

I am answering as a claimant who was too say the least mucked up over the change from DLA to PIP

*Suitability of assessments*

1. *How could DWP improve the quality of assessments for health-related benefits?*

A) The assessors could actually follow the rules, they could actually use the descriptors and NOT assume the claimant has lied on their forms.

2. *Have you seen any specific improvements in the process since the Committee last reported on PIP and ESA assessments, in 2018?*

B) No

3. *Are there any international examples of good practice that the Department could draw on to improve the application and assessment processes for health-related benefits?*

C) not to my knowledge, the assessors seem to think that the descriptors etc are merely suggestions

4. *Do the descriptors for PIP accurately assess functional impairment? If not, how should they be changed?*

D) I could not say. My assessor for the changeover from DLA to PIP ignored the descriptors and the tribunal decisions which she seemed to think were not relevant

4. *Do the descriptors for ESA accurately assess claimants' ability to work? If not, how should they be changed?*

E) again when I and my wife changed from incapacity benefit to ESA the assessor in both cases ignored the descriptors.

5. *DLA (for children under the age of 16) and Attendance Allowance usually use paper-based rather than face-to-face assessments. How well is this working?*

F) not known, no involvement with children's DLA

6. *Before PIP replaced DLA for adults, DLA was also assessed using a paper-based system. What were the benefits and drawbacks of this approach?*

G) In all the years I was on DLA I always had a medical examination by a DWP doctor, most seemed fair but a couple seemed to think their job was to exclude claimants from the benefit.

7. *How practical would it be for DWP's decision makers to rely on clinician input, without a separate assessment, to make decisions on benefit entitlement? What are the benefits and the drawbacks of such an approach?*

H) there needs to be clinician input, the problem comes with unusual conditions. I have a chronic cardiac condition which is being researched by two consultants in the UK, some cardiac consultants don't believe it exists and the rest are bewildered.

*8. Appeals data shows that, for some health-related benefits, up to 76% of tribunals find in favour of the claimant. Why is that?*

I) simply put, assessors ignore the descriptor, do NOT seem to ask for any condition specific advice. In my case I have Coronary artery spasm. 2 to 5 times a week I experience symptoms like a Heart attack. I have oxygen at home; I therefore have to rest and I must monitor my blood pressure and pulse, if I go outside protocol I must dial 999. I will be on oxygen for up to 8 hours. During that 8 hours I am either in bed or in my reclining arm chair. The assessor showed me as having NO CARE NEEDS.

*9. What could DWP change earlier in the process to ensure that fewer cases go to appeal?*

J) Believe the claimants form

*10. Is there a case for combining the assessment processes for different benefits? If not, how else could the Department streamline the application processes for people claiming more than one benefit (eg. PIP and ESA)?*

K) if the DWP could persuade the claimants that they were being entirely honest in the claims procedure then yes their could be benefits. Unfortunately I and the majority of claimants would be terrified of losing all our benefits on the whim of the DWP. Not one of us trusts the DWP as far as we could throw them. (which is not far at all!!!)

*11. What are your views on the Department's "Health Transformation Programme"? What changes would you like to see under the programme?*

L) No knowledge

*a. (For people claiming) Would you like to be able to manage your benefit claim online?*

I would like to be able to contact the DWP any way without spending hours holding on the phone. I do want to have the option always of being able to speak to a human being

*b. What would be the benefits and drawbacks of DWP bringing assessments "in house", rather than contracting them to external organisations (Capita, Atos and Maximus)? In particular, would this help to increase trust in the process? The impact of the pandemic*

Capita, Atos and Maximus seem to think their role is to keep people off benefits and to maximise their profits. They ignore the professional obligations to truth and honesty and are costing The DWP a fortune.

If you wish to see the nonsense, I went through on transfer from DLA to PIP I can provide copies of what I sent in on the original form, the MR and the tribunal