OUR MARK: VI

RGX2/RGIX2

EAST SUSSEX COUNTY COUNCIL
STATEMENT OF WITNESS
(C.J. Act 1967, s.9; M.C. Act I980 ss5A(3)(a) and 5B, Criminal Procedure Rules 2012, Rule 27.2)

Name: Ann Longden
Age of Witness (if over 18 enter "over 18"): Over 18
Occupation: Mobility Assessment Officer

This statement (consisting of pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signed……..Signature witnessed By……..

Dated the 13th day of July 2022

I am the above named person and I am a Mobility Assessment Officer for the Blue Badge Team at East Sussex County Council. I have held this role since October 2019. I am also a (1) Registered General Nurse and have been since 1982. I also have a District Nurse Qualification.My current role involves me assessing blue badge applications and blue badge renewal applications for those whose badges are due to expire. This involves me screening applications to assess if a client meets the criteria set by the Department for Transport to ascertain whether the client is eligible to be issued a blue badge or not. If necessary and a decision can't be made when the application is assessed it may be required to invite the client to a face to face mobility assessment

NOT DOCTOR WITH SPINE SPECIALISATION

On the 6th of April 2022 I carried out a face to face mobility assessment with a Mr Riccardo Gresta along with my colleague Mandy Gaved who is also a Mobility Assessment Officer. The assessment was conducted at St Mary's House in Eastbourne

The Assessment and outcome are uploaded on Mr Gresta's record in e-casefile on Liquid Logic. Ecasefile is local East Sussex County Council database where clients records are stored. I can produce a copy of this assessment as my Exhibit (AL/01).

(2) Mr Gresta was assessed by qualified registered health care professionals and based on his presentation at his clinic appointment and as he left the building, he was found to be not eligible. His overall presentation was inconsistent therefore he did not meet the DfT criteria. .

Mr Gresta was notified of the outcome of his assessment by letter dated 14/04/2022.

(3) Mr Gresta wrote an appeal letter dated 22.04.22 with a supporting medical letter which was headed with Hurtswood Park Hospital, Neurology Department and dated 19.04.2022. It had a typed signature at the bottom of the letter, this was typed as Angus Anderson Independent Consultant Neurologist. Overall the letter had a number of grammatical errors and it did not give me the impression that it had been written by a consultant neurologist. It looked to be written in a manner very similar to Mr Gresta's appeal letter.

(4) Another concern noted was that if Mr Gresta had been seen by the Musculoskeletal (MSK) consultant on the 12.04.22 as he stated he did, it would have been very unlikely that he would have been referred, seen by a neurologist and received a written report from them within 7 days. (HEARSAY / Personal opinion)

(5) Due to having reasonable suspicion that this letter was not a genuine medical report I rang Hurstwood Park Neurology department on 27.04.2022 at 14:30 and spoke to the neurologist's secretary Mandy Covey. I was informed by Mandy that their department did

Signed: ……..Signature witnessed by: ……

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not have a consultant by the name of Angus Anderson and she did not know of an independent consultant neurologist of this name. Mandy informed me that the consultant's name at Hurstwood Park was Angus Nesbit. She also stated that if an independent consultant had written a letter/report they should not be using Hurstwood Park's address at the top of their letter. Mandy also told me that Mr Gresta had not been seen at Hurstwood Park neurology department since September 2019. The last referral to Hurstwood Park from MSK was dated 05.09.2019 and the consultant practitioner who signed that letter was called Michael Anderson. The name on the medical letter sent in by Mr Gresta was Angus Anderson.
My colleague Mandy Gaved looked on the General Medical Council (GMC) register to ascertain if there was a listed Doctor with the name Angus Anderson and found that there was no one of this name registered. Due to my concerns that the medical letter provided my Mr Gresta in order to support his appeal was not genuine, I spoke to Mark Jobling who is the Investigations Officer for the Blue Badge Team and informed him that I did not believe that the letter provided was genuine and had not been written by a Consultant Neurologist.

I am willing to attend court and give evidence if required.

Signed: .....Signature witnessed by: .....

NEast Sussex County Council
Adult Social Care
Blue Badge Team

Mobility Assessment

Section One: Initial Information

Name:	Riccardo Gresta	P Number:	6050735
Address:	Flat 1, 21 Elms Avenue, Eastbourne, East Sussex. BN21 3DN		
Date of birth:	28.03.1977	Age:	45

Date of assessment:	06.04.2022
Time of assessment:	11:30
Location of assessment:	St Mary's House
Assessment officer:	Ann Longden accompanied by Mandy Gaved. Rachel Griffiths observed client's mobility on arrival and leaving the appointment
New application or renewal	Renewal
Persons accompanying applicant:	None
ID check:	OX

Problem areas reported: Gait/Balance O Breathlessness OX Pain O X Fatigue O X Other O

APPLICATION States:

Lumbar Canal Stenosis / serious movement difficulties. Cannot walk properly and this affects balance and pain. SOB after 20 metres, SOB getting dressed and trying to leave home, walking uphill.
Main condition, back problems, over last year has got worse. States it is likely he is eligible for PIP MA component. Can walk 15 metres takes 1 to 2 mins, walking duration less than a minute.
Pain from lumbar spine spreads to legs, shoulders and hands. States his condition makes him nervous, anxious, fearful of open spaces almost every time. Blue Badge would help reduce his anxiety if could park nearer shops, often needs someone with him. Receives PIP 8 points Daily Living component and Universal Credit.

GENERAL BRIEF HISTORY OF CLIENTS APPLICATION.

UNIVERSAL CREDIT (UC) REPORT (29.03.21) The UC assessment was undertaken via a telephone screening, client was not observed or examined by the medical assessor due to Covid restrictions. Client states on the report that he experiences knee pain, neck and back problems, lumbar spinal stenosis, hypertension, seizures, mental health problems, liver problems and anaemia. States that he is in constant pain and must stop walking after 20 metres and sit down for 20 minutes. Experiencing worsening pain in the neck over the last 3 years with pain in hands when using them for such as typing for a few minutes. The report states that he has undergone upper limb nerve conduction studies which show he has nerve root impingement bilaterally, (client told mobility assessors that he had not undergone nerve tests yet due to Covid restrictions and no supporting medical information was submitted showing that he had undergone such tests). Client also reported that he was due to have nerve conductions tests but was told that they didn't want to do them in this country - he thinks this was due to the pain it would cause.

Regarding lumbar spine, the UC report states that the surgeon had recommended against back surgery at present due to high risk of complications (Client told mobility assessors that the surgeons had told him that he couldn't have surgery in Italy until he was 50 years and in the UK 65 years old, client did not

mention the risk of complications). UC report states he lives with a friend who cares for him, he works as an accountant 2 hours a week, his friend prepares food as he has too much pain to stand in the kitchen. Report states that he is unable to lift milk, the kettle due to weakness in hands, uses light weight plastic plates and knives and forks. The medical assessor who wrote the report states that the client qualifies for universal credit for the medium term.

Please see universal credit report in e-case file. Information submitted by the client for this UC telephone assessment is inconsistent with supporting information from UK GP medical summary and other UK medical reports.

The client submitted a letter to the Universal Credit Department from his Italian doctor (dated 16.10.2020) who states he is a long-standing family friend. The letter states that the doctor is absolutely certain that the client has stage 2 arterial hypertension with nocturnal seizures. The doctor finishes his letter by stating, 'I strongly recommend, indeed I order the client to avoid any type of stress, to avoid any type of work including self employed and failure to comply with what is ordered is equivalent to putting the patient's life at risk'.

MEDICAL SUMMARY FROM UK GP.

Listed active problems: Chronic lower back pain, Vit D deficiency and Scheuermann's disease.
The only prescription medication prescribed are eye drops and ointment for dry eyes.
There are no outstanding extraordinary blood test results. There are two B/P recordings one on 30.10.20 of 157/97 which is slightly high and one 31.12.20 of 135/79 where the top reading is slightly high and bottom reading within normal range. There are no antihypertensive medications on the client's drug list. (Client told the mobility assessors that his BP is 'up and down' and therefore cannot be prescribed any medication for hypertension).
Listed on the medial summary is also a report/MRI Right knee, from 01.02.2017 which states knee is satisfactory, no further action, no evidence for cause of knee pain on this study.
The summary shows that the client requested the GP to make an urgent referral to MSK on 25.02.2022 - after the mobility assessor had requested medical supporting information on the 17.02.22 about his walking difficulties.

LETTER SUBMITTED AS SUPPORTING INFORMATION
Hurstwood Park- Neurosciences. (25.03.19)
Letter states that this is a face-to-face appointment/follow up. It states that the specialist discussed the whole spine MRI scan report and findings include, normal cervical spine alignment, no central canal stenosis, or cord compression and no abnormal spinal cord signal intensity. There is no significant disc lesion and no marrow infiltration, and client was referred onto neurology for expert opinion. Radiologist concluded appearance of Scheuermann's disease. Outcome states that there does not appear to be a definite spinal cause for ongoing widespread symptoms There is no medical letter to support that the client attended a neurology appointment. Client told the mobility assessors that he now has an appointment date for MSK so he should have an onward referral to neurology. Date is 12.04.22, copy of appointment taken to up-load onto e-casefile, client gave permission for this.

MOBILITY ASSESSMENT 06.04.2022

Assessor (AL) observed client approaching St Mary's reception using an umbrella as a walking aid. He had a slightly bent over posture and was walking slowly, he didn't look to have any gait issues. He requested to use the toilet and after exiting the toilet he walked into the assessment room without using the umbrella as a walking aid, he carried it in and hung it on the side of the desk.

At times it was difficult to understand client's Italian accent, especially due to mask worn (for Covid-19 precautions) and at times assessor had to ask client to repeat things.

Assessor explained that we would be going for a short walk along the front of the building so that we could observe his walking ability, but first needed to ask a few questions.

Assessor asked the client what his main problems were regarding his mobility. Client explained that it was

found in Italy some years ago that he had disc problems involving some nerves. He stated that he had painful L4/L5 lower back and that if he walks for 15 metres he experiences sciatica. He stated that when typing he experiences pain in his arms and it can spread everywhere in his body, stated it was variable and that he has to rest because of the pain.

Assessor asked if there where any other issues that affected his walking. Assessor mentioned about a letter recorded on his GP summary that was from the mental health team at St Mary's. Client did not comment about this. Assessor asked about his anxieties that he had mentioned on his application but again client did not answer. This may have been due to a misunderstanding of the question as he mentioned about his raised blood pressure and that it was 'up and down' and high at night and therefore he couldn't take any medication for this.

Assessors commented that it was raining, however the client said that he wanted to go out for the assessed walk.

Timed Walk

Please ask the following question: **'Have you been told by a doctor that you should not walk far due to a danger posed to your health by the effort required to walk?'** **If the applicant has been advised against walking, please comment in the box below.**	Yes x O due to Vertigo /balance and headache. Assessors were unclear who had told him this.
Please tick this box to indicate that the therapist has ensured the applicant has all walking aids and medications that he/she would usually take with him/her before beginning the timed walk.	OX
Please tick this box to indicate that the client has agreed to participate in the timed walk. If client has not agreed please indicate why in the box below.	OX
Client decided to leave his umbrella in the clinic room.	

Section Two: Pain (other than chest pain)

Did the applicant experience pain during the assessed walk?	Yes Ox No O
Did the applicant take pain medication as usual on the day of assessment?	Yes O No Ox
If not, why not?	Reported he has no pain medication currently. Has tried a variety in the past but nothing works. Stated even morphine didn't work and he was told this was because he has a mechanical problem with his back and pain medication will not help, only surgery. Reported he had been told in the UK he could only have surgery when he reaches 65, and in Italy it would be aged 50.
Where is the pain?	Right leg, knee, sciatica in right leg. If he doesn't rest it spreads to left leg. Stated he had a little bit of pain/pins and needles in left leg/ hip. He explained that if he walked any further it would have the same pain as the right leg. Client was showed a VAS pain tool illustration sheet and he scored his pain in his right leg as 8 -9 and his left leg as a 2 but said this would increase if he walked further. Also reported a little bit of pain in his right knee (flexed right

	knee and hip as sitting to indicate the area to assessor). Client was asked what he would score his pain in his right leg before the walk, he reported between 5 and 6 on the VAS.

On a scale of 0 to 10, where 0 is no pain and 10 is the worst pain imaginable, how would the applicant rate his/her level of pain during the assessed walk?										
0 O	1 O	2 O	3 O	4 O	5 O	6 O	7 O	8 OX	9 OX	10 O

Pain indicators (observed by assessor):
Frequent stops, reaching out to railings and leaning on them at stops and leaning forward on them as completing the measured walk, grimacing with audible sounds, did not chat, holding his left hand in his lower back during the outward part of the measured walk, uneven step length at times.

Is the applicant's self-report consistent with the assessor's observations and knowledge of medical conditions?	No
Comments	Observations during the measured walk were not consistent with client's presentation during the whole appointment and when he was observed walking away from the appointment – see below for more details. It would have been expected that client would have presented consistently at all times when observed walking, from his report. His mobility and pain indicators appeared worse during the measured walk than on arrival and as he walked towards his home, when it would have been expected that the indicators would have been worse at those times as he walked further than during the measured walk. Client's right step length tended to be shorter than left, although no marked antalgic gait pattern was observed. It would usually be expected that if the right leg was painful or weak, it would be the right step length that was longer, not the left, due to a tendency to reduce the weightbearing time on the right side in the swing phase.
What kinds of things make the pain better or worse?	Continued walking, climbing steps. Stated that the pain never gets better.

Section Three: Shortness of Breath / Cardiac Symptoms

Did the applicant experience shortness of breath or chest pain during the walk?	Yes ○No ○x No, because he stopped when he needed to and it was a short walk

Perceived SOB at rest before standing up	Modified Borg Scale rating: n/a
Perceived SOB at the end of the timed walk	Modified Borg Scale rating: n/a
Time until observed SOB returns to baseline	
Was the applicant able to talk during the timed walk?	Yes ○ Clipped sentences only ○x Unable ○

What kinds of things make the shortness of breath / chest pain better or worse?
See above – walking further would trigger SOB. He reported he can experience SOB depending on where the pain spreads to. He did not report chest pain issues.

Shortness of breath indicators (observed by assessor):
No SOB indicators observed by assessors. The clipped speech appeared to be linked to his pain experience.

Is the applicant's self-report consistent with the assessor's observations and knowledge of medical conditions?	
Yes	

Section Four: Balance

Does the applicant experience problems with balance?	Yes ○ No ○

Comments on balance:	Reported he had been told not to walk far as he loses his balance. He reported he experiences headaches and vertigo. Reported he has had falls indoors as he cannot "control" his knees. Client was observed by assessors to have no balance issues walking across the open area in reception and walking back home at the end of the assessment.

Section Five: Any Other Information

Is today a better day or a not so good day?	"Almost a better day".
If the therapist feels that further input regarding falls prevention may be necessary please advise applicant to contact his/her GP and tick the box to indicate this advice has been given.	No
Is there any other information the applicant would like to add?	No

Section Six: Timed Walk Report

The total distance the applicant is able to walk:	78.3 metres
The total time the applicant is able to walk (including rests):	226 seconds
The speed the applicant is able to walk:	0.34 m/secs
Number of rests taken on the outward journey:	5
Number of rests taken on the return journey:	5
Reasons for resting and comments on rests:	
Pain/pins and needles / sciatica pain right leg.	
Was an appropriate aid used correctly during the timed walk?	
Client chose not to use his umbrella. No walking aid used except holding onto the railings. Reported he was told not to use walking aids as gripping them or using axillar crutches increased the pain in his back.	

Task	Description of applicant's gait	Score system	Score
Initiation of gait	Hesitancy or multiple attempts to start No hesitancy	= 0 = 1	1
Step length and height	Does right swing foot pass left stance foot with step?	No = 0 Yes = 1	1
	Does right foot clear floor completely with step?	No = 0 Yes = 1	1
	Does left swing foot pass right stance foot with step?	No = 0 Yes = 1	1
	Does left foot clear floor completely with step?	No = 0 Yes = 1	1
Step symmetry	Right and left step length not equal Right and left step length equal	= 0 = 1	0
Step continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1	1
Path	Marked deviation Mild/moderate deviation or actively uses walking aids Straight without walking aid	= 0 = 1 = 2	2
Trunk	Marked sway No sway but flexion of knees or back, or spread out arms while walking or actively uses walking aids No sway, flexion, use of arms or aids	= 0 = 1 = 2	1 Used railings
Walking stance	Heels apart (medial heels ≥ 4 inches apart) Heels almost touching when walking	= 0 = 1	1
	Total gait score:		10
	Total gait + balance score (if completed):		n/a
Comments on gait:	Feet passing although right step length often shorter than left and occasionally not passing left. (If he had sciatica in right leg and right knee issue, it would usually be expected that the right step length would be longer than the left, as it would be easier to weight bear through the left to swing the right through)		

Section Seven: Functional Observations and Therapist's Comments

Functional observations:
No upper limb or hand function issues were observed during the assessment. He was observed to do the following without any observed difficulties –

- handle the umbrella
- take papers out of his coat pocket and sort through them
- move right arm round behind him to indicate a location on his lumbar spine area
- move his left arm to his right arm and shoulder when indicating the area of issues
- touch his nose through his mask
- lean forward and use the pump action sanitiser dispenser on the table with 2 hands and rub the gel into his hands
- use right hand to move sleeve to look at watch on left wrist
- sit with hands clasped on the desk in front of him
- sit with his left arm stretched over the back of the adjacent chair
- grip the railings during the measured walk
- hold left arm in his lower back during the measured walk

Postural / movement observations in the clinic room –

- Sat quite upright in chair but did not look tense / stiff in posture on arrival to prior to walk - despite having walked a significant distance from drop off point (see below).
- Lent forward and changed position but did not appear to be due to discomfort – no grimacing / stiffness / wincing noticed.
- Remained sitting during conversation before walk and was not observed to fidget / adjust position.
- Rose from sitting with apparent effort
- After walk he initially sat down but then stood up, with effort, saying he had sat too long, and leaned forwards on table, initially leaning onto dorsal side of fingers. He was then able to step backwards and hold the chair backs either side of him.
- He was able to flex his right hip and knee as sitting to indicate his right knee when talking about the issues with it.
- He was able to turn his trunk and pelvis to the right as sitting to indicate his left hip when talking about the location of pain he experiences on that side.

Client attended the appointment alone, which included a significant walk from his reported drop off point and then independent use of the toilet in the venue.

He reported he had been dropped off by his carer at the Vauxhall garage – approx. 300m on Google Maps, including a steep incline up over the railway bridge. There are areas suitable for drop points outside the venue and clients are informed about the reserved parking on site for Blue Badge attendees. Client had attended the venue before and lives locally so it would have been expected that he would have been dropped off closer the venue if he had substantial walking difficulties and pain.

He reported his carer had gone home and he would call her to collect him after the appointment.
Despite the poor weather (rain and wind) he was observed to leave the venue immediately after the appointment and set off walking in the direction of his reported drop off point. He was observed by an assessor (R Griffiths) to walk to the road he lives in – approx. 965m away.
See below for her observations of his mobility arriving to the appointment and after leaving it.

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Therapist's comments:

There were inconsistencies throughout the mobility assessment. Client was observed to walk through an open reception area without walking aid with no stops and not holding on to anything for support. On the timed walk he spent over 50 % of the walk holding onto the railings along the side of the building and bending over with facial grimace and audible noises which related to pain sounds. He had 10 stops on the timed walk but didn't have any stops walking back through reception and didn't have facial grimace or make audible pain sounds.

Observations of client's mobility on arrival and leaving the appointment -
Before clinic: observed walking slowly into clinic using an umbrella as a walking aid in right hand. Stopped once for about 5 seconds and held onto the rail. Only observed for about 10 metres as view obscured by cars.

After clinic: Observed walking slowly using an umbrella as a walking aid in right hand. He stopped 5 times walking from St Mary's exit to the lamppost at the end of the road (Upper Avenue). He held onto the rail each time he stopped. He was asked for directions by passer-by near the lamppost.

He then crossed the road and took a look back towards St Mary's House. He immediately stopped using the umbrella as a walking aid and put it up as it was raining and then put it down due to the wind. He then placed the umbrella under his arm and walked with his hands in his pockets.

He walked to Elms Avenue where he lives- observation stopped at the corner of Elms Avenue 0.6 miles/965metres from St Mary's. During the walk home he did not stop once to rest, and he did not hold his back. His step length and pace increased compared to his mobility from St Mary's exit to the lamppost. He mobilised with even step length, passing stance foot bilaterally and good foot clearance. There was nothing remarkable to note about his gait.

In conclusion his walking from the lamppost to Elm's Avenue was completely inconsistent compared with observation of him leaving St Mary's to the lamppost. Distance measured on Google maps was found to be approximately 965 metres.

Final conclusion and outcome of Blue Badge assessment
Assessors consider that client does not meet the DfT criteria for a Blue Badge at the present time.

His presentation before, during and after the appointment was not consistent. Observations and his report on the day indicate he is able to walk further and with less impact on his gait that he presented during the measured walk.

The medical information and supporting documents he has submitted also do not present a consistent picture of his reported mobility issues. Assessors consider he has not submitted sufficient detailed UK documentation to support the severity of the medical issues he has reported, any treatments or medication past or present.

Additional assessors were present for this assessment as concerns have been raised previously about inconsistencies in client's presentation when observed during and outside a clinic environment.

Name:	Riccardo Gresta	P number:	6050735

ASSESSMENT OUTCOME

CRITERION ONE: The applicant has an enduring and substantial disability.	Yes	No
	O	Ox
If the answer to the above question is 'No' the reason is because:		
- The applicant is awaiting investigations or treatment that may improve his/her condition.	Yes Ox	No O
- The applicant is undergoing / recovering from treatment that may improve his/her condition.	Yes O	No O
- The applicant's disability is intermittent.	Yes Ox	No O
If the applicant does not have an enduring and substantial disability, he/she is NOT eligible for a Blue Badge at this time. **PLEASE NOTE THAT IF AN APPLICANT HAS NOT MET THIS FIRST CRITERION A BADGE CANNOT BE ISSUED REGARDLESS OF HIS/HER PRESENTATION DURING THE ASSESSMENT.**		

CRITERION TWO: The applicant has very considerable difficulty in walking.		
LIST A		
The applicant is **unable** to walk more than 30 metres. *This distance has been determined by the Department for transport*	Yes O	No Ox
LIST B		
The applicant is only able to walk with excessive labour of gait. *This is measured using the standardised Tinetti gait assessment*	Yes O	No Ox
The applicant is only able to walk with excessive breathlessness. *This is measured using the Modified Borg Dyspnoea Scale*	Yes O	No Ox
LIST C		
The applicant is only able to walk at an extremely slow pace. *This walking speed has been determined by the Department for Transport*	Yes O	No Ox
The applicant is only able to walk with excessive pain. *This is determined by considering the applicant's self rating of pain and the therapist's observations and medical knowledge of the condition*	Yes O	No Ox
In order to be eligible for a Blue Badge under this section, an applicant must: - **Satisfy the criterion in List A** **OR** - **Satisfy one criterion from List B and one criterion from List C**		

CRITERION THREE: The applicant should not walk far due to a danger posed to his/her health by the effort required to walk.		
It is the assessor's professional opinion that the applicant meets this criterion. *The assessor will consider all information presented as part of the application*	Yes O	No Ox
This criterion is intended for people with serious heart or lung conditions for whom walking too far would directly cause a danger to their health that would require medical intervention to recover.		

DECISION	
APPLICANT ELIGIBLE with standard review on renewal	O
APPLICANT ELIGIBLE with therapist review on renewal	O
APPLICANT NOT ELIGIBLE	Ox

Name:	Riccardo Gresta	P number:	6050735

ASSESSMENT OUTCOME

Thank you very much for attending a Mobility Clinic. Unfortunately your application for a Blue Badge has not been successful at this time and the reasons for this are indicated below:

You are currently recovering from treatment and there is an expectation that your mobility will improve.	o
You are currently waiting for medical assessment/ treatment and your mobility may improve afterwards.	ox
Your symptoms present as intermittent in nature.	ox
You are able to walk more than 30 metres.	ox
The manner in which you walk does not affect you to the extent necessary in order to meet the current Department for Transport guidelines.	ox
Whilst we acknowledge shortness of breath is an issue, it does not affect you when you are walking to the extent necessary in order to meet the Department for Transport guidelines.	o
We acknowledge that you do experience pain when mobilising, however, your pain levels do not affect you when you are walking to the extent necessary in order to meet the current Department for Transport guidelines.	ox
You are able to mobilise faster than the walking speed set by the Department for Transport.	o
The effort of walking does not cause an immediate danger to your health.	ox

Blue Badge Service

referral. Summary doesn't mention all the conditions he listed for universal Credit benefit! And he is not on anti-hypertensives or prescribed pain medication or seizure meds only medication prescribed are eye drops. Apart from the new referral to MSK there is no record of him having discussions with his GP about his mobility problems or pain. The summary also shows that a letter from the mental health department was sent to the GP on 24.02.22 there is no information regarding this letter. Discussion had with LD, RG and MG and decision is to invite to clinic with two assessors. AL PLEASE DONT BOOK A DATE YET UNTIL WE HAVE ARRANGED A TIME WHEN ALL THREE ASSESSORS ARE AVAILABLE. I WILL LET YOU KNOW WHEN WE HAVE A DATE. AL

09.03.2022 as requested by AL, clinic app booked for SMH, ^th April @ 11.30am. MG, RG and AL to attend (aware of booking made) letter sent to client via post and email LS

13.04.22 Client attended mobility clinic on 06.04.22. Mobility assessors AL, MG and RG were present. Client was found to be not currently eligible. See comprehensive mobilty assessment report on e-casefile for further details. AL

14/4/22 Refusal letter sent. hy

Probabily added after my complaint to LGO
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a>> 27//4/22 Letter received from client stating he wishes to appeal the decision to refuse him a blue badge. He has sent in letter dated 19/4/22 form Independent Consultant Neurologist Angus Anderson. Acknowledgement Letter sent moved to appeal email to.LD to advise I have moved to appeal st

28/04/2022 client appeal supporting evidence does not appear to be valid ? calls to confirm this have revealed there is no such consultant listed and it appears that 2 names have been used to create a consultant name from Hurstwood Park that does not in fact exist ? AL has called to confirm this. MG has checked GMC register this name is not on there ? investigation to be carried out. LD to to uphold the initial decision and consult with legal as to the way forward on this LD

9/5/22 Email received in response to uphold letter. Forwarded to complaints team as advised by Alison O'Shea. hy

a: "It is clear to assume that this input (text) was entered after April 27, 2022, as Mr. Gresta's postal certificate demonstrates that the shipment contained only the appeal page, as confirmed by his caregiver's testimony. The other alternative, namely believing that the text was entered on April 27, 2022, would instead confirm a plot against Mr. Gresta."