

WRITTEN SUBMISSION

XXXX

National Insurance Number: XXXX

Tribunal Reference Number: SC

This submission has been prepared based on the evidence and instructions provided by X in respect of his Personal Independence Payment Appeal.

Summary:

The Appellant has been diagnosed with the following conditions:

Chronic back pain with several previous spinal operations (see confirmation Consultant letter dated XXX submitted XXX He has 3 prolapsed discs as confirmed by Industrial Injuries and a hernia. He experiences chronic pain and neuropathic pain in his right leg inside and numbness

General anxiety disorder and long-term depression and experiences anxiety attacks. (He has attended a Psychological Assessment see letter dated XX **Ischaemic heart disease** and he had a heart attack in December 2013 which has resulted in a stent and multiple hospital admissions since due to unstable chest pain and has been back to (see Cardiology see Pg. 134 and recent letter). Additionally, he has **osteoarthritis in both knees with increased swelling**. He is attending physiotherapy and has had one injection in the left shoulder which did not work. (See letter as evidence dated X He also has some marked hearing difficulties.

He also has **COPD and Asthma** on exertion and experiences breathlessness.

He has been assessed as 20 % disabled by an official body (Industrial Injuries Pg. 151) (See letter as evidence) He had an assessment for GI Liver and had a colonoscopy XXX (see letter) Any exertion gives him discomfort and breathlessness which is currently under investigation. He sleeps poorly because his mind is over active and he is in discomfort. He was under the care of his GP the Clinical Psychologist, and Cardiologist and Physiotherapist currently and Gastroenterologist and Orthopaedics and waiting for anger management classes through Healthy Minds. (See letter dated X).

We wish to draw the decision maker's attention to the fact that our client stumbles quite often due to dizziness and the fact that he has unstable hypertension which makes it detrimental if he was to push himself, and marked pain and neuropathy. He also has **postural hypotension** which causes **dizziness**.

He was given 6 points for daily living and 4 for mobility.

He is **not** disputing the following descriptors:

Activity 1 Preparing food: Awarded b not disputed as requires a stool and aids.

Activity 6: Dressing/undressing: awarded b not disputed as cannot bend and put on socks

He is disputing the following descriptors:

Activity 3: Managing Medication: Seeking bii.) He has a dosette box and forgets to take the medication He sometimes over medicates when the pain is too much or anxiety by his own admittance which can make him quite challenging at time.

Activity 4: Washing and bathing: seeking e, He cannot get in and out of the bath without assistance safely and struggles to stand in the shower unaided. (awarded b)

Activity 5: Managing toileting: He requires help from an everyday object to enable him to safely stand and sit due back pain **seeking b**

Activity 9: Mixing with others: He has marked anxiety and can be inappropriately verbally aggressive most days and snappy with others. He is very anxious most of the time and seeing MH services.

Moving around: 4 points awarded seeking c by reasons of pain he cannot move more than 50 metres reliably, repeatedly and safely aided. The assessor gave justification for the choice with "was observed to sit and stand on a number of occasions during the assessment and reported pain suggesting that he would be able to walk 50- 200m reliably, repeatedly and safely. (Pg. 121) This does not appear to make any sense other than illustrate that he is in chronic pain when sat down. His respiratory condition does not appear to have been considered for mobilising. He risks further heart damage if he pushes himself beyond 50 metres most days. He therefore cannot do this safely and reliably and repeatedly.

Prepared by Michelle Cardno (Lib Hons) after lengthy consultation with XXX and after scrutinising the evidence. Fightback4Justice/Advocacy 4 Disabled People, Pro bono CIC