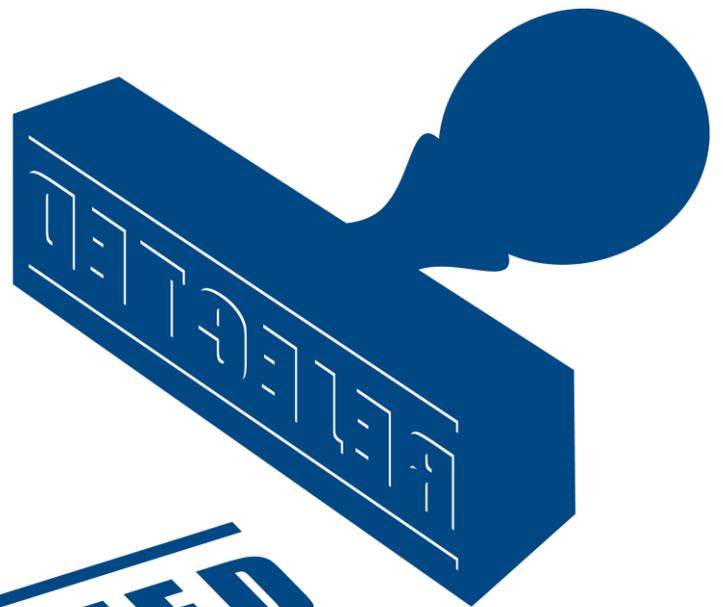


Reform PIP: Reasons and Recommendations

Issues with Personal
Independence
Payment Applications
in Oxford and
Recommendations for
Improvement



REJECTED

**citizens
advice**

Oxford

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Executive Summary

Personal Independence Payment (PIP) was introduced in April 2013 for people aged 16 to 64 years, replacing Disability Living Allowance (DLA) for adults. PIP is by far the benefit with which our clients have the most difficulties. There has been an 86% increase from last year in the number of clients coming to us with PIP related issues, with 642 clients coming in compared to 346 the year before.

Too often, the DWP are not getting the initial decision of PIP entitlement right. By the end of July 2019, over 1.36 million people had asked for Mandatory Reconsiderations (under normal rules), of which 270,000 (21%) MR decisions led to a change in award (DWP, September 2019). By the end of the last financial year, 404,960 appeals have been received by the HM Courts and Tribunals Service, with 104,564 in the last financial year. Between April and June 2019, **75%** of those who appealed had their decisions overturned at tribunal (Ministry of Justice, 2019). This is four percentage points higher than April to June in the previous year.

Drawing together national statistics and our work with clients in Oxford has revealed issues relating to initial decisions – specifically, inaccurate assessments submitted by private health professionals and inadequate handling of further evidence – and to the Mandatory Reconsideration and Appeals processes.

Based on the information collated in this report and our ongoing experience in Oxford, our recommendations are as follows:

1. The DWP to circulate a clear ‘checklist’ of medical evidence that it will accept from claimants, and state clearly what evidence claimants will need to pay for and/or obtain for themselves.
2. Government policy to change so that being refused for PIP is not automatically grounds for other benefits being stopped, or reassessments for other benefits triggered, particularly if the PIP claim is in the process of Mandatory Reconsideration or Appeal.
3. Individuals with mental health conditions and severe physical disabilities to have access to specialist support throughout their application, paid for by the DWP.
4. The DWP to fully accept all recommendations from the second independent review conducted by Gray (2017), specifically this means fully accepting the recommendations related to claimant trust and transparency, report write-ups and quality auditing (see recommendations 4,8 and 9 in the Appendix for details).
5. The DWP to implement all recommendations from the second independent review. This includes giving sufficient weight to evidence from carers.
6. The DWP to produce an annual report stating progress on meeting recommendations from the second independent Review of PIP (Gray, 2017) and from the Work and Pensions Committee (February 2018).

About Us

Citizens Advice is a network of 280 independent charities throughout the United Kingdom that give free, confidential information and advice to assist people with money, legal, consumer and other problems. We help people to live and work, and campaign on big issues when their voices need to be heard. Citizens Advice Oxford covers the city of Oxford, and anyone who lives or works in Oxford can come to us for advice.

About this Report

This report draws together publicly available, national information with case studies from Citizens Advice Oxford. In light of the issues raised, the report concludes with a number of key recommendations for improving the PIP application process which would also significantly improve the quality of life of many people in Oxford and thousands across the country.

Introduction

What is PIP?

PIP was introduced for new claims in April 2013, replacing Disability Living Allowance (DLA) for people of working age. Personal Independence Payment (PIP) is a benefit for people with a long-term health condition or impairment, whether physical, sensory, mental, cognitive, intellectual, or any combination of these (DWP, June 2019). According to the Department for Work and Pensions, it is paid “to make a contribution to the extra costs that disabled people may face, to help them lead full, active and independent lives” (ibid). PIP is tax free and not means tested so you can receive it whether you’re working or not. However, you must have lived in England, Scotland or Wales for at least 2 of the last 3 years and be in one of these countries when you apply.

To receive PIP, you must have a health condition or disability where you have had difficulties with daily living or getting around (or both) for 3 months and expect these difficulties to continue for at least 9 months (unless you’re terminally ill with less than 6 months to live). PIP has a ‘daily living component’ (for extra everyday costs not relating to mobility) and a ‘mobility component’ (for extra everyday costs relating to mobility) that can be paid separately or together. Current weekly rates for each can be seen in the table below.

Table 1. Daily Living Component and Mobility Component Weekly Rates for 2019/20.

Daily living component		Mobility component	
Enhanced rate	£87.65	Enhanced rate	£61.20
Standard rate	£58.70	Standard rate	£23.20

How is PIP assessed?

The Department for Work and Pensions is responsible for handling claims for PIP and making decisions on entitlement to PIP. However, contracted assessment providers play a key part in this process. **Atos Healthcare** holds the contracts for undertaking assessments in Northern England and Scotland; and in London and Southern England. **Capita Business Services Ltd** holds the contracts covering Wales and Central England.

The assessment looks at the person's ability to undertake 12 different activities: 10 relate to the "daily living" component and 2 relate to the **mobility** component.

Daily Living (10 activities):

- preparing food
- taking nutrition
- managing therapy or monitoring a health condition
- washing and bathing
- managing toilet needs or incontinence
- dressing and undressing
- communicating verbally
- reading and understanding signs, symbols and words
- engaging with other people face to face
- making budgeting decisions

Mobility (2 activities):

- planning and following journeys
- moving around

For each activity there is a series of "descriptors" which define increasing levels of difficulty carrying out the activity (and therefore higher levels of need). Claimants will be allocated a descriptor (and score) for each activity in the assessment. The total scores for all of the activities related to each component are then added together to determine entitlement for that component. The entitlement threshold for each component is 8 points for the "standard" rate and 12 points for the "enhanced rate." Further information on the PIP assessment and how it should be applied is given in the DWP's [PIP assessment guide](#) (updated June 2019).

Once the assessment provider has submitted the report to the DWP, the DWP decision maker will decide whether an individual is entitled to PIP and if so, the level of award and the length of any award. According to the *PIP Handbook*, the decision maker will make a decision based on all the available evidence, such as:

- the report from the assessment provider
- the 'How your disability affects you' form
- any additional evidence that the claimant has provided, or
- further evidence that the assessment provider has given

How can PIP decisions be challenged?

When the DWP Case Manager has made their decision on entitlement to PIP, a letter is sent to the applicant which should set out the reasons for the decision, and the points awarded for each descriptor.

If an individual seeks to challenge a PIP decision, they must first request that the DWP undertakes a Mandatory Reconsideration (MR) of the decision. This must normally be within one calendar month of the decision date. Following receipt of the MR request, a separate DWP Case Manager will look at the decision, along with any additional evidence or information that has been provided, to decide if the decision is fair and consistent with the evidence.

The claimant is sent a Mandatory Reconsideration Notice (MRN) disclosing the outcome, and of their right to appeal against the decision to an independent First-Tier Tribunal. If the claimant is still unhappy with the decision and wishes to challenge it further, they must lodge an appeal directly with HM Courts and Tribunals Service. An appeal can only be lodged once the Mandatory Reconsideration Notice has been received. The time limit for lodging an appeal is one month from the date of the MRN. Late appeals may be accepted if the Tribunal considers it would be fair and just to do so, but there is an absolute time limit of 12 months from the end of the normal one-month time limit.

HM Courts and Tribunals Service booklet SSCS1A, [How to Appeal Against a Decision Made by the Department for Work and Pensions](#) gives an overview of the appeals process and what happens at each stage.

A History of PIP

The *Welfare Reform Act 2012* provides the legislative framework for Personal Independence Payment (PIP). The 2010 Government believed that Personal Independence Payment would have certain advantages over Disability Living Allowance:

- It would target support more closely on those most in need of support
- It would be more responsive as claimants' circumstances change
- It would be based on a fairer, more transparent and consistent assessment of need
- It would be easier for claimants, DWP staff and disability organisations to understand.

From the outset, the Government also made it clear that a key aim for the new benefit was the need to make savings by “reducing working-age expenditure to 2009/10 levels in real terms – £11.8 billion” by 2015/16 (HMG, 2011, pg3). However, in its latest January 2019 Welfare trends report, the Office for Budget Responsibility (OBR) observes however that while the Coalition Government assumed initially that PIP would ultimately cost 20% less than DLA would have done, by 2017-18 it was in fact costing around 15-20% *more*, with roll-out only around two-thirds complete.

PIP came into force in April 2013, when the DWP started taking new claims to PIP in parts of the North of England. From 10th June 2013, this was extended to cover all parts of Great Britain¹. From this date, the DWP no longer accepted new claims to DLA from people aged 16 to 64. From October 2013, the DLA started re-assessing existing claimants of DLA for PIP.

As mandated by the 2012 Welfare Reform Act, there have been two independent reviews of PIP. Paul Gray, chair of the Social Security Advisory Committee (SSAC), was appointed by the Minister of State for Disabled People to lead both reviews. His first report, published in December 2014, found that the PIP process gave a “disjointed experience for claimants” (Gray, 2014. pg4). In his second review, published in March 2017, Gray noted that the rollout of PIP “is less advanced than envisaged when Parliament set the timetable for the reviews in 2012” (Gray, 2017, pg 3). However, he writes that “some progress has been made in putting my recommendations into effect. 14 recommendations were included in each report under three main themes: improving the claimant experience, further evidence, and the effectiveness of the assessment. The government submitted responses to both reviews. See appendix for more information.

However, the government’s progress on many of these recommendations is unclear. For example, in response to a letter from Helen Whately MP, the Disabilities Ministers wrote that a pilot study had been completed and that “the implementation of audio recording may potentially be delivered, subject to a further feasibility assessments” (January 2018). From information available in the public domain, it seems that this feasibility assessment is yet to be undertaken.

On 7th February 2018, The Work and Pensions Committee published a report on Personal Independence Payment (PIP) and Employment Support Allowance (ESA) assessments. The Committee said that failings in the assessment and decision-making processes for PIP and for ESA had resulted in the “pervasive lack of trust” that risked undermining the entire operation of both benefits. It set out a series of recommendations including:

- recording face to face assessments and providing a record and a copy of the assessor's report to claimants;
- measures to improve understanding about what constitutes good evidence to support PIP and ESA claim, and ensuring assessors use evidence effectively;
- improving the accessibility of the process at every stage, from the application form, to information about home visits and about accessing reconsiderations and appeals; and
- improving contractor performance through more effective use of contractual “levers” and ensuring assessors are given feedback, including from the appeals process.

The Government responded to the Committee’s report on 23rd April 2018 and made a number of commitments, including the following:

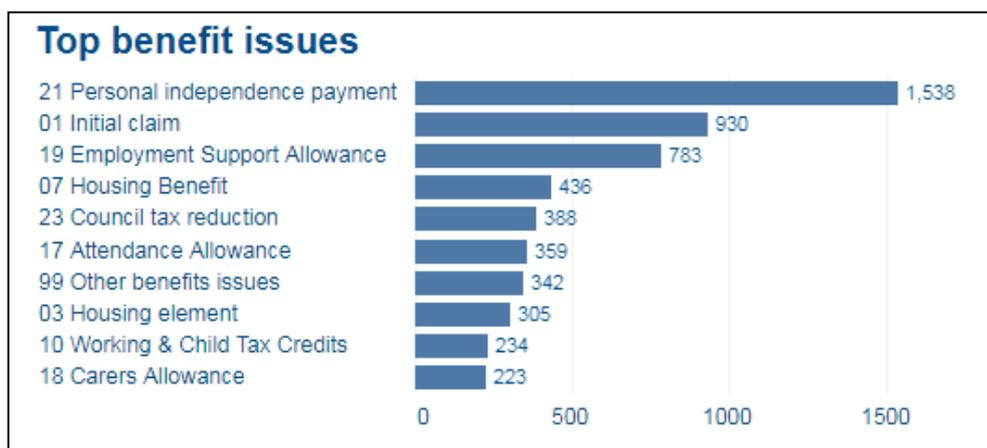
¹ The situation is different in Northern Ireland; PIP was introduced in Northern Ireland on 20th June 2016.

- Producing an Easy Read version of the notes which accompany the PIP “How your disability affects you” form.
- Launching a series of videos which outline the PIP claim process in a simple and clear way, and explain the types of relevant information that are useful in support of a claim, in order to better prepare claimants for an assessment. The PIP assessment providers also supply information to claimants ahead of their assessment appointment via their websites and direct mail sent to the claimant.
- Addressing improvements to application forms by commissioning external research to identify whether, how and what aspects of the PIP (and ESA) claim forms could have the potential to cause distress; revising and amending the forms in light of these findings; and testing the revised forms with applicants to determine if improvements made result in the forms being more claimant-friendly and less likely to cause distress. This work would commence in summer 2018.
- Working closely with the PIP assessment providers around requests for home visits to ensure their processes align with guidance and claimant needs are being met.
- Working with PIP providers to enhance GP engagement – all providers to foster a greater level of engagement and source information from a broader range of health and social care professionals.
- Pilot enhancements to the PIP telephony script to remind claimants to submit medical evidence and the types of evidence that are useful.
- The Department recognises that the complexity and potential costs of recording makes it difficult for claimants of PIP.

PIP in Oxford

Personal Independence Payment (PIP) is by far the benefit with which our clients have the most difficulties. There has been an 86% increase from last year in the number of clients coming to us with PIP related issues, with 642 clients coming in compared to 346 the year before. 17% of these clients had specific concerns related to the Mandatory Reconsideration and Appeals of PIP decisions.

Figure 1: Top benefit issues at Citizens Advice Oxford (2018-2019)



Issues

1) Issues with Initial Decisions

Inaccurate assessments

The Coalition Government said that the assessment for Personal Independence Payment was intended to provide “a more holistic assessment of the impact of a health condition on an individual’s ability to participate in everyday life.” However, from our experience in Oxford, the PIP assessments (undertaken by independent health professionals) are often felt to produce inaccurate reports of a claimant’s state of health and do not cater for those with fluctuating or less ‘visible’ illnesses – particularly mental illnesses.

Disability Rights UK surveyed 1,700 people who had undergone the assessment and found that 62% either disagreed or strongly disagreed that their Health Professional understood their disability or health condition. Even according to governmental figures, the current assessment providers are failing to produce assessments of acceptable quality. Between March and December 2017, only 70% of Atos² reports were deemed acceptable by the Department for Work and Pensions without any changes or feedback.

Further, the 2018 Work and Pensions Committee report on ESA and PIP assessments stated: “None of the providers has ever hit the quality performance targets required of them.” The report thus concludes that “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...the Department may well conclude assessments are better delivered in house”. However, just months later, in June 2018, the then minister for disabled people, Sarah Newton, announced that the government was extending the Atos and Capita PIP contracts by a further two years, to July 2021.

² Independent Assessment Services – formerly called Atos- are responsible for PIP assessments in Oxford.



Phil's Story

One of our clients, Phil, a 57 year old, had been refused PIP and came in for advice on the appeals process. When Phil was a teenager, he suffered a serious road traffic accident which left him with a traumatic brain injury. Since the accident, Phil has lived with epilepsy, which he controls with medication. Phil has significant memory and concentration problems as well as bowel and bladder issues. This injury affects his everyday life and he relies greatly on his wife who is also his carer.

Amongst the reasons given for refusing Phil's application for PIP, it was said that he demonstrated good memory and cognition at his Health Assessment because he was able to provide his medical history. It was also said that Phil engaged well with the assessor because he maintained "good eye contact" with the assessor – a factor which the Health Professional said undermined his claim that he struggled to interact with people. Phil needs assistance with most of his daily tasks, and this was not reflected in the DWP's report. Previously, Phil was on the highest rate of Disability Living Allowance (DLA) for his care needs and the lower rate for mobility. His need for care had only increased since being on DLA, but this was not reflected at all in the DWP's decision.

What this shows

The Health Professional shows a lack of understanding of Phil's condition. Being able to make eye contact with the assessor does not mean that an individual does not suffer from social anxiety or other mental health related issues. Phil had experienced situations where the police had been called as what he had said had been misinterpreted as a threat but he was not able to diffuse the situation as he could not communicate effectively. Furthermore, being able to recall your medical history is not a good assessment of whether or not you have memory issues. Phil is not able to take his medications himself; they must be given to him by his wife as he cannot recall what he should take them. He is also unable to leave the house unaided to go places as he will not be able to remember the route unless it is one he has gone on several times. Furthermore, the questions asked were highly superficial and did not actually gather much information from which an accurate assessment of an individual could be made. We have seen assessors that are physiotherapists and not qualified or trained enough to spot signs of health issues that may not be as obvious as the questions asked. Furthermore, had other medical evidence been taken into account, a more accurate assessment of Phil's condition would have been possible.

Inadequate Handling of Further Evidence

As already stated, DWP decisions are based on the following:

- the report from the assessment provider
- the 'How your disability affects you' form
- additional evidence that the claimant has provided
- any further evidence that the assessment provider has given.

However, there is a lack of clarity and transparency as to the weight awarded to each. In our experience, DWP decisions do not give enough weight to evidence beyond the report submitted by the assessment provider. The Work and Pensions Committee 2018 report on PIP and ESA assessments states that PIP assessments are functional and that 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” (2018: 32). Thus, even if all reports submitted by assessment providers were of sufficient quality, it is still problematic to make a decision heavily based on an assessment which is not designed to understand an individual’s medical condition.

From our experience in Oxford, inaccurate decisions are often taken because PIP assessments are often taken as too much of a ‘snapshot’ into a claimant’s disability, without due regard for further medical evidence. The use of ‘further evidence’ is at the discretion of the Health Professional. The *PIP assessment guide* updated by the DWP in June this year states in section 1.4 that:

- “Additional evidence from professionals supporting the claimant should be sought where the HP feels it would help to inform their advice to DWP. The circumstances where obtaining further evidence may be appropriate include (but are not limited to):
- where HPs feel that further evidence will allow them to offer robust advice without the need for a face-to-face consultation – for example, because the addition of key evidence will negate the need for a consultation
- where they feel that a consultation may be unhelpful because the claimant lacks insight into their condition
- where claimants have progressive or fluctuating conditions
- where they consider that a consultation is likely to still be needed but further evidence will improve the quality of the advice provided to DWP – for example, because the existing evidence lacks detail or is contradictory or to corroborate other evidence
- where, in reassessment cases, further evidence may confirm whether or not there has been a change in the claimant’s health condition or disability.”

Not only does leaving the gathering of further evidence to the discretion of the Health Professional allow for inconsistency in the amount obtained and used, but there is also a lack of clarity in DWP’s own advice about what additional evidence should be provided by individuals applying for PIP. The DWP’s *PIP Handbook* tells people applying for PIP that “they do not need to ask for other documents which might slow down the claim or for which they might be charged a fee – for example, from a GP. If we need this evidence, we will ask for it ourselves.”

(DWP, December 2018). However, the DWP often does not contact a GP for further evidence, exacerbating the problem of inaccurate assessments which are thus afforded greater weight.

Issues related to inaccurate assessments and the lack of regard for further medical evidence help to explain why many DWP decisions are overturned by appeals. Despite DWP attempts to improve the quality of assessments- for example an independent audit process introduced in 2016- the number of appeals which overturn their decisions are extremely high and show no sign of improvement. In the 2018 financial year, **73% of those who appealed had their decisions overturned in their favour at tribunal** (Ministry of Justice, June 2019). Most recent statistics show that in the **first quarter of the 2019 financial year, this figure increased to 75%** (Ministry of Justice, September 2019).

2) Issues with Challenging DWP Decisions

The Mandatory Reconsideration and Appeal processes can be extremely difficult for people due to the wider financial implications and the length of these processes.

According to the DWP (September 2019), between April 2013 and March 2019, there were 3.3 million initial decisions following a PIP assessment and nearly seven in ten (68%) were awarded some level of PIP. However, by the end of July 2019, over 1.36 million Mandatory Reconsiderations had been registered against normal rules claims. Of these, 59% related to new claims, and 41% to reassessed DLA claims. (763,000 new claims and 544,000 reassessed DLA claims), of which 270,000 (21%) MR decisions led to a change in award.

Furthermore, since April 2013, 404,960 appeals have been received by the HM Courts and Tribunals Service. 104,564 of these appeals were received in the last financial year.

Financial Year	Personal Independence Payment
2013/14	1,017
2014/15	20,899
2015/16	61,529
2016/17	104,205
2017/18	112,746
2018/19	104,564
Total	404,960

Source: Ministry of Justice (September 2019)

In the 2018 financial year, PIP made up over half (52%) of 44,000 appeal applications related to Social Security and Child Support (SSCS) payments received between April and June 2019 (Ministry of Justice, September 2019). PIP also made up over half (55%) of all SSCS cases considered by tribunal, “a proportion that has been steadily rising over the last year.” Between April and June 2019, **75% of those who appealed had their decisions overturned at tribunal** (ibid).

The wider financial implications of the PIP application process

The PIP application process can place an unmanageable financial burden on claimants. There is not only the burden of not receiving PIP payments during the appeals process, but when PIP applications are refused, other benefits - legacy or current- may be affected. Whilst payments can be backdated after a successful appeal, in the meantime individuals are left struggling to get by.



John's Story

John is a 41-year-old with epilepsy, a bone condition and poor memory. John had brain surgery and rang the DWP for a review of his PIP. He scored 0 points in his Health Assessment and his PIP was stopped in September 2017. John had not returned to work and had additionally suffered from depression and vertigo as a result of his operation. John's mandatory reconsideration application did not overturn the original decision, despite the fact that he had made submissions concerning his mental health issues and the worsening state of general health. The client had been finding it hard to walk and attend the office for his appointments as his arthritis had flared up and medication did little to reduce the pain. During the Appeals stage, John was informed that he owed the DWP more than £700 in overpayments. This occurred because when John's PIP was stopped, he was no longer entitled to the tax credits he had been receiving. At this point John was already under great financial strain and both he and his wife were struggling to get by. John managed to apply to have the tax credit recovery put on hold until the outcome of his PIP Mandatory Reconsideration request was known. The decision was not overturned at Mandatory Reconsideration; one of the reasons being that he had been in a 'people facing' job and so was able to mix well with people. This did not take into account John's medical conditions and current state. On appeal to the upper tribunal, John received 22 points. The overpayments in tax credits were written off as his payments were backdated.

What this shows

This case study demonstrates the wider financial implications of an incorrect initial PIP decision. When the decision made by the DWP doesn't accurately reflect an individual's needs, having other benefits impacted creates a dire situation for the client who should be receiving financial support. It also creates fear among those applying under PIP that they will lose all other benefits which they should be entitled to if the PIP assessment does not go their way.

The length of the Mandatory Reconsideration and Appeals processes

The process of applying for PIP- from initial claim to Mandatory Reconsideration and Appeal- is long and can negatively impact the health of individuals waiting for an outcome.



Case Study 3

Lily's Story

Lily suffers from a number of mental health issues and was recognised by Citizens Advice as vulnerable. She had particular issues with any form of high-pressure environments, aggression and men which had stemmed from a previous traumatic ordeal. Lily had previously applied for ESA and found her medical assessment very distressing which made her apprehensive for her PIP one. Lily was initially granted PIP at the standard rate for both DLA and mobility. Lily felt as though her situation had not been assessed properly so applied for Mandatory Reconsideration. Lily's Mandatory Reconsideration came back with the result unchanged. Following this decision, Lily expressed having felt suicidal. Citizens Advice Oxford assisted Lily in submitting an appeal by paper as Lily felt it would be too traumatic to attend the tribunal in person. The appeal was eventually successful, and Lily received enhanced DLA and mobility PIP. However, the change in outcome cannot change the negative impacts on Lily's mental health and shows that they need not have occurred.

What this shows

It is important for PIP applications to be handled with care, precision and accuracy because of the potential damaging impact it can have on claimants' health. Lily already suffered from mental health issues but these got worse during her application for PIP. The result of the appeal demonstrates that the negative impact on Lily's mental health need not have occurred; there were a number of stages before appeal that changes could have occurred. This case thus shows how the length of the appeals process and cooperation needed from the client can cause great (and unnecessary) strain on a claimants' already poor mental and/or physical health.

It is worth noting that that the average time taken for DWP to process and make an initial decision on new and reassessed claims has decreased significantly since 2014. In July 2019, for new claims under normal rules, the average PIP claim in Great Britain took 16 weeks from the point of registration to a decision being made. For reassessed claims the wait was 13 weeks. These times have reduced significantly from their peaks in 2014 (42 weeks and 32 weeks respectively). However, these times do not account for waiting times of Mandatory Reconsideration and Appeals, which in our experience can last many months.

Official figures from the DWP state that by the end of July 2019, over 1.36 million Mandatory Reconsiderations had been registered against normal rules claims, of which 270,000 (21%) MR decisions led to a change in award (DWP, September 2019). In July 2019, the median MR clearance time reached an all-time high of 69 calendar days (70 days for new claims and 65 days for reassessed DLA claims), up from 32 days the same month the previous year (ibid).

Ministry of Justice figures show that between January and March 2019, the average length of the appeals process was 31 weeks and 29 weeks between April and June 2019. This excludes the process of Mandatory Reconsideration necessary before an appeal can be lodged. The length of the Mandatory Reconsideration and Appeals processes, exacerbated by the wider financial implications, places a strain on a claimant's already poor mental and/or physical health. This also reiterates the importance of the DWP getting the decision right the first time.

Conclusion

The volume and severity of difficulties encountered by clients at Citizens Advice Oxford in applying for PIP reveal major issues in the current implementation. This includes problems with the quality of the assessment submitted by the health professional and regard for further evidence during the initial decision, as well as the Mandatory Reconsideration and Appeals of PIP decisions. The issues highlighted in this report have been considered to produce recommendations that could help to alleviate the situation in which many PIP claimants find themselves in, both locally in Oxford and on a national scale. The DWP can help thousands of people by making sure that they get the decision right the first time. PIP should be about improving claimants' quality of life and equipping them with resources to make a positive difference to their future – not causing further emotional, financial and/or physical turmoil.

Recommendations

Based on the information collated in this report and our ongoing experience in Oxford, our recommendations, are as follows:

1. The DWP to fully accept all recommendations from the second independent review conducted by Gray (2017), specifically this means fully accepting the recommendations related to claimant trust and transparency, report write-ups and quality auditing (see recommendations 4,8 and 9 in the Appendix for details).
2. The DWP to implement all recommendations from the second independent review. This includes giving sufficient weight to evidence from carers.
3. The DWP to produce an annual report stating progress on meeting recommendations from the second independent Review of PIP (Gray, 2017) and from the Work and Pensions Committee (February 2018).

4. The DWP to circulate a clear 'checklist' of medical evidence that it will accept from claimants, and state clearly what evidence claimants will need to pay for and/or obtain for themselves.
5. Government policy to change so that being refused for PIP is not automatically grounds for other benefits being stopped, or reassessments for other benefits triggered, particularly if the PIP claim is in the process of Mandatory Reconsideration or Appeal.
 - a. Current claimants of legacy benefits should be able to continue receiving payments while their PIP application process is ongoing.
 - b. Claimants who are not receiving legacy benefits should have some recourse to funding while the Mandatory Reconsideration or Appeal of their PIP decision is ongoing, to avoid severe financial hardship.
6. Individuals with mental health conditions and severe physical disabilities to have access to specialist support throughout their application, paid for by the DWP.

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Appendix.

Item 1. First Independent Review of PIP (December 2014)

The First Reviews' 14 recommendations are as follows:

“In the short-term

1. Revise external communications with claimants so that they understand what to expect at the assessment and to reinforce claimant rights and responsibilities
 - a. Redesign the structure and content of decision letters; and
 - b. Review case manager training and guidance to strengthen decision letter writing skills and make sure quality checks take place.
2. Take action to begin a sustained programme to build better working relationships between case managers and health professionals
3. Ensure assessment provider assessment rooms are configured so that the assessor and the claimant sit at a 90 degree angle

In the medium-term

4. Maximise the use of more proactive communications with claimants throughout the claims process for example greater use of outbound SMS messages
5. Ensure that the policy intent for award review arrangements is being met and that guidance reflects this; and that decision letters provide a clear explanation of the rationale for review timings in individual cases (not using the language of ‘interventions’)

In the longer-term

6. Review the PIP claims process, adopting a design that maximises the opportunities presented by greater use of digital and other technologies and can be implemented in a phased and progressive way, which:
 - a. gives high priority to the introduction of a mechanism, such as an online portal, that allows claimants to track the status of their claim
 - b. moves away from a ‘one size fits all’ model for the claims process and supports a more tailored approach based on the needs of claimants
 - c. uses contact with the claimant to identify what information and evidence may already be available to support the claim
 - d. makes the claimant journey more integrated under common branding.” (p. 77-78)

In February 2015, the Secretary of State for Work and Pensions published a response to the review, in which they fully accepted 7 of the 8 short-term recommendations and promised to later respond to 6 of the medium/long term recommendations. A second response was

published in November 2015 in which they accepted 5 of the 6 medium/long term recommendations proposed by Gray.

Item 2. Second Independent Review of PIP (March 2017)

The Second Reviews' 14 recommendations are as follows:

1. "The Department simplify and better co-ordinate communication products to provide a clear explanation of user responsibilities and ensure accessibility for all. This should include the use of digital media to provide claimants with real examples of what functional information they should submit as part of their claim.
2. The Department makes clear that the responsibility to provide Further Evidence lies primarily with the claimant and that they should not assume the Department will contact health care professionals.
3. The Department ensures that evidence of carers is given sufficient weight in the assessment.
4. The transparency of decision making is improved with claimants being provided with the assessment report with their decision letter. In the longer term, offer audio recording of the assessment as the default with the option for the claimant to opt out.
5. Assessments should begin with gathering a functional instead of a medical history. Options for confirming the medical history in advance of the assessment should be explored to ensure that the assessment has a more functional focus and there is sufficient time to explore functional impacts in sufficient detail.
6. Health Professionals to be given more time to consider the evidence provided with a claim before the assessment begins.
7. Assessment Providers and the Department to work to implement a system where evidence is followed up after the assessment where useful evidence has been identified and may offer further relevant insight. Particular priority should be given to information that is likely to be functional in nature.
8. The write up of reports to be completed directly after the assessment except in specified circumstances.
9. Audit, assurance and quality improvement activity should be focused on the quality of the assessment as well as the quality of the report. This should be supported by the audio recording of assessments and increased direct observations of assessments.
10. The Department to broaden the audit process to include the initial review stage and also explore how to include Case Manager activity in an end-to-end audit process.
11. The Department and Assessment Providers introduce consistency checks across a variety of metrics, including "deep dives" on cases with similar outcomes, as part of the regular management of the service.
12. The Department should undertake and publish further research on the operation of PIP, in particular covering the consistency of outcomes, the effectiveness of Award Reviews and the effectiveness of the Mandatory Reconsideration process.

13. The Department re-emphasises and ensures that employment will not disadvantage claimants when they seek to claim PIP and explores ways in which PIP may be an enabler in improving employment retention.
14. In the longer term, the Department should develop a joined up digital journey which includes an online facility for both claimants and external Health Professionals to upload documentary evidence securely” (Gray, March 2017, pg 11-12³).

In December 2017, the Secretary of State for Work and Pensions published a response to the second independent review. The DWP fully accepted eleven of the recommendations but only partially accepted recommendations related to claimant trust and transparency (4), report write-ups (8) and quality auditing (9).

³ Emphasis added

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