



Department
for Work &
Pensions

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

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

Cm 9159





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Ministerial Foreword

Following the Government's initial response to the first independent review of Personal Independence Payment (PIP) published in February this year, I welcome the opportunity to provide a more detailed and comprehensive response to the recommendations identified during the review. I remain grateful to Paul Gray for his report.

Supporting disabled people to lead active and independent lives has always been a priority of mine as a constituency MP, and I am pleased that as Minister for Disabled People I now have the chance to do more work in this area as PIP rollout continues.

Introducing a new benefit of the complexity and scale of PIP is challenging. Earlier this year we decided to bring forward the start of Full PIP Rollout to allow us to test some parts of the system on a limited scale, before PIP was rolled out nationally in October. Learning the lessons from PIP in live running, we continue to make improvements to the system to improve the experience for claimants, and I am pleased that waiting times have continued to fall with the average new claim now waiting 5 weeks for an assessment, compared to 10 weeks in February 2015.

My priority going forward is to continue to ensure that the rollout of PIP is delivered in a controlled and measured manner in line with capacity. We will continue to learn and review our approach to the delivery of PIP, working alongside disabled people and disability organisations to ensure the needs of claimants are reflected.

Additionally we continue to work closely with the Scottish Government in advance of the devolution of PIP.

The Government has committed in legislation to a further independent review which will report by April 2017. The Department will announce the reviewer and terms of reference for the review in due course and I look forward to its recommendations to ensure that PIP continues to be a modern and dynamic benefit, supporting those most vulnerable in society.

Justin Tomlinson
Minister for Disabled People

Introduction

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This chapter sets out:

- Brief summary of the Government's initial response to the independent review of Personal Independence Payment.
- The nature of the Department for Work and Pensions' response.

The Review

Recognising the scale of the challenge of implementing Personal Independence Payment (PIP), the Government committed in legislation¹ to carry out at least two independent reviews of PIP, in order to learn from experience and ensure that PIP delivered its original policy intent.

The first of the independent reviews was undertaken by Paul Gray and published in December 2014. It focused on issues under three main themes: improving the claimant experience, further evidence, and the effectiveness of the assessment. There were a total of 14 recommendations made, over a range of different timescales.

The Government's initial response

Due to the broad scope of some of the recommendations within the review, the Department for Work and Pensions ("the Department") decided to respond to the review in two stages. The Department published its initial response to the independent review in February 2015. The response focused primarily on the short-term recommendations and set out how the Department would respond to them, complementing work that was already underway.

¹ Section 89 of the Welfare Reform Act 2012.

6 Introduction

It covered three key areas:

- Reviewing and revising claimant communications: building claimants' understanding of the claims process, including the purpose and content of a functional assessment;
- Enhancing relationships between the Department's case managers and health professionals in creating an efficient and effective claims process; and
- Monitoring and ensuring the correct application of assessment criteria to ensure fair and consistent decisions.

This response

The Government's priority is ensuring that the rollout of PIP is conducted in a safe and controlled manner, protects the claimant experience and focuses support on those with the greatest needs. With the start of the extension of PIP to long-term or indefinite award Disability Living Allowance claimants ("full PIP rollout") in July this year, the Department has used evidence from previous phases of the rollout together with lessons learned from the first review to ensure it is continuously improving the way in which PIP is delivered, offering the best claimant experience possible. By operating at a smaller scale initially, the Department has also chosen to monitor the system closely and in small volumes to ensure an effective reassessment process is in place. This has also provided the Department with an opportunity to test key parts of the PIP process, such as the way in which we communicate with claimants.

The Department is now in a position to respond to the medium and long-term recommendations as well as provide an update of actions taken against the short term recommendations.

Improving the claimant experience

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Clear communications are an essential part of a claimant's experience of PIP, helping them navigate their claim – from deciding whether to apply, to understanding the decision about their entitlement. The Department has continually revised its communications as it has rolled out the benefit and will continue to ensure that it takes action to improve how it communicates with claimants about the process.

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

- his recommendations;
- the action that the Department has taken to address the short term recommendations since the initial response; and
- wider activity the Department is taking to address the medium/long term recommendations to improve the claimant experience.

Recommendation 1

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

The Department agrees that it is important that claimants are fully informed about what to expect when claiming PIP. Ensuring that claimants understand the claims process can reduce potential anxiety and improve the claimant experience.

The Department accepted this recommendation.

We said: We will undertake a full review of communication products and messages to identify and action improvements, including to Gov.uk, all letters and information booklets

8 Improving the claimant experience

What we have delivered since the initial response

We recognise that understanding the needs of claimants is essential when reviewing our communications products. In doing so, we have sought views of claimants in testing a range of revised letters and we will continue to act on their feedback to ensure our products reflect their needs.

The Department therefore continues to review all communications it has with claimants throughout the claim and assessment process. This review includes letters, claim forms, information booklets and the Gov.uk website.

We initially prioritised a review of communications sent to existing Disability Living Allowance (DLA) claimants who are currently being invited to claim PIP. We want to ensure people understand that their benefit is ending, have the information they need to decide whether to claim PIP and, if they do, what they need to do and by when.

We have revised the letter which goes out to claimants advising them that their DLA will end and inviting them to consider claiming PIP. This was initially tested with some claimants in July 2015 and following some changes, based on their feedback, was introduced for all affected claimants in September 2015.

The changes we have made include giving clearer information about the steps in the journey and explaining to claimants more about what they need to do in each of the following stages:

- **Starting The Claim** – We explain how to claim, what information they need to have and about other people calling on their behalf.
- **Gathering Information** – We explain how claimants need to complete a form to tell us more about their health conditions or disabilities and how they affect them.
- **Independent Assessment** – We explain about the assessment carried out by an independent health professional, including that this might include a face to face consultation, or asking for more information from health or social care professionals.
- **Our Decision** – We explain how they will be told about whether they will get PIP, how they will be paid and how we will review the claim.

We have also prioritised a review of all of the letters which are issued by the PIP computer system as these are the main letters we send to the majority of claimants.

We have re-written these letters using a new, clearer standard template format, making it clear what the claimant can expect to happen during the claim process, in particular, at the assessment, and what rights and responsibilities the claimant has.

The new template design allows the Department to highlight key messages and information, including actions for the claimant to take. These new letters have recently been tested with claimants using a combination of face to face and on-line interviews with both PIP and DLA claimants. We will begin to introduce these new letters gradually, in batches, commencing this work in January 2016. The planned incremental introduction of revised letters will ensure we can make minor adjustments in the light of claimant experience and further insight.

We are also continuing to work with both Atos Healthcare and Capita to improve appointment notifications, with the intention of reducing the number of claimants that fail to attend their assessment, with early evidence showing an improvement in attendance.

Atos Healthcare is revising both claimant letters and the PIP website to improve claimant communication. The revised letter and leaflets are scheduled for implementation in early 2016. The Department is continuing to work with Atos Healthcare to ensure that there is a good alignment between the communications to claimants throughout the claim process.

In addition, the Department launched a communications campaign to raise awareness that DLA is ending for existing claimants born after 8 April 1948 and those aged 16 or over.

Starting in the North-West, the campaign aims to ensure that claimants have access to the information they need to make a decision about claiming PIP and to build a broad awareness that PIP is rolling out, what this means and when it will take place. A key objective of the campaign is to build a broad awareness of PIP and to reassure DLA claimants that they do not need to contact the Department until we write to them, whilst encouraging them to find out more so that they are prepared when they are invited to make a claim. This aims to ensure DLA claimants engage fully when they are invited to make a claim and throughout the PIP process.

We are working with external stakeholders and are using a range of communications channels, such as regional press, community groups and digital platforms, to ensure the campaign reaches a wide audience, extending the Department's ability to prepare claimants for the forthcoming changes to their benefit. We are continuing to work with those disability organisations who are existing members of the Department's stakeholder engagement forums to ensure our products are accessible. We have also secured support from local organisations who have agreed to cascade our products through their own networks and local outlets.

In addition, we have launched a Knowledge Hub² which is a free to join platform where stakeholders and disability organisations can connect, discuss, exchange knowledge and develop initiatives to improve public services. We will use this platform to publish our letters and other key communication products.

Recommendation 2a

Redesign the structure and content of decision letters; and

Recommendation 2b

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

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

The Department accepted this recommendation.

We said: We will revise decision letters and training for case managers and introduce quality checks on decisions at a local level to provide assurance and consistency across the country.

² <https://khub.net/web/pip-communication-network/welcome>

What we have delivered since the initial response

As part of the communications review noted in recommendation 1, a new decision letter has recently been tested with claimants and their representatives through a combination of face to face and online interviews. It provides the claimant with a clear explanation of our decision and provides details of their award and how and when they will receive their benefit. The letter also gives a simple explanation of the reasons why the decision has been made, an explanation of when the claim will be reviewed and what the claimant needs to do if they do not agree with the decision. This revised letter will be introduced as a priority as changes to the PIP computer systems are made from early 2016. We will continue to work with claimants to ensure they understand the decision making process, and that the letters provide a clear explanation of this.

As detailed in our initial response, we have introduced a “reason for decision tool” to support case managers in formulating decisions. At the time of our initial response this was in the early stages of being introduced. We have now completed the rollout to help case managers write personalised, plain English decision letters that set out the reasons a claimant has, or has not, been awarded PIP, so that they can understand the decision. All case managers are now using this tool to help formulate the reasoning for their decisions in order to ensure a consistent approach to decision making. Regular checks are in place at a local and national level, and have demonstrated an increase in the quality in decision making. As noted in recommendation 1, examples of our revised communication products, including letters, can be found on the Knowledge Hub.

Recommendation 3

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

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

The Department accepted this recommendation.

We said: We will set up monthly case conferences, a series of teleconferences and local level meetings between case managers and health professionals to build on current good practice

What we have delivered since the initial response

The Department has undertaken a programme of activities building on existing liaisons between case managers and assessment providers. This included joint workshops, case conferences, Practitioner Engagement Forums and a series of “Your Call” events, which are teleconferences for case managers on a range of topics designed to improve their understanding of the assessment process.

Feedback has been very positive from both case managers and assessment providers following an evaluation of the initial engagement programme. The introduction of monthly forums provides the opportunity to focus on the quality of assessments and discuss specific cases, and identify improvements to the claimant journey.

Meetings between front line staff in Regional Benefits Centres and assessment providers have helped strengthen formal links and forge informal ones, which has helped greatly in breaking down barriers. Reciprocal arrangements are in place between assessment providers and DWP operations to build awareness and greater understanding of each other's business.

Going forward we will pilot case managers contacting health professionals directly with enquiries on cases and we are considering including visits to DWP Regional Benefit Centres as an element of the Health Professional induction programme to further develop working relationships. In addition, we are exploring the potential for producing a joint newsletter to develop awareness and insight across the health professional and case manager population.

Recommendation 4

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

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

In discussing the review and recommendations with disability organisations, it has been made clear that they feel the emphasis should be on a claimant's personal preference rather than being prescriptive – what may be comfortable for some claimants may not work for others.

The Department therefore did not accept this recommendation in full.

We said: We are able to deliver the principle of an open engaging consultation without the need to be prescriptive as to seating arrangements.

What we have delivered since the initial response

Ensuring that assessment room accommodation can facilitate open, engaging consultations between health professionals and claimants remain an important consideration in taking on additional estates in preparation for increasing assessment volumes through full PIP rollout.

The Department has continued to work with providers to ensure assessments are carried out in line with the principle of an open consultation style. Since publication of the initial response, Capita's compulsory Continuous Professional Development for all health professionals has included guidance on how the health professional should position themselves in the clinic or home setting so that the assessor and the claimant sit at a 90 degree angle where appropriate.

Atos Healthcare continue to communicate requirements to their health professionals that seating positions should focus on establishing rapport and ensuring that claimants understand what information is being recorded. The seating position is flexible and individual to each assessment to ensure the assessment is conducted effectively for both the health professional and claimant.

Medium-term recommendation

Recommendation 5

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

We recognise that proactive communications are key to encouraging timely action by claimants and providing up-to-date information on where claimants are in the claims process, which leads to an improved experience of claiming PIP.

The Department accepts this recommendation.

Claimants say that they want the Department to keep them informed; some worry about letters “getting lost in the post” and find it helpful to know that communications they have sent to the Department reach it. Whilst many expect this confirmation to arrive by letter, SMS text messages are helpful in providing a short status update.

The Department previously used one SMS text message during the PIP journey: to inform a claimant that their “How your condition affects you” form (PIP2) had been received and how long they could expect to wait for an assessment. Since July, we have been testing using a SMS text message to remind a small sample of DLA claimants that the Department has not received a reply to the letter inviting them to claim PIP.

The Department has developed over 25 SMS text messages to send out at 17 key points in the PIP claimant journey, for example when we have sent out the “How your condition affects you” form (PIP2); when an assessment provider has received this form; when we have made a decision to award PIP; and when we have issued a first payment. The Department has already introduced some SMS text messaging as part of the controlled start of full PIP rollout; further text messaging will be introduced gradually from autumn 2015 onwards. These will be sent to claimants to keep them informed of progress throughout their claim and to prompt the claimant to take action when needed.

Medium-term recommendation

Recommendation 6

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

We agree that it is important that claimants understand why their claim is being reassessed and how this reassessment will take place so that they are able to fully engage in the process, thereby minimising disruption and ensuring that they continue to receive the appropriate award.

The Department accepts this recommendation.

We have replaced the term, “Planned Intervention”, with a more appropriate descriptor of the process –“Award Review”, and this is referred to in the wording of the revised decision letter which is currently being tested. The revised letter more clearly informs the claimant of the relevant information about the award period and of the intention to review, explaining when and why the review is due.

Feedback received from disability organisations was that the policy intention behind the current process and how claimants would be affected needed to be clearer. The introduction of award reviews within the PIP process has moved away from claimants being given indefinite awards under DLA. It is important to recognise the fact that claimants' needs can change, in particular when considering fluctuating conditions. Reviews therefore depend on the circumstances in which the initial award for PIP was made, for example where it is likely the claimant's level of restriction in daily living and mobility activities may change at a later stage. The claimant may have some improvement or deterioration that could result in a change in the rate of PIP entitlement and a review date would be set accordingly. We have worked with case managers and assessment providers and updated the available guidance to ensure that reviews are set at appropriate points which take into account the likelihood of a change to the claimant's level of restriction in daily living and mobility activities. We have also worked with stakeholders to clarify why award reviews are conducted and the operational process involved.

We have conducted some initial testing of potential improvements to the award review process, including testing a shorter PIP2 form which focuses on the change a person has experienced since their previous assessment and providing additional training to case managers. This work is on-going and we will be considering the results of the initial trial in order to maximise the claimant experience.

Longer-term recommendation

Recommendation 7

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

- a. gives high priority to the introduction of a mechanism, such as an on-line 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.

The Department has been exploring an improved operating model to transform the PIP service provided to our claimants which is effective, secure and gives all claimants a better experience.

The Department accepts this recommendation.

We have now developed the PIP Digital Claim which will allow claimants to make a claim to PIP on-line. This has been designed and built with significant user testing throughout development. The Digital Claim will allow the claim process to be streamlined, combining the current PIP telephony claim and paper claim for those claimants that choose to claim through the on-line channel. Claimants will receive an email confirmation that their claim has been received by DWP once it is submitted. In order to ensure this new service is effective and secure, robust testing will take place before it is more widely introduced nationally following user feedback in 2016.

14 Improving the claimant experience

Paul Gray refers to introducing a mechanism that allows claimants to track the status of their claim. It is important claimants understand how their claim is progressing and the use of SMS texting, as noted in recommendation 5, is one way of doing so. We are, however, researching the user need for claimants to be able to track their claim during the on-line journey and based on feedback would explore a digital solution.

We continue to work with disability organisations to ensure our products are accessible and to raise awareness with operational staff, including telephony agents, of the alternative channels available for claimants. We are also regularly undertaking accessibility testing with users and stakeholders, including Sense, the deaf blind charity, learning disability charities, and Royal National Institute for Blind People to ensure our product works for them and any specialist software they may use. Our recent work with accessibility groups has been welcomed and commented on in on-line blogs.³

We have user tested a number of different design approaches to ensure that the claim process is more tailored to individual needs and moves away from 'one size fits all' so far as is practicable. This should support the claimant to 'tell their story' more fully in relation to their condition or disability based on scenarios in a typical day, resulting in improvements to the information required from claimants. Claimants told us that they wanted to be able to explain to us in their own words how their disability affects them and a tick box approach or drop down menu would not enable them to do that. We have listened and continue to improve all areas of the claim process based on feedback following testing. When developing the Digital Claim we recognised the need to ensure we received relevant supporting evidence. When completing the on-line claim the claimant is encouraged to provide evidence and prompted with a reminder at the end of the claim process about what they agreed to send. We have provided information on what constitutes good evidence and what information would not be as relevant to their claim. This is based on user research with all parties involved in the claim process.

Alongside developing the Digital Claim we continue to review the existing claims process. We recognise the need to ensure we obtain the most relevant information from a claimant to help assess their claim for PIP and make use of evidence which may already be available to the Department. We are investigating ways to maximise the initial contact with the claimant by testing a number of additional questions when gathering information about the claimant's needs, such as whether the claimant has a social services care plan, and then monitoring progress through to the end of the claim. This includes understanding the usefulness of this additional information from both a health professional and a case manager perspective and the willingness of the claimant to provide the additional information. Testing will conclude in autumn 2015, with the full evaluation and impacts available by December 2015, to enable the Department to make informed decisions on the way forward. In addition, we are testing a new approach to set out the claimant's responsibilities throughout the journey through the introduction of a 'My PIP Agreement'. This sets out what we expect from claimants in making a claim to PIP and provides clarity on what will happen throughout the PIP journey. The impacts of this new approach are being closely monitored through a test which is due to conclude by end of 2015.

The Department is exploring the most suitable approach on common branding to make the PIP journey more integrated for the claimant. The options under investigation aim to provide a consistent approach for DWP claimants, balanced with the need to be clear about the role of the assessment providers and to fully understand the cost implications.

³ <http://www.tenfold.org.uk/news/pip-testing-for-the-dwp>

Further evidence

3

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

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

- his recommendations;
- the action that the Department has taken to address the short term recommendation since the initial response; and
- the wider activity the Department is taking to address the medium to long term recommendations to improve the collection of further evidence.

Recommendation 8

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

Face-to-face consultations can be an anxious experience for many claimants. We agree that there is a need for individuals to be confident that their assessment has been fair, open and objective and conducted by an assessor who has been properly trained to deal with them sensitively and appropriately.

The Department accepted this recommendation.

We said: We will revise the PIP Assessment Guide for health professionals to clarify how they should introduce themselves and explain the purpose and structure of the assessment.

What we have delivered since the initial response

The PIP Assessment Guide⁴ for health professionals has been updated and was published in July 2015 to provide further guidance for health professionals conducting face-to-face assessments clarifying how they should introduce themselves and explain the purpose and structure of the assessment. The updated PIP Assessment Guide also provides further guidance for health professionals emphasising that they must ensure the clinical information gathered is concise and relevant, whilst the functional history should be comprehensive and appropriately detailed to help to ensure the balance between these is that which is necessary in order to be able to assess the extent of the claimant's needs.

Both providers have developed refresher training modules to include how health professionals should introduce themselves. Capita have included this module as part as part of their Compulsory Professional Development for all health professionals. It includes guidance as to the correct way for health professionals to introduce themselves to the claimant and any accompanying person, and how they should explain the purpose and structure of the assessment.

Atos Healthcare has developed suggested wording for their health professionals to use in introducing face-to-face assessments. This aims to introduce consistency and clarity into all introductions, ensuring that all key points are covered, while accepting that each interaction between a health professional and claimant is individual and that there is no single, ideal introduction that will suit all situations. Atos Healthcare health professionals are receiving refresher training which includes guidance around how health professionals introduce themselves and discuss the assessment process. The training package for new health professionals has now been revised to include video examples of best practice in this area.

Medium-term recommendation

Recommendation 9

Explore opportunities for improving the collection of further evidence by:

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

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

The Department accepts this recommendation.

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449043/pip-assessment-guide.pdf

The response to recommendation 7 noted that the Department is exploring ways of maximising claimant contact to ensure appropriate evidence is provided. These initiatives seek to encourage the claimant to send in relevant evidence to support their claim and give a clear indication on their responsibilities throughout the journey.

We remain mindful of disability organisations' concerns about using existing evidence and the need to ensure claimants are not disadvantaged by using existing evidence. We are therefore committed to ensuring data is properly protected and appropriate consent is in place.

We continue to explore ways to make better use of evidence the Department already holds about an individual who makes a claim for PIP. We are considering whether information from different DWP assessments could be used to support applications for PIP or ESA. In the short term we are currently considering whether information could be shared between both benefits and if so, how this could be delivered.

We have also begun to explore the wider sharing of information with, for example, the Department of Health and other organisations, to understand where the overlaps lie between the information gathered for the purposes of assessing an individual for social care and PIP, and how the two could be used together. We are investigating the usefulness of other types of evidence in the PIP assessments, such as care plans, occupational therapy reports and social services assessment reports. We are exploring the logistical approach to obtaining this information and the impact on the overall quality of assessments and decisions, by evaluating the effectiveness of a trial. In this trial we have worked with claimants to understand the additional evidence they may have from other organisation to support their claim. We will be evaluating whether claimants submit this evidence when requested and whether this provides valuable information for assessment providers in order to make a quicker, more accurate assessment of the impact a claimant's disability or health condition has on their life. The analysis of the results towards the end of 2015, will determine the next steps and whether these changes are introduced more widely.

DWP hold regular meetings with stakeholders, such as the British Medical Association and the Royal College of GPs (RCGP). Within these meetings ways to improve further evidence is discussed. At present, GPs are sent a form that requests further medical evidence where the assessment providers identify the need to obtain additional information. The Department is working with the RCGP to review how to improve this form to ensure it is easier and clearer to use.

We recognise that acting as quickly as possible in the case of claimants with a terminally ill diagnosis will reduce the burden on individuals and their families. To support the process, the Department is developing a digital solution to securely receive information from healthcare professionals and third parties in relation to terminally ill claimants. Once deployed, testing will commence, using the claimant's medical information obtained through this channel, in the assessment process.

The effectiveness of the assessment

4

It has always been a key policy intent of PIP that the benefit goes to those with the greatest level of need. In order to meet the original policy intent it is important that the assessment is robust and is applied as intended.

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

- his recommendations;
- the action that the Department has taken to address the short term recommendations since the initial response; and
- the wider activity the Department is taking to address the medium term recommendations to improve the effectiveness of the assessment.

Recommendation 10

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

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

The Department accepted this recommendation.

We said: We will revise the PIP Assessment Guidance for health professionals, put in place a series of teleconference events to ensure consistent application of assessment criteria and closely monitor applications through provider and DWP audits.

What we have delivered since the initial response

Updated guidance for case managers and health professionals on Activity 11 was published on 20 April 2015 in order to ensure that this activity was being interpreted consistently. In order to embed the guidance a "Your Call" event was held for case managers and a training webinar was held with Capita health professionals. Both events discussed the policy intent behind the Activity 11 descriptors and discussed example scenarios of how to correctly apply the criteria under this activity. We have also been liaising closely with Atos Healthcare on their communication products and training on Activity 11. Further changes were incorporated into the revised version of the PIP Assessment Guide, which was published on Gov.uk on 28 July 2015 and has significantly assisted health professionals in offering clear and consistent advice in this area.

Both providers continue to develop their training and guidance for health professionals. Atos Healthcare is developing their Continuous Professional Development (CPD) programme and this is on schedule to be delivered with "Assessing Mobility" being a key topic within the programme.

Capita have recently rolled out an interactive training module for all their assessors which specifically addresses Activity 11. Performance against Activity 11 alongside all other activities is monitored and any issues are addressed in monthly quality meetings between DWP and Capita. Further assurance is achieved through regular DWP audit meetings.

The Department will continue to regularly review the PIP Assessment Guide and look at ways to improve the information provided. We will provide up to date and timely guidance to assessment providers. This will include acting on feedback from tribunals to provide clarity regarding the activities and descriptors where we receive comments from judges where claims have gone to tribunal and clarification to both health professionals and case managers on queries raised from either regarding the activities and descriptors.

Recommendation 11

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

The inclusion of aids and appliances in the assessment criteria for PIP is intended to provide an indication of where an individual requires functional support, and therefore reflects the extra costs that an individual who needs aids and appliances is likely to have in their everyday life, not just in those activities that are part of the assessment. Consistently applying the criteria in accordance with the original policy intention in this area is therefore important in ensuring claimants receive the right level of support through PIP.

The Department accepted this recommendation.

We said: We will revise the PIP Assessment Guidance for health professionals, put in place a series of teleconference events to ensure consistent application of assessment criteria and closely monitor application through provider and DWP audits.

What we have delivered since the initial response

We have worked closely with assessment providers to gain a better understanding of how health professionals approach the application of aids and appliances within the PIP assessment. In collaboration with assessment providers we have revised the aids and appliances section of the PIP Assessment Guide which was published in July 2015. We will be monitoring the correct application of this guidance through sample checks across assessment providers to gain further information regarding whether the policy intent is being understood and applied by health professionals.

Both providers have developed training modules in relation to aids and appliances. Atos Healthcare has revised their PIP initial training, developed regular clinical bulletins, and refresher training has been deployed to provide their health professionals with a greater understanding of the correct focus for their advice on aids and appliances.

Capita have developed a refresher training module on descriptor choices in relation to aids and appliances, which was rolled out to all Capita health professionals as part of their Continuous Professional Development activity, and has been supported by guidance. Correct application of the use of aids and appliances in the PIP assessment is monitored through the Quality Learning and Support team, alongside specific performance monitoring tools. This is then addressed by targeted feedback to health professionals and tailored continuous improvement training.

Recommendation 12

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

Consideration of the ability of a claimant to carry out an activity safely, to an acceptable standard, repeatedly and in a reasonable time period is key to the PIP assessment. We recognise that these ‘reliability criteria’ and the rules setting out how fluctuating conditions should be considered are an important protection for claimants, and these are enshrined in legislation.⁵

The Department accepted this recommendation.

We said: We will continue to closely monitor application of guidance through provider and DWP audits and deliver specific training for new case managers and hold a teleconference event for all case managers.

A “Your Call” event on reliability and fluctuating conditions for case managers has been scheduled to take place by end of 2015. Guidance for case managers has been updated to reflect the need to ensure the “reliability criteria” are applied against each activity within the daily living and mobility components. It includes supplementary information and Q&A sections for case managers.

As part of the Continuing Professional Development for their health professionals, Atos Healthcare has included a model on variable conditions. There has been considerable emphasis through refresher training and via clinical bulletins on variability in order to ensure the correct breadth and depth of detail is gathered during assessments, and that this is considered correctly when offering advice.

Capita have developed refresher training modules and guidance which specifically address reliability and fluctuating conditions. As referred to in Recommendation 11, they have a range of resources available to enable close monitoring of the application on reliability and fluctuating conditions.

⁵ Regulation 4 of the Social Security (Personal Independence Payment) Regulations 2013.

Medium-term recommendation

Recommendation 13

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

We believe that understanding how the process is working and how it affects people is very important. We continue to monitor all elements of the PIP process through a combination of regular operational checks, performance monitoring and ad hoc focus on particular areas as required.

The Department does not accept this recommendation in full.

Introducing a new benefit of the complexity and scale of PIP is challenging. The Department's focus is on ensuring that PIP rollout is conducted in a safe and controlled manner. The Department is also committed to ensuring that PIP delivers and is focused on those claimants with the greatest need, including those with mental health conditions and learning disabilities.

Adopting an incremental approach to delivery enables the Department to respond quickly and effectively to identify any changes to the process to improve the claimant experience. PIP is still in the process of rolling out and remains at a key juncture. The Department believes the best method of evaluation in the present phase is to continue monitoring performance as we have done to date, alongside publishing our quarterly statistics in line with guidelines set by the UK Statistics Authority to ensure the information we provide meets the necessary high quality standards and is published at the earliest opportunity. This provides clear and transparent performance data which can be used to focus on priority activities and identify areas for improvements.

As PIP rolls out and the evidence base builds, we will develop an appropriate evaluation plan to build on the work we have done to date. We will continue to use lessons learned from the roll out of PIP, evidence from independent reviews and our regular discussions with stakeholders to inform the development of PIP so it remains a dynamic benefit with a modern understanding of disability.

Medium-term recommendation

Recommendation 14

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

We believe that understanding how the process is working and how it affects people is very important. It is important to ensure consistency of assessments for claimants irrespective of where they live.

The Department accepts this recommendation.

22 The effectiveness of the assessment

As detailed in previous recommendations, the Department and assessment providers have invested a significant amount of resource in ensuring the appropriate guidance and training materials are available for case managers and health professionals, with clear monitoring in place to address the correct application of standards. Both assessment providers have quality management teams in place to provide day to day support to health professionals. Atos Healthcare has teams of Clinical Delivery Managers who have responsibility either regionally or nationally for a particular area of work and all quality audit is carried out by the same dedicated team of auditors led by a national senior auditor. These senior clinical teams work closely together under the guidance of the clinical director to ensure a consistent approach to quality is applied across all aspects of their delivery. Capita adopt a similar approach to quality management.

The Department completes calibration audits with providers to ensure a standard approach to assessments is carried out. Cases from each provider's audit are randomly selected and reviewed by DWP with learning points fed back to ensure consistency of audit and application of the standards set out in the PIP Assessment Guide.

Going forward, we are considering introducing an external audit function to provide independent scrutiny of the assessment.

Annex A

The Department's response to the recommendations

Summary of actions the Department has taken in response to the Gray review's short-term recommendations since the first Government response

Improving the claimant experience		
Recommendation	The Department said	The Department delivered
<p>1 Revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities</p>	<ul style="list-style-type: none"> Undertake full review of communications products, including Gov.uk, all letters and information booklets 	<ul style="list-style-type: none"> Department continues to review and improve communications channels On-going testing of products with claimant and disability organisations Launched communication campaign to raise awareness of changes
<p>2 Redesign the structure and content of decision letters Review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place</p>	<ul style="list-style-type: none"> Revise decision award letters and training for case managers Introduce quality checks on decisions at a local level to provide assurance and consistency across the country 	<ul style="list-style-type: none"> Restructured decision letter, tested with claimants, to provide clear explanation of decision and how this decision has been made "Reason for decision" tool introduced and rolled out to all case managers to help formulate reasoning for decision and consistent approach to decision making Quality checks in place at local and national level

24 Annex A: The Department's response to the recommendations

Improving the claimant experience (continued)		
Recommendation	The Department said	The Department delivered
<p>3 Take action to begin a sustained programme to build better working relationships between case managers and health professionals</p>	<ul style="list-style-type: none"> Set up case conferences, teleconferences and local level meetings between case managers and health professionals to build on current good practice 	<ul style="list-style-type: none"> Initial programme of activities put in place from early 2015, building on existing liaison arrangements between DWP and the assessment providers This programme has included a series of "Your Call" events, Practitioner Engagement Forums and case conferences Introduced visits between assessment providers and DWP operations for front line staff to build awareness
<p>4 Ensure assessment provider assessment rooms are configured so that the assessor and the claimant sit at a 90 degree angle</p>	<p>Not accepted in full.</p> <ul style="list-style-type: none"> We believe we are able to deliver the principle of an open engaging consultation without the need to be prescriptive 	<ul style="list-style-type: none"> We continue to work with assessment providers to ensure assessments are carried out in line with the principle of "open consultation" which remains an important consideration in taking on additional estate in preparation for increasing volumes through the Full PIP Rollout period
Further evidence		
<p>8 For the face-to-face assessment, reinforce existing guidance for health professionals to ensure consistency in how they introduce themselves and the functional nature of the assessment and limit the emphasis placed on collecting clinical information</p>	<ul style="list-style-type: none"> Revise the PIP Assessment Guide for health professionals to clarify how they should introduce themselves and explain purpose and structure of assessment 	<ul style="list-style-type: none"> PIP Assessment Guide revised and published in July 2015. The guide is embedded in operational guidance for case managers and is available on Gov.uk

The effectiveness of the assessment		
Recommendation	The Department said	The Department delivered
<p>10 Monitor the application of Activity 11 'Planning and following journeys' and ensure there is a clear explanation of the purpose of the Activity for departmental staff, health professionals and claimants</p>	<ul style="list-style-type: none"> • Revise the PIP assessment guidance • Hold "Your Call" event around Activity 11 and aids and appliances to ensure consistent application of assessment criteria and policy intent 	<ul style="list-style-type: none"> • Will continue to review and update PIP Assessment Guide • Revised guidance for Activity 11 was brought forward and published April 2015. Further update published in July to include revised guidance around correct application of aids and appliances
<p>11 Review how aids and appliances are taken into account in PIP assessments against original policy intent, and make any necessary adjustments to guidance and training</p>	<ul style="list-style-type: none"> • Closely monitor application through provider and DWP audits 	<ul style="list-style-type: none"> • Series of "Your Call" events held to ensure consistent application of criteria and policy intent
<p>12 Ensure the consistent application of existing guidance for health professionals on reliability and fluctuating conditions</p>	<ul style="list-style-type: none"> • Continue to closely monitor application through provider and DWP audits • Deliver specific training for new PIP case managers and hold teleconference for all case managers focusing on consistent application of guidance 	<ul style="list-style-type: none"> • Guidance and training for case managers updated to reflect the need to ensure "reliability" criteria is applied against each activity within daily living and mobility components • "Your Call" event on reliability and fluctuating conditions scheduled to take place late by end of 2015

Summary of actions the Department has taken, or will take, in response to the Gray review's medium and long-term recommendations

Improving the claimant experience	
Recommendation	The Department will deliver:
<p>5 Maximise the use of more proactive communications with claimants throughout the claims process, for example greater use of outbound SMS messages</p>	<p>Accepted We have:</p> <ul style="list-style-type: none"> • Introduced text messages to remind claimants to respond to the invitation letter to claim PIP <p>We are:</p> <ul style="list-style-type: none"> • Developing a range of text messages and will roll out 25 new messages throughout the claimant journey to keep claimants informed of progress, and to prompt claimants to take action
<p>6 Ensure that the policy intent for award review arrangements is being met and that guidance reflects this</p>	<p>Accepted We have:</p> <ul style="list-style-type: none"> • Replaced term "Planned Intervention" with a more appropriate descriptor of the process – Award Review • Updated guidance for case managers and health professionals <p>We are:</p> <ul style="list-style-type: none"> • Conducting initial testing for potential improvements to the award reviews process
<p>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:</p> <ol style="list-style-type: none"> 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 	<p>Accepted We have:</p> <ul style="list-style-type: none"> • Developed the PIP Digital claim to streamline claim process. Tested with claimants and disability organisations for implementation in 2016 • User tested a number of different design approaches • Introduced a trial to improve how information is obtained from claimant <p>We are:</p> <ul style="list-style-type: none"> • Exploring the most suitable approach on common branding to make the PIP journey more integrated for claimant to provide a consistent approach for claimants

Further evidence	
Recommendation	The Department will deliver:
<p>9 Explore opportunities for improving the collection of further evidence by:</p> <ul style="list-style-type: none"> 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 	<p>Accepted</p> <p>We have:</p> <ul style="list-style-type: none"> • Reviewed communications and tested new approach to maximise initial contact with claimant by asking additional questions to gather information about claimants needs, and who treats them with the aim of identifying the best information sources to support the assessment process, such as social services care plan <p>We are:</p> <ul style="list-style-type: none"> • Exploring the potential of sharing information and evidence from WCA and PIP assessments to make better use of the evidence the Department already holds about an individual • Developing a digital solution to receive securely information from healthcare professionals and third parties for terminally ill claimants • Exploring the wider sharing of information to understand overlap between information gathered for purposes of assessing an individual for social care and PIP
The effectiveness of the assessment	
Recommendation	The Department will deliver:
<p>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</p>	<p>Not Accepted in full</p> <p>We are:</p> <ul style="list-style-type: none"> • Developing and reviewing learning from the phased introduction of Full PIP rollout allowing us to test and learn and review our approach and processes • Once the evidence base begins to build, we will develop an appropriate evaluation plan
<p>14 Provide assurance of fair and consistent PIP award outcomes by supplementing existing 'vertical' quality assurance with the assessment of 'horizontal' consistency</p>	<p>Accepted</p> <p>We have:</p> <ul style="list-style-type: none"> • Revised training and guidance for case managers and health professionals • Introduced calibration audits with assessment providers to ensure a standard approach to assessments <p>We are:</p> <ul style="list-style-type: none"> • Exploring the introduction of an external audit function to provide independent scrutiny of the assessment process





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