

Rt Hon Frank Field MP  
Chair  
Work and Pensions Select Committee  
14 Tothill Street  
London  
SW1H 9NB

18 December 2017

Dear Mr Field

### **Personal Independence Payment (PIP) and Employment Support Allowance (ESA) Assessments Inquiry**

Thank you for your letter dated 11 December following Independent Assessment Services' (IAS) evidence session on 6 December to the Committee. Please find to follow responses to queries raised during the session.

1. A template for requesting medical evidence on behalf of claimants is attached in the accompanying file with this letter. Please note the template an example of a Factual Report sent to a Claimant's GP and/or other Medical Professional's out with a primary care setting e.g. Consultant. The content of both templates is DWP owned. The template shared whilst current is also unchanged from the commencement of the PIP service in 2013.
2. Up until 1 December 2017 we did not hold data on the number of claimants who attend their assessments accompanied by a companion or family member. However, from since 1 December 2017 and the introduction of a change to our online Assessment Report, we can report that we have 14,756 completed forms and 12,558 of those Claimants were accompanied, equating to 85.1%.

In terms of when a claimant is advised that bringing a companion is both possible and encouraged, it is contained within their appointment letter, within our '*Information about your PIP Assessment*' leaflet which accompanies an appointment letter as well as on our [website](#). Copies of our current and previous appointment letter and the leaflet mentioned are attached with this letter.

3. Details below show the number of PIP normal rules cases completed from contract start to November 2017 month end on an annual basis. This is broken down into how many people were assessed by paper-based review, how many by face-to-face consultation in a consultation centre and how many by face-to-face consultation in their home.

	Paper Based Review	PBR %	Consultation Centre	CC%	Home Consultation	HC %
<b>2013 (Apr - Dec)</b>	2,264	9.2%	20,596	83.9%	1,684	6.9%
<b>2014</b>	46,468	20.0%	154,074	66.2%	32,036	13.8%
<b>2015</b>	93,673	18.9%	334,745	67.6%	66,791	13.5%
<b>2016</b>	131,291	17.9%	495,563	67.6%	106,468	14.5%
<b>2017 (Jan - Nov)</b>	100,566	14.2%	494,235	69.7%	114,252	16.1%

- a. As documented in the evidence we submitted to the Committee on 21 April (resupplied for ease), subject to certain conditions, DWP gives Assessment Providers the ability to decide on either home consultation or Consultation Centre routing if a face-to-face assessment is required. We consider whether a home consultation is necessary where a claimant indicates that they are unfit to travel to a consultation in a location other than their home.

When a home consultation is requested considerations are reviewed by our Health Professionals in line with details given in the DWP's PIP Assessment Guide (p.47 section 2.7.20). In each case the evidence is reviewed and Health Professionals always have the opportunity to discuss cases with colleagues. Our HPs all receive detailed training specifically on assessing those with mental health conditions and have the opportunity if specifically required, to discuss cases with Mental Function Champions. This group are experts within the team who are available to all our health professionals to offer additional guidance and support when needed.

We also provide details of the process for requesting a home consultation on our [website](#).

Since 2014 we have steadily increased the number and proportion of home consultations we have arranged for claimants responding to their requests, working with medical professionals or those involved with their care to gain details.

4. Response relates to posed questions 4a, 4b and 4c.

We recognise that numerous measures are required to provide an assessment of the highest quality. We require that HPs are asking the right questions, in the right way and they are approaching the assessment in an objective and transparent way. During 2017 we have significantly increased the number of observations of assessments by our clinical support leads. We have also welcomed doctors from DWP who are undertaking regular random observations of assessments.

We use feedback from these to inform future communications, guidance and Continuous Professional Development training.

As documented in the evidence we submitted to the Committee on 21 April, we have rigorous processes in place to monitor the work of our HPs and to performance manage and support them where needed. If through our audit processes an HP's performance requires further attention, the first element of our performance management regime applies, with a Support Action Plan to support HPs in some areas of their practice if areas have been identified as needing extra coaching. Its purpose is to provide a dedicated plan to address areas for development, with clear improvement goals that they need to achieve.

HPs begin on a 100% supportive audit regime during which time feedback is given on cases allowing the HP and their manager to develop a better understanding in areas where support may be required. Subsequent audits are checked and the HP is updated regularly of progress as well as if further support is needed. The process involves 30 reports being audited and if the HP requires further support following this, a Quality Support Action Plan (QSAP) is developed. A quality measurement is in place to review the report quality during the required period of time. If an improvement in performance is not achieved then this can lead to further performance management and HR disciplinary procedures being instigated, which can ultimately lead to dismissal.

The HR data stored in our HR Systems does not allow us to search on quality and accuracy of assessments as reasons as to why HPs have been dismissed, disciplined or subject to performance management.

d. Referrals to Professional bodies

Since the beginning of PIP in April 2013, six HP performance cases, whilst being investigated through our own stringent HR disciplinary procedures, were also reported, in parallel, to their own governing body.

One former employee who has been through this process and been removed from the Nursing register.

5. Since the start of the contract in 2013 we have received 18,093 complaints which equates to 0.69% of our PIP clearances, details per year are listed below.

Year	Complaints received	Complaints as a % of total annual clearances
2013	558	1.4%
2014	3,554	1.1%
2015	3,442	0.5%
2016	5,834	0.7%
2017 (up to the end of November)	4,705	0.6%

6. We report staff turnover to DWP on a rolling 12 monthly basis. This is based on an industry standardised method calculated based on the total number of leavers in the past 12 months, out of the average headcount. Figures are only available from 2014 to 2017 based

on a full year's staff turnover. Details for 2013 which was, at the time, focused on recruitment and service commencement, are not recorded.

12 month period	Average Headcount	Total Leavers	Turnover
January - December 2014	379	106	27.97%
January - December 2015	803	298	37.11%
January - December 2016	1,114	369	33.11%
December 16 - November 2017	1,255	410	32.67%

7. The only available data we capture in relation to Further Evidence (FE) is requested and returned GP Factual Reports, Hospital Factual Reports and DS1500 (terminal illness) reports as detailed below.

2013	2014	2015	2016	2017 (Jan - Sept)
% FE Returned	% FE Returned	% FE Returned	% FE Returned	% FE Returned
15.6%	54.0%	59.3%	62.7%	57.2%

At our initial case review stage, as well as writing out to GPs, other medical professionals, or contacts involved in a person's care e.g. a support worker, HPs regularly make telephone contact with these professionals in order to source detail faster, or to obtain more specific information relevant to a particular aspect of the Claimant's condition.

Typically HPs scrutinizing cases will assess who from the list of named health professionals (e.g. Community Psychiatric Nurse), support teams or appointees requested on a Claimant's PIP 2 form will be able to provide the most current information on the claimant's function.

For example, a Claimant may list a Talking Therapist and an Occupational Therapist on their form. The reviewing HP is likely to make contact with the Occupational Therapist first as they are likely to have a good understanding of the claimant's daily living whereas the Talking Therapist may be a secondary contact who can elaborate on topics potentially around anxiety or depression.

All information whether from a medical or non-medical professional is very useful to our teams, giving them first-hand accounts which they use to build a picture, applying their clinical expertise to the oral evidence received to be able to write a fair, accurate and objective report.

The detail is then used to complete a paper based review where possible, provide more evidence to the assessing HP at a face-to-face consultation, or to gather detail which would suggest a home consultation will be appropriate.

Details of the telephone conversation and verbal evidence collected from medical and non-medical professionals are captured within a claimant's electronic case notes, however there is no formal management information collated.

As mentioned in our recent evidence on 20 November 2017, in a recent sample, on average three to four calls were made to endeavour to make contact with a medical professional compared to one single written request for information. Whilst we wait for call-backs from medical professionals or contacts we also, in parallel, write out to them seeking the detail. On average the response time for further evidence is three to four weeks.

8. IAS Health Professionals are not paid, nor have they ever been paid, a bonus or any other incentive for compiling reports that could lead to a claimant being denied PIP.

We help DWP to understand how a person's health condition or disability affects their daily life. Once we've completed our assessment of a PIP case we will send a report to DWP, who then make a decision on a person's PIP claim.

## **Recording of Assessments**

We agreed to come back to the Committee with detail on the questions posed around the recording of PIP assessments following discussions on 6 December.

The current process for the recording of PIP Assessments is fully documented in DWP's PIP Assessment Guide, which we follow and publicise to Claimants. These policies do not ask the PIP Assessment Providers to make available audio recording equipment, which is different to ESA, instead placing the requirement on the Claimant to provide DWP approved recording equipment. Full details of the guidance we follow can be found in section 1.6.55 of the Guide and is listed below:

"The audio recording of face-to-face consultations is not currently part of the contractual specification for PIP assessments.

“Claimants may use their own equipment to audio record their face-to-face consultation, should they wish to, subject to any reasonable conditions the DWP chooses to impose on such recordings. These reasonable conditions are:

- The claimant must inform the Assessment Provider (AP) in advance that they wish to audio record their consultation. This is to allow the AP to ensure that the HP scheduled to carry out the consultation is willing to be recorded. If the HP is unwilling to be audio recorded, an alternative appointment should be made with an HP who is willing.
  - The claimant must be able to provide a complete and accurate copy of the audio recording to the HP at the end of the consultation. For this reason, certain devices that are capable of editing, real-time streaming or video recording the session are not approved. Non-approved devices include (but are not limited to) PCs, tablets, smart phones, MP3 players, smart watches, and devices that are not capable of providing a verifiable media copy that can be easily checked during the assessment.
  - Acceptable formats for such recordings are restricted to CD and audio cassette only
  - The claimant must sign a consent form in which they agree to provide a copy of the audio recording and not use the audio recording for unlawful purposes.
  - APs must publicise these conditions and ideally include them in communications sent to claimants before they attend a face-to-face consultation.
- Video recording of consultations is not permitted. This is to ensure the safety and privacy of staff and other claimants.”

In terms of how we promote this to Claimants it is detailed within the accompanying leaflet that is sent with an appointment letter as well as being fully documented on our [website](#). Our customer service teams are also on hand to guide Claimants through the DWP’s guidelines.

There is a three step process we publicise to ensure Claimants are aware of what is required. Details are as follows:

1. You will need to give us three working days’ notice before your assessment
2. We will ask you to sign a recording agreement. This tells you how you can later use the recording, and helps us keep your details confidential.
3. You will need to use your own recording equipment. To protect all parties, DWP restricts approved devices to those that produce two identical recordings simultaneously. Please note that this does not include laptops, tablets, smartphones or MP3 players.

IAS would fully support introducing a simple, straightforward process for the recording of assessments if the DWP select to introduce this facility.

### **Understating of conditions question**

During 6 December Evidence session Steve McCabe MP asked “for some examples of situations where people had understated and we were able to correct it because of the face-to-face [assessments]”. Having discussed with clinical colleagues we can advise that in certain cases where Claimants have historical, often complex conditions which they may have lived with for a significant length of time, often understate how it affects them day-to-day. This may be because they have adapted their daily living accordingly. A face-to-face assessment enables the HP to acquire the necessary detail on their daily living to report back on their functional ability which they may or may not be able to elaborate on themselves.

We hope this provides you with the detail you require, please do get in touch if you would like any further clarification.

Yours sincerely



David Haley  
Chief Executive  
Independent Assessment Services