Department for Work & Pensions

DWP Response to the Disability Benefits Consortium report on PIP Assessment Providers

4 April 2013

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Introduction

The Department for Work and Pensions (DWP) is grateful for the opportunity to respond to the report the Disability Benefits Consortium (DBC) has published about the ten pledges which they believe providers of assessments for Personal Independence Payment (PIP) should meet to deliver a fair and effective assessment. The DBC have requested clarifications from the Department and this response seeks to provide those and set out what the PIP assessment service contract requires of the assessment providers.

The Department endorses the intention behind the pledges put forward by the DBC. Indeed, much of the content of the pledges is evident in the PIP service specification against which providers on the health and disability assessment framework delivered their bids. The DWP has set out very clear rules on how assessments will be carried out ensuring that the PIP arrangements best meet the needs of disabled people, including communicating in an appropriate format, offering accessible assessment centres, and engaging with claimant representative groups to ensure, and improve, the quality of service.

Following the competition, Atos and Capita signed contracts with the Department and are now required to deliver in line with those contracts. In light of these contractual obligations we do not believe it is appropriate for the assessment providers to sign up to any other PIP related requirements, such as the DBC pledges. The tender documentation for PIP, including the specification, is available on the Government's contracts finder website.

The Department awarded the PIP contracts to Atos and Capita based on their ability to implement their distinct delivery models to provide PIP assessments as specified. In seeking bids to deliver PIP across four geographic areas, the Department was consciously looking for different delivery models and approaches – subject to the delivery of the assessment in line with the criteria laid down in regulations. It was always anticipated that elements of the claimant experience would differ between the two assessment providers and there is no intention to force consistency where this is not required. In fact, it is hoped that having more than one assessment provider will encourage innovation and promote best practice.

In addition to regular performance management, the PIP assessment service will be the subject of two independent reviews during the course of the contract. The reviews will be carried out by a senior independent figure and the aim is to complete the first review by the end of 2014, to allow for any required changes to be implemented by October 2015. To complement this, the Department will carry out its own evaluation using both in-house and commissioned research.

For ease of understanding, we have repeated each of the Disability Benefit Consortium's ten pledges, recommendations and requests for clarification ahead of the Department's response. We understand the DBC report is based on research undertaken with the assessment providers in autumn 2012. The DWP response reflects further developments since then and is the latest position as at the beginning of April 2013. We are grateful to the DBC for the opportunity to discuss their report. We will continue to engage with them and other disability organisations throughout the PIP implementation period for transparency of our approach. This continues work we have already done with external groups, including some DBC members through the PIP Implementation Stakeholder Forum, to share a prototype of the new IT system for assessment providers, our guidance for DWP decision makers and details of how we will check internal DWP quality standards are being met through our Quality Assurance Framework.

Proposed DBC pledge 1

We will make sure that a full range of communications methods are available, that our staff are trained in how to use them, and that individuals only have to tell us once what their accessibility and/or communications requirements are.

Recommendation 1 – Both providers should work with representative organisations to ensure that they are offering sufficient range and quality of communications methods

Recommendation 2 – The DWP should effectively monitor the performance of providers in terms of whether they are meeting the communications preferences of claimants and whether claimants are satisfied with the communication support they have received

Requested DWP clarifications:

- What communications preferences they will expect providers to cater for
- Whether they see it as their responsibility to pass on communications preferences of claimants to the providers and how they will do this
- How they intend to gather or re-use (from DLA files) existing information on claimant's communication preferences
- The communications they will use to seek claimant's preferences
- The circumstances in which they may pass this task on to providers.

DWP response

The objective of making the PIP claim process accessible determined the Department's thinking in designing this new benefit. During the initial stage of a new claim, the Department will request the communication requirements and preferences of claimants. This will include the need for large print, Braille or audio CD and a preference for being contacted by telephone, textphone or by letter. The first stage of the claim will predominantly take place over the telephone, with paper versions available for those unable to complete the claim by telephone. The information about communication preferences will then be provided to Atos and Capita through the PIP Computer System.

Once the case has been passed to the assessment provider they will be required to ensure that they provide materials in an appropriate format to claimants. The following paragraph from the specification outlines what is required of Atos and Capita:

> ”The Contractor must provide, on request, materials in alternative formats to meet the needs of Claimants with a wide range of disabilities and health conditions in line with the Disability and Equality Act 2010. This must include, but is not limited to, the provision of large font material, Braille or audio format for visually impaired claimants.”

The Department will be monitoring the performance of the assessment providers against the Management Information (MI) they are required to provide and the Service Level Agreements (SLAs) they must achieve. This MI will include information about communication preferences requested by claimants. If such preferences have been made clear in advance and not met, meaning that the assessment cannot take place, this will be included in the number of claimants sent home unseen (an SLA requires that no more than 1% of claimants fall into this category). In addition to this, the Department will be monitoring claimant satisfaction, including in respect of the communication methods used, through a customer satisfaction survey in which the providers are required to achieve a 90% satisfaction rate.

Proposed DBC pledge 2

We will proactively gather all relevant written evidence, and will only call claimants in for a face to face assessment when a decision cannot be reached on the basis of written evidence.

Recommendation 3 – Providers should remind claimants, in all standard communications, of the importance of providing additional evidence if they have not already done so.

Recommendation 4 – Extra efforts should be made to seek additional evidence in cases where claimants are vulnerable, have difficulties self-reporting their condition (such as claimants with cognitive, intellectual or mental impairments), or where claimant’s conditions fluctuate.

Recommendation 5 – There should be more flexibility about how soon an assessment needs to take place if the provider is waiting for additional evidence which is expected to be important in recommending eligibility for the benefit.

Recommendation 6 – Working with health and social care professionals and representative groups, the DWP should develop a standard form for collecting additional evidence that is available to both providers and claimants.

Requested DWP clarifications:

- In what circumstances providers will be asked or expected to seek additional evidence if it has not been provided by claimants (and what will be considered as ‘sufficient’ evidence)

- In what circumstances claimants will be diverted from a face to face assessment and what the guidance for providers on this will be.
  What the definition of 'good cause' for not attending an assessment will be.
- How the DWP will alert providers to cases where additional evidence may be needed (i.e. the 'flags' that will be applied to certain cases before they are passed over to the providers)
- What evidence will be sought from health and social care professionals and whether there will be a standard form to collect this evidence
- Whether claimants placed on one of the lower rates of PIP without a face to face assessment will be able to request a full assessment.

DWP response

Further evidence

Ensuring that PIP assessments are fully evidence based is clearly essential. There is often insufficient evidence gathered during the DLA claims process and the Department is seeking to ensure that more is gathered as part of the PIP assessment process. When claimants submit their questionnaire *How your disability affects you (form PIP2)* we would like them to provide any evidence that they think would be helpful. We are making clear in all our communications with claimants that they should provide this evidence, at this early point in the claim, and the advantages of doing so. We are not placing limits on the type of evidence that can be gathered but will be guiding people on the types of items that might be particularly useful. We are asking that they provide evidence that they already have to hand and should not delay their claim or incur costs by seeking additional evidence themselves, for example from a health professional.

We are also asking claimants to tell us which professionals – including medical and social care professionals, counsellors and care workers – would be best placed to advise on their claims, in case additional evidence is required over and above that provided by the claimant themselves. The decision on whether to seek additional evidence from these sources will primarily sit with the health professionals assessing individual cases.

Further evidence will not automatically be requested in all cases or in all cases where documentary evidence has not been provided by the claimant. However, in **every** case the health professional should consider whether additional evidence is required and justify to the decision maker why they have chosen to seek it or not. This will depend on the circumstances of the case and whether further evidence is likely to add value to the assessment process and the quality of their advice. This will include, but not be limited to:

- Where they feel that further evidence will allow them to offer robust advice without the need for a face-to-face consultation – for example, because the addition of key evidence will negate the need for a consultation or where they feel that a consultation may be unhelpful because it may be difficult to gain accurate information from a consultation or a consultation may be stressful to the claimant;
- Where they consider that a consultation is likely to still be needed but further evidence will improve the quality of the advice they provide the Department – for example, because the existing evidence cannot be balanced or suggests unlikely outcomes or to corroborate findings of other evidence.

The Department has developed guidance for providers which includes the gathering of further evidence but this does not go into the detail of specific circumstances or groups of claimants where evidence should or should not be sought. The Department will not be flagging cases where additional evidence should be sought when the cases are referred to providers. Instead the emphasis is on providers making these judgements on the merits of individual cases, claimants' circumstances and the evidence available to the health professional. However, if having considered the advice received from the health professional, Departmental Decision Makers feel that evidence has been missed, they can discuss this with the health professional or request that additional evidence is gathered.

The Department is designing standard forms for gathering further evidence to be used by assessment providers. These are likely to be tailored slightly depending on their intended recipients but will focus on gathering information about the claimant's health condition or disability and how it affects them. These will be publicly available and we will be happy to share a draft with the DBC shortly. We do not envisage these being used by claimants as we are not asking claimants to seek additional evidence themselves but only to provide evidence that they already have to hand and which they think will be helpful.

Providers have been set a service level agreement to complete reports for the Department in the vast majority of cases within 30 working days. Experience shows that in most cases this should be sufficient time to gather evidence before arranging a face-to-face consultation. However, in some cases evidence may not be returned before providers need to carry out a consultation. The Department will monitor the impact of this once the benefit is introduced.

Face-to-face consultations

Where possible, assessment providers will be expected to carry out assessments on the basis of a review of documentary evidence only. However, the Department's

expectation is that a face-to-face consultation will be needed in most cases. Based on experience of other benefits, we have assumed for planning purposes that 75% of claimants will have a face-to-face consultation. This is not a target, however, and the actual proportions will not be known until the new benefit is operational.

Guidance has been produced for providers on determining whether face-to-face consultations are needed. However, like the guidance for further evidence, this is high-level and does not set out specific circumstances or groups of claimants where face-to-face consultations are not appropriate. Again, the emphasis should be on looking at the circumstances and evidence of individual cases.

Wherever possible we will expect providers to consider any further evidence gathered before making decisions on whether to call a claimant for a face-to-face consultation. However, this may not always be possible and it is important to achieve the correct balance between allowing sufficient time for further evidence to arrive and ensuring that the decision process is not being delayed. We believe the current arrangements achieve this balance but will monitor this closely once the new benefit is implemented.

Claimants will not have a right to request a face-to-face consultation, where one is not carried out. This will not affect the quality of the assessment, as providers are required to ensure that their advice to the Department is fully evidence based. Providers should only decide not to carry out a face-to-face consultation when they are fully able to offer robust advice to the Department on the basis of paper evidence.

Claimants will be given at least one week’s written notice of a face-to-face consultation appointment and will have the opportunity to reschedule this, if it is not convenient for them. Where claimants do not attend a face-to-face consultation, a DWP Decision Maker will consider whether they have good reason for doing so. Decision Makers should be considering all the factors that might affect attendance, including the nature of the claimant’s health condition or disability, any treatment or therapy they are undertaking and family commitments. We have not specified all the factors that must be taken into account during good reason considerations, as we want to be flexible enough to deal with people’s varied circumstances.

Proposed DBC pledge 3

As far as we are able, we will only recommend reasonable prognoses for claimants to try and ensure that (from our perspective) claimants do not undergo reassessments at inappropriate frequencies.

Recommendation 7 – The DWP should consult with representative groups about the guidance for providers on deciding prognosis and the ultimate decision about reassessment frequency should take account of the impact that the assessment process has on claimants.

Requested DWP clarifications:

- What the potential lengths of award will be
- What the guidance for providers for producing prognoses will be and how this will be formulated
- What the provider prognosis will refer to (i.e. whether it will be about when an applicant's condition is likely to have improved or whether it will just be about when it would be reasonable to make a review of their condition)
- What information/evidence providers will be required to provide in order to justify their prognoses
- What other factors beyond the provider prognosis the decision maker will take account of when deciding length of award.

DWP response

Parliament agreed under the Welfare Reform Act 2012 that PIP awards should be for a fixed term except where the DWP Decision Maker considers that would be inappropriate. That is the starting point for all decisions on awards. The Act also requires that the Decision Maker must have regard to guidance when taking these decisions.

Decisions on award type and duration will be personalised and their outcomes will vary depending on the individual's circumstances and the likelihood of the impact of their health conditions or impairments – and therefore benefit entitlement – changing. Decision Makers will consider the full range of evidence available on the claim, including advice on the claimant's prognosis from the health professional that has assessed the claimant. They will consider the evidence of the case and consider factors such as the impact of time, further treatment, natural progression of the underlying condition, likely adjustments or adaptation and the claimant's age. Guidance for assessment providers has been made publicly available.

We are also developing decision making and procedural guidance for DWP Decision Makers, this will include what we want them to consider when making decisions on when a fixed term award would be inappropriate and about the frequency and format of reviews for all awards. We remain committed to making draft guidance available and sharing this with members of the PIP Implementation Stakeholder Forum, and would welcome feedback as part of its development. The guidance will include information on potential lengths of award which are likely to range between one and ten years, depending on the individual circumstances of the case.

Proposed DBC pledge 4 **We will ensure that the assessment venue is accessible and appropriate for a full range of disabled people, that claimants are informed of their right to a home visit and aware they can bring a friend, family member, or advocate to their assessment.**
DBC recommendation 8 – Atos should follow the lead of Capita and give claimants a choice of a home visit or a centre based assessment, and a choice of possible dates and times rather than requiring them to request a change to a slot that is provided to them.
Requested DWP clarifications: • What guidance the DWP will give to providers regarding under what circumstances a home visit should be considered • Whether the DWP will be providing guidance about how assessments should be scheduled, how claimants should be notified and how they may amend assessment times/dates • How the department will monitor the impact of the two different approaches and whether Atos will be encouraged to change their approach if Capita's policy is more appropriate/effective.

DWP response

The PIP regulations set out that claimants must be given at least seven calendar days' written notice of the time and place of face-to-face consultations, unless the claimant has agreed to shorter notice. This was reflected in the PIP provider specification, which also makes clear that this notice period begins with the day on which the letter is actually posted and ends on the day before the consultation is to take place. The specification also makes clear that providers are responsible for scheduling and managing face-to-face consultations, including contacting the claimant to agree a consultation time. The specification requires providers to:

- Put in place a claimant enquiry service relating to consultation appointments;

- Give claimants an opportunity to reschedule their consultation should they contact the claimant in advance;
- Make reasonable endeavours to complete consultations on the same day or offer a mutually agreeable alternative time, when claimants arrive late for a consultation.

The Department is working closely with providers as they develop their detailed processes.

The PIP consultation centres are required to be fully accessible – offering ground floor consultation rooms – and claimants will be encouraged to bring a friend, family member or advocate to their consultation should they wish to.

The Department does not agree that Atos should take the same approach to home consultations as Capita and claimants do not have a right to a home consultation. The Department has set out minimum requirements for providers as to when we consider that a home consultation should be offered – in particular where the claimant is unable to travel to a consultation as a result of their health conditions or impairments. The specification states that:

> "The Contractor will undertake a Consultation in the Claimant's home on the following occasions:
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> - at the Authority's request (these will be exceptional circumstances);
> - at the Claimant's request, if supported by an appropriate health condition or disability as determined by the Contractor; or
> - when the claimant provides confirmation via their Health Professional that indicates that the claimant is unable to travel on health grounds."

The PIP Assessment Guide contains guidance for providers as to whether a home consultation is appropriate.

Providers were free to develop models offering additional home consultations, over and above the requirements set out in the specification, as they thought appropriate to their business models, geographical areas and customer needs. Capita have chosen a business model based on offering claimants the choice of a home consultation. Atos have chosen a sub-contracted delivery model. Both providers met the requirements in the specification and are required to meet the Department's standards in delivering their different business models. The Department will be examining outcomes across all lots and between both providers to ensure that the standards are being met and to identify and share best practice.

Proposed DBC pledge 5

We will train our assessors to understand a wide range of impairments and conditions, and to recognise the impact of multiple and complex conditions. Where possible we will match claimants with assessors who have the most appropriate expertise.

DBC recommendation 9 – Atos, where possible, should look to match assessors with specific expertise to claimants with relevant conditions. At the very least, the DWP and Atos should properly examine what impact such an approach would have and how this compares to the current Atos proposal for using condition specific champions.

DBC recommendation 10 – Both providers should work with representative organisations to develop training for assessors on a wide range of conditions and the impact of multiple and complex conditions.

Requested DWP clarifications:

- What evidence they have to support the suggestion that there would not be an advantage in having assessors with specific expertise assigned to claimants with relevant conditions
- What guidance will be provided on training assessors around specific conditions and the impact of multiple and complex conditions.

DWP response

Assessment providers are required to ensure that the health professionals carrying out assessments have knowledge of the clinical aspects and likely functional effects of a wide range of health conditions and impairments. The Department does not believe that it is necessary for providers to deploy health professionals who are specialists in the specific conditions or impairments of the individuals they are assessing. Instead the focus is on ensuring that the health professionals are experts in disability analysis, focusing on the effects of health conditions and impairments on function.

It is important to recognise that the PIP assessment is not a diagnostic assessment. Entitlement to PIP is not based on the type of condition or impairment that an individual may have or the severity of these but the impact of these on the claimant's ability to carry out daily living activities. This is reflected in the criteria against which people will be assessed and which are set out in regulations. Experience of DLA and other benefits also suggests that claimants will usually have more than one condition or impairment and that it is often not simple determining which, if any, is the primary

condition. It is the interaction and overall functional effects that must be considered which is why disability analysts, not specialists, are appropriate.

The Department has produced guidance for providers on carrying out assessments which has been made publicly available. This does not, however, focus on specific conditions and impairments or how to assess these. Providers are developing their own guidance on assessing individuals with different types of impairment, tailored to the needs of their health professionals. Both Atos and Capita have committed to engaging with disability organisations in developing their training approach and products.

Proposed DBC pledge 6 **We will hold assessors to account for their decisions, will have an accessible complaints procedure in place, and will seek claimant feedback to monitor performance.**
DBC recommendation 11 – There should be a clear DWP and provider mechanism for ensuring that assessors are held to account if their recommendation was inappropriate due to a poor assessment, insufficient attention paid to additional evidence, or failure to collect additional evidence. The DWP should apply contractual penalties to providers in all relevant circumstances. DBC recommendation 12 – Atos should provide a satisfaction form to all claimants rather than just a sample.
Requested DWP clarifications: • What processes for monitoring assessor quality and claimant feedback they are putting in place • Whether they will look to ascertain from successful appeals whether the assessor was at fault for an inappropriate recommendation or failing to collect additional evidence • The circumstances in which contractual penalties may apply • The details of the Quality Assurance Framework.

DWP response

The Department is committed to effective and robust contract management. We will be ensuring that the required quality standard of assessment reports is achieved and will be evaluating customer feedback to make sure that a high standard of service is maintained. We require the providers to supply a range of management information and report against a series of service standards. The Department will use this

information, combined with information from our own systems - such as feedback from Decision Makers and from handling appeals - to closely monitor provider performance. We will also be conducting a thorough evaluation of PIP delivery, particularly the claimant experience, and there will be two independent reviews of the assessment process during the contract term.

As part of their contractual requirements, Providers are required to meet the following service level agreements:

Assessment quality

- Quality of assessment reports derived from the audit of reports - 4% or less C grade reports in year one, reducing to 3% or less in year 2 and subsequent years (see below for more information on quality audit);
- Quality of assessment reports derived from the audit of reports - 20% or less B grade reports in year one, reducing to 15% or less in year 2 and subsequent years;
- Re-work of assessment reports deemed not fit for purpose - Non-compliant/re-work reports to be 1% or less in year one (1), reducing to 0.75% in year two (2) and 0.5% in year three (3);

Time taken to complete process

- PIP Assessment end to end assessment process (excluding terminally ill cases) - 97% cleared within thirty working days;
- Terminally Ill cases end to end assessment process - 99% cleared within two working days;
- Paper Based Review, to decide on whether further medical evidence is required or to arrange face-to-face consultation - 99% cleared within two working days;
- Authority referrals for advice - 98% cleared within two working days;
- Re-work of assessment reports deemed not fit for purpose - 98% cleared within two working days;

Claimant experience

- Claimant call waiting time – 80% of calls to be answered within thirty seconds, in total, 90% of all calls to be answered;
- Claimant Satisfaction Rate relating to the quality of service provided - Claimant Satisfaction Rate to be at least 90% and to be derived from an independently commissioned survey;

- Consultation Waiting Time – Consultation centre consultations – 90% of all claimants to be seen within thirty minutes of their appointment time;
- Claimants Sent Home Unseen – No more than 1% of Claimants who attend their consultation to be sent home unseen;

Continuous professional development for health professionals

- Continuous Professional Development (CPD) for Health Professionals - by 31 July each year, the Provider will have delivered completely all components of the agreed training programme to the Health Professionals for that year.

Should the required service level agreements not be met, service credits (a form of financial redress reducing the amount paid to the relevant provider) will be applied. Ultimately, sustained breaches could result in contract termination.

The contract also requires providers to supply the Department with a range of management information relating to the service level agreements and other aspects of their contractual requirements. This covers but is not limited to information on:

- The time taken for assessment reports to be completed;
- Average consultation times;
- Call waiting times;
- Consultation waiting times;
- Reasons why claimants are sent home unseen;
- When claimants are unable to attend consultations;
- Complaints from claimants;
- Claimant special requirements (i.e. interpreters, same sex HP).

The management information will be required in varying frequencies (from a weekly to annual basis) and from a regional to individual health professional level) depending on the nature of the information. Failure to supply sufficient management information may be evidence that the providers' obligations under the contract are not being met and the Department may take the view that a breach has occurred.

Quality audit

Under the service level agreement, providers are required to carry out ongoing quality audit of a controlled random sample from across each contract lot. The

sample will include terminal illness cases, cases dealt with by a paper-based review and cases where a face-to-face consultation was carried out.

The criteria that providers must use during quality audit activity have been developed by DWP. When auditing cases, providers should look at the entire case at the point that it is finalised and due to be returned to the Department, considering both the final output and the processes followed. Reports will be audited against set attributes across four areas:

- Presentation – looking at the written advice to DWP, covering issues such as readability, clarity, consistency, completeness and that advice is appropriately justified and supported by evidence;
- Consultation – looking at whether the health professional has covered the full range of expected areas in a consultation and that the information gathered has been appropriately recorded;
- Reasoning – looking at the advice given by the health professional, covering issues such as whether considerations about the need for further evidence have been handled appropriately, whether advice is medically reasonable, logical and evidence-based, and that appropriate consideration has been given to the standards achieved by claimants in activities and taking into account repeatability, safety, timeliness and to an acceptable standard;
- Professional standards – looking at whether the health professional has acted in an independent, impartial, ethical, honest and fair manner.

Each assessment and its associated evidence and paperwork will be examined and will be graded A, B or C based on the following guidelines:

- In A grade reports, the quality requirements will be satisfied to the extent that the report fully conforms to the required standards;
- In B grade reports, the quality requirements will be adequately satisfied but there will be elements which would quantifiably enhance the quality of the report;
- In C grade reports, the quality requirements will not be satisfied to the extent that the report fails to meet the required standards

As above, providers are expected to meet the following standards:

- 4% or less C grade reports in year one, reducing to 3% or less in year 2 and subsequent years;
- 20% or less B grade reports in year one, reducing to 15% or less in year 2 and subsequent years.

The Department will carry out its own audit of the providers' audit activity, to ensure that the appropriate standards are being applied during audits. We will also closely monitor management information gathered from the providers and the IT tool that providers will be expected to use, to identify any areas of concern and where additional audit or remedial activity is required.

Proposed DBC pledge 7

Our assessors will conduct interviews in a sensitive and culturally appropriate manner, and will explore how individuals complete activities.

Requested DWP clarifications:

- What guidance will be produced for providers about conducting assessments in a sensitive and culturally appropriate manner
- What contractual obligations providers are subject to that will ensure assessments are conducted in a sensitive and culturally appropriate manner.

DWP response

The Department agrees that it is essential that consultations for PIP are carried out in a sensitive and culturally appropriate manner. This is clearly set out in the specification to providers, which makes clear that health professionals carrying out assessments must have:

> "Excellent interpersonal and written communication skills that include the ability to: interact sensitively and appropriately, with particular regard for an individual's cultural background and issues specific to disabled people"

The specification also states that:

> "At all assessments the Contractor will abide by the standards of conduct required by the Authority that include but are not limited to the following:
>
> - maintaining a non-adversarial manner;
> - treating the Claimant with respect and performing the Consultation in a manner that avoids unnecessary anxiety or physical discomfort to the Claimant;
> - explaining the purpose of the Consultation and what it entails;
> - allowing the Claimant sufficient time to give their relevant medical history and to explain how their disability or condition affects them;
> - allowing the Claimant to explain how their condition affects them on good and bad days;

- answering any appropriate questions posed by the claimant without giving an opinion on the outcome of the claim or medical condition."

The assessment providers are also required to produce thorough training for all their health professionals. This training must include units on disability awareness, multi-cultural awareness and an awareness of the Department's approach to customer service and equal opportunities. As part of preparation for delivery of PIP, the training plans and content are being rigorously reviewed by the Department to ensure that this meets our requirements. In addition to this, both Atos and Capita have committed to engaging with disability organisations in developing their training approach and products.

Should providers not be able to demonstrate that a health professional meets the competence requirements set out in the contract, the health professional will not be approved by the Department to carry out assessments.

Proposed DBC pledge 8

Our assessors will conduct face to face assessments collaboratively with claimants, and make every reasonable effort to ensure that written reports are as transparent as they can be. Where appropriate, assessors will be open with claimants about observational evidence being recorded, and provide them with an opportunity to correct inaccuracies as early as possible.

DBC recommendation 13 – Unless the information could be harmful to the claimant, assessors should inform them of all observational information that is being recorded and describe how they will record the information that has been provided by the claimant.

DBC recommendation 14 – Audio recording should be available for all assessments and the DWP should evaluate what impact it has on the quality and accuracy of assessments.

DBC recommendation 15 – All claimants should be provided with a copy of the assessor's report as soon as possible after their assessment and have the opportunity to flag up anything in the report that they believe to be inaccurate.

Requested DWP clarifications:

- Whether the DWP agree to Capita audio recording assessments
- Why assessors cannot share their report before it goes to the DWP
- What guidance they will produce for providers about how to conduct assessments and whether they can tell claimants what is being recorded about them

- What the assessor form and IT system will look like.

DWP response

Assessment report forms

The report forms that assessment providers will be asked to complete after an assessment involving a face-to-face consultation will contain information on:

- The individual's health conditions or impairments; their history; and any medication or treatment underway;
- Relevant social and occupational history;
- The individual's daily life and how this is affected by their health conditions or impairments and the barriers they face related to these, including information on variability;
- Observations and relevant examination findings;
- Assessment descriptor choices that the health professional considers appropriate to the individual;
- Advice on the individual's future prognosis and when a review of the case might be justified;
- The evidence used by the health professional;
- Why the advice has been given, linked to the evidence.

Variants of this information will provide where cases are assessed via a paper-based review.

The Department is happy to share copies of the draft assessment report forms with the DBC.

PIP Assessment Tool

The IT system that the Department is developing for assessment providers – the PIP Assessment Tool – will be a supportive tool to help providers produce comprehensive reports in a consistent style, and as simply and efficiently as possible, while gathering relevant management information. A key focus for the tool will be ensuring that the health professional can maintain their focus on the claimant, not having to type large amounts of information into the system during face-to-face consultations. The tool is designed to support health professionals in a flexible way and not to dictate or constrain their actions. The advice given to the Department in reports must be individually selected by the health professional and will not be system generated. Health professionals will be asked to justify their advice in a fully free-text summary.

The Department is developing the Assessment Tool and will retain ownership of it. Atos and Capita are providing some expert resource to assist in its development and quality assurance.

Sharing of information and assessment reports

Face-to-face consultations should be a genuinely two-way process and we expect the health professionals to give claimants an overview of the findings that they have taken from the consultation. Claimants should be invited to clarify any points, ask any questions and given an opportunity to raise any other issues before they leave.

Examination findings and observed behaviors are made by the health professional using their training and clearly reflect their expert opinion. They are therefore not routinely shared with the claimant.

The Department does not consider that it is appropriate to share assessment reports with claimants before they have been considered by a DWP Decision Maker. This is because the report is only one part of the evidence of the claim that the Decision Maker will consider and decisions on assessment criteria choices and benefit entitlement will rest with the Decision Maker alone. To provide the report to claimants at that stage could give a false impression to the claimant on the outcome of their claim. Claimants will receive a letter from the Decision Maker informing them of the outcome of their claim, including a summary justification explaining the reasons for this and the evidence considered. Claimants will be able to request a copy of their assessment report at this point. Should they disagree with the content of this, or the wider entitlement decision, they will be able to request a reconsideration by the Department.

Audio recording

The Department does not intend to introduce audio recording of assessments from the introduction of PIP as we have not yet seen sufficient evidence from experience in Employment and Support Allowance (ESA) that this improves decisions, the claimant experience or justifies the additional expense. We intend to look closely at the ESA experience before taking decisions on whether to include audio recording as part of the PIP process in the longer-term. As a result, we have asked Capita not to offer audio recording at this stage.

Proposed DBC pledge 9

We will set up procedures to proactively gather feedback on the assessment process from disabled people and their representative organisations, and will be open with the findings from these.

DBC recommendation 16 – Atos should make clear as soon as possible what their ongoing engagement with disabled people and representative groups will consist of.

Requested DWP clarifications:

- Whether the providers are contractually obliged to engage with stakeholders/representative groups and what guidance will be produced as to what this engagement should consist of.

DWP response

Engagement with disabled people and their representative groups is critical to the successful delivery of PIP. While the contract requires the assessment providers to engage with representative groups in the production of a customer charter and a claimant satisfaction survey, both Atos and Capita have taken opportunities to extend their engagement. Both organisations have set up PIP-specific stakeholder forums: the Capita PIP Expert Collaboration Forum; and the Atos PIP Engagement Group.

Both Atos and Capita are also committed to engaging regularly with the Department's PIP Implementation Stakeholder Forum and using feedback from this to inform their delivery models.

In addition, both providers are holding individual meetings with stakeholders and are consulting with disability rights groups to inform training products for their health professionals, including disability awareness training.

Proposed DBC pledge 10

Guidance for assessors will be regularly updated and developed using input from relevant experts, disabled people and their representative organisations.

DBC recommendation 17 – The DWP and the providers should ensure that disabled people, representative organisations and relevant experts should be fully involved in the development of guidance for PIP assessors.

Requested DWP clarifications:

- What guidance is being produced for assessors
- What the processes and timelines will be for updating this guidance

DWP response

The Department has produced guidance for assessment providers and their health professionals on the required assessment processes, the health professionals' responsibilities during assessments and the requirements placed on providers to ensure the quality of assessments. This guidance supplements and expands on the service specification and other contract documentation. The guidance has been shared with providers, made available on the DWP website and shared with members of the PIP Implementation Stakeholder Forum.

The guidance will be subject to ongoing update and refinement. While we do not intend to run a consultation on the document, as much of the content reflects the service specification and cannot be amended, we will consider comments received from interested parties and update the guidance as necessary.

Assessment providers will be expected to produce more detailed training, guidance and support tools to augment that produced by the Department. We expect them to work with representatives of disabled people where appropriate.