

The Pension Age Disability Payment application form and how to interpret it

Index

- Introduction
- Evaluating the application form
- Condition
- Key information about an individual's condition
- Medication
- Treatment and therapies
- Care needs questions

Introduction

1. Case managers need to understand and evaluate each section of the Pension Age Disability Payment (PADP) application form to be able to make fair and informed determinations of entitlement.
2. This chapter sets out an overview to interpret the PADP application form. When a case manager is making a determination, they should make reference to the rates & criteria, definitions, understanding and interpreting information and principles of decision making chapters, as well as any other guidance that requires consideration in each specific set of circumstances.
3. More information on when an individual has applied for PADP can be found in the 'Applying for PADP chapter'.
4. This chapter regularly refers to singular health conditions. It is worth noting that an individual may have more than one disability or health condition. Case managers should consider requesting a case discussion if they require more information on how two or more health conditions may interact and impact on an individual's care needs.

Evaluating the application form

5. Part one of the PADP application form collects information on basic eligibility criteria which is required to determine eligibility.
6. Part two of the PADP application form gathers more specific details about an individual's needs. It has seven key sections:
 - When your care needs started
 - supporting information (including the statement of support from someone that knows you)
 - conditions
 - medications
 - treatments and therapies
 - Current stays in a hospital, care home or legal detention

- care needs questions
7. To make a determination, a case manager should review each section of the individual's application and apply the eligibility criteria as set out throughout the Decision Making Guidance.

Condition

8. This section of the application form is for information about an individual's current conditions and/or symptoms. This includes details of:
- the name of the individual's condition, if they know it
 - the symptoms that an individual is experiencing
 - how an individual is affected by their symptoms
 - how long an individual has had, or been experiencing, their condition and/or symptoms

Condition history examples

Rheumatoid arthritis: ongoing since 2018

Currently I go to my local GP surgery for steroid injections every few months to help manage my condition. I have support from my family to help me during the day with tasks that I can't manage myself.

Symptoms: I have difficulty using my hands for tasks throughout the day. I find it difficult to hold onto things such as cutlery and handrails. I can't manage clothing by myself anymore. My arthritis fluctuates at times, but I tend to always struggle with my hands now.

Stroke: happened in 2021

I was hospitalised for six weeks due to the severity of the stroke. I have reviews now once a year with a neurologist. I currently have paid carers to help me twice a day to get up in the morning and to go to bed, and my family help out in between.

Symptoms: I have a constant weakness down my left side. I find it difficult to lift my left arm or leg and have lost my ability to grip in my left hand.

Dementia: diagnosed three years ago

My mum has had dementia for the last three years. This has now progressed to the point that she needs regular support. I am her main carer, with support from the rest of our family. I care for my mum with many tasks during the day and at night.

Symptoms: She has memory loss which causes confusion and swings in her mood and behaviour. She is unable to independently carry out most tasks during the day now such as washing and dressing, eating and needs support most nights to settle and to get to the toilet. She is often disorientated and needs prompting and comforting.

9. There are key areas of the above statements that a case manager may use to consider how an individual's care needs may be impacted by their condition or symptoms.
10. It is important to consider that each individual's symptoms and lived experience of their condition may be different. For more information on the decision-making process, reference should be made to the principles of decision-making chapter.

Key information about an individual's condition

11. To be able to make fair and informed determinations of entitlement, case managers should have information about the individual's condition that may include, but is not limited to:
 - the type of condition
 - common treatment pathways for the condition
 - common symptoms related to the condition
 - the impact of the condition on an individual's care needs.

12. Information about conditions is available online to assist case managers:

- NHS Health A to Z website: [Health A to Z - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- NHS Inform website: [NHS inform - NHS Scotland \(nhsinform.scot\)](http://nhsinform.scot)

Operational guidance on specific conditions and disabilities is also available.

13. Information on health conditions and their impact on individuals can also be requested through a case discussion with a practitioner. For more information, reference should be made to the case discussion chapter.
14. Case managers should apply this information and take a person-centred approach to the individual's needs. Every individual's experience of their condition and symptoms may be different.

Example: an individual provides key information relating to their condition in their application form

An individual reports in their application form that they have long-term back pain, which they receive support, therapy and medication for. In the dressing and undressing section of the application form, the individual notes that they are unable to put on trousers, socks or shoes due to their condition. They note that they had been supplied with aids to support with this, however due to the chronic nature of their pain, they can no longer use these.

The case manager uses the decision-making guidance to determine that the information about the use of aids is key information to consider during the decision-making process. With reference to the guidance, they determine that it would not be reasonable or practicable for the individual to use such aids. This informs the case

manager's decision-making when determining whether the individual satisfies the criteria for an award of PADP.

Medications

15. Medication information may help a case manager build up a picture of an individual's condition and probability of symptoms.
16. It may or may not be a guide as to the severity of symptoms. This is because every individual's experience of their condition and symptoms may be different.
17. Medication information on its own should not be used to make a determination, as an individual's care needs cannot be assumed based on the medication that they use.
18. For guidance on when more information on an individual's needs is required, or there are apparent inconsistencies, case managers should refer to the understanding and interpreting information chapter.
19. An individual will be asked in the application form to set out the name of their medication, the dosage and how often they take it.

Example: medication information that individuals may provide in a PADP application:

- Ibuprofen, 200mg, take two tablets four times a day
 - Co-codamol, 30/500mg, take two tablets twice a day
 - Indapamide, 2.5mg, take one tablet once a day
 - Metazone, 0.5mg, take one tablet daily
 - Haliperadol, 100mg, injection every four weeks
20. When considering medical information, it is useful to understand:
- **the name of the drug**
This could be the brand name (a name given by the company that produces it) or the generic name (the name of the medication as it was originally produced). This may be used to support confirmation of any condition described by an individual. It can also help case managers to explore any condition an individual may not have described in their application.
 - **the dose that an individual takes**
Dose describes the strength of the medication being taken by an individual. This may or may not support confirmation of the severity of any symptoms described by the individual in their application. Any apparent inconsistencies should usually be explored with an individual. A case discussion with a practitioner can support case managers before exploring any apparent inconsistencies.

- **the frequency that medication is taken**
- **the method that an individual uses to take medication**
This describes how an individual takes their medication. For example, orally or via an injection. This information can be useful when considering whether an individual requires assistance to manage their medication and health condition.
- **if the medication is prescribed by a health professional.**

21. Information about the selection, prescribing, dispensing and administration of medicines is available online to assist case managers:

- BNF website: [British National Formulary \(BNF\) - NICE \(nice.org.uk\)](http://www.nice.org.uk/bnf)

22. If a case manager is in any doubt about interpreting medication information, a case discussion should be requested with a practitioner.

23. A practitioner will be able to advise on:

- whether the medication is consistent with the care needs set out by the individual in their application form
- the likely side effects that medications may have
- how combinations of different medications interact with one another and the effect this may have.

Treatment and therapies

24. A case manager should understand the treatment and therapies, or lack of treatments and therapies, that an individual may have.

25. The relationship between treatment and therapies and the likely severity of symptoms may be considered. For example, an individual receiving no treatment or therapies may experience severe symptoms.

26. The level of treatment and therapies that an individual receives may help case managers to build a clearer understanding of an individual's lived experience of their disability or health conditions, as well as the attention or supervision they may require with this.

27. However, an absence of treatment or therapies does not mean there is not a need for attention or supervision in relation to an individual's disability or health condition. Case managers should consider this when making a determination of entitlement that follows the principles of decision-making.

Example: an individual is not receiving treatment or therapies for their condition

An individual reports that due to severe back pain, they require support from another person with washing and dressing as well as help with using the toilet. They have not

noted any details in their application form about seeing a professional for treatment or therapies.

The case manager believes that the individual's needs may appear inconsistent with the level of input they receive in terms of tests and treatments/therapies. This is because approved medical guidance suggests that an individual with such severe back pain should see a professional if it does not improve, or is stopping them from doing their day-to-day activities. The case manager recognises that there could be a range of reasons for this, and that they would be unable to make a fair and informed determination without clarifying the individual's circumstances at this stage.

Therefore, the case manager requests a case discussion with a practitioner. They want to better understand how the individual's condition and symptoms impact on their life before clarifying details of the application with the applicant by phone. This allows the case manager to note the apparent inconsistency and receive advice from a specialist advisor.

The case discussion provides the case manager with more context of why the individual may not be receiving treatments/therapies, which assists in reaching out to the individual for more information and making a fair and informed determination of entitlement.

Care needs questions

28. The care needs questions give individuals an opportunity to tell Social Security Scotland about how their disability, health condition or symptoms impact them in their daily life.

29. A case manager needs to consider the information provided by the individual and use this to determine whether an individual satisfies the eligibility criteria for PADP.

30. There are 11 care needs questions in the PADP application form:

- getting in and out of bed
- washing and bathing
- toilet needs and managing incontinence
- moving around indoors
- dressing and undressing
- communicating with others
- eating and drinking
- staying safe during the day
- activities and interests
- support taking medication, monitoring a condition and with therapy
- night-time care needs

31. For every care needs question, the individual is invited to give a detailed account of the support they need for that task.

32. To ensure a fair determination is made in line with the eligibility criteria, case managers should consider the following information from the application form:

- how are they currently completing the task, if at all?
- do they use any aids or appliances to complete the task?
- do they need any assistance, support or supervision to complete the task?
- do they need prompting to complete the task?
- do they have a need for the support outlined above, but do not have a support network that can provide this?

If there is a restriction identified in the above, case managers should consider what condition or symptom is related to the restriction.

33. In all instances, case managers must also consider:

- are there any effects after completing the task, for example, fatigue or pain?
- are there any safety risks associated with completing the task?
- how long does it take to complete the task?
- If it is expected that a task would be repeated, would the individual be able to repeat it?

34. The case manager needs to determine if the individual has satisfied the backwards test and make a determination on whether the individual has satisfied the daytime condition or the night-time condition.

Example: an individual has completed the application form on behalf of their parent and detailed one condition

“Due to my dad’s Alzheimer’s disease, he needs support with his personal hygiene. I support my dad with his this every day for around 20 to 30 minutes. He would not consider washing or bathing himself without encouragement. We have not identified any aids that could assist with washing time. We also have tried prompting him to do this independently, but we now have to assist with washing as he becomes distressed if left to do this himself. My dad has difficulty understanding what is happening around him, so washing can be stressful as I often need to comfort and reassure him throughout, and for a while after washing.”

Using the above framework of questions, the case manager is able to break down the individual’s answer into the information needed to make a determination:

- the individual notes that assistance is required everyday with washing and bathing
- due to the distress it would cause, the individual cannot wash or bathe independently
- the application notes that for a while afterwards, comforting is required
- there are no available aids that would be reasonable or practicable to use
- they note that it takes between 20 to 30 minutes to assist with this task

- the needs identified are related to their condition of Alzheimer's disease

Example: an individual has more than one condition noted in their application form

"I find due to my depression I don't see the point in changing my clothes, maybe once a week. I just don't have the motivation to do it, as I am not going anywhere. When I do get changed, my partner has to help me as I had an accident six months ago and had to have my spine fused.

Due to this, I am unable to raise my arms much and cannot bend from the middle at all. When I do get changed, my partner will put my underwear and trousers on for me and then I stand, and they pull them up for me. I can just about get my hands into a loose-fitting t-shirt but if I am wearing a jumper or a shirt with buttons, my partner has to put these over my arms for me. I have fallen trying to dress myself a number of times, so my partner always helps me now. Even with my partner's help, it takes me around 20 minutes to get dressed and I am left with pain in my back and shoulders for the rest of the day."

Using the above framework of questions, the case manager is able to break down the individual's answer into the information needed to make a determination:

- the individual changes clothes once a week, due to a lack of motivation
- they are able to use loose-fitting clothes for their top half
- they need their partner to dress their top and bottom halves
- due to their depression, they require prompting to change their clothes
- when they get dressed, it leaves them with back pain for the rest of the day
- they have fallen a number of times when dressing independently
- it takes around 20 minutes to dress with support
- the needs are related to their conditions of depression and spinal injury.

Linking care needs questions

35. When reviewing the care needs questions, case managers should be aware that there are links between different tasks. This may lead to apparent inconsistencies.

36. Case managers should explore any apparent inconsistencies further through referring to the understanding and interpreting information chapter.

Example: an apparent inconsistency

An individual notes in the 'getting in and out of bed' section that they can get out of bed easily and without support, but in the 'toilet needs and managing incontinence' section they set out that they find it difficult to stand from a seated position.

The case manager considers that there is an apparent inconsistency from the information provided, as it would seem unclear how the individual may be able to complete one task and not the other. The case manager decides to explore this

inconsistency, as they are currently unable to make a determination in a way that is fair and informed.

The case manager phones the individual to discuss this. They decided that a phone call was the most appropriate tool to clarify the apparent inconsistency, as this was noted as their main communication preference, and was the most efficient way to clarify details of the application form.

The individual shares that they had forgotten to add to their application that they have a bed rail that they use to get out of bed without support. They also tell the case manager that their occupational therapist had arranged grab rails for standing up from the toilet, but they have been unable to use this aid as the toilet grab rails require more strength to use than their bed rails.

The case manager discusses the use of the bed rail and toilet grab rails with the individual so that they can fairly apply the eligibility criteria. The case manager is now satisfied that they have enough information to make a determination of entitlement.

This is because the case manager determines that the use of a bed rail is a reasonable and practicable aid for this task, and that in the individual's circumstances, the use of grab rails for standing up from the toilet would not be reasonable or practicable for the individual to use.

37. When considering apparent inconsistencies across different tasks, case managers should ensure that the tasks are similar enough to be compared.
38. For example, an individual may have reduced ability to use their hands to carry out tasks. Case managers should consider that the level of grip and ability to use their hands under the 'eating and drinking' section may not be comparable with the level of ability needed under the 'support taking medication' section. If a case manager is unsure how to compare different tasks in a specific application, a case discussion with a practitioner should be requested.
39. An individual may be unable or unwilling to provide sufficient information in the care needs questions for the case manager to make a determination. Where this is linked to a person's disability, the case manager should gather sufficient information through:
 - asking the individual further questions
 - requesting a case discussion
 - requesting supporting information.

Supporting information can be requested from a professional or an individual's carer or family member, where the individual has given permission to do so. More information on when and how to request supporting information can be found in the gathering supporting information chapter.

40. Where an individual is unable to provide further information on the care needs questions to allow the case manager to make a fair and informed

determination, the individual should be made aware that a determination will be made on the basis of the available information only. Operational Guidance should be followed to log this conversation.

41. If the case manager has taken all available steps to address gaps in information and has been unable to gather necessary information to decide that an individual satisfies the criteria, a determination should be made that the individual does not satisfy the criteria.
42. However, even if information gaps exist for some care needs questions, it may be that the case manager can make a determination as the individual has already satisfied the criteria through answer to other questions. Case managers should refer to the understanding and interpreting information chapter where an individual has a gap in information but there is enough information to make a determination.
43. Case managers should not automatically make an ineligible determination if they can make an award of PADP, even if information gaps remain in some areas.

Symptoms

44. Symptoms usually describe how an individual is affected by their condition or disability.
45. An individual might describe their symptoms throughout the application form, so case managers need to gather this information from any parts of the form where this is mentioned.
46. Symptoms may have a wide range of how they impact an individual across the same condition. Examples of symptoms include:
 - pain
 - shortness of breath
 - fatigue
 - tremors
 - confusion
 - paranoia
 - low motivation
 - hearing loss.

This list is not exhaustive.

47. Case managers may make assumptions about the probable link between a condition and its likely symptoms, so long as this is based on medical information. For example, medical information may include approved medical guidance or supporting information from a professional where this has been supplied.

48. It is important that case managers do not make assumptions in other instances about an individual or their symptoms or condition. Reference should be made to the principles of decision-making chapter for more information on assumptions and unconscious bias.
49. Inconsistencies may be present in an individual's condition history. For example, an individual reports that they have hearing loss linked to their condition of heart failure. This apparent inconsistency would require further sources of information to support a case manager in applying the eligibility criteria.
50. Where inconsistencies appear to be present, a case manager should consider if they need exploring. Where they do, they should explore them until they are satisfied that they can be explained. This will allow them to make fair and informed determinations. Case managers should refer to the understanding and interpreting information chapter throughout this process.

[END OF CHAPTER]