

#### **4.12 Deputy S. Pitman of the Minister for Social Security regarding information provided to Medical Board Doctors regarding M.E. sufferers:**

What information, if any, is provided to Medical Board Doctors to ensure that M.E. (Myalgic Encephalomyelitis) sufferers are examined thoroughly and fairly?

**Senator F. du H. Le Gresley (The Minister for Social Security):**

Medical Boards are completed by qualified general practitioners. Input is provided by the claimant before and during the board and notes confirming diagnosis and ongoing treatment are also provided by the claimant's G.P. and where relevant, from the hospital. Medical Boards are dependent on the claim type; that is to say, Invalidity Benefit, Short or Long-Term Incapacity Allowance and are not differentiated by ailments. It is the responsibility of the Medical Board G.P. to ensure that the specific assessments undertaken during the board are tailored to fit the ailment with which the claimant presents.

##### **4.12.1 Deputy S. Pitman:**

A couple of months ago, I attended a Medical Board appeal with a constituent who has a moderate form of the illness. Although the doctor was very professional in her approach, she asked the lady: "When are you tired?" Basic knowledge of the illness will tell you that the fatigue is a constant characteristic of M.E., albeit at different levels. Further, the doctor asked nothing about mental health and cognition issues, which are major symptoms of the illness. Does the Minister for Social Security still feel confident that M.E. sufferers are being properly assessed by the Medical Board?

**Senator F. du H. Le Gresley:**

It is important to differentiate between the 2 benefits: Invalidity Benefit, which is incapacity to work, as opposed to Long-Term Incapacity Allowance, which is loss of faculty. I do not know which particular benefit the Deputy is referring to. However, if it had been the Invalidity Benefit it is important that the G.P. assesses the variable and fluctuating conditions that are associated with M.E. and Chronic Fatigue Syndrome. It is possible on the day of the Medical Board that the claimant was having what is known as a good day. I am really not in a position to go into the detail of a particular claim.

##### **4.12.2 Deputy S. Pitman:**

Could the Minister answer the question, please? That is, does he feel confident that M.E. sufferers are being properly assessed by the Medical Board and in this case it was L.T.I.A. (Long-Term Incapacity Allowance) that the lady was on.

**Senator F. du H. Le Gresley:**

The answer to that question is yes.

##### **4.12.3 Deputy G.P. Southern:**

Will the Minister for Social Security talk Members through the process that applies for the impairment component of income support because I have one constituent who has a severe form of M.E.? She has just been rated as 000 on the 3 impairment components when previously she was level 3. Are the tests for impairment getting more difficult and how are they processed?

**Senator F. du H. Le Gresley:**

We are straying into a different benefit here, income support, which was not the original question. It is so difficult in this Assembly to be answering questions on individual claims. I do not know the claim that the Deputy is referring to. The impairment component is more or less a self-assessed process where people fill in a form either themselves or with the help of a carer and it is impossible for me to make comment on the particular case that the Deputy is referring to.

#### **4.12.4 Deputy G.P. Southern:**

The question was, could the Minister for Social Security inform Members what the process is? In fact, this is not medical that assesses the degree of impairment but officers having read through documents on the web about the illness. Could he explain what happens there and has there been a toughening up because it appears to me that there has been? There has been a change in policy to clamp down on people being ill.

#### **Senator F. du H. Le Gresley:**

No change in policy. The Deputy is correct; the application for impairment is assessed by an officer. If the claimant is unhappy with the outcome, they can appeal for a redetermination by a second officer who has not been involved with the original decision and thereafter, as the Deputy well knows, there is an appeal to a tribunal.

#### **4.12.5 The Connétable of St. John:**

Coming out of the question that has just been asked, could the Minister tell us what qualifications the officer within the department would have in assessing any of these patients?

#### **The Bailiff:**

We are straying a long way off. This question is to do with ...

#### **The Connétable of St. John:**

Well, it came out of the reply that was given ...

#### **The Bailiff:**

It came out of the question, which I did not realise at the time did not seem to have anything to do with the Medical Board.

#### **Senator F. du H. Le Gresley:**

In answer to the Connétable's question, officers who deal with impairment claims are trained specifically to deal with the issues around the effect of being incapacitated in some way or another. They have detailed guidance to follow, both written for them specifically and with the help of G.P.s and we also follow best practice laid out by the Department of Work and Pensions. Most of that information is available on the D.W.P. (Department of Work and Pensions) website.

[11:00]

#### **The Connétable of St. John:**

The question was, what medical qualifications were there? It does not sound as if there are any.

#### **Senator F. du H. Le Gresley:**

It is not necessary to have medical qualifications to assess an impairment component.

#### **4.12.6 Deputy S. Pitman:**

I do not think Members of this House expect Ministers to discuss individual cases. What we do expect is Ministers to listen to those Members who have experience and knowledge of how policies affect people on ground level. Clearly, the Minister does not accept this and does not listen to this because I have provided evidence here and he is still saying that his doctors are fine and they do not need further training and they have all the knowledge they need. I will go on to my question. Although the Medical Board in this case, in their annual examination, recorded that my constituent's illness had not changed after 13 years of being on Incapacity Benefits and not working, the Medical Board then said that she could work, which led to her having to appeal and being required to register as a job-seeker which caused a lot of stress. To me, this shows a misunderstanding of the illness. From evidence that I have provided, will the Minister listen to

me and take Medical Board doctors back to the drawing board and ensure they are adequately informed about this illness?

**Senator F. du H. Le Gresley:**

I do not think it is a position for anybody in this Assembly who is not a qualified medical practitioner to challenge the knowledge and experience and professional training of G.P.s who provide the Medical Board bodies.