claimant felt that changes could have been made, discuss what they would have been	<u>A cure !!</u>

Others ideas Issues Ideas ...

No treatment

Pacing only disease modifying

Pain control

Rebound

complication

MCS

Forensic examination treated as such Statement from GP

Work ability

Permanency

Make for rest of day

Avoid activities at medical

Worry stiff 224 hours before

Stress out for day

Rebound

Argue corner not be pushed around challenge.

Not prepared to be do anything that nmakes you work ...

Avoid sergeant major

Work Based Interview Questions

1) How do you see your future, from a health and work point of view?

Well that does clearly depend on the person's severity of the illness.

2) What activities do you currently enjoy, thinking particularly about what may help your health and work prospects?

Yoga, meditation, relaxation, CBT, GET, course on life skills, pacing

3) What activities would you like to do in the future, thinking particularly about what may help your health and work prospects?

Doing some volunteer work,

4) What impact do you feel your health has on your daily life?

Need to rest for long periods of time between mental and physical activities hence get little done compared to what I used to do. Can only talk to people for a short time. Can only walk short distances. Cannot tolerate chemical smells, bright light, noises.

5) What impact do you feel your medication has on your daily life?

Very individual like having to take amitriptyline – drowsy in the mornings

6) Are you trying other ways to help yourself get better or move towards work?

Quoting private therapies a person may do – reflexology, massage, etc

7) Can you tell me about any other help that you have had in the past or are currently awaiting that would help get you back into work?

Attending Fairlawns or any other treatments

8) Do you feel that you have the right support that you need to help you find work? For example, equipment or transport.

Not ready yet for work but equipment & transport would not solve the problem of feeling ill, fatigued dizzy disorientated pain etc