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Dear Margaret,

I am responding to your letter of November 2nd which included two attachments - a 'history' note of Professor Malcolm Hooper's correspondence with the Department and a paper entitled "Myalgic Encephalomyelitis: International Consensus Criteria". Your correspondence raises a number of important concerns about how the DWP assesses CFS/ME, and I apologise if the Department's position has appeared unclear up to now. However, I hope to address the issues which you have raised below.

First, let me apologise unreservedly for the handling of Professor Hooper's correspondence. Your comments regarding the handling of the correspondence from Professor Hooper were passed to the Head of the Ministerial Correspondence Team, Mr Goff Daft. He has reviewed the process that was followed and fully acknowledges that the handling of Professor Hooper's correspondence fell short of the standards expected. For that, Mr Daft offers his unreserved apology. In line with the Permanent Secretary's requirements, all responses from officials in the Ministerial Correspondence Team are now issued over Mr Daft's name and official position.

DWP recognises CFS/ME as a real and potentially significantly disabling condition. The assessment of individuals with CFS/ME, or indeed any other condition, is not dependent on the condition itself, the underlying cause or its classification but rather on the disabling effects. The department of Health has indicated that they have "always relied on the definition set out by the World Health Organisation in its International Classification of Diseases (ICD) under ICD code 93.3, subheading other disorders of the brain". The DWP is in agreement with this view.

Therefore, for the avoidance of doubt, I can be clear that the Department does not classify CFS/ME as a mental health disorder. The asterisk appears next to CFS/ME in the Incapacity Reference Guide (IRG) not as an indicator of its classification, but rather to alert decision makers to the fact that a proportion of people with CFS/ME have symptoms related to altered mental function. Mental health conditions and those that have mental function impairment as a feature are highlighted in the IRG so that appropriate safeguards can be put in place. These safeguards include not automatically rejecting a claim to benefit should an individual fail to return the related questionnaire, together with procedures for additional contact with the claimant during their application if required.

It is clear, as highlighted in the correspondence, that there are a few conditions that also require this flag but do not currently have one. We are grateful to you for bringing this to our attention and will be updating the IRG to reflect this.

Moving now to our guidance for doctors and decision maker, this has been developed to reflect a broad consideration of the available evidence and the main principle is to assess how any conditions affect each individual who is making a claim for benefit. The 'history' note states that "the DWP Medical Services Training and Development on Chronic Fatigue Syndrome are clear: Most cases of chronic fatigue syndrome (sic) are attributable to abnormal illness behaviour... in fact, most with CFS will also meet the criteria for a current psychiatric disorder". However, this is inaccurate.

The CFS/ME training module begins with a self assessment exercise which it clearly states is to test perceptions of CFS/ME. One of the questions it poses to healthcare practitioners is 'Most cases of chronic fatigue are attributable to abnormal illness behaviour'; practitioners may answer yes, no or don't know. This is not presented as a statement of fact but rather as an exercise to address any erroneous pre-conceived ideas that healthcare practitioners may hold about the condition. After reading the content of the module, practitioners are then asked to repeat this exercise to review their views in light of the information that is given to them. In addition, the reference to 'most patients with CFS will also meet the criteria for a current psychiatric disorder' was removed at the last review of the CFS/ME training module.

You have asked why nurses assess individuals with CFS/ME. The Government's contract with Atos Healthcare requires that doctors are used to assess claimants with conditions that are likely to have complex central nervous system examination findings. The majority of claimants with CFS/ME do not exhibit such signs and therefore CFS/ME is not on the list of conditions that are required to be assessed by a doctor. However, if a claimant with CFS/ME has neurological signs, they will be passed to a healthcare professional with the requisite expertise.

Once again I must apologise for the delayed response to your queries. The department endeavours to fairly assess all individuals with CFS/ME and I hope that this response clarifies the department's position.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David', written in a cursive style.

Lord Freud

Minister for Welfare Reform

