

Written evidence from the Independent Assessment Services (IAS) (HAB0103)

1. Introduction

Independent Assessment Services (IAS) provides assessments for Personal Independence Payment (PIP) claimants in the North East and North West of England, London, the South East, East of England, South West England, and Scotland on behalf of the Department for Work and Pensions (DWP). We are the largest provider of PIP assessments and deliver a range of other assessments for benefits including Work Capability Assessments and Industrial Injuries Disablement Benefit for the Department for Communities in Northern Ireland.

IAS delivers PIP assessments in accordance with the PIP Assessment Guide for Providers, which is owned and produced by DWP. Our role is to recruit and train experienced Health Professionals who meet DWP requirements, secure further medical evidence if required, scrutinise cases, schedule assessments and provide a report on a claimant's functional ability in line with the activities and descriptors set out in legislation. These reports are based on evidence submitted by the claimant or gathered by IAS. Wherever possible, we will provide a paper-based review of the evidence for DWP, but where more information is needed, we will schedule an assessment with the claimant either by telephone, video or face-to-face in an Assessment Centre. We aim to be respectful, fair and sensitive in our assessments to help claimants receive the benefits they are entitled to.

DWP is responsible for the initial application process, including the forms claimants must complete and for making a decision on a claimant's PIP entitlement based on all the evidence they have. This decision-making process includes, but is not limited to, the assessment report provided by IAS or another assessment provider. The Department sets and monitors service delivery against contractual targets and is responsible for the operation of the independent auditing of assessments. The government is responsible for the legislation governing the PIP process, which includes the activities and descriptors used within assessments.

Since IAS last gave oral evidence to the Work and Pensions Committee in December 2017, we have focused on improving every interaction we have with claimants and transformed our service. We have worked closely with disabled people and their representatives to shape how we deliver assessments and have worked hard to improve every stage of the claimant journey within our control.

In response to the call for evidence, IAS has provided the below response to question 1.

Q1. How can DWP improve the quality of assessments for health-related benefits?

Since the last Work and Pensions Select Committee inquiry into PIP and Employment Support Allowance (ESA) assessments, the service has been transformed to improve the quality of assessments and the experience of every claimant.

DWP sets IAS a target of no more than 3% of the reports they submit as being considered unacceptable through the independent audit process. IAS is currently achieving this target.

Complaint volumes have consistently represented less than 1% of the total number of assessments carried out, which is within the contractual requirement set by DWP.

IAS has consistently exceeded its Claimant Satisfaction targets, which are set at 90% for PIP by DWP. This target is measured by a survey, commissioned from a third-party research company, by the assessment providers on behalf of the department.

However, we recognise that not every assessment meets the standards we expect. We are continually listening to claimants and their representatives on how to improve the service. Where we make a mistake, we learn the lessons from the case, whether that is at an individual Health Professional level or in the processes within our control. We constantly strive to improve the service and look forward to hearing the recommendations from the Committee.

In *Shaping Future Support: Health and Disability Green Paper*, DWP has set out a number of further potential improvements to the service. We support DWP's approach and particularly welcome increased sharing of evidence between benefit assessments through the Health Transformation Programme and the forthcoming Functional Assessment Service.

We have also noted the evidence provided by Scope and the interest of the Committee in exploring whether claimants could have a specialist assessor appropriate to their condition for PIP, ESA and Universal Credit (UC) assessments.

It should be highlighted that DWP makes the decision on what type of Health Professionals can undertake assessments and on how those assessments are conducted. In DWP's *Health and Disability Green Paper*, they acknowledged the wish for specialist assessors, but said there were a number of reasons why this would be difficult. The paper says: "Firstly, because specialists might not be available. Secondly, because many of the people claiming health and disability benefits may have more than one condition." IAS agrees with DWP's observations in the Green Paper.

PIP is a functional assessment, which examines how an individual's health conditions or disabilities impact on their day to day lives. Functional impact can be very different for people with the same conditions, so each claimant must be considered as an individual.

IAS pioneered the "Function First" approach to consultations, which puts the functional impact of health conditions or disabilities at the beginning of the consultation, focusing it on the effects experienced in day-to-day life. All IAS PIP assessments are conducted in this way and it was one of the recommendations in Paul Gray's second PIP Independent Review. Medical histories are still gathered later in each assessment, but it is much clearer to claimants that this is a functional assessment rather than a medical review.

To our knowledge, there has been no concerted research into whether the background of the Health Professional has any impact on the quality of advice when mapped against specific disabilities or health conditions. We believe this should potentially be tested and any research should include examining operational issues that this model might face, for example recruitment challenges and the impact on treatment services along with how this model would work for face-to-face assessments.

Q1a: Have you seen any specific improvements in the process since the Committee last reported on PIP and ESA assessments in 2018?

IAS, in partnership with DWP and the other assessment providers, has transformed the assessment process for PIP claimants since 2018. Some of these changes have been accelerated by the pandemic, some introduced as part of ongoing service improvement and others in response to the Committee's last report in 2018.

In particular, we would highlight:

- The implementation of telephone and video assessments at pace to complement face-to-face assessment
- Improved recruitment, training and retention of high performing Health Professionals
- Our work with other assessment providers to improve gathering of further evidence
- Introducing audio recording for telephone and face-to-face assessments
- Our focus on quality and increased time for assessors
- Implementing the IAS branding to improve claimant communications
- Our work with DWP, other assessment providers, disability organisations and claimants to improve the service.

We have summarised some of the changes we have made to the process below.

Telephone and video assessments to complement face-to-face assessments

The pandemic accelerated plans to introduce virtual methods of assessments for PIP claimants.

The overwhelming response to these assessment methods has been positive. Direct feedback from claimants includes that they do not feel that they need to 'psyche themselves up' for the assessment or 'put on a show', which can be exhausting and not representative of the true impact of their conditions. Claimants tell us that they feel more 'heard' when being assessed remotely, that they have more time to give us their experiences in their own words and that they feel that our HPs are really listening to them. Some claimants also report that unconscious bias is less impactful via remote channels and some feel that they have more time to consider their responses to assessors.

For some claimants, telephone and video assessments are not appropriate and it is right that face-to-face assessments remain one of the channels available.

Introducing virtual assessments has also had significant benefits for the service overall. They have contributed to us being able to recruit high quality Health Professionals, while reducing sickness and attrition and increasing productivity. Financial and environmental costs like travel for both our people and claimants has been significantly reduced and the impact of unavoidable cancellations or rescheduling of appointments has reduced.

Recruitment, training and retention of high performing Health Professionals – we have transformed the recruitment process, doubled the length of the training course and created a brand new Training Academy.

The foundation of the service is the recruitment, training and retention of high-quality Health Professionals to undertake assessments.

Guidance from DWP allows experienced Health Professionals with a background as nurses, physiotherapists, paramedics, doctors or occupational therapists to be employed by IAS as PIP Health Professionals. All Health Professionals must be registered with the Nursing and

Midwifery Council (NMC), the General Medical Council (GMC) or the Health and Care Professions Council (HCPC). IAS is also required to employ Doctors in Northern Ireland for Industrial Injury Disablement Benefit and to undertake some complex neurological cases for UC and ESA.

IAS recruits Health Professionals from a wide range of backgrounds. This includes A&E, NHS hospitals, private practice and GP surgeries. The role of a Health Professional is largely undertaken within normal business working hours so many of our people join as they have personal commitments that makes shift patterns in the NHS difficult, but they are still keen to help vulnerable people in the community. Rather than losing their skills entirely when leaving the NHS, the Health Professional role helps them keep their medical knowledge up-to-date and while we have a pool of Health Professionals within IAS who have been with us for many years, others choose to return to the public sector after a period of time.

The Health Professional role is to help claimants receive the benefits they are entitled to. It is a professional and compassionate role that helps some of most vulnerable citizens across the UK.

IAS has invested significant resources into attracting high quality Health Professionals to apply for roles. The introduction of remote assessments has enabled us to widen the areas we are able to recruit in and reduced the time taken to recruit, reducing costs to the taxpayer.

This has been complemented by a revised six-month training programme as part of the IAS Training Academy, which we introduced in 2020.

The Academy provides a more holistic approach to Health Professional training to ensure every contact they have with claimants is sensitive and respectful. We have extended the classroom training time to four weeks and all Health Professionals are required to meet rigorous standards of quality to become approved by DWP.

The support we give Health Professionals while they are with IAS has helped reduce attrition, which is traditionally high amongst new joiners across all assessment providers. It has also helped us retain our best performing Health Professionals, with nearly 55% remaining with IAS after two years. We also help them with continuous professional development and skills relevant to assessments, such as the role of companions as previously suggested by the Committee and ensuring the reliability criteria (repeatedly, safely, within a reasonable timeframe and to an acceptable standard) are applied during assessments.

We have further improvements planned in recruitment, training and retention to ensure we keep the best people to help claimants throughout the process. We continually look for improvements to attract and retain staff.

Improving the claimant journey

IAS is committed to making sure claimants are only asked to attend a telephone, video or face-to-face assessment where appropriate.

On receipt of a referral from DWP, case files are reviewed internally and those with the evidence of severe disability are allocated to a team of Health Professionals tasked with conducting paper-based reviews or seeking further evidence to provide advice to DWP without the need for a full assessment. Other cases are also further reviewed by Health Professionals before an appointment is scheduled and, where possible, a paper-based review or request for further evidence is made.

This focuses intensive further evidence gathering, often by telephone to treating Health Professionals and support workers, on those most likely to have sufficient evidence available to provide advice without a full assessment.

IAS is continuously working to make our services efficient and work with DWP to pilot and test potential initiatives to understand the impacts of service changes to ensure the system remains robust and fair before decisions are made on implementation.

Further evidence – we are working with GPs/NHS to make it easier for us to request and receive the right evidence to support a claimant's assessment

High quality further evidence that can give an insight into the functional impact of a health condition or disability can mean IAS is able to provide a paper-based review or better inform an assessment.

For PIP claimants, this information can be difficult to collect, and the pandemic has added additional pressures onto NHS staff.

The Work and Pensions Committee previously recommended that the department should improve understanding amongst health and social care professionals on what constitutes good evidence for PIP claims. From 2019, IAS worked with DWP and the two other assessment providers to help educate health and social care workers on what constitutes good evidence and the benefits it can provide the people they are treating. This education and engagement programme was ongoing until the pandemic led to it being suspended. We continue to work on ways to improve knowledge about what constitutes good evidence with the health and social care community through our stakeholder engagement programme.

To help gather evidence further, we have increased the use of telephone calls rather than standard forms and are working on accessing NHS email systems and exploring automated methods of evidence collection to obtain information. The use of new technology has the potential to streamline the evidence gathering process, increasing the number of potential paper-based assessments while better informing the assessment process.

Improving accessibility – we have successfully developed and implemented multiple assessment channels

Prior to the pandemic, IAS would normally agree requests for a home visit if the claimant did not feel comfortable with attending an Assessment Centre. We have always taken a flexible approach to claimant requests for adjustments to encourage them to participate in their assessment.

With the introduction of telephone assessments, video assessments and the restart of face-to-face assessments, IAS makes every effort to accommodate claimant requests for reasonable adjustments to the allocated assessment channel. We believe that once the

service is fully operational with home visits available, this model should remain in place. IAS does not require further evidence from a claimant's GP or other external professionals in order to support the claimant's request for a change of assessment channel.

IAS has also introduced SignVideo to support BSL claimants and continues to work with a range of condition specific representative groups to make sure assessments are accessible for every claimant as highlighted in the Committee's previous report into ESA and PIP.

Recording of assessments –

IAS has extended the functionality for claimants to request recording of their assessments for both face-to-face and telephone assessments in 2021 without the need to provide their own equipment.

In January 2022, DWP updated the PIP Assessment Guide to reflect that claimants can make their own recordings on a device of their choosing.

It remains preferable for claimants to request a recording from IAS. This means the recording is easily available to both IAS and the claimant should further clarification be required at a later date. However, claimants are able to record their assessment using their own equipment, providing they follow the applicable conditions, including the associated consent process.

Recording assessments can improve trust in the process for some claimants and, although not desired by, or appropriate for, everyone, the option of either requesting a recording in advance or the claimant recording the assessment themselves gives them the choice. Over 2021, only 0.24% of claimants asked for their assessment to be recorded.

Telephone assessments for multiple companions – we are able to make sure claimants feel supported and comfortable during virtual assessments by enabling companions to participate wherever they are

Keeping claimants and our people safe has been our priority during Covid. In partnership with DWP, we introduced telephone assessments at speed to ensure claimants were able to access the benefits they are entitled to.

IAS has introduced the capacity for four-way calls for assessments. This means the claimant and the Health Professional can be joined by a companion or advocate as well as an interpreter if required. This gives claimants the opportunity to have the right amount of support during a remote assessment.

Report quality – we have worked hard to improve the quality of our reports and now regularly meet our quality service levels.

DWP randomly selects assessment reports for independent audit to measure the quality of our reports. The department set IAS a target for no more than 3% of the reports they submit to the Department being deemed unacceptable.

A report may be 'unacceptable' for a number of reasons, for example the advice may be correct but there may be insufficient justification from the Health Professional for a particular descriptor.

IAS and DWP have relentlessly focused on improving the quality of assessment reports. Improvements in auditing, training, management and feedback for assessors has been at the heart of this change, with random observations of full assessments regularly taking place from both IAS and DWP senior clinicians.

IAS is currently achieving its quality targets as set by DWP.

Time for assessors – we want to ensure Health Professionals have the time they need to prepare for the assessment, talk in detail to the claimant, and to write a quality report

In 2018, a Health Professional in an Assessment Centre was expected to typically carry out four assessments per day.

To give Health Professionals more time to prepare for assessments and to write their reports, IAS has introduced a new 3+ target for the number of assessments completed each day. This means that we want Health Professionals to ideally complete three full assessments per day on average. If they are able to undertake a fourth full assessment in a day, they can do so; otherwise they will use the remainder of their day to undertake tasks such as initial review of cases or quality-related activity.

IAS and working with stakeholders

The IAS branding was established in 2017 to provide clear information to claimants about our role in the assessment process, while focusing our people on providing the highest quality service and making us transparent and accountable for our performance.

Since the last Committee, we have been embedding this branding in all our claimant and external communications. This has been delivered in line with the recommendation in the Work and Pensions Committee report on improving communications for claimants preparing assessments and has included providing clearer information to claimants and DWP launching a series of videos which outline the PIP claim process.

We have also been able to engage and listen to more stakeholders than ever before to improve our service. In 2021, nearly 1,500 people attended one of our joint DWP/IAS workshops designed to help advice agencies and charities understand the PIP process and give them the skills to provide effective advocacy services. We regularly engage with disabled people's organisations, claimants and other stakeholders to address concerns and provide information. This is an important part of the service, which builds trust and expertise to help individual claimants.

Conclusion

The vast majority of claimants have a good experience with IAS. Record high customer satisfaction scores from independent surveys show that most claimants are satisfied. We are receiving record low levels of complaints and DWP's independent audit shows we are currently achieving the quality target for assessment reports. However, we recognise that there are further improvements that can be made.

IAS is committed to service improvement to make the assessment process as stress-free and fair as possible within the context of government policy. We want to make sure that every claimant has a fair, high-quality and respectful assessment, with the right decision made first time by DWP. We continue to work with DWP, claimants and their representatives

to achieve this, so we look forward to hearing the Committee's recommendations following this inquiry.

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