

**Debate Pack**

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# E-petitions debate: Assessments for disability benefits

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# 1 Background

## 1.1 Reviews for claimants with lifelong conditions

### The petition

The [first e-petition \(593296\) called for an end to “reviews of PIP and ESA awards for people with lifelong illnesses”](#). It stated:

People with a lifelong illness should not be subject to regular reviews for eligibility for the Personal Independence Payment (PIP) or Employment and Support Allowance (ESA). People suffering lifelong conditions should not have to prove they are still ill every couple of years.

I and others like myself have been awarded PIP and ESA for lifelong illnesses yet have to be subjected to reviews for both benefits even though these conditions are for life!

These reviews mean that people like myself are subject to repeated interviews with people who often have no idea about the conditions we suffer from, and in many case the stress of these reviews causes a flare up and worsens the condition.

These reviews are unnecessary and need to stop!<sup>1</sup>

The petition closed on 28 January 2022, and received 29,373 signatures.

### Government response

The [Government’s response](#) – given on 10 September 2021 – stated that for Employment and Support Allowance (ESA) or Universal Credit (UC) claimants with health conditions or disabilities, reassessments are important to take into account how someone’s condition affects their capability for work over time. It noted that the Work Capability Assessment (WCA) “was designed to ensure that people receive appropriate financial support and appropriate work-related support.”<sup>2</sup>

In relation to Personal Independence Payment (PIP), the Government’s response stated:

Reviews of PIP are a key part of the benefit to ensure that awards remain correct where needs may change (including where needs increase and the award may need to increase) and that we maintain contact with the individual,

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<sup>1</sup> E-petition 593296: [End reviews of PIP and ESA awards for people with lifelong illnesses](#), closed 28 January 2022

<sup>2</sup> E-petition 593296: [End reviews of PIP and ESA awards for people with lifelong illnesses](#), closed 28 January 2022

both features that were missing from PIP's predecessor Disability Living Allowance.

It noted the length of the PIP award is based on the individual's circumstances and could vary from nine months to 10 years.

Nevertheless, the response highlighted that the Government had taken steps to avoid "unnecessary reassessments". It also acknowledged that there are people with severe and lifelong health conditions which would not improve, and wanted to test a simplified process which did not require them to undertake a health assessment.

In relation to the WCA, the Government said it had worked with healthcare professionals and other stakeholders to develop a set of criteria to waive the need to reassess people with the most severe health conditions or disabilities (unless they report a change of circumstances):

Those placed in the ESA Support Group or found to have Limited Capability for Work and Work-Related Activity (LCWRA) in UC, who have the most severe and lifelong health conditions or disabilities, whose level of function would always mean that they would have LCWRA, and be unlikely ever to be able to move into work, are not routinely reassessed.

Rather than being defined through a list of specific health conditions, the severe conditions criteria are considered as part of the WCA. This gives the individual the best opportunity to share with us the most up to date information about the functional impacts of their condition.<sup>3</sup>

In relation to PIP, the response highlighted that the Government had made changes to help reduce the frequency of repeat assessments some people need to go through. This included ensuring that people receiving the highest level of support whose needs will not improve, and most people over State Pension Age, receive an ongoing award of PIP with a 'light touch' review at the 10-year point.

The response also highlighted the proposal – set out in the July 2021 [health and disability green paper, Shaping future support](#) – to test a new 'Severe Disability Group' (SDG), so people unlikely ever to work again who would always need extra financial support to live independently could benefit from "a simplified process without ever needing to complete a detailed application form or go through an assessment".<sup>4</sup> The SDG would build on existing measures including the WCA 'severe conditions' criteria (see below), and could apply to people on PIP, ESA or UC. The response added:

We expect that the decision to place someone in the SDG will be based on information from medical professionals so we are working with a group of health and social care professionals to help us develop the criteria for the SDG and identify the evidence that would be required to meet them. We will also

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<sup>3</sup> E-petition 593296: [End reviews of PIP and ESA awards for people with lifelong illnesses](#), closed 28 January 2022, Government response

<sup>4</sup> DWP, [Shaping future support: the health and disability green paper](#), 20 July 2021, para 207

consult with charities and disabled people's organisations on the criteria. Additionally, we will work directly with disabled people and people with health conditions to develop the service, and test the approach to make sure it delivers the improvements we are seeking. This test will look at whether the SDG achieves its goals while ensuring people receive the right level of benefit. We will consider the test results alongside the responses to the Green Paper when determining whether the policy should be rolled out further.<sup>5</sup>

## Further background

Further information on the rules governing the reassessment of people who have claimed PIP, ESA, or UC with a health condition or disability, can be found in Library briefing on [ESA and PIP reassessments](#).<sup>6</sup> The briefing also gives the background to the introduction of the 'severe conditions criteria' for ESA and UC claimants, and 'light touch' PIP reviews at the 10-year point.

More information on these is given below. Progress on developing plans for a 'Severe Disability Group', and the proposal in the March [2023 health and disability white paper to abolish the WCA](#) entirely and to base entitlement to ESA and/or UC for those with health conditions or disabilities on receipt of PIP, are also covered below.

### WCA severe conditions criteria

Since 29 September 2017, some ESA and UC claimants with the most severe health conditions and disabilities have been exempt from future reassessments. Claimants meet the 'severe conditions criteria' if, following a WCA, they:

- have been assessed as having a limited capability for work work-related activity; and
- have a severe, lifelong disability, illness or health condition and are unlikely to ever be able to move into work.

A person can only meet the severe conditions criteria if they have had a WCA on or after 29 September 2017. People who have been assessed since this date and told they meet these criteria will no longer be required to attend routine repeat WCAs.

Department for Work and Pensions ([DWP guidance for healthcare professionals who undertake WCAs](#)) on behalf of the Department states that the principles behind the implementation of the 'severe conditions prognosis advice' are to:

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<sup>5</sup> E-petition 593296: [End reviews of PIP and ESA awards for people with lifelong illnesses](#), closed 28 January 2022, Government response

<sup>6</sup> Commons Library research briefing CBP7820, [ESA and PIP reassessments](#), 10 May 2019

- Reduce any unnecessary disruption caused to claimants by a repeat assessment when we do not expect re-assessments to tell us anything new for the purposes of administering their benefit.
- Reduce the burden placed on claimants to continue to produce evidence confirming the impact of a health condition or disability
- Reduce the need for the Department or CHDA [the Centre for Health and Disability Assessments, operated by Maximus] to conduct unnecessary assessments when resource could be better focused.<sup>7</sup>

The severe conditions criteria are set out in Appendix 8 of the DWP guidance for healthcare professionals, and in a Universal Credit guidance chapter.<sup>8</sup> The guidance does not list specific health conditions or disabilities, but instead sets out four conditions that must be met:

- The person's level of function will always meet the requirements for limited capability for work and work-related activity (LCWRA).
- Lifelong condition, once diagnosed – the condition will always be present.
- No prospect of recovery of function, based on currently available treatment.
- Unambiguous condition – there should be no doubt that the person is significantly and substantially impaired.

Statistics on the number of ESA claimants meeting the severe conditions criteria were given in a DWP evidence pack published alongside the health and disability green paper in July 2021.<sup>9</sup> In November 2020, 130,000 people receiving ESA had met the severe conditions criteria. 1,240,000 people receiving ESA had been assessed since the introduction of the criteria. Therefore, approximately 10% of people receiving ESA who had been assessed since the introduction of the criteria would no longer face routine repeat WCAs.

The DWP analysis also found that 643,000 people already receiving ESA in May 2020 had not yet been assessed since the introduction of the severe conditions criteria.

### PIP 'light touch' reviews after 10 years

As explained in section 2.1 of the Library briefing on [ESA and PIP reassessments](#), in August 2018 the DWP issued updated internal guidance to ensure that people receiving the highest level of support under PIP (the

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<sup>7</sup> DWP, [Revised WCA handbook](#), updated 12 December 2022

<sup>8</sup> DWP, [Universal Credit guidance: Severe conditions \(PDF\)](#), version 3.0, current April 2023

<sup>9</sup> DWP, [Shaping Future Support: The Health and Disability Green Paper, evidence pack](#), July 2021, chapter 3

enhanced rate of both the daily living and mobility components), and whose needs were unlikely to change or could get worse, would receive an ‘ongoing award’ of PIP with a ‘light touch’ review at the ten-year point (although such ongoing awards had been a feature of PIP since its introduction in 2013). The DWP also announced in March 2019 that it would no longer be undertaking regular reviews of PIP awards for claimants at or above State Pension age unless they reported a change in their needs.<sup>10</sup>

Asked in October 2022 when the DWP would publish details of the light touch process, the then DWP Minister Claire Coutinho said the Government was currently reviewing it:

The principle of a 10 year light touch review for ongoing awards was introduced in 2013. The first claims of 10 year duration are now coming due for review. We are currently reviewing the design of the light touch review process following helpful insight provided to us by stakeholders, including by Parkinson’s UK and other organisations representing people with long-term conditions. Our aim is to have the minimum necessary contact with the claimant to check whether anything has changed, adjust the award if needed, and ensure we hold up to date information.<sup>11</sup>

In July 2023, the DWP issued a [sample version of the AR2 PIP light touch review form \(PDF\)](#). The form was introduced from August 2023.

Of the 3.7 million PIP claims cleared which have resulted in an award, 410,599 (11%) have received an ongoing award with a light touch review after 10 years.<sup>12</sup>

### Severe Disability Group

The July 2021 [health and disability green paper, Shaping future support](#),<sup>13</sup> set out proposals for a new ‘Severe Disability Group (SDG)’ for people unlikely ever to work in the future, who would always need extra financial support to live independently. Such people would benefit from a simplified process to access benefits (PIP, ESA, and UC for people with health conditions or disabilities).

In March 2023 the Government published its [health and disability white paper, Transforming support](#).<sup>14</sup> In relation to the SDG, the white paper stated the Government was testing draft criteria:

127. Since the Green Paper we have made progress with our plans to test the SDG, so this group can benefit from a simplified process without ever needing to complete a detailed application form or go through an assessment. We

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<sup>10</sup> [HCWS 1376, 5 March 2019](#)

<sup>11</sup> PQ62667 [[on Personal Independence Payment](#)], 19 October 2022

<sup>12</sup> PQ177793 [[on Personal Independence Payment](#)], 17 April 2023; [DWP Stat-Xplore](#) (accessed 25 August 2023)

<sup>13</sup> DWP, [Shaping future support: the health and disability green paper](#), CP 470, 20 July 2021, paras 210-214

<sup>14</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023

have worked with an expert group of specialist health professionals to draw up a set of draft criteria which focuses on claimants who have conditions which are severely disabling, lifelong and with no realistic prospect of recovery. These criteria were shared with several charities and their feedback was used to further develop our draft criteria, which we are now testing. We will share further details as we go through testing.

128. A test of the SDG began in Autumn 2022. This policy will be tested on a small scale across a range of health conditions. We will then gather insight from service users, DWP staff and organisations to make sure it works as intended to improve the assessment process for claimants with the most severe disabilities and health conditions.<sup>15</sup>

In a written answer on 13 June 2023, the DWP Minister Tom Pursglove said that the Department would “consider the [Severe Disability Group] test results once complete to influence thinking on the next stages of this work”.<sup>16</sup>

### Proposals to abolish the WCA

In section 4 of [Transforming Support: The Health and Disability White Paper](#), the Government announced plans to abolish the Work Capability Assessment (WCA).

Under the proposals, the limited capability for work-related activity (LCWRA) element in UC – currently worth £390.06 a month – would be replaced by a new ‘health element’. This would be set at the same level, but instead of depending on a decision following a WCA, it would be available to UC claimants who also get PIP. People undergoing cancer treatment, or with a terminal illness or pregnancy risk, would continue to have automatic access to additional support, even if they are not receiving PIP.

Work-related requirements would no longer be assigned automatically. The white paper proposed a new “personalised health conditionality approach” which would allow individual DWP Work Coaches to determine what, if any, work-related requirements should apply to claimants. The Government says this would:

- reduce the anxiety claimants currently have that they might lose their benefits if they enter work,
- allow Jobcentre Plus Work Coaches to build relationships with individuals, and
- reduce the number of assessments people need to go through to access benefits.<sup>17</sup>

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<sup>15</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, paras 127-128

<sup>16</sup> PQ 188360 [[Social Security Benefits: Chronic Illnesses](#)], 13 June 2023

<sup>17</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, paras 158-162

Think tanks and campaigning organisations have expressed concerns about the proposal, including how it would affect people who would currently meet the threshold for an additional amount for ill health or disability following a WCA, but who do not qualify for PIP.

Some organisations are worried that giving DWP Work Coaches more discretion to decide work-related requirements could result in people being subject to inappropriate conditionality requirements, and potentially benefit sanctions.

For further information see the Library briefing on [proposals to abolish the Work Capability Assessment](#).

## 1.2

# Proposal to end assessments and rely on medical evidence alone

## The petition

The second e-petition (619481) [called for an end to assessments for disability benefits and for claims to be considered on medical evidence alone](#). It stated:

The Government should remove the requirement for people claiming disability benefits, such as the Personal Independence Payment (PIP), to have to go through an assessment process. Claims should be based solely on evidence from medical professionals, such as a letter from a GP or consultant.

We are concerned about how the disabled, with conditions such as inflammatory arthritis, heart disease, lung disease, respiratory diseases, poor mental health etc, are treated by the benefits system. Claimants with medical evidence of their condition should not be subject to degrading assessments.

These delays in assessing claims risk deterring genuine claims. It has to stop.<sup>18</sup>

The petition closed on 21 January 2023 and received 29,048 signatures.

## Government response

The Government response, given on 21 December 2022, stated that “assessments ensure people get the support they are entitled to”, and argued that medical evidence alone is “usually insufficient to ensure that claimants get the right support.”<sup>19</sup>

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<sup>18</sup> [E-petition 619481: End assessments and consider disability benefit claims on medical advice alone](#), 21 December 2022

<sup>19</sup> [E-petition 619481: End assessments and consider disability benefit claims on medical advice alone](#), 21 December 2022



The central argument made for the use of assessments beyond medical evidence is that the benefits are designed for specific purposes:

- income replacement for those whose capability for work is affected by ill-health or disability,
- additional costs associated with long-term ill-health or disability, and
- compensation following a work-related accident or illness.

Whether claimants are entitled to these kinds of support will not always be evident from information provided by clinicians alone.

The response adds that “each benefit has its own assessment criteria, to ensure that those who meet the entitlement conditions get the support they are entitled to” and goes on to describe the purposes that different benefits serve, as well as the role of assessments:

The Work Capability Assessment, which assesses entitlement to ESA and the additional health-related amount of UC, ensures that people receive appropriate financial and tailored work-related support. This supports those who can work to do so. It assesses people’s functional ability over a range of physical and mental/cognitive criteria, as well as several non-functional criteria covering circumstances such as cancer treatment and kidney dialysis.

PIP contributes to the extra costs of disability or long-term ill health regardless of whether someone is in work. The PIP assessment looks at the impact of a disability or health condition on someone’s ability to do a range of day-to-day activities, e.g., washing; using the toilet; communicating; and mobility needs.

IIDB [Industrial Injuries Disablement Benefit] provides non-contributory benefit for people who become disabled because of an accident at work or due to certain prescribed diseases caused by their job. The aim of the IIDB assessment is to establish the causation of the illness or disease and a percentage disablement.<sup>20</sup>

The response notes that medical evidence has a significant role in assessments, and that “wherever possible” the DWP assesses claimants based on paper evidence alone. However, the assessor’s role is to “evaluate the effects of a claimant’s health condition or disability” to determine entitlement. Medical evidence alone is “often not sufficient” for this purpose:

The assessor’s role is to evaluate the effects of a claimant’s health condition or disability on their ability to perform everyday activities, and/or to advise DWP whether the evidence, including that provided by a doctor, supports the legislative intent of the benefit in question. Factual information from a clinician about an individual’s diagnosis or treatment can be helpful, but is often not sufficient to determine entitlement to benefit. We do not expect clinicians to

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<sup>20</sup> [E-petition 619481: End assessments and consider disability benefit claims on medical advice alone.](#)  
21 December 2022

have an expert knowledge of the benefit system; their role is to diagnose and treat a person's illness.<sup>21</sup>

Finally, the Government's response outlines recent reforms and plans for disability benefits:

- Changes to [fast-tracking arrangements for terminally ill claimants](#), so that 'special rules' apply to people with a terminal diagnosis of 12 months, rather than 6 months, or less.
- The review of benefit processes and procedures then underway following the publication of [Shaping Future Support: The Health and Disability Green Paper](#) (July 2021).<sup>22</sup>
- The testing of a new 'Severe Disability Group' for people unlikely ever to work in the future, who would always need extra financial support to live independently (see above).

## Further background

The UK has a variety of different types of disability benefits designed to meet different purposes:

- Extra-costs benefits designed to help with the costs of care and mobility.<sup>23</sup> These are [Disability Living Allowance](#), [Personal Independence Payment](#) and [Attendance Allowance](#).
- Income-replacement benefits designed to provide income for those whose capability for work is affected by a disability or long-term health condition. These are [Employment and Support Allowance](#) and [Universal Credit](#).
- [Industrial Injuries Disablement benefit](#) for those who become disabled as a result of an accident at work, or because of one of over 70 prescribed diseases known to be a risk from certain jobs.

## The purpose of assessments

Assessments for extra-costs and income replacement benefits do not focus on the diagnosis a person may have – claimants are not awarded benefits because they have a particular disability or illness. Instead, they seek to assess the functional impact of disabilities and health conditions.

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<sup>21</sup> [E-petition 619481: End assessments and consider disability benefit claims on medical advice alone](#), 21 December 2022

<sup>22</sup> Since the response was given a March 2023 white paper: [Transforming Support: The Health and Disability White Paper](#) was published (see below).

<sup>23</sup> Support with mobility is only available for people making new claims below State Pension Age

Industrial Injuries Disablement Benefit (IIDB) assessments look to establish whether illness or disease is caused by employment, and functional impact ('disablement').<sup>24</sup>

### PIP assessments

Personal Independence Payment helps with the extra costs of care ('daily living') and/or mobility resulting from a disability or long-term health condition. Entitlement is assessed using a points-based test. Points are scored based on how a physical or mental condition affects claimants' ability to undertake specific daily living and mobility activities.<sup>25</sup>

Because of this, [the "how your disability affects you" form](#) claimants are expected to complete, and wider assessment process, explores the impact of conditions across these activities, rather than focusing on a medical diagnosis. 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 two 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 (WCA) 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

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<sup>24</sup> For further background See Common Library casework page, [Industrial Injuries Benefit](#)

<sup>25</sup> Set out in [Schedule 1 of The Social Security \(Personal Independence Payment\) Regulations 2013, SI 2013/377 \(as amended\)](#)

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.

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, repeatedly and safely, they are awarded the appropriate points.<sup>26</sup>

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 \(updated 21 December 2022\)](#), and a shorter [guide to the WCA for claimants](#).

### **Role of medical professionals and evidence**

Although decisions are based on functional assessments, DWP Decision Makers and assessors do in many cases use information gathered from medical professionals involved in caring for the claimant. This is considered by Decision Makers, along with other kinds of evidence and assessment reports, to determine entitlement.

[DWP Medical \(factual\) reports: A guide to completion](#) provides guidance for healthcare professionals on completing reports for the DWP or assessment providers.

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<sup>26</sup> For further background [see the WCAinfo website, run by Rightsnet](#)

The use of medical evidence was explored in the [Work and Pensions Committee's April 2023 report on Health assessments for benefits](#). Concerns expressed by those giving evidence to the committee echoed the Government's view that evidence from medical professionals involved in the care of claimants is not always suited for functional assessments:

72. One of the most common sources of evidence will be a claimant's GP, or other medical professionals involved in their treatment. However, while they can confirm diagnoses and prescriptions, we heard that they may not know exactly what is needed for a functional assessment. Dr Kieran Sharrock, Acting Chair of the General Practitioners Committee (GPC), British Medical Association, told us:

Most GPs have done very minimal training in occupational health medicine and, therefore, we are not in the best position to advise people about whether they are fit or not to work. What we can do is to provide factual information about their medical condition, and we can obviously advise about management of said medical condition. We do not really understand how medical conditions impact on people's ability to work and, therefore, it is not something that a general practice is best positioned to do.<sup>27</sup>

Similar concerns were expressed in the Second Independent Review of the Personal Independence Payment Assessment, published in May 2017. This noted that medical evidence may be sufficient to determine entitlement in some cases, but in most cases "evidence that is purely 'medical' will not be pertinent to an assessment of function":

2. PIP is intended to assess the functional impact of the claimant's condition(s) on their daily living and mobility. Medical evidence may, in certain cases, such as the most severe conditions and disabilities, provide sufficient information to accurately assess levels of functional impact in an individual case.

3. But, in most cases, evidence that is purely 'medical' will not be pertinent to an assessment of function. Individuals with similar medical conditions can experience very different functional impacts and barriers in their daily lives. A fair assessment of these cases requires evidence that directly identifies functional impacts.<sup>28</sup>

### Plans to reform the collection and use of medical evidence

In the consultation that concluded with the [March 2023 publication of Transforming Support: The Health and Disability White Paper](#), claimants said the DWP should improve its collection and use of medical evidence:

- More weight should be given to medical evidence and people's own accounts of the impact of their disability or health condition.

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<sup>27</sup> Work and Pensions Committee, [Health assessments for benefits](#), 14 April 2023, HC 128, paras 72-74

<sup>28</sup> DWP, [Personal Independence Payment \(PIP\) assessment: second independent review](#), 30 March 2017, p32

- Medical evidence should be gathered earlier in the process.
- Recognising that obtaining medical evidence is not always straightforward, DWP should collaborate with Department of Health and Social Care (DHSC) to understand how this can be overcome.
- DWP should seek evidence from healthcare professionals, support organisations, carers, social workers, family and friends.
- There needs to be more clarity about who is responsible for obtaining evidence and the type of evidence required.
- To improve consistency and to ensure assessors have the right understanding of a person's condition, assessors should show in their reports what evidence they have used, and the weight applied to it.<sup>29</sup>

As part of the Health Transformation Programme,<sup>30</sup> the DWP “is developing a more customer-focused integrated Health Assessment Service for all functional health assessments.” Among other things, this is designed to improve the way medical evidence is collected and used. The white paper states that the DWP will:

- Develop a new “user-centred service” for PIP, providing greater support to people making a claim and reducing the time involved. This will include providing “targeted content” to help people better understand if they are eligible. Application questions will be “simplified, targeted and structured” and will support assessors and decision makers to review and identify relevant information.
- Develop a more customer-focused “integrated Health Assessment Service” for all assessments, allowing easier sharing of medical evidence and greater opportunity to re-use information claimants have already provided.
- The Health Assessment Service will provide “clear, simple information, instructions and decisions, so people know what to expect and feel involved and informed”, while also enabling people to monitor and track their application and decisions.
- The new PIP service will simplify data collection processes, gathering data electronically where possible from GPs and claimants. The digital channel will also allow questions to be tailored according to information already provided, more efficient signposting of claims, and fewer additional or repeat requests for information.
- The DWP will work with NHS Digital to see what opportunities there are to share information (with people's consent) between the DWP, hospital

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<sup>29</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), 23 March 2023, para 115

<sup>30</sup> See Commons Library briefing CBP-9800, [Proposals to abolish the Work Capability Assessment](#), section 1.1

and GP IT systems to provide more standardised information earlier in the assessment process.

- The DWP will test new digital solutions to better identify the right evidence, including developing a new online tool based on an existing technology used in the NHS, to help people provide specific information relevant to their claim. This could lead to the development of an online self-assessment tool providing a guide to eligibility and what evidence is required.
- The DWP will conduct small scale testing in 2023 of a new “Health Impact Record (HIR)” – giving people the option to present evidence of the impact of their health conditions over a longer period. The white paper adds: “The HIR could also be used at the point of somebody’s reassessment or award review, and the information used to minimise the need for a face-to-face, video or telephone assessment.”<sup>31</sup>

## 1.3

# Calls for a review of the PIP application process

## The petition

The third e-petition (620692) [called for a full review of the PIP application and assessment process](#). It stated:

We want the Government to conduct a full review of the PIP process. This should look at DWP policy and the performance of ATOS and Capita, which conduct the health assessments for applicants. We believe the current process is inherently unethical and biased, and needs a complete overhaul.

We believe that the Personal Independence Payment application and assessment process is inhumane and degrading. We believe Capita and Atos are not fit for purpose to be contracted as independent assessors, and that this leads to many people being unfairly denied benefits.

79% applications that are denied and taken to tribunal are overturned. This demonstrates that many decisions are initially incorrect. We believe that too often medical evidence is ignored, and decisions are not made fairly.<sup>32</sup>

The petition closed on 15 February 2023 and received 16,561 signatures.

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<sup>31</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), 23 March 2023, paras 115-123

<sup>32</sup> E-petition 620692 [[Full review of Personal Independence Payment \(PIP\) application process](#)], closed 15 February 2023

## Government response

The Government's response – given in amended form on 1 November 2022 – stated that it had no plans to review the PIP application process, but that it would publish a white paper “on better meeting needs of disabled people and those with health conditions”, following on the green paper published in 2021.<sup>33</sup>

The Government also noted that both PIP assessment providers, Capita and Independent Assessment Services (IAS) have high customer satisfaction rating (96.6% until the end of February 2022). It also noted that the performance of these providers is measured by various service level agreements which set out the DWP's expectations:

These include quality, performance delivery targets and customer experience. Contractual remedies are in place if the provider fails to deliver against the agreed service standards and service credits are applied, where appropriate, in order to recover estimated financial loss to the department. Ultimately the department has the right to terminate the contract if there is sustained underperformance in a range of areas.<sup>34</sup>

It provided information about the PIP assessment process:

PIP relies on regular reviews based on evidence about the functional impacts of a disability or health condition to ensure the claimant receives the correct award. As part of the Functional Health Assessment process, a paper-based assessment will always be considered in the first instance for all cases. Health Professionals may contact GPs, any named specialist medical professionals or the claimant if they need more information to undertake a paper-based review. All evidence must be interpreted and evaluated using medical reasoning, considering the circumstances of the case and the expected impact on the claimant's daily living and/or mobility. Providers work continuously to drive improvements in assessment services. They have introduced new management processes to drive performance across their services, including enhanced assessment report quality checks to improve the quality of advice the DWP receives. In addition, PIP assessment reports have been redesigned to have clearer justifications which support improved benefit decision making.<sup>35</sup>

It stated the Case Managers receive “extensive training” and that the DWP has an ongoing checking regime to “drive continuous improvement and consistency”. It also noted that the Department supports Case Managers “to develop their understanding of the functional needs arising from complex health conditions and disabilities to ensure that robust decisions are reached”.

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<sup>33</sup> E-petition 620692 [[Full review of Personal Independence Payment \(PIP\) application process](#)], closed 15 February 2023, Government response

<sup>34</sup> E-petition 620692 [[Full review of Personal Independence Payment \(PIP\) application process](#)], closed 15 February 2023, Government response

<sup>35</sup> E-petition 620692 [[Full review of Personal Independence Payment \(PIP\) application process](#)], closed 15 February 2023, Government response



Finally, it noted its intention to “make the right decision at the earliest opportunity so that claimants do not have to appeal”. It therefore said it had introduced a new approach to decision making, whereby Decision Makers have additional time to contact claimants proactively “where they think additional evidence may support a claim”. This, it claimed, had “resulted in greater proportion of decisions being changed at Mandatory Reconsideration, which in turn has contributed to a reduction in the proportion of decisions resulting in an appeal lodgement.”<sup>36</sup>

## Further background

The PIP assessment is a functional assessment which looks at how a person’s ability to live independently is affected by health conditions and disabilities.

The assessment covers sensory impairments, developmental needs, cognitive impairments and mental conditions, as well as physical disabilities.

The assessment looks at the person’s ability to [undertake 12 different activities](#): 10 relate to the ‘daily living’ component and two 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.<sup>37</sup>

The DWP is responsible for handling claims for PIP and making decisions on entitlement to benefit. Contracted assessment providers are a key element in the process, however. Atos Healthcare (operating as [Independent Assessment Services](#)) holds the contracts for undertaking PIP assessments in Northern England, London, Southern England and Scotland (although PIP is being replaced in Scotland with Adult Disability Payment, which does not use outsourced assessments). Capita holds the contracts covering Wales, Central England, and Northern Ireland.

Further information and links on the PIP assessment and on how decisions on PIP claims are made is provided in the Commons Library constituency casework page on [Personal Independence Payment](#)

## Work and Pensions Committee reports

The PIP assessment process can be controversial and has received criticism since being introduced in 2013. A [Work and Pensions Committee report in 2018](#) 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 operation of both benefits. This report made a series of

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<sup>36</sup> E-petition 620692 [[Full review of Personal Independence Payment \(PIP\) application process](#)], closed 15 February 2023, Government response

<sup>37</sup> For further background [see the PIPinfo website, run by Rightsnet](#)

recommendations covering, amongst other things, recording assessments, the supply and use of evidence, clarity of communications, guidance in relation to home assessments, and the role of companions at assessments.<sup>38</sup>

In its [subsequent report, Health assessments for benefits published in April 2023](#), the current Work and Pensions Committee found that, despite some improvements made since 2018, many of the problems highlighted by its predecessor Committee remained, and that important changes to improve trust and transparency had not been made.<sup>39</sup>

### Health Transformation Programme

In March 2019 the DWP launched a “Health Transformation Programme” to develop “a new integrated Health Assessment Service”, supported by a single digital system, for both PIP assessments and WCAs.<sup>40</sup> The Department’s ambition in launching this programme was 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”.<sup>41</sup>

Through this programme, the DWP has been trialling various changes and innovations to decision making and assessment processes on a small scale in a “safe environment” called the Health Transformation Area (HTA), to inform decisions on whether to roll out the changes nationally.<sup>42</sup>

The first HTA location, in North London, was launched on 21 April 2021. The HTA was subsequently expanded to parts of Birmingham, and the DWP plans to expand to other parts of the country in the future.

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 face-to-face assessments where absolutely necessary.
- Lessons 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 give consent, reusing medical evidence the Department already holds on them, to provide a more “joined up” claimant

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<sup>38</sup> Work and Pensions Committee, [PIP and ESA assessments](#), HC 829, 14 February 2018

<sup>39</sup> Work and Pensions Committee, [Health assessments for benefits](#), 14 April 2023, HC 128, paras 72-74

<sup>40</sup> [HCWS1376 5 March 2019](#)

<sup>41</sup> Department for Work and Pensions, [Written evidence for the Work and Pensions Committee Health Assessments for Benefits inquiry](#), HAB0079, November 2021, p1

<sup>42</sup> As above, p7

experience and reduce the burden of having to provide the same information multiple times.

- How to make claimants aware of the range of support available to them both from the DWP and more widely.<sup>43</sup>

The Department now expects the programme to run until 2029.<sup>44</sup>

The Government published [Transforming Support: The Health and Disability White Paper](#) in March 2023. Alongside the proposed abolition of the Work Capability Assessment (as described above in section 1.1), this white paper provided a substantial update on the DWP's plans for its Health and Transformation Programme.

In terms of the Health Transformation Areas (HTAs), it stated that it was working towards:

- Making the claim journey more of a two-way conversation. This involves building a holistic picture of the person by seeking relevant evidence and clarifying our understanding at every stage;
- Telling people about our decisions in a simple, straightforward and compassionate way. This will help people understand the outcome we have reached and why, and also help us understand if we can provide further support; and
- Increasing the number of decisions we get right first time by engaging people throughout their journey and ensuring we are obtaining more relevant evidence earlier. This should lead to a reduction in mandatory reconsiderations and appeals and make it more straightforward to challenge the outcome of a claim.<sup>45</sup>

The white paper also said the DWP is:

- Evaluating how well telephone and video assessments are working compared to face-to-face assessments, including how award outcomes compare across channels. This work will also include “listening to the views and experiences of disabled people, DWP staff and assessment providers via external research”, to ensure an evidence-based approach to reform;
- Testing the feasibility of sharing assessment reports with people making the claim before a decision is made, “offering them the opportunity to clarify evidence so that we can make the right decision as early as possible”; and

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<sup>43</sup> As above, 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

<sup>44</sup> National Audit Office, [Transforming health assessments for disability benefits](#), 23 June 2023

<sup>45</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 109

- Progressing towards an IT system that will have the capability to record all assessments, including telephone and video, which can be shared with claimants afterwards.<sup>46</sup>

The Health and Disability white paper also announced further plans for the new Integrated Health Assessment Service. In response to suggestions for improvements about how evidence is used to inform assessments and decision making from organisations and individuals consulted on the Health and Disability green paper. More on this can be found on pages 14-15 above.

### **National Audit Office report on DWP's Health Assessment Programme**

The National Audit Office ([NAO](#)) [published a report, Transforming health assessments for disability benefits](#), on 23 June 2023. This examined the DWP's plans for its Health Transformation Programme.

It noted that there are challenges to delivering the changes to assessments planned for as part of the programme without further delay, cost overruns, or scaling back the proposals. It concluded, in terms of value for money, the transformation programme is ambitious, and that in its view it represents an opportunity to substantially improve the costs, timeliness and accuracy of functional health assessments while improving the experience for claimants and increasing the trust they have in the system.

However, the NAO also noted the gaps in the DWP's approach, such as how it will integrate the service between different assessment providers, build an interim model during the lifetime of the programme (currently due to continue until 2029) which will enable sufficient testing, and evaluate whether the programme is on track to deliver the planned benefits. It noted the DWP did not yet know how the reforms announced in the March 2023 white paper would affect the costs, benefits, and timetable of the programme, and that there would likely be a need to respond to further changes in the future. It therefore concluded that there were risks to the value for money which would need to be managed carefully.

It recommended the DWP should review its plan for these changes, in particular to include the reforms announced in the March 2023 white paper and produce an updated business case.<sup>47</sup>

### **Specialist assessors**

At present, assessors undertaking PIP assessments do not specialise in certain health conditions but are expected to be able to assess the functional capabilities of people across the whole spectrum of health conditions and disabilities. The Health and Disability white paper published in March 2023

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<sup>46</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, paras 110-113

<sup>47</sup> NAO, [Transforming health assessments for disability benefits](#), 23 June 2023

stated that evidence the DWP received from organisations and individuals in the consultation following the preceding green paper advocated that:

- Assessors should be specialists in the condition(s) they are assessing but if they are not, they should research the condition(s) before the assessment.
- There should be more assessors with personal experience of disability or who have been trained by disabled people.
- [The DWP] should liaise with organisations and charities to ensure that assessors have knowledge of a wide range of disabilities and health conditions, including mental health conditions.<sup>48</sup>

The white paper stated that the DWP will continue to develop assessors' skills and that, starting this year, "...will begin testing matching people's primary health condition to a specialist assessor." It notes:

As part of this, assessors will take part in training to specialise in the functional impacts of specific health conditions. To prepare for this test we will work with stakeholders including disabled people to build on our understanding of the range of specialisms we need to make available, as well as the improvements we need to make to the assessment process and report to deliver the right outcomes.<sup>49</sup>

In a written answer on 19 April 2023, the Minister for Disabled People, Health and Work, Tom Pursglove, said the DWP would "begin testing matching people's primary health condition to a specialist assessor" this year, and that as part of this, assessors would take part in training to specialise in the functional impacts of specific health conditions.<sup>50</sup>

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<sup>48</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 114

<sup>49</sup> DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 114

<sup>50</sup> [PQ 177845 \[on Employment: Chronic illnesses and disability\], 19 April 2023](#)

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