

Debate Pack

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Disability benefits assessments and the Government's health and disability green paper

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Overview

The Department for Work and Pensions (DWP) uses third-party contractors to provide health and disability assessments to inform decisions about benefits. The Centre for Health and Disability Assessments (CDHA), a subsidiary of Maximus, holds the contract under which assessments are carried out for various benefits, including Work Capability Assessments (WCAs) for Employment and Support Allowance (ESA) and Universal Credit.

Assessments for Personal Independence Payment (PIP) are delivered under separate contracts. Atos (operating as Independent Assessment Services) undertakes assessments in Scotland and in northern England, and in southern England. Capita undertakes assessments in Wales and central England, and in Northern Ireland.

Disability campaigners have long voiced concerns about benefit assessment processes. In February 2018, a Work and Pensions Committee report found that failings in the end-to-end processes for both PIP and ESA had contributed to a lack of trust in both benefits and undermined confidence among claimants. It made a series of recommendations covering, amongst other things, recording of assessments, the supply and use of evidence, the clarity of communications, guidance in relation to home assessments, and the role of companions.

In March 2019 the DWP launched a 'Health Transformation Programme' to develop a new, integrated 'Health Assessment Service', for both PIP and WCAs. The aim is to make the assessment process "simpler, more user-friendly, easier to navigate and more joined-up for claimants, whilst delivering better value for money for taxpayers". The Department began testing different approaches in a 'Health Transformation Area' (HTA) in north London in April 2021. The DWP has also begun work to procure assessment services from private sector providers for the period 2023-2028.

Further information on the DWP's proposals for reforming assessment processes and decision making, and for supporting claimants, can be found in the July 2021 Health and Disability Green Paper.

The Scotland Act 2016 devolved responsibility to the Scottish Government and Parliament for, among other things, extra-costs disability benefits including DLA and PIP. The Scottish Government has said that application processes for the devolved disability benefits will not involve assessments such as the functional examinations carried out for the DWP, although there will be consultations "where it is the only practicable way to gather accurate information". Additionally, there will be "light touch" reviews of ongoing awards. Decision-making will be undertaken by health professionals employed directly by its benefits delivery agency Social Security Scotland, and not by private sector providers.

1.1

PIP and ESA assessments

There are two types of cash disability benefits for working age people in the United Kingdom, designed to meet different needs:

- ‘Extra-costs’ benefits designed to meet some of the additional costs of disability or ill-health. These include:
 - [Personal Independence Payment](#) (PIP) for people of working age
 - [Disability Living Allowance](#) (DLA) for children
 - [Attendance Allowance](#) (AA) for people of State Pension Age¹
- ‘Income replacement’ benefits such as [Employment and Support Allowance](#) (ESA) and [Universal Credit](#) (UC)² are designed to replace some of the income working-age people forgo because their ability to work is affected by disability or ill health.

All of these benefits include some form of assessment of the impact of the claimant’s disability or ill health. The two assessments that are most often the subject of public debate are those used for working-age benefits:

- PIP assessments – which help the Department make decisions about the level of support needed to help people with additional care and mobility costs resulting from disabilities and long-term health conditions.
- Work Capability Assessments (WCAs) – which help the Department make decisions about income replacement benefits, such as contributory “New Style” Employment and Support Allowance and extra amounts for disability in Universal Credit.

These assessments are used by the DWP as part of the process of deciding whether and award is made and, if so, at what level. The Work Capability Assessment also determines the level of work-related ‘conditionality’ an ESA or UC claimant is subject to.

Both these assessments have fairly similar ‘customer journeys’. People make claims, supply evidence, and are referred (if necessary) to assessment providers (AP). The assessment provider does not make the decision about benefits awards. Instead, a Department for Work and Pensions (DWP) ‘decision maker’ reviews reports produced by assessment providers, along with information on claim forms and other information supplied, and makes a decision about an award.

¹ A suite of new benefits is replacing these in Scotland. See section 1.8.

² Which provides additional amounts on account of disability and is replacing income-related ESA

The key differences are in the assessment criteria. Broadly, the WCA considers an individual's ability in various 'activities' related to their capability to work. The PIP assessment looks at an individual's ability to carry out a series of everyday activities relating to 'daily living' and 'mobility'. There is some crossover between these, and often the medical evidence gathered to support claims will be quite similar, but the criteria themselves are quite different.

Customer journey

The usual customer journey for assessment and decision making is quite similar for both PIP and the benefits that use the WCA. Some claimants, such as those with terminal illnesses, are not required to go through the full process.³

A helpful graphical summary of claimant journeys for PIP and ESA can be found in the February 2018 Work and Pensions Committee report on PIP and ESA assessments.⁴ Although there have been some changes during and after the coronavirus crisis, such as greater use of telephone assessments and paper-based decisions,⁵ the process remains broadly as it was then.

PIP assessments

The usual claimant journey in the PIP assessment is set out in the DWP's [PIP assessment guide part 1](#) (updated 24 January 2022):

1.1.5 Claimants currently make an application for PIP by phone and once basic entitlement conditions are established, the claimant is asked to complete the 'How your disability affects you' questionnaire, referred to in this guide as the 'claimant questionnaire'. At this stage claimants are encouraged to provide any supporting evidence they already have that they feel should be considered alongside their claim information – for example evidence from a health or other professional involved in their care or treatment.

1.1.6 Once the claimant questionnaire has been returned to DWP, the case is referred to an assessment provider (AP) along with any supporting evidence provided. The AP then conducts the assessment, gathering any further evidence necessary before providing an assessment report to DWP.

1.1.7 If the claimant questionnaire is not returned and the claimant has been identified as having a mental or cognitive impairment, the claim will be referred directly to the AP for assessment. If the individual is claiming under the special rules for terminal illness (SRTI), the case is instead referred directly to the AP and dealt with as a priority.

1.1.8 Once all evidence gathering has taken place, including an assessment with a HP where appropriate, the DWP case manager (CM) will review the

³ See [Accessing benefits with terminal illness](#), Commons Library briefing CBP-8995

⁴ [Work and Pensions Committee, PIP and ESA Assessments](#), 8 February 2021, HC 829 2017-19, Figure 1

⁵ See [Coronavirus: Withdrawing crisis social security measures](#), Commons Library briefing CBP-8973

claim and all evidence provided and make a decision regarding the award of benefit.

1.1.9 If the claimant is unhappy with the decision on their award, they have the right of reconsideration and, if a claimant disagrees with the reconsideration, they have the right to appeal to Her Majesty's Courts and Tribunal Service (HMCTS).

The DWPs [quarterly PIP statistics](#) also includes a helpful graphical summary of the customer journey.

Work Capability Assessments

Section 1.4.1 of the DWP's [Work Capability Assessment handbook](#) (updated 10 December 2021) describes the ESA claim process in detail. Section 1.4.2 describes the (similar) process for UC.

Claimants are sent a capability for work questionnaire (ESA50 or UC50) by the Health Assessment Advisory Service. This is operated by MAXIMUS, which holds the contract to undertake assessments for the Department for Work and Pensions. The questionnaire asks about the claimant's disabilities and health conditions, and how they affect what they can do. A completed form must be returned within a specified time. Then, the questionnaire is considered by a Healthcare Professional (HCP) employed by MAXIMUS. The HCP can decide at this stage that they have enough information, but most claimants will be asked to attend a face-to-face meeting. Failure to attend may result in the person being deemed "Fit for Work." MAXIMUS may agree to an assessment in the claimant's home if they can't travel to an assessment centre because of their medical condition.

DWP decision makers review the assessment report that HCPs produce, along with other evidence supplied, and decide on benefit entitlement.

[The assessment process](#) is explained in more detail at the Health Assessment Advisory Service (MAXIMUS) website.

Assessment criteria

Neither assessment focuses on the diagnosis a person may have – claimants are not awarded PIP or ESA because they have a particular disability or illness. Instead, they seek to assess the functional impact of disabilities and health conditions.

For example, a person with arthritis will not qualify for either benefit because they have been diagnosed with arthritis. However, if their manual dexterity is affected, this may contribute to their eligibility for ESA, and if their condition makes it difficult for them to prepare food or dress without help, it may contribute to their PIP eligibility.

PIP assessments

The Coalition Government introduced Personal Independence Payment from 2013, to replace Disability Living Allowance for people of working age. The key reform in PIP was a “new, fairer, objective assessment” that would provide a more holistic assessment of the impact of a health condition or impairment on an individual’s ability to participate in everyday life.⁶ The assessment covers sensory impairments, developmental needs, cognitive impairments and mental conditions, as well as physical disabilities. There is no automatic entitlement to PIP for people with certain health conditions.

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. Each activity has ‘descriptors’ representing varying levels of functional impact, each with a point score. The total scores for all the activities related to each component are 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.

The [PIP assessment guide part 2: the assessment criteria](#) provides detailed guidance on how these criteria are used. Citizens Advice also produces a [guide to how the DWP makes decisions about PIP](#), including a table of the activities, descriptors and points.

Work Capability Assessments

The Work Capability Assessment focuses on how disabilities and health conditions affect claimants’ abilities to undertake a range of ‘activities’ related to physical, mental, cognitive and intellectual functions. The WCA determines whether a claimant has “limited capability for work” and, if so, whether they also have “limited capability for work related-activity.”

The activities for the physical assessment cover things such as getting around unaided, standing and sitting, reaching, manual dexterity, making yourself understood, understanding communication, continence, and consciousness. The activities relevant to the mental, cognitive and intellectual function assessment include things such as learning tasks, awareness of everyday hazards, coping with change, coping with social engagement, and appropriateness of behaviour with other people.

Like the PIP assessment, the WCA had activities and descriptors with corresponding points. For each of 17 activities there is a list of “descriptors” which describe the extent to which the person can undertake the activity, each with an associated points score (ranging from 0 to 15, where 15 reflects the greatest difficulty). The highest scoring descriptor which applies to the individual determines how many points they score for that activity.

⁶ [Disability Living Allowance reform](#), DWP, Cm 7984, December 2010

A person with a top score of 15 in any one activity automatically meets the threshold for “limited capability for work.” People scoring less than 15 in any activity can add up the score they have for other activities (physical, or mental, cognitive and intellectual) to reach the threshold of 15 points needed to pass the test. If claimants cannot carry out the activity reliably, repeated and safely, they are awarded the appropriate points.

Where a person meets the threshold for “limited capability for work”, the assessment looks at whether the person’s functional capabilities are so limited that they should not be expected to undertake “work-related activity.” Again, this is done by looking at the individual’s ability to undertake different activities (16 in total). A person scoring under any of the activities automatically meets the criteria for “limited capability for work-related activity.”

A person can in certain circumstances be treated as satisfying the criteria for ESA without having to undergo an assessment, for example if they are terminally ill, or undergoing certain cancer treatments. There are also provisions under which people not scoring sufficient points can nevertheless be treated as having a limited capability for work, or for work-related activity, as appropriate, if “exceptional circumstances” apply.

The DWP produces a [WCA Handbook for Healthcare Professionals \(updated 10 December 2021\)](#), and a shorter [guide to the WCA for claimants](#).

Statistics

The table below shows PIP “clearances” by outcome for each of the full years between 2014 and October 2021. A clearance is when a decision is made as to whether or not PIP should be awarded. Since PIP rollout began just over half (52%) of all clearances have resulted in an award being made.

The number of clearances was lower in 2020 than in previous years. This may be attributable to the coronavirus pandemic, as well as the uneven rate of Disability Living Allowance (DLA) to PIP reassessments over the period.⁷

⁷ See [Personal Independence Payment statistics to October 2021](#), DWP, 14 December 2021,

PIP clearances and outcomes							
Great Britain, 2014 to 2021							
	Awarded		Disallowed		Withdrawn		Total
	Number	%	Number	%	Number	%	
2014	265,165	56%	195,970	41%	16,588	3%	477,729
2015	387,101	53%	338,715	46%	10,803	1%	736,619
2016	547,513	58%	379,550	40%	10,925	1%	937,986
2017	529,853	56%	395,260	42%	13,263	1%	938,364
2018	422,103	52%	369,154	46%	15,859	2%	807,118
2019	386,378	49%	383,914	49%	17,232	2%	787,516
2020	286,264	46%	331,249	53%	10,431	2%	627,937
2021 (to October)	234,044	44%	292,187	55%	9,295	2%	535,536

Selected headline PIP statistics can be found in the DWP's quarterly [Personal Independence Payment statistics](#) release.

Universal Credit is in the process of replacing income-related ESA, although new claims can still be made for contributory New Style ESA. As a result, the number of ESA Work Capability Assessments has reduced significantly since Universal Credit rollout accelerated in late 2017. As the avenues for new claims to income-related ESA closed, new ESA WCAs in recent years will either be for existing income-related ESA claimants who are being reassessed, or for people claiming contributory 'New Style' ESA.

ESA Work Capability Assessments by outcome							
Great Britain, 2009 to 2021							
	Support Group		Work Related		Fit for Work		Total
	Number	%	Number	%	Number	%	
2009	32,483	10%	76,083	24%	202,957	65%	311,522
2010	55,218	10%	174,184	33%	300,535	57%	529,940
2011	117,527	21%	189,684	34%	252,808	45%	559,995
2012	255,801	31%	253,473	30%	323,733	39%	832,996
2013	348,289	46%	201,060	26%	210,736	28%	760,070
2014	405,778	60%	119,869	18%	151,631	22%	677,301
2015	391,426	57%	77,317	11%	214,361	31%	683,112
2016	418,923	50%	137,491	16%	287,849	34%	844,258
2017	502,104	52%	178,305	19%	282,435	29%	962,837
2018	515,009	60%	157,169	18%	181,955	21%	854,134
2019	554,067	77%	100,944	14%	63,938	9%	718,952
2020	233,696	86%	26,875	10%	10,119	4%	270,696
2021 (to June)	52,882	73%	9,925	14%	9,569	13%	72,368

The DWP does not currently publish Universal Credit WCA statistics, but promises it will do so once the "information will be robust and accurate

enough for publication as official statistics".⁸ Without these statistics, it is difficult to interpret any trends in WCA statistics.

1.2

Assessment contracts

The current contracts

The DWP currently uses private companies to deliver the two health and disability assessments that help inform its decisions about benefit awards.

PIP assessments are delivered by Independent Assessment Services (Atos) in Scotland, as well as the North and South of England. Capita deliver these in the Midlands, Wales, and Northern Ireland.⁹ The WCA is provided UK-wide by Health Management Ltd. (MAXIMUS).

On 9 July 2020, Justin Tomlinson, the then Minister for Disabled People, Health and Work, announced that while the Department had previously said it "would be undertaking a procurement exercise to establish contracts for conducting Work and Capability Assessments and PIP health assessments from 1 August 2021", the pandemic meant that such an exercise was no longer possible. Consequently, in order to "ensure continuity of services", the DWP would look to extend by two years the current contracts when they came to an end on 31 July 2021 (lasting until 2023).¹⁰

The Maximus WCA [contract extension was published on 26 August 2021](#). This extended the national contract until 31 July 2023. The cost of this over two years is £300 million, bringing the total spend on the MAXIMUS contract since 29 October 2014 to £1.238 billion.

The four regional PIP assessment contracts were also published on 10 August 2021, extending contracts by two years to 31 July 2023. The total cost of extending these contracts is just under £567 million.

- [Great Britain \(Lot 1\)](#) - contract with Atos Healthcare (covering Scotland and Northern England). The cost of this extension is £211 million.
- [Great Britain \(Lot 2\)](#) - contract with Capita Business Services Ltd (covering Wales and Central England). The cost of the extension is £129 million.
- [Great Britain \(Lot 3\)](#) - contract with Atos Healthcare (covering London and South England). The cost of the extension is £194 million.

⁸ See 'future developments' in [ESA: Work Capability Assessments, Mandatory Reconsiderations and Appeals: June 2021](#), DWP, 10 June 2021

⁹ See [Postcodes for PIP Assessment Providers](#), DWP, 12 June 2017

¹⁰ [HCWS353 9 July 2020](#)

- [Northern Ireland \(Lot 4\)](#) - contract with Capita Business Services Ltd (with the DWP acting on behalf of the Department for Communities). The cost of the extension is £32 million.

The overall contract cost, and the cost of extensions, can be found at the bottom of each published contract.

In addition to the UK-wide contracts, a small number of Healthcare Professionals employed by 'Advanced Personnel Management Group (UK) Limited' are providing assessments in the Health Transformation Area, where a new integrated assessment service is being developed.¹¹ More information on the Health Transformation Area can be found in section 1.5 below.

Background on the use of private providers

The contemporary use of private providers to help the DWP make awards originates in reforms made to Incapacity Benefit (IB), introduced in 1995, and Disability Living Allowance (DLA), introduced in 1992. Prior to the introduction of these benefits, eligibility for Invalidity Benefit and Attendance Allowance was largely determined by GPs. Initially with these benefits, the Government¹² was responsible for delivering all health and disability assessments "in house". However, the in-house service was seen to have cost overruns and did not meet its targets on turnaround times or quality standards, prompting the then government to pursue outsourcing.

Medical assessment for benefits purposes has been contracted out since 1998 when the SEMA Group (subsequently taken over by Schlumberger, which itself later became part of Atos) was awarded the Medical Services contract by the then Department of Social Security. The National Audit Office's March 2001 report on The Medical Assessment of Incapacity and Disability Benefits summarised the background as follows:

2 The Department have been responsible for medical assessment of all incapacity and disability benefit claims since 1993, before which the Department of Health had been responsible for some of the work. The introduction of Incapacity Benefit in 1995 highlighted inadequacies in the management, flexibility and performance of the service. Business targets for costs and turnaround times, and quality standards, were not being achieved. After assessing several options the Department pursued outsourcing as the best way to achieve a range of objectives: to improve the quality of reports, speed their throughput, maintain service to customers, lever in investment, and reduce costs. The launch in February 1996 of the Department's wider Change Programme made it imperative that the outsourcing should contribute to delivering improved services at 25 per cent lower cost over three years.

3 Following competition the Department awarded SEMA Group contracts totalling £305 million to deliver the service for at least five years. Though two

¹¹ [PQ 65471, 11 November 2021](#)

¹² Some assessments were initially delivered by the Department of Health but were all delivered by the Department of Social Security from 1993

of the five bidders withdrew there was still competition for two of the three regional contracts, and for the third the lack of competition did not result in higher prices. SEMA Group offered the cheapest bid, below the cost of the existing in-house service, and the Department assessed this bid as the highest quality and the most innovative. They obtained further reductions and concessions through additional bidding rounds and estimate that outsourcing will save between 10 and 14 per cent compared to the in-house operation (the public sector comparator).¹³

Since 1998 successive governments have retained medical assessments through multiple benefit reforms – the replacement of IB with ESA and UC, and DLA for people of working age with PIP. These reforms replaced older assessments with WCAs and PIP Assessments, but continued the practice of contracting out.

Debate about contracting-out assessments

Contracted-out medical assessments have long been controversial, with campaigning groups, opposition parties and Select Committees calling at various times for assessments to be brought in-house.

In its response to the 2021-2022 Work and Pensions Committee inquiry into health assessments for benefits (see section 1.4 below), the Government reaffirmed its commitment to the continuing use of private providers during and beyond reforms to benefit assessments made in the Health Transformation Programme. The DWP noted the improvements they hope reforms would bring and added:

We have no plans to in-house the assessment service beyond the small Health Transformation Area and the Programme has begun work to procure health assessment services for the period 2023-28.¹⁴

The Work and Pensions Committee had earlier suggested in its 2017-2018 inquiry into PIP and ESA assessments that the Government should consider whether assessments might be better delivered in house.¹⁵ The Government's April 2018 response reaffirmed the commitment to contracting out, pointing to delivery improvements since the benefits were introduced, high levels of customer satisfaction, and intentions to make improvements.¹⁶

Opposition parties have, at various times, called for assessments to be brought in house. In its 2019 manifesto, Labour promised to “stop the dehumanising Work Capability and PIP Assessments, which repeatedly and

¹³ [The Medical Assessment of Incapacity and Disability Benefits](#), NAO, 9 March 2001

¹⁴ [HAB0079](#), November 2021

¹⁵ [Work and Pensions Committee, PIP and ESA Assessments](#), 8 February 2021, HC 829 2017-19

¹⁶ Work and Pensions Committee, [PIP and ESA assessments: Government Response to the Committee's Seventh Report of 2017-19](#), 23 April 2018, HC 986 2017-19

falsely find ill or disabled people fit to work, and make sure all assessments are done in-house.”¹⁷

In December 2021, the Shadow Work and Pensions Secretary, Jonathan Ashworth stopped short of reiterating this pledge, but was reported in *The Mirror* to have said: “My instinct is they [private firms delivering assessments] ought to be stripped of it. But I’ve not looked at that side of the brief carefully at all.” He added that “My instinct is - and I know it from being a constituency MP - it’s outrageous how these firms operate and I’m definitely going to do something about it.”¹⁸

The Scottish National Party has opposed the use of private sector assessment providers. Responsibility has been devolved to the Scottish Government for benefits including PIP (but not Universal Credit or New Style ESA). As explored in section 1.8, the Scottish Government is replacing extra-costs benefits.

Assessments for the new Scottish benefits will deliver assessments in-house. In its February 2019 [Disability Assistance assessments: policy position paper](#), the Scottish Government promised that assessments for the replacement benefit are to be delivered in-house and will aim to reduce the number of claimants who are required to attend face to face assessments. Paraphrasing the Cabinet Secretary for Social Security and Older People, it stated:

[N]o one applying for Scottish Disability Assistance should have to be assessed by a private sector provider, all face to face assessments will be delivered by individuals employed by Social Security Scotland.¹⁹

The [Liberal Democrat’s 2019 Manifesto](#) promised to “[e]nd Work Capability Assessments and replace them with a new system that is run by local authorities and based on real-world tests.”²⁰ In their [2015 manifesto](#), the party had promised “a review of the Work Capability Assessment and Personal Independence Payment assessments to ensure they are fair, accurate and timely and evaluate the merits of a public sector provider.”²¹

The use of private providers is not the only assessment-related issue campaigning organisations focus on. However, at various times, some organisations have suggested the Government should consider ending the use of private assessment providers. These include:

- Citizens Advice - as part of its November 2017 submission to the Work and Pensions Committee enquiry into PIP and ESA assessments recommended that, in the long term, the Government “Consider bringing assessments in-

¹⁷ [Labour Party manifesto 2019](#)

¹⁸ “[DWP disability assessment firms could be stripped of contracts under Labour government](#)”, *The Mirror*, 22 December 2021

¹⁹ [Disability Assistance assessments: policy position paper](#), Scottish Government, 28 February 2018

²⁰ [Liberal Democrat manifesto 2019](#)

²¹ [Liberal Democrat manifesto 2015](#)

house utilising expertise and skills Government already hold in the health service or occupational health and occupational therapy provision.”²²

- Disability Rights UK – who [supported a petition](#) in October 2019 calling for on the Government to “stop private contracting out of health-related assessments for DWP benefits.”

The Public and Commercial Services Union is the main union representing DWP staff. In the past it has made statements opposing the private provision of benefit assessments. For example, the General Secretary, Mark Serwotka, was quoted in the Guardian on 6 April 2014 saying:

We have consistently said these sorts of services should be in-house, private companies have no place in providing them and have failed time and again. The DWP needs to invest in staff and resources to ensure disabled people get the support they need and deserve.²³

1.3

Work and Pensions Committee 2017-18 inquiry

Disability bodies have long voiced concerns about the assessment processes for both incapacity and disability benefits. In September 2017 the Work and Pensions Committee launched an inquiry examining the effectiveness of assessment processes used to determine eligibility for both ESA and Personal Independence Payment.²⁴ The [Work and Pensions Committee's report – together with a separate report detailing claimant experiences of PIP and ESA assessments](#) – was published in February 2018.²⁵

In evidence to Committee, claimants, disability bodies, welfare rights groups and others flagged up various issues including:

- The activities and descriptors used in the Work Capability Assessment (WCA), and particularly for PIP, not being “fit for purpose”, being weighted towards physical health conditions and disabilities, and discriminating against those with mental health conditions.
- The structure and content of WCA and PIP assessments (both written and face-to-face) did not always allow claimants to accurately express the impact their condition had on them.
- Neither assessment appropriately captured fluctuating conditions.

²² [PEAQ369](#) (PDF)

²³ “[Civil servants deployed to help Capita clear PIP assessments backlog](#)”, The Guardian, 6 April 2014

²⁴ See: ‘[PIP and ESA Assessments inquiry](#)’, Work and Pensions Committee website

²⁵ [Work and Pensions Committee, PIP and ESA assessments](#), HC 829 2017-19, 14 February 2018; [Work and Pensions Committee, PIP and ESA assessments: claimant experiences](#), HC 355 2017-19, 9 February 2018

- People finding the whole claims, assessment and appeals process difficult, stressful, confusing and/or threatening, with in some cases detrimental effects on their health.
- Instances where it was claimed the assessment process has led to people being hospitalised, having their medication increased, or attempting to take their own lives.
- Claimants reporting that their concerns were not taken seriously by assessors, or that their statements were ignored.
- Concerns that assessors often did not have sufficient knowledge or expertise to assess the impact of certain conditions, such as mental health problems.
- Written reports not always accurately reflecting of the claimant's recollection of what happened at the assessment.
- Dissatisfaction with the Mandatory Reconsideration process, which many claimants viewed as a tool to dissuade people going to appeal.
- Claimants not taking their claim to appeal because of the distress the process had caused them up to that point, and/or being overwhelmed at the thought of going through the appeals process.
- Although some people expressed dissatisfaction with the appeals process, the most common view was that the appeals stage was the first time when the full range of information presented as part of the assessment process had been properly considered.

The Committee said that failings in the assessment and decision-making processes for both ESA and PIP 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 the claimants.
- Measures to improve understanding about what constitutes good evidence to support PIP and ESA claims, and ensure 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.
- Improving contractor performance through more effective use of contractual “levers” and ensuring assessors are given feedback, including from the appeals process.

In its [response published on 23 April 2018 \(PDF\)](#), the Government said that it would, amongst other things:

- Produce an Easy Read version of the notes accompanying the PIP “How your disability affects you” form, and work with stakeholders to make information for claimants on the PIP and WCA descriptors more readily available in either Easy Read or video format.
- Launch a series of videos outlining the PIP claim process in a simple and clear way, and explaining the types of relevant information useful to

support a claim, to better prepare claimants for an assessment. The PIP assessment providers would also supply information to claimants ahead of their assessment, via their websites and by direct mail.

- Commission research from external contractors to cover whether any aspects of claim forms have the potential to cause distress, identify what changes should be made, and test revised forms with applicants.
- Various initiatives aimed at improving the gathering and use of evidence, including reminding claimants to submit medical evidence and the types of evidence that are useful; more effective engagement between the assessment providers, GPs, and a broader range of health and social care professionals; and making it clearer to those undergoing reassessments that they need to supply up-to-date evidence.
- Work with assessment providers to review their processes for dealing with requests for home assessments, and to ensure their processes align with guidance and meet claimants' needs.
- In recognition of the complexity and potential costs faced by claimants—of PIP especially—who want to record their assessment, make recording the PIP assessment “a standard part of the process”. The Department would explore “potential options to test the recording of assessments, including video recording.”
- Gather more information on companions accompanying claimants to PIP assessments, in recognition of the fact that the presence of a family member, friend, carer or other advocate can be “particularly helpful where a claimant has a mental, cognitive or intellectual impairment and may not be able to give an accurate account of their daily living and mobility needs.”
- Continue work focusing on why decisions are overturned at appeal to continually improve the quality of initial decisions.

Further information on the Government's response to the Work and Pensions Committee report, and subsequent work undertaken by the Department and the assessment providers, can be found in:

- Commons Library Debate Pack CDP-2019-0092, [Ten years of the work capability assessment in relation to employment support allowance and universal credit](#)
- Commons Library briefing CBP-8221, [Suicide prevention: Policy and strategy](#), section 6.4
- The DWP's [Written Evidence for the Work and Pensions Committee's Health Assessments for Benefits inquiry](#)²⁶

²⁶ HAB0079, November 2021

1.4

Work and Pensions Committee 2021-22 inquiry

On 27 September 2021 the Work and Pensions Committee began a new inquiry into [health assessments for benefits](#). At the launch of the inquiry, the Committee's Chair, Stephen Timms, said:

When the great majority of appeals against DWP decisions are being won at tribunal, it is clear that there are some fundamental flaws in the assessment process that urgently need fixing. People with long-term health conditions and disabilities should not have to go through the stress in terms of time, cost and worry of battling with the Department just to access the support that they need.

“The Government seems to have acknowledged that there is a pressing need for a transformation in the way it treats people applying for these benefits. Our inquiry will help to inform what it needs to do to bring to an end the unjustified fight people too often face when trying to access the much-needed support they are entitled to.”²⁷

The Committee is focusing on how the DWP can improve the application and assessment processes for disability and incapacity benefits, and in particular:

- How DWP could improve the quality of its assessments;
- Lessons from the pandemic, including whether changes DWP made to the assessment processes then should continue;
- How DWP could make applying for benefits more straightforward for claimants.²⁸

In addition to written evidence from the DWP,²⁹ the Committee has also [received submissions](#) so far from 35 organisations including disability organisations, advice providers, and pressure groups.

The Committee has also held two oral evidence sessions to date:

- On 1 December 2021, it took [evidence from Dr Paul Litchfield, leader of the 2013 and 2014 independent reviews of the WCA for the DWP, and from Paul Gray, leader of the independent reviews of the PIP assessment for the DWP](#).
- On 12 January 2022, the Committee took [evidence from disability charities, pressure groups, and advice providers](#).

²⁷ [Health assessments for benefits: Work and Pensions Committee launches inquiry](#), Work and Pensions Committee press release, 27 September 2021

²⁸ See [Health assessments for benefits](#), Work and Pensions Committee website

²⁹ [HAB0079](#), November 2021

1.5 Repeat assessments

By default, once a person has been awarded PIP or ESA (or Universal Credit with a limited capability for work/work-related activity), they will be reassessed or reviewed at regular intervals to ensure they continue to meet the conditions for benefit. Some organisations argue people with lifelong disabilities or progressive conditions should not have to face regular reassessments, or should be assessed less frequently.

In September 2017 the DWP announced criteria for “switching off” reassessments for ESA claimants in the Support Group (and UC claimants with limited capability for work-related activity) with severe, lifelong disabilities illnesses or health conditions who are unlikely ever to be able to work. To qualify, the person’s condition must be permanent, there must be no realistic prospect of recovery, and the condition must be unambiguous. Examples given in DWP guidance do not include any mental health conditions, although the guidance states the lists are not exhaustive.³⁰

In June 2018, the Government announced people awarded the highest level of support under PIP whose “needs are expected to stay the same or increase” would be given “ongoing” PIP awards and would only have to face a “light touch” review every 10 years.³¹ DWP said it would work with stakeholders to design the light touch review process.³²

The Health and Disability Green Paper published in July 2021 (see section 1.7 below) said that reducing the number of repeat assessments disabled people must go through where a significant change in their condition is unlikely remained a “key priority” for the Government.³³ However, it said that the DWP would not introduce a minimum PIP award length of 18 months – as had been proposed in the Conservative Party’s 2019 General Election manifesto.³⁴ Instead, the Government had decided that “better triaging and testing of the Severe Disability Group” (see section 1.6 below on the DWP’s Health Transformation Programme) would deliver on the commitment to reduce the number of unnecessary repeat assessments more effectively.³⁵

³⁰ DWP, [WCA Handbook](#), updated 8 December 2021, Appendix 8, pp267-268. Note that Appendix 8 is not listed in the Handbook’s contents page

³¹ DWP press release, [Government to end unnecessary PIP reviews for people with most severe health conditions](#), 18 June 2018

³² See [ESA and PIP reassessments](#), Commons Library briefing CBP-7820

³³ Department for Work and Pensions, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, 20 July 2021, para 184

³⁴ [Costings document: The Conservative and Unionist Party Manifesto 2019](#), November 2019, pp4-5

³⁵ Department for Work and Pensions, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, 20 July 2021, para 187

1.6

Reforming assessments: DWP Health Transformation Programme

In March 2019 the Department for Work and Pensions launched a 'Health Transformation Programme' to develop a new, integrated service, supported by a single digital system, for both Personal Independence Payment assessments and Work Capability Assessments.³⁶ The Department's ambition is to make the assessment process "simpler, more user-friendly, easier to navigate and more joined-up for claimants, whilst delivering better value for money for taxpayers".³⁷

Work on the new integrated 'Health Assessment Service' was paused following the coronavirus outbreak, but the Department is now developing the new service, on a small scale initially, in a location called the 'Health Transformation Area' (HTA) – previously referred to by the DWP as the 'Departmental Transformation Area'. The DWP explains:

The HTA will enable us to test, adapt and learn from new ideas and processes. This approach will allow us to continually improve the new service and systems in a controlled way. We then plan to roll out improvements gradually at a greater scale.³⁸

The first HTA location, in North London, was launched on 21 April 2021.

Ideas the DWP is seeking to explore in the HTA, and as part of the wider Health Transformation Programme, include:

- Different ways of conducting assessments, including the scope for 'triaging' claims so that people only have to go through face-to-face assessments where these are absolutely necessary.
- Lessons to be learned from "forced changes" to assessment processes during the coronavirus pandemic, including the greater use of telephone and video assessments.
- How to make it easier for claimants to understand the evidence they need to provide, and why.
- Where people are willing to give their consent, reusing medical evidence the Department already holds on them, to provide a more "joined up" claimant experience and reduce the burden on claimants of providing the same information multiple times.
- How to ensure that claimants are aware of the whole range of support available to them both from the DWP and more widely.³⁹

³⁶ [HCWS1376 5 March 2019](#)

³⁷ Department for Work and Pensions, [Written evidence for the Work and Pensions Committee Health Assessments for Benefits inquiry](#), HAB0079, November 2021, p1

³⁸ Ibid. p7

³⁹ Ibid. pp8-9. See also Department for Work and Pensions, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, 20 July 2021, Chapter 3; and [HCWS138, 2 March 2020](#)

Further information on plans to develop the integrated Health Assessment Service is given in the DWP's November 2021 submission to the Work and Pensions Committee's inquiry on health assessments for benefits.⁴⁰ This confirms the Department has begun work to procure contracted health assessment services for the period 2023-2028, and it has "no plans to in-house the assessment service beyond the small Health Transformation Area".

1.7 Health and Disability Green Paper

Further information on the DWP's proposals for reforming assessment processes and decision making, and for supporting claimants, can be found in the July 2021 [Health and Disability Green Paper](#).⁴¹ In addition to the measures already outlined above being trialled in the Health Transformation Area, the Green Paper set out proposals for:

- Testing a new 'Severe Disability Group' (SDG). Under these proposals, people with severe and lifelong conditions that will not improve, who are unlikely ever to work again and will always need extra financial support to live independently, would undergo a simplified process to access benefits without ever needing to complete a detailed application form or undergo an assessment.⁴²
- A new "holistic" approach to decision making – already introduced by the Department – which aims to ensure that it makes the right decision as early as possible in the claim journey. At both the first decision and the Mandatory Reconsideration (MR) stage, DWP 'Decision Makers' are now given more time to proactively contact claimants if they think additional evidence may be needed to support the claim. The DWP is also taking a similar approach when reviewing cases when an appeal has been lodged – so that, with the person's agreement, the decision on their claim can be changed without the appeal going ahead.⁴³
- Testing how "advocacy support" might be provided to people who are struggling to navigate the benefits system. This support would be accessible at any point in the claim process and would complement existing third sector provision. The Green paper set out a series of principles upon which advocacy support could be based and sought views on these, on how people who could benefit from advocacy might

⁴⁰ Department for Work and Pensions, [Written Evidence for the Health Assessments for Benefits inquiry](#), HAB0079, November 2021

⁴¹ Ibid. chapters 1,3 and 4

⁴² Ibid. paras 210-214

⁴³ Ibid. paras 189-201

be identified, and on what kinds of support people would want and expect from such a service.⁴⁴

Following the Green Paper consultation, the Government intends to publish a Health and Disability White Paper in “mid-2022”.⁴⁵

1.8 Devolved disability benefits in Scotland

The [Scotland Act 2016](#) devolved significant welfare powers to the Scottish Parliament. Amongst other things, the Act transferred responsibility for disability benefits, including Disability Living Allowance and Personal Independence Payment. In addition, the Scottish Parliament now has power to top-up reserved benefits, create new benefits in areas not otherwise connected with reserved matters, vary the payment arrangements for Universal Credit, and establish its own employment programmes.

The Scottish Parliament passed the [Social Security \(Scotland\) Act 2018](#), which sets out the framework for a new Scottish social security system, and the Scottish Government has set up its own executive agency – [Social Security Scotland](#) – to deliver devolved benefits, based on the “core values of dignity, fairness and respect.”⁴⁶

The Scottish Government is introducing three new extra-cost disability benefits to replace Disability Living Allowance, Personal Independence Payment, and Attendance Allowance. These are:

- [Child Disability Payment](#) – which replaced DLA for children for all new claimants in Scotland from 22 November 2021.
- [Adult Disability Payment](#) – which is scheduled to be piloted from March 2022 and to replace Personal Independence Payment and Disability Living Allowance for all new working-age claimants in Scotland from 29 August 2022.
- [Pension Age Disability Payment](#) – which will replace Attendance Allowance in Scotland “in the future”.⁴⁷

Until all cases have transferred from DWP-delivered benefits to the devolved benefits, the rules for each of these devolved benefits will remain largely the same as the DWP benefit it is replacing. This is to avoid people in the same circumstances receiving different payments. However, an independent review

⁴⁴ Ibid. paras 87-91

⁴⁵ [PQ 86085 \[Disability\], 14 December 2021](#)

⁴⁶ See Commons Library briefing CBP-9048, [Social security powers in the UK](#)

⁴⁷ Scottish Government, [Evaluating the devolution of disability benefits](#), 1 October 2021, p2

in 2023 will consider what changes are needed for Adult Disability Payment once case transfer is complete.⁴⁸

In relation to the application and assessment processes for these benefits, on 23 October 2020, the Scottish Government published a [series of policy position papers](#) which provide an overview of its approach. This includes:

- Ensuring that the application process for these disability benefits is “inclusive” and “as straightforward as possible” by giving claimants a choice of applying by post, online, by phone, and through face-to-face contact with staff.
- Providing further support during the application process to those who need it, such as a local delivery service offering face-to-face support, as well as the services of an independent advocacy worker.
- Not using private sector contractors in the decision-making process.
- Taking a new approach to decision-making – where decision makers consider “information provided by clients and those who know them”. This will include “formal” (such as from a health professional) and “informal” (such as from family, friends, or unpaid carers) supporting information. There “will be no assessments as the functional examinations like those carried out under the DWP, as we will no longer conduct physical examinations of a client”. For Adult Disability Payment, “consultations will only take place where it is the only practicable way to gather accurate information” and will be based on “a conversation between a healthcare professional employed by the Scottish Government and the client”.
- Consultations to be audio recorded “as standard”.
- All awards to be rolling, with no set end date – and reviews to be “light touch and as non-intrusive as possible”.
- A “simple and straightforward” two-stage process for challenging decisions, with an initial “re-determination” followed by an appeal to the First-tier Tribunal for Scotland if the individual wishes to continue the challenge. There will also be ‘Short Term Assistance’ where there has been a decision to reduce or stop a benefit payment and where the claimant starts a challenge. This will mean they continue to receive payments at the amount they were getting before the decision to lower or stop their payment was made.⁴⁹

When announcing the March 2022 start date for the Adult Disability Payment pilots, the Minister for Social Security, Ben Macpherson, said:

We know people have found applying for DWP disability benefits stressful in the past. That is why we have listened to their experiences as we have designed our new system, and we are committed to doing things differently.

⁴⁸ ‘[Adult Disability Payment launch dates announced](#)’, Scottish Government news release, 17 December 2021

⁴⁹ Scottish Government, [Disability Benefits Policy Position Papers: Papers 1-5](#), 23 October 2020; Scottish Government, [Social security: policy position papers](#), 28 February 2019; and [Social Security policy position paper - disability benefit applications: how decisions are made](#), 23 October 2020

We are introducing an improved application process and, in contrast to the DWP system, we are removing the burden from individuals to provide supporting information, so that the onus will instead be on Social Security Scotland to collect the information we require. Our new, person-centred decision making process will ensure everyone is treated with dignity, fairness and respect.

Importantly, we have abolished assessments in the form currently undertaken by the DWP. Instead, and only where required, we will hold person-centred consultations between the person and a Social Security Scotland health or social care practitioner, starting from a position of trust. Our consultations will not involve functional examinations.⁵⁰

The Scottish Government conducted a consultation on its plans for Adult Disability Payment between 21 December 2020 and 15 March 2021, including the application and decision-making process. For further details, see:

- Scottish Government, [Adult Disability Payment: consultation analysis](#), 25 June 2021 – for an analysis and overview of the responses to its consultation; and
- Scottish Government, [Adult Disability Payment: consultation response](#), 25 June 2021 – for the Scottish Government's response.

In June 2020, the Scottish Government [launched an advocacy service](#) to help disabled people access social security benefits in Scotland. This is a Social Security Scotland service which is available to anyone who, because of their disability, needs support applying for and managing their benefits. In September 2021 it was announced that this will be replaced by a new advocacy service in 2022 which will be freely available in each NHS board area, “and entirely independent of the Scottish Government and Social Security Scotland”. The contract to provide this advocacy service has been awarded to [VoiceAbility](#), a charity which has experience of delivering advocacy services.⁵¹

For further information on the devolution of social security benefits in Scotland, see:

- [Social Security: subject profile](#), SPICe Briefing, 6 July 2021
- [Social security powers in the UK](#), Commons Library briefing CBP-9048

⁵⁰ [‘Adult Disability Payment launch dates announced’](#), Scottish Government news release, 17 December 2021

⁵¹ [‘Independent Advocacy Support for Disabled People’](#), Scottish Government news release, 30 September 2021

2 Parliamentary Material

2.1 Committee Reports

PIP and ESA assessments

House of Commons Work and Pensions Committee
Seventh Report of Session 2017–19
HC 829
14 February 2018

2.2 Statements

Health Transformation Programme update

9 July 2020 | Written statements | House of Commons | HCWS353

Justin Tomlinson (Minister of State for Disabled People, Health and Work)

2.3 Parliamentary Questions

Social Security Benefits: Medical Examinations

27 Jan 2022 | 106729

Asked by: Colleen Fletcher

To ask the Secretary of State for Work and Pensions, on how many occasions people have been declared fit for work and have then been successful in an appeal of that decision against her Department in (a) Coventry North East constituency, (b) Coventry, (c) the West Midlands and (d) England in each of the last three years.

Answering member: Chloe Smith | Department: Department for Work and Pensions (DWP)

National Statistics for Employment Support Allowance Work Capability Assessments (WCA) are published every three months here:

<https://www.gov.uk/government/collections/employment-and-support-allowance-outcomes-of-work-capability-assessment>

Detailed monthly statistics showing the outcomes of completed initial and repeat WCAs and the outcomes of Mandatory Reconsiderations and Appeals, by various geographical areas, are available on Stat-Xplore at:

<https://stat-xplore.dwp.gov.uk/>

Guidance for users is available at:

<https://stat-xplore.dwp.gov.uk/webapi/online-help/Getting-Started.html>

The information requested for Universal Credit WCAs is not readily available and to provide it would incur disproportionate cost.

Work Capability Assessment

25 Jan 2022 | 105707

Asked by: Emma Hardy

To ask the Secretary of State for Work and Pensions, what steps her Department is taking to tackle the backlog in work capability assessments.

Answering member: Chloe Smith | Department: DWP

Ensuring claimants are assessed at the earliest opportunity and reducing customer processing times are a priority for the department. As part of the Covid-19 response we introduced telephone and video assessments alongside existing paper-based assessments.

We resumed face to face Work Capability Assessments (WCA) in May 2021, initially for claimants we were unable to assess by telephone. We continue to work with the assessment provider, Centre for Health and Disability Assessments (CHDA), to maximise the number of WCAs completed.

We have assessed or scheduled for a face to face assessment over 99% of customers who were unable to be assessed remotely, or who were assessed by telephone but for whom a recommendation could not be made.

Social Security Benefits: Medical Examinations

21 Jan 2022 | 103610

Asked by: Vicky Foxcroft,

To ask the Secretary of State for Work and Pensions, with reference to the evidence pack published alongside the Health and Disability Green Paper in July 2021, if she will place in the Library the survey questionnaires sent to claimants by Atos, Capita and Maximus following one of their assessments for employment support allowance, universal credit limited capability for work or

work related activity and personal independence payment which result in 97 per cent and 94 per cent satisfaction respectively.

Answering member: Chloe Smith | Department: DWP

Yes, DWP will place in the library a copy of the questionnaires.

However, it should be noted that the survey questionnaires for each provider have since been updated to incorporate remote assessment channels (telephone and video) introduced as part of the Covid-19 response.

Personal Independence Payment: Medical Examinations

20 Jan 2022 | 102750

Asked by: Darren Jones

To ask the Secretary of State for Work and Pensions, what assessment her Department has made of the mental and physical pressures that medical reassessments relating to a personal independence payment claim has on claimants with a chronic illnesses or a hidden disability.

Answering member: Chloe Smith | Department: DWP

The Department aims to continually improve the assessment process for Personal Independence Payment (PIP) through customer insight, stakeholder engagement and qualitative research. For people with the highest level of support and with severe and lifelong health conditions which will not improve or will deteriorate, new guidance was introduced in August 2018 for both new claims and award reviews to ensure they receive an ongoing award of PIP, with a light-touch review at the 10-year point. Since 2019 ongoing awards with a light-touch review at the 10-year point are also applied to most awards for people over State Pension age.

PIP is designed to support an individual's functional needs arising from a range of disabilities, including chronic or hidden illnesses, and the PIP Assessment Guide (PIPAG) makes clear that Health Professionals must take into consideration the invisible nature of some symptoms such as fatigue and pain in their assessment of a claimant.

We published 'Shaping Future Support: The Health and Disability Green Paper' in July 2021 and asked for views on how we might improve health assessments considering a number of options. The consultation closed on 11 October 2021 and we will set out next steps in a White Paper later this year.

Social Security Benefits: Disability

20 Jan 2022 | 102727

Asked by: Vicky Foxcroft

To ask the Secretary of State for Work and Pensions, with reference to Part One of the National Disability Strategy published on 28 July 2021, what recent progress her Department has made on exploring options to reduce the frequency of repeat Work Capability Assessments and Personal Independence Payment assessments, to avoid assessments where a change of award is unlikely.

Answering member: Chloe Smith | Department: DWP

As announced in the recent Shaping Future Support: Health and Disability Green Paper we want to make changes to the assessment process so people with the most severe health conditions and disabilities have a simpler process to claim the benefits they are entitled to. We are exploring how to test a new Severe Disability Group (SDG) so those with severe and lifelong conditions can benefit from a simplified process to access ESA/UC and PIP without ever needing to complete a detailed application form or go through a face to assessment.

We have already stopped reassessments for people with the most severe conditions which are unlikely to change. In Shaping Future Support: The Health and Disability Green Paper, we proposed ways to further reduce the number of unnecessary assessments, while continuing to ensure support is properly targeted. Alongside this, we proposed ways of offering greater flexibility and simplicity in the way that assessments are delivered, including improving the evidence we use to make decisions from health assessments, and learn the lessons of coronavirus where we introduced telephone and video assessments.

We consulted on a range of proposals in the Green Paper and received more than 4,500 responses. We will set out next steps in a White Paper later this year.

[Social Security Benefits: Disability](#)

17 Jan 2022 | 99410

Asked by: Navendu Mishra,

To ask the Secretary of State for Work and Pensions, what procedures are in place to ensure people with hidden disabilities are assessed accurately in telephone assessments when making (a) a personal independence payment and (b) universal credit claim.

Answering member: Chloe Smith | Department: DWP

All Healthcare Professionals (HPs) have extensive and rigorous training in undertaking assessments.

Each referral is initially reviewed by a HP, if there is sufficient supporting evidence to provide paper based advice to the department, the HP will assess

the claimant on this evidence alone. If they cannot, the claimant will be invited to attend a telephone, video or face to face assessment.

All claimants, including those with hidden disabilities, are assessed in accordance with the PIP Assessment Guide for Providers or Work Capability Assessment Handbook.

We have continuously improved our processes and guidance to minimise the number of customers for whom a telephone or video assessment is not suitable. In such instances, these claimants will be prioritised for a face to face assessment.

Employment and Support Allowance: Work Capability Assessment

04 Nov 2021 | 65452

Asked by: Peter Grant

To ask the Secretary of State for Work and Pensions, what steps she is taking to support claimants who are awaiting a work capability assessment for contributions based employment and support allowance and whose assessment will not be able to take place before their award ends.

Answering member: Chloe Smith | Department: DWP

We are committed to assessing people as quickly as possible in order that they receive the benefit they are entitled to. Unfortunately, some Work Capability Assessments (WCAs) for contributory Employment and Support Allowance (ESA(C)) claimants were not completed as quickly as we would have liked due to the the Covid-19 pandemic. The resumption of face-to-face assessments, together with enhanced telephony assessment processes, now allow us to assess all cases. We are prioritising assessments for contributory Employment and Support Allowance claims that have exhausted or are at risk of exhausting.

Furthermore, the measures we implemented during the pandemic remain in place to support ESA(C) claimants at risk of exhausting before a WCA. This includes a dedicated operational team to identify contributory ESA claims that we can progress without face-to-face assessment – for instance, those where further evidence might exist on other DWP benefit systems. If claimants have further evidence they think might help progress their claim, they should contact the Department.

Claimants whose ESA(C) exhausts before they have had a WCA should continue to supply medical evidence (i.e. Fit Notes). This will ensure that their claim can be reinstated if they are found to have limited capability for work and work-related activity (LCWRA) at a future WCA, with any arrears of the LCWRA component paid in full.

Where an individual's contributory ESA ends, they may be able to claim Universal Credit, depending on their personal circumstances.

Social Security Benefits: Medical Examinations

11 Nov 2021 | 65471

Asked by: Vicky Foxcroft

To ask the Secretary of State for Work and Pensions, with reference to the Written Statement of 9 July 2020 on Health Transformation Programme update (HCWS353), who is currently undertaking benefit eligibility assessments for disabled and seriously people conducted as part of the Health Transformation Programme; whether there is a longer-term contract for that work; and if she will make a statement.

Answering member: Chloe Smith | Department: DWP

The DWP Health Transformation Programme has begun work to procure assessment services for the period 2023-28, having extended the current contracts to ensure continuity of service in response to the impact of Covid-19. The Invitation to Tender is set to be issued later this month. New contracts will bring together current Health and Disability Assessment Services and Personal Independence Payment (PIP) assessments under single geographic contracts. These will form a building block for our new Health Assessment Service.

Separately, the Programme is integrating the services that deliver PIP and Work Capability Assessments into the new Health Assessment Service. This is being developed in a small, safe and controlled environment known as the Health Transformation Area (HTA), previously the Departmental Transformation Area. Currently, the Healthcare Professionals working in the HTA are employed by Advanced Personnel Management Group (UK) Limited, under a contract with DWP. These resources are managed by DWP. As part of our future strategy for the HTA, we intend to recruit Healthcare Professionals and for them to be employed by DWP.

Starting on a small scale, we are iterating our processes based on experience and building an evidence base to support roll out decisions on a greater scale, and ultimately nationally. The service has begun operating in a small defined part of the country and all claimants of PIP, Employment Support Allowance (ESA)/Universal Credit living within the small number of selected postcodes are included in the HTA; no additional selection criteria apply.

As part of this new service, we are developing and refining our data collection methods, so that we can accurately capture, analyse, and report the most useful metrics. In the North London (Tresco House) Transformation Area we have 71 ESA claimants, 810 Universal Credit claimants and 1422 PIP claimants currently being supported by our services.

3 Press Material

The following is a selection of news and media articles relevant to this debate.

Please note: the Library is not responsible for either the views or the accuracy of external content.

3.1 Press Articles

[Scotland's welfare body seeks to prove it can do things differently](#)

The Financial Times [subscription required]

30 January 2022

[New figures show few WCAs being carried out face-to-face](#)

Disability News Service

13 January 2022

['I had no income for three years because PIP assessor said I wasn't autistic enough'](#)

inews

11 January 2022

[DWP disability assessment firms could be stripped of contracts under Labour government](#)

The Mirror

22 December 2021

[The truth about disability benefits: 'People are killing themselves because of this system'](#)

inews

16 December 2021

[Ministers told to plan now for rising cost of social security in Scotland](#)

The Independent

10 December 2021

[Disability benefit mistakes are overturned every minute of the working day, analysis shows](#)

The Independent

3 November 2021

[Capita pays compensation to family of woman who died after benefits cut](#)

The Guardian

3 November 2021

[PIP disability benefit claims 'misrepresented' by assessors](#)

BBC

8 July 2021

[Atos, Capita and Maximus 'send almost no safeguarding referrals to councils'](#)

Disability News Service

15 April 2021

[Employment and support allowance policy for those with mental health issues lawful](#)

The Times

8 April 2021

3.2

Press Releases

[Adult Disability Payment launch dates announced](#)

Scottish Government

17 December 2021

[Health and Disability Green Paper – a cause for concern](#)

Disability Rights UK

1 September 2021

[Mind responds to Health and Disability Green Paper and UK Government's 'Health is Business' response](#)

Mind

21 July 2021

[Disabled people to have their say in shaping the future of the benefits system](#)

Department for Work and Pensions

20 July 2021

[Face-to-face assessments to resume for health and disability benefits](#)

Department for Work and Pensions

29 March 2021

[Government to end unnecessary PIP reviews for people with most severe health conditions](#)

Department for Work and Pensions

18 June 2018

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