



Department
for Work &
Pensions

Government's response to the Independent Review of the Personal Independence Payment Assessment

Presented to Parliament
by the Secretary of State for Work and Pensions
by Command of Her Majesty
February 2015

Cm 9015



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Ministerial Foreword

I welcome this first independent review of Personal Independence Payment (PIP) and am grateful to Paul Gray for his report and recommendations.

My personal commitment to ensuring PIP provides support to those who face the greatest barriers to participation means that improving the process has been at the forefront of my priorities in my role as Minister of State for Disabled People.

We have made huge improvements already. Last year it was clear that some claimants were experiencing long waiting times. As a result of the changes that the Department made, in January 2015 I was pleased to announce that the average claimant is now waiting 14 weeks, down from 30 weeks in June 2014. We are now clearing four times more claims each month compared to at the start of 2014. Most importantly, the average claimant who applies for PIP under the special rules for terminal illness can expect a decision within seven days. I want to thank my predecessor and Macmillan for the work they conducted in helping us achieve this ambition.

I want to go further and continue to improve the process for claimants. This Government recognised the complexity of replacing Disability Living Allowance with a fairer, more objective and more consistent benefit from the outset, and that's why we committed in legislation to carry out at least two independent reviews of the assessment. This response is an important step in outlining the action my Department will take, together with the independent assessment providers, to deliver positive changes. It focuses on areas where we believe immediate action can make a difference and where there is already work underway by my Department to achieve them.

The announcement of the devolution of PIP in Scotland and the upcoming General Election in May 2015 add complexity to the implementation of some of the review's longer-term recommendations. It's therefore important we fully consider the implications to make sure we get it right.

I would also like to thank all those disabled people, disability organisations, support organisations and others who have contributed to the review. Consultation has been integral to the development and implementation of PIP and my Department will continue to work closely with disabled people and their organisations in considering and implementing the review's recommendations in the short and longer term.

Mark Harper
Minister of State for Disabled People

Introduction

1

This chapter sets out:

- Why the Government introduced Personal Independence Payment
- The purpose of the independent review
- The wider context in which the review has reported
- The nature of the Department for Work and Pensions' response

Why we introduced PIP

Under Disability Living Allowance (DLA), over half of claims were made without any additional medical evidence and only around 6 per cent of claimants were invited to a face-to-face consultation. The assessment criteria primarily focused on physical disabilities, meaning that many claimants with mental health conditions did not receive an award. Additionally, over 70% of those on the benefit were receiving indefinite awards, without any systematic reassessment, when data from the Office for National Statistics indicates that around a third of people with an impairment or long term health condition in one year, reported not having it a year later¹. All this contributed to the number of working age people claiming DLA rising by 21% in the ten years before the introduction of Personal Independence Payment (PIP).

PIP addresses many of the problems that claimants identified with DLA. The new assessment, with a face-to-face assessment for most people, ensures regular reviews and makes the assessment more objective, through gathering of further medical evidence. The PIP assessment looks at people as individuals, and how their impairment or health condition impacts their ability to lead independent lives, particularly recognising fluctuating conditions such as mental health. This means that the benefit is focused on those with the greatest need and ensures fiscal sustainability.

¹ Adults who have offset from impairment, Life Opportunities Survey
http://www.ons.gov.uk/ons/dcp171776_287015.pdf

The review

Recognising the scale of the challenge of implementing this new benefit and assessment, the Government committed in legislation² to carry out at least two independent reviews of PIP, in order to learn from experience and ensure that PIP delivered its original policy intent.

In April 2014, the Secretary of State for Work and Pensions appointed Paul Gray to undertake the first review of PIP. Paul Gray is currently Chair of the Social Security Advisory Committee (SSAC), an independent body which provides advice to the Secretary of State for Work and Pensions on social security legislation. Previously he held Permanent Secretary roles in both the Department for Work and Pensions and HM Revenue and Customs.

In carrying out his review, Paul Gray gathered a range of evidence to provide a useful insight into how the PIP assessment process is working, and what more can be done to improve it. It focused on issues under three main themes; improving the claimant experience, further evidence, and the effectiveness of the assessment. There were a total of 14 recommendations made, over a range of different timescales.

A second independent review will be carried out and presented to Parliament by April 2017.

Progress so far

The Department for Work and Pensions ('the Department') has already made significant progress in improving the delivery of PIP and the experience for claimants. We have successfully taken action to address the delays in claim processing times which we have made clear were unacceptable and which the review found characterised PIP for many claimants in the early days. Together with the independent providers who carry out PIP assessments, Atos and Capita, the Department has made significant improvements to performance – increasing the number of assessors by fourfold and quadrupling the number of decisions per month during 2014. Statistics on PIP performance are updated regularly and can be accessed via the GOV.UK website³.

A significant amount of work has also been done to ensure individuals making a claim for PIP under the Special Rules for Terminal Illness receive a decision as quickly as possible. For the average person in that position, their claim is now cleared in just seven days.

The wider context

The wider context of PIP, including the recent recommendation by the Smith Commission to devolve disability benefits in Scotland and an upcoming decision from Northern Ireland on whether they will introduce PIP, raises a variety of challenges that will have implications for some of the review's recommendations and require appropriate consideration.

Similarly, the broad scope of some of these recommendations, such as those which will require the commitment of other organisations and cross-Government agreement, have implications which will require more time to be worked through. In addition, as we begin the process of the managed reassessment of current DLA claimants to PIP later this year, it is important that we maintain stability and ensure these changes are introduced as safely as possible.

² Section 89 of the Welfare Reform Act 2012.

³ <https://www.gov.uk/government/collections/personal-independence-payment-statistics>

Consultation has been key to the development of PIP throughout and we have continued to work alongside disabled people and their organisations in considering how to respond to the review's recommendations. A theme raised in many of the discussions we had was a desire to make sure the implications of implementing any recommendations were properly considered to ensure the response itself is sufficiently clear and detailed.

This response

Given this context, the Department has decided to respond to the review in two stages:

- An initial response that focuses primarily on the short-term recommendations where the Department can take action now. It will provide details about the actions that will be taken to deliver these, complementing work that is already underway. This document covers that initial response.
- Having done further work to fully understand the implications of the remainder of the medium and long-term recommendations, we intend to provide a subsequent, full response addressing them in due course. The timeframe for providing a full response to these recommendations will fall after the General Election in May 2015.

As the review made clear, the delivery of PIP is a joint endeavour between the Department and the assessment providers, Atos and Capita. We recognise the importance of that and so, where appropriate, this response also sets out the work that assessment providers have committed to undertake in relation to the recommendations.

Improving the claimant experience

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Clear communications are an essential part of a claimant's experience of PIP, helping them navigate their claim – from deciding whether to apply to understanding the decision about their entitlement. We have continually revised our communications as we have rolled out the benefit and will continue to ensure that we take action to improve how we inform claimants about the process.

In his review, Paul Gray made seven recommendations about improving the claimant experience. This chapter sets out:

- his recommendations
- the action that the Department will take to address those recommendations
- wider activity the Department is taking to improve the claimant experience.

Recommendation 1

Revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities

We agree with the independent review that it is important that claimants are fully informed about what to expect and their rights in claiming PIP, but equally that they understand the responsibilities they have in doing so. A clear understanding of the claim process and the claimants' role in it improves their experience of the assessment, reducing the potential for anxiety and confusion. It also helps us to process their claim faster.

The Department accepts this recommendation.

In response, we are reviewing all communications the Department has with claimants throughout the claim and assessment process. We will identify and make any improvements needed to ensure the information provided is consistent and clear, covering the GOV.UK website, all letters from the Department to claimants and other products such as information booklets. The review will begin in March 2015, with the aim of being completed by the autumn. We will then put the revised documents into use as the required changes to the PIP computer systems are made.

We will work with claimants through focus groups and their representative organisations via the PIP Implementation Stakeholder Forum to make these improvements, to ensure the messages and information we give can be properly understood by the people they are intended for. Many of the disability organisations that we sought views from in considering our response felt that accessibility was important and we will be considering the accessibility of products as part of the review.

In addition, we will also work with both Atos and Capita to improve appointment notifications, with the intention of reducing the number of claimants that fail to attend.

The communications review will be followed by the launch of a campaign to prepare DLA recipients in advance of the currently planned roll out of managed reassessment in autumn 2015. The campaign will be focussed on external stakeholders, intermediaries, and departmental staff. Although the main focus of the campaign will be to prepare claimants for managed reassessment, we will also use the opportunity to restate the policy intent behind PIP and emphasise claimant rights and responsibilities. Development of the campaign will commence in March 2015. In particular we want to build claimants' understanding that the assessment is a functional one to identify what they are able to do, rather than focusing on the disability or health condition that they have and help claimants to understand the differences between DLA and PIP.

These actions build on the work we have already undertaken to improve claimant communications. Claimants are now provided with additional information on the estimated time taken to process a PIP claim when we send them the PIP 2 'How your disability affects you' questionnaire. We also now include additional information to claimants outlining more specifically the types of evidence which are most helpful in enabling us to carry out an assessment.

Recommendation 2a

Redesign the structure and content of decision letters; and

Recommendation 2b

Review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place

We recognise the important role of decision letters in ensuring claimants understand how and why the Department has made its decision on their PIP claim and in helping them decide what to do next. We want decision letters to be short, clear and accessible, and be of a consistently high standard.

The Department accepts this recommendation.

From April 2015 we will, working with stakeholders, examine our decision award letters to make them more accessible. We are aiming to have the design of the revised letters ready for summer 2015. These will then be put into use once the required changes to the PIP computer systems have been made.

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On roll out of the revised letters, case managers will be provided with training and guidance required to ensure they are able to produce consistently clear letters which are relevant and appropriate for the individual they are addressed to.

To ensure sufficient quality checks are in place, in February 2015 we incorporated quality checks on decisions and the decision letters into local DWP operations checking procedures. This will build on the routine checks on the consistency and quality of a sample of decision letters which are already carried out.

Complementing this, we have already introduced a 'reason for decision tool' for case managers to help them write personalised, plain English decision letters that set out the reasons a claimant has, or has not, been awarded PIP so that they can understand their decision. This tool was in the early stages of being rolled out during the period that Paul Gray carried out his review and we will continue to further monitor the impact of it on the quality of decision letters.

Recommendation 3

Take action to begin a sustained programme to build better working relationships between case managers and health professionals

We recognise the value of better working relationships between case managers and health professionals in creating an efficient and effective claims process, and in improving the claimant experience.

The Department accepts this recommendation.

From spring 2015, we will introduce monthly case conference meetings between case managers and health professionals to improve understanding of both roles through focused case-specific discussions. This will begin with Atos health professionals and we will assess the value of the sessions before potentially extending to Capita too. From February, we established 'Your Call' events, regular tele-conferences for case managers on a range of topics designed to improve their understanding of the assessment process. These are facilitated by the Department with input from health professionals who carry out assessments and will provide an opportunity for case managers to engage directly with assessors and ask questions about their experiences. We will also host a similar event for health professionals, where case managers will share their own experiences and explain their requirements in assessment reports. These activities will provide opportunities for issues to be identified and jointly resolved, leading to more effective collaboration and an improved, quicker experience for claimants.

At the same time, we also started a national exercise where health professionals, operational quality managers and departmental policy officials and medical advisers review findings from quality/audit activity to identify inconsistencies and improve consistent application of assessment criteria and quality standards. Findings from this calibration activity are being cascaded through the Department and assessment providers' operational areas to create a joint understanding of the assessment criteria and quality standards, and to further improve the understanding of requirements of the respective roles in the PIP assessment process.

This activity supports the Department and assessment providers' well established arrangements for joint working and engagement which Paul Gray had highlighted as having a positive effect, such as regular quality assurance meetings and Practitioner Engagement Forums. These are largely, although not exclusively, at management level and help to ensure there are effective mechanisms in place to manage PIP business and allow for a cascade of messages to front-line staff. We are also exploring with assessment providers whether there are more opportunities for case managers and health professionals to be co-located and work alongside each other, either physically or virtually.

Recommendation 4

Ensure assessment provider assessment rooms are configured so that the assessor and the claimant sit at a 90 degree angle

We believe that assessment rooms should be configured to enable the health professional to establish a rapport with the claimant, to encourage two-way dialogue and to allow the claimant to see what the assessor is recording about the assessment.

However, while the 90 degree angle configuration may represent best practice for some claimants, others may prefer an alternative configuration, such as sitting alongside health professionals. Moreover, on some occasions such as when PIP assessments are carried out in claimants' homes, the health professional may have limited control over the seating arrangements. In discussing the review and recommendations with disability organisations, it has been made clear that they feel the emphasis should be on a claimant's personal preference rather than being prescriptive – what may be comfortable for some claimants may not work for others.

The Department therefore does not accept this recommendation in full.

We will, however, continue to work with providers to ensure assessments are carried out in line with the principle of an open consultation style.

Capita make this a requirement in their training for assessors and have issued a communication to all their health professionals to reinforce it. They have subsequently provided assurance that all rooms in assessment centres are configured appropriately. They are currently considering how to obtain assurance that these steps are making a positive difference. Atos have similarly communicated requirements to their health professionals that seating positions should allow the claimant to see what information is being recorded and be where the claimant feels most comfortable. In February 2015 they started a review of their own and their supply chain's estate to ensure there are no structural reasons for any particular orientation. They will consider any further adjustments to their room set-up in light of the review findings.

Medium and longer-term recommendations

The medium and longer-term recommendations that relate to improving the claimant experience have been addressed together below.

Recommendation 5

Maximise the use of more proactive communications with claimants throughout the claims process, for example greater use of outbound SMS messages

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Recommendation 6

Ensure that the policy intent for award review arrangements is being met and that guidance reflects this; and that decision letters provide a clear explanation of the rationale for review timings in individual cases (not using the language of ‘interventions’)

Recommendation 7

Review the PIP claims process, adopting a design that maximises the opportunities presented by greater use of digital and other technologies and can be implemented in a phased and progressive way, which:

- a. gives high priority to the introduction of a mechanism, such as an online portal, that allows claimants to track the status of their claim
- b. moves away from a ‘one size fits all’ model for the claims process and supports a more tailored approach based on the needs of claimants
- c. uses contact with the claimant to identify what information and evidence may already be available to support the claim
- d. makes the claimant journey more integrated under common branding

We recognise that proactive communications are key to encouraging timely action by claimants and providing up-to-date information on where claimants are in the claims process, which leads to an improved experience of claiming PIP. However, disability organisations who provided their views on the review were keen that any changes in this area did not move to a ‘one size fits all’ approach which may not be appropriate for all PIP claimants.

In April 2014 we introduced outbound SMS messages, which inform claimants when we have received their PIP2 claim form. Both assessment providers also send SMS messages to claimants to confirm and remind them of appointments where mobile numbers are recorded. We are currently exploring the scope for building on this and making greater use of SMS messaging, both inbound and outbound, as well as alternative methods of communication such as email.

We also agree that it is important that claimants understand why their claim is being reassessed and how this reassessment will take place so that they are able to fully engage in the process, thereby minimising disruption and ensuring that they continue to receive the appropriate award. Feedback received from disability organisations was that the policy intention behind the current process and how claimants would be affected needed to be clearer.

In relation to recommendation 7, we are exploring an improved operating model that transforms the PIP service provided to our claimants. Work is now underway to build a prototype that demonstrates what a digital service could be like using solid evidence from users of the existing service. It is essential that this new service is effective, secure and gives all claimants a better experience, and that it can be continuously improved based on user feedback.

The Department is considering these recommendations and will respond in due course.

Further evidence

3

As the PIP assessment looks at the impact of an individual's disability or health condition on their ability to carry out key everyday tasks, getting the right evidence about that impact and a claimant's needs has always been a core consideration to ensure accurate decision making. Information comes in many forms, including what the individual provides themselves and evidence from other people who are involved in supporting them such as carers, support workers or healthcare professionals.

In addition to ensuring that claimants receive the right award, good quality and relevant information, provided in a timely manner, can lead to a quicker decision without the need for a face-to-face assessment for claimants. It allows the Department to focus its resources on the areas that need it the most. It also enables us to more quickly identify claimants whose claims need immediate attention, such as those who are terminally ill.

In his review, Paul Gray made two recommendations about further evidence. This chapter sets out:

- his recommendations
- the action that the Department will take to address those recommendations
- wider activity the Department is taking to improve the gathering of further evidence.

Recommendation 8

For the face-to-face assessment, reinforce existing guidance for health professionals to ensure consistency in how they introduce themselves and the functional nature of the assessment and limit the emphasis placed on collecting clinical information

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Face-to-face consultations can be an anxious experience for many claimants. We therefore agree that there is a need for individuals to be reassured that their assessor is properly trained, knowledgeable and qualified to deal with them sensitively and appropriately, particularly where a physical assessment of function forms part of the consultation. Even where claimants are unhappy with the outcome of their assessment, this should help ensure that they are confident that their assessment has been fair, open and objective. The start of an assessment and the health professional's introduction is arguably the best opportunity for them to explain their role and the purpose of this essential part of the assessment process.

The Department accepts this recommendation.

The next edition of the PIP Assessment Guide for health professionals, due to be published in summer 2015, will set out further guidance for health professionals conducting face-to-face assessments clarifying how they should introduce themselves and explain the purpose and structure of the assessment.

In addition, Capita have developed a refresher training module specifically on the health professional's introduction which is currently being rolled out to all health professionals who undertake face-to-face assessments. Atos are developing standard wording for their health professionals to use in introducing face to face assessments which will be cascaded to all staff via a regular bulletin in February/March 2015. This will be produced jointly by their specialist team and PIP Claimant Champion.

This will be supported by the review of all external PIP communications, including the clearer communication of what claimants should expect in a face-to-face consultation, set out in response to recommendation 1.

We will also reinforce guidance in the next iteration of the PIP Assessment Guide that health professionals must ensure the clinical information gathered during consultations is concise and relevant whilst the functional history should be comprehensive and appropriately detailed, to help to ensure the balance between these is correct. Both providers are contractually obliged to meet quality standards which highlight this. Capita are now reinforcing it through additional, focussed interactive learning and Atos also plan to issue further guidance shortly, building on functional information which has been issued previously.

Medium-term recommendation

Recommendation 9

Explore opportunities for improving the collection of further evidence by:

- a. reviewing external communications so that messages about further evidence are consistent and give greater clarity about the type of evidence required and who is responsible for gathering the information.
- b. where appropriate and relevant, sharing information and evidence from a Work Capability Assessment or other sources of information held by the Department.
- c. examining the potential for wider sharing of information and evidence across assessments carried out in other parts of the public sector, for example health and social care reports

Finding effective ways of getting useful information about a claimant's functional ability or health condition is beneficial to everybody involved with PIP – the Department, assessment providers and especially claimants. It can help to enable the right decision to be made quickly and, where appropriate, without the need for a face-to-face consultation.

Claimants who have previously been on DLA and are being assessed for PIP already have an opportunity to ask that any corroborating evidence that was provided by a health or social care professional in support of their claim for DLA, that is held by the Department, is made available to assessment providers and PIP case managers. It will be used together with evidence obtained to support the PIP claim to help make a decision.

We have already begun to explore making better use of evidence the Department already holds about an individual who makes a claim to PIP. In late 2014, we started work to understand how useful the reports of recent Work Capability Assessments for Employment and Support Allowance (ESA) could be in supporting paper-based PIP assessments when used alongside any other information provided. We are considering further testing work to understand the benefits and risks of using ESA reports in more detail.

We have also begun to explore the wider sharing of information with, for example, the Department of Health and other organisations to understand where the overlaps lie between the information gathered for the purposes of assessing an individual for Social Care and PIP, and how the two could be used together. While there could be significant benefits in sharing this information, any such change would need to ensure data is properly protected and appropriate consent in place to address concerns by stakeholders about data being shared automatically. The devolution of PIP in Scotland adds to this complexity.

In considering the scope for such changes, we are also mindful of stakeholders' concerns about how claimants are able to challenge any existing evidence.

The Department is therefore considering this recommendation and will respond in due course.

The effectiveness of the assessment

4

It has always been a key policy intent of PIP that the benefit goes to those with the greatest level of need. The entitlement criteria were developed over time using a combination of expert opinion from a wide range of areas and the results of a series of public consultations. The assessment itself provides an important opportunity for claimants to explain their level of need and the impact of their disability or health condition on their everyday life, enabling an accurate assessment and supporting case managers to make the right decision about entitlement. In order to meet the original policy intent it is important that the assessment is applied as intended.

In his review, Paul Gray made five recommendations about the effectiveness of the assessment. This chapter sets out:

- his recommendations
- the action that the Department will take to address those recommendations
- wider activity the Department is taking to improve the effectiveness of the assessment.

Recommendation 10

Monitor the application of Activity 11 'Planning and following journeys' and ensure there is a clear explanation of the purpose of the Activity for departmental staff, health professionals and claimants

Activity 11 looks at a claimant's ability to plan and follow a journey, and primarily focuses on the impact of non-physical disabilities on an individual's ability to get around. We agree that understanding the assessment criteria is essential to ensure fair and consistent application as well as helping claimants work out why a certain decision has been reached.

The Department accepts this recommendation.

In response, we will review and revise guidance around activity 11 in the next iteration of the PIP Assessment Guide for health professionals, due in summer 2015. We will hold a dedicated 'Your Call' event for all case managers in March 2015 to clarify the purpose of the Activity and how it should be applied in line with the policy intent, and supplement this with any additional guidance for case managers that is needed following the event.

The impact of these actions will be monitored through the regular meetings between providers, case managers and departmental experts that are held to review a selection of cases and look at the application of activity descriptors, including Activity 11. We will also continue to make use of the 'PIP Descriptor Log', which is used to clarify specific issues which are raised by departmental operational staff and health professionals in relation to all the activities, to assist understanding of and ensure consistency in approach to Activities.

In addition, Atos have updated their training for health professionals, issued further guidance relating to Activity 11 through their regular update bulletins and are currently planning to deliver a module on 'Assessing Mobility' which will cover best practice in both Activities 11 and 12 during 2015. Capita have recently rolled out an interactive training module for all their assessors which specifically addresses issues with Activity 11.

Recommendation 11

Review how aids and appliances are taken into account in PIP assessments against original policy intent, and make any necessary adjustments to guidance and training

The inclusion of aids and appliances in the assessment criteria for PIP is intended to provide an indication of where an individual requires functional support, and therefore reflects the extra costs that an individual who needs aids and appliances is likely to have in their everyday life, not just in those activities that are part of the assessment. The criteria assess whether a claimant needs an aid or appliance in order to carry out an activity rather than whether they choose to use one or would benefit from doing so. This ensures that claimants are treated fairly whether or not they choose to use an aid or appliance to maintain some independence, which was not always the case in DLA. Consistently and properly applying the criteria in this area is therefore important in ensuring claimants receive the right level of support through PIP.

The Department accepts this recommendation.

We will include guidance in the next iteration of the PIP Assessment Guide for health professionals that more explicitly sets out the purpose for aids and appliances being included in the criteria and reinforce the intent behind it. This is due to be published in summer 2015.

We will hold a 'Your Call' event for case managers in March 2015 which focuses on the policy intent behind the aids and appliances descriptors. This will include a question and answer session for case managers to seek further clarification or guidance if needed.

Atos have circulated supporting guidance about the use of aids and appliances and will continue to include the issue in their regular update bulletins as needed. Capita are currently developing a refresher training module on descriptor choices, including in relation to aids and appliances, which will be shared with all health professionals undertaking assessments for them in March 2015.

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This complements current activity in this area. Aids and appliances are a regular item at quality meetings between the Department and assessment providers, at both a medical adviser/policy team to clinical lead level and at a local level. Consequently, providers review and refresh training for both new and existing health professionals as required. Where it was identified through the audit of reports that there are issues with the application of the policy, feedback would be given to the health professional concerned. Individual coaching or further support would be provided as appropriate where the problem was persistent.

Whether a claimant is able to carry out an activity safely, to an acceptable standard, repeatedly and in a reasonable time period without the aid or appliance needs to be properly considered, and we will also continue to ensure this is done (see the response to recommendation 12 for details).

Recommendation 12

Ensure the consistent application of existing guidance for health professionals on reliability and fluctuating conditions

Consideration of the ability of a claimant to carry out an activity safely, to an acceptable standard, repeatedly and in a reasonable time period is key to the PIP assessment. We recognise that these 'reliability criteria' and the rules setting out how fluctuating conditions should be considered are an important protection for claimants, which are enshrined in legislation⁴.

In our discussions about this area with stakeholders, some queried whether, in order for guidance to be properly applied, claimants should be asked about the reliability criteria directly for each activity. As this would not be possible where assessments have been done on paper, this is not a requirement but there must be clear, fully justified evidence that they have been considered. This is what will be closely monitored.

The Department accepts this recommendation.

We will continue the current close monitoring of this area through provider and departmental audit of assessment reports. This is an area that is already closely monitored and there is a specific attribute within the criteria used to audit reports that requires health professionals to demonstrate they have properly considered the reliability criteria and, through other attributes, fluctuations in a claimant's conditions. The issue will be specifically addressed at sessions with departmental experts and assessment providers to jointly audit cases in March 2015, and any necessary action that is identified will be taken.

We will also include specific training on reliability and fluctuating conditions for case managers, to be delivered to new case managers joining PIP. For existing case managers, we will hold a 'Your Call' event focused on this issue in April/May 2015.

Atos intend to deliver a specific module on variable conditions as part of Continuing Professional Development for their health professionals, to be delivered during 2015. This supplements their training on improved consistency of information gathering. Capita are developing further refresher training modules which will specifically address reliability and fluctuating conditions.

Medium-term recommendations

The medium-term recommendations that relate to the effectiveness of the assessment have been addressed together below.

⁴ Regulation 4 of the Social Security (Personal Independence Payment) Regulations 2013.

Recommendation 13

Put in place and announce a rigorous quantitative and qualitative evaluation strategy, with a scheduled plan for the publication of findings which includes a priority focus on the effectiveness of PIP assessments for people with a mental health condition or learning disability

Recommendation 14

Provide assurance of fair and consistent PIP award outcomes by supplementing existing 'vertical' quality assurance with the assessment of 'horizontal' consistency

We believe that understanding how the process is working and how it affects people is very important. We continually monitor all elements of the PIP process through a combination of regular operational checks, performance monitoring and ad hoc focus on particular areas as required. As part of this, we are considering how we could best implement a comprehensive evaluation strategy. This will require considerable further thought in order to ensure it is robust and can deliver the desired outcomes, and we intend to put forward evaluation plans when we formally respond to this recommendation.

The Department is considering these recommendations and will respond in due course.

Annex A

The Department's response to the recommendations

This is a summary of new actions the Department will take in response to the short-term recommendations set out in the review. These will build on activity which is already underway, details of which can be found in chapters 2 to 4, together with actions that assessment providers will be taking in response.

Improving the claimant experience		
1	<p>Revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities</p>	<p>Accepted – We will:</p> <ul style="list-style-type: none"> Undertake a full review of communications products and messages to identify and action improvements, including to GOV.UK, all letters and information booklets
2	<p>Redesign the structure and content of decision letters and; review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place</p>	<p>Accepted – We will:</p> <ul style="list-style-type: none"> Revise decision award letters and training for case managers to ensure consistent, clear and personalised letters for claimants Introduce quality checks on decisions at a local level to provide assurance and consistency across the country, in addition to current checks
3	<p>Take action to begin a sustained programme to build better working relationships between case managers and health professionals</p>	<p>Accepted – We will:</p> <ul style="list-style-type: none"> Set up monthly case conferences, a series of teleconferences and local level meetings between case managers and health professionals to build on current good practice

<p>4 Ensure assessment provider assessment rooms are configured so that the assessor and the claimant sit at a 90 degree angle</p>	<p>Not accepted in full</p> <ul style="list-style-type: none"> We believe we're able to deliver the principle of an open, engaging consultation without the need to be prescriptive as to seating arrangements
<p>Further evidence</p>	
<p>8 For the face-to-face assessment, reinforce existing guidance for health professionals to ensure consistency in how they introduce themselves and the functional nature of the assessment and limit the emphasis placed on collecting clinical information</p>	<p>Accepted – We will:</p> <ul style="list-style-type: none"> Revise the PIP Assessment Guide for health professionals to clarify how they should introduce themselves and explain the purpose and structure of the assessment
<p>The effectiveness of the assessment</p>	
<p>10 Monitor the application of Activity 11 'Planning and following journeys' and ensure there is a clear explanation of the purpose of the Activity for departmental staff, health professionals and claimants</p> <p>11 Review how aids and appliances are taken into account in PIP assessments against original policy intent, and make any necessary adjustments to guidance and training</p>	<p>Accepted – We will:</p> <ul style="list-style-type: none"> Revise the PIP Assessment Guidance for health professionals Put in place a series of teleconference events for case managers to ensure consistent application of assessment criteria and policy intent Closely monitor application through provider and DWP audits
<p>12 Ensure the consistent application of existing guidance for health professionals on reliability and fluctuating conditions</p>	<p>Accepted – We will:</p> <ul style="list-style-type: none"> Continue to closely monitor application through provider and DWP audits Deliver additional specific training for new PIP case managers and hold a teleconference event for all case managers focusing on consistent application of guidance

These are the medium and longer-term recommendations that are being considered further. The Department intends to respond to these in a subsequent response.

<p>5 Maximise the use of more proactive communications with claimants, for example outbound SMS messages [Medium term]</p>
<p>6 Ensure that the policy intent for award review arrangements is being met [Medium term]</p>
<p>7 Review the PIP claims process, including making greater use of digital channels and adopting common branding across the full customer journey [Longer term]</p>
<p>9 Explore opportunities for improving the collection of further evidence, including sharing information held by DWP and evidence across assessments carried out in other parts of the public sector (for example health and social care reports) [Medium term]</p>
<p>13 Put in place a rigorous quantitative and qualitative evaluation strategy [Medium term]</p>
<p>14 Supplement existing quality assurance on individual cases with the assessment of 'horizontal' consistency between cases [Medium term]</p>

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