



BRIEFING PAPER

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Introduction of Personal Independence Payment

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Summary

Personal Independence Payment (PIP) is replacing Disability Living Allowance for people of working age. PIP is non-means-tested and is intended to help with the extra costs arising from ill health or disability. It has two components: a mobility component, based on an individual's ability to get around; and a "daily living" component, based on ability to carry out other key activities necessary to be able to participate in daily life. Each component has two rates.

When fully introduced, it is expected that around 600,000 fewer people will receive PIP than would have got DLA, and expenditure will be £2.5 billion a year lower than it would otherwise have been.

Entitlement to PIP is determined by a "new, fairer, objective assessment of individual need." Atos Healthcare holds the contracts for undertaking assessments in Northern England and Scotland; and in London and Southern England. Capita Business Services Ltd holds the contracts covering Wales and Central England; and Northern Ireland. These are separate from the DWP Medical Services contract, now held by Maximus.

The timetable for introducing PIP has been revised twice. In December 2012 DWP announced that PIP would be introduced for new claims from April 2013 as previously announced, but for most existing DLA claimants reassessment would not begin until October 2015. Reassessment of DLA claimants with fixed-term awards, or reporting changes in circumstances, was to have started nationally in October 2013, but from that month it commenced in certain areas only. Reassessment is gradually being extended to further postcode areas. The Government said that a more "controlled approach" to the introduction of PIP would enable it to learn lessons from the "living running" of the new benefit.

In a report in February 2014, the National Audit Office said that "poor early operational performance" had led to "long uncertain delays" for PIP claimants. The Department had failed to allow sufficient time to test the new system, and unexpected delays in the assessment process had led to a large backlog of claims. NAO recommended that the DWP set out a clear plan for informing claimants about the likely delays they would experience, while plans to improve performance took effect.

Both the Work and Pensions Committee and the Public Accounts Committee described the level of service to PIP claimants and the length of time people are having to wait for decisions on PIP claims as unacceptable. In June 2014 the then Chair of the Public Accounts Committee, Margaret Hodge, said the implementation of PIP had been "nothing short of a fiasco." The Government acknowledged that the situation was not satisfactory and said it was "working collaboratively" with the assessment providers to improve performance and reduce the backlog of claims.

The last Government said that, as a result of actions it was taking, by autumn 2014 no PIP claimant would have to wait more than six months and by the end of 2014 no one would be waiting more than 16 weeks. However, this commitment relates to how long a person has to wait for an assessment once they have returned the completed form, not the overall end-to-end journey from initial contact with the Department to the decision on their claim.

Statistics released by DWP in May 2015 show that, for new PIP claims (excluding those under the special rules for terminally-ill people) "cleared" in March 2015, the average time from registration of the claim to a decision was 15 weeks (down from a peak of 41

weeks in July 2014), and 11 weeks from referral to the assessment provider to a decision. For DLA reassessments, the average interval from registration to decision was 11 weeks (down from 32 weeks in August and September 2014), and 6 weeks from referral to the assessment provider to the decision. The next statistical release is expected on 17 June.

On 5 June the High Court ruled that the length of time two claimants had had to wait for a decision on their PIP claims was unacceptable and unlawful, but did not breach their human rights. The Government is considering the terms of the judgment.

1. Overview of Personal Independence Payment

Personal Independence Payment (PIP) is replacing Disability Living Allowance for people of working age. Part 4 of the *Welfare Reform Act 2012* provides the framework for PIP, but the detailed rules for the new benefit are set out in regulations.

Box 1: Personal Independence Payment key features

- non-means-tested, non-taxable benefit payable whether in or out of work, to help with the extra costs arising from ill health or disability
- It replaces Disability Living Allowance (DLA) for people of working age (16-64). People aged 65 or over on 8 April 2013 can continue to get DLA
- consists of two components – a mobility component, based on an individual's ability to get around; and a "daily living" component, based on their ability to carry out other key activities necessary to be able to participate in daily life – each paid at two rates ("standard" or "enhanced")
- weekly rates from April 2015: standard mobility £21.80, enhanced mobility £57.45; standard daily living £55.10, enhanced daily living £82.30
- no automatic entitlement for people with particular conditions (although the existing DLA rules for people with a terminal illness will be carried over to the new benefit)
- entitlement determined by a "new, fairer, objective assessment of individual need" to ensure support is "targeted on those individuals whose health condition or impairment has the greatest impact on their day-to-day lives"
- Advice from an "independent healthcare professional" integral to the assessment process. In most cases, this will involve a face-to-face meeting with the claimant
- all PIP awards to be subject to periodic review
- fewer will receive PIP than would have received DLA – by 2018, it is estimated that around 607,000 fewer people will receive PIP than would have got DLA and expenditure will be £2.5 billion a year lower than it would otherwise have been the case under DLA

In addition to saving money, the 2010 Government believed that Personal Independence Payment would have certain advantages over Disability Living Allowance:

- It would target support more closely on those most in need of support
- It would be more responsive as claimants' circumstances change
- It would be based on a fairer, more transparent and consistent assessment of need
- It would be easier for claimants, DWP staff and disability organisations to understand¹

The Department for Work and Pensions is responsible for handling claims for PIP and making decisions on entitlement to benefit. Contracted assessment providers are however a key element in the claims process. The application form and any accompanying evidence submitted by the claimant are forwarded the assessment provider, who decides whether a face to face consultation is necessary. The

¹ National Audit Office, [Personal Independence Payment: early progress](#), HC 1070 2013-14, 27 February 2014, para1.5

Government’s initial expectation was that around a quarter of PIP claims could be decided on the basis of the completed form and evidence submitted, without the person having to attend a face to face assessment.²

The following figure, from the February 2014 National Audit Office report *Personal Independence Payment: early progress*, sets out the DWP’s initial assumptions about how long each stage in the PIP claims process would take.³ As it indicates, there is a more streamlined process for terminally ill claimants.⁴

Figure 3
Personal Independence Payment claims process

The process relies on contracted assessment providers and claimants

New claims process	Description	Expected timing	
		Non-terminally ill	Terminally ill
Claims started	Claimant calls Department to start claim	Day 1	Day 1
	Department takes preliminary details of claim by phone	Day 1	Day 1
Evidence gathering forms returned	Department sends evidence gathering form to non-terminally ill claimants or acknowledgement letter to terminally ill claimants	Day 1	Day 1
	Department receives completed form and medical evidence	Day 22	n/a
Claims passed to assessment provider	Department passes form and evidence to assessment provider	Day 22	Day 1
	Assessment provider decides if a face-to-face consultation or paper-based assessment is appropriate	Day 24	Day 1
Assessments completed	Assessment provider completes assessment and returns claim	Day 64	Day 3
	Department decides claim and sends decision letter	Day 74	Day 10
Decisions made	Department calls claimant to explain disallowance (if relevant)	Day 74	Day 10
	Claimant requests reconsideration of decision from Department	n/a	n/a
Reconsiderations requested	Department completes reconsideration	No time limit for completion	
	Claimant lodges appeal with HM Courts & Tribunals Service	n/a	n/a
Appeals submitted	HM Courts & Tribunals Service decides appeal	16 weeks to hear appeal once received	

Notes

- 1 Planned timings are measured in calendar days.
- 2 Planned timings show the Department’s initial assumptions about how long Personal Independence Payment claims take to process. At this stage, assumptions were estimates with the acceptance that volume and process timings could differ. The Department revised these assumptions, which remain indicative, in September and October 2013 and is continuing to review them over time.
- 3 Planned timings for evidence gathering forms being returned and decisions made include the time taken to scan completed claimant questionnaires, additional evidence provided by claimants and assessment provider reports.
- 4 Claimants can return the evidence gathering form at any point up to Day 40. Claimants have one calendar month to request a reconsideration if they are unhappy with the Department’s initial decision. The Department has not introduced a time limit for completing a reconsideration. Claimants have one calendar month from the date of the reconsideration to submit an appeal with HM Courts & Tribunals Service.

Source: National Audit Office analysis of departmental data and process walk-throughs

² HC 916 2012-13, Q14

³ HC 1070 2013-14, 27 February 2014

⁴ For the purposes of the special rules, a person is terminally ill if they suffer from a progressive disease and as a consequence their death can reasonably be expected within six months (section 82(4) *Welfare Reform Act 2012*)

2. Assessment provider contracts

Assessments for Personal Independence Payment are carried out by assessment providers. There are four separate contracts, covering different geographical areas (“Lots”). The three contracts for Great Britain were awarded in August 2012, and the fourth contract – for Northern Ireland – was awarded in November 2012.⁵ The contract holders are:⁶

Lot 1 - North West England/North East England/Scotland/Isle of Man

- Atos Healthcare

Lot 2 - Central England/Wales

- Capita Business Services Ltd

Lot 3 - London/Southern England

- Atos Healthcare

Lot 4 - Northern Ireland

- Capita Business Services Ltd

The areas covered by Capita account for 23% of assessments in Great Britain.⁷ The total value of the contracts held by Atos in Great Britain (Lots 1 and 3) is around £390 million, while Lot 2 (held by Capita) is worth £122 million.⁸

These are separate from the DWP Medical Services contract, and were unaffected by the “early exit” of Atos Healthcare from that contract.⁹

Atos and Capita have taken slightly different approaches to assessments. Atos subcontracts assessments to 14 smaller organisations, who undertake most assessments at assessment centres. Atos retains responsibility for administration and quality assurance, however. Capita has adopted a more “in-house” approach, directly employing health professionals. Capita aims to assess 60% of claimants in their own homes, but claimants also have the option of an appointment at an assessment centre.¹⁰

⁵ PIP has not yet been introduced in Northern Ireland. A [Welfare Reform Bill](#) – which would have made equivalent provision in Northern Ireland to the Welfare Reform Act 2010 in Great Britain – failed to pass its Final Stage in the Northern Ireland Assembly on 26 May 2015

⁶ DWP, [Health and Disability Assessment Services Framework](#)

⁷ NAO, [Personal Independence Payment: early progress](#), HC 1070 2013-14, 27 February 2014, para1.10

⁸ HC Deb 21 January 2014 c166w

⁹ HC Deb 27 March 2014 cc56-58WMS. The new Medical Services contractor – Maximus – took over from Atos on 1 March 2015

¹⁰ NAO, [Personal Independence Payment: early progress](#), HC 1070 2013-14, 27 February 2014, para1.11

3. Timetable for introduction

The Government originally proposed to introduce PIP for new claims starting from April 2013 (initially in certain parts of North West and North East England), with reassessment of existing working-age DLA claimants to start from October 2013. By spring 2016, all working-age DLA claimants would have been contacted about reassessment.

However, in December 2012 the Government announced a “significantly slower migration profile” to PIP. PIP would be introduced for new claims from April 2013 as previously announced, but the main reassessment programme would not start until October 2015. The revised plan comprised:

From April 2013

New claims for PIP taken in a “controlled start area” covering selected postcodes in North West and North East England.

From June 2013

New claims taken across Great Britain

From October 2013

The following DLA claimants would be “invited” to claim PIP:

- Children turning 16 (except those awarded DLA under the special rules for terminal illness) when their existing fixed term award was coming to an end;
- People experiencing a change in their health condition or disability that would affect their rate of payment;
- Those with a fixed term award about to end; and
- “Self-selectors” – existing DLA claimants wishing to claim PIP

This stage was referred to as “natural reassessment.”

From October 2015

All remaining DLA claimants would be invited to claim DLA. This final “managed reassessment” stage was expected to be completed by October 2018.¹¹

The DWP expects to receive 3.6 million claims for PIP between April 2013 and December 2017, comprising 1.9 million new claims (around 30,000 a month) and 1.7 million claims from existing DLA claimants.¹²

3.1 Changes announced in October 2013

New claims for PIP were taken on the controlled start area from April 2013, and nationally from June 2013, as planned.

The reassessment of existing DLA claimants for PIP was to have commenced in October 2013, but on 21 October the Government announced that, in light of the experience with the new benefit to date,

¹¹ For further details see part 7 of Library briefing SN06538, [Draft Social Security \(Personal Independence Payment\) Regulations 2013](#), 28 January 2013

¹² NAO, [Personal Independence Payment: early progress](#), HC 1070 2013-14, 27 February 2014, para 1.3

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the Government intended to take a more “phased start” to reassessments. It said that a more “controlled approach” to introducing the benefit would enable it to “learn lessons from live running”, and to consider the findings of the first independent review of PIP in 2014.¹³

The revised [Timetable for PIP replacing DLA](#) (last updated April 2015) is available at GOV.UK. **From 28 October 2013**, reassessment of some existing DLA claimants started in Wales, East Midlands, West Midlands and East Anglia (i.e. the areas there assessments are carried out by Capita). Those to be reassessed were:

- Claimants with fixed period DLA awards ending on or after 17 March 2014 (reassessment activity starts approximately 20 weeks before existing DLA awards end);
- young people turning 16;
- those where there is a report of a change in the DLA claimant’s health condition or disability; and
- existing DLA claimants aged 16-64 wishing to make a PIP claim.

From January 2014 reassessment of the above groups commenced in parts of southern Scotland, and subsequent expansions were announced up to July 2015.

The current DWP [PIP postcode map](#)¹⁴ indicating the dates at which reassessment activity was scheduled to begin in each part of Great Britain is in the annex to this briefing.

As regards the timetable for “managed reassessment”, the note states:

From October 2015

All the remaining claimants in receipt of a DLA award will be invited to make a claim for PIP. DWP will randomly select DLA claimants in receipt of an indefinite award or a fixed term award, and notify them about what they need to do to claim PIP. DWP will invite claims as early as possible from recipients who have turned 65 after 8 April 2013, when PIP was first introduced.

By late 2017

All existing DLA claimants (aged 16 to 64 on 8 April 2013) will have been invited to claim PIP.

The note also gives information on the reassessment timetable by age of DLA claimant.

¹³ HC Deb 21 October 2013 :c8WMS

¹⁴ Last updated 13 April 2015

4. DLA claimants experiencing a change in their condition

Welfare rights organisations have flagged up a particular concern about the rules which apply when a person currently in receipt of DLA is reassessed for PIP following a notification to DWP that their disability needs have changed. The problem affects people in receipt of DLA whose condition changes such that they are eligible for Personal Independence Payment at a higher rate than their existing award. Whereas under the previous DLA rules, they could have had the higher award backdated to the point at which they notified DWP of the change, where the notification triggers a reassessment for PIP, the **new award only applies from 28 days after the date of the PIP decision**. This can mean that some people lose out on a significant amount of money, especially if there are delays in processing PIP claims.

The relevant provisions are in the [Personal Independence Payment \(Transitional Provisions\) Regulations 2013 \(SI 2013/387\)](#). The regulations provide that where a person entitled to DLA notifies DWP of a change of circumstances and they are in one of the reassessment postcode districts (see the Annex to this briefing) they are “invited” to claim PIP and the notification cannot be treated as a “supersession” of their DLA award. Until such time as the decision is made on the PIP claim, the DLA award continues to be paid at the existing rate. The new award of PIP only takes effect 28 days after the PIP decision.¹⁵

In its submission to the first independent review of the PIP assessment, the National Association of Welfare Rights Advisers (NAWRA) commented:

We understand that the policy intention behind a 4 week run on of DLA was to protect those people who would lose out by receiving a lower or no award of PIP following their “natural assessment”.

However NAWRA members have dealt cases where those who have received a higher award of PIP have lost out significantly. Many of these cases have been terminally ill claimants. Due to long delays in the process claimants are not just losing out on the 4 week increase they are losing out in most cases on at least 6 months increase as PIP is only paid 4 weeks after the date of the decision. This also has a knock on effect on means tested benefit such as Income Support and Housing Benefit.

In an area undergoing “natural assessment” claimants and advisers are faced with the perverse situation where two people may have a change of circumstances and one received an increase from the date they report it as they are in a non “natural assessment” area and the other does not receive any arrears as they are within a “natural assessment”.

It seems then that any limited transitional protection afforded to PIP “losers” from the 4 weeks seems then to be financed by a tax on the “winners” and in many cases the terminally ill.

¹⁵ See regulations 3(5), 17(1) and 20(2)

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NAWRA are sure that it cannot be the intention to penalise severely disabled people and those with at terminal illness in this way. We would welcome any review in to this particular provision within the regulations.¹⁶

The issue was also touched upon in the Work and Pensions Committee's one-off evidence session with the Ministers on 10 September 2014,¹⁷ but was not addressed in detail either then or in the Minister's subsequent letter to the Chair.¹⁸

¹⁶ [Personal Independence Payment – Independent Review: A Call for Evidence: NAWRA Response](#), August 2014

¹⁷ HC 644 2014-15, 10 September 2014. See QQ52-54

¹⁸ [Letter from the Minister for Disabled People to Dame Anne Begg](#), 11 September 2014

5. National Audit Office report

On 27 February 2014 the National Audit Office published a report, *Personal Independence Payment: early progress*,¹⁹ which examined the operational performance of the Department for Work and Pensions as it introduced PIP. It considered how developments up to October 2013 compared with the Department's plans set out in May 2013.

In a press release accompanying the report, the head of the NAO, Amyas Morse, said:

It is too early to conclude on the Personal Independence Payment programme's overall success and all major programmes run the risk of early operational problems. However the Department did not allow enough time to test whether the assessment process could handle large numbers of claims. As a result of this poor early operational performance, claimants face long and uncertain delays and the Department has had to delay the wider roll-out of the programme. Because it may take some time to resolve the delays, the Department has increased the risk that the programme will not deliver value for money in the longer term.

The NAO found that in mid-2013 backlogs had developed and DWP had made far fewer decisions on PIP claims than it expected. By October 2013, 166,000 new claims had been received and there were 92,000 people whose claims were outstanding with assessment providers - almost three times the number expected at this stage.

Claimants were facing delays, and the Department was unable to tell people how long they would have to wait, potentially creating distress and financial difficulties. It was expected that claims would take around 74 days to decide, but the actual average wait was 107 days. For terminally ill claimants, claims were taking 28 days on average to decide, against the Department's assumption of 10 days.

The NAO found that backlogs had developed for a number of reasons. These included:

- A far higher proportion of new claims than was expected contained information that conflicted with existing data on the claimant held by DWP, leading to delays in processing new claims;
- Claimants were taking longer than expected to return claim forms; and
- A higher proportion of claims requiring face to face assessments than expected (97-98%, against an expected 75%), and the end-to-end assessment process taking longer than expected. The DWP had estimated that the process could be completed within 30 days, but by October Atos had completed only 55% of assessments within this timeframe and Capita 67%.

As regards oversight of the assessment providers, the NAO commented that despite improvements in the Department's commercial approach to contracting, Atos and Capita had not achieved the planned levels of performance. Between April and October 2013, "service credits" (i.e.

¹⁹ [HC 1070 2013-14](#)

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financial penalties) totalling around £1 million had accrued over the two contracts (£0.8 million against Atos and £0.2 million against Capita).

The NAO said that while DWP had decided in a controlled start and phased roll-out to reduce risks in the programme, it had left little time to test whether it could handle a large volume of claims.

The NAO noted that during 2014 the Department planned to reduce assessment backlogs and expand the roll-out of PIP. The NAO recommended that, as it prepared to process a much larger number of claims, DWP would need to show that it had-

- Set out a clear plan for informing claimants about the likely delays they will experience while plans to improve performance take effect or in the event of problems in the future.
- Tested assessment providers' and departmental plans for dealing with backlogs and increased numbers of assessments.
- Tested its operating assumptions across the whole claim process, to identify and prevent future bottlenecks.
- Identified any outstanding commercial risks in its relationship with contracted assessment providers that might affect operational recovery.
- Revised expected benefit savings and longer-term risks to the programme.

In a statement in response to the NAO report, the then Chair of the Public Accounts Committee, Margaret Hodge, said:

I was shocked to learn that, not only will Personal Independence Payment claims cost almost three and half times more to administer than Disability Living Allowance, they also take double the amount of time to process. The current backlog and delays in processing claims are simply unacceptable and will no doubt cause real distress for vulnerable claimants. Without the Department for Work and Pensions sharing details of how long claims should and do take, claimants are left facing uncertainty and potential financial difficulties whilst waiting for a decision. Once again we see the Department under-performing - and we have little faith that costs will not increase down the line as it tries to get things under control.

The Department need to understand the causes of this backlog to develop a clear plan on how they are going to work with contractors to clear it, and ensure there are suitable processes in place to make sure this does not happen again. I look forward to discussing their progress on dealing with this backlog when they come before us on the 20 March.²⁰

²⁰ [PAC news item: Chair's statement](#), 27 February 2014

6. Work and Pensions Committee report

The Work and Pensions Committee's report [Monitoring the Performance of the Department for Work and Pensions in 2012-13](#) published on 18 March 2014²¹ included a section on implementation of Personal Independence Payment. The introduction to the section stated:

17. We became concerned in autumn 2013, based on our own constituency experience and that of other Members, and reports we were receiving from disability organisations, that there were problems with PIP implementation. Claimants have faced long delays—in some cases six months or more—before they have received a decision on their eligibility. Some of the affected claimants are people with terminal illnesses. Problems have also been reported in the service that claimants are receiving, both from DWP and from its contracted providers for PIP, Atos Healthcare and Capita Business Services. We decided to put our concerns to the Minister for Disabled People (Mike Penning MP) in an oral evidence session, which took place on 11 December 2013. This chapter explores our concerns and the action DWP is taking in response.

The Committee believed that the level of service then offered to PIP claimants and the length of time disabled people were having to wait to find out if they are eligible for PIP was unacceptable. Ad hoc statistics published by DWP on 11 February 2014 showed that 229,700 new claims had been submitted up to the end of December 2013, but only 43,800 decisions had been made.²² Noting that some claims are taking six months or more to process, the Committee called for “urgent action” to tackle the “unacceptable service” provided to PIP claimants.

As regards the reasons for delays in decisions on claims, the Committee said that the DWP Benefit Director had mentioned three main contributing factors, when giving evidence to it:

Claimants were not getting through the security questions used to confirm an individual's identity when they made the required initial application by telephone. This meant that a follow-up call was required. DWP was seeking to address this by broadening the range of security questions to help claimants through the security process. [36] The NAO report indicates that DWP assumed that new claims information would conflict with existing data in only 20% of claims; the actual figure for initial claims was 83%. [37]

Claimants were taking longer than expected to return the written claim form (the PIP2 form) which follows the initial registration of a claim by telephone. Four weeks are allowed for this but it was taking longer for claimants to provide the necessary supporting information. DWP was looking at ways to improve the way it communicated with claimants, so that they understood what was required. It was also considering options to carry out more of the process by phone, or allowing claimants to submit evidence electronically. [38]

²¹ HC1153 2013-14

²² DWP, [Personal Independence Payment: management information](#), 11 February 2014

The contracted providers were taking longer to carry out the assessment process than envisaged. This included booking the appointment for the face-to-face assessment; carrying out the assessment; auditing the assessment; and passing the recommendation back to the DWP decision-maker for the final decision on the claim. [39]²³

The Committee commented:

46. One of the most worrying issues for claimants is the inability to establish what has happened to their claim. As constituency MPs we have received many complaints from claimants who feel they are being passed back and forth between DWP and the contracted providers with no-one accepting responsibility for the delays or for providing an update on progress with the claim.

47. The NAO points out that DWP has not told claimants how long claims should take and the delays and lack of information about claims is leading to uncertainty and stress. In addition, although successful claims are backdated, claimants may face short-term financial difficulties while they wait for a decision. The NAO recommends that DWP "set out a clear plan for informing claimants about the likely delays" while they work on improving performance. [66]

The Committee recommended that penalty clauses in the DWP contracts with the assessment providers be invoked where necessary, that the Department cleared the existing backlog of PIP claims before reassessment of existing DLA claimants was extended, and that all necessary resources be devoted to meeting a seven day target for processing PIP claims from terminally ill people. The full extract from the Committee's report setting out its recommendations on PIP is below (original emphasis).

48. We agree with the Minister that the current level of service offered to PIP claimants and the length of time claimants are waiting for decisions on their PIP applications is not acceptable. People should not be forced to wait six months or more to find out whether they are entitled to financial support towards the additional costs of living with disabilities and health conditions. Urgent action is required. We recommend that DWP closely examine its own systems and that it work with the contracted providers to resolve the current dire situation. Penalty clauses (service credits) contained in the contracts with providers should be invoked where necessary. We also recommend that DWP clear the existing backlog of claims, and reduce the average time taken to process new claims to the expected 74 days, before it extends the natural reassessment of existing DLA claims to other parts of the country.

49. We agree with the National Audit Office that DWP needs to address the stress and uncertainty being faced by PIP claimants suffering delays. We support its recommendation that DWP set out a plan for informing claimants about the delays they are likely to face. We also recommend that DWP takes immediate steps to ensure that claimants are given accurate and timely information when they raise queries about progress with their claim with either DWP itself or with the contracted providers.

²³ HC1153 2013-14, para 29

50. It is particularly important that claims from terminally ill people are expedited and that as much of the stress as possible is removed from the process they have to go through to claim PIP. We recommend that DWP set a target of seven days for processing PIP claims from terminally ill people and that it devotes all the necessary resources to ensuring that this target is met.

51. We recommend that DWP also take steps to establish a mechanism for expediting claims from people who may not have a terminal diagnosis, but who have rapidly deteriorating conditions, resulting in a similar need for immediate financial support.

52. The fact that claimants are taking longer to return written PIP claims forms and to provide supporting evidence suggests that the claim form, and the guidance for claimants on accompanying information, need improvement. It may also be the case that the four weeks allowed to return the form and supporting evidence is insufficient. These factors may be contributing to the higher than expected level of face-to-face assessments deemed by the providers to be required. We recommend that DWP consult stakeholders on the adequacy of the PIP claim form and the accompanying information provided to claimants and make amendments to both if these are found to be necessary. The time allowed to submit the completed form and supporting evidence should also be reassessed and extended if necessary.²⁴

7. Public Accounts Committee inquiry

On 20 March 2014 the Public Accounts Committee held an evidence session on Personal Independence Payment. It took oral evidence from representatives of disability and welfare rights organisations, from representatives of Atos and Capita, and from civil servants.²⁵

The representatives from welfare rights and disability organisations detailed the problems delays in processing PIP claimants were causing for disabled people and their families. Lesley Hawes, Chief Executive of DABD UK (Disablement Association of Barking & Dagenham) gave some examples of cases they had encountered:

Someone with severe mental health problems including depression, stress and anxiety requested a form in July 2013. We filled in the form in August 2013. Atos completed the assessment in late November and DWP notified the person that they were entitled to an award, but it was seven and a half months before that award was in. In the meantime, there was significant stress to the client and they ended up needing a hospital intervention because they did not know where to go for help. We were providing them with help, but they were gradually deteriorating.

In another case, we had a client living with her husband, also with health problems. We requested forms in August 2013 and they were returned. The client did not hear anything more until December 2013...

The form was submitted in September. The client did not hear anything and rang the DWP in December 2013, and again in January. On both occasions she was told that the assessment would be arranged and that Atos would be in touch but, to date, she has had no communication from Atos over a period of seven months. She has diabetes and gastric problems and requires a specific diet. We have had to refer her to places where we can get food that is relevant to her. She is using the social fund and other services to be able to survive. Obviously, her health in the meantime has deteriorated.

[...]

A client requested forms in August. They were completed and returned at the end of August. She has not had any correspondence at all about it. She has mental health issues, including psychotic episodes, as well as learning difficulties. She requires extra one-to-one support most of the time. The ESA does not cover her needs, so we are, once more, providing other sorts of charitable things. Otherwise she is using different services from social services and others that we are able to access.

The disability and welfare rights representatives detailed problems with initial telephone contacts when making a claim for PIP, difficulties getting information on how applications were progressing, problems as a result of assessment providers not getting evidence from health and

²⁵ [Oral evidence: Personal Independence Payments, Thursday 20 March 2014](#), HC 1116 2013-13

social care practitioners to support claims, delays getting appointments for assessments, and assessments cancelled with little or no notice.

Questioned by the Committee, a spokesperson from Atos Healthcare denied that the company had made incorrect claims in its original tender document about agreements with third parties to provide premises for assessments, but said that around 40% of PIP claimants faced travelling times to assessment centres in excess of 60 minutes. For the Government, the DWP Permanent Secretary, Robert Devereux, denied that the Government had failed to check whether the assessment providers could provide the level of services promised and said that backlogs were due to processes taking longer than expected and more face to face assessments taking place than was envisaged.

In response to questions about what the Department had done to tackle delays in processing PIP claims, Jason Feeney, DWP Benefits Director, said that there had been “significant improvements on terminally ill cases” since the NAO had examined the situation in October 2013 and that the Department had “concentrated a lot of energy and focus” fast-tracking those cases. He continued:

In terms of other customers, I have made it clear that we expect the process to take 12 to 15 weeks. It is not taking that. We expected it to be three to four months; it is now six months-plus for many customers. We are not happy with that. We acknowledge that. We are taking a number of steps in the Department and with providers to increase the capacity to address the fundamental issues of the number of cases that we see face to face, and the number of cases that are assessed on paper and the length of time it is taking health care professionals to become familiar with the assessment.²⁶

7.1 The Committee’s report

On 20 June 2014 the Committee’s report on *Personal Independence Payment* was published.²⁷ In an accompanying press release, the Committee’s Chair, Margaret Hodge, said that the implementation of PIP has been “nothing short of a fiasco” and that the Department for Work and Pensions had “let down some of the most vulnerable people in our society, many of whom have had to wait more than 6 months for their claims to be decided.”²⁸

The Committee’s key findings included:

- Critical assumptions about the process were not fully tested and proved to be incorrect, resulting in significant delays to benefit decisions and a backlog of claims. DWP expected 75% of assessments would be face-to-face consultations rather than on paper, and that they would take 75 minutes on average to conduct. In practice, over 97% of assessments have been face-to-face consultations and they take around 120 minutes. Failure to pilot the end-to-end process meant that contractors’ planned staff

²⁶ Q151

²⁷ [HC 280 2014-15](#)

²⁸ “[Implementation of Personal Independence Payments nothing short of fiasco](#),” Public Accounts Committee press release, 20 June 2014

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numbers were inadequate, benefit decisions were delayed and backlogs developed.

- The process for claiming PIP had proved “inaccessible and cumbersome” for claimants. The default telephone claims process deterred and delayed some people from making a claim, and obtaining an alternative paper-based claim form was difficult and time-consuming. Assessment providers had also encountered difficulties obtaining evidence to support claims from third parties such as GPs, physiotherapists and social workers
- There had been “unacceptable delays in making benefit decisions, placing unwarranted pressure on claimants, disability organisations, and other services.” Many claimants had had to wait over six months for their claim to be decided. Cases were highlighted where people had been unable to afford specialist diets for their condition, where people had resorted to discretionary housing payments, food banks, loans and charitable sources to cover living costs, where family members had had to stop work or reduce their hours to help provide care, and where the additional stress had led to people needing hospital treatment. Delays also meant that families were unable to access “passport” benefits such as Carer’s Allowance, disability premiums and concessionary travel.
- The Department and its contractors had “failed to provide an acceptable standard of service to claimants.” Claimants had experienced difficulties in arranging appointments, long and difficult journeys to assessment centres, assessment providers had cancelled home visits at the last minute, and assessors had failed to turn up when claimants have travelled to assessment centres.

The Committee also had concerns about the assessment provider procurement process, recommending that the Department should “challenge inaccurate or exaggerated claims made in bids.” In the press release accompanying the report, Margaret Hodge said:

We are concerned that Atos appears to have included incorrect and potentially misleading information in its bid for the contract. Atos stated in its tender document that it had “contractual agreements” in place with a national network of 56 NHS hospitals, 25 private hospitals and over 650 physiotherapy practices to provide assessments. This turned out not to be true.

The Department should challenge claims made in bids, so that it can demonstrate it has not relied on inaccurate or exaggerated information when awarding contracts.

We would have expected the Department to have exercised particular caution in letting this contract, given the poor performance of Atos on Work Capability Assessments. The Department must take into account previous performance on similar work when running a procurement.²⁹

The Committee recommended that, among other things, the Department-

- should make the process easier for claimants by, for example, making paper claim forms available through recognised voluntary

²⁹ [“Implementation of Personal Independence Payments nothing short of fiasco,”](#) Public Accounts Committee press release, 20 June 2014

organisations; and ensure that third parties supply information on claimants where relevant and do this in good time.

- must speed up all stages of the process to ensure benefit decisions are made on a timely basis and tackle the backlog of cases that had arisen.
- should ensure that it, and its contractors, provide an acceptable level of service to claimants by minimising delays and travel times, making home visits when arranged, improving administrative processes, and providing better information to claimants.

8. The Government's response

The Government's response to the Work and Pensions Committee's report was published on 20 June 2014³⁰ - the same day that the Public Accounts Committee's report was published (see above). It stated that DWP was "working collaboratively" with the assessment providers to improve performance and reduce backlogs:

The Department is working collaboratively with both assessment providers on a wide range of improvement measures to improve the quality of referrals to assessment providers such as checking that claimants who have not returned their claimant questionnaire still wish to proceed with a claim.

Assessment provider access to information and services has been improved, by providing increased service availability of the PIP Assessment Tool so that assessment providers can access it up to 10pm every weekday. They have been offered increased flexibility in the way they deliver the service, allowing claimants, who choose to do so, to travel further to assessments or to choose to be seen in consulting rooms not located on the ground floor.

Both assessment providers have now agreed plans with the Department for improving performance and reducing the backlog of cases. Within the Department we are continually looking at how we can improve the operational processes and the next series of improvements.³¹

In response to the Committee's recommendation that DWP invoke penalty clauses in assessment providers' contracts where necessary, the Government said that the Department was managing the contracts "robustly":

We have a full set of service level agreements, setting out our expectations for service delivery, including quality of assessments, number of days to provide advice to the Department, and evidence of claimant satisfaction. These service level agreements are being monitored and, where appropriate, Service Credits (a form of financial redress) will be applied. This means that the contracts allow us to recover any financial loss to the Department caused by poor performance. The Department also has the right to terminate the contract if there is sustained underperformance.³²

Regarding information for claimants on the progress of their claims and how long they would take, the Government said that DWP had:

- Updated the online "[PIP Toolkit](#)" to provide better information for support organisations, including "realistic" estimates of how long claims might take, and information on what claimants could do to speed up the process; and
- From 28 April 2014, began sending text messages to keep claimants informed about the progress of their claim at "key points of the journey."

³⁰ [HC 394 2014-15](#)

³¹ Ibid. p3

³² Ibid. p3. In a written answer on 8 July the then Minister for Disabled People, Mike Penning, said that "Current details of the value of any service credits applied under the contracts are commercially confidential." HC Deb 8 July 2014 c279w

The Department was aiming to reduce processing time for claims under the “special rules” for people with terminal illnesses.³³ Although the Government was “not in favour of setting targets” the then Minister of State for Disabled People (Mike Penning) had stated his aspiration for special rules claims to be cleared wherever possible within seven days. DWP was continuing to work with Macmillan and other organisations that represent terminally ill claimants to improve the claims process and speed it up as much as possible. In addition, it was ensuring appropriate resources were deployed for special rules claims, for example on the dedicated special rules claims service introduced in February 2014.³⁴

The Government did not however believe that a formal process for fast-tracking claims from people not falling under the special rules. In response to the Committee’s recommendation that the DWP “take steps to establish a mechanism for expediting claims from people who may not have a terminal diagnosis, but who have rapidly deteriorating conditions, resulting in a similar need for immediate financial support” it said:

There is no automatic entitlement to Personal Independence Payment by virtue of a health condition or impairment, other than provisions for people who are terminally ill. We do not think it right that we should judge people purely on the type of impairment they have, labelling individuals and making blanket decisions about benefit entitlement. We recognise that people lead varied and often complex lives, with differing circumstances and needs— they do not fit neatly into boxes.³⁵

8.1 Targets for waiting times

Responding for the Government in a debate on 30 June 2014, the Secretary of State for Work and Pensions said (emphasis added):

...the delays faced by some people are unacceptable, and we are committed to putting that right. Already we have introduced a dedicated service to fast-track terminally ill people, and that is down to around 10 days and below. The Public Accounts Committee has said that too many people have waited longer than six months. **By the autumn, no one will be waiting longer than six months, and before the end of the year, no one will be waiting for more than 16 weeks**, which brings things back into line with where we were expecting them to be.³⁶

The commitment was not however to meet targets for the entire end-to-end process for claiming PIP – i.e. from the claimant’s initial point of contact with the Department to getting a decision on their claim. Instead, it refers to the interval between the claimant returning their completed PIP2 form on “How your disability affects you”, he or she having an assessment and the assessment provider submitting their report to DWP.

³³ For further information on the “special rules” see pp34-37 of the DWP’s [Personal Independence Payment handbook](#)

³⁴ [HC 394 2014-15 p4](#)

³⁵ *Ibid.* p4

³⁶ [HC Deb 30 June 2014 c647](#)

The DWP's online PIP Toolkit states (emphasis added):

By the end of 2014, we expect no one should be waiting longer than **16 weeks for an assessment from the date we receive their 'How your Disability Affects You' form.**³⁷

For further information on what the 16 week commitment meant was given in the Work and Pensions Committee's one-off evidence with Mark Harper, the former Minister for Disabled People, and Noel Shanahan, DWP's Director General of Operations, on 10 September 2014.³⁸ The Minister said that it was not reasonable to set an overall target including the interval between initial contact and the claimant returning the PIP2 form, because how long it took people to return forms was not something within the Department's control. On how long it took the Department to make final decisions on claims once it had the assessment provider's report, Mr Harper said:

I do not think we have set out publicly what that should be, and in terms of what it is actually taking, the same answer is going to apply as what I said to you at the beginning about not giving you unvalidated management information.³⁹

The Department was, the Minister said, focusing in reducing waiting times for assessments to 16 weeks, but he also acknowledged that for claimants it was the overall end-to-end journey time that was important. He added:

What we need to think about is, once we have hit our 16 weeks for an assessment, does it make sense to continue talking about how long it takes to get an assessment or do we want to think about what the total journey time is.⁴⁰

8.2 Detailed list of measures

Further information on actions taken by the Government can be found in a [written memorandum of 29 August 2014 submitted by the DWP to the Work and Pensions Committee](#) in advance of the Committee's one-off evidence session on progress with PIP implementation on 10 September.

The Department and the assessment providers are working closely together and have introduced a number of improvements to speed up all parts of the claims process:

Assessment providers have in place detailed improvement plans to increase capacity, improve processing times and bring workloads back to expected levels.

Both providers have increased the number of health professionals they employ, more than doubling the number since the start of the year with plans to double this further over the remainder of the year. Their recruitment pipelines are established and they are ahead of their planned recruitment profiles. They are also increasing the number of administrative staff to handle increased volumes, as well as opening new assessment centres to ensure

³⁷ [How long PIP claims might take](#) [accessed 12 June 2015]

³⁸ [HC 644 2014-15](#); see in particular QQ17-26

³⁹ *Ibid.* Q25

⁴⁰ *Ibid.* Q26

they have the necessary geographical coverage to handle volumes without requiring claimants to travel further.

In the case of Atos, they have increased the support for and performance management of their supply chain partners, to increase the volume of assessments they deliver.

Both providers are taking different approaches to increasing productivity, for example by extending opening hours through more evening and weekend working, or driving greater utilisation of consultation rooms by writing up assessments elsewhere.

Supported by the Department, the assessment providers have introduced changes to the IT tools that support assessments and report completion, to make them more efficient.

The assessment providers have also implemented new guidance from the Department designed to increase the proportion of cases assessed by a review of paper evidence and reduce the assessment duration. The Department is working closely to support them in the implementation of this, to ensure that quality advice is provided to Departmental decision makers.

Both providers have increased the resource focused on audit, and there are now no significant audit backlogs with providers at this point.

The Department has also introduced a number of improvements to the overall claims process:

Claimant communications have been strengthened to provide a clearer description of the type of evidence claimants can supply to speed up their claim. The Department is also providing claimants with an estimation of how long their claim might take by sending additional information with the PIP2 'How your disability affects you' form, sending text messages to confirm receipt of their completed form and including automated messages on Departmental telephony lines regarding estimated journey times. Assessment providers have amended their claimant communications to include estimated journey times and to ensure that claimants are kept informed of the progress of their claim.

Both assessment providers have been working closely with the Department to identify ways of obtaining timelier and better quality further medical evidence from healthcare professionals who are involved in claimants' care. For example, improvements to the factual report form in order to gather more relevant information, targeted communications to the health sector about the importance of medical evidence and PIP for claimants and making it clearer to GPs that providers have claimants' consent in seeking information about them.

The assessment report form has been redesigned to make it more efficient to complete and review and better focussed on the decision making process.

Action has been taken to improve the running of supporting IT systems.

These actions are having an effect. Both providers have more than doubled the number of assessment reports they are returning to the Department each month, compared to the start of the year and we expect to see significant further increases over the months ahead. The productivity of Departmental decision makers has more than doubled since April 2014 and resources are being

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increased to clear the growing number of assessment reports being returned to the Department.

The Department is continuing to look at its processes and is working with both assessment providers to identify further improvements. For example, expanding the teams responsible for the performance management of the assessment providers, with these teams increasingly operating from provider sites. This will enable closer working and improve communication channels between the assessment providers and the Department.

The Department continues to engage with disability organisations through the Implementation Stakeholder Forum (ISF) and has already set up a PIP Improvement Working Group to focus on longer term PIP future strategic design.

Further information on the above measures and their impact is given in the transcript of the Work and Pensions Committee's one-off evidence session with the Minister for Disabled People, Mark Harper, and the DWP's Director General of Operations, Noel Shanahan, on 10 September 2014.⁴¹

⁴¹ [HC 644 2014-15](#)

9. Statistics

9.1 Claims and outcomes

The DWP publishes [quarterly 'experimental' statistics](#) on the volume of PIP **registrations** (new claims received), **clearances** (where a decision on a claim has been made, or where the claim was withdrawn) and the **award rate** (the percentage of clearances resulting in an award).⁴²

The latest (ad-hoc) release shows that between 8th April 2013 and 31st March 2015:

- 774,800 PIP new claims had been registered, 648,100 new claims had been cleared and an award was made in 52% of cleared cases;
- 123,700 DLA claimants had been registered for PIP reassessment, 96,000 reassessment cases had been cleared and an award was made in 77% of cleared cases.

PIP applications - volume of registrations and clearances, and % award rates, Great Britain

	New Claims			Reassessments		
	Normal Rules	SRTI	All	Normal Rules	SRTI	All
8 April 2013 to 31 January 2015						
Registrations	663,400	28,900	692,400	101,200	1,200	102,400
Clearances	502,900	33,800	536,600	69,600	1,500	71,100
Award rates (including withdrawn)	49%	96%	52%	77%	96%	77%
Award rates (excluding withdrawn)	51%	99%	54%	78%	100%	79%
8 April 2013 to 31 March 2015						
Registrations	742,800	32,100	774,800	122,100	1,600	123,700
Clearances	610,800	37,300	648,100	94,000	1,900	96,000
Award rates (including withdrawn)	49%	96%	52%	76%	96%	77%
Award rates (excluding withdrawn)	51%	99%	54%	77%	99%	78%

Notes and definitions:

Reassessments - formerly claimants of DLA aged 16 to 64, who were reassessed to determine PIP entitlement.

SRTI = Special Rules for the Terminally Ill

Registration: The claimant has completed the initial PIP claim process.

Clearances: all applications that have reached an outcome (award, disallowance or withdrawal) and reflect outcomes prior to any reconsideration and appeal action.

Award: The Department has made the decision to award PIP.

Disallowance: The Department has made the decision not to award PIP.

Withdrawal: The claimant has withdrawn the claim prior to a decision being made.

Sources:

[DWP Personal Independence Payment: April 2013 to January 2015, Gov.uk](#)

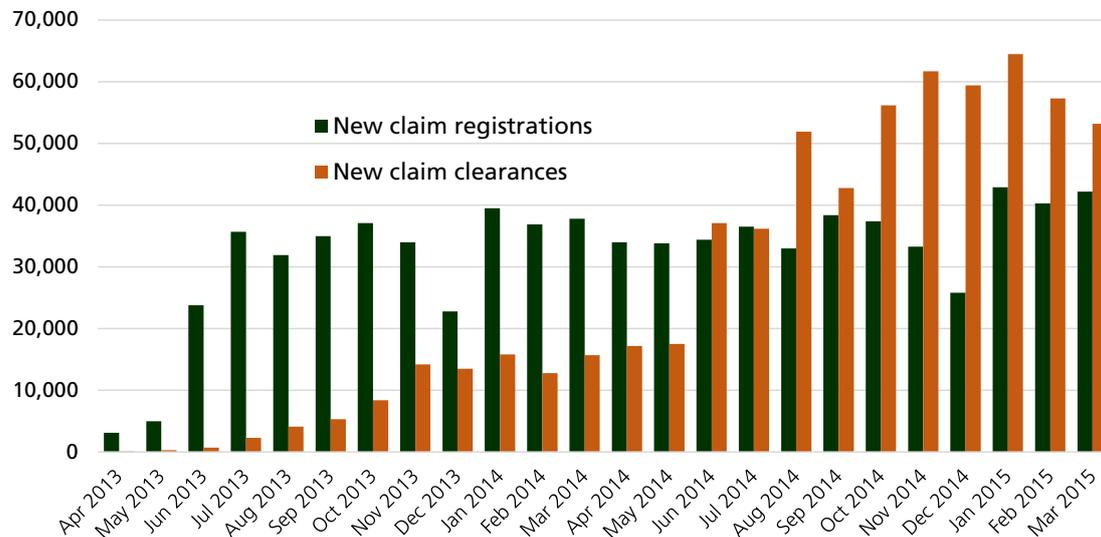
[DWP Personal Independence Payment: data to March 2015](#)

The following chart shows, for new claims only, the number of registrations and clearances in each month since PIP was introduced.

⁴² [PIP quarterly experimental official statistics](#), DWP, Gov.uk

The volume of clearances has increased substantially since May 2014. January 2015 saw the highest monthly number of clearances – 64,500.

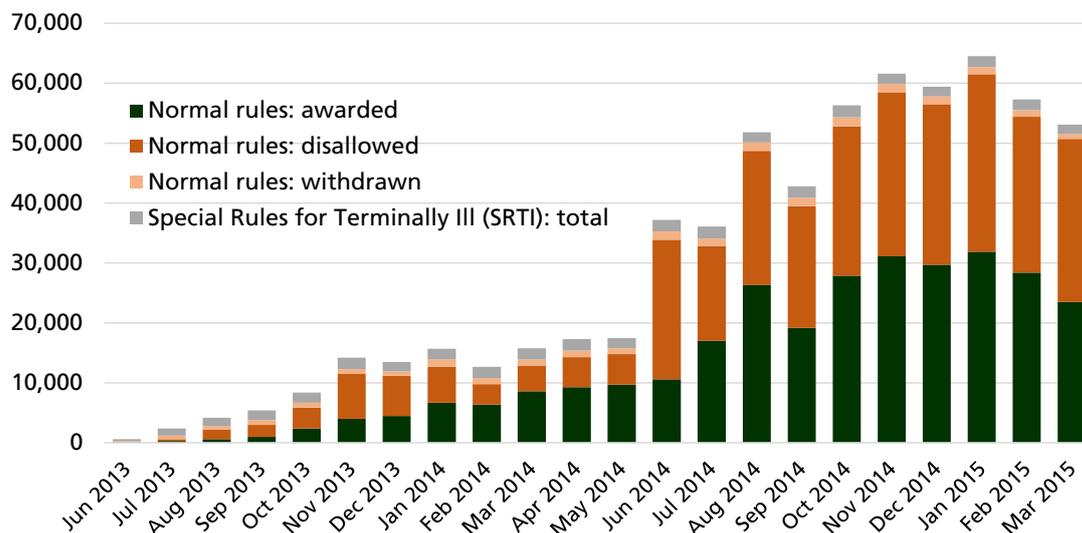
PIP new claim registrations and clearances per month, Great Britain



Source: DWP Personal Independence Payment official statistics: Apr 2013 to Mar 2015, table 1 and 2A.
 Note: 'clearances' comprise the following outcomes: benefit awarded, benefit disallowed, claim withdrawn.

The next chart shows the outcome from PIP “clearances” each month.

PIP new claim clearances by type/outcome, Great Britain



Source: DWP Personal Independence Payment official statistics: Apr 2013 to Mar 2015, tables 2A and 2B

Up to and including March 2015 there had been a total of 610,800 clearances under the normal rules, of which 299,000 (49%) were awards, and 289,000 (47%) were “disallowances” (ie refusals).

In addition there were 37,300 clearances under the special rules for terminally ill people. Of these, 35,700 (96%) resulted in an award and only around 100 were disallowed.

Further data on the claims process, including registration and clearance volume by Parliamentary constituency, are available at GOV.UK.⁴³

9.2 Waiting times

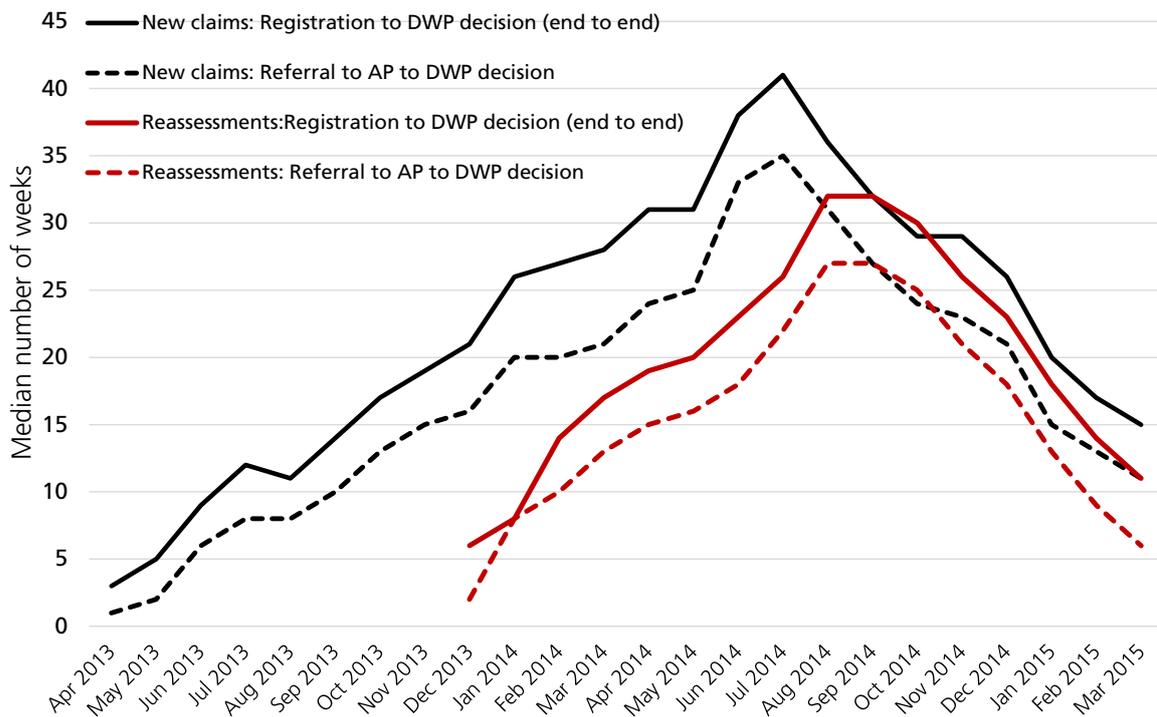
The DWP's [May 2015 ad-hoc release of PIP data](#) provides the latest provisional data on the number of weeks taken to complete the various stages of the PIP claim process.⁴⁴

The chart below shows the key data on the median time taken to complete the end-to-end claimant journey from initial registration to DWP decision and, within this, the median time taken between referral to a medical assessment provider to DWP decision.

The median clearance time for new claims peaked at 41 weeks in respect of claims cleared in July 2014; it has since fallen to 15 weeks (in respect of claims cleared in March 2015).

The median clearance time for reassessment cases peaked at 32 weeks in August and September 2014, falling to 11 weeks by March 2015.

PIP normal-rules claims: average actual clearance times (AACT) - median number of weeks between registration/referral to assessment provider (AP) and DWP decision



Source: DWP Personal Independence Payment: Statistical Ad Hoc - registrations, clearances and awards; average clearance and outstanding times; and outstanding claims - up to March 2015 (Great Britain). Note: AP = Assessment provider.

⁴³ [PIP quarterly experimental official statistics](#), DWP, Gov.uk

⁴⁴ DWP, [Personal Independence Payment: data to March 2015](#)

9.3 Caseload

As of 31 January 2015, the total caseload of PIP recipients was 342,808.

Personal Independence Payment (PIP) caseload (cases in payment), January 2015, Great Britain

		Mobility award level			
		Total	of which:		
Daily Living award level			Enhanced	Standard	Nil
	Total	342,808	129,692	102,234	110,874
of which:	Enhanced	182,593	97,013	36,071	49,503
	Standard	130,516	25,315	43,859	61,346
	Nil	29,689	7,365	22,303	..

Sources: [DWP Stat-xplore](#)

Note: Figures are adjusted for confidentiality purposes. Components may not sum to totals as a result.
.. A small number of cases are recorded as nil for mobility and daily living, or have unknown award.

The table below shows the pace at which PIP is replacing DLA among 16- to 64-year-olds. By November 2014, PIP accounted for 11.9% of all disability claims (DLA or PIP) in payment to 16- to 64-year-olds in Great Britain. 5.2% of the population aged 16-64 were in receipt of either DLA or PIP.

PIP and DLA – cases in payment, aged 16 and over, Great Britain

	PIP cases in payment (monthly data)			DLA cases in payment (quarterly data)			PIP & DLA cases in payment, age 16-64	
	16-64	65 and over	Total	16-64	65 and over	Total (adults 16+)	of which: PIP	PIP or DLA as % of total GB population age 16-64
Apr 2013	29	0	29					
May 2013	255	0	254	2,014,360	933,250	2,947,620	0.0%	5.1%
Jun 2013	655	7	657					
Jul 2013	2,034	10	2,048					
Aug 2013	3,929	25	3,954	1,991,150	941,490	2,932,650	0.2%	5.0%
Sep 2013	6,314	53	6,365					
Oct 2013	9,501	76	9,574					
Nov 2013	14,633	131	14,763	1,960,270	946,730	2,907,000	0.7%	5.0%
Dec 2013	19,961	183	20,148					
Jan 2014	28,331	297	28,622					
Feb 2014	36,595	391	36,989	1,930,750	951,330	2,882,070	1.9%	4.9%
Mar 2014	47,363	547	47,905					
Apr 2014	59,130	713	59,840					
May 2014	71,659	919	72,573	1,902,230	956,940	2,859,160	3.6%	5.0%
Jun 2014	85,179	1,163	86,341					
Jul 2014	105,095	1,572	106,664					
Aug 2014	137,516	2,217	139,733	1,871,920	962,310	2,834,250	6.8%	5.1%
Sep 2014	165,942	2,804	168,744					
Oct 2014	204,308	3,455	207,762					
Nov 2014	246,664	4,181	250,849	1,828,480	964,990	2,793,460	11.9%	5.2%
Dec 2014	288,200	4,870	293,065					
Jan 2015	337,088	5,719	342,808					

Sources: [DWP Stat-xplore](#)

[DWP Tabulation Tool](#)

Note: Statistical disclosure control has been applied to the PIP data to avoid the release of confidential data. Components may not sum to totals as a result. DLA figures are rounded to the nearest 10 - components may not sum to totals as a result.

10. Dealing with delays to PIP claims

There is no legal requirement for completing any action on a claim for PIP within a specified time.

Alternative sources of help for people experiencing financial difficulties because of delays processing their claim for PIP may be limited. In response to a parliamentary question on the Government's policy on offering interim payments to PIP pending a decision on their claim, the former Minister for Disabled People said in a Written Answer on 26 June 2014:

We are committed to ensuring personal independence payment claimants receive high quality, objective, fair and accurate assessments. Any delays experienced by new claimants will not affect the date from which they are awarded PIP, as successful claims will be backdated. There is no policy or legislative basis on which to provide interim payments.⁴⁵

In extreme cases, people may be able to get help from their [local welfare assistance scheme](#) (or the equivalent schemes in Wales and Scotland). However, the criteria for receiving assistance vary from scheme to scheme, and if an individual is able to get help it is unlikely to be in the form of ongoing financial assistance.

Other than in cases involving claims from terminally-ill people under the "Special Rules", the DWP has no official policy or process to "fast-track" claims from people with particular conditions or acute needs, or those experiencing extreme hardship as a result of PIP delays.

In a Westminster Hall debate on PIP on 1 July 2014 however, the then Minister for Disabled People, Mike Penning, repeated the statement he had made several times previously that Members of Parliament with constituents waiting an "unacceptable" length of time for a PIP decision should write to him:

I say at the outset that if any Member of the House has constituents who are waiting for PIP for an unacceptable length of time, then, like many colleagues in this House, they should write to me... I cannot promise that that will resolve the situation instantaneously. I am not even certain at times that my intervention will give them the result that they want, but at least I will be aware of the situation, and we can look carefully into the detail of what has gone on. The point I want to make is that people should not be afraid. Nothing that they say to their MP, and nothing in the correspondence that comes to me, would have any effect on the speed or the decision, and that is absolutely crucial. If I put nothing else on the record today, that is very important.⁴⁶

As to what welfare benefits advisers generally can do to help expedite PIP claims, a recent article from the Child Poverty Action Group's *Welfare Rights Bulletin* states that possible avenues include assisting the

⁴⁵ HC Deb 26 June 2014 c325w

⁴⁶ HC Deb 1 July 2014 c221WH

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claimant to make a formal complaint (to the assessment provide, to the DWP, or to both), looking at whether evidence is available (or might be obtained) to enable DWP to make a decision on the claim without the person having to attend a face-to-face assessment, or, in the most extreme cases, threatening judicial review.⁴⁷

The Department for Work and Pensions has a scheme which offers “special payments” on an extra-statutory basis to people who have been affected by maladministration. This could potentially help people affected by long delays in processing PIP claims. The aim of the scheme is to put people back into the financial position they would have been in had the error not happened. Further information is given in the DWP publication [Financial Redress for Maladministration: Special Payment Scheme: Policy and Guiding Principles](#).

⁴⁷ Jon Shaw, “[PIP: process, problems and pragmatism](#),” *Welfare Rights Bulletin*, Issue 240, June 2014

11. High Court ruling on 5 June 2015

On 5 June the High Court ruled that the delays in determining two Personal Independence Payment claims were unacceptable and unlawful.⁴⁸ The first claimant had submitted a PIP claim in September 2013 and received a decision in October 2014, while the second had claimed PIP in February 2014 and had a decision in December 2014. The Zacchaeus 2000 Trust – an anti-poverty charity working in London – had also intervened in the case, providing the court with six case studies in which the shortest time for determination was seven months, and one claimant was still waiting for determination after twelve months.

The claimants had challenged the legality of the DWP's processing of their PIP claims in three grounds:

- that it breached the duty on the part of DWP to act within a reasonable time;
- that it breached the Article 6 of the European Convention on human Rights (the right to a fair hearing within a reasonable time); and
- that it breached Article 1 ECHR (right to peaceful enjoyment of possessions)

In her judgment, Mrs Justice Patterson held that the claimants' human rights had not been breached. However, the delays experienced by the claimants were "not only unacceptable, as conceded by the defendant, but ...unlawful."⁴⁹ This was for a number of reasons:

i) Both claimants' cases called for expeditious consideration. They each suffered from significant disabilities (as set out above). They were each properly to be regarded as amongst the most vulnerable in society.

ii) The first claimant was classified as a person requiring additional support early on in the process of her claim. Yet the system then in operation required her to travel some distance to a face to face assessment on two separate occasions when she had explained her difficulty in travelling. It took more than one year after she initially contacted DWP for sufficient details to be obtained over the telephone to enable her claim to be considered and determined.

iii) For the second claimant similar considerations, although less extreme, applied from the moment of claim until the determination some ten months later.

iv) The NAO report of February 2014 clearly identified backlogs at each stage of the claimant process. It found also that the defendant had adopted a challenging timetable and had not fully assessed the performance of its proposed systems for starting the national roll out of the claim in 2013. Insufficient time had been allowed to resolve the problems before extending the scheme in October 2013.

⁴⁸ [R \(on the application of\) \(1\) MS C and \(2\) MR W -v- Secretary of State for Work and Pensions and Others; \[2015\] EWHC 1607 \(Admin\)](#)

⁴⁹ Ibid. para 93

v) Assessment providers at that time were struggling with both capacity and capability to carry out the assessments. To require the first claimant to attend a face to face assessment on two separate occasions was both inappropriate, caused her considerable distress and was irrational in her circumstances.

vi) The Public Account Committee's findings in their report, of June 2014, were that the failure to pilot the scheme and assumptions made for the assessment process were both unsubstantiated and wrong.

vii) The Minister's evidence to the DWP Select Committee in September 2014 accepted that 16 weeks was not an acceptable length of time because, amongst other factors, of the impact it would have on someone who had developed a disability.

viii) The prejudice and distress of both claimants of having to wait for the protracted period of time to have their claims determined was considerable and unnecessary.

ix) The reasons for the delay are set out earlier and are contained in the reports of the Parliamentary Select Committees, the NAO and the report of the independent examiner, Mr Gray. Although the defendant uses the scale of the implementation that it had to grapple with as a point in its favour it overlooks the fact that the point also operates the other way as explained in (x) below. It was incumbent upon the defendant also to address failings identified by itself and by the Select Committees and the independent report.

x) The defendant did identify steps to be taken and has implemented procedures which appear to be reducing the backlog and making the system increasingly efficient and fit for purpose. I recognise that the Secretary of State has been dealing with hundreds of thousands of applications and will have to deal with some 1.5 million more applicants when the full system of PIP is rolled out. The scale of the project is a cogent factor in the defendant's favour but it has to be balanced against the fact that the PIP scheme is intended for the most vulnerable members of society and fit for purpose has to be construed with that service user in mind. It is important, therefore, that the system introduced and operated is accessible to its service users and efficient.

xi) Whilst the steps that the defendant has taken are a significant and weighty material consideration they cannot excuse, in my judgment, the handling of the claims of the two instant claimants when an effective system of operation of PIP benefit should have resulted in an award to each claimant significantly earlier in 2014. In acting as it did in their individual cases the defendant acted in a way that was unreasonable in the sense of being irrational.

xii) Back payments are an important step but do not provide a complete answer to the unnecessary stress that the prolonged delays that occurred in each of these two cases undoubtedly caused.⁵⁰

Mrs Justice Patterson said that, in her judgment, the most appropriate form of relief was to grant a declaration of unlawfulness in relation to both claimants, and that it was not appropriate to treat the claimants' cases as test cases. Mrs Justice Patterson said:

It would be inappropriate to grant a declaration in wider terms because of the considerable variations in individual circumstances.

⁵⁰ Ibid. para 94

I do not think it is the role of the Court to give guidance in a situation which has been evolving and with which the defendant now appears to be grappling in a way which is entirely appropriate. Further, as I have recognised..., the situation has changed and continues to change over time.⁵¹

In a press release issued following the judgment, the law firm which represented the claimants, Irwin Mitchell, called on the Government to rethink its plans for the wider rollout of PIP:

Following the decision the legal team at Irwin Mitchell is now calling on the DWP to seriously reconsider its planned wider rollout of PIP to nearly 1.5 million DLA recipients in October and also establish an effective scheme to ensure the thousands of people already affected by the delays receive some form of redress for the problems they have faced, without needing to go to court.⁵²

In an article responding to the judgment, the Minister for Disabled People, Justin Tomlinson, highlighted the “massive improvements” that had been made, but acknowledged that the case was a “stark reminder of past failure.” He continued:

It is true that some people have faced unacceptable delays waiting for PIP assessments. It is something the government has acknowledged many times, and something the judge confirmed in her ruling. And getting support to those in need as quickly as possible is really important.

The government was keen to launch PIP because it offers so much more than Disability Living Allowance (DLA) which it replaces. It targets support to those who need it most and considers needs arising from all impairments equally and consistently.

But the assessments took longer than expected as we rightly wanted to be as thorough as possible and give claimants time to discuss how their condition affected their everyday life. In that context, the infrastructure could not cope.

All PIP awards are backdated to the time of the claim, so ultimately no-one has suffered financial loss as a result of a delay. Nevertheless, the fact that this happened is a matter of great regret, and something for which we have apologised.

The most important thing when mistakes are made is to learn from them and put things right quickly. All I ask is for those who criticise the errors to also recognise the swift action we have taken to address them.

This was not mere tinkering. We doubled the number of staff working on PIP and we drove the assessment providers to make radical improvement to their service.

Today, the assessment providers employ almost 4 times more health professionals than they did in early 2014. Meanwhile, new assessment centres have been opened to reduce claim processing times and reduce the distance many claimants need to travel.

The average new PIP claimant now waits only 7 weeks for an assessment and the number of claims in the system at any one time is sustainable. We are in a good position to build on the

⁵¹ Ibid. para 141

⁵² Irwin Mitchell, [Government ‘Must Urgently Rethink National PIP Rollout’ After Disability Assessment Delays Ruled Unlawful](#), 5 June 2015

improvements made and work closely with providers to deliver a better, joined-up service. It is absolutely essential, having seen these delays in 2013 and early 2014, that we learn from the past.

We simply cannot afford to put this progress in jeopardy. I remain absolutely committed to the further rollout of Personal Independence Payment – but in a way which ensures we learn from our past experiences.

I am clear that the next and final stage of PIP roll-out which will reassess those on lifetime DLA awards must be carried out in a safe and controlled manner.

At the same time, we will continue to push for improvements in the level of service experienced by claimants. In particular, we are committed to ensuring that our communications are as clear and accessible as possible.

Having recognised there was a problem, made a public commitment to solve it, and then delivered on that, now is the time to build on the progress.

We should not let the difficulties of the past prevent us from delivering a better future.⁵³

At Starred Questions in the House of Lords on 10 June 2015, the Minister for Welfare Reform, Lord Freud, said that the Government was “considering the terms of the judgment.” Asked whether he was confident that the managed reassessment of DLA claimants, due to start from October 2015, was “entirely safe”, Lord Freud said:

The judge found significant shortfalls in the introduction, as the noble Baroness said, and we agreed at the time that that was simply unacceptable. Noble Lords will probably remember that at the peak of the backlogs we were looking at waiting times of 30 weeks. That was in June; we set a target of less than 16 weeks, and we have now gone down to seven. On that basis we are confident about the full rollout, although we will and are doing it on a safe and controlled basis.⁵⁴

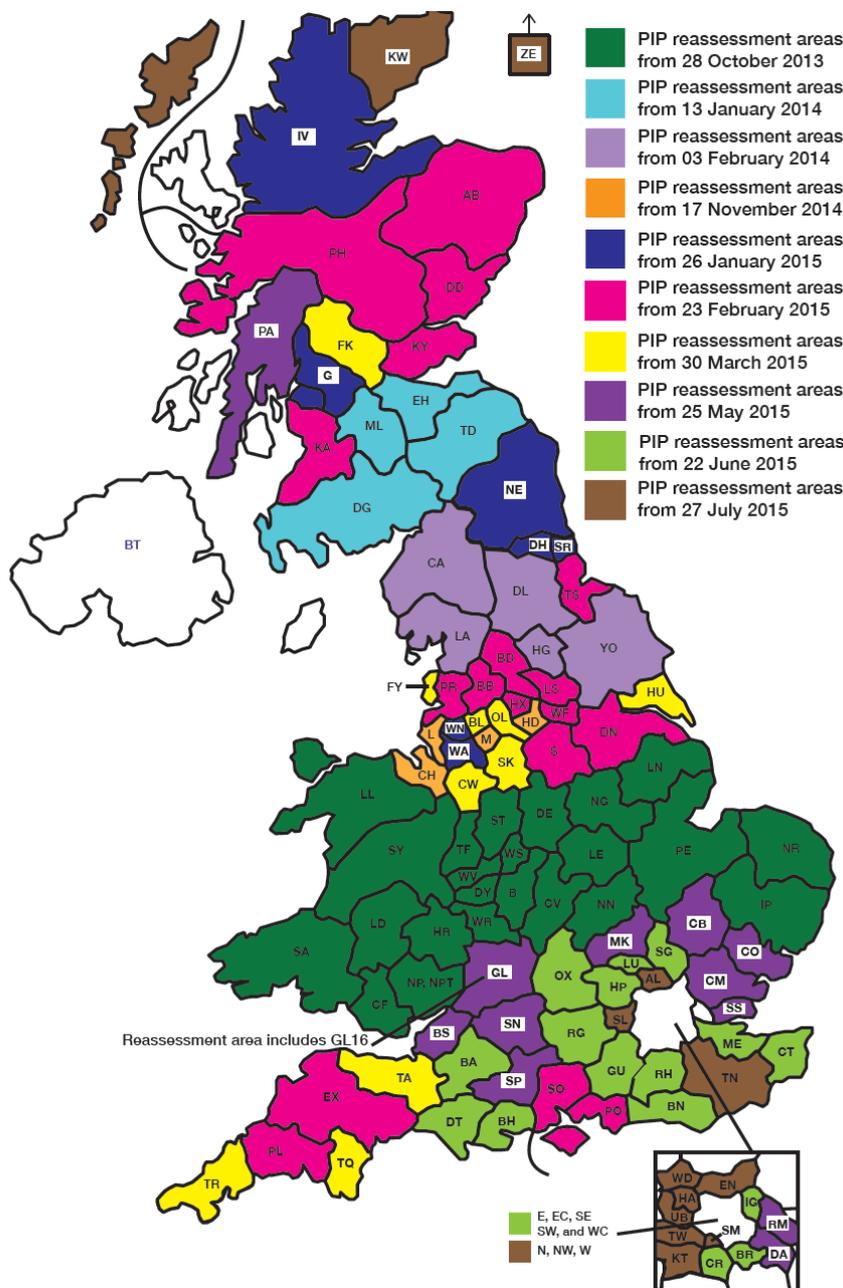
⁵³ [Justin Tomlinson, Minister for Disabled People, writes about the recent Personal Independence Payment \(PIP\) ruling](#), GOV.UK, 9 June 2015

⁵⁴ [HL Deb 10 June 2015 c795](#)

Annex 1: PIP postcode map⁵⁵

The map below shows the dates on which reassessment of certain existing DLA claims began or is due to begin in different postcode areas in Great Britain:

- claimants with fixed period DLA awards coming to an end;
- young people turning 16;
- claimants reporting a change in their health condition or disability; and
- existing DLA claimants aged 16-64 wishing to make a PIP claim.



⁵⁵ DWP, [PIP postcode map](#), last updated 13 April 2015

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