

Personal Independence Payment PIPAT Review report form – PA3

CAPITA

Claimant details

| | |
|-------------------------|--------|
| National Insurance No: | |
| Date of birth: | |
| Date of death: | |
| Gender: | Male |
| Title: | Mr |
| First Name: | Keith |
| Middle Name: | Hinton |
| Last Name: | Murphy |
| Suffix: | |
| Initials: | |
| Preferred Language: | |
| Terminally Ill Claimed: | |

Assessment File Details

| | |
|-----------------------------|--------------------|
| Type of Assessment: | Paper based |
| Justification for Decision: | |
| Consideration/Write-up time | |
| Harmful information? | |
| Name of Professional: | |
| Type of Professional: | |
| User ID: | |
| PIPAT Status: | |

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|---------------------------------------|---------|
| Offline Status: | |
| Lot: | |
| Owning Office: | |
| Foreign Resident: | |
| Detained in Legal Custody: | |
| Hospital/ Other accommodation: | |
| Boarder: | |
| Consent Provided at Initial Referral: | YES/ NO |
| Additional Support Indicated: | YES/ NO |

Evidence Used Details

| | |
|--|--------------------|
| Source: | Other professional |
| Type: | Medications |
| Evidence Date: | 18/07/2019 |
| Paper evidence? <i>(If so, check box and post urgently to DWP/DFC for scanning)</i> | |
| Name of Professional: | |
| Source: | |
| Type: | |
| Evidence Details: | |

| | |
|--|------------------------|
| Source: | Claimant |
| Type: | Claimant Questionnaire |
| Evidence Date: | 03/08/2019 |
| Paper evidence? <i>(If so, check box and post urgently to DWP/DFC for scanning)</i> | |
| Name of Professional: | |

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| Source: | |
| Type: | |
| Evidence Details: | |

| | |
|--|--------------------|
| Source: | Other professional |
| Type: | Care plan |
| Evidence Date: | 23/06/2019 |
| Paper evidence? <i>(If so, check box and post urgently to DWP/DFC for scanning)</i> | |
| Name of Professional: | |
| Source: | |
| Type: | |
| Evidence Details: | |

| | |
|--|--------------------|
| Source: | Other professional |
| Type: | Hospital letter |
| Evidence Date: | 12/06/2019 |
| Paper evidence? <i>(If so, check box and post urgently to DWP/DFC for scanning)</i> | |
| Name of Professional: | |
| Source: | |
| Type: | |
| Evidence Details: | |

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|---------|--------------------|
| Source: | Other professional |
|---------|--------------------|

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|--|-----------------|
| Type: | Hospital letter |
| Evidence Date: | 8/06/2019 |
| Paper evidence? (If so, check box and post urgently to DWP/DFC for scanning) | |
| Name of Professional: | |
| Source: | |
| Type: | |
| Evidence Details: | |

REPEAT AS NECESSARY

Assessment Details

Conditions

| |
|---|
| Primary Condition: Head Injury – cognitive and sensorimotor impairment |
| Secondary Condition: Seizures - unclassified |
| Other Conditions: |
| |
| |

Daily Living Activities

| | | | | |
|----------------------------|-------------------------|------------------------------------|-------------------|------------------------------|
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| Activity | Descriptor | |
|-------------------|--|---|
| 1. Preparing food | a. Can prepare and cook a simple meal unaided. | |
| | b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal. | |
| | c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave. | |
| | d. Needs prompting to be able to either prepare or cook a simple meal. | |
| | e. Needs supervision or assistance to either prepare or cook a simple meal. | |
| | f. Cannot prepare and cook food at all. | ✓ |

Justification for descriptor choice:

CQ reports does not have physical or mental capacity to prepare or cook, lives in 24 hour nursing care and all food is prepared by staff, is nil by mouth and peg fed.

Consistent with condition and Care Plan reporting cognitive impairment, requiring staff to re-orientate, is bed/wheelchair bound and requires assistance from 2 carers for all activities of living.

Therefore, it is likely cannot prepare and cook food at all reliably.

| Activity | Descriptor | |
|---------------------|--------------------------------|--|
| 2. Taking nutrition | a. Can take nutrition unaided. | |

| | | | | |
|----------------------------|-------------------------|------------------------------------|-------------------|------------------------------|
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|--|--|---|
| | b. Needs – i. to use an aid or appliance to be able to take nutrition; or ii. supervision to be able to take nutrition; or iii. assistance to be able to cut up food. | |
| | c. Needs a therapeutic source to be able to take nutrition. | |
| | d. Needs prompting to be able to take nutrition. | |
| | e. Needs assistance to be able to manage a therapeutic source to take nutrition. | ✓ |
| | f. Cannot convey food and drink to their mouth and needs another person to do so. | |

Justification for descriptor choice:

CQ reports he is nil by mouth and has to be peg fed.

This consistent with his condition, care plan and hospital letters confirm he is peg fed which is managed by staff at care home.

It is therefore likely he needs assistance to be able to manage a therapeutic source to take nutrition reliably.

| | | |
|--|---|--|
| 3. Managing therapy or monitoring a health condition | a. Either – i. Does not receive medication or therapy or need to monitor a health condition; or ii. can manage medication or therapy or monitor a health condition unaided. | |
|--|---|--|

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|--|---|---|
| | b. Needs any one or more of the following – i. to use an aid or appliance to be able to manage medication ii. supervision, prompting or assistance to be able to manage medication iii. supervision, prompting or assistance to be able to monitor a health condition. | ✓ |
| | c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. | |
| | d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. | |
| | e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week | |
| | f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. | |

Justification for descriptor choice:

CQ reports medication is locked away and administered by care staff.

Consistent with condition and Care Plan which reports he is unable to administer own medication which has to be given via his PEG. Care plan and hospital letter confirms cognitive impairment.

It is therefore likely he needs assistance to manage medication to an acceptable standard.

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| Activity | Descriptor | |
|------------------------|---|---|
| 4. Washing and bathing | a. Can wash and bathe unaided. | |
| | b. Needs to use an aid or appliance to be able to wash or bathe. | |
| | c. Needs supervision or prompting to be able to wash or bathe. | |
| | d. Needs assistance to be able to wash either their hair or body below the waist. | |
| | e. Needs assistance to be able to get in or out of a bath or shower. | |
| | f. Needs assistance to be able to wash their body between the shoulders and waist. | |
| | g. Cannot wash and bathe at all and needs another person to wash their entire body. | ✓ |

Justification for descriptor choice:

CQ reports he has no form of capacity to wash any part of his body and requires 2 staff members to wash and bathe him.

Consistent with his condition and the care plan which reports assistance of 2 staff. He has a cognitive impairment and is bed/wheelchair bound requiring a hoist for transfers.

Therefore it is likely he cannot wash and bathe at all and needs another person to wash his entire body safely and to an acceptable standard.

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|--|--|---|
| 5. Managing toilet needs or incontinence | a. Can manage toilet needs or incontinence unaided. | |
| | b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence. | |
| | c. Needs supervision or prompting to be able to manage toilet needs. | |
| | d. Needs assistance to be able to manage toilet needs. | |
| | e. Needs assistance to be able to manage incontinence of either bladder or bowel. | |
| | f. Needs assistance to be able to manage incontinence of both bladder and bowel. | ✓ |

Justification for descriptor choice:

CQ reports he wears incontinence pads 24 hours a day; he has no form of capacity to manage his toilet needs.

This is consistent with condition and Care Plan which reports doubly incontinent and needs cleaning after opening his bowels or wetting pads.

It is therefore likely he needs assistance to be able to manage incontinence of both bladder and bowel to an acceptable standard.

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|----------------------------|---|---|
| 6. Dressing and undressing | a. Can dress and undress unaided. | |
| | b. Needs to use an aid or appliance to be able to dress or undress. | |
| | c. Needs either – i. prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or ii. prompting or assistance to be able to select appropriate clothing. | |
| | d. Needs assistance to be able to dress or undress their lower body. | |
| | e. Needs assistance to be able to dress or undress their upper body. | |
| | f. Cannot dress or undress at all. | ✓ |

Justification for descriptor choice:

CQ reports he has no form of capacity to dress or undress himself, he requires 24 hour care and supervision.

Consistent with condition and the care plan which reports assistance of 2 staff. He has a cognitive impairment and is bed/wheelchair bound requiring a hoist for all transfers.

Therefore, it is likely he cannot dress or undress at all to an acceptable standard.

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| Activity | Descriptor | |
|---------------------------|--|---|
| 7. Communicating verbally | a. Can express and understand verbal information unaided. | |
| | b. Needs to use an aid or appliance to be able to speak or hear. | |
| | c. Needs communication support to be able to express or understand complex verbal information. | |
| | d. Needs communication support to be able to express or understand basic verbal information. | |
| | e. Cannot express or understand verbal information at all even with communication support. | ✓ |

Justification for descriptor choice:

CQ reports he has a cognitive impairment and requires 24 hour care and support.

Consistent with Care Plan which confirms understanding of what staff say but unable to respond.

It is therefore likely he cannot express or understand verbal information at all even with communication support to an acceptable standard.

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|---|---|---|
| 8. Reading and understanding signs, symbols and words | a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. | |
| | b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information. | |
| | c. Needs prompting to be able to read or understand complex written information. | |
| | d. Needs prompting to be able to read or understand basic written information. | |
| | e. Cannot read or understand signs, symbols and words at all. | ✓ |

Justification for descriptor choice:

CQ reports he cannot read or respond to information.

Care Plan confirms condition and significant cognitive impairment, also supported by hospital letter.

It is therefore likely he cannot read or understand signs, symbols and words at all to an acceptable standard.

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|--|---|---|
| 9. Engaging with other people face to face | a. Can engage with other people unaided. | |
| | b. Needs prompting to be able to engage with other people. | |
| | c. Needs social support to be able to engage with other people. | ✓ |
| | d. Cannot engage with other people due to such engagement causing either – i. overwhelming psychological distress to the claimant; or ii. the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. | |

Justification for descriptor choice:

CQ reports he requires 24 hour care and supervision, he lives in a nursing home and has no verbal communication to mix with people.

Care Plan confirms condition and significant cognitive impairment, also supported by hospital letter.

It is therefore likely he needs social support to be able to engage with other people to an acceptable standard.

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|--------------------------------|--|---|
| 10. Making budgeting decisions | a. Can manage complex budgeting decisions unaided. | |
| | b. Needs prompting or assistance to be able to make complex budgeting decisions. | |
| | c. Needs prompting or assistance to be able to make simple budgeting decisions. | |
| | d. Cannot make any budgeting decisions at all. | ✓ |

Justification for descriptor choice:

CQ reports he has no capacity to deal with his own finances, this is managed by his appointee.

Care Plan confirms condition and significant cognitive impairment, also supported by hospital letter.

It is therefore likely he cannot make any budgeting decisions at all to an acceptable standard.

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The functional restriction affecting the **daily living** activities identified in this report is likely to have been present for:

- ☒ At least 3 months
- ☐ Less than 3 months
- ☐ Not applicable (no restriction present)

The functional restriction affecting the **daily living** activities identified in this report is likely to remain for:

- ☒ At least 9 months
 - ☐ Less than 9 months
 - ☐ Not applicable (no restriction present)
-

| | | | | |
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| Activity | Descriptor | |
|-------------------------------------|--|---|
| 11. Planning and following journeys | a. Can plan and follow the route of a journey unaided. | |
| | b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. | |
| | c. Cannot plan the route of a journey. | |
| | d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. | |
| | e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. | |
| | f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid. | ✓ |

Justification for descriptor choice:

CQ reports he is unable to plan or go to any place alone, he lives in 24 hour care and is wheelchair bound.

Care Plan confirms condition and significant cognitive impairment, also supported by hospital letter.

It is therefore likely he cannot follow the route of a familiar journey without another person safely.

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|-------------------|--|---|
| 12. Moving around | a. Can stand and then move more than 200 metres, either aided or unaided. | |
| | b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. | |
| | c. Can stand and then move unaided more than 20 metres but no more than 50 metres. | |
| | d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres | |
| | e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. | |
| | f. Cannot, either aided or unaided – i. stand; or ii. move more than 1 metre. | ✓ |

Justification for descriptor choice:

CQ reports he is wheelchair bound and has no form of capacity to walk.

This is consistent with his condition, care plan and hospital letter which reports he is wheelchair bound and requires hoisting for all transfers.

It is therefore likely he cannot stand or move more than 1 metre reliably.

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The functional restriction affecting the **mobility** activities identified in this report is likely to have been present for:

- ☒ At least 3 months
- ☐ Less than 3 months
- ☐ Not applicable (no restriction present)

The functional restriction affecting the **mobility** activities identified in this report is likely to remain for:

- ☒ At least 9 months
- ☐ Less than 9 months
- ☐ Not applicable (no restriction present)

Opinion Summary

| | |
|--|---|
| Terminal Illness Advice: | <p>[In my opinion, the claimant is not terminally ill under the prescribed definition] <input checked="" type="checkbox"/></p> <p>OR</p> <p>[In my opinion, the claimant is terminally ill under the prescribed definition] <input type="checkbox"/></p> |
| Based on the claimant's likely future circumstances, it would be appropriate to review the claim in: | <p>_____ Years _____ Months</p> <p>OR</p> <p>I consider there to be no requirement for future reviews of this claim as significant change is unlikely: <input checked="" type="checkbox"/></p> |

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Justification for Review Period Choice:

He has a cognitive impairment secondary to brain injury, he is cared for in a nursing home requiring full support with every daily activity. Due to the nature of the reported condition it is unlikely his functional restriction will change therefore review in this case is not required.

It is likely that the functional restriction identified in this report will be present at the recommended point of review:

- ☒ Yes
- ☐ No
- ☐ Not applicable (no restriction present)
-

The claimant has a mental, intellectual or cognitive impairment and may need additional support to comply with future claim processes

- ☐ Yes
- ☒ No
-

Primary Condition:

Head Injury – cognitive and sensorimotor impairment

| | | | | |
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Additional Information:

The claimant questionnaire (CQ) reports Mr Murphy has a cognitive impairment (primary condition) as a result of a brain injury and experiences seizures (secondary condition). Care Plan and hospital discharge letters confirm conditions and significant level of physical and cognitive restrictions.

Presents with challenging behaviour and care staff who monitor him to ensure safety. Requires assistance of two care staff using a hoist for all transfers and supervision due to confusion, is wheelchair bound and Peg fed.

Prescribed medication consistent with conditions. Care plan confirms dietician input, multiple hospital admissions and cognitive impairment resulting in the need for re-orientated to day, time and place. Resides in a nursing home requiring 24 hour. Has an appointee due to his cognitive impairment. The care plan reports his

Functional restrictions identified are present for majority of days.

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Assessment Sign- Off Details

| | |
|-------------------|--|
| Preparation Time: | |
| Writing Up Time: | |
| Completion Date: | |

| | |
|--|--|
| I can confirm that there is no harmful information recorded other than in the 'Harmful Information' section: | |
| Name of Professional: | |
| Type of Professional: | |
| User ID: | |

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| Version | Date | Sign off | Summary of changes |
|---------|------------|-------------|---|
| V1.1 | 29/05/2018 | - | Activity 3b updated in line with current PIPAG wording. |
| V1.2 | 16/08/2019 | Shah Faisal | Additional Information and justifications condensed in line with updated PA3 writing guide. |