

Choosing an appropriate review period Guidance

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Introduction

1. This chapter covers the topic of setting review periods for Adult Disability Payment (ADP).
2. This chapter provides guidance on:
 - deciding whether or not an award of Adult Disability Payment should have a review date
 - setting the award review period (if any)
 - under what circumstances an indefinite award (award without review period) would be appropriate.
3. Case managers should read this chapter together with the Principles of Decision-Making chapter. It sets out the principles and the legal context that underpin decision making in the Scottish social security system.
4. This chapter also relates to the Scheduled Reviews and Unscheduled Reviews and Determinations without Applications chapters.

Principles of choosing a review period

5. Awards of disability assistance do not have a fixed end date after which clients have to re-apply for disability assistance.
6. Individuals who have a terminal illness will not have a scheduled review of their entitlement.

7. In all other instances, when making a determination of entitlement for Adult Disability Payment, a case manager may choose to do one of the following:

- set a review date based on when the individual's circumstances are likely to have changed
- not set a review date, as it is highly unlikely that the individual's circumstances will change¹.

8. We expect that the majority of individuals who qualify for Adult Disability Payment will have an award review date. In most cases, it will be appropriate to set a review date because it is likely that the impact of the individual's condition on their level of needs may change with time.

9. The Scottish Government has committed to longer periods between award reviews for individuals whose condition is unlikely to change. There should be at least a minimum of five and a maximum of ten years between award reviews for these individuals.

10. Generally, review periods should be at least 24 months long. The overriding objective is to ensure that no individual is subject to unnecessary reviews for disability assistance.

11. For individuals whose condition is broadly stable but may be subject to minor changes, a longer reviewed period of a minimum of five years and a maximum of ten years may be appropriate.

12. There will be a small number of individuals whose condition is such that they are entitled to the enhanced rate of both the daily living and the mobility component of ADP and their significant level of need is either:

- highly unlikely to change in the long term
- only likely to increase.

13. The individual must be entitled to receive the enhanced rate of both daily living and mobility components before the case manager can set an award without a review period. These awards are called indefinite awards.

14. For individuals in these circumstances, not setting a review is appropriate because it:

- reduces the potential for stress and anxiety caused to the individual by repeated reviews of their payments
- avoids placing an unnecessary burden on the individual to collect supporting information to confirm the impact of their condition
- manages the impact on Social Security Scotland by reducing unnecessary reviews.

¹ ADP Regs, reg. 37

Why do we set a review date?

15. Reviewing the individual's entitlement helps to ensure that they are receiving the correct rate of Adult Disability Payment and are not being under or overpaid.

16. For example, if the individual has surgery planned for the near future which would be expected to significantly impact their level of need, a review at a point following the anticipated recovery period after surgery might be appropriate. For more information refer to the guidance on planned treatment or surgery.

17. Some conditions are likely to change over time, so a review may be appropriate to see whether the individual might be entitled to a different rate of Adult Disability Payment in the future.

18. For conditions unlikely to see significant changes in overall impact, this might suggest a longer period between reviews.

19. Small changes in the individual's condition might make a significant difference to their overall level of entitlement for Adult Disability Payment, depending on the score for each activity awarded by the case manager for the daily living and mobility components. This should not prevent a case manager from setting a longer review period, as the individual can still ask for an unscheduled review if their circumstances change.

Relevant considerations

20. It is important to recognise review dates should be set according to the needs of each individual. Although some conditions might suggest a longer review period (or none at all), case managers should make a decision based on the information available to them relating to the individual.

21. When deciding the review date, the case manager should have regard to all of the following:

- the application form or review form completed by the individual
- any supporting information provided by the individual, or collected by Social Security Scotland
- (if applicable) advice from a Social Security Scotland practitioner
- (if applicable) the consultation report supplied by a practitioner
- (if applicable) information received from DWP when an individual's entitlement to PIP is transferred to Adult Disability Payment.

22. Where there is more than one condition, the case manager should take into account the effects of all of the conditions. This should also involve considering how those conditions interact with each other.

23. If the supporting information does not provide a case manager with this level of detail, it may be appropriate to consider one of the following:

- seeking a case discussion with a practitioner

- inviting the individual to take part in a consultation but only if there is no other practicable means of obtaining this information.

24. The following factors are all relevant in setting an award review date:

- the age of the individual
- the level of award
- whether there is likely to be an improvement or deterioration in the individual's condition or the impact it has on the individual
- how long the individual has had their condition
- whether the supporting information suggests further treatment or surgery is scheduled or likely in the future
- the anticipated progress of the underlying condition.

Age

25. The age at which an individual first develops or experiences their condition may also be relevant to their ability to adapt to that condition and therefore whether their needs are likely to change in time.

26. For example, it might be reasonable to expect that a 25-year-old in good health, who loses their left leg in an accident, might adapt to this. They may be able to adapt quickly to using a prosthetic leg and benefit from intensive physiotherapy.

27. However, a 60-year-old individual with other conditions such as:

- being overweight
- having diabetes
- having a number of respiratory conditions

who loses their leg because of complications from diabetes is more likely to face a longer-term needs.

28. It should be noted that it is impossible to be prescriptive about the effects of age in each case. Case managers should be cautious about assuming that an older individual is likely to have longer-term needs than a younger individual.

29. If a case manager is unsure about whether the individual's age is more likely to give rise to longer-term needs, they should consider requesting a case discussion with a practitioner.

Level of award (enhanced rate of both components)

30. Apart from individuals who are terminally ill, there is no automatic process to make an indefinite award (i.e. an award without a review period), simply because the individual is entitled to the enhanced rate of the daily living and mobility components. Case managers should still consider all of the supporting information in deciding whether or not to set an award review period.

Single or multiple conditions

31. In the case of a single condition, it may be relatively easy to understand if the individual's condition is unlikely to change.
32. Where the individual has multiple conditions, it may be much more challenging to assess the likelihood of a change in their level of need.
33. If the case manager is unsure about whether the individual has one or more conditions that are likely to change, they should consider requesting a case discussion.
34. An award without a review period may not be appropriate if one or more of the individual's conditions is likely to change.

Duration of condition

35. There is no requirement that an individual must have had a condition for a certain period of time before they may be eligible for an award without review. However, the individual must satisfy the backward and forward tests.
36. In some cases, the condition itself is likely to be so severe and enduring that it is appropriate to make an award without review on the individual's first application for assistance.
37. Alternatively, it may be that the individual has tried a number of treatments which have not lessened the impact of their condition. This would again suggest an indefinite award is appropriate.
38. In other cases, the condition may be affected by a planned course of treatment or surgery, or may change in impact as the individual adapts to it. In which case it is less clear that the individual will not experience any changes.

Planned treatment or surgery

39. If the supporting information suggests that the individual is likely to have a planned course of treatment or surgery that is expected to improve their overall condition, case managers should schedule a review after this, taking into consideration the recovery period and possible rehabilitation.
40. Where the individual has multiple conditions, it is likely that planned treatment or surgery may not improve their overall level of need. Case managers should therefore consider carefully the extent to which any treatment or surgery will likely change the individual's overall level of need.
41. In the case of planned treatment, this may take place over a period of days, weeks or months. The review date should be a reasonable time after the planned treatment ends.

42. In the case of surgery, the review date should be a reasonable time after the surgery is due to take place (including time for any recovery).

43. What is reasonable will vary in every case, depending on the complexity of the treatment or surgery. It will also depend on whether the individual has any other health conditions, as well as whether any complications are common for a time after either.

44. If the case manager needs guidance on likely recovery times, they should request a case discussion with a practitioner.

Natural progress of the underlying health condition

45. Case managers should take into account the prognosis of the individual's condition, if it is mentioned in any supporting information.

46. It is important to remember that the typical features of a health condition might not apply to every individual. The presence or absence of these features may still be relevant to the award review date, as a case manager should set the review date when needs are likely to change.

47. If it is unclear what the natural progress of a health condition may be, case managers should consider whether a case discussion may be useful.

Setting a review date

48. When setting a review date, the review should be scheduled to take place at the point by which the individual's needs could be likely to have changed.

49. There is no specific guidance for individual conditions. Review dates should be set at the point where there is a reasonable expectation that the individual's condition may have changed, such that a review of their entitlement may be appropriate.

50. Case managers should instead consider all of the available supporting information in reaching a decision. If a case manager is unclear as to the likely prognosis of a particular condition, they should consider requesting a case discussion with a practitioner.

51. If an individual's level of need is either:

- unlikely to change;
- highly unlikely to change, but they do not meet the criteria for an indefinite award as they are not entitled to the enhanced rate of both the daily living and the mobility component,

the case manager should consider setting a review date between five and ten years. Case managers may be justified in choosing a review period closer to ten years, particularly where it is unlikely that the individual's condition is likely to change.

52. A review period of 24 months should be chosen when it is likely that the individual's condition will change in the near future. This might be due to, for example:

- the individual becoming able to manage their condition more independently
- the individual's condition improving
- treatment being expected to reduce the impact of the individual's condition(s).

Example: an individual's award of ADP will be reviewed in 24 months

John is 43 years old and 6 months ago was involved in a car accident. He sustained a spiral fracture of his left leg, which has affected his movement. Due to the severity of the injury he underwent surgery and had to have his leg supported in a surgical cage.

John has started physiotherapy and manages his pain with the use of strong pain medication. The case manager determines that due to the expected improvement with spiral fractures (18-24 months) and the likely improvements in his overall condition, a 24 month review would be appropriate.

53. Case managers can set review periods of less than 24 months when it is clear that the individual's condition will change sooner. Case managers should consider the information in the application form and the supporting information to:

- understand the individual's prognosis
- decide if a short review period is appropriate.

For example, this could include information on scheduled treatments.

54. Case managers may set a review period under 24 months when the individual's condition is likely to change significantly before the 24-months mark. For example, this could be due to one of the following having a significant impact on the individual's needs in less than 24 months:

- scheduled surgery planned beyond the longest possible time period for delaying a review
- scheduled, staged corrective surgery
- the individual recently starting new treatment likely to have a significant impact on their needs
- the individual soon completing treatment likely to have a significant impact on their needs once recovered
- it being difficult or impossible to anticipate how the individual's needs will develop between 26 weeks and 24 months from now. This could be due to a degenerative condition where the individual's needs are expected to increase but the pace of change is unclear.

- the individual soon beginning a new phase in their life likely to have a significant impact on their needs, for example moving into adapted accommodation.

This list is not exhaustive.

55. Setting a review period of under 24 months may be appropriate if it is impossible to anticipate how the individual's needs will develop beyond that time.

Example: an individual's award of ADP will be reviewed in 12 months

Oakley is 21 years old. They were diagnosed with anorexia nervosa at age 17 and have been under the care of specialist psychology and dietetics services. Oakley is making positive progress and has been slowly gaining weight, but they continue to require prompting with preparing food and taking nutrition. The impact of Oakley's condition means that they are experiencing fatigue and lack of energy because of limited nutrition.

The supporting information obtained from dietetics indicates Oakley is making good progress and will likely be discharged from the service in the next six months. The supporting information also suggests that input from physiotherapy and occupational therapy has been focused on helping Oakley to pace themselves and manage their fatigue. The case manager determines that it would be appropriate to review Oakley's award in 12 months, as it is important to see if Oakley can maintain a stable weight and begin to manage these activities without prompting.

Example: An individual's award of ADP will be reviewed in 12-18 months

David is 54 years old and 8 months ago he had a stroke. He was admitted to hospital for 10 days where he received clot-busting medication. David has been left with right side weakness to his arm and leg.

David has been attending physiotherapy and has been making progress with strengthening and moving his right arm and mobilising. After discharge from hospital, he continues to see the physiotherapist once weekly for strengthening exercises to the right arm and leg and there has been an improvement. The consultant has advised that with the progress David is making in physiotherapy, there should be significant improvement in the next 12 to 18 months. The case manager determines that due to the expected improvement in David's condition, a review in 18 months would be appropriate.

56. The case manager should select a review period between 24 months and five years if the individual is likely to experience change in their level of condition.

Example: An individual's award of ADP will be reviewed in 4 years

Sarah is 36 years old with a diagnosis of sciatica and has a number of daily living and mobility needs. She has had surgery but it was not completely

successful. Sarah attends the pain clinic every month and continues to be under review by the specialist consultant every six months.

Sarah has been advised of further surgery she will need to have and has been placed on the surgery waiting list. The consultant specialist is hoping she can have the surgery in 1-2 years as this is the current waiting time. After the surgery Sarah will need time to rehabilitate for 6-9 months. She will need to have intensive physiotherapy for a further 6-9 months where there should be improvement in her condition.

The case manager determines that a review in 4 years would be appropriate after taking into account:

- the waiting time for surgery
- the recovery period
- the treatment post-surgery.

Example: An individual's award of ADP will be reviewed in 10 years.

Daniel is 19 years old and has a diagnosis of autism and anxiety. He attended a specialist school and had support in all lessons due to his sensory overload and anxiety symptoms. Daniel had difficulties and made slow progress in a classroom environment due to noise and other students around him.

Daniel has left school and now lives in a residential supported living establishment due to the difficulties he would have living alone. He has found this to be very difficult and finds it hard to engage with his support network and the other residents he lives with. Daniel is under the care of the Community Mental Health Team due to his anxiety. He has therapy sessions once every 3 months although he will sometimes not attend these appointments. Daniel is under the care of a consultant psychiatrist who has explained that due to the slow progress being made, he would need ongoing long-term support in order to live independently.

The case manager determines that given the nature of Daniel's condition and the slow progress being made, his condition is unlikely to change. As a result a review in 10 years would be appropriate, particularly given the complexity of Daniel's circumstances and on-going levels of specialist input.

Indefinite awards (awards without a review date)

Where the available information suggests the individual is entitled to the enhanced rate of both the daily living and the mobility component of ADP and their significant level of need is either:

- highly unlikely to change in the long term;
- only likely to increase,

a review date may be inappropriate.

57. In that case a case manager should set an award without a review date. This type of award is called 'indefinite award'.

58. The aim of indefinite awards is to ensure that individuals these criteria apply to receive long-term and adequate support without undergoing unnecessary reviews, when it is reasonably expected that their awards will not change.

Setting indefinite awards

59. Whether the needs of an individual with a lifelong condition are highly unlikely to change depends on a range of factors, including:

- The conditions the individual might have
- The views of the individual
- Their age
- The duration of their condition
- Any planned or likely treatment or surgery.

This list isn't exhaustive.

60. In order to make consistent, fair, and appropriate decisions about indefinite awards, it is essential that case managers consider all of these factors to build up a holistic picture of the individual's circumstances and the likelihood of their needs changing over time.

61. This makes decisions on indefinite awards highly complex. Case managers should request a case discussion in all cases before making an indefinite award.

Natural progress of the underlying condition

62. Considering an individual's conditions and understanding how they are likely going to be impacting the individual over time is one of the important factors to consider during this decision-making process.

63. Conditions can be categorised according to their likely progression over time. Considering this is important when making a decision on whether or not setting a review period might be appropriate.

Fluctuating conditions

64. Case managers should allow for short-term periods of change in the level of need, if the individual has a fluctuating condition. If the individual's needs are highly unlikely to fluctuate beyond what can be expected based on their condition the case manager should consider giving an indefinite award.

Example: a lifelong condition that is unlikely to change

Esther is 56 years old and was first diagnosed with schizophrenia at age 26. They live on their own in a rented flat and have current input from mental

health services, who have been providing input for thirty years and takes significant levels of mental health medication.

Esther is supported by twice weekly support sessions from a mental health support worker and daily home care visits. Schizophrenia is a lifelong condition with low probability of full remission, with symptoms remain stable and enduring.

Esther reports that they have learned to live with their condition and their main restrictions are self-care and when they come into contact with other people. Care staff report that they

- need supervision or assistance to either prepare or cook a simple meal;
- will not wash unless prompted;
- will not change their clothing unless prompted;
- are unable to engage with people at all without overwhelming anxiety
- they struggles to deal with financial matters due to this.

The case manager awards the following points for the daily living component:

1(e): 4 points
4(c): 2 points
6(c): 2 points
9(d): 8 points
10(b): 2 points

Care staff report that they can go out on the majority of days, however require to be accompanied due to the symptoms of their condition. The case manager awards the following points for the mobility component:

1(f): 12 points

After seeking input from a practitioner, the case manager identifies that Esther has a lifelong condition, which they have had for over thirty years. Although there are likely to be small changes in need, it is highly unlikely due to the length and nature of condition that their condition will change. The case manager decides it would be reasonable to award an indefinite award based on the likely longevity and complexity of their condition.

Progressive condition

65. A progressive condition is a disease or health condition that gets worse over time, resulting in a general decline in health or function. The term progressive condition is often used to distinguish a condition from a relapsing and remitting condition.

Relapsing and remitting conditions

66. In a relapsing and remitting condition, there is often a period when the condition is stable for a while or is in remission. In contrast, a progressive condition does not have these breaks. Depending on the diagnosis, a progressive condition may progress quickly or very slowly.

Permanent

67. A permanent condition is a condition that will not change and for which there is no treatment or cure. Examples are blindness, spinal injury, or brain injury.

Example: a permanent condition that is unexpected to change

Mohammed has had quadriplegic cerebral palsy a condition caused by a shortage of oxygen to the brain before or during birth. This leads to him being unable to co-ordinate movement in his arms and legs. This is a lifelong condition. Mohammed states in his application that he requires full time care.

He has indicated difficulties under activities 1, 2, 4, 5, 6, and 7 and the case manager awards the following points for the daily living component:

- 1(f): 12 points
- 2(f): 10 points
- 4(g): 8 points
- 5(c): 2 points
- 6(f): 8 points
- 7(c): 4 points

For the mobility activities Mohammed reports that he is able to plan the places where he needs to go, but uses a wheelchair for moving around. The following points were awarded:

- 2(f): 12 points.

After seeking input from a practitioner, the case manager knows that it is highly unlikely that Mohammed's condition will change, therefore it is reasonable that an indefinite award would be appropriate in this case.

68. There is no requirement for the individual to have a terminal illness in choosing not to set a review date. Individuals who have a terminal illness will not have a scheduled review of their entitlement. Special rules for terminal illness awards are ongoing without review. There will be no review period and an individual remains eligible unless they have informed Social Security Scotland that their circumstances have changed. For more information on making a determination on a terminal illness case please refer to the SRTI chapter.

69. It is important that before deciding not to set a review date, the case manager must gather enough information to make this decision. If the case manager incorrectly chooses not to set a review date, this may mean an individual continues to be paid the wrong rate of assistance.

Specific conditions and awards without review

70. In all cases, an individual must be entitled to the enhanced rates of the daily living and mobility components of Adult Disability Payment, before the case manager can consider setting an award without a review period.

71. Case managers should consider whether the individual has a condition on either of the following lists:

- conditions that suggest a review is inappropriate (called Pathway 1)
- conditions that suggest a review may be inappropriate (called Pathway 2)

72. The first list refers to a number of conditions that are likely to mean the individual has a stable level of needs and it is highly unlikely that the individual's condition will improve. Please see the accompanying guidance on this list : Conditions that suggest a review is inappropriate.

73. The second list refers to a number of conditions that potentially mean the individual has a stable level of needs but it is possible that the individual's condition may improve. Please see the accompanying guidance on this list: Conditions that suggest a review may be inappropriate.

74. If the individual has a condition or multiple conditions that do not appear on the list, the case manager should nevertheless go on to consider whether the individual's overall condition is highly unlikely to improve : Conditions that might indicate a review is appropriate but additional factors suggest it might not. This is called Pathway 3.

Conditions that suggest a review is inappropriate (Pathway 1)

75. Some conditions will generally not involve a change in the individual's level of need. These conditions will usually be permanent or progressive.

76. If the individual has one of the following conditions, case managers should consider whether setting a review date is inappropriate:

| |
|---|
| Asbestosis |
| Ataxia - Friedrich's |
| Cerebral palsy - Ataxic |
| Cerebral palsy - Athetoid |
| Cerebral palsy - Diplegic |
| Cerebral palsy - Hemiplegic |
| Cerebral palsy - Other / type not known |
| Cerebral palsy - Quadriplegic |
| Charcot Marie Tooth disease |
| Cortical blindness |
| Cystic fibrosis |
| Deafness - congenital |
| Dementia |

| |
|-------------------------------------|
| Down's syndrome |
| Fragile X syndrome |
| Hemianopia |
| Paraplegia (traumatic) |
| Parkinson's disease |
| Parkinson's syndrome / Parkinsonism |
| Pneumoconiosis - coalworkers |
| Renal failure - acute |
| Renal failure - chronic |
| Retts disorder |
| Spina bifida |
| Tetraplegia (traumatic) |

77. Whilst the individual may have a condition that is listed, the supporting information may indicate that they are undergoing treatment or therapy that may change their level of need. In these circumstances, the case manager should still consider the likelihood of a change based on the available supporting information before deciding whether or not to set a review period.

Example: a lifelong condition that may have changing levels of need

Kellie has a diagnosis of schizophrenia. This condition was first diagnosed age 22. Kellie is 24 years old and lives with her family who support her on a daily basis.

Schizophrenia is a mental health condition that can lead to lifelong impacts for many people, however successful treatment and support can reduce the impact on daily life.

On Kellie's application form, she notes she requires prompting, support and assistance for activities 1, 2, 3, 4, 6, 9, and 10. The following points were awarded:

- 1(e): 4 points
- 2(d): 4 points
- 3(b): 1 point
- 4(c): 2 points
- 6(c): 2 points
- 9(c): 4 points
- 10(b): 2 points

For the mobility activities Kellie reports that she is able to go out on her own. The supporting information indicates that on the majority of days she needs to be accompanied as she would not be able to safely undertake journey's alone due to acting out on pervasive thoughts that attract hostile attention. She reported no difficulty with walking. The following points were awarded

- 1(f): 12 points

The case manager seeks the input of a practitioner. The practitioner advises that schizophrenia is a lifelong condition with low probability of full remission. However there is indication of Kellie responding to treatment, so there is a possibility that she will experience a change in her overall level of need.

As Kellie has been undergoing treatment for only two years and is responding well to treatment, the case manager decides that an indefinite award is not appropriate. The case manager decides that a five year review is appropriate, as treatment may improve Kellie's condition within the medium term.

Conditions that suggest a review may be inappropriate (Pathway 2)

78. Some conditions will potentially not involve a change in the individual's level of need, but for some individuals this may not be the case.

79. If the individual has one or more of the following conditions, a case manager should consider whether the supporting information indicates the individual's needs will not change.

| |
|---|
| Anaemia - Aplastic |
| Achondroplasia |
| Adrenal diseases - Other / type not known |
| Amputation - Lower limb(s) |
| Amputation - Upper limb(s) |
| Amputations - Upper & Lower limb/s |
| Anaemia - Sickle cell |
| Anaemias - Other / type not known |
| Aneurysm - cerebral |
| Aneurysms - Other / type not known |
| Angiosarcoma |
| Ankylosing spondylitis |
| Arthritis - Psoriatic |
| Arthritis - Reactive |
| Asperger syndrome |
| Asthma |
| Ataxias - Other / type not known |
| Atherosclerosis (PVD / Claudication) |
| Autism |
| Autoimmune disease - Other / type not known |
| Autoimmune hepatitis |
| Back pain – Non-specific (mechanical) |
| Back pain - Specific - Other / type not known |
| Bacterial diseases - Other / type not known |
| Bladder - cancer of |
| Blood disorders - Type not known |
| Blood vessels/lymphatics - Other diseases of / type not known |
| Bone - Other cancers of / type not known |

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|---|
| Bowel (colon, rectum, anus) - cancer of |
| Bradycardia |
| Breast - cancer of |
| Bronchiectasis |
| Bronchus - cancer of |
| Buerger's disease |
| Bullous disease - Other / type not known |
| Burns |
| Cancers - Other / type not known |
| Cardiac arrhythmia - Pacemaker/implantable defibrillator fitted |
| Cardiac arrhythmias - Other / type not known |
| Cardiomyopathy |
| Cardiovascular disease - Other / type not known |
| Cataract |
| Cerebrovascular accident (stroke) |
| Cerebrovascular disease - Other / type not known |
| Cervical disc lesion |
| Cervical spondylosis |
| Cervix - cancer of |
| Chondrosarcoma |
| chromosomal syndrome - other type / not known |
| Chronic fatigue syndrome (CFS) |
| Chronic obstructive pulmonary disease (COPD) chronic bronchitis/emphysema |
| Clotting disorders - Other / type not known |
| Club foot (talipes) |
| Cognitive disorder due to stroke |
| Cognitive disorders - Other / type not known |
| Compartment syndrome (Volkman's ischaemia) |
| complications of prematurity |
| Conductive hearing loss - Other causes of / type not known |
| Conductive hearing loss due to Trauma |
| Crohns disease |
| Degenerative neuronal diseases - Other / type not known |
| Diabetic neuropathy |
| Diabetic retinopathy |
| Disease affecting hearing & balance - Other/ type not known |
| Dislocation of the hip - congenital |
| Disturbances of consciousness - Non-epileptic - Other / type not known |
| Diverticular disease / diverticulitis |
| Dystrophia myotonica |
| Ehlers Danlos syndrome |
| Empyema |
| Endocrine diseases - Other / type not known |
| Endometrium (uterus / womb) - cancer of |
| Epidemolysis bullosa |
| Epiphyseal dysplasia - multiple |

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| Extrinsic allergic alveolitis |
| Eye movement - Other disorders of / type not known |
| Eyes - Injuries to |
| Facioscapulohumeral dystrophy |
| Fibromyalgia |
| Fibrosarcoma |
| Fibrosing alveolitis |
| Fore foot pain (Metatarsalgia) |
| Gallbladder and biliary tract - Other diseases of / type not known |
| Gastrointestinal tract - Other cancers of / type not known |
| Gastrointestinal tract - Other diseases of / type not known |
| Generalised musculoskeletal disease - Other / type not known |
| Genetic disorders, dysplasias and malformations - Other / type not known |
| Genitourinary tract - Other cancers of / type not known |
| Giant cell tumour - malignant |
| Glaucoma |
| Glomerulonephritis |
| Granulomatous lung disease and pulmonary infiltration - Other / type not known |
| Haematological system - Other cancers of / type not known |
| Haemochromatosis |
| Haemolytic disorders - Other / type not known |
| Head injury - Cognitive and sensorimotor impairment |
| Head injury - Cognitive impairment |
| Head injury - Sensorimotor impairment |
| Hearing loss - mixed |
| Heart and lung transplantation |
| Heart disease - Congenital - Other / type not known |
| Heart transplantation |
| Hepatic encephalopathy |
| Hepatitis - Chronic - Other / type not known |
| Hepatitis B and D infection |
| Hepatitis C infection |
| Hereditary multiple exostosis (diaphyseal aclasis) |
| Hip disorders - Other / type not known |
| Hodgkins lymphoma |
| Hypermobility syndrome |
| Hypersensitivity diseases - Other / type not known |
| Immune system - Other diseases of / type not known |
| Inborn errors of metabolism - Other / type not known |
| Infections - Other |
| Infections - Other / type not known |
| Infectious diseases - Other / type not known |
| Inflammatory arthritis - Other / type not known |
| Juvenile chronic arthritis (Still's disease) |
| Kidney - cancer of |
| Kidney disease - Other / type not known |

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|---|
| Knee disorders - Other / type not known |
| Larynx - cancer of |
| Learning disability - Other / type not known |
| Leukaemia - lymphoblastic - acute |
| Leukaemia - lymphocytic - chronic |
| Leukaemia - myelogenous (myeloid) acute |
| Leukaemia - myeloid - chronic |
| Leukaemias - Other / type not known |
| Liver - cancer of |
| Liver transplantation |
| Lumbar disc lesion |
| Lumbar spondylosis (OA spine) |
| Lung transplantation |
| Macular degeneration |
| Malformations of the heart - Congenital - Other / type not known |
| Marfan's syndrome |
| Melanoma |
| Metabolic diseases - Other / type not known |
| Metabolic red cell disorders - Other / type not known |
| Mouth/tongue - cancer of |
| Movement disorders - Other / type not known |
| Multiple sclerosis |
| Muscle - Other diseases of / type not known |
| Muscular dystrophy - Becker type |
| Muscular dystrophy - Duchenne |
| Muscular dystrophy - limb girdle |
| Muscular dystrophy - Other / type not known |
| Musculoskeletal disease - Regional / Localised - Other / type not known |
| Myasthenia gravis |
| Myeloma |
| Myocardial infarction |
| Neck disorders - Other / type not known |
| Nephrotic syndrome |
| Neurological disorders - Other / type not known |
| Neuropathies - Other / type not known including peripheral |
| Non-Hodgkins lymphoma |
| Oesophageal varices |
| Oesophagus - cancer of |
| Oesophagus, stomach and duodenum - Other diseases of / type not known |
| Optic atrophy |
| Osteogenesis imperfecta |
| Osteosarcoma |
| Other metabolic and endocrine disorders of musculoskeletal system |
| Ovary - cancer of |
| Paget's disease |
| Pain syndromes - Chronic - Other / type not known |

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| Pancreas - Other diseases of / type not known |
| Parathyroid diseases - Other / type not known |
| Patellar dislocation - Recurrent |
| Pemphigoid |
| Pemphigus vulgaris |
| Peripheral nerve injury - Other / type not known |
| Platelet disorders - Other / type not known |
| Pneumoconiosis - Other / type not known |
| Poliomyelitis and post-polio syndrome |
| Polycythaemia |
| Primary Biliary cirrhosis (PBC) |
| Primary cancer - site not known |
| Prion diseases - Other / type not known |
| Prostate - cancer of |
| Protozoal diseases - Other / type not known |
| Psychotic disorders - Other / type not known |
| Pulmonary fibrosis - Other / type not known |
| Renal transplantation |
| Respiratory tract - Other cancers of / type not known |
| Retinitis Pigmentosa |
| Rheumatoid arthritis |
| Rickets |
| Rotator cuff disorder |
| Sarcoidosis |
| Sarcomas - Other / type not known |
| Schizoaffective disorder |
| Schizophrenia |
| Scoliosis |
| Sensorineural hearing loss - Other causes of / type not known |
| Sensorineural hearing loss due to Trauma |
| Shoulder disorders - Other / type not known |
| Silicosis |
| Skin cancers - Other / type not known |
| specific learning disorder - other / type not known |
| speech or language disorder |
| Spinal cord compression - Other causes of / cause not known |
| Spinal stenosis |
| Stomach - cancer of |
| Sudek's atrophy |
| Syringomyelia / Syringobulbia |
| Systemic lupus erythematosus (SLE) |
| Systemic sclerosis (scleroderma) |
| Testicle - Cancer of |
| Thalassaemia |
| Thyroid diseases - Other / type not known |
| Transient ischaemic attacks (TIAs) |

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| Transplant rejection - renal |
| Tuberculosis |
| Tunnel vision |
| Ulcerative colitis |
| Upper respiratory tract - Other diseases of / type not known |
| Viral diseases excluding hepatitis and poliomyelitis -Other / type not known |
| Vision - Other diseases affecting / type not known |
| Visual field defects - Other / type not known |
| Wilms Tumour |
| Wilson's disease |
| Wrist and hand disorders - Other / type not known |

Conditions that might indicate a review is appropriate but additional factors suggest it might not (Pathway 3)

80. Some conditions might ordinarily suggest that a review of the individual's entitlement to Adult Disability Payment is appropriate. These conditions will not normally be identified as part of Pathway 1 or Pathway 2.

81. However, sometimes the case manager will become aware of additional factors, that when taken together, suggest a review would be inappropriate. In that case they should consider making an indefinite award.

Example

Blair is 48 and works part-time as a volunteer for a charity but mostly from home. Blair completed an application where they report a primary generalised osteoarthritis condition, that they have had for the last 20 years.

This has been complicated by a diagnosis of obesity. They have been in receipt of surgical interventions, physiotherapy, occupational therapy, take multiple pain relieving medication, all of which has had minimal effect. In their application form Blair reports restrictions in activities 1, 2, 3, 4, 5 and 6 of the daily living component.

The case manager awards the following points for the daily living component:

- 1(e): 4 points
- 2(b): 2 points
- 3(b): 1 point
- 4(d): 2 points
- 5(b): 2 points
- 6(d): 2 points

Blair also has a diagnosis of anxiety disorder that does not significantly impact upon their level of need. For activity 12 they report that due to pain and breathlessness, caused by osteoarthritis and obesity they are unable to walk more than 20 meters.

The case manager awards the following points for the mobility component:

2(e): 12 points

Following a discussion with a practitioner, the case manager can see Blair is experiencing a number of severe conditions that affect their ability to complete activities. It is clear that there is not likely to be a significant improvement in their condition. The complex effect of all of their conditions limits their ability to either lose weight or improve mobility, whilst symptom management is likely but there is limited chance of a substantial improvement.

The case manager decides that it is reasonable to make an indefinite award.

The views of the individual

82. Case managers should have regard to the views of the individual (as far as they can be established from the application form or any supporting information) in deciding whether or not to make an indefinite award. This is particularly important if the individual makes it clear that they do not want an indefinite award.

83. Case managers do not need to contact the individual if the information cannot be identified from the application (as the question is not specifically asked). Whilst the views of the individual are a consideration, the final decision rests with the case manager.

84. If the individual does express a view on not making an indefinite award, the case manager should still consider whether reviewing an individual in these circumstances will be in the individual's best interests. This is particularly important if the individual's overall condition is highly unlikely to ever improve.

Other necessary considerations before selecting an indefinite award

85. If the individual has one of the conditions on either list, they must still meet all of the eligibility criteria for Adult Disability Payment. Case managers should consider each activity for the daily living and mobility components, scoring each appropriately.

86. Individuals need to be entitled to the enhanced rate of both the daily living and the mobility component of Adult Disability Payment to be considered for an indefinite award. This is to ensure that, should their level of needs increase in the future, they will not miss out on the level of disability assistance they are entitled to because a review date will not be set due to an indefinite reward being given.

87. Case managers must consider all aspects outlined in section "Relevant considerations" when considering an indefinite award.

88. Where it is unclear from the information available whether the individual has a condition on this list, the case manager should consider a case discussion with a practitioner.

Justifying a decision to (not) set a review date

89. If the case manager chooses to set a review date, they should justify their reasoning. For example:

The client experienced a left-sided partial anterior circulation stroke three months ago. They are undergoing an intensive period of rehabilitation involving a multi-disciplinary team including physiotherapy, occupational therapy and speech and language therapy. It is likely that this will impact upon their level of need and I have therefore decided to set an award with a review period.

90. Similarly, if the case manager chooses not to set a review date, they should justify their reasoning. For example:

The client has motor neurone disease and requires round-the-clock assistance from their carer with a number of daily living and mobility component activities. The client is also supported by a number of specialists and allied health professionals. It is likely that their condition will change over time but their needs will be unlikely to reduce. I have therefore decided that an indefinite award is appropriate.

91. Case managers should justify the length of the review period with reference to any and all relevant facts that they have taken into consideration.

Individual's responsibility to report changes

92. If the case manager does make an indefinite award, the individual is still under a duty to report a change in their circumstances. This includes situations where the individual:

- has an unexpected improvement in their condition
- moves away permanently from Scotland
- stays temporarily outside of Scotland
- goes into hospital
- moves in to residential accommodation, such as a care home
- is placed in legal detention.

93. If the individual fails to notify a change of circumstances that would affect the level of Adult Disability Payment that they are entitled to, the individual may:

- be overpaid Adult Disability Payment
- be committing a criminal offence.

94. This is the case if the individual both

- does not have a reasonable excuse for not doing so
- knew or ought to have known that a change might result in them not being entitled to assistance or becoming entitled to less assistance.

95. The individual will also continue to receive communications from Social Security Scotland, including a yearly letter with the new benefit rates. This will remind the individual to report a change of circumstances.