British Heart Foundation

Heart patients and the benefits system

February 2012

BEATING HEART DISEASE TOGETHER

1 Introduction

Changes to the welfare benefits system continue to be high on the UK political agenda with legislative proposals to introduce the biggest reforms for 60 years.

As the nation's heart charity, the British Heart Foundation (BHF) commissioned some research to understand how the benefits system currently relates to heart patients and their carers. This report provides an overview of what heart patients, their carers and healthcare professionals told us. We have identified some clear difficulties in the way that benefits currently operate, especially with regard to:

- the Work Capability Assessment
- Winter Fuel Payments, and
- end of life benefits.

As the system is reformed, it will be important for policymakers to take the opportunity to address these areas.

1 BHF (2009) Destination 2020

In the last decade, improvements in treatment and care have brought a welcome shift away from people dying of heart disease to more people living with heart disease [1]. This brings new challenges for the health service, but is also having an impact on demand for welfare support.

The extent to which someone with a heart condition will be able to work will vary depending on the nature of their condition and their particular symptoms.

> *"He tires easily and tends to suffer from water retention although this is now fairly controlled by tablets. He also has a crushed bone in his spine and so is in pain almost permanently."*
>
> *"I have to watch what he eats and drinks as this can really affect his condition. We weigh him every morning. It was a shock at first but now we have a daily routine. Life is more limited – we can't maintain our own home so we're selling up and moving into social housing into a ground floor flat. We'll get more support that way which will be a real help."*
>
> ***Carer***

> *"I cannot walk more than about 30 yards. I cannot stand for more than a minute or so. I cannot stand to cook, iron, I cannot hoover or polish. I cannot shop unless I am on my mobility scooter."*
> ***Heart patient***

The need for support can be sudden or be brought about by long term problems. For example, an unexpected and immediate need for help might arise where someone suffers a heart attack, or a child is born with congenital heart disease. Long-term support might be needed where someone has progressive heart disease or heart failure, and fast-track support might be required when a person has been given a terminal prognosis with less than six months to live.

> *"Simply living a normal life is a challenge. Everything is an effort but I have to keep trying. I get scared as there is nothing else that can be done for my condition as I have severe heart failure."*
> ***Heart patient***

People from disadvantaged backgrounds are more likely to die from heart disease prematurely. In 2008 death rates from heart disease were 50% higher in the most deprived fifth or areas compared to the least deprived fifth [2]. People with a lower socioeconomic status are also more likely to report chronic sickness from a longstanding condition of the heart or circulatory system [3]. It is vital that the welfare benefits system does not exacerbate these inequalities.

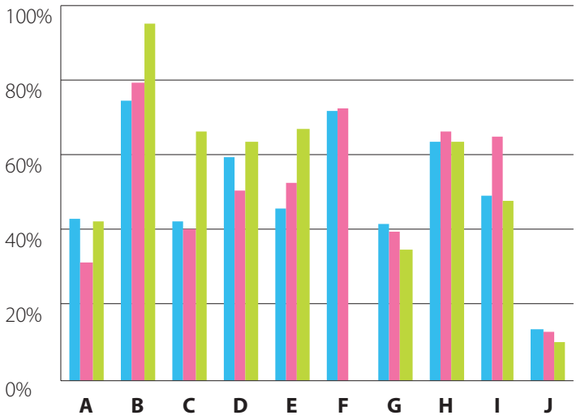
A fair and accessible benefit system would help to ease the financial burden on heart patients and their loved ones at a time when their focus should be on recovery, rehabilitation and managing their condition.

2 British Heart Foundation. Coronary heart disease statistics in UK February 2011
3 Office for National Statistics (2011) General Lifestyle survey: 2009 report

2 How are heart patients finding the benefits system?

The current benefits system is very complex. There are more than 30 main benefits and many more potential combinations of benefits and additional premiums[4]. Our survey found that there was better awareness of some benefits than others and that in a number of cases knowledge was higher amongst healthcare professionals than amongst heart patients.

Awareness of benefits of BHF survey participants[5]



A Employment and Support Allowance
B Disability Living Allowance
C Attendance Allowance
D Incapacity Benefit
E Carers Allowance
F Support for winter fuel bills
G Energy efficiency schemes
H Blue Badge scheme
I Motability scheme
J NHS Low Income scheme

4 Department for Work and Pensions. Universal Credit: welfare that works. Nov 2010
5 Healthcare professionals were not asked about their awareness of support for winter fuel bills

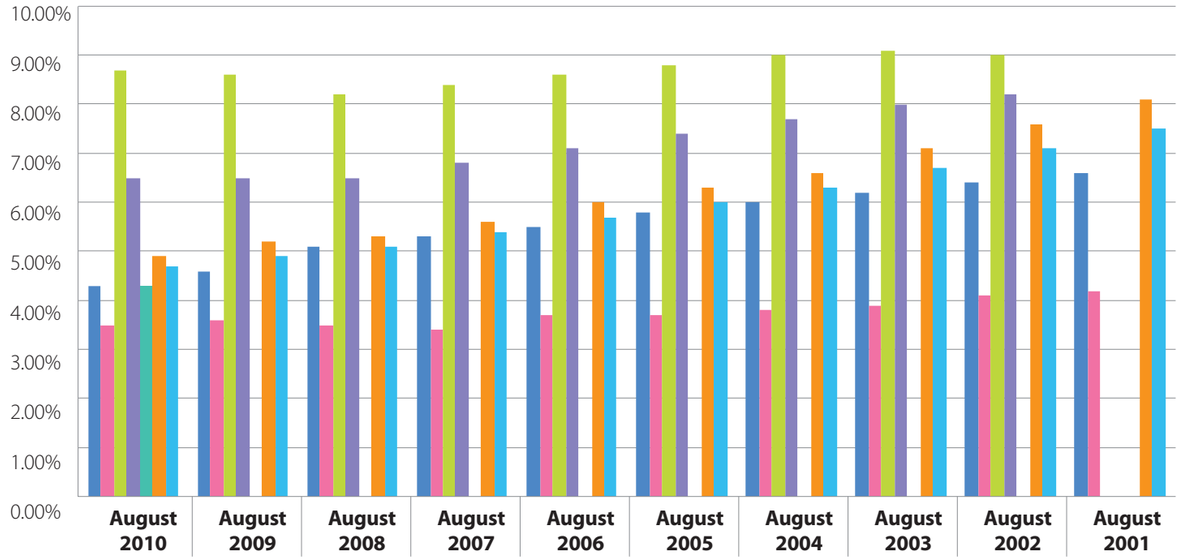
Most of the respondents were aware of Disability Living Allowance, help with the costs of winter fuel bills and Incapacity Benefit. There was a lower knowledge of Employment and Support Allowance but this is likely to be due to this being a relatively new benefit. The survey highlighted particular gaps in knowledge of the NHS Low Income Scheme and the Carer's Allowance. More detail about these schemes is therefore provided in Appendix 1.

The healthcare professionals who took part in our survey overwhelmingly told us that they thought heart patients and carers were not sufficiently aware of the benefits that they could apply for to help them with the costs of living with their condition. They also did not feel equipped to support patients - three quarters of healthcare professionals told us they needed training on the benefits system to be able confidently signpost people who were eligible to appropriate sources of advice.

> *"I feel I don't have enough knowledge and expertise to discuss this with them but I will refer them to social services or the citizen's advice bureau."*
> ***Healthcare professional***

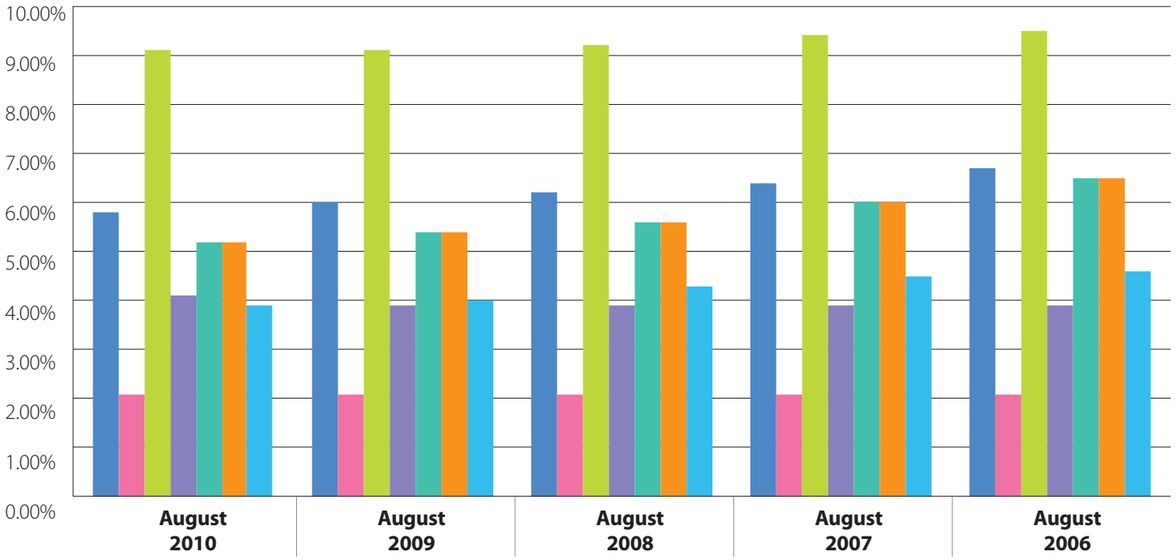
There is not consistent information available on which groups of patients are claiming each of the benefits available. However, the data that is available demonstrates that a significant number of people living with cardiovascular disease are making use of the benefits system.

Uptake of benefits in England, Wales and Scotland[6 7 8]



6 Data from the Department of Work and Pensions Information Directorate: (http://statistics.dwp.gov.uk/asd/ Accessed April 2011)
7 http://83.244.183.180/5pc/dla/disabled/ccsex/a_stock_r_disabled_c_ccsex_aug10.html Accessed April 2011
8 http://83.244.183.180/5pc/dla/nonscrpt/tabtool.html Accessed May 2011

Uptake of benefits in Northern Ireland [9]

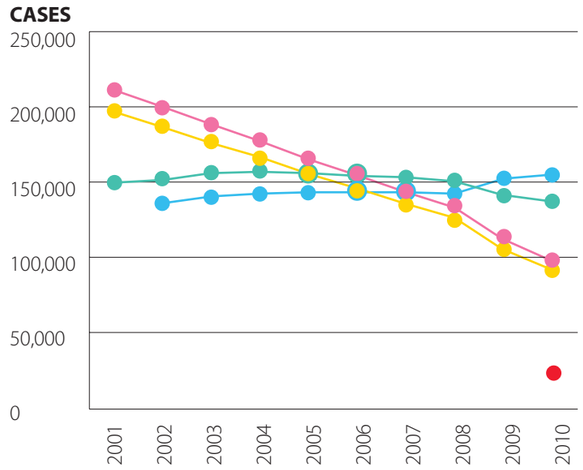


- Disability Living Allowance Heart Disease
- Disability Living Allowance Stroke Related
- Attendance Allowance Heart Disease
- AttendanceAllowance Stroke Related
- Employment & Support Allowance Diseases of the circulatory system
- Incapacity Benefit Diseases of the circulatory system
- Incapacity plus severe Disablement Allowance Diseases of the circulatory system

The figures indicate that there has been a decline in the number of heart patients receiving Disability Living Allowance in the last two years, despite the fact that claims for this benefit as a whole have been increasing.

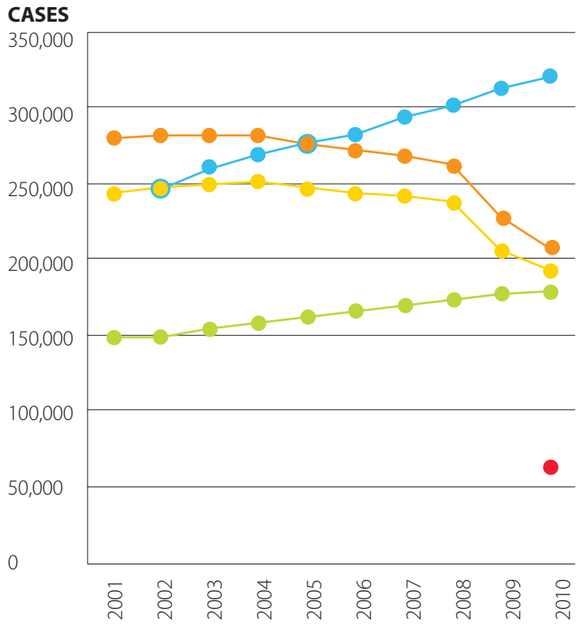
9 Department for Social Development http://www.dsdni.gov.uk/dla Accessed April 2011

Trends in the uptake of benefits in England, Wales and Scotland over 10 years



- Disability Living Allowance: heart disease
- Attendance Allowance: heart disease
- Incapacity Benefit: circulatory system
- Incapacity Benefit plus Severe Disablement Allowance: circulatory system
- Employment and Support Allowance: circulatory system

Trends in the uptake of benefits in England, Wales and Scotland over 10 years - all cases



- Disability Living Allowance
- Attendance Allowance
- Incapacity Benefit:
- Incapacity Benefit plus Severe Disablement Allowance
- Employment and Support Allowance

10

The figures suggest that while more people are being affected by heart conditions, fewer people are receiving financial support to help them to live. There may be many reasons why benefits are not being received, whether they are being applied for and turned down or never being claimed in the first place. Reasons why people, with any condition, may not claim include: 'fear of stigmatisation because they are seeking financial help, ignorance of their entitlements, difficulties with form-filling, ignorance of available benefits, and lack of appropriate advice or encouragement from healthcare professionals, some of whom are also unaware of the available benefits'[11].

10 Data from the Department of Work and Pensions Information Directorate: (http://statistics.dwp.gov.uk/asd/ Accessed August 2011)

11 Ward C. Improving access to financial support for heart failure patients: understanding the claims process and the doctors' role. British Journal of Cardiology. 2007; 14:275-9

The people who took part in our research told us they find the welfare system too complex and difficult to navigate. There are many different types of benefit available, all with differing criteria, and many of which are interlinked. In addition, different benefits are dealt with by different organisations and there is no one point of contact that people can go to if they want to know about all benefits available. People can find it very difficult to know about different benefits that exist and whether they might be eligible for them.

"It was frightening before I got the benefits. My son was suffering from depression and we were helping take care of him but he decided to move out as we couldn't cope financially and he wanted to lessen the burden. We had to cut back on everything – we couldn't run a car, we cut back on food and I lost a lot of weight, we couldn't socialise. We really struggled."

"No-one in the benefits system told me about all the benefits I could apply for. It took me over a year to get all the relevant benefits. During this time we considered selling our house as we couldn't afford the mortgage and were getting into arrears. I imagine a lot of people just can't be bothered to go through the whole process – they probably give up. The forms are very long and very frightening – especially for many people who are less able to fill them in."

"Benefits help but we still budget and are very careful about extras like socialising. We plan a budget every year and every month and cut accordingly."

"There should be a department or someone you can go to who deals with all the benefits in one go, to guide you through it all. I think that the benefits that are universally available should be more widely advertised and potential recipients should be advised immediately. In my particular case it was more like a fishing trip or a jungle expedition where I had to ask the questions provided by friends as opposed to the information being provided, even though it turned out that I was fully entitled on every occasion! I would like to see a system that everyone can understand and access."
Heart patient

Many people need help to fill in the typically long and complex forms needed to apply for welfare support. Sometimes this responsibility falls to the nurses caring for heart patients; this is particularly the case for elderly and those with a low educational level. This relies on nurses having the time to help with the forms and it could be the case that where nurses are too busy that some patients may not complete their forms at all.

"After a few attempts at filling in the forms we had to seek help from a third party who explained what the questions actually meant and what answers were actually appropriate. The few attempts I made to fill the forms in just led to them being rejected for "lack of information and incorrect answers". Yet the first time we had someone who understood the questions the allowances were given."
Heart patient

"Paperwork appears to be endless and complicated when applying for benefits. I think many people give up."
Healthcare professional

"It does seem to be a lottery as to whether they will be successful in obtaining these benefits or not. It really does seem to depend on how well the questions are answered."
Healthcare professional

"I found the whole experience very distressing and then asked to go to a tribunal which I felt the stress would give me another heart attack."
Heart patient

3 Work Capability Assessments

Employment and Support Allowance (ESA) is paid to people whose ability to work is limited by ill health or disability [12]. To receive this benefit people usually have to have a number of tests which together make up the work capability assessment. These tests are:

- The Limited Capability for Work Assessment – a medical examination looking at ability to perform a range of particular activities.
- The Limited Capability for Work-related Activity Assessment – a test to decide how much money someone will get and what further activities they will need to do to help them get back to work.
- The Work-focused Health-related Assessment – this test collects additional information about the things that someone can do despite their condition.

Healthcare professionals carry out assessments on behalf of the Department for Work and Pensions [13]. Many of the people who took part in our research were concerned that work capability assessments fail to take into account the effects of heart problems on people's ability to live and work.

"The tester did not seem interested in my heart condition and the assessment was very focused on the physical tests (raising arms, bending over etc). No questions were asked regarding how limiting I find angina to be. Medical evidence which I supplied was disregarded. I was given no points at all from the assessment and my claim for ESA was refused."
Heart patient

"Very few of my patients have met the criteria in the work capability assessment, I do not feel it adequately assesses the limitations of fatigue or how unwell a heart failure patient can be."
Healthcare professional

In addition, the fluctuating nature of conditions such as heart failure mean that some individuals can have good and bad days with their health and may be inappropriately assessed as being fit just because they are seen on a 'good' day.

"They were nice people. But they had no idea what wrong with me. I might not be in a wheelchair, but that doesn't mean I can walk fine. Like I said, it's very hard for them to understand that sometimes I can feel ok, and others I won't be able to do anything at all."
Heart patient

"The criteria are as you would expect very vague and probably designed to include anyone who can walk up to 6 minutes without 'significant' stopping. It does not recognise the variances which can occur particularly in heart failure patients, who may be fine on Monday and unwell by Wednesday."
Healthcare professional

Both the patients and the healthcare professionals who responded to our surveys told us that they feel more needs to be done to make sure that people carrying out assessments understand the realities of living with heart disease.

"You should be able to sit in front of someone who knows something about heart problems and the problems it can cause – it is very difficult to have to explain what's the matter with you (e.g. to explain that only half my heart is working) and how that affects you to someone who isn't a specialist – they don't understand. The process shouldn't be done on forms - I think there are trick questions in the forms to catch you out - it should be done by a board/panel of people who know about heart problems and your medical history and they decide whether you need help or not. I would rather accept their decision even if they turned me down; at least they would know what they are talking about."
Hear t patient

I have two gentlemen under 30 years old awaiting heart transplant and the assessment stated they were fit for work and had to go to back to work interviews. Some of the questions were inappropriate e.g. what are your dreams and aspirations? where do you see yourself in five years' time?"
Healthcare professional

12 Employment and Support Allowance replaced Incapacity Benefit, Severe Disablement Allowance and Income Support (paid on the grounds of incapacity) in October 2008
13 Atos Healthcare currently provides this service - www.atoshealthcare.com

Other voluntary organisations have also raised concerns about the extent to which work capability assessments recognise the needs of people with fluctuating health conditions [14]. Some people have been found fit for work in their assessment and then been told by Department for Work and Pensions staff that they are unable to sign on for Jobseekers Allowance instead because their poor health prevents them from fulfilling the 'actively searching for work' criterion for this benefit. The result is that 'this can leave clients with very little or no income and is likely to have a significant impact on their health'[15].

The legislation that introduced the work capability assessment requires the Secretary of State for Work and Pensions to put an independent review of how the assessment is working before Parliament every year for the first five years of operation [16]. The Government asked Professor Malcolm Harrington, an occupational health specialist, to undertake this independent review. He has published two annual reports which contain a number of recommendations to ensure that the assessment better recognises fluctuating conditions including taking into account frequency, severity and duration of symptoms and ensuring that assessors look at whether the activities in the assessment can be completed reliably, repeatedly and safely. A response to these recommendations is expected during 2012 [17].

14 For example, through the Disability Benefits Consortium www.disabilityalliance.org
15 Dryburgh K. (2010) Unfit for Purpose. Evidence on Employment and Support Allowance (ESA) from Scottish Citizens Advice Bureaux.
16 http://www.dwp.gov.uk/policy/welfare-reform/employment-and-support/wca-independent-review/
17 Harrington M (2011) An independent review of the work capability assessment – year two

4 Winter Fuel Payments

There are more deaths in the winter than in the summer in the UK and circulatory diseases are thought to be responsible for around 40% of these excess winter deaths [18]. The Office for National Statistics calculates excess winter deaths as the difference between the number of deaths between December and March and the average of deaths in the preceding August to November and the following April to July [19]. In 2007/08, almost 9,000 more people died of cardiovascular disease in the winter months compared to the summer months [20].

Although the relationship between low temperatures and morbidity is complex, there is evidence that links temperatures below 12 degrees Celsius with circulatory disease [21]. The evaluation of a government scheme to improving heating and insulation in homes states that for every degree Celsius increase in indoor temperature, the winter to non-winter ratio of cardiovascular deaths falls by 2.9% [22]. People at particular risk from the cold are older people, children and those with long-term illness.

The Winter Fuel Payment is an annual payment made to older people to help towards their winter heating costs. This has been reduced for the winter of 2011/12 to a payment of £200 for people over 60 and £300 for people over 80 [23]. In 2009/10, 12.68million people in Great Britain received Winter Fuel Payments of whom 2.54million were aged 80 or over [24].

The Warm Front Scheme provides heating and insulation improvements to the homes of people on certain income-related benefits including Employment and Support Allowance, Income support or Pension Credit [25]. In 2009/10, the scheme helped 119,711 homes with someone over the age of 60 and 61,096 homes where someone has a disability [26]. There are no specific data on the number of heart patients who have benefitted but ten per cent of those who responded to our survey had received assistance from the scheme.

18 Department of Health. Health and winter warmth: reducing health inequalities. 2007
19 The Marmot Review Team (for Friends of the Earth). The Health Impacts of Cold Homes and Fuel Poverty. 2011
20 British Heart Foundation Health Promotion Research Group. Coronary Heart Disease Statistics. 2010 edition
21 Department of Energy and Climate Change (2011) Interim report of Professor John Hills independent review of fuel poverty
22 Green G et al (2008) Warm front, better health: health impact evaluation of the Warm Front scheme Sheffield Hallam University
23 http://www.direct.gov.uk/en/Pensionsandretirementplanning/Benefits/BenefitsInRetirement/DG_179916 Accessed April 2011
24 Data from the Department of Work and Pensions Information Directorate http://statistics.dwp.gov.uk/asd/index.php?page=wfp Ac-cessed April 2011
25 http://www.direct.gov.uk/en/Environmentandgreenerliving/Energyandwatersaving/Energygrants/DG_10018661 Accessed November 2011
26 Department of Energy and Climate Change & Eaga (2010) Connecting with Communities. The Warm Front Scheme Annual Report 2009/10

Half of the heart patients who responded to our survey said that they had received payments to help pay with their winter fuel bills and 47% of healthcare professionals were aware of their heart patients receiving payments to help with their fuel bills. A third of patients indicated that they have at some point had difficulties in paying their winter fuel bills.

The people who responded to our survey felt that although winter fuel payments are helpful, the level of payment is insufficient. They also expressed concern about the eligibility criteria being restricted to age as younger heart patients may be in need of support.

> *"Winter Fuel Allowance helps but is not nearly enough to support them when the costs of fuel are rising (and rising). The last few years have shown long hard winters and it is patients who are trapped by fuel poverty who are the most vulnerable."*
> ***Healthcare professional***

> *"It is paid but at the expense of cutting down on other things i.e. like I buy most of my clothes from charity shops and can never afford a holiday. The fuel allowance is a godsend."*

> *"The Winter Fuel Allowance and Cold Weather Payments have proved very useful in allowing a necessary increase in heating, lighting etc when it has been most needed. Without them the possible consequences do not bear thinking about because such increased usage would not have been affordable."*
> ***Heart patient***

> *"I feel under 60s should get the extra allowance in the winter of £200 pounds as the disabled of those ages are still as cold as over 60s and are living on the same money if not less."*
> ***Heart patient***

A number of the heart patients who took part in our survey are taking the anticoagulant drug warfarin to help them manage their condition. They told us that the medication means that they feel the cold more, adding to the cost of heating their home.

> *"Being on warfarin for life makes me feel the cold weather more than anyone in my household. I am on warfarin because of my heart condition. I cannot afford to have the heating on in bad weather constantly especially now the fuel prices have increased so drastically and sit with a quilt or extra blankets on me in my house."*
> ***Heart patient***

> *"I'm permanently cold because of warfarin."*
> ***Heart patient***

The people who responded to our survey told us about the financial, emotional and health effects of difficulty in paying winter fuel bills. It is clear that this is a major concern for many heart patients and those who care for them.

> *"The cost of utilities is a constant stress to patients ... Heating their homes is one issue but another important one is the fuel required for cooking. Many patients try to reduce their Gas / Electricity bills by not using their ovens/microwaves. Food choices are being made wherby the patient plans daily meals which can be eaten cold. These patients are trapped in fuel poverty. A hot meal every day should not be considered a luxury for ANY patient ... but it is for many."*
> ***Healthcare professional***

> *"Due to the cold this affects my health in general and obviously puts extra strain on my heart as well as my other conditions. I also have to turn the thermostat down to 17 degrees when I do have the heating on. It is definitely a miserable existence."*
> ***Heart patient***

> *"Very stressful and has a psychological effect on the patient and their family. That, along with physical health problems such as hypothermia has a big impact on health."*
> ***Healthcare professional***

> *"Anxiety and depression levels increase. [They] live in one room because can't afford to heat the house."*
> ***Healthcare professional***

5 End of life benefits

There is a 'special rules' system for people who are terminally ill to help them receive benefits more quickly. In order to take advantage of these rules, healthcare professionals need to complete a form that states their patient has a life expectancy of no more than six months. People are then fast-tracked to receive everything they are entitled to as quickly as possible. Under this scheme people do not have to take part in any work-focused health assessments [27].

Heart failure has an ill-defined trajectory that is often characterised by gradual deterioration punctuated by sudden relapses. This makes it difficult to predict what will happen to patients in the future, which may have a knock on impact on the care and support that they receive.

There is no data available on which conditions people have when they are able to take advantage of these special rules. But only two thirds of the healthcare professionals who took part in our survey were aware of special rules and amongst those who were aware only half of respondents said they were comfortable discussing the rules with heart patients. A further 22% of respondents explicitly said they did not feel comfortable.

2/3

Only two thirds of the healthcare professionals who took part in our survey were aware of special rules.

50%

Amongst those who were aware only half of respondents said they were comfortable discussing the rules with heart patients.

22%

A further 22% of respondents explicitly said they did not feel comfortable.

27 www.dwp.gov.uk/healthcare-professional/benefits-and-services/employment-and-support/

> *"Not confident as it is so difficult to identify those who are in their last six months of life - due to the unpredictability of the patient journey. Therefore, this is something we discuss so infrequently that really I would not be confident in doing so."*
> ***Healthcare professional***

> *'The greatest difficulty is in anticipating prognosis in heart failure. There is concern among clinicians of getting this wrong.'*
> ***Healthcare professional***

This uncertainty amongst healthcare professionals could be having an impact on heart patients' ability to access and receive the benefits they need. A 2010 study found that healthcare professionals are less likely to complete a DS1500 form for heart failure patients than for people with other conditions [28]. The study suggested that this may be because it is more difficult to predict the trajectory of heart failure compared to other terminal illnesses and this was echoed in our research.

> *"These are obviously very difficult conversations but are necessary when your patient is reaching the terminal phase of their illness. There is always that worry about what will happen if the patient doesn't die in the following six months, as we know heart failure patients conditions can fluctuate vastly."*
> ***Healthcare Professional***

In 2009, there were over 170,000 people living with heart failure in the UK with 27,000 new cases diagnosed each year [29]. Heart failure has a poor prognosis: the National Heart Failure Audit 2010 suggests about 32% of heart failure patients will die within a year of their hospital admission and other studies show a similarly poor prognosis of around 30-40% of patients dying within a year [30]. There is no single test for heart failure; diagnosis relies on clinical judgement based on a combination of history, physical examination, and appropriate investigations. The Welfare Reform Bill, expected to be passed by Parliament in 2012 will maintain the special rules system and apply it to a new benefit, the Personal Independence Payment.

28 Önaç R, Fraser NC & Johnson J J. State financial assistance for terminally ill patients: the discrepancy between cancer and heart failure. British Journal of Cardiology. 2010; 17:73
29 BHF (2010) Coronary Heart Disease Statistics 2010
30 National Institute for Health and Clinical Excellence. Clinical Guideline No 108: Chronic Heart Failure. National clini-cal guideline for diagnosis and management in primary and secondary care. August 2010

6 What needs to happen?

This report provides a snapshot view of the heart patients experience of the UK welfare system, an area where there is a relative lack of information. Our findings highlight that many heart patients, and their carers, have a real need for financial support from the UK welfare system. However, many have faced substantial barriers in getting the help that they need. Whether being unaware of benefits available, **finding the system too confusing and complex**, or the eligibility criteria for benefits narrow and unsuitable for those with heart problems, there are heart patients for whom the current welfare system is not working.

All heart patients should be able to easily access support to ensure they get the help that they are entitled to. **Information on benefits** and other financial matters should be part of a good quality cardiac rehabilitation programme [31]. The BHF has long campaigned for every suitable heart patient to be offered a comprehensive rehabilitation programme to help them understand their condition and get back on their feet.

The reform proposals mean that there will be a new single benefit, the Universal Credit, which will replace working tax credit, child tax credit, housing benefit, council tax benefit, income support, income based job seekers allowance and income-related employment and support allowance [32]. Measures should be put in place to ensure that these changes **make it easier for people to navigate the system**, including raising awareness of the new system and providing simple and accessible application forms. The Department of Work and Pensions should also monitor the effect of the changes to ensure that they do not have an adverse impact on people living with long term health conditions such as heart disease.

The Department of Work and Pensions should accept the recommendations from the Harrington Review around how the work capability assessment can better recognise the needs of people with **fluctuating health conditions**. Staff conducting the assessments should also be required to have a full understanding of cardiac conditions and the impact that these may have on ability to work.

It is of grave concern that **winter fuel payments** are being reduced at a time when many heart patients told us that they are struggling to pay their bills. They should increase to keep pace with rising fuel costs in future years. The Department of Work and Pensions an Department of Health should explore the impact of anticoagulant medication on the extent to which people feel the cold and consider whether people who are taking these drugs should receive extra assistance to keep warm.

The **'special rules system' for people in the last six months of life** needs to reflect the needs of people living with fluctuating conditions like heart failure. This could be achieved by changing the requirement for GPs to definitively say that their patient is in the last six months of life to requiring them to say that they would not be surprised if their patient were in the last six months of life. This would remove the barriers to financial support for heart failure patients when they need it most and also help to ensure that healthcare professionals are having open discussions with patients about the end of life.

31 British Association for Cardiac Rehabilitation (2007) Standards and Core Components for Cardiac Rehabilitation
32 House of Commons (2011) Welfare Reform Bill: Explanatory notes

Appendix 1: the low income scheme and carers allowance

The survey showed low levels of awareness of the NHS Low Income Scheme and the Carers Allowance. More information about them if is therefore provided here as this may help to increase knowledge.

The NHS Low Income Scheme
This is a UK-wide scheme that provides financial help to people who are not exempt from NHS charges but who may be entitled to full or partial help if they have a low income. The scheme covers prescriptions, dental treatment, sight tests, glasses and contact lenses, travel to receive NHS treatment and NHS wigs and fabric supports.

The scheme is designed so that you can claim for a certificate before you need any treatment and are able to budget accordingly. However, if you've already paid for something, you can apply for a refund at the same time you apply for a certificate.

Anyone can apply as long as they don't have savings or investments over the capital limit.

If you are resident in England the capital limit is:
- £23,250 for those permanently in a care home
- £16,000 for everyone else

If you are resident in Scotland the capital limit is:
- £23,250 for those permanently in a care home
- £16,000 for everyone else.

If you are resident in Wales the capital limit is:
- £22,500 for those permanently in a care home
- £16,000 for everyone else

Any help you are entitled to is extended to your partner, if you have one. There is more information about the scheme, including details of how to apply at www.nhsbsa.nhs.uk or you can call 0845 850 1166.

The Carers Allowance
Carer's Allowance is a benefit to help people who look after someone who is disabled. You don't have to be related to, or live with, the person you care for but you must be aged 16 or over and spend at least 35 hours a week caring for a person.

The person you care for should be getting one of the following benefits:
- Attendance Allowance
- Disability Living Allowance (at the middle or highest rate for personal care)
- Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit
- Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension

However, you can't get Carer's Allowance if:
- you're in full-time education with 21 hours or more a week of supervised study - or doing a course described as full-time by the college or establishment providing it
- you earn more than £100 a week after certain deductions (like Income Tax) have been made

You can get a claim form from any Jobcentre Plus office or pension centre, by calling 0845 608 4321 or make a claim online at www.dwp.gov.uk/carersallowance

Appendix 2: About the research

The BHF commissioned Punch Consulting to research the issues facing heart patients and their carers. A total of 637 heart patients, 89 carers and 115 healthcare professionals took part by completing an online survey between April and August 2011. The researcher then followed up with a few more in-depth case study discussions. This provides a snapshot view of the experiences of people affected by heart disease and those who support them. Thanks are due to all those who took part in the research and Alexis Willett at Punch Consulting.

We are the nation's heart charity, dedicated to saving lives through pioneering research, patient care, campaigning for change and by providing vital information. But we urgently need your help. We rely on your donations of time and money to continue our life-saving work. Because together we can beat heart disease.

bhf.org.uk

Heart Helpline
0300 330 3311
bhf.org.uk

Information & support on anything heart-related
Phone lines open 9am to 5pm Monday to Friday
Similar cost to 01 or 02 numbers

British Heart Foundation
Greater London House
180 Hampstead Road
London NW1 7AW
T 020 7554 0000
F 020 7554 0100