



House of Commons
Work and Pensions Committee

**PIP and ESA
assessments**

Seventh Report of Session 2017–19

*Report, together with formal minutes
relating to the report*

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Work and Pensions Committee

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Committee staff

The current staff of the Committee are Adam Mellows-Facer (Clerk), Katy Stout (Second Clerk), Libby McEnhill (Committee Specialist), Rod McInnes (Committee Specialist), Tom Tyson (Committee Specialist), Jessica Bridges-Palmer (Senior Media and Policy Officer), Esther Goosey (Senior Committee Assistant), Michelle Garratty (Committee Assistant) and Ellen Watson (Assistant Policy Analyst).

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Summary

Employment and Support Allowance (ESA, introduced in 2008) and the Personal Independence Payment (PIP, introduced in 2013) provide vital financial support to disabled people. Claimants of PIP and ESA should be able to rely on assessments for those benefits being efficient, fair and consistent. Failings in the processes—from application, to assessment, to decision-making and to challenge mechanisms—have contributed to a lack of trust in both benefits. This risks undermining their entire operation.

Most claimants proceed through their PIP and ESA assessments without significant problems, but a sizable minority do not. Since 2013, 290,000 claimants of PIP and ESA—6% of all those assessed—only received the correct award after challenging DWP’s initial decision. Those cases, set alongside other recurring problems with applications and assessments, have ramifications far beyond the minority of claimants directly affected. Applying for PIP or ESA—and in doing so, facing up to the full limitations imposed by a health condition—can be stressful and challenging. A deficit of confidence in the assessment processes adds considerably to claimants’ distress.

Central to the lack of trust are concerns about the ability of the Department’s contractors to conduct accurate assessments. We heard many reports of errors appearing in assessment reports (which may or may not effect eligibility). Such experiences serve to undermine confidence amongst claimants. So does the proportion of DWP decisions overturned at appeal. At worst, there is an unsubstantiated belief among some claimants and their advisers that assessors are encouraged to misrepresent assessments deliberately in a way that leads to claimants being denied benefits. This reflects poorly on contractor assessors and on the Department. The Department must urgently address these concerns. Offering audio recording of assessments by default would reassure claimants that an objective record of their appointment exists, to call on in the event of a dispute. Providing a copy of the assessors’ report by default with claimants’ decision letters would also introduce essential transparency into decision-making.

All three contractors carry out assessments using non-specialist assessors. Without good use of expert evidence to supplement their analysis, the Department will struggle to convince sceptical claimants that the decision on their entitlement is an informed one. The Department should introduce new requirements on contractors explicitly to indicate how they have used all additional evidence supplied. The resulting checklist should be supplied to DWP’s Decision Makers, and to claimants alongside a copy of their report.

It is extraordinary that basic deficiencies in the accessibility of PIP and ESA assessments remain, five and ten years respectively after their introduction. The Department must ensure it and its contractors communicate with claimants in ways that meet their needs, providing Easy Read and non-telephone options where necessary. It should give clear, consistent guidance on home assessments, ensuring all claimants who need a home visit receive one in a timely fashion, and that the process for obtaining it does not place burdens on claimants or the NHS. It should also issue refreshed, clearer guidance on the role of claimants’ companions during assessments, ensuring their contributions are appropriately reflected in assessment reports. These are small, but valuable steps.

The Department maintains that high overturn rates of its decisions at appeal reflect the presence of new evidence that was not available to its decision makers. It has displayed a lack of determination in exploring why it takes until that stage for new evidence to come to light. This is all the more striking because by far the most common form of “new evidence” is oral evidence obtained from the claimant. It is difficult to understand why this evidence was not, or could not have been elicited and recorded by the assessor. The Department and contractors should use audio recordings to quality assure the whole assessment, rather than just the resulting report. Given what we know about reasons for overturn, this should focus on questioning techniques and ensuring claimants’ statements during the assessment are given appropriate weight. It should also ensure that, when claimants bring a companion to assessment, their input is sought and recorded appropriately. All of this will improve the quality of decision making and cut down on Mandatory Reconsideration requests, allowing for a more thorough investigation of decisions that are disputed. It will also save public money, reducing the cost of poor decision-making to the Department and the Courts.

Ultimately, while the Department sets quality standards, it is up to contractors to meet them. The Department’s existing standards set a low bar for what is considered acceptable. Despite this, all three contractors have failed to meet key targets on levels of unacceptable reports in any single period. In Capita’s case, as many as 56% of reports were found to be unacceptable during the contract. The Department’s use of financial penalties to bring reports up to standard has not had a consistent effect. Both Capita and Atos have seen increases in the proportion of reports graded “unacceptable” in recent months. Large sums of money have been paid to contractors despite quality targets having been universally missed. The Government has also spent hundreds of millions of pounds more checking and defending the Department’s decisions.

The PIP and ESA contracts are drawing to a close. In both cases, the decision to contract out assessments in the first instance was driven by a perceived need to introduce efficient, consistent and objective tests for benefit eligibility. It is hard to see how these objectives have been met. None of the providers has ever hit the quality performance targets required of them, and many claimants experience a great deal of anxiety over assessments. The Department will need to consider whether the market is capable of delivering assessments at the required level and of rebuilding claimant trust. If it cannot—as already floundering market interest may suggest—the Department may well conclude assessments are better delivered in house.

1 The importance of trust

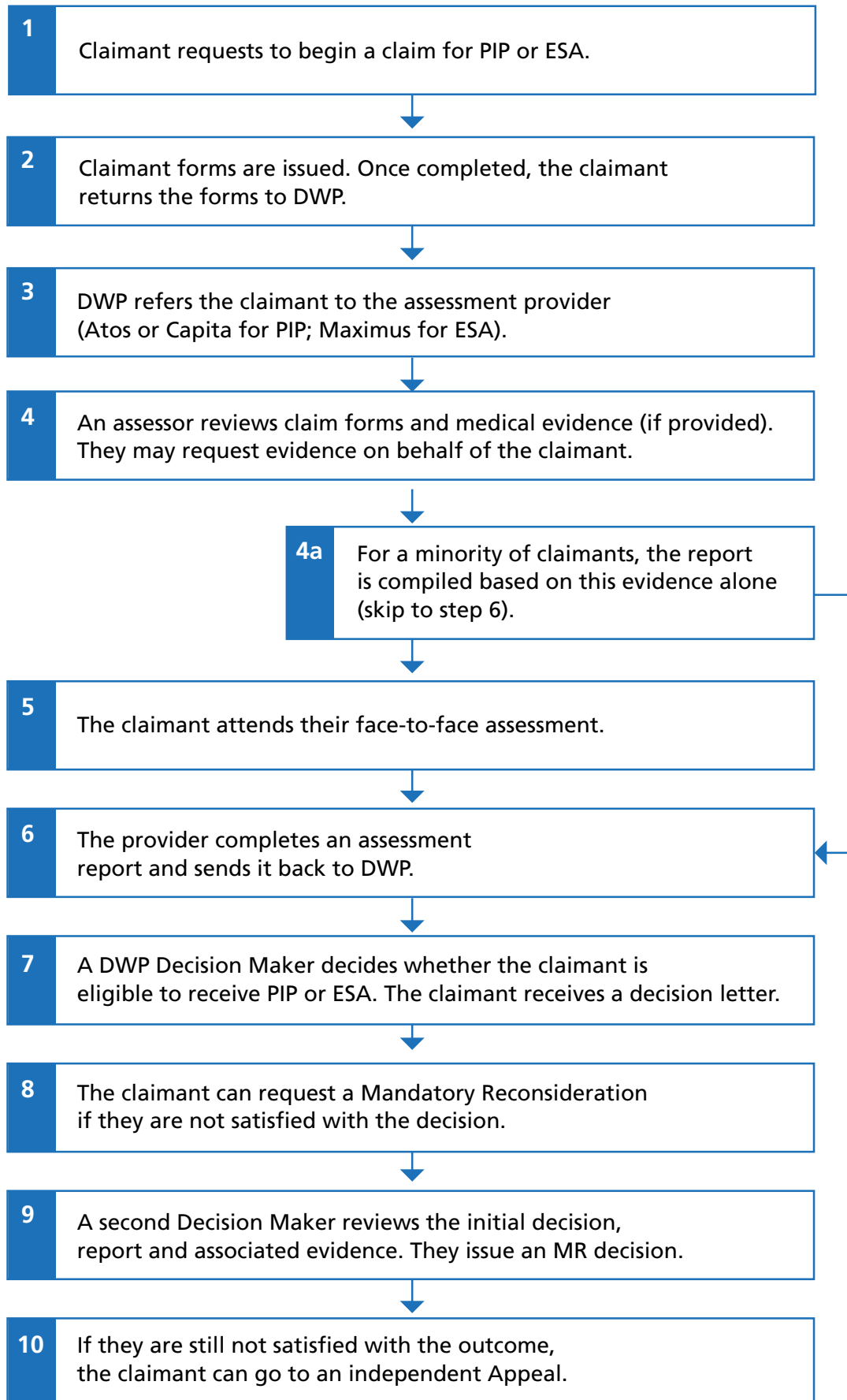
1. Personal Independence Payment (PIP) and Employment Support Allowance (ESA) provide financial support to disabled people and those with long-term health conditions. The two are separate and serve different purposes. ESA is an out of work benefit, supporting people under the state pension age who have limited capability to work. PIP is intended to cover some of the additional costs of having a long term health condition, and is available to people in or out of work. Assessments for both benefits are carried out by contractors—Atos Independent Assessment Services (Atos), Capita, and Maximus Centre for Health and Disability Assessments (Maximus)—on behalf of the Department for Work and Pensions (DWP/the Department - see Box 1 and Figure 1).

Box 1: PIP and ESA Assessment processes

PIP and ESA have similar assessment processes. All claimants begin by filling in application forms detailing their conditions and their effect on their day-to-day lives. These are submitted, alongside any supporting evidence (for example, from medical professionals or carers) to the Department. The Department then forwards the forms to one of three contracted assessment providers. The contractors assess the claimant's functional impairment against a series of descriptors provided by DWP. For some claimants, the assessment is made on the basis of written evidence alone. Most, however, are required to attend a face-to face assessment carried out by a healthcare professional (HCP) employed by the contractor. Following the assessment the HCP sends a report recommending descriptors to DWP, where a Decision Maker decides on entitlement.

If the claimant disagrees with the decision, they can challenge it by requesting a Mandatory Reconsideration (MR). This is an internal review of the original decision by a second DWP Decision Maker. If claimants are still unsatisfied with the outcome after MR, they can go to a Tribunal.

Figure 1: PIP and ESA assessment and dispute process



2. PIP was introduced in England, Scotland and Wales in 2013, replacing Disability Living Allowance.¹ Atos and Capita have held the contracts since its introduction. Capita carries out assessments for around 23% of PIP claimants, covering Wales and the Midlands. Atos provides the remaining 77%, covering the rest of England and Scotland.² ESA was introduced in 2008, replacing Incapacity Benefit. Maximus has delivered ESA assessments throughout the UK since 2015, after the previous contractor, Atos, left the contract early.³ Table 1 contains data on numbers of applicants, assessments and awards for PIP and ESA since 2013.

Table 1: PIP and ESA applications, and assessments and awards since 2013

	PIP	ESA
Number of applications	3.2 million	3.1 million
Number of assessments completed	3.0 million	1.7 million ⁴
Number of claims in payment/awards made	1.6 million	1.0 million

Source: DWP official statistics⁵

3. The Department told us that PIP and ESA assessments work well for the majority of claimants.⁶ A minority of PIP and ESA claimants choose to challenge the initial decision made on their claim, however. Claimants of both benefits who want to challenge the Department's decision are required to request a Mandatory Reconsideration (MR). MR was introduced in 2013, in an effort to reduce the number of disability and incapacity benefit cases going to appeal.⁷ 670,000 PIP claimants—22% of all claimants—have submitted an MR request since 2013, with 187,000 of those going on to appeal. 227,000 PIP claimants—7% of all those assessed—have had their initial award changed at either:⁸

- MR—119,000 claimants (19% of MRs); and
- Appeal—108,000 (63% of appeals).

In the same period, a total of 260,000 ESA claimants submitted an MR, and 53,000 went on to appeal. 63,000—4% of all those assessed—received a change of award:⁹

- 31,000 at MR (11% of MRs); and
- 32,000 at Appeal (60% of appeals).

1 PIP was introduced in Northern Ireland in 2016. Assessments there are delivered by Capita, under a separate contract.

2 National Audit Office, [Contracted out health and disability assessments](#), HC 609, January 2016, p.14. Atos's contracts are split into two separate "lots", while Capita's is one lot.

3 Work and Pensions Committee, [Employment and Support Allowance and Work Capability Assessments](#), First report of session 2014–15, HC 302, July 2014, p. 29

4 Only 57% of ESA applicants complete a Work Capability Assessment. Almost 1.1 million claimants withdrew their claim before the assessment took place.

5 DWP, [Personal Independence Payment: official statistics](#), December 2017; DWP, [Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and appeals](#), December 2017. Data correct to October 2017.

6 DWP (PEA0441)

7 DWP, [Mandatory consideration of revision before appeal](#), September 2012

8 DWP, [Personal Independence Payment: official statistics](#), [Employment and Support Allowance statistics](#). Ministry of Justice, [Social security and child support tribunal data, table SSCS.3](#), December 2017. Data correct to September 2017.

9 [Employment and Support Allowance statistics](#); [Social security and child support tribunal data, table SSCS.3](#)

Taking MRs and Appeals for both benefits together, this means there are at least 290,000 claimants of PIP and ESA for whom the correct decision on entitlement was not made at the earliest possible point in the process. Many more will have disagreed with their initial or MR decision, but felt unable to face challenging it further.¹⁰

The scope of our Report

4. Our inquiry focused on identifying technical changes to the assessment processes for PIP and ESA. Many witnesses supported this approach.¹¹ Victoria Holloway, Public Affairs Manager at Sense and a co-Chair of the Disability Benefit Consortium, warned us that the impact on disabled people of a more extensive overhaul of the systems would be “enormous”.¹² This would be especially so coming soon after the introduction of PIP, and alongside considerable changes to out of work support under Universal Credit. She cautioned it would likely cause great anxiety. Paul Gray CB, leader of the Government’s two independent reviews of PIP told us:¹³

The sheer scale of this operation I think means it is prudent to have a degree of caution about saying, “Let’s scrap it and start again”. [...] I would say, as far as PIP is concerned, I would put the primary emphasis on I think there is a lot to be done [...] that could make the operation of the current system better.

5. We also heard arguments, however, that PIP and ESA assessments suffer from deep-rooted problems. Some witnesses told us that that a fundamental overhaul of one or both processes is necessary.¹⁴ Others argued that there was a need to review and reformulate the descriptors for both benefits so that they accurately assess the functional impact of all conditions.¹⁵ Anna Bird, Executive Director of Policy and Research at Scope, told us this was a necessary, but not a quick process:¹⁶

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- 10 Turn2us ([PEA0392](#)). See also: Parkinson’s UK ([PEA0119](#)), Islington Law Centre ([PEA0397](#)), Spartacus Network ([PEA0358](#)), Revolving Doors Agency ([PEA0227](#)), Rethink Mental Illness ([PEA0405](#)), Epilepsy Action ([PEA0491](#))
- 11 [Q339](#) (Victoria Holloway), [Q331](#) (Rob Holland), Sense ([PEA0368](#)), Disability Benefits Consortium ([PEA0294](#)), Dr Ben Baumberg Geiger, Professor Robert Thomas and Dr Joe Tomlinson ([PEA0122](#)), Turn2us ([PEA0392](#)), MS Society ([PEA0443](#)), Shaw Trust ([PEA0424](#)), Mind and SAMH ([PEA0421](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#)), Epilepsy Action ([PEA0491](#)), DOSH Financial Advisory ([PEA0225](#)), Royal British Legion Industries ([PEA0384](#)), Inclusion London ([PEA0370](#)), National AIDS Trust ([PEA0371](#)), MEAM ([PEA0366](#)), Helen Bamber Association ([PEA0308](#)), Start Ability Services and the Association of Disabled Professionals ([PEA0336](#)), Muscular Dystrophy UK ([PEA0285](#)), Age UK Bristol ([PEA0233](#)), ASLI ([PEA0346](#)), Disability Agenda Scotland ([PEA0414](#)), Circle Housing ([PEA0267](#)), Citizens Advice Camden ([PEA0278](#)), Motor Neurone Disease Association ([PEA0283](#)), Auriga UK ([PEA0284](#)), CLIC Sargent ([PEA0292](#)), Mencap ([PEA0398](#)), Citizens Advice ([PEA0369](#))
- 12 [Q339](#) (Victoria Holloway)
- 13 [Q335](#) (Paul Gray)
- 14 Zacchaeus 2000 Trust ([PEA0297](#)), Green Party Northern Ireland ([PEA0390](#)), British Psychological Society ([PEA0379](#)), Royal College of Psychiatrists ([PEA0389](#)), National AIDS Trust ([PEA0371](#)), Equity Trade Union Benefit Advice Centre ([PEA0364](#)), New Freedom Project ([PEA0363](#)), Leonard Cheshire Disability ([PEA0334](#)), AdvoCard ([PEA0239](#)), WinVisible ([PEA0438](#)). Several organisations focused on the need for fundamental reform of the ESA Work Capability Assessment. They included Disability Agenda Scotland ([PEA0414](#)), Disability Rights UK ([PEA0412](#)), Mencap ([PEA0398](#)), Royal British Legion ([PEA0384](#)), Citizens Advice Richmond ([PEA0332](#)), Disability Benefits Consortium ([PEA0294](#)), British Psychological Society ([PEA0379](#)). Our predecessor Committee recommended a fundamental redesign of the WCA. See Work and Pensions Committee, [Employment and Support Allowance and Work Capability Assessments](#), First report of Session 2014–15, HC302, July 2014
- 15 [Q339](#) (Victoria Holloway), Ben Baumberg Geiger, Parkinson’s UK ([PEA0119](#)), Disability Rights UK ([PEA0412](#)), MS Society ([PEA0443](#)), Zacchaeus 2000 Trust ([PEA0297](#)), Disability Agenda Scotland ([PEA0414](#)), The Royal College of Psychiatrists ([PEA0389](#)), Epilepsy Action ([PEA0491](#)), The Royal British Legion ([PEA0384](#)), Sense ([PEA0368](#)), Citizens Advice North Lincolnshire ([PEA0367](#)), Disability Benefits Consortium ([PEA0294](#)), Breakthrough UK ([PEA0246](#))
- 16 [Q333](#) (Anna Bird). See also: [Q348](#) (Paul Litchfield)

Across both assessments, we think there are problems around trust, problems around transparency and problems around accuracy, and we do not think that tweaks to the system are going to tackle that level of difficulty [...] It needs proper consultation with disabled people. It is not straightforward, and in order to rebuild that trust back up I think we have a golden opportunity over the next two years to undertake that consultation.

6. The evidence we received for our inquiry spanned this range of arguments, from asking fundamental questions about the purposes of PIP and ESA to suggestions for more immediate and practical changes. We had an unprecedented public response, of over 3,500 individual submissions, as well as almost 200 from organisations.¹⁷ We acknowledge that the system works for a large majority of claimants and that the nature of our inquiry has meant we are most likely to hear from those who have been poorly served. The issues reported to us, however, have a severe impact on disadvantaged people, and so must be taken very seriously. This report is the second of two: our first report, drawing attention to the subjective experiences of claimants and requesting the Department’s response, was published earlier in February 2018.¹⁸ For this report, we aimed to identify technical policy changes that could improve both systems for claimants undergoing assessments in the immediate future. Our recommendations focus on building trust and increasing transparency.

7. The Department announced in January 2018 that it would not contest a High Court ruling that government regulation changes to PIP were unlawful because they discriminated against some claimants on the basis of disability.¹⁹ The Department’s decision means an estimated 220,000 claimants who experience psychological distress when making journeys will now be eligible for a higher rate of PIP, at an estimated cost of £3.7 billion up to 2023.²⁰ It will now go back through all PIP claims currently in payment to establish whether claimants are entitled to a higher award as the result of the judgement, backdating claims as appropriate.²¹ We welcome this decision, and look forward to hearing more about how it will be implemented. We also welcome the Department’s announcement that it is committed to “continuous” improvement of PIP.²² The change of regulations will not, however, remedy the problems we identify in this report. These stem not from eligibility criteria, but from the way that applications, assessments and decision-making are carried out.

Why trust matters

8. Trust is fundamental to the overall running of a successful society. Likewise, trust in the assessment systems is essential to PIP and ESA functioning effectively. The final review of the ESA Work Capability Assessment (WCA), carried out by Dr Paul Litchfield OBE, highlighted a need for assessments to “not only be fair but to be perceived as such” by all parties involved.²³ Paul Gray’s second review of PIP explained that although claimants

17 We received individual submissions via our web forum, hosted on parliament.uk, as well as in response to our formal call for evidence. All submissions are available on the Committee’s website.

18 Work and Pensions Committee, [PIP and ESA assessments: claimant experiences](#), Fourth report of Session 2017–19, HC 355, February 2018

19 HC Deb, 19 January 2018, [col. 414W](#)

20 HC Deb, [30 January 2018](#), col. 703

21 *Ibid.*

22 HC Deb, [30 January 2018](#), col. 706

23 Paul Litchfield, [An independent review of the WCA, year five](#), November 2014, p.6

will not always agree with decisions the Department makes on their entitlement to benefit, it is vital that they understand the decision and believe they have been fairly assessed.²⁴ Mind and the Scottish Association for Mental Health told us that without this trust and transparency, applying for PIP or ESA can become “stressful, time consuming, and impossible to navigate without support”.²⁵ The Department claims that the proportion of decisions overturned is low, when viewed as a proportion of all claimants.²⁶ We heard that the ramifications of incorrect decisions, however, go far beyond those claimants directly affected. They contribute to a much wider perception of an unreliable process.²⁷ The Department recognises this argument. It explained that claimant trust in Departmental decisions is “important” to its objective of “ensuring claimants have the best possible experience”.²⁸

9. We heard much to suggest the Department is falling short on meeting this objective. The independent reviews of both benefits highlighted widespread scepticism amongst claimants and organisations supporting them about the extent of trust they can place in either process.²⁹ Paul Gray stressed to us that a lack of trust “is at the heart of the problem of confidence or lack of it in the system”.³⁰ Turn2us, a support charity, told us that for claimants of both benefits, this lack of trust “manifests itself in fear and confusion”. They argued this is “fundamental to the many of the problems claimants have with both PIP and ESA”.³¹ Numerous other witnesses that work with claimants, as well as claimants themselves, echoed this view.³² The human consequences of a lack of trust and confidence in PIP and ESA systems, in terms of distress and confusion amongst claimants, are easily observed. Our previous report, focusing on claimants’ experiences of PIP and ESA assessments, set out just a fraction of the evidence that we received illustrating these.³³

10. Witnesses told us this perception is driven by recurring problems throughout the application and assessment process. These result in some claimants perceiving the processes as opaque and unfriendly throughout. They include:

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- 24 Paul Gray, [Personal Independence Payment assessment: second independent review](#), March 2017, p.8.
- 25 Mind and SAMH ([PEA0421](#)), City of Wolverhampton Council ([PEA0123](#)), The Shaw Trust ([PEA0424](#)), Disability Agenda Scotland ([PEA0414](#)), Mencap ([PEA0398](#)), Turn2us ([PEA0392](#)), The Royal British Legion ([PEA0384](#)), National AIDS Trust ([PEA0371](#)), Coventry Citizens Advice ([PEA0360](#)), Headway ([PEA0330](#)), Scope ([PEA0262](#)), Green Party NI ([PEA0390](#)), Advocard ([PEA0239](#)), Public Law Project ([PEA0439](#))
- 26 DWP ([PEA0441](#))
- 27 Mind and SAMH ([PEA0421](#)), City of Wolverhampton Council ([PEA0123](#)), The Shaw Trust ([PEA0424](#)), Disability Agenda Scotland ([PEA0414](#)), Mencap ([PEA0398](#)), Advocard ([PEA0239](#)), Citizens Advice Coventry ([PEA0360](#)), Green Party Northern Ireland ([PEA0390](#)), Headway ([PEA0330](#)), National AIDS Trust ([PEA0371](#)), Scope ([PEA0262](#)), Turn2us ([PEA0392](#)), Royal British Legion Industries ([PEA0384](#))
- 28 DWP, [Government’s response to the Second Independent Review of Personal Independence Payment](#), Cm 9540, December 2017, p12
- 29 Paul Litchfield, [Independent Review of the WCA, year five](#); Paul Gray, [Personal Independence Payment Second Review](#).
- 30 [Q344](#) (Paul Gray)
- 31 Turn2us ([PEA0392](#))
- 32 Disability Agenda Scotland ([PEA0414](#)), Headway ([PEA0330](#)), Mencap ([PEA0398](#)), National AIDS Trust ([PEA0371](#)), Shaw Trust ([PEA0424](#)), Citizens Advice Sheffield ([PEA0247](#)), Advocard ([PEA0239](#)), Citizens Advice Coventry ([PEA0360](#)), City of Wolverhampton Council ([PEA0123](#)), Green Party Northern Ireland ([PEA0390](#)), Mind and SAMH ([PEA0421](#)), Royal British Legion Industries ([PEA0384](#)), Start Ability Services and the Association of Disabled Professionals ([PEA0336](#)), Scope ([PEA0262](#)), Dr Heather Lister ([PEA0045](#)), Leah Starling ([PEA0280](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#)), Names withheld ([PEA0257](#), [PEA0139](#), [PEA0132](#), [PEA0004](#), , [PEA0352](#), [PEA0345](#), [PEA0331](#), [PEA0312](#), [PEA0253](#), [PEA0496](#))
- 33 Work and Pensions Committee, [PIP and ESA Assessments: claimant experiences](#)

- a) claimants experiencing difficulty filling in application forms and understanding the basis on which they are being assessed;³⁴
- b) basic accessibility issues relating to the forms and to arrangements for assessments, including home visits;³⁵
- c) the inconsistent application of guidance on claimants being accompanied to assessments, including whether the comments of their companions are given due weight in assessment reports;³⁶
- d) concerns about the expertise and diligence of contractor HCPs, and how weaknesses in this area affect decision-making;³⁷ and
- e) the effectiveness and rigour of Mandatory Reconsideration as a check on initial decision making, and consequential reasons why Departmental decisions are overturned at appeal.³⁸

11. Equally important in policy terms are the consequences of a lack of trust for government itself. Disputes over decisions on benefit eligibility are inevitable. Disability charity Scope told us, however, that low levels of trust have substantial implications for this part of the Department's workload. Scope argued that low confidence and trust is likely to motivate claimants to challenge decisions at MR, and to progress to appeal if their award remains unchanged.³⁹ In turn, this increases pressure on decision-makers and may mitigate further against quality decision-making at MR—continuing the cycle of declining trust.⁴⁰ The financial consequences of this loss of trust for the public purse

34 Citizens Advice North Lincolnshire ([PEA0367](#)), Headway ([PEA0330](#)), Leonard Cheshire Disability ([PEA0334](#)), MEAM ([PEA0366](#)), Start Ability Services and the Association of Disabled Professionals ([PEA0336](#)), Halton Housing ([PEA0387](#)), Disability Equality Scotland ([PEA0341](#))

35 Aspire ([PEA0395](#)), Royal Association for Deaf People ([PEA0411](#)), Breakthrough UK ([PEA0246](#)), Disability Benefits Consortium ([PEA0294](#)), Inclusion London ([PEA0370](#)), Mencap ([PEA0398](#)), MS Society ([PEA0443](#)), Turn2us ([PEA0392](#)), Macmillian Cancer Support ([PEA0383](#)), Start Ability Services and the Association of Disabled Professionals ([PEA0336](#)), Age UK Bristol ([PEA0233](#)), DeafLink North East ([PEA0040](#)), Merton Centre for Independent Living ([PEA0355](#)), Disability Equality Scotland ([PEA0341](#)), The Action Group ([PEA0403](#)), National Deaf Children's Society ([PEA0402](#)), Citizens Advice Eastbourne ([PEA0478](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#))

36 [Q262](#) (Rob Holland), [Q261](#) (Kayley Hignell), Citizens Advice ([PEA0369](#)), Citizens Advice Sheffield ([PEA0247](#)), Halton Housing ([PEA0387](#)), Mencap ([PEA0398](#)), One Stop Advocacy ([PEA0416](#)), Veterans Association ([PEA0502](#))

37 The Action Group ([PEA0403](#)), Aspire ([PEA0395](#)), City of Wolverhampton Council ([PEA0123](#)), The Down's Syndrome Association ([PEA0205](#)), Mencap ([PEA0398](#)), Royal Association for Deaf People ([PEA0411](#)), Shaw Trust ([PEA0424](#)), Turn2us ([PEA0392](#)), Zacchaeus 2000 Trust ([PEA0297](#)), Parkinson's UK ([PEA0119](#)), Rethink Mental Illness ([PEA0405](#)), Oxfordshire Welfare Rights ([PEA0315](#)), Understanding Autism North West ([PEA0192](#)), Central and South Sussex Citizens Advice ([PEA0197](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#)), Islington Law ([PEA0397](#))

38 City of Wolverhampton Council ([PEA0123](#)), Social Security Advisors in Local Government ([PEA0272](#)), Greater Manchester Law Centre ([PEA0217](#)), Citizens Advice North Lincolnshire ([PEA0367](#)), Citizens Advice Richmond ([PEA0332](#)), Welfare Rights and Money Service ([PEA0293](#)), Local Support Team Southwark Council ([PEA0099](#)), Possability People ([PEA0085](#)), Shine ([PEA0188](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#))

39 Scope ([PEA0262](#))

40 Citizens Advice Camden ([PEA0278](#)), City of Wolverhampton Council ([PEA0123](#)), Disability Benefits Consortium ([PEA0294](#)), Halton Housing ([PEA0387](#)), Inclusion London ([PEA0370](#)), Leonard Cheshire Disability ([PEA0334](#)), Motor Neurone Disease Association ([PEA0283](#)), Action for ME ([PEA0382](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#)), PCS Union ([PEA0357](#)), Kidney Care UK ([PEA0296](#)), Salford Welfare Rights and Debt Advice Service ([PEA0388](#)), Free Representation Unit ([PEA0365](#)), Spartacus Network ([PEA0358](#)), Caring for Life ([PEA0259](#)), Social Security Advisors in Local Government ([PEA0272](#))

are readily apparent. Since letting the PIP and ESA contracts, the Government has spent hundreds of millions of pounds—in addition to the money paid to contractors for carrying out assessments—checking and defending DWP decision-making.⁴¹

12. For most claimants, PIP and ESA assessments go smoothly. But in a sizeable minority of cases, things go very wrong indeed. For at least 290,000 claimants of PIP and ESA—6% of all those assessed—the right decision on entitlement was not made first time. Those cases, set alongside other problems throughout the application and assessment process, fuel a lack of trust amongst claimants of both benefits. The consequences—human and financial—can be enormous. Our recommendations aim to correct the worst of these problems and rebuild claimant trust. Properly implemented, they will bring real improvements for claimants going through the system now and in the near future. The question of whether a more fundamental overhaul of welfare support for disabled people is necessary remains open. We do not intend this to be the end of our work on PIP and ESA.

2 Before the assessment

13. For some claimants, worries about the assessment processes for PIP or ESA begin well before the assessment itself. The Department’s research suggests most PIP claimants know little about the benefit before applying. Just over half of claimants (52%) said they had concerns about applying for PIP. These included:⁴²

- whether they would be eligible for the benefit (46% of claimants);
- whether the application would be difficult to complete (22%); and
- disclosing sensitive details of their illness (9%).

Comparable Departmental research does not exist for ESA. The final Government-commissioned review of the ESA Work Capability Assessment (WCA), however, highlighted an “overwhelming negative perception” of the assessment amongst both people undergoing it, and organisations that support them.⁴³ Witnesses told us these negative perceptions feed into claimant worries about the process from the outset.⁴⁴

Filling in the forms

14. We heard claimants can experience a range of difficulties filling in application forms for PIP and ESA. Witnesses remarked that the forms for PIP, in particular, are very long and that filling them in can be “exhausting” for people who are seriously unwell.⁴⁵ The Motor Neurone Disease Association told us that some claimants do not understand fully the basis on which they are being assessed. They suggested that the functional nature of the assessment process was not always clear. Accordingly, claimants sometimes tend towards listing diagnoses and medical information, and fail to provide a thorough account of how their conditions affect them on a day-to-day basis. People with newly acquired or sudden-onset impairments and illnesses may particularly tend towards sharing new medical information, rather than information specifically relevant to functional impact.⁴⁶ Claimants undergoing reassessment—either from DLA to PIP, or because their review period has expired—may also assume that information they have previously shared with the Department will be carried over. This is not always the case, even where such information remains relevant.⁴⁷

15. The Minister for Disabled People, Health and Work, Sarah Newton MP (the Minister) told us that despite these concerns, 63% of claimants “found [completing PIP forms] easier

42 Emma Carragher, Lewis Hill, Margaret Blake and Anna Quigley, [Personal Independence Payment evaluation: wave 1 claimant survey findings](#), DWP ad hoc research report no48, March 2017, p.17

43 Paul Litchfield, [Independent Review of the WCA, year five](#), p.4

44 Aspire ([PEA0395](#)), Royal British Legion Industries ([PEA0384](#)), Shaw Trust ([PEA0424](#)), Making Every Adult Matter ([PEA0366](#)), South London and Maudsley NHS Foundation Trust ([PEA0409](#))

45 [Q11](#) (Yolanda Barker). See also: Breakthrough UK ([PEA0246](#)), Disability Agenda Scotland ([PEA0414](#)), Disability Equality Scotland ([PEA0341](#)), Making Every Adult Matter ([PEA0366](#)), Mind and SAMH ([PEA0421](#)), MEAM ([PEA0366](#)), South London and Maudsley NHS Foundation Trust ([PEA0409](#)), Turn2us ([PEA0392](#)), Alzheimer’s Society ([PEA0290](#)), Action for ASD ([PEA0243](#)).

46 Motor Neurone Disease Association ([PEA0283](#)). See also: Action for ME ([PEA0382](#)), Epilepsy Action ([PEA0491](#)), Equity Trade Union Benefit Advice Centre ([PEA0364](#)), National Deaf Children’s Society ([PEA0402](#)), PCS Union ([PEA0357](#)), Social Security Advisors in Local Government ([PEA0272](#))

47 Free Representation Unit ([PEA0365](#)), New Freedom Project ([PEA0363](#)), PCS Union ([PEA0357](#)), South London and Maudsley NHS Foundation Trust ([PEA0409](#))

than they thought”.⁴⁸ In fact 63% of claimants found it easier or as easy as expected, and claimants were more likely to find completing the forms more difficult than expected than to find it easier (34% to 14%).⁴⁹ Over half of claimants (59%) seek help with applying. Half of those do so for reasons related to their health conditions and a further quarter because they required help understanding the questions.⁵⁰ Organisations that provide support services agreed with these findings, suggesting that many claimants would like to receive, and would benefit from personalised support with their applications.⁵¹

16. The Department tells claimants on its website and in correspondence accompanying forms that they can seek help from local support organisations and Citizens Advice Bureaux on the application processes.⁵² Organisations including Mind and Citizens Advice told us, however, that due to funding pressures their local branches are often not able to offer face-to-face support until a claimant has submitted an MR or Appeal.⁵³ The Minister did acknowledge that, capacities of support organisations notwithstanding, “clearly not enough people are reading the information that we are giving” on how to complete the application and what to expect.⁵⁴ She told us the Department is making efforts to provide more guidance. For example, it is producing “some YouTube films describing the process for all claimants” before they go to PIP assessments or ESA assessments. The Minister explained these will “really communicate” how to fill in the forms and the details of the assessment process. They aim to “demystify” application and “make people feel as comfortable as possible [...] about the process that they are going through.”⁵⁵

17. Some witnesses told us that the Department could go much further in signposting towards, and providing useful resources during the early stages of application. This would reap benefits in terms of building trust, demonstrating an open, proactive, helpful attitude from the Department from the outset.⁵⁶ Some groups of claimants would particularly benefit from this additional support. For example, Turn2us told us that claimants with learning difficulties are often “frustrated with the lack of advice and signposting available” in both PIP and ESA processes.⁵⁷ Shaw Trust, a provider of employment support to disabled people, told us that claimants with brain injuries, and those whose first language is not English, could also benefit from improved “plain English” guidance.⁵⁸ Other witnesses told us this support would be beneficial to a much wider range of claimants.⁵⁹ In order to be fully accessible, we heard advice and support should take a range of forms:

48 [Q369](#) (Sarah Newton)

49 Carragher et al. [Personal Independence Payment evaluation: wave 1 claimant survey findings](#), p24

50 [Personal Independence Payment evaluation: wave 1 claimant survey findings](#), p21

51 Citizens Advice ([PEA0369](#)), Mind and SAMH ([PEA0421](#)), Shaw Trust ([PEA0424](#))

52 <https://www.gov.uk/pip/how-to-claim>. The online guidance applies to PIP claims only. Information about support services for claimants applying for ESA can be found on the initial letter accompanying the application form.

53 Citizens Advice ([PEA0369](#)), Mind and SAMH ([PEA0421](#))

54 [Q366](#) (Sarah Newton)

55 [Q366](#) (Sarah Newton)

56 Epilepsy Action ([PEA0491](#)), Mind and SAMH ([PEA0421](#)), Motor Neurone Disease Association ([PEA0283](#)), Rethink Mental Illness ([PEA0405](#)), Shaw Trust ([PEA0424](#)), Turn2us ([PEA0392](#))

57 Turn2us ([PEA0392](#)). See also DOSH Financial Advisory ([PEA0225](#)), The Down’s Syndrome Association ([PEA0205](#)), British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies ([PEA0379](#)), Speak Up Self Advocacy ([PEA0246](#))

58 Shaw Trust ([PEA0424](#))

59 Action for ME ([PEA0382](#)), Leonard Cheshire Disability ([PEA0334](#)), Worcestershire Association of Carers ([PEA0113](#))

- a) Written advice and information packs. We heard that, in particular, providing accessible versions of PIP and ESA descriptors alongside the forms would greatly help claimants to understand the assessment and the types of information and evidence they should provide;⁶⁰
- b) A telephone advice line offering holistic support with the assessment process, delivered or funded by the Department;⁶¹
- c) Online support, including chat, videos and interactive media, or a “dashboard” to keep claimants updated on their claim;⁶²
- d) Funding support and advocacy organisations to deliver personalised, face-to-face assistance.⁶³

To ensure the needs of all claimants are met, we heard materials should ideally be co-designed with or, at the very least, be developed in consultation with expert organisations.⁶⁴

18. Applying for PIP or ESA can be daunting. The Department has so far only made limited efforts to provide support and guidance in a variety of clear, accessible formats. It should not rely on already stretched third sector organisations to explain the Department’s own processes. A concerted effort from the Department to help with applications would be both reassuring to claimants, and of great practical benefit. We recommend the Department co-design, with expert stakeholders, guidance in a range of accessible formats on filling in forms and preparing for assessment. This should include accessible information on the descriptors for each benefit, to be sent out or signposted alongside application forms. We also recommend the Department makes clear to claimants being reassessed that they should not assume information from their previous assessment will be re-used, and should be prepared to re-submit any supporting evidence already provided.

19. Practical difficulties aside, the process of applying and being assessed for PIP and ESA can be emotionally draining for claimants. In our previous report, we highlighted multiple examples of claimants’ distress at having to list in great detail on their forms all of the things that they struggle to do due to their health conditions.⁶⁵ Mind and the Scottish Association for Mental Health explained:⁶⁶

Many people try to focus on what they can do and their hopes for recovery, finding it distressing to have to spend time focusing on the ways in which their mental health problem can limit the things that they are able to do.

60 Auriga UK ([PEA0284](#)), DOSH Financial Advisory ([PEA0225](#)), Mencap ([PEA0398](#)), National Deaf Children’s Society ([PEA0402](#))

61 British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies ([PEA0379](#)), Mencap ([PEA0398](#))

62 Turn2us ([PEA0392](#))

63 Action for ASD ([PEA0243](#)), Citizens Advice Coventry ([PEA0360](#)), Central and South Sussex Citizens Advice ([PEA0197](#)), Greater Manchester Law Centre ([PEA0217](#)), National AIDS Trust ([PEA0371](#))

64 British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies ([PEA0379](#))

65 Work and Pensions Committee, [PIP and ESA Assessments: claimant experiences](#)

66 Mind and SAMH ([PEA0421](#)), Rethink Mental Illness ([PEA0405](#))

Some organisations told us that these experiences led them to suspect that there can be a negative impact on health—particularly mental health—associated with application itself.⁶⁷ The British Psychological Society told us this should be a concern for the Department because it directly interacts with the purposes of ESA and PIP. They explained that “any process designed to support those in need must uphold or improve the psychological wellbeing of those individuals”.⁶⁸ We heard that the Department should take seriously these concerns and seek to understand them better by conducting research on the impact of application on claimant health. The purpose of this research should be to inform improvements to the forms in order to lessen the distress experienced by some claimants during the PIP and ESA processes.⁶⁹

20. Many PIP and ESA claimants have multiple health conditions that bring with them severe limitations. Focusing on what they are able to do is a common coping strategy—one that is often incompatible with filling in PIP and ESA application forms. It is impossible to draw a causal link from application to claimant health. The Department should demonstrate, however, that it is alert to the risk to mental health posed by parts of the application processes and seek to offset this.

21. *We recommend that the Department commission and publish independent research on the impact of application and assessment for PIP and ESA on claimant health. This should focus initially on improvements to the application forms, identifying how they can be made more claimant-friendly and less distressing for claimants to fill in. The Department should set out a timescale for carrying out this work in response to our Report.*

Accessibility

22. For some claimants, problems with applying for PIP or ESA result from failures by the Department to meet their accessibility needs. Most claimants currently call a telephone number to begin their claim.⁷⁰ For people with hearing loss—a very common disability—making this phone call may not be possible.⁷¹ The Department offers an alternative Textphone number, but organisations supporting hearing impaired claimants told us that Textphones and minicomms are not widely used.⁷² There is also a video relay service for British Sign Language (BSL) users, but this is not accessible to those who do not speak BSL.⁷³ Natalie McMinn, a hearing impaired, non-BSL claimant of PIP and ESA told us she had needed to rely instead on a Text Relay operator when applying for ESA. This was a frustrating experience, especially as the wait for her call to be answered had been up to 50 minutes.⁷⁴ DeafLink, a specialist charity, further argued that deaf people

67 British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies (PEA0379), Making Every Adult Matter (PEA0366), Rethink Mental Illness (PEA0405), Royal College of Psychiatrists (PEA0389)

68 British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies (PEA0379), Bristol Mind (PEA0202)

69 Bristol Mind (PEA0202), Social Security Advisors in Local Government (PEA0272), Rethink Mental Illness, “It’s broken her”: Assessments for disability benefits and mental health, 2017

70 Under Universal Credit, which incorporates and replaces ESA, all applications in live service areas should be made via the phone line. Claimants can print out and fill in a form, although this may take longer. Eligible ESA claimants in Universal Credit full service areas must apply online.

71 Action on Hearing Loss, [Hearing matters](#), 2015

72 DeafLink North East (PEA0040), Inclusion London (PEA0370), National Deaf Children’s Society (PEA0402)

73 The [video relay service](#) is available for PIP claimants. Video relay is not available for ESA claimants.

74 [Q13–14](#) (Natalie McMinn)

should not have to rely on support from non-hearing impaired people to access benefits. They recommended email or Text Talk options be made widely available for claimants of both benefits.⁷⁵

23. Witnesses supporting claimants with learning and cognitive difficulties told us that many of the Department’s and contractors’ standard forms and letters are not accessible. Mencap explained that this leaves claimants heavily reliant on support to understand even basic information on their claim—much less engage fully in terms of filling in forms and understanding the assessment process.⁷⁶ Breakthrough UK, a disabled people-led charity, cited an example of the consequences of not providing information in accessible formats:⁷⁷

One client who requires Easy Read received a generic letter in the post informing her of what next year’s PIP rates would be. She interpreted this as meaning that she had now been awarded PIP (she had not at that stage), but it was just a standard letter which was nothing to do with the outcome of her claim.

24. The Department has made very limited steps to provide communications in Easy Read format. After “some pushback” it accepted Paul Litchfield’s recommendation on producing Easy Read versions of key ESA forms.⁷⁸ He told us, however, that “certainly there is more to do” in this area.⁷⁹ The equivalent PIP forms—notably the PIP2—are not available in Easy Read. Witnesses recommended that the Department work towards making its standard communications available in this format, and requiring contractors to do the same.⁸⁰ Claimants could then give this as a communication preference at the outset of their claim, receiving forms and letters that are tailored to their needs. Mencap explained this would not only allow claimants to understand the information sent to them, but also to “take ownership” of their application.⁸¹

25. As a result of their health conditions, many PIP and ESA claimants require communications in a specific format. The Department’s resistance to meeting even some of the most basic of these needs makes applying for PIP and ESA unnecessarily challenging for some claimants. Its failure to provide a widely-used, accessible alternative to telephone calls, and Easy Read communications, is extraordinary. We recommend that the Department enables claimants with hearing impairments to apply for PIP and ESA via email, ensuring this service is appropriately resourced to prevent delays to claims. In the longer term, it should look to offer this option to all claimants. It should also ensure key forms and communications—especially the PIP2, appointment and decision letters—are available in Easy Read format, allowing claimants to register this as a communication preference at the start of their claim.

75 DeafLink North East ([PEA0040](#)),

76 Mencap ([PEA0398](#)). See also The Action Group ([PEA0403](#)), Breakthrough UK ([PEA0246](#)), DeafLink North East ([PEA0040](#)), The Down’s Syndrome Association ([PEA0205](#)), Shaw Trust ([PEA0424](#)), Turn2us ([PEA0392](#)), Worcestershire Association of Carers ([PEA0113](#))

77 Breakthrough UK ([PEA0246](#))

78 [Q350](#) (Paul Litchfield), Paul Litchfield, [Independent Review of the WCA, year five](#), p46

79 [Q350](#) (Paul Litchfield), [Q365](#) (Sarah Newton). The ESA50 form, where claimants detail the impact of their condition, is available in Easy Read.

80 Mencap ([PEA0398](#)). See also The Action Group ([PEA0403](#)), Breakthrough UK ([PEA0246](#)), DeafLink North East ([PEA0040](#)), The Down’s Syndrome Association ([PEA0205](#)), Shaw Trust ([PEA0424](#)), Turn2us ([PEA0392](#)), Worcestershire Association of Carers ([PEA0113](#))

81 Mencap ([PEA0398](#))

Arranging a home visit

26. The Department forwards claimants' application forms to the relevant contractor on receipt. For a minority of claimants, the decision on entitlement is made on the basis of paper evidence alone. In most cases, however, the contractor will contact the claimant to arrange a face-to-face assessment.⁸² Claimants who are unable to attend an assessment centre can request their assessment be carried out at home. The decision on whether this takes place is made by contractors' Healthcare Professionals (HCPs). Home visit rates vary widely between contractors. Capita carried out 56% of its assessments at claimants' homes in 2016.⁸³ This compared to 14.5% for Atos and just 1% for Maximus.⁸⁴ Maximus explained that if medical evidence suggested impairment sufficient to justify a home visit, the HCP might judge that they have enough information to make recommendations on the claimant's fitness for work, without a face-to-face assessment taking place at all.⁸⁵ The reason for the large difference between Atos and Capita's rates was not entirely clear to us, although David Haley, Chief Executive of Atos, explained that it might result from "slight" differences in the location and capacity of assessment centres between the two contractors.⁸⁶ Capita carries out a much smaller proportion of PIP assessments than Atos. Atos's approach to granting home visits will therefore have implications for a much larger group of claimants.⁸⁷

27. There are slightly different approaches between PIP and ESA, and between contractors, to determining whether a home visit is necessary. Atos and Capita told us their HCPs follow guidance set out in the PIP handbook when deciding whether to carry out a home visit. This states they should consider:⁸⁸

- a) the nature and severity of the claimant's medical condition, and if this precludes them from travelling or makes it extremely difficult to travel;
- b) the safety implications of a home visit for the HCP; and
- c) whether there are accessibility issues related to the planned location for the assessment which might justify a home visit.

Maximus told us they observe similar guidance.⁸⁹ The PIP guidance further suggests that the request for a home visit "may come from a GP or other healthcare professional involved in the claimant's care", but does not state this is necessary.⁹⁰ Dr Barry McKillop, Chief Medical Officer for Atos, told us that they "do not require medical confirmation or proof" to substantiate a home visit request.⁹¹ Dr Ian Gargan, Chief Medical Officer at Capita, told us that the decision on whether to offer a home assessment is a "clinical" decision, although not a medical one. He explained that the "extent of the clinical decision" is the HCP's insight into whether they should "look for further evidence or maybe what other

82 NAO [Contracted out health and disability assessments](#), p.19; NAO, [Personal Independence Payment: early progress](#), 2014, p.16

83 Capita (PEA0574)

84 [Letter from Chief Executive of Atos Independent Assessment Services to the Chair relating to PIP and ESA assessments](#), 18 December 2017; Maximus (PEA0534)

85 [Q223](#) (Dr Paul Williams), Maximus (PEA0534)

86 [Q155](#) (David Haley)

87 [Contracted out health and disability assessments](#), p.14

88 DWP, [PIP Assessment guide, part 1: the assessment process](#), November 2017, pp.33–34

89 Maximus (PEA0534)

90 DWP [PIP Assessment guide, part 1](#), p.34

91 [Q150](#) (Dr Barry McKillop)

area to look at” emphasising this might come “a community psychiatric nurse or from a carer at home etcetera.”⁹² Maximus explained, however, that their guidance requires them to consider whether the request is “is based on medical fact rather than opinion”—for example, “my patient has severe agoraphobia and cannot leave the house” rather than “I feel my patient would benefit from an assessment at home”.⁹³

28. We heard that a combination of inconsistently applied guidance and the standard of proof required means that claimants sometimes have difficulty obtaining home visits. Aspire, a charity supporting people with spinal cord injury, told us contractors sometimes insist on specific types of medical evidence, despite the need for a home assessment being clearly apparent. They explained:⁹⁴

Home visits are not being offered to our clients who are obviously in need of a home assessment: for example, clients who are tetraplegic (paralysis affecting all four limbs from the neck down) who are unable to leave their homes easily. In this situation, claimants are required to provide a letter from their GP to state that it would be reasonable for them to be offered a home assessment. This is a pointless process as the claimant has already provided medical information to support their claim.

29. Halton Housing, a housing association based in Cheshire, pointed out that such requests lead to “added pressure on GP surgeries and often added expense for claimants who are already on a low income”.⁹⁵ Witnesses did not always refer to specific providers in relation to difficulties with home visits. The geographic locations of witnesses, however (for example, in the case of local advice services) suggested difficulties and inconsistencies in the processes for obtaining a home visit persist across contract areas and for both benefits.⁹⁶ It was not clear to us how procedures for granting home visits interacted with other elements of the contracting arrangements. These include the costs associated with a home visit versus an assessment centre, and targets for face-to-face and paper-based assessments.⁹⁷ We heard, however, that claimants’ needs must come first, and that the decision on whether or not to grant a home visit should be based solely on what is best for the claimant.⁹⁸

30. Home visits are an important option for claimants whose health conditions make attending an assessment centre difficult. Contractors interpret the Department’s guidance on home visits differently. They take varying approaches to granting them and require different standards of supporting evidence. This leads to inconsistencies between the benefits and between contractors. It can also place additional burdens on claimants and the NHS.

92 [Q120](#) (Ian Gargan)

93 Maximus ([PEA0534](#))

94 Aspire ([PEA0395](#)). See also: Age UK Bristol ([PEA0233](#)), Halton Housing ([PEA0387](#)), Local Support Team Southwark Council ([PEA0099](#)), Mind and SAMH ([PEA0421](#)), Possability People ([PEA0085](#)), Royal British Legion Industries ([PEA0384](#)), Citizens Advice Wealden ([PEA0226](#))

95 Halton Housing ([PEA0387](#)), Dosh Financial Advocacy ([PEA0225](#))

96 Citizens Advice Wealden ([PEA0226](#)), City of Wolverhampton Council ([PEA0123](#)), Equity Trade Union Benefit Advice Centre ([PEA0364](#)), Halton Housing ([PEA0387](#)), Local Support Team Southwark Council ([PEA0099](#)), Mind and SAMH ([PEA0421](#)), Royal British Legion Industries ([PEA0384](#)), Worcestershire Association of Carers ([PEA0113](#))

97 [Q117–119](#) (Simon Freeman and David Haley); NAO, [Contracted out health and disability assessments, p.29](#)

98 Halton Housing ([PEA0387](#))

31. *We recommend the Department issue new guidance to PIP and ESA assessors on the procedure for determining whether claimants receive a home visit. This should specify that GP letters are not required where other forms of evidence and substantiation are available. This should include evidence from the claimant, as well as from carers, support workers and other health professionals. To ensure guidance is being followed, we recommend contractors be required to gather evidence and the Department audit requests made and granted for home visits, as well as reasons for refusal.*

3 The assessment

32. PIP and ESA assessments are functional. They aim to assess the impact of a claimant’s impairments on their day-to-day life, rather than reaching a decision based on medical diagnosis. Dr Ian Gargan, Chief Medical Officer at Capita, explained:⁹⁹

I as an orthopaedic surgeon may look at a diseased hip and decide that I am going to replace that hip, but then as a PIP assessor that has gone through standard disability assessment training I would be looking to see how that hip pathology affects the activities of daily living, like how far that person can walk, whether they can leave the home, whether they can feed themselves, among all the other extant activities as set out by the PIP assessment.

Contractors told us that the functional nature of PIP and ESA assessments means assessors’ medical backgrounds need not correspond with the conditions of claimants they are assessing.¹⁰⁰ Their training should enable them to accurately assess claimants with a range of conditions—including multiple conditions—that may manifest differently in different people.¹⁰¹ In carrying out assessments, HCPs should draw on insights from a range of different sources:¹⁰²

- a) information shared by the claimant in the face-to-face assessment;
- b) the outcomes of any examinations conducted, and observations of claimants during the assessment;
- c) information shared by companions or advocates that claimants bring to assessments;
- d) additional evidence submitted by claimants, including reports from medical professionals, carers, support workers or family members.; and
- e) expert advice provided by their organisations. Atos, Capita and Maximus each have a limited number of specialist “champions” for common conditions.¹⁰³

The supply of expert evidence

33. We heard that the accuracy of the generalist assessor model is contingent on assessors having access to sufficient expert evidence. Without this, the assessment will, almost inevitably, be based on partial knowledge of the claimant’s condition, since assessors cannot hope to develop a deep understanding of all the conditions of claimants they assess.¹⁰⁴ The evidence provided will vary from claimant to claimant. It can include

99 [Q136](#) (Ian Gargan)

100 Assessors working come from a range of backgrounds, including nursing, physiotherapy and occupational therapy. See Atos ([PEA0447](#)), Capita ([PEA0574](#)), Maximus ([PEA0534](#))

101 [Q125](#) (Ian Gargan), [Q228](#) (Paul Williams)

102 DWP, [PIP Assessment guide, part 1](#); Maximus CDHA, [Revised WCA handbook](#), July 2017

103 [Q142–144](#) (Ian Gargan and Barry McKillop), [Q237](#) (Leslie Woolf and Paul Williams)

104 Auriga UK ([PEA0284](#)), Citizens Advice North Lincolnshire ([PEA0367](#)), Citizens Advice Richmond ([PEA0332](#)), Leonard Cheshire Disability ([PEA0334](#)), Muscular Dystrophy UK ([PEA0285](#)), Motor Neurone Disease Association ([PEA0283](#)), Mencap ([PEA0398](#)), Understanding Autism North West ([PEA0192](#)), Welfare Rights and Money Service ([PEA0293](#)), NHS Health Scotland ([PEA0353](#))

reports from medical professionals, but there is an equally important place for evidence from people who see claimants every day, such as carers or family members.¹⁰⁵ Although successive reviews of both PIP and ESA have emphasised the importance of ensuring a good supply of appropriate expert evidence, progress in achieving this has been slow.¹⁰⁶

34. Responsibility for providing evidence to support a claim lies primarily with claimants.¹⁰⁷ DWP research on PIP found that 16% of claimants do not provide any additional evidence, falling to 9% amongst those who said they had read DWP's guidance.¹⁰⁸ We heard that although the PIP and ESA forms emphasise the importance of additional evidence, many claimants still fail to appreciate this fully. Zacchaeus 2000 Trust, a welfare support charity, told us claimants are aware that they will be assessed by a healthcare professional, and frequently assume this negates the need for supporting evidence.¹⁰⁹ Some claimants erroneously believe that the Department will have access to their medical records, or will contact their GP directly in any case.¹¹⁰ Claimants also sometimes supply evidence that cannot be used in the assessment. 8% of PIP claimants, for example, provided appointment letters and 2% provided fact sheets about their conditions.¹¹¹ Claimants are sometimes asked to pay fees and charges to obtain medical evidence, which may put the cost of obtaining this beyond them.¹¹²

35. In some circumstances, assessors request further evidence. The PIP handbook sets out circumstances when this should take place. These include where further evidence might negate the need for a face-to-face assessment; where claimants have progressive or fluctuating conditions and have not supplied additional evidence; and, in the case of reassessments, where evidence might confirm whether or not there has been a change in the claimant's health since the last assessment. The ESA Handbook is less prescriptive, stating that assessors should review all the evidence supplied and "may decide that further medical evidence is required" in addition to that provided by the claimant.¹¹³

36. We heard that contractors' efforts and success in obtaining additional evidence vary. Atos told us it only holds data on requests for some forms of medical evidence (rather than on requests to carers or family members). This data did not allow us to determine the overall proportion of assessments in which Atos requests additional evidence. Atos told us, however, that in the case of GP Reports "considerably more (an estimated 60–70%) are requested than returned".¹¹⁴ Capita told us they request additional evidence from medical professionals, carers or family members in 38% of all assessments. They receive it back within 21 days in 21% of cases, and within 40 days in 45% of cases. In 33% of cases, the

105 Paul Gray, [Second Independent Review of the Personal Independence Payment](#), March 2017, p.36–37

106 Dr Ben Baumberg Geiger (PEA0372), Paul Gray, [Second Independent Review of PIP](#), p.55, Professor Malcolm Harrington, [An Independent Review of the Work Capability Assessment - year three](#), November 2012

107 DWP (PEA0441)

108 Carragher et al. [Personal Independence Payment evaluation: wave 1](#), pp.25–27

109 Zacchaeus 2000 Trust (PEA0297). See also: Action for ME (PEA0382), Epilepsy Action (PEA0491), Motor Neurone Disease Association (PEA0283), Possibility People (PEA0085), PCS Union (PEA0357)

110 Carragher et al. [Personal Independence Payment evaluation: wave 1](#), p.28; Paul Gray, [Second Independent Review of PIP](#), p.38

111 Carragher et al., [Personal Independence Payment evaluation: wave 1](#), p.28. See also: Citizens Advice (PEA0369), Citizens Advice Camden (PEA0278), Motor Neurone Disease Association (PEA0283), PCS Union (PEA0357), Royal College of Psychiatrists (PEA0389)

112 Dundee North Law Centre (PEA0269), Revolving Doors Agency (PEA0227), Welfare Rights Team (PEA0432), Zacchaeus 2000 Trust (PEA0297)

113 DWP, [PIP Assessment guide, part 1](#), MS Society (PEA0443)

114 [Letter from Chief Executive of Atos Independent Assessment Services to the Chair relating to PIP and ESA assessments](#); Atos (PEA0447)

request is never returned.¹¹⁵ Both Atos and Capita stressed they use standard templates to request evidence, provided by the Department. Maximus told us that they request written evidence from medical and non-medical professionals in up to 46% of cases each year, receiving 82% of requests back within 20 days.¹¹⁶ Capita also told us that the evidence they receive is only relevant to the functional assessment in a very small proportion of cases.¹¹⁷ Neither Maximus nor Atos were able to offer any data on the usefulness of evidence received.

37. The MS Society explained that difficulties in obtaining useful expert evidence stem in part from confusion amongst claimants about what PIP and ESA assessments seek to measure.¹¹⁸ Several organisations told us that Department could do more to communicate to claimants what “good evidence” for a PIP or ESA claim looks like. This should include providing illustrative examples and case studies of good and poor quality evidence which, where possible, are directly related to descriptors and to different conditions.¹¹⁹

38. The Disability Benefit Consortium, a coalition of over 80 non-profit organisations, said that the Department should complement efforts to engage claimants with greater efforts to engage with medical professionals. This should aim to enhance their awareness of what assessments seek to measure, and what kind of evidence they should provide in response to contractor and claimant requests.¹²⁰ The MS Society agreed that GPs and other health professionals do not always understand what they should provide. They attributed this in part to the standard request forms being “confusing”.¹²¹ The MS Society noted that one assessor had been engaging with GPs, and was already seeing the benefits in turns of both return rates and usefulness. This is presumably Maximus, who attributed their return rates to “substantial investment in engagement with GPs”.¹²² To spread this good practice more widely and ensure a consistent approach between contractors and across the different benefits, the Disability Benefits Consortium recommended the Department commission independent research on the use of evidence.¹²³ This should consider:

- a) how best to educate health and social care professionals on providing relevant supporting evidence;
- b) how to ensure the duties and responsibilities of the assessor, DWP and claimant with regard to evidence are clear and observed;
- c) how to consistently and clearly articulate to claimants what evidence will be most useful for their claim; and
- d) the timescales needed to provide useful evidence.

115 Capita ([PEA0574](#))

116 Maximus ([PEA0534](#))

117 [Q128](#) (Ian Gargan)

118 MS Society ([PEA0443](#)). See also: Citizens Advice Camden ([PEA0278](#)), Disability Benefits Consortium ([PEA0294](#)), Greater Manchester Law Centre ([PEA0217](#)), Muscular Dystrophy UK ([PEA0285](#))

119 Disability Benefits Consortium ([PEA0294](#)), Epilepsy Action ([PEA0491](#)), Leonard Cheshire Disability ([PEA0334](#)), Mencap ([PEA0398](#)), MS Society ([PEA0443](#))

120 Disability Benefits Consortium, [Supporting those who need it most, September 2017](#), p.29

121 MS Society ([PEA0443](#))

122 Maximus ([PEA0534](#)), MS Society ([PEA0443](#))

123 DBC report, Leonard Cheshire Disability ([PEA0334](#)), Mencap ([PEA0398](#))

39. Atos, Capita and Maximus all use a generalist assessor model. They pay no regard to the specialist expertise of individual assessors in assigning cases. They therefore assess claimants with the full gamut of conditions. The success of this model depends on a consistent supply of high quality, relevant expert evidence. There is ongoing confusion amongst claimants and those supporting them alike about what constitutes “good evidence” for functional purposes. *We recommend that the Department sets out in response to this Report its approach to improving understanding amongst health and social care professionals and claimants of what constitutes good evidence for PIP and ESA claims. This should include setting out how it will measure, monitor and report on the supply of evidence into PIP and ESA assessments.*

Recording assessments

40. We heard that for most claimants, the face-to-face assessment is by far the most stressful part of the PIP or ESA process.¹²⁴ Witnesses suggested that concern about this element of assessment is at the root of lack of trust in both processes. A common complaint is that assessors cannot be trusted to record accurately what took place during the assessment.¹²⁵ Claimants worry this will produce an inaccurate basis for the Department to make decisions on entitlement to benefit. Our previous report set out several examples of these kinds of errors. They fall into two broad types:¹²⁶

- the inclusion of erroneous statements. For example, claimants report reading the results of physical examinations that did not take place, or statements that seem to refer to another claimant entirely; and
- the omission of information or observations that the claimant felt should have been included. For example, we heard of claimants who showed signs of substantial mental distress during the assessment, but discovered this had not been recorded.

124 Citizens Advice ([PEA0369](#)), CLIC Sargent ([PEA0292](#)), Citizens Advice Sheffield ([PEA0247](#)), Central and South Sussex Citizens Advice ([PEA0197](#)), Disability Agenda Scotland ([PEA0414](#)), Headway ([PEA0330](#)), Leonard Cheshire Disability ([PEA0334](#)), Mind and SAMH ([PEA0421](#)), Mencap ([PEA0398](#)), New Freedom Project ([PEA0363](#)), NHS Health Scotland ([PEA0353](#)), Shaw Trust ([PEA0424](#)), Shine ([PEA0188](#)), Understanding Autism North West ([PEA0192](#)), Winvisible ([PEA0438](#)), Rethink Mental Illness ([PEA0405](#)), Royal College of Psychiatrists ([PEA0389](#)), Banburyshire Advice Centre ([PEA0020](#)), Community Union ([PEA0318](#)), Public Law Project ([PEA0439](#))

125 Auriga UK ([PEA0284](#)), Aspire ([PEA0395](#)), Citizens Advice Camden ([PEA0278](#)), Citizens Advice Sheffield ([PEA0247](#)), City of Wolverhampton Council ([PEA0123](#)), Mind and SAMH ([PEA0421](#)), Motor Neurone Disease Association ([PEA0283](#)), Mencap ([PEA0398](#)), Royal British Legion Industries ([PEA0384](#)), Salford Welfare Rights and Debt Advice Service ([PEA0388](#)), Scope ([PEA0262](#)), Surrey Welfare Rights Unit ([PEA0088](#)), Turn2us ([PEA0392](#)), Understanding Autism North West ([PEA0192](#)), Down’s Syndrome Association ([PEA0205](#)), Advocard ([PEA0239](#)), National Deaf Children’s Society ([PEA0402](#)), Parkinson’s UK ([PEA0119](#)), Zacchaeus 2000 Trust ([PEA0297](#)), Disability Rights UK ([PEA0412](#)), Citizens Advice Salford ([PEA0394](#))

126 See Work and Pensions Committee, *PIP and ESA Assessments: claimant experiences* and evidence from: Action for ASD ([PEA0243](#)), Action for ME ([PEA0382](#)), Caring for Life ([PEA0259](#)), Citizens Advice ([PEA0369](#)), CLIC Sargent ([PEA0292](#)), Citizens Advice North Lincolnshire ([PEA0367](#)), Citizens Advice Sheffield ([PEA0247](#)), City of Wolverhampton Council ([PEA0123](#)), Disability Benefits Consortium ([PEA0294](#)), Disability Rights UK ([PEA0412](#)), Green Party Northern Ireland ([PEA0390](#)), Inclusion London ([PEA0370](#)), Kidney Care UK ([PEA0296](#)), Leonard Cheshire Disability ([PEA0334](#)), Mind and SAMH ([PEA0421](#)), Muscular Dystrophy UK ([PEA0285](#)), Motor Neurone Disease Association ([PEA0283](#)), National Deaf Children’s Society ([PEA0402](#)), Parkinson’s UK ([PEA0119](#)), Start Ability Services and the Association of Disabled Professionals ([PEA0336](#)), Shaw Trust ([PEA0424](#)), Sense ([PEA0368](#)), Scope ([PEA0262](#)), Social Security Advisors in Local Government ([PEA0272](#)), South London and Maudsley NHS Foundation Trust ([PEA0409](#)), Spartacus Network ([PEA0358](#)), Surrey Welfare Rights Unit ([PEA0088](#)), Zacchaeus 2000 Trust ([PEA0297](#)), Greater Manchester Law Centre ([PEA0217](#)), Cystic Fibrosis Trust ([PEA0425](#)), Bath Mind and Citizens Advice ([PEA0265](#)), Disability News Service ([PEA0103](#)), Manchester Mind ([PEA0343](#))

Some witnesses told us errors were likely attributable to assessors confusing different claimants, forgetting details, or “copy and pasting” between reports, especially when they write up several appointments in one block.¹²⁷ Amongst claimants, however, there is a prevalent belief that such mistakes are deliberate attempts to prevent them receiving benefits.¹²⁸ Turn2us told us that amongst people they support, this belief is “near universal”.¹²⁹

41. The Department told us that in the interests of improving trust, claimants can opt to have their assessments audio recorded. For both benefits this request must be made in advance. For ESA, it is subject to recording equipment being available. For PIP, claimants must provide their own equipment which meets specified standards. Requests to record are sometimes declined, and equipment is not always available or easy for claimants to obtain.¹³⁰ In the case of PIP, it can be very expensive.¹³¹ Paul Gray described this approach as “incredibly clunky”, noting that recording rates are consequentially very low.¹³²

42. This means that for most claimants, the only record of their assessment is the assessor’s report. If they disagree with statements contained relating to the face-to-face assessment, they have little evidential basis from which to challenge these. Even if they come to their assessment accompanied, disputing the report will be a case of their word against the assessor’s. We heard overwhelmingly that providing audio recording as default would go a long way to improving trust in face-to-face assessments, providing claimants were able to opt out if they would prefer not to be recorded.¹³³ Some witnesses also suggested the Department should look to introduce video recording.¹³⁴ Paul Gray, in both his reviews and in evidence to us, was convinced that recording by default would “significantly improve people’s trust in the system”.¹³⁵ Claimants would be reassured that there was an objective record of the assessment against which to compare their report and challenge any perceived errors. Assessors, too, could feel confident that they were protected in case of allegations of dishonesty.¹³⁶

43. The Department “partially accepted” Paul Gray’s recommendation on implementing audio recording. It responded, however, that the results of a not yet-published pilot evaluation suggested audio recording had a “limited impact” on measures that appeared

127 Action for ASD (PEA0243), Citizens Advice North Lincolnshire (PEA0367), Citizens Advice Scarborough and District (PEA0359), Inclusion London (PEA0370), Understanding Autism North West (PEA0192), West Norfolk Disability Information Service (PEA0242)

128 Bath Mind and Citizens Advice (PEA0265), Citizens Advice Isle of Wight (PEA0304), Citizens Advice Scarborough and District (PEA0359), Citizens Advice Sheffield (PEA0247), Citizens Advice Wealden (PEA0226), Disability News Service (PEA0103), Green Party Northern Ireland (PEA0390), Roma Support Group (PEA0337), Turn2us (PEA0392)

129 Turn2us (PEA0392)

130 Q71 (Martin Richards) Inclusion London (PEA0370), Start Ability Services and the Association of Disabled Professionals (PEA0336)

131 Mind and SAMH (PEA0421)

132 Q349 (Paul Gray). See also: Start Ability Services and the Association of Disabled Professionals (PEA0336)

133 Q265–267 (Anna Bird, Rob Holland, Victoria Holloway, Kayley Hignell), Action for ME (PEA0382), Age UK Bristol (PEA0233), Circle Housing (PEA0267), Citizens Advice (PEA0369), Citizens Advice Eastbourne (PEA0478), Citizens Advice Salford (PEA0394), Community Union (PEA0318), Disability News Service (PEA0103), Disability Rights UK (PEA0412), Green Party Northern Ireland (PEA0390), Halton Housing (PEA0387), Headway (PEA0330), Inclusion London (PEA0370), Mind and SAMH (PEA0421), Motor Neurone Disease Association (PEA0283), Rethink Mental Illness (PEA0405), Revolving Doors Agency (PEA0227), Roma Support Group (PEA0337), Royal British Legion Industries (PEA0384), South London and Maudsley NHS Foundation Trust (PEA0409), Turn2us (PEA0392), Welfare Rights Team (PEA0432), Citizens Advice Norfolk (PEA0119), Hammersmith and Fulham Mind (PEA0041)

134 Citizens Advice (PEA0369), Citizens Advice Eastbourne (PEA0478), Inclusion London (PEA0370), Roma Support Group (PEA0337)

135 Q349 (Paul Gray)

136 Headway (PEA0330)

not to include claimant trust.¹³⁷ Paul Gray told us that, having read the response “two or threetimes”, he wondered “whether it was largely rejection rather than partial acceptance”.¹³⁸ The Department committed, however, to a “further feasibility study” on the costs and benefits of recording. The Minister told us that she was unhappy with current barriers which stopped claimants recording their assessment. In contrast to her Department’s official response to the Review, she told us she saw great benefits in extending the use of recording:¹³⁹

I have just come from the Home Office, where we went through several years of looking at whether police officers should wear body-worn cameras, and a huge amount of debate about that, as you would imagine. It has proven itself to be extremely invaluable, both to the police officer and to the people that are interacting with the police officer [...] I approach this with a very positive attitude towards wanting to record the assessments, because I think it will be of huge benefit to the person doing the assessment and to the person who is being assessed, in terms of accuracy, in terms of using the information.

44. Successive evidence-based reviews conducted on behalf of the Department have identified a pervasive culture of mistrust around PIP and ESA processes. This culminates in fear of the face-to-face assessments. This has implications far beyond the minority of claimants who directly experience poor decision making. It can add to claimant anxiety even among those for whom the process works fairly. While that culture prevails, assessors risk being viewed as, at best lacking in competence and at worst, actively deceitful. Addressing this is a vital step in restoring confidence in PIP and ESA. *The case for improving trust through implementing default audio recording of assessments has been strongly made. We recommend the Department implement this measure for both benefits without delay. In the longer term, the Department should look to provide video recording for all assessments.*

Companions and advocates

45. PIP claimants who have undergone assessments report their experiences are “broadly positive”. 81% felt that they understood what was being asked of them, and 74% felt they had enough time to explain how their condition affects them.¹⁴⁰ Prior to the assessment, many claimants nonetheless had concerns. Common concerns included:

- a) not being able to explain fully the impact of a condition or conditions. This is a particular problem for claimants with learning disabilities or conditions that cause cognitive difficulty.¹⁴¹ Departmental research suggests this concern is reflected in claimants’ views after assessment: 39% of PIP claimants in the Department’s research reported that there were things they wanted to explain at assessment but were unable to,¹⁴²

137 DWP, [Government response to the Second Independent Review of the PIP](#), p.13

138 [Q349](#) (Paul Gray)

139 [Q409](#) (Sarah Newton)

140 Margaret Blake, David Candy, Emma Carragher, Kate Duxbury, Lewis Hill, Emma Mee, [Personal Independence Payment evaluation: wave 2 claimant research interim headline findings, ad hoc research report no.60, December 2017, p.13](#)

141 British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies ([PEA0379](#)), Citizens Advice Sheffield ([PEA0247](#)), Disability Benefits Consortium ([PEA0294](#)), Headway ([PEA0330](#)), Islington Law ([PEA0397](#)), Mencap ([PEA0398](#)), National AIDS Trust ([PEA0371](#))

142 Blake et al., [PIP evaluation wave 2](#), p.5

- b) that the assessor would not accurately record what had happened during the assessment. This includes fears that assessors deliberately misrepresent assessments, and concerns that assessors will lack the expertise to identify and report information relevant to the impact of their conditions;¹⁴³ and
- c) that the assessor would not listen to their answers, or that they would find the assessment or assessor intimidating or scary;¹⁴⁴

Mencap commented that concerns may be heightened for claimants who have had a previous, negative experience of being assessed for disability or incapacity benefit. They explained that such experiences contribute to “eroding confidence and trust”.¹⁴⁵

46. These concerns may prompt claimants to bring a companion with them to assessment. Very limited sampling exercises by Capita and Atos, conducted in response to our inquiry, suggested a large majority of claimants are accompanied to assessment. Maximus told us it does not collect data on this point, but that “many” claimants bring a companion.¹⁴⁶ The companion may be a professional advocate. More usually, they will be a carer, friend or family member.¹⁴⁷ Companions can attend simply to reassure and provide moral support to the claimant. They can also play an active role in the assessment. The Department’s guidance to PIP and ESA assessors makes clear this is permitted. The ESA Handbook for Assessors states that companions:

*Will be able to give useful information, particularly in cases where the claimant has mental function problems, learning difficulties, cognitive problems or communication problems, or people who stoically understate their problems. In individuals with learning disability or cognitive impairment the role of the carer may be essential to establish their functional capabilities.*¹⁴⁸

The PIP guidance is similar. Companions should be permitted to play an “active role” in assessments, and this may be particularly important where the claimant has a “mental, cognitive or intellectual impairment”.¹⁴⁹ The standard appointment letters sent by all three contractors to claimants clearly state that they can be accompanied.¹⁵⁰

47. Assessors must use their discretion in determining what weight to give companion comments in their report. The PIP handbook alerts HCPs to the need to judge whether the claimant or companion “are understating or overstating” the claimant’s needs, and whether the companion’s presence is proving “disruptive” to the consultation.¹⁵¹ The ESA assessor guide contains similar wording. It alerts HCPs to the risk that companions “may

143 Bath Mind and Citizens Advice ([PEA0265](#)), Citizens Advice Isle of Wight ([PEA0304](#)), Citizens Advice Scarborough and District ([PEA0359](#)), Citizens Advice Sheffield ([PEA0247](#)), Citizens Advice Wealden ([PEA0226](#)), Disability News Service ([PEA0103](#)), Green Party Northern Ireland ([PEA0390](#)), Roma Support Group ([PEA0337](#)), Social Security Advisors in Local Government ([PEA0272](#)), Understanding Autism North West ([PEA0192](#))

144 Blake et al, [PIP evaluation wave 2](#), p.14, National AIDS Trust ([PEA0371](#)), Revolving Doors Agency ([PEA0227](#))

145 Mencap ([PEA0398](#))

146 [Letter from Chief Executive of Independent Assessment Services to the Chair relating to PIP and ESA assessments, 18 December 2017](#), Capita ([PEA0547](#)), Maximus ([PEA0534](#))

147 Several support organisations told us that due to limited resources they are unable to offer support or advocacy until a claimant has reached MR or Appeal. This results in claimants who would benefit from professional advocacy not being able to access this support for their initial assessment. See Citizens Advice ([PEA0369](#)), Disability Benefits Consortium ([PEA0294](#)), Mind and SAMH ([PEA0421](#)), Mencap ([PEA0398](#))

148 Maximus, [Revised WCA handbook](#), p.56

149 DWP, [PIP assessment guide, part 1](#), p.30

150 Documents seen by Committee

151 DWP, [PIP assessment guide, part 1](#), p.30; Maximus, [Revised WCA handbook](#), p.56

wish to give too forcefully their own opinion on the claimant’s disability, perhaps giving a biased view”, and points out that the claimant “must be allowed to express their own view”. Assessor training schedules received from the three contractors did not indicate any specific training on the role of companions in assessments or on weighting their contributions.¹⁵²

48. Contrary to the official guidance, we heard that companions are routinely fully or partially prevented from participating in the assessment.¹⁵³ Halton Housing told us, for example, of cases where the companion had been told to wait outside. The assessment report subsequently stated that the claimant attended alone.¹⁵⁴ Some witnesses reported that while companions were allowed to participate, their contributions seemed to have been disregarded by the HCP in the report.¹⁵⁵ This led to what was felt to be an inaccurate representation of the assessment, and of the impact of their condition. Organisations including the Down’s Syndrome Association, which supports people who may benefit considerably from companion input, also reported that assessors fail to encourage contributions or verify claimant statements with companions.¹⁵⁶ Kayley Hignell, Head of Policy at Citizens Advice, told us that there is an overall “lack of clarity” about the role of companions. She suggested this stems from a lack of clarity in the guidance to assessors.¹⁵⁷ Rob Holland, Public Affairs Manager at Mencap, explained further:¹⁵⁸

The guidance for assessors breeds the variation, because it says that ultimately it is up to the health practitioner’s discretion. That seems to mean that companions may not be involved. Making it very clear to the assessor that companions play a really valuable role so that they understand why they are important is critical.

City of Wolverhampton Council explained that in their experience, failure to weight correctly and accurately report the contributions of companions (often carers) in assessments was a root cause of why such a high proportion of DWP decisions on PIP and ESA are overturned at Appeal.¹⁵⁹

49. Some claimants may be unable or embarrassed to explain the full implications of their condition to their assessor. Companions can help them to articulate these and support claimants during a potentially stressful process. Their role in assessments is vital. The Department’s recognition of this in its guidance to contractors is welcome. We are concerned, however, that this guidance is not consistently followed. There is no reference to companions in the Department’s auditing or contractor training programmes. That none of the contractors could even reliably tell us how many claimants are accompanied to assessment suggests this is not a priority.

152 Capita (PEA0465), Atos (PEA0447), Maximus (PEA0446)

153 Q262 (Rob Holland), Q261 (Kayley Hignell), Citizens Advice (PEA0369), Citizens Advice Sheffield (PEA0247), Halton Housing (PEA0387), Mencap (PEA0398), One Stop Advocacy (PEA0416), Veterans Association (PEA0502)

154 Halton Housing (PEA0387). See also: Citizens Advice Scarborough and District (PEA0359)

155 City of Wolverhampton Council (PEA0123), North Wales Regional Assembly Cross-Party Working Group (PEA0381), Headway (PEA0330), Disability Agenda Scotland (PEA0414)

156 The Down’s Syndrome Association (PEA0205), Mencap (PEA0398), Rethink Mental Illness (PEA0405), Halton Housing (PEA0387), Veterans Association (PEA0502)

157 Q261 (Kayley Hignell)

158 Q262 (Rob Holland)

159 City of Wolverhampton Council (PEA0123) see also, Mencap (PEA0398), National AIDS Trust (PEA0371)

50. *We recommend that the Department develop detailed guidance on the role of companions, including case studies demonstrating when and how to use their evidence. Contractors should also incorporate specific training on companions into their standard assessor training. After implementing default recording of assessments, a sample of assessments where claimants are accompanied should be audited on a regular basis to ensure guidance is being followed.*

4 The report and initial decision

51. Following the assessment, contractor HCPs produce reports for the Department. Reports should take into consideration both further evidence supplied by the claimant or obtained by the contractor, and the outcomes of the face-to-face assessment.¹⁶⁰ They make recommendations on whether the claimant should be awarded PIP or ESA, and at what level. The final decision on the award rests with DWP’s Decision Makers—administrative staff. They are free to reject the assessor’s recommendations. They can also query points of the report that are unclear, or request further expert evidence if they feel this is necessary.¹⁶¹ Witnesses told us, however, that contractors are in practice heavily dependent on the report.¹⁶²

Viewing the report

52. The Department’s research suggests many claimants understand little or nothing about how decisions on their entitlement are reached.¹⁶³ This applies whether or not the decision is ultimately correct. In some cases, difficulties are due to claimants misunderstanding eligibility criteria.¹⁶⁴ Breakthrough UK gave the example of an ESA applicant, medically retired due to their employer being unable to make further adjustments, being surprised to find that under DWP criteria they were “fit for work”.¹⁶⁵ This is because a refusal by one employer to make further adjustments does not necessarily mean another employer would not be willing to. In other cases, claimants who are denied PIP or ESA, or receive a lower than expected rate, surmise that a mistake has occurred.¹⁶⁶ Claimants receive a summary of the reasons for a decision with their decision letter, but they do not automatically receive a copy of the assessment report unless they go to Appeal.¹⁶⁷ It is therefore difficult for them to know whether the problem is one of their understanding, or due to a mistake on the part of the decision maker or assessor. We heard this opacity in decision-making detracts further from claimant trust in the assessment systems.¹⁶⁸

53. Some organisations told us that to address this, claimants should be allowed to view their report while it is being written up. They could then verify its content and rectify any perceived errors.¹⁶⁹ Independent reviews of PIP and ESA recommended ensuring assessors consistently sit side-by-side with claimants when assessing them to facilitate

160 Maximus, [Revised WCA handbook](#); DWP, [PIP Assessment guide, part 1](#)

161 DWP, [Advice for Decision Makers chapter P2: assessment for PIP](#), para 6

162 Public and Commercial Services Union ([PEA0357](#)), Equity Trade Union Benefit Advice Centre ([PEA0364](#)), Islington Law ([PEA0397](#)), Parkinson’s UK ([PEA0119](#)), Greater Manchester Law Centre ([PEA0217](#)), Understanding Autism North West ([PEA0192](#)), Shine ([PEA0188](#))

163 Blake et al., [PIP evaluation wave 2](#), p.16

164 Breakthrough UK ([PEA0246](#)), Auriga Services Ltd ([PEA0284](#)), Surrey Welfare Rights Unit (PEA0088)

165 Breakthrough UK ([PEA0246](#))

166 Mind and SAMH ([PEA0421](#)), Surrey Welfare Rights Unit (PEA0088), The Down’s Syndrome Association ([PEA0205](#)), Understanding Autism North West ([PEA0192](#)), City of Wolverhampton Council ([PEA0123](#)), Parkinson’s UK ([PEA0119](#)), Auriga Services Ltd ([PEA0284](#)), MND Association ([PEA0283](#)), Citizens Advice Sheffield ([PEA0247](#)), Citizens Advice Camden ([PEA0278](#)), Scope ([PEA0262](#)), AdvoCard ([PEA0239](#)), Zacchaeus 2000 Trust ([PEA0297](#)), Disability Rights UK ([PEA0412](#)), National Deaf Children’s Society ([PEA0402](#)), Mencap ([PEA0398](#)), Islington Law ([PEA0397](#)), Aspire ([PEA0395](#)), Salford Citizens Advice ([PEA0394](#)), Turn2us ([PEA0392](#)), Salford Welfare Rights and Debt Advice Service ([PEA0388](#)), Royal British Legion Industries ([PEA0384](#))

167 Social Security Advisory Committee, [Decision making and Mandatory Reconsideration](#), July 2016, p.53–54

168 Breakthrough UK ([PEA0246](#)), Turn2us ([PEA0392](#)), Royal British Legion Industries ([PEA0384](#)), Macmillan Cancer Support ([PEA0383](#)), MND Association ([PEA0283](#))

169 CLIC Sargent ([PEA0292](#)), Rethink Mental Illness ([PEA0405](#)), Roma Support Group ([PEA0337](#)), Welfare Rights and Money Advice Service ([PEA0293](#)), Parkinson’s UK ([PEA0119](#))

this.¹⁷⁰ This would have the additional benefit of helping to put claimants at ease, building trust and a perception of fairness.¹⁷¹ Witnesses also widely agreed with Paul Gray's recommendation that a copy of the assessor's report should be provided by default to all claimants, alongside the initial decision.¹⁷² This would help make clear to all claimants the basis on which their entitlement has been decided, improving transparency and helping claimants make an informed decision on what to do next. A report by the Social Security Advisory Committee explained:

*If claimants had access to the HCP report earlier in the process, they would be able to see for themselves the evidence on which the DM has based their decision. This would allow them to better understand the decision and help inform what evidence they may need to provide to bring about a change in decision. This potentially saves time for all involved and facilitates evidence to be provided earlier and thereby to avoid the need for a tribunal.*¹⁷³

54. The Department has resisted both suggestions. It initially accepted in principle Paul Litchfield's recommendation on allowing ESA claimants to see what is being written by the assessor during the assessment. It later became hesitant, claiming this would add substantially to the duration of assessments—although as Paul Litchfield noted, this is unlikely if what is recorded is what was said.¹⁷⁴ It also argued that the principle of an “open engaging consultation” could be delivered “without the need to be prescriptive” on room configuration.¹⁷⁵ More recently, the Department explained in response to Paul Gray that the cost of providing reports to claimants after the assessment by default meant this was “not an option we will be pursuing”.¹⁷⁶ Paul Gray told us he was “not persuaded by the Government's response that [providing a copy of the report] will be very costly”. Conversely, he argued that the costs of not providing it—in terms of claimant trust and transparency—are “very considerable”.¹⁷⁷

55. DWP decisions on PIP and ESA claims are often opaque, even when decisions are correctly made. Ensuring claimants can see what is being written about them during assessment, and providing a copy of the assessor's report by default would prove invaluable in helping claimants understand the reasoning behind the Department's decisions. Both steps would increase transparency and ensure claimants are able to make informed decisions about whether to challenge a decision. In turn, many tribunals could be avoided, the workload of Decision Makers at Mandatory Reconsideration reduced, and overall costs lowered. We recommend the Department proceed without delay in sending a copy of the assessor's report by default to all claimants, alongside their initial decision. We also recommend it issues instructions to contractors on ensuring claimants are able to see what is being written about them during assessment,

170 Paul Litchfield, [An independent review of the WCA, year four](#), p39. Paul Gray, [An independent review of the PIP assessment](#), December 2014, p.48

171 Paul Litchfield, [A independent Review of the WCA, year five](#), p.39

172 [Q51](#) (Yolanda Barker, Denise Martin, Amanda Browning), [Q65–66](#) (Gary Edwards, Kayleigh Nor-val), [Q68](#) (David Bryceland), [Q267](#) (Victoria Holloway), Mind and SAMH ([PEA0421](#)), Turn2us ([PEA0392](#)), Macmillan Cancer Support ([PEA0383](#)), Motor Neurone Disease Association ([PEA0283](#)), Action for ME ([PEA0382](#)), Roma Support Group ([PEA0337](#)), Disability Rights UK ([PEA0412](#)), Helen Bamber Association ([PEA0308](#)), Oxfordshire Welfare Rights ([PEA0315](#))

173 Social Security Advisory Committee, [Decision making and Mandatory Reconsideration](#), July 2016, p.53

174 Paul Litchfield, [An Independent Review of the WCA, year four](#), p.18

175 DWP, [Government's second response to the Independent Review of PIP](#), p.11

176 DWP, [Government's response to the Second Independent Review of PIP](#), pp.12–13

177 [Q349](#) (Paul Gray)

and allowing their input if they feel this is incorrect or misleading. This should include, for example, emphasising to contractors that rooms should be configured by default to allow the claimant to sit next to the assessor or be able to see their computer screen.

Using additional evidence

56. Witnesses emphasised that improving the supply of evidence into assessments is only one part of ensuring a well-informed report. Contractors must also make good use of this evidence.¹⁷⁸ Action for ME explained that without careful interpretation of additional evidence, assessors may form a “snapshot” view of the claimant’s limitations based on the face-to-face assessment.¹⁷⁹ Assessors must, therefore, exercise discretion and professional judgement, weighing up all the evidence available to obtain a rounded picture of claimants’ functional capacities. Both the PIP and ESA assessor handbooks stipulate that assessors should justify their weighting of evidence. This includes highlighting and resolving any contradictions between pieces of evidence and explaining their choice of resolution. Assessors are expected to justify particularly clearly any recommendations in their reports that contradict what the claimant has told them.¹⁸⁰

57. Paul Gray’s review noted that the assessors for PIP tend to privilege some forms of evidence over others. Evidence from medical professionals is often given more weight than evidence from carers, support workers and family members, as assessors believe the former to be more objective.¹⁸¹ Mencap explained that, as PIP and ESA assessments consider functional capacity, people who work and live closest to the claimant may offer very useful, accurate information on their capabilities and limitations.¹⁸² We also heard that some claimants may not access formal treatment. Action for ME told us, for example, that many people with ME choose to self-manage their condition.¹⁸³ People with common mental health conditions, such as anxiety and depression, also sometimes struggle to obtain referrals for treatment or find themselves on long waiting lists, meaning sources of expert evidence are not accessible to them.¹⁸⁴ Non-medical parties may provide their only source of additional evidence. Paul Gray therefore suggested that the Department should take steps to ensure that evidence from carers and family members is given due weight, “while recognising that all sources of evidence should be probed and tested”.¹⁸⁵ This suggestion was echoed by several witnesses.¹⁸⁶

58. We heard that claimants often perceive that additional evidence submitted in support of a claim—medical or not—appears not to have been given appropriate consideration by either the assessor or by DWP decision-makers. Leonard Cheshire Disability told us that

178 Citizens Advice Salford (PEA0394), Epilepsy Action (PEA0491), MS Society (PEA0443), Zacchaeus 2000 Trust (PEA0297), Sense (PEA0368), PCS Union (PEA0357), Leonard Cheshire Disability (PEA0334)

179 Action for ME (PEA0382), Headway (PEA0330), Citizens Advice North Lincolnshire (PEA0367)

180 Maximus CDHA, *Revised WCA handbook*, p.42; DWP, *PIP assessment guide, part 1*, pp.40–44

181 Paul Gray, *Second Independent Review of PIP*, p.6. See also: Action for ME (PEA0382), City of Wolverhampton Council (PEA0123), Headway (PEA0330), Motor Neurone Disease Association (PEA0283), New Freedom Project (PEA0363), NHS Health Scotland (PEA0353)

182 Mencap (PEA0398). See also: Action for ME (PEA0382), Cystic Fibrosis Trust (PEA0425), Mind and SAMH (PEA0421), Royal College of Psychiatrists (PEA0389)

183 Action for ME (PEA0382)

184 Citizens Advice Isle of Wight (PEA0304), Revolving Doors Agency (PEA0227), Welfare Rights and Money Service (PEA0293), Welfare Rights Team (PEA0432)

185 Paul Gray, *Second Independent Review of PIP*, p.8

186 City of Wolverhampton Council (PEA0123), Headway (PEA0330), Motor Neurone Disease Association (PEA0283), New Freedom Project (PEA0363), NHS Health Scotland (PEA0353), Action for ME (PEA0382)

45% of ESA claimants, and 63% of PIP claimants in one survey felt their assessor had failed to take into account any of the evidence they submitted in advance of the assessment.¹⁸⁷ There are justifiable reasons why additional evidence may not be used or referred to: for example, if it lacks relevance to the claimant’s functional capacity, or is judged to be out-dated. The assessor might also have made a judgement that its relevance was outweighed by other factors: for example, information given by the claimant during the assessment.¹⁸⁸

59. We heard, however, that decisions not to use evidence were frequently hard to justify, and that little justification was offered in the decision letter. RNIB and the Thomas Pocklington Trust, organisations that support people with sight loss, told us they saw “systematic poor quality” in both PIP and ESA assessment reports. This included “many examples” where there had been “no sign” of additional expert evidence setting out functional impact having been used to inform findings and descriptor choices.¹⁸⁹ The subjective nature of decisions on evidence weighting means that, sound or not, they are not always easy for claimants to understand. Parkinson’s UK recommended that to counter this, HCPs should be required to confirm explicitly that they have reviewed all supporting evidence in making their recommendations.¹⁹⁰ PCS Union supported this approach, noting that where PIP Decision Makers ask HCPs to “clarify” their descriptor scoring in light of apparent contradictions with the expert evidence, the descriptor recommendation and consequent decision will “often be changed in the claimants favour”.¹⁹¹

60. Claimants often go to considerable efforts to collect additional evidence for their claim, providing important information for generalist HCPs. Contractors and the Department should ensure that it is clear to claimants how and when this evidence is used. Without doing so, they will struggle to convince sceptical claimants that the decision on their entitlement to benefits is an informed one. Knowing how their evidence has been used will further empower claimants to understand the Department’s decisions, and to decide whether an MR is necessary.

61. We recommend that the Department introduce a checklist system, requiring HCPs to confirm whether and how they have used each piece of supporting evidence supplied in compiling their report. Decisions not to use particular pieces of evidence should also be noted and justified. This information should be supplied to Decision Makers so they can clearly see whether and how supporting evidence has been used, making it easier to query reports with contractors. It should also be supplied to the claimant along with a copy of their report.

187 Leonard Cheshire Disability ([PEA0334](#)). See also: Disability Benefits Consortium ([PEA0294](#)), Disability News Service ([PEA0103](#)), Down’s Syndrome Association ([PEA0205](#)), Hammersmith and Fulham Mind ([PEA0041](#)), MS Society ([PEA0443](#)), Royal College of Psychiatrists ([PEA0389](#))

188 DWP, [PIP assessment guide part 1](#), p.40; Maximus CDHA, [Revised WCA handbook](#), p.67–70

189 RNIB and Thomas Pocklington Trust ([PEA0393](#)). See also: Sense ([PEA0368](#)), Citizens Advice North Lincolnshire ([PEA0367](#)), New Freedom Project ([PEA0363](#)), Islington Law ([PEA0397](#)), Coventry Citizens Advice ([PEA0360](#)), PCS Union ([PEA0357](#)), Roma Support Group ([PEA0337](#)), START Ability Services ([PEA0336](#)), Leonard Cheshire Disability ([PEA0334](#)), Citizens Advice Richmond ([PEA0332](#)), Community Union ([PEA0318](#)), Citizens Advice Isle of Wight ([PEA0304](#)), Welfare Rights and Money Advice Service ([PEA0293](#)), Alheimers Society ([PEA0290](#)), Citizens Advice Sheffield ([PEA0247](#)), Understanding Autism North West ([PEA0192](#)), Possability People ([PEA0085](#)), Salford Citizens Advice ([PEA0394](#))

190 Parkinson’s UK ([PEA0119](#)). See also: Headway ([PEA0330](#)), Breakthrough UK ([PEA0246](#)), Understanding Autism North West ([PEA0192](#))

191 PCS Union ([PEA0357](#))

5 Disputed decisions

62. Claimants who are unhappy with the initial decision made on their PIP or ESA claim can challenge it at Mandatory Reconsideration. Since 2013 there have been almost one million MRs of PIP and ESA decisions. These comprised:

- 670,000 PIP MRs, of which 119,000 (18%) resulted in a change of award;¹⁹² and
- 260,000 ESA MRs, of which 31,000 (11%) resulted in a change of award.¹⁹³

Claimants who have completed MR can go to appeal if they are still unsatisfied with the Department's decision. Rates of overturn of DWP decisions at Appeal are high. Since 2013 there have been:

- 170,000 PIP appeals. Claimants won in 108,000 cases (63%); and
- 53,000 ESA appeals. Claimants won in 32,000 cases (60%).¹⁹⁴

The Department has pointed out that the proportion of appeals for both benefits is low, when viewed within the context of the number of assessments completed.¹⁹⁵ 7% of PIP claimants and 4% of ESA claimants have their decision overturned at MR or appeal. Other witnesses argued, however, that the high rates of overturn at appeal indicate cases are getting into court that should have been identified as inaccurate at an earlier stage in the process.¹⁹⁶ We heard that it is not only claimants who bear the consequences of a protracted, often stressful dispute process. There are also substantial costs to the public purse associated with MR and Appeal.¹⁹⁷

Mandatory Reconsideration

63. At MR, a second DWP Decision Maker reviews the initial decision, alongside the assessor's report. Until changing this in response to our inquiry in December 2017, the Department had a "key performance indicator" (KPI) of 80% of initial MR decisions to be upheld. It also has a KPI for volume of MRs cleared within a target time, which remains in place.¹⁹⁸ The Department told us that 80% was "never a target" but "essentially an aspiration" for how many decisions it should be getting right first time. It acknowledged, however, that "what we did was misunderstood and that is why we have withdrawn it".¹⁹⁹ The Minister also told us the Department implemented a "refreshed and re-launched" Quality Strategy for MR in August 2017, and a "more proactive case management" approach

192 DWP, [Personal Independence Payment: official statistics, Data correct to September 2017](#)

193 DWP, [Employment and Support Allowance statistics, Data correct to September 2017](#)

194 HM Courts and Tribunal Service, [Social security and child support tribunal data, table SSCS.3](#), December 2017

195 DWP ([PEA0441](#))

196 Action for ME ([PEA0382](#)), Auriga UK ([PEA0284](#)), Aspire ([PEA0395](#)), British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies ([PEA0379](#)), Citizens Advice Camden ([PEA0278](#)), CLIC Sargent ([PEA0292](#)), Citizens Advice Sheffield ([PEA0247](#)), Community Union ([PEA0318](#)), Cystic Fibrosis Trust ([PEA0425](#)), Disability Benefits Consortium ([PEA0294](#)), Disability Rights UK ([PEA0412](#)), Epilepsy Action ([PEA0491](#)), Green Party Northern Ireland ([PEA0390](#)), Halton Housing ([PEA0387](#)), Helen Bamber Association ([PEA0308](#)), Inclusion London ([PEA0370](#)), Islington Law ([PEA0397](#)), Kidney Care UK ([PEA0296](#)), Mencap ([PEA0398](#)), MS Society ([PEA0443](#)), National AIDS Trust ([PEA0371](#)), National Deaf Children's Society ([PEA0402](#)), Royal British Legion Industries ([PEA0384](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#)), Social Security Advisors in Local Government ([PEA0272](#)), South London and Maudsley NHS Foundation Trust ([PEA0409](#)), Macmillan ([PEA0383](#))

197 We return to these costs in Chapter 6.

198 [Letter from Sarah Newton to Committee Chair](#), December 2017

199 [Q416](#) (James Wolfe)

to PIP disputes from November 2017. This aims to improve “the gathering of evidence by having supportive dialogue with claimants” after an MR is requested, ensuring Decision Makers have enough evidence to make a well-informed decision.²⁰⁰

64. Witnesses told us these changes are much needed. PCS Union, which represents DWP staff, told us that Decision Makers work under pressure that can mitigate against MR acting as a thorough check. They reported a “pressure to turn out numbers”, meaning both initial decisions and MRs can be rushed. As a result, it is “much easier to confirm the original decision than to change it”.²⁰¹ Decision Makers at MR stage can request further evidence, but PCS told us that pressures on them mean they rely primarily on the analysis offered in the assessment report. The quality of decision-making at MR is, like the quality of decision-making at the initial stage, almost entirely dependent on the quality of the initial assessment report. This can render MR a “rubber stamp” of initial decisions, and decision notices at MR “often repeat initial refusal reasons without further elaboration”.²⁰²

65. Multiple organisations with experience of supporting claimants told us that given their previous experiences with MR, they advised claimants that the changes of getting an award changed at this stage are minimal.²⁰³ Such organisations frequently view MR as simply a “hurdle”, “barrier” or hoop that claimants must jump through before going to appeal, rather than a thorough review.²⁰⁴ Worryingly, organisations reported that having failed to get a new decision at MR, some claimants give up rather than going to appeal, despite not necessarily agreeing with the decision. Vulnerable claimants may feel unable to face further stress and protraction of their claim.²⁰⁵ Revolving Doors Agency, which supports ex-offenders, told us that having gone through MR, “it is at least possible” that claimants may be satisfied with the process regardless of the outcome. They cautioned, however, that it is equally possible claimants are discouraged from appealing by “the complexity of the process, a lack of access to skilled advice or representation, lack of understanding of their entitlement, fatalism, poor health and fatigue, and so on”.²⁰⁶

66. Mandatory Reconsideration should function as a genuine check, not an administrative hurdle for claimants to clear. Improving the quality of assessments and reports will ensure fewer claimants have to go to MR, but disputes will always happen. The Department deserves credit for a renewed emphasis on MR quality. MR decision making has not always been characterised by thoroughness, consistency and an emphasis on quality, however. Not all claimants who have, perhaps wrongly, been turned down at MR will have had the strength and resources to appeal.

200 Letter from Sarah Newton to the Chair of the Committee, January 2018

201 PCS Union ([PEA0357](#)). See also Parkinsons UK ([PEA0119](#)), Salford Welfare Rights and Debt Advice Service ([PEA0388](#))

202 PCS Union ([PEA0357](#)).

203 Local Support Team Southwark Council ([PEA0099](#)), [Q324–328](#) (Rob Holland, Victoria Holloway, Anna Bird), Citizens Advice Richmond ([PEA0332](#)), Possability People ([PEA0085](#)), Banburyshire Advice Centre ([PEA0020](#)), Scarborough Citizens Advice and District ([PEA0359](#))

204 [Q324–325](#) (Rob Holland and Victoria Holloway), Hammersmith and Fulham Mind ([PEA0041](#)), Oxfordshire Welfare Rights ([PEA0135](#)), Zacchaeus 2000 Trust ([PEA0297](#)), Citizens Advice Lincolnshire ([PEA0367](#)), Revolving Doors Agency ([PEA0277](#)), Greater Manchester Law Centre ([PEA0217](#)), National Deaf Children’s Society ([PEA0402](#)), Inclusion London ([PEA0370](#)), PCS Union ([PEA0357](#)), Citizens Advice Richmond ([PEA0332](#)), Disability Benefits Consortium ([PEA0294](#)), Professor Robert Thomas and Dr Joe Tomlinson ([PEA0122](#)), Understanding Autism North West ([PEA0192](#)), Shine ([PEA0188](#)), City of Wolverhampton Council ([PEA0123](#)), Local Support Team Southwark Council ([PEA0099](#)), Banburyshire Advice Centre ([PEA0020](#)), Mencap ([PEA0398](#))

205 Turn2us ([PEA0392](#)). See also: Parkinson’s UK ([PEA0119](#)), Islington Law Centre ([PEA0397](#)), Spartacus Network ([PEA0358](#)), Revolving Doors Agency ([PEA0227](#)), Rethink Mental Illness ([PEA0405](#)), Epilepsy Action ([PEA0491](#))

206 Revolving Doors Agency ([PEA0227](#))

67. *We recommend the Department review a representative sample of MRs conducted between 2013 and December 2017, when it dropped its aspiration to uphold 80% of MRs, to establish if adverse incorrect decisions were made and, if so, whether there were common factors associated with those decisions. It should set out its findings and any proposed next steps in response to this report.*

Quality control and learning from disputes

68. The Department told us that “a frequent reason for a decision being overturned [at Appeal] is the provision of additional evidence that was not available to the original decision maker [at initial stage or MR]”.²⁰⁷ It substantiated this claim with research from 2012—a year before PIP was introduced—that considered overturned decisions in 28,000 disability-related benefit appeals.²⁰⁸ A reason for overturn was given in 64% of cases. In 23% of those—the second most common reason—the Tribunal made a different decision to the Department based on the same set of facts.²⁰⁹ Some witnesses observed, therefore, that it is frequently not the presence of new evidence that leads to decisions being overturned. Salford Welfare Rights and Debt Advice Service told us that in their experience the most common reasons for disputes being revised is the “correct weighting of pre-existing evidence”. They dismissed the Department’s claim that the “main reasons” for overturn are the provision of new oral or written evidence as “largely nonsense”.²¹⁰

69. By far the most common reason for overturn, however, was oral evidence obtained from the claimant under questioning by the appeal panel. This was the explanation in 63% of cases with a reason attached. It far outweighed cases where additional documentary evidence was provided, which accounted for just 15% of overturned decisions. The research suggested the frequency with which new oral evidence occurs may “reflect differences between DWP and the Tribunal approaches to decision making”.²¹¹ Witnesses told us that the primary difference was the weighting that assessors and Decision Makers accord statements from claimants themselves, as opposed to the interpretations of the assessor.²¹² We also heard repeatedly that while the oral evidence obtained might not have been available to the Decision Maker, this is largely because it was not sought, or not accurately reported by the HCP.²¹³ Some of the contractors appeared to recognise this issue. Capita’s Dr Ian Gargan told us that “we can see where the trends are that make a report unacceptable [...] one of which would be enhanced questioning”. He ventured

207 DWP ([PEA0441](#))

208 DWP, [Social Security and Child Support tribunals: early analysis of appeals allowed from pilot data](#), November 2012

209 DWP, [Social Security and Child Support tribunals](#), p.5

210 DWP ([PEA0441](#)), Salford Welfare Rights and Debt Advice Service ([PEA0388](#)). See also Scope ([PEA0262](#)), RNIB and Thomas Pocklington Trust ([PEA0393](#)), Epilepsy Action ([PEA0491](#)), Macmillan Cancer Support ([PEA0383](#))

211 DWP, [Social Security and Child Support tribunals](#), p.5

212 NHS Health Scotland ([PEA0353](#)), Mind and SAMH ([PEA0421](#)), Professor Robert Thomas and Dr Joe Tomlinson ([PEA0122](#)), Aspire ([PEA0395](#)), Disability Rights UK ([PEA0412](#)), Mencap ([PEA0398](#)), NHS Health Scotland ([PEA0353](#)), Scope ([PEA0262](#))

213 Mencap ([PEA0398](#)), Aspire ([PEA0395](#)), NDCS ([PEA0402](#)), Equal Lives (PEAxx), Professor Robert Thomas and Dr Joe Tomlinson ([PEA0122](#)), Mind and SAMH ([PEA0421](#)), Scope ([PEA0262](#)), Disability Rights UK ([PEA0412](#)), Islington Law ([PEA0397](#)), Free Representation Unit ([PEA0365](#)), Spartacus Network ([PEA0358](#)), Disability Benefits Consortium ([PEA0294](#)), Macmillan Cancer Support ([PEA0383](#))

this might suggest a need for a “cascade of the training” to assessors on less prescriptive questioning.²¹⁴ Continued high overturn rates suggest, however, that actual remedial action has been limited.²¹⁵

70. The Department has few mechanisms for understanding why the “new” oral evidence might not have been available at the initial decision or MR stage. It offered us no explanation for why it often took until appeal for this evidence to come to light. It only explained that this “additional evidence [...] would not have been available to decision makers earlier on in the process”, and that it “does not mean that the original decision was wrong, based on the evidence the Decision-Maker had in front of them”.²¹⁶ We heard this lack of insight is due, in part, to an over-emphasis on the quality of reports in auditing criteria and day-to-day management, at the expense of considering the quality of the assessment as a whole.²¹⁷ It will not be clear—or even detectable—from the report alone if an assessor has omitted to mention something important that a claimant told them because they thought it irrelevant, or failed to ask the right questions to enable them to explain the effects of their condition.²¹⁸ The need for a mechanism to ensure consistency between face-to-face assessments and reports was a further reason, beyond improving trust, why witnesses advocated default recording of assessments.²¹⁹ Paul Gray explained to us this would “massively improve” the Department’s and contractors ability to quality assure assessments, and would have “very beneficial behavioural impacts” on assessors.²²⁰

71. We heard that the narrow focus on quality of reports, as opposed to quality of assessments, is symptomatic of a wider failure in the Department to view PIP and ESA assessments as whole, integrated processes. Witnesses noted that the Department has struggled to learn from overturned decisions at appeal and to feed this learning back to contractors to boost the quality of evidence provided to Decision Makers.²²¹ The Department told us that while it provides “generic” feedback to contractors, there is no “direct linkage” between overturned decisions and contractor HCPs.²²² Contractors confirmed to us that they receive no specific feedback from the Department about reports leading to overturned decisions.²²³ Several witnesses told us the Department should provide this, seeking to understand the specifics of overturned decisions as well as wider lessons. Mencap explained:²²⁴

214 [Q184](#) (Ian Gargan)

215 [Q289](#) (Victoria Holloway), HM Courts and Tribunal Service, [Social security and child support tribunal data, table SSCS.3](#)

216 [Q418](#) (James Wolfe)

217 [Q283–302](#) (Rob Holland, Victoria Holloway, Kayley Hignell). We return to the role of auditing in Chapter 6.

218 Caring for Life ([PEA0259](#)), Citizens Advice Salford ([PEA0394](#)), Islington Law ([PEA0397](#)), Surrey Welfare Rights Unit ([PEA0088](#))

219 Action for ME ([PEA0382](#)), Citizens Advice Norfolk ([PEA0119](#)), Citizens Advice Salford ([PEA0394](#)), Disability Rights UK ([PEA0412](#)), Green Party Northern Ireland ([PEA0390](#)), Halton Housing ([PEA0387](#)), Muscular Dystrophy UK ([PEA0285](#)), National Deaf Children’s Society ([PEA0402](#)), Rethink Mental Illness ([PEA0405](#)), South London and Maudsley NHS Foundation Trust ([PEA0409](#)), Understanding Autism North West ([PEA0192](#)), Welfare Rights Team ([PEA0432](#))

220 [Q349](#) (Paul Gray). See also [Q50–52](#) (Amanda Browning, Yolanda Barker, Susan Lithman-Romeo), [Q67–87](#) (Kayleigh Nor-val, David Bryceland) Equal Lives (PEAxx), Roma Support Group ([PEA0337](#)), Headway ([PEA0330](#)), Community Trade Union ([PEA0318](#)), Motor Neurone Disease Association ([PEA0283](#))

221 MS Society ([PEA0443](#)), Inclusion London ([PEA0370](#)), NHS Health Scotland ([PEA0353](#)), Welfare Rights and Money Advice Service ([PEA0293](#)), MND Association ([PEA0283](#)), Social Security Advisers Suffolk ([PEA0272](#)), North Wales Regional Cross Party Autism Group ([PEA0381](#))

222 DWP ([PEA0449](#))

223 Capita ([PEA0456](#)), Atos ([PEA0447](#)), [Q241](#) (Leslie Wolfe)

224 [Q309](#) (Rob Holland)

The auditing process needs to take into consideration those assessments that went all the way through to appeal and were overturned in favour of the claimants, and the contractors need to understand why that happened, which part of the process failed [...] There needs to be a feedback loop from what happens to appeals to inform contractors.

Kayley Hignell, Head of Policy at Citizens Advice, told us that such feedback should not only be included in audit criteria, but in the “day-to-day and case-by-case” communication between contractors, the Department, and stakeholders who work with claimants on disputed decisions. We heard, however, that current stakeholder arrangements are not set up to facilitate this kind of feedback. Kayley Hignell explained that although Citizens Advice and others meet with contractors.²²⁵

The way it is set up is more like, “We are telling you what has happened”, rather than, “Let us have a conversation about how we can improve mental health assessments”, for example.

She added that the Department frequently does not attend feedback sessions.²²⁶ Organisations such as Citizens Advice, which will have vital insights into weaknesses with the assessment process, are therefore cut out of the loop. This happens despite the Department actively encouraging claimants to contact such organisations if they experience difficulties with their claims.²²⁷

72. The Department argues that the high rate of decisions overturned at Appeal is driven by the emergence of new evidence that was not available at initial or MR stage. It has displayed a lack of determination in exploring why it takes until that stage for evidence to come to light. In almost half of cases the “new evidence” presented was oral evidence from claimants. It is difficult to understand why this information was not, or could not have been elicited and reported by the assessor. The Department’s argument does not absolve it of responsibility. Its feedback to and quality control over contractors is weak. Addressing these fundamental shortcomings would not only ensure a fairer system for claimants. It would also reduce the cost to the public purse of correcting poor decision-making further down the line.

73. *The Department must learn from overturned decisions at Appeal in a much more systematic and consistent fashion. We recommend it uses recording of assessments to start auditing and quality assuring the whole assessment process. When a decision is overturned, the Department should also ensure that the HCP who carried out the initial assessment is identified and that an individual review of how the assessment was carried out is conducted. Given what we know about reasons for overturn, this should focus on improving questioning techniques and ensuring claimants’ statements are given due weight. We also recommend the Department lead regular feedback meetings with contractors and organisations that support claimants. These should keep the Department informed of emerging concerns and ensure that swift action is taken to rectify them.*

225 [Q289](#) (Kayley Hignell)

226 [Q289](#) (Kayley Hignell)

227 Appointment and decision letters seen by Committee

6 Incentives and contracting

74. The Department uses contractors to assess PIP and ESA claimants on the grounds of efficiency and providing objective, independent assessments. Consulting on PIP in 2010, the Department argued that the benefit it replaced, Disability Living Allowance (DLA), had become “unsustainable” in caseload and cost, that it was “not well understood”, and there was “no process to check that awards remain correct”.²²⁸ The Department intended PIP to be “easier to understand” and “more transparent” for claimants, and easier and more efficient for DWP to administer.²²⁹ The assessment process was a means of achieving these objectives. DLA awards were determined by self-assessment. PIP, however, would offer “an objective assessment of individual need” by a health professional.²³⁰ The intention behind contracting out the Work Capability Assessment for the ESA, replacing Incapacity Benefit in 2008, was similar. It was intended to “modernise the processes so that the system is more efficient and the number of appeals is minimised”.²³¹

The PIP and ESA contracts

75. The original contract for ESA, with Atos, was due to run from 2008 to 2015. Atos negotiated an early exit from the contract in 2014. The circumstances leading to the exit were somewhat contested. The former Minister told our predecessor Committee that the loss of public confidence in Atos meant the Department viewed an early exit as preferable, but Atos blamed the “very toxic” environment their staff had been working in and concerns about the financial viability of the contract.²³² Maximus’s contract began in 2014. They have delivered all ESA assessments since 2015, under a new three year contract. This new contract allowed for an extension of up to two years, which has since been exercised. It now runs to early 2020.²³³ The estimated value of the contract at the outset, up to 2018, was £595 million.²³⁴

76. The PIP contracts began in 2012, with service delivery starting from 2013. There are three separate contracts or “lots”, covering different parts of the country. Lot 2, held by Capita, covers Wales and the Midlands, comprising approximately 23% of assessments. Lots 1 and 3, held by Atos, cover the rest of England and Scotland. Like the ESA contracts, the PIP contracts were initially due to finish in 2018. They also allowed for the possibility of contract extension of up to two years. This has been exercised, and the contracts are now due to finish in mid-2019.²³⁵ The combined estimated original value of the PIP contracts, from 2012 to mid-2017, was £512 million.²³⁶

Contract structures and actual costs

77. Both sets of contracts are based on the volume of assessments conducted. The amount paid to the contractors depends on the number of assessments carried out, with higher fees

228 DWP, [Disability Living Allowance reform executive summary](#), December 2010, p.3

229 DWP, [Personal Independence Payment policy briefing note \(delivery\)](#), May 2011, p1; DWP, [Disability Living Allowance reform](#), Cm 7984, December 2010, p.31

230 DWP, [Disability Living Allowance reform](#), p.4

231 DWP, [A new deal for welfare: empowering people to work](#), Cm 6730, January 2006

232 DWP, [Employment Support and Work Capability Assessments](#), p.29

233 [Q379](#) (Janet Smethurst)

234 NAO, [Contracted out health and disability assessments](#), p.14

235 [Q379](#) (Janet Smethurst)

236 NAO, [Contracted out health and disability assessments](#), p.14

paid for face-to-face assessments compared to those conducted in other ways (for example, paper-based assessments). Owing to this, the actual amounts paid to each contractor can vary substantially from the original valuation. The Department told us that up to March 2017, Maximus had been paid £291 million to carry out ESA assessments—much less than the original estimated contract value. Atos and Capita, on the other hand, had received a combined total of £678 million—£166 million more than the original contract value.²³⁷

78. Although both contracts are based on the volume of assessments carried out, they differ in how the amount paid per assessment is calculated. Maximus’s contract has a target cost per assessment. If Maximus conduct assessments at below this target cost, they are eligible to receive an extra payment from the money saved by the Department. If their costs rise above the target cost, they have to pay a penalty. This arrangement—known as “pain share/gain share”—incentivises Maximus to keep their costs down. The earlier-let PIP contracts do not contain such an incentive. Capita and Atos instead receive a fixed price for each assessment, varied if the total volume of assessments they carry out each month is outside specified boundaries.²³⁸

79. Each contract also allows the Department to make deductions—“service credits”—from its payments to contractors if they fail to meet targets for turning around assessments, customer service, and report quality.²³⁹ The amount that can be deducted monthly is capped. Service credits are the Department’s main financial lever for managing contractor performance. The Department can use discretion in deciding whether or not to apply them in the event of below standard performance. It might choose not to if, for example, it is concerned that doing so would mitigate against the contractor being able to take action to fix poor performance. Its use of service credits throughout the contracts has varied. The NAO noted in 2016 that the Department appeared “to have applied service credits with fewer exceptions and better enforced available financial levers” in recent months.²⁴⁰

80. The costs of assessing claimants for PIP and ESA go beyond the costs of the contracts themselves. The Department also incurs costs carrying out MRs and going to appeal.²⁴¹ It supplied us with estimated unit costs of:²⁴²

- £55 per PIP MR for new applicants and £38 for PIP MR applicants undergoing reassessments. This suggests a total of £31.4 million has been spent on PIP MRs since 2013.²⁴³
- £211 per PIP Appeal for new applicants and £93 per PIP Appeal for applicants undergoing reassessment. The Tribunal Service and Department do not break down appeal data by new/reassessed claim.²⁴⁴

237 DWP ([PEA0539](#))

238 NAO, [Contracted out health and disability assessments](#), p.37

239 NAO, [Contracted out health and disability assessments](#), p.31

240 NAO, [Contracted out health and disability assessments](#), p.31

241 The Department explained that the unit costs for appeal and MR are direct operational costs only; total costs will also include management costs and overheads. See DWP ([PEA0539](#)).

242 DWP, [Work and Pensions Committee PIP and ESA Assessments inquiry: supporting statistics](#), January 2018, table 24

243 Since 2013 there have been 352,000 new applicant MRs and 317,000 reassessment MRs. DWP, [Personal Independence Payment: official statistics](#).

244 DWP, [PIP and ESA Assessments inquiry: supporting statistics](#), table 24

- £54 per ESA MR, a total of £14.0 million, and £83 per ESA appeal, a cost of £4.4 million.

The Department also told us it will recruit 150 new Presenting Officers, split between PIP and ESA, to represent the Department at Appeal and to “provide valuable insight into why decisions can be overturned”.²⁴⁵ DWP staff at the grade of Presenting Officers are paid an average of £25,631 per year.²⁴⁶

81. The legal process of disputing decisions incurs further costs. The Ministry of Justice (MoJ) estimated that in 2015/16, the average unit cost to the Tribunal Service of a PIP or ESA appeal was £543.²⁴⁷ This unit cost is dependent on a range of factors, including the complexity of cases. The MoJ noted that average unit cost has risen sharply in recent years, driven by an increase in PIP appeals which require more members on the tribunal panel. In 2015/16, the total cost of PIP and ESA appeals to the MoJ alone—exclusive of DWP costs—was £103 million.²⁴⁸

Quality targets

82. The Department has struggled throughout the current PIP and ESA contracts to ensure that reports are of sufficient quality to enable accurate decision-making.²⁴⁹ In recent years, it has changed its approach to quality auditing PIP reports in an attempt to bring them consistently up to standard. Since February 2016, it has operated an independent audit process, whereby a controlled random sample of HCP reports from each provider “lot” are audited each month.²⁵⁰ In addition to Departmental auditing, PIP contractors are required to conduct their own, internal quality auditing. This includes auditing 100% of new assessors’ reports until they have reached a certain standard and “regular” review of new assessor reports thereafter. Contractors should also audit an “appropriate proportion” of HCP reports every three months, and conduct targeted audits if evidence of on-going problems with specific assessors becomes clear.²⁵¹ The Department suggests contractors may use the same criteria as it uses in independent audits for their own, internal auditing.

83. The Department’s quality auditing assesses reports in four areas:²⁵²

- i) Opinion: the extent to which the HCPs descriptor choices and advice on prognosis are reliable and well-supported by all the available evidence;
- ii) Information gathering: whether the HCP has sought out appropriate information, including from observations, examinations and the claimant’s history;
- iii) Further evidence: whether appropriate supporting evidence has been sought and referenced;
- iv) Process: whether reports conform to professional standards, for example by being free of spelling or grammar errors and not using excessive jargon.

245 DWP (PEA0441)

246 DWP (PEA0539)

247 [Letter from Dominic Raab, Minister of State for Justice, re PIP and ESA appeals, 29 November 2017](#)

248 [Letter from Dominic Raab, p.3](#)

249 Public Accounts Committee, [Contracted out health and disability assessments](#), 33rd Report of Session 2015–15, HC 727, March 2016 p.3

250 DWP (PEA0449)

251 DWP, [PIP Assessment guide: part three](#), p.135

252 DWP, [PIP Assessment guide: part three](#), p.137–139

In each area, reports can be judged “Acceptable” or “Unacceptable”. “Acceptable” contains three sub-categories that denote the extent to which the report is accurate and error-free:²⁵³

- Fully “Acceptable” reports contain robust, clinically accurate, well-reasoned and well-written conclusions throughout, referencing all of the relevant evidence;
- “Acceptable - HP Learning Required” reports contain some weaknesses. Their use of further evidence may be “incomplete”, for example, with “important evidence not sought or insufficient attempt to gather it”;
- “Acceptable - Report amendment required” means the report contains more serious errors, but not ones that are likely to affect the overall award made. For example, the opinion offered could be “clinically improbable such that descriptor choice is highly unlikely”.

Reports are generally considered “unacceptable” if they would either cause a Decision Maker to be unable to make a decision, or if they would lead them to make the wrong award.

84. A similar process is in place for ESA reports. The Department operates an independent audit process, based on a controlled random sample. Maximus has its own internal auditing in place to complement this. New entrants have 100% of their reports audited until they have attained a sufficient, consistent standard. Thereafter reports are audited on a random basis, or if issues with quality or productivity come to light.²⁵⁴ Maximus HCP’s reports are graded from A to C. Maximus told us that key requirements include ensuring assessment reports are “legible and in plain English” and that “the advice provided is fully justified and medically logical”.²⁵⁵

85. The PIP contracts set targets for contractors to deliver fewer than 3% “Unacceptable” reports. Neither PIP contractor has met the 3% target to date in any rolling three month period.²⁵⁶ The Department told us, however, that it has implemented a “range of activities” that have delivered “substantial improvement” since the NAO reported concerns about quality in January 2016.²⁵⁷ Officials further claimed that “year on year”, all providers have improved their quality standards.²⁵⁸ The implementation of the independent audit in February 2016 did coincide with apparently substantial improvements in some contract lots—notably Capita’s, where up to 56% of reports had been graded “unacceptable” in rolling three month periods prior to that point (see figures 2 and 3).²⁵⁹ Contractors have struggled to achieve steady and sustained improvements, however. Both Capita and Atos have seen increases in the proportion of reports graded “Unacceptable” in recent months.

253 DWP, [PIP Assessment guide: part three](#), p.137–139

254 Maximus, [Integrated quality audit system process guide](#), June 2017, pp.12–14

255 Maximus ([PEA0446](#))

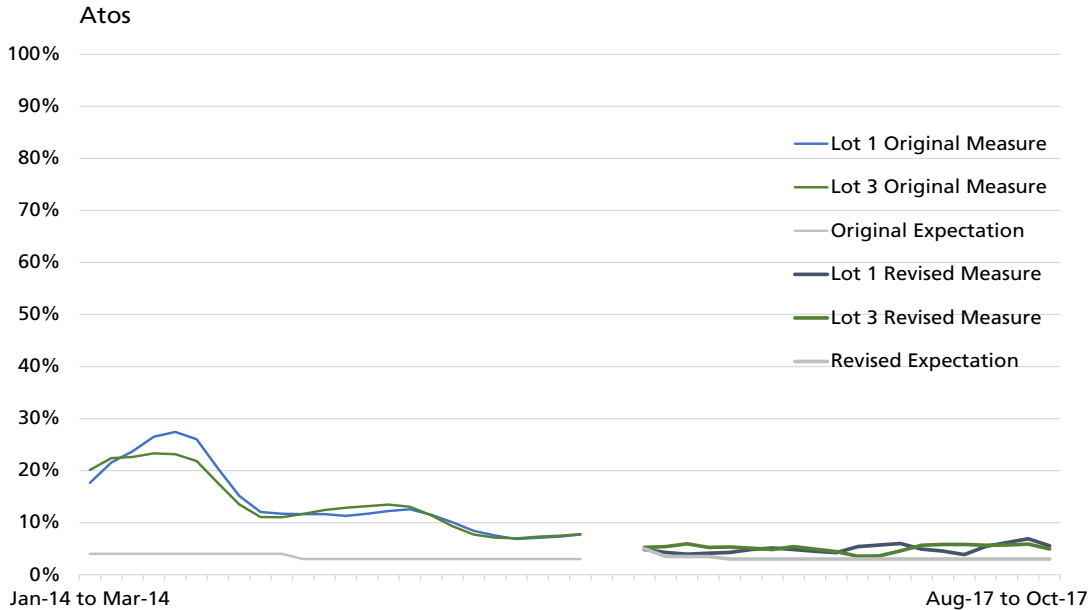
256 [PIP and ESA Assessments inquiry: supporting statistics](#), table 22; [Q188–190](#) (Dr Barry McKillop and Dr Ian Gargan). Atos’s lowest proportion of Unacceptable reports is 4.3%, and Capita’s is 3.5%.

257 DWP ([PEA0449](#))

258 [Q378](#) (Sarah Newton), Letter from Sarah Newton to Chair of Committee, February 2018

259 Prior to February 2016, Capita and Atos reports were also graded “A”, “B” and “C”. In February 2015-May 2015, between 50% and 56% of Capita’s reports each month were graded “C” on three month rolling averages. DWP, [PIP and ESA Assessments inquiry: supporting statistics](#), table 22

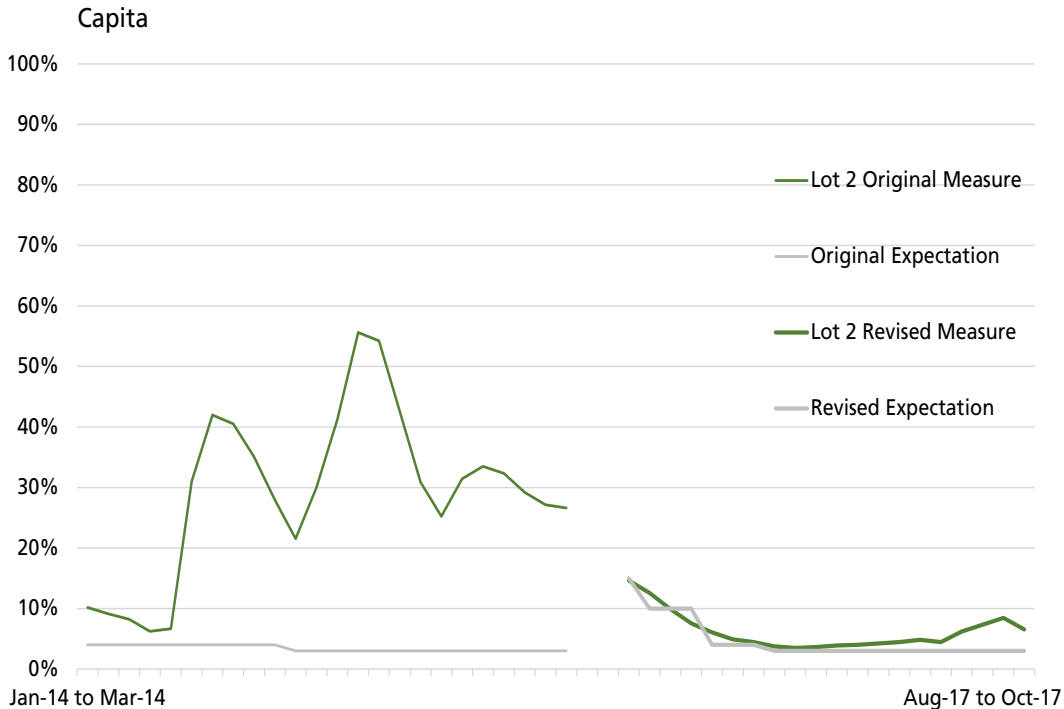
Figure 2: Three month rolling average of percentage of reports graded "unacceptable" (Atos):



Source: [PIP and ESA Assessments inquiry: supporting statistics](#)

Break in series represents a change of audit methodology

Figure 3: Three month rolling average of percentage of reports graded "unacceptable" (Capita)

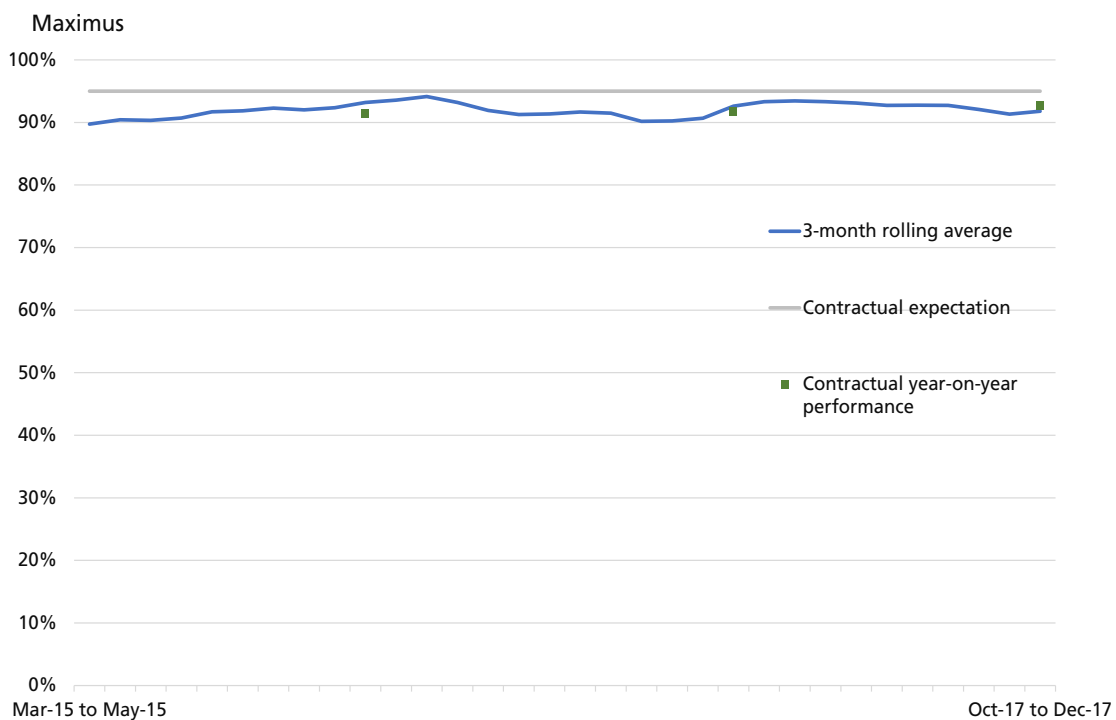


Source: [PIP and ESA Assessments inquiry: supporting statistics](#)

Break in series represents a change of audit methodology

86. Maximus is required to deliver 70% of reports at A grade, and 95% at either A or B grade (ie. fewer than 5% at C-grade).²⁶⁰ It, too, has struggled to meet all of its contractual targets. Maximus told us that it has exceeded targets for reports at A grade in each month of the contract since it replaced Atos. It has never met the target of fewer than 5% of reports at grade C (see Figure 4).²⁶¹ Again, however, the Department informed us that performance has improved in each contract year.²⁶² Maximus told us it continues “to work with the Department to determine how we can continue to improve”.²⁶³ Missing quality targets has led to fines (service credits) of £86 million being payable by the current contractors over the last four years.²⁶⁴

Figure 4: Maximus three month rolling average of the percentage of reports meeting the required standard



Source: [PIP and ESA Assessments inquiry: supporting statistics](#)

87. **The Department’s quality standards for PIP and ESA set a low bar for what are considered acceptable reports. The definition of “acceptable” leaves ample room for reports to be riddled with obvious errors and omissions. Despite this, all three contractors have failed to meet key performance targets in any given period. It is difficult not to conclude that this regime contributes to a lack of confidence amongst claimants.**

260 DWP ([PEA0449](#))

261 [Q249–250](#) (Leslie Wolf/Paul Williams). DWP, [PIP and ESA Assessments inquiry: supporting statistics](#), table 23. The closest it has come is 6.4%.

262 DWP ([PEA0449](#))

263 Maximus ([PEA0446](#))

264 Letter from Sarah Newton MP to Committee Chair, 8 January 2018

88. The Department’s use of contractual levers to improve performance has not led to consistent improvements in assessment quality, especially in relation to PIP. Large sums of money have been paid to contractors despite quality targets having been universally missed.

The future of PIP and ESA contracting

89. The termination of a contract—and transition to a new one—is an important stage in the contract life cycle.²⁶⁵ The National Audit Office (NAO) noted risks to future contract stability and value for money if “renewal is left too late or the transition is badly handled”. Transition may also offer an “opportunity to learn from the experience of previous contracts”.²⁶⁶ The NAO suggested that differences between the earlier-let PIP contracts and the later ESA contract with Maximus indicated the Department had learned lessons about the way it manages contracts while they are running. Its approach to transition, however, had been weaker.²⁶⁷ The transition between ESA providers, for example:²⁶⁸

Was only six months earlier than the planned end date of the original contract. Despite this, the Department had done limited preparatory work for contract transition.

90. This had led to missed opportunities to improve contracting arrangements. In particular, the Department continued to rely on a largely reactive approach to managing contractors’ performance.²⁶⁹ The NAO noted this was likely to be insufficient to overcome “problems arising from how contracts were set up”.²⁷⁰ It identified particular weaknesses in the Department’s ability to challenge contractors’ operating assumptions, leading to unexpected costs.²⁷¹ It also suggested the Department had tended to develop targets for contractors without sufficient evidence to know whether these were set correctly.²⁷² The NAO recommended, therefore, that the Department needed to allow more time to prepare for future transitions, and to improve the quality and rigour of preparatory work that it undertakes.²⁷³ Both the PIP and ESA contracts have already been extended as far as permitted under their original terms. They will come to an end in 2019/20, limiting the time the Department has to prepare.

91. We heard that the Department must have from the outset of its preparations a clear sense of what it wants to achieve from contracting. Witnesses told us that rebuilding claimant trust must be at the heart of its approach.²⁷⁴ This will necessitate a much stronger emphasis on quality, using expert evidence, and ensuring reports and assessments are

265 NAO, [Commercial and contract management: insights and emerging best practice](#), November 2016, p.74

266 NAO, [Contracted out health and disability assessments](#), p.31

267 NAO, [Contracted out health and disability assessments](#), p.35

268 NAO, [Contracted out health and disability assessments](#), p.35

269 NAO, [Contracted out health and disability assessments](#), p.37

270 NAO, [Contracted out health and disability assessments](#), p.36

271 NAO, [Contracted out health and disability assessments](#), p.35

272 NAO, [Contracted out health and disability assessments](#), p.38–39

273 NAO, [Contracted out health and disability assessments](#), p.35

274 Citizens Advice Sheffield ([PEA0247](#)), Disability Agenda Scotland ([PEA0414](#)), Green Party Northern Ireland ([PEA0390](#)), Headway ([PEA0330](#)), Mencap ([PEA0398](#)), National AIDS Trust ([PEA0371](#)), RNIB and RNIB and Thomas Pocklington Trust ([PEA0393](#)), Start Ability Services and the Association of Disabled Professionals ([PEA0336](#)), Shaw Trust ([PEA0424](#))

more frequently error-free than is currently the case. To evaluate effectively prospective contractors' ability to deliver its intentions, the Department will need a strong understanding, drawn from its experience and detailed preparatory work, of the costs of providing a good quality assessment.²⁷⁵ These include the volume of face-to-face and paper-based assessments it expects to provide, set alongside the costs of assessor training, gathering and analysing written evidence, providing home visits as needed. It will also include the costs of implementing more thorough internal quality auditing, alongside audio or video recording to enable this.

92. Once it has established what it wants from contractors, the Department must also consider whether there is a truly competitive market to provide future contracts. The Department told us its early tendering work suggested “there are a number of suppliers who [...] will bid for these contracts when they go out”.²⁷⁶ The NAO noted in 2016, however, that the Department had seen “limited improvement in market interest” up to that point.²⁷⁷ It is unclear how a renewed emphasis on quality, perhaps with consequential effects on volume of assessments, would affect profitability and market interest. Continued negative perceptions of assessments increase the reputational risk to contractors, which may further damage market interest. Reputational factors were, for example, a factor in Atos's departure from the ESA contract.²⁷⁸ Insufficient competition for the contracts brings a danger that they will be poor value for money, or that contractors will become complacent.²⁷⁹

93. The Scottish Government is due to take responsibility for PIP assessments in Scotland from 2020, under the terms of the Scotland Act.²⁸⁰ We heard it has already begun extensive preparatory work.²⁸¹ Jeane Freeman MSP, Scottish Minister for Social Security, told us about her Government's plans to make much greater use of existing medical and social care evidence to assess eligibility. In turn, it hoped to reduce substantially the number of face-to-face assessments, limiting these to claimants who are unwilling to give access to their health records. Assessments that do take place will be carried out by public sector health and social care professionals, including specialists where possible.²⁸² Jeane Freeman explained that a key tenet of Scotland's approach is that assessments will not be carried out by private sector contractors. This is because the Scottish assessment system aims to emphasise “standards and quality rather than case volumes”.²⁸³ The Scottish Government has concluded that carrying out assessments according to this approach is incompatible with the “necessary and understandable profit motive” of private companies.²⁸⁴

94. The PIP and ESA contracts are drawing to a close. In both cases, the decision to contract out assessments in the first instance was driven by a perceived need to introduce efficient, consistent and objective tests for benefit eligibility. It is hard to see how these objectives have been met. None of the providers has ever hit the quality performance targets required of them, and many claimants experience a great deal of

275 NAO, [Contracted out health and disability assessments](#), p.40

276 [Q383](#) (Janet Smethurst)

277 NAO, [Contracted out health and disability assessments](#), p.40

278 DWP, [Employment Support and Work Capability Assessments](#), p.29

279 NAO, [Commercial and contract management](#), p.73

280 Scottish Government, [Social Security \(Scotland\) Bill policy position paper: Disability Assistance and Employment Injury Assistance](#), October 2017

281 [Q331–337](#) (Jeane Freeman)

282 [Q333–334](#) (Jeane Freeman)

283 Scottish Government, [Disability Assistance and Employment Injury Assistance](#), p.3

284 Scottish [Parliament, 7 September 2017](#), Q2

anxiety over assessments. The Department will need to consider whether the market is capable of delivering assessments at the required level and of rebuilding claimant trust. If it cannot—as already floundering market interest may suggest—the Department may well conclude assessments are better delivered in house.

Conclusions and recommendations

The importance of trust

1. For most claimants, PIP and ESA assessments go smoothly. But in a sizeable minority of cases, things go very wrong indeed. For at least 290,000 claimants of PIP and ESA—6% of all those assessed—the right decision on entitlement was not made first time. Those cases, set alongside other problems throughout the application and assessment process, fuel a lack of trust amongst claimants of both benefits. The consequences—human and financial—can be enormous. Our recommendations aim to correct the worst of these problems and rebuild claimant trust. Properly implemented, they will bring real improvements for claimants going through the system now and in the near future. The question of whether a more fundamental overhaul of welfare support for disabled people is necessary remains open. We do not intend this to be the end of our work on PIP and ESA. (Paragraph 12)

Before the assessment

2. Applying for PIP or ESA can be daunting. The Department has so far only made limited efforts to provide support and guidance in a variety of clear, accessible formats. It should not rely on already stretched third sector organisations to explain the Department's own processes. A concerted effort from the Department to help with applications would be both reassuring to claimants, and of great practical benefit. *We recommend the Department co-design, with expert stakeholders, guidance in a range of accessible formats on filling in forms and preparing for assessment. This should include accessible information on the descriptors for each benefit, to be sent out or signposted alongside application forms. We also recommend the Department makes clear to claimants being reassessed that they should not assume information from their previous assessment will be re-used, and should be prepared to re-submit any supporting evidence already provided.* (Paragraph 18)
3. Many PIP and ESA claimants have multiple health conditions that bring with them severe limitations. Focusing on what they are able to do is a common coping strategy—one that is often incompatible with filling in PIP and ESA application forms. It is impossible to draw a causal link from application to claimant health. The Department should demonstrate, however, that it is alert to the risk to mental health posed by parts of the application processes and seek to offset this. (Paragraph 20)
4. *We recommend that the Department commission and publish independent research on the impact of application and assessment for PIP and ESA on claimant health. This should focus initially on improvements to the application forms, identifying how they can be made more claimant-friendly and less distressing for claimants to fill in. The Department should set out a timescale for carrying out this work in response to our Report.* (Paragraph 21)
5. As a result of their health conditions, many PIP and ESA claimants require communications in a specific format. The Department's resistance to meeting even some of the most basic of these needs makes applying for PIP and ESA unnecessarily challenging for some claimants. Its failure to provide a widely-used, accessible

alternative to telephone calls, and Easy Read communications, is extraordinary. *We recommend that the Department enables claimants with hearing impairments to apply for PIP and ESA via email, ensuring this service is appropriately resourced to prevent delays to claims. In the longer term, it should look to offer this option to all claimants. It should also ensure key forms and communications—especially the PIP2, appointment and decision letters—are available in Easy Read format, allowing claimants to register this as a communication preference at the start of their claim.* (Paragraph 25)

6. Home visits are an important option for claimants whose health conditions make attending an assessment centre difficult. Contractors interpret the Department's guidance on home visits differently. They take varying approaches to granting them and require different standards of supporting evidence. This leads to inconsistencies between the benefits and between contractors. It can also place additional burdens on claimants and the NHS. (Paragraph 30)
7. *We recommend the Department issue new guidance to PIP and ESA assessors on the procedure for determining whether claimants receive a home visit. This should specify that GP letters are not required where other forms of evidence and substantiation are available. This should include evidence from the claimant, as well as from carers, support workers and other health professionals. To ensure guidance is being followed, we recommend contractors be required to gather evidence and the Department audit requests made and granted for home visits, as well as reasons for refusal.* (Paragraph 31)

The assessment

8. Atos, Capita and Maximus all use a generalist assessor model. They pay no regard to the specialist expertise of individual assessors in assigning cases. They therefore assess claimants with the full gamut of conditions. The success of this model depends on a consistent supply of high quality, relevant expert evidence. There is ongoing confusion amongst claimants and those supporting them alike about what constitutes “good evidence” for functional purposes. *We recommend that the Department sets out in response to this Report its approach to improving understanding amongst health and social care professionals and claimants of what constitutes good evidence for PIP and ESA claims. This should include setting out how it will measure, monitor and report on the supply of evidence into PIP and ESA assessments.* (Paragraph 39)
9. Successive evidence-based reviews conducted on behalf of the Department have identified a pervasive culture of mistrust around PIP and ESA processes. This culminates in fear of the face-to-face assessments. This has implications far beyond the minority of claimants who directly experience poor decision making. It can add to claimant anxiety even among those for whom the process works fairly. While that culture prevails, assessors risk being viewed as, at best lacking in competence and at worst, actively deceitful. Addressing this is a vital step in restoring confidence in PIP and ESA. *The case for improving trust through implementing default audio recording of assessments has been strongly made. We recommend the Department implement this measure for both benefits without delay. In the longer term, the Department should look to provide video recording for all assessments.* (Paragraph 44)

10. Some claimants may be unable or embarrassed to explain the full implications of their condition to their assessor. Companions can help them to articulate these and support claimants during a potentially stressful process. Their role in assessments is vital. The Department's recognition of this in its guidance to contractors is welcome. We are concerned, however, that this guidance is not consistently followed. There is no reference to companions in the Department's auditing or contractor training programmes. That none of the contractors could even reliably tell us how many claimants are accompanied to assessment suggests this is not a priority. (Paragraph 49)
11. *We recommend that the Department develop detailed guidance on the role of companions, including case studies demonstrating when and how to use their evidence. Contractors should also incorporate specific training on companions into their standard assessor training. After implementing default recording of assessments, a sample of assessments where claimants are accompanied should be audited on a regular basis to ensure guidance is being followed.* (Paragraph 50)

The report and initial decision

12. DWP decisions on PIP and ESA claims are often opaque, even when decisions are correctly made. Ensuring claimants can see what is being written about them during assessment, and providing a copy of the assessor's report by default would prove invaluable in helping claimants understand the reasoning behind the Department's decisions. Both steps would increase transparency and ensure claimants are able to make informed decisions about whether to challenge a decision. In turn, many tribunals could be avoided, the workload of Decision Makers at Mandatory Reconsideration reduced, and overall costs lowered. *We recommend the Department proceed without delay in sending a copy of the assessor's report by default to all claimants, alongside their initial decision. We also recommend it issues instructions to contractors on ensuring claimants are able to see what is being written about them during assessment, and allowing their input if they feel this is incorrect or misleading. This should include, for example, emphasising to contractors that rooms should be configured by default to allow the claimant to sit next to the assessor or be able to see their computer screen.* (Paragraph 55)
13. Claimants often go to considerable efforts to collect additional evidence for their claim, providing important information for generalist HCPs. Contractors and the Department should ensure that it is clear to claimants how and when this evidence is used. Without doing so, they will struggle to convince sceptical claimants that the decision on their entitlement to benefits is an informed one. Knowing how their evidence has been used will further empower claimants to understand the Department's decisions, and to decide whether an MR is necessary. (Paragraph 60)
14. *We recommend that the Department introduce a checklist system, requiring HCPs to confirm whether and how they have used each piece of supporting evidence supplied in compiling their report. Decisions not to use particular pieces of evidence should also be noted and justified. This information should be supplied to Decision Makers*

so they can clearly see whether and how supporting evidence has been used, making it easier to query reports with contractors. It should also be supplied to the claimant along with a copy of their report. (Paragraph 61)

Disputed decisions

15. Mandatory Reconsideration should function as a genuine check, not an administrative hurdle for claimants to clear. Improving the quality of assessments and reports will ensure fewer claimants have to go to MR, but disputes will always happen. The Department deserves credit for a renewed emphasis on MR quality. MR decision making has not always been characterised by thoroughness, consistency and an emphasis on quality, however. Not all claimants who have, perhaps wrongly, been turned down at MR will have had the strength and resources to appeal. (Paragraph 66)
16. *We recommend the Department review a representative sample of MRs conducted between 2013 and December 2017, when it dropped its aspiration to uphold 80% of MRs, to establish if adverse incorrect decisions were made and, if so, whether there were common factors associated with those decisions. It should set out its findings and any proposed next steps in response to this report. (Paragraph 67)*
17. The Department argues that the high rate of decisions overturned at appeal is driven by the emergence of new evidence that was not available at initial or MR stage. It has displayed a lack of determination in exploring why it takes until that stage for evidence to come to light. In almost half of cases the “new evidence” presented was oral evidence from claimants. It is difficult to understand why this information was not, or could not have been elicited and reported by the assessor. The Department’s argument does not absolve it of responsibility. Its feedback to and quality control over contractors is weak. Addressing these fundamental shortcomings would not only ensure a fairer system for claimants. It would also reduce the cost to the public purse of correcting poor decision-making further down the line. (Paragraph 72)
18. *The Department must learn from overturned decisions at appeal in a much more systematic and consistent fashion. We recommend it uses recording of assessments to start auditing and quality assuring the whole assessment process. When a decision is overturned, the Department should also ensure that the HCP who carried out the initial assessment is identified and that an individual review of how the assessment was carried out is conducted. Given what we know about reasons for overturn, this should focus on improving questioning techniques and ensuring claimants’ statements are given due weight. We also recommend the Department lead regular feedback meetings with contractors and organisations that support claimants. These should keep the Department informed of emerging concerns and ensure that swift action is taken to rectify them. (Paragraph 73)*

Incentives and contracting

19. The Department’s quality standards for PIP and ESA set a low bar for what are considered acceptable reports. The definition of “acceptable” leaves ample room for reports to be riddled with obvious errors and omissions. Despite this, all three

contractors have failed to meet key performance targets in any given period. It is difficult not to conclude that this regime contributes to a lack of confidence amongst claimants. (Paragraph 87)

20. The Department's use of contractual levers to improve performance has not led to consistent improvements in assessment quality, especially in relation to PIP. Large sums of money have been paid to contractors despite quality targets having been universally missed. (Paragraph 88)
21. The PIP and ESA contracts are drawing to a close. In both cases, the decision to contract out assessments in the first instance was driven by a perceived need to introduce efficient, consistent and objective tests for benefit eligibility. It is hard to see how these objectives have been met. None of the providers has ever hit the quality performance targets required of them, and many claimants experience a great deal of anxiety over assessments. The Department will need to consider whether the market is capable of delivering assessments at the required level and of rebuilding claimant trust. If it cannot—as already floundering market interest may suggest—the Department may well conclude assessments are better delivered in house. (Paragraph 94)

Formal minutes

Wednesday 7 February 2018

Members present:

Rt Hon Frank Field, in the Chair

Heidi Allen	Ruth George
Andrew Bowie	Steve McCabe
Jack Brereton	Chris Stephens
Alex Burghart	

Draft report (*PIP and ESA assessments*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 94 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Seventh Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 21 February at 9.15

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 22 November 2017

Question number

Yolanda Barker, PIP applicant, **Amanda Browning**, PIP and ESA applicant, **Denise Martin**, PIP and ESA applicant, **Natalie McMinn**, PIP and ESA applicant, and **Thomas O'Dell**, PIP and ESA applicant.

[Q1–63](#)

David Bryceland, Project Manager, Oxfordshire Mind, **Gary Edwards**, Manager, Southampton Advice and Representation Centre, **Kayleigh Nor-Val**, Team Leader and Specialist Welfare Benefit Caseworker, Citizens Advice, and **Martin Richards**, Lead Welfare Advisor, Involve Northwest.

[Q64–106](#)

Wednesday 6 December 2017

Simon Freeman, Managing Director, Capita Personal Independence Payments, **Dr Ian Gargan**, Chief Medical Officer, Capita Personal Independence Payments, **David Haley**, Chief Executive, Atos Independent Assessment Services, and **Dr Barrie McKillop**, Clinical Director, Atos Independent Assessment Services.

[Q107–218](#)

Dr Paul Williams, Programme Director, Centre for Health and Disability Assessments (CHDA) MAXIMUS, and **Leslie Wolfe**, General Manager, Global Health, Centre for Health and Disability Assessments (CHDA) MAXIMUS.

[Q219–259](#)

Monday 11 December 2017

Anna Bird, Executive Director, Policy and Research, Scope, **Victoria Holloway**, Public Affairs Manager, Sense and Co-Chair, Disability Benefits Consortium, **Kayley Hignell**, Head of Policy, Citizens Advice, and **Rob Holland**, Public Affairs Manager, Mencap, and Co-Chair, Disability Benefits Consortium.

[Q260–339](#)

Tuesday 20 December 2017

Paul Gray CB, Leader of the Independent Reviews of PIP, Chair of the Social Security Advisory Committee, Department for Work and Pensions, and **Dr Paul Litchfield OBE**, Leader of the 2013 and 2014 Independent Reviews of ESA Work Capability Assessment.

[Q340–358](#)

Sarah Newton MP, Minister for Disabled People, Health and Work, Department for Work and Pensions, **Janice Smethurst**, Director for Contracted Health and Employment Services Directorate, Department for Work and Pensions, and **James Wolfe**, Director for Disability Employment and Support, Department for Work and Pensions

[Q359–440](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

PEA numbers are generated by the evidence processing system and so may not be complete.

- 1 Action For ASD ([PEA0243](#))
- 2 AdvoCard ([PEA0239](#))
- 3 Age UK Bristol ([PEA0233](#))
- 4 Alzheimer's Society ([PEA0290](#))
- 5 Angie Atherton ([PEA0429](#))
- 6 ASLI ([PEA0346](#))
- 7 Aspire ([PEA0395](#))
- 8 ATOS ([PEA0553](#))
- 9 ATOS IAS ([PEA0447](#))
- 10 Auriga Services Ltd ([PEA0284](#))
- 11 Banburyshire Advice Centre ([PEA0020](#))
- 12 Baroness Thomas of Winchester Celia Thomas ([PEA0207](#))
- 13 Bath Mind & Citizens Advice ([PEA0265](#))
- 14 Breakthrough UK Ltd ([PEA0246](#))
- 15 Bristol Mind ([PEA0202](#))
- 16 British Psychological Society ([PEA0379](#))
- 17 C Bennett ([PEA0289](#))
- 18 Capita ([PEA0456](#))
- 19 Capita ([PEA0547](#))
- 20 Caring For Life ([PEA0259](#))
- 21 Central and South Sussex Citizens Advice ([PEA0197](#))
- 22 Christine Ferrin ([PEA0153](#))
- 23 Christopher Hooper ([PEA0430](#))
- 24 Circle Housing ([PEA0267](#))
- 25 Citizens Advice ([PEA0369](#))
- 26 Citizens Advice Camden ([PEA0278](#))
- 27 Citizens Advice Eastbourne ([PEA0478](#))
- 28 Citizens Advice North Lincolnshire ([PEA0367](#))
- 29 Citizens Advice Richmond ([PEA0332](#))
- 30 Citizens Advice Sheffield ([PEA0279](#))
- 31 City of Wolverhampton Council ([PEA0123](#))
- 32 CLIC Sargent ([PEA0292](#))
- 33 Community union ([PEA0318](#))

- 34 Coventry Citizens Advice ([PEA0360](#))
- 35 Cystic Fibrosis Trust ([PEA0425](#))
- 36 Deaflink North East ([PEA0040](#))
- 37 Department for Work and Pensions ([PEA0441](#))
- 38 Department for Work and Pensions ([PEA0539](#))
- 39 Department for Work and Pensions ([PEA0499](#))
- 40 Disability Agenda Scotland ([PEA0414](#))
- 41 Disability Benefits Consortium ([PEA0294](#))
- 42 Disability Equality Scotland ([PEA0341](#))
- 43 Disability News Service ([PEA0103](#))
- 44 Dosh Financial Advocacy ([PEA0225](#))
- 45 Dr Heather Lister ([PEA0045](#))
- 46 Dundee North Law Centre ([PEA0269](#))
- 47 Dundee West Church ([PEA0029](#))
- 48 Epilepsy Action ([PEA0386](#))
- 49 Epilepsy Action ([PEA0491](#))
- 50 Equal Lives ([PEA0351](#))
- 51 Equity Trade Union (Welfare benefit advice service) ([PEA0364](#))
- 52 Francis Murphy ([PEA0054](#))
- 53 GEOFFREY GEOFFREY REYNOLDS ([PEA0147](#))
- 54 Greater Manchester Law Centre ([PEA0217](#))
- 55 Green Party N Ireland ([PEA0390](#))
- 56 Halton Housing ([PEA0387](#))
- 57 Hammersmith & Fulham Mind ([PEA0041](#))
- 58 Hannah McLennan ([PEA0487](#))
- 59 Headway - the brain injury association ([PEA0330](#))
- 60 Helen Bamber Foundation ([PEA0308](#))
- 61 Helen Brownlie ([PEA0141](#))
- 62 Helen Knowles ([PEA0161](#))
- 63 Henry Foulds ([PEA0129](#))
- 64 Inclusion London ([PEA0370](#))
- 65 Involve Northwest ([PEA0472](#))
- 66 Isle of Wight Citizens Advice ([PEA0304](#))
- 67 Islington Law ([PEA0397](#))
- 68 Jane Perry ([PEA0408](#))
- 69 Jenny White ([PEA0435](#))
- 70 Kathryn Alderman ([PEA0159](#))
- 71 Kidney Care UK ([PEA0296](#))

- 72 Lee Johnson ([PEA0274](#))
- 73 Leonard Cheshire Disability ([PEA0334](#))
- 74 Professor Robert Thomas and Dr Joe Tomlinson ([PEA0122](#))
- 75 Local Support Team Southwark Council ([PEA0099](#))
- 76 MacMillian Cancer Support ([PEA0383](#))
- 77 Making Every Adult Matter (MEAM) ([PEA0366](#))
- 78 Manchester Mind ([PEA0343](#))
- 79 Mark Lucas ([PEA0442](#))
- 80 MAXIMUS ([PEA0528](#))
- 81 MAXIMUS ([PEA0532](#))
- 82 MAXIMUS ([PEA0534](#))
- 83 MAXIMUS CHDA ([PEA0446](#))
- 84 Merton Centre for Independent Living ([PEA0335](#))
- 85 Michelle Deburiatte ([PEA0437](#))
- 86 Mind and SAMH ([PEA0421](#))
- 87 Miss Kerry Jones ([PEA0247](#))
- 88 Miss Leah Starling ([PEA0280](#))
- 89 Mo Stewart ([PEA0052](#))
- 90 Motor Neurone Disease Association ([PEA0283](#))
- 91 MP Louise Haigh ([PEA0431](#))
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