



Government's Response to Professor Malcolm Harrington's Second Independent Review of the Work Capability Assessment

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

November 2011



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Ministerial Foreword

One of the great failings of our welfare state over the past decade has been that we have left too many people on the sidelines, without checking to see how their health condition or disability affects them or what the potential alternatives to unemployment are.

Many people who could work have simply been written off onto a lifetime of benefits. Not helped to find or even think about work. Unable to fulfil their potential, to pull themselves out of poverty or to contribute to society.

Our welfare reforms seek to change this approach. To find people with the potential to work and to support them back into work so they can make more of their lives and enhance those of their families. We have begun reassessing 1.5 million people currently on Incapacity Benefit to see if they have the potential to work. We have launched the Work Programme to provide specialist support to help people back to work. And we are reforming the Work Capability Assessment so it can identify those with the potential to work.

Last year we commissioned a leading occupational health specialist, Professor Malcolm Harrington, to review the Work Capability Assessment. He found that the system was not broken but set out recommendations to improve the process and the way we treat claimants.

We took steps earlier this year to ensure that all the recommendations in Professor Harrington's first report were implemented in time for the start of the Incapacity Benefit reassessment process. We also asked Professor Harrington to review our implementation of his recommendations and undertake a second review of the system. Throughout the year, Professor Harrington has been working with those involved in all stages of the Work Capability Assessment process in conducting this second review.

We are very encouraged by the findings. Professor Harrington has found the system has markedly improved in the last year as the Government has made significant strides since his first review to change and improve the system. For instance, communications have been overhauled so the process is now more empathetic; Atos have made improvements including introducing Mental Function Champions; and, Decision Makers are better supported to make accurate decisions that take account of all the available evidence.

But we will not stop there. We endorse Professor Harrington's second independent review and we will make further improvements to the Work Capability Assessment to ensure it continues to be fit for purpose. This includes working with a number of disability groups to ensure the guidance for Atos healthcare professionals and Decision Makers is fully up to date.

We also want to ensure that individuals being treated for cancer are supported in a sensitive way. So this can happen, we intend to consult on our proposals for changing the current provision for people being treated for cancer. These proposals are based on evidence provided by Macmillan Cancer Support, but we want now to seek wider views, including those of individuals affected by cancer, their families and experienced healthcare practitioners, as well as other disability groups.

As Professor Harrington's review highlights, the WCA is improving, and it will continue to do so as we take forward further improvements to make the system fairer and more effective. Doing so will ensure we can help many more people with the potential to work to get back into the workplace.

A handwritten signature in black ink, appearing to read 'Chris Grayling', written in a cursive style.

Rt Hon Chris Grayling MP
Minister for Employment

The Government's response

1. The Government welcomes Professor Harrington's second independent review of the Work Capability Assessment. Professor Harrington has set out a comprehensive review of the assessment process, highlighting areas that have improved since his first independent review and setting out a series of further recommendations to build on those improvements.
2. This document sets out our full response to Professor Harrington's review and details in Annex A how we will respond to each of his recommendations.

A series of independent reviews

3. The Government has a statutory duty to commission annual independent reviews into the operation of the Work Capability Assessment. The first of these reviews was launched in June 2010 and Professor Malcolm Harrington was appointed to lead the review. Professor Harrington is an occupational health specialist and Professor Emeritus of Occupational Health at the University of Birmingham. He was supported in his review by a Scrutiny Group with representation from the medical and occupational health professions, disability groups and employers.
4. Professor Harrington published his first review in November 2010. He found that the system was not broken but set out a series of recommendations to improve its fairness and effectiveness. The Government fully endorsed his review and set out in their response how they would take forward all Professor Harrington's recommendations. The Government then reappointed Professor Harrington to conduct a second independent review into the Work Capability Assessment, building on his work in the first year.

Key findings of the second review

5. In his second independent review, Professor Harrington focused on four areas of work. These were:
 - an assessment of the Government's progress in implementing the recommendations of his first review
 - detailing progress to date with the groups he has tasked to look at the descriptors that underpin the Work Capability Assessment
 - considering his findings from year two and providing recommendations to further improve the process
 - setting out work that should be undertaken (or continued) by the third independent review.

6. We are pleased that Professor Harrington has seen significant improvements in the Work Capability Assessment over the past year. As he highlights, DWP and Atos have worked hard since November 2010 to implement all of his recommendations. The vast majority have been in place since the summer with remaining recommendations being launched across the country in the second half of 2011.
7. We also welcome the work Professor Harrington has undertaken with a number of disability groups towards providing recommendations to refine the descriptors that underpin the Work Capability Assessment. As he has outlined, this work is complex, takes time and requires detailed analysis of the evidence to ensure any changes will have a positive effect on the assessment.
8. Professor Harrington has also undertaken work to analyse the process and suggest recommendations to further improve the Work Capability Assessment. We welcome the broad consultation he has undertaken, gathering the views of individuals going through the process, welfare rights advisers, disability charities and representative groups as well as visiting those involved in various parts of the process. As a result he has provided a number of stretching recommendations that build on improvements so far.
9. Finally Professor Harrington has suggested further and continuing work that should be undertaken as part of the third independent review.
10. The following Chapters deal in more detail with each of the four areas Professor Harrington has focused on in his review, while Annex A sets out the detailed Government response to each of Professor Harrington's 23 recommendations.

Improving the Work Capability Assessment

Implementing the year one review

11. In his second independent review, Professor Harrington has fully assessed the Government's implementation of his year one recommendations. As a result of the changes we have made, he has found that the Work Capability Assessment has 'noticeably changed for the better'. We welcome this view. It recognises the significant amount of work undertaken by DWP and Atos to take forward all of the recommendations in his first review.
12. Although some changes have had an immediate effect, we also acknowledge Professor Harrington's advice that other changes may take time to have a visible impact on the fairness and effectiveness of the process. For example, statistics on the Work Capability Assessment are published with data that is several months in arrears. This means any improvements to the process would not become apparent in the statistics until some time after the improvement was made.
13. We echo Professor Harrington's encapsulation of this issue. He states that; 'To those who feel nothing has happened, I say: be patient. It is happening. The process is not yet perfect but it is improving and will continue to do so over the course of the five independent reviews'
14. As Professor Harrington rightly points out, the Government is committed to continuously improving the Work Capability Assessment. Implementing the recommendations of his first independent review has happened at pace. We highlight below each recommendation and when and how they have been implemented.

Recommendations for DWP Operations¹

15. Since November 2010, DWP Operations has implemented new processes and procedures to improve communication with claimants, covering recommendations one to four from the first review.
16. For individuals going through the Incapacity Benefit reassessment process additional communications (both written and telephone) have been put in place with claimants ahead of their Atos assessment. This was introduced in

¹ From October 2011 the formal agency status of Jobcentre Plus ceased to exist. For clarity and consistency throughout this document the work of Jobcentre Plus before October 2011 and anything after then are both referred to as DWP Operations

time for the national roll out of Incapacity Benefit reassessment in April 2011. The support provided ensures the claimant better understands the Work Capability Assessment process, as well as the purpose of the assessment.

17. For individuals making a new claim to Employment and Support Allowance, similar support has been introduced nationally following a phased introduction from June 2011. DWP Operations has also reviewed the key written communications sent to claimants to ensure they are clear, accessible and do not contain jargon.
18. Changes have been made to the ESA50 form so that it allows claimants to provide a personalised free text summary of how their condition affects them. The revised questionnaire was introduced in March 2011. We are also keeping the ESA50 questionnaire under review and actively pursuing further improvements that can be made to the questionnaire in conjunction with Mind, Mencap and the National Autistic Society following the work they have undertaken on the mental function descriptors.

Table 1: First independent review, recommendations 1- 4

Recommendation	Progress
<p>1. DWP Operations manages and supports the claimant during the course of their benefit claim and identifies their chosen healthcare adviser.</p>	<p>Completed for all Incapacity Benefit Reassessment cases in April 2011.</p> <p>Completed for all new Employment Support Allowance cases in October 2011.</p>
<p>2. Initial questionnaire (ESA50) includes a more personalised justification so the claimant can express the issues that they face in a short paragraph</p>	<p>Completed in March 2011.</p>
<p>3. In the longer term, the Government reviews the ESA 50 to ensure it is the most effective tool for capturing relevant information about the claimant</p>	<p>Ongoing. We are currently reviewing the ESA50 in conjunction with a number of disability groups.</p>
<p>4. Written communications to claimants are comprehensively reviewed so that they are clearer, less threatening, contain less jargon and fully explain the process</p>	<p>All major written communications reviewed by May 2011.</p> <p>Processes in place to ensure regular review of communications.</p>

19. DWP Operations has also taken forward all the recommendations relating to the role of the Decision Maker, recommendations 10 to 14 in the first independent review.

20. This includes updated training for Decision Makers and their line managers and strengthening the reconsiderations process that ensures Decision Makers speak to claimants to explain their decision where appropriate. This also affords claimants who disagree with their decision the chance to provide any additional medical evidence to support their claim. Other improvements include better communication between Atos healthcare professionals and Decision Makers particularly in the interpretation of evidence in more complex cases.
21. DWP Operations has also gone beyond the initial recommendations, setting up regular forums for the sharing of information and best practice, including “Every Decision Counts” led by the Benefits Centre Director and putting in place quality checks to ensure the standard and consistency of decisions.
22. We welcome Professor Harrington’s comments on the ‘undoubted effectiveness’ of these changes on the Work Capability Assessment process and on Decision Makers themselves. In particular we are pleased with his assessment that Decision Makers are both, ‘empowered and enthusiastic about their new responsibilities’.

Table 2: First independent review, recommendations 10-14

Recommendation	Progress
<p>10. DWP Decision Makers are put back at the heart of the system and empowered to make an independent and considered decision.</p>	<p>Numerous changes in place since November 2010, including calls with claimants, regular Decision Maker forums and development of new training.</p>
<p>11. DWP Decision Makers to make better use of the reconsideration process.</p>	<p>Completed in November 2010.</p>
<p>12. DWP Decision Makers are able to seek appropriate chosen healthcare advice to provide a view on the accuracy of the report</p>	<p>Completed in November 2010.</p>
<p>13. Better communication between DWP Decision Makers and Atos healthcare professionals to deal with borderline cases.</p>	<p>Written and telephone advice available to Decision Makers. Having healthcare professionals in Benefit Delivery Centres has been successfully trialled and national roll out is being considered.</p>
<p>14. DWP Decision Makers receive training so that they can give appropriate weight to additional evidence</p>	<p>New training developed and delivered to all Incapacity Benefit Reassessment Decision Makers by May 2011. New training developed and will be delivered to all Employment Support Allowance Decision Makers by December 2011.</p>

Recommendations for Atos

23. In his first independent review, Professor Harrington set out five recommendations for Atos Healthcare, the company contracted by DWP to undertake assessments. These were recommendations five to nine. Atos Healthcare has implemented all these recommendations, including devising and publishing a customer charter and piloting the audio recording of assessment.
24. Atos have also put in place mental function champions across their network. There are now 60 mental function champions trained and in place. As Professor Harrington noted in his review it was not possible to have champions in every assessment centre. There are 148 assessment centres, but one third of these centres have less than four rooms and are used less frequently than larger centres. Therefore an approach was agreed with Professor Harrington that would maintain geographical coverage by putting in place a telephone helpline as well as ensuring each mental function champion spends time in different assessment centres each month.
25. Initial feedback suggests the mental function champions are having a positive impact across the business. They receive an average of 10 calls per day and also provide coaching, assistance with training as well as informal support within assessment centres.
26. Healthcare professionals have also welcomed the introduction of mental function champions, particularly those new to the business.

‘I personally have found this service to be invaluable...., especially since I have been in the company only 6 months [The champions] have proved to be knowledgeable and approachable practitioners and always ready to help’.
27. Mental function champions themselves have also found the role rewarding:

‘I've found my previous career caring for patients with mental health problems has been an invaluable asset. [It] assists me greatly when on developing training courses [and] by sharing this knowledge I know I'm helping healthcare professionals to do the best assessments of their clients’.
28. Atos introduced a personalised summary statement to each report from June 2011. As Professor Harrington pointed out this has proved particularly useful to Decision Makers. During the summer we trialled sharing this summary with claimants. Evidence from this trial suggested a better approach would be to send claimants the ‘Decision Maker’s Justification’, as this better reflects the decision taken, rather than the personalised summary statement which only reflects the face-to-face assessment.

29. We agreed the new approach with Professor Harrington. A trial began in September to issue the 'Decision Maker's Justification' to Employment and Support Allowance claimants found not to have Limited Capability for Work. Subject to the evaluation findings of this trial, the intention is to begin implementing nationally the issuing of the 'Decision Maker's Justification' to all claimants found not to have Limited Capability for Work in December 2011. As Professor Harrington sets out in his review, field testing of recommendations has an important part to play in ensuring improvements have a real impact on the process.

Table 3: First independent review, recommendations 5-9

Recommendation	Progress
<p>5. Every Atos assessment contains a personalised summary of the assessment in plain English.</p>	<p>Completed in June 2011.</p>
<p>6. Every claimant is sent a copy of the Atos personalised summary and is able to discuss any inaccuracies with a Decision Maker.</p>	<p>The approach was trialled during Summer 2011. Evidence suggested a better approach would be to send claimants the Decision Maker's Justification. This approach has been agreed by Professor Harrington and a trial commenced in September. Subject to the findings of this, national implementation will commence in December 2011.</p>
<p>7. Atos provide mental function champions to spread best practice amongst Atos healthcare professionals in mental, intellectual and cognitive disabilities.</p>	<p>Completed in May 2011.</p>
<p>8. Atos pilot the audio recording of assessments to determine whether such an approach is helpful for claimants, improves the quality of assessments</p>	<p>Completed in April 2011.</p>
<p>9. Atos to develop and publish a clear charter of claimant rights and responsibilities, and to publish healthcare professionals guidance online for claimants & advisers</p>	<p>Completed March 2011.</p>

Improving the Work Capability Assessment – the descriptors

30. In his first independent review, Professor Harrington suggested further work was required to look in detail at the Work Capability Assessment descriptors to understand whether there were improvements that could be made to them. He suggested this work was done in conjunction with a number of disability groups and relevant experts. During year two he took this work forward, setting up three discrete groups to assess the descriptors in relation to mental function and other fluctuating conditions and the provisions for those individuals undergoing treatment for cancer,

Individuals undergoing treatment for cancer

31. Professor Harrington asked Macmillan Cancer Support, in conjunction with a number of other cancer charities, to assess whether there were improvements that could be made to the provisions for people who were undergoing treatment for cancer. During July 2011, the Department received evidence from Macmillan which was endorsed by Professor Harrington.

32. The Department accepts the evidence presented by Macmillan that the effects of oral chemotherapy can be as debilitating as other types of chemotherapy. The evidence also shows that certain types of radiotherapy and in particular of combined chemo-irradiation can be equally debilitating. As a result of the evidence supplied by Macmillan, the Department has developed detailed proposals for changing the way we assess individuals being treated for cancer.

33. If introduced, these proposals would increase the number of individuals being treated for cancer going into the Support Group. They would also reduce the number of face-to-face assessments for people being treated for cancer as most assessments could be done on a paper basis, based on evidence presented by a GP or treating healthcare professional.

34. We had hoped to introduce these proposals in April 2012. However, following detailed discussions with Macmillan, we have been unable to secure their support to our proposals which were based on their evidence.

35. As a result, the Department now intends to seek a wider range of views on the proposed changes through an informal consultation. We wish to gather views of interested stakeholders, including individuals affected by cancer, their families and carers, employers, healthcare practitioners and cancer specialists as well as other representative groups. We will launch this consultation during December 2011.

The mental function descriptors

36. In September 2010, Professor Harrington tasked Mind, Mencap and the National Autistic Society to suggest refinements to the mental function descriptors. He also sought input from a panel of experts to help iterate any proposals. Professor Harrington submitted the final proposals to the Department in April 2011.
37. As Professor Harrington has outlined, this work is complex, takes time and requires detailed evidence analysis to ensure any changes will have a positive effect on the assessment. Throughout the development of the Work Capability Assessment, the Department has attempted to ensure clear evidence is presented to unpin the working of the descriptors. Where evidence is presented showing problems with descriptors or improvements that could be made, the Department has, and will, make changes to the assessment and the descriptors.
38. Whilst the proposals developed by the charities lacked evidence to support making changes to the descriptors, Professor Harrington recognised the need for further work to be done to develop a detailed evidence base about the functioning of the current descriptors and whether there are improvements that could be made.
39. In the interim, the Department is currently engaging with Mind, Mencap and National Autistic Society to consider whether there are changes that could be made to the ESA50 questionnaire. In particular, we wish to understand whether it is possible to incorporate elements of the recommendations around frequency, severity and duration into the questionnaire to improve the collection of information from individuals with mental function conditions.

Fluctuating conditions

40. Professor Harrington set up a similar group to assess whether there were specific improvements to the descriptors for individuals with fluctuating conditions. This group included representation from a number of disability groups, including Arthritis Care, Crohn's and Colitis UK, Forward ME, the MS Society, the National AIDS Trust and Parkinson's UK.
41. Professor Harrington has recently received the final report from the group and has submitted it to the Department. We will consider his recommendations carefully and respond in due course.

Improving the Work Capability Assessment – findings from the year two review

42. Professor Harrington consulted widely to understand where there are further improvements that can be made to the process. We welcome the broad consultation he has undertaken through a call for evidence, a series of seminars and regular visits to DWP and Atos sites. As a result, the Department supports the recommendations Professor Harrington has made for further incremental improvements to the system.

DWP

43. Good progress has been made on empowering Decision Makers and improving the quality of decision making over the past year. In July 2011 the Department launched a Quality Assessment Framework for Decision Makers. This set out clearly the standards we expect Decision Makers to adhere to in making decisions.

44. The key elements of the Quality Assessment Framework require that for each decision:

- key issues are identified
- necessary evidence is gathered and used appropriately
- the law is interpreted and applied correctly
- Decision Makers are neutral and the claimant is treated fairly
- the key conclusions and the reasons for them are recorded
- the outcome of the decision is one that is right in the circumstances

45. We are embedding the Quality Assessment Framework through audit, feedback and regular calibration exercises. At these events senior Decision Makers, supported by legal and medical colleagues, assess a number of cases and come to a common conclusion about how the evidence should be weighted, as well as how the law is interpreted and applied. This is then repeated at each Benefit Centre to drive consistency and embed the learning and feedback.

46. Good progress has also been made in improving the process for claimants so they are treated with more empathy. Professor Harrington also notes how it is important that claimants receive consistent messages from all parts of DWP, including Personal Advisers. We are working and will continue to work internally to ensure Personal Advisers have a better understanding of the Work Capability Assessment process and are able to use this to better support individuals in their journey back to work.

Atos

47. We welcome Professor Harrington's focus on the LiMA system. It is a complex system that has been developed to support assessments, but not to determine outcomes. We recognise that some misinformation and myth has developed around the LiMA system so we are pleased that Professor Harrington has spent time understanding the system, setting out in detail how it operates and offering a number of disability groups detailed seminars on the system.
48. In his review, Professor Harrington concludes the 'logic in the system is sound', that the system has improved over the last year following changes and that
 'healthcare professionals remain in control of the system at all times, and anything appearing in the final report is a result of information they have input'.
49. Professor Harrington also provides areas for further work, suggesting that the use of free text is an important component of each report. The Department agrees with Professor Harrington that the monitoring of free text is an important part of assuring the quality of reports. Following last year's recommendations, each Atos report now contains a personalised summary statement, in free text. This has increased the use of free text in the report and good feedback has been received from Decision Makers on its quality and helpfulness. Atos, as part of their audit function, also monitor the use of free text by healthcare professionals.
50. We also welcome Professor Harrington's focus on the consistency of different healthcare professionals, and the training they receive. His detailed work suggests that there are very little differences between the performance of doctors, nurses, and physiotherapists in undertaking assessments. While overall the number of cases assessed as C-grade (poor quality) is very low and consistently below the target of 5%, during 2012 the Department will consider whether the current target should be tightened to help further improve the quality of assessments.
51. Professor Harrington also examined the training provided to healthcare professionals. Due to their initial skill base nurses and physiotherapists receive longer training than doctors and a greater emphasis is placed on mental function conditions. Professor Harrington noted that the Atos training was 'impressive' and that following training each healthcare professional was subject to continuous audit and quality checking until they consistently reached A-grade standard reports.

Improving the Work Capability Assessment – further work for the year three review

52. The Government intends to reappoint Professor Harrington as independent reviewer to the Work Capability Assessment for a further and final year. This is in recognition of the expertise he has brought to the role over the last two years and the constructive way he has set about his reviews. Each review has provided excellent insight into potential improvements to the Work Capability Assessment and set challenging recommendations for the Department. Professor Harrington has also taken time to see all parts of the process and to correct some of the many misperceptions about the Work Capability Assessment.
53. In reappointing Professor Harrington, the Government intends to continue to with the current Terms of Reference.

Professor Harrington's Terms of Reference are to:

- provide the Secretary of State for Work and Pensions with an annual independent report evaluating the operation of the assessments of limited capability for work and limited capability for work-related activity;
- evaluate the effectiveness of the limited capability for work assessment in correctly identifying those claimants who are currently unfit for work as a result of disease or disability;
- evaluate the effectiveness of the limited capability for work-related activity assessment in correctly identifying those claimants whose disability is such that they are currently unfit to undertake any form of work-related activity;
- take forward the programme of work identified in the previous reports during year three;
- monitor and report on the implementation of the recommendations in the previous reports that are adopted by Ministers; and
- provide independent advice to Ministers and the Department on any specific issues or concerns with the Work Capability Assessment that arise during the term of appointment, which the Government may seek your independent view.

54. In year three, Professor Harrington will continue his work to monitor the implementation and impact of his recommendations, to assess what further work should be undertaken and to challenge all parts of the process to ensure we can make the assessment fair and effective as possible.

Annex A: The Government's response to the review recommendations

List of Recommendations		Government's response
Implementation of the year one recommendations		
1	<p>Implementation of the Review's recommendations should be monitored over time and on a regular basis, including focus on:</p> <ul style="list-style-type: none"> ○ Percentage of claimants failing to return the initial ESA50 questionnaire; ○ Percentage of claimants failing to attend the face-to-face assessment; ○ Percentage of decisions meeting criteria in the Decision Making Quality Assessment Framework; ○ Percentage of reconsiderations received; ○ Percentage of decisions changed following reconsideration; ○ Percentage of appeal received; and ○ Percentage of appeals upheld. 	<p><u>Response:</u> Accept</p> <p>All the year one recommendations will have been implemented by the end of 2011. We are committed to monitoring their impact and identifying opportunities for improvements.</p> <p>To do this, we will use a wide range of indices and management information.</p> <p>In particular, we will monitor the changes to the Employment and Support Allowance process and the issuing of the 'Decision Maker's Justification' to ensure they continue to add value to the claimant experience and to identify further improvement opportunities. The first review will be completed in February 2012.</p> <p>More generally, we will continue to use a wide range including management information and quarterly National Statistics to monitor the Work Capability Assessment and ensure it is operating as intended.</p>
2	<p>Unannounced visits to both Benefits Delivery Centres and Atos Medical Assessment Centres should be carried out during the year three Review.</p>	<p><u>Response:</u> Accept</p> <p>The 'unannounced visits' to Benefit Centres have played an important role in providing independent assurance that plans have been translated into correct actions. We fully support their continued use by Professor Harrington and the extension of these visits to Atos Assessment Centres in year three.</p>
Descriptors		
3	<p>A 'gold standard' review be carried out, beginning in early 2012. Future decisions about the mental, intellectual and cognitive descriptors should be based on the findings of this review.</p>	<p><u>Response:</u> Accept in principle</p> <p>Following proposals from Mind, Mencap and National Autistic Society, we want to work with them to develop an evidence base to support any changes to the descriptors.</p> <p>We are already engaging with the charities to revise the ESA50 questionnaire. To further our evidence base, we will also consider developing a gold standard review during the first half of 2012.</p>

4	<p>DWP should consider working with relevant representative groups and their clinical advisers to:</p> <ul style="list-style-type: none"> ○ Update the handbook and guidance used by Atos Healthcare Professionals; and ○ Produce practical guidance for Decision Makers. 	<p><u>Response:</u> Accept in principle</p> <p>A number of training products / guidance and sections of the handbook have already been developed or updated following consultation with representative groups and their medical advisers.</p> <p>The Department will continue to work with representative groups to ensure the guidance for Atos and Decision Makers is fully up to date.</p>
5	<p>This 'bottom up' model – involving a wide range of experts as well as DWP – should also be adopted in any future changes to the Work Capability Assessment descriptors, where appropriate.</p>	<p><u>Response:</u> Accept</p> <p>In developing the Work Capability Assessment during 2007 and in the Department-led review during 2009, we consulted widely with technical experts and disability groups.</p> <p>In making any further changes to the descriptors, we will continue to work with a wide range of disability groups.</p>
6	<p>Work on the specific wording of the sensory descriptors and an additional descriptor which addresses the impact of generalised pain and/or fatigue should be considered early on in the year three Review.</p>	<p><u>Response:</u> Accept</p> <p>The Department looks to Professor Harrington to consider this work as part of his third independent review. We look forward to receiving any recommendations.</p>
7	<p>As and when changes to the descriptors are made, DWP and other relevant experts should monitor the impact of these changes to ensure both that they are working and that they are not causing any unintended consequences.</p>	<p><u>Response:</u> Accept</p> <p>The Department is committed to closely monitoring changes to the descriptors to understand their impact.</p> <p>Changes made to the descriptors in March 2011 are currently being closely monitored.</p>
8	<p>DWP consider ways of sharing outcomes of the Work Capability Assessment with Work Programme providers to ensure a smoother claimant journey.</p>	<p><u>Response:</u> Accept in principle</p> <p>This is something which the Department welcomes in principle. During 2012 we will explore the feasibility of sharing this data - including making sure that any data sent is secure and compliant with data protection</p>
Research		
'Borderline' cases		
9	<p>DWP undertake regular audit of Decision Maker performance.</p>	<p><u>Response:</u> Accept</p> <p>The Department has introduced quality checks of decisions to establish whether the Decision Maker uses a consistent approach to gathering, weighing and presenting evidence, as well as identifying fundamental errors. Decisions are checked against</p>

		a set of required standards which will improve decision making standards and determine any further training requirements.
10	In year three, further research is undertaken to examine in more detail what happens to people found Fit for Work and people placed in the Work Related Activity (including Work Programme outcomes) and Support Groups, and the factors influencing these outcomes	<p><u>Response:</u> Accept</p> <p>This is part two of the research started in 2011 in response to recommendation 20 in the year one review. We aim to undertake part two during 2012.</p> <p>The full findings from the first phase of this research will be available early in the New Year.</p>
Atos Healthcare		
Logic Integrated Medical Assessment (LiMA)- the Atos IT system		
11	These changes [to LiMA, based on comments from the stakeholder seminars] should be adopted, and that further changes to LiMA should be considered as and when they are raised.	<p><u>Response:</u> Accept</p> <p>The recommendation for the option to record that the claimant has a Certificate of Visual Impairment has been implemented.</p> <p>The recommendation for rephrasing “Customer states that...” has been implemented and changed to “It is stated...”</p> <p>During 2012 we will look to implement the recommendation for changing the phrase “I consider a return to work could be considered within...” to take account of claimants who have never worked.</p>
12	Atos and DWP monitor and audit the use of free text within LiMA to ensure a consistently high standard of accurate reports.	<p><u>Response:</u> Accept</p> <p>Atos Healthcare medical managers already monitor the use of free text by healthcare professionals and conduct targeted audit if required.</p> <p>In future Atos will report the results of monitoring and any subsequent audit to the Department on a monthly basis as part of existing management information arrangements.</p>
13	If needed, Atos healthcare professionals are provided with the relevant IT training – especially typing – to enable them to use the LiMA system intelligently and ensure that the quality of the face-to-face assessment does not suffer.	<p><u>Response:</u> Accept in principle</p> <p>Atos healthcare professionals already receive training on use of LiMA as part of their initial training.</p> <p>Consideration will be given to providing healthcare professionals with training on keyboard skills as required to improve their interaction with the claimant whilst completing their report.</p>

Healthcare professional consistency		
14	Given the importance of the quality of assessments (especially with Incapacity Benefit reassessment fully underway) DWP should consider tightening the target for C-grade reports.	<u>Response:</u> Accept in principle The department will consider the feasibility of lowering the target for C-grade reports during early 2012.
15	To improve the transparency of the face-to-face assessment, data on Atos performance and quality should be regularly published.	<u>Response:</u> Accept in principle Data regarding healthcare professional's quality performance, including the percentage of C grade reports is already reported to the Department and monitored on a monthly basis. The Department will investigate the feasibility of publishing data on the percentage of C-grade reports as part of the quarterly statistics release.
Training		
16	DWP should continue to monitor the quality and appropriateness of DWP Operations and Atos training.	<u>Response:</u> Accept All DWP staff and Atos training is quality assured by the Department, this will continue. Atos's annual training programme is developed with and agreed by the Department. Additional training supported by healthcare professionals will have been delivered to all DWP Decision Makers by the end of the year. The confidence of Decision Makers and the quality of decision making will continue to be monitored through quality checks and through ongoing staff engagement, such as the "Every Decision Counts" forum. All DWP staff training is subject to regular review as part of existing arrangements and this will continue to be updated depending on future changes.
17	Where appropriate, there should be sharing of knowledge and training between the various groups involved in the WCA	<u>Response:</u> Accept in principle The Department believes this is desirable where there are potential benefits to the claimant and / or the businesses. Atos currently provide input into aspects of DWP staff training and the handbook is available online for Decision Makers. This will continue.
18	DWP should closely monitor the recruitment, and retention, of Atos Healthcare professionals in year three.	<u>Response:</u> Accept The Department already monitors recruitment and retention of Healthcare professionals on a monthly basis and this will continue.

Other issues		
Fit for work but unable to claim Jobseeker's Allowance		
19	DWP Operations should improve internal communications to ensure that each part of the claims process and Personal Advisers have a broad understanding of the policy intent of the Work Capability Assessment, what a fit for work decision means for a claimant and the support available to them.	<p><u>Response:</u> Accept</p> <p>DWP has delivered the improved 'customer journey' for new and re-referred Employment and Support Allowance claimants from 31 October 2011. This will continue to be supported by internal communications as necessary to ensure that claimants are fully supported in that journey. Briefings have also been issued to increase Personal Advisers' understanding of the Work Capability Assessment.</p> <p>Work is in progress to gain an insight into the views of Personal Advisers and their managers on the Work Capability Assessment process and the improvements being made as a result of implementing year one recommendations.</p>
20	DWP Operations should continue to monitor the impact of the year one recommendations, particularly the additional 'touch points' with claimants, to better understand whether messages about the support available on Jobseeker's Allowance are fully understood by claimants.	<p><u>Response:</u> Accept</p> <p>DWP will put in place an evaluation of the improved 'customer journey'. This will include both quantitative and qualitative analysis, having regard to claimant insights and the views of Decision Makers.</p>
21	DWP should ensure that Universal Credit considers the risks of applying conditionality to those claimants who are currently employed.	<p><u>Response:</u> Accept in principle</p> <p>The Department is very aware that extending conditionality to claimants who are in work is a sensitive area. We will consider the extent to which and when we can support the delivery of greater conditionality.</p> <p>To build our understanding ahead of implementing any new regime, we intend to build an evidence base around what can help claimants progress in work. There is also a need to look at what skills and training advisors will need, and whether there is any role for third party providers</p>
Person with drug/alcohol use		
22	DWP Operations should consider seeking, and using, advice and guidance from the UK Drug Policy Commission and other relevant experts in order to improve and enhance the knowledge and capability of Decision Makers and Personal Advisers in managing these cases (see also Chapter 3).	<p><u>Response:</u> Accept in principle</p> <p>DWP Operations will engage with the UK Drug Policy Commission and other relevant experts in order to enhance current guidance and learning products for Decision Makers and continue to work with Personal Advisers to ensure these claimants are supported throughout their recovery and eventually into work.</p>

23	Similar advice should be sought by Atos for their Mental Function Champions and the UK Drug Policy Commission and other relevant experts could be involved in updating the relevant sections of the Atos Guidance Manual for their healthcare professionals	<u>Response:</u> Accept The Department and Atos will engage with UK Drug Policy Commission and other relevant experts in order to update relevant sections of the Work Capability Assessment handbook.
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