

## Severe Conditions Guidance

1. Under the LCW/LCWRA clinical procedures Healthcare Professionals (HCP) are required to provide advice on the re-referral period or prognosis as part of an assessment.
2. When considering prognosis or re-referral period, the HCP has to consider whether the condition or its functional effects are likely to improve. This may be due to the natural resolution of the condition, or improvement with treatment, with adaptation or with the use of appropriate aids and appliances.
3. The approved HCP should provide this advice based upon their assessment of the claimant, their knowledge of the natural progression of the identified medical conditions, and the time they feel a claimant may need to adapt to their condition.
4. HCPs currently are able to provide reassessment advice for 3, 6, 12, 18, 24 months or 'in the longer term'. In practice DWP policy meant that where a re-referral period of 'in the longer term' had been agreed by a DWP Decision Maker, the claimant be re-referred for a further WCA in 3 years if in the Support Group, or 2 years in the Work-Related Activity Group, and the equivalent Universal Credit (UC) groups.
5. However, there is an acceptance that this approach does not work for all claimants. There will be a small number of those for whom their health condition or disability is such that there can be no realistic expectation that they would move towards work or take part in work-related activity at any point in the future. To that end, in October 2016, the Secretary of State announced that the Department would stop reassessments for claimants in the ESA Support Group/UC LCWRA Group (those with Limited Capability for Work-Related Activity) with the most severe and lifelong health conditions or disabilities for whom reassessments are likely to provide no further new information.
6. The new re-referral period will apply to those with LCWRA ONLY. If a claimant has LCW but not LCWRA, the process remains as now.
7. The principles behind this change are to:
  - Reduce any unnecessary disruption caused to claimants by a repeat assessment when we do not expect re-assessments to tell us anything new for the purposes of administering their benefit.
  - Reduce the burden placed on claimants to continue to produce evidence confirming the impact of a health condition or disability
  - Reduce the need for the Department or CHDA to conduct unnecessary assessments when resource could be better focused.
8. The Department has set out the criteria for when to apply the new severe conditions re-referral period. This can be applied at filework and following a face-to-face assessment.

## **CRITERIA**

9. ONE of the following Functional Support Group (LCWRA) criteria must be met:

- Mobilising 50m
- Transfer independently
- Reaching
- Picking up and/or moving
- Manual dexterity
- Making yourself understood
- Understanding communication
- Weekly incontinence
- Learning tasks
- Awareness of hazards
- Personal actions
- Coping with change
- Engaging socially
- Appropriateness of behaviour
- Unable to eat / drink / chew / swallow / convey food or drink

10. If ONE of the above criteria is met, ALL FOUR of the following criteria must also be met:

<b>Criterion</b>	<b>Description</b>	<b>Examples of conditions that might meet the criteria</b>	<b>Examples of conditions that might not meet the criteria</b>
<b>The level of function would always meet LCWRA</b>	The level of function would always meet LCWRA criteria	Motor Neurone Disease (MND), severe and progressive forms of MS, Parkinson's, All dementias, All chromosomal conditions, Huntington's, severe irreversible cardiorespiratory failure, severe acquired brain injury ...this list is not exhaustive	Conditions which might be severe at times but recovery of function might be present for substantial periods, such as recently diagnosed relapsing non-progressive forms of MS or some people with less severe mental health conditions with periods of reasonable function
<b>Lifelong condition, once diagnosed</b>	The condition will always be present. Some lifelong conditions are present from birth, but others will develop or be acquired later in life		Conditions which might be cured by transplant / surgery / treatments or conditions which might resolve. This should be based on currently available treatment on the NHS and not on the prospect of scientists discovering a cure in the future

<b>No realistic prospect of recovery of function</b>	Advice on this should be based on currently available treatment and not on the prospect of scientists discovering a cure in the future	As per criterion 1	A person within the first 12 months following a significant stroke who may recover function during rehabilitation , so whilst the condition is lifelong, function might improve
<b>Unambiguous condition</b>	They have been through relevant clinical investigation and a recognised medical diagnosis has been made		Non-specific symptoms not formally diagnosed or still undergoing investigation

11. If all of the above and any of the LCWRA criteria are met, advise the decision maker that the claimant has a Severe Condition and has LCWRA.
12. As per filework guidelines request further evidence if it is possible that one or more of the LCWRA criteria might be met but the information has not been provided.
13. Any request for further evidence should be based on indicators in the clinical information available to you.
14. Where further evidence is considered necessary to enable advice regarding review or no review for a longer term prognosis further medical evidence review should always be chosen. As per current process only one request for written medical evidence should normally be made and at review only one telephone attempt to chase the evidence is required. If the claimant or their representative needs to be contacted for further evidence then a maximum of two telephone calls should be made. These should be documented on an FRR4. If the evidence is not available, you cannot advise that the claimant has a Severe Condition and normal filework case control action applies.
15. Filework HCPs should not default to calling a claimant to an assessment if the evidence required to meet the criteria is not available. If at filework a HCP feels that enough evidence is available on which a LCWRA 'in the longer term' recommendation can be made, but is unable to make a recommendation based on the Severe Conditions criteria, the advice is that they do not seek to call for exam but instead make a paper-based recommendation that change is not expected 'in the longer-term'. The reason being that DWP believes that to increase the burden on this group of claimants would be unnecessary and go against the spirit of the policy announcement.
16. If none of the criteria are met, continue with normal case action.
17. An HCP's default position should be that a future review is required. If you are certain that the evidence indicates that a claimant meets the Severe Conditions criteria, and a future review is therefore not required, this should be fully justified.