**Appendix A – generic practice policy on DWP appeals**

<<Practice Name>> Policy on requests for assistance with DWP appeals.

The practice whilst wishing to support patients with social and financial problems has a primary duty to provide services for the management of patients who are ill (with conditions from which recovery is generally expected), terminally ill or suffering with chronic disease (GMS Contract Regulations 2004 Part 5 Section 15). Writing letters to support appeals for the purpose of DWP benefits falls outside of contract regulations and is therefore chargeable to the patient. The practice recognises that this cohort of patients may have significant financial difficulties and would not wish to increase their financial stress. The practice is therefore able to offer two levels of support for DWP appeals:

1. Provide the patient with a summary of their medical record including key diagnosis and current medications as previously recorded and read coded. There is no charge for this level of support.
2. Provide a specific letter to patients, commenting on the grounds on which the patient is appealing the DWP decision. There is a charge of £XX for this service. The patient will need to provide a copy to the practice with a copy of the letter setting out its original decision and a copy of their letter setting out the basis of their appeal.

Patients should be advised not to book a GP appointment for the purpose of DWP appeals. The patient will need to request from the practice in writing that they request support in their DWP appeal and to confirm what level of support they require (appendix B: template DWP appeal request form).

Should the patient request a summary of their medical records, a practice receptionist/administrator will print this out from the clinical records and provide it to the patient within XX working days.

Should the patient request a specific letter commenting on the appeal, the letter will be passed to their usual GP and be made available for collection within XX days.