



Department
for Work &
Pensions

Personal Independence Payment: Statistical Ad Hoc

New Claims – Registrations, Assessment Provider
Referrals and Returns, Clearances and Outstanding
Claims (Great Britain)

January 2015

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Background

This information is being published today to provide data into the public domain that will enable sharing of information, and add value to discussions that are due to take place, at the Work and Pensions Select Committee on the 28th January 2015. This release therefore provides equality of access to information that may be used in the Work and Pensions Select Committee hearing.

These data should be seen as provisional and may be subject to revision.

Some of the figures given in this ad hoc may be published in due course as part of the Department's quarterly release of Personal Independence Payment official statistics¹.

- From 8th April 2013 DWP started to replace Disability Living Allowance (DLA) for people aged 16-64, with Personal Independence Payment (PIP).
- On 8th April 2013, PIP was introduced as a controlled start, for new claims from people living in a limited geographic area in the North West and part of the North East of England.
- On 10th June 2013, PIP was introduced for new claims for the remaining parts of Great Britain.
- From 28th October 2013, DWP started to invite DLA claimants living in certain areas to claim PIP.

¹<https://www.gov.uk/government/publications/personal-independence-payment-release-strategy>

Method

The data within this publication has been sourced from PIP Computer System claimant records.

The statistics have been developed using guidelines set out by the UK Statistics Authority, and as new statistics undergoing evaluation they have accordingly been badged as being experimental statistics.

As the data available for PIP evolves over time, the methodology used and definitions may develop also. Therefore these data should be seen as provisional and may be subject to revision.

The data used to produce the statistics represent PIP new claims that have been claimed during the period 8th April 2013 to 25th January 2015, within Great Britain.

Monthly totals represent the calendar month.

'Special Rules' are claims made under special rules for terminally ill people. All other claims are defined as 'Normal Rules'.

More detailed methodology is provided within the footnotes that accompany the data tables and charts.

Results

PIP New Claims (Normal Rules) – Registration, Assessment Provider Referrals and Returns and Total Clearances

The below table/figure 1 show that between 8th April 2013 and 31st December 2014 over 523,000 new claims (normal rules) have been referred to the assessment providers, with nearly 388,000 having been returned (74%).

As at 31st December 2014, a total of 625,000 new claims (normal rules) had been registered. The gap of around 100,000 claims between the number of registrations and referrals to the assessment providers exists because;

- some claims have either been received recently and are still with the claimant for completion and return of Part 2 information and evidence;
- or the claimant may have chosen to withdraw their claim;
- or the department has disallowed the claim before it was referred to the assessment providers (due to failure of basic eligibility criteria or non return of the Part 2 information within the time limit).

Although the number of referrals to the assessment providers has remained broadly constant at around 30,000 per month, the number of returns from the assessment providers has increased each month, with over 52,000 being returned per month since October 2014.

By the end of December 2014, DWP had cleared a total of 441,900 new claims (normal rules). The number of clearances are higher than the number of claims returned from the assessment providers, as clearance figures also include claims that have been withdrawn and claims disallowed prior to the claim being referred to the assessment providers. Clearances have been increasing each month and between January 2014 and December 2014 the number new claims (normal rules) processed has increased by four times from around 14,000 to 60,000 per month.

Of the total new claims (normal rules) clearances between April 2013 and December 2014;

- nearly 216,000 (49%) were awarded PIP;
- around 64,000 (14%) were disallowed pre-referral to the assessment providers (due to failure of basic eligibility criteria or non return of the Part 2 information within the time limit);
- 143,000 (32%) were disallowed post-referral to the assessment providers (due to the claimant not scoring enough points at the assessment to be awarded the benefit, or the claimant failing to attend the assessment without good reason) and;
- just over 19,000 (4%) of claims were withdrawn by the claimant.

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Table 1: PIP New Claims (Normal Rules) – Registrations, Assessment Provider Referrals, Assessment Provider Returns and Total Clearances (April 2013 – December 2014)

	New Claims Normal Rules				Clearances of which;			
	Registrations	Referrals to the AP	Returns from the AP	Total Clearances	Disallowed pre-referral to the AP	Disallowed post-referral to the AP	Withdrawn by the claimant	Awarded
Apr-13	3,000	200	-	-	-	0	-	-
May-13	4,800	1,900	300	100	-	-	-	-
Jun-13	23,000	3,100	200	300	-	-	200	100
Jul-13	34,200	14,700	1,100	1,100	100	200	600	300
Aug-13	30,600	23,900	1,800	2,700	1,100	500	600	600
Sep-13	33,700	25,700	2,600	3,700	1,300	700	800	1,000
Oct-13	35,500	37,500	6,500	6,700	1,700	1,800	800	2,400
Nov-13	32,600	30,400	7,500	12,200	3,000	4,500	800	4,000
Dec-13	21,700	30,100	10,500	11,900	2,400	4,300	700	4,500
Jan-14	37,900	28,800	11,400	13,900	1,900	4,100	1,200	6,700
Feb-14	36,000	28,700	12,300	10,800	100	3,300	1,000	6,400
Mar-14	36,800	34,500	14,700	13,800	100	4,200	1,000	8,600
Apr-14	32,600	32,500	20,200	15,300	100	4,900	1,000	9,300
May-14	32,400	28,200	18,700	15,800	200	4,900	1,000	9,700
Jun-14	32,900	28,600	26,200	35,300	12,900	10,500	1,400	10,600
Jul-14	35,000	28,900	28,600	33,600	4,900	11,000	1,300	16,400
Aug-14	31,900	27,100	30,300	50,300	6,000	16,500	1,400	26,500
Sep-14	37,300	32,900	37,300	41,200	7,000	13,400	1,500	19,400
Oct-14	36,200	28,800	52,000	54,700	6,800	18,200	1,500	28,200
Nov-14	32,200	29,200	52,500	60,200	6,600	21,000	1,400	31,300
Dec-14	24,800	27,500	53,300	58,100	7,300	19,700	1,300	29,800
Total	624,900	523,200	387,900	441,900	63,600	143,400	19,300	215,600

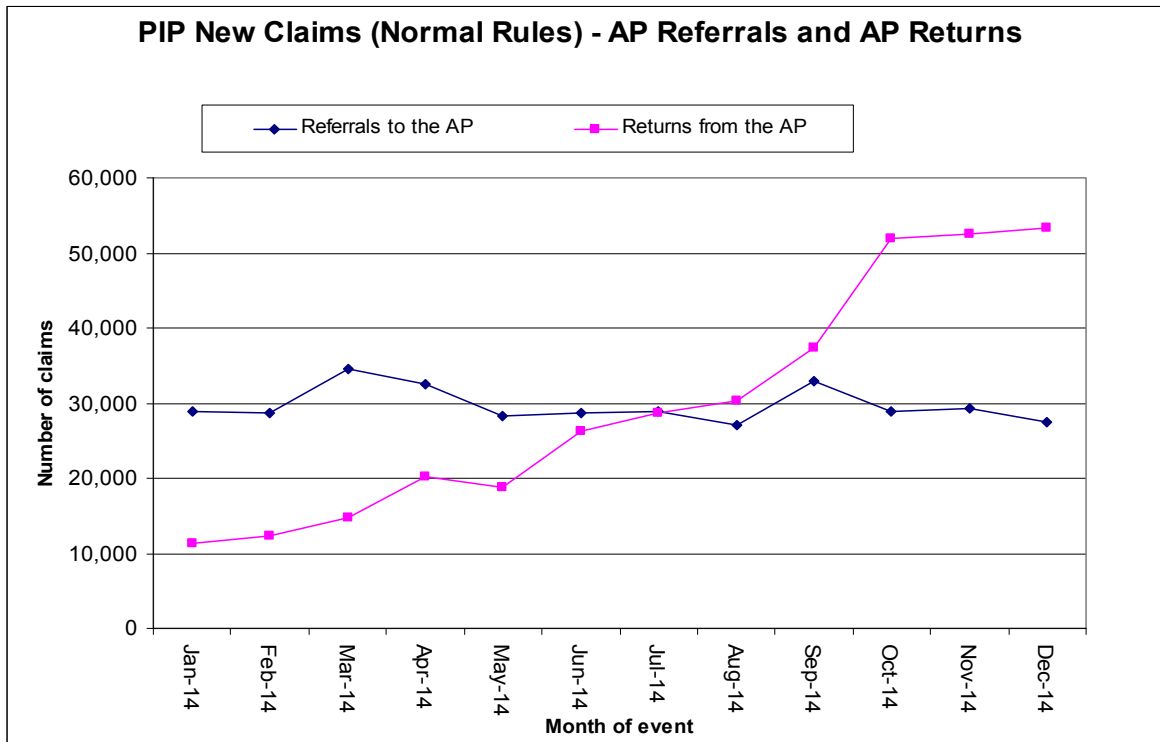
Source: PIP Computer System claimant records

Notes to table 1:

- Figures have been rounded to the nearest 100. Components may not sum to totals due to rounding.
- Figures are for normal rules (i.e. non special rules for the terminally ill) new claims only. The status of claims as 'normal rules' is shown as at the point of registration/referral/return/clearance, in accordance with the measure. The measures capture the volumes within the month the event occurred (e.g. referral volumes represent the month of referral was made).
- Registrations include all claimants who have completed the initial PIP claim process, either by phone or, in exceptional circumstances, via a paper form.
- Referrals to the assessment providers (AP) include all claims that have been referred regardless of whether a Part 2 form/evidence has been received for the claim or not.
- Returns from the assessment providers (AP) include all referred claims that have been returned to DWP for a decision following the assessment, as well as claims that have been disallowed by the DWP prior to a successful assessment (e.g. for failure to attend) and claims withdrawn by the claimant prior to the assessment.
- Total clearances include Decisions (comprising Awards and Disallowances) and Withdrawals and reflect outcomes prior to any reconsideration and appeal action.
- The number of clearances are higher than the number of claims returned from the assessment providers, as clearance figures also include claims that have been withdrawn and claims disallowed prior to the claim being referred to the assessment providers.
- Disallowed pre-referral to the assessment providers (AP) includes claims that have been disallowed due to failure of basic eligibility criteria or non-return of the Part 2 form within the time limit and have not been marked as requiring additional support. Note, between Jan 14 - May 14 an IT issue within the PIP computer system caused a fall in the number of disallowances pre-referral to the assessment providers. Likewise, the resolution of the issue in June 14 caused a large increase in the number of disallowances pre-referral to the assessment providers in that month.
- Disallowed post-referral to the assessment providers (AP) includes claims that have been disallowed following the assessment due to the claimant not scoring enough points at the assessment to be awarded the benefit, or the claimant failing to attend the assessment without good reason.
- Withdrawn by the claimant includes all claims that have been withdrawn by the claimant prior to a decision being made. This can take place at any point in the claimant journey following registration of a claim.
- Awarded means the Department have made a decision to award the claim.
- '-' Less than 50 claims in this category.
- Great Britain only.

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Figure 1: PIP New Claims (Normal Rules) - Assessment Provider Referrals and Assessment Provider Returns (January 2014 – December 2014)



The below table/figure 2 show that the average (median) PIP new claims (normal rules) clearance time between referral to and return of claims from the assessment providers peaked in June/July 2014 at 30 weeks, but has been reducing since, to 14 weeks for cases returned between 1st January and 25th January 2015.

Table 2: PIP New Claims (Normal Rules) - Average (Median) Assessment Provider Clearance Time in Weeks (January 2014 – 25th January 2015)

New Claims Normal Rules	
Average (Median) Assessment Provider Clearance Time (Weeks)	
Jan-14	18
Feb-14	17
Mar-14	20
Apr-14	21
May-14	27
Jun-14	30
Jul-14	30
Aug-14	27
Sep-14	25
Oct-14	22
Nov-14	23
Dec-14	18
Jan-15	14

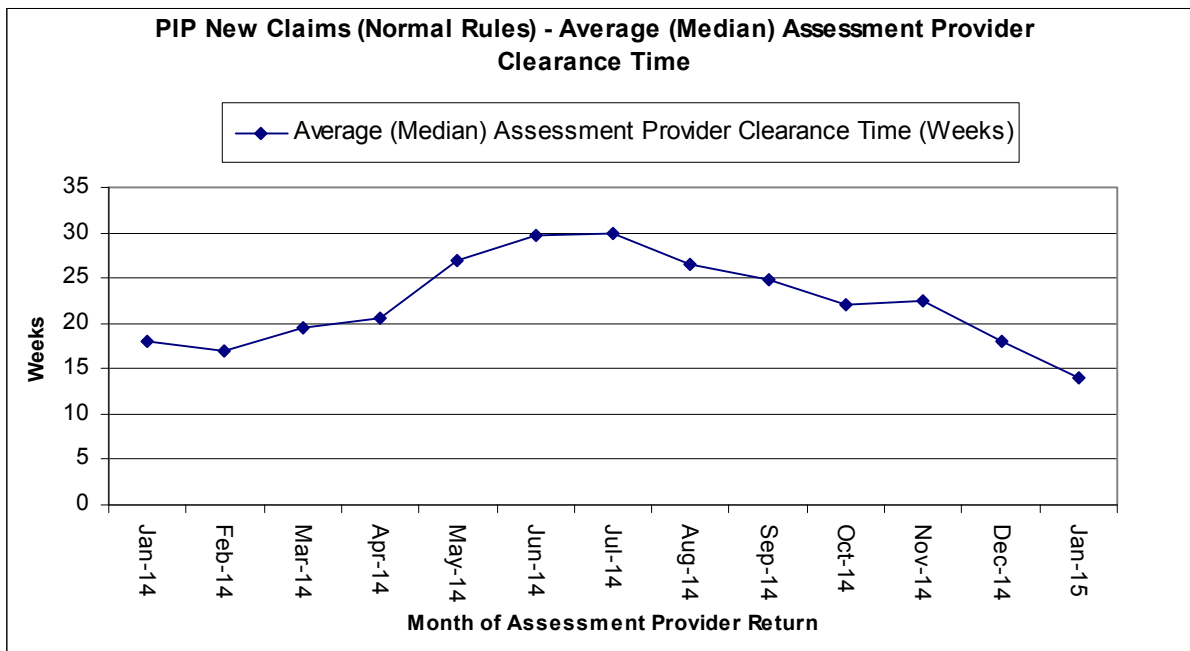
Source: PIP Computer System claimant records

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Notes to table 2:

1. Figures have been rounded to the nearest whole number of weeks.
2. Figures are for normal rules (i.e. non special rules for the terminally ill) new claims only. The status of claims as 'normal rules' is shown as at the point of referral.
3. Figures represent the average clearance time of claims cleared by the assessment providers (AP) within that calendar month. This includes all claims that have been referred regardless of whether a Part 2 form/evidence has been received for the claim or not. Data for January 2015 is a partial month, showing data available as at 25th January 2015.
4. Clearance Time is measured as the average time between referral to the assessment providers and the return of the assessment provider's recommendation to DWP. This is a proxy for the length of time the claimant has waited for an assessment, because data on the dates that assessments took place is not held by DWP.
5. Note that if the claimant is disallowed for failure to attend without good reason, or the claimant withdraws their claim, then the Clearance Time is measured as the time between referral to the assessment providers and the disallowance decision date or withdrawal date for these claims.
6. Great Britain only.

Figure 2: PIP New Claims (Normal Rules) - Average (Median) Assessment Provider Clearance Time in Weeks (January 2014 – 25th January 2015)



PIP New Claims (Normal Rules) – Outstanding Claims

The below table/figure 3 show that as at 25th January 2015, just over 110,000 new claims (normal rules), that had been referred to the assessment providers, were outstanding with either the assessment providers or DWP.

The number of new claims (normal rules) outstanding with the assessment providers was around 98,000 as at 25th January 2015. The number of new claims (normal rules) outstanding with DWP for a decision was just over 12,000 as at 25th January 2015.

Table 3 also provides information on the percentage of claims referred to the assessment providers that are still outstanding. As at 25th January 2015, 20% of referrals to the assessment providers were still outstanding (with 9% outstanding over 16 weeks).

Table 3: PIP Outstanding New Claims (Normal Rules), with the Assessment Provider or DWP (April 2013 – 25th January 2015)

	New Claims Normal Rules			Total outstanding over 16 weeks as a % of AP referrals	
	Outstanding with AP	Outstanding with DWP	Total Outstanding	Total outstanding as a % of AP referrals (given in table 1)	Total outstanding over 16 weeks as a % of AP referrals (given in table 1)
Apr-13	100	-	200	97%	0%
May-13	1,600	200	1,800	89%	0%
Jun-13	3,700	300	4,000	78%	0%
Jul-13	15,600	800	16,300	83%	0%
Aug-13	29,700	1,400	31,100	71%	0%
Sep-13	41,900	2,200	44,000	63%	1%
Oct-13	63,100	3,900	66,900	63%	4%
Nov-13	78,900	3,900	82,900	60%	9%
Dec-13	92,700	5,900	98,500	59%	13%
Jan-14	106,300	5,800	112,100	57%	15%
Feb-14	122,000	7,000	129,000	57%	22%
Mar-14	139,100	7,900	147,000	57%	24%
Apr-14	152,200	11,600	163,800	56%	24%
May-14	162,100	13,800	175,900	55%	25%
Jun-14	167,900	18,100	186,000	53%	26%
Jul-14	172,400	19,200	191,600	51%	27%
Aug-14	174,300	7,600	181,900	45%	23%
Sep-14	175,200	10,600	185,800	42%	21%
Oct-14	158,500	13,900	172,500	37%	18%
Nov-14	141,000	12,500	153,500	31%	14%
Dec-14	119,100	13,500	132,600	25%	11%
Jan-15	97,900	12,100	110,100	20%	9%

Source: PIP Computer System claimant records

Notes to table 3:

1. Figures have been rounded to the nearest 100. Components may not sum to totals due to rounding.
2. Figures represent the number of outstanding claims as on the last day of each calendar month, with the exception of January 2015 which is the latest data as at 25th January 2015. This is measured from the point of the referral to the assessment providers (AP). It does not include claims that have not yet been referred to the assessment providers OR claims that have been referred to the assessment providers but where the claimant is yet to provide Part 2 form/evidence to the Department.

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3. Figures are for normal rules (i.e. non special rules for the terminally ill) new claims only. Normal rules' status is based on the claims status on the date of referral to the assessment providers.

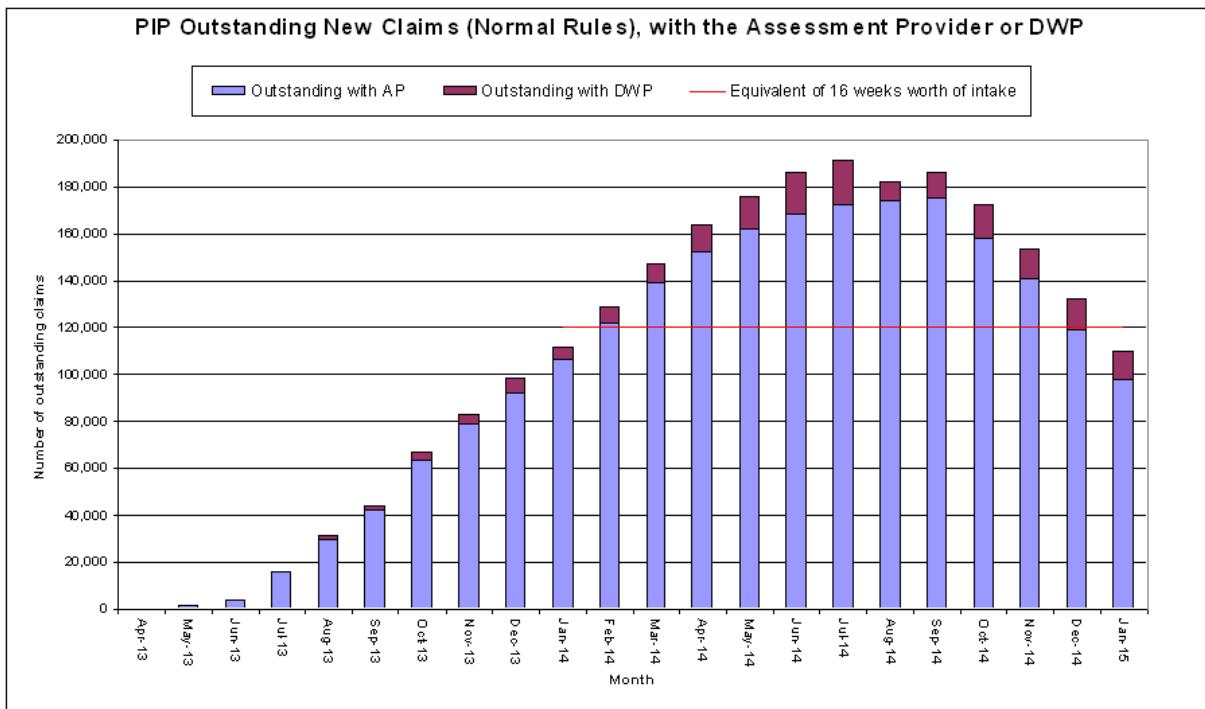
4. Outstanding claims are those claims that have been referred to the assessment providers but have not yet reached a clearance point (i.e. either a decision to award or disallow the claim has not been made, or the claim has not been withdrawn by the claimant).

5. The January 2015 figures in the 'Total outstanding as a % of the AP referrals' and 'Total outstanding over 16 weeks as a % of the AP referrals' have been calculated by dividing the total number of claims outstanding by the number of referrals to the assessment providers (AP) between April 2013 and 25th January 2015.

5. '-' Less than 50 claims in this category.

6. Great Britain only.

Figure 3: PIP Outstanding New Claims (Normal Rules), with the Assessment Provider or DWP (April 2013 – 25th January 2015)



Note to figure 3 – the red line at 120,000 outstanding claims between January 2014 and January 2015 represents the equivalent of 16 weeks of worth of average intake (7,500 per week)

PIP New Claims (Special Rules) – Registrations and Clearances

The below table/figure 4 show that between 8th April 2013 and 31st December 2014, just over 27,000 new claims (special rules) had been registered and 32,000 new claims (special rules) had been cleared. There are more special rules clearances than registrations as some claims transition from normal rules to special rules during the claimant journey and hence may not be special rules at the point of registration but are by the point of clearance. Claims can also transition from special rules to normal rules during the claimant journey but this is less prevalent.

The number of registrations and clearances for special rules new claims per month is stable at between 1,500 and 2,000 claims. This can be seen in figure 4.

Of the total clearance between April 2013 and December 2014, the majority (96%) were awarded PIP, with only a small number of claims either being withdrawn by the claimant or disallowed pre- or post-referral to the assessment providers.

Table 4: PIP New Claims (Special Rules) – Registrations and Clearances (April 2013 – December 2014)

	New Claims Special Rules					
	Registrations	Total Clearances	Clearances of which;			Awarded
			Disallowed pre-referral to the AP	Disallowed post-referral to the AP	Withdrawn by the claimant	
Apr-13	200	-	0	0	-	-
May-13	200	200	0	0	-	200
Jun-13	900	300	0	0	-	300
Jul-13	1,500	1,200	-	-	-	1,100
Aug-13	1,300	1,400	0	-	100	1,400
Sep-13	1,300	1,600	-	-	100	1,500
Oct-13	1,500	1,700	-	-	100	1,600
Nov-13	1,400	1,900	-	-	100	1,800
Dec-13	1,200	1,600	-	-	100	1,500
Jan-14	1,500	1,800	-	-	100	1,700
Feb-14	1,300	1,900	-	-	100	1,900
Mar-14	1,600	1,900	-	-	100	1,800
Apr-14	1,400	1,900	-	-	100	1,800
May-14	1,400	1,700	-	-	100	1,700
Jun-14	1,500	1,900	-	-	100	1,800
Jul-14	1,600	2,000	0	-	100	1,800
Aug-14	1,400	1,700	-	-	-	1,700
Sep-14	1,700	1,900	-	-	-	1,800
Oct-14	1,700	2,000	-	-	-	1,900
Nov-14	1,500	1,700	-	-	-	1,700
Dec-14	1,400	1,600	-	-	-	1,600
Total	27,300	32,000	-	300	1,000	30,700

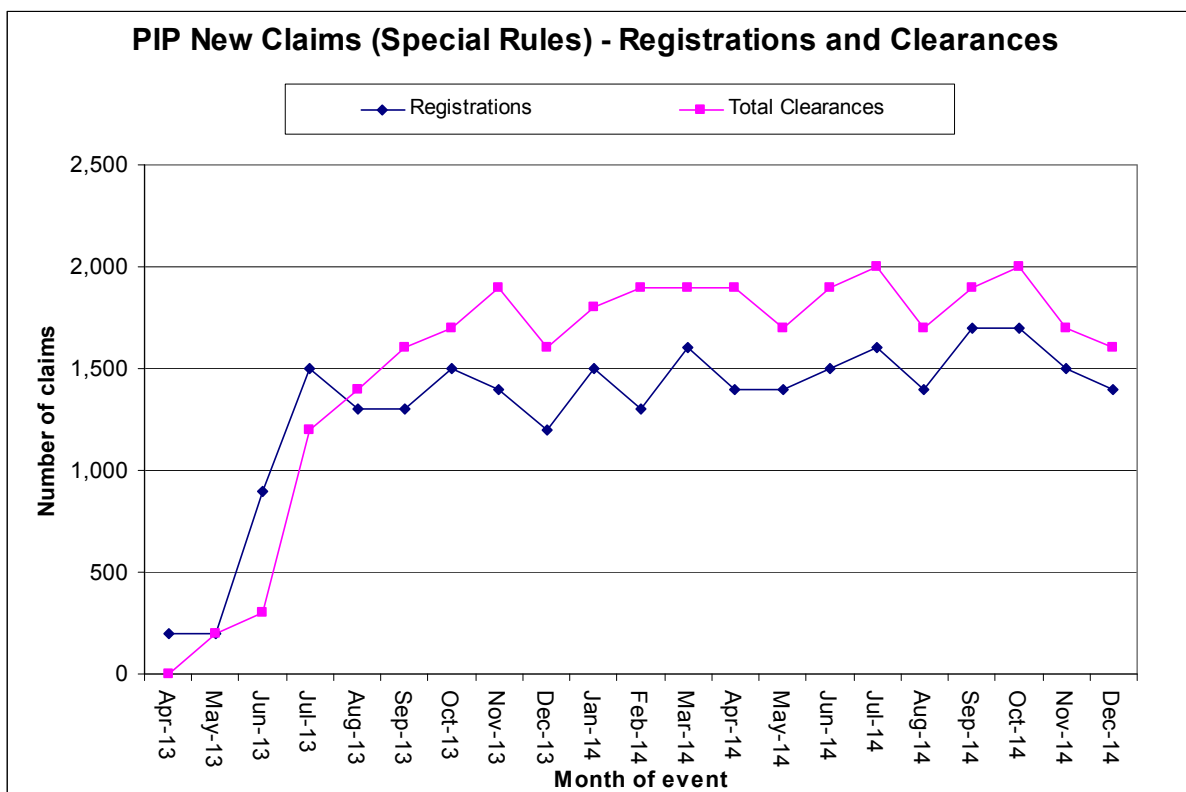
Source: PIP Computer System claimant records

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Notes to table 4:

1. Figures have been rounded to the nearest 100. Components may not sum to totals due to rounding.
2. Figures are for special rules (i.e. for the terminally ill) new claims only. The status of claims as 'special rules' is shown as at the point of registration/clearance, in accordance with the measure. The measures capture the volumes within the month the event occurred (e.g. registration volumes represent the month of registration was made).
3. Registrations include all claimants who have completed the initial PIP claim process, either by phone or, in exceptional circumstances, via a paper form.
4. Clearances include Decisions (comprising Awards and Disallowances) and Withdrawals and reflect outcomes prior to any reconsideration and appeal action.
5. Disallowed pre-referral to the assessment providers (AP) includes claims that have been disallowed due to failure of basic eligibility criteria.
6. Disallowed post-referral to the assessment providers (AP) includes claims that have been disallowed following the assessment due to not scoring enough points at the assessment stage.
7. Withdrawn by the claimant includes all claims that have been withdrawn by the claimant prior to a decision being made. This can take place at any point in the claimant journey following registration of a claim.
8. Awarded means the Department have made a decision to award the claim.
9. There are more special rules clearances than registrations as some claims transition from normal rules to special rules during the claimant journey and hence may not be special rules at the point of registration but are by the point of clearance. Claims can also transition from special rules to normal rules during the claimant journey, but this is less prevalent.
10. '-' Less than 50 claims in this category.
11. Great Britain only.

Figure 4: PIP New Claims (Special Rules) – Registrations and Clearances (April 2013 – December 2014)



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The below table/figure 5 show that the average (median) PIP new claims (special rules) end to end clearance time fell from 11 working days in January 2014 to 6 working days in October 2014, and is now at an average of 7 working days for cases cleared between 1st January and 25th January 2015.

Table 5: PIP New Claims (Special Rules) - Average (Median) End to End Clearance Time in Working Days (January 2014 – 25th January 2015)

New Claims Special Rules	
Average (Median) Clearance Time (Working Days)	
Jan-14	11
Feb-14	10
Mar-14	9
Apr-14	9
May-14	8
Jun-14	7
Jul-14	7
Aug-14	7
Sep-14	7
Oct-14	6
Nov-14	7
Dec-14	7
Jan-15	7

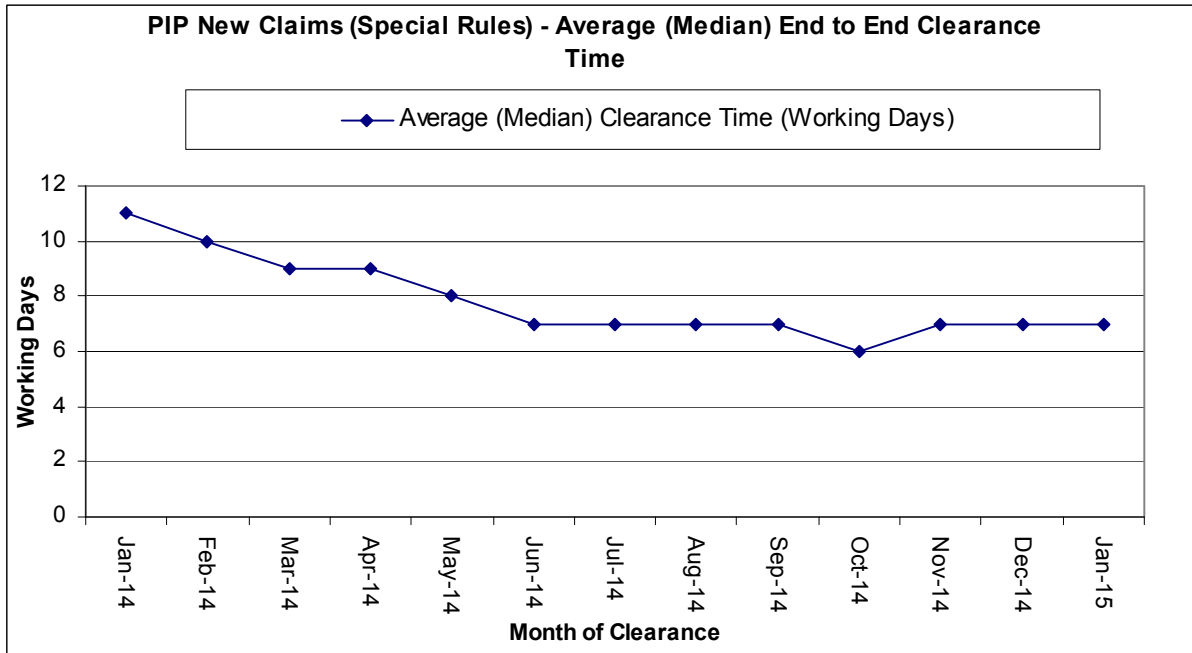
Source: PIP Computer System claimant records

Notes to table 5:

1. Figures are presented in working days, i.e. Monday to Friday.
2. Figures are for special rules (i.e. for the terminally ill) new claims only. The status of claims as 'special rules' is shown as at the point of clearance.
3. Figures represent the average end to end clearance time of claims cleared within that calendar month. Data for January 2015 is a partial month, showing data available as at 25th January 2015.
4. Clearance Time is measured as the average time between the date of registration of the claim (or the date of transition if the claim moves from being a normal rules claim to special rules claim during the claimant journey) and the date a decision is made by DWP. It does not include claims that have been withdrawn by the claimant or claims that have been disallowed by DWP pre-referral to the assessment providers (e.g. for failure of basic eligibility criteria).
5. Great Britain only.

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Figure 5: PIP New Claims (Special Rules) - Average (Median) End to End Clearance Time in Working Days (January 2014 – 25th January 2015)



Contact Points for Further Information

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