

Department for Work and Pensions

Background

1. Personal Independence Payment (PIP) is a benefit that provides a cash contribution towards the extra costs associated with a long-term health condition or disability.
2. PIP is not awarded on the basis of having a particular health condition or impairment, but on the impact of that condition or impairment on the claimant's everyday life.
3. The PIP assessment provider serving the Merton area is Independent Assessment Services (IAS) delivered by Atos.

Locations and Booking

4. The DWP's requirement is that claimants do not have to travel for more than 90 minutes in a single journey, by public transport to a consultation. However, this limit is an absolute maximum and for the majority of claimants their journey will be less than this.
5. PIP assessment centres available to residents of Merton that meet the above criteria are: - Chertsey, Croydon, Thames Ditton and two in Wandsworth. Details of these assessment centres, maps, travel information and parking can be found on the Independent Assessment Services website at <https://www.mypipassessment.co.uk/consultation-centres/> Appointments are booked via an automated booking tool that schedules claimants into the next available appointment slot, at an assessment using the 90 minutes travel time criteria.
6. While this ensures that their appointment takes place sooner than it might at another assessment centre, it does mean that due to availability, appointments will not always be at a site the claimant would prefer to attend, or the nearest.
7. Claimants are sent details of the appointment in advance of their consultation. If they are unable to attend they should contact the assessment provider immediately. Before attending a face-to-face consultation, claimants are given the opportunity to alert their assessment provider of any additional requirements they may have; the providers will meet any such reasonable requests.

Parking and Accessibility

8. IAS must provide sufficient suitable accommodation for face-to-face consultations. DWP has set clear requirements in terms of geography/travel, security and claimant experience in relation to the sites used for PIP consultations.
9. The estate used for PIP has rooms on the ground floor, to ensure claimants who have problems climbing stairs can be accommodated. All assessment centres meet accessibility standards however, there are health and safety implications in the event

of a fire where access to assessment rooms are via a lift and claimants cannot use the stairs.

10. IAS make every effort to identify those claimants who may have problems in accessing their sites. Documentation sent with the appointment letter makes it clear if the centre is not on a ground floor.
11. Claimants who believe they will have problems are offered an appointment at the nearest ground floor assessment centre (within reasonable travelling distance) or a home visit.
12. IAS are also required to consider the needs of claimants regarding their proximity to public transport routes and access to suitable parking, e.g. Blue badge parking. However, there is no requirement for providers to provide on-site parking.
13. All assessment centres currently meet accessibility standards under the Equality Act 2010. Wheelchair access and parking facilities for the sites serving Merton are:-
 - Wandsworth (1) – Step free Access – Free Parking with Disabled Spaces
 - Wandsworth (2) - Step free Access – NCP Parking with Disabled Spaces
 - Chertsey – Step free Access – Onsite or Main Road Parking
 - Thames Ditton – Step free Access – Free Parking with Disabled Spaces
 - Croydon - Step free Access – Pay and Display Parking and Disabled Spaces outside.

Home Visits

14. While face-to-face consultations that allow an in-depth look at how a claimant's condition impacts their daily life, are an important part of the assessment for most individuals, they are not be appropriate in every case. For example, people claiming under the terminal illness provisions are not required to attend face-to-face consultations.
15. Using DWP guidance, IAS review every claimant's circumstances on an individual basis to decide whether their face-to-face consultation will be in one of their assessment centres or in the home.
16. Situations where a claimant may need a home consultation can include where a person's diagnosis suggests a significant disability that would make travel extremely difficult, or where claimants provide evidence from a health care professional that they are unable to travel due to their health condition or impairment.
17. Where enough evidence is already held on which to make an assessment it is inappropriate to require individuals to attend a consultation. Therefore where possible, people are assessed on the basis of paper evidence only.

PIP Application Process

18. New claims to PIP are normally made by phone. For those people who are unable to use the phone somebody else can make the call however, the claimant will need to be there when the call is made. The Department also provides text and video relay

services for those claimants who are deaf or hard of hearing. Full details of the application process are [available online](#).

19. Following the phone call claimants are sent a '*How your disability affects you*' form which gives them the opportunity to explain how their health condition or impairment affects their ability to carry out day-to-day activities.
20. Claimants can also advise who is best placed to provide medical evidence to support their claim, for example a GP or specialist. Claimants are also encouraged to send in any supporting information they already have available such as, care plans, hospital discharge or outpatient clinic letters, reports from professionals such as a hospital doctor, specialist nurse, support worker. Full details are provided in the information booklet that accompanies the PIP form to help claimants with completion.
21. On receipt of the form and any supporting evidence, the information is sent to the assessment provider. A Health Professional reviews the case and considers whether any further evidence is required. If it is needed, the Health Professional will request the evidence, such as a GP report and, where appropriate, pay for it.
22. Based on all the available information, the health professional will decide whether a report can be completed based upon the strength of the paper evidence, or whether the claimant will need to be seen at a face-to-face consultation in order to assess fully how their condition/disability impacts their daily life.

PIP Assessment

23. The PIP assessment looks at people as individuals – and how their impairment or health condition impacts on their ability to live an independent life. It does this by assessing a person's ability to carry out a series of key everyday activities, such as washing, dressing, cooking, communicating and getting around.
24. The PIP assessment does not just consider whether an individual can complete an activity, but the manner in which they do so. The PIP Regulations make clear that consideration must be given to whether individuals can complete activities "safely, to an acceptable standard, repeatedly and in a reasonable time period".
25. The PIP assessment is not a medical assessment requiring the Health Professional to diagnose a condition and to recommend treatment options. Instead the Health Professionals are experts in disability analysis, focusing on the effects of the health condition and impairment on a claimants' daily life.
26. The assessment does not focus on an individual's 'best days' but considers the impact of a claimants condition over a 12 month period and considers functions which are impacted on over 50% of days in the 12 month period.
26. PIP Assessments require specialist skills which is why they are undertaken by qualified health professionals. All Health Professionals undertaking assessments on behalf of DWP must be registered practitioners who have also met requirements around training and competence.

27. They must be: an occupational therapist, level 1 nurse, physiotherapist, paramedic or doctor. They must also be fully registered and have at least 2 years post full-registration experience.
28. IAS is required to ensure that the Health Professionals carrying out assessments have knowledge of the clinical aspects and likely functional effects of a wide range of health conditions and impairments.
29. Health professionals are asked to adopt a holistic approach, assessing all the evidence available to them, including their own clinical knowledge, to provide advice on the claimant's level of function and ability across all assessment criteria. This combines clinical knowledge with a modern understanding of disability and the fact that not everyone with the same disability is impacted in the same way.
30. DWP guidance for Health Professionals carrying out assessments is contained in the PIP Assessment Guide (PIPAG) which is available on GOV.UK. Section 2 covers carrying out PIP assessments. Section 3 explains the assessment criteria. The guide can be found at: -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210722/pip-assessment-guide.pdf

DWP routinely revises the PIPAG, discussing any proposed revisions with a wide range of stakeholders to ensure that the guidance remains current and clear.
31. Companions are encouraged to attend and can play an active role in the assessment. This is particularly helpful for claimants with mental, cognitive or intellectual impairments who cannot provide an accurate account of their condition due to a lack of understanding or unrealistic expectations of their ability.
32. Following the assessment, the Health Professional will write a detailed report and select the appropriate descriptors that best describe the impact of the claimant's condition.
33. The report is returned to the DWP where a Departmental Decision Maker reviews the claim, the assessment report and all evidence before making their decision. If, at this stage, the Decision Maker feels the case would benefit from further evidence, they can return the case to IAS. It is the DWP Decision Maker who decides on entitlement to PIP, not the IAS Health Professional.

Mandatory Reconsideration/Appeals

34. If a claimant feels the original DWP is incorrect they can ask the Department to review the decision again, this is known as a Mandatory Reconsideration (MR). A different DWP decision maker will review the case again, taking into consideration any new additional evidence supplied by the claimant.
35. If the original decision is maintained, the claimant is notified in writing and advised that they can lodge an appeal direct with the Her Majesty's Courts and Tribunal Service (HMCTS) if they still feel that the DWP decision is incorrect.

36. Of the 2.52 million cases cleared to April 2017, only 23% have been challenged at the Mandatory Reconsideration stage, of which 18% have had a change to the original award. This indicates that in the vast majority of cases, the initial decision was the correct decision.
37. PIP Appeal statistics published by the Ministry of Justice on 8th June 2017, showed that 64% of PIP decisions were overturned during the quarter January to March 2017. This is a 1% reduction on the previous quarter.
38. It is important to stress that it is 64% of decisions that have been appealed which are overturned, rather than 64% of all decisions made. The vast majority of PIP decisions do not go to appeal. Between April 2013 to April 2017, over 2.4m PIP decisions were made, of these just 8% have been appealed and only 3% have been overturned.
39. When a decision is overturned (either at MR or Appeal) it does not necessarily mean the decision was wrong. Many claimants provide additional written evidence not available to the original DWP decision maker. Tribunals also have the added benefit of hearing oral evidence from the appellant.

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