

9. Assessment Process and Assessment Providers

This fact sheet covers details of the PIP assessment process and providers

The PIP assessment will be delivered by assessment providers working in partnership with DWP.

The assessment will be conducted by health professionals who consider the evidence provided by the claimant, along with any further evidence they think is needed.

The assessment looks at people as individuals, and focuses on the impact their condition has on their daily lives and over a range of different activities.

The health professional will complete the assessment and will send a report back to DWP. A DWP decision maker will then use all of this information to decide entitlement to PIP.

The health professional will not make a decision on entitlement to PIP.

Most people will be asked to a face-to-face consultation with a health professional as part of the assessment process. In some cases health professionals may be able to carry out the assessment without a face-to-face consultation.

This will be in cases where there is sufficient paper evidence to provide robust and fully-justified advice on all aspects of the assessment. A paper-based assessment will also be carried out where a face-to-face consultation would be extremely distressing for the claimant. This will be decided on a case-by-case basis.

An example of this is for a person who is terminally ill and has applied for PIP under the Special Rules for terminally ill people. In this case the assessment will be completed using information provided during the claims process and any further evidence gathered by the health professional. For more information see [fact sheet 12](#).

Face-to-face consultation

The face-to-face consultation may take place at a designated assessment centre or in the claimant's own home.

The claimant will be encouraged to take someone along to the consultation to support them if they would find this useful. The person can participate in the discussion. The person

chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer or advocate.

If it is clear that the claimant requires more than one person to accompany them to enable them to attend a face-to-face consultation, this should be identified as part of the booking process. The assessment provider may decide that the claimant would benefit from a home visit rather than a consultation at a medical centre if they require multiple people to assist them to attend the face-to-face consultation.

DWP have asked the assessment providers to ensure that claimants travel no more than 90 minutes (single journey) by public transport to their assessments. This figure is an absolute maximum and it is expected that travel time will be far less for the majority of cases.

Home consultations will take place:

- at the claimant's request, if supported by an appropriate health condition or disability, as determined by the assessor; or
- when the claimant provides confirmation through their health care professional that the claimant is unable to travel on health grounds; or
- at the assessment provider's discretion for a business reason.

The consultation

At the consultation, the health professional will ask questions about the claimant's circumstances, their health condition or disability and how this affects their daily lives.

The health professional may also carry out a short physical examination, but claimants will not be forced to do anything that causes them pain, embarrassment or discomfort.

The assessment providers will ensure that the health professionals have the right skills and experience to assess any claimant referred to them.

DWP believe that in most cases all health professionals should be able to assess the individual, even if they are not a specialist in their condition.

If the health professional feels they need more support before assessing someone, for example because the claimant has a condition they are unfamiliar with, the assessment provider will make someone with the appropriate skills available to either assist the original health professional or carry out the assessment themselves.

There are no targets on the time required for face-to-face consultations. Consultations will need to be as long as necessary to reach the

evidence-based conclusions on individual cases.

The assessment providers have a target to return 97% of cases to DWP within 30 working days with on average no cases taking longer than 40 working days. 99% of terminally ill cases must be returned within 2 working days and all of them must be returned within five working days.

The assessment providers: Atos and Capita

The PIP assessment process will be managed by two assessment providers who have been appointed on a regional framework to help improve the quality of service through a more tailored approach to local needs.

There are three regional contracts in place in mainland UK, and a further contract for Northern Ireland:

In Scotland, North East and North West England and in London and Southern England the AP will be Atos Healthcare.

In Wales and Central England, and in Northern Ireland the AP will be Capita Business Services Ltd.

These contracts are divided into the following Lot areas:

Lot 1 (Scotland, North East and North West England) – Atos

KW, IV, PH, AB, DD, PA, FK, KY, G, EH, TD, ML, KA, DG, BD, HG, YO, BB, HX, LS, HU, OL, HD, WF, SK, S, DN, LA2 7, LA2 8, LA6 2, LA6 3, DL6, DL7, DL8, DL9, DL10, DL11 and TS9.

Lot 2 (Wales and Central England) – Capita

LL, SY, TF, ST, DE, NG, LN, SA, LD, WW, WS, LE, PE, CF, NP, NPT, HR, DY, B, WR, CV, NN, CH1, CH4, CH5, CH6, CH7, CH8 and GL16.

Lot 3 (London and Southern England) – Atos

WD, HA, EN, IG, RM, SM, UB, TW, BR, DA, KT, CR, GL, OX, MK, SG, CB, IP, NR, LU, HP, AL, BS, SN, RG, SL, CM, CO, SS, TR, PL, TQ, EX, TA, DT, BA, SP, BH, SO, PO, GU, RH, BN, TN, CT, ME, E, EC, N, NW, SE, SW, W and WC.

Lot 4 (Northern Ireland) – Capita Business Services Ltd

The postcodes for controlled start (8 April 2013) are part of Lot 1 where Atos is the assessment provider are: BL, CA, CH (except CH1, CH4, CH5, CH6, CH7 and CH8), CW, DH, DL (except DL6, DL7, DL8, DL9, DL10 and DL11), FY, L, LA (except LA2 7, LA2 8,

LA6 2 and LA6 3), M, NE, PR, SR, TS (except TS9), WA and WN.

More details about controlled start (8 April 2013) can be found in [fact sheet 5](#).

See [annex one](#) for map of Great Britain and Northern Ireland showing locations where Atos and Capita are the assessment providers.

The assessment providers were selected following the usual procedures for open and fair competition and assessed against established and published selection criteria. The competition established clearly that the successful providers had best understood the Department's requirements, particularly in relation to the needs of disabled people

How the assessment providers carry out assessments is governed by regulations and guidance. Once the claimant sits down with the assessor, the experience will be very similar wherever you are in the country, everyone will be able to bring a companion, see a same sex assessor, claim back their travel expenses and so on. Whether someone is claiming in Liverpool (Atos) or Swansea (Capita) the assessor will be recruited for their empathy as well as medical qualifications. The assessors will encourage claimants to explain how they feel on a bad day as well as on a good day. The assessors will be providing advice to DWP

– it is the DWP which will make the decision about entitlement to PIP.

The providers were encouraged to develop innovative solutions for some aspects of the process such as how appointments are booked, where assessments take place and how they communicate with claimants (for example, letters, text, email and so on). Both providers have different delivery models.

Atos

Their service will be based on working with local partners, including the private health centres, physiotherapy practices and the NHS, using their premises and staff to undertake face-to-face consultations. Working with these local partners Atos is able to offer PIP claimants familiar surroundings and experienced health professionals.

The reason Atos has adopted this approach is that:

- experienced staff and suitable accommodation are already in place
- Assessment Centres are often at the centre of established transport links, minimising the travel needs for many claimants
- it provides a flexible network, with back up consultation centre options if needed.

The supply chain partners will undertake the face-to-face consultations – including the report writing

Atos themselves will undertake all other aspects of the service including:

- paper-based assessments
- home consultations
- booking appointments
- complaints handling
- payment of claimants' expenses.

Atos plan to hold around 80% of consultations at assessment centres. Home consultations will be offered to claimants that are unable to attend face-to-face consultations.

If the Atos Health Professional decides that a face-to-face consultation is required, they will contact the claimant to arrange an appointment.

After the assessment the claimant:

- uses the reply paid envelope and personalised form to claim any travel costs and expenses incurred
- is encouraged to complete a satisfaction survey
- is given information about the complaints process
- is signposted to partner charities and local services.

Capita

Capita is planning to hold around 60% consultation in the claimant's own home. The remainder will take place in assessment centres.

Their research with disabled people and their organisations showed that most claimants would prefer their consultation to take place at home. However for some people attending an assessment centre is a better option.

Capita's approach also allows claimants to choose their preferred method of contact (for appointment reminders etc) and, once a health professional has decided that a face-to-face consultation is required, select their appointment time from a target range.

Capita will make initial contact with the claimant by post; the postal pack will include a letter, a booklet or DVD, a satisfaction survey and an expenses envelope.

Capita will provide claimants with a secure online Portal (in addition to a telephone enquiry centre) which will allow claimants to schedule and make amendments to their consultation appointments.

Capita's assessment centres have been carefully selected in safe areas, close to public transport and accessible parking.

After the assessment the claimant:

- uses the reply paid envelope and personalised form to claim any travel costs and expenses incurred
- is encouraged to complete a satisfaction survey
- is given information about the complaints process

Is signposted to partner charities and local services

PIP assessments. This will ensure that all the assessments, no matter where in the country, are consistent, fair, evidence-based and delivered to the required quality standard.

For information regarding the Assessment Criteria see [fact sheet 2](#).

More detailed information about Personal Independence Payment: www.dwp.gov.uk/pip

Stakeholder Engagement

Both Atos and Capita are working with disabled peoples' organisations to develop their service proposals and will continue to do so to identify opportunities for continuous improvement. Both providers expect to employ a significant proportion of staff that have disabilities or long-term health conditions themselves.

Managing performance

DWP will monitor the performance of the assessment providers to ensure that they are conforming to the detailed specifications for the assessment laid out in their contract with DWP.

DWP has set clear service level agreements setting out expectations for service delivery, including the quality of assessments and evidence of claimant satisfaction. DWP has not set any targets in relation to the outcome of

Annex one: Locations of the Assessment Providers

