Apply for PIP Digital Self-Serve: Evaluation Summary

Key findings from evaluating the GOV.UK PIP application service

December 2024

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Context

The Health Transformation Programme (HTP) is modernising benefit services to improve customer experience, build trust in DWP services and decisions, and create a more efficient service for taxpayers. The Programme is developing a new Health Assessment Service and transforming the Personal Independence Payment (PIP) service over the long term.

The Programme's key strategic outcomes are:

- increased trust in services and decisions

- a more efficient service with reduced demand for health assessments

- increased take up of wider support and employment

- improved customer experience with shorter journey times

- transformed in-house data and IT infrastructure that is secure

The transformed PIP service will provide an improved customer experience that is better tailored to customers' needs, including introducing new ways to apply online.

On 27th July 2023, following small-scale private beta[1] testing, HTP made a new fully online service on GOV.UK, henceforth referred to as Digital Self-Serve, available to customers in a limited number of postcodes to enable a robust evaluation. At the time of reporting, the service is available to postcodes that account for approximately 8% of volumes in England and Wales. In the test areas, the availability of Digital Self-Serve is restricted to certain types of applications[2]. Other application channels are available as normal.

Figure 1 demonstrates how Digital Self-Serve differs from the traditional route to apply for PIP. Certain customers who start their journey by telephone are invited to join the online application route from the second part of their application, but these customers are not the focus of the evaluation discussed in this report.

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[1] Private beta is a controlled release of a service with a limited number of people using it, to enable feedback and iteration. During private beta of Digital Self-Serve, a small number of eligible PIP customers were invited to complete their application on it when they called DWP to register their application. This was not mandatory, those invited could continue to apply via alternative routes if preferred.

[2] At the time of publishing, groups excluded from applying via Digital Self-Serve are appointees, unofficial 3rd party, no mobile or email, existing DLA/PIP claim, special rules, needs assisted digital, no National Insurance number, GY or JY National Insurance number, Welsh postcode, Northern Ireland postcode, interpreter required.
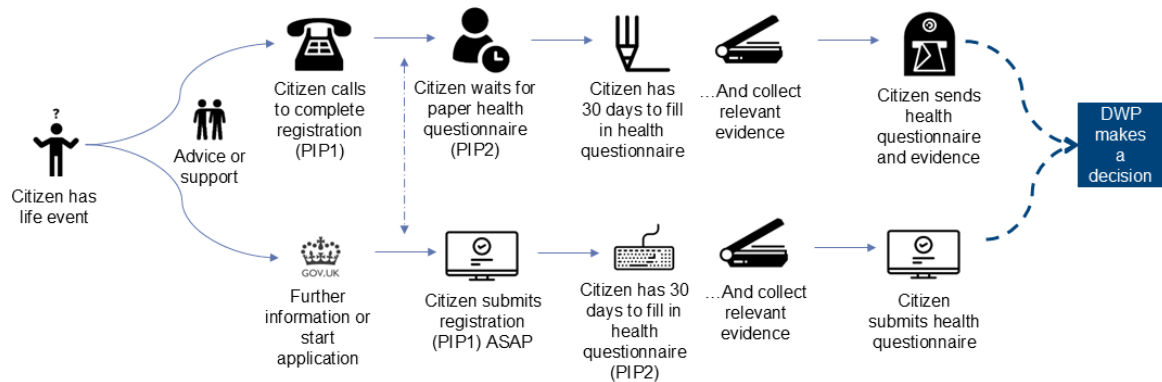
Figure 1: PIP Application Channels

A mixed methods evaluation has been designed to ensure DWP has timely and robust evidence on the processes and impact implications of Digital Self-Serve. The evaluation is ongoing and will report in full at an appropriate time in the future. This report presents a summary of the findings so far.

The HTP Evaluation Strategy provides further information about the approach to evaluating the HTP's progress and performance across the whole scope and life of the Programme.

Customer Research

Methodology

The research, carried out in October and November 2023, consisted of 41 semi-structured interviews with customers who had recently completed a PIP application. Participants were recruited from a sample of customers who had applied for PIP in the week prior to the fieldwork period. The sample was stratified[3] and drawn based on application route, capturing those who had applied via Digital Self-Serve, and those who had applied via telephone. During the recruitment, the time taken between registering[4] an application and returning the health questionnaire (PIP2[5]), gender and age were monitored to ensure the interviews captured a range of experiences.

The interviews involved participants across three categories, shown in Table 1. Within each group, participants reported a range of both physical and mental health conditions.

Table 1: Customer research sample breakdown

Customer category	Number of interviews
Digital Self-Serve Customers	20
Non-Digital Self-Serve Customers	11
Eligible for Digital Self-Serve but chose telephone route	10

The interview questions covered the stages of a PIP application and asked participants to consider their experience of applying. The main research questions for this strand were:

- What does the customer decision-making process look like when applying for PIP?

- How are customers experiencing application processes?

- What is unique to the online journey in comparison to general PIP experiences?

- Are applicants submitting the best application they can?

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[3] Stratified sampling is a sampling approach that divides research participants into subgroups based on common characteristics.
[4] Registration is the first stage of a PIP application whereby customers are asked to provide basic personal information to determine eligibility to claim and register necessary contact details.
[5] The PIP2 is the second stage of the application process and is sent to customers after registering their application to provide information about how their health condition(s) impact them.

The aim of the research was to understand whether the way people were applying was affecting their experiences, and if so, how?

Caveats/Assumptions

This report cannot provide insight relating to those who have not made, or those who have not been able to make, an application for PIP. This is because only certain groups were eligible to apply online, and interviews were only conducted with people who had completed their application for PIP. The research does not capture the experiences of those who began the application process but did not complete it.

Findings

The following themes were common across both Digital Self-Serve and non-Digital Self-Serve cases.

1. Participants reported that the initial questions asked when registering their application were straightforward. Any preferences expressed for answering over the phone or online were linked to individual factors such as health condition and lifestyle.

2. Participants recalled having found the health questionnaire form lengthy and time consuming. Many participants reported the need to take breaks due to reasons such as fatigue, gathering more information, or seeking advice. The online option did not mitigate the need for this.

3. Some participants said having to write about the impacts of their health condition or disability was emotionally taxing. This did not change based on whether they were writing or typing this information.

4. Participants with mental health conditions or certain physical health conditions, such as cancer, more commonly mentioned that they had struggled to answer the activity questions on the form as the wording felt less relevant to their condition.

5. A common barrier faced in the application process was waiting for documentation, diagnoses and evidence from healthcare professionals or other relevant bodies. Participants felt this delayed their applications.

Key benefits to the online option for customers**:**

1. Speed of application: Participants who had applied online more often reported returning their form the same day as they started it and more commonly reported beginning their application as soon as they found out they were eligible to apply online. Comparatively, those who needed to initially call DWP were more likely to delay.

2. Reduction in mental burden: Participants who started with the initial phone call more commonly reported needing to be in the right headspace or having to work up the confidence to begin the application. Participants who received and completed a paper form more frequently reported the process to be daunting. In comparison, participants who had applied online reported lower levels of stress and anxiety around completing their application as submission was instantaneous and DWP's receipt of submission was ensured.

3. Flexibility and convenience: Generally, participants thought the online option was more flexible and convenient. It was valuable to participants that PIP application forms could be started immediately and when best suited them, including in the evening or at the weekend. The avoidance of needing to post documents was a key factor in participants' preference for an online form as they didn't have to leave their homes or rely on the postal service.

Impact Evaluation

Methodology

The impact of Digital Self-Serve is measured using a statistical method called Difference-in-Differences. This measures the difference in outcomes between the test and control areas after Digital Self-Serve went live on GOV.UK, adjusting for pre-existing differences between the areas to estimate a causal impact of the service. The methodology assumes that the pre-existing differences would have remained constant in the absence of the service going live.

The test and control areas were selected to meet the needs of the statistical methodology, to be representative of the wider population and to be a small enough area as to limit the potential operational impacts. Despite best efforts to have generalisable results, it is important to note that impacts may be different if the service was made available to all PIP customers.

The data used in the analysis was sourced from the PIP Atomic Data Store, which is an extract of 100% of cases on the PIP Computer System. All normal rules new claims from the test and control areas between January 2021 and August 2024 are used in the analysis.

The impact on registration volume is estimated using the first 53 weeks of data. Other impacts are estimated using the first 19 weeks of data, which is the number of weeks available for which 95% of applications registered in the test and control areas each week have reached clearance.

Findings

Registration Volume

In the initial 53 weeks of Digital Self-Serve going live, we estimate that the number of registrations was 22% higher than it otherwise would have been in the test areas. The estimated increase was 25%, on average, between 27 July 2023, when the service moved onto GOV.UK, and the beginning of December 2023. Between January 2024 and August 2024, the estimated demand impact was lower, on average, at 20%. It is not clear exactly why the estimated increase was higher prior to December 2023, although we believe it is most likely explained by the availability of an online service leading to some individuals applying sooner than they otherwise would have, or due to the impact of the initial communications to the public in the areas where the service is available.

It is important to note this increase in registration volumes in the context of who was eligible to use the service. It is estimated that only about 70% of applications are currently eligible to use the new online service. The Difference-in-Differences

estimate is calculated using all normal rules applications in the test and control areas (i.e., including those who are ineligible). In the absence of robust evidence on the ineligible customer groups, if we assume that those who are currently ineligible to use the service were made eligible and had the same rate of increase as those currently eligible, we estimate that the increase in demand would be 32%. However, the true impact of making all customers eligible to use the service may be greater or less than this.

Chart 1: PIP Registrations
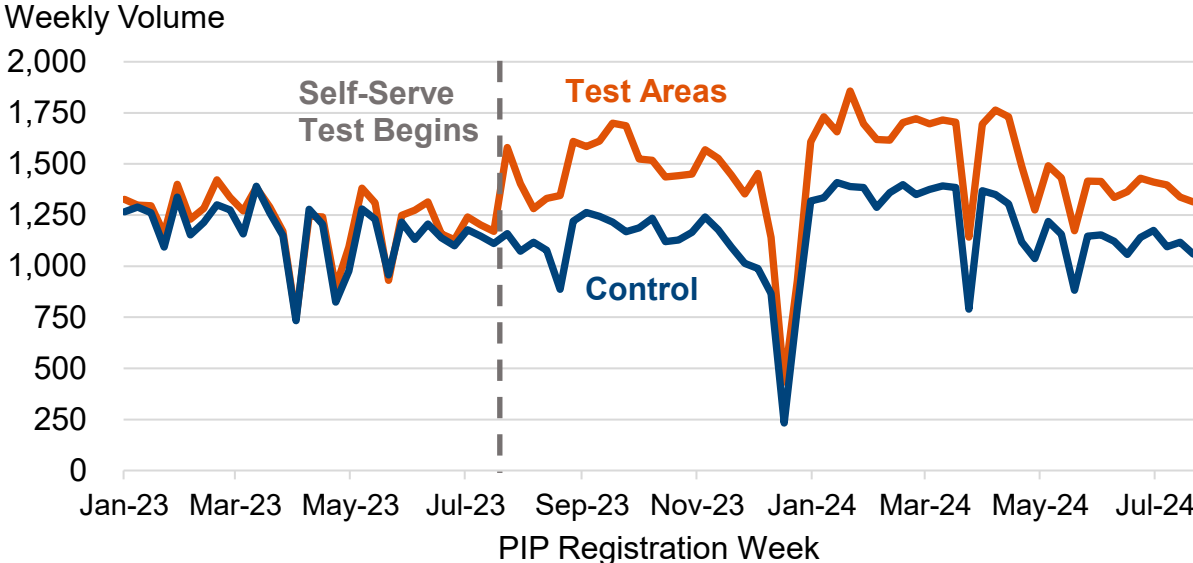
Assessment Provider Referrals

An Assessment Provider (AP) referral[6] occurs when DWP sends the application to an assessment provider for a PIP assessment. In the first 19 weeks of Digital Self-Serve going live on GOV.UK, we estimate the volume of AP Referrals was 22% higher in the areas the service was live than it would have been without the introduction of Digital Self-Serve on GOV.UK. The difference between the increase in AP Referrals and the increase in registration demand over the same period of time means that not all the increase in demand in the test areas is being carried through to AP referrals. This is due to Digital Self-Serve applications being more likely to withdraw or be disallowed before referral to AP.

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[6] DWP contracts out delivery of health assessment for benefits to external organisations, which are referred to as 'Assessment Providers'.

Chart 2: Assessment Provider Referrals

Weekly Volume
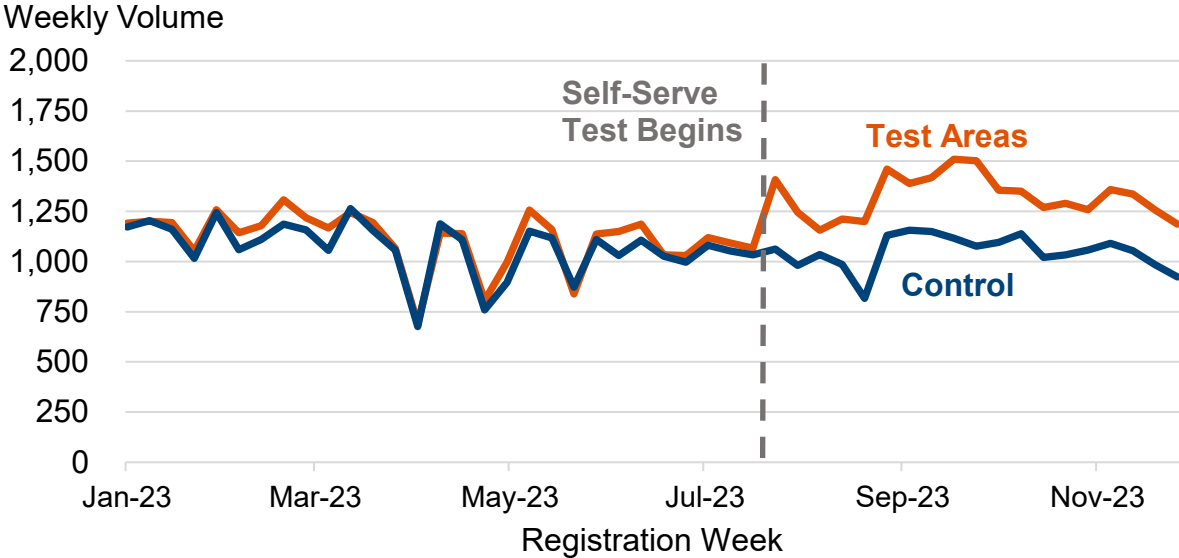
Awarded Volume

In the first 19 weeks of Digital Self-Serve going live on GOV.UK, we estimate there was a 7% increase in the volume of applications that were successful and were awarded PIP. If Digital Self-Serve applications had the same likelihood of being awarded as other applications, we estimate there would have been a 25% increase in awards, in line with the increase in registration volumes. Given the increase in awards is substantially less than the increase in applications being registered, there has been a decrease in the award rate in the test areas. We estimate that the award rate in these areas was 6 percentage points lower than it would have been without Digital Self-Serve going live.

Chart 3: Awarded Applications

Weekly Volume
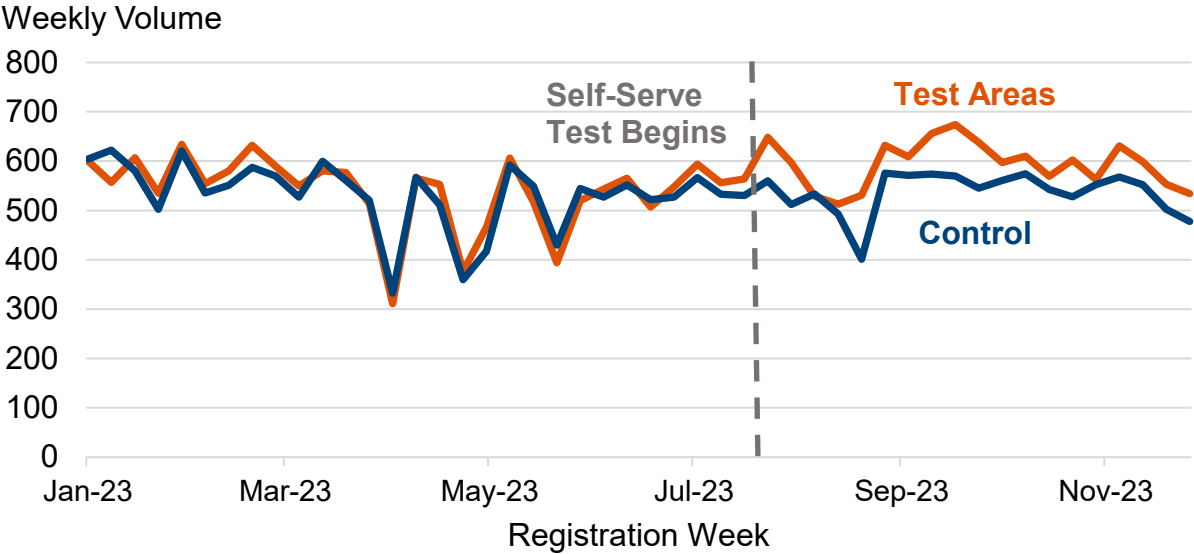
Journey Times

In the 19 weeks after Digital Self-Serve went live on GOV.UK, we estimate there was, on average, a seven-calendar day reduction from registering an application to initial decision in the test areas relative to controls. We do not find evidence of a change in the time from submitting the health questionnaire to initial decision; therefore, the overall reduction is explained by a reduction in the time from registration to submitting the health questionnaire. On average, Digital Self-Serve applications, which make up approximately 35% of applications in the test areas, reach initial decision 20 days faster.

Chart 4: Clearance Times

Days since registration
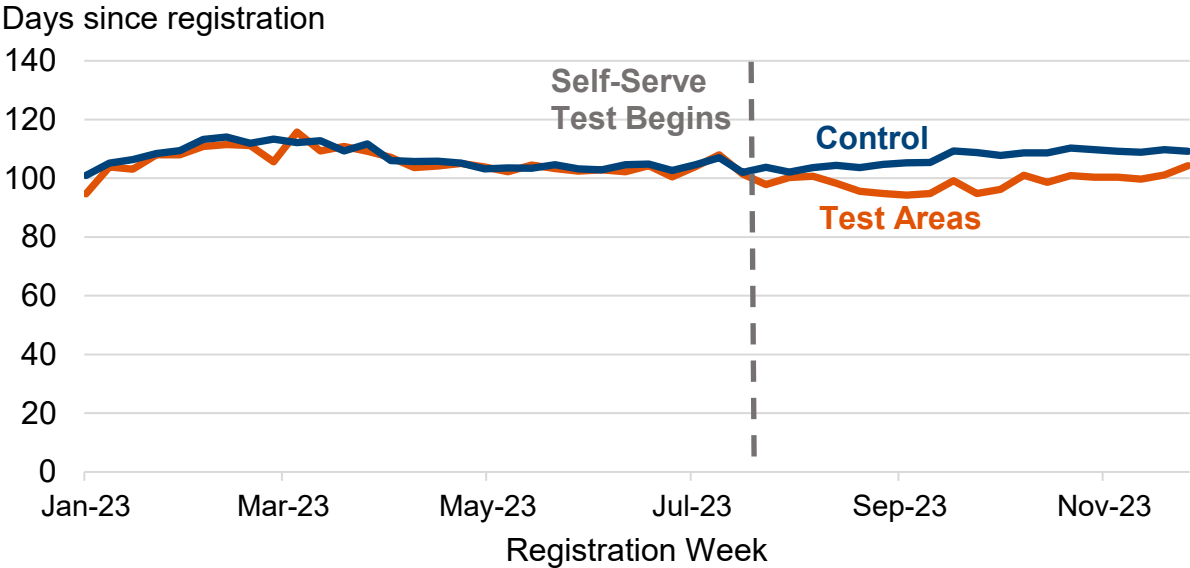
Conclusion

The findings from customer interviews suggest that the option to apply online facilitates applications, making the process more accessible and flexible. The online service is reported to improve the experience of applying for PIP, especially for those with mental health conditions, in employment and/or with caring responsibilities. Participants commonly reported having knowledge of PIP, the application process, and a motivation to apply before discovering they were eligible to apply online. The research does not suggest that participants were motivated to apply as a direct result of availability of an online application route.

The impact evaluation findings provide robust evidence that Digital Self-Serve would lead to a substantial increase in the number of PIP applications and AP referrals. Furthermore, the estimated increase in award volumes provides evidence that the availability of an online service is making PIP more accessible to a wider range of individuals. Customers using the online service benefit from shorter journey times.