### **Response Booklet**

We invite individuals and organisations to submit evidence to help the independent review consider how the PIP assessment process is operating by answering the following questions. The set of questions you should answer depends on whether;

- a. you are an individual who has claimed PIP for yourself or on someone's behalf (Please answer Part 1);
- b. you are an individual or organisation with a professional interest in the PIP process (Please answer Part 2).

Your response should reach us by Friday 16 Oct 2020

### Questions

### Part 1

Questions for individuals who have claimed PIP for themselves or on someone's behalf

About you		
Q1.	Are y	ou responding as;
		Someone who has claimed PIP for yourself?  A friend, carer or family member acting on behalf of someone claiming PIP?  Prefer not to say
Q2.		n where else do you / the person claiming PIP receive support to help manage your / their lition?
		A GP A hospital doctor Other healthcare professionals (e.g. specialist psychiatric nurse, occupational therapist) A social worker Prefer not to say Other (please state)

Q3.	Who did you / the person claiming PIP receive support from to submit your / their claim?
	A carer  A family member  A friend  A support / advice organisation  A health or social care professional  Other (please state)
Q4.	We may want to seek further information from you, are you happy if we contact you?  Yes No
	Email:  Telephone number (Home / Mobile):

#### **Claimant Experience**

Consider the PIP claim process. This includes making a claim, the assessment and getting a decision.

Q5.	Overall how satisfied were you with the claim process?
	Please rate your satisfaction with the PIP claim process:
	Very Satisfied Satisfied Cannot say Dissatisfied Very Dissatisfied
	Please briefly explain your answer.
00	
Q6.	Did your assessment take place in the assessment centre or at home?
Q7.	Could anything have improved your face to face assessment with Capita?
	Yes No No
	Please briefly explain your answer.
Q8.	Did you ask DfC to reconsider its original decision on your entitlement to PIP?
	Yes No
	If yes, please tell us about your experience of the reconsideration process.

Q9.	Did you appeal your PIP decision?  Yes No No
	If yes, please tell us about your experience of the appeals process.
Q10.	Have you had experience of other similar assessments (e.g. a social care assessment, an occupational health assessment, a Work Capability Assessment for Employment and Support Allowance)?
	Yes No No If yes, how did the PIP assessment compare to the other assessments of which you have experience?
Q11	<ul><li>I. Has your PIP award had an impact on your ability to stay in, or return, to employment?</li><li>Yes No N/A</li></ul>
	Please briefly explain your answer.

Q12.	assessment, the daily living and mobility criteria used in the PIP assessment and getting a decision.) What improvements could be made? Please explain how these improvements would help.

#### Further evidence

During the PIP claim process, claimants are asked to provide any relevant evidence or information they already have that explains their circumstances (this is known as further evidence). Claimants can send further evidence, supporting the claim they have made, with their 'How your disability affects you' form but they do not have to do so. Evidence might include:

- prescription lists
- · care plans
- reports or information from professionals who help the claimant, such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor, support worker, carer, educational support worker, SENCO or pastoral care team.

If appropriate, when conducting an assessment and providing advice on a claim to DfC, Capita health professionals can consider requesting additional evidence to help them from people listed on the claimant's form. Most assessments require a face-to-face assessment, but some assessments can be completed on the basis of a review of the available paper based evidence. As part of this independent review we are seeking information which will help us to consider:

- how effectively further evidence is being used to assist the correct claim decision and identify whether a face-to-face assessment is required
- the balance between how much and the type of evidence DfC sources itself and what the claimant is asked to provide.

Q13.	. In addition to your claim form, did you send any further evidence as part of your claim? Yes No No
	If yes, what was this further evidence for example reports from GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor, support worker, educational support worker, SENCO or pastoral care team
Q14. \	Was it clear what further evidence you should or should not provide?  Yes No  Please briefly explain your answer.
Q15.	. Did you have additional evidence in the form of, for example a GP, hospital doctor, specialist nurse report?  Yes No If yes, did you submit this evidence and why?

	When you submitted the claim, how important did you think it wow.	as to su	ıbmit fuı	ther ev	/idence a	nd
	Very Important					
	Please briefly explain your answer					
						•••
						•••
Q17. F	Please tell us whether you think further evidence is being:					
	a. Requested appropriately by Capita?	Yes		No [		
	b. Provided on time?	Yes		No [		
	c. Used appropriately and fairly to inform decisions?	Yes		No [		
	Please briefly explain your answer					
						•
	Have you previously submitted other evidence to the Departme previous benefit claims, that you feel was relevant or should ha for PIP?  Yes No If yes, what was this?				~	n

Q19.	Are there other parts of government (e.g. the NHS, social services) that hold information on you that you feel was relevant or should have been considered in your PIP claim?
	Yes No
	If yes, what was this?
<b>020</b>	If you had other evidence available that you felt would be relevant, would you consider submitting
QZU.	this as part of the PIP claim?
	Yes No Please briefly explain your answer
Q21.	Would you feel comfortable with the Department sharing information between different benefit systems or with other parts of government, such as the health and social care sector, to support your PIP claim?
	Yes No N/A
	Please briefly explain your answer

Q22. If you went through the appeals system, did you provide further evidence?

	es No
	If Yes, please briefly explain what you provided.  If you did not provide any further evidence please tell us why.
Addi	onal information or evidence
	lease provide any additional evidence or information you think might help inform the review.

### Part 2

**About you** 

Questions for individuals or organisations with experience of the PIP assessment process

Q1.	Are you responding as;
	An individual?  An organisation or part of an organisation?
	If responding as an individual;
	A healthcare professional  Capita staff  DfC staff  Advice sector  Other (please state)
	If responding as an organisation or part of an organisation;
	Name of organisation:
	Does your organisation directly support people claiming PIP?

Q2.	22. We may want to seek further information from you, are you happy if we contact you?  Yes  No  No	
If yes, please complete your contact details www.communities-ni.gov.uk/dfc-privacy-not		
	Name:	
	Address:	
	Email:	
	Telephone number (Home / Mobile):	
Clair	mant experience	
	sider the PIP claim process. This includes making a claim, the assessment and	
	ng a decision.	
90		
Q3.	From your experience, how could the PIP claim process be improved?	
ςσ.	Please provide examples or suggestions.	
Q4.	From your experience, what impact do awards of PIP have on claimants' ability to stay in,	
	or return, to employment?	

Q5.	How does the PIP process compare to similar assessments (e.g. Employment and Support Allowance, an occupational health assessment)?			
Q6.	In your experience, what are the reasons for people making an appeal to The Appeals Service and what is their experience of this process? Please provide examples.			
Asse	essment criteria and process			
or lea desig	PIP assessment considers the impact of an individual's physical, mental, cognitive, sensory arning condition on their daily life, taking account of multiple or fluctuating conditions. It is gned to measure the impact of a person's condition on their ability to participate in, or carry daily activities, rather than the condition itself. It does this by looking at a number of key daily and mobility activities.			
home from	assessments are carried out as a face-to-face assessment in a clinic or the claimant's own e. Where there is sufficient evidence available already, sent in by the claimant or gathered other sources, some assessments can be completed on a paper basis. People claiming or Special Rules for terminal illness are not required to attend a face-to-face assessment.			
Q7.	Where you have evidence of any of the following, please describe how effective the PIP assessment is:			
	a. For people with one condition?			
	Very Effective Not Effective			
	Please briefly explain your answer			

b. For people with more than one condition?  Very Effective   Not Effective   Please briefly explain your answer
c. For people with conditions that change (fluctuating conditions)?
Very Effective Not Effective
Please briefly explain your answer
d. For terminally ill people?
Very Effective Not Effective
Please briefly explain your answer

e. In identifying whether someone is eligible for the standard rate or the enhanced rate?
Very Effective  Not Effective
Please briefly explain your answer
f in identifying these clinible for the mobility common at a DID as a recult of moods evicing
f. In identifying those eligible for the mobility component of PIP as a result of needs arising
from their condition?
Very Effective Not Effective
Please briefly explain your answer

#### Further evidence

During the PIP claim process, claimants are asked to provide any relevant evidence or information they already have that explains their circumstances (this is known as further evidence). Claimants can send further evidence, supporting the claim they have made, with their 'How your disability affects you' form but they do not have to do so. This might include prescription lists, care plans, reports or information from professionals who help the claimant, such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor, support worker, carer, educational support worker, SENCO or pastoral care team.

If appropriate when conducting an assessment and providing advice on a claim to DfC, Capita health professionals can consider requesting additional evidence to help them from people listed on the claimant's form. Most assessments require a face-to-face assessment, but some assessments can be completed on the basis of a review of the available paper based evidence without the need for face-to-face assessment as there is sufficient evidence available.

As part of this independent review we are seeking information which will help us to consider:

- a. how effectively further evidence is being used to assist the correct claim decision and identify whether a face-to-face assessment is required;
- b. the balance between how much and the type of evidence DfC sources itself and what the claimant is asked to provide.

Q8.	In your experience what types of further evidence do claimants send in as part of their claim?
Q9.	In your experience what further evidence does Capita request on claimants' behalf? Is this requested on time and used appropriately and fairly?
Q10.	Is it clear what further evidence claimants' are being asked to provide.  Yes No Please briefly explain your answer.
	From your understanding, when a claimant submits their claim how important do they think it is to submit further evidence? Please briefly explain your answer.  Very Important  Not Important  Please briefly explain your answer.

Q12.	From your understanding are there any barriers for a claimant in providing further evidence? Please provide examples.
Q13.	Have you previously submitted other evidence to the Department for Communities e.g. from previous benefit claims, that you feel was relevant or should have been considered in the claim for PIP?
	Yes No
	Please briefly explain your answer.
Q14.	Are there other parts of government (e.g. the NHS, social services) that hold information on claimants that you feel was relevant or should have been considered in their PIP claim?  Yes No If yes, what was this?

	If you had other evidence available on claimants that you felt would be relevant, would you consider submitting this as part of the PIP claim?  Yes No
	Please briefly explain your answer.
	In your experience, when a claimant goes through the appeals system do they submit further evidence at this point?
	Yes No No
	Why?
Prog	gress since the last review
Δddit	tional information or evidence
	Since the first PIP Independent Review, DfC has implemented a number of the suggested
	recommendations. In your experience, how have these changes altered the experience of people going through the PIP claim process? <b>See Appendix 1</b>

Q18. D	o you have any further comments regarding the PIP assessment process?
	Please provide any additional evidence or information you think might help inform the eview.

### **Appendix 1**

### Recommendations from First Review

Recommendation	DfC response
Recommendation 1: That the Department, in conjunction with advice and thematic support organisations, coordinates a series of information and outreach events, across Northern Ireland. The aim of such events would be to assist and support claimants, their family members and support workers to have a clear understanding of the PIP assessment process and purpose. Such events should aim to clarify the type of relevant information which is required in support of a claim and when it should be submitted	Accepted
Recommendation 2: That the Department updates the terminology used to describe roles and functions throughout the PIP assessment process and simplifies and consolidates the terms used in advice and guidance documents. Particular care should be taken to ensure that the terms, words and titles used do not misrepresent the roles undertaken, or the nature of the PIP assessment process.	Accepted
Recommendation 3: The use of DLA evidence to support reassessment cases should cease	Not accepted
Recommendation 4:  (a) The Department should review written material, particularly  (i) The initial letters to claimants  (ii) The subsequent decision letters to claimants, ensuring clarity of message and the avoidance of jargon  (b) The Department should develop simple straightforward material describing the PIP assessment process	Accepted
Recommendation 5:  (a) That the Department ensures there are suitable, accessible options for those with particular needs such as communication requirements, including those with visual and hearing impairment, as well as those who cannot hand write, to allow them to apply for PIP where telephone and hand written completion of PIP forms is not suitable  (b) That the Department reviews the training provided to staff ensuring that awareness is raised regarding the options available for claimants who find it challenging or impossible to communicate by telephone	Accepted

Recommendation 6: That the clinical judgment of a medical practitioner, indicating that the claimant has a terminal illness, should be sufficient to allow special rules to apply. The 6 months life expectancy criterion should be removed	Cannot implement
Recommendation 7:  So that relevant up-to-date medical information is available early in the PIP assessment process, the Department should reach agreement with the relevant professional bodies as to how they may best obtain a GP Short Summary Report to support the PIP2 submission. This should be requested for every claim	Partially accepted
Recommendation 8:  The Department should introduce steps to ensure that Capita are made aware, as early as possible in the process, when additional evidence is received with the PIP2 and advised that it will follow. Capita should be afforded time in the process to await any additional evidence	Accepted
Recommendation 9:  The Department should establish a short term 'Task and Finish' group, involving stakeholder organisations and medical experts, to develop a set of criteria detailing which conditions would be more appropriately addressed through the Paper-Based Review Approach  This should cover conditions with no prospect of improvement and/or with life-limiting implications. It could also cover those who face challenges representing their condition and functionality in the face-to-face assessment. It will be vital to set out clearly the relevant information and evidence which would be required to permit an assessor to complete a Paper-Based Review in these cases	Partially Accepted
<ul> <li>Recommendation 10:</li> <li>The Department should urgently address the issues raised by claimants. This includes but is not limited to:</li> <li>How appointments are scheduled – This should include reasonable adjustments, taking account of claimants' conditions and the practicalities of attending appointments</li> <li>Cancelling or rescheduling appointments – Ensure changes or cancellations are minimal and, if they occur, that claimants are informed as soon as possible and by an appropriate communication method</li> <li>The assessment room – layout of the room should consider both the space required for claimants with mobility aids and the presence of their accompanying person</li> </ul>	Accepted

Recommendation 11:  The Department and Capita should develop enhanced training for assessors specific to certain groups of conditions, which could be informed by the prevalence of those conditions as recorded in the Departmental statistical analysis. If a claimant indicates, and can prove, they are affected by one of these conditions they should have the opportunity to see an assessor with enhanced training relevant to their condition, or to have a Paper-Based Review	Not Accepted
Recommendation 12: The Department should introduce audio-visual recording of assessments in both home and assessment centre locations	Partially accepted
Recommendation 13:  (a) The Department, in conjunction with the assessment provider Capita, should remove or revise the use of informal observations to support assessor's reports. If revised, assessors should be required to justify the conclusions which they have drawn from their observations  (b) The Department and Capita should remove all questions about suicide and self harm from the assessment. If they deem this information essential they should source it in an alternative manner	13A – Accepted  13B – Partially accepted
Recommendation 14: The Department should put in place arrangements for a copy of the assessor's report to be made available to claimants along with their decision letter	Not Accepted

