

An Independent Review of the Personal Independence Payment Assessment

Paul Gray

December 2014

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Foreword

I start by expressing my warm appreciation to all those who have given generously of their time in providing their inputs to this Review, including the very helpful ‘critical friend’ role performed by members of the Scrutiny Group. I am also hugely indebted to my support team for their hard work, professionalism and good humour. I remain responsible of course for the views and recommendations in this Report.

The timing for Independent Reviews of the Personal Independence Payment (PIP) assessment process was laid down in the 2012 Welfare Reform Act. In accepting the Secretary of State’s invitation to conduct this first Review I was conscious that, with implementation being less advanced than originally planned, this is too soon to draw definitive conclusions on many aspects. The evidence is simply not yet available to do so reliably or robustly.

Equally it was clear that the primary focus of early comment and attention on PIP has been the unfortunate reality of long delays and backlogs in the assessment process. These have had a major impact on many claimants for PIP so far. It is essential for remedial action to be completed and to avoid similar issues recurring in the future. I have taken it as given this will be done and have therefore made the main focus of my Review the further actions that need to be addressed.

In framing my recommendations, I have been conscious of some other contextual factors. Without question the introduction of PIP is a major delivery challenge. It is one of several large scale business operations for which the Department is accountable, where several million claimants rightly set high expectations for their customer experience. And major challenges flow from assessing eligibility on the basis of functional impact.

The key premise here is that different people with the same underlying conditions may well experience significantly different functional impacts on their activities in daily living and on their mobility. This will reflect the complex interaction of many factors – including physiological, psychological, motivational and social. So functional assessment is not a precise science. Accurately and consistently assessing several million awards in this way is a formidable undertaking.

It is also one which few if any other countries attempt in such a specific and bespoke way, or on such a scale. While international comparisons are fraught with difficulty, to the extent that other countries provide broadly similar eligibility they mostly link them to other qualifying conditions and processes.

The design of PIP was also undertaken in a context of fiscal austerity, against a background in which spending on the predecessor benefit Disability Living Allowance (DLA) had grown considerably over earlier decades. So the design parameters for the new system have needed to balance the interests of taxpayers with the goal of targeting the new form of support on disabled people with the greatest challenges to remaining independent and participating in society.

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PIP also forms part of the Department's annually managed expenditure (AME) that is now constrained by what is termed the Welfare Cap. Higher (or lower) than planned costs of PIP can therefore now have consequences for other areas of social security spending.

Against that background I have decided that it would not be appropriate in this Review to consider whether or not the assessment criteria for PIP are the right ones. They were set in the design phase following lengthy consultation and, although they may not command universal support, I have concluded the right focus for this first Independent Review is whether they are being applied in the way intended.

The contractual arrangements between the Department and its delivery partners for PIP have been subject both to Parliamentary scrutiny and to public comment. I have also chosen not to look in any detail at these issues, although it may be that my observations and recommendations could have implications for their evolution.

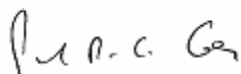
So I have used my Terms of Reference to focus on underlying issues and make recommendations over different timescales in three main areas:

First, improving the claimant experience.

Second, clarifying and improving the collection of further evidence.

Third, assuring the fairness and consistency of PIP award outcomes.

The suggested timeframe for fully implementing these recommendations will fall after the May 2015 General Election. Mindful that PIP has yet to be implemented in Northern Ireland and of the recent proposal that PIP should also become a devolved benefit in Scotland, I would encourage political parties in all parts of the United Kingdom as well as other interested stakeholders to give the findings of this Review their early attention.



Paul Gray
December 2014

Executive Summary

Overview of findings

1. The current Personal Independence Payment (PIP) process gives a disjointed experience for claimants. Some short term improvements are needed, for example to communications including decision letters. In the longer term, there should be a more integrated, digitally enabled claims process under common branding that would improve claimant experience and effectiveness.
2. The way in which further evidence is collected can be clarified and improved. PIP is an assessment of functional impact yet it is widely perceived as a 'medical'. Health professionals other than General Practitioners (GPs) are often well placed to provide relevant further evidence. The potential for sharing information already held by the Department and across the wider public sector should be explored.
3. It is too early to draw definitive conclusions about the overall effectiveness of the PIP assessment based on available published data. A rigorous evaluation strategy that will enable regular assessments of the fairness and consistency of award outcomes should be put in place, with priority given to the effectiveness of the assessment for people with a mental health condition or learning disability.

Planning for the introduction of PIP

4. PIP retains some key features of Disability Living Allowance (DLA). Like DLA, PIP:
 - is not means tested, is non-taxable and non-contributory;
 - is intended to provide financial support for disabled people with the greatest challenges to remaining independent;
 - is payable both to those in work and out of work; and
 - has two components, daily living and mobility, with different levels of award for each based on the assessed level of need.
5. PIP was planned in the context of fiscal austerity, and followed a 30 per cent increase in DLA caseload over the previous 20 years. Intended shifts from DLA were:
 - a move to a more transparent and objective assessment of need, with assessments by health professionals employed by contracted providers;

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- a stronger emphasis on assessment of the functional impact of claimants' underlying disabling and medical conditions, not the conditions themselves;
 - a points-based system to assess eligibility for awards;
 - more regular reviews of eligibility for those receiving awards; and
 - a greater focus on the needs of claimants with mental health conditions.
6. The assessment criteria are central to the PIP assessment and were subject to lengthy consultation and testing. There are ten daily living activities and two for mobility, with points-based scales for functional impact. This Review has focussed on whether they are being appropriately applied.

Early stages of PIP

7. The early implementation of PIP, from April 2013, has focussed on new claims and more recently a smaller proportion of 'natural' reassessments for DLA recipients. 'Managed' reassessment for the majority of DLA recipients is scheduled to begin from October 2015; this will be the most challenging phase, with long-term recipients of DLA invited to claim PIP. Assessments and decisions for the early claims have taken longer than expected, resulting in very long delays for many claimants.
8. Addressing these delays through increased resourcing and other measures has been the main focus during 2014. Revised arrangements to fast track claims under special rules for terminally ill people are working well. The recovery programme for other claims (the great majority) remains under way, and the Government plans to publish data on clearance and waiting times from March 2015.
9. The latest published data on PIP awards at the time of publishing this Report were to July 2014, when 106,400 were in payment. Some 55 per cent of new claims have received an award. This is higher than originally expected. The Office for Budget Responsibility is now projecting a higher success rate for new claims than the original forecast. Around 75 per cent of existing DLA claimants are expected to receive a PIP award.¹
10. Data so far available is insufficient to draw meaningful conclusions about the composition of PIP awards.

¹ *Personal Independence Payment Reassessment and Impacts*, Department for Work and Pensions, December 2012, Table 2. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180964/pip-reassessments-and-impacts.pdf

Views expressed during the Review

11. The formal Call for Evidence had a high response, particularly from people who had claimed PIP or supported claimants. The overriding theme, also reflected in other inputs to the Review, was the impact of delays and backlogs, with a particular frustration from claimants about knowing the status of their claim and how long they would need to wait. Delays in receiving awards have had an impact on claimants' financial position, including the knock-on to passported benefits linked to PIP. Another strong theme from all groups was concern over the quality of decision award letters.
12. Other main areas where comments were received from claimants and their representatives were the complexity of and time taken to complete the PIP2 claim form; mixed experiences of the actual face-to-face assessment including a lack of transparency; difficulties with appointment logistics; and views that the impact of fluctuating conditions and mental health conditions may not be being appropriately addressed.
13. In addition, inputs received from DWP staff, assessment providers and others highlighted constraints posed by different IT and associated systems; some positive feedback from health professionals about involvement in PIP assessments but some concerns about the degree of engagement with case managers - a view shared by DWP staff; areas of dissatisfaction with the arrangements for collecting further evidence; and concerns about the number of appointments lost through non-attendance by claimants.

Review findings

14. The Review also visited operational sites and held discussions with staff, observed face-to-face PIP assessments, held focus group discussions with claimants, and met with representative bodies, professional bodies and a Regional Tribunal Judge.
15. The issues arising have been analysed under 3 main themes:
 - the nature of the claimant journey;
 - the way in which further evidence is collected; and
 - the overall effectiveness of the PIP assessment.

The claimant journey

- The claimant journey during the early implementation of PIP has been characterised for many by the impact of delays and backlogs. The resulting progress chasing calls have been time-consuming and frustrating for claimants and costly for the Department and assessment providers.
- Whilst steps to resolve delays and backlogs are clearly necessary they are not of themselves sufficient and there are other underlying issues to address.
- Claimants currently experience a disjointed PIP process and have to navigate the joins between the different organisations involved.
- There is no need for major change in the delivery model in the short term, but there are areas where early improvements should be made and existing intent reinforced to enhance the claimant experience. These include:
 - Communications - More proactive use of outbound communications with claimants and clearer communications about what to expect throughout the process could help enhance the customer experience;
 - Decision letters - The current format of decision letters is unclear and confusing and the quality variable. They should start with a clear statement of the decision, followed by the award and payment details, a simpler explanation for the reasons and next steps. Training and guidance material on decision letter writing skills should also be strengthened;
 - Strengthening the relationship between case managers and health professionals. There have been some examples of bringing the two together either via co-location or ad hoc liaison groups, with positive reported results in terms of mutual understanding and better relationships. These approaches should be adopted across the board; and
 - Room configuration - It is good practice in clinical assessments for those being assessed to sit at 90 degrees or beside the health or social care professional. This is not consistent practice for PIP and assessment rooms should be reconfigured.
- There is confusion about the rationale for reviewing awards known as 'interventions' and how the policy intent is currently being applied, with unclear communications to claimants.
- Some aspects of the disjointed claimant experience will take longer to address and will require an evolutionary approach. The longer term aim should be to have a more integrated digitally enabled process. An intelligent online system, with better links to relevant information about claimants, could support a more tailored service. The Department should develop its future operating model for

PIP along these lines.

- This will require more integrated IT systems. The earliest possible introduction of a facility for claimants to track the status of their claim, possibly an online portal, should be explored.
- End-to-end case management should be strengthened together with a common integrated brand for the overall process.

Obtaining further evidence

- Obtaining sufficient, relevant further evidence to support effective assessments, and doing it at the right point in the process, is highly desirable. The current degree of success in so doing is variable. There is lack of clarity about responsibility for gathering evidence and how best to obtain it; a review of external communications could help ensure messages are consistent and provide clarity.
- There is also considerable scope in the longer-term, if PIP is digitally enabled, for more effective collection of evidence at the early stages of the process.
- The Department has started to look at the scope for drawing on relevant information it already holds for people who have had a Work Capability Assessment (WCA). Maximum use should be made in future of this and other relevant Departmental information.
- Subject to appropriate data protection protocols, the potential for wider sharing of relevant assessment information held elsewhere in the public sector should also be explored, for example health and social care reports.
- There is a tension between the claimants' view of GPs as their most trusted source of reliable evidence, and GPs' own view that they are often less well-placed than other professionals to comment on functional impact.
- PIP is widely perceived as a medical process rather than as an assessment of functional impact. Much of the terminology reinforces this perception as do features of the face-to-face assessment.

Effectiveness of the assessment

- There is wide recognition that the assessment criteria reflect a relevant range of daily living and mobility activities. The Review has not sought to revisit these definitions which resulted from thorough development and consultation.

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- The two areas where there have been questions raised about the application of the criteria are activity 11 and the treatment of aids and appliances in the daily living activities. The consistent application of these should be monitored by the Department.
- The assessment process should explore 'reliability' - as to whether activities can be undertaken safely, to an acceptable standard and repeatedly - and recognise that conditions and impact can often fluctuate over time. While the Review saw examples of good practice in these regards, respondents expressed concern over whether they were being applied appropriately.
- It is too early to draw definitive conclusions about the effectiveness of the PIP assessment based on available published data. Little has been done thus far to design a comprehensive evaluation strategy that will be reported publicly and this should be remedied. It should be underpinned with comprehensive management information and research capability. The evaluation needs to build confidence that award outcomes are fair and consistent.
- Some concerns have been expressed about the challenges for claimants with mental health conditions and learning disabilities in navigating the assessment process; this may have an impact on whether claimants in these groups are receiving appropriate outcomes from assessments and awards. There is no hard evidence available to test this, so the evaluation strategy should include a priority focus on the effectiveness of the assessment for these groups.
- Current assurance and audit arrangements are focussed on judgements reached in individual assessments ('vertical' scrutiny). This needs to be complemented by looking at the fairness and consistency of outcomes across cases with similar impacts in different areas ('horizontal' scrutiny).

Recommendations

16. The recommendations from the Review have been grouped by the three themes and considered in terms of the appropriate implementation timescale:
 - Short term actions that should be completed, alongside those to address delays and backlogs, before the start of managed reassessment. The actions are focussed on measures to increase assurance that PIP delivers the design principles and achieves the policy intent within the current model, whilst also delivering some improvements in claimant experience;
 - Medium term actions to improve evaluation of the accuracy and consistency of award outcomes, and to improve the collection of further evidence. These should be in place from the start of managed reassessment; and

- Longer term actions to redesign the PIP delivery model, both in terms of claimant experience and business effectiveness, probably implemented in phases. This should be planned before the start of managed reassessment.

Improving the claimant experience

The Department should:

In the short-term

1. Revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities [page 49, paragraph 19]
2. a. Redesign the structure and content of decision letters; and

b. Review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place [page 50, paragraph 22]
3. Take action to begin a sustained programme to build better working relationships between case managers and health professionals [page 52, paragraph 30]
4. Ensure assessment provider assessment rooms are configured so that the assessor and the claimant sit at a 90 degree angle [page 48, paragraph 14]

In the medium-term

5. Maximise the use of more proactive communications with claimants throughout the claims process, for example greater use of outbound SMS messages [page 47, paragraph 11]
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’) [page 51, paragraph 24]

In the longer-term

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

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- 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 [page 53, paragraph 38]

Further evidence

The Department should:

In the short-term

- 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 [page 58, paragraph 25]

In the medium-term

- 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 [page 56, paragraph 15]

The effectiveness of the assessment

The Department should:

In the short-term

- 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 [page 60, paragraph 9]

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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 [page 61, paragraph 12]
12. Ensure the consistent application of existing guidance for health professionals on reliability and fluctuating conditions [page 62, paragraph 16]

In the medium-term

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 [page 63, paragraph 22]
14. Provide assurance of fair and consistent PIP award outcomes by supplementing existing 'vertical' quality assurance with the assessment of 'horizontal' consistency [page 64, paragraph 25]

Chapter 1: Introduction

Background to the first Independent Review

1. The Welfare Reform Act 2012 and subsequent regulations² legislated for the introduction of Personal Independence Payment (PIP) to replace Disability Living Allowance (DLA) for eligible people who first claim between ages 16 to 64.
2. The statute provides the basis for two Independent Reviews of PIP. Section 89 of the 2012 Act states that:

The Secretary of State must lay before Parliament an independent report on the operation of [PIP] assessments under section 80 -

- (a) within 2 years beginning with the date on which the first regulations under that section come into force; and
- (b) within 4 years beginning with that date.

3. This is the first Independent Review of the PIP assessment. It aims to present a robust examination of the operation of the PIP assessment and makes some recommendations for improvement.

Terms of Reference for the Review

4. In April 2014, the Secretary of State for Work and Pensions appointed Paul Gray to carry out the first independent review of the PIP assessment. The Terms of Reference for the Review are:

To provide the Secretary of State for Work and Pensions with an independent report evaluating the:

- operation of the Personal Independence Payment assessment;
- PIP claimants' experience of taking part in the assessment;

² *Welfare Reform Act 2012 (c 5), Part 4, Personal Independence Payment, Section 89*. Available at: <http://www.legislation.gov.uk/ukpga/2012/5/enacted>

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- perceptions of healthcare professionals and other staff involved in carrying out the assessment;
- effectiveness of the PIP assessment in correctly identifying those claimants who are currently eligible for enhanced/standard rate PIP as a result of needs arising from their condition/disability; and
- effectiveness of the PIP assessment in correctly identifying claimants whose needs arising from their condition/disability are such that they are eligible for the mobility component of PIP.

Independent Scrutiny Group

5. The Secretary of State for Work and Pensions also appointed an Independent Scrutiny Group to provide the Reviewer with advice, challenge and support, whilst also helping him maintain his independence. The Scrutiny Group included experts from the healthcare professions, disability groups and academia:
 - Professor Lindsey Davies (Chair), Honorary Professor of Public Health, University of Nottingham; past President, UK Faculty of Public Health;
 - Louise Barry, Chief Executive, Merseyside Disability Federation;
 - Andy Bell, Deputy Chief Executive, Centre for Mental Health;
 - Brian Carlin, Chief Executive, Aspire; and
 - Professor Mark Priestley, Professor of Disability Policy, University of Leeds.
6. The Terms of Reference for the Scrutiny Group are to:
 - ensure that the process for conducting the Review is robust, comprehensive and fair and reflects the Terms of Reference for the Review;
 - ensure the process for gathering evidence and relevant data is in accordance with accepted standards and best practice;
 - monitor progress of the Review to ensure it remains on plan, and within scope of the Terms of Reference;
 - provide advice and support as the Review progresses, discussing and providing guidance as necessary on emerging issues and findings;
 - ensure the final report is underpinned by robust findings and evidence and is presented in a clear and appropriate format;

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- ensure the Reviewer maintains his independence throughout the Review, acting as a sounding board and providing challenge where necessary.
7. The Scrutiny Group met on five occasions during the Review. The initial meeting discussed the scope of the Review, and agreed that the Terms of Reference should be used as a framework to explore the wider operation of the PIP process, rather than just focusing on the assessment. Subsequent meetings discussed and tested the Reviewer's findings, conclusions and recommendations.

Methodology

8. The Review used a wide variety of sources to understand the PIP process, including:
- analysing official statistics;
 - conducting a public Call for Evidence, which ran from 23 June to 5 September and received over 800 responses;
 - running claimant discussion groups in Peterborough and Darlington and discussions with claimants at assessment centres in Birmingham and Manchester
 - meetings with a wide range of staff in the Department for Work and Pensions (DWP);
 - meetings with Atos and Capita (PIP assessment providers) staff;
 - meetings with representative organisations, charities and support organisations ('disability organisations');
 - meetings with professional bodies representing doctors and health and social care professionals;
 - meeting with a Regional Tribunal Judge; and
 - visits to DWP Benefit Centres and assessment provider operational sites, including observing a number of face-to-face assessments.

Scope

9. The Terms of Reference for this first Independent Review were designed to provide flexibility to examine different aspects of the PIP process, including the effectiveness of the assessment from the perspective of claimants, staff and

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others involved in supporting people through the claim process.

10. A number of areas have been excluded from the scope of the Review including:

- mandatory reconsideration - relatively little evidence is available to support detailed analysis and conclusions at this early stage;
- appeals - Her Majesty's Courts and Tribunals Service have responsibility;
- commercial arrangements;
- Northern Ireland - the Northern Ireland Welfare Reform Bill has not completed its passage through the Assembly so PIP has not been introduced there.

Chapter 2: Implementing Personal Independence Payment

An introduction to Personal Independence Payment (PIP)

1. Personal Independence Payment (PIP) is a benefit for people with long-term health conditions or impairments, whether physical, sensory, mental, cognitive, intellectual, or any combination of these, who first claim between the ages of 16 and 64. It is intended to provide support for disabled people with the greatest needs and who face the greatest challenges to remaining independent and participating in society. The PIP assessment measures the impact of a person's health condition or impairment on their ability to participate, rather than focusing solely on the health condition or impairment itself. PIP is paid as a contribution to the extra costs that disabled people may face to help them lead full, active and independent lives.
2. The benefit is not means tested, is non-taxable and non-contributory. This means that eligibility for the benefit is not dependent on a person's financial status or on whether they have paid National Insurance contributions. PIP can be paid to those who are in or out of work.
3. PIP has two components - daily living and mobility. Both components are payable at a standard or enhanced rate, depending on the claimant's level of assessed needs. Eligibility is determined by satisfying some basic criteria and then through a functional assessment of need against a set of activities typical in everyday life, such as getting dressed. It is expected that the majority of people will be assessed face-to-face.
4. Levels of need are determined through descriptors against each activity, which attract a points score. Points for each component are totalled with 8 to 11 points resulting in a standard rate award and 12 points or more resulting in an enhanced rate award. Enhanced rate of the mobility component is one of the eligibility criteria for the Motability Scheme³. Table 1 shows the weekly payment rates for standard and enhanced rates as at December 2014.

³ Motability. Accessible at: <http://www.motability.co.uk/>

Table 1 - PIP weekly rates (December 2014)

Daily living component	Weekly rate
Standard	£54.45
Enhanced	£81.30
Mobility component	Weekly rate
Standard	£21.55
Enhanced	£56.75

Data source: GOV.UK, Personal Independence Payment (PIP), What you'll get. Available at: <https://www.gov.uk/pip/what-youll-get>

Context in which PIP was introduced

5. The Government considered that reform of Disability Living Allowance (DLA) was needed to ensure that financial support was targeted on those with the greatest need and to make the benefit affordable in the longer term. To achieve this, a more objective assessment, with regular reviews, would be introduced for all PIP claimants from 2013-14, to ensure that those on the benefit continued to receive the right level of support and only for as long as they needed it.
6. Drawing on the evidence of the impact of the Work Capability Assessment, the central assumption for this policy, set out at the time of the June 2010 Budget⁴, was that PIP would result in a 20 per cent reduction in caseload and expenditure once fully implemented by 2015-16. It was assumed at that time that existing claimants would be reassessed over three years from 2013-14 to 2015-16, with 25 per cent of the caseload reassessed in 2013-14, 75 per cent by the end of 2014-15 and 100 per cent by the end of 2015-16.⁵
7. The June 2010 Budget stated that the most urgent task facing the country was to implement an accelerated plan to reduce the budget deficit.⁶ Part of the announced spending reductions were £11 billion of welfare reform savings⁷, underpinned by a programme which included measures to reform DLA, with expected savings of over £1 billion a year in the projected working age

⁴ *BUDGET 2010*, (HC 61), HM Treasury, June 2010. Accessible at: http://webarchive.nationalarchives.gov.uk/20130129110402/http://cdn.hm-treasury.gov.uk/junebudget_complete.pdf

⁵ *Budget 2010 policy costings*, HM Treasury and HM Revenue & Customs, June 2010, p.36. Accessible at: http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/d/junebudget_costings.pdf

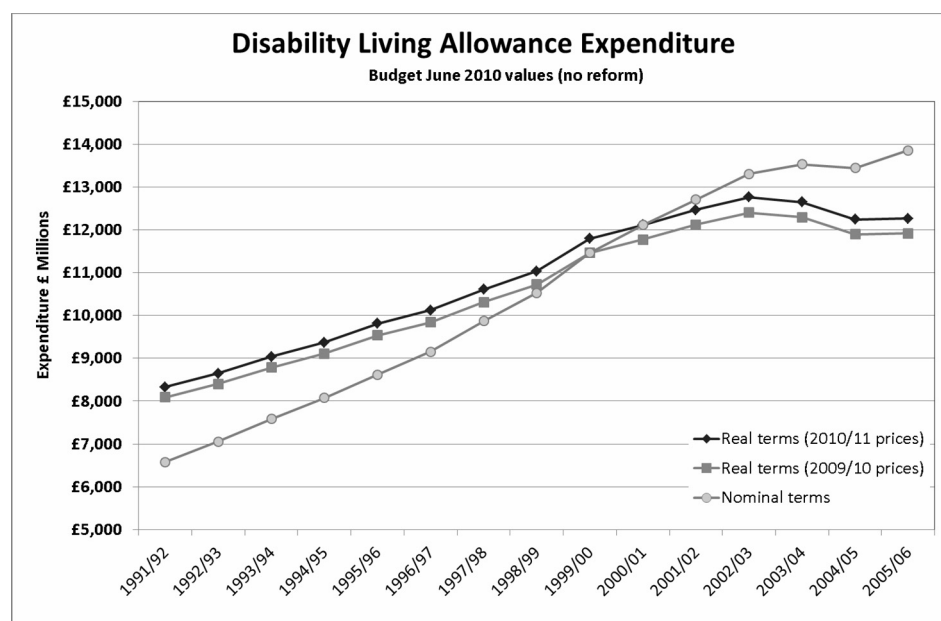
⁶ *BUDGET 2010*, (HC 61), HM Treasury, June 2010, p.1. Accessible at: http://webarchive.nationalarchives.gov.uk/20130129110402/http://cdn.hm-treasury.gov.uk/junebudget_complete.pdf

⁷ *BUDGET 2010*, (HC 61), HM Treasury, June 2010, p.2. Accessible at: http://webarchive.nationalarchives.gov.uk/20130129110402/http://cdn.hm-treasury.gov.uk/junebudget_complete.pdf

expenditure by 2014-15.⁸

8. As well as the fiscal position, this decision was taken in the context of significant increases in the caseload and cost of DLA as illustrated in Chart 2.1.

Chart 2.1 – Disability Living Allowance expenditure 2000/01 – 2015/18 (without reform)



Data source: DWP Benefit Expenditure and Caseload Statistics: Budget 2010 (June). Available at: <https://www.gov.uk/government/statistics/benefit-expenditure-and-caseload-tables-2010>

9. In 2013-14 expenditure on DLA and PIP was £14 billion⁹, somewhat more, for example, than the budget for the Department for Transport¹⁰. In the eighteen years between 1992 and 2010, the number of people claiming DLA rose by around 30 per cent (from 2.5 million to 3.3 million).¹¹ Without reform it was estimated that the whole DLA caseload (including children, working age (16-64) and 65 and over) would increase to 3.6 million by 2018; more than 1 in 20 of the population.
10. Disability organisations expressed concern about the likely impact of these changes, and criticised the planned reductions in expenditure. Scope said "... it is

⁸ *Budget 2010 policy costings*, HM Treasury and HM Revenue & Customs, June 2010, p.36. Accessible at: http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/d/junebudget_costings.pdf

⁹ Annually Managed Expenditure - amount of benefit paid to claimants

¹⁰ *Public Expenditure Statistical Analyses 2014*, HM Treasury, July 2014, Chapter 1. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330717/PESA_2014_-_print.pdf

¹¹ *Government's response to consultation on Disability Living Allowance reform*, (Cm 8051), Department for Work and Pensions, April 2011, page 14. Available at: <https://www.gov.uk/government/consultations/disability-living-allowance-reform>

more expensive to live as a disabled person in our society”.¹² Inclusion London also commented that “Already disabled people are twice as likely to live in poverty as non-disabled people. Today’s budget [June 2010] will make this worse.”¹³

11. PIP is designed to meet the twin objectives of supporting those with greatest needs, while keeping the total cost of support within affordable limits, a challenge brought into sharper relief with the Government’s introduction in 2014 of the Welfare Cap on specified areas of social security expenditure, including PIP. More (or less) spending on PIP can therefore now have consequences for other areas of social security.

PIP design objectives and principles

12. The Department carried out a series of formal and informal consultations before, during and after the passage of the Welfare Reform Act 2012 to help inform PIP’s design. It also sought to learn lessons from the Independent Reviews of the Work Capability Assessment to inform the detailed design principles. The new benefit aimed to address some of the criticisms of DLA, including a lack of consistency in the way it supports disabled people with similar needs, no straightforward way of reviewing people’s eligibility on a regular basis, and a perceived bias towards people with physical disabilities rather than mental health conditions.
13. The Department’s design principles for the new benefit included making the benefit fairer; responding to changes in needs and regular reviews of eligibility; and making the benefit simpler to administer and understand.
14. During the design phase there was an early shift from June 2010 Budget references to ‘medical’ assessments, with the Department focusing on developing an assessment that would determine how health conditions and disabilities impact on daily living and mobility, not just assess the underlying conditions; and that would deliver consistent and accurate results regardless of where the assessment was carried out or by whom.
15. To deliver the original policy intent of a more objective assessment, the Department made an early decision to contract with private providers to deliver PIP assessments. In 2012 Atos and Capita were awarded contracts to deliver PIP assessments in different geographical areas.

¹² *Guardian*, 22 June 2010, Richard Hawkes, Scope Chief Executive. Accessible at: <http://www.theguardian.com/uk/2010/jun/22/tougher-disability-allowance-test-budget>

¹³ *Disability News Service*, 30 June 2010, Anne Kane, Policy Manager Inclusion London. Available at: <http://disabilitynewsservice.com/2010/06/emergency-budget-dla-reforms-will-hit-disabled-people-hard/>

Developing the assessment criteria

16. The assessment criteria focus on an individual's ability to carry out some key everyday activities, such as washing and dressing. The criteria were developed in collaboration with a group of independent specialists.
17. The criteria were subject to lengthy public consultation alongside extensive testing within the Department. Considerable changes were made to refine initial proposals and the final criteria were set out in the Social Security (PIP) Regulations 2013.¹⁴ Further details how the criteria were developed are included in Annex 1.

How PIP was implemented

18. The timetable and approach for implementing PIP were influenced by the aims of balancing delivery of annually managed expenditure (AME) savings with safe implementation from April 2013; this meant the Department had to make choices about delivery priorities. For example, it was not possible to have an online claims channel in place within this timeframe, nor was it possible to put in place comprehensive arrangements to capture a wide suite of management information at the outset.
19. PIP was introduced gradually, beginning on 8 April 2013 with new claims in parts of the north east and north west of England. This period, known as the controlled start, was designed to test that the new systems and processes worked in a live environment. New claims were extended to the rest of Great Britain from 10 June 2013.
20. The process of reassessing existing DLA claimants for PIP under a programme of 'natural reassessment'¹⁵ began with a controlled start on 28 October 2013 in areas across the central part of Great Britain, encompassing Wales, the Midlands and East Anglia. The natural reassessment phases were further extended in January, February and November 2014. Further details of the reassessment timetable are shown in Annex 3.
21. Natural reassessment is yet to commence in some of the areas where Atos provide assessments. This will happen when the Secretary of State is satisfied that the Department is ready to do so and that Atos has sufficient local capacity

¹⁴ *The Social Security (Personal Independence Payment) Regulations 2012 No.377*. Available at: <http://www.legislation.gov.uk/ukxi/2013/377/contents/made>

¹⁵ Where: information is received about a change in care or mobility needs; a fixed term award is due to expire; children turn 16 years of age (unless they have been awarded DLA under SRTI); or a DLA claimant voluntarily claims PIP.

to handle the increased volumes.

22. Current plans are for the majority of DLA claimants to be reassessed under a programme of 'managed reassessment' where they will be invited to claim PIP. In December 2012, the Department announced that it would undertake a significantly slower DLA reassessment profile with the peak of reassessment activity starting from October 2015.¹⁶

How PIP operates

23. Annex 2 sets out the PIP process, which involves different parties carrying out different stages as follows:
- contracted Cofely staff at Mail Opening Units in Kidderminster and Telford open the majority of PIP-related post on behalf of DWP Benefit Centres;
 - different teams in Cofely scan the post so it is available to Xerox to transfer electronically into the Department's Document Repository System;
 - different teams in DWP's contact centre virtual network across the country register initial PIP claims and handle enquiries via the telephone;
 - health professionals employed by assessment providers in operational centres in Birmingham (Capita) and Stockton, Linwood and Durham (Atos) complete paper-based assessments, and undertake audit and other administrative activities. Other health professionals carry out face-to-face assessments, either in assessment centres or at home visits; and
 - upon receipt of advice from health professionals, case managers in Benefit Centres make decisions on PIP claims.
24. It is not uncommon across the public and private sectors for functions to be delivered by several different organisations with specific roles and functions in an overall process. Across Government, external suppliers are used where they have specialist knowledge or skills. This blend of internal and external delivery has the potential to work well, and provide good value for money for the taxpayer, if the links and joins between the roles played by the different parties do not impact adversely on the customer or claimant experience. Chapter 6 returns to this issue.

¹⁶ *Personal Independence Payment Reassessment and Impacts*, Department for Work and Pensions, December 2012. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180964/pip-reassessments-and-impacts.pdf

PIP current position

25. The Department has acknowledged publicly that the end-to-end claims process has taken longer than expected and that backlogs have arisen as a result. The Department and assessment providers are clear that the top priority is to clear backlogs and speed up the claims process.
26. A range of improvement activities have been introduced to help address this. For example, the assessment providers have:
 - increased (and continue to increase) the numbers of health professionals, auditors, administrators, telephony staff and assessment centres;
 - changed their recruitment, training and induction processes to improve the quality and throughput of assessments; and
 - introduced more evening/weekend working including some claimant appointments.
27. In the Department, the number of staff processing PIP claims has also been increased. Action has also been taken to increase the number of claim decisions case managers make each day.
28. The commitment by the Department and assessment providers to improve the speed of the process and clear backlogs as quickly as possible is welcomed. But it is important that this focus does not in any way detract from the fundamental outcome of ensuring PIP is awarded consistently to the right people in line with the original policy intent.

Chapter 3: Understanding Personal Independence Payment awards

Introduction

1. The Review has used official statistics and internal management information to understand the composition of the Personal Independence Payment (PIP) caseload. At the time of finalising the Report, two sets of PIP official statistics had been released; the most recent, published on 17 September 2014, covered the period up to 31 July 2014 when 106,400 awards were in payment. The next set of official statistics is due for publication on 17 December 2014.
2. This available data is insufficient to draw definitive conclusions about the composition of the PIP caseload and the effectiveness of the assessment. It covers only the early new claims and a small number of reassessed Disability Living Allowance (DLA) cases.

Breakdown of PIP awards

3. As at 31 July 2014, there were 106,400 PIP claims in payment, of which 96 per cent were new claims and 4 per cent reassessment. Table 2 below shows the split between awards made under Special Rules for terminally ill people (SRTI) and non-SRTI awards. Awards are made under the special rules where the claimant has a progressive condition and is expected to live less than 6 months.

Table 2: Claims in payment and award rates as at 31 July 2014

	Total	Non-SRTI	SRTI
Total claims in payment as at 31 July 2014	106,400	87,000 (82%)	19,400 (18%)
All new claims award rate	51% (55%)	45% (49%)	96% (99%)
Reassessment award rate	72% (79%)	69% (76%)	95% (100%)

Notes:

1. Figures outside brackets in the second and third rows relate to clearances – this is where either a decision to award or disallow the claim had been made, or the claim had been withdrawn by the claimant.
2. Figures in brackets in the second and third rows relate to decisions – this is clearance excluding withdrawn claims

Data source: Personal Independence Payment: Official Statistics (data for Great Britain). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355653/pip-july-2014.pdf.

4. Of the awards made under special rules, 100 per cent were at enhanced rate for both daily living and mobility.

Award rates

5. The PIP award rate for all new claims made up to 31 July 2014 was 55 per cent¹⁷, higher than originally expected. The award rate for reassessed claims was 79 per cent.¹⁸
6. In their October 2014 Welfare Trends report, the Office for Budget Responsibility stated that a future reduction in award rate “rests on the backlog of assessments being cleared, medical assessors improving the quality of their reports, and the assessment criteria being fine-tuned by DWP.”¹⁹
7. At the time of the 2014 Autumn Statement, the Office for Budget Responsibility is now projecting a higher success rate for new claims than the original forecast.²⁰
8. The award rates for DLA and PIP are not directly comparable, for example because of their different benefit structures²¹ and different case mixes.
9. The Review has not been able to determine the reasons why new claim award rates are higher than expected. However, a high level examination of published data suggests the daily living component rather than mobility may be driving higher award levels.

¹⁷ Excluding cases withdrawn by claimants

¹⁸ *Personal Independence Payment: Official Statistics GB*, Department for Work and Pensions, September 2014, p.2. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355653/pip-july-2014.pdf

¹⁹ *Welfare trends report*, Office for Budget Responsibility, October 2014, p.112, paragraph 6.46. Available at: http://budgetresponsibility.org.uk/wordpress/docs/Welfare_trends_report_2014_dn2B.pdf

²⁰ *Economic and fiscal outlook*, Cm 8966, Office for Budget Responsibility, December 2014, p.155, Table 4.7. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382525/December_2014_EFO.pdf

²¹ PIP has two award rates – enhanced and standard; DLA has three – higher, middle and lower

10. Table 3 shows the daily living awards in payment to non-SRTI claimants as at 31 July 2014 (including new and reassessment claims).

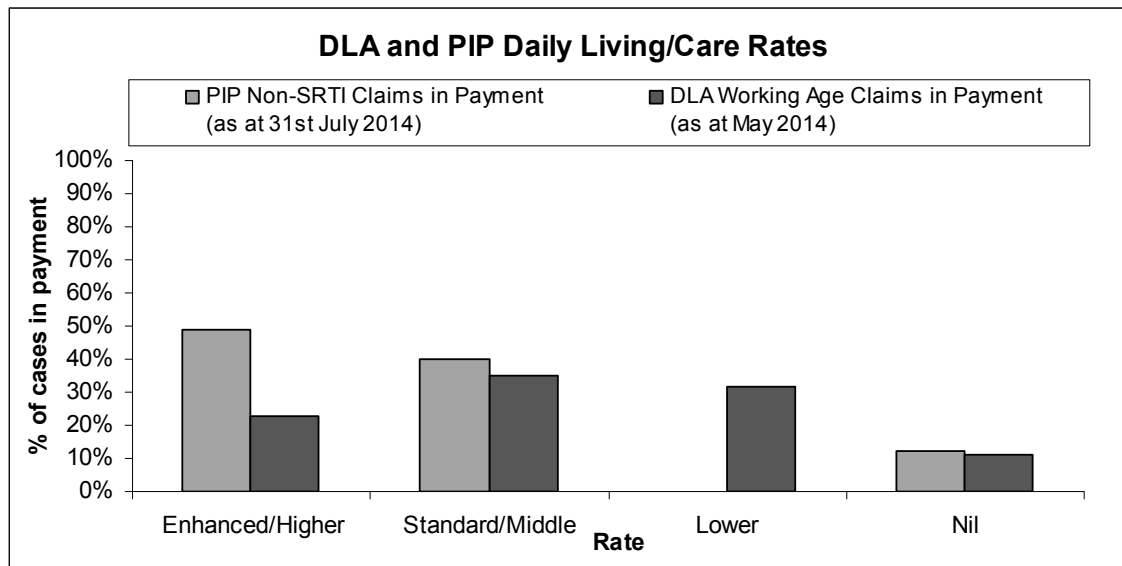
Table 3: PIP non-SRTI daily living awards in payment as at 31 July 2014

	Number of awards	%
Daily Living award – enhanced	42,400	49
Daily Living award – standard	34,400	40
Daily Living award – nil	10,200	12
TOTAL	87,000	

Data source: Department for Work and Pensions Stat-Xplore (data for Great Britain).
Available at: <https://stat-xplore.dwp.gov.uk/>

11. Chart 3.1 shows PIP daily living awards in payment compared to May 2014 working age DLA care awards. 89 per cent of both PIP non-SRTI and DLA working age claimants are receiving a daily living or care award, and this chart shows the relative distributions with half of the PIP awards so far at the enhanced rate.

Chart 3.1: DLA and PIP Daily Living/Care Rates



Data source: Department for Work and Pensions Stat-Xplore (data for Great Britain).
Available at: <https://stat-xplore.dwp.gov.uk/>

12. Table 4 shows the mobility awards in payment to non-SRTI claimants as at 31 July 2014 (including new and reassessment claims).

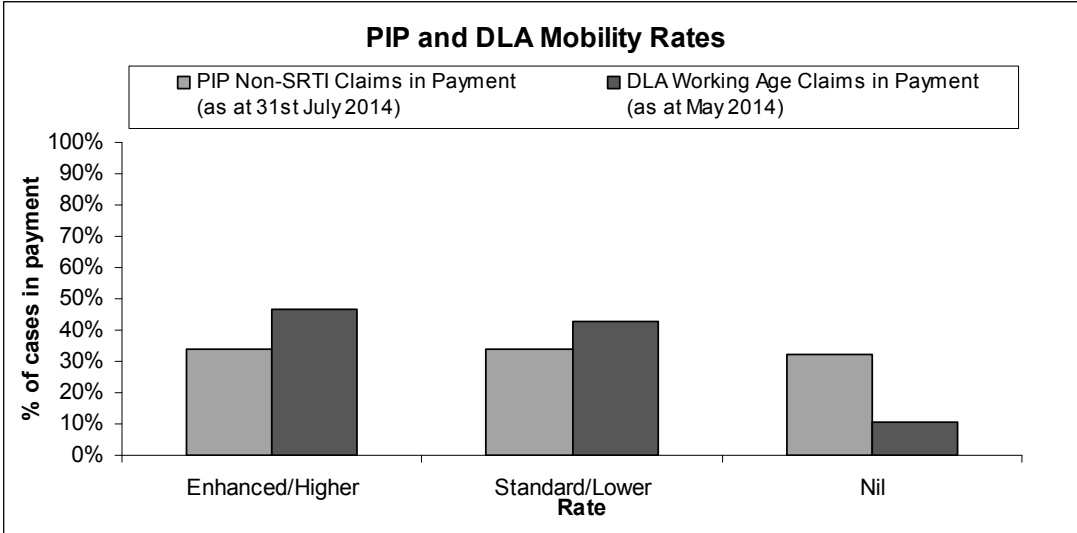
Table 4: PIP non-SRTI mobility awards in payment as at 31 July 2014

	Number of awards	%
Mobility award – enhanced	29,900	34
Mobility award – standard	29,200	34
Mobility award – nil	27,900	32
TOTAL	87,000	

Data source: Department for Work and Pensions Stat-Xplore (data for Great Britain). Available at: <https://stat-xplore.dwp.gov.uk/>

13. Chart 3.2 shows PIP mobility awards in payment compared to May 2014 DLA in payment working age mobility rates. 68 per cent of PIP non-SRTI claimants are receiving an award at one of the two levels compared to 89 per cent on DLA (working age).

Chart 3.2: Comparison PIP (non-SRTI), July 2014 and DLA (working age), May 2014 awards



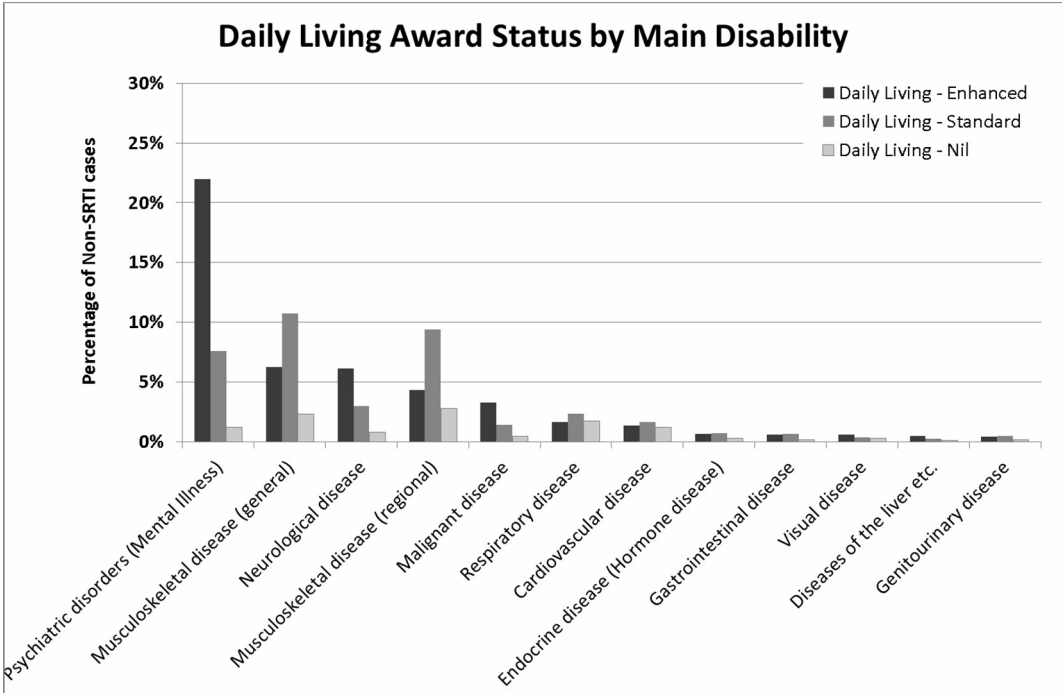
Data source: PIP Data: Department for Work and Pensions Stat-Xplore (data for Great Britain). Available at: <https://stat-xplore.dwp.gov.uk/>

Data source: DLA Data: Department for Work and Pensions Tabulation tool (data for Great Britain). Available at: <http://tabulation-tool.dwp.gov.uk/100pc/>

Condition breakdown

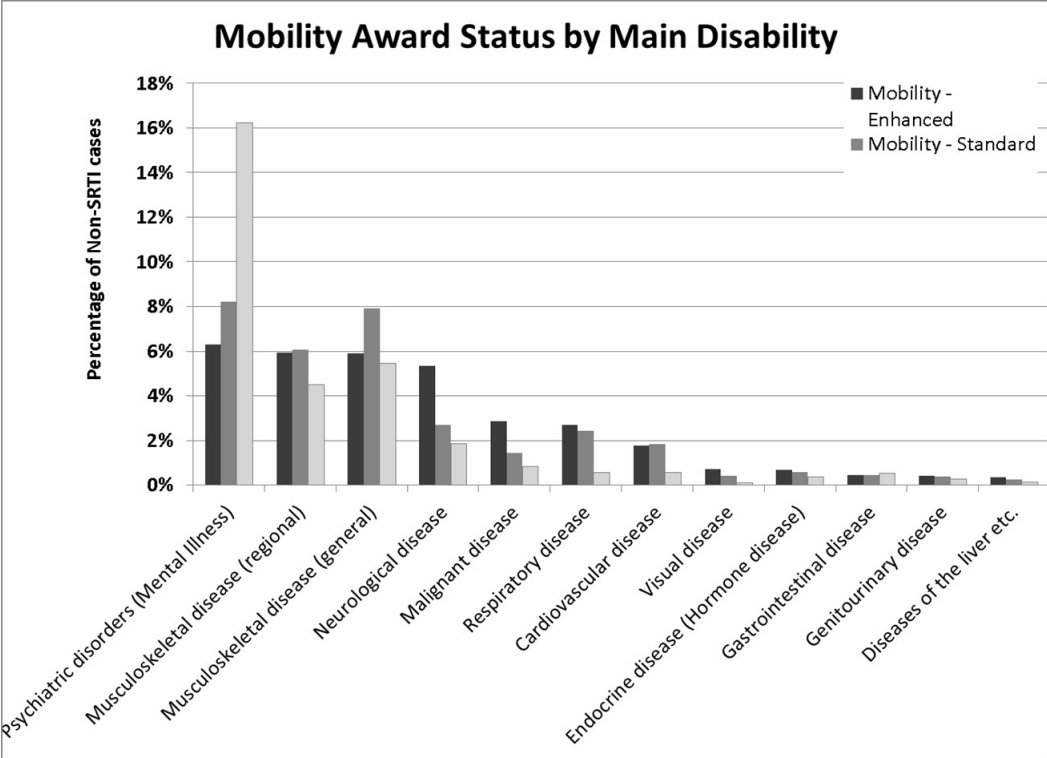
- 14. The Department collects information on over 500 disabilities and conditions, summarised for reporting purposes to date into around 20 broader categories, although the Review understands that the December 2014 statistics will provide a more detailed breakdown of awards by condition.
- 15. Charts 3.3 and 3.4 show the breakdown of daily living and mobility award rates by the main disabling condition for non-SRTI PIP cases in payment as at 31 July 2014.

Chart 3.3: Daily Living Award by Main Disability, for claims in payment for those not claiming under Special Rules for Terminally Ill People (normal rules)



Data source: Department for Work and Pensions Stat-Xplore (data for Great Britain). Available at: <https://stat-xplore.dwp.gov.uk/>

Chart 3.4: Mobility Award by Main Disability, for claims in payment for those not claiming under Special Rules for Terminally Ill People (normal rules)



Data source: Department for Work and Pensions Stat-Xplore (data for Great Britain). Available at: <https://stat-xplore.dwp.gov.uk/>

16. The Department does not forecast expected award levels by main disability (and there are no plans to do so), so it has not been possible to compare forecasts and awards on that basis. Data on the number of claims by main disabling condition is also not available for comparative purposes.

Awards to people with mental health conditions

- 17. Psychiatric disorders (mental illness) in the charts above is the grouping for around 30 specific conditions including agoraphobia, depressive disorder, dementia and schizophrenia. This data shows that around 31 per cent of PIP non-SRTI claimants have psychiatric disorders (mental illness) as their main disability, with 33 per cent of all standard and enhanced daily living awards and 21 per cent of all standard and enhanced mobility awards falling into this category.
- 18. DLA was criticised by some disability organisations for taking greater account of physical disabilities rather than mental health conditions. A key policy principle for PIP was that the assessment should work equally well for people with mental health and physical conditions. It is too early based on available data to draw

conclusions about whether PIP is achieving this policy principle.

19. It will be important for the Department to consider the extent to which the policy intent is being achieved as more data becomes available. This theme is explored further in chapter 8.

Geographical breakdown

20. The most recent published data highlights some significant differences in PIP awards at Parliamentary Constituency level as at 31 July 2014. The constituencies with the lowest and highest new claim award rates (normal rules) respectively are Scarborough and Whitby (18 per cent) and Stoke on Trent (65 per cent).
21. The Review was not able to determine why these differences occur although variations in demographics, average income within the area and awareness of the benefit may all play a part. Nor is it clear whether backlogs and small sample sizes are distorting the picture at this stage. But even taking these factors into account, the Parliamentary Constituency data highlights that some areas, such as the Cotswolds (58 per cent), have relatively higher award rates than might be expected. It will be important to understand why variations occur, by for example matching the PIP data with sources such as employment and income statistics alongside qualitative evaluation activity, as one measure of assurance that PIP is being awarded consistently across the country. This theme is returned to in chapter 8.

Age and gender

22. The data shows that there is very little difference between the proportion of men and women receiving PIP - male 46 per cent; female 54 per cent.²²
23. Table 5 sets out the age profile of claimants receiving PIP as at 31 July 2014. This shows that, as might be expected, the proportion of claims in payment increases with age, with only 2 per cent of awards made to people aged between 16-17, rising to 18 per cent at ages 60-64.

²² Department for Work and Pensions, Stat-Xplore. Available at: <https://stat-xplore.dwp.gov.uk/>

Table 5: Claims in payment by age

Age	%
16 to 17	2
18 to 24	6
25 to 29	5
30 to 34	6
35 to 39	7
40 to 44	10
45 to 49	13
50 to 54	15
55 to 59	17
60 to 64	18
65 and over	1

Data source: Department for Work and Pensions Stat-Xplore (data for Great Britain).
Available at: <https://stat-xplore.dwp.gov.uk/>

Future data plans

24. The Department's strategic management information system is being implemented in phases and the Review understands that it will be completed by June 2015 with new sets of data available with each phase. From March 2015, new data is expected to include more information on the assessment and point scores for each activity. On current plans, information about award durations and review periods should be available from around summer 2015.
25. This type of data should provide a wider range of information to help inform longer-term outcome considerations. This is an important, welcome step and the June 2015 timescale means relevant outcome data should be captured ahead of managed reassessment and in time to inform longer-term evaluation activity discussed further in chapter 8.

Chapter 4: Claimant experiences of Personal Independence Payment

Introduction

1. The Review sought to understand the experiences of people who had claimed PIP through a Call for Evidence and face-to-face discussions. The Call for Evidence attracted over 800 responses from claimants, disability organisations and others.
2. Claimant discussion groups ran in Darlington and Peterborough, with over 20 claimants who had made a new claim or had had a reassessment. The Review also spoke to some claimants immediately after their face-to-face assessments in Manchester and Birmingham. Conversations with claimants provided an opportunity to probe topics raised in the Call for Evidence and explore claimant experience in more detail.
3. The information gathered through the Call for Evidence and in meetings and discussion groups was invaluable and the views expressed are summarised in this chapter. But it is important to note that, by its nature, Call for Evidence responders were self-selecting and that the Review did not carry out a statistically valid survey of claimants.

Delays and backlogs

4. The impact of delays and backlogs was a key theme in Call for Evidence responses. This is not surprising given the timing. Many people commented on the impacts of delays on individuals and carers such as deterioration in existing health conditions, and feelings of stress and anxiety. These feelings were expressed in strong terms in the claimant discussion groups.

“The waiting experience is extremely stressful, painful and made me feel like I am being branded as a liability and least priority individual who is just bothering the DWP. My condition has got worse merely because of the whole PIP process.” Mr R

5. PIP is intended to provide financial support for people with the greatest needs. The value of the additional financial support reflecting extra costs incurred by disabled people and the impacts of delays in receiving payments were issues

raised.

“Recent analysis of research by Demos shows that on average, disabled people spend £550 a month on costs directly associated with their disability – one in ten spending over £1,000 per month... 386,000 DLA claimants are in work and a survey by the Disability Benefits Consortium suggests that over half of those DLA claimants in work said they would not be able to work without it.” Scope

6. In their response to the Call for Evidence, the Disability Benefits Consortium quote a number of claimants who waited up to 12 months to receive a decision. An additional impact has been a further delay in accessing other forms of support in the meantime, such as a disabled person’s bus pass.²³

“The process is far too long and slow. We still haven't received any money, even though the date that it should have been paid in on has passed...It wouldn't be such a large amount if it hadn't taken 11 months to get through the process! It's not just the fact that we haven't been receiving any money for a year, but all the other benefits that rely on that bit of paper, such as a disabled bus pass, train pass etc and the proof needed to take parental leave”. Disability Benefits Consortium, response to PIP Monitoring Survey

Claims progress

7. In their responses, claimants and those who supported them frequently expressed frustration at not knowing how long the claims process would take nor being able to find out the status of their claim. This led to numerous repeat telephone calls to the Department and assessment providers because nobody could provide the information the claimant sought; similar telephone calls were noted by the Review during site visits. A claimant at a discussion group described telephoning the Department and the assessment provider at the same time every Monday morning over several months to see if there was any progress.
8. Disability organisations and claimants felt that more joined up, proactive communications from the Department and assessment providers about timings to keep claimants informed would go some way to alleviate this. Some disability organisations were positive about the Department’s recent introduction of SMS messages confirming receipt of the PIP2, and suggested a similar approach

²³ Independent Review of Personal Independence Payment (PIP) Response from the Disability Benefits Consortium (DBC), Disability Benefits Consortium, September 2014, p.2

across other stages of the claims process.

9. Whilst delays and backlogs have exacerbated volumes of progress chasing calls and feelings of frustration, the evidence gathered has highlighted an important underlying point about a lack of information for claimants about how long their claim may take. The report returns to this theme in chapter 6.

Claims process

10. Claimants, those in support roles and disability organisations provided fairly consistent comments about difficulties with the claims process.

“I personally found the whole process very difficult. When I looked online, had to call a number, had to answer questions, had form sent out etc etc. I found it hard to make a claim, supporting notes not very easy to understand, questions too general.” Ms W

“The process is somewhat complicated - my clients have been confused that they have to call first and then get sent a paper form. The form is easier to understand than the old DLA forms, but is still not adequately set up for mental health clients. There have been some difficulties in making claims as the call centres will not give out any information over the phone, will not confirm whether a client's phone number/address etc. is correct or incorrect. One of my clients has repeatedly failed security questions for this reason ... but despite several attempts to update he is still not able to speak to them on the phone. As a result his first two payments (including £1,400 approx back payment) went to the wrong account ... he never received the money.” Solent Mind

11. The process is designed to establish the earliest possible date of claim, set from the date of the initial telephone call if claimants comply with other stages of the process. Initially an earlier date of claim was seen by disability organisations as a significant improvement compared to DLA where the date of claim could be set when the claim form was returned, often many weeks after it was obtained. Some Call for Evidence responses suggest that the benefits of an early claim date may have been overshadowed by the impact of delays.
12. Some respondents thought that the initial telephone claims route was not accessible for everyone, particularly those with hearing difficulties, mental health conditions or learning disabilities who may find it difficult to communicate using the telephone or deal with interactions that require immediate responses.

“I am writing specifically about Deaf people who use sign language... It is impossible for them to make a claim without support as the only way to do so is on the telephone or in writing.” Ms R

“I had to make the claim on behalf of my sister in law who has learning disabilities, she would never have been able to fill in the forms or make the claim herself over the phone.” Ms N

13. Disability organisations including Parkinson’s UK and Mencap reported difficulties in supporting claimants through the claims process. This seemed to happen when implicit consent arrangements which allow trusted intermediaries to act for claimants did not work effectively, and the Department or the assessment provider still needed to talk to the claimant directly.

“ ... a carer was unable to commence the claim because claim-line staff insisted on speaking to the person with dementia”. Alzheimer Scotland

“... In addition, many of the DWP workers are not familiar with implicit consent and have incorrectly refused to allow me to speak on behalf of my clients (something I am allowed to do).” Deafconnect

14. Many claimants and disability organisations focused on the length and complexity of the “How your disability affects you” (PIP2) form. Others felt it was an improvement on the DLA form. Many found the form time-consuming to complete and disability organisations felt that one calendar month to return the form to the Department can be insufficient because of potential difficulties arranging appointments with third party advisors in this timescale.

“Once the call is registered it can take up to 4 weeks for the PIP2 form to reach the claimant, and because of delays in the postal sites, sometimes only allows 2 weeks for the return of the PIP2 form. When an extension is requested only 2 weeks is ever given; even when the claimant can give a firm date of an appointment with an advisor, more than 2 weeks extension is refused.” Disability Resource Centre Dunstable

15. At discussion groups, many claimants were unaware of the flexibility to request an extension where there is good reason.

“It must be made as clear and explicit on the form as possible that individuals can request an extension if they need one.” Mencap

16. Disability organisations including National Aids Trust and claimants felt that an improved process would be a multi-channel, one-stage claims process with access to paper claim forms and an online facility. This would provide flexibility for third parties to support claimants through the process more easily.
17. At discussion groups, most claimants said they had found out about PIP through a third party (typically organisations such as Citizens Advice) and that having their support was invaluable. Most claimants who commented said someone helped them complete the PIP form because it was too difficult to complete independently. Organisations including CLIC Sargent and Mind felt that the Department should provide greater direct support to disabled people through the claims process, including more use of home visits to help people complete forms.
18. Some disability organisations and people who had supported claimants commended the revised arrangements to provide a fast-track process for special rules claims and the improvements made since early implementation.

“Our Macmillan Benefits Advice Team report that the processing of claims under the special rules has substantially improved and the provision of a special telephone service has smoothed out initial problems in ensuring these claims were quickly identified and processed.” The City of Edinburgh Welfare Rights Service

Face-to-face assessments

19. Comments about assessments tended to cover logistical arrangements and how assessments were carried out. Typically comments around logistics tended to focus on difficulties attending assessment centres because of their location, particularly the distance from home to centre and facilities on-site such as car parking.

“I ... had to travel over 26 miles to attend, Not good.” Ms S

“...Very difficult for disabled to be dropped off. No car park within 150 metres. Entrance up two old steps, very uneven. Floor inside very uneven and pieces missing. Trip hazard. Small sign for ... waiting room, no reception at all.” Disabled Motorist Caring Association

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20. A common theme from the Call for Evidence concerned problems with appointment bookings; examples were provided of insufficient notice of appointments, letters received after appointment dates, last minute cancellations and home visit assessors failing to attend. At a late stage of the Review process the Advice Partnership of East Kent reported that claimants they had recently represented had had appointments cancelled either at the last minute or were not notified at all.

21. Some claimants reported mixed experiences:

“Once I got an appointment ... the professional was very pleasant, understanding and the process was no problem ... I stayed in the majority of the week around work and cancelled other appointments etc. but no one turned up! ... I was told there was no such appointment and I shouldn't have received the letter ... I didn't hear anything! Anonymous PIP claimant

22. Reports about the face-to-face assessment were similarly mixed. During visits to assessment centres, the Review heard positive feedback from claimants immediately after face-to-face assessments. In general they felt they had been treated well and listened to, that the assessor was professional and thorough and some said it was much better than they thought it would be. Other positive experiences were reported through the Call for Evidence.

“My assessor was thorough, courteous, sympathetic and fully professional.” Anonymous PIP claimant

23. In contrast, a number of Call for Evidence responses reported some less positive experiences.

“Horrible, spent ages in with health care worker, was confused by questions she was asking. Was in severe pain and discomfort. Spent nearly an hour going over the same question as was in my original form. ...Very poor.” Ms W

“Absolutely disgraceful. The disabled person I accompanied was made to feel like a fraud despite having a visible disablement that prevents him from leading a normal life. The assessor... was ... appalling.” Anonymous PIP claimant

24. Who carried out the assessment appeared to be an important factor in claimant views. At discussion groups, some claimants felt they did not understand the credentials of the assessor and this appeared to affect their confidence in the assessment.

“I think she was an admin person”, Claimant, discussion group

25. In the Call for Evidence and discussions with claimants, some people questioned whether the health professionals were suitably qualified, without specialist knowledge of their health condition(s). Many claimants, people who support claimants and disability organisations felt the assessor did not demonstrate an understanding of their condition and this was particularly strongly expressed in relation to mental health conditions. This theme is returned to in chapter 7.

“An overwhelming number reported that the assessor had a lack of knowledge or understanding about their condition ...” Disability Benefits Consortium

26. Some disability organisations questioned the use of informal observations.

“All ‘informal observations’ that are made and recorded about claimants’ ability to perform activities must be adequately explored with them to ensure that inaccurate assumptions are corrected.”
Disability Benefits Consortium

Further evidence

27. Disability organisations, including Crohn’s and Colitis UK, suggested that relevant further evidence should be gathered earlier. This would help speed up the process and increase the likelihood of evidence being returned in time to inform decisions about whether a paper-based or face-to-face assessment was appropriate.
28. A common theme in the Call for Evidence was why some individuals had been called to a face-to-face assessment in light of the amount of supporting evidence available. At discussion groups, some claimants queried why they were required to have both a PIP and Work Capability Assessment as they felt similar aspects were covered in both.

“I have had a total of three assessments now between Aug since 2012 and April 2014, albeit two of these assessments were for ESA and one for my new PIP claim but talk about overkill! I have now received another appointment for an assessment on 17 July, I have no idea what it is related to because it doesn't say in the letter it just says in your claim for benefit, which benefit? Why can't they use the very current information from the report and supplementary report which was only submitted to the DWP on 2 June?” Ms M

29. A widely expressed view was that evidence on claimants' DLA and Employment and Support Allowance (ESA) files should be used where relevant and that PIP evidence be shared for ESA purposes. The Report returns to this theme in chapter 7.
30. Some claimants reported that additional evidence is rarely requested. Others felt the evidence from their health and social care professionals had not been considered appropriately or at all, and indicated inconsistencies in the extent to which further evidence offered to health professionals at face-to-face assessments was accepted.

"No further information was requested. I had to insist that she took reports from three separate doctors." Mr E

31. Some claimants and disability organisations said they were confused about the types of evidence required, and whether the onus is on the claimant or the assessment providers to request it. Comments indicated communications from the Department and assessment providers could be clearer about this.

"It is very unclear as to who is responsible for requesting medical evidence and ensuring that it is the most comprehensive information possible to make an informed decision. Claimants are told to do this, and this will often incur a cost, but the assessment provider also seems to be responsible for doing this and ask claimants for their consent to contact their doctors. This part of the process needs to be clarified." Westminster Citizens Advice Bureau

Decisions

32. Most claimants who provided evidence had not yet received a decision. Of those who had, some disagreed with the reasons, particularly in disallowance cases. Some individuals had obtained more information about the reasons for the decision through discussion with case managers or by requesting their assessment report. There was some disagreement about how factual information provided at the face-to-face assessment was recorded or interpreted. This was one of the main reasons quoted for progressing to the disputes stage.

"My copy of the consultation report does not list the evidence used by the health professional in coming to a decision, therefore I have no idea whether he read everything or not. I have no faith whatsoever in the report that was produced, as there is no mention at any point that the health professional had used any of the evidence submitted in coming to a conclusion ...at this stage I feel that it is more important to address the inaccuracies and omissions of the report." Ms M

33. The Disability Benefits Consortium suggested health professionals and claimants should collaborate on the content of the report so that claimants could correct inaccuracies before a decision was made, and generally felt that decision letters could be much clearer to help claimants understand the reasons why the decision had been made. Some people who had supported a claimant through the PIP process felt that the right decisions were being made but others observed inconsistencies even where claimants have similar conditions and impacts.

“The quality of the decision making process is very erratic. If claimants have a benefits advisor with them at the medical assessment they fare much better than trying to tackle this alone - everyone should be treated fairly regardless of whether they have been able to access further support or not, especially as many organisations are having to let staff go and the availability of benefits advisors is severely limited in many of the most deprived areas of the country.” South Yorkshire Centre for Inclusive Living

Reviews of awards

34. The Disability Benefits Consortium has questioned the Department’s approach to reviewing cases on a regular basis, the process known as planned interventions in the Department. They reported that some people have only just received their PIP award after waiting up to 12 months for a decision and then, within a short space of time, they are receiving another PIP2 form to complete to begin the review process. They feel this is inappropriate, particularly when there is still a backlog of new claims cases. The Report returns to planned interventions in chapter 6.

“We are particularly concerned by the DWP’s introduction of ‘interventions’ mid-way through claimants’ prognosis periods. We feel that an intervention at this point undermines the recommendation made following the PIP assessment, introduces unnecessary confusion for claimants and places further burden and unnecessary additional cost on the system...” Disability Benefits Consortium

Effectiveness of the assessment

35. Although relatively few comments were received about the effectiveness of the assessment, there were some common themes. Some claimants and disability organisations questioned whether fluctuating conditions were being addressed adequately or consistently, stating that discussion generally focuses on the presentation of the condition on the day of the assessment.

“The process is not fair for people with fluctuating conditions such as Parkinsons, the assessors judge you on how you are on the day of assessment, this is not a fair process. When you have Parkinsons your condition can change hour to hour, we may be able to move ok one minute but cannot move at all the next.” Ms H

36. Similarly, concerns were expressed that the assessment may not be working well for people with mental health conditions or those with multiple conditions.

“I have multiple health conditions, both physical and mental. I don't feel that the process looks holistically at the effect of multiple interacting conditions and doesn't consider fluctuations appropriately... I don't know from one day to the next whether I will be able to do something, but this wasn't taken into account and my long medical history of depression since 1986 was ignored.” Ms M

37. Chapter 8 returns to the issues of fluctuating and mental health conditions.

Chapter 5: Evidence from other stakeholders

Introduction

1. During the Review’s evidence gathering stage, the Department and assessment provider operational staff took part in discussion groups at site visits to DWP Benefit Centres in Blackpool, Bootle and Glasgow and assessment provider operational sites in Stockton, Linwood and Birmingham. The Review also held meetings with representatives from health and social care professional bodies, the Social Security Advisory Committee, the National Audit Office, and a Regional Tribunal Judge. This chapter summarises the views expressed from those sources.

Communications

2. Some DWP and assessment provider staff reported challenges in providing claimants with specific information about how long they would have to wait for an assessment or decision because they did not have this information.

“Claimants do not seem to understand the process at all and telephony staff lack the knowledge/confidence to be able to clearly sign post claimants about their journey resulting in too many call back tasks to explain processes and timescales that could be dealt with during the initial calls.” DWP member of staff

“I do think however the claimant could be better informed as to how long the process takes as the claimants’ expectations are often not met. The information on GOV.UK is ... not often accessible to our venerable claimants so a leaflet at either the jobcentre or at support organisations may be helpful.” DWP member of staff

Job roles and relationships

- 3. In general DWP staff said that they felt positive about PIP when it was introduced, but some had concerns about the current level of customer service and wanted to see improvements.
- 4. Many DWP operational staff previously worked on DLA and frequently compared the roles. Some case managers expressed a view that they felt they had lost sight of the claimant in their work because of the task-based nature of the role driven by the PIP computer system (PIPICS); they reported that they missed the feeling of overall ownership of a case. Generally they reported finding the PIP case manager role in PIP less satisfying than the decision maker role in DLA given the greater part played by the health professionals but welcomed more recent developments giving them greater empowerment in decision making.

“...PIPICS is randomly task orientated; multiple workarounds and entries make it laborious and time consuming.” DWP member of staff

- 5. Communication between case managers and health professionals on individual claimant queries is routed through Quality and Business Assurance Managers to help manage volumes. Both parties accept the rationale for this but felt that more direct engagement would help better understand each other’s role and build greater trust. Where joint initiatives had taken place, these were positively received.

“I think it would really help if they [health professionals] came here to see what we need in the assessment reports for our decisions”, DWP member of staff

“We don’t hear anything after we’ve sent our reports to DWP – we’d like feedback and to be able to talk to case managers.” health professional

- 6. During site visits, some of the challenges case managers appear to face in achieving daily decision making targets were observed, including reportedly frequent periods of ‘down time’ when the PIP computer system was unavailable.
- 7. The professional bodies representing some of the health professionals working for Atos and Capita were positive about the relevance of their members’ experience in carrying out PIP assessments and the specific training they had for the roles. They also reported positive feedback from their members about how these roles widen their professional competence, mirroring the sentiment expressed by health professionals during visits to assessment provider operational sites and assessment centres.

Claims process

8. In common with views reported in chapter 4, positive comments were expressed about the revised claims process for terminally ill people.
9. Many health and social care professionals and Departmental staff felt that elements of the normal rules claims process should be reviewed to explore the scope further to tailor support for those may need it, such as people with mental health conditions or learning disabilities.

“Telephony calls are easy for people who can use the phone but obviously anyone with communication difficulties/learning difficulties/hearing impairments/mental health problems giving rise to anxiety or thought disorder will find this very difficult. An on-line option would be very welcome for some, as long as it prompted claimants to complete every required field...” DWP member of staff

Face-to-face assessments

10. The Department and assessment providers both reported concerns about the number of appointments lost through non-attendance. This is discussed in more detail in chapter 6.
11. In common with views in chapter 4, health and social care professionals felt decision letters could be made much clearer; a sentiment expressed by Regional Tribunal Judges, who felt a more focused explanation to justify the decision was needed and that a single explanation should be used consistently in all communications with the claimant and appeals tribunals. Improving decision letters is also considered further in chapter 6.

Further evidence

12. More generally, comments from health and social care professionals and their professional bodies suggest a potential tension between a commitment to providing further evidence to support their patients and their capacity to do so. This was a particularly strong theme from General Practitioners' (GPs) representatives with similar views expressed by other health and social care professionals.

“They do not seem to pass on reports from one person to the next and therefore we are continually supplying the same reports.” Healthcare Professional

13. Some health and social care professionals said they were unsure about who should be contacting them for further evidence (claimants or assessment provider staff) and sometimes were unclear about what evidence they were being asked to provide, leading to potentially vague and unhelpful responses. DWP staff reported claimants sending in numerous documents, such as appointment letters, which were not always relevant.
14. A common theme across all internal and external commentators was the value of obtaining evidence from relevant professionals, not least to facilitate more paper-based reviews where possible. This is explored in chapter 7.

“... I think it would be a fairer and simpler process for our service users to just put a name and number for their allocated mental health professional/GP and for them to be given a quick call by someone at the DWP to check whether they feel the information provided on their application is correct...” Healthcare Professional

Effectiveness of the assessment

15. There was a general perception amongst DWP staff that PIP is more generous than DLA. Aids and appliances were flagged by case managers as a contributing factor with claimant choice rather than need appearing to lead to higher scoring descriptor choices and subsequent awards.
16. In contrast, some health and social care professionals perceive that the assessment is not always effective for non-SRTI (normal rules) claims, especially for people with fluctuating conditions and mental health conditions. Chapter 8 discusses these issues in more detail.

Chapter 6: The claimant journey

Introduction

1. This chapter considers the different stages of the claimant journey from initial claim through to decision and makes some recommendations for short term improvement and longer-term redesign.
2. The Review examined the operation of the claimant journey through visits to Departmental and assessment provider operational sites and discussions with staff.
3. The main focus of early comment and attention on Personal Independence Payment (PIP) has been the long delays in the assessment process. These have had a major impact on many claimants to date and much input was received during the Review as highlighted in chapters 4 and 5. Action is under way to address the delays, and the Review takes it as given (and regards it as essential) that the delays and backlogs will be resolved and any necessary action taken in future to prevent their recurrence. This chapter focuses on issues other than the delays.

Current PIP process

4. Chapter 2 sets out some of the recent changes that have been made by the Department and assessment providers in order to address delays and backlogs.

Initial evidence gather (PIP1) stage

5. Claiming PIP is currently a two stage process. The design of the PIP1 and PIP2 stages of the claims process in part reflects the absence to date of any digital capability for PIP. It was felt helpful to have a separate initial stage managed by the Department so that only people meeting basic eligibility conditions move forward to the later stages and to establish an early date of claim for those who subsequently receive an award.
6. In designing the PIP1 process, the Department aspired to move away from a wholly paper-based approach under Disability Living Allowance (DLA), with telephone-based initial claims as a step towards an online claims channel. As the first stage in the process captures only basic personal information, the Department decided that a telephone call was the most appropriate route for the majority of claimants, with a paper alternative available for people who cannot use the telephone. The Review heard concerns about how well the option of a

paper alternative was being communicated and its resulting access for claimants who find a telephone channel difficult, and there may be some scope for making this better known.

How your disability affects you (PIP2 form) stage

7. As discussed in chapters 4 and 5, some representations argued that the one month timescale for completing and returning the form should be extended because of its length and complexity. While recognising a one month timescale can be challenging and daunting for some, the Review has concluded that this is generally a reasonable time for completion and return, particularly as there is the option to ask for an extension where good reason exists. The Department appears to have taken a liberal approach towards the one month completion but again there may be scope for making the ability to request an extension better known.

Information about the PIP assessment process

8. One major consequence of the delays and backlogs has been a proliferation of inconclusive progress chasing calls as claimants have sought to establish where their claim is in the process. This has been time-consuming and frustrating for claimants and costly in resource terms for the Department and assessment providers.
9. Aside from the delays, some progress chasing calls appear to arise because there is no accessible information about how long the PIP process will take, so claimants naturally seek to find out the information.
10. The Review heard from people who had been passed between the Department and the assessment providers a number of times when they had made telephone calls to find out about the status of their claim, and some examples of this were also seen on claimant records during site visits. This is because, in general, the Department is not able to answer queries about assessment provider processes and vice versa due in part to a lack of integration between IT systems.
11. Steps taken by the Department and assessment providers to improve communications with claimants such as SMS messages sent to claimants upon receipt of the completed PIP2 are a welcome step. Prior to any longer term redesign of the claims process, further proactive communication with claimants, for example greater use of outbound SMS messages throughout the claims process could help improve transparency and enhance the claimant experience.

Recommendation: In the medium-term, the Department should maximise the use of more proactive communications with claimants throughout the claims process for example greater use of outbound SMS messages

Face-to-face assessments

12. Chapter 4 sets out mixed accounts from claimants about their experiences of face-to-face assessments. With the permission of the claimants and assessors involved, the Review had the opportunity to observe a number of face-to-face assessments at first hand. These demonstrated substantial good practice but also some variability and a degree of confirmation of issues flagged in the wider representations. Positive experiences were reported where claimants felt they were well treated and listened to, but a lack of transparency was a key theme in the responses provided by claimants and disability organisations.
13. As described in chapters 4 and 5, the appropriateness and fairness of using informal observations gathered during assessments to inform the health professional's report has been questioned. Informal observations are a recognised tool in helping to establish a full picture of a person having an assessment within the context of utilising all of the evidence provided. The PIP Assessment Guide states that 'Informal observations start from 'meeting and greeting ...' and '... will also help check the consistency of evidence on the claimant's functional ability.'²⁴ However, transparency is vital in building confidence in the PIP assessment and there appears to be little information communicated directly to claimants about how informal observations will be considered and taken into account in reports.
14. Professional advice to the Review has indicated that good practice in clinical assessments is to have an open consultation style, for example, for those being assessed to sit at 90 degrees or beside the health professional, not across a table or desk. This seems to be far from consistent practice at present for PIP assessments and action should be taken to configure assessment rooms to facilitate this.

Recommendation: In the short-term, the Department should ensure assessment provider assessment rooms are configured so that the assessor and the claimant sit at a 90 degree angle

15. A further issue explored during the Review has been the balance between face-to-face assessments in claimants' homes and at assessment centres. The two assessment providers developed different approaches for initial implementation and adjusted their practices over time to generate additional capacity to address delays and backlogs. It is expected the assessment providers' individual arrangements will develop further for future stages of implementation. This seems sensibly pragmatic and, while there is a degree of claimant dissatisfaction with the inconvenience and time taken to attend an assessment centre, the Review has identified no serious issues with the approach taken by the

²⁴ *PIP Assessment Guide*, Department for Work and Pensions, current version updated 31 October 2014, p.35, commencing from paragraph 2.6.23. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368122/pip-assessment-guide.pdf

assessment providers to deciding on the most appropriate location to match claimants' needs.

Non-attendance

16. The Review received reports from claimants, the Department and assessment providers concerning difficulties over the making and keeping of appointments for face-to-face assessments. From a claimant perspective, in addition to the impact of delays, the Review heard there has been much frustration about the accuracy and timeliness of the information they receive about appointments. This has included some continuing reports towards the end of the review period of notifications arriving in the post after the actual appointment date. The Review has seen examples of the enhanced effort being made by the assessment providers to address these issues and improve the overall effectiveness of the appointments process, but this remains an area for continued focus and improvement.
17. From a Department and assessment provider perspective there are reported concerns about the high number of appointments lost through non-attendance. The Review saw some evidence of high levels of non-attendance across the country, including on days when assessments were being observed, but did not investigate the possible reasons behind this and therefore cannot offer a definitive explanation.
18. Maximising productivity is a key factor in helping reduce delays so any lost appointments hamper efforts to reduce assessment waiting times. Establishing the reasons for high levels of non-attendance merits further consideration by the Department and assessment providers so that the utilisation of appointments is maximised. It will be important to address this ahead of managed reassessment when the demand for appointments will increase significantly.

Improving communications with claimants

19. The Review has found that communications at different stages of the claimant journey could be improved to provide claimants with relevant information about what to expect at each stage. Improving communications is likely to enhance the claimant experience and reduce the need for additional contact with the Department and assessment providers. In addition to maximising the use of more proactive communications with claimants, the Department should review external communications more generally.

Recommendation: In the short-term, the Department should revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities

Decisions

20. The Department sends claimants a decision letter by post to inform them of the outcome of their claim for PIP. They have judged sending the full assessment reports to claimants as a matter of routine to be unnecessary or inappropriate as they only form one piece of evidence taken into account when making a decision. Decision letters are intended to provide clear and comprehensive information for claimants explaining how the decision was made – they are therefore a key communication tool. As part of the Review, a small sample of decision letters was examined in a desk-based review. This exercise highlighted inconsistencies across the sample and a variation in quality with some letters failing to provide an explanation in plain English.
21. As well as the variable quality of the letters, the current format of decision letters is unclear and confusing. The Department's intention to review decision letters in early 2015 is welcome, and the opportunity should be taken to ensure they start with a clear statement of the decision, followed by the award and payment details, a simpler explanation for the reasons and the next steps. To improve transparency, this could more closely align with the assessment report.
22. This redesign should be accompanied by a review of the training and guidance material to strengthen decision letter writing skills so that letters are clear, concise and the rationale for a decision is easy to understand.

Recommendation: In the short-term, the Department should:

- a. **redesign the structure and content of decision letters; and**
- b. **review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place**

Reviews of awards

23. A clear part of the policy intent for PIP, in contrast with DLA, is for a more regular review of eligibility to see if functional impact has changed. This is reflected in the vast majority of awards being set for (varying) fixed periods, with case managers deciding on the timing of awards in each case. In addition the Review understands the policy intent is that for awards over two years duration there should also be a review during the award period to check whether the claimant's functional impact has changed. This is part of an approach referred to as 'interventions'. Communications to claimants on this approach are far from clear and the approach is an issue of some confusion and concern to disability organisations. The Review has also heard some reports of claimants being re-contacted within a two year award period and asked to go through the whole assessment process again. This appears to be allowed for in current internal Departmental guidance.

24. Action is required to streamline and to improve the communication about these arrangements. It is reasonable both for claimants and the Department to initiate a further review during the stated period of the award if there is good reason to believe, or information has come to light to suggest, that the functional impact on the claimant has materially or unexpectedly changed. But the term 'interventions' has unfortunate connotations and does not seem an appropriate descriptor. A more coherent and appropriate approach would be for the original decision letter to have a section which states the end date for the period of the award; explains that the claimant will be contacted a specified number of months before that to start a review process; but also explains if an intermediate review is planned and indicates that the claimant has the right to initiate a review in the meantime if they believe functional impact has changed.

Recommendation: In the medium-term, the Department should 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')

Disjointed claims process

25. As described in chapter 2, the PIP process involves different teams within the Department and its external suppliers delivering various parts of the process. There is no problem in principle with this form of supply chain which is increasingly common elsewhere.
26. This blend of internal and external delivery has the potential to work well if the joins between the different parties are invisible from the outside. But it is crucial that the joins are managed behind the scenes to ensure that the customer experience feels like a single transaction rather than a series of loosely connected steps. That is not the case at present in PIP and it results in a disjointed experience for claimants when the hand-offs between the Department and assessment providers are apparent to them and in particular when the onus is placed on them to do the joining up. For example the Reviewer has listened in to the 'telephone ping-pong' that many claimants have experienced between the Department's and assessment providers' contact centres. There is not an integrated customer management system detailing the stage reached in the overall claimant journey; instead each party tells the claimant they will need to ring the other. That is not an acceptable level of service for any customer transaction in 2014.
27. Another example of where the joins are evident is in communications to claimants, where the branding of letters for different parts of the process emphasises the different organisations involved rather than highlighting that they are all part of what should be an integrated PIP journey. This practice also makes the development of a blame culture between different parts of the supply chain all too easy.

28. There is also a need to strengthen the relationship between case managers and health professionals. There are very different cultural challenges that both face in working on PIP, with many case managers having a background as DLA decision makers (and being used to the different way DLA was administered), while the majority of the health professionals are newly recruited.
29. For the PIP assessment to work well the two groups, who have different employers, need to build mutual trust to generate effective collaboration through their complementary roles in the process. For understandable reasons day-to-day interaction in the handling of cases is usually intermediated through their Departmental and assessment provider colleagues in quality and business assurance roles or through queries formally tasked through the PIP computer system. Direct and regular contact between case managers and health professionals is not automatic.
30. There have been examples of bringing case managers and health professionals together either via co-location or ad hoc liaison groups, with positive reported results in terms of mutual understanding and better relationships. The Department and assessment provider Quality and Business Assurance Managers meet on a regular basis and these sessions are also seen to be effective. These approaches should therefore be adopted across the board to build and strengthen relationships.

Recommendation: In the short-term, the Department should take action to build better working relationships between case managers and health professionals

Longer-term action

31. Some aspects of the disjointed claimant experience will inevitably take longer to address and, to avoid disrupting the orderly implementation of PIP, probably require an evolutionary approach.
32. The Department and assessment providers have largely developed bespoke computer systems to support the elements of the PIP process for which they are responsible and there is limited integration between these systems. This leads to inefficiencies, for example re-keying information because the IT systems cannot transfer it automatically. As discussed above, the Department and assessment provider staff do not have full access to each other's systems which means neither party has an overall view of the status of a claim.
33. It is understood that discussions are under way between the Department and assessment providers about IT system integration which is expected to begin during 2015. This has to be the right direction of travel.
34. The longer-term aim should be to have a more integrated, digitally enabled claims process. An intelligent online system, with more automatic links to information and evidence already known about claimants, could provide prompts

to relevant parts of the form and thereby support a more tailored service. An online channel should cater for the needs of a steadily growing majority. The Department should seek to develop its future target operating model for PIP along these lines.

35. An early priority, in advance of the development of a comprehensive digitally enabled PIP service, should be to identify the most effective and achievable means for claimants to track the status of their claim in the overall process, whether through an online portal or other means. This facility is now commonplace in many similar contexts.
36. Such a development might sensibly be complemented and supported by strengthening arrangements for end-to-end case management – a potential role for case managers.
37. Common branding across the PIP process also has the potential to help staff working across the different bodies have a greater shared sense of common purpose and help claimants feel they are navigating a single journey.
38. Efficient processes that support a positive claimant experience (regardless of the claim decision) are essential for the future development of PIP. It would not be helpful to introduce a large number of potentially disruptive short-term process changes, which would hamper the necessary bedding down of a system still in its early stages. It is however important for the specific actions and recommendations already noted to be taken in the short-term (alongside the continuing focus on delays and backlogs) to address the most pressing issues. Beyond that, the Department's main focus should be to establish a clear direction of travel for the evolution of a better delivery model for the future.

Recommendation: In the longer-term, the Department should:

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; and**
- d. makes the claimant journey more integrated under common branding.**

Chapter 7: Further evidence

Introduction

1. It is important that the right evidence is available from the most relevant sources, sufficiently early in the process to inform the appropriate method of assessment and support accurate award decisions. Evidence gathering starts with claimants providing relevant contacts during the initial claim telephone call. When the PIP2 is returned, the assessment providers use information about “who are the professional(s) best placed to advise us on your circumstances” to seek further evidence if required.

Obtaining further evidence

2. The Review saw at first-hand during site visits that the assessment providers have a thorough process for attempting to gather further evidence, making telephone calls and writing to a range of health and social care professionals as advised by claimants.
3. However, health professionals reported challenges with gathering further evidence and the degree of success in so doing is variable. Common reasons cited included being unable to make contact with relevant health and social care professionals and non-responses, with responses from General Practitioners (GPs) being particularly low. In part this reflects some lack of clarity about who is responsible for doing what; and in part the challenges of securing relevant input from claimants and health and social care professionals best able to comment on the functional impact of their conditions.
4. Prior to the introduction of Personal Independence Payment (PIP), the Department carried out a programme of communication and engagement with health and social care professionals at a local level and through their umbrella organisations. This aimed to provide clear information about the role of health and social care professionals in providing further evidence and to encourage their participation.
5. The British Medical Association (BMA) and Royal College of General Practitioners reported that GPs are concerned about the risks of damaging their longer-term patient relationships. There is a particular tension between claimant and GPs’ views about providing further evidence. Many claimants feel that the person best placed to provide reliable evidence about them is their GP. The view of GPs’ representatives is that while they are the right source for information about underlying medical conditions, they are much less well-placed than other health and social care professionals to observe and comment on the particular

functional impact on individuals.

6. Lower than expected response rates from GPs may also be partially explained by the nature of the process; administering further evidence requests is a manual exercise for which GPs receive £33.50 per report from the Department.
7. Other health and social care professionals are not paid for providing evidence to support a benefit claim in the same way as GPs. Assessment providers reported that they sometimes have difficulty conveying to health and social care professionals that they are acting on behalf of the Department and have a claimant's consent to seek information. In 2013, the Department produced a standard letter for assessment providers to send to health and social care professionals to clarify their role in the process. The Review understands that the impact so far on increasing rates of return has been limited, and that other options are being explored by the Department.
8. Under Disability Living Allowance (DLA), individual claimants tended to gather and submit further evidence themselves. The Review understands the intention under PIP was to shift the onus of responsibility to the assessment provider. But there seems to be doubt and ambiguity in some quarters about who is responsible for gathering further evidence. The Disability Benefits Consortium reported confusion about where responsibility actually sits between the assessment providers and claimants. Similarly, the BMA suggested that GPs are sometimes approached directly by claimants for further evidence.
9. Third party communications may play a part in this. On their website Tourettes Action state: "The more relevant evidence you can submit to support your claim, the better the chances of getting the right decision. You can collect supporting medical and non-medical evidence to support your claim; or rely on Atos or Capita to send for additional evidence. However, it is not automatic that Atos and Capita will ask for supporting evidence from your chosen health professionals, so you therefore may wish to collect and submit medical evidence yourself."²⁵
10. The Department and assessment providers reported that in some cases claimants provide a large quantity of information but not all of it is relevant, for example multiple hospital appointment letters. The consequence of receiving large volumes of additional but unnecessary paperwork is that time is spent opening post, scanning in and reading material which ultimately has little or no value.
11. The Department has taken some steps to improve communications about the types of evidence that are relevant. The Review recommends that in the short term, a review of external communications from the Department and assessment providers takes place to help ensure messages are consistent, and give clarity both about the type of further evidence required and responsibility for providing it.

²⁵ *A Guide to Personal Independence Payment (PIP)*, Tourettes action, p.6. Available at: <http://www.tourettes-action.org.uk/resource-69-a-guide-to-personal-independence-payment-.html>

12. In the longer term, there is considerable scope for more effective and streamlined collection of evidence at early stages if the PIP process becomes digitally enabled as set out in chapter 6.

Re-using information already held elsewhere

13. Many PIP claimants already have contact with the Department in relation to other aspects of the social security system. Yet the current PIP design is based on a bespoke process without links to other available sources of information about claimants' conditions and their impact. While this may reflect the current reality of what is possible with existing information systems, the benefits both for a positive claimant experience and the efficient administration of the system highlight the desirability of making use of relevant information and evidence that is already held.
14. It is welcome that the Department has recently started to look at the scope for drawing on relevant information it already holds for people who have had a Work Capability Assessment for Employment and Support Allowance. Full use should be made in future of this and other sources including where relevant up-to-date DLA information.
15. In addition, subject to appropriate data protection protocols, the potential for wider sharing of relevant assessment information held in other parts of the public sector should be explored, for example health and social care reports.

Recommendation: In the medium-term, the Department should 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.**

Ratio of face-to-face and paper-based assessments

16. Face-to-face assessments are central to the PIP policy intent to provide a robust gateway to the benefit; the current intention is that 75 per cent of claimants will be assessed in this way. Whilst the policy intent that a majority of assessments should be face-to-face seems right, if significant improvements can be made in the effectiveness of gathering evidence, there is a case for reviewing whether 75 per cent is the appropriate face-to-face ratio. During visits the Review saw examples of assessors successfully making phone calls to other professionals with knowledge of claimants, to build evidence sufficient to support a paper-based assessment; more streamlined and coordinated evidence gathering systems in future should support this further.

Nature of the PIP assessment and impact on attitudes

17. PIP assesses the functional impacts of an individual's disabling condition or conditions. To assess functional impacts one first has to understand the nature of the underlying health condition or disability, so there is typically an initial medical component to a functional assessment. However, as people with the same medical diagnosis can and often do experience different functional impacts, it is those which should be the main focus of PIP assessments.
18. The legislation and much of the formal communications are clear that the PIP assessment is about the particular functional impact on each individual of underlying health conditions and disabilities. GOV.UK communications and many other organisations' websites for example Citizens Advice²⁶ carry clear messages to that effect.
19. But a consistent and strong theme throughout the Review has been the frequency with which PIP is seen as a medical process – particularly by claimants.
20. Not infrequently the Review has observed that the terminology used by people other than claimants, even on occasion by members of the Department, reinforces that perception of a medical process. The Department recognised the potential challenge in this area and attempted through the PIP design to move away from more medical terminology taking into account findings from Independent Reviews of the Work Capability Assessment and using different

²⁶Citizens Advice, Adviceguide, self help from Citizens Advice, Personal Independence Payment. Available at:

http://www.adviceguide.org.uk/england/benefits_e/benefits_sick_or_disabled_people_and_carers_ew/benefits_personal_independence_payment_e.htm Available at:

terminology such as “Assessment Centres” rather than “Medical Examination Centres”. But this seems to have had limited impact on strongly and widely held perceptions, which are further reinforced by the point already noted that for many claimants their GP is the only person they trust on these matters.

21. Similarly, the order in which information is sought in claim forms and the strong emphasis placed on clinical history in assessments, as well as in communication materials and guidance, emphasises the medical aspects. On the one hand this sequencing is logical, helping build both a picture of claimants and their confidence that the health professional understands their medical conditions. However, it may contribute to the perception of PIP as a wholly medical assessment.
22. In most of the assessments observed during the Review, recording clinical histories took up around half the time. This strikes the Review as not making the best use of the limited time available to carry out an assessment of functional impact. Increasing response rates from GPs and other health and social care professionals to requests for further evidence would help ensure that the health professional carrying out the PIP assessment focuses on clarifying and confirming evidence rather than having to start from scratch by taking a clinical history.
23. As described in chapter 4, the Review heard some concerns expressed about the credentials of particular health professionals conducting the assessments. Views expressed by claimants about a lack of trust in some assessors such as occupational therapists - who in fact are often better placed or qualified to assess functional impact - is in part due to the perception of PIP as a medical process.
24. In consultation with the relevant professional bodies, the Department tested the suitability of different types of health professionals to carry out the PIP assessments. The Review is satisfied that health professionals have to satisfy specific qualification and experience criteria to be employed as assessors and then undergo an extensive training and audit programme before they are able to carry out assessments. A robust quality assurance regime is also in place to monitor performance.
25. However it is clear there remains some misunderstanding on the part of claimants and their representatives about the nature of the assessments and therefore about those who are suitable to carry them out, and this needs to be addressed. Ensuring there is wider understanding of the functional nature of PIP assessments - and a recognition that PIP involves a different assessment process from DLA - will be even more important as managed reassessment gets underway.

Recommendation: In the short-term, the Department should, 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.

Chapter 8: Effectiveness of the assessment

Effectiveness

1. Effectiveness here is defined as the extent to which something is successful in producing a desired outcome. In the context of the PIP assessment this means achieving the fine balance between correctly identifying and providing appropriate levels of financial support to the people who face the greatest challenges in remaining independent and participating in society, being widely perceived as fair and consistent, and ensuring cost effectiveness.

Application of the assessment criteria

2. The Department's approach to developing the assessment criteria is set out in chapter 2 and Annex 1. There is wide recognition that the assessment criteria reflect a relevant range of daily living and mobility activities and the Review has not sought to revisit their precise definition, which came out of extensive testing with experts and wider consultation. How the criteria are applied is fundamental to any assessment of effectiveness and is therefore considered here.
3. During site visits the Review heard case managers and health professionals describe the regular discussions they had - particularly in the earlier stages of implementation - about how to interpret all of the descriptors to some degree. One possible explanation they gave was that case manager and health professional guidance had not always been updated in a synchronised way. In recognition of this the Department and assessment providers have taken steps to align guidance updates and this appears to have had positive effects.
4. Case managers and health professionals reported differences in how to interpret the criteria as a possible contributory factor to the higher than expected volumes of cases being referred back for rework.
5. Notwithstanding the general move towards stronger mutual understanding and consistency in applying the criteria and indicators, the Review has identified the following areas as meriting further attention.

Planning and following journeys (Activity 11)

6. Activity 11 'Planning and following journeys' focuses on the extent to which someone can work out and follow the route of a journey independently, ie predominantly the cognitive, mental and sensory aspects of mobility.
7. On site visits and through the Call for Evidence, health professionals and case managers reported that activity 11 is not well understood. Health professionals said that information claimants include on their forms often does not address these aspects. One explanation for this could be that claimants do not understand the requirement, or cannot articulate it clearly.
8. Case managers reported that activity 11 was one of the main reasons they referred assessment reports back for rework. The Reviewer observed some face-to-face assessments where claimants did not appear to understand this activity. The most relevant answers appeared to be from people in response to very explicit questions from those health professionals who clearly understood the difference between activities 11 and 12.
9. In response, the Department revised guidance around this activity in October 2014. It is important that this continues to be monitored.

Recommendation: In the short-term the Department should 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.

Aids and appliances

10. The PIP assessment has been designed to take into account where individuals need aids and appliances to complete daily living and mobility activities. This aims to identify where people have extra costs to lead independent lives. The PIP Assessment Guide²⁷ describes aids and appliances as:
 - **Aids** – devices that help a performance of a function, for example walking sticks or spectacles.
 - **Appliances** – devices that provide or replace a missing function, for example artificial limbs, collecting devices (stomas) and wheelchairs.

²⁷ *PIP Assessment Guide*, Department for Work and Pensions, current version updated 31 October 2014, p.79, paragraph 3.2.18. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368122/pip-assessment-guide.pdf

11. Examples include everyday items (that people without disabilities also use) such as an electric can opener, as well as equipment people use because of their condition. The Guide states for an aid or appliance to count towards descriptor selection, it must be used because of a need rather than a choice.
12. On aids and appliances, where scores of two points from four out of seven daily living activities²⁸ are sufficient to generate an award, there are indications that points may be being awarded on the basis of claimants choosing to have acquired the items (some of which may cost as little as £1) rather than needing them. Anecdotally, the Review heard from some case managers who felt they saw a higher than expected number of assessment reports where aids and appliances were used in justifications. Due to limitations in available published data, the Review has not been able to test this. The Department updated guidance on aids and appliances in October 2014, but it is too early to establish any impact.

Recommendation: In the short-term, the Department should 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.

Reliability and fluctuating conditions

13. The assessment process is designed to ensure that 'reliability' is applied to establish whether activities can be undertaken safely, to an acceptable standard and repeatedly; and to recognise that conditions and impact can often fluctuate over time.
14. While the Review saw at first hand some examples of good practice, disability organisations raised concerns that reliability and fluctuations may not always be covered appropriately in face-to-face assessments. Consequently they are concerned that this may lead to inaccurate descriptor choices and ultimately incorrect award decisions. Some claimants also reported that they did not have the opportunity to discuss this at the face-to-face assessment and felt that the decision did not accurately reflect fluctuations they experienced.
15. Based on observations of face-to-face assessments and discussions with health professionals, the Review noted that health professionals sometimes feel they have sufficient knowledge about conditions and further evidence to understand

²⁸*PIP Assessment Guide*, Daily Living Activities: Activity 1 - Preparing food; Activity 2 - Taking nutrition; Activity 4 - Washing and bathing; Activity 5 - Managing toilet needs or incontinence; Activity 6 - Dressing and undressing; Activity 7 - Communicating verbally; Activity 8 - Reading and understanding signs, symbols and words. Department for Work and Pensions, current version updated 31 October 2014, commencing p.97. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368122/pip-assessment-guide.pdf

the potential for reliability considerations and fluctuations without probing explicitly during the assessment. This would, however, be unlikely to be apparent to the claimant.

16. This is an area where it is difficult, and probably unwise, to reach any firm conclusion at this stage on how effectively and consistently reliability and fluctuating conditions are being assessed. It is an area that needs to be kept under review and in the first instance guidance to health professionals should be reinforced to ensure consistent application.

Recommendation: In the short-term, the Department should ensure the consistent application of existing guidance for health professionals on reliability and fluctuating conditions.

Determining the effectiveness of the assessment

17. It is too early to draw definitive conclusions about the effectiveness of the PIP assessment based on available published data. As set out in chapter 3, the most recent official statistics at the time of publication of this Report only cover the period up to July 2014. Evaluation
18. Little has been done thus far to design and publish a comprehensive evaluation strategy that would help inform an examination of the effectiveness of the PIP assessment.
19. The Department published outline evaluation proposals in December 2012²⁹. The approach envisaged new research projects and evidence about PIP from other Departmental and external surveys would be used to inform the overall picture alongside management information and administrative data. It stated that the central aim of the evaluation would be *“to explore the extent to which Personal Independence Payment has met its policy objectives.”*
20. *Early process evaluation of new claims for Personal Independence Payment*³⁰ published in July 2014 reflects early findings, drawing on interviews with claimants, and suggested improvements to the PIP process. So far this is the

²⁹ *Personal Independence Payment Outline evaluation proposals*, Department for Work and Pensions, December 2012. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180969/pip-evaluation-proposals.pdf

³⁰ Sainsbury R, Corden A, *Early process evaluation of new claims for Personal Independence Payment*, Research Report No 867, Department for Work and Pensions, Government Social Research, July 2014. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332622/rr_867-early-process-evaluation-of-new-claims-for-pip.pdf

only formal evaluation report published by the Department, and there has been no material published to spell out in any detail how the evaluation strategy will be designed and implemented.

21. This needs to be addressed. A rigorous, quantitative and qualitative evaluation strategy with a scheduled plan for publication of findings is an important priority. It should be underpinned with comprehensive management information and research capability. The evaluation needs to build confidence that award outcomes are fair and consistent.
22. As set out in chapters 4 and 5 some concerns have been expressed about potential challenges for claimants with mental health conditions and learning disabilities in navigating the assessment process; this may have an impact on whether claimants in these groups are receiving appropriate outcomes from assessments and awards. There is no hard evidence available to test this so the evaluation strategy should include a priority focus on the effectiveness of the assessment for these groups.

Recommendation: In the medium-term, the Department should 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.

Quality assurance and consistency of outcomes

23. The face-to-face assessment has been designed for consistent application by any health professional, wherever they are in the country. Different health professionals will have different personal styles but this should not result in any material difference in the quality of the assessment.
24. Current quality assurance and audit arrangements are focussed on looking at the advice provided in individual assessments ('vertical' scrutiny). This involves various tiers of audit by both assessment providers and the Department, with clear and rigorous standards for consistent quality that assessors are required to achieve. However this is not currently complemented by looking at the consistency of outcomes across cases of similar impacts in different areas ('horizontal' scrutiny or assurance). Early data on award rates in different parts of the country is still based on very small numbers, but the fact it shows quite wide variations as set out in chapter 3 prompts the need for assurance about horizontal consistency.
25. Designing robust systems to fill that gap is not easy. But equally it is essential to build confidence and credibility in the fairness and consistency of award outcomes. The Department could explore how organisations assess consistency in other relevant settings as well as looking at how to enhance current quality

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assurance arrangements. This might involve a combination of regular data collection and more in depth targeted studies.

Recommendation: In the medium-term, the Department should provide assurance of fair and consistent PIP award outcomes by supplementing existing 'vertical' quality assurance with the assessment of 'horizontal' consistency.

Annex 1: The Personal Independence Payment Assessment criteria

Developing the assessment criteria

1. The Department developed the assessment criteria in an iterative way, publishing draft criteria, seeking input via public consultations and engagement with disability organisations, refining the criteria in light of feedback, as follows:

December 2010 – Consultation on the reform of DLA

April 2011 – Publication of response to DLA reform consultation

May 2011 – Initial draft assessment criteria published

Summer 2011 – Informal consultation on initial draft - the Department also tested the criteria by carrying out face-to-face appointments with volunteers across Great Britain.

November 2011 – Second draft of the assessment criteria published along with revised draft regulations (relating to Part 4 of the Welfare Reform Bill)

January - April 2012 – Formal consultation on second draft of the criteria, initial proposals on weightings and thresholds and latest draft of the regulations (relating to Part 4 of the Welfare Reform Bill)

Spring/Summer 2012 - Used consultation feedback to make further changes to the criteria and retested using the data obtained during testing carried out in 2011.

December 2012 – Publication of Government response to consultation on second draft of the assessment criteria and final version of the assessment criteria.

March 2013 - PIP Regulations amended to ensure ‘reliability criteria’ is considered, as to whether individuals can complete the assessment activities “safely, to an acceptable standard, repeatedly and in a reasonable time period”.

June - August 2013 – Further formal consultation on ‘Moving Around’ activity.

October 2013 – Publication of Government response to the ‘Moving Around’ activity consultation. Guidance updated for health professionals and case managers on ‘reliability criteria’.

Assessment Development Group

2. The Department developed their proposals for the assessment criteria in collaboration with a group of independent specialists in health, social care and disability, including representatives from Radar (who subsequently merged with Disability Alliance and National Centre for Independent Living to become Disability Rights UK) and Equality 2025.
3. Other members of the assessment development group included representatives of the College of Occupational Therapists, the Royal College of General Practitioners and the Social Care Institute for Excellence. There were also independent group members, including; a Community psychiatric nurse/Deputy Manager, a Social worker/Practice Development Manager, an Occupational Therapist, a Consultant psychiatrist, a Health Visitor and a Physiotherapist/Researcher.

Changes to the draft criteria

4. A number of changes were made to the initial criteria in response to the first round of consultation, for instance consideration of aids and appliances and supervision required from another person to enable an individual to carry out an activity safely. New activities were introduced including ‘Making financial decisions’ to reflect a broader assessment of ability to make everyday decisions and ‘Communicating’ and ‘Engaging socially’ to enable a more accurate assessment of an individual’s ability to communicate.
5. Further changes were made following the second consultation exercise including incorporating aids not specifically designed for use by disabled people, and dividing the ‘Communication’ activity to form two new activities ‘Communicating verbally’ and ‘Reading and understanding signs, symbols and words’. The latter change was made to ensure the impact of barriers to reading and understanding written material are effectively taken into account in the assessment and that individuals who have difficulty with both verbal communication and reading are given appropriate priority.

Testing

6. Alongside the informal consultation in summer 2011, the Department tested the draft criteria with around 1000 volunteers who were in receipt of or had previously

claimed Disability Living Allowance. This involved the volunteers having a single face-to-face assessment with a health professional. The outcomes of this exercise assessed whether the draft criteria were identifying people's level of need accurately and consistently.

7. From further testing of both the second and final draft criteria using the data gathered during the 2012 consultation, the Department concluded that the final draft criteria identified individuals' levels of need more accurately and consistently than initial proposals and that the finally agreed criteria would result in a benefit award that better reflects individuals' ability to participate in society.
8. Further consultation in 2013 on the 'Moving Around' activity considered the distance for eligibility to the enhanced rate of mobility. Following consultation, it was confirmed at 20 metres rather than 50 metres.
9. The results of the different testing phases were reported in each of the consultation documents or through the publication of impact assessments.

Final version of the assessment criteria

10. The assessment criteria, as part of the PIP regulations, were subject to approval by Parliament and came into force on 8 April 2013. The final version in use since then is shown below.

PIP Assessment Criteria descriptors and points

Activity	Descriptor	Pts
DAILY LIVING		
1. Preparing food	a. Can prepare and cook a simple meal unaided.	0
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	d. Needs prompting to be able to either prepare or cook a simple meal.	2
	e. Needs supervision or assistance to either prepare or cook a simple meal.	4
	f. Cannot prepare and cook food.	8
2. Taking	a. Can take nutrition unaided.	0

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nutrition	b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
	c. Needs a therapeutic source to be able to take nutrition.	2
	d. Needs prompting to be able to take nutrition.	4
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	f. Cannot convey food and drink to their mouth and needs another person to do so.	10
3.Managing therapy or monitoring a health condition	a. Either- (i)does not receive medication or therapy or need to monitor a health condition; or (ii)can manage medication or therapy or monitor a health condition unaided.	0
	b. Needs either- (i)to use an aid or appliance to be able to manage medication; or (ii)supervision, prompting or assistance to be able to manage medication or monitor a health condition.	1
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8
4. Washing and bathing.	a. Can wash and bathe unaided.	0
	b. Needs to use an aid or appliance to be able to wash or bathe.	2
	c. Needs supervision or prompting to be able to wash or bathe.	2
	d. Needs assistance to be able to wash either their hair or body below the waist.	2
	e. Needs assistance to be able to get in or out of a bath or shower.	3
	f. Needs assistance to be able to wash their body between the shoulders and waist.	4
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	8
5. Managing toilet needs or incontinence.	a. Can manage toilet needs or incontinence unaided.	0
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2

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	c. Needs supervision or prompting to be able to manage toilet needs.	2
	d. Needs assistance to be able to manage toilet needs.	4
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8
6. Dressing and undressing.	a. Can dress and undress unaided.	0
	b. Needs to use an aid or appliance to be able to dress or undress.	2
	c. Needs either - (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	2
	d. Needs assistance to be able to dress or undress their lower body.	2
	e. Needs assistance to be able to dress or undress their upper body.	4
	f. Cannot dress or undress at all.	8
7. Communicating verbally.	a. Can express and understand verbal information unaided.	0
	b. Needs to use an aid or appliance to be able to speak or hear.	2
	c. Needs communication support to be able to express or understand complex verbal information.	4
	d. Needs communication support to be able to express or understand basic verbal information.	8
	e. Cannot express or understand verbal information at all even with communication support.	12
8. Reading and understanding signs, symbols and words.	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
	b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
	c. Needs prompting to be able to read or understand complex written information.	2
	d. Needs prompting to be able to read or understand basic written information.	4
	e. Cannot read or understand signs, symbols or words at all.	8
9. Engaging with other people face-to-face.	a. Can engage with other people unaided.	0
	b. Needs prompting to be able to engage with other people.	2
	c. Needs social support to be able to engage with other people.	4
	d. Cannot engage with other people due to such engagement causing either (i) overwhelming psychological distress to the claimant; or	8

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	(ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	
10. Making budgeting decisions.	a. Can manage complex budgeting decisions unaided.	0
	b. Needs prompting or assistance to be able to make complex budgeting decisions.	2
	c. Needs prompting or assistance to be able to make simple budgeting decisions.	4
	d. Cannot make any budgeting decisions at all.	6
MOBILITY		
1. Planning and following journeys. (Called Activity11)	a. Can plan and follow the route of a journey unaided.	0
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	4
	c. Cannot plan the route of a journey.	8
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	10
	f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12
2. Moving around. (Called Activity 12)	a. Can stand and then move more than 200 metres, either aided or unaided.	0
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided	4
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres.	8
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	10
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
	f. Cannot, either aided or unaided, – (i) stand; or (ii) move more than 1 metre.	12

Annex 2: Personal Independence Payment claims process

Making a claim

1. Claimants who think that they might be eligible for PIP can first investigate this through sources such as GOV.UK, Citizens Advice, leaflets from Jobcentre Plus, or by calling the PIP enquiry line.
2. Claimants apply for PIP by making a telephone call to DWP. If claimants are unable to telephone themselves, somebody else can do so, as long as the claimant is present. As set out on GOV.UK, there is also an option to request a PIP claim form in writing.³¹
3. If the claimant meets basic eligibility conditions through this initial data gather (or PIP1) stage, DWP issues a 'How your condition affects you' form (PIP2). The PIP2 form asks claimants to describe how their long-term health condition or disability affects their daily life and mobility, on both good and bad days and over the range of assessment criteria activities. The claimant has one calendar month to return this form to DWP, although they can ask for an extension if reasonably required. Claimants are also asked to provide any additional information they hold, such as care plans, prescription lists or reports from their health and social care professionals. Once returned to DWP, the forms and supporting evidence are sent to the assessment providers.

Assessments

4. Atos and Capita health professionals consider the PIP2 form and supporting evidence to determine next steps. They consider what other further evidence, if any, may be useful to complete a paper-based rather than face-to-face assessment and take steps to obtain this from relevant health and social care professionals. If there is insufficient or conflicting evidence it is likely that they will ask the claimant to attend a face-to-face assessment. All assessments focus on the impact the claimant's condition or disability has on their daily life and mobility and over a range of activities.

³¹ GOV.UK, Personal Independence Payment (PIP), How to claim. Available at: <https://www.gov.uk/pip/how-to-claim>

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5. Face-to-face assessments can take place in the claimant's home or at an assessment centre. Atos and Capita have different business models which mean Capita operate more home visits than Atos, taking account of the flexibilities within their contracts over these arrangements. However, both assessment providers must ensure home visits are available where needed. The health professionals are trained to carry out PIP functional assessments. The majority of health professionals come from nursing, occupational therapy and physiotherapy backgrounds. The assessment providers also employ paramedics and a small number of doctors. Health professionals do not have to be specialists in specific conditions as the PIP assessment is not a medical assessment. All health professionals have broad training in disability analysis.
6. To determine eligibility for the daily living and mobility components claimants are assessed on their ability to complete a number of key everyday activities, for example relating to their ability to dress and undress, make budgeting decisions, communicate and get around. Within each activity there are a number of descriptors, each representing a varying level of ability to carry out the activity.
7. Following paper-based reviews and face-to-face assessments, the health professional completes an assessment report, summarising their advice on relevant descriptors (not point scores) selected from the assessment criteria and an appropriate point at which to review the claimant's circumstances. This advice is sent to the Department in hard copy via courier services.

Decision stage

8. The case manager reviews the assessment report and any other evidence to make a decision on the claim. If after reviewing both the evidence and the selected descriptors, the case manager identifies descriptor(s) that should be changed, they may do so without seeking advice. If the case manager is unsure about any of the descriptors provided and does not feel they can make a robust decision from the evidence to hand, or they require information, they must discuss the case with a Quality Assurance Manager. The Quality Assurance Manager will decide if re-work or advice from the assessment providers is required.
9. If the claimant is eligible for PIP, the case manager will decide the level of award, the length of the award and when the award will be reviewed, based on the claimant's individual circumstances. DWP will then send the claimant a letter stating the decision with an accompanying explanation for how that decision was reached.
10. If the claimant has not been awarded PIP, the letter will give the same information as the award letter and will include a full statement of reasons for the decision. The letter will also explain what the claimant can do if they are not happy with the decision and wishes to dispute the outcome they can ask the Department to reconsider the decision.

11. In the current process, after the decision letter has been issued, if a claim has been disallowed or an existing award reduced, a DWP case manager will try to phone the claimant to discuss the decision and explain the reasons for making that decision. However, the efficacy of this is being tested.

Disputes

12. Claimants can request a mandatory reconsideration if they do not agree with the decision. The claimant will be asked to be specific about the points at issue or descriptors and will be encouraged to send in any further evidence or information they may have which would support the grounds for their dispute.
13. The claimant normally has one calendar month from the date on their decision letter to request a mandatory reconsideration.
14. When a mandatory reconsideration request is received, a second DWP case manager will look at the decision, including any additional evidence or information that has been provided to decide if the original decision is fair and consistent with the evidence.
15. A mandatory reconsideration notification letter will be issued to the claimant, which will address the points in dispute and inform them of the outcome of their mandatory reconsideration request. This letter will also set out the claimant's right of appeal against the decision, and advise them how to make an appeal to Her Majesty's Courts and Tribunal Service if they still disagree with the decision. When lodging an appeal the claimant normally has one calendar month from the date on the Notice to appeal direct to Her Majesty's Courts and Tribunal Service.
16. When Her Majesty's Courts and Tribunal Service receive the appeal they will check it to make sure it complies with all the legal requirements to be accepted as a valid appeal. If there are any problems with the appeal, Her Majesty's Courts and Tribunal Service will return it with a letter explaining what the problem is and what can be done to resolve the issue. If the appeal can be accepted as valid, Her Majesty's Courts and Tribunal Service will send an acknowledgement letter to the individual or their representative. Her Majesty's Courts and Tribunal Service will also send a copy of the appeal to the Department and ask them to provide a response.
17. For appeals against PIP decisions (and other DWP-administered benefits) there is a time limit of 28 days for the response to be provided. If the appeal proceeds without an objection the Department will send the individual and Her Majesty's Courts and Tribunals Service a copy of their response to the appeal. Her Majesty's Courts and Tribunal Service will administer and process the appeal, advising all parties of the hearing date, if an oral hearing is to be held.

Special Rules for terminally ill people

18. Claims can be made under Special Rules for terminally ill people (SRTI) where the claimant has a progressive condition and is expected to live less than 6 months. Claims can be made by someone other than the claimant and the claimant does not need to be with the person making the claim. Claimants will not have to complete the 'How your condition affects you' form. Instead, information required about mobility needs is obtained at the initial claim stage and the claimant is encouraged to send in a DS1500. The DS1500 is a report about the claimant's medical condition, not their prognosis, and the claimant can obtain one from their GP, consultant or certain other professionals, including Macmillan nurses.
19. Claimants who meet the criteria for special rules will not need a face-to-face assessment and will receive an award of the enhanced rate of the daily living component without having to wait until they satisfy the usual qualifying period. The daily living component will be paid immediately and the mobility component will be paid following assessment, providing the conditions are met.

Annex 3: Personal Independence Payment Reassessment Timetable

Natural reassessment – implementation to date

1. Natural reassessment affects existing DLA claimants where:
 - information is received about a change in their care or mobility needs;
 - their fixed term award is due to expire;
 - children turn 16 years of age (unless they have been awarded DLA under the Special Rules for terminally ill people);
 - they voluntarily claim PIP.

From 28 October 2013 First phase of natural reassessment began in Wales, the Midlands and East Anglia

From 13 January 2014 Second phase of natural reassessment for postcodes beginning DG (Dumfries and Galloway), EH (Edinburgh), TD (Galashiels) and ML (Motherwell)

From 3 February 2014 Third phase of natural reassessment for postcodes beginning with CA (Carlisle), DL (Darlington), HG (Harrogate), LA (Lancaster) and YO (York)

From 17 November 2014 Fourth phase of natural reassessment for postcodes beginning CH (Chester), HD (Huddersfield), L (Liverpool) and M (Manchester)

Natural reassessment – future implementation

2. The Department has not yet made decisions about the timing of rollout of natural reassessment to remaining areas of the country.

Managed reassessment

3. Managed reassessment affects existing DLA claimants on indefinite awards.

From October 2015 Managed reassessment begins. Using a process of random selection, DWP will invite all remaining DLA claimants age 16 – 64 with indefinite or fixed term awards to claim PIP

By late 2017 All existing DLA claimants age 16 to 64 will have been invited to claim PIP.

Annex 4: List of recommendations

Improving the claimant experience

The Department should:

In the short-term

1. Revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities [page 49, paragraph 19]
2. a. Redesign the structure and content of decision letters; and

b. Review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place [page 50, paragraph 22]
3. Take action to begin a sustained programme to build better working relationships between case managers and health professionals [page 52, paragraph 30]
4. Ensure assessment provider assessment rooms are configured so that the assessor and the claimant sit at a 90 degree angle [page 48, paragraph 14]

In the medium-term

5. Maximise the use of more proactive communications with claimants throughout the claims process for example greater use of outbound SMS messages [page 47, paragraph 11]
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') [page 51, paragraph 24]

In the longer-term

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 [page 53, paragraph 38]

Further evidence

The Department should:

In the short-term

- 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 [page 58, paragraph 25]

In the medium-term

- 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 [page 56, paragraph 15]

The effectiveness of the assessment

The Department should:

In the short term

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 [page 60, paragraph 9]
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 [page 61, paragraph 12]
12. Ensure the consistent application of existing guidance for health professionals on reliability and fluctuating conditions [page 62, paragraph 16]

In the medium term

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 [page 63, paragraph 22]
14. Provide assurance of fair and consistent PIP award outcomes by supplementing existing 'vertical' quality assurance with the assessment of 'horizontal' consistency [page 64, paragraph 25]

