Evaluation of claims for Personal Independence Payment (PIP) by South Staffordshire residents.

South Staffordshire
Citizens Advice Bureau

March 2015

About citizens advice

The Citizens Advice Bureaux (CAB) is the largest independent network of free advice centres in England and Wales. In 2013/14, we advised 2 million people on 5.5 million issues, through 319 individual bureaux providing advice from over 4,030 locations, face-to-face, online and over the phone.

The Citizens Advice service provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. It values diversity, promotes equality and challenges discrimination. The service aims to provide the advice people need for the problems they face, and to improve the policies and practices that affect people's lives.

South Staffordshire

Throughout 2013/14 South Staffordshire Citizens Advice Bureau helped 1,934 people deal with 7,470 different advice issues. The bureau's annual report revealed issues surrounding benefits formed the majority of our clients' queries.

As changes relating to welfare reform have begun to take effect, it is people on the lowest incomes, likely disabled or suffering from ill-health that are most affected, resulting in increased levels of stress and anxiety. [1]

Executive Summary

Personal Independence Payment (PIP) is a new disability benefit introduced from April 2013 to replace Disability Living Allowance (DLA).

This localised small-scale study is comprised of qualitative and quantitative responses from telephone and written interviews from claimants of PIP or someone who has claimed on their behalf.

The aim of the study was to provide a snapshot assessment of the quality of service South Staffordshire claimants receive, in light of national issues highlighted by early evaluations of the benefit, articles in the press, and by voluntary agencies. In addition, this report will also make recommendations for ways the service can be improved.

Recommendations to the Department for Work and Pensions

- ***Claimants moved over from DLA, who have been awarded a higher rate of support, should have the difference in payments backdated to the date their new claim was submitted.***

- ***The DWP should not keep claimants in the dark, if there are delays, give as many updates as possible to relieve any stress, even if the updates are automated.***

- ***Ensure decision makers allow for enough time to receive additional information and that it is accounted for when making a decision.***

- ***DWP should automatically acknowledge receipt of additional evidence sent by claimants.***

- ***Ensure assessment providers contact health and support workers for additional information to support a claim.***

Contents

What is PIP?

Personal Independence Payment (PIP) is a new working age (16-64) benefit that was gradually introduced from April 2013 to replace Disability Living Allowance (DLA). The aim was to create a fair and supportive non-means tested benefit, which would be based on how a person's condition affects them, not the condition they have. The new benefit sought to allow individuals with a long-term ill-health condition or disability to lead active and independent lives by helping towards some of the extra costs. PIP is tax free, not affected by earnings or income, and is not dependent on national insurance contributions [2].

Who is eligible?

Eligibility for PIP under 'normal rules' requires claimants to have a health condition or disability, and experience difficulties in activities related to 'daily living' and/or mobility. Claimants must have experienced the symptoms of their health condition or disability for three months prior to claiming, and expect to experience the symptoms for nine months after. It is a working age benefit that can be claimed after one's 16th birthday, however must be claimed before one's 65th birthday to continue receiving the benefit afterwards.

Dependent on needs, there are two rates in which claimants may be eligible for both the daily living and mobility components: standard and enhanced. Clients can receive one or the other of the components or a combination of both. The 2013-14 rates are as follows:

Daily Living component:

Standard rate: £54.45

Enhanced rate: £81.30

Mobility component:

Standard rate: £21.55

Enhanced rate: £56.75

The 2015/16 rates are as follows:

Daily Living component:

Standard rate: £55.10

Enhanced rate: £82.30

Mobility component:

Standard rate: £21.80

Enhanced rate: £57.45

Eligibility is determined by information provided by the claimant, supporting medical evidence from health

professionals, and usually a face-to-face assessment.

The PIP assessment is points related and gauges one's physical, mental and cognitive functions considered within a range of 12 different types of activity. Each activity hosts a list of descriptors, which are applied to the claimant when they are unable to be completed to an acceptable standard, repeatedly, and in a reasonable time period. To be eligible for the standard rate of care, claimants must score 8 points in the assessment, whilst to be awarded the enhanced rate claimants must score 12 points.

Face-to-face assessments are subcontracted by the Department for Work and Pensions to private sector organisations, Capita and Atos. Capita has been operating in central England, Wales and Northern Ireland, and Atos in the North and South of England, along with Scotland. Health workers representing Atos and Capita feed back the evidence collected in the assessment to the DWP, who make the ultimate decision on the eligibility of the claim. If successful, claimants are awarded either the standard or enhanced rate of care for the daily living and mobility components, in accordance to their needs.

Furthermore, claimants not expected to live beyond six months of the claim are considered to be terminally ill and are eligible under the 'special rules' procedure. 'Special Rules' claims bypass the initial 'how your condition affects you' PIP2 form and face-to-face assessment, and have all efforts made to ensure its completion within 10 days. This procedure sees claimants automatically receive the enhanced rate of the daily living component, and the mobility component dependent on their needs.

Objectives of PIP

The Department for Work and Pensions' (DWP) main objectives with the introduction of PIP were to ensure that expenditure was sustainable, that the assessment for the benefit was designed to assess more accurately, objectively and transparently the support needs of claimants, and to increase the understanding that the benefit is available for those in and out of work [3]. The DWP opted for a gradual introduction of the benefit, increasing in scale, starting in selected areas in the north of England from April 2013 [4].

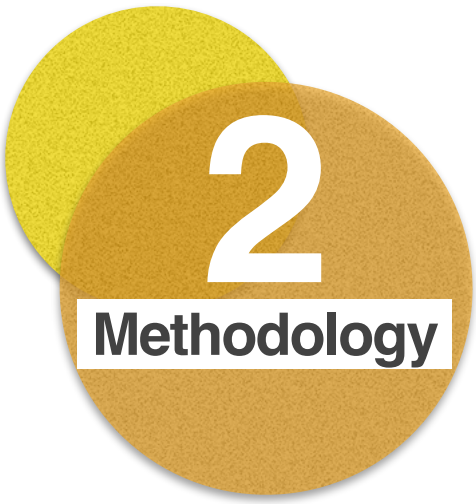
Value of PIP to South Staffordshire

The DWP spent a total of £163,031m over the 2013-14 period across the whole benefit spectrum from Job Seekers Allowance to Housing Benefit. Of that £163,031m, just over £13,763m was spent on Disability Living Allowance with £20.8m spent on claimants within the South Staffordshire local authority [5].

What this shows is the extent to which residents of South Staffordshire are likely to have been affected by the switch to PIP, and how many new claimants for the benefit there likely to be – who often rely on the additional income of disability benefit to support their particular needs.

From the roll-out date in April 2013 until June 2014, advisors from Citizens Advice Bureaux in England and Wales had advised on 154,802 issues by 77,039 clients with issues relating to PIP [6]. The range of clients' queries has covered the entire PIP claiming process from, eligibility for the benefit, making and managing a claim, the face-to-face assessment, and the appeals process.

Bureaux have witnessed a steady increase in queries as the new benefit has been rolled out, with PIP currently representing the second most common benefits issue after Employment Support Allowance (ESA). Similar to PIP, ESA is a benefit intended for individuals both in and out of work that gradually replaced Incapacity Benefit (IB) from 2011. ESA aims to assist individuals whom are unable to work, and support those with more minor disabilities back into employment. The switch from IB to ESA and DLA to PIP has resulted in an increased reliance on voluntary services including Citizens Advice, which the DWP has since recognised [7].



The Research

This localised small-scale study is comprised of qualitative and quantitative responses from telephone and written interviews from claimants of PIP, or someone who has claimed on their behalf.

The aim of the study was to provide a snapshot assessment of the quality of service claimants from South Staffordshire receive, in light of national issues. Possible improvements highlighted by participants of this research will then be used in conjunction with the analysis of the results to make recommendations to develop and improve the service as a whole.

With the perspective of claimants from South Staffordshire, this research aimed to discover the ease in which claimants found understanding how to make a claim, how easy it was to claim, the health assessor's conduct during assessments, the use of medical evidence, waiting times, mandatory reconsideration, and the appeals process.

The issues above represent the entire spectrum of claiming PIP and are in keeping with national issues that have been highlighted, by Citizens Advice and other disability services, including Macmillan Cancer Support and Benefits and Work.

The Participants

Participants of this study were recruited from the South Staffordshire area using Citizens Advice's internal database (Petra) of clients. 51 clients in total had contacted the South Staffordshire Bureau from the 1 April to the 30 September 2014 with a query regarding disability benefits, including Personal Independence Payment.

The focus of these queries was highly variable with a number regarding out of work entitlement, others were regarding eligibility for passport benefits, however most were in relation to claiming Employment and Support Allowance and not relevant to this study as whole.

As a result, of the clients that had contacted the Bureau, only eight had progressed enough with their PIP application, and had responded to interview and questionnaire requests, to prove useful to the content of this study. Of the respondents, five of the eight had claimed themselves, and three had had

a relative claim on their behalf. The average age of the claimants was 48 years old with one of the respondents below the age of 30.

3 Results

3.1 Understanding how to make a claim

Information on making a claim, regarding eligibility, how much one will receive, as well as info regarding passport benefits including Carer's Allowance, is available on the gov.uk website.

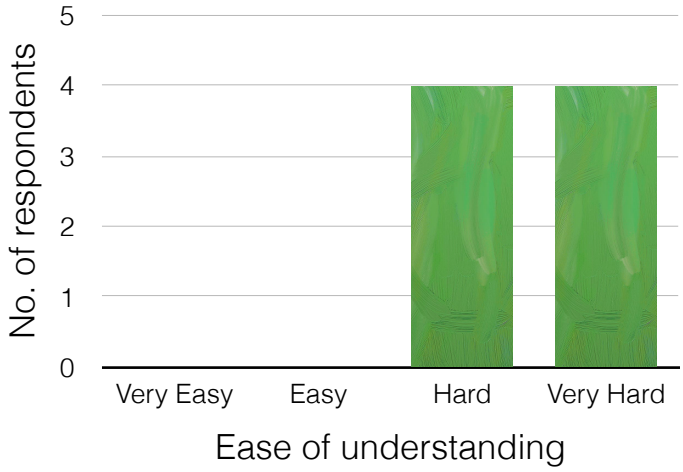
That being said, given the clientele for such a benefit, often with one or more learning, physical or emotional disability, online information can be seen as inaccessible and may discourage claimants from pursuing a claim.

A number of respondents of this questionnaire, due to their age and disabilities, had no computer access in their home, let alone internet provision, and therefore required the Citizens Advice service for assistance in understanding how to make a claim.

Regarding the ease in which claimants found making a claim, it was unsurprising to find – given they had contacted the bureau for help with one or more stages of the process – all respondents found the process either 'hard' or 'very hard'.

A lot of the information needed to understand how to make a claim is given upon undertaking the initial telephony stage as listed below.

Graph 1.0 How easy was it for you to understand how to make a claim?



According to the DWP's early process evaluation 'Among those claimants interviewed who had recall of this stage of the claiming process, most made the initial telephone call themselves. Where help was used, this came mainly from family members, CAB staff or (particularly in the case of people claiming under Special Rules) health professionals and support workers.' [8]

Other charity organisations including Parkinson's UK and Mencap, have reported difficulties themselves in assisting claimants with their claims. This is due to the claimant needing to either, be involved in the conversation to the DWP with their carer, representative or family member (proxy), or have an 'appointee' who must be verified by the DWP beforehand [9].

3.2
Making a claim

There are various stages to making a claim for PIP. The first, the telephony stage, involves calling the DWP PIP claims line and a representative will request the following information: contact details, date of birth, National Insurance number, bank or building society details, doctor's or health worker's name, and details of any time spent abroad, in care or in hospital.

Alternatively, there is the option to be sent a form where claimants can fill out by hand the necessary information, although the DWP admits there may be further delays using this method.

Subsequent to satisfying the criteria at this stage, the DWP will send out the personalised 'how your condition affects you' form, otherwise known as the PIP2 form, to non-terminally-ill claimants. The PIP2 form is a 35-page document that is used to determine the effect a claimant's condition or conditions have on their mobility and ability to perform daily activities. Along with the PIP2 form, the DWP sends out a PIP Information Booklet, which explains the questions, offers advice on how to answer them, and suggests examples of other information to include.

Special Rules

Terminally ill claimants – those not expected to live past six months – are fast-tracked at this stage subsequent to sending a DS1500 form, which can be obtained from their doctor or healthcare professional. Claimants in this category bypass the PIP2 form and the face-to-face consultation. Therefore the DWP will make a decision based on the information included by their healthcare professional.

The claimant's condition is assessed by measuring the aids and human support needed for coping with everyday life, as well as any anxieties one may incur in performing certain tasks. These tasks are categorised under the following:

- managing medication
- eating and drinking
- preparing food
- washing and bathing
- managing toilet needs
- dressing and undressing
- communicating
- reading

- mixing with other people
- making decisions about money
- going out
- and moving around.

In addition, there is opportunity for claimants to elaborate on the affect their condition has on each of the above categories, with suggestions from DWP including: length of time taken to perform a task, resulting pains or tiredness, and additional anxieties.

The process for claiming PIP is exactly the same for claimants making a new claim, and for claimants transferring from DLA. The only difference lies in the backdating of payments.

If a new claim for PIP is awarded, the payment is backdated to the initial telephony stage.

However, if PIP is awarded to a claimant who has made the switch from DLA, back-payment is calculated using the existing DLA rate. This means claimants who are awarded a higher payment rate for PIP will not be backdated the difference in rates.

Therefore some claimants will lose out by switching over to PIP despite the DWP's claims that this wouldn't happen.

Claimants may have be awarded a higher rate of care for PIP because their condition has deteriorated and therefore need more assistance. Alternatively, their condition may be deemed as needing a greater level of care under the new criteria.

Either way, the DWP should backdate the increase in payments to the date the new claim was submitted to ensure claimants are receiving the support they have been assessed as needing.

3.3 Face-to-face consultation

Once the PIP2 form has been completed, the DWP will, in the majority of cases, arrange for the claimant to have a face-to-face consultation with a healthcare professional, either at the claimant's home or at an arranged location. This location, as decided by the assessment provider (AP), is likely to be at a local healthcare or assessment centre. If travel to the chosen location would be more than 90 minutes by public transport, the AP must provide the claimant with an alternative.

For claimants with mental health issues, travelling for 90 minutes to an unknown location, to meet someone they don't know, can be challenging, and may deter claimants from attending assessments – which will result in the claim being turned down. However, if a claimant is deemed unfit for travel, unable to travel with a relative or support worker, or able to show they usually gets home visits from their GP, the assessment provider, according to guidance from the DWP, should arrange a home visit.

Putting waiting times and delays to the side for the time being, these consultations have come under particular scrutiny in the press and by disability agencies for the lack of specialist knowledge pertaining to claimant's ill-health or disability. According to the Benefits and Work Advice website: 'The majority of health professionals carrying out PIP medicals are physiotherapists with very little knowledge of mental health issues, learning difficulties or more complex physical conditions. There are also some occupational therapists, nurses and, very occasionally, doctors doing assessments' [10].

On top of this, previous studies have found the distance claimants have needed to travel and the costs incurred to attend a face-to-face assessment have been greater than the DWP's initial estimates. Claimants can seek reimbursement for their journeys to assessments, however this information hasn't been widely circulated, as noted in the DWP's early evaluation, where claimants expressed surprise upon being told they could claim back their expenses [11].

As previously highlighted, the DWP has subcontracted these consultations out to Atos and Capita, who provide the healthcare professionals/assessors. Capita conduct the assessments in central England and did so in this study. It therefore would not be wise to generalise these cases to other areas of the country where Atos provide the assessments.

In an attempt to discover whether residents from South Staffordshire have shared some of the difficulties addressed above, listed to the side and below are the responses of the participants to the prompt:

‘Please tell us about your face-to-face consultation (if you had one): did the assessor give you the impression he/she knew about your particular condition?’

‘The assessor didn’t understand my condition but was very helpful and knowledgeable about the process and what each question actually meant. I was extremely pleased and thankful of their help’

‘Came to my house, was understanding of my situation and was aware of my ailment’

‘Assessor was very polite but there was very little communication between the DWP and the assessor, as I changed my address with DWP and information had not been passed on, so the assessor arranged to have an appointment at my old address’

'Very polite, can't really remember. But I showed her a list of my medications'

'Arrived on a moped, was told the appointment would last for one hour as that was the case with all appointments. No mention, questions or examinations of my knee, or awareness of my particular condition'

'Assessor had no specialist knowledge of sight problems or knew that I had them'

'Did not need to go for a consultation, they went on all the paperwork we sent with the claim'

Distance Travelled:

In regard to the distance claimants needed to travel to their consultations in this study, one participant did not need to attend a face-to-face consultation at all, and in the remaining seven claimants had assessments arranged and carried out in their own homes. This, according to the Benefits and Work advice website, seems to be the norm with Capita assessments, unlike claimants assessed by Atos representatives.

Knowledge of Claimant/ Specialist Knowledge:

On the issue of whether the assessor had information pertaining to the claimant's condition, and had specialist knowledge in this area, in roughly half the cases, the assessor did not. Where the face-to-face assessment was not deemed necessary, the assessment provider, Capita, had contacted the claimant's health and support workers and been able to acquire pertinent evidence along with evidence sent with the PIP2.

In one of the seven remaining cases the healthcare professional had medical evidence or a copy of the PIP2 form informing them of the claimant's disability, and made this aware to the claimant during the assessment.

Two of the participants in this study gave no indication whether the assessor had received any medical information about their case– one through lack of memory given her assessment had been such a long time ago, and one who chose to focus on another aspect of the consultation. In the remaining four cases claimants identified the assessor as holding no knowledge of their particular ill-health or disability, and therefore no relevant specialist knowledge.

It is concerning to learn that in half of these cases the claimant had not gained the impression the health assessor had seen any medical information relating to them. This would mean questions to the claimant will have been unspecific and not geared towards validating the PIP2 form and gaining a full knowledge of how the claimant's condition affects them.

In addition, one claimant hadn't received a PIP2 form, as she was told she would not need to fill one in due to her sight issues, and would have an assessment arranged for her in due course. A face-to-face assessment can be organised without having completed a PIP2 form when the claimant provides information during the telephony stage indicating that they require additional support [12]. However, neither the DWP or health assessor subsequently contacted the claimant to arrange an assessment. After months of being left in limbo the claimant contacted the DWP herself, who then contacted Capita to arrange an assessment, nine months after the initial telephony stage.

This highlights either the difficulties experienced in waiving the PIP2 stage of the process, a breakdown of communication by the DWP to pass this information on to the assessment providers, or trouble with the PIP IT. The DWP admits that during the early stages of the benefit being introduced there were a number of IT issues that proved problematic. Since then a number of tasks, which previously needed to be undertaken manually, have been automated, providing an increase in functionality [13]. It would therefore be useful to learn if more recent cases that have bypassed the PIP2 stage have experienced similar difficulties.

Despite this, on the whole claimants reported generally positive and polite staff, who were well-informed of the whole process of PIP2, if not always knowledgeable or aware of the claimant's condition in particular.

3.4 Additional evidence

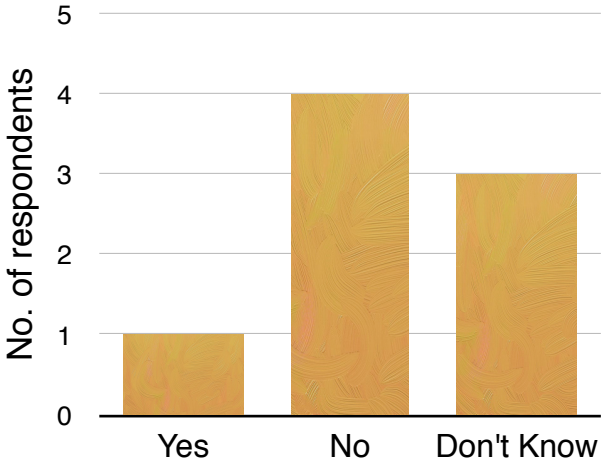
An interesting difference between Employment and Support Allowance (ESA) and PIP is how additional medical evidence is gathered and used. PIP differs from ESA in that there is a responsibility for the third party health assessors, provided by Atos and Capita, to gather as much information as is deemed necessary to make an informed judgement on a person's eligibility. This is unlike ESA where there is greater impetus on the individual to contact their healthcare professional, often at considerable cost, with whom can provide medical evidence.

Medical evidence can be in the form of prescription lists, claimant's care plans, reports and any information attained from GPs, consultants, specialist nurses, physiotherapists or social workers.

Arguably, the method of collecting additional evidence with PIP was intended to take unnecessary pressure off claimants and avoid any costs GPs may charge to provide it. However, there may be an argument to suggest it reduces the control claimants have over their claim if the responsibility is not met by the assessor to acquire further information, or if it is not understood that any additional information claimants do supply will further support their claim.

Despite this responsibility of the assessment providers, as seen above, when claimants were asked if they got the impression their health assessor knew about their condition – which they could have gathered by reading the claimant's PIP2 form or by collecting additional evidence – generally speaking the assessors did not. Coupled with this, as seen with the graph below, when asked whether the health assessor had contacted their health or support workers, in the majority of cases they had not, or were not aware that they had.

Graph 2.0 Did the assessment provider contact your health or support workers for medical evidence to support your claim?



There is only one case in this study where the assessor is known to have collected medical evidence from a health or support worker. This evidence, used in conjunction with additional information sent by the claimant and the PIP2 form, was enough to make a decision and subsequently bypass the face-to-face assessment.

There may be argument to suggest additional medical evidence is used to validate information collected in the assessment and provided in the PIP2 form, and used later by DWP to make an informed decision. However it would seem judicious to have the most amount of information at every stage of the proceedings, where of course possible.

If APs do not collect sufficient evidence and provide this to the decision makers, the DWP's representatives will struggle to make an informed decision. This is important as according to the early process evaluation of new claims in July 2014, DWP case managers – the decision makers – said the AP's assessment report was the principal determinant of their decision [14].

In a recent study by Macmillan Cancer Support on the service experienced by PIP claimants with cancer, over half of those who did submit further evidence were unsure whether the DWP had received it [15]. The charity therefore recommended that the DWP automatically acknowledges receipt of additional evidence to remove any uncertainty.

3.5 Waiting Times

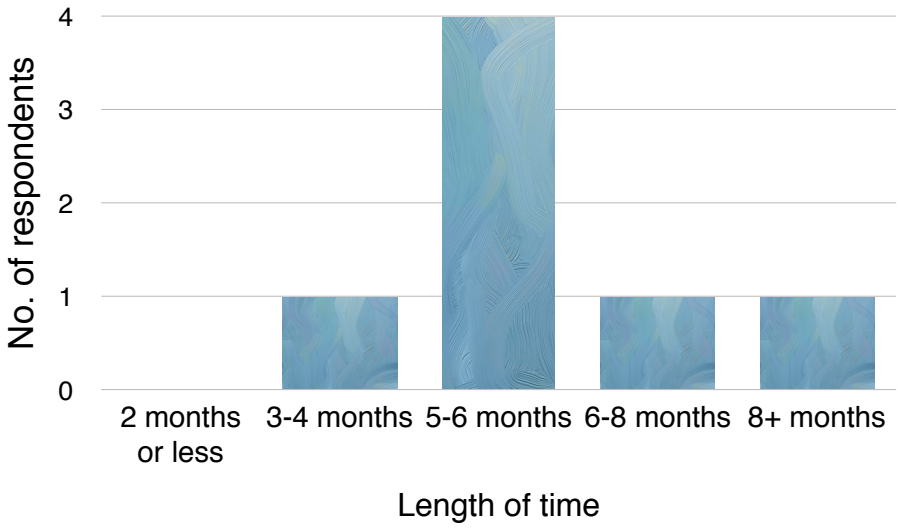
The significant delays claimants have experienced in receiving assessments and decisions to their claims has been a heated issue within the press and disability organisations. The DWP, as a result, has come under a lot of pressure, as the cost of delays to disabled people and those with ill-health is often a matter of life and death – especially if in the 'special rules' category.

The wait for the previous benefit DLA, was typically expected to take 11 weeks from the start of the process to the point at which the claimant got paid, and significantly less time than that for claimants who were terminally ill.

In June 2014 the Committee for Public Accounts revealed the total waiting times for claimants of PIP was considerably longer than expected, both in 'normal' and 'special rules' categories. 'Normal' claimants were facing waits of over six months and 'special rules' claimants waiting over 60 days [16].

It is important to understand at which stage of the proceedings most of the delays were being experienced, and thus where improvements need to be made most. Therefore, participants of this study were asked to recall the length of time it took from the date they returned their PIP2 to the date they received an assessment, and from the assessment date to the decision date.

Graph 3.0 The length of time taken from returned PIP2 form to date of assessment

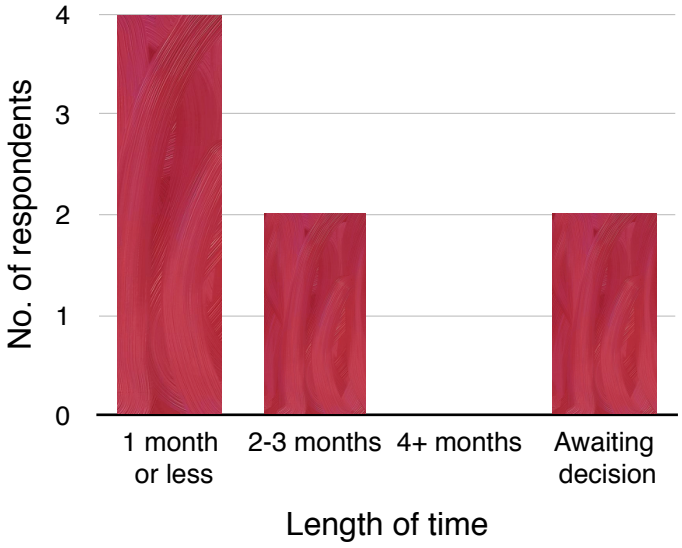


The most common length of time participants of this study waited from the time they returned their PIP2 form to attending an assessment was 5-6 months, with four clients experiencing a wait of this time – which is actually the length of time given by the Committee of Public Accounts to cover the entire period.

One claimant had a wait of 3-4 months, one a 6-8 month wait, and one participant, whom in fact hadn't needed to return a PIP2 form, and whose wait was calculated from the initial telephony stage of proceedings, had a nine month wait for an assessment. As addressed above one claimant did not need to attend an assessment and had a proportionately low waiting time to receive a decision.

As shown in Graph 3.1 The length of time taken to receive a decision subsequent to attending a face-to-face interview was substantially shorter than the time taken to receive an assessment. Knowing this however, proves little in determining where the delays lie, as it may be DWP causing delays in passing information onto the AP or the AP's inefficiency in arranging assessments.

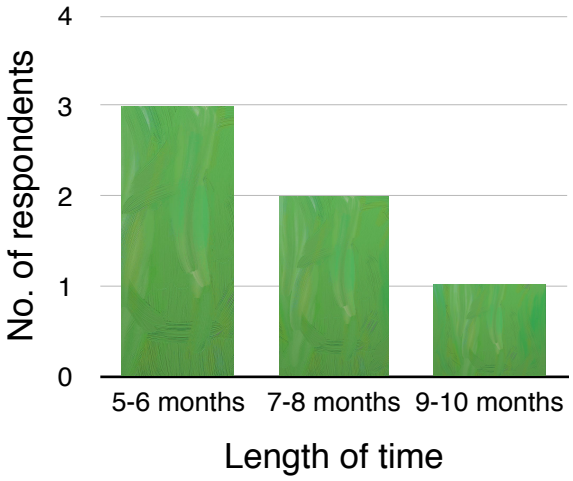
Graph 3.1 Time taken from assessment to decision



Most commonly, once participants of this study had undergone their face-to-face assessment they received a decision within one month. In two cases the length of time was longer and claimants were waiting for between an extra two and three months, and two participants had yet to receive a decision on their claim. In comparison this wait does not seem anywhere near as long as the period prior to an assessment, however, the overall waiting time for the participants when combined, does not make for easy reading.

Three of the participants had a wait of 5-6 months, which is in line with the research of the Committee of Public Accounts, however the remaining respondents had a longer, or substantially longer wait. Of the individuals still awaiting their decision at the time this information was collected, one had been waiting 7 months and the other 9 months.

Graph 3.2 Total length of PIP process



3.5.1 Impact of the delays

Assessing the human cost of the delays needs to be considered in all its forms. The basic financial loss may not be the biggest burden on a claimant's life. There is the emotional limbo of not receiving a decision, of not been given an assessment after months, and of sending information and not hearing as to whether it's been received or not. There are also the additional benefits which PIP is designed to act as a passport to, including: carer's allowance, severe disability premium, exemption from the bedroom tax, the Motability scheme, bus passes, taxi cards, and heating grants [17] – the result of which can have dire consequences.

On top of this, the longer the wait, the more likely the health of the claimant will change, for better or for worse. For example, if PIP was claimed to cover some of the costs subsequent to suffering a serious accident resulting in an individual being unable to work, and the wait is of substantial length, the claimant is unlikely to experience the benefits of PIP that it was intended to provide. Therefore PIP is not responsive to the needs of its clientele.

Coupled with this, any delay or lack of communicated information to individuals with mental health issues may cause greater symptoms of that illness. If it is thought that one must start their claim again, or top-up their claim, if claimants experience a change of circumstances, and the long delays are the cause of the change in circumstances, this would result in a viscous circle of reclaiming and deteriorating health.

A number of the respondents to this study had been told to start a new claim for PIP despite at the time still receiving DLA and despite the huge backlog of PIP cases (see page 25). For claimants making a new claim for PIP, payments are backdated to the date of the initial telephony stage. Those people transferring from DLA, which has a different set of criteria for identifying how a person's condition affects them, will not have their payments backdated even if the new rate is higher.

Therefore there is the potential for claimants that have been awarded the enhanced rate of PIP, and received the lower rate of DLA, to lose out when their needs are assessed as greater. Although this scenario has not been faced by anyone in this study, it goes against claims by the DWP that argued no one would lose out with the move to PIP.

In this study the impact of the delays varies, as they will do with people with varying incomes, circumstances and needs. Participants who had previously claimed DLA and were still receiving the

old benefit, reported fewer negative impacts than those who were claiming disability benefits for the first time, as is to be expected focusing on the monetary loss.

Below are the participants' responses to the question:

Did the length of time it took for you to get a decision have an impact on your life in any way? If so, how?

One respondent, who reported no negative impact, was claiming on behalf of her husband and noted that due to her husband's severe disability, was expecting a decision in her favour. This would have reduced any uncertainty in the claim and resulting stress. In the two other cases where respondents reported no negative impacts, this was due to the continued DLA provision that meant there was no, or little, financial loss from the lack of decision on their claim.

One participant noted that whilst they were still receiving DLA and had continued access to a car, by not knowing about the outcome of their claim they experienced a significant amount of stress. The participants that did experience a negative impact on their lives, in one case this was due to the lack of financial security and uncertainty of the long wait, and the other because of the stress of the whole process and deterioration of health.

3.5.2 Reasons for the delays

There is a lot of pressure on claimants to return their PIP2 forms, attend assessments and send additional medical evidence off in a timely manner, with the fear that they may lose their claim if they don't stick to the strict deadlines. However, this appears to generate more fear and worry than it's worth, especially under the circumstances, in which worry is exacerbated by the often dangerously long delays. If claimants are expected to stick to their deadlines and experience penalties for not doing so, it would seem only right the DWP and third-party providers are held to the same standards.

According to the Public Accounts Committee, charged with evaluating the process of introducing PIP:

'The department introduced the new benefit through a 'controlled start' so that the department could test early parts of the process, including the new IT system, staff guidance and the telephone application process. The department started taking new claims for Personal Independence Payment in parts of the north of England from April 2013, and nationally from June 2013. However only 360 decisions had been made by the time the scheme was implemented nationally.' [18]

What this reveals is that as opposed to piloting the scheme; testing processes, assumptions and vetting assurances from third-party providers, the DWP, having made only 360 PIP decisions over two months, continued to roll out the benefit, surely with the knowledge there would be considerable delays.

When bringing out any new system, be it benefits, taxation, or a new pension scheme, there will inevitably be a period where IT systems need to be tweaked, staff get used to new procedures, and any sub-contracted providers and representatives become familiar about their new role. However, by piloting these processes, inefficiencies are kept to a minimum and delays are reduced.

The following are the outcomes of the DWP's lack of checks to the processes of PIP found by the Committee of Public Accounts:

'The Department expected 75% of assessments would be face-to-face consultations rather than on paper, and that they would take 75 minutes on average to conduct. In practice, over 97% of assessments have been face-to-face consultations and they take around 120 minutes' [19].

When choosing a provider to conduct the face-to-face assessments, both Capita and Atos submitted bids in May 2012. In the case of Atos, it stated it had agreements in place with 56 NHS hospitals, 25 private hospitals and over 650 physiotherapy practices to provide assessments. However there were serious discrepancies in its application bid regarding these subcontracts:

'Atos stated that potential subcontractors had given their consent to being named in its bid. The bid, in one statement, described partners as having 'contractually agreed' to provide accommodation. Atos admitted that it did not have binding contracts with subcontractors at the time of its bid. It maintained that it could not have entered into binding subcontracts without first having signed a prime contract with the Department. Two organisations named in the bid, Cambridge University Hospital Trust and Mid Essex NHS Trust, had not given their consent to be named. Atos admitted that it had named them, but said it had done so in error. Other health trusts stated they had not reached any agreement or understanding with Atos to provide facilities or staff.' [20].

Whilst it may not always have been possible for Atos to provide subcontractors prior to winning the bid with the DWP, checks should have been in place to ensure that by the rollout date of the contract, Atos had in fact, the necessary representatives to provide assessments. It is also rather baffling to learn the DWP had not considered the 780,000 backlogged assessments of Employment and Support Allowance claims that Atos was responsible for when awarding the corporation the contract [21].

Piloting schemes may not always be the most practical, fast, or cost effective method to the taxpayer, but when mistakes risk the lives and livelihoods of some of the most vulnerable people in the UK, checks need to be in place to offset the potential harm.

Upon realising there was a huge backlog of 92,000 people whose claims were still outstanding with Atos and Capita in October 2013, the DWP postponed the reassessment of the 1.7 million DLA claimants in order to get claims cleared [22] [23].

3.6 Mandatory reconsideration & appeals process

Under DLA, if a claimant did not agree with the outcome of the decision maker, they could take their claim straight to an independent tribunal. However, in an attempt to save time and money in light of cuts to legal aid for welfare rights advice and cuts in local authority grants, as a part of PIP, a new stage has been introduced known as 'mandatory reconsideration'.

Now, if a claimant does not agree with the decision of their claim, they can write or phone the DWP asking them to re-look at their case, with the opportunity to give reasons for why they don't agree with the decision and include additional information. Claimants must do this within a month of receiving a benefit decision or have a good reason as to why they cannot. The DWP will then send a receipt in confirmation of the reconsideration, and within the suggested date of two weeks, will make a renewed decision.

Issues of concern in this area include:

- the DWP increasing the frequency of communications with claimants to discourage people from applying for mandatory reconsideration by reiterating they have the correct decision.
- the DWP making decisions before receiving additional information.
- the inconsistency of deadlines for claimants, where some people have been given one month to apply for a mandatory reconsideration and another month to send off additional information, whereas some people have not.

The results of this study reveal two participants were yet to receive a decision on their claim, four received the result they hoped for and therefore required no further action, and two had formally contacted the DWP to ask for a mandatory reconsideration. In both of the latter two cases there seems to have been serious mistakes in the process leading up to their initial decision.

In the first instance with respondent No. 4, there appeared to be notable discrepancies between the claimant's condition and the information passed on by the assessment providers to the DWP. Having seen the notes and had her decision explained to her by a DWP representative, the respondent drew the conclusion that the assessor had 'misunderstood' her condition as she was awarded 0 points for mobility despite being in a long-term neck brace during the assessment and showed a severe inability to move around unaided, which is contradicted in the assessor's notes.

In another case, claimant No. 8 had been told by the decision maker she had been awarded 0 points in the mobility component of her claim and was therefore not entitled to PIP. The claimant then contacted the DWP to ask for a mandatory reconsideration, and in turn was asked to supply further evidence, which the claimant sent in the form of letters from health workers and specialists.

A few weeks later the claimant received her official mandatory reconsideration stating that the department had not changed their minds. However, the information supplied gave no reference to the further evidence, which would have contradicted a number of the statements made by the decision maker. Further to this, the assessment information revealed the claimant had in fact been awarded 12 points by the health professional in her assessment, as she was unable to go outside unaccompanied. The decision maker however, had changed this score to 0 points, due to the fact the claimant was not officially registered as partially sighted.

Appeals

Claimants who do not agree with the reconsideration of the DWP can appeal against the decision to the HM Courts & Tribunals Service. In order to do this, claimants must send a notice of appeal against the Department for Work and Pensions, using the SSCS1 form, obtainable by the gov.uk website, within one month of receiving the mandatory reconsideration decision.

Respondent No. 8 then sought advice from a South Staffordshire CAB advisor, who argued there was no known requirement to be registered as partially sighted to have this descriptor applied to her, and therefore would have a strong case to have the claim re-awarded by an appeals panel. Following the tribunal, which the claimant attended with an advisor from Citizens Advice, the decision was overturned and the respondent was awarded 12 points for the mobility component.

Due to the extended wait experienced by respondent No. 8 the backdated payment amounted to over £3,000, which is a significant amount for any individual with additional needs to forego. Whilst the claimant was pleased with the decision, she was not pleased with the additional effort that was required to get it.

These two cases tie in to a series of complaints found by the Independent Review of the Personal Independence Payment Assessment in Dec 2014, that avers the quality of decision-making experienced by claimants has been very erratic [24]. Some decisions seem to account for and utilise information given by the claimant's health workers and some do not. Some decisions seem to account for information provided by the assessment provider and some do not. When additional information is utilised it is less likely the claimant will ask for a mandatory reconsideration.

Although each case is different and will often require different tools to understand a claimant's condition, and whilst adopting a blanket approach in all cases could be costly, a degree of quality assurance must be adopted to ensure all claimants receive a fair, considered decision.

3.7 Improvements

The final question asked to respondents was, taking account of their experience, whether they had any suggestions of ways to improve the service. It is not too surprising that claimants focussed on issues previously addressed, however, it was useful to discover what users felt would be most beneficial.

Two participants noted that the PIP2 form was confusing and that an easier form to understand, which didn't contradict itself, would be a useful improvement. Another respondent argued that PIP staff should have proper time frames and be able to stick with them, which would go a long way to reduce uncertainty. Other suggested improvements included improving the service of switching over to PIP from DLA, and to make efforts to promote the understanding that claimants of DLA will not automatically be awarded PIP.

It must be noted since PIP's inception the DWP has made welcome efforts to improve the process of claiming for users. According to an early process evaluation of PIP, staff at the DWP tasked with administering the benefit, have commented positively on changes to the IT system, notably its increased functionality – which is likely to have been a contributing factor in the long delays experienced by claimants [25].

The report also recognises that progress has taken place in other areas which may have since sped-up and improved the process of claiming PIP. These included making communications clearer to claimants, introducing a dedicated phone service for terminally ill claimants, and providing further training to staff.

The most recent figures, as of January 2015, regarding the waiting times for new claims, show the average waiting time has dropped from 30 weeks to 14 weeks, which is a huge improvement. This is still three weeks longer than the average DLA waiting time, and there are also outliers with one in eleven claimants since the benefit's launch still awaiting an assessment or decision. [26].

Although rarely mentioned in this research as no respondents fell into the terminally ill category, clearance times for special rules claims have reduced to almost the expected levels – from over a month to a little over 10 days. This is seen to be due to the introduction of a dedicated service and phone-line with specialist staff to fast track claims, a more efficient process to transfer information between claimant's health professional and the DWP, and piloting a stock of paper claim forms through Macmillan Cancer Support [27].

4 Conclusions and recommendations

This report has highlighted some of the issues claimants are facing across the whole spectrum of applying for Personal Independence Payment.

In regards to understanding how to make a claim, respondents found this process confusing and had needed to contact the bureau with assistance in this area. This difficulty, however, doesn't seem to be common across all parts of the UK, with most users finding the initial telephony stage informative. Claimants who were unable to claim on their own experienced the most difficulties at this stage with often carers and support workers unable to claim on their behalf.

New claims for PIP payments are backdated to the initial telephony stage. However claimants transferred from DLA, who are seen as having greater needs by being awarded a higher rate of care, do not have their payments backdated and thus lose out due to the long delays.

Despite the PIP2 form being seen as a great improvement on the DLA condition form, respondents highlighted the form as an area in which further improvements should be made. The majority of claimants found the form hard to complete and noted that some of the questions contradicted themselves. Sent with the PIP2 is an information booklet, which on a national level claimants found useful. However, given claimants in this study contacted the bureau for support with a claim it is not surprising they found the PIP2 harder to complete in comparison.

Claimants on the whole found assessment providers polite and well informed about the claiming process. However, regarding the providers' level of knowledge pertaining to the claimant, only one AP was observed as having information about the respondent's particular health condition. In terms of specialist knowledge, no respondents noted the assessment providers as having relevant specialist knowledge, which has been a common scenario witnessed within the CAB and Benefits and Work Agency.

When asked whether the APs had contacted the respondent's health and support workers, in only one case, the assessment provider had. This suggests there is a lack of information being collected by APs in order to make a well-informed decision.

Whilst it may be difficult to ensure APs have specialist knowledge in the area of a claimant's ailment due to a limited number of staff in any given area, there should be a strong impetus on APs to familiarise themselves with a claimant's PIP2 form – to get an understanding of their condition – and to collect additional evidence where there are gaps in information.

The reports compiled by the AP have been found to be the biggest determinant on the DWP's decision and therefore any lack of information can prove costly to the success of a individual's claim.

As is seen to be the case with all assessments conducted by Capita, respondents had their assessments take place in their own home, and therefore did not need to travel to an assessment centre.

The waiting period, as disclosed by respondents, was longest after claimants had returned their PIP2 form and were waiting for a assessment to be arranged. Usually, once claimants had attended an assessment, the amount of time taken to receive a decision was under a month. However, information on the progress of claims was not communicated to claimants, which led to an increase in stress at often greater cost than the financial loss.

Piloting the whole delivery of PIP was not deemed by the DWP as the most practical method of ensuring the benefit's success. However, assumptions regarding the length of assessments proved incorrect, whilst assurances from third-party providers were not fulfilled, which subsequently led to inefficiency and longer waiting times.

Due to these long waits, claimants have been thrown into uncertainty, leading to increased stress levels. The delays have made the benefit unresponsive to people's needs and have acted more as a barrier than a passport for further benefits. Where respondents were still receiving DLA, the financial loss was not as great as those without the additional income, and therefore claimants reported less of a negative impact on their lives.

Mandatory reconsideration, whilst intended to speed up the possibility of claimants getting a decision overturned, is commonly seen not to take additional evidence in account. In the one mandatory reconsideration decision outcome in this study, additional information had not informed the outcome, which would have contradicted a number of the DWP's statements. The knowledge that claimants are increasingly being contacted by the DWP, after receiving a negative decision to deter mandatory reconsiderations, is also a worrying prospect.

Recommendations to the DWP

- Claimants moved over from DLA, who have been awarded a higher rate of support, should have the difference in payments backdated to the date their new claim was submitted.
- The DWP should impose timeframes on assessment providers to ensure claimants receive a result on their claim within the proposed 26 week timeframe.
- Don't keep claimants in the dark, if there are delays, give as many updates as possible to relieve any stress, even if the updates are automated.
- Ensure decision makers allow for enough time to receive additional information and that it is accounted for when making a decision.
- Ensure assessment providers contact health and support workers for additional information to support a claim.
- DWP should automatically acknowledge receipt of additional evidence sent by claimants.
- Claimants should have one month to apply for a mandatory reconsideration, and an additional month to supply relevant evidence.
- Ensure future third-party assessment providers are honest in their contractual bids, and have subcontractors in place by the date the contract begins (with penalties for failings).
- DWP should promote the understanding that claimants of DLA will not automatically be awarded PIP.
    - South Staffordshire Council Benefits and Revenue should also aid this understanding by advising GPs, care homes and carers to make informed benefit recommendations.

Addendum

Since the completion of this research, the DWP's handling of mandatory reconsiderations has come under further scrutiny from Citizens Advice. On a number of occasions Advisors have spoken to clients who, unhappy with the initial outcome of their claim, have found it difficult to apply for a mandatory reconsideration. Clients reported that after calling the DWP, they were informed that they would receive a call-back within five days. Calls made by claimants have not been recorded by the DWP, making the DWP unaccountable to anything said, and unnecessarily delays a claimant's ability to apply for a mandatory reconsideration, which is time sensitive. Claimants' initial call to the DWP should be taken as a formal request for a mandatory reconsideration, as is their right. Citizens Advice is closely monitoring the issue and hopes to see an improvement.

5.0 References

1. South Staffordshire Annual Report 2013-2014
http://www.citizensadvice.org.uk/sscab.htm

2. Disability Rights Handbook, 39th Edition, April 2014 - April 2015. p.26

3. Department for Work and Pensions, Disability Living Allowance Reform (Personal Independence Payment), Impact Assessment, May 2012.
https://www.gov.uk/government/publications/disability-living-allowance-reform-personal-independence-payment-impact-assessment

4. Personal Independence Payment - Briefing Note. High Level Reassessment Strategy.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180924/pip-briefing-high-level-reassessment.pdf

5. Government Benefit Expenditure by Local Authority Spreadsheet from 2000/01-2013/14
https://www.gov.uk/government/statistics/benefit-expenditure-and-caseload-tables-2014

6. Citizens Advice Bureau, Response to Personal Independence Payment (PIP) Assessment – First Independent Review, September 2014

7. Treasury Minutes - Government responses on the Sixty First report (Session 2013-14) and the First to the Seventh reports from the Committee of Public Accounts: Session 2014-15, p.6.

8. Early process evaluation of new claims for Personal Independence Payment, Department for Work and Pensions, July 2014, p.39
https://www.gov.uk/government/organisations/department-for-work-pensions/about/research#research-publications

9. Early process evaluation of new claims for Personal Independence Payment, Department for Work and Pensions, July 2014, p.39
https://www.gov.uk/government/organisations/department-for-work-pensions/about/research#research-publications

10. Benefits & Work - PIP Medical Assessment
http://www.benefitsandwork.co.uk/personal-independence-payment-pip/pip-medical-assessments

11. Early process evaluation of new claims for Personal Independence Payment, Department for Work and Pensions, July 2014, p.54
https://www.gov.uk/government/organisations/department-for-work-pensions/about/research#research-publications

12. Early process evaluation of new claims for Personal Independence Payment, Department for Work and Pensions, July 2014, p.53
https://www.gov.uk/government/organisations/department-for-work-pensions/about/research#research-publications

13. Research context: Early process evaluation of new claims for Personal Independence Payment (PIP), Department for Work and Pensions, Progress Update, p.2-3.

14. Early process evaluation of new claims for Personal Independence Payment, Department for Work and Pensions, July 2014, p.14
https://www.gov.uk/government/organisations/department-for-work-pensions/about/research#research-publications

15. Waiting to Benefit: An evaluation of how Personal Independence Payment (PIP) is working for people living with cancer. Macmillan Cancer Support. 2014, p.24

16. Personal Independence Payment, First Report of Session 2014-15, Committee of Public Accounts, House of Commons, June 2014, p. 5.

17. Disability Rights Handbook p.26

18. Personal Independence Payment, First Report of Session 2014-15, Committee of Public Accounts, House of Commons, June 2014, p. 4.

19. Personal Independence Payment, First Report of Session 2014-15, Committee of Public Accounts, House of Commons, June 2014, p. 4.

20. Personal Independence Payment, First Report of Session 2014-15, Committee of Public Accounts, House of Commons, June 2014, p. 6.

21. Personal Independence Payment, First Report of Session 2014-15, Committee of Public Accounts, House of Commons, June 2014, p. 7.

22. Personal Independence Payment: early progress, National Audit Office – House of Common 1070 http://www.nao.org.uk/report/personal-independence-payments-pip-2/

23. Personal Independence Payment, First Report of Session 2014-15, Committee of Public Accounts, House of Commons, June 2014, p. 4.
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmpubacc/280/280.pdf

24. First Independent Review of the Personal Independence Payment Assessment
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/387981/pip-assessment-first-independent-review.pdf

25. Research context: Early process evaluation of new claims for Personal Independence Payment (PIP), Department for Work and Pensions, Progress Update, p.2-3.

26. Personal Independence Payment: Statistical Ad Hoc. New Claims – Registrations, Assessment Provider Referrals and Returns, Clearances and Outstanding Claims (Great Britain) January 2015, p. 9-10.

27. HM Treasury Minutes: Government responses on the Sixty First report (Session 2013-14) and the First to the Seventh reports from the Committee of Public Accounts: Session 2014-15, September 2014, p. 9.

Photo credits

Discapacidad / Physical Disability by Panshipanisha

Photo can be found here:
https://www.flickr.com/photos/panshipanshi/2024381750/in/photolist-45TuaC-i4nK7i-auBQZL-741rzH-q2MJ6T-3Lbiti-741qPp-kefYWv-hkWtpz-bPXyzx-hhRoL4-bj7opi-kefia8-hm5WLx-c5CoSm-2HGi9t-bxzgYR-bxzgjc-bxzfZe-bjEnML-bxzfsg-bjEngJ-bxzeMg-bjEmqm-bxzdUc-bjEkt7-bxzd26-bxzcLK-bjEjiW-bjEj2J-bxzbqa-bjEi4A-bjEhtC-bxz9XP-bxz9FF-bxz9uM-bjEfXA-bxz8KX-bxz83t-bxz7iP-bjEcZs-bxz5Gz-bjEbV9-bjEbnC-bxz3Vg-bjEawm-bxz39T-hk2maZ-b8w7Lx-hkWszt

Used and edited in Adobe Photoshop Lightroom under the Creative Commons Attribution - Non-commercial license, which can be found here:
https://creativecommons.org/licenses/by-nc-sa/2.0/legalcode

Clasped by Alex

Photo can be found here:
https://www.flickr.com/photos/faraway/1444333358/in/photolist-3cCzZh-dvxZTs-KTUJ-KTVh-7s9KoT-59LzYB-6sjvP-4jYZYN-ashhWW-8bGrS1-biv6Vi-ffHFNv-bkhvqH-ffHFWD-4wKcHp-dWb8Av-dWb8xk-77TBa7-ffXUuu-dXPxY3-dXPxVb-4KUvtb-bb7fe-c6qbfG-c6qaWb-cf4R3S-bwuktr-dhXcAz-dhWWdc-dhWRFh-cf4QTA-bVndUq-c6qaph-bn7ExF-dhWTfG-71u5hW-dhWSao-dhWS3Q-dhWSd6-cU9JuU-keycY8-dchMsK-jwdthJ-76Q9KY-bbUpz8-bNe7NT-nYbsxF-4AqATi-628ui7-bbUTpc

Used under the Creative Commons Attribution - Non-commercial license, which can be found here:
https://creativecommons.org/licenses/by-nc-sa/2.0/legalcode

Advice 01 by Dave Bleasdale

Photo can be found here:
https://www.flickr.com/photos/sidelong/5655000845/in/photolist-9BHmJz-9TwERk-eaK44e-eaQFz5-eiALGC-ozvnaW-pFQ4CB-pFVn87-pWaeS9-aMnomB-9oPxBr-9oPmA9-9oPmfm-9oLhdk-oSt8Gx-qbgeYp-op4GCY-oSuhgd-9oQTPU-9oPm1L-9oLhzi-9oPkKq-9hWsXk-9oLhjV-9oLh2X-9oQU6o-9oPmxu-9oPkFY-9oPkCC-9oPkUs-9oLguB-9oLnPK-9oPkoC-9oLgHM-iUwLMk-aMnnsF-9vkqJi-aLQe1x-9oLhgP-9oPkXw-9oLhEe-9oPmP7-mus7DW-7HzJqF-dEBtxZ-bySfpc-amJKjx-pV6UW7-bdS4WD-9oPsu5

Used and edited in Adobe Photoshop Lightroom under the Creative Commons Attribution - Non-commercial license, which can be found here:
https://creativecommons.org/licenses/by-nc-sa/2.0/legalcode