



**Government's Response to Professor Malcolm Harrington's Third  
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 2012



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# Ministerial Foreword

The previous Government introduced the Work Capability Assessment (the WCA) in the Welfare Reform Act 2007. That Government, like this one, believed that it was important to target financial support on those who were unable to work because of their medical conditions whilst helping those who had the capability to work back to a job.

The WCA is at the heart of that process. It has to be a fair and effective way of making sure people with health conditions or disabilities get the support that is right for them. It has to evolve and adapt to ensure that support is properly targeted. It is with that in mind that we have asked Professor Harrington to undertake what is now his third annual independent review. I welcome the emphasis that he has placed on the commitment to change in the DWP, he states that he experienced “nothing but support for what [he] was trying to achieve: that is, making the WCA a humane and caring assessment which gives due consideration to those claimants who are least able to help themselves.”

I also welcome his findings that the “strenuous efforts” to improve the WCA are making a difference. Yet despite this progress, I share his view that we have not finished yet. As the review points out, changing any system requires time for improvements to bed in, and making improvements to a nationwide process dealing with thousands of claimants every month will always be challenging. Nevertheless, we are not complacent; we remain determined to identify, and then to make, those improvements that are still needed. Once again, we accept the recommendations made by Professor Harrington in this review in order to deliver on this commitment.

I would like to highlight one finding of this report in particular, namely that although the review “has seen changes to the WCA process at first hand... the public perception of the WCA continues to be driven by adverse media coverage, which can be fuelled by campaigners who see no change or even wish to see no change. All they call for is a scrapping of the WCA but with no suggestion of what might replace it.” He makes clear that “to recognise that things are beginning to change positively in the best interests of the individual would be helpful.”

Professor Harrington is right. That’s why we accept his fourth recommendation that we “must take the initiative and highlight improvements as well as being open where problems remain.” We must move forward. We will set out the changes that we have made to strengthen the process so that we properly target support. But we will also continue to be open about where further changes need to be made and act.

Our goal is continuous improvement. Despite initially only being appointed for one review, I am very grateful for Professor Harrington his efforts in promoting this continuous improvement through that and two subsequent reviews. He has done a great service not just for DWP but for all of those who undergo the WCA. In due course, we will be appointing Professor Harrington’s successor but I would invite all of those who genuinely share a belief in improving the WCA to work with us in promoting and embedding change so that we can deliver even better outcomes for people with a health condition or disability.

# The Government's response

1. The Government welcomes this, the third independent review of the Work Capability Assessment (WCA). Professor Harrington has built on the work of his first two reviews, once again gathering a range of evidence to provide an invaluable insight into how the process is working, the impact of the improvements we have already made, and what more we can do to go even further.
2. The recommendations of Professor Harrington's first two reviews, and this department's response of accepting and implementing them, have already led to significant improvements to the WCA. This third review confirms that the work we have already undertaken has made a difference. We welcome Professor Harrington's observations about the improvements he has identified.
3. Nonetheless, we also accept that there is further to go. We agree that the WCA 'remains a valid concept for assessing...eligibility' and that there is no evidence to suggest that the system is fundamentally unsound. Equally we acknowledge that the WCA still attracts criticism, and although the system as a whole is on the right lines, too many individuals are finding the process more challenging than it should be, and that there is more hard work to be done to consolidate and strengthen the improvements that are emerging.
4. To address this, we once again welcome, and accept, the recommendations made by Professor Harrington in this review, focusing on the need to continue and complete the reforms that we have already started, and to communicate more clearly where the process is working, as well as where it may still have room for improvement.
5. This document sets out an overview of the improvements made to date, an update on progress with implementing recommendations of the first two reviews, and how we will respond to each of his recommendations from this year.
6. Although the Government has a statutory duty to independently review the WCA annually for its first five years, this is Professor Harrington's last review. We want to thank him for his constructive approach and tireless work. The Secretary of State will appoint another independent reviewer for next year and we look forward to working with Professor Harrington's successor and maintaining this crucial process of continual improvement.

## Improvements to the WCA

7. Since the Department's internal review of the WCA in March 2010, and the recommendations of the first 2 Harrington reviews, the government has introduced a series of changes. Professor Harrington makes clear that "DWP Operations have made strenuous efforts to improve the so called 'claimant journey'" and he notes that "real progress has been made". Most significant include:

- Written communications to the claimant are clearer, less threatening, and more fully explain the process.
  - The ESA50 questionnaire includes a new section for the claimant to express the issues they face with a personalised justification.
  - Atos has produced a customer charter setting out clearly what claimants can expect.
  - Atos has introduced Mental Function Champions as a specialist resource to spread best practice for their Healthcare Professionals.
  - Changes to the WCA descriptors widened the criteria for support in relation to people's mental function.
  - Improved training has been introduced for Atos Healthcare Professionals and DWP Decision Makers to empower them to take the best possible considered decisions.
  - A help line is in place to help Decision Makers contact Atos healthcare professionals where they need advice.
  - A Quality Assurance Framework has been developed to assess Decision Makers consistency and accuracy.
  - Decision makers attempt contact with claimants by telephone before a final decision is taken to explain the process and offer the opportunity to provide further evidence to the Decision Maker before they make their final decision.
  - Decision Makers provide claimants with a 'Decision Maker Reasoning', outlining their reasoning to explain how they have come to their conclusion.
8. The Department's internal monitoring of the impact of the year one recommendations has found that changes remain well-received by claimants and their experience of the process is more positive; they value the initial letter being sent to them, the decision assurance call and being issued with the Decision Makers Reasoning, and evidence suggests claimants have a better understand the WCA.
9. Due to the number of changes introduced in the last 3 years, and the complex interaction of their potential impacts, it is difficult to assign clear effects to individual changes to the process. That having been said, there is an emerging body of evidence to suggest that the WCA is more accurately and effectively assessing people for benefit.
10. For example, the proportion of claimants with Mental Health Problems (MHP) who are awarded ESA has been increasing. Shortly after ESA was introduced, 33% of people claiming with MHP received the benefit. Two and half years later, and that figure had risen to 49%.<sup>1</sup>
11. Additionally, recent analysis indicates that the number of ESA claimants placed in the Support Group has doubled<sup>2</sup>, while those found fit for work fell by 4 percentage

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<sup>1</sup> In the period from December 2008 to February 2009 33% of claimants with MHP qualified for ESA. 49% of claimants with MHPs who started their claim between June-August 2011 qualified for ESA.

<sup>2</sup> The proportion of people making the Support Group doubled, from 13% for claims starting between September and November 2010, to about 26% for those starting between June and August 2011. Over the same period, the numbers being assigned to the Work Related Activity Group fell by 9 percentage points from about 30% to 21%, and those found fit for work similarly fell by 4 percentage points from 57% to 53%

points from 57% of claimants to 53%. These levels seem to have remained stable since August 2011, suggesting that the changes represent a new 'steady state'.

12. Much has been made by critics of the system of the fact that In 2011/12, some 39% of ESA appeals that were dealt with at a Tribunal hearing were successful. This increased to 42% in the first quarter of 2012/13. However, the volume of ESA appeals resolved in the claimant's favour should be viewed in the context of the total number of ESA decisions made. Between October 2008 and August 2011, DWP made over 1.1 million decisions on new ESA claims following a WCA. Around 687,000 (around 60% of 1.1m) were found "fit for work". Some 272,000 appeals had been heard against those "fit for work" decisions by July 2012, with the Tribunal overturning the DWP decision in 102,000 of those appeals. So the Tribunal overturned only around 15% of the 687,000 "fit for work" decisions made.
13. All these signs point towards the fact that, notwithstanding ongoing problems, the process as a whole is improving. This is why we agree completely with Professor Harrington that the next stages of the process of continual improvement should be focusing on consolidation and monitoring. There is no evidence at this stage for a further period of radical reform.

## **More still to do: Key findings of the third review**

14. The key finding from Professor Harrington's third independent review is the need to complete the tasks that have already been started. He acknowledges that although progress has been made, more work needs to be done in the following areas:
  - Improve communications with claimants
  - Improve communications with DWP operations
  - Improve the face to face assessment
  - Establish quality dialogue between DWP and First-tier Tribunals
  - Keeping the Decision Maker central to the assessment process and providing them with all the further documentary evidence they need to get the decision 'right first time'
  - Monitoring changes to the WCA
  - Completing work underway on the descriptors
15. Professor Harrington does acknowledge that the process of change in a complex system, and a large department, will take time to introduce, to refine and to bed in. Despite these challenges we remain committed to driving through the improvements underway, and spreading their influence to all parts of the system.

## **Improving the Work Capability Assessment – The Process**

### ***The Claimant Experience***

16. With regard to the issuing of ESA35 to new claimants and the ESA 35A letter on repeat applications, early indications that this was increasing the completion and return rate for the ESA50 questionnaire and lowering the number of claimants failing

to attend their face to face assessment, have not been replicated in the eleven months since national rollout.

17. In an attempt to increase impact of the ESA35/35A letter we trialled texting claimants in Wales to remind them to return the ESA50 questionnaire they had been sent. Results were disappointing and showed that the fail to return rates nationally amongst new claims and re-referral combined customers was around 28%<sup>3</sup> whilst in the pilot site for the same period the rate was approximately only 1.7% lower. We are working to look at other ways of increasing both completion and return rates for the ESA50 and attendance at WCA face to face appointments, whilst also making sure that protection is offered to the most vulnerable claimants.
18. Although the allowance and decision assurance calls have worked well when they take place, our monitoring suggests that in some Benefit Centres the call success rate is as low as one in three. In the best performing office the success rate for calls is 17% higher than the national average and the appeal rate 11% lower and this does suggest strongly a correlation between a higher rate of successful calls and a fall in the number of appeals received. Operations have taken every opportunity to remind staff of the importance of implementing the changes stemming from the Harrington review.

### ***The Face to Face Assessment***

19. In relation to audio recording, a pilot was conducted in Newcastle-upon-Tyne Medical Assessment Centre during Spring 2011. The pilot clearly showed that audio recording of face-to-face assessments would not improve the quality of assessments and there was only limited evidence of improvement in the customer experience for some individuals.
20. Fewer than half of those involved consented to having their assessment recorded and a tiny proportion, less than 1%, requested a copy of their assessment. There was no difference between the quality of recorded assessments and those which were not recorded. As providing an audio recording facility for all assessments would be extremely costly with no apparent substantial benefit or improvement in assessments, the Department has not implemented universal recording of assessments. Instead we have made clear that claimants are able to request an audio recording in advance of their assessment and have asked Atos Healthcare to accommodate these requests.
21. The Year 2 review made a number of recommendations for Atos and as a result changes have been made to the IT system used by healthcare professionals during the face to face assessment. Additionally, the use of the free text is now monitored for healthcare professionals who have completed more than 20 assessments. We recognise that this is key in reporting an accurate face to face assessment.

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<sup>3</sup> The MI collected from the Decision Making and Appeals Case Recorder (DMACR) is for internal departmental use only. It is data derived from unpublished management information and has not been quality assured to National Statistics or Official Statistics publication standard. It should therefore be treated with caution. The data gather is reliant on Decision Makers manually recording the information on an internal database, and may not be reliable as we cannot avoid human error.



22. A further recommendation for Atos was made around the tightening of the target for C-grade reports for healthcare professionals under audit and on publishing data on Atos performance and quality. DWP have requested Atos to consider the impacts of a reduction of the National C-grade target for ESA assessments from 5% to 4%. Atos have recently provided a detailed response to this request and the Department is considering their response.

### ***The decision making process***

23. It is important that Decision Makers feel empowered to make balanced and reasonable decisions and do not just “rubber stamp” the Atos recommendation. It is worth emphasising that the independent medical assessment, notwithstanding the potential value of other sources of information or evidence, remains a crucial central element of any objective, consistent process of qualifying for benefit. We must guard against an assumption that decision makers should ‘prove’ their independence by taking a different view from the Atos recommendation without regard to the specifics of the case, but recent data does suggest that Decision Makers are feeling more empowered to come to a different position if the facts warrant it.<sup>4</sup>

24. Following the recommendations from the Year 2 review, a regular audit of Decision Maker performance is now conducted via the Quality Assurance Framework; where checks are made on a sample of ESA and IB Reassessment decisions. We also conduct twice yearly calibration exercises at a National level to ensure that there is a consistent application of the Quality Assurance Framework. Over 90% of decisions have met the required standard each month between February and September 2012. As yet, however, the new measure to check the quality of Decision Makers Reasoning has not been incorporated into the checking regime. There is still more work to be done, including instituting regular national calibration exercises to improve decision making standards consistently across the country.

### ***Appeals***

25. Despite positive signs from appeals data (paras 12-14), more can be done to ensure the decisions on benefit are right first time, and customers better understand how a decision has been reached. We are confident this will lead to a reduction in both the number of appeals and the number of decisions overturned at appeal.

26. To build on the “Right First Time” approach to decision making, the Department has developed an Appeals Strategy which aims to resolve benefit disputes, where possible, through the internal dispute resolution procedures within DWP and ensure that the process for dealing with appeals which are escalated outside of DWP is proportionate and appropriate.

27. With regards to Professor Harrington’s recommendation on the use of the Decision Maker Reasoning, the focused decisions written by our Decision Makers include in full the reasoning for their decision, detailing the evidence used, or not used, against each of the descriptors relevant to the claimant's case. This detailed decision is included at section 3 of our appeal response, and as such is shared with HMCTS when our response is sent to them.

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<sup>4</sup> In the quarter ending July 2010 3% of Decision Maker decisions differed from the Atos recommendation, rising to 10% in the quarter ending May 2011, before dropping to 7% in the quarter ending February 2012.

28. To address Professor Harrington's recommendation on feedback from Tribunal outcomes, since July 2012 a drop-down list of common reasons for decisions was added to decision notices from the Tribunal. The content of the drop-down menu should provide value in focussing on why appeals are overturned and in helping to improve standards of Departmental decision-making.
29. Ad hoc Official Statistics indicate that there is more to be done to better understand the reasons behind decisions being overturned, but it is worth emphasising that a Decision Maker error in applying the law was the main factor in only 0.3% of cases and an error in Atos' functional assessment reports was only the main issue in 0.3% of appeals allowed to date where reasons were given for the overturn by the Tribunal. It is worth noting that of these around a third of appeals allowed were not ascribed reasons for the overturn.<sup>5</sup> This data indicates that, although the Atos assessment is criticised by some groups and individuals, tribunal judges are not raising significant concerns over their accuracy.
30. We will carry out an evaluation of the pilot in order to gauge where value can be added on potential decision making and appeals process improvements.

### **Communications**

31. Professor Harrington recommended in his second independent review to improve the communications within DWP, particularly between the Decision Makers and Personal Advisers. This recommendation is being taken forward by a pilot in Handsworth Benefit Centre and Handsworth, Perry Bar and Washwood Heath Jobcentres from 23 July 2012.
32. Letters have been revised to provide more information to claimants; for example focusing on their responsibilities and the conditionality that may be placed upon them and the pilot involves the Decision Maker sharing a copy of the Decision Makers Reasoning with Personal Advisers in the Jobcentres. This explains why individuals have been found fit for work.
33. The focus of the Pilot initially is on the interaction between Decision Makers and Personal Advisers and is being extended to consider the interaction between Personal Advisers and Work Programme Providers. Initial findings are encouraging but more work remains to evaluate the results.
34. To improve the communications between Decision Makers and Atos, we have re-launched the Atos Advice-line on which Decision Makers can consult Health Care Professionals for advice on specific cases. We are also currently arranging for Atos Mental function Champions to deliver a series of awareness sessions for decision makers, starting in Handsworth early in 2013.

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<sup>5</sup> DWP statistical publication 'Social Security and Child Support tribunal hearings: Early analysis of appeals allowed from pilot data', published 19 November 2012.

## Improving the Work Capability Assessment – the descriptors

35. Professor Harrington has looked at a number of sets of descriptors used in the WCA. We agree with Professor Harrington that the descriptors are not the be-all and end-all of the process; it is as much about how the assessments are done (the process) as it is about the legislation. However, we do recognise that the descriptors are a particularly sensitive area, the focus of much criticism from stakeholder groups. Following detailed work in year 2 we have made significant progress to change, or build the evidence base we need to underpin any change. This has proved a lengthy process, but we are making progress and it is more important to do this right, than to do it fast.

### ***The ‘gold standard’ or ‘evidence based review’***

36. Professor Harrington tasked Mind, Mencap and the National Autistic Society to suggest refinements to the mental function descriptors. He submitted these proposals to the department in April 2011. It was recognised by both Professor Harrington and the Department that further work was needed, particularly around the evidence base supporting them. There were similar concerns about recommendations from representative groups around the fluctuating conditions descriptors and the two groups were merged into the ‘gold standard’ or ‘evidence based review’.
37. The Department have been working closely with representative groups/charities to agree an ‘alternative’ set of both mental, intellectual and cognitive and fluctuating conditions descriptors which are testable. Between June and September 2012 DWP hosted and facilitated a total of 18 meetings dedicated to enabling the charities to refine their proposed descriptors into a testable format. The Department has provided expertise in disability assessment development and advice where appropriate and has ensured that the ‘alternative’ assessment developed by the charities has remained under their direction.
38. A final version of the ‘alternative’ assessment was agreed and signed off by the charities at the end of August 2012. These ‘alternative’ descriptors will be tested and evaluated alongside the existing descriptors to establish if there is evidence to support the changes to the WCA descriptors. We are expecting to finalise the assessment of the descriptors in Spring 2013 with a final report published in Summer 2013. Professor Harrington has agreed to chair an independent steering group which will scrutinise the results of the assessment phase and the conclusions drawn from them.
39. The review noted that our work on the descriptors has included consideration of the best way to respond to concerns around the sensory descriptors, and the impact of pain and fatigue. We agree with Professor Harrington that there is insufficient evidence at this stage to warrant specific changes to the descriptors themselves. In order to ensure that the guidance and training materials used by Atos and DWP is as useful and up to date as it can be on these important issues, we agree with the

suggestion to ensure that the ongoing process of reviewing and updating our guidance products (implementing a recommendation from the Year 2 Review), should include reference to any changes that are needed around sensory impairments and the impact of pain and fatigue.

### ***ESA50 review***

40. We have been working with the fluctuating conditions group as well as other charities and stakeholders to revise the ESA50 medical questionnaire to make it more user friendly and easier to complete. This has resulted in a considerable number of changes to the form. For example we have incorporated elements of frequency, severity and duration into the questionnaire. We have also incorporated into the form a specific section relating to cancer. The expectation is that for those who are awaiting, receiving or recovering from either chemotherapy or radiotherapy will not be required to complete the whole of the ESA50 form. For these individuals there will be a requirement to complete certain personal information before being directed to the cancer specific section of the form. This section should then be completed by the relevant person treating them for their cancer. This work is nearing completion and we expect the revised form to be available from early 2013

### ***Individuals undergoing treatment for cancer***

41. The Government conducted an informal consultation on accounting for the effects of cancer treatments between December 2011 and March 2012. We published the Government response to the consultation on 17<sup>th</sup> September 2012 in which we proposed expanding the categories of cancer treatments under which a claimant may be treated as having limited capability for work related activity (LCWRA), to now include individuals who are awaiting, receiving or recovering from treatment by way of chemotherapy irrespective of route; or awaiting, receiving or recovering from radiotherapy.
42. It is the debilitating effects of their treatment which is the deciding factor but we anticipate that each individual will be assessed on a paper basis using a 'light touch' approach with the vast majority being placed in the Support Group. We are progressing these changes through the necessary regulatory and Operational delivery channels and are working closely with key stakeholders, including Macmillan. We expect these changes to be implemented early in 2013.

### ***Conclusion***

43. We believe we have made good progress and have laid the groundwork for further advances to come; insight from both claimants and staff show broad support for initiatives being instigated. Nevertheless we have more to do in order to shape the WCA process to better meet the requirements of claimants and we will continue to drive through the changes that are underway in order to fulfil our commitment to continuous improvement.

# Improving the Work Capability Assessment – recommendations from the year three review

## Recommendations from the year three review

44. The main themes from this review focus on the need to complete the reforms already commenced from his first and second reviews. This review proposes no major new reforms, but does make 6 recommendations, one of which is a suggestion for an area of focus for subsequent reviews:
45. Recommendation One is that **Decision Makers should actively consider the need to seek further documentary evidence in every claimant's case. The final decision must be justified if this is not sought.** This builds on the year one recommendation for Decision Makers to seek appropriate chosen healthcare professionals advice to ensure all relevant information is available when coming to a decision on eligibility for benefit. Professor Harrington raised concerns in the review that further evidence was often only provided during the reconsideration process and this is a suggestion to help ensure more relevant information is available early in the process.
46. The process could further clarify the need to seek more documentary evidence where it will be relevant, but we are mindful of Professor Harrington's stated view that such evidence should be provided at the earliest opportunity.
47. We would anticipate that the best way of implementing the intent behind this recommendation would be to introduce an additional element in Atos' process. This would take the form of making explicit the requirement for Healthcare professionals to actively consider further evidence, and to include a justification where they decide that further evidence would not be necessary. Decision Makers would then ensure that this justification has been provided, and where they question or disagree with the justification, would have the option to request Atos to go back and gather the further evidence that may be required.
48. As with any potential changes in our processes, we need to ensure that the additional resources required in terms of administration and processing times is balanced by a demonstrable impact on the quality of decision making and customer experience, in order to maintain an appropriate emphasis on the value for money of the process. We will therefore work on reviewing the implications of any such change as set out above before we can be clear on whether to implement. On that basis the Department supports the intent of the recommendation and **provisionally accepts** the desirability of making appropriate changes, subject to the caveat that we must first work to ensure it can be implemented in a cost effective fashion before taking a final decision.
49. Professor Harrington acknowledges that the Decision Making Process has been improved but that greater consistency needs to be achieved across the country. His second recommendation therefore is that **in order to build on the progress already made DWP Operations need to find an appropriate balance between**

**better quality decisions that are carefully considered and ‘right first time’ and the achievement of appropriate benchmarks at local level, otherwise there is a real risk of derailing the positive progress made to date.**

50. We accept Professor Harrington’s emphasis on the need for decisions to be right first time, and that there needs to be an appropriate balance between this and performance benchmarks. Part of this balance depends on acknowledging the role of appropriate benchmarks in maintaining the processing times required for customers to be dealt with in a timely fashion. The Department, through the Benefits Directorate, is currently reviewing benchmarks and will continue with Quality Assurance Framework calibration exercises to improve decision making standards. The Department therefore **accepts** this recommendation. .
51. The third recommendation is that **DWP should continue to work with the First-Tier Tribunal Service, encouraging them to, where appropriate, ensure robust and helpful feedback about reasons for upheld appeals.**
52. This work is already underway and beginning to yield useful insight. The Department therefore **accepts** this recommendation
53. Recommendation four tasks DWP **to take the initiative and highlight the improvements that have been made where they exist, as well as being open about where problems remain and their plans to address them.**
54. We agree that we have a role to be proactive in articulating the strengths of the WCA, as well as being open about shortcomings. We believe this equally applies to Atos who can find themselves the target of unjustified criticism about their performance, despite the significant and ongoing efforts they have made to improve their processes and to work with the department to provide a better experience for our customers. We **accept** this recommendation and will do more in the future to make clear where we and Atos have improved, as well as where we think there is further to go.
55. Our full response to all the recommendations is included at Annex A. A full table of second year recommendations, and our response to them is at Annex B.

## Annex A- Year 3 recommendations

List of Recommendations		Government's response
<b>Implementation of the year one and two recommendations</b>		
1	Decision Makers should actively consider the need to seek further documentary evidence in every claimant's case. The final decision must be justified if this is not sought.	<u>Response:</u> Provisionally accept, subject to the caveat that we must first work to ensure it can be implemented in a cost effective fashion before taking a final decision
2	In order to build on the progress already made DWP Operations need to find an appropriate balance between better quality decisions that are carefully considered and 'right first time' and the achievement of appropriate benchmarks at local level, otherwise there is a real risk of derailing the positive progress made to date.	<u>Response:</u> Accept.  The Department, through the Benefits Directorate, is currently reviewing benchmarks and will continue with Quality Assurance Framework calibration exercises to improve decision making standards.
3.	DWP should continue to work with the First-tier Tribunal Service, encouraging them to, where appropriate, ensure robust and helpful feedback about reasons for upheld appeals	<u>Response:</u> This focuses on the work already underway with the First Tier Tribunal Service and the use of the 'drop down menu' <b>This work is ongoing and the Department therefore accepts this recommendation</b>
4	DWP must take the initiative and highlight the improvements that have been made where they exist, as well as being open about where problems remain and their plans to address these	<u>Response:</u> We accept this recommendation
<b>Training</b>		
5	The year four and five Reviews should further explore the quality of the outcomes rather than simply on the quantity of the training offered	<u>Response:</u> A final decision on what should be covered in the fourth year review will be at the discretion of the new independent reviewer. However, we support the proposal that this could be a fruitful area to be considered in next year's review.
<b>Complex problems and chaotic lifestyles</b>		
6	DWP Operations and Atos Healthcare should take further steps to engage effectively and meaningfully with the UK Drug Policy Commission and other related groups concerned with the needs and difficulties of problem drug users to improve the WCA processes for them	<u>Response:</u> Accept. We will continue to engage such groups as we continue to update and refine our guidance and training materials.

## Annex B- Summary of Progress on Year Two recommendations

Recommendations		Progress
<b>Implementation of the year one recommendations</b>		
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"> <li>○ Percentage of claimants failing to return the initial ESA50 questionnaire;</li> <li>○ Percentage of claimants failing to attend the face-to-face assessment;</li> <li>○ Percentage of decisions meeting criteria in the Decision Making Quality Assessment Framework;</li> <li>○ Percentage of reconsiderations received;</li> <li>○ Percentage of decisions changed following reconsideration;</li> <li>○ Percentage of appeal received; and</li> <li>○ Percentage of appeals upheld.</li> </ul>	<p><b>Update</b> - Ongoing monitoring and evaluation of the year one recommendations has been undertaken using a wide range of indices and management information.</p> <p>In particular, the changes to the Employment and Support Allowance process and the issuing of the 'Decision Maker's Reasoning' is monitored to ensure they continue to add value to the claimant experience and to identify further improvement opportunities. The first evaluation report was completed in March 2012; an interim report was completed in July 2012 and a final report was completed in October 2012</p> <p>More generally, as part of core activity management information and quarterly National Statistics are being used to monitor the Work Capability Assessment to ensure it is operating as intended and in order to inform policy changes.</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><b>Update</b> – there has been seven visits to Benefit Delivery Centres/Jobcentres (Barking, Burnley, Handsworth, Leeds, Oldham, Plymouth and Stratford. There was also 1 unannounced visit to an Atos Assessment Centre</p>
<b>Descriptors</b>		
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><b>Update</b> – this work is progressing and we intend to publish a final report in Summer 2013</p>
4	<p>DWP should consider working with relevant representative groups and their clinical advisers to:</p> <ul style="list-style-type: none"> <li>○ Update the handbook and guidance used by Atos Healthcare Professionals; and</li> <li>○ Produce practical guidance for Decision Makers.</li> </ul>	<p><b>Update</b> - Implemented. Atos guidance and training material is reviewed annually and as part of this process it is sent to the medical advisers of relevant external organisations for comments on the medical aspects of the material.</p>
5	<p>This 'bottom up' model – involving a wide range of experts as well as DWP – should also be adopted in any future</p>	<p><b>Update</b> - As for recommendation 4, a process is in place to involve experts</p>



	changes to the Work Capability Assessment descriptors, where appropriate.	
6	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.	<b>Update</b> - This was considered as part of the review, and Professor Harrington's recommendation was that there is no evidence to suggest that changes are needed to the descriptors. Instead, we will ensure that the ongoing process of reviewing and updating our guidance products should include reference to any changes that are needed around sensory impairments and the impact of pain and fatigue.
7	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.	<b>Update</b> - A process is in place for monitoring changes and engaging with experts as required.
8	DWP consider ways of sharing outcomes of the Work Capability Assessment with Work Programme providers to ensure a smoother claimant journey.	<b>Update</b> – A pilot to smooth the transition between the WCA and work commenced in July to share WCA outcomes with Personal Advisers and to provide additional information to claimants to ensure they understand what it means to be in the Work Related Activity Group and how to access that advice through the Personal Advisor in the Jobcentre. Early findings suggest the transfer of the Decision Makers Reasoning, better understanding of each other's role has ensured more focused interviews at job centres and greater claimant satisfaction.
<b>Research</b>		
<b>'Borderline' cases</b>		
9	DWP undertake regular audit of Decision Maker performance.	<b>Update</b> - This is to be completed as part of business as usual via the Quality Assessment Framework and the quality checks being made on a sample of ESA and IB Reassessment decisions.  Regular calibration exercises held at a national and then Group level ensures consistent application of standards.  Outcomes and the percentage of decisions meeting the required standards have been included in the evaluation reports
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	<b>Update</b> - This analysis was undertaken as part of the year 3 review process and its key findings are published in Professor Harrington's 3 <sup>rd</sup> Independent Review, chapter 3.

<b>Atos Healthcare</b>		
<b>Logic Integrated Medical Assessment (LiMA)- the Atos IT system</b>		
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.	<b>Update</b> – Implemented. LiMA has been updated to:  Allow the HCP to record that the claimant has a Certificate of Visual Impairment and make changes to the phrasing to add clarity and accuracy to the reports.
12	Atos and DWP monitor and audit the use of free text within LiMA to ensure a consistently high standard of accurate reports.	<b>Update</b> - Implemented. The personalised summary statement word count for healthcare professionals in the top and bottom deciles is reported to DWP on a monthly basis with a narrative of action taken to address any quality issues.
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.	<b>Update</b> – Implemented, with all HCPs directed to on-line training for touch-typing.
<b>Healthcare professional consistency</b>		
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.	<b>Update</b> – DWP have requested Atos to consider the impacts of a reduction of the National C grade target for ESA assessments from 5% to 4%. Atos have recently provided a detailed response to this request and the Department is considering their response.
15	To improve the transparency of the face-to-face assessment, data on Atos performance and quality should be regularly published.	<b>Update</b> - This is being progressed as part of core activity. DWP and Atos have agreed the relevant data to be published and are working to finalise the quality assurance process to ensure any figures meet nation standards for published statistics. We are developing plans to publish in due course.
<b>Training</b>		
16	DWP should continue to monitor the quality and appropriateness of DWP Operations and Atos training.	<b>Update</b> - 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. Atos training is also updated as part of core activity.
17	Where appropriate, there should be sharing of knowledge and training between the various groups involved in the WCA	<b>Update</b> - This links to the pilot referred to at recommendation 8 and the better sharing of WCA outcomes.  The project will also be identifying further opportunities for sharing of knowledge and training as part of ongoing monitoring.
18	DWP should closely monitor the recruitment, and retention, of Atos	<b>Update</b> - This is already part of core activity. As part of contractual arrangements Atos Healthcare are required to provide recruitment and attrition

	Healthcare professionals in year three.	reports to the department on a monthly basis which is monitored and discussed at monthly Executive Management Board Meetings.
<b>Other issues</b>		
<b>Fit for work but unable to claim Jobseeker's Allowance</b>		
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.	<b>Update</b> - This is being progressed in conjunction with other stakeholders. For example, an intranet site has been launched on the end to end ESA process to increase the understanding of all DWP staff.  In addition the pilot referred to at recommendation 8 will test additional communications developed to improve Personal Advisers understanding of the WCA process and Decision Makers understanding of the Jobcentre Plus Offer and the Work Programme.
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.	<b>Update</b> - This is being progressed as part of the pilot referred to at recommendation 8. Claimant insight will be completed to identify the extent to which disallowed claimants understand the support available to them on JSA and additional claimant notifications have been developed for the pilot.
21	DWP should ensure that Universal Credit considers the risks of applying conditionality to those claimants who are currently employed.	<b>Update</b> - This is being progressed as part of ongoing policy development for the launch of Universal Credit
<b>Person with drug/alcohol use</b>		
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).	<b>Update</b> - A process is in place for engaging with relevant experts. Atos guidance and training material is reviewed annually and as part of this process it is sent to the medical advisers of relevant external organisations for comments on the medical aspects of the material. This guidance is made available to DWP Decision Makers.
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	<b>Update</b> - A process is in place for engaging with relevant experts. Atos guidance and training material is reviewed annually and as part of this process it is sent to the medical advisers of relevant external organisations for comments on the medical aspects of the material.



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