



Department
for Work &
Pensions

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

Cm 9540

Government's response to the Second 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

December 2017

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Any enquiries regarding this publication should be sent to us at Strategy Policy and Analysis Group, Disability Benefits, PIP Policy Team, Caxton House, Tothill Street, London SW1H 9NA.

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Ministerial Foreword

I am extremely grateful to Paul Gray for the significant undertaking over the course of the last 3 years to deliver a detailed assessment of the Personal Independence Payment (PIP) process and provide us with considered and important recommendations on the improvements which could be made. This was no small task, and has provided my Department and our assessment providers, Independent Assessment Services and Capita, with a framework from which to work from to improve PIP (or the PIP process).

PIP remains one of the Department's top priorities as it is an essential piece of support for disabled people and contributes towards the extra costs of having a disability and/or health condition. I want to ensure that support is provided, especially to those who face the greatest barriers to living independently. PIP is a modern benefit, which can be flexible and responsive to change. Where improvements are identified we will make them.

It has been over two years since the first independent review of the PIP assessment. We have continued to make progress since then to improve the experience of people claiming the benefit. For example, we have reduced the average waiting times for claimants, and have removed the requirement for terminally ill people to wait a minimum of 28 days when they transferred from Disability Living Allowance (DLA) to PIP. Claimants are now waiting on average 8 weeks following a referral to the assessment provider. Furthermore, we have listened to our stakeholders and made improvements to the

way we communicate with applicants, for example by introducing SMS text messages at key points in the journey, to ensure they feel supported throughout the claims process by Department and assessment providers.

While we have made progress there is more to do and we will continue to identify areas for improvement. Work is underway in the Department, in the Joint Work and Health Unit and the ODI that may affect future opportunities to improve how we address the extra costs faced by disabled people. PIP is at the heart of helping to meet the needs of some of the most vulnerable in society. I am pleased that the second independent review recognises that a functional approach is the right approach for a benefit intended to assess the impact on an individual's daily living and/or mobility needs.

I would like to express my personal thanks to all those disabled people, disability organisations, support organisations and individuals who have contributed to the reviews. Their lived experience, insights and expertise have been invaluable, and have helped shape this response. My Department is committed to continue to work closely with disabled people and their representatives in taking forward the recommendations from both reviews.

Sarah Newton

Minister for Disabled People, Health and Work

Chapter One – Introduction

This chapter sets out:

- Brief summary of the first Independent Review and the Department's responses
- What we have done since the First Independent Review
- The wider context
- The nature of the response to the Second Independent Review

Brief summary of the First Independent Review and the Department's responses

The Government is committed to supporting disabled people to exercise choice and control and lead independent lives, and recognises that disabled people face extra costs in doing so. Disability Living Allowance (DLA) was reformed to create a new benefit, Personal Independence Payment (PIP), which ensures that support towards meeting such extra costs is focussed on those individuals who experience the greatest barriers to living full, active and independent lives. PIP maintains the key principles of DLA as a non-means-tested cash benefit available to people in and out of work, but which is delivered in a fairer and more consistent manner. Key to the benefit is a more objective assessment, which allows us to accurately and consistently assess individuals' needs. People can have very differing circumstances so we have developed an assessment

which measures the impact of a person's health condition or impairment on their ability rather than focusing solely on the health condition or impairment itself.

Recognising the scale of the challenge of implementing (PIP), the Government committed in legislation^[1] to carry out at least two independent reviews of the benefit.

In April 2014, Paul Gray was appointed by the then Secretary of State for Work and Pensions to undertake the first independent review of PIP. Paul Gray became the Chair of the Social Security Advisory Committee in 2012, an independent body which provides advice to the Secretary of State for Work and Pensions on matters of social security. Previously he held Permanent Secretary roles in both the Department for Work and Pensions and Her Majesty's Revenue and Customs.

Paul Gray's first review, "An Independent Review of the Personal Independence Payment Assessment"^[2] (henceforth referred to as the First Independent Review) was published in December 2014. The First Independent Review provided an early assessment of how the process was working and what improvements needed to be made. 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. At the time of reporting, roll-out of the benefit was at an early stage and there were some initial implementation issues, as acknowledged in the First Independent Review.

Due to the broad scope of the recommendations and the differing timescales involved, the Department for Work and Pensions (the Department) decided to respond in two parts. The first response was published in February 2015[3] and focused on the short term recommendations, and the second response was published in November 2015[4], and focused on the medium and long-term recommendations.

Progress since the First Independent Review

The Department has made significant improvements to the assessment process since the First Independent Review in 2014. We accepted that delays in the claim processing time were unacceptable and took effective remedial action to address this. The end to end PIP process is currently taking an average of 13 weeks, compared to 42 weeks in July 2014.

We have made good progress against the majority of the 14 recommendations from the First Independent Review. For example we have updated guidance and training on “reliability” and “fluctuating” conditions. This has ensured that our Departmental case managers and health professionals apply the “reliability” criteria against each activity within daily living and mobility components.

Assessment providers have introduced Mental Health Champions who are experienced professionals with direct and relevant work experience of helping patients with mental health problems. They offer advice and support to health professionals dealing with people who have mental, intellectual, cognitive and

developmental disabilities and identify or highlight training needs. They are required to keep up to date with best practice and management of mental health conditions and maintain a portfolio demonstrating this. A Mental Health Champion will have at least two years' postgraduate experience in a clinical role involving the management of patients with mental health problems, learning disabilities, or cognitive impairments. They will have completed intensive training and a separate course covering mental health and how this best fits within the setting of a functional assessment.

Our progress is set out below under three themes, improving the claimant experience, further evidence, and the effectiveness of the assessment.

Improving the claimant experience

We have:

- Restructured our decision letters to make them easier to understand
- Introduced initiatives to ensure better working relationships between our Departmental case managers and health professionals
- Introduced the Video Relay Service for claimants that use British Sign Language (BSL) so they are able to communicate with the Department more easily
- Introduced the Next Generation Text (NGT) for deaf or hard of hearing claimants unable to use BSL or those unable to speak

- Introduced SMS messaging to keep a claimant informed throughout the journey of their claim,
- Made improvements to the Award Review process
- Amended the PIP (Transitional Provisions) Regulations 2013 by removing the requirement for DLA claimants to wait a minimum of 28 days when they transfer to PIP if they became terminally ill
- Worked in conjunction with the Money Advice Service (MAS) to enable MAS to provide PIP claimants with bespoke budgeting advice if they need it. The MAS website also provides answers to general PIP enquires
- Where a claimant has provided written or verbal confirmation for another person to represent them, assessment providers will correspond with the nominated individual adopting the Department's approach.

Further Evidence

We have:

- Revised the PIP Assessment Guide, available on GOV.UK[5], to highlight the importance of further evidence and ensure this is embedded in operational guidance for case managers
- Developed a digital channel to enable GPs, health professionals and consultants to complete and submit a form (form DS1500) to support claims from terminally ill people

- Ensured that we make greater use of available evidence on claimants, for example using existing DLA information in support of claims where appropriate.

Effectiveness of the Assessment

We have:

- Updated guidance and training for case managers to re-emphasise the need to ensure the “reliability” criteria are applied against each activity within the daily living and mobility components
- Held training events with Departmental case managers to ensure consistent application of criteria and policy intent
- Strengthened the commercial regime to incentivise better quality
- Strengthened feedback mechanisms with assessment providers.

The wider context

Under the Scotland Act 2016, PIP has been devolved to the Scottish Government alongside DLA, Attendance Allowance, Severe Disablement Allowance and Industrial Injuries Benefits. Legislation making powers covering these were transferred to the Scottish Parliament in May 2017.

The Department will continue to deliver these benefits until the Scottish Government is able to deliver the Scottish equivalent. UK Government Ministers and Scottish Government Ministers

have agreed that executive competence will remain with the UK until April 2020, unless the Scottish Government decide on an earlier transfer. From April 2020, a Scottish Social Security Agency will be established; agency arrangements may be needed for the Department to continue paying the devolved benefits until existing claimants transfer. The Department will work closely with the Scottish Government and their officials until executive competence passes to the Scottish Government.

PIP was introduced in Northern Ireland on 20 June 2016. The legislation governing PIP in Northern Ireland commits to two independent reviews being conducted within four years, the first review will report in June 2018.

The nature of the response to the Second Independent Review.

Unlike the approach taken with the First Independent Review, the Department is providing a single response. Therefore, this response provides the Department's comprehensive assessment of the set of recommendations arising from the Second Independent Review. Whilst this completes the legal obligation to review the operation of PIP assessments, we remain committed to understanding how the benefit is working and to continuous improvement.

The Department is grateful to all those who took the time to respond to the "Call to Evidence" and those organisations that have helped to consider the latest set of recommendations and the Government's response.

The latest set of 14 recommendations builds upon the 14 recommendations from the First Independent Review. With a total 28 recommendations for the Government to consider and implement some may take longer to work through than others, these may include those that require the commitment of our assessment providers or other Government Departments.

We regularly meet with external organisations to ensure their views are considered as part of the development of the PIP system. We will continue to work with disabled people and stakeholders to ensure that people undertaking the claim process for PIP have the best possible experience.

The following chapters address the recommendations from the Second Independent Review (henceforth referred to as the review) and how we intend to respond.

Chapter Two – Further Evidence

Getting the right supporting evidence is essential to correctly determine an individual's claim to PIP. The assessment looks at an individual's ability to carry out key everyday tasks. Whilst knowledge of the disability or health condition itself is useful, it does not in itself determine entitlement. Evidence about the needs an individual has can come in many forms, including what the individual and their family members and/or carers provide, and evidence from others such as support workers and healthcare professionals.

The Department welcomes the review's emphasis that the primary responsibility for the collation of evidence rests with the claimant, not with the Department or assessment providers.

The review made three recommendations about further evidence. This chapter sets out:

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

Recommendation 1

The Department to simplify and better co-ordinate communication products to provide a clear explanation of user responsibilities and ensure accessibility for all. This should include the use of digital media to provide

claimants with real examples of what functional information they should submit as part of their claim.

Recommendation 2

That the Department makes it clear that the responsibility to provide Further Evidence lies primarily with the claimant and they should not assume the Department will contact health care professionals.

We agree with the review that it is important that claimants should be given a clear explanation of their responsibilities and what information they should provide with their claim. The PIP2 information booklet[6] advises on the types of evidence that claimants could and should not submit. Furthermore, claimants are advised to submit only the evidence that they have in their possession and should not seek additional evidence from their GP or health professional as they may be charged. However, by increasing awareness of the types of information claimants should submit, including functional information, this will help the Department to process claims more efficiently and lead to an improved claimant experience. We also agree that our communications should be accessible to all.

The Department accepts these recommendations.

In response, we will develop video content for PIP claimants, outlining the claim process and setting out the responsibilities of the claimant to provide supporting information with their claim. We will provide examples of the types of information it is most helpful to submit, including functional information. We will also reiterate existing messages to make it clear to claimants

that they are able to claim PIP whether they are in or out of work. The video will be available to claimants in early 2018 via the DWP YouTube channel and to ensure they reach as many individuals as possible we will promote them with disability organisations and other key stakeholders.

Alongside this we will review PIP-related communications the Department has with claimants to identify opportunities to further improve messages. This will include a review of: PIP content on GOV.UK; the telephone claim script; the „How your disability affects you“ claimant questionnaire; the information booklet and existing text messages.

We will work with claimants through representative organisations via existing Departmental stakeholder forums to test the improved content, to ensure the messages are clear and the communications accessible.

In addition, we will carry out an accessibility health check for PIP to establish how well we're doing and where we need to improve. This will be agreed and in place by early 2018.

We are committed to improving the content reach of our communications to ensure that claimants understand what to provide and what their responsibilities are.

Recommendation 3

The Department ensures that evidence of carers is given sufficient weight in the assessment.

Carers should be given sufficient and appropriate weight during the assessment and decision making process. We acknowledge that carers, family and friends may have insight and experience into the functional impact of the claimant's condition which would add valuable evidence to the assessment.

The Department accepts this recommendation.

The Government and the Department welcomes contributions from family members and/or carers and understands the important role they fulfil. We will continue to develop our communications to ensure claimants are clear on the most useful evidence to provide in support of a claim. We are developing a YouTube video to support claimants and their carers to better understand the types of functional evidence they should submit with their claim, including a statement from family members and/or carers. We will evaluate this communication channel to assess the impact it has.

Departmental Case managers and health professionals are trained to consider all of the evidence provided with the claim; we have reviewed the training and instructions about weighting different types of evidence. The PIP Assessment Guide does provide some guidance for assessment providers about the weighting of carers' evidence and we will explore if this could be strengthened in the next iteration of changes to the guide due spring in 2018.

Internal training and instructions for Departmental case managers make clear that no single source of evidence should

be assumed to have greater value than any other; each piece of evidence is considered on its own merits. We will ensure this messaging aligns with anticipated improvements in the quality of carers' evidence.

Carers, family members or friends (companion) are able to participate and provide input during a face-to-face PIP assessment. Prior to the assessment health professionals will review the evidence submitted by the claimant detailing their needs. Claimants are generally encouraged to speak for themselves unless there is a risk that they may misrepresent the activities they can and cannot do. Health professionals are trained to spot where this may be the case and seek clarification from the claimant's companion. The assessment providers will work with the Department to investigate how assessments could be better structured to incorporate input from companions.

Chapter Three – Claimant Trust and Transparency

Trust and transparency in how outcomes for claimants have been reached is important to the Department's objective of ensuring claimants have the best possible experience when they engage with the PIP process, particularly for those with a mental health condition, and improving confidence in the fairness of outcomes. This is important for claimants, the organisations who represent them, Government and others, and it can also minimise mandatory reconsiderations and appeals. The Department will continue to ensure that action is taken to improve how we communicate with claimants about the overall claimant journey, the types of evidence that are useful and what happens at the PIP assessment.

The review made one recommendation about improving claimant trust and transparency in decision making, which the Department has considered in two parts. This chapter sets out:

- The recommendation;
- The action that the Department will take to address that recommendation;
- The wider activity the Department is taking to improve claimant trust and transparency.

Recommendation 4a

That the transparency of decision making is improved with claimants being provided with the assessment report with their decision letter.

Recommendation 4b

In the longer term, offer audio recording of the assessment as the default with the option for the claimant to opt out.

The quality of the assessment and the subsequent decision making is central to ensuring transparency and trust in the delivery of PIP awards.

The Department Partially Accepts this recommendation.

Recommendation 4a

Claimants can request a copy of their assessment report at any time after their assessment by contacting the PIP Helpline, and it is provided as standard where an appeal is lodged with HM Courts & Tribunal Service.

Given the scale of the challenge to provide assessment reports to all claimants automatically, including the significant dependencies across a number of the Department's IT systems, and the high cost to the taxpayer, this is not an option we will be pursuing. As claimants can already request their reports, we see no reason to change our processes at this point in time. However, we will consider how we can improve our communications so that claimants know they can request a copy of their assessment report.

Furthermore, the Department developed a feedback loop which is being used to gather insight into why the Department's decisions are overturned at the First Tier Tribunal. We are using this insight to identify improvements to the PIP claimant journey, including the decision making process. In addition to this, the Department is running a series of tests which explore

the different ways we can improve evidence gathering and the quality of decision making at the mandatory reconsideration stage.

Recommendation 4b

There is already a good level of transparency in the PIP system, and claimants who wish to record their assessments can do so within existing guidelines. These are publicised on the websites of both assessment providers.

The review stated that audio recording of assessments could help to further improve trust and transparency in the process and be used to drive improvements in quality from the assessment providers.

We have begun to explore whether audio recording may be beneficial to the assessment award process. A recent pilot of audio recording in around 400 assessments was carried out to gain an initial understanding of the possible benefits of recording assessments. The trial focused mainly on (a) whether audio recordings provided case managers with additional evidence on which to base their decisions; (b) whether audio recording could support the existing independent audit process in the future; and (c) if audio recording of the assessment was a positive experience for all involved in the process.

The results from the pilot suggest that audio recording of assessments has a limited impact. Moreover, a substantial proportion of claimants were not willing to have their assessment recorded. However, we recognise that for some, an audio recording is something they would like. We also

understand the potential impact that this could have on people's trust in our assessment. We are therefore looking at a further feasibility study, with the aim of better understanding the costs and benefits of recording assessments. This will potentially be delivered via the new PIP contract(s), subject to further feasibility assessment.

Chapter Four – Quality and Consistency in PIP

The review acknowledges that, given the nature of the functional assessment, achieving consistency of outcomes in PIP is challenging and will not be achieved every time. One possible reason for this could be because two individuals with the same health condition will not necessarily experience the same impacts on their daily living. For example one individual may have better coping mechanisms in place to manage their condition.

We would not expect parity of outcomes across different geographies due to variation in demographics and prevalence of different disabilities, which have different success rates. However, we do accept that there should be consistency in how the policy is applied through the assessment process.

We expect there to be consistency in PIP assessments, for example individuals who have the same daily living or mobility needs should be scoring similarly at their assessment. However, the review highlighted that the variability of PIP outcomes is higher than we would expect to see. For that reason, as well as wanting to help manage assessment provider capacity, we took action to slow down the pace of managed reassessments of DLA claimants onto PIP. Slowing down the pace of reassessments has allowed assessment providers to clear outstanding cases in the system and make the necessary improvements to ensure a consistent approach is being taken across the country. We continue to review the pace of reassessments on a regular basis to make sure that we

are striking an appropriate balance between migrating claimants over to PIP in a timely manner and ensuring the system is working as effectively as possible.

The review made seven recommendations about improving quality and consistency, the Department has considered recommendation 5 in two parts. This chapter sets out:

- The recommendations;
- The action that the Department will take to address those recommendations;
- The wider activity the Department is taking to quality and consistency.

Recommendation 5a

Assessments should begin with gathering a functional instead of medical history.

Recommendation 5b

Options for confirming the medical history in advance of the assessment should be explored to ensure that the assessment has more functional focus and there is sufficient time to explore functional impacts in sufficient detail.

In the First Independent Review it was recommended that the functional nature of the assessment be more prominent in the assessment process and that the emphasis on clinical information should be limited. The Department accepted this view and it is one which we continue to support. It is important

that we continue to embed the message through our communications and other channels that the assessment is functional in nature, and explain to claimants what this means in practice.

We have continued our work to challenge the misconception that the assessment is a medical one, and improve people's understanding that the assessment is one which is clearly focused on the impact of the claimant's condition(s) on their life.

We will continue to ensure, alongside of the work to re-position the assessment to be more functional at the outset, that there is a level of appropriate preparation undertaken in every case.

The Department accepts this recommendation.

Recommendation 5a

We have worked closely, and continue to do so, with our existing assessment providers to look at the impact of how a shift towards a „Function First“ view within assessments may improve the quality and consistency of the awards made. We believe that Function First supports a more consistent application of the policy.

The Department knows from observed assessments that health professionals explained the process to claimants well, provided reassurance and checked understanding before proceeding. However, in some instances, more could be done to provide a greater focus on the functional elements of the assessment.

The Department identified this as an issue some time ago and in response one provider delivered a Function First proof of concept trial in late 2016, which challenged the prescribed ordering of the assessment being carried out. The Function First approach begins with asking questions around the claimant's social / occupational history, then their functional history, before moving on to the clinical aspects. This trial was expanded, and has subsequently been incorporated into that provider's delivery model, effective from Spring 2017.

Early evidence from health professionals and case managers suggests that Function First has improved the flow of the assessment, as well as the quality and content of assessment reports, without evidence of any negative outcomes or impacts from either health professionals or claimants.

The other provider is now undertaking their own trials of Function First to understand how they can ensure the right functional focus in assessments. These trials are due to complete shortly.

The Department supports the Function First principles and will continue to work with both assessment providers to understand the impacts and maximise the benefits of their work so far. Longer term we are considering how to ensure functional assessments are at the core of the new PIP contract(s) and continue throughout the life of those contracts.

Recommendation 5b

We agree that sufficient focus should be given in the assessment to explore functional impacts. In principle,

confirming medical history in advance could help achieve that. Our initial priority has been on addressing the functional aspect of the assessment itself and establishing the impact of this approach.

Longer term we will look at what more could be usefully added through information gathering pre-assessment and how to further maximise quality evidence as early as possible in the claimant journey.

Recommendation 6

Health Professionals to be given more time to consider the evidence provided with the claim before the assessment begins.

A thorough consideration of the evidence provided is key to ensuring that the claimant is reassured that all aspects of their claim are fully considered as part of the award assessment. The Department agrees that enough time should be allowed for this for every case.

The Department accepts this recommendation.

We agree that there should be sufficient time to deliver a high quality, functional face-to-face assessment for those claiming PIP.

The current delivery model sets out expectations around standards and outcomes expected but is less descriptive about how this is achieved and does not specify preparation methods or timescales.

As the review highlights, early case preparation may be advantageous to those assessments where a significant amount of medical evidence has been presented or if the case is seen as being „complex“ due to multiple conditions requiring more evidence.

We are developing a process to gather information from Healthcare Professionals who deliver PIP assessments to gauge their opinion on the timescales needed to prepare effectively for assessments. When this information is collected, it will be used to develop a pilot, due early 2018, to understand the impacts and benefits of early case preparation in more complex cases. The evaluation of the pilot, will help inform decisions about the specification for future contracts regarding pre-assessment preparation.

Recommendation 7

Assessment providers and the Department to work to implement a system where evidence is followed up after the assessment where useful evidence has been identified and may offer further relevant insight. Particular priority should be given to information that is likely to be functional in nature

We agree that we must always look to see how the assessment process could be improved. As set out in the response to recommendation 5, work is ongoing to reposition functional considerations ahead of a claimant’s medical history, and we will continue to ensure that all available evidence is carefully considered, so that all relevant parties can be assured of the

thoroughness of the assessment and subsequent award decision.

The Department accepts this recommendation.

We have consulted with our current assessment providers about the issue of further evidence and how this can be reviewed and where necessary, followed up with the claimant. It is important that if the assessment providers identify further useful evidence that could offer further insight, that this is sought before the assessment report is completed. This is already part of the guidance for assessment providers in the delivery of the service.

The current commercial contract demands that each provider deliver a quality assessment and written report within a given period of 40 working days and this is supported by the Service Levels and Credits, which forms part of the contractual levers used in measuring and managing the service.

We are currently developing the service levels for the new PIP contract(s); as part of this development, we are exploring how we can strengthen assessment providers' incentives to collect further evidence that is identified during the assessment process whilst also delivering against the timescale requirements.

Recommendation 8

Write up of reports to be completed directly after the assessment except in exceptional circumstances

Any assessment report must be of sufficient quality, and be fully reflective and representative of the discussion that took place between the claimant and the health professional. All available evidence must be appropriately considered and included. The varying complexity of each assessment including the number of conditions that a claimant may present with, and the sheer volume of further information that needs to be considered, means there is a risk of error in assessments. It is vital to do everything possible to avoid this happening.

The Department partially accepts this recommendation.

Completing the assessment report in a timely manner, and without error, is a necessary requirement of the PIP award process. However it does not immediately follow that the report is best completed directly after the assessment.

The review clearly reflected, that the current assessment providers offer a different approach to when assessment reports are completed.

One provider can conduct up to four assessments before they complete the final report. Their delivery model allows for a greater number of home assessments which are almost equal to those conducted in an assessment centre. The Review acknowledged that home assessments contribute to a delay in writing up reports. The Department accepts this as a legitimate reason, provided they are completed in a timely manner.

We have discussed this recommendation with that provider. We agree that reports should be completed whilst the assessment

remains „fresh“ in the mind of the health professional who completed the assessment. The provider acknowledges that reports are best completed within 24 hours. This allows the opportunity for further follow up work before the assessment report is finalised and sent to the Departmental decision maker.

We have seen, in terms of report quality as presented by our independent audit work, that assessment providers have reduced the level of „unacceptable“ reports from March 2016, when the current measure was introduced. This is without any shift towards completing each report directly after the assessment. We have not seen any evidence to show that the level of risk has increased; evidence that would demand a change in their approach.

We will continue to work closely with both assessment providers to ensure their assessment reports are to the standard that the Department expects, and are completed within an optimum timeframe.

High quality and timely assessment reports will continue to be key requirements for PIP contracts.

Recommendation 9

Audit, assurance and quality improvement activity should be focused on the quality of the assessment as well as the quality of the report. This should be supported by audio recording of assessments and increased direct observations of assessments.

Having an „end-to-end“ view of the delivery of PIP is key to ensuring that we understand how and where improvements to the system are needed. We accept that more can be done to improve our understanding of how we can be assured that claimants are receiving the service that they, and we, expect from assessment providers.

The Department partially accepts this recommendation.

Our existing view of the quality of assessment reports is mainly based on the findings of a monthly, paper-based, independent audit of a statistically valid sample of cases, such that the audit sample is expected to be broadly representative of the wider caseload. These findings are directly linked to one of a series of Service Level Agreements in the current contracts.

We agree that audit and assurance should focus on the face-to-face assessment, as well as the quality of the assessment report. The Department is exploring changing the quality regime under the new contract(s). We are currently looking at a number of options to inform the new contract(s), assessing the costs and benefits and risks, of each. These include:

- Departmental clinicians periodically observing face-to-face assessments to help inform a wider view of quality,
- Considering how to enable assessment providers to undertake and assure their own observations,
- Considering how audio recording assessments can form part of a longer term quality regime, subject to further

feasibility assessment (in line with our response to recommendation 4).

Recommendation 10

Department to broaden the audit process to include the initial review stage and also explore how to include Case Manager activity in an end-to-end audit process.

As identified in the review the different audit processes across the system mean that it is challenging to understand the effectiveness of the system as a whole. We agree that it is important to understand the effectiveness of all parts of the process and the overall accuracy of decision making across the journey as well as ensuring that the claimant has the type of assessment that is most appropriate for them. However the current process for quality assurance ensures that the quality of all parts of the journey is looked at.

The Department accepts this recommendation.

At the initial review stage, the assessment providers undertake checks to ensure claims are being routed correctly for a paper-based review or a face-to-face assessment. The independent audit function also considers both paper-based reviews and face-to-face assessments. A report can be judged to be „Unacceptable“, either because a paper-based report was not appropriate as there was not sufficient evidence or if calling the claimant to a face-to-face assessment was not appropriate given the claimant’s circumstances.

In the shorter term, we will review the application of the audit guidance in relation to whether a claimant has a paper-based or face-to-face assessment to ensure this is being applied in a correct and consistent manner.

Case manager's decisions are subject to internal quality checks which consider both whether the correct amount of benefit is in payment and whether the relevant processes have been followed appropriately.

The current process does not therefore neglect to monitor any stage of the claimant journey but the Department concurs with the review that the monitoring of these stages could be better aligned to best support the claimant. The review rightly recognises that the current contractual audit regime would be challenging to alter within this contract period.

As part of the re-contracting of PIP, the Department will examine the quality regime and will consider how best to make the initial review stage a process which can be effectively monitored. We will also review our operational checking regime and performance measures to ensure they align with the audit criteria and contribute to a better understanding of the overall effectiveness of the system.

We have also already revised guidance for case managers so that the criteria for an Unacceptable grade at audit for an assessment report mirrors the criteria for case managers to send assessments back to the assessment providers for further work to ensure they meet the quality standards. This is a first step in better aligning the audit quality criteria and the quality criteria used by Departmental Operations.

Recommendation 11

Department and Providers to introduce consistency checks across a variety of metrics, including deep dives on groups of cases with similar outcomes, as part of the regular management of the service.

We are continuing to look at ways to ensure that the service claimants receive, and their award decisions, are accurate and consistent. As the review noted, the Department and the assessment providers, have already begun to look at ways in which we can do this.

The Department accepts this recommendation.

We have improved the available management information. We are using data and qualitative information on a systematic basis to understand how PIP is operating, and are having regular discussions with the assessment providers and operational colleagues in the Department on where improvements can be made.

In addition, the insight we gain from the observations being undertaken by Departmental clinicians will help to inform the service management in the short and longer term.

Additionally, we need to ensure that understanding and subsequent work into improving the PIP process looks at the end-to-end journey including the impact of case managers who make the decision on the PIP award.

We have assessed whether our case managers could do more to improve the quality and consistency of awards made.

In July 2017, we introduced a Centre of Excellence into our Yorkshire Regional Service Centre. Here, we are applying a „test and learn“ approach to understand if case managers can be better supported through improved communications, additional learning and tools, and with clinical insight and support. We anticipate that we will have the opportunity to review the insight and findings from this approach early next year.

Chapter Five – Longer-Term Considerations

The review recognises that PIP is a complex system which involves significant challenges for the Department. The key priorities for PIP are to ensure that it is a sustainable benefit in the long term, that support is going to those most in need, and that the assessment process treats people fairly sensitively. Whilst the majority of the review's recommendations are focused on the short to medium term; there are some longer term recommendations, which will take time to consider and develop.

We understand the review's disappointment that PIP was not evaluated following the first independent review, however we are now building a substantial body of evidence on the end-to-end PIP journey and PIP performance.

We welcome the review's thoughts on helping PIP claimants wishing to find work or stay in work, and we will be exploring ways in which we can better connect them to helpful services the Department provides such as Access to Work. However, it is important that the message is not misconstrued; there will be no work conditions applied to PIP and it will remain available regardless of employment status and subject to the entitlement conditions being satisfied.

The review made three recommendations for longer-term improvements. This chapter sets out:

- the recommendations,

- the action that the Department will take to address these recommendations,
- the wider activity the Department is taking to make longer-term improvements to PIP.

Recommendation 12

Undertake and publish further research on the operation of PIP, in particular covering the consistency of outcomes, the effectiveness of award reviews and the effectiveness of the mandatory reconsideration process

The Department agrees that understanding how PIP is working 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 analysis of particular areas as required.

The Department accepts this recommendation.

The Department is already building a substantial body of evidence on PIP and publishes official statistics, either on a quarterly or annual basis, covering outcomes from the PIP claimant journey from registration through to payment and mandatory reconsiderations[7].

The Department has commissioned Ipsos MORI to conduct a three wave longitudinal claimant survey examining experiences of all aspects of the PIP journey, from initial claim, the assessment process through to mandatory reconsideration and appeal. Findings from this survey, along with the underpinning

in-depth qualitative research, will help us to better understand what is working well in the PIP journey and more importantly what is not working well and where improvements need to be made.

First wave of claimant research “initial claim” was published alongside the Second Independent Review of the Personal Independent Payment Assessment on 30 March 2017.[8].

Broadly, findings showed that overall the PIP claim line and application processes are working well and the majority of respondents stated the questionnaire (“How your disability affects you”) allows them to explain their condition(s) and how it affects them on a day-to-day basis. The information received with the questionnaire was also found to be helpful. However, some respondents indicated they were unclear about the next steps of the process after returning the questionnaire to the Department. Only a minority of claimants would have preferred to submit a claim online.

Claimants who sought information via the website, helpline or departmental guidance typically reported more positive experiences. There was a minority of respondents who made limited use of the guidance and had limited contact with the department. Over half of claimants reported seeking external support to help them with the questionnaire for general advice. These sources included health professionals, social or care workers, charities, Citizens Advice, and friends and family.

The second wave of the research focused on the assessment stage of the PIP claim and is being published alongside this review.

The findings found that claimants' experiences of the assessment were mixed. The majority of respondents reported that they felt the assessor treated them with respect and dignity; that they understood what was being asked of them at the assessment; and that they had enough time to explain how their condition affected them. However less agreed that the measurements and tests were relevant to their condition and whilst over half reported that they were able to explain everything they wanted to in their assessment, over a third said that they were not able to do so. The findings also found that there was confusion over who was responsible for collecting supporting evidence for the application, with around a third believing DWP was responsible and another third believing it was the claimants' responsibility.

Findings from the third and final wave, examining the mandatory reconsideration and appeals processes, along with those from wave one and two will be published in an overarching final report in early 2018.

We continue to build our internal evidence base about the delivery of PIP via tests and trials and in-house research with staff and delivery partners. On mandatory reconsiderations and appeals, as well as using primary research evidence, our analysts work closely with departmental Operations and Her Majesty's Courts and Tribunals Service to continuously review the decision making and appeals process, evidence from which

directly feeds into making delivery improvements where possible.

In addition, as part of our on-going commitment to making the mandatory reconsideration stage more robust, we are developing additional guidance for claimants on GOV.UK and improving the effectiveness of the mandatory reconsideration request process by introducing a mandatory reconsideration request form. We have also been investigating the quality of decisions and we are exploring how to improve the consistency of messaging across all mandatory reconsideration Notices.

Recommendation 13

To re-emphasise and ensure that employment will not disadvantage claimants when they seek to claim PIP and explore ways in which PIP may be an enabler in improving employment retention

The Department agrees that it is important to ensure that claimants are not disadvantaged by their employment status when they seek to claim PIP, and that claimants have absolute confidence that this will not be the case. We also recognise the opportunities PIP may enable in improving employment retention and we will explore this further. In addition, we will also consider whether more could be done to connect PIP claimants with relevant support or services regarding employment.

The Department accepts this recommendation.

PIP is both an in and out of work benefit and therefore does not take account of a claimant's employment status. The review expressed a concern that the assessment providers' health professionals were using employment as evidence of limited functional impairment. Assessment providers are required to follow Sections 1.6.21 to 1.6.23 of the PIP Assessment Guide Part One – The Assessment Process, which explains how health professionals should consider a claimant's employment. They are trained not to disadvantage claimants because of their employment status, but may use this information to support the claimant's application; for example, if a claimant has had to give up work due to their health condition or if an employer makes adjustments to work activities in order for the claimant to continue in their job. We have revisited current guidance and reiterated this message to assessment providers to ensure that claimants are not disadvantaged by their employment status when they seek to claim PIP.

Furthermore, we have used our communication channels to assure claimants that it does not matter if they are in or out of work when claiming PIP. This can be observed on GOV.UK and the invitation letter to claim PIP. In direct response to the recommendation, we are also re-emphasising this message to claimants through the PIP videos referenced in Chapter 2 by clearly saying that it does not matter if you're in or out of work.

To explore encouraging PIP as an enabler in improving employment retention and connecting PIP claimants with employment support and advice, we recognised that there was a need to gather further data on PIP claimants in employment to better inform any options considered. The externally

commissioned PIP Claimant Survey[9] indicates that around one in eight PIP claimants are in employment at the time of claiming (6 per cent in full-time employment, and 6 per cent in part-time employment), however this relies on claimants self-reporting their employment status.

We intend to engage with stakeholders, including employers, to explore how PIP can be used to improve employment retention and how we can connect claimants with employment support and advice. We recognise that PIP can be used by claimants as an aid to help them retain their employment. The enhanced rate mobility component, for instance, enables claimants to access the Motability Scheme, which supports many disabled people and their families in terms of their mobility through the provision of a car, scooter or powered wheelchair.

The Department has a number of disability employment programmes to support people with a disability or long term health condition such as Access to Work, which can provide practical and financial support with the additional costs individuals face when their health or disability affects the way they do their job. The PIP decision letter signposts claimants to this service. However, we recognise that more needs to be done to raise claimants' awareness of it. The type of support offered by Access to Work is tailored to an individual's needs and can include travel to work, support workers and specialist aids and equipment. It does not replace the duty an employer has under the Equality Act to make reasonable adjustments; instead it provides support that is over and above that which is a reasonable adjustment. Individuals who are employed and facing long term sickness can also be referred to Fit for Work

by their employer or GP, which provides both a supportive occupational health assessment and general health and work advice to employees, employers and GPs, to help individuals stay in or return to work sooner.

Jobcentre Plus Disability Employment Advisers and Work Coaches can provide support and advice for PIP claimants who are also claiming Universal Credit, Employment and Support Allowance, Income Support or Jobseeker's Allowance, who need help finding and retaining employment, for example by referring individuals to specialist programmes. In retention cases, both Disability Employment Advisers and Work Coaches can advocate with employers on the individual's behalf and help employers to explore job solutions such as the restructuring of a job's tasks / environment, or the provision / change of equipment to accommodate reasonable adjustments.

We want to do more to enable PIP claimants to retain or move towards employment and will be exploring ways to connect PIP claimants to employment support and advice.

Recommendation 14

In the longer term, develop a joined up digital journey which includes an online facility for both claimants and external health professionals to upload documentary evidence securely.

The public increasingly expects to access services quickly and conveniently at times and in ways that suit them. We agree with the review's longer term recommendation to work towards a joined-up digital journey for claimants with health and disability

needs, and will continue to explore the possibilities that technology has to offer.

The Department partially accepts this recommendation.

We put the claimant and their needs at the heart of everything we do and are committed to looking at ways to improve the customer journey. In particular, we want individuals to experience a streamlined assessment process – enabled by secure sharing of relevant data between benefits systems and a personalised approach which helps people access the right support at the right time.

We regularly review the effectiveness of our digital portfolio and are seeing that there are greater benefits to our claimants by joining up how we develop services for disabled people. As part of our work to ensure our services are working in the best way possible, we carried out separate, small-scale pilots on applying for PIP and applying for Employment and Support Allowance (ESA) online. We obtained some good feedback from this work including input from claimants on their experiences of claiming PIP or ESA online and external organisations provided valuable insights into how our services are best delivered. We remain committed to test and learn activity in this space.

Early work to assess what information we need to gather across all health and disabilities benefits to lessen the burden on the claimant is already underway, and is being tested as part of a joint DWP / NHS digital team. Working with our stakeholders, including healthcare practitioners and service

users, we will also be exploring ways to make better use of data-sharing so as to provide more personalised support and services.

Annex A – The Department's response to the recommendations

Further Evidence	
<p>1. The Department to simplify and better co-ordinate communication products to provide a clear explanation of user responsibilities and ensure accessibility for all. This should include the use of digital media to provide claimants with real examples of what functional information</p>	<p>Accepted – We will</p> <ul style="list-style-type: none"> • Develop video content for PIP claimants, outlining the claim process and setting out the responsibilities of the claimant to provide supporting information with their claim. • Provide examples of the types of information it is most helpful to submit, including functional information. • Reiterate existing messages to make it clear to claimants that they are able to claim PIP whether they are in or out of work. • Review PIP-related communications the Department has with claimants to identify opportunities to further improve messages

<p>they should submit as part of their claim.</p>	<p>including a review of PIP content on GOV.UK; the telephone claim script; the „How your disability affects you“ claimant questionnaire; the information booklet and existing text messages.</p> <ul style="list-style-type: none"> • Work with claimants through representative organisations via existing Departmental stakeholder forums to test the improved content, to ensure the messages are clear and the communications accessible. • Carry out an accessibility health check for PIP to establish how well we’re doing and where we need to improve. This will be agreed and in place by early 2018.
<p>2. That the Department makes it clear that the responsibility to provide Further Evidence lies primarily with the claimant and they should not assume the department will contact health care professionals.</p>	
<p>3. The Department ensures that evidence of carers is given sufficient weight in the assessment.</p>	<p>Accepted – We will</p> <ul style="list-style-type: none"> • Continue to develop our communications to ensure claimants are clear on the most useful evidence to provide in support of a claim. • The assessment providers will work with the Department to investigate how assessments could be better structured to incorporate input from companions.

Claimant Trust and Transparency

4. (a) That the transparency of decision making is improved with claimants being provided with the assessment report with their decision letter.

(b) In the longer term, offer audio recording of the assessment as the default with the option for the claimant to opt out.

Partially accepted – We will

- Consider how we can improve our communications so that claimants know they can request a copy of their assessment report.
- Use insight from a feedback loop, which is being used to gather insight into why the Department's decisions are overturned at the First Tier Tribunal, to identify improvements to the PIP claimant journey including the decision making process.
- Run a series of tests which explore the different ways we can improve evidence gathering and the quality of decision making at the mandatory reconsideration stage.
- Look at a further feasibility study, with the aim of better understanding the costs and benefits of audio recording.

Quality and Consistency in PIP

5. (a) Assessments should begin with gathering a functional instead of medical history.

(b) Options for confirming the medical history in advance of the assessment should be explored to ensure that the assessment has more functional focus and there is sufficient time to explore functional impacts in sufficient detail

Accepted – We will

- Continue to embed the message through our communications and other channels that the assessment is functional in nature.
- Continue to look at the impact of how a shift towards a „Function First“ view within assessments may improve the quality and consistency of the awards made.
- Continue to work with both assessment providers to understand the impacts of Function First principles and maximise the benefits of their work so far.
- Longer term we will look at what more could be usefully added through information gathering pre-assessment and how to further maximise quality evidence as early as possible in the claimant journey.

Quality and Consistency in PIP

6. Health professionals to be given more time to consider the evidence provided with the claim before the assessment begins.

Accepted – We will

- Develop a process to gather information from Healthcare Professionals who deliver PIP assessments to gauge their opinion on the timescales needed to prepare effectively for assessments. Due early 2018. The evaluation of the pilot, will help inform decisions about the specification for future contracts regarding pre-assessment preparation.

7. Assessment providers and the Department to work to implement a system where evidence is followed up after the assessment where useful evidence has been identified and may offer further relevant insight. Particular priority

Accepted – We will

- Consult with our current assessment providers about the issue of further evidence and how this can be reviewed and where necessary, followed up with the claimant.
- Develop the service levels for the new PIP contract(s) including exploring how we can strengthen assessment providers" incentives to collect further evidence that is

<p>should be given to information that is likely to be functional in nature</p>	<p>identified during the assessment process whilst also delivering against the timescale requirements.</p>
<p>8. Write up of reports to be completed directly after the assessment except in exceptional circumstances.</p>	<p>Partially Accepted – We will</p> <ul style="list-style-type: none"> • Continue to work closely with existing provider to ensure their assessment reports are to the standard that the Department expects, and are completed within an optimum timeframe.
<p>9. Audit, assurance and quality improvement activity should be focused on the quality of the assessment as well as the quality of the report. This should be supported by audio recording of assessments and increased direct observations of assessments.</p>	<p>Partially Accepted – We will</p> <ul style="list-style-type: none"> • Explore changing the quality regime under the new contract(s). • Options to inform the new contracts include; <ul style="list-style-type: none"> – Departmental clinicians continuing to observe face-to-face assessments to help inform a wider view of quality

	<ul style="list-style-type: none"> – Consider how to enable assessment providers to undertake and assure their own observations – Consider how audio recording assessments can form part of a longer term quality regime, subject to further feasibility assessment (in line with our response to recommendation 4).
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Quality and Consistency in PIP	
<p>10. Department to broaden the audit process to include the initial review stage and also explore how to include Case Manager activity in an end-to-end audit process</p>	<p>Accepted – We will</p> <ul style="list-style-type: none"> • Review the application of the audit guidance in relation to whether a claimant has a paper-based or face-to-face assessment to ensure this is being applied in a correct and consistent manner. • Consider how best to make the initial review stage a process which can be effectively monitored.

	<ul style="list-style-type: none"> • Review our operational checking regime and performance measures to ensure they align with the audit criteria and contribute to a better understanding of the overall effectiveness of the system. • Revise guidance for case managers so that the criteria for an Unacceptable grade at audit for an assessment report mirrors the criteria for case managers to send assessments back to the assessment provider
<p>11. Department and Providers to introduce consistency checks across a variety of metrics, including deep dives on groups of cases with similar outcomes, as part of the regular management of the service.</p>	<p>Accepted – We will</p> <ul style="list-style-type: none"> • Continue using data and qualitative information on a systematic basis to understand how PIP is operating, and are having regular discussions with the assessment providers and operational colleagues in the Department on where improvements can be made. • Apply a „test and learn“ approach at our Centre of Excellence in the Yorkshire Regional Service Centre, to

	<p>understand if case managers can be better supported through improved communications, additional learning and tools, and with clinical insight and support.</p>
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<p>PIP – Longer-Term Considerations</p>	
<p>12. Undertake and publish further research on the operation of PIP, in particular covering the consistency of outcomes, the effectiveness of award reviews and the effectiveness of the mandatory reconsideration process</p>	<p>Accepted – We will</p> <ul style="list-style-type: none"> • Continue to build our internal evidence base about the delivery of PIP via tests and trials and in-house research with staff and delivery partners. • Use the findings of the Claimant Research Survey to better understand what is working well in the PIP journey and more importantly what is not working well and where improvements need to be made. • Commit to making the mandatory reconsideration stage more robust, we are developing additional guidance for claimants on GOV.UK and improving the effectiveness of

	<p>the mandatory reconsideration request process by introducing a mandatory reconsideration request form.</p> <ul style="list-style-type: none"> • Investigate the quality of decisions and are exploring how to improve the consistency of messaging across all mandatory reconsideration Notices.
<p>13. To re-emphasise and ensure that employment will not disadvantage claimants when they seek to claim PIP and explore ways in which PIP may be an enabler in improving employment retention</p>	<p>Accepted – We will</p> <ul style="list-style-type: none"> • Engage with stakeholders, including employers, to explore how PIP can be used to improve employment retention and how we can connect claimants with employment support and advice.
<p>14. In the longer term, develop a joined up digital journey which includes an online facility for both</p>	<p>Partially Accepted – We will</p> <ul style="list-style-type: none"> • Work to assess what information we need to gather across all health and disabilities benefits to lessen the burden on the claimant as part of a joint DWP / NHS digital team.

claimants and external health professionals to upload documentary evidence securely

- Work with our stakeholders, including healthcare practitioners and service users, we will also be exploring ways to make better use of data-sharing so as to provide more personalised support and services.

Annex B – The Department's progress on actions since the First Independent Review

The Department responded to the First Independent Review in two parts. The first part published in February 2015 focused on the short term recommendations and the second part published in November 2015 focused on the medium and long term recommendations. The table below provides a summary of the Department's progress against the recommendations from the First Independent Review.

SHORT TERM.

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>	<p>Accepted</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">• The Department continues to review and improve communication channels.• On-going testing of products with claimant disability organisations.• Launched communication campaign to raise awareness of changes.

Improving the Claimant Experience

Recommendation	The Department said	The Department delivered
<p>2. 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</p>	<p>Accepted</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 had been made. • “Reason for Decision” tool introduced and rolled out to all case managers to help formulate reasoning for decision making. • Quality checks in place at local and national level.

Improving the Claimant Experience

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>	<p>Accepted</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 exiting liaison arrangements between DWP and the assessment providers. This Programme has included a series of “Your Call” events, Practitioner Engagement Forums and Case Conference Calls. Introduced visits between assessment providers and DWP operations for front line staff to build awareness.

Improving the Claimant Experience

Recommendation	The Department said	The Department delivered
<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 worked with assessment providers to ensure assessments are carried out in line with the principle of “open consultation” which remains an important consideration in taking an additional estate in preparation for increasing volumes through Full PIP Rollout period.

Further Evidence		
Recommendation	The Department said	The Department delivered
<p>8. For the face-to-face assessment, reinforce existing guidance for health professionals to ensure consistency in how they introduce themselves and the functional nature of the assessment and limit the emphasis placed on collecting clinical information</p>	<p>Accepted</p> <ul style="list-style-type: none"> Revise the PIP Assessment guide for 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 in this respect and published in 2015, we continue to update the assessment guide regularly. 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>	<p>Accepted</p> <ul style="list-style-type: none"> • Revise the PIP assessment guidance. <p>Hold “Your Call” event around activity 11 (also known as Mobility 1) and aids and appliances to ensure consistent application of assessment criteria and policy intent</p>	<ul style="list-style-type: none"> • Activity 11 is continually monitored and reviewed. The latest iteration of the PIP Assessment Guide, published in November 2017, provides further amendments and clarification on Activity 11. • Revised guidance for activity 11 was brought forward and published in April 2015. Further update published in July 2015 to include revised guidance around correct application of aids and appliances.

The effectiveness of the assessment

Recommendation	The Department said	The Department delivered
<p>11. Review how aids and appliances are taken into account in PIP assessments against original policy intent, and make any necessary adjustments to guidance and training</p>	<p>Accepted</p> <ul style="list-style-type: none"> • Closely monitor application through provider and DWP audits. • Consult on how we account for the use of aids and appliances when determining entitlement to PIP to ensure that we are delivering the original policy intent 	<ul style="list-style-type: none"> • Series of training events held to ensure consistent application of criteria and policy intent. • Ran a public consultation on how we account for the use of aids and appliances when determining entitlement to PIP from 10 December 2015 to 29 January 2016. On 21 March 2016 the Government decided that they would not be taking forward the proposals in the consultation.

The effectiveness of the assessment

Recommendation	The Department said	The Department delivered
<p>12. Ensure the consistent application of existing guidance for health professionals on reliability and fluctuating conditions</p>	<p>Accepted</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 teleconferences for all case managers focusing on application 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 in daily living and mobility components. • Training events on reliability and fluctuating conditions.

MEDIUM & LONG TERM

Improving the claimant experience

Recommendation	The Department said	The Department delivered
<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</p> <ul style="list-style-type: none">Expand our SMS text messages from the one informing the claimant that their “How does your disability affect you” has been received by the Department.	<ul style="list-style-type: none">Developed a series of SMS text messages and trialled these to be sent out during 17 key points throughout the claimant journey.Following the trial the SMS text messaging is now used by the Department.

Improving the claimant experience		
Recommendation	The Department said	The Department delivered
<p>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</p>	<p>Accepted</p> <ul style="list-style-type: none"> • The department said it will review the language used in PIP decision letters. • Consider changes to to enable DWP staff to make decisions based on the evidence without the need of provider conducting a face to face consultation for award reviews. • Look to simplify the Award Review 1 (AR1) form for claimants already in receipt of PIP and wishing to extend their claim. 	<ul style="list-style-type: none"> • We changed the wording from “Intervention” to “Award Review” • Implemented changes to the Award Reviews process. From July 2016 case managers now consider Award Reviews cases in the first instance – supported where necessary by an onsite health professional. • Identified potential improvements to the Assessment Review form (AF1) and have implemented these.

Improving the claimant experience

Recommendation	The Department said	The Department delivered
<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> <p>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.</p>	<p>Accepted</p> <ul style="list-style-type: none"> • a) develop and pilot the introduction of a digital claim • b) The department will look closely at the existing model and make amendments where necessary. • c) Investigate ways to maximise the initial contact by testing a number of additional questions about the claimants needs. 	<ul style="list-style-type: none"> • a) In April 2016, the Department started to take real claims in a controlled environment to test the product and gather user feedback so that it better meets user needs. • b) The Department reviewed and disagrees that PIP was ever a “one size fits all model” PIP does not segment by condition as many claimants have multiple conditions. We

<p>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 the claimant.</p> <p>c) Uses contact with claimants to identify what information and evidence may already be available to support the claim.</p> <p>d) Makes the claimant journey more integrated under common branding.</p>	<ul style="list-style-type: none"> • d) Explore the most suitable approach on common branding to make the PIP journey more integrated. 	<p>have introduced Video relay and abolished the 28 day run on rule for existing DLA terminally ill claimants</p> <ul style="list-style-type: none"> • c) Letters to claimants have been improved. We have invested time with stakeholders to discuss Further Evidence to help them understand what we are looking for when we ask for further evidence. • d) It is anticipated that common branding will be implemented within the new contracts.
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Further evidence		
Recommendation	The Department said	The Department delivered
<p>9. Explore opportunities for improving the collection of further evidence by:</p> <p>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</p> <p>b) where appropriate and relevant, sharing information and evidence from a Work Capability Assessment or</p>	<p>Accepted</p> <ul style="list-style-type: none"> • a) As with recommendation 7c • b) To maximise the evidence available to the assessment provider including DLA/ESA evidence, care plans and social services reports. • c) Develop a digital solution to receive securely, information 	<ul style="list-style-type: none"> • a) As with recommendation 7c. In addition the time taken to clear assessments by assessment providers have also been increased to allow assessment providers time to ensure they gather further evidence to support the claim. • b) Making greater use of existing evidence the Department holds, i.e. DLA evidence, using ESA evidence in support of claims.

<p>other sources of information held by the Department</p> <p>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>	<p>from healthcare professionals and third parties for terminally ill claimants</p>	<ul style="list-style-type: none"> • c) Developed an additional channel to enable GPs, health professionals and consultants to complete and submit DS1500s to support claims from for terminally ill claimants.
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The effectiveness of the assessment		
Recommendation	The Department said	The Department delivered
<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> <ul style="list-style-type: none"> The department was clear in the second response to the first review that the introduction of a new benefit with the complexity and scale of PIP is challenging. We maintain that as PIP rolls out and the evidence base builds we would develop an appropriate evaluation plan. However, we will conduct some internal / external 	<ul style="list-style-type: none"> First wave of claimant research “initial claim” was published alongside the Second Independent Review of the Personal Independent Payment Assessment on 30 March 2017. The second wave of the research focused on the assessment stage of the PIP claim and its initial findings is being published alongside the latest Government response.

	<p>research which will be a mixture of research with staff, claimants, HCPs and others. As part of the claimant research, claimants will also be asked questions about their assessment experience.</p>	<ul style="list-style-type: none"> Findings from the third and final wave, examining the mandatory reconsideration and appeals processes, along with those from wave one and two will be published in an overarching final report in early 2018.
<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> <ul style="list-style-type: none"> The Department will work closely with assessment providers to ensure the appropriate guidance and training materials are available for case managers and Health Providers. Furthermore have clear monitoring in place to 	<ul style="list-style-type: none"> The Department has refined its approach to ensure consistency through increased monitoring, Independent Audit and closer working between providers and Case Managers. We will continue to focus and improve horizontal consistency as part of the new contracts.

	<p>ensure correct application of standards.</p> <ul style="list-style-type: none">• The Department will introduce an Independent Audit function.	
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Footnotes

[1] www.legislation.gov.uk/ukpga/2012/5/section/89/enacted

[2] www.gov.uk/government/uploads/system/uploads/attachment_data/file/387981/pip-assessment-first-independent-review.pdf

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407581/pip-assessment-first-independent-review-response.pdf

[4] <https://www.parliament.uk/documents/commons-work-and-pensions/Correspondence/Government-second-response-to-first-independent-review-of-PIPA-November-2015.pdf>

[5] <https://www.gov.uk/government/publications/personal-independence-payment-assessment-guide-for-assessment-providers#history>

[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584201/pip2-information-booklet.pdf

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

[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604211/pip-evaluation-wave-1-claimant-survey.pdf

[9] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604211/pip-evaluation-wave-1-claimant-survey.pdf

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