

The Second Independent Review of the Personal Independence Payment Assessment

Paul Gray

March 2017

The Second Independent Review of the Personal Independence Payment Assessment

Paul Gray

March 2017

Presented to Parliament pursuant to
Section 89 of the Welfare Reform Act 2012



© Crown copyright 2017

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.uk/government/publications/personal-independence-payment-pip-assessment-second-independent-review

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

Print ISBN 9781474142090
Web ISBN 9781474142106

ID 20031711 03/17

Printed on paper containing 75% recycled fibre content minimum

Printed in the UK by the Williams Lea Group on behalf of the Controller of Her Majesty's Stationery Office

Contents

Foreword	3
Executive Summary	5
Overview of findings	5
Chapter 1: Background to Personal Independence Payment	13
Progress so far	14
Chapter 2: Call for Evidence Responses	18
Further Evidence	19
Data sharing	22
Claimant experience	23
Progress since the First Independent Review	30
Conclusion	30
Chapter 3: Further Evidence	32
Clarifying the role of evidence	32
Use of evidence	33
Conclusion	40
Chapter 4: Claimant Trust and Transparency	41
Background	41
Assessment transparency	42
Decision making transparency	44
The dispute process	45
Conclusion	47
Chapter 5: Quality and Consistency in PIP	48
Quality and consistency background	48
Measuring quality in PIP	49
Measuring consistency in PIP outcomes	50
Potential sources of inconsistency	55
Improving quality and consistency in PIP	57
Conclusion	64

Chapter 6: PIP – Longer-Term Considerations	65
Introduction	65
Evaluating and improving PIP	65
Supporting wider policy goals	69
Changes to delivery methods	70
Conclusion	72
Annex A: Progress on Recommendations from the First Review	74
Action taken against recommendations	74
Annex B: Terms of Reference: Second Independent Review of the Personal Independence Payment	80
Annex C: Recommendations of the Second Independent Review of PIP	81
Annex D: Quality Audit Criteria	83
Annex E: Assessment Criteria for PIP	86
Annex F: PIP Claimant Journey	90
Annex G: The Independent Scrutiny Group	91

Foreword

Two years ago, I reported on the first of two independent reviews of Personal Independence Payment (PIP). PIP rollout was then at an early stage. In accepting Ministers' request to undertake this second Review, I have considered the progress made now the full rollout of PIP is underway – although that process is less advanced than envisaged when Parliament set the timetable for the reviews in 2012.

The then Government responded positively to my 2014 recommendations. These highlighted emerging issues to be addressed once the major delays in handling early PIP claims had been resolved. Those delays were overcome, and some progress has also been made in putting my recommendations into effect. But there is still a way to go in implementing them.

PIP is at the heart of meeting the needs of many of the most vulnerable in our society. As such, the period since the first Review has amply demonstrated the sensitivity of this area of policy. Estimated annual costs of disability benefits to be met by taxpayers are now some £2 billion higher than they were then. This has been matched by controversy about both a 2016 Budget announcement to amend entitlement rules for aids and appliances that was quickly reversed, and the more recent tabling in Parliament of regulations to reverse the effect of legal judgements on entitlement. As reviewer of the way PIP is being implemented I take no view on the political and legal decisions about these statutory provisions, but the contention around them inevitably colours the context for this report.

Even without the impact of these sensitivities, delivering PIP well remains a major challenge. It needs accurate and consistent decision-making between several million claimants as to who falls one side or the other of precise point score boundaries, for both standard and enhanced awards. The fairness of those decisions needs to command public confidence, yet they depend on assessments of functional impact that are far from a precise science. This remains hampered by the continuing widespread misperception that PIP is a medical test rather than an assessment of functional impact.

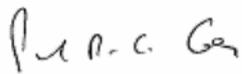
A key conclusion of the Review is that public trust in the fairness and consistency of PIP decisions is not currently being achieved, with high levels of disputed award decisions, many of them overturned at appeal. My findings point to the need to build very considerably on current action to improve the way PIP is administered, continuing the direction of travel proposed in the first Review. They include recommendations to improve the way the right type of evidence is obtained, used and tested in assessments; to strengthen transparency; and to broaden audit and quality assurance in assessment and decision-making.

These proposals are inter-dependent and mutually reinforcing. As a package they are critical to building the necessary trust and confidence that PIP can meet its core aims of providing fair, consistent and more objective outcomes; improving the quality of the claimant experience; and being fiscally sustainable. They are capable of being

implemented in a short-to-medium timescale within the current PIP delivery framework.

For the longer term I also recommend action to reinforce rigorous evaluation, with results made publicly available, in order to increase assurance about the consistency of award outcomes; to explore ways in which the delivery of PIP could appropriately support the Government's wider employment aims for disabled people; and to improve both effectiveness and the claimant experience in the PIP delivery model by adopting the digital capability, assisted where necessary, that the Department is implementing elsewhere.

All these findings and recommendations are my responsibility alone. But in undertaking the Review and reaching my conclusions I remain hugely indebted to the assistance, hard work and patient good humour of my support team; and to the very helpful "critical friend" role of the Scrutiny Group. I want also to express my sincere thanks to the many other individuals and organisations who have provided input and evidence to support the Review.

A handwritten signature in blue ink that reads "Paul Gray". The signature is written in a cursive, slightly slanted style.

Paul Gray
March 2017

Executive Summary

Overview of findings

Background

1. The policy intent of PIP was to introduce a more dynamic, fair, transparent and objective assessment compared with Disability Living Allowance (DLA), moving most people from indefinite to fixed term awards.¹ This was to be achieved through a functional assessment conducted by a Health Professional, with a significant majority of these assessments carried out face-to-face.
2. Alongside these policy aims was a further aim to achieve greater fiscal sustainability by “reducing projected working-age expenditure to 2009/10 levels in real terms - £11.8bn”². Spending on disability benefits has though continued to rise significantly even after the introduction of PIP.
3. The first PIP new claims were taken in April 2013 with the reassessment of all existing DLA claims originally set for completion by October 2017, although this timetable has now been extended.
4. The Welfare Reform Act 2012³ mandated two Independent Reviews of PIP. The first of these reviews took place in 2014 against a backdrop of severe delays in the processing of claims. These issues were well understood at the time and so the first Review focused on taking an early view on how PIP was performing against the broader policy intent.
5. Progress against the recommendations in the first Review has been mixed, with the implementation of recommendations either incomplete or slower than the Review had hoped in many areas. A summary of progress against individual recommendations is at Annex A.
6. The delays in processing claims have now been resolved and this second Review provides an opportunity to re-examine the extent to which PIP is delivering the policy intent based on a much richer, though still incomplete, data set. The Terms of Reference provided a specific focus on Further Evidence, a key area for improvement identified in the first Review. Many of the other themes explored in the first Review have also continued to be highly relevant, in particular the on-going challenge of delivering a truly functional assessment and the importance of assessing the consistency of outcomes across the benefit.

¹ HMG (2011) Government Response to the Consultation on Disability Living Allowance Reform: pp. 1 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181637/dla-reform-response.pdf

² HMG (2011) Government Response to the Consultation on Disability Living Allowance Reform: pp. 3

³ <http://www.legislation.gov.uk/ukpga/2012/5/section/89/enacted>

7. This Review started with a public Call for Evidence. Over 1700 individuals and organisations responded, double the number from the first Review. Engagement in any such exercise is by definition self-selecting rather than representing a statistically valid sample. The responses have nonetheless provided valuable input to the Review, with this evidence considered alongside extensive observations and inputs received from a wide range of stakeholders. This activity has included:
 - a) Roundtable discussions with the Disability Benefits Consortium
 - b) Roundtable discussions with claimants
 - c) Roundtable discussions with DWP and Assessment Provider Staff
 - d) Observations of DWP Operations
 - e) Observations of initial claims call conducted by Serco
 - f) Observations of the independent audit team and audit teams in the Assessment Providers
 - g) Observations of paper-based and face-to-face assessments undertaken by both Atos and Capita
 - h) Observations of appeal tribunals and discussions with Regional Tribunal Judges
 - i) Roundtable with academics
 - j) Discussions with Manchester and Islington Local Authorities
 - k) Numerous meetings with senior DWP and Assessment Provider managers
 - l) Meetings with DWP and Scottish Ministers

Further Evidence

8. A key part of the policy intent for PIP was to deliver a greater degree of objectivity and fairness by ensuring evidence-based decisions. This evidence can come from the claimant's own account, through the assessment process, or take the form of reports from third parties such as medical or social care professionals (known as 'Further Evidence'). It is usual that some additional information or corroborative evidence of the claimant's functional impact is required to assess eligibility accurately. But the claimant's own account of the impact of their condition in the PIP2 claim form is a vital piece of evidence the importance of which should not be overlooked.
9. The provision of Further Evidence is important as it can help inform the Assessment Providers' initial consideration of needs and, in some cases, may enable a paper-based assessment and avoid the need for the claimant to undergo a face-to-face assessment. However, there are numerous challenges in effectively obtaining Further Evidence, faced both by individuals before they submit a claim and by Assessment Providers when they receive it.
10. Some claimants may readily have access to a substantial amount of relevant Further Evidence as they have frequent contact with professionals or social care

services. However, many others will have little, if any, relevant Further Evidence. This could be because they have little contact with the health or social care systems, meaning their evidence would not be recent, or that the evidence they have may be wholly medical in nature. Alternatively, it may be they do not have access to the evidence that may exist.

11. Gathering relevant Further Evidence is made harder by a continued widespread misperception that PIP is a medical rather than a functional assessment. This means that many claimants are unsure about what evidence they should supply. They may also seek medical evidence from their GP, which could include a financial cost, rather than more functional evidence from another professional, such as a Community Psychiatric Nurse, which would more appropriately support their claim.
12. Assessment Providers can try to obtain Further Evidence but the Review has concluded from its observations that this is successful in relatively few cases. The main exception is where the potential is seen to carry out a paper-based assessment if the submitted evidence can be adequately enhanced or validated by some phone calls. Once it has been decided a face-to-face assessment is needed, even if Further Evidence in writing is requested, delays in obtaining it mean it may not arrive by the time of that assessment.
13. However, where it becomes apparent during the assessment itself that relevant Further Evidence is available which the claimant was unable to provide, Assessment Providers should still take steps to obtain it.
14. Because the information provided to claimants about the provision of evidence is unclear, many claimants do not seek to supply Further Evidence to support their claim as they believe that the Department will request evidence on their behalf. When this does not then happen, it can, unsurprisingly, undermine their confidence in the assessment system.
15. These various factors result in an inherent variability in what Further Evidence is available to support PIP claims. It is important to improve the quality of evidence gathered wherever possible and to improve the clarity of how that is best achieved. Equally, however there will be many cases where the reality is of little Further Evidence actually being available. It must therefore also be possible robustly to assess a claimant without any Further Evidence.
16. Taking into account these various factors, the Review has concluded that:
 - a) The onus of responsibility for gathering Further Evidence (other than that already held by the Department) should primarily sit with the claimant as they are in the best position to supply what evidence is available and because high levels of Assessment Provider evidence requests may well be largely ineffective but resource intensive;
 - b) But before emphasising where this onus rests, there should be a concerted effort to improve communications to explain the role of evidence and claimant responsibilities.

17. The Review also found that some forms of evidence, particularly those from carers or family members, were not always given sufficient weight with evidence from health care professionals being considered more objective. The Department should seek to ensure that the evidence of carers and family members is given due weight in the assessment process, while recognising that all sources of evidence should be probed and tested.

Claimant Trust and Transparency

18. Given the controversy surrounding the introduction of PIP, it is no surprise that the fairness of PIP decisions has been the subject of some scepticism. Whilst claimants will not necessarily agree with decisions it is vital that they understand the basis on which their entitlement has been decided. Claimants also expect to receive a certain standard of customer service in their interactions with Departmental and Provider staff, irrespective of the final outcome of their PIP award. There are opportunities throughout the claimant journey where practices could be improved to ensure that claimant confidence in the process, and the fairness of awards, is maximised.

19. Claimants have expressed a lack of confidence in the ability of Health Professionals accurately to record what has been said during face-to-face assessments. A lack of trust in the ability of Health Professionals to determine the impact of their condition was also frequently mentioned. This view is particularly prevalent when the Health Professional is not a specialist in their health condition.

20. The Review considers that whether a Health Professional is a specialist in a particular health condition should not have an impact on their ability to conduct a functional assessment, providing adequate training is in place. However, given that this is a very real concern for claimants, the Department and Assessment Providers should do more to reassure claimants about the adequacy of training given to Health Professionals. Moreover, the Department should prompt assessors to make clear where they have drawn on the specialist support available to them, such as mental health experts.

21. A more transparent assessment process would provide claimants with greater confidence in the fairness and openness of the assessment. The Review considers that claimants should have routine access to their assessment report when they receive notification of the award decision. This should apply to both paper-based and face-to-face assessments. It would help claimants understand the basis on which their entitlement was determined and allow them to take a more informed decision about whether to dispute it.

22. In the longer term, transparency could be further increased by making audio recording the norm for face-to-face assessments. Introducing audio recordings should help increase claimant confidence in the conduct of such assessments, as well as assist in addressing any complaints - providing greater protection both to claimants who experience a failure of service and to Health Professionals who may be subject to an inaccurate complaint. It can also be used by Assessment Providers to drive improvements in quality. The Review considers it important that audio recording is offered on a default basis but with an opt-out available to claimants.

23. Claimant trust issues persist at the disputes stage. Claimants expressed concern about the Mandatory Reconsideration process, in particular when relating this to the provision of Further Evidence, with many feeling that their decision was not looked at again in a sufficiently thorough way. Tribunal Judges were also sceptical about the thoroughness of the Mandatory Reconsideration process. Furthermore, currently 65% of appeal hearings overturn the initial decision which is clearly eroding the trust of claimants and stakeholders in the system. There are differing perceptions as to why so many appeals overturn initial decisions which highlights the case for further research.
24. Improving this inherent mistrust is a challenging task and will require a significant swing in claimant perception. Increased transparency will help, but restoring claimant trust critically requires that the assessment process itself is of a demonstrably high quality that produces fair and consistent outcomes.

Promoting Quality and Consistency

25. The first Review identified that measuring consistency between PIP cases is important to provide assurance that assessments are producing fair outcomes.
26. Achieving quality and consistency in a benefit on the scale of PIP, and with its inherent complexity, is challenging. These difficulties are amplified by the level of diversity in the PIP caseload. The assessment of needs must not be approached in a mechanistic way, but instead should explore the functional impairment of individuals through dynamic questioning that is tailored both to the situation and the person.
27. Following issues at the time of early roll-out, the Department has taken a number of steps to improve quality, including a new set of audit criteria, an independent audit function, and stronger set of service credits. These actions are a welcome step in the right direction. Nevertheless, the Review does have concerns about the robustness of the application of the audit criteria across the system. A further concern is that the audit process does not consider decision making across all parts of the PIP process, but is focused too narrowly only on the report produced.
28. The Review does not have the data available fully to understand the impact of the various external factors that might affect outcomes or to demonstrate what level of variation might reasonably be expected in PIP. However, the data available on outcomes, when looked at in totality, does appear quite dispersed. This implies that the current distribution of outcomes may well fall outside the range of variability one might expect if the process was delivering acceptable levels of consistency. This coupled with observations of inconsistency and the innate variability of claimant circumstance leads the Review to recommend further action be taken to ensure greater consistency.
29. In assessing PIP, the Review has identified four particularly significant sources of potential inconsistency:
- a) The amount of support claimants have in making their application and at the assessment;
 - b) The amount of Further Evidence considered in any particular case;

- c) Differences in process between the two Providers;
 - d) Differences in the approach of individual assessors.
30. There is inevitably no one action or initiative that would wholly or even largely resolve the issues identified. Proactively understanding and addressing all potential sources of variation is at the heart of delivering a service which is fair, transparent, consistent, objective and focused on those with the greatest need.
31. Based on the evidence available there is a clear rationale for action in four broad areas:
- a) Greater focus in the assessment on functional impact;
 - b) Providing sufficient time to consider the evidence base in the case before the assessment, allowing for follow up enquiries after the assessment and ensuring the write up of the assessment is done in a timely manner;
 - c) Broadening and deepening the audit approach and quality management to encompass more of the claimant journey, so quality is driven up throughout the process. It would also allow better understanding of the quality of the actual assessment rather than relying on scrutinising the assessment report;
 - d) Monitoring the consistency of outcomes through benchmarking and “deep dive” analysis and using this insight to improve quality and consistency.
32. No framework alone can drive conditions for improvement in quality. With such a potentially contestable concept as quality, it is vital that the Department and Assessment Providers work constructively together. They must move beyond contractual constraints with a common purpose of improving the performance of the benefit. The Review strongly encourages the management of both organisations to pursue this constructive approach.

The Future of Personal Independence Payment

33. The Review has highlighted a number of challenges which the Department should look to resolve at the earliest opportunity. Whilst this is being done, the Department should also begin to make plans for PIP over the longer term. When doing this the Review recommends considering three key areas:
- a) Evaluating and improving PIP in the longer-term;
 - b) How PIP may be able to deliver better outcomes for claimants by supporting wider policy goals;
 - c) Changes to delivery methods
34. The First Independent Review of PIP emphasised the importance of a rigorous quantitative and qualitative evaluation strategy, with a scheduled plan for the publication of its findings. A start to this process has, albeit belatedly, now been made, with initial findings due to be published in Spring 2017, and further evaluation to be published at a later date. It is vital that the Department continues this research and ensures that its findings are made accessible, to a wide range of both specialist and non-specialist audiences, to improve transparency and public trust in the operation of the benefit.

35. The Review concludes there are also some key areas concerning the operation of PIP which require additional scrutiny: consistency of outcomes, the Mandatory Reconsideration process and Award Reviews. Focusing on these three areas will help the Department maximise public trust in the operation of PIP.
36. The Review recommends that the Department considers whether, possibly in liaison with employers and others, more could be done to connect people with relevant support advice or services if they claim PIP and are either in work or have the desire or potential to move into it. To do this effectively, it must be absolutely clear that this is not a back-door to introduce conditionality into PIP. Claimants must also have absolute confidence that being in employment does not, in any way, disadvantage them in the assessment for PIP; the Review has seen indications that this may not be universally the case at present.
37. Finally, building on the first Review, this Review re-iterates that PIP would benefit significantly from a more integrated digital system and improved information sharing across the customer journey. This will take time, commitment and considerable joint working across central government, health care providers and local authorities.
38. To date, progress has been slow with only a limited trial of a digital PIP2 form. A more advanced digital journey offers many opportunities to improve the collection of evidence and tailor claimant journeys. It would also provide a more joined up process where hand-overs between the Department and its various out-sourced Providers are managed behind the scenes rather than being a prominent feature of the typical claimant experience. The Review would encourage the Department to accelerate the rollout of a digital claim form and, in the longer term, to deliver a modern customer experience through the development of a fully digitally enabled journey.
39. By combining the on-going improvement work with the recommendations of this Review, PIP can begin more fully to fulfil its policy objectives in the long-term – public confidence established; fair and consistent outcomes for claimants; and fiscal sustainability.

Recommendations

The Review's recommendations are that:

1. The Department 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.
2. The Department makes clear that the responsibility to provide Further Evidence lies primarily with the claimant and that they should not assume the Department will contact health care professionals.
3. The Department ensures that evidence of carers is given sufficient weight in the assessment.
4. The transparency of decision making is improved with claimants being provided with the assessment report with their decision letter. In the longer term, offer

audio recording of the assessment as the default with the option for the claimant to opt out.

5. Assessments should begin with gathering a functional instead of a medical history. Options for confirming the medical history in advance of the assessment should be explored to ensure that the assessment has a more functional focus and there is sufficient time to explore functional impacts in sufficient detail.
6. Health Professionals to be given more time to consider the evidence provided with a claim before the assessment begins.
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.
8. The write up of reports to be completed directly after the assessment except in specified circumstances.
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 the audio recording of assessments and increased direct observations of assessments.
10. The 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.
11. The Department and Assessment Providers introduce consistency checks across a variety of metrics, including “deep dives” on cases with similar outcomes, as part of the regular management of the service.
12. The Department should 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.
13. The Department re-emphasises and ensures that employment will not disadvantage claimants when they seek to claim PIP and explores ways in which PIP may be an enabler in improving employment retention.
14. In the longer term, the Department should develop a joined up digital journey which includes an online facility for both claimants and external Health Professionals to upload documentary evidence securely.

Chapter 1: Background to Personal Independence Payment

1. In order to assess the extent to which PIP is operating successfully it is necessary to recall the original aims. The policy intent was clearly set out in the 2011 response from the then Government to its consultation on Disability Living Allowance reform:

“Personal Independence Payment will be a more dynamic benefit that acknowledges that people’s conditions change over time and that our understanding of how disability affects people changes too, so rather than having 70% of people on indefinite awards, as is currently the case with DLA, we will introduce a new fairer, more transparent and objective assessment, and, in most cases, introduce fixed term awards. In doing so we need to take account of the full range of disabilities and treat people as individuals, not labelling them by impairment type, creating a truly personalised benefit that evolves over time”⁴

2. The aims of PIP were defined relative to DLA. Achieving absolute fairness, transparency and objectivity in a system with the scale and level of complexity of PIP was, realistically, an impossible task but PIP was intended to be a marked improvement compared with DLA in these respects.
3. Alongside these policy aims were the fiscal goals and assumptions which were stated to be “reducing projected working-age expenditure to 2009/10 levels in real terms - £11.8bn”⁵. This was to be achieved by focusing support on those who needed it most.
4. PIP is meant to be determined according to a functional, as opposed to a medical, assessment across ten daily living activities and two mobility activities. Each of these activities has a number of descriptors indicating a level of functional impact and the associated points score. An explanation of the assessment criteria and points scoring is at Annex E. Having a functional assessment means that entitlement is assessed by considering the *impact* of a person’s health condition or disability rather than by the *diagnosis* that they have. The descriptors were intended to allow the assessment of the impact of a full range of potential health conditions or disabilities. This contrasts with DLA, which the Coalition Government argued “lacks consistency in the way in which it supports disabled people with similar needs”⁶.
5. The PIP assessment is conducted by a Health Professional and around 80% of assessments are conducted face-to-face. The Health Professionals who conduct PIP assessments are nurses, occupational therapists, physiotherapists and

⁴ HMG (2011) Government Response to the Consultation on Disability Living Allowance Reform: pp. 1 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181637/dla-reform-response.pdf

⁵ HMG (2011) Government Response to the Consultation on Disability Living Allowance Reform: pp. 3

⁶ HMG (2011) Government response to the Consultation on Disability Living Allowance Reform: p.3

paramedics. They prepare an assessment report to the DWP who are then responsible for making the final decision on entitlement to benefit. The introduction of an assessment by a Health Professional and the move towards face-to-face assessments was intended to contribute to the move to fairer and more objective outcomes.

6. This functional approach is the right one for a benefit intended to assess the impact on individuals' daily living and mobility needs. Assessing functional impact should allow for benefit to be awarded in a way which more accurately reflects the impact of condition(s) upon a given individual. But it is inevitably more challenging to achieve consistent outcomes for this than it is to assess and compare individuals' underlying medical conditions.
7. Conducting a PIP assessment involves the Health Professional assessing an individual's functional impairment across 12 descriptors and applying a number of legislative tests. Against all descriptors Health Professionals must consider whether the individual can complete the activity reliably, safely and repeatedly within a reasonable time period and must also consider whether their functional impairment is present on the majority of days. That is no easy task to do accurately and consistently.
8. Often Health Professionals must also consider whether the way in which a claimant completes an activity is done for ease or convenience or whether it is **necessary** for that person to be able to complete an activity.
9. Assessing an individual can be particularly challenging where they have a condition that fluctuates significantly or where there is limited evidence available to help inform the assessment.

Progress so far

Rollout

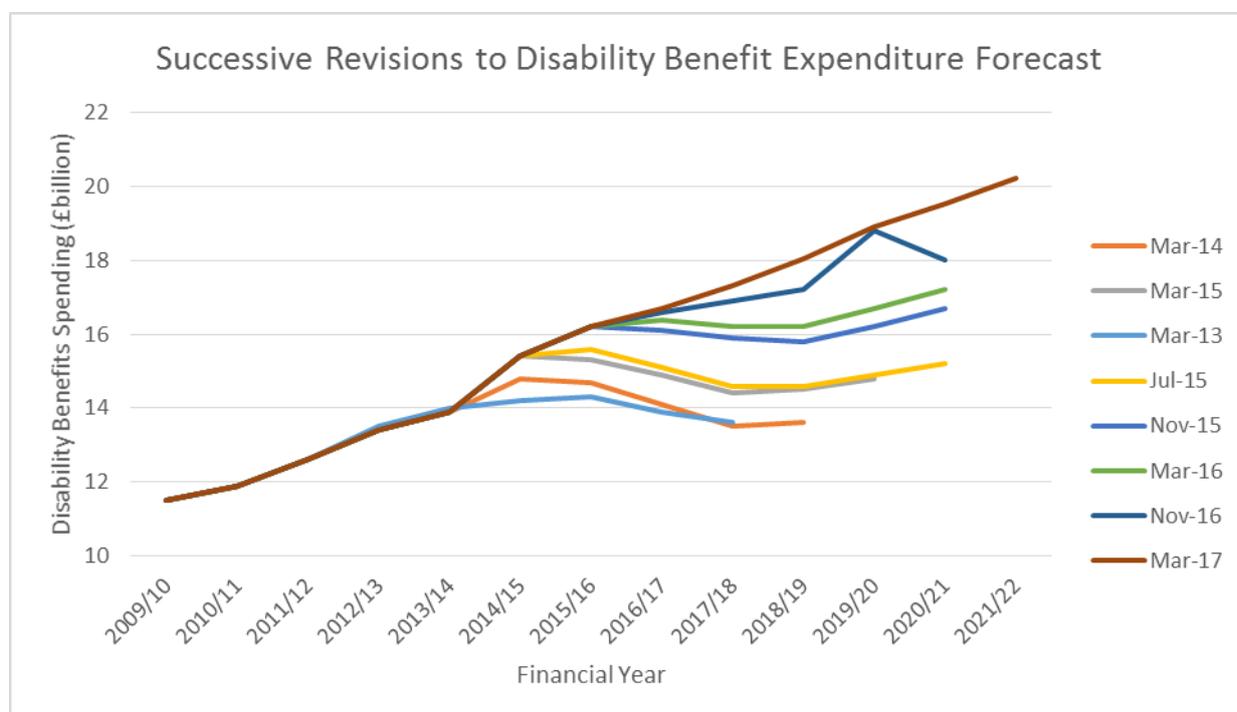
10. The first PIP new claims were taken in April 2013 before new claims were rolled out nationally in June 2013. The planned rollout timetable at this point was to take all Natural Reassessment⁷ claims in October 2013. All remaining DLA claims would then be selected for reassessment randomly between October 2015 and October 2017. At the time this process was known as 'Managed Reassessment' but is now known as 'Full PIP Rollout'. In the light of the significant delays that were experienced on launch of the new benefit, the introduction of Natural Reassessments was phased by postcode to reflect available capacity.
11. It was decided in June 2015 that Full PIP Rollout would start with a small number of cases in July 2015 to allow the Department to test and learn before wider

⁷ This is where a claim to PIP is triggered because: information is received about a change in care or mobility needs; a fixed term award is due to expire; children turn 16 years of age (unless they have been awarded DLA under Special Rules for Terminal Illness); or a DLA claimant voluntarily claims PIP.

rollout. The schedule for completion of Full PIP Rollout case selection has also been extended to October 2018 to ensure there is sufficient capacity in the system and delays will not be experienced by claimants. The Department has been clear that it will not select DLA cases for reassessments in areas where there is insufficient capacity, which is welcome.

Fiscal

12. PIP has not produced the benefits savings that the policy was originally designed to realise and there have been successive upward revisions in the Office for Budget Responsibility's (OBR) forecasts for disability benefit expenditure. It is important to note that the OBR's estimates include Disability Living Allowance, which will continue for claimants under 16 and those who were over 65 on 8 April 2013, so not all of the upward revision is driven by revisions to the PIP forecast.
13. A large element undoubtedly does though reflect higher award levels for PIP than had been assumed when the new policy was designed. While it is not possible to know what the total trend in disability benefit expenditure would have been in the absence of the policy change, the chart below⁸ highlights that the originally intended marked shift in trend has not materialised. It should also be noted that the cost of implementing PIP, including the provision of Health Professional assessments, should be taken into account when considering overall value for money.



14. Access to the benefit has also been expanded by legal challenges to the interpretation of the descriptors. The number of legal challenges that have been made over time around the interpretation of the regulations, and the evolving nature of the PIP guidance, illustrates the challenge of articulating descriptors

⁸ Source: OBR expenditure tables.

with absolute clarity in a complex benefit such as PIP. In response to the judgements in two such legal challenges, the Department has recently laid in Parliament revised PIP regulations^{9 10} which reverse the effect of the judgments in *Secretary of State for Work and Pensions v LB and MH v Secretary of State for Work and Pensions*.

First Independent Review

15. The Welfare Reform Act 2012¹¹ mandated two Independent Reviews of PIP. The first of these reviews took place in 2014 against a backdrop of severe delays in the processing of claims. The first Review did not focus on the delays given that the issue was well understood and an extensive programme was in place to rectify the issue. That has now been achieved with claims being processed within expected timescales; the Department's progress in this area is to be welcomed.
16. The first Review focused on what the early evidence indicated were the more fundamental areas within the PIP process that would need improvement as the delays were addressed. Three broad areas were identified:
 - a) **The claimant journey** – it was found that the overall claimant experience was insufficiently joined up between the Department and the other Providers to which it had outsourced parts of the process; that communications to claimants could be improved; that the relationship between Health Professionals and Case Managers required strengthening; and that the development of a facility for claimants to track their claim should be a priority;
 - b) **Obtaining Further Evidence** – it was found that the success in obtaining Further Evidence was variable; that there was a lack of clarity about responsibility for gathering evidence and who should obtain it; that the Department should make better use of information held from the WCA and other sources; that the Department should explore Further Evidence sharing with the wider public sector; and that more should be done to explain the functional rather than medical nature of the PIP assessment;
 - c) **Effectiveness of the assessment** – the Review noted that it was too early to draw conclusions about the effectiveness of the PIP assessment and the Department should develop a comprehensive evaluation strategy to build confidence that award outcomes were fair and consistent; that the Department should explore the application of activity 11 and the treatment of aids and appliances; and that the current audit and assurance processes focused on judgements on individual cases and should be complemented by an assessment of the fairness and consistency of outcomes.

⁹ <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2017-02-23/HCWS495/>

¹⁰ The Reviewer is chair of Social Security Advisory Committee however he is not playing any role in SSAC's considerations of these changes to avoid any conflict of interest

¹¹ <http://www.legislation.gov.uk/ukpga/2012/5/section/89/enacted>

Second Independent Review

17. Progress against the recommendations in the first Review has been mixed with the implementation of recommendations either incomplete or slower than the Review had hoped in many areas. A fuller summary of progress against individual recommendations is at Annex A.
18. When the Welfare Reform Act 2012 was passed, it was envisaged that, by the time of the Second Independent Review, the reassessment of DLA cases would be complete. Due to successive adjustments to the rollout timetable, the second Review now takes place at a relatively early stage in Full PIP Rollout. The benefit is still some distance from a steady state.
19. Some conclusions can be drawn with less certainty than might have been anticipated because the data available does not yet provide clarity on the settled position which makes the on-going evaluation and scrutiny of this benefit more vital. The timing of this Review does, however, provide an opportunity to make recommendations both to improve rollout now and to feed into the next review of the PIP Assessment Provider contracts which currently run to 2019.
20. The Terms of Reference for the Review provided a specific focus on the gathering and use of Further Evidence in PIP as well as the opportunities for data sharing between benefits and with the wider public sector. They also provided the opportunity to build on the recommendations of the first Review using newly available data.
21. This Review does indeed focus on the use of Further Evidence and data sharing. But this focus forms only one part of an approach which continues the direction set in the first Review of providing a broad assessment of how the benefit is performing against the policy intent. Those aims, summarised in this chapter, are a frame of reference used to guide both the topics and conclusions of this Review.
22. In conducting this Review, it is recognised that Personal Independence Payments are within the scope of the powers that are being devolved to the Scottish Parliament under the Scotland Act 2016. The process for the transfer of responsibilities is being overseen by the Joint Ministerial Working Group on Welfare.
23. PIP was introduced in Northern Ireland in June 2016. Given the timing of rollout it does not form part of this Review.

Chapter 2: Call for Evidence Responses

1. Over 1700 individuals and organisations responded to the Call for Evidence, which was issued at the start of this Review. This is a significant increase from the 800 responses received by the first Review. Some submitted their responses through the online or paper consultation forms, while others submitted reports and evidence directly to the Review e-mail inbox. The Review would like to thank all of those who took the time to share their evidence and feedback.
2. It ought to be emphasised that engagement in any such exercise is by definition self-selecting rather than representing a statistically valid sample. The Review complemented the evidence gathered through engagement with numerous other stakeholders and observations of all parts of the process, as detailed in the Executive Summary.
3. The Call for Evidence was split in two to ensure that responses were focused on parts of the PIP process with which their contributors were likely to be familiar. Respondents were asked whether they were individuals with experience of claiming PIP or had a professional interest in the PIP process.
4. Past and current PIP claimants were asked questions which sought to draw out their experiences in making a claim, undergoing assessments and receiving the final award decision. Organisations with experience of the PIP process or of representing claimants were asked for their views about the reliability, availability and impact of different forms of evidence, as well as technical solutions that improve the use of IT, data-exchange and effectiveness of the information-gathering process.
5. The Call for Evidence addressed four key areas:
 - Further Evidence;
 - Data sharing;
 - Claimant experience;
 - Progress since the First Independent Review.

Further Evidence

Individuals

6. The vast majority – over 81% - of individuals responding to the consultation sent in Further Evidence with their application for PIP. This was explained by a strong feeling that evidence from a GP or specialist was an important counterweight in the claimant's favour, both to explain the full impacts of certain conditions, and to self-insure against possible unfairness elsewhere in the assessment process.

"It does not feel as if the answers in the form are being taken seriously by the assessors and the DWP, so any kind of additional evidence is helpful"

"Was aware my statement of how my disability affects me would likely not be viewed without bias or on its own merits due to mental health/disability prejudice, and qualifications/knowledge of assessor unknown"

7. Though a large number supplied additional forms of evidence, only 58% of claimants who responded were clear on what they should supply. Reasons cited for the lack of clarity included the complexity of the PIP2 form (particularly for those whose conditions made completing the form challenging), confusion around responsibility for collecting evidence and ambiguity of Further Evidence requirements. In addition to a lack of clarity, around a third of claimants said that, even if their Further Evidence was accessible, there were a number of barriers to submitting it – notably cost (e.g. of obtaining GP letters).
8. A significant proportion also assumed that the Department would contact their nominated health care professionals. Many remembered reading this on the PIP2, or inferred it from the request to provide professional contact details.

"It says that they will contact the health care professionals and you have a one to one assessment"

"I thought I gave everything needed to know including my G.P's address and telephone number for them to make contact if they needed more evidence"

9. 72% of claimants thought it was important to send in Further Evidence. The list below shows that the types of evidence claimants submitted can be diverse:
 - GP letters
 - Consultants / specialist letters
 - Psychologist / psychiatrist report
 - Hospital notes
 - Personal diaries
 - Social service reports

- Care plans
- Diagnosis letters
- Audiograms
- MRI scan
- X-rays
- Occupational health assessment
- Photographs of visible conditions
- Medical appointments

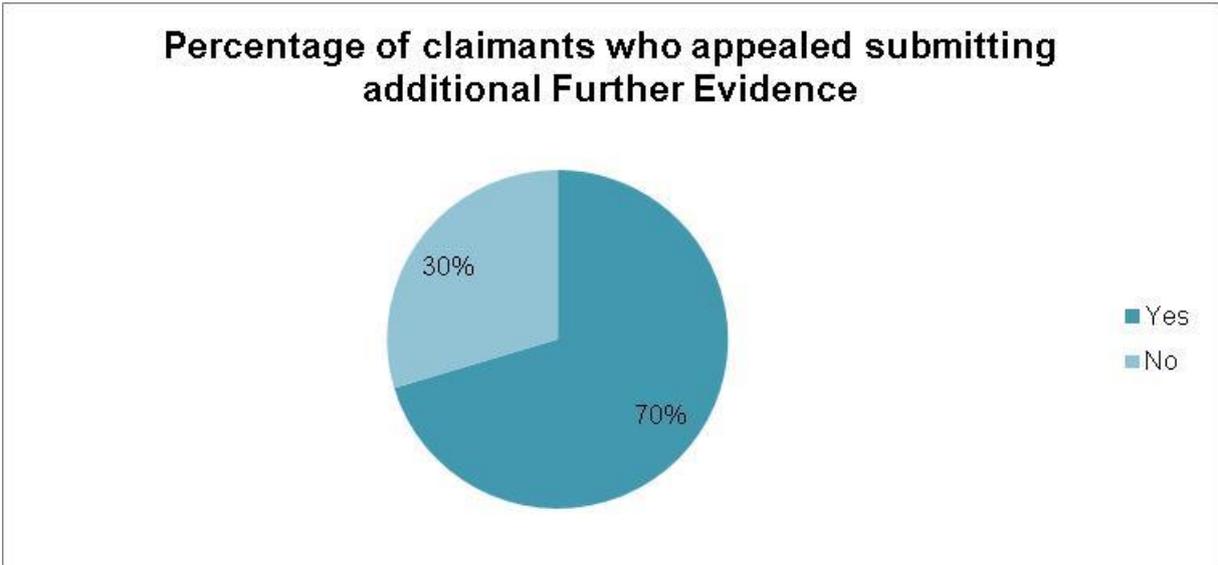
10. For those who answered that they had not thought it was important to send Further Evidence, the most common reasons given were having a severe condition that does not improve, an expectation that DWP already have the information from other benefit claims and a belief that DWP or Assessment Providers would be responsible for obtaining any Further Evidence that might be required.

“Previous claims should show that cervical spinal cord injury will not improve, a medical person would recognise this”

“It stated in the notes that the DWP would request anything they might need, so I did not try to get a doctor’s letter specifically, thinking that it would be requested”

11. Of those claimants who went to appeal, just over 70% of candidates supplied additional Further Evidence at that stage. The reasons for this varied greatly, but the general aim was to provide further corroboration of their claim.

Figure 1



Professionals and organisations

12. Professionals responding to the survey had mixed views on whether requirements for claimants around Further Evidence were clear. The majority, 63%, thought the requirements on claimants were not clear, citing: complexity of the PIP2 form, unclear communication on the form and a belief that Assessment Providers would obtain the information if claimants did not have it readily available.

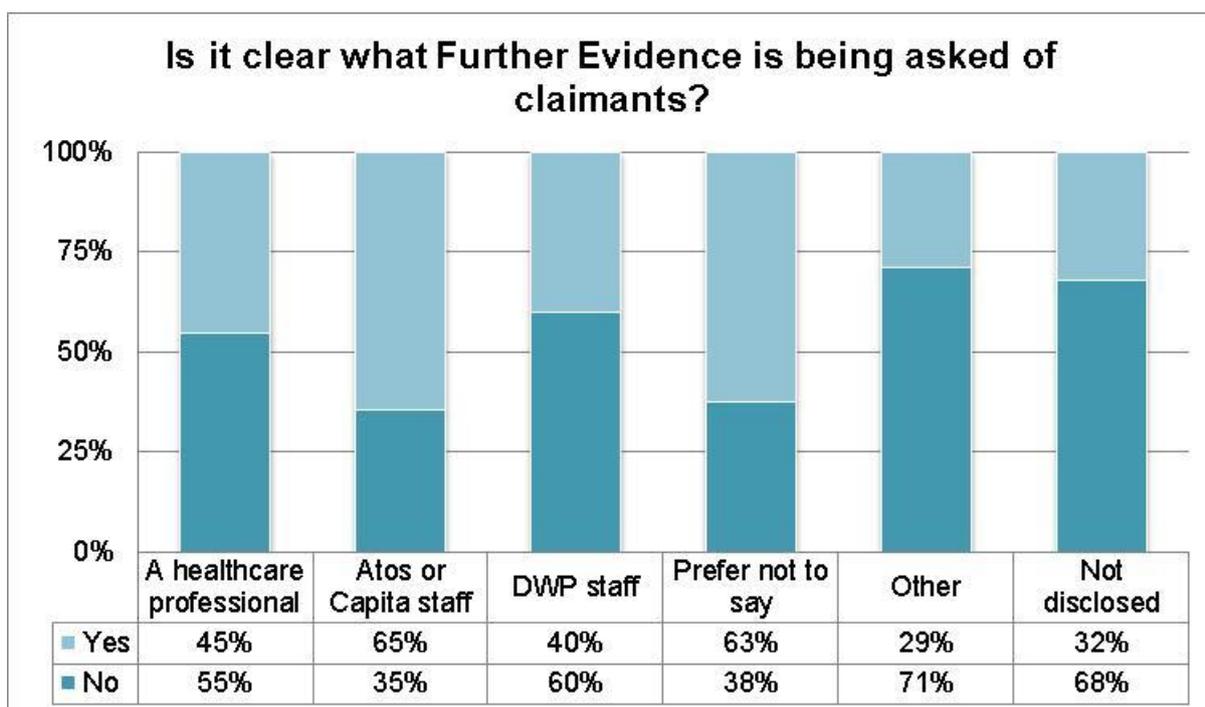
“The people I support have a learning disability and the letters they receive run into pages which are difficult to understand even for people without a learning disability. They need to be more precise in their instructions”

Wirral Mencap

“Time and time again clients are under the impression that because they provide...you with professionals’ names and addresses, ATOS/CAPITA will therefore contact them directly for additional evidence”

Kirklees Council

Figure 2



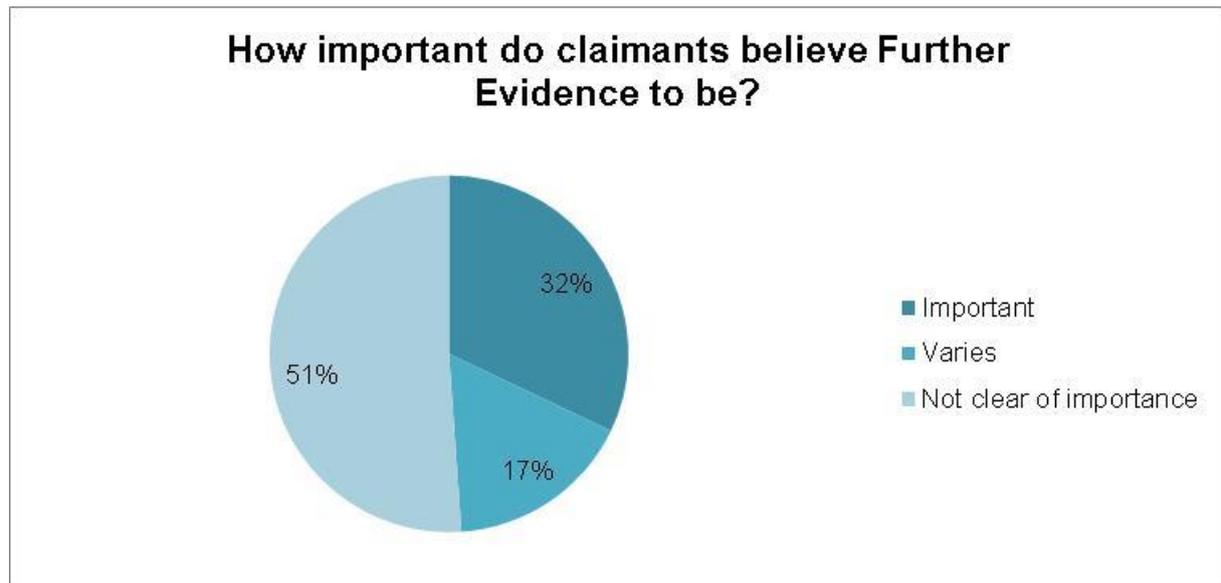
13. Professional and organisational opinion was split on whether claimants believe Further Evidence to be important. The largest group of responses, 51%, believed that some claimants were unclear of its importance. The most common reasons given for claimants seeing Further Evidence as unimportant were a belief that the Assessment Provider or DWP staff have access to their medical records or will request them and take them into account. Over 15% of professionals and organisations found that claimants varied as to whether they believed Further Evidence to be important:

“Many don't feel it is important, as they feel [providers] can contact the GP and get evidence themselves, in fact, that is what they expect to happen”

“Often not considered important because they assume that decision makers will contact the medical professionals mentioned on their form and have full access to medical records online”

West Somerset Advice Bureau

Figure 3



* figures extrapolated from qualitative data

14. In the vast majority of cases, over 87%, professionals and organisations believed claimants faced barriers to providing Further Evidence. Frequently cited barriers included cost (particularly of GP evidence), time, confusion over who is responsible for requesting Further Evidence and capability due to learning and/ or other disabilities.
15. With regard to Further Evidence at the appeals stage, more than 85% of professionals and organisations believed that additional Further Evidence is submitted at this point. Reasons given included the additional time to obtain evidence, the appeals process being the final stage of recourse and the increased likelihood of organisational support.

Data sharing

16. Nearly 48% of claimants said they had previously submitted information to DWP for other benefits that should have been considered as part of their PIP claim. The range of examples given included: ESA, DLA and WCA. Furthermore, over half of claimants, 52%, felt that government organisations other than DWP had information that should have been considered as part of the PIP claim. Almost all of these cases cited NHS records as examples of this kind of information.

17. In addition, most claimants (77%) said that they were comfortable with DWP sharing information between benefit systems or other parts of government. Reasons cited for wanting data sharing were focused on it helping genuine claimants, common sense and efficiency.

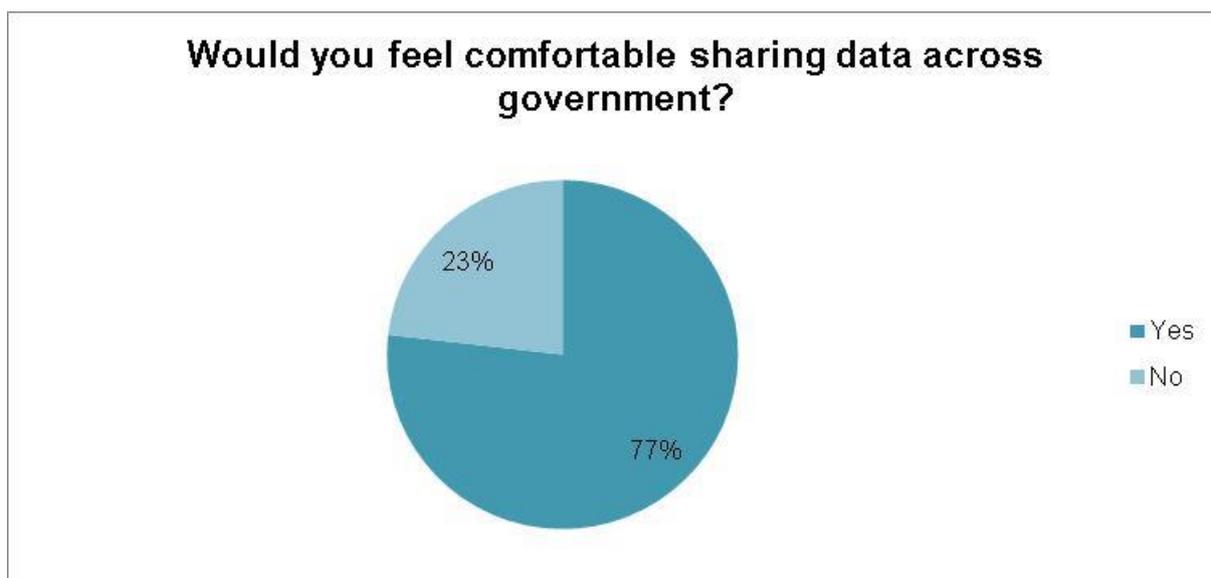
“It would be easier and would benefit people who are genuinely ill to prove their case and also it would be less stressful for the person claiming”

“Think it’s a joke they don’t already do this to get the full picture and support the people who need it”

18. For those who were not happy for their information to be shared, the primary concerns were trust and privacy.

“I simply don’t trust the DWP to do it honestly, rather than cherry-picking whatever they think will best make a case for denying a claim.”

Figure 4



Claimant experience

Individuals

19. The vast majority of responses from claimants who had gone through the claim process were negative. Common concerns were that the process from application through to the decision of entitlement was very stressful, too long and that the Health Professionals conducting the assessment were not adequately trained to understand their condition. Some claimants felt that the evidence they submitted prior to assessment was not taken seriously. Claimants who reported satisfaction

with the process tended to have had access to additional support with their application.

“The claim form is too long. The assessor and decision makers did not read my claim form or further evidence. The decision was based on a snapshot view from a 30 minutes assessment, which is not appropriate for people whose condition fluctuates.”

“Very happy, but I did have help from relevant parties in order to navigate the claim forms.”

20. When asked about improvements to the face-to-face assessment, many respondents felt that the assessment was too short and did not last long enough to give a true reflection of their condition. Respondents with accessibility and mobility problems were often particularly critical of the premises their assessments were conducted in.

“Having a centre closer to home! Having a consultation in a building that was disability accessible e.g. downstairs consulting rooms and toilets, and disabled parking”

21. There were some who felt that their type of condition (e.g. mental health conditions or cognitive impairments) could only be correctly assessed by a Health Professional with the relevant experience.

“The assessment needs to be inclusive to people with mental health issues. Assessment needs to be by a mental health trained doctor. Or chronic pain trained doctor. Not a physiotherapist.”

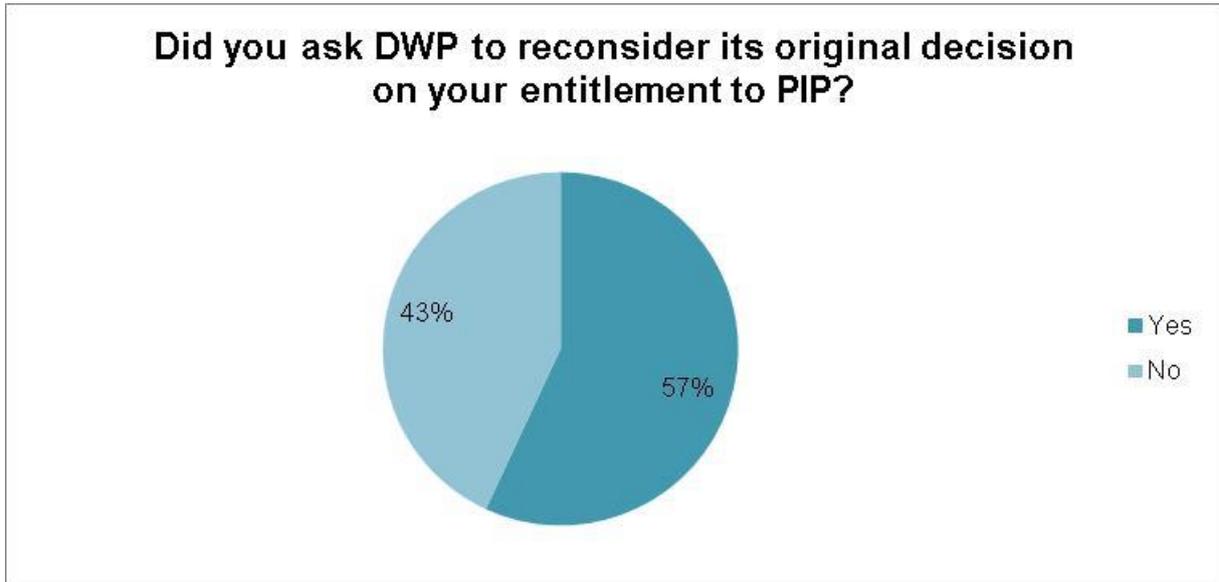
22. Figure 5 shows the percentage of respondents who went through the Mandatory Reconsideration process (the departmental stage of the decision review process, before an appeal tribunal). Respondents' feedback on this part of the process was mainly negative. Many felt that the evidence they supplied was ignored and that they were not given enough time to gather additional forms.

“You only have 14 days to obtain the extra documentation etc. I could not get an appointment to see my doctor for 3 weeks”

“Further evidence was completely ignored they made their reconsideration results without even looking at the evidence that was sent.”

“It seemed to just rubber stamp the original decision without a great deal of thought. I was only 2 points away from an enhanced award and I think that alone should have meant a closer look at my claim and the assessment decision.”

Figure 5

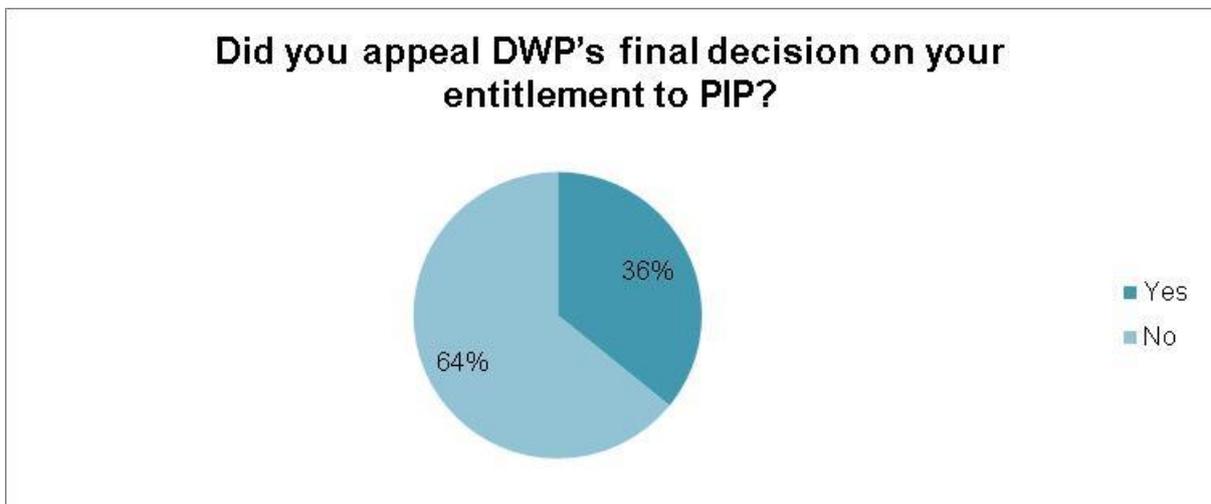


23. At appeal, the claimant is required to present their case in front of a tribunal. The majority of respondents felt that the appeals process was very stressful, with many stating that it had contributed to the worsening of their condition. However, some respondents had positive comments about the appeal stage; in particular, that the tribunal panel could be more considerate than the initial assessment to claimants' circumstances and more thorough in their exploration of the range of evidence supplied.

“Had to wait 12 months for an appeal date. The affect the whole process had on my mental health was a dramatic worsening of it. It is a horrible system to navigate when you are so weak mentally”

“The Appeal process looks scarier than it is. The panel were great and quickly saw the errors made”

Figure 6



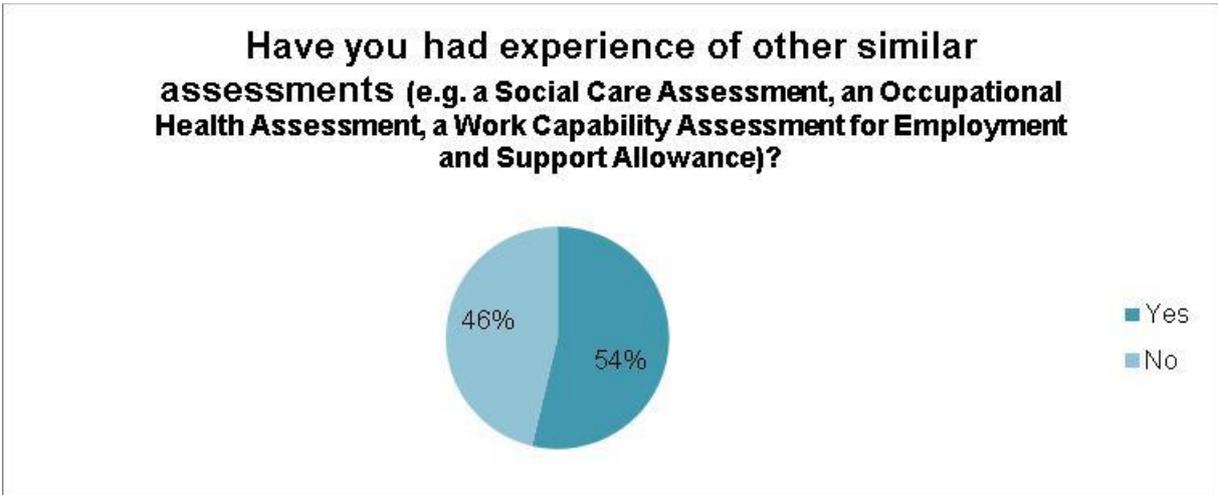
24. A significant percentage of respondents, 54%, had experience of a similar assessment to PIP. PIP assessments compared quite favourably with ESA assessments. However, claimants reported more positive experiences with social care assessments, with many stating that they received a higher level of service and care.

“The PIP claim process was much better than our experience of the ESA assessment process which was terrible. Awarded both, but ESA took longer and required a face to face assessment. The assessment was awful, waited over an hour to be seen, the meeting was very rushed.”

“The social care assessments are better. I get to agree an approach with my social worker, rather than them just imposing their views on me.”

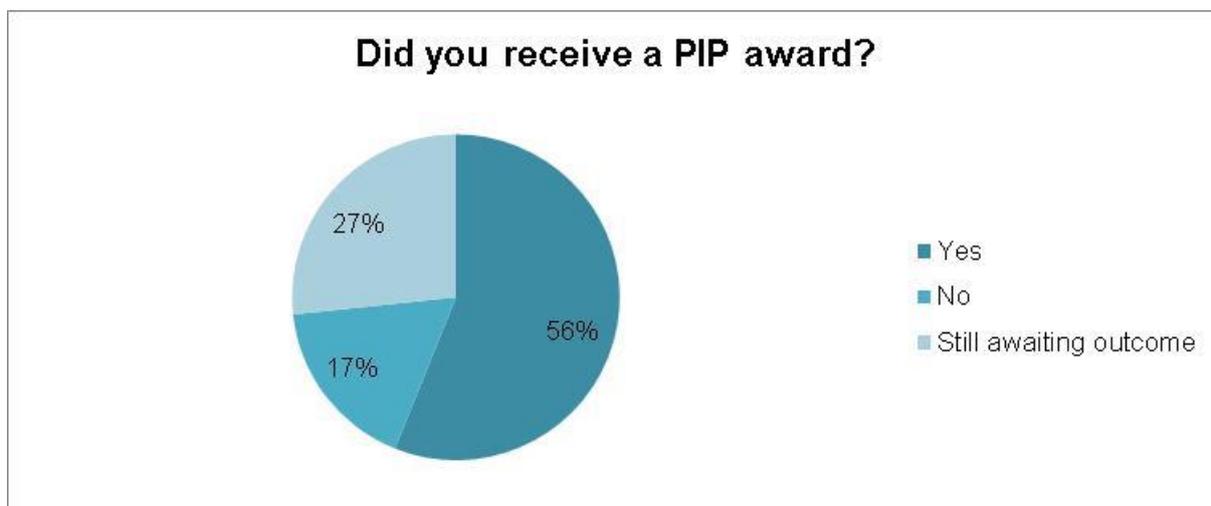
“Social care & Occupational Health assessments. Both make much more sense and have more 'care' involved. There is more flexibility with these which is important when everyone is different.”

Figure 7



25. Figure 8 shows the proportion of respondents who were awarded PIP. A significant proportion of respondents fell within each of the three categories (Yes - received award, No - did not receive award, Still awaiting outcome) allowing for a range of views from claimants who were awarded PIP as well as those who were not.

Figure 8



26. Respondents were also asked if PIP, although an ‘in and out of work’ benefit, had made an impact on their ability to stay in or return to work. The majority of respondents to this question commented either that they were not well enough to do any type of work or were unequivocal that PIP had made no impact at all on their ability to stay in or return to work.

“No impact whatsoever. I’m still working part time, but due to my health deteriorating, I’m currently struggling to stay in work, and fighting to keep my job”

“I was medically retired from my job of 30 years by the Atos recommendation and I will not recover, only deteriorate further”

27. Nevertheless, there were a number of respondents who felt that once they were awarded PIP it gave them the freedom to return to work. It was often characterised as a sort of buffer that gave claimants time to improve their health and confidence to begin moving towards the labour market. Sometimes the buffer was used to replace a loss of income from reduced hours and sometimes it allowed access to specific therapies or treatments.

“PIP award has allowed me to take a breather, relax somewhat and allowed me to now be in a position to actually look towards self employment”

“Yes, it has allowed me to begin the process of moving residences to a more populated area, where the entry barrier (travel times, etc) to getting a job is much lower”

“Yes. without PIP I could not have afforded to work part time. I couldn’t cope with full time work anymore”

28. However, it should also be noted that other respondents felt that not receiving a mobility award actively limited their chance of finding employment, because they

could not travel freely without a vehicle, especially if they lived in areas with limited public transport connections.

“Yes. It's been downgraded from high on both to standard on both from DLA to PIP. I'm going to be losing the car which is my only form of transport as I can't get on buses, nor can I walk more than 5-6 metres. Even then I'm in extreme pain.”

“It has degraded my ability to return to work. I lost my Motability vehicle.”

Professionals and organisations

29. When professionals were asked how the PIP process could be improved, a large proportion of responses recommended that the application form could be completed over the phone via a call centre operator. Others highlighted that the length of the application form is too long. It was also suggested that there should be an easy read version of the application form since many respondents felt that the current PIP2 form can be overly complicated. Others stated that increasing the duration of the assessment may give the assessor enough time to make better quality recommendations.

“Claim form could be completed over the phone, rather than just the initial 'gathering of details', makes the process seem long winded and behind compared to JSA/ESA etc.”

“For there to be an easy read for those needing it”

“Form needs significant simplification given patients requesting help are disabled at the time of request.”

Health Care Professional

30. Most responses were positive regarding the contribution of PIP to claimants' ability to stay in, or return, to work. Many stated that the decision whether to award a claimant with PIP can be the difference between having and keeping employment or unemployment. On a less positive note, there was also concern that a claimant's application may be unsuccessful if they stated that they were working or looking for employment.

“PIP claimants who are out of work are often reluctant to return, because they fear they will then be disbelieved and lose their PIP or even accused of fraud.”

“The loss of the higher mobility component in a lot of cases to be replaced with the standard (no mobility car) PIP entitlement, has meant that several of our clients were not able to stay in employment, as they could not get there.”

Reading Borough Council

31. When comparing PIP to other similar benefits professionals found occupational health (OH) assessments contrasted sharply with PIP. Many professionals felt that there is a lot of care and trust shown at OH assessments; whereas, trust was seen to be limited at the PIP assessments. By comparison with ESA, the PIP process was said to take a lot longer. Many also stated that evidence was often not requested from the contacts the claimant provided.

“Usually not as thorough as an occupational health assessment. Probably as poor as ESA medical assessments.”

“Little emphasis is made on gaining accurate information from professionals who have known the person and their health conditions for a long period of time.”

“I believe it is much harder. The PIP2 is daunting in length and most people misunderstand how they need to complete it to fully illustrate their health difficulties. Often this is because their health is so much part of their way of life that they no longer distinguish it as being different to the norm.”

Wiltshire Citizens Advice - Mental Health Debt and Benefit Team

32. With regard to the overall appeal process, the majority of responses from professionals and organisations stated that claimants appealed the original decision because they felt that the assessment report was incorrect and did not reflect the true level of their condition.

“Because they feel that the information provided by the HP is wrong and often does not portray the actual process that was taken”

Circle Housing South Anglia

33. There were many who expressed concerns about the Mandatory Reconsideration process. In particular, there were doubts that the Further Evidence that claimants had submitted had been taken seriously. This was a major reason for appealing the decision.

“We see many clients who appeal decisions; the majority of the appeals could have been changed at the mandatory reconsideration stage, as many clients send in supporting information, which is not considered. We see many clients who score nil points and go on to get enhanced daily living and mobility at tribunal”

Caerphilly Blaenau Citizens Advice

34. Most respondents said that the appeals process is very stressful and lengthy for claimants. Many worried that appeals are contributing to the claimants' ill health. Where there were positive responses to the process it came as a result of a successful appeal and /or the understanding nature of the tribunal.

“Very stressful and impacts adversely on existing health conditions, this is especially a problem for people who suffer mental health conditions who are more at risk/vulnerable to stress factors.”

Health Care Professional

“We get a generally positive response and the majority of the cases taken to appeal are successful. There seems to be more emphasis on all of the evidence supplied for the claim being taken into account at appeal whereas prior to appeal, there seems to be more emphasis on the medical assessment scores.”

Autism Wessex

Progress since the First Independent Review

35. Professionals and organisations were asked to comment on progress since the first Review. The majority of feedback regarding this was negative. Many respondents believed there had been little or no progress on the original recommendations. There was, however, a notable improvement on reduced waiting / case processing times. The simplification of communication, such as decision letters, was also a welcome improvement. Despite this, respondents felt that many of the communications in PIP continue to be too complex.

'The only difference I have noticed is a reduction in the length of time taken to get a decision. The experiences of going through the application process and the outcome of the award decision vary widely and I can see no reason for the variability in the outcome.'

Money Matters Project, Momentum Galashiels

'The only perceptible change is reduced waiting times for assessments.'

Tenovus Cancer Care

'The revised decision letters are much easier to understand for claimants. The new 'award review' forms have been sent to a couple of my clients so far, and the new format is easy for clients to use.'

Personal Financial Planning

Conclusion

36. The Call for Evidence has provided some important insights into the implementation of PIP policy which have been used to explore the issues in more detail. The Review is grateful to all respondents for providing this valuable evidence.

37. While a number of claimants and professionals / organisations reported positive experiences of PIP, the Call for Evidence responses were dominated by concerns with the complex and often stressful nature of the claims process and confusion around the use of Further Evidence and who is responsible for providing and obtaining it. With regard to data sharing within government, claimants showed a clear appetite provided it was consented to, with many questioning why it was not already being done.
38. Credit was given for the reduction in processing times since the first Review, but it was clear that the majority of respondents believed much more needed to be done to improve both the underlying design of the benefit and the claimant experience and there were concerns that assessments were insufficiently detailed and rigorous.

Chapter 3: Further Evidence

Clarifying the role of evidence

1. A key part of the policy intent for PIP was to deliver a greater degree of objectivity and fairness by ensuring evidence-based decisions. There are many types of evidence that could have a bearing on entitlement to PIP. Departmental communications have often focused on 'Further Evidence'. But this should not obscure the fact that the initial claim form already represents valuable evidence from the claimant of their ability to carry out everyday tasks. All evidence submitted during the PIP process, whether from the claimant or a third party, must be considered as a package.
2. PIP is intended to assess the **functional** impact of the claimant's condition(s) on their daily living and mobility. Medical evidence may, in certain cases, such as the most severe conditions and disabilities, provide sufficient information to accurately assess levels of functional impact in an individual case.
3. But, in most cases, evidence that is purely 'medical' will not be pertinent to an assessment of function. Individuals with similar medical conditions can experience very different functional impacts and barriers in their daily lives. A fair assessment of these cases requires evidence that directly identifies functional impacts.
4. The first Review found that many people viewed PIP assessments as a 'medical'. It is very disappointing that, two years on, this misunderstanding still seems as strong as it was and that medical terminology still prevails.
5. A telling example was the frequent use by Departmental and Provider staff of the term 'Further Medical Evidence', or 'FME', when discussing evidence relevant for PIP. This use of language by those responsible for the system reinforces to claimants and professionals that they should focus only on medical evidence, rather than evidence which demonstrates the functional limitations.
6. Evidence can be obtained from a variety of sources:
 - The claimant – claim pack (PIP2);
 - Face-to-face assessment;
 - GPs;
 - Hospital doctors / specialists;
 - Other health care professionals, such as community psychiatric nurses;
 - Family members and carers;
 - Social workers;
 - Previous evidence held by the Department, such as evidence from an earlier DLA claim or a Work Capability Assessment report;

- Evidence from other parts of the public sector, such as social services.
7. The Review considers that two specific forms of evidence should be given greater attention. The first is the information, where available, contained in a social care plan. A social care assessment is based on functional ability and well-being and could therefore contain useful indicators of impact on day-to-day living.
 8. The Patient Summary report, held by GPs, and detailing the claimant's medical history, could also be made more accessible in the assessment process - at virtually no cost if digital links and appropriate data security protocols were in place (this is discussed in more detail in Chapter 6). A claimant can request this document themselves. It could provide supportive evidence or identify additional sources of evidence to help determine functional limitations, such as possible referrals made for an Adult Social Care assessment or to health care professionals.
 9. Evidence provided should be looked at in the round since no source of Further Evidence intrinsically has greater value than any other. The PIP2 (claim form) should be assessed as a core piece of evidence from the claimant, ideally supported by evidence from third parties. This chapter looks at how all types of evidence are currently being used during the different stages of the claimant journey, the barriers in obtaining evidence and the impact of the Department's current processes.

Use of evidence

10. The Review has found three distinct challenges in the use of evidence in the assessment process:
 - I. Limited understanding of the type of evidence required;
 - II. Availability of evidence to support the assessment;
 - III. Confusion over responsibilities for providing evidence.
11. The Department has consistently acknowledged that Further Evidence is an area worth continued consideration and this was reflected in the Terms of Reference for the Review. It has pursued a number of innovations, such as changes to claimant communications and a pilot designed to prompt claimants to submit Further Evidence at the initial claim call stage. It has also established an internal Working Group to explore issues related to Further Evidence as part of its on-going improvement plans for the benefit.
12. Despite these welcome measures, confusion about the role and value of Further Evidence in PIP persists. While 81% of claimant respondents to the Call for Evidence said that they had submitted Further Evidence with their application, only 58% were 'clear' on the type of evidence they should supply.

Claimant understanding of type of evidence needed

13. The PIP2 form, “How your Disability affects you” and its accompanying information booklet, currently advise claimants about the types of evidence that may be helpful in support of their application.

Extract from How Your Disability Affects You form (PIP2):

It is very important that you provide us with any relevant evidence...you already have that explains your circumstances. For example this may include prescription lists, care plans, reports or information from professionals, such as GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, support worker or counsellor or any other information you think would be helpful for us to see.

...send in photocopies of things you have available. Don't request other documents which may slow down your claim or for which you might be charged a fee – for example from your GP. If we need this evidence, we will request it ourselves.

Extract from Information booklet which accompanies PIP2:

Additional information to support your claim:

.....it is important that you help us to understand your needs by providing additional information. This should help explain how your health condition or disability affects your daily life

...send information about how your health condition or disability affects you carrying out day-to-day activities

14. The Review does not feel this provides sufficient guidance. The Call for Evidence strongly suggested that most claimants do understand the importance of sending in additional evidence. However, their motives for sending the evidence are often based on a belief that the assessment process will not, by itself, produce a fair outcome and reflects a view that providing medical evidence of their condition should ensure that they receive the right level of entitlement.
15. The Department's difficulties in communicating what good evidence looks like is affecting the experience and confidence of claimants in other ways. It results in the claimant either failing to send any evidence in support of their claim, since they believe that the Department will collect it on their behalf, or, conversely, sending in all the evidence they have, in the hope that some of it may be helpful.
16. Through discussions with DWP Case Managers and Health Professionals, the Review routinely witnessed and heard about claimants providing numerous pieces of irrelevant information such as appointment letters and taxi receipts. The Department is required to scan and review every piece of information sent in. This comes at a financial cost, making it challenging for Health Professionals and Case Managers to sift and weigh evidence in a reasonable time period. Important

details may be lost amongst unnecessary information. More targeted messaging for claimants would improve the nature of the evidence provided and also improve the efficiency and effectiveness of the decision making process.

Barriers to obtaining evidence

17. Different claimants will possess different amounts of relevant functional evidence. Some claimants may have on-going access to their health care professionals, due to the nature of their condition(s). Others, however, such as those with long term conditions, may require no on-going involvement with their health care professional. It follows that they might also have limited access to relevant evidence to support their claim. There may also be claimants, such as those with certain mental health conditions, who have not sought the level of support they should be receiving to manage their condition.
18. Even where claimants have regular access to health care professionals, they are more likely to have evidence that is mainly medical in nature. Prescription lists detailing different levels of medication or a consultant's report can, at times, be decisive in determining functional impact where the claimant's health condition leads to predictable and well understood functional impacts. But for many claimants that will not be the case.
19. Barriers to the accessibility of evidence include not only the type of evidence needed to support a claim but also external factors such as the time taken and the cost of obtaining supporting evidence from third parties, in particular GPs.
20. PIP claimants are allowed four weeks to submit their PIP2 in order to proceed with their claim. Claimants who require additional time to submit the form can apply for an extension of two weeks, although this option is not readily made clear to claimants.
21. There are circumstances where claimants are accessing support services to help them complete the complex form and four weeks is not enough. The demand on these services can, for instance, be such that claimants are unable to get an appointment or obtain supporting evidence in time. In these cases, it would be reasonable for the Department to consider, where appropriate, allowing the claimant additional time, beyond the present two week extension, to provide appropriate supporting information for their claim.
22. The Review has heard from many claimants and support organisations that the cost of obtaining medical records from GPs is a barrier to providing corroborative evidence. This will have clear implications, particularly when many claimants are on a low income.
23. The Department currently pays fees to GPs for General Practitioner Factual Reports (GPFRs). However, there is no mechanism for the Department to pay for other sources of evidence such as Local Authority funded clinics or factual reports/GPFRs completed by professionals other than GPs or Consultants.
24. Where functional evidence is available from a health care professional, but this requires a fee to be paid, the Review would not expect claimants to pay.

Claimants should be given the opportunity to indicate if their ability to obtain additional evidence is constrained by a financial cost. The Review considers it is then the responsibility of the Health Professional to request this evidence, if deemed appropriate, at the assessment stage. However, as identified later in the chapter, this must not be limited to gathering evidence from GPs who are often not best-placed to comment on the claimant's functional limitations.

25. The nature of a claimant's health condition may have implications for their ability to understand the type of evidence required in the PIP process and how to obtain it. This is particularly relevant for claimants with mental health conditions, or hidden impairments, who may not have access to support services.
26. The Department already has a process in place during the initial telephone claim to identify claimants who require additional support in the claims process as a result of their health condition. This is restricted to claimants with severe cognitive and mental health conditions, ensuring that their claim can be progressed if the PIP2 is not returned. This only equates to some 4/5% of claims made and more should be done to provide tailored support for vulnerable claimants, particularly at the initial claims stage.
27. It is evident from the Review's observations that the Department and its Providers rarely seek Further Evidence. This may be due to the lack of incentives for the Department's Assessment Providers who have Service Level Agreements relating to the time taken to return a case to the Department.
28. The long delays experienced in 2014 clearly mean that it is sensible to have such arrangements in place, with appropriate service credits claimed if they are not met. However, the Department should regularly review the appropriate balance between the speed of assessment completion and provision of the best service to claimants.
29. The low number of requests for Further Evidence can also be attributed to the limited usefulness of evidence received from professionals, in particular GPs.
30. Where it is felt that additional evidence from a GP would be beneficial, there is a process in place for GPs to produce a report which should detail the impact the claimant's health condition has on their day-to-day lives. The Department, through its Assessment Providers, can issue a request for this information and the GP receives a fee to produce the report, as discussed in paragraph 23.
31. The Review's observations of these reports show that they often simply confirm a diagnosis. It is unlikely that a claimant's GP would know how a claimant conducts their daily activity, such as managing and preparing food, as they would have very limited opportunity to observe a claimant carry out such functions. The report may just end up being a statement of what a claimant has told their GP which adds no further corroboration to what the claimant has provided.
32. Rather than commissioning these bespoke reports from GPs, at cost, it might be more helpful to move towards regular access to the already available GP Patient Summary, as discussed in paragraph 8, which would give suggestions to

assessors about possible sources of functional evidence not submitted by the claimant.

33. The time lag in receiving the report back from a GP may also have a bearing on the value of requesting it in the first place. Many reports are provided after a face-to-face assessment has already taken place and a significant minority do not come back at all.
34. In addition, there is anecdotal evidence of GPs telling claimants to come back to them for a detailed report if their initial claim for PIP is unsuccessful. These factors add up to make it an unattractive proposition for Assessment Providers to request Further Evidence. They also mean that this method of obtaining Further Evidence is of questionable value even were it to be done more extensively.
35. Equally, where there is available evidence of functional limitations, it is apparent that this is not always properly taken into account by Health Professionals or Case Managers during the assessment and decision making process.
36. The Review is concerned that there is an apparent hierarchy in the relative importance which Health Professionals and Case Managers attach to different sources of evidence. In particular, during roundtable discussions with Health Professionals and Case Managers, the Review observed that Health Professionals and Case Managers often regard evidence from a family member or carer as having limited value, since they take the view that such evidence does not come from a sufficiently independent source. In some cases, this seemed to extend to attitudes towards evidence from professional carers and personal assistants from an industry which is already heavily regulated.
37. The Review recognises that considering the source is a valid part of weighing and testing the evidence. But carers, friends and family may be in a better position than many professionals, who have more limited contact with the claimant, to explain the functional impact of their condition. The Review considers that, whilst some evidence will have greater impact in terms of content, no single source should be assumed to have greater value than any other.
38. The PIP Assessment Guide (the Departmental guidance for use by Health Professionals and Case Managers in assessing PIP) is largely silent on how to treat this type of evidence. This is likely to lead to inconsistency in how evidence is treated and may mean evidence from carers, family and friends is not always given due consideration. The Review considers that the Department should amend the guidance to reflect the importance and potential value of family member and carer evidence in determining functional limitations, while recognising that evidence from all sources should be appropriately probed.

Recommendation:

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

Onus of responsibility and claimant communications

39. During the Call for Evidence, claimants often commented that they were unclear whose responsibility it was to provide Further Evidence. Many assumed that the Department would contact their health care professional if additional evidence was required. This is reinforced by the fact that the first question on the PIP2 asks for the name of the professional best-placed to advise on how an individual's condition affects them. It also states that, if the Department needs any additional information, it may contact the named professional. Finally, the information booklet states that, if the claimant does not have the information, the Department would contact the professional if evidence was needed.
40. Yet the Review has come across few occasions where the Department has actively contacted the named professional on the claim form. The claimant is therefore given an expectation that their health care professionals will be contacted, only to discover at the assessment that this is not the case. This does little for claimants' confidence in the process.
41. There is, however, a balance to strike here. While there may be cases where the Department and its Providers could be more proactive in seeking additional evidence, there is a danger in requesting evidence in all or even most cases. This would place significant additional strain on the Health and Social Care sector, for potentially limited reward, with the Department and its Providers having no reliable way of knowing whether the evidence they may receive from professionals would be useful in determining functional impact. Given this, compelling the Department and its Providers to request evidence in all or even most cases would risk much wasted effort.
42. However, the first Review identified an opportunity for the Department to reduce the burden on the claimant by making greater use of evidence already held by the Department such as previous DLA or WCA evidence. There is some evidence that this is happening with reassessment claimants able to request that DLA evidence is used for their PIP claim and WCA evidence being used in a limited capacity in assessing Award Review cases. This should be communicated more widely to ensure that claimants understand they can request for this to be included. The principle should be that, where the Department holds evidence, it should look to use it in the assessment process.
43. The Review's overall conclusion is that the primary onus of responsibility for providing evidence should rest with the claimant. But this will only operate satisfactorily if the claimant has a clear understanding of what the Department requires. Before moving to this model, the Department must first clearly articulate the type of evidence that is needed to support a claim as well as the type of help claimants might seek in assembling the material and thereby empower the claimant to exercise choice and control in providing the evidence. At the same time, the Department and Assessment Providers should still be prepared to obtain additional evidence if they identify good opportunities to do so during the assessment process.
44. Despite the Department's efforts to revise external communications, the Review has found that many claimants still find them complex and are often unclear on

what to expect next in the process. The Department is still dependent on text-heavy letters and advice booklets which most claimants find inaccessible. These letters are automatically issued to claimants by a computer system that does not allow for easy or quick updates to communications. This hampers the Department's ability continually and efficiently to improve communications.

45. There must be a concerted effort to simplify written communications across the claimant journey and further develop accessible formats. Communications should inform claimants in a consistent manner from their first point of contact with PIP through to their award decision and, where applicable, all subsequent Award Reviews. The Department may wish to consider providing illustrative examples of what good functional evidence looks like, in addition to what not to send, so that claimants can understand how best to support their claim. Wherever possible, the Department should continue to co-create communications with claimants and their representative bodies.
46. A more comprehensive and clear online presence would help support these improvements. Though the current [gov.uk/pip](https://www.gov.uk/pip)¹² site holds valuable information, it also is text-heavy. This can be off-putting to claimants. The PIP website could be much improved by a creative digital approach using an intuitive layout and simple videos, all accessible from one easily identifiable portal. The Workplace Pensions¹³ and Skills for Care¹⁴ sites serve as good examples of how communications from government and the public sector can be user-friendly and provide accurate information.
47. PIP could look to gain more insight from claimants. PIP communications have tended to be one-way but, by using a digital solution, the Department could create new feedback mechanisms and refine the information offered, perhaps through an FAQ section. Ultimately, this could lead to a better claimant experience and a more efficient assessment process. Opportunities to make better use of digital channels in the delivery of PIP are discussed in more detail in Chapter 6.
48. The Department should also make communications more accessible for claimants who struggle to engage with existing products due to their health condition or disability. The Review is encouraged by the inclusion of PIP claimants in the DWP Video Relay Service for British Sign Language users and Next Generation Text which is a Text Relay Service for people who cannot hear or speak on the phone. This allows speech or visually impaired people, as well as people who are deaf or hard of hearing, to communicate with the Department via a free application downloaded to the claimant's smartphone, tablet or computer.
49. The Review therefore encourages the Department to develop more alternative communications channels which could support a wider range of claimants, including those with hidden impairments, to ensure they are not disadvantaged in the claims process.

¹² <https://www.gov.uk/pip>

¹³ <http://www.workplacepensions.gov.uk>

¹⁴ <http://www.skillsforcare.org.uk/Standards-legislation/Care-Act/Learning-materials/Care-Act-videos.aspx> <http://ngts.org.uk>

Recommendation:

The Department 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:

The Department makes clear that the responsibility to provide Further Evidence lies primarily with the claimant and that they should not assume the Department will contact Health Care Professionals.

Conclusion

50. The use of evidence to corroborate the functional impact of a claimant's condition provides them with the opportunity to exercise choice and control in their claim. Whilst the primary onus of responsibility for providing functional evidence should lie with the claimant, this does not remove the Department's responsibility to take decisive action to improve communications about claimant responsibilities. The Department and its Providers should also be proactive in gathering Further Evidence where they identify sources that are relevant and reliable.
51. The Department must ensure it addresses the imbalance in the weight attached to functional evidence where it is supplied by a carer or family member. There are over 1.5 million paid carers in the heavily regulated care industry¹⁵ across the UK in addition to a significant proportion of unpaid family members and friends who provide day-to-day care for claimants. It is wrong to give their evidence less weight in the assessment process. Evidence should be considered in its entirety and not only where it has been provided by a health care professional.
52. The variability of evidence, and barriers in obtaining it, mean that that the assessment process cannot rely on its availability and provision. Not all claimants will have ready access to good quality additional evidence. Ultimately, in order to achieve fair outcomes for all claimants, the assessment process must be able to give consistent outcomes even where no Further Evidence is available. So, while improving arrangements for obtaining Further Evidence is important, the more fundamental issue is the operation of the assessment itself. This is considered in Chapter 5.

¹⁵ <http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/NMDS-SC/State-of-2014-ENGLAND-WEB-FINAL.pdf>

Chapter 4: Claimant Trust and Transparency

Background

1. Claimants expect to receive a certain standard of customer service in their interactions with the Department and Assessment Providers. The Call for Evidence and investigations during the Review have shown that there are opportunities throughout the claimant journey where practices could be improved. This would ensure that claimant confidence in the process, and the fairness of awards, is maximised.
2. The original policy rationale behind Health Professionals conducting predominantly face-to-face assessments was to achieve fairer and more objective outcomes. However, as claimants have expressed through the Call for Evidence, the nature of preparing for and attending an assessment can often cause anxiety and stress.
3. In focus groups, and through contributions to the Call for Evidence, claimants frequently expressed a lack of confidence in the ability of Health Professionals to determine the impact of their condition. They often said that more emphasis should be placed on evidence from professionals who know them best and that they have limited faith in a Health Professional who may be neither a specialist nor familiar with their health condition.
4. The Review considers that whether a Health Professional is a specialist in a particular health condition should not, in principle, have an impact on their ability to conduct a functional assessment. But the right training must be in place to address any condition-specific knowledge that is relevant. Moreover, claimants' concerns about the capability of those assessing them face-to-face inevitably impacts on confidence about receiving an accurate and fair outcome.
5. More should be done to raise awareness of the functional nature of the assessment in order to reassure claimants about the training given to Health Professionals who undertake this work. The Department and Assessment Providers should also look to raise confidence in the willingness of assessors, when reaching their conclusions, to draw on specialist support such as mental health experts. In line with standard practice, in complex cases where there has been a referral to a clinical expert, mentioning this in the letter could help to bolster trust.
6. Claimants have also expressed a lack of trust in the ability of Health Professionals to record what has been said during face-to-face assessments. Some assert that the Health Professional has misinterpreted or even deliberately misrepresented what was discussed during the assessment. There may be a variety of reasons for this belief:

- a) The Health Professional may not have made specific reference to Further Evidence provided by claimants in the assessment report;
- b) The Health Professional may have omitted to include evidence that the claimant felt would demonstrate the impact of their condition;
- c) The claimant felt that they had not been able clearly to articulate the impact of their condition and the Health Professional had made some inappropriate assumptions based on their observations and medical opinion;
- d) Health Professionals may genuinely have made an error when transcribing their notes from the assessment.

Assessment transparency

7. The Review considers that a more transparent assessment process would provide claimants with greater confidence in the fairness and openness of the assessment. Increasing levels of claimant trust should help decrease the anxiety felt by many claimants and might also help claimants articulate their needs in the most appropriate way.
8. Since the final decision letter sent by DWP does not routinely include a copy of the assessment report, claimants currently have relatively little insight into the workings of the assessment process. Claimants are able to request a copy of this report, but this is not well publicised, so claimants usually only see the assessment report if they take their case to appeal.
9. The Review considers that the claimant should have routine access to their assessment report when they receive notification of the award decision, so that they are able fully to understand the basis on which their entitlement was determined. This should apply both for paper-based and face-to-face assessments. It is hard to see what justification there could be for the current lack of transparency. Making the reports automatically available, which should be achievable relatively quickly, would also provide an incentive to improve the quality of report writing by Health Professionals.
10. That said, providing access to the report only offers a record of what the Health Professional wrote, not the complex dynamics of a face-to-face assessment. In the longer term, improving access to audio recording of such assessments would provide a more objective record of the assessment itself.
11. Claimants are currently able to audio-record their face-to-face assessment, but the process is cumbersome and bureaucratic with many restrictions in place. The claimant needs to know how to make a specific request in advance and source their own equipment. This sets an unreasonable obstacle in their way.
12. The Review recognises the challenges involved in the mass production of audio recordings, including the collection and storage of a very significant amount of sensitive data. But the enhancement and improvement of the current option is

another important ingredient in improving the degree of transparency and trust in the system.

13. Creating an audio record which could subsequently be checked should help increase claimant confidence in the conduct of such assessments. It could also, as discussed in more detail in Chapter 5, be used by Assessment Providers to drive improvements in quality, as is commonly done in many other claimant telephony contexts and also in addressing any complaints. This would provide greater protection both to claimants who experience a failure of service and to Health Professionals who may be subject to an inaccurate complaint (both of these types of case were reported to the Review).
14. The Review is pleased to note that the Department, working with Capita, is currently undertaking a trial of audio recording and the Department should use this opportunity to test the logistical impact of wide scale recording before introducing nationally.
15. It is important to be conscious of the privacy of claimants and their experience of the assessment. The Review considers the claimant should always be offered the option to opt out of the recording of the assessment, with a clear message that this will not impact how their case is assessed. This should reduce possible anxiety over the impact of agreeing to the recording.
16. Audio recording can never provide an entirely definitive record of a face-to-face process as it will not capture visual observations and physical examinations. The Review has heard from claimants and support organisations, including representatives from the Disability Benefits Consortium, of situations where claimants have been observed walking to and from the assessment centre and this has been used to test their mobility.
17. The Review considers that the use of informal observations is a valid part of the assessment process as long as it is interpreted in the context of such activity being repeatable reliably, to a safe standard and within a reasonable time period. Health Professionals should though do more to make it clear to the claimant that such observations may be used to inform functional impact, and to indicate in the assessment report when this has been done.

Recommendation:

The transparency of decision making is improved with claimants being provided with the assessment report with their decision letter. In the longer term, offer audio recording of the assessment as the default with the option for the claimant to opt out.

Decision making transparency

18. Following an assessment by Health Professionals, conducted either face-to-face or through a paper-based review, it remains the responsibility of the Department's Case Managers to determine a claimant's entitlement to PIP and to issue the decision.
19. In discussions with Case Managers, it is clear that many regarded Health Professionals as the 'experts' in determining a claimant's functional impact given their qualifications and as they have, in most cases, directly observed the claimant and explored their functional capability.
20. On that basis, Case Managers place a great deal of weight on the content of the assessment report when considering the available evidence and reaching a decision. There is also frequently an assumption that the Health Professional has already considered the other evidence at the time of conducting the assessment and that therefore their report will contain the most relevant evidence for entitlement. The Review's recommendation for reports to be provided to claimants will strengthen the incentive for Case Managers and Health Professionals to assure themselves that is indeed the case.
21. Once a decision has been made, claimants receive notification of their outcome, currently with a decision award notice only. The Review recognises that the Department has made improvements to the content of that award notice as recommended in the first Review. However, despite these improvements, there remains a lack of clarity in explaining how the decision has been made and what evidence has been used to determine the outcome.
22. During visits to benefit centres, the Review has observed that Case Managers use the 'Reason for Decision' tool to complete decision notifications and considers it has improved efficiency and consistency by standardising structure and language. That said, the Review is concerned that the tool restricts Case Managers from providing appropriately tailored reasoning about how they have arrived at their decision.
23. The tool significantly restricts the amount of characters and words that can be used which may stifle the ability to provide detailed reasoning and, in particular, make specific reference to the evidence. Even in cases where there were sufficient characters, the Review observed variability in the extent to which decision letters were tailored to the claimant's individual circumstances.

24. Where it is not clear which evidence has been used to determine entitlement, this adds to the belief expressed by claimants that their evidence is not taken fully into account and undermines their confidence in the assessment process. Alongside failure fully to explain decisions, this undermines confidence and adds to the claimant's belief that their entitlement has not been assessed thoroughly or accurately.
25. These problems can, in turn, lead to the claimant disputing the decision. The Review also heard from Tribunal Judges that, when they see decision letters or assessment reports at appeal hearings that have used standard or repetitive language for different functions, it can (understandably) undermine their confidence in the rigour of the original assessment.

The dispute process

26. Once a claimant has received notification of their PIP award, they have one month from the date of the original decision to request a 'Mandatory Reconsideration' if they wish to dispute it. The claimant must first ask the Department to reconsider the decision in this way before they can take their case to an Appeal Tribunal.
27. The Mandatory Reconsideration process was introduced in October 2013 as part of the appeals reform for all DWP administered benefits. The aim was to resolve disputes as early as possible and reduce unnecessary demand on Her Majesty's Court and Tribunal Service.
28. During the Review claimants expressed concern about the Mandatory Reconsideration process, in particular in relation to the provision of Further Evidence. Many felt that their evidence was ignored, with the reconsideration process being deemed to be a "rubber stamp" rather than a thorough audit of the original decision.
29. The Review has met with Tribunal Judges and they were also sceptical about the thoroughness of the Mandatory Reconsideration process. They felt it has turned into an additional administrative barrier for claimants who wish to challenge their decision rather than a substantive re-examination of the evidence.
30. As identified in the previous chapter, the Review believes that, whilst responsibility lies with the claimant to provide additional evidence, the Department needs to remind claimants of the importance of providing evidence if relevant to the reconsideration they are seeking. Greater contact with the claimant when a request for reconsideration is received would help, alongside critical scrutiny of the original assessment report and possible options for Further Evidence. The Mandatory Reconsideration process provides an important opportunity to get the right outcome for claimants and should therefore be more consistently conducted.

31. The Social Security Advisory Committee published a report, *Decision Making and Mandatory Reconsideration*,¹⁶¹⁷ in July 2016. This focused on Employment and Support Allowance fitness for work and Tax Credit decisions. Although not specifically focusing on PIP, the report does make some recommendations on how reconsiderations might be improved. These recommendations could have a bearing on PIP, and resonate with the findings of this Review, including that:
- Claimants should have routine access to the Health Professional reports so they can understand the basis on which decisions are made;
 - DWP work with the Department of Health and the Devolved Administrations to establish a consistent approach to the provision of evidence;
 - DWP should clarify for claimants under what circumstances it will gather evidence for claimants and what expectations are placed upon them at each stage in the decision making process.
32. The Review is encouraged to note the positive interim response¹⁸ from the Department to this report and would encourage the Department to continue to make improvements in the Mandatory Reconsideration process.
33. Currently 65% of appeal hearings overturn the initial decision¹⁹. This is eroding the trust of claimants and stakeholders in the system. The Review has heard from claimants in the Call for Evidence and during focus group meetings, who have stated they could not face the stress of going through an appeal and decided against disputing the decision on their claim. In addition, the Review recognises the negative impact of the process on claimants who have appealed and subsequently had their award reinstated.
34. Of the claimants who responded to the Call for Evidence, over 70% provided Further Evidence at the appeal stage. Claimants had at this stage often sought support from advice organisations in order to establish what evidence should be submitted to corroborate their claim and had obtained tailored evidence from professionals.
35. This chimes with suggestions put to the Review by DWP staff during a series of roundtable meetings with Case Managers, that claimants do typically submit extra evidence at this stage (with some suggestions that this may be a deliberate tactic on the claimants' part). The Review also heard from advice organisations that the resource constraints they face mean they are often, in effect, having to ration their support to claimants to the appeal stage only. There is a clear risk that this set of factors could combine with claimants' underlying lack of trust to reduce further the effectiveness of the initial decision and appeals process.

¹⁶ <https://www.gov.uk/government/publications/ssac-occasional-paper-18-decision-making-and-mandatory-reconsideration>

¹⁷ As Chair of SSAC the Reviewer was party to this report and its recommendations. He has, however, carried out this review in a personal capacity and not as Chair of SSAC, and there has been no input from, or involvement by, other members of SSAC

¹⁸ <https://www.gov.uk/government/publications/government-response-ssac-report-on-decision-making-and-mandatory-reconsideration>

¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575434/tribunal-grc-statistics-jul-sept-2016-2017.pdf

36. Discussions with Tribunal Judges have however suggested that, rather than further written evidence, it is cogent oral evidence from the claimant at the hearing that is by far their most common reason for overturning decisions. This either means that this evidence is not sufficiently well-collected during the assessment or is not convincingly analysed or written-up. It may also mean that Tribunal Judges and Health Professionals are routinely coming to differing judgements based on the same evidence.
37. None of these is a comfortable conclusion to reach. The right focus for this Review is the quality of the initial assessment and decision making process. The better that is, the more likely it is that pressure on the reconsideration and appeals processes will be eased, and ultimately lead to improvement in the claimant experience. That underlying quality is the issue to which the next chapter of this report turns. But the Review would observe that the differing perceptions of why so many appeals overturn initial decisions highlights the case for further research into that question.

Conclusion

38. Increasing claimant trust will be a challenging task. This chapter has identified some actions the Department could take to improve the transparency of the process, such as making the assessment report available to claimants at the time of the decision and improving accessibility to audio recording of assessments. But these will not in isolation address the issue. Restoring claimant trust also requires an assessment process of demonstrably high quality, fairness and consistency.

Chapter 5: Quality and Consistency in PIP

Quality and consistency background

1. A key policy aim of PIP was to deliver a fairer, more transparent and more objective assessment than DLA. This would be done through a report provided by a qualified Health Professional following a face-to-face assessment with that Health Professional in most cases. At the time of the first Review, there was not enough data to make observations about how this aim was being met. But that Review did identify that the measurement of consistency between cases was important to provide assurance that assessments were fair and objective.
2. Drawing accurate comparisons with DLA is inevitably challenging, leading the Review to consider the extent to which PIP is independently achieving fair, transparent and objective outcomes. When doing this, the Review is aware that there are inevitable limitations to the conclusions about the level of consistency in PIP given the many variables that could impact outcomes at an individual and geographic level.
3. Consistency is challenging to achieve within a functional test operating at scale and will never be fully achieved in all cases. Many factors external to the assessment process may influence the functional barriers experienced by two people, even where they have the same condition. These factors need to be taken into account in the assessment. They include:
 - a) Severity of condition(s);
 - b) Individual perception of condition severity;
 - c) Individual perception of functional impairment;
 - d) The level of accuracy and detail that the claimant, or those representing the claimant, describe the impact of that condition;
 - e) The amount and quality of support the claimant receives from others during the claim process;
 - f) The amount and type of support an individual is receiving to manage their condition;
 - g) The treatment that person is receiving to manage their condition;
 - h) A wide variety of social-economic and psychological factors that might influence the position (e.g. presence of family support, levels of social engagement, individuals' coping mechanisms, and geographic location).
4. The level of diversity in the PIP caseload means that the assessment of needs must not be approached in a mechanistic way. Two claimants need not experience exactly the same process. But achieving the policy intent does require

that functional impacts are investigated in a way that means decisions have a strong evidence base and that the policy intent is consistently applied across the benefit.

Measuring quality in PIP

5. A key factor in getting fair, objective and consistent outcomes is having high quality assessments. The National Audit Office and Public Accounts Committee noted in 2015 the high level of C grade reports²⁰ recorded through the audit process.²¹ The Providers accepted at the Public Accounts Committee that the current situation was not acceptable and committed to improving it.²² The number of C grade reports was trending downwards at the time of that inquiry and has continued to improve over time, which is welcome.
6. The Department has taken a number of actions to improve the quality of PIP assessments with the most notable being a new contractual regime around quality. The key elements of this are:
 - a) A new set of audit criteria – replacing the A to C grade audit with an audit scale that runs from Acceptable (A) to Unacceptable (U). The key difference here is that the new U grade is used for cases where the advice would impact the level of benefit recommended whereas the old C grade was not linked to benefit outcome. The new audit criteria are provided at Annex D;
 - b) An independent audit function housed in the Department to assess the level of quality for contractual purposes replacing the previous Provider led system;
 - c) A stronger set of service credits linked to quality with no payment made for any U Grade assessment beyond an agreed allowable level.
7. These actions are a welcome step in the right direction and provide clear incentives to Providers to produce reports of an acceptable quality. These incentives have driven a clear focus on report quality in Provider management, together with a significant increase in the amount of internal audit and checks on quality within Providers.
8. The Review does, though, have some concerns about the robustness of the application of the audit criteria across the system and the extent to which the new criteria are consistently applied across the Independent and Provider audit functions.

²⁰ These reports contained unacceptable quality in one of the following areas: presentation and process, consultation, reasoning or professional issues. Example reasons include major conflicts of evidence not being resolved or failing to gather/record significant elements of claimant history

²¹ <https://www.nao.org.uk/wp-content/uploads/2016/01/Contracted-out-health-and-disability-assessments.pdf>;

<https://www.publications.parliament.uk/pa/cm201516/cmselect/cmpublicacc/727/727.pdf>

²² <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/public-accounts-committee/contracted-out-health-and-disability-assessments/oral/28373.pdf>

9. In particular, during visits to both Capita and Atos the Review observed that the requirement to gather evidence was not always being fully considered. Instead, some audits focused on whether the judgement was clinically probable, possible or improbable given the evidence they had gathered through the assessment and Further Evidence. In some cases, it was clear that insufficient evidence had been gathered to provide a clear, well evidenced recommendation yet the case passed the audit. The Department should monitor the implementation of the new criteria to ensure it is being robustly and consistently applied.
10. More broadly the Review is concerned that the audit does not consider the claimant journey across all parts of the assessment process and focuses too narrowly on the report produced. This is problematic as the relationship between the quality of the assessment report and the quality of the actual assessment is not well established.

Measuring consistency in PIP outcomes

11. Measuring the consistency and accuracy of outcomes at a macro level is not easy. The Review would expect to see some outcome variation across both location and time due to:
 - a) The relatively new nature of the benefit;
 - b) The incidence of disability in a given area;
 - c) The distribution of severity of disability within a given area;
 - d) Benefit take up rates;
 - e) Wider socio-economic factors.
12. Average national award rates for normal rules²³ cases (excluding withdrawn claims) are 46% for new claims and 73% for reassessment claims²⁴. Figure 1 shows how the number has evolved over time and illustrates the extent to which outcomes in PIP have fluctuated as the benefit has begun to mature.
13. It should be noted that, due to an issue with the PIP IT system, there was an artificial increase in the reported success rates from February 2016 onwards, as a result of fewer disallowances being issued due to non-return of the PIP2 form between February and April 2016. This may have led to an artificial increase in disallowances and impacts the data used in this report.

²³ There are two types of PIP cases. Special rules for terminal illness cases are where the claimant has a life expectancy of less than six months and they therefore automatically qualify for higher rate care and have an accelerated claim process. Normal rules refer to all other cases

²⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577399/pip-statistics-to-october-2016.pdf

Figure 1 – New Claims Award Rates (Normal Rules, excluding withdrawn claims)²⁵



14. Figure 2 shows the regional award rates. The distribution of outcomes at regional levels when summed over the course of PIP looks to be within the bounds of reasonable variation that might be expected, with outcomes ranging from 42-49% and reassessment outcomes ranging from 69-76%.

Figure 2 – Award Rates by Government Office Region – April 2013 to July 2016 cumulative²⁶

Government Office Region	New Claims; Normal Rules Cases (exc. withdrawn claims)	Reassessment Claims; Normal Rules Cases (exc. withdrawn claims)
East Midlands	44%	71%
East of England	48%	74%
London	45%	70%
North East	49%	75%
North West	48%	76%
Scotland	49%	76%
South East	47%	73%
South West	46%	73%
Wales	44%	73%
West Midlands	42%	69%
Yorkshire and the Humber	46%	73%

²⁵ Data from Table 3A in the Official Statistics Data Tables:

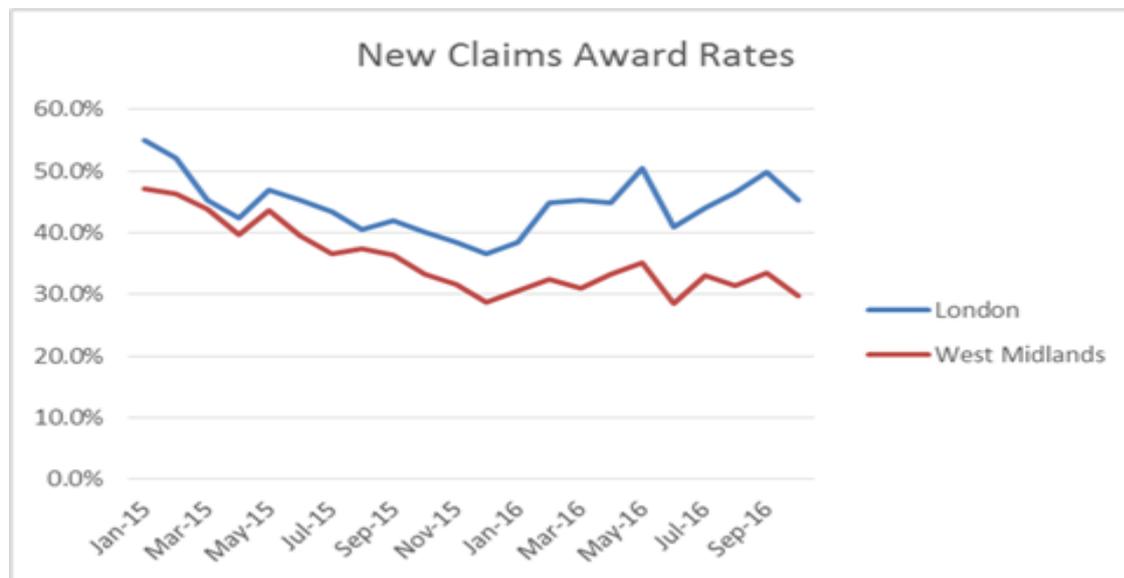
<https://www.gov.uk/government/statistics/personal-independence-payment-april-2013-to-october-2016>

²⁶ Data from Table 4Cii in Official Statistics Data Tables

<https://www.gov.uk/government/statistics/personal-independence-payment-april-2013-to-october-2016>

15. Looking at the data does though demonstrate that regional divergence is not consistent over time. For example, as shown in Figure 3, the West Midlands and London are separated by only 3 percentage points when outcomes are summed over time but a time series shows that for much of 2016, they have been separated by approximately 10 percentage points as award rates have increased in London whilst remaining flat in the West Midlands. This does not necessarily imply that either set of outcomes is incorrect, as the expected level of variation is unclear, but it does raise a question that should be posed.

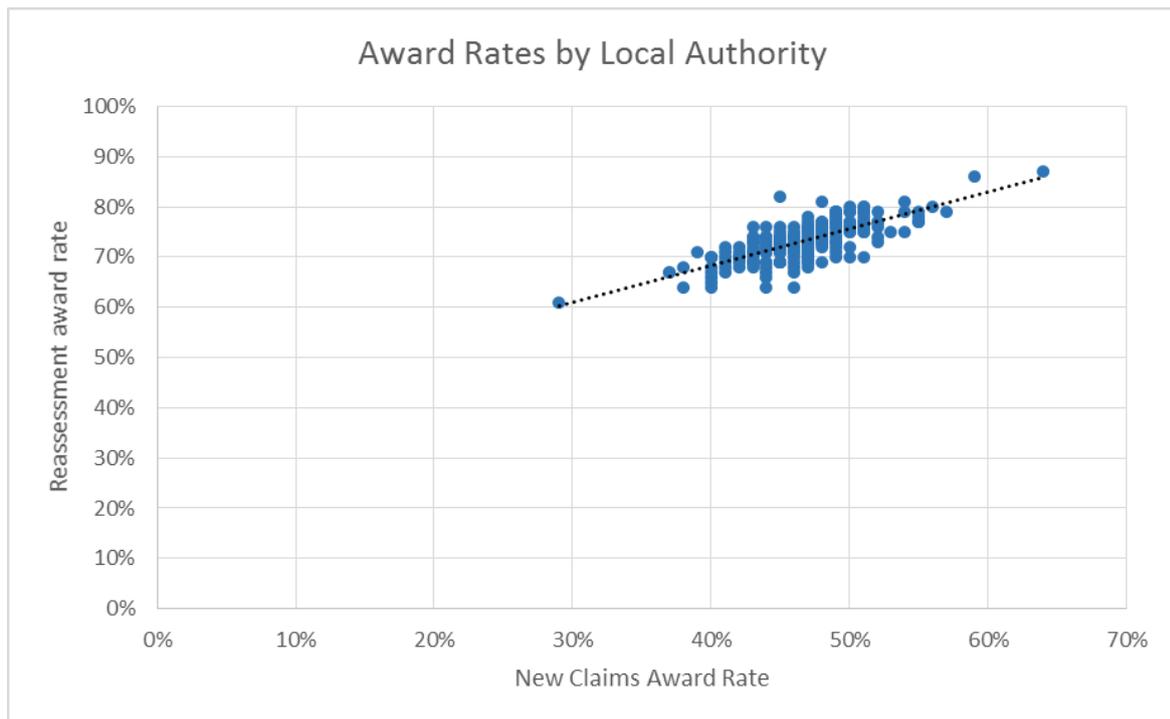
Figure 3 – New Claims (normal rules, excluding withdrawn claims) Award Rates for London and the West Midlands²⁷



²⁷ DWP StatXplore

16. Further variation at a lower geographical level is to be expected because any local factors, in particularly benefit take up rates and socio-economic factors, will have a greater impact on a smaller set of data. Figure 4 plots the distribution of new claim and reassessment award rates at a local authority level. There is clustering in terms of outcomes but it is over a relatively wide area with a range of over 20 percentage points in new claims and 15 percentage points in reassessment claims if the more extreme outliers are excluded.

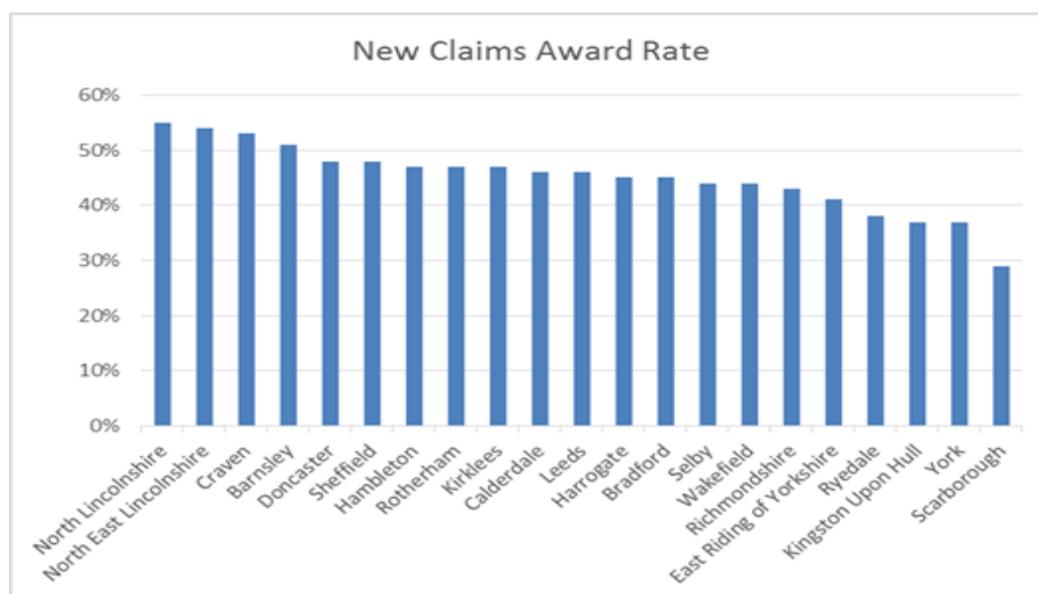
Figure 4 – New Claim and Reassessment Award Rates by Local Authority (normal rules, excluding new claims)²⁸



²⁸ Data from Table 4Cii in Official Statistics Data Tables
<https://www.gov.uk/government/statistics/personal-independence-payment-april-2013-to-october-2016>

17. The region of Yorkshire and the Humber provides an example of the extent to which there is intra-regional variation as well as inter-regional variation. New claims award rates vary from 28% in Scarborough to double that rate (56%) in North Lincolnshire and with wide variation in between. Figure 5 shows the distribution of new claims award rates in Yorkshire and the Humber.

Figure 5 – New Claims Award Rates by Local Authority in Yorkshire and the Humber²⁹



18. The Review does not have the data available fully to understand the impact of the various external factors that might affect outcomes or to demonstrate what level of variation might reasonably be expected in PIP. It would be particularly hard to assess this currently given that award rates appear still to be in a state of moderate flux. It is not clear what the “right” award rate would be in each area at any given point in time if the policy were being delivered entirely accurately and consistently. The Review does though observe that the range of outcomes appears quite wide and that the current distribution of outcomes may well fall outside the range of variability one might expect to observe in PIP.

19. This concern is strengthened by the information gathered during the Call for Evidence (see Chapter 2), the observations of all parts of the end-to-end process and discussions with staff involved. These all indicated concerns about the consistency of the process and of likely outcomes within PIP.

20. Given that there are stakeholder concerns about consistency within PIP, and that the data shows a dispersed range of outcomes, scrutinising and improving consistency should be a central focus of the Department’s management of the benefit and this should be reflected in how quality is measured.

²⁹ Data from Table 4Cii in Official Statistics Data Tables
<https://www.gov.uk/government/statistics/personal-independence-payment-april-2013-to-october-2016>

Potential sources of inconsistency

21. The Review has identified four sources of potential inconsistency:
- a) The amount of support claimants have in making their application and at the assessment;
 - b) The amount of Further Evidence considered in any particular case;
 - c) Differences in process between the two Providers;
 - d) Differences in the approach of individual assessors.

Advocacy Support

22. PIP is a complex claim process and articulating functional impact effectively, taking into account the relevant legal tests, is challenging. Observations of the claim process suggested that where claimants had input from advocacy or support organisations it often made a significant difference. Typically they articulated the functional impact of their conditions and they were more aware of key issues such as reliability, safety and fluctuation. It is likely to make a particular difference to those claimants, especially the more vulnerable, who may lack insight into the impact of their condition.
23. Engagement with local and national advocacy organisations showed that advocacy organisations are having to make choices about who to support and at what stage of the claim. As a result generally they prioritised appeal cases. The data is not available to make evidence-based judgements on the extent of the impact of having advocacy support but it will likely result in some inconsistency in outcomes. The claim process should allow claimants fully to articulate their issues and receive a decision which reflects their level of need regardless of how that need is expressed. The best solution to this potential source of variation is therefore to ensure that claimant communications and the assessment process are as effective as possible.

Further Evidence

24. High quality, typically functional, Further Evidence provides a potentially important basis from which to start an assessment, partially mitigating the challenges of conducting functional assessments on a large scale.
25. Whilst valuable functional evidence will exist for some claimants, whether individuals have or can access evidence (or have evidence accessed on their behalf) is inherently variable. This is therefore a factor which the assessment should be capable of controlling for if outcomes are to be fair and consistent.

Differences in process

26. Differences in the claim process between Assessment Providers and across time are not necessarily problematic. To deliver the benefit effectively innovation is generally to be encouraged as long as it is accompanied by rigorous evaluation and continuous improvement. Having two Providers of assessments allows for them to adopt different processes and delivery models offering an opportunity for innovation. However, there should be a reasonable degree of confidence that these differing processes are not likely to affect the outcome of the assessment. From observations of assessments there are two specific process differences that the Review is concerned may cause differences in outcomes:
- a) The amount of notice the Health Professional has to prepare for their assessments – Capita typically provide their Health Professionals with details of upcoming cases several days before; whereas Atos assessors only begin to review a case when the claimant arrives at the assessment centre. This can impact their ability to read all the evidence and design a comprehensive and tailored questioning approach;
 - b) How quickly after the assessment the report is written – Atos aim to write up each assessment report immediately after each assessment whereas Capita undertake a day's worth of assessments and then write up reports in a block sitting, which may lead to less reliable capture and use of information
27. While the Review recognises that both Providers have tested alternative approaches, it remains an open question whether the Department should allow such significant differences in process between the different contract areas.

Differences in approach of individual assessors

28. This is likely to be the most significant source of inconsistency or inaccuracy. Conducting a functional assessment is not a mechanistic act and there will be some variation in how assessments are conducted by individual Health Professionals and according to the responses of individual claimants. It is therefore not wise to be overly prescriptive about the conduct of the questioning in the assessment.
29. Health Professionals should however be consistently probing the functional impairment of a claimant in a way that provides them with good evidence and allows them to assess the claimants against the major legislative tests. The most important of which are whether an activity is completed reliably, safely, repeatedly and within a reasonable time period and whether the impairment affects claimants on the majority of days. This must also be done in a way that does not disadvantage any particular group of claimants such as those with fluctuating conditions, mental health conditions or learning disabilities.
30. The Review has observed some excellent assessments which were a testament to the power of an assessment to determine functional impact when it is conducted well. However, the Review also observed some assessments that were lacking in detail and did not gather sufficient evidence, leading to uncertainty

in the robustness of the outcomes. It is a difficult management challenge to achieve consistency in the conduct of assessments across many geographic locations, particularly when assessors must deal with a very diverse caseload. Nonetheless, there appears to be space for further progress in improving the quality and consistency of assessments.

Improving quality and consistency in PIP

31. Proactively understanding and addressing these potential sources of variability is at the heart of delivering a service which is fair, transparent, consistent, objective and focused on those with the greatest need. There is inevitably no one action or initiative which would wholly or even largely resolve the issues identified.
32. Based on the evidence available, there is a clear rationale for action in four broad areas which, taken together, should significantly improve the quality of assessments leading to fairer and more consistent outcomes. These areas are:
 - a) Greater focus in the assessment on functional impact;
 - b) Providing sufficient time to consider the evidence base in the case before the assessment, allowing for follow up enquiries after the assessment, and ensuring the write up of the assessment is done in a timely manner;
 - c) Broadening and deepening the audit approach and quality management to encompass more of the claimant journey; in particular to understand better the quality of the actual assessment rather than relying on scrutinising the assessment report;
 - d) Monitoring the consistency of outcomes through benchmarking and “deep dive” analysis and using this insight to improve quality and consistency; this differs from the first three areas, all of which should be undertaken in real time before decisions are sent to claimants. This analysis would be done at a later point, reviewing whether sufficient consistency was in fact being achieved for similar types of claim; and, if not, to provide pointers to where further real time actions were needed to address remaining issues.

Greater focus in the assessment on functional impact

33. Common across all observations undertaken during the Review, at both Capita and Atos centres, was that the assessment started off by going through the claimant’s condition history and medication, often in some detail. This frequently took a significant amount of time given the multiple conditions that many claimants have and the number of medications prescribed to many PIP claimants. As much as half - and occasionally even more - of the entire assessment is sometimes spent on these checks. Typically this process gleaned limited or no new information beyond confirming the conditions and medications listed by the claimant on their PIP2 form. The length of this transcription process also

reinforces the common preconception from claimants that the PIP assessment is “a medical”.

34. When the PIP assessment is conducted well, it is clearly a powerful tool to understand and assess the claimant’s condition, even where the assessor is provided with minimal information before the assessment. The effectiveness of the assessment does though often rely on detailed and specific follow up questions for each functional descriptor which take time to work through. Where assessments were not done well or where the assessor was not certain in terms of their descriptor choice, the flaw was generally insufficient exploration of the functional impact against each descriptor due to a limited number of suitably probing questions. Claimants also reported in the Call for Evidence that assessments felt rushed and did not support them fully to articulate their functional restrictions.
35. It would greatly benefit the quality of assessments if more time was routinely taken to explore each descriptor with detailed questions on functional impact. This is partly about ensuring that training and guidance emphasises the importance of further questioning and how to elicit the most helpful information.
36. Adding time to the PIP assessment would certainly lower the output of the Assessment Providers and make the process more draining for claimants. However, this could be compensated for by separating out or significantly shortening the validation of medical history. This would allow for the re-distribution of time towards assessing functional impact.
37. In particular, the Review is strongly of the view that the functional history should be the first thing discussed at the assessment. This would ensure there was sufficient time to explore this and set an expectation that the assessment was a functional one. The Review was pleased to note the recent introduction of a pilot by Atos to test this approach and understands that this is now being rolled out to 17 sites.

Recommendation:

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

Improving Evidence Consideration and Write Up

38. Atos and Capita have a different approach in these areas. In terms of evidence consideration, the Review is concerned that Health Professionals are not taking sufficient account of Further Evidence as there is not enough time fully to review the evidence in advance of the case. This is a particular concern for Atos Health Professionals who only begin to look at claimants’ PIP2 and Further Evidence when the claimant arrives at the assessment centre. This allows little time to consider the evidence and the appropriate line of questioning for that claimant. It

will be particularly true for cases where a significant amount of evidence has been provided and may disadvantage claimants who have multiple conditions requiring more evidence.

39. This has two problematic effects. Firstly, it may impact the questioning the Health Professional undertakes at the assessment if they are not fully aware of all the relevant information that the claimant has provided. Secondly, if the Health Professional does not appear to have read the information fully, it may undermine the confidence of the claimant in the thoroughness of the process. This was an issue that was clearly identified in the Call for Evidence responses from claimants.
40. This is compounded for both Assessment Providers by there being virtually no recourse to further follow up enquiries after the assessment. For example, where new information is uncovered by looking through Further Evidence after the assessment there is no further follow up with the claimant. It also prevents Health Professionals from seeking Further Evidence which is likely to be useful and which they know is available from their discussion with the claimant at the assessment; for example if they find out there has been a recent social care assessment report it may be helpful to try and obtain it.
41. Having recourse to seek further information, particularly where the outcome of the assessment is borderline or likely to be influenced by such information, would be a legitimate expectation from claimants as part of getting to a fair outcome. This would be likely to impact only a relatively small number of cases but would provide greater confidence in the outcomes reached. Assessment Providers should monitor the ratio of cases impacted to provide appropriate scrutiny.
42. It may not always be possible to secure relevant further information and once reasonable endeavours have been made it would be appropriate to progress the case based on the available information.
43. In terms of the write up of the report, there is again a different approach between the Assessment Providers. Atos aim where possible to write up assessment reports straight away after the assessment whereas Capita do up to four assessments and then write up a set of reports together. From observation of assessments, the Review is concerned that writing up reports some time after the assessment and with several assessments in-between introduces unnecessary risk of error.
44. PIP assessments involve the transcription of significant amounts of complex information which have numerous evidential judgements as well as recording the results of informal observations. The Review observed the potential for human error to play a part in report writing even where the information was noted straight away; introducing a time lag into this process further increases this risk.
45. The Review recognises the logistics of arranging and conducting home visits (which are particularly relevant to Capita's business model) will introduce some time delay in writing up reports immediately after an assessment. However, the delay should be kept to a minimum to reduce the risk.

46. The Review considers that where Health Professionals are seeking Further Evidence or specialist input following the assessment, as detailed in paragraph 41, the report from the assessment should be completed as far as possible directly after the assessment, and then finalised once evidence is obtained.

Recommendation:

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

Recommendation:

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.

Recommendation:

The write up of reports to be completed directly after the assessment except in specified circumstances.

Broadening and deepening the audit process

47. PIP is a multi-stage process with numerous decision making points that could influence the outcome, from initial review and assessment through to the entitlement decision.
48. All of these processes are in some way monitored or audited but in a piecemeal way. Any audit of the initial review is done internally by Assessment Providers but does not impact on their contractual reporting or service credits incurred. The auditing of the assessment report is done through the independent audit mechanism, which links to contractual reporting, but is also done in large volumes by Providers themselves. The Department also has a checking regime for Case Manager decisions, with a separate team responsible for receiving a sample of cases alongside management checks.
49. The criteria for these various checks are not cohesive, and because cases are not looked at in an end-to-end fashion it is challenging to establish how effectively the system is working as a whole.
50. The audit of the Assessment Provider is focused only on the assessment report which is then used to determine the quality of the whole assessment process and the recommendations provided. This can for some cases function as an accurate proxy. Poorly completed and justified reports may link to the conduct of poor assessments. Equally, an assessment report that is comprehensive, clearly evidenced and tailored to the claimant may be indicative of a better quality assessment. But the extent of such correlations is certainly not known.

51. Nonetheless, the Review has little confidence that it is easy or even possible clearly to discern the quality of the actual assessment just by looking at the quality of the assessment report. It is important to note here that the number of cases which receive an “Acceptable” grade at audit should not necessarily be read as analogous with an excellent quality report, but should instead be seen as meeting a reasonable standard within the current application of the audit criteria.
52. During observations, it could clearly be seen that the quality of important elements of the assessment may not necessarily be obvious from the assessment report, although they were obvious during observation. Examples of this include:
- a) The level of detail and tailoring in the gathering of functional and social history;
 - b) The quality of the questioning relating to the descriptors including whether questions were correctly contextualised, sufficiently detailed and adequately tailored;
 - c) The accuracy of the understanding and transcription of the information which the claimant provided;
 - d) The clarity of introduction during the assessment and whether the functional nature of the assessment was adequately explained;
 - e) The overall level of empathy and respect with which the assessment was conducted.
53. The Review therefore considers that the scope of audit needs to be broadened to ensure that it assesses the quality of the actual assessment as well as the assessment report. This would allow for audit better to quality assure areas which are already covered in the current set of audit criteria as well as the conduct of the assessment more generally. To support this, a more comprehensive set of audit criteria should be developed.
54. There are several possible solutions to auditing the actual conduct of face-to-face assessments, including an inspection system and video recording of assessments. However, the audio recording of assessments – which as discussed in Chapter 4, the Review is recommending to improve trust and transparency– appears to be the best overall approach. Aside from the transparency benefits for claimants, audio recording, even initially on a small scale, would also support the audit process by:
- a) Allowing for the actual assessment quality to be considered as part of the independent audit function;
 - b) Providing better understanding of the extent to which the assessment report is an accurate proxy for assessment quality;
 - c) Providing a richer resource for both the Providers and the Department to understand and drive improvement in quality.
55. Audio recording poses a number of implementation challenges, as discussed in Chapter 4. It will also not be a perfect proxy for the quality of assessments. But by offering benefits, both to the building of claimant trust and to improving quality, the Review considers it has an important part to play in improving the effectiveness and consistency of PIP assessments.

56. Audio recording and a deeper audit process should be supplemented with regular observations of face-to face assessments by Atos and Capita management. The Review was surprised by the limited number of assessment observations that were undertaken given the significant resource devoted to auditing assessment reports. Regular observations of assessments, which can be targeted according to the results of the audit, should provide a more complete view of quality and identify improvements that can be embedded across the system. The amount of internal auditing of reports by Assessment Providers should be scaled down to allow for effort to be re-directed into more hands-on monitoring and quality improvement activity. The Providers have informed the Review that they recognise the importance of observations and intend to increase them, which is welcome.
57. The re-configuring of audit to be both broader and deeper has clear contractual implications. But the Review considers that aligning audit with this approach will produce better outcomes. Assessment Providers may be reluctant to reduce the checking of assessment reports when this is a key driver of financial outcomes in the current contract arrangements. The Review would therefore encourage the Department and the Providers initially to use a broader and deeper approach to the audit in a voluntary way. This would improve the service to claimants, and provide data to agree the most appropriate contractual formulation as soon as is practicable.
58. Case Managers also play an important role in the audit process by acting as a check and balance upon Provider assessment reports. The remit of Case Managers was expanded in 2014, when Case Managers were empowered to make decisions contrary to assessment reports when there was sufficient evidence to do so. Though, as expected, the frequency of this is limited, it is important to understand how effectively the system is operating as a whole and the extent to which the Case Managers are an effective check and balance for poor quality Provider reports.
59. As the first Review noted, Case Managers provide the most effective check and balance on the work of Health Professionals when the two share a mutual understanding of each other's role. Where engagement between the two remains restricted to senior managers, without direct contact between Case Managers and Health Professionals, the opportunity for useful, open discussions about challenging types of cases is limited. The Review was impressed by the benefit of closer working in those Departmental locations where recently a Health Professional has been co-located at the same site and believes further benefit can be had from work of this type.

Recommendation:

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 the audio recording of assessments and increased direct observations of assessments.

Recommendation:

The 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.

Measuring the consistency of outcomes

60. As explained earlier in this chapter, measuring the consistency and appropriateness of outcomes is a significant challenge with many factors influencing them. It is also vital to avoid managing outcomes to a particular goal rather than to the policy intent. It is therefore wise to avoid being prescriptive about what acceptable and unacceptable variation would look like within PIP.
61. The measures outlined in this chapter to improve the operation and audit of assessments and decision-making should improve quality overall. It should also lead to a reduction in any inappropriately wide distribution of outcomes.
62. But these measures alone can never provide full assurance or transparency about what the first Review termed “horizontal consistency” of outcomes. The test for this would be along the lines of – whether a number of cases which have received the same benefit decisions, based on a similar mix of descriptor scores, would be judged to have received the right and consistent outcomes if they were randomly selected and subjected to rigorous post-decision audit.
63. To supplement the measures already outlined in this chapter there should therefore also be an assessment of consistency as part of the on-going evaluation of PIP. A valuable approach would be regular “deep dives” into cases with similar sets of outcomes – perhaps with a focus on borderline cases between nil and standard awards, and between standard and enhanced awards. The Department should also assess the extent to which their functional impact was commensurate. If over time these demonstrated there was consistency that would give assurance that the real-time activity to assure quality was having the desired impact. If, on the contrary, significant inconsistency was continuing it would highlight the need for further action and investigation.
64. These “deep dives” should also be accompanied by regular benchmarking of individuals, centres and areas, looking into outliers to determine the extent to which different outcomes are justified or due to defects in quality.
65. The Department and Assessment Providers have already begun doing some of the work described in the last two paragraphs on an ad hoc basis. This is encouraging and the Review strongly recommends that this activity is incorporated into the regular management of the service, forming part of a

comprehensive evaluation strategy. The results of this should be published according to normal Government statistical and research guidelines.

Recommendation:

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

Conclusion

66. Achieving the correct outcome on a consistent basis for claimants is at the core of the successful administration of any benefit. The first Review identified this as an important area and called for checks on “horizontal consistency” as part of the management of the benefit. The recommendations in this chapter return to this core principle and together provide a framework within which the quality of the system can be improved.
67. This is a challenging area within a highly complex system and therefore there is no one recommendation that could address the scope of the problem. The Review would therefore urge the Department that, in assessing the efficacy of such measures, they are considered as part of a whole and evaluated as such.
68. It is also important to note that no framework alone can drive conditions for improvement in quality. With such a potentially contestable concept as quality, it is vital that the Department and Assessment Providers work constructively together. They must move beyond contractual constraints with a common purpose of improving the performance of the benefit. The Review strongly encourages the management of both organisations to pursue this constructive approach.

Chapter 6: PIP – Longer-Term Considerations

Introduction

1. This Second Independent Review has focused on addressing substantial issues that could be resolved within the short to medium term, without fundamentally departing from the current delivery mechanism of the benefit. At its outset, PIP was hampered by backlogs and delays, which have been largely addressed since the first Review. But broader issues around the quality of assessments and the variability of individual claimant experiences, examined in the preceding chapters, have received only intermittent attention from the Department, and are yet to be resolved. The public reputation of PIP is also some distance from being established.
2. The Department holds the operational controls and contract management levers to address these short-to-medium term issues. But once it has done so, and as the benefit continues into maturity, there are also a number of longer-term issues the Department should address. This chapter discusses these issues under three headings:
 - a) Evaluating and improving PIP in the longer-term;
 - b) How PIP may be able to deliver better outcomes for claimants by supporting wider policy goals;
 - c) Changes to delivery methods.

Evaluating and improving PIP

3. The first Review emphasised the importance of a rigorous quantitative and qualitative evaluation strategy, with a scheduled plan for the publication of its findings.
4. In December 2014, when that Review was published, this was already pressing. While the Department had published its outline proposals for evaluation as early as 2012, little had been done to design and publish a comprehensive evaluation strategy that would help inform an examination of the effectiveness of the PIP assessment. Understanding this would be key to building public trust that the service was working effectively, as well as for designing effective improvements to the future service. It is disappointing, therefore, that no concrete steps were made following the first Review (despite the Government's stated partial acceptance of its recommendation) to put in place a proper evaluation strategy.

5. More encouragingly, alongside the formal announcement launching this second Review and its Terms of Reference on 11th July 2016, the Department agreed to the Reviewer's proposal that it should announce its intention to conduct a quantitative and qualitative programme of research. The research was to examine the claimant experience, with initial findings due to be published in Spring 2017, and with further evaluation to be published at a later date.
6. In addition, as part of the Department's continuous improvement work, the Department has committed to give consideration to any further evaluation of PIP that may be beneficial, considering recommendations from this Review.
7. It is vital that the Department continues the currently planned research and ensures that its findings are made accessible to a wide range of both specialist and non-specialist audiences. This will help improve transparency and public trust in the operation of the benefit. However, the Review's findings also point to some other key areas which require additional scrutiny, but are not due to be considered by this currently planned research. If the Government aspires fully to achieving public trust in the operation of PIP it needs, as argued in the first Review, to commit to a comprehensive evaluation strategy and regular publication of its findings.
8. This should have three main components:
 - I. Consistency of outcomes;
 - II. Review of PIP awards;
 - III. Dispute activity.

Consistency of Outcomes

9. This is not straightforward and will require careful consideration. As Chapter 1 of this Review makes clear, there are many factors external to the assessment process that may influence the level of functional impairment experienced by two people even where they have the same condition. That requires the 'tailoring' of generic processes to accommodate the diverse and complex needs of claimants. And it may well imply that total consistency of outcomes is an unattainable 'Holy Grail'.
10. However, if the Department is to maintain its key policy principles for PIP of objectivity and fairness, it must ensure that a tighter "corridor" of variability of claimant treatment and outcomes is maintained. Equally there should be greater efforts to monitor and minimise the risk of outliers. This needs to cover all aspects of the claimant journey, including the experience received by diverse groups, the approach to assessing functional impact and the eventual awards. When implemented alongside an 'end-to-end' audit process in real time, with a more rigorous approach to setting and measuring the right range of outcomes, issues of consistency should be much improved.

Review of PIP awards

11. When awards of PIP are made, most claimants are given a date at which their case will be reviewed, to establish whether their needs have changed and to look at the amount they receive. This reflects one of the key intended changes in the move from DLA to PIP, bringing a greater focus on periodic review of entitlement.
12. At present, the Review understands that only relatively early cases with shorter awards are currently going through the Award Review process. It will be important to understand how this practice develops over time as cases with longer initial awards or more recent decisions are reviewed. This should allow the Department to understand whether Award Reviews are delivering the policy intent of greater accuracy without resulting in an unreasonable number of re-assessments (with the impact they inevitably have on claimants).
13. It is relevant to note here that, on current assumptions and projections, once all current DLA cases have been assessed for PIP, review cases will account for around 60% of the continuing high total cost of administering PIP. The value obtained from this activity should be evaluated. The Department may wish to reflect further on the policy intent of reviews, in particular linking into the recent announced changes affecting categories of claimants who will no longer be required to take part in reassessments for Employment and Support Allowance (ESA).
14. Following an initial trial in Cardiff Benefit Centre, the Department introduced a new process in June 2016, with a shortened review form and greater autonomy for Case Managers to consider whether they can update the award decision without referring to the Assessment Provider. It is too early to draw definitive conclusions about the operation of this new process, but its effectiveness and the efficacy of Award Reviews more generally should also be considered as part of the Department's long-term evaluation programme.

Dispute activity

15. In the latest published data from July – Sept 2016, 65% of PIP appeals saw an overturn to the original decision³⁰. Overturn rates are similar on ESA with 62 % of decisions overturned on appeal in the same quarter. This does erode the trust of claimants and stakeholders in the system. It is therefore important properly to understand the reasons for the high overturn rate at appeal through further research.
16. The Mandatory Reconsideration process was introduced in October 2013 as part of the appeals reform for all DWP administered benefits. Claimants expressed concern about the Mandatory Reconsideration process, in particular when relating this to the provision of Further Evidence. Many felt that their evidence was ignored, with the reconsideration process being deemed to be a “rubber stamp” of

³⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575434/tribunal-grc-statistics-jul-sept-2016-2017.pdf

the original decision, rather than it being an audit of the first decision. As emphasised in the earlier discussion of the SSAC report into Mandatory Reconsideration in chapter 4, the long-term efficacy of MR should also be considered as part of the on-going published evaluation work.

Recommendation:

The Department should 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.

Supporting wider policy goals

17. PIP might be characterised, and was sometimes described as such in discussion with stakeholders during the Review, as a ‘transactional’ benefit, in the sense that it assesses and then pays a given amount of money. By contrast, other benefits, such as ESA, offer signposting throughout the customer journey to other parts of the health or employment systems.
18. Like DLA before it, PIP is a non-means tested (and non-taxed) benefit that is paid regardless of employment status. That this should not just be an out-of-work benefit has been a key principle endorsed by successive Governments. But there are also opportunities for PIP to help contribute towards realising a better and broader set of outcomes for claimants. The Review was most surprised to discover that data is not routinely collected during the PIP assessment process on employment status. Following a suggestion from the Review that the first phase of the evaluation research should cover this question, initial evidence from the Department’s findings suggests that, for example, around one in eight PIP claimants have stated that they are in employment (6% in full time employment and 6% in part time employment).
19. The Government has announced the laudable, but challenging, ambition to halve the gap in employment between disabled and non-disabled people, which currently stands at 32%. Achieving this ambition will require a real focus on employment retention as well as getting people into work. A recent Resolution Foundation report, *Retention Deficit: A New Approach to Boosting Employment for People with Health Problems and Disabilities*³¹, was critical of the Government’s approach to tackling disability unemployment for being too ‘benefits focused’, and providing insufficient focus on retention:

³¹ <http://www.resolutionfoundation.org/app/uploads/2016/06/Retention-deficit.pdf>

“We find that while the rate of entry has been improving in recent years, there appears to have been an increase in employment exits connected to disability and ill-health in the same period. This represents a major challenge. In 2015, a total of 350,000 people in the UK transitioned from employment to health-related inactivity. And each year just under 1 million employees in Great Britain are on sick leave for a month or more.” [p.7]

20. In November 2016, the Government announced its intention to make further progress in this area, with the publication of a Green Paper – Improving Lives: Work, Health and Disability³². This will include measures significantly to improve the provision of employment support: for example, expanding the number of employment advisers in talking therapies and introducing a new Personal Support Package offering tailored employment support which Jobcentre Plus work coaches will help disabled people or people with health conditions to access. In addition, the Government announced that it plans to invest £115 million of funding to develop new models of support to help people into work when they are managing a long-term health condition or disability.
21. Some respondents to this Review’s Call for Evidence stated that they had in effect used PIP to act as a ‘bridge’ or ‘buffer’ to stay in work. Some, for example, had been able to reduce their hours and remain in their jobs by using the benefit as a top-up mechanism to supplement their income. For those receiving the Enhanced Rate of the Mobility Component of PIP, we also heard that the ability to lease a car, scooter, or powered wheelchair through the Motability scheme can have a positive relationship with employment, for instance, by reducing travelling costs to and from the workplace. Equally, the withdrawal of that enhanced mobility rate for some claimants moving from DLA to PIP may have adversely affected their ability to remain in employment.
22. The Department should therefore consider, as part of its post-Green Paper agenda, whether more could be done to connect people with employment support advice or services if they claim PIP and are either in work or have the desire or potential to move into it. To do this effectively, it must be absolutely clear that take-up of any support is entirely optional and claimants must also have absolute confidence that this is not a back door to any conditionality of the benefit.
23. Being in employment should not therefore disadvantage claimants in the assessment for PIP. The Review was however concerned to observe some face-to-face assessments for PIP in which there appeared to be a tendency to take employment as evidence of limited functional impairment. The Review team were only able to observe a small sample of all the assessments conducted for this benefit; however, it is something that the Department and Assessment Providers should note, and consider in the guidance and training for PIP assessors. If the Review team’s observation proved to be symptomatic of a more general trend, it would be contrary to wider policy aims and should be carefully guarded against.
24. In addition, the Department should consider whether it can make use of its extensive links with employers and health services to promote greater awareness

³² <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives/work-health-and-disability-green-paper-improving-lives>

of PIP and consider how PIP can be used to cover work-related costs arising from the functional impact of a disability or long-term condition. There are other policy levers available here, such as the Access to Work scheme. But there may be scope to complement this by the way in which PIP is operated. Increased emphasis on preventative activity may help to reduce sudden 'shocks' to income, extended periods of sick leave, and subsequent departure from the labour market for people with a disability who are currently in work.

Recommendation:

The Department re-emphasises and ensures 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.

Changes to delivery methods

25. Two other areas could bring significant improvements to the future delivery of PIP, but will take time, commitment and considerable joint working across central government, health care providers and Local Authorities to achieve. These are:
 - I. A more integrated digital system;
 - II. Improved information sharing;
26. The first Review emphasised that digital delivery should be prioritised, in particular the ability for claimants to track their claims given the disjointed nature of the claimant journey. Since then, progress has been slow with only a limited trial of a digital PIP2 form.
27. The Review was also struck by the extent to which the process, in particular evidence-gathering, was reliant on postage or phone calls from Assessment Provider staff to health care professionals with no scheduling or verification of their identity. This leads to limited success in eliciting information. The current inability, because of security concerns, for Health Professionals or Case Managers to use email to pursue evidence queries limits both the speed and effectiveness of this process.
28. More generally, it is striking to note the very different level of commitment by the Department in this area to digital capability, compared with, say, Universal Credit, where there is a strong focus on "digital by default". PIP, by contrast, is still firmly stuck in the world of "paper by default" and hand-offs between different parts of the process.
29. The Review recognises there are inevitably issues of resource constraint and prioritisation that the Department faces in its digital transformation agenda. In addition, the Review notes the findings of the forthcoming Departmental research, which provided evidence that appetite for a digital claim is by no means

unanimous. In itself, given the complex needs and demographics of the PIP claimant population, and differing levels of access to IT, this is not surprising. There will always be a group for whom a digital claim is not appropriate or requires tailored assistance and their needs must be supported appropriately by the Department.

30. Yet ONS data also shows that digital access, including for disabled adults, has continued to improve in recent years. From 2015 to 2016, the number of disabled adults who had used the internet in the last 3 months had, for instance, increased by 6.8% to 8.6 million (or 71% of disabled adults)³³. One would expect this upward trajectory to continue and appetite for digital options to increase correspondingly.
31. The Department's lack of a clear commitment to a long-term digital future for PIP is therefore highly disappointing. The Review would strongly encourage the Department to accelerate the rollout of a digital claim form, and also, in the longer term, to think about a broader use of digital approaches across the customer journey.
32. This could include an online facility or 'locker' for both claimants and external Health Professionals or support workers to upload relevant documentary evidence securely. Clearly, data protection and security must be maintained, and remain key areas of concern for claimants, but the Review has received evidence where comparable systems have been developed for secure use across the private sector.
33. A more advanced digital journey could enable the tailoring of claimant journeys or questioning based on the information they provide. The current claim process is also disjointed for claimants as they have to navigate the handovers from the Department to the Assessment Provider and back again. These are not always handled smoothly and a digital journey would bring opportunity to offer a more seamless claimant experience through a single portal with handovers managed behind the scenes.

Recommendation:

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

34. As part of this move to a more digital approach, the Department should look again at the best way to share information across the benefits, health and care system. Sharing information between the Work Capability Assessment under ESA and PIP has been recommended in numerous independent reviews, including the first Review of PIP.
35. This Review would reiterate the value of longer-term progress in this area and, in particular, would urge the Department to consider whether more could be done to

³³ <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>

make use of information gathered through social care assessments by Local Authorities in the PIP assessment process. The greater devolution of health and social care budgets to Local Authority areas as part of the Care Act 2014³⁴ may present opportunities for the Department to test innovative new ways of integrating benefits and care data in this way. The Review has had a number of helpful conversations with the Adult Social Care team at Manchester City Council who have shared their reflections in this area. A pilot to test new approaches to sharing data in this area is something that the Department should consider.

36. In addition, responses to this Review's Call for Evidence have suggested that there is strong support among claimants for the principle of sharing benefit information, where relevant to their claim, and subject to giving their consent.
37. In its formal response to recommendations 9 (b) and (c) of the First Independent Review, the Department stated that efforts had begun 'to explore the wider sharing of information with, for instance, the Department of Health and other organisations, to understand where the overlaps lie between the information gathered for the purposes of assessing an individual for social care and PIP, and how the two could be used together.'
38. However, more tangible progress needs to be made to turn this into meaningful action. While the Review understands that there may be sizeable financial, technical and security barriers to the sharing of information, greater willingness to join up and engagement from senior leaders is a necessary prerequisite to progress.

Conclusion

39. No-one would deny that PIP is a complex system or that it involves a number of significant management challenges for the Department. The benefit as a whole incorporates a range of interactions – between claimants, different teams in the Department, staff employed by Atos and Capita, GPs and other Health Professionals, family members, carers, and advocacy organisations. These interactions happen in a range of ways – over the telephone, in written correspondence and in person. But, while the short-term effects of change in a system as complex as this are often reasonably predictable, longer-term effects may be less so and can differ dramatically from point to point in the system.
40. Since there is no statutory provision for further independent scrutiny of the benefit, what will continue to be vital is a continuous, reliable flow of information about the effectiveness of the benefit, and the impact of any innovations. This information should be collected from as wide and deep a range of sources as is practicable – Department, provider and claimant. In turn, information must flow outwards; future research and statistics into the operation of this benefit should be made available and accessible to both experts and non-experts alike. With the creation of new, dynamic feedback loops at all levels and a culture of openness and continuous improvement, PIP can begin more fully to fulfil its policy objectives in the long-

³⁴ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

term – public confidence established; fair and consistent outcomes for claimants; and fiscal sustainability.

Annex A: Progress on Recommendations from the First Review

1. The first Review made fourteen recommendations, recognising that timescales for implementation would be influenced by the complexity of the activity required. The Review urged that action be taken on some of the recommendations before Full PIP Rollout (formerly known as “Managed Reassessment”) started, to ensure DLA claimants transferring to PIP benefitted from any changes.
2. The second Review recognises that a range of actions are underway to address these and the other recommendations. But, in general, progress has been mixed, with the implementation of some recommendations either incomplete or slower than had been hoped in many areas.

Action taken against recommendations

Recommendation 1 & 2:

1. Revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities.
2. Redesign the structure and content of decision letters. Review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place.

3. In response to these recommendations, the Department has:
 - Tested and introduced revised claimant communication products across the journey;
 - Reviewed GOV.uk content to provide greater clarity for claimants;
 - Restructured the decision letter, which has been tested with claimants, to provide clearer explanation of decision and how this decision has been made;
 - Introduced a “reason for decision” tool and rolled out to all Case Managers to help formulate reasons for decisions and a consistent approach to decision making.
4. The Review is supportive of the progress the Department has made in reviewing its external communications. The involvement of claimants in testing the new products is also encouraging. However, the changes to communication products took some time to be brought in, with most new products not introduced until summer 2016. In future, the Review would encourage the Department to adopt a

more flexible test and learn approach in introducing these changes to speed up implementation in addition to the further steps identified in this Review to improve claimant communications.

Recommendation 3:

Take action to begin a sustained programme to build better working relationships between Case Managers and Health Professionals.

5. In response to this recommendation the Department has developed an on-going programme of engagement including case conferences and joint operational visits.
6. The Review has noted the progress made in introducing an engagement programme between the Department and its Providers. That engagement has been heavily focused at senior levels and more direct engagement should be encouraged between front-line Case Managers and Health Professionals, in particular to enable periodic direct discussion, for example about challenging types of cases. The Review is encouraged by the introduction of an on-site Health Professional in some benefits centres to support the new Award Review process, discussed in Chapter 5 of the report, and would encourage further opportunities for Case Managers and Health Professionals to engage in this way.

Recommendation 4:

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

7. In response to this recommendation the Department continues to work with Assessment Providers to ensure assessments are carried out in line with the principle of “open consultation”.
8. The Review accepts the Department’s intention to ensure that assessments are conducted in an open, consultative manner without being prescriptive about the setup of the assessment room. However, from observing assessments, the Review is concerned that, almost invariably, claimants still sit directly opposite the Health Professional during the assessment, often with a desk and computer screen partially obscuring the line of sight. The Review recognises that some Health Professionals are skilled in touch-typing and this approach does still allow for reasonable eye contact and rapport building with the claimant, enabling the Health Professional to listen attentively and fully probe on functional impact, whilst making an accurate and timely record of what is discussed.
9. But where Health Professionals do not possess touch-typing skills, the Review has observed long pauses during the assessment while the Health Professional spends time looking at (and hidden by) the computer screen whilst typing, breaking eye contact and rapport, so impacting on the flow of the assessment and claimant experience. In such cases it is difficult to regard the assessment as being conducted in an “open and consultative” manner, not least as the claimant has no line of sight on what is being recorded. The Review recognises the value

of Health Professionals possessing touch typing skills and encourages the Department to monitor the manner in which assessments are conducted with its Providers to ensure the overarching principle of open communication is maintained.

Recommendation 5:

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

10. In response to this recommendation the Department has developed 25 automated PIP SMS text messages which can be sent to claimants at key points in the claimant journey.
11. Actions taken to introduce these communications throughout the claims process are welcome, and the Department is encouraged to monitor the impact on the claimant experience. Nonetheless, there remains a large proportion of claimants who contact the Department to chase progress, reinforcing the need for the Department to increase its focus on digital delivery to enable claimants to track the status of claims.

Recommendation 6:

Ensure that the policy intent for Award Review arrangements is being met and that guidance reflects this.

12. The Review is pleased that the Department has replaced the confusing term “intervention” with a more appropriate descriptor of the process, namely “Award Review”, and noted the changes made to the process from June 2016 as discussed in Chapter 6 of the report.
13. More still needs to be done to build confidence and trust in the initial setting of the periods for an Award Review. In the great majority of the Review’s observations of initial PIP assessments, very little time and consideration was given by Health Professionals to determine the recommended length of review periods and the reasoning for this was not always well communicated. Equally, observations of Case Managers suggested this part of their decision making process was also done rapidly.
14. In addition, there is continued confusion around when claimants should expect to have their award reviewed. The Department should do more to explain the interaction between the formal length of the award and the resulting start date for the Award Review process, making clearer when the Department will instigate that review as well as the rationale for the length of the award.
15. This Review has identified the Award Review process as an area where the Department should undertake further evaluation to measure its effectiveness.

Recommendation 7:

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

- a) gives high priority to the introduction of a mechanism, such as an online portal, that allows claimants to track the status of their claim;
- b) moves away from a 'one size fits all' model for the claims process and supports a more tailored approach based on the needs of claimants;
- c) uses contact with the claimant to identify what information and evidence may already be available to support the claim;
- d) makes the claimant journey more integrated under common branding.

16. In response to this recommendation, the Department has piloted the introduction of a digital claim and is evaluating the lessons learnt before progressing further.

17. The Review is disappointed to note the limited progress in delivering a digital claim, whilst acknowledging the issues of resource constraint and prioritisation that the Department faces in its digital transformation agenda. The Review very strongly encourages the Department to accelerate the rollout of a digital claim form, and also, in the longer term, to think about a broader use of digital approaches across the customer journey as discussed in Chapter 6.

18. The Review recognises the commercial nature of branding but still believes that more could be done to make the nature of the supply chain relationship clearer to claimants. As identified in the first Review, the current claim process is disjointed for claimants as they have to navigate the handovers from the Department to the Assessment Provider and back again. These are not always handled smoothly and a digital approach would offer a more seamless claimant experience through a single portal with handovers managed behind the scenes; so also making the issue of common branding less important.

Recommendation 8:

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

19. In response to this recommendation the Department has revised the guidance in this area to introduce consistency and emphasise the functional nature of the assessment.

20. Changes to the guidance are welcome, but there still appears to be a widespread perception amongst claimants of attending a clinical rather than functional assessment. The Review is disappointed to observe the continued use of medical terminology by Departmental and Assessment Provider staff, in particular the references to "Further Medical Evidence" or "FME", which reinforces this misperception. The Review would also question the use of the terminology of "clinic" for some of the locations where assessments are conducted. The

Department must do more to reinforce the functional nature of an assessment as identified in Chapters 3 and 5 of the report.

Recommendation 9:

Explore opportunities for improving the collection of Further Evidence by:

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

21. One of the main functions of this Review is to explore how effectively Further Evidence is being used to assist the correct claim decision. Progress in these areas are discussed in more detail in Chapters 3 and 6 of the report, including actions taken by the Department in response to this recommendation.

22. The Review is pleased with the significant progress the Department has made in supporting terminally ill claimants with the introduction of a secure digital portal to receive sensitive medical information from health care professionals. This is an important first step towards the wider sharing of information from other government departments and organisations. But the Review considers more tangible progress could be made in the sharing of evidence across the public sector, and in particular has identified that in cases where they are available social care assessments are a rich source of evidence, of which the Department should make better use.

Recommendations 10 and 12:

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;
12. Ensure the consistent application of existing guidance for Health Professionals on reliability and fluctuating conditions.

23. Revised guidance around Activity 11 was published in April 2015, and it is encouraging that the Department has continued to work with Assessment Providers to develop associated training requirements.

24. The Review also welcomes the revisions to guidance as well as new training for Case Managers and Health Professionals, introduced to ensure that "reliability" criteria are applied against each activity within daily living and mobility components. The Department is urged to ensure that its audit mechanisms are sufficiently robust to monitor the application of this guidance, and to refine such mechanisms where they prove not to be adequate.

25. The Review notes the recent legal judgements affecting Activity 11 and the Department's response to them.

Recommendation 11:

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

26. The Review notes the actions taken by the Department and the Government's decision not to proceed with the proposed changes initially announced in the 2016 Budget.

Recommendation 13:

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

27. The Review was pleased to the announcement of the initial stages of a research programme at the time this Review was initiated. It also welcomes the opportunity to make use of the early findings of the evaluation programme to help inform the final conclusions for this Review. Further areas the Department should focus on to develop this programme are discussed in Chapters 5 and 6 of the report.

Recommendation 14:

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

28. The Review recognises the improved focus on the quality of assessments and is encouraged by the introduction of a new commercial regime to incentivise better quality outcomes. It also welcomes the introduction of an independent audit function to monitor quality. However the Review remains concerned about potential inconsistency of assessments and strongly urges the adoption of a more comprehensive and rigorous evaluation strategy and the further recommendations detailed in Chapter 6 of the report.

Annex B: Terms of Reference: Second Independent Review of the Personal Independence Payment

This Review will provide the Secretary of State for Work and Pensions with an independent report evaluating the progress made on the PIP claims process as a result of the longer term recommendations made in the First Independent Review of the PIP assessment, in particular looking at:

- the use of IT and speed and effectiveness of the information gathering process during the assessment, looking at data sharing within the Department and across government, including the way we share information gained from the PIP assessment with other organisations to improve health and care services; and
- how effectively Further Evidence is being used to assist the correct claim decision, exploring the balance between how much and the type of evidence we source and what we ask the claimant to provide;
- build on the recommendations and lessons learnt from the first Review using, where relevant, findings from the evaluation and Full PIP Rollout data.

Annex C: Recommendations of the Second Independent Review of PIP

The Review's recommendations are that:

1. The Department 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.
2. The Department makes clear that the responsibility to provide Further Evidence lies primarily with the claimant and that they should not assume the Department will contact health care professionals.
3. The Department ensures that evidence of carers is given sufficient weight in the assessment.
4. The transparency of decision making is improved with claimants being provided with the assessment report with their decision letter. In the longer term, offer audio recording of the assessment as the default with the option for the claimant to opt out.
5. Assessments should begin with gathering a functional instead of a medical history. Options for confirming the medical history in advance of the assessment should be explored to ensure that the assessment has a more functional focus and there is sufficient time to explore functional impacts in sufficient detail.
6. Health Professionals to be given more time to consider the evidence provided with a claim before the assessment begins.
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.
8. The write up of reports to be completed directly after the assessment except in specified circumstances.
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 the audio recording of assessments and increased direct observations of assessments.
10. The 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.

11. The Department and Assessment Providers introduce consistency checks across a variety of metrics, including “deep dives” on cases with similar outcomes, as part of the regular management of the service.
12. The Department should 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.
13. The Department re-emphasises and ensures that employment will not disadvantage claimants when they seek to claim PIP and explores ways in which PIP may be an enabler in improving employment retention.
14. In the longer term, the Department should develop a joined up digital journey which includes an online facility for both claimants and health care professionals to upload documentary evidence securely.

Annex D: Quality Audit Criteria

These audit quality requirements apply to cases audited under lot-wide audit and approval-related audit. However, Providers may wish to use the same criteria for other audit activity, such as rolling and targeted audit.

Areas to be audited

When auditing cases, Providers should look at the entire case at the point at which it is finalised and due to be returned to the Department, considering both the final output and the processes followed.

Reports should be audited in four areas:

- Opinion
- Information Gathering
- Further Evidence
- Process

Grading

Reports are graded as Acceptable, Acceptable HP Learning Required, Acceptable Report Amendment Required or Unacceptable in accordance with the following criteria:

Areas	Attributes	Acceptable	Unacceptable
Opinion	Descriptor choice	Clinically probable advice based on all the available evidence	Clinically improbable advice such that the descriptor choice is highly unlikely and <i>would</i> lead to a wrong award or major error in duration if not changed
	Prognosis advice	<u>HP learning required:</u> Clinically possible advice but evidence supports consideration of an alternative opinion or descriptor choice	
	QP/PT Recommendation	<u>Report amendment required:</u> Clinically improbable advice such that the descriptor choice is highly unlikely but <i>would not</i> lead to a wrong award or major error in duration if left unchanged	Justification which fails to support the advice or the descriptor choice but doesn't suggest an alternative award
	Terminal illness advice	Adequately justified	
Reliability criteria	<u>HP learning required:</u> Justification which supports but doesn't fully explain the advice or the descriptor choice	<u>Report amendment required:</u> Justification which fails to support the advice or the descriptor choice but doesn't suggest an alternative award	

Areas	Attributes	Acceptable	Unacceptable
Information gathering	History (inc. variability) Examination Observations	Sufficient information gathered to support robust advice HP learning required: Information gathered lacks detail but unlikely to have an adverse effect on advice <u>Report amendment required:</u> Omission that has limited potential to change advice	Major omissions such that advice cannot be relied on and correct award cannot be reasonably determined
Further Evidence	All relevant stages	Sufficient further advice appropriately sought and referenced <u>HP learning required:</u> Reference to relevant evidence incomplete; important evidence not sought or insufficient attempt to gather it; evidence requested from an inappropriate source <u>Report amendment required:</u> In additional support needs case either: important evidence not sought or insufficient attempt to gather it	Critical evidence not sought or insufficient attempt to gather it so that correct award cannot be reasonably determined
Process	Case handling Usability	Clear report which conforms with guidance and professional standards <u>HP learning required:</u> Frequent spelling or grammar errors, use of jargon and unexplained abbreviations that are not in common use <u>Report amendment required:</u> Omission or error (such as harmful information / call to exam) with minor risk of adverse consequence; directive advice on entitlement; unclear medical information critical to advice clarity	Major omission or error (such as harmful information / unexpected findings / call to exam) with significant risk of harm to the mental or physical health of the claimant or others

For the avoidance of doubt, a report must be graded Unacceptable if the Unacceptable criteria applies to one or more of the Attributes. If none of the Unacceptable criteria applies, the report must be graded Acceptable Report Amendment Required, if those criteria apply to one or more of the Attributes. If none of the Unacceptable nor Acceptable Report Amendment Required criteria applies, the report must be graded Acceptable HP Learning Required, if those criteria apply to one or more of the Attributes. A report may only be graded Acceptable if none of the other criteria apply to any of the Attributes.

Rework

Where the Department considers that assessment reports are not fit for purpose it may return them to providers for rework, which will be carried out at their expense.

The criteria are that reports will be:

1. Fair and impartial
2. Legible and concise
3. In accordance with relevant legislation
4. Comprehensive, clearly explaining the medical issues raised, fully clarifying any contradictions in evidence
5. In plain English and free of medical jargon and unexplained medical abbreviations
6. Presented clearly
- 7 Complete, with answers to all questions raised by the Department.

Providers should develop procedures for accepting, recording and dealing with rework quickly and effectively.

Rework Action

The action to be taken in relation to rework will vary on a case-by-case basis. Wherever possible, cases should be discussed with the original HP or referred back to them for further action to be taken.

In some cases it may be necessary for an additional face-to-face consultation to be carried out, either with the original HP or a different HP. The impact of any such consultations on claimants should be considered when making the decision to carry out a repeat consultation. Where possible further consultations should be avoided, so as not to place extra burdens on claimants. However, this should not compromise the quality of the advice to DWP.

Annex E: Assessment Criteria for PIP

These descriptors are those in the regulations in effect at the time of the Review. The regulations were amended from 16 March 2017³⁵ ³⁶, but the Review has not had the opportunity to observe the operations of the assessment under the revised descriptors then introduced for Activity 11.

Activity	Descriptor	Pts
DAILY LIVING		
1. Preparing food.	a. Can prepare and cook a simple meal unaided.	0
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	d. Needs prompting to be able to either prepare or cook a simple meal.	2
	e. Needs supervision or assistance to either prepare or cook a simple meal.	4
	f. Cannot prepare and cook food.	8
2. Taking nutrition.	a. Can take nutrition unaided.	0
	b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
	c. Needs a therapeutic source to be able to take nutrition.	2
	d. Needs prompting to be able to take nutrition.	4
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	f. Cannot convey food and drink to their mouth and needs another person to do so.	10
3. Managing therapy or monitoring a health condition.	a. Either- (i) does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided.	0

³⁵ <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2017-02-23/HCWS495/>

³⁶ The Reviewer is chair of Social Security Advisory Committee however he is not playing any role in SSAC's considerations of these changes to avoid any conflict of interest

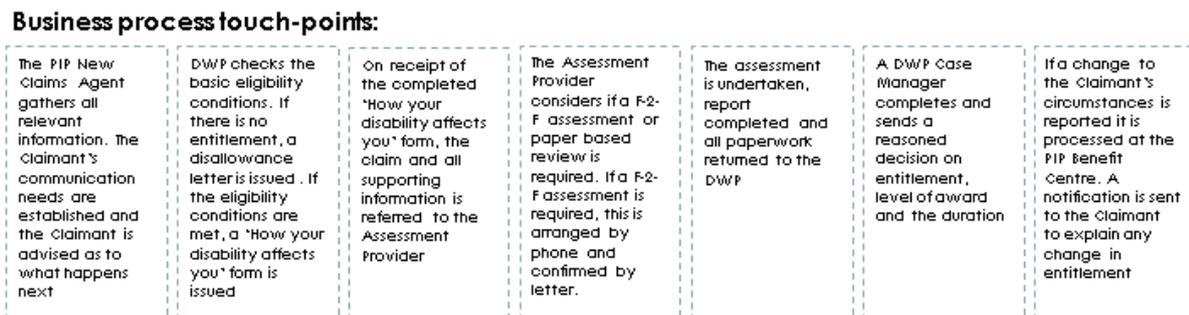
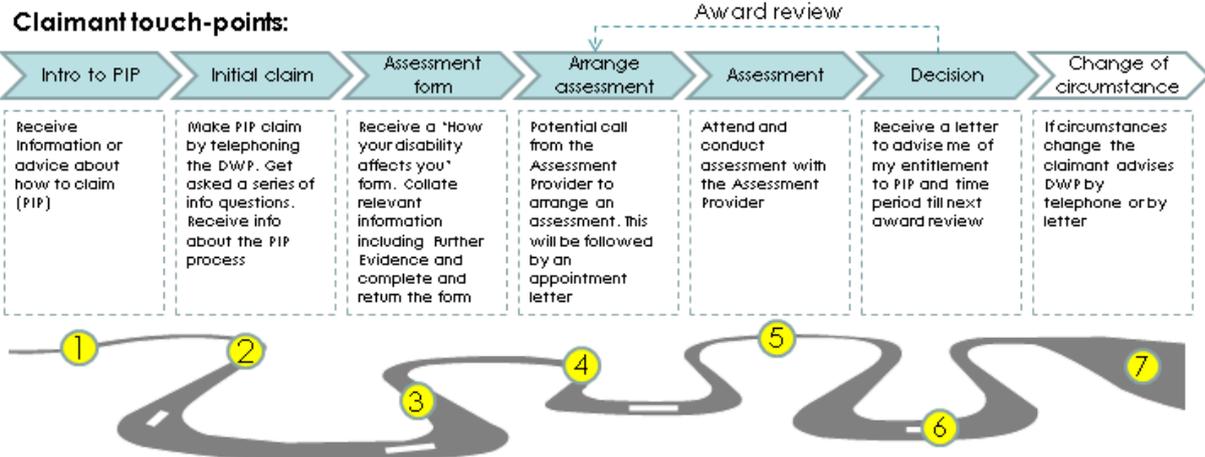
Activity	Descriptor	Pts
	b. Needs either- (i) to use an aid or appliance to be able to manage medication; or (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition.	1
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8
4. Washing and bathing.	a. Can wash and bathe unaided.	0
	b. Needs to use an aid or appliance to be able to wash or bathe.	2
	c. Needs supervision or prompting to be able to wash or bathe.	2
	d. Needs assistance to be able to wash either their hair or body below the waist.	2
	e. Needs assistance to be able to get in or out of a bath or shower.	3
	f. Needs assistance to be able to wash their body between the shoulders and waist.	4
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	8
5. Managing toilet needs or incontinence.	a. Can manage toilet needs or incontinence unaided.	0
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
	c. Needs supervision or prompting to be able to manage toilet needs.	2
	d. Needs assistance to be able to manage toilet needs.	4
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8
6. Dressing and undressing.	a. Can dress and undress unaided.	0
	b. Needs to use an aid or appliance to be able to dress or undress.	2

Activity	Descriptor	Pts
	c. Needs either - (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	2
	d. Needs assistance to be able to dress or undress their lower body.	2
	e. Needs assistance to be able to dress or undress their upper body.	4
	f. Cannot dress or undress at all.	8
7. Communicating verbally.	a. Can express and understand verbal information unaided.	0
	b. Needs to use an aid or appliance to be able to speak or hear.	2
	c. Needs communication support to be able to express or understand complex verbal information.	4
	d. Needs communication support to be able to express or understand basic verbal information.	8
	e. Cannot express or understand verbal information at all even with communication support.	12
8. Reading and understanding signs, symbols and words.	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
	b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
	c. Needs prompting to be able to read or understand complex written information.	2
	d. Needs prompting to be able to read or understand basic written information.	4
	e. Cannot read or understand signs, symbols or words at all.	8
9. Engaging with other people face to face.	a. Can engage with other people unaided.	0
	b. Needs prompting to be able to engage with other people.	2
	c. Needs social support to be able to engage with other people.	4
	d. Cannot engage with other people due to such engagement causing either (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8

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

Annex F: PIP Claimant Journey

Claimant Journey



Annex G: The Independent Scrutiny Group

1. The Secretary of State for Work and Pensions appointed an Independent Scrutiny Group to provide the Reviewer with advice, challenge and support, whilst also helping him maintain his independence. The Scrutiny Group included experts from the health care professions, disability groups, academia, advisory groups, and from a parent of a PIP claimant:
 - Professor Lindsey Davies (Chair), CBE, Honorary Professor of Public Health, University of Nottingham
 - Professor Mark Priestley, Professor of Disability Policy, University of Leeds
 - Susan Kirkman, Parent/carer of PIP claimant
 - Sally Davis, Chair Leonard Cheshire Trust Board
 - Lynne Turnbull, CEO Cheshire Centre for Independent Living (CCIL)
 - Helen Wilcox MBE, Executive Director Woodford Care Homes
 - Simon Williams, Director of Community and Housing, London Borough of Merton, and Representative from the Association of Directors of Adult Social Services (ADASS)
 - James Plunkett, Director of Policy and Advocacy, Citizens Advice
2. The Terms of Reference for the Independent Scrutiny Group were to:
 - Ensure that the process for conducting the Review is robust, comprehensive and fair and reflects the terms of reference for the Review;
 - Ensure the process for gathering evidence and relevant data is in accordance with accepted standards and best practice;
 - Monitor progress of the Review to ensure it remains on plan, and within scope of the terms of reference;
 - Provide advice and support as the Review progresses, discussing and providing guidance as necessary on emerging issues and findings;
 - Ensure the final report is underpinned by robust findings and evidence and is presented in a clear and appropriate format;
 - Ensure the Reviewer maintains his independence throughout the Review, acting as a sounding board and providing challenge where necessary.

This publication can be accessed online at: www.gov.uk/government/publications/personal-independence-payment-pip-assessment-second-independent-review

For more information about this publication, contact:

Strategy Policy and Analysis Group
Disability Benefits
PIP Policy Team
Caxton House
Tothill Street
London
SW1H 9NA

Copies of this publication can be made available in alternative formats if required.

Department for Work and Pensions

March 2017

www.gov.uk

ISBN 978-1-4741-4209-0



9 781474 142090