



Response to Personal Independence Payment (PIP) Assessment – first Independent Review

September 2014

About Citizens Advice

The Citizens Advice Bureaux (CAB) network 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 on 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.

Methodology

This submission is based on feedback on Personal Independence Payment (PIP) from across the Citizens Advice Bureaux network in England and Wales. It includes statistics and anonymised case studies (all names have been changed) from our internal data-sharing system, which we have been monitoring since PIP's introduction in April 2013. In addition we analyse web analytics data on people's access to information on PIP via our online advice website AdviceGuide.

Our response is informed by a call for feedback to this review from Citizens Advice Bureaux staff and volunteers, and engagement with a group of CAB advisers.

We have encouraged bureaux to respond to this review independently to share both their insight on PIP implementation and their front-line experience of supporting clients making new PIP claims and reassessments from DLA.

We also helped to publicise the Disability Benefits Consortium's (DBC) PIP Monitoring Survey, which since October 2013 has gathered qualitative and quantitative data on 1,162 claimants' experiences of PIP. We do not replicate findings from this here; these are analysed in full in the DBC submission to this review.

Acknowledgements

We would like to thank Citizens Advice Bureaux across England and Wales who have shared their evidence and insight on PIP since its phased introduction.

In particular, we would like to thank: Broxtowe CAB, Felixstowe CAB, Bristol CAB, Plymouth CAB, Liverpool CAB, Barrow CAB, Brighton and Hove CAB, West Berkshire CAB, Scarborough CAB, Torfaen CAB, and Powys CAB. Case studies shared by Flintshire CAB, Pembrokeshire CAB, Llangefni CAB, Newcastle Under Lyme CAB, Carlisle and Eden Districts CAB, Telford and The Wrekin CAB, Central and South Sussex CAB, Northumbrian CAB, and Forest of Dean CAB also informed this review response.

We engaged with members of the Wales Better Advice Better Lives Forum, including: Torfaen CAB, Powys CAB, Denbighshire CAB, Gwynedd a De Ynys Môn CAB, Flintshire CAB, Merthyr Tydfil CAB, Bridgend CAB, Carmarthenshire CAB, Pembrokeshire CAB and Conwy CAB.

Introduction

Between June 2014 and when the Personal Independence Payment (PIP) was introduced in April 2013, 77, 039 people have sought advice about 154, 802 issues with PIP from Citizens Advice Bureaux across England and Wales, including eligibility, making and managing a claim, face-to-face assessments and challenging decisions. Over the same time-frame 218, 900 people accessed online advice about PIP from our website AdviceGuide, including who can get PIP, claiming the benefit, and assessment. The volume of advice sought from bureaux on PIP has steadily increased during this period. Between April and June this year, PIP made up 11% of all benefit issues brought to bureaux by clients; it is currently the second most common issue people are facing with benefits, after Employment Support Allowance (ESA).¹

Citizens Advice supports action to enable and empower disabled people to lead independent and active lives. It is therefore vital to identify and meet needs arising from the effects of health conditions, impairments and disabilities. This is why we support the underlying policy rationale – based on the ‘social model of disability’ – for moving from Disability Living Allowance (DLA) to PIP; namely that help toward extra costs because of a long term ill-health condition or disability should be based on how a person’s condition affects them, not the condition they have. We also agree with the overarching policy intention to simplify the welfare system and make work pay. However, we have seen serious delays in the end-to-end process of claiming PIP, and real difficulties with navigating the claims process since the benefit was introduced. The implementation issues at their root urgently need to be addressed.

This submission presents evidence from Citizens Advice Bureaux and our core recommendations for the PIP claims process, under the headings: *delays and difficulties navigating the claims journey; communications and administration; face-to-face assessments; further evidence, and; decision-making and the dispute process*, and our conclusions.

Delays and difficulties navigating the claims journey

We have seen serious delays in the end to end process with PIP, from making a claim to getting a decision. Currently we are frequently seeing delays of over six months for a decision and, in some extreme but not uncommon cases, of waiting nine months or more. This includes major delays with both assessment providers Atos and Capita arranging face-to-face assessments of up to six months and reporting back to DWP decision makers after assessments of up to three to five months. Despite some feedback of improvements, we also continue to see delays in ‘special rules’ cases with some terminally ill clients – not expected to live longer than six months - waiting longer than four weeks for a decision.

The delays are having a serious impact on clients and on the service. We regularly see cases of clients who need urgent support with extra costs, (for example, having experienced a life-changing event – diagnosed terminally ill, an accident, sudden onset disability or significant deterioration in an existing condition) faced with financial difficulty, and many whose condition has worsened during the wait or as a result of the uncertainty and stress caused by the delays.

¹ Advice trends April - June 2014, Citizens Advice
https://www.citizensadvice.org.uk/advice_trends

We have also seen real difficulties for clients navigating the claims process, including issues with the scheduling of face-to-face assessments and last minute cancellations, and communication from DWP helpline staff and assessment providers. Throughout this submission we also highlight difficulties disabled clients face with access and reasonable adjustments, such as letters in the wrong format and inaccessible assessment centres. In spite of some improvements, we continue to see clients and advisers at different steps of the journey experiencing difficulties in tracking claims and getting completion time estimates.

Implementation issues are also affecting bureaux as client appointments are being wasted due to delays in receiving DWP assessment forms and difficulties helping to start and chase the progress of clients' claims by telephone with both the DWP and the assessment providers Atos and Capita. Many bureaux have been working with their clients and local MPs to try to speed up urgent claims that have been delayed.

For clients who use Citizens Advice, delays and processing issues have caused substantial distress and challenges, as the following cases illustrate.

Sandra is 56 and runs a roadside café. She has mobility impairments and she struggles with personal care, arising from severe osteoarthritis in her right hip and knee. On the suggestion of her GP, she decided to make an application for PIP with the assistance of her local CAB in Mid-Wales. After completing her PIP2 form in November, she was contacted by Capita who said she would have a face-to-face assessment in late December. From January to June Sandra regularly chased progress on the status of scheduling her assessment. During this delay her mobility problems worsened and her capability to work was affected. The CAB helped her enlist the support of her MP to speed the process up. Capita responded to Sandra's MP's letter in early July and she had a home visit assessment. Her assessment report was passed on to DWP decision-makers later that month, but by the end of August she still had no decision on her claim. When the CAB and Sandra last chased progress on getting a decision, they were told that they couldn't get an estimate of how long this would take.

Tom has bowel cancer. Following an Atos PIP assessment at home, he had been awarded the standard rate mobility component. However, his circumstances changed soon after this. The impact of his condition had deteriorated due to the side effects of his six-month chemotherapy treatment. Tom requested a review of his PIP award as he felt he had developed significant daily living needs. His wife Anisha was now caring for him full-time. However, he experienced a delay of five months in getting a home visit assessment from Atos and one month after this had still not had a decision on his review. He had been calling the DWP every other day to chase progress, but was told they were unable to say when a decision will be made. Tom and Anisha were having financial problems when they visited their local CAB in Northern England. Anisha needed to make an application for Carer's Allowance as she had given up work to care for Tom, but had to wait for the decision on Tom's review to be able to make her claim. Tom had found the process very stressful and felt that it had negatively impacted on his health.

Sandra and Tom's experience of delays and difficulties navigating the claims process highlights some of the issues we have routinely seen with the delivery of PIP. In Sandra's case her local MP was involved to speed up her claim. In Tom's, his request for review based on change in circumstances was not met with the urgency both he, and his wife and carer Anisha, needed. In both cases Sandra and Tom would have appreciated an estimate of how long it would take to get a decision.

Overall recommendations for the PIP claims process

Despite its intentions PIP is not yet fit for purpose. This submission aims to contribute to efforts to make claiming PIP easier, quicker, and fairer for claimants, to help ensure that people with the extra costs arising from the effects of disabilities, health conditions and impairments get the right support they need at the right time.

We welcome the Independent Reviewer Paul Gray CB's intention to use the terms of reference for the review as a broad framework to look at all aspects of the PIP process, in providing an independent evaluation to the Secretary of State for Work and Pensions the Rt Hon Iain Duncan Smith MP.

Based on our evaluation of evidence and insight from Citizens Advice Bureaux across England and Wales our key recommendation is that the Minister of State for Disabled People Mark Harper MP does not extend roll-out of reassessment for existing DLA claimants until the serious delays and operational issues are addressed. Key steps we would recommend this review should focus on are:

- Bottlenecks and operational issues in the parts of the process the Department for Work and Pensions (DWP) delivers, including for special rules cases.
- Contracts with Atos and Capita, and how effectively they are being managed.
- Communications across the process including consistency of communications across key steps in the claims journey for keeping claimants updated on progress, such as giving estimates of completion times.
- The replication of reasonable adjustments already requested and provided by disabled claimants, and further adjustments that might be anticipated to arise in the future. The Equality Act 2010 requires that public bodies anticipate and provide reasonable adjustments for disabled claimants. We have seen that the DWP and assessment providers need to make further steps towards implementing this duty.

The government must improve the delivery and implementation of PIP if it is to meet its policy rationale to help toward extra costs arising from how a person's condition affects them and its overarching policy intention to contribute to the simplification of the system and making work pay.

Communications and administration

PIP1 call and progress chasing by telephone

Operational issues with the part 1 telephone call to start a claim continue to cause people problems. The part 1 telephone call is especially difficult for claimants with sensory impairments, mental health conditions and other people whose condition makes it difficult to speak at length on the telephone; we have seen this phone call taking between 20 to 40 minutes to complete. While the DWP must provide a paper alternative where this is requested, bureaux and clients have found this difficult to secure. This was the case with Leonard, a Citizens Advice client, who received a notification from the DWP to transfer from DLA to PIP by telephoning and registering his application.

Leonard is 64 and is hearing impaired, and finds it very difficult to hear in person and on the phone. He can sometimes hear the odd word if spoken to very loudly, but struggles to follow whole conversations. He explained to his CAB adviser in North Wales that his preferred method of

communication is for people to write down what he needs to hear, so that he can read it for himself, as he finds that this allows for the interaction to be more respectful, and helps him protect his confidentiality. Leonard explained that because he cannot hear adequately, he cannot carry out a telephone call without assistance. He was not aware of the option of submitting a paper form and had come to the CAB for help because of this. It was clear to the CAB adviser that he had understood the application process, and could have submitted his claim on his own had he been given the option of an alternative paper format. Leonard said he felt his independence had been limited by needing to ask someone to speak for him on the phone as he was capable of providing the relevant information himself by paper.

Delays in the completion of the DWP process of ID verification in registering PIP claims, and obtaining implicit consent for advisers supporting claimants with this part of the process, are common hold-ups. Difficulties with chasing the progress of clients' claims by telephone with both the DWP and the assessment providers Atos and Capita are also a key barrier frontline staff face in supporting clients with their PIP claims. There appears to be a particular issue with joining-up communication between the DWP and assessment providers. For example, some bureaux advisers who have sent signed written forms of authority in the post with clients' completed PIP2 forms to DWP have been told by assessment providers that they cannot be accepted as client representatives as they are not named contacts. This does not appear to tally with the DWP's guidance to staff on working with representatives, which on page 6 says "[Written] authority to act should be treated as current for the whole process of a new claim or change in circumstances..."

Kevin's case illustrates some of the practical difficulties bureaux and CAB clients face with progress chasing with assessment providers.

Kevin had asked his CAB in South West England for assistance with progress chasing after experiencing delays with Capita scheduling his face-to-face assessment. He is unable to use the phone himself as he has had a laryngectomy (removal of voice box). His official appointee, a CAB staff member, had phoned Capita on his behalf several times, but had been unsuccessful in getting a response. When another CAB adviser tried, Capita said they could not speak to them because they were not listed as an appointee on their system and did not accept the bureau adviser's authority as a genuine representative. When the adviser asked the local DWP's partner support team about this they confirmed that Capita will only speak to a named contact and that it is necessary for the client to confirm if this changes in writing. The adviser fed back that in practice it is not possible to have a single specified caseworker always available to help a client along their claims journey. For Kevin, this situation was delaying getting a response to his query about the date of his assessment, and was causing him added anxiety and stress.

Recommendations

- DWP must ensure claimants who find it difficult to use the phone have their access requirements met, for example by making paper alternatives easier to secure, and raising awareness about availability.
- Guidance on responsibilities for working with representatives needs to be applied consistently across the claims journey in line with the intention expressed in the reference document "Working with representatives: guidance for DWP staff", last updated in January 2014. This means clearly accounting for the role of contracted non-DWP staff in the claims process, ensuring responsibilities are consistent across the parts of the journey the DWP deliver, and the parts contractors deliver. There is a need for better training and quality feedback for DWP staff and managers on making decisions.

- To establish implicit consent, DWP staff are advised to use their experience and judgement to determine if a caller is a genuine representative. There is a need for clearer guidance, training and feedback in this area.
- DWP and assessment providers should set up dedicated phone lines for advice agencies as is the case for DLA, so advisers have a direct line to progress chase clients' claims.
- Claimants' ID must be verified but this does not have to be complete until the first payment of PIP is made. We would encourage the review team to look at how the claim for PIP could be progressed by DWP at the same time as the verification process, with the two coming together at the point of decision to make an award of PIP.

Special Rules for Terminal Illness - DS1500 form

Despite some evidence of improvements we continue to see delays in the processing of 'special rules' claims, with terminally ill clients not expected to live longer than 6 months and in urgent need of help with extra costs waiting longer than 4 weeks for a decision.

Evidence from bureaux has highlighted that a key cause of the delays for special rules claims are issues with the paper DS1500 form, including reports of issues with hospitals and doctors surgeries stocking the forms, incorrect paperwork and admin e.g. GPs surgeries sending back to a client's old address, and acknowledged receipt and processing from the DWP. The DWP has made changes to the process, including making an electronic version of the DS1500 form available to healthcare professionals via an NHS.net email account in England and Scotland. However, this does not appear to have reduced delays in England. Hold-ups due to issues with paper DS1500 forms continue to be reported, as Kieran's experience shows.

In late February Kieran sought advice on claiming PIP from his local bureau in North-West England and was seen by their Macmillan project CAB adviser. The adviser phoned the DWP to confirm that Kieran's claim was under special rules and posted his paper DS1500 and a covering letter. When Kieran called the DWP to progress chase three weeks later in March, he was informed that there was no record of his DS1500 form or the letter. The Macmillan project CAB adviser called the DWP helpline immediately and was asked to re-send the DS1500 and cover letter information and to phone back two days later to check progress. When the adviser called back as requested the DWP confirmed they had now received the DS1500. Kieran was still waiting for his decision at the end of March four weeks after he started his claim.

We have seen cases where communication on DS1500 evidence between DWP Employment Support Allowance (ESA) and PIP departments are not working as they should, adding to delays for special rules claimants of both benefits. We also see instances where evidence and information sharing could be improved between ESA and PIP in non-special rules cases; and believe this would be an efficient use of the department's resource.

Recommendations

- The DWP should raise awareness about the electronic DS1500 form amongst healthcare professionals where this is available, monitor the effectiveness of this change with due regard to levels of awareness, and consider rolling-out to Wales.
- Communication between ESA and PIP departments in sharing evidence for special rules and non-special rules claims must be improved and speeded up for claimants and efficient use of DWP resource.

PIP2 claim form

A key bottleneck we have seen in the PIP process are delays and administrative problems in clients receiving their PIP2 form, which claimants have only four weeks to complete.

The short four-week deadline makes it hard for clients who need to include additional evidence that may help their claim. Citizens Advice has seen some cases of disabled claimants who have experienced issues around reasonable extensions and clear process, as Jennifer experienced.

Jennifer's illness means that she finds it extremely difficult to carry out lengthy tasks such as form filling. As a result, her PIP2 was late and her local Citizens Advice Bureau in North Wales contacted DWP to enquire how best to progress the claim in light of this. At this point the DWP advised that the claim would be passed to the assessment provider to contact the client directly and arrange an assessment. However, after 12 weeks Jennifer had not heard back so her bureau again called DWP on her behalf. This time the DWP representative stated that the PIP2 form needed to be returned. Jennifer was distressed to find her claim may have been withdrawn without a completed PIP2 as she had not been informed of this change. The bureau supported her with completing her PIP2 to progress her claim.

Many bureaux clients fail to receive their form on time, commonly waiting 3-4 weeks and often alongside administrative errors such as forms being sent to the wrong address. This was the case for both Jack and Alvin who experienced both delays and administrative errors with their PIP2 forms.

Alvin started a PIP claim over the phone in April. After waiting a week for the PIP2 form, he called DWP back to find that there was no record of his claim. After waiting a further two weeks, Alvin called again and was told the form could take another ten days. Twelve days later he visited his local bureau in the West Midlands as he had still not received the form and was experiencing financial hardship due to his extra health costs.

Jack's experience of multiple administrative errors with the PIP2 form had caused him stress and uncertainty. His first form was not accepted, as he needed to provide further information. He visited his local CAB to get their support. However, his replacement form was delivered to the wrong address twice and arrived after the four week deadline. These errors had delayed Jack's claim, when was experiencing financial problems due to the extra costs incurred from restricted mobility following unsuccessful surgery on his legs.

Jack's case also illustrates how these delays impact on the Citizens Advice Service. Bureaux often need to book advanced appointments with clients requiring support with form filling and checking in order to meet the four-week deadline. When the forms have failed to arrive on time, appointments are missed or time is wasted.

In addition we have seen evidence of dates of receipt of the form not tallying with that on the printed sent date, and difficulties with getting deadlines for return amended appropriately.

Recommendations

- DWP should examine the reasonableness of the four-week deadline for the PIP2 form. In the meantime extensions must be granted under reasonable circumstances including in anticipating and responding to requests for reasonable adjustments, and where forms have been received late due to delays in DWP administration.

- DWP needs to consider ways of fixing or providing alternatives to the PIP2 paper form process. For example, having access to electronic downloadable forms when the paper ones fail to turn up would be a sensible back-up. A secure email address for genuine representatives, or an individual passcode for claimants, could help to maintain the confidentiality and claim-tracking benefits of the individual barcodes on the paper forms.

Face-to-face assessments

Delays

We continue to see clients facing delays of up to 6 months with both assessment providers Atos and Capita arranging face-to-face assessments. The delays are often accompanied by administrative errors such as scheduling problems, and last-minute cancellations.

Part of the issue is improving the process so that the right people are assessed in the right way; despite some improvements we continue to see clients being called for face-to-face assessments when a paper-based assessment would have been more appropriate given their condition. Another cause of delays is around capacity and anticipation of volumes of claims. We have seen evidence of assessment providers' phone line staff telling bureaux advisers and clients that they are 'snowed under' and are experiencing backlogs.

We have also seen evidence of up to 3-5 months for the assessment providers reporting back to DWP decision makers after assessments, as Sylvia's case shows.

Two months after Sylvia's face-to-face Capita assessment at home, she was still waiting for a decision about her claim. When she phoned the DWP they said that the claim was with Capita and advised that to chase progress she would need to contact them directly. Sylvia called Capita on a number of occasions. However each time she had to hold for between 20-30 minutes for someone to answer. Sylvia was eventually told that her report was still being written. She came to her local CAB in North Wales as the delay in processing her assessment and getting a decision was causing her stress, and the length of time it was taking Capita to answer the phone was an additional expense which she could no longer afford.

Sylvia's case also demonstrates the extra financial costs incurred by PIP claimants in navigating delays and difficulties with the claims process. As well as telephone costs, some of our clients have faced substantial expenses due to travel to assessment centres and difficulties getting these reimbursed.

In response to questions about delays with assessment report, the Government has said that the main requirement for assessment providers is that they provide reports of a high quality. We agree that this is an important aim. The quality of assessment reports can play an important role in informing accuracy of decision-making. However, assessment reports need to be completed within a reasonable time-frame to ensure claimants with extra costs arising from their conditions get the right support at the right time. The length of time they are currently taking is adding to the delays.

Accessibility of facilities

Citizens Advice clients have faced difficulties with the accessibility of assessment centres, and inflexibility on the part of the assessment providers once it is decided that the claimant will be assessed at an assessment centre or via a home-visit – sometimes in spite of disability access requirements. In the cases of assessments carried out at assessment centres, problems with travel arrangements and reimbursement of travel costs continue to be common issues.

We have also seen many examples of clients accepting appointments at assessment centres after finding that home visits are delayed, experiencing real access issues. Jane's experience illustrates this.

Jane has severe mobility difficulties and depression. She made a claim for PIP with help from her local CAB in Mid-Wales. She was happy with the way her initial claim was handled, especially the DVD she was sent explaining the claiming process, and an appointment was made with Capita for a home visit assessment. However, when the health care professional failed to arrive on the date and time booked her husband Tim called Capita to enquire. After waiting 20 minutes to be put through, he was informed that the appointment had been cancelled and that it could take at least six weeks for a new home visit appointment to be made. As an alternative, Jane was offered the option of having her face-to-face assessment at a Capita assessment centre the next morning. Jane and Tim were assured that there would be a disabled parking space available for them at the centre, and as they were anxious to get things moving, they decided to make the 200 mile round trip.

The couple arrived to the assessment centre on time, managing Jane's difficulties with early mornings, and the physical pain she had experienced on the journey. However, when they got to the car park they were told that there was no disabled parking space or any other parking space reserved for them. When Tim spoke to a staff member on the intercom, they did not suggest any solutions and were rude in manner; both Jane and Tim got the impression that they had been switched off the intercom. Tim had to drop Jane off at the centre and find a public car park. He felt very uncomfortable doing so as she was in a distressed state. Jane had to find her own way to the relevant office at the centre, which turned out to be several floors up the building.

Jane's experience of the assessment itself was good. She was in particular happy with the manner of the health care professional who she described as 'very nice'. However, Jane felt that taking the appointment at the assessment centre had not helped speed up her claim, and was frustrated that she and Tim had encountered unexpected access difficulties based on the information Capita had given them. It took Jane nine months to get a decision. She was awarded the standard rate daily living component, which she is now appealing with the support of her CAB, after having experienced delays with the mandatory reconsideration process.

Communication and conduct of assessors

Face to face communications and conduct vary in quality, and should improve. Some Citizens Advice clients have experienced problems at their face to face assessment because they were unable to understand the assessor, felt that the assessor's behaviour was inappropriate or rude or did not adequately investigate how their condition affected them. We have also come across assessors asking clients to do things which caused them pain, distress or made them feel uncomfortable.

Ben's experience of his Atos assessment in South East England is an example of poor practice and inappropriate conduct.

Following an operation Ben now has a stoma bag. At his assessment he found that the assessor kept referring to her mother who she said is managing fine and also has a stoma bag. For example, when Ben explained that he was experiencing difficulties with eating, the assessor responded by saying that her mother manages to eat three course meals without any problems. Ben had felt unable to explain properly how his illness affects him during his assessment due to the assessor's inappropriate conduct. He said that he had cried during the experience. Ben had left the feeling confused, frustrated and upset. His CAB adviser was looking into Atos' complaints system for him.

It is important to highlight that not all cases we have seen are like Ben's. Citizens Advice Bureaux also deal with good practice communications and reasonable quality assessments.

John has multiple mental and physical health conditions. He attended his face-to-face assessment at a Capita assessment centre in Wales. John had difficulty with arranging a home visit, and due to the difficulties and distress he experiences with travel his local CAB adviser accompanied him on the journey to the centre and attended his assessment with him. John was satisfied that the assessment had investigated his claim fully. The adviser also observed that the assessment had thoroughly explored John's difficulties with both daily living and daily mobility, and that the questions the assessor asked fully explored the impact of his condition. John has subsequently been awarded the standard rate of the daily living component and believes this award gives him the right help towards the extra costs arising from his condition.

The cases of Ben and John demonstrate the mixed experiences of face-to-face assessments we have seen clients claiming PIP experiencing. All claimants attending these assessments should experience quality assessments and all need to be treated with respect and dignity.

Recommendations

This review must look closely at DWP contracts with the assessment providers Atos and Capita and how effectively they are being managed. In particular we have seen that assessment providers need to improve:

- How additional and further evidence is used to inform decisions on which claimants to call to face-to-face assessments at assessment centres or home-visits, or paper-based assessments. Reducing the number of claimants inappropriately called to face-to-face assessment would help reduce delays.
- Consistency of training and reference materials for assessors, and of quality checks including on conduct.
- Customer service, including communication with claimants about progress on their claim for the parts of the process the assessment providers deliver.

Further evidence

There is a lot to commend about the PIP approach to further evidence. If done properly it could significantly help with the accuracy of decision-making, and ensure that only claimants for whom it is appropriate are called for face-to-face assessments. For example, we agree with the policy of not charging PIP claimants for further evidence, and believe the same should apply for the ESA Work Capability Review (WCA). We continue to see Citizens Advice clients, often on low incomes and in

financial difficulty, having pay up to £125 to source new evidence from healthcare professionals. We are also pleased that the process allows the claimant to identify the health or social care professional/s who knows how their condition affects them best.

There are however some practical issues in how further evidence is being collected and used in PIP by the assessment providers Atos and Capita. We have seen evidence of clients not knowing if their request has been received by their named healthcare professionals, causing uncertainty and stress. Practical changes to give claimants greater control of their further evidence could improve this. Clients who need support in asking for further evidence, including clients with mental health conditions and learning difficulties, could be better assisted with this.

Our evidence also shows some clients being called for face-to-face assessments in the absence of further evidence. This is in the context of ongoing delays, which we have seen delays in arranging and reporting back on face-to-face assessments form a significant part.

Recommendations

- The assessment providers Atos and Capita should make practical changes to their process to make it easier for claimants to track receipt and use of the further evidence they have requested. For example, the DWP has said it has started to roll-out sending PIP claimants text messages to confirm their 'How your disability affects you' form has been received, explaining they will be contacted by a health professional if they need an assessment and estimates how long the claim may take. A similar initiative could be adapted for this part of the process, ensuring reasonable adjustments in communications methods are duly anticipated and provided on request.
- More support needs to be made available and awareness raised for claimants who need help with asking for further evidence and / or compiling and sending current additional evidence.
- The use of further evidence and additional evidence by assessment providers in deciding how claimants are assessed needs to be improved.

Decision-making and disputes process

Getting decisions right first time is a key part of assessing how fit PIP is for purpose. Due to the severe delays, quality of decision-making, mandatory reconsideration and appeals are areas where we have less evidence.

The evidence we have on decision-making currently forms a mixed picture. Whilst we have seen some indication of good quality decision-making, the key reason clients often ask the DWP to look again at their PIP decision (such as by requesting mandatory reconsideration and / or taking their claims to appeal), is to dispute the accuracy of the decision made. In some of these cases, clients have taken issue with the quality of face-to-face assessment and the use of further evidence, and how these may have informed decisions.

Current issues are frequently about inconsistency or quality of feedback on decisions, for example decision letters not referring to which evidence reports they drew from.

We have heard a steady increase in cases where the administration of both mandatory reconsideration and appeals - including delays and poor communication from the DWP – are adding to uncertainty for clients. As previously discussed, clients may not know when they will get their decision whilst experiencing delays. Robert's case illustrates this.

Robert is 55 and has Asperger's, epilepsy and depression. When Robert tried to reclaim DLA recently he was advised to apply for PIP. Five months after making a claim, his request for PIP was declined. Robert requested a mandatory reconsideration as he felt the assessor at his face-to-face assessment had not fully understood how his condition affects him and did not take due regard for how his Asperger's makes it difficult for him to express himself. The decision was not changed.

Robert was sent a single copy of the Mandatory Reconsideration Notice (MRN) a month later. However his local CAB adviser noted that he should have been sent a second copy to allow him to apply to appeal. Robert wished to appeal, and when he contacted the DWP it was agreed that the MRN copy would be sent to him within 10 days. Two months later, Robert had still not received the MRN.

The CAB adviser rang DWP to follow-up, and was informed that although there was a record that a copy of the MRN had been requested, there was no record of it being sent. Robert eventually received the MRN and submitted this with a Notice of appeal against a decision of the Department for Work and Pensions (SSCS1) form to Her Majesty's Courts and Tribunals Service (HMCTS) in early April. HMCTS accepted the reason for his late appeal application and requested that the DWP respond. However, it took DWP almost two months to do this, following a reminder from the CAB. Robert was still waiting for a decision on the status of his appeal five months after he had first asked DWP to look again at the decision.

Recommendations

- DWP needs to improve consistency and quality of feedback on decisions, and communication and administration of the disputes process.
- Decision-making must be carefully audited and quality assured by the DWP. This should include clear communication channels across the claims and disputes process, so that, for example if a decision is changed at mandatory reconsideration or appeal the reasons for this are fully investigated to ensure areas where the PIP process could work better for all claimants are kept track of and responded to.

Conclusions

Citizens Advice welcomes the policy intentions of PIP. However, PIP is not yet fit for purpose. Our clients continue to face serious delays and real difficulties navigating the claims process. These need to be urgently addressed. The Minister of State for Disabled People Mark Harper MP should not further extend roll-out of reassessment for existing DLA claimants until these issues are resolved. This submission aims to give helpful indications of where the PIP claims and management process needs to improve and provide useful recommendations for the Independent Reviewer Paul Gray CB to consider in providing an independent evaluation of the PIP process to the Secretary of State for Work and Pensions, the Rt Hon Iain Duncan Smith MP.

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