



Personal Independence Payment

**A report into the impact on the people of Sheffield
who approached Sheffield Citizens Advice for help**



May 2015



The Department for Work and Pensions (the Department) rushed the introduction of Personal Independence Payment and did not pilot the benefit process.

We are concerned that many disabled people have experienced long and unacceptable delays in their Personal Independence Payment being assessed and granted. The process has proved inaccessible and cumbersome for claimants, who are some of the most vulnerable people in society.

The Department significantly misjudged the number of face-to-face assessments that providers would need to carry out, and the time these assessments would take.

This has resulted in significant delays to benefit decisions and a growing backlog of claims. The unacceptable level of service provided has created uncertainty, stress and financial costs for claimants, and put additional financial and other pressures on disability organisations, and on other public services, that support claimants.

The Department has yet to achieve the savings it intended to make and will have to seek compensatory savings elsewhere.

Summary of House of Commons Committee of Public Accounts report “Personal Independence Payment,” 20 June 2014

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmpubacc/280/28002.htm>

This report was researched and written by Tim Arnold, without whose commitment and enthusiasm this important work would not be possible. Tim received help and guidance from numerous colleagues. Particular thanks are due to Liz Pickles. We also like to thank the clients whose experiences are drawn upon this report.



Introduction

The past five years have seen unprecedented welfare reform.

One of these reforms was the introduction of a new benefit called Personal Independence Payment (PIP), for people aged 16-65 with disabilities and long term health problems.

The existing benefit for disabled people, Disability Living Allowance (DLA), would no longer be available for new claimants and eventually PIP would replace DLA for those already receiving it.

The significant extra costs incurred by people with disabilities and chronic ill health¹, have long been recognised in the social security system. In 1992, DLA was introduced in recognition of these extra costs². Similarly PIP is designed to provide financial support for people with significant care needs and/or problems with getting about.

In 2011 the Government, while making the case for reform on the grounds that DLA had not fundamentally changed since it was introduced and had “failed to keep pace with the changing approach to disability in society”, committed itself to creating “a benefit that is simpler to administer and easier to understand, is fair, and supports disabled people who face the greatest challenges to remaining independent and leading full, active lives.”³

Further justifying reform, Ministers and the DWP also repeatedly cited statistics (later discredited by the UK Statistics authority)⁴ which, they argued, showed that DLA was too often awarded for life without medical assessment. Consequently PIP would be designed to reduce the numbers of claimants receiving disability benefits by making the PIP criteria more restrictive, when compared to DLA, and by ensuring that claimants face greater

¹ For example, see, “Disabled People’s Costs of Living” Joseph Rowntree Foundation, October 2004, <http://www.jrf.org.uk/publications/disabled-peoples-costs-living>

² For a concise history, see Burchardt, Tania, The Evolution of Disability Benefits in the UK: Re-Weighting the Basket (June 1999). LSE STICERD Research Paper No. CASE026. Available at SSRN: <http://ssrn.com/abstract=1158917>

³ Disability Living Allowance reform, Standard Note: SN/SP/5869, 14 February 2011, House of Commons Library <http://www.parliament.uk/briefing-papers/SN05869/disability-living-allowance-reform>

⁴ Ed Humpherson, Head of assessment, UK Statistics Authority, 11 April 2014. <http://www.statisticsauthority.gov.uk/reports—correspondence/correspondence/email-from-ed-humpherson-to-donna-o-brien—110414.pdf>

scrutiny,; in particular by increasing the numbers of face to face assessments by health care professionals.

The initial proposals envisaged 500,000 fewer people would receive PIP by 2015-16 than would have received DLA under the existing rules. Another key aim of the new benefit was to deliver savings of over £1 billion a year by 2014-15, rising to £1.5 billion a year by 2016-17.⁵

In common with most other benefits, the Department for Work and Pensions (DWP) has the responsibility for administering the benefit. The assessment of a claimant's disabilities and needs has been given to private sector contractors Capita and, controversially, ATOS Healthcare (ATOS faced repeated criticism and had contracts with DWP cancelled over its delivery of face to face assessments of Employment and Support Allowance claimants), with ATOS responsible for providing the assessments in Sheffield and surrounding areas. During the contract negotiations ATOS was later deemed, by the Public Accounts Committee, to have "misled" the government about arrangements it had with hospitals and physiotherapy practices to provide the face to face assessments.⁶

PIP was launched for new claimants, not already in receipt of DLA, in selected areas of the north of England in April 2013 and in Sheffield in June 2013.

The original intention was for claimants already receiving DLA to be re-assessed for PIP nationally from October 2013. However, the implementation has been rushed and the DWP did not properly pilot the introduction of PIP. It was quickly apparent that claimants nationally were facing long delays in the assessment, including having to travel considerable distances for face-to-face assessments and then, once assessed, with the final processing of their claims. The DWP has experienced repeated adverse criticism in both Parliament and in the national press.

In the light of these difficulties, the October 2013 national roll-out to existing DLA claimants was postponed and replaced with a gradual phased roll-out introduced in some areas. For Sheffield DLA claimants the roll-out started at the end of February 2015.

⁵Personal Independence Payment: an introduction – Commons Library Standard Note, 13 November 2012, SN06422. <http://www.parliament.uk/briefing-papers/SN06422/personal-independence-payment-an-introduction>

⁶"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." Margaret Hodge, MP Chair of the Committee of Public Accounts, 20 June 2014. <http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news/personal-independence-payments-substantive/>



Initially this reassessment is likely to focus on claimants whose DLA claims are due to be renewed after 13 July 2015, who experience a change of circumstances or who elect to claim PIP. Although they will be subject to random selection, it seems unlikely that most claimants with indefinite awards of DLA will face reassessment before the end of 2015, and so some will be reassessed next year or even later. However, it remains the intention that all DLA claimants will be “invited” to claim PIP by late 2017.

In the weeks leading up to April 2015, DLA claimants were sent their usual “up-rating” letters informing them of their annual benefit increase from April. These letters also informed them of the PIP roll-out. We have been approached by some clients, with severe mental health problems, who, aware of the existing problems with PIP administration, were now experiencing increased anxiety due to worries about how the process will affect them.

Official statistics released by the DWP on 18 March 2015⁷ reveal that in January 2015 the average new PIP claim was taking 20 weeks to process. This represents a significant improvement on July 2014 when the statistics revealed the average time to be 41 weeks. Although this reduction in waiting times is welcomed it still represents a long wait for claimants when compared to the times it used to take to process DLA claims.

In recent weeks some of our clients have told us that their claims had been processed in as little as 3 to 4 weeks and without attending a face-to-face medical assessment. Across the country similar experiences were being reported especially in areas where ATOS has responsibility for the assessments.

Again this is welcomed as a common sense and practical approach to decision making, especially in cases where the affects of serious disability/ill heath are beyond doubt.

However, it is worth noting that this appears to represent a departure from the stated aim that most claimants should have a face to face assessment which formed part of the main rationale for introducing PIP to replace DLA.

This report focuses on the experience of some of the 1,260 people who contacted us for advice regarding their Personal Independence Payment claims and the assessment process between the beginning of October 2013 and the end of September 2014.

⁷ Personal Independence Payment: Official Statistics, GB, DWP 18 March 2015.
<https://www.gov.uk/government/statistics/personal-independence-payment-april-2013-to-january-2015>



What our clients told us



Between October 2013 and October 2014⁸ our clients told us about the following problems:

- **Unacceptable delays in getting a face-to face assessment and with the overall processing of the claim.**

Despite an initial DWP target that 97% of face-to-face assessments should be completed within 6 weeks⁹ our clients commonly reported delays of between 3-6 months. Some clients reported only being offered appointments because they had made formal complaints.

A single 53 year old woman, living alone was diagnosed with Motor Neurone Disease which is a relentlessly progressive disease with no cure. This meant that her claim for PIP needed to be sorted out swiftly to give her enough money for the extra costs of her care which would increase over time. She applied for PIP at end of October 2013 and returned part two of the form in early January 2014. She heard nothing more until April 2014 when ATOS offered an assessment in Rotherham.

Even after the assessments were completed further delays in the final decision making and processing were reported with clients commonly facing delays of between 7 and 13 months for their claims to be processed.

A 37 year old client with severe physical health problems claimed PIP on 1 October 2013. He had his ATOS medical in assessment in Barnsley on 9 June 2014 and following a formal received a final decision 5 September 2014.

⁸ All of the examples in this report are real stories told to us by clients who contacted us in connection with their claims for PIP. However, to prevent identification, some of the profile information such as age or gender may have been changed.

⁹ <http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm140106/text/140106w0002.htm>

● Venues for medical assessments

Initially Sheffield had just one venue for PIP assessments at a surgery in the south of the city. This proved problematic for some severely disabled clients having to travel from the other side of the city. Other clients found themselves being offered assessments at alternative venues outside of the city as far afield as Barnsley and even Wakefield. In recent months the location and number of venues in Sheffield changed to two.

A 51 year old man with severe mental health problems, including agoraphobia and post traumatic stress syndrome, was offered an outside the city venue involving a 32 mile round trip which he was unable to undertake meaning he faced further delays in order to get a more local assessment.

● Quality of assessments

Some clients reported concerns about the face-to-face assessment process itself, including some, with mental health problems, stating that they were assessed by health care professionals who they did not feel were properly qualified to assess their problems.

A 36 year old woman with severe mental health problems was accompanied to her assessment by an adviser from our mental health team.

Both of them were surprised and concerned that the assessment was undertaken by an occupational therapist who conducted a detailed and thorough physical examination even though our client did not have any physical health problems.

● Changes of circumstances

Clients whose conditions deteriorated while their initial claim was being assessed faced yet further delays when, on receipt of their initial award, they asked for their claim to be looked at again to take account of the change.



A 46 year old woman with a progressive severe health condition was awarded the PIP Daily Living Component in January 2014. By then she was housebound and her health had deteriorated to such an extent that she asked for her PIP to be looked at again, in order to be considered for the Mobility Component. Not only did she experience initial hurdles in persuading the DWP to accept the request for a review, and send out the relevant forms, but when she queried the progress of her application was then told she would not receive a decision until October 2014.

● Renewal Claims

Some clients who had received an award of PIP reported being asked to reclaim almost straightaway even though the initial award had many months still to run.

One client reported receiving a renewal form for his daughter who has a severe brain injury and whose initial award was not due to expire for another 12 months. He was given a four week deadline to return the form. When asked, the DWP said that renewal forms were being requested one year in advance as it is taking so long to get them processed.

Our client explained that he would have difficulty completing the form as the effects of his daughter's brain injury could be very different in one year's time.

● Knock on effects

For many and especially those on already low incomes, the delays led to prolonged periods without the sufficient income needed to cope with the additional costs of disability and prolonged ill health, leading to hardship and a potential for further deterioration in already poor health.



During the delay:

- Additional “premiums” to means-tested benefits (Income Based Employment and Support Allowance, Income Support, Income Based Jobseekers Allowance, Housing Benefit and Council Tax Support), which depend on an award of PIP and compensate for additional costs and expenses, were not awarded.
- Carers of PIP claimants could not receive Carers Allowance as this can only be paid once PIP Daily Living Component is awarded.
- “Non-dependent deductions” apply to Housing Benefit and Council Tax Support, reducing the amount of these benefits where another non-dependent adult lives in the same house. Non-dependent deductions do not apply where a Housing Benefit or Council Tax Support claimant (or their partner) receives PIP Daily Living Component.

Michael became very ill following a heart attack and could no longer work. Due to the severity of his condition his wife, Anna, also had to stop work to look after him. This resulted in their joint income being reduced to around £170 per week Employment and Support Allowance.

Michael claimed PIP in January 2014 but it took over nine months for a decision to be made to award him both the Daily Living and Mobility Components. Anna also claimed Carers Allowance but this could not be paid until Michael’s PIP had been awarded. During the nine month delay, because Michael’s son also lived with them, their Housing and Council Tax Benefits were significantly reduced due to non-dependant deductions, which would not have applied had PIP been in payment.

As a consequence the family as a whole had very little money to live on and, partly due to the non-dependent deductions, they fell into arrears with their rent and Council Tax. This led to them being threatened with possession action for their home and bailiffs being sent to recover the Council Tax.

Michael did his best to try to sort this out but the stress proved too much for him and he had another heart attack on leaving the Council offices.



- An inability for some to pay for much needed and essential adaptations to homes.

A 43 year old woman with a severe spinal injury reported applying for a Disabled Facilities Grant while awaiting the outcome of her claim for PIP. She was assessed as having to contribute £15K towards essential adaptations. Had the PIP been in payment her contribution would have been significantly lower at between £3 and £4K.

● **A Lack of Redress**

Many of our clients resorted to lodging formal complaints, sometimes through their MPs, to try to speed up the processing of their claims or get a medical assessment. Although for some this did appear to marginally shorten the time or provoke some action by the DWP or ATOS, it is not a satisfactory solution for most claimants who just want a decision made within a reasonable timescale.

However sometimes the complaints themselves revealed the inadequacies of the system:

Five months after his case was sent to ATOS our client was still waiting for an assessment. We helped him to lodge a complaint via his MP and tried to refer his case to the Independent Case Examiner. However they told us that because ATOS have no statutory or regulatory timescales in which to complete assessments they were unable to take on the complaint.



Conclusions



It is clear from the stories told to us by our clients, which mirror similar experiences reported to other advice agencies across the country, that newly disabled and ill people, who are in need of vital income to meet the additional costs arising from their health problems and who, often at a time of crisis, are also having to adjust to the uncertainty of what the future may bring, have been badly let down by the rushed implementation of PIP.

This has been characterised mainly by delays, at all stages in the claim and assessment process, the lack of appropriate venues for medical assessments and poor communications from both DWP and ATOS.

This was avoidable. An existing system was already in place (DLA) which met some of the financial needs of sick and disabled people. DLA has been around since the beginning of the 1990s and had a well established claim and assessment process which saw most initial claims decided within 13 weeks.

Having the existing system in place to fall back upon provided an ideal opportunity to launch the new benefit (PIP) in a controlled and piloted way to ensure that processes were robust and able to adequately meet the anticipated demand (which could be extrapolated from past and current DLA claim trends), before launching on a national scale. This approach would have ensured that claims would continue to be decided within a reasonable time scale. It would also have been able to quickly assess and test the claims of the assessment services, ATOS and Capita, that they were able fully able to meet their contractual requirements. However, the DWP did not capitalise on this advantageous situation to protect the interests of claimants.

Problems with the assessment process were apparent almost immediately following the initial launch in the north in April 2013 and should have raised sufficient alarm so as to delay

the launch in Sheffield and elsewhere from June 2013 until the problems were adequately resolved.

Although a case was put forward for a simpler benefit, easier to administer and to understand, from the outset there seemed to be a strong underlying view that DLA was particularly prone to fraud - although there is no clear evidence for this. It seems that this view, together with the stated aim of making large savings, appears to have been the main driver for implementing PIP in this way. A fairer and more rational approach would have been based on solid evidence as part of a well founded analysis of fraud and overpayment. We believe this should have been coupled with an emphasis on carefully managed implementation focused on protecting the interests of vulnerable people.

Having to wait for a face-to-face medical assessment often contributed to the overall delay. However, for many claimants, particularly those whose needs arising from their disability or illness could be assessed from existing medical evidence or sources, having to attend a medical assessment - often conducted by non-specialist examiners - served only to delay, rather than assist, the processing of their claims.

The “roll out” of PIP to existing DLA claimants has recently started. Without substantial changes and improvements to the processing of all claims, it is to be feared that many claimants will have a poorer service than that which they previously experienced. The problems described in this report raise the possibility that some claimants will experience gaps between the ending of their DLA and the start of their PIP awards, with potentially severe consequences to health and overall well being.

Some of these existing DLA claimants also face the uncertainty of what the reassessment of their claims under PIP criteria will bring.

Many will need assistance in working their way through the claim and assessment process and some face the possible loss of benefit. For some this will be due to the decision maker’s interpretation of the new PIP criteria which will leave them in the unenviable position of sudden significant loss of income (including “passport” benefits such as additional premiums and carers benefits) and having to work their way through a lengthy review and appeal process in order to test the soundness of the decision makers interpretation.



Recommendations



We make the following recommendations to improve the overall assessment process and provide adequate redress for those who suffer due to unreasonable delays.

To bring the overall claims and assessment process within a reasonable time scale

PIP claims should be assessed within a reasonable time scale and this should be no longer than for DLA claims, i.e. within 13 weeks. We consider this to be a reasonable expectation given the well accepted and established problems that people with disabilities or poor health face.

The DWP should be given the resources it needs to achieve this aim and in doing so consideration should be given to renegotiating the contracts with contractors to:

- ensure that they provide sufficient assessment venues in appropriate places to meet demand;
- introduce specific timescales to assess claimants within a reasonable time;
- Introduce financial penalties where the timescales are not met; and
- allow more claims to be assessed without the need for a face-to-face assessment
This is a practical step that could be used where the affects of a disability or health problem are self evident due to the nature of the disability or illness and where the claim is supported by a relevant doctor or other health professional

If contractors are unable to meet their targets, consideration should be given to bringing the assessment process back under the direct control of the DWP in order to ensure transparency and accountability.



To provide proper redress for those claimants who have experienced unreasonable delays.

Disability and the onset of poor health can affect anyone and at any time.

Disability benefits, such as DLA and PIP, provide much needed help with the additional costs with daily living and getting about which arise as a direct consequence of disability or illness. This can be of particular importance at the onset of disability or ill health when time is needed to adjust to new circumstances and costs, and at the same time make plans for the future.

In these circumstances the delays experienced by PIP claimants is unacceptable.

Consideration should be given to automatic compensation to people with successful claims that take longer than 13 weeks to decide and where neither the claimant or their doctors/health professionals have not contributed to the delay. A compensation scheme could mirror the penalty scheme used by Her Majesty's Revenues and Customs for sending in a tax return late.

We would also make general recommendations to all future “welfare reformers”:

- That they look closely at the administration of existing benefits in order to learn the lessons from past mistakes and successes and to see what works well and what does not.
- That all new benefits are properly tested in order to ensure that they work as intended before being fully launched.
- That the overriding principle should be the well being of those who need to claim the benefit to ensure that they are not allowed to suffer detriment due to poorly implemented new systems and processes



Appendix 1

Rubina's Story



Rubina is 46 year old woman who lives alone in a flat that she owns.

She has a rapidly deteriorating serious health condition which caused her to quickly become housebound and only able to get about her flat in a wheelchair.

Unsurprisingly she also has associated depression and anxiety.

She was working 23 hours a week until April 2013 but by then her health meant that she could no longer continue.

By October 2013, her pay ended and she had to claim Employment and Support Allowance. She had no other income. She was getting some help from family. Due to the fall in her income she was struggling to keep up her mortgage payments and meet her contractual credit cards payments which previously had not been a problem

In July 2013 she applied for the new disability benefit, called the Personal Independence Payment. Despite being one of the lucky ones in getting a relatively quick medical assessment at the end of August she did not get a final decision until some 7 months later in February 2014 and this only after going through formal complaints procedures regarding delay and intervention by her MP.

Unfortunately by then her health had deteriorated further and to such an extent that she should have been entitled to a higher level of PIP so she had to ask for her claim to be looked at again straightaway. When we contacted the DWP on her behalf in February 2014 about this we were told that they wouldn't even look at this request until October 2014. Again by complaining the final award was eventually made in November 2014

Throughout this time Rubina struggled to cope with fuel bills, mortgage payments, prescription costs and other debts. She could not maintain her internet connection and despite family support became very isolated. She could not plan her finances as she didn't know what her budget would be.

This impacted badly on both her physical and mental health.



Appendix 2

A brief history of PIP

2 December 2010

Maria Miller, Minister for Disabled People, introducing the consultation paper “Disability Living Allowance Reform”:

'Personal Independence Payment will maintain the key principles of DLA, providing cash support to help overcome the barriers which prevent disabled people from participating fully in everyday life, but it will be delivered in a fairer, more consistent and sustainable manner. It is only right that support should be targeted at those disabled people who face the greatest challenges to leading independent lives. This reform will enable that support, along with a clearer, more straightforward assessment process.'

Personal Independence Payment will also be a more dynamic benefit – it will take account of changes in individual circumstances and the impact of disabilities, as well as wider changes in society, such as social attitudes and equality legislation.'

<https://www.gov.uk/...data/.../dla-reform-consultation-exec-summ.pdf>

4 April 2011

Maria Miller, Minister for Disabled People, responding to the consultation:

'Disabled people are at the heart of our welfare reform plans and severely disabled people who need extra help and support will always get it. That's why we have spent the last few months working closely with disabled people and disability organisations to make sure we are making the right changes to DLA.'

“We've listened to what they have told us and we will be working with them to make sure that the new Personal Independence Payment does what it should.....”

'We believe that, for the great majority of people, a face-to-face consultation between the individual and a trained independent assessor will play a key role in creating a fairer, objective and more transparent assessment for personal independence payment than that which currently exists under DLA. In particular, a face-to-face consultation will give individuals the opportunity to put across their own views of the impact of their impairment on their everyday lives and ensure that decisions reflect the best evidence. We do accept, however, that face-to-face consultations may not be appropriate in every case – particularly for those individuals with the most severe impairments. No decisions have been taken yet on the delivery model for the new assessment and we are still developing the new claims and assessment processes. It will, of course, be essential to ensure that we get the process right. We are keen to continue working with disabled people, their organisations and carers as we further develop these.'

<https://www.gov.uk/government/news/disability-living-allowance-to-be-replaced-with-new-benefit>

December 2011

From the **Human Rights Joint Committee** Report “Legislative Scrutiny: Welfare Reform Bill”:

'The committee recognises that the availability of resources is of central relevance to the extent of the UK's obligations under the UN human rights treaties. However, the duty of progressive realisation in UN human rights treaties entails a strong presumption against retrogressive measures affecting the right to social security and to an adequate standard of living. The committee is therefore not satisfied that the government has demonstrated reasonable justification for the negative impact of the introduction of personal independence payments on the right of disabled people to independent living.'

<http://www.parliament.uk/business/committees/committees-a-z/joint-select/human-rights-committee/news/twenty-first-report/>

17 January 2012

Speaking ahead of the House of Lords debate on PIP, during the report stage of the Bill, **Lord Low Dalston** told the BBC that DLA reform was being '*rushed through to meet Treasury targets*' and that:

'The assessment system for disabled people, for the new PIP benefit, is not ready yet. This is a work in progress. Disabled people do not have confidence that the government is yet ready to deliver an assessment system which will achieve the outcome which is fair to them and takes proper account of disabled people's needs for a benefit of this kind.'

Lord Low also said that problems with the work capability assessment for Employment and Support Allowance should be a warning to ministers, and that more time was needed to get it right '*as disabled people's livelihoods are at stake*'.

<http://www.guide2care.com/critics-urge-halt-to--rushed--disability-benefit-change/>

20 February 2012

From the **Work and Pensions Committee Report**, “**Government support towards the additional living costs of working-age disabled people**”:

'As has been shown in the move from incapacity benefit to ESA, reassessment of existing claimants is even more complex than assessing new claims.

Reassessment of existing DLA claimants should only proceed once DWP is confident that the assessment process produces accurate results and is working properly for new claimants.'

Introducing the report, **Committee Chair Dame Anne Begg** said:

'The reform was introduced on the basis of a Treasury assumption that by 2015-16 it would save 20 per cent of the projected DLA budget by introducing a new assessment.'

The government's own estimates show that 500,000 fewer people will receive support by 2015-16 compared to the situation if DLA for working-age claimants had continued.

Announcing the change against a background of budget cuts, and the previous negative experience which many people have had with the WCA [work capability assessment], has created high levels of anxiety amongst DLA recipients.

The mistakes made with the WCA for ESA, as originally introduced in 2008, should not be repeated with PIP.

The assessment for PIP needs to be empathetic and avoid the mechanistic, box-ticking approach initially used in the WCA.'

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/news/dla-report/>

13 March 2012

In a written statement to Parliament, **Minister for Disabled People Maria Miller** highlighted that *“the government announced their intention to have a graduated introduction of the new benefit...”*

Ms Miller went on to say:

'Bootle benefit centre (Bootle BC) will administer the first new claims from spring 2013, from areas including Merseyside, north-west England, Cumbria, Cheshire and north-east England. People in these locations will be the first to claim the new benefit. The primary reason for selecting the Bootle BC is that it handles DLA new claims in volumes that will provide a robust test of PIP processes and new computer systems. During this period, new claimants in all other parts of the country will continue to claim DLA as now.

The remaining network of benefit centres currently administering new claims for DLA will start to take on new claims for PIP from summer 2013, once evidence is in place that processes are working as intended. In addition this network will handle continuing DLA

claims for children. Blackpool benefit centre will undertake PIP reassessment activity for existing DLA claimants aged 16 to 64.'

<http://www.publications.parliament.uk/pa/ld201212/ldhansrd/text/120312-wms0001.htm>

19 April 2012

DWP research report, “Personal Independence Payment user-centred design: Strand 1 report”:

'It is clear that the majority of current DLA claimants do not feel that they have been treated particularly well in the past, within the application and renewal process and, as a result, they do not expect that they will be treated well when applying for PIP. With expectations at a low level, the introduction of PIP presents an opportunity to signal a break with perceived poor treatment in the past and to develop processes and procedures that deliver a better claimant experience.'

<https://www.gov.uk/government/publications/personal-independence-payment-user-centred-design-strand-1-report-rr794>



12 September 2012

Esther McVey, Minister for Disabled People:

'We have built robust expectations of performance into the contracts with Atos Origin and Capita Group plc; these include a range of remedies which allow the Department to take action on minor, as well as more significant, poor performance.'

'The contracts awarded for the delivery of PIP do not include any targets to reduce the number of people who receive PIP or the amount paid out through PIP. The only targets are based on the quality of assessments carried out. Assessment providers will not be paid according to the outcome of claimants' assessments or decisions on benefit entitlement. They will be paid for the production of fair and impartial assessments along with written and verbal medical advice, investment in new technology and other service improvements with associated fixed overheads and administrative costs.'

<http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm120912/text/120912w0001.htm>

21 December 2012

Housing Benefit and Council Tax Benefit General Information Bulletin, HB/CTB G12/2012:

'DWP recognise the personal independence payment (PIP) is a major change and are determined to get the delivery right by allowing processes to bed in, making sure systems are working as intended and learning from new claims experience before increasing assessment volumes.'

'Compared to the high level assessment strategy published in March 2012, and on which a consultation was held earlier this year, DWP will be undertaking a significantly slower migration profile. This means DWP can take the time to learn from the early introduction of PIP – for example, by considering the findings of the first independent review to Parliament on the operation of the PIP assessment, which is scheduled to be completed by the end of 2014. The peak period of reassessments will now fall around two years later which means there is more time to make sure the assessment is working correctly and that it is meeting individual needs.'

<http://www.dwp.gov.uk/local-authority-staff/housing-benefit/>

18 February 2013

Nick Barry, general manager of the PIP contract for Atos Healthcare:

'This is a new approach to delivering health and disability assessments working with local NHS services to help ensure a quality service is delivered in a way that best meets local needs. This means that the face to face consultations will be undertaken by organisations, with experienced staff who are used to dealing with people with disabling conditions, differing needs and challenges. Their aim is to provide familiar health professionals, using their own familiar locations who already have roots and knowledge of their local communities.'

http://uk.atos.net/en-uk/home/we-are/news/press-release/2013/pr-2013_02_18_05.html



12 November 2013

Mike Penning, Minister for Disabled People (written answers, Hansard):

'All sites must be compliant with the Equality Act 2010, with suitable ground floor accommodation available.'

'Although PIP is a new benefit, and the Department does not have a target for completion of claims whilst processes are bedding in, we do deal urgently with special rules claims for terminally ill claimants.'

<http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131112/text/131112w0003.htm>

11 December 2013

At the Work and Pensions Committee evidence session on PIP implementation **DWP Benefits Director Jason Feeny** said:

'As the operational director for delivering PIP, I would absolutely say that the service that we gave for some terminally ill claimants at the beginning of PIP wasn't up to the standard, where we would be expecting it to be. I'm not going to try to pretend otherwise. There were some awful experiences that people went through... The service wasn't where we wanted it to be.'

<http://www.theguardian.com/society/2013/dec/11/personal-independence-payment-delays-unacceptable>

06 January 2014

Mike Penning, Minister for Disabled People, responding to a written question said:

'We expect that once we are in a steady state the end-to-end assessment process, from DWP referring the case to the assessment provider to the assessment report being returned to DWP, should be completed within 30 working days in 97 per cent of cases with on average no case taking longer than 40 working days. The key requirement is to produce high quality assessments.'

'Our provider's performance has recently highlighted that in some cases the end-to-end assessment process is taking longer than originally anticipated. We have built robust expectations of performance into the contracts with the assessment providers and have a full set of service level agreements setting out the Department's expectations for service delivery, including quality of assessments and the number of days to provide advice to the Department. The contracts include a range of remedies which allow the Department to take action on minor as well as more significant poor performance and ultimately the Department has the right to terminate the contract if there is sustained underperformance.'

<http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm140106/text/140106w0002.htm>



27 February 2014

Amyas Morse, Head of the National Audit Office, commenting on NAO report “Personal Independence Payment: early progress” (nao.org.uk) said:

'It is too early to conclude on the PIP 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.'

<http://www.nao.org.uk/report/personal-independence-payments-pip-2/>

18 March 2014

Dame Anne Begg MP, Chair, Work and Pensions Select Committee, introducing the report, “Monitoring the performance of the Department of Work Pensions in 2012-13” said:

“Many disabled or sick people face waits of 6 months or more for a decision on their PIP eligibility. Even those with terminal illnesses are having to wait far longer than was anticipated. This not only leaves people facing financial difficulties whilst they await a decision, but causes severe stress and uncertainty. It is completely unacceptable.

“It is vital that all disabled people, but especially the terminally ill, experience as little delay and stress as possible in making a claim. Basic failures – from appointments being cancelled without notice to unsatisfactory responses to queries about claims – are happening too often. Claimants, and their MPs, have often been unable to get any information about when a decision will finally be made.

“The Minister acknowledged that the service claimants were receiving from Atos and Capita – and in some cases from DWP itself – was not acceptable. Whilst this recognition is welcome, urgent action is also required. DWP should not only consider invoking penalty clauses in contracts, but must look at its own systems to ensure that the current dire situation is resolved.

“By the end of last year decisions had been made in fewer than 20% of new claims submitted since April 2013. It is essential that the backlog is cleared before the limited natural reassessment of existing DLA claims is extended any further.”

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/news/dwp-monitoring-report/>

20 June, 2014

Margaret Hodge MP, Chair of the Public Accounts Committee (PAC):

"The implementation of Personal Independence Payment has been nothing short of a fiasco. The Department of Work and Pensions has 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.

The Department's failure to pilot the scheme meant that the most basic assumptions, such as how long assessments would take and how many would require face-to-face consultations, had not been fully tested and proved to be wrong. This resulted in significant delays, a backlog of claims and unnecessary distress for claimants who have been unable to access the support they need to live, and in some cases work, independently.

The personal stories we heard were shocking. We heard evidence of a claimant requiring hospital intervention as a result of the stress caused by the delays suffered, and another claimant who was unable to afford the specific diet required for diabetes and gastric problems while waiting for a decision.

By October 2013, the Department had only made 16% of the decisions it had expected to have made by that time. What was particularly alarming was that terminally ill people were having to wait on average 28 days for a decision, 180% longer than expected.

Some claimants have been forced to turn to food banks, loans and charitable donations to support the extra costs of living associated with their disability.

The standard of service provided by the Department and its contractors has been unacceptable. Claimants have experienced difficulties in arranging appointments – and assessors have cancelled home visits at the last minute and have failed to turn up when claimants have travelled to assessment centres. Four in ten claimants in Atos areas have had to travel over an hour to be assessed, a far cry from its promise that between 75% and 90% of claimants would travel less than 30 minutes to an assessment centre.

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 contact, 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.

The process has also proved to be inaccessible and cumbersome for claimants, increasing the risk of delays and incorrect decisions.

The Department urgently needs to get this Scheme up to scratch and make sure some of our most vulnerable citizens are protected when going through this process. What we've witnessed is a rushed, wholly unacceptable job, and the Department should take a long



hard look at what went wrong. The Department urgently needs to get this scheme up to scratch and make sure some of our most vulnerable citizens are protected when going through this process. What we've witnessed is a rushed, wholly unacceptable job, and the Department should take a long hard look at what went wrong."

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news/personal-independence-payments-substantive/>

30 June 2014

Iain Duncan Smith, Secretary of State for Work and Pensions, responding to an Opposition Day motion on the performance of the DWP said:

"We made the deliberate choice to introduce PIP in a controlled and phased way ... 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."

<http://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm140630/debtext/140630-0002.htm>

31 August 2014

Mark Harper, Minister for Disabled People, in a written answer to parliament, said:

'The wait for an assessment faced by some claimants is unacceptable. We are committed to putting that right by clearing backlogs and improving processing times'

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2014-08-26/905122/>

Appendix 3

What is Personal Independence Payment?

Personal Independence Payment (PIP) is a benefit for people aged 16 to 64 with a long-term health condition or disability. A long-term condition means one which is expected to last 12 months or longer.

Getting PIP depends on an assessment of how your disability or health condition affects your ability to live independently. This means your ability to carry out certain key activities of daily living and mobility, such as preparing food, washing yourself, communicating and moving around.

PIP is based on how your condition affects you, not on what condition you have, but special rules apply if you're terminally ill.

Personal Independence Payment:

- Is not means-tested. This means it is not affected by any other income or savings that you have
- is non-contributory. This means your entitlement doesn't depend on the national insurance contributions you've paid
- can be paid whether you are in work or out of work
- can be paid alongside other benefits
- is not taxable
- is administered by the Department for Work and Pensions (DWP)
- is intended to help with the extra costs of having a long-term condition. However, if you get PIP, you can spend it in any way you choose.

PIP is made up of two parts known as **components**: the **daily living component** and the **mobility component**. You may be able to get one or both components. Each component can be paid at one of two rates, the **standard rate** or the **enhanced rate**.

How is PIP claimed and assessed?

You start by telephoning the Department for Work and Pensions (DWP) PIP claims line:

- the DWP collects information from you on the phone to check whether you meet the basic conditions for getting PIP
- if you're eligible to claim, the DWP sends you the '**How your disability affects you**' form to complete
- you complete and return the form together with any evidence to support your claim

- the DWP passes your claim to a health professional who decides if further evidence is needed and arranges to get it
- in most cases, you'll be asked to attend a face-to-face assessment with the health professional
- the health professional reviews all the evidence and writes a report for the DWP
- a DWP decision maker checks that all the evidence has been taken into account in the report and decides whether you're entitled to PIP and, if so, at what rate
- the DWP sends you a decision letter with reasons for the decision
- if you disagree with the decision, you can ask the DWP to reconsider it
- if you disagree with the outcome of the reconsideration, you can appeal to an independent tribunal.

A different procedure applies if you're claiming because you're terminally ill, but you still start your claim by phoning the DWP.

How much is PIP?

The Daily Living and Mobility Components can be paid at one of two rates, the standard rate or the enhanced rate. The weekly amounts for are:

Daily Living Component	2013/14	2014/15
Standard Rate:	£53.00	£54.45
Enhanced Rate:	£79.15	£81.30

Mobility Component		
Standard Rate:	£21.00	£21.55
Enhanced Rate:	£55.25	£56.75



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