

Written evidence from Capita (HAB0133)

We at Capita recognise that Personal Independence Payment (PIP) is very important in supporting vulnerable members of our society and that we have a responsibility to the people we serve. We also strongly believe that public scrutiny is very helpful in developing best practice, addressing fundamental issues, and encouraging public confidence in our services.

In advance of Capita's appearance, we would like to provide the Committee with preliminary information about the role Capita plays in delivering PIP assessments on behalf of the Department for Work and Pensions (DWP), against a backdrop of an increasingly challenging delivery environment.

In the second part of the paper, we will also share examples of the improvements we have made to our service since the last Inquiry and more detail on our contractual performance.

Part 1

Background

1. Capita has been conducting functional assessments on behalf of the DWP across the Midlands and Wales since 2013.
2. The original contract has been extended three times: in 2016, in 2019, and 2021 due to the pandemic and the need to safeguard the service.
3. Since 2018, Capita has completed over 700,000 assessment reports.

Our role in the process

4. PIP assessments are conducted by fully qualified and registered health professionals in accordance with the guidance in the PIP Assessment Guide (PIPAG).
5. As PIP assessments are functional, not medical, the assessor's role is not to diagnose a specific condition, its severity, or to recommend treatment options, but to understand the functional impact of someone's health condition or disability on their daily life. As such, an assessor is not required to have specialist knowledge of any one condition, but to have a broad knowledge based on their clinical practice and specific training in disability medicine.
6. Following the assessment, a robust and clinically justified report is written and submitted to the DWP containing recommendations. A decision maker at the DWP will consider the initial claim form, any supporting evidence, and the assessment report with the recommendations when determining whether an individual is eligible for PIP, at what rate and for how long.
7. Capita is not responsible for any decision making or entitlement to payment, nor are we notified whether an individual has been awarded PIP.

8. The way in which Capita is expected to deliver many aspects of the service is prescribed by the DWP. This includes the competencies and standards that an individual must evidence to be considered for a PIP Health Professional (HP) position, the size and layout of the rooms used at assessment centres, the time for which a claimant can be asked to travel to these centres, the number of times an appointment can be cancelled and the consequences of failing to attend an appointment.

The challenging environment we're operating in

9. In a spirit of being transparent with the Committee, and to support this Inquiry's objective to improve the quality of the PIP process, we would like to outline key factors that we believe are fundamentally challenging the effective delivery of PIP:
 - a. increasing demand for health and disability benefits
 - b. shortage of healthcare professionals
 - c. significant challenges in gathering further evidence (FE)
10. **Increasing demand for health and disability benefits:** as noted in the DWP Health and Disability Green Paper, Shaping Future Support, spending on health and disability benefits is set to rise. This may be the result of multiple factors, including increased numbers of people who report having a disability or health condition; the number of older working-age people increasing, and typically people's health declines with age; and an increase in the proportion of people reporting a mental health condition.

PIP registration activity has risen over recent months with the latest quarter's registrations up by **20%** for new claims

DWP Official Statistics to January 2022

11. **Shortage of healthcare professionals:** against this backdrop of increasing demand, the healthcare sector faces a collective staffing challenge. Vacancies are at an all-time high in the market, meaning fierce competition for talent. The NHS and all health providers are drawing on a finite pool of people.

As you would expect, assessors go through an intense and lengthy training programme upon joining. They can't simply join and be moved into 'live' work. Whilst we have taken important

To manage demand, we expect we will need to recruit over 1000 HPs this year and we have increased our training capacity in the first half of this year by over 50%.

steps to increase recruitment and retention, and we are seeing positive results from that, building up our workforce to cope with increased demand can never be a quick fix.

Given these two major trends, it's ever more important that we make the assessment process as efficient as possible. We work with DWP to continually identify and carefully consider solutions

that could achieve this - without any detriment to the quality of service and advice to the Department.

An example of where we have done this successfully is the restructuring of assessment reports, which is allowing assessors to have more open and natural conversations with claimants. Importantly, it also avoids the need to repeat questions during an assessment, which was adding unnecessary time and causing some unease to claimants.

As well as enhancing the overall experience, by removing this duplication, our assessors can focus in on the areas that matter.

12. **Significant challenges in gathering further evidence:** gathering additional information from health professionals, or others who provide care to an individual, can help an assessor better understand how someone's health condition or disability impacts them. However, the return rate for Further Evidence (FE) is low and often does not add to an assessor's understanding of how the claimant's condition impacts their functional ability. It also uses up valuable assessor time, chasing down information – estimated at 90 minutes per case – often to no avail.

As a result, more people are being called for a face-to-face, telephone or video assessment unnecessarily and the process is lengthened.

To try and improve this, as part of our continuous improvement plan, we have acted:

- Rolled out the use of nhs.net email accounts across our HPs in England. This allows HPs to request and receive information from healthcare professionals by secure email, rather than having to make calls, which are often unsuccessful.
- Included information about what constitutes good evidence in the booklet sent to claimants with their appointment letter and developed a guidance document on further evidence, which is on our website and shared with claimant representative groups.

However, we would warmly welcome a more focused review into how we can make the overall process around FE more efficient. Granting digital access to claimant medical records could be one example.

Part 2

Quality Improvements

Capita 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 Capita and DWP senior clinicians.

A range of examples since the last Inquiry are outlined below.

Clinical quality and training

13. In response to feedback from our assessors, we have extended the duration of initial training to 17 weeks. This includes 5 weeks of classroom training, followed by 12 weeks of intensive support as they begin to carry out assessments. During this time, they receive coaching, individual feedback, assessment observations and 'buddying' from experienced assessors. Their performance is closely monitored by our clinical quality assurance team, and all their assessment reports are audited. Once they have met the required standard, approval from DWP will be sought.
14. We continually review, refresh and reinforce training resources delivered through:
 - Quarterly improvement workshops
 - Bi-monthly clinical director vlogs
 - Clinical Governance newsletters
 - Quarterly professional development days
 - Quarterly clinical calibration for those providing advice and guidance to assessors
 - Continuous Professional Development e-learning modules
 - Condition Insight Reports
15. We also complete contractual learning and development reports annually, which form part of our continuous improvement process. We use data to identify training needs and to evaluate the effectiveness of the training delivered.

Audio recording

16. Having the option to record assessments can help to build trust in the service and promote transparency. Claimants are informed that they can choose to have their assessment recorded in the information we send to them before their appointment. Uptake is particularly low. In 2021, audio recording was requested in just 0.25% of assessments.
17. We are introducing a more robust audio recording solution for both face-to-face and telephone assessments. This will allow claimants to request audio recording on the day of their assessment and removes the need for individuals to provide their own recording equipment.
18. We understand DWP has received legal advice that an 'opt out' of audio recording is not an option. It appears to be the preferred approach for Scotland's Adult Disability Payment, and we will be interested to see the impact that has on claimant experience and trust in the service.

Supporting vulnerable claimants

19. The Covid pandemic has given rise to much higher levels of internal safeguarding referrals. Indeed, referrals to our safeguarding team have doubled since July 2020. In response, we have expanded that team, which is made up of health care professionals trained in Level 3 Safeguarding. Their role is to review internal safeguarding referrals and take the appropriate action. This may include contacting a GP, social worker or specialist, welfare checks, MASH (Multi-Agency Safeguarding Hub) referrals, or contacting emergency services if they consider there to be imminent risk.

20. We have introduced system changes that will alert our front-line employees to individuals who are believed to be vulnerable. This enables us to tailor our approach, including the language we use and the questions we ask. For example, our assessors can see if an individual has an 'Additional Support Needs (ASN)' marker, and we can also apply a 'Potentially Vulnerable Claimant (PVC)' marker to a case when the claimant (or their representative) has contacted us and indicated that they are vulnerable.
21. In collaboration with 'The Samaritans', we have developed additional training for our Enquiry Centre Agents (ECAs) to enhance their skills and confidence when having conversations with vulnerable people.
22. We work closely with the Department regarding any serious incidents and together we identify any themes and consider lessons learnt.

Routing of assessment

23. Capita established an Initial Review (IR) Specialist Team in 2019 to audit the clinical decision-making of HPs who determine assessment routes (telephone/face-to-face/video/paper-based). The team is made up of established PIP HPs with extensive experience in making IR decisions.
24. In 2021, in consultation with DWP, we introduced a revised and simplified 'Change of Assessment Review' process for anyone who wishes to change their assessment route. Their case will automatically be reviewed again **without** the need for further evidence.

Accessible communications

25. In 2021, we introduced a shorter appointment letter, accompanied by an easy-to-read booklet outlining what to expect at a PIP assessment, how best to prepare and how to contact Capita for assistance. An Easy Read version has also been created and was reviewed by Mencap.
26. As well as being a way to get in touch with us, we also use our video-relay service to assist our deaf claimants through the assessment process.
27. We have recently refreshed our website and incorporated accessibility software that allows users to customise elements of the site, such as colours and fonts and font sizes. For instance, a visitor can view the whole site in open dyslexic font, which has been specifically designed against common symptoms of dyslexia. There is also more use of video content, which includes British Sign Language interpreting, all designed to guide people through the process.

Contractual performance

28. Capita's delivery of the PIP contract is closely monitored by DWP. We work together to ensure the successful delivery of a service that meets the needs of our claimants.

Capita has consistently exceeded its Claimant Satisfaction targets, which is 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.

29. Capita is subject to stringent **quality** targets that are measured by a monthly DWP audit. DWP randomly selects assessment reports for independent audit to measure the quality of our reports. The department sets Capita 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 HP for a particular descriptor. Capita is currently achieving its quality targets as set by DWP.
30. 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. We closely monitor **complaints** and report trends and themes to the DWP every month. The DWP also conducts regular audits of the complaints we handle.

Appeals

31. Capita is not involved in the decision-making or appeals stages of the overall PIP process.
32. As already stated by DWP, of the 4.4 million initial decisions made following an assessment up to March 2021, 9% per cent have been appealed and 5% overturned at a tribunal hearing.
33. If additional evidence is received during the Mandatory Reconsideration (MR) process, the DWP may send the case back to us to ask for advice. A HP will review the case, considering the new evidence, and provide a clinical judgement on whether the evidence would change any of the original descriptor choices. The case is then passed back to the DWP to determine the outcome of the MR.
34. Following the MR process, if the claimant is still unhappy, they can appeal the decision. Appeals are heard by HM Courts & Tribunals Service, and we are not informed of appeal outcomes.

Stakeholder Engagement

35. We run a very active stakeholder engagement programme, which is often delivered in partnership with DWP's Disability Services Advocacy Team. Engaging with stakeholders allows us to raise awareness and improve understanding of the PIP process, highlight areas of continuous improvement and, importantly, respond to questions or concerns about our service.
36. In the last 6 months alone, we have engaged with groups such as Long Covid, Rethink Mental Health, Citizens Advice, The Disability Benefits Consortium, Mencap, Scope, Endometriosis UK and the Wales National Autism Team. Alongside this, we also hold forums twice per year to engage with MP Caseworkers across the Midlands and Wales.

To conclude, Capita remains committed to delivering this service professionally and in line with the legislation. Where things can be improved, we will work closely with the Department and other stakeholders to do so, and in a manner that assists those applying for PIP.

We look forward to meeting with the Committee and will be happy to clarify any points about our service and respond to your questions.

May 2022