

Citizens Advice response to Personal Independent Payment (PIP) Assessment: Second Independent Review



Citizens Advice is a charity providing free and independent advice to everyone on their rights and responsibilities. Last year we helped over 2.7 million people with 6.2 million issues face to face and people visited our website 36 million times. We provide advice over 2900 locations across England and Wales.

Over the last three years welfare benefit related issues have overtaken debt as our largest area of advice, accounting for a third of the support we deliver. Personal Independence Payment (PIP) is the benefit we receive most enquiries about (figure 1). In 2015/16, we helped 136,000 clients with 340,000 issues related to PIP.

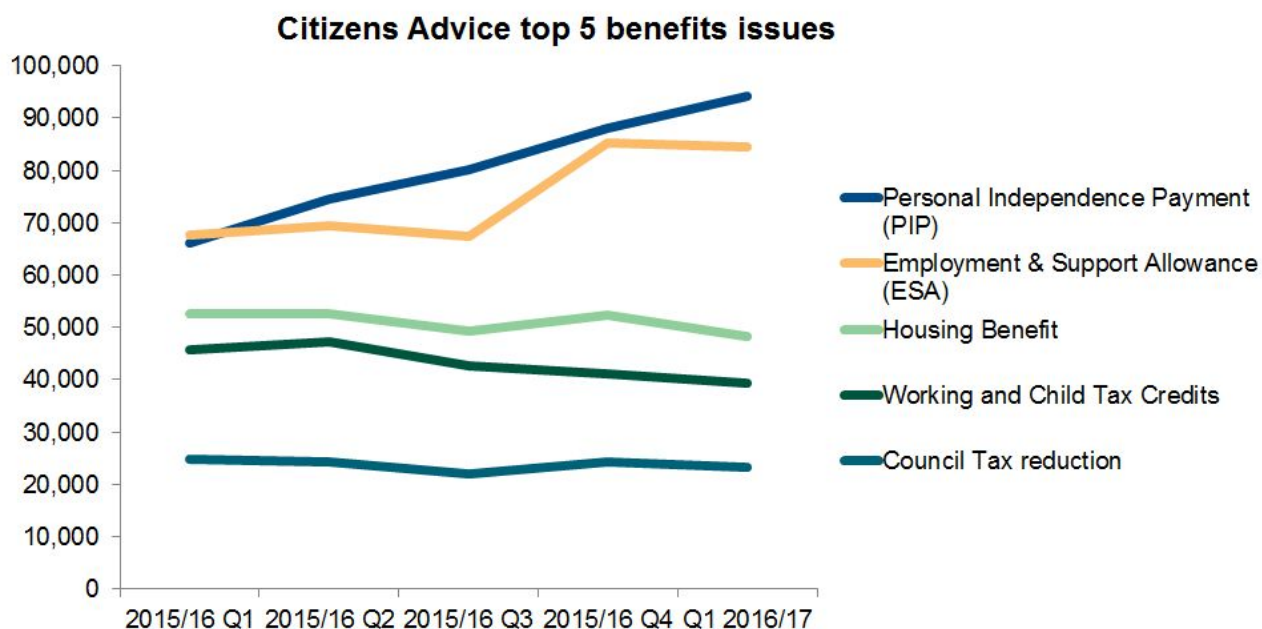


figure 1: Citizens Advice national issue statistics

Citizens Advice helps people at each stage in the PIP claim process, from application forms to supporting clients at appeal tribunals. The most common area for those seeking advice on PIP is making and managing a claim, but the biggest year-on-year increase has been in helping people who are being reassessed from DLA (Figure 2).

Citizens Advice Personal Independence Issues (PIP) by advice category

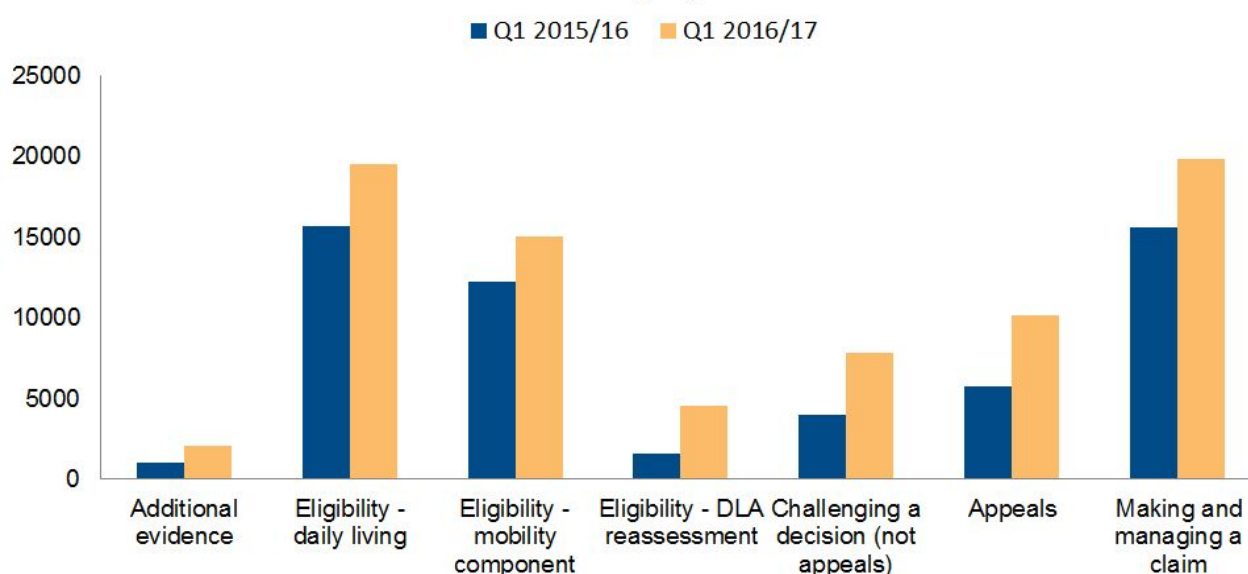


Figure 2: Citizens Advice national issue statistics

Our response draws on a range of Citizens Advice data sources:

- Quantitative data on our face-to-face advice issues; a monthly survey of 250 of our advisers; website page views
- Qualitative case evidence from our case management system and from focus groups with advisers experienced in PIP advice from across England and Wales

In this response, we focus on the three areas where we have the most current knowledge and evidence:

Additional evidence: There are a number of issues with the submission of additional evidence for PIP. Claimants and health and social care professionals can be unclear about what to submit and when, and there are barriers to submission such as cost and timescales. These issues are contributing to the rising mandatory reconsideration and appeal rates.

Claimant experience: There have been significant improvements in the time it takes to assess a PIP claim. However the quality of assessments is still a significant concern. Our advisers tell us that assessment reports can still be inaccurate, and claimants are often asked to travel long distances to inaccessible assessment centres which can be long distances from their homes.

Progress since the last review: Communications to claimants are more straightforward than before and DWP have introduced positive communication steps such as greater use of text messaging. Attention is still needed on improving the evidence collection process, and introducing a rigorous and robust evaluation system for the PIP process.

Additional evidence

Better use of additional evidence could improve the quality of decisions and reduce the numbers of cases unnecessarily proceeding to mandatory reconsideration and appeal. At Citizens Advice we see many decisions overturned at this stage. This creates unnecessary stress and hardship for the claimant and additional costs for the system. Two broad issues contribute to the problem:

1) Requirements on, and best use of, additional evidence are not made clear to claimants - especially those moving from DLA to PIP. There are barriers such as cost and access for claimants trying to gather additional evidence.

- Clear upfront guidance on what evidence is most appropriate at each stage of the application process is needed - illustrative examples may be useful for claimants and health and social care professionals.
- Cost should not prevent claimants submitting evidence that may be necessary to fully assess their case. The DWP and Department for Health should be reviewing options on funding for evidence - this could include agreements with healthcare professionals, direct funding, or a cap on what a claimant can be charged.
- People migrating from DLA to PIP need to be informed that they will have to re-submit any additional evidence. DWP should be clear in communications that previously submitted evidence is not held on file.

2) Reluctance from providers to request additional evidence on a claimant's behalf, which could be more efficient and effective. Additional evidence is particularly important in certain cases, such as fluctuating conditions, which are hard to measure at a single assessment.

- DWP and providers should review how they gather additional evidence and investigate options for prompting assessors to request it appropriately. This may involve contacting relevant experts listed in an application more routinely.
- To make it easier for both DWP and providers to monitor additional evidence, options for a central filing system for such evidence should be explored.

3: In your experience what types of further evidence do claimants send in as part of their claim?

Citizens Advice pageviews in the last 6 months

'Help filling in your PIP claim form'

73,909

People applying for PIP are encouraged to submit additional evidence that they think is pertinent to their claim. They receive guidance on which documents may be useful but are only encouraged to provide evidence that they already have. Claimants are informed not to delay their claim by seeking additional evidence (which could include evidence they may have to pay to obtain).

This causes some confusion, so our advisers tell us they see evidence submitted in the following ways using the PIP2 form:

1. **Without help: all possible evidence.** This can include prescription lists, hospital appointment letters and GP correspondence, which can have variable relevance.
2. **Without help: no evidence.** This may be because they don't have anything or because the guidance suggests they do not need to send anything.
3. **With help from Citizens Advice or others: appropriate evidence.** However, with current resourcing this is not a feasible solution to help all applicants.

This 'all or nothing' approach on additional evidence indicates a lack of clarity about what should be sent - this is covered in more detail in question 5, below.

Citizens Advice advisers often observe that applicants are inclined to go to their GP as a natural first port of call about health matters, despite DWP guidance advising against this because of timescales and cost. Our advisers often seek evidence from a much wider range of professionals, such as social workers, community psychiatric nurses and occupational therapists. These people often have more contact with claimants and a better understanding of *how* their condition affects them. For example, a Citizens Advice mental health caseworker told us how reports from mental health professionals were often useful, and in some cases more useful than GP reports.

Claimants not receiving assistance with their application need clearer guidance on what constitutes helpful evidence and the range of evidence they can include - further discussed in more detail in question 5. Helping claimants submit more appropriate evidence at the start of a claim could lead to better initial decisions, fewer problems for claimants and significant savings on the cost of appeals.

4: In your experience what further evidence does Atos/Capita request on claimants' behalf? Is this requested on time and used appropriately and fairly?

Guidance states that Atos and Capita Health professionals will consider the need for additional evidence for all claims at initial review. If they believe that further evidence would help inform their advice to DWP or negate the need for a face-to-face consultation, they are advised to take steps to obtain this. The DWP currently pays for two specific forms of evidence; factual reports from GPs and DS1500 forms (for terminal illness). Providers are responsible for making payments for factual reports where they have sought them. Some Citizens Advice advisers have been positive about the time saved by the providers contacting social care professionals who have been named on the PIP2 form.

However, we continue to see instances where Atos/Capita are not requesting additional evidence, choosing instead to place emphasis on the assessment itself. This can lead to many cases proceeding to appeal unnecessarily.

Atos/Capita do not have to request additional evidence for each PIP application. In many cases, the PIP2 form and the assessment can be enough to get a picture of how someone's condition affects their support needs. However, the increasing rates of decisions overturned at tribunal on the basis of a fuller consideration of evidence indicate that providers are not always taking initial decisions based on sufficient evidence. Investigating ways in which assessors can be encouraged to consider evidence requirements at an earlier stage, such as training options or prompts during the assessment process could help to improve this process.

There should also be attempts to explore ways of continuing the improvement of the quality of evidence provided by GPs and other health and social care professionals. They often have limited time, and guidance could be clearer about the criteria the claimant is being assessed on. This can lead to evidence which is provided, but has limited usefulness.

5: Is it clear what further evidence is being asked of claimants? Please briefly explain your answer.

Citizens Advice pageviews in the last 6 months

'Getting evidence to support your PIP claim'

29,352

Following the first independent review, DWP adjusted guidance to incorporate more ways to evidence a fluctuating condition, such as keeping a diary. This increased clarity is welcome. However, our advisers report several common misunderstandings they see around additional evidence:

- The use of inappropriate evidence - like hospital appointment letters - which claimants are then told have little value.
- Claimants reporting not sending any additional evidence with their PIP2 form because they thought DWP used the contact details they provided to speak to the relevant health professional.

- DLA claimants being reassessed for PIP failing to include evidence as they assume that DWP will have all their documents and supporting evidence on file.

The information currently provided on additional evidence could be clearer to avoid this confusion. In the PIP information booklet - which is sent out with each PIP2 application form - the paragraph talking about [additional evidence](#) states that existing relevant evidence, such as prescription lists or reports from professionals including GPs, nurses or social workers, should be shared. However, the evidence listed is not clearly linked to the health and social care professionals who may be able to provide it. Many claimants become confused about what to get and from whom, or whether they need to send anything at all.

There is an opportunity to ensure that people completing the PIP2 form (especially those completing it on their own) better understand what evidence is most useful to submit. One option would be to provide examples of evidence alongside each question. For example, if a claimant with anxiety can look at the types of evidence most useful to demonstrating the impact of their condition, it would help that claimant decide whether it is worthwhile submitting something, what to submit, and who to speak to to obtain it. This would be particularly helpful for those who are concerned about the assessor not picking up aspects of their condition that may be hidden.

6: From your understanding, when claimants submit their claim how important do you think it is to submit further evidence? Please briefly explain your answer.

Citizens Advice pageviews in the last 6 months

'How the DWP makes a decision on PIP claims'

64,538

Much of the emphasis for a PIP award is based on the outcome of the assessment. But for decisions on certain conditions, additional evidence at an earlier stage can be particularly important. Where the claimant attending the assessment cannot easily articulate their condition, or is not experiencing acute symptoms on that day, health professionals can understandably find it difficult to accurately assess the way in which the condition might affect them. This is particularly pertinent for people who have conditions which might not-in full or in part- be visible or easily assessed at a single meeting.

Fluctuating physical health or mental health conditions often present problems. Arthritis, epilepsy, multiple sclerosis and a range of mental health conditions can affect people in different ways and can vary from day to day or week to week. Guidance on Atos and Capita websites say this will be taken into account at the assessment, but we continue to receive reports that the assessment is too much of a 'snapshot' of how someone's condition affects them on the day.

7: Are there any barriers for claimants in providing further evidence? Please provide examples.

In addition to confusion about what evidence to provide (as detailed in Q 5) cost is a key barrier in obtaining additional evidence. In June 2016 we surveyed 250 Citizens Advice advisers - over 70% said they had seen or were aware of clients who had been asked to pay for evidence to support their claim. Citizens Advice advisers say the average cost of obtaining additional evidence from a GP is around £30. But in some cases it can be as much as £100. Many claimants cannot afford this, so either do not submit it or attempt to borrow money from friends and family. Cost should not be a barrier for claimants, and the DWP and Department for Health should further explore options for how additional evidence can be gathered without cost to the claimant.

Time is another barrier to claimants providing further evidence. Whilst evidence can be provided at any point during a claim claimants try to provide this within the deadlines specified for each stage of a claim to ensure the evidence is used by decision makers. Our advisers tell us that it can be difficult to obtain the relevant evidence within the 28 day window that each stage allows. This can be simply because of the time pressures faced by many healthcare professionals.

At present, the claim process does not ask claimants to provide additional evidence when they make a claim. If it is determined that additional evidence is routinely required during the claim stage, guidance to claimants will need to be altered to request additional evidence at the outset. It should be noted that this will increase the complexity of the claims process, and therefore the burden on the claimant. One alternative would be for the current guidance to be retained, but for the process of gathering additional evidence to be reviewed. This should focus particularly on the decision-making process and whether or not additional should be requested.

8: In your experience, when claimants go through the appeals system do they submit further evidence at this point? Why?

Citizens Advice pageviews in the last 6 months

'Challenging a PIP decision - mandatory reconsideration'	50,481
'Challenging a PIP decision - apply for a tribunal hearing'	31,297

Our advisers report claimants are much more likely to submit additional evidence when they request mandatory reconsideration or appeal. They suggest the following reasons why this is the case:

- Claimants didn't think it was necessary to send in evidence prior to this point. As discussed, some claimants assume DWP will contact healthcare professionals named in their application for evidence. Claimants transitioning from DLA to PIP may also assume DWP already holds their evidence on file.
- The appeal or mandatory reconsideration stage prompts claimants to seek advice from Citizens Advice or others. At this point they receive more guidance on the most appropriate evidence to support their case.
- The initial assessment report gives claimants and advice agencies a clearer idea of the evidence they need. Many claimants can only get additional evidence once in the process of the claim so they choose not to access evidence before this point due to concerns about cost or delays to their claim (q7).

When mandatory reconsideration (MR) was introduced for PIP in April 2013, it was designed to ensure that decision making at an early stage improved. But since its introduction, 85% of decisions for new claims - and 76% of DLA-PIP reassessment decisions - have remained unchanged.¹ DWP stress the importance of submitting additional evidence at this stage and many of our clients report doing so. But advisers tell us it is unclear whether this evidence is being fully considered under the MR process and that often the only point they can be confident evidence will be fully assessed is when a claim reaches appeal.

Perspectives from Citizens Advice advisers

"Many clients are not getting enough points in their assessment and most mandatory reconsiderations will come back with the same decision. Our clients are then being awarded a higher number of points by the tribunal service, who will take medical evidence into consideration, whereas DWP tend to rely on the healthcare professionals' medical assessment." *Citizens Advice adviser in Cardiff and Vale*

"We've kept a record of the 96 PIP appeals that we helped with over the last year. 85 of them were successful. And in 26 of them people were awarded enhanced rate for both mobility and daily living at appeal, so the decisions at assessment and mandatory reconsideration were very different to the one the tribunal made." *Adviser at Citizens Advice Rhondda Cynon Taff*

Submitting an appeal with HMCTS can be a stressful process with long waiting times. However, there appears to be much more weight placed on additional evidence at this point. Additional evidence (oral and written) can be requested by a tribunal and sought by claimants at this stage. In April 2016, the Minister for Disabled People reported that new oral or written evidence was the reason for overturning an initial decision in 75% of

¹[DWP- Personal Independence Payment: Official statistics \(2016\)](#)

successful PIP appeals.² The proportion of appeals awarded in favour of the claimant has been increasing significantly, reaching 65% in the most recent figures (figure 3).

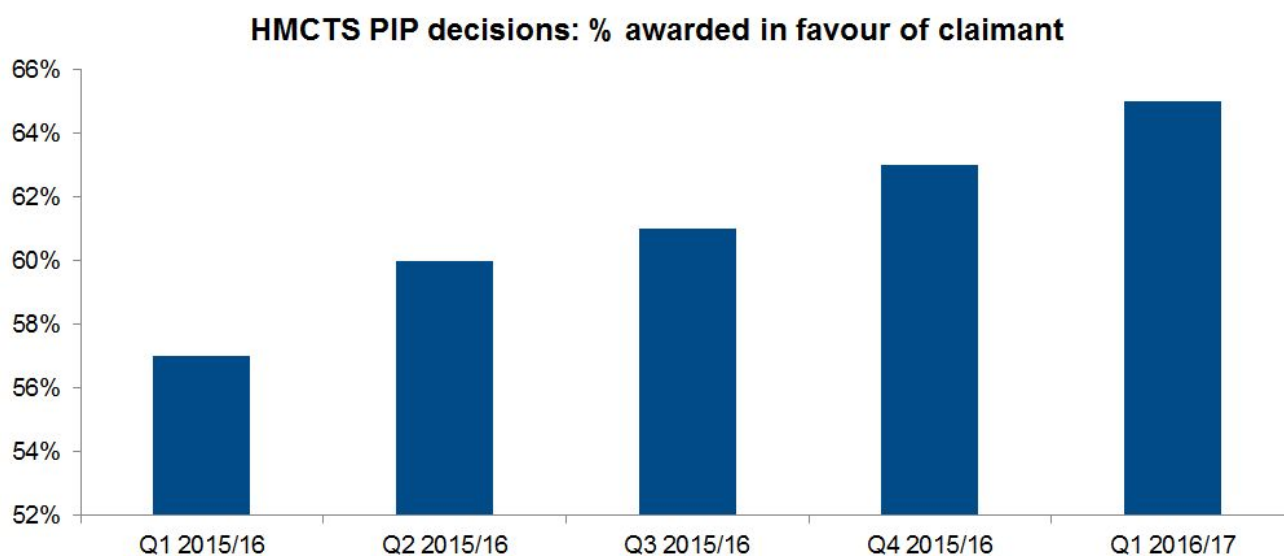


Figure 3: [HMCTS quarterly tribunal statistics](#)

Growing numbers of appeals, increasing proportions of decisions in favour of the claimant, and large numbers of these overturns linked to consideration of additional evidence suggests that the current system for obtaining and assessing evidence is not working effectively. In particular, it suggests that both additional evidence and the claimant's own evidence are not being adequately captured during the initial assessment or decision making process.

² Answer to written question by Minister for Disabled People. This states that unverified internal management information for 2015/16 indicates that new oral or written evidence was the reason for the overturn of the decision in 75% of successful PIP appeals:

<https://www.theyworkforyou.com/wrans/?id=2016-04-22.35165.h&s=speaker%3A25326#g35165.q0>

Claimant experience

There have been some improvements in the PIP claims process, particularly on waiting times for assessments. However, there are four broad areas of the claims process that could still be improved:

1) We have seen increases in problems with inaccuracies on reports and assessments being rushed. The quality of assessments is a major issue for claimants and contributes to significant costs in terms of appeals.

- Options for improving quality control and incentivising higher standards of assessment and reporting should be a focus. This could include recording assessments for training purposes and reviewing quality checking procedure including drawing lessons from appeal decisions.

2) Claimants - some with limited mobility - are being asked to make long journeys to assessment centres which can be inaccessible.

- For claimants struggling to access assessments, providers could consider including alternative times and venue options with their initial appointment.

3) Claimants aren't clear about the process once their DLA award ends and they are asked to claim PIP.

- The large majority of people previously receiving DLA will apply for PIP. To make this transition simpler, claimants could receive a PIP2 form automatically as they are informed their DLA award is ending.

4) Appealing a PIP decision can be a long process. 74% of Citizens Advice advisers report seeing appeals taking longer than three months. Claimants will not have access to the support and appliances on which they previously depended during this time, and this can have knock-on effects on their ability to live independently or remain in work.

- Certain appliances, such as motability vehicles, are relied on for work and independent living. To offer claimants greater stability, those not assessed to need one under PIP but who wish to appeal should retain access until a tribunal decision.

12: From your experience, how could the PIP claim process be improved? Please provide examples or suggestions.

Citizens Advice pageviews in the last 6 months

'Personal Independence payment

135,088

In our response to the first Independent review of PIP, delays and difficulty navigating the client journey featured heavily. It is therefore positive to see improvements in this part of the process. Claimants now wait for weeks rather than months to receive a face to face appointment date. Some receiving a paper-based review can get a decision within 6 weeks.

However, there are three areas of the claims process that could be improved. These are: issues with the quality of the assessment; travel to assessment centres; and challenges for those moving from DLA to PIP.

Emerging PIP issues³

- 88% of our frontline staff report seeing or being made aware of clients who have experienced inaccuracies on PIP assessment reports, with 67% reporting clients feeling rushed during their assessment.
- 75% report clients being asked to travel long distances to assessments.
- 62% report clients receive little notice of assessment dates and/or cancellation of dates.
- 54% report clients receive renewal forms several months before renewal is due.

Problems with the quality of the assessment

As discussed, we have seen significant reductions in our clients who report waiting long periods for an assessment. While this is welcome, we have also seen growing numbers of issues around the quality of the assessment. Some clients report feeling they have been 'rushed through' assessments - possibly as providers work to cope with large caseloads. These claimants report feeling unable to elaborate and fully explain how their condition affects them and are concerned about the accuracy of reports and decisions. Our advisers also regularly report inaccuracies on PIP reports - for example, points being awarded for questions claimants say were not asked or notes detailing that claimants can drive when they can't.

Jane's story: Assessment being rushed

Jane has a number of health conditions such as fibromyalgia, a slipped disc in her back, and depression. She completed her PIP2 form and returned this with supporting medical evidence from 3 consultants. Due to the nature of her conditions, the assessors agreed a

³ The data is from a monthly survey completed by over 250 Citizens Advice staff and volunteers across England and Wales, asking about their experiences of and views on policy issues.

2 hour assessment (from 12pm - 2pm) in her home. But when the day came, the PIP assessor rang at 11:10am to ask if she could arrive early. The PIP assessor arrived at 11:15 and left again at 11:40. Jane felt like the assessment was rushed and she didn't have the opportunity or time to fully explain her situation. She was refused PIP and Citizens Advice helped her apply for mandatory reconsideration, however the decision was unchanged. Jane is now in the process of appealing the decision and this is causing considerable financial and emotional strain.

Concerns about quality mean claimants are more likely to challenge the outcome of the assessment. This is borne out in our data; we have seen an increase in both mandatory reconsiderations and appeals (discussed in Q 8).

Distance to assessment centres and accessibility

Reports from local offices show an increase in claimants being asked to travel long distances for their assessment or having problems with the accessibility of assessment centres.

Claimants can be offered an appointment at any centre within 90 minutes' travel of their home. However, those who have issues with mobility often find this problematic, as do claimants with mental health issues that make them uncomfortable in unfamiliar places or long distances from home.

Terry's story: Issues with accessibility and distance

Terry is 63 and has mobility issues which have become worse over time. He applied for PIP and was given an appointment at an assessment centre which is 26 miles away from his home. Terry lives in a rural area and this journey would take 3 hours and include 2 buses. When he came to his local Citizens Advice to ask about what he could do, the Citizens Advice volunteer found that the assessment centre he had been asked to go to didn't have wheelchair access. The Citizens Advice volunteer was able to contact the provider to explain the situation, but was told there were no other suitable appointment centres in the area. Terry hadn't claimed any benefits before this and was extremely distressed by this.

It is important to note that this shift towards longer travel to assessment centres is likely to be linked to the need to offer claimants the earliest possible appointment. However, it can also cause significant stress for claimants whose condition or circumstances make it very difficult to travel long distances.

Claimants with difficulties in travelling (physical or mental health related) could be given priority for appointments at their closest assessment centre. The evidence submitted in the claim for PIP about difficulties with travel could be used for this purpose. Offering

claimants a choice of alternative appointments at more local centres - even where these require a longer wait - would also help to reduce the burden on those who struggle. A review of the accessibility of assessment centres would help pinpoint where alternative centres need to be found.

DLA to PIP reassessment

Proportionally, the largest increase in our data is for PIP claimants being reassessed from DLA. Almost three times as many claimants have asked for help about reassessment since the same period last year. The roll out of reassessments has increased and is due to be completed by 2017, so we expect a corresponding increase in queries about reassessment, but when we look more closely at the case data, a number of issues are common.

Our advisers tell us that claimants say the communication about reassessment isn't clear enough; they don't understand what is happening or why it's happening. The process of applying can be complicated for those making the transition from a long period receiving DLA; once claimants receive the letter, they must contact the PIP contact centre by phone, then fill out the PIP2 form when it arrives. Given we would expect the large majority of DLA claimants to be eligible to make an application to PIP, this could be addressed with a more straightforward process. Including a PIP2 form alongside a letter that clearly explains the reassessment process would make the application process easier to navigate for these claimants.

13: From your experience, what impact do awards of PIP have on claimants' ability to stay in, or return, to employment?

Many disabled people are keen to work and the support provided by PIP can give people the security they need to look for employment, sustain a job or seek progression opportunities. It can enable someone to run a car if they are unable to take public transport, or help someone with a fluctuating condition temporarily reduce their hours if needed.

However, issues with the current PIP claims process mean these vital aims are not always being realised. In some cases, the process of applying for PIP and the resulting award can have a substantial negative impact on a claimant's ability to stay in, or return to, employment.

Colin's story: Stress of PIP application exacerbating mental health problems

Colin has severe bipolar disorder and has claimed DLA for over 10 years. However, he is keen to work and had a job. He was invited to claim PIP and completed the application process himself. After assessment, he received a letter saying he was not entitled to PIP. He came to Citizens Advice in Staffordshire for help. The application process, coupled with an overpayment of tax credits, potentially promoted by his loss of the disability

element of tax credits. This meant he was deeply worried about his finances. Colin has struggled with this and has since left his job due to a deterioration in his mental health.

One impact of changes to PIP awards are the effects on passported benefits. In the case of tax credits, for example, a loss of PIP will mean the tax credit eligibility threshold rises from working 16 hours to working 30 hours per week. Many people with health conditions or disabilities struggle to work for 30 hours per week. This change in eligibility criteria following removal of PIP can result in loss of tax credit income or an overpayment of tax credits, as well as acting as a significant barrier for disabled people to remain in employment.

Our advisers also report that the mobility component of PIP awards can have a direct impact on employment. Local Citizens Advice offices across the country- including Bristol and Seaford- have raised this issue, and say this is having an impact on employment prospects because people no longer have the means to travel.

Perspective from Citizens Advice adviser

“The problem stems from a more rigid enforcement of the mobility award criteria (the 20 metre rule) at the medical assessment stage. At the moment people are being forced to give back their mobility cars before they’ve been able to appeal the DWP decision. Given the high rate of successfully appeals this is particularly worrying. This is leaving people without cars – housebound, unable to get to work or drop their children at school. We’ve also found that people are borrowing money to replace their Motability cars and finding themselves with significant debts to manage on top of everything else”.

In comparison to those who are not disabled, disabled people are more likely to live in relative income poverty and are significantly less likely to be in employment. Our welfare system rightly recognises these challenges. The government has committed to halving the disability employment gap. But if these commitments are going to be realised, the employment support provided by benefits such as PIP should be carefully considered. Many claimants are highly dependent on the payments which PIP provides, and motability vehicles are important for work and independent living.

Claimants could be given greater stability if those not assessed to need one in an initial PIP decision but who wish to appeal could retain access of the motability vehicle until a final tribunal decision.

14: How does the PIP process compare to similar assessments (eg ESA, and occupational health assessment)?

PIP has overtaken ESA as the benefit we receive most enquiries about, but the types of queries we see related to the two benefits - particularly on assessments and appeals - are

similar. Unsurprisingly, given both are health-related benefits, the claims processes for ESA and PIP also often affect the same group of people; 40% of those who come to Citizens Advice about PIP also reported issues with claiming ESA.

The big challenges for both ESA and PIP have been around developing an accurate assessment process. On face to face assessments, claimants of ESA have reported similar issues to those claiming PIP and vice versa; assessments being rushed, reports inaccurate and confusion about additional evidence.

After decisions are made, there are also very similar issues with mandatory reconsideration and appeal. Since the introduction of mandatory reconsideration in April 2013, just 11% of decisions about the Work Capability Assessment (WCA) have been overturned.⁴ Subsequent appeals can be a long, stressful process.

At tribunal, for both ESA and PIP, the overturn rates have been around 60% for each quarter in the last year.⁵ This suggests claimants of both benefits experience important challenges with the accuracy of initial assessment and the mandatory reconsideration process, something we feel needs urgent attention.

One specific issue that our advisers report is that decisions to disallow PIP appear to trigger an ESA assessment and vice versa. It is not clear how DWP consider evidence about this but transparency on this process and a review of it would be welcomed. It's important to ensure that changes of circumstances are recorded accurately, but PIP and ESA are not necessarily awarded for the same criteria or conditions. The prospect of attending two assessments within a short space of time, potentially going through sequential appeals, and the reduction in finances that may result, is causing considerable amounts of stress and anxiety for some claimants.

15: From your experience, what are the reasons for people making an appeal to HMCTS and what is their experience of this process? Please provide examples.

Almost 1 in 10 people who come to us with a PIP issue were helped with an appeal. They are increasing absolutely and as a share of the PIP issues we advise on.

Mandatory reconsideration in more than 75% of cases does not change the original decision, so claimants are likely to lodge an appeal with HMCTS. Some people who have been through the system before or are close to others who have, have lost faith in the decision making at the claim stage. This can mean they view mandatory reconsideration and appeals as part of the claim process.

⁴ [DWP- Employment and Support Allowance Work Capability Assessments: Mandatory Reconsideration registrations, decisions and outcomes \(2016\)](#)

⁵ [HMCTS- Tribunals and gender recognition certificate statistics quarterly \(2016\)](#)

The experience of the appeals process is often a negative one. Citizens Advice analysis shows that households including a disabled adult are already twice as likely to be behind on a bill (14%) than those with no disabled adults (7%).⁶ So a long appeals process can cause significant financial strain, increasing the risk of disabled people falling into debt and behind on household bills.

Our advisers tell us a lengthy appeal can also cause a deterioration in mental health and physical health, and problems with sustaining or gaining employment. This is a particular issue if claimants use aids or appliances for daily living which they lose access to, creating serious challenges to their routines and independence during the wait.

Erica's story: Loss of motability car during appeal

Erica was on DLA and had a motability car which she lost after a PIP assessment awarded standard rate mobility. She appealed to the tribunal service in February after getting help from a local Citizens Advice in the midlands. A month later, she asked for progress and was told the tribunal service was waiting for documents from DWP so they could proceed. The following month the same thing happened again but this time Erica was told the deadline for getting papers had passed. The case was passed to a judge for a decision on how to proceed, but Erica was warned that it would be some months before this would be resolved. During this time, and throughout the following months leading up to the appeal, Erica did not have access to her motability car and struggled to leave the house to see friends and family, making her feel lonely and isolated.

In the first quarter of 2016/17, people came to us with over 10,000 problems with PIP appeals - over 160 every day. In increasing numbers, people believe that the assessment has not been accurate and want to challenge the decision that's been made. For many there is a good chance the decision will be overturned and ruled in their favour but until that happens, there is an extremely worrying period where claimants can struggle with finances, day-to-day living and often experience deterioration in health and well-being.

⁶ Citizens Advice analysis of data from Family Resource Survey (FRS) from 2012-13 to 2014-15, using additional demographic information from Households below average income survey (HBAI)

Progress since the last review

Some progress has been made since the first independent review of PIP in 2014, but there are a number of areas highlighted by the first review which we feel require ongoing attention. The first review made 14 recommendations across three broad areas:

1) Communication about the claims process has improved. Language has been simplified and claimants now receive updates on progress via SMS. But we continue to see confusion around evidence requirements and the transition from DLA to PIP.

- DWP could consult with a range of support organisations to ensure messaging continues to improve.

2) Despite some new guidance, there is much further to go on using evidence effectively, as set out in questions 3-8.

- There is a need for greater clarity on appropriate evidence, more pro-active use on the part of providers at an earlier stage in the claim, and efforts to remove barriers such as cost.

3) There has been improvement on waiting times for assessment, but quality of assessment remains an issue.

- The first review's recommendations on a more rigorous evaluation processes - although rejected by the DWP at the time - should continue to be a focus for this review.

16: Since the first PIP independent review, DWP has implemented a number of the suggested recommendations. In your experience, how have these changes altered the experience of people going through the PIP claim process?

The first independent review of PIP was published in 2014. It focused on three key areas - set out below - and made a number of recommendations.

Improving the claimant experience

At the first independent review, recommendations around improving the claimant experience centred on: better communications and exploring the options for an improved digital claims process.

Communications: The first review called for better communications with claimants on assessments and decisions, as well as more proactive communications using channels such as SMS to help claimants through the process. As a result DWP has reviewed its external communications. Claim forms, decision letters and the gov.uk page about PIP are much clearer than previously. Claimants also now receive a text message when their PIP2 application form has been received; this has helped to address concerns about delays or problems with delivery.

Organisations providing support such as Citizens Advice have been approached to review the wording of information on PIP and we see such engagement as a positive move. We welcome a focus on straightforward language and as much clarity as possible in supporting claimants to navigate a complex process.

Yet 'making and managing' a claim is still the biggest area of support we provide on PIP, accounting for over 78,000 issues brought to Citizens Advice in person in the last year. Whilst many people with disabilities and health conditions are likely to require extra support, such high numbers of enquiries on this issue (the total PIP caseload stood at 725,000 in February 2016) suggest more could be done.

As we have set out, we continue to see claimant confusion in certain areas, particularly on requirements around, and access to, additional evidence and on the process of transitioning from DLA to PIP. Clearer upfront guidance and communication processes in both these areas would help, as discussed in question 3 and 5 above.

Digital: We are aware that options around a digital claims process are currently being explored. This presents opportunities for recommendations from the first review to be reconsidered. For example, calls for the process to 'move away from a 'one size fits all' model' and 'use contact with the claimant to identify what information and evidence may already be available to support the claim' would potentially be possible using a digital claim system.

However, we also think it is important that the likely support needs of claimants under a digital claims system are not underestimated. In preparing for the transition to digital claims under Universal Credit, we surveyed nearly 2,000 of our clients likely to be affected and found two in three would need support in getting online.⁷ Those claiming a health-related benefit like PIP are likely to have even greater support needs. It is vital that these needs are assessed and accounted for in any continuing development of a digital claims process for PIP. A comprehensive assisted digital strategy would be required as digital options are pursued.

⁷ [Citizens Advice, Managing Migration Pilot: Final Results: \(2014\)](#)

Clarifying and improving the collection of further evidence

At the first review, recommendations on further evidence were focused on making communications more consistent, providing greater clarity on what was needed and how to access it, and examining options around data sharing. In response, DWP has updated the PIP Assessment Guide for health professionals to emphasise that evidence gathered should be concise and relevant.

However, as the evidence set out in this submission demonstrates, there is further to go on ensuring that there is a robust process for determining if and when additional evidence is sought. This is discussed previously in questions 3-8 above.

The effectiveness of the assessment

The first review made a number of recommendations on the effectiveness of the assessment, focusing on reviewing how aids and appliances are taken into account, consistent guidance for fluctuating conditions, and more rigorous evaluations and quality control for decision making on PIP awards.

DWP has also now adjusted guidance to incorporate more ways to evidence a fluctuating condition, such as keeping a diary. Such additions are welcome, but our advisers report that this kind of evidence appears to still not given as much emphasis as the 'snapshot' of the assessment itself by DWP decision makers.

More significantly, the first review recommended plans for a 'rigorous quantitative and qualitative evaluation strategy, with a scheduled plan for publication of findings'. This recommendation was not accepted by the DWP, who explained they were learning from the phased introduction of PIP and would develop a full evaluation strategy once they had a sufficient evidence base.⁸

With clear issues related to rising numbers of PIP appeals and decisions overturned, we feel the need for a more rigorous evaluation strategy should continue to be a focus for this review. The process of administering PIP and assessing claimants' needs is undoubtedly a complex one. More robust processes for evaluation and quality control would not only benefit claimants, but would also help providers and the DWP to continually review, learn from and improve the claims process. As new approaches such as digital claims are considered, ongoing evaluation of the existing process would offer better data for evaluating the likely effectiveness of changes.

⁸ [DWP- summary of Government's response to the first independent review of the Personal Independence Payment \(PIP\) \(2015\)](#)