

Written evidence from the Asbestos Victims' Support Groups Forum, Derbyshire Asbestos Support Team (DAST) (HAB0013)

The Asbestos Victims Support Groups' Forum is a collective of Asbestos Support Groups throughout the UK. We meet to share information, support and to campaign for justice for those diagnosed with an asbestos-related disease. Our members are independent charities or not-for-profit organisations. Our members support sufferers of asbestos related diseases on a daily basis, including my own organisation, Derbyshire Asbestos Support Team. Our members support sufferers with health related benefits including Personal Independence Payment (PIP), Attendance Allowance (AA), Employment and Support Allowance (ESA) as well as being a specialist service supporting people with Industrial Injuries Disablement Benefit.

We are only answering questions which we feel are within the experience of the Forum.

In relation to the **application process** -

- Could the process be streamlined for people claiming more than one benefit?

We believe the process could be streamlined for people claiming more than one benefit especially ESA/PIP. Quite often claimants provide the DWP with the same information eg medication/medical professionals, impact of medical conditions on day-to-day living. This duplication can be stressful.

We are aware that the DWP are changing the guidelines for DS1500 from 6 months to 12 months. It is important that this process is also streamlined to ensure a DS1500 means the same across all benefits to avoid confusion for the medical profession, claimants and advisors.

In Streamlining the process there could be an option which simply asks for monies to be paid into the same account as State Retirement Pensions are paid. This can be extended to other benefits as well, for example if someone is on Universal Credit and claim another benefit they can have it paid into the same account.

- Should there be an option to manage claims online?

Whilst the Forum are in favour of having an option to manage claims online, we are mindful of the problems experienced by Universal Credit. Not all claimants have access to the internet or a computer system or have disability issues, many of the people we support are over pensionable age and we have learnt that during COVID many people were not able to engage online with our services. Managing claims online would support the third sector as we would be able to upload relevant medical information such as DS100s to the claim. It is important that the DWP looks at all options

- How the DWP can best help the third sector to support claimants in their applications?

The DWP can help the third sector/voluntary to support claimants in their applications by (i) acknowledging receipt of applications and (ii) liaising with us, giving a chance to supply further information or evidence.

The 'Easement' process has been very helpful to Forum members in supporting claimants throughout the pandemic and we would like to see a continuation of this process. It would bring the process in line with Attendance Allowance where advisors can sign forms on behalf of claimants. Many people are still understandably concerned about COVID and are likely to be going forward. The process also helps where claimants are terminally ill and, in fact, are too ill for visits or to sign forms. We would welcome better options for telephoning departments, for example introducing a dedicated telephone line for advisors. In our experience when phoning AA or PIP we could be on hold for over half an hour which is unacceptable especially in the circumstances when we have a claimant with us.

The option to receive a 'read receipt' is very helpful, as it removes the need for advisors to ring the DWP office in Barrow to confirm receipt, which also streamlines the process.

In relation to the **assessment process** -

- What are the benefits and drawbacks of paper-based assessments?

Benefits could be processed more quickly using paper-based assessments depending on the benefit being claimed and the information already being there. Paper-based evidence may not reflect how a condition affects someone day-to-day. However, up-to-date medical records should be obtained as a person's condition could have deteriorated so historical records may be out of date.

Attendance Allowance is paper-based but quite often relies on GP giving information. However, not everyone sees the same GP all the time, nor informs the GP how the condition affects day-to-day living as assessed by Attendance Allowance. Other information should also be used.

Paper-based assessments could be extended to other benefits.

- What are the benefits and drawbacks of using clinician input without a separate assessment?

There are both benefits and drawbacks of using clinician input. Clinician input should be taken into consideration particularly at the Mandatory Reconsideration stage. This stage often feels like a tick-box exercise. A month can be insufficient time to gather evidence from the hospital. Any evidence from the hospital/GP should be given due consideration at this stage, which would help avoid claims going to tribunal with long waiting lists. By the DWP's own admission 55% of appeals are in the claimants favour and, therefore, the mandatory reconsideration process should be a thorough process taking into consideration clinician input.

It is also important, however, for Industrial Injuries Disablement Benefit that occupational history should be taken into consideration especially for difficult

decisions in assessing asbestosis v idiopathic pulmonary fibrosis (IPF). Weight should be given to the claimants account of their occupational history. There have been circumstances where a diagnosis of IPF is given to allow access to trial drugs and therefore, assessors should take into consideration exposure history of the claimant.

- Do the PIP and ESA descriptors accurately assess functional impairment/ability to work?

The short answer to this is No. PIP/ESA do not reflect very well day-to-day life and expects everyone to be the same and to fit into the same criteria. Little consideration is taken about personal circumstances, experience etc.

- Is there a case for combining the assessment process for different benefits?

There is a strong case for combining assessment process for different benefits as long as the person doing the assessment is trained and has experience of the conditions being assessed.

- What lessons can be learnt from the pandemic, in particular in relation to different ways to carry out assessments?

We can learn from the pandemic that face-to-face assessments for IIDB are not always necessary and that information can be extracted from hospital diagnosis letters and other medical information, including breathing/lung function test results.

As stated above the 'Easement' process should be maintained, it is not only a lesson learnt in the pandemic but a useful process for dealing with the people we support who have terminal cancer such as mesothelioma and lung cancer.

Due to the suspension of face-to-face medicals, there were long delays in processing IIDB for people suffering from asbestosis and pleural thickening. This resulted in loss of Government compensation under the **Pneumoconiosis etc. (Workers' Compensation) Act 1979** (because the payment is based on age at the time IIDB is awarded and many sufferers had a birthday during the intervening time).

This resulted in "a one-off" Special Payment for the period of the suspension of face-to-face assessments." Putting "claimants back into the position they would have been in had they not been affected by the suspension of services". Let us learn from this and change the date that triggers payment of the Workers' Compensation Scheme. The reason for the date is historical and now outdated. The date should be the date the Industrial Injuries Disablement Benefit is received. This makes sense in line with dates for assessment and would enable us to learn from the pandemic. Delays in accessing medical records may occur for all sorts of reasons through no fault of the claimant and they should not be disadvantaged by this.

Other Comments

We would be in favour of the removal from PWCA of the 20-year rule on employers that can be sued and pay the lump sum to all (which can be recovered from any successful legal claim in any event).

In addition, the Committee seeks feedback on -

- The impacts of the assessment and application processes on claimants' mental and physical health, and how they might be addressed;

As stated above medical assessments can be stressful and lessons learnt from the pandemic show they are not always necessary. Furthermore, it is important that assessors use sensitive language especially around cancer, terminal illness and palliative care. It has been our experience that claimants have been distressed by questions that appear to be on a 'script' and not asked appropriately or sensitively.

Wait times for non-fast track claims can also be problematic and have an effect on a claimant's mental health.

- The wait times for health-related benefit assessments, how they might be shortened, and whether there is an argument for an 'assessment rate' to be paid for benefits other than ESA;

This could be applied to other benefits such as PIP and AA and would reduce the burden of wait times as stated above.

- Lessons that might be learned from health assessments in the devolved administrations

There appears to be a lack of information around, how this will work, what the forms will look like and that good relationships with departments especially Industrial Injuries Disablement Benefit (fast-track team) will be lost.

- How the DWP could work more effectively with stakeholders to develop policy and monitor operational concerns about health-related benefits.

The Forum are very grateful for the interaction with DWP and would like to continue to foster good relationships and have joint meetings with the DWP to discuss issues.

We would also welcome the re-introduction of stakeholder meetings and liaison points to enable us to discuss issues and resolve problems.

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