



Calling for Change: Telephone Health Assessments Fail the Test A Report by Citizens Advice Exeter

Telephone health assessments for Personal Independence Payment (PIP) – Impact on applicants

Key findings and recommendations:

- The waiting times for applicants between submitting their PIP form and having their health assessment is unacceptably long, leading to an increase in anxiety levels and financial stress. We recommend a timely health assessment, and that the applicant be given clear timelines for the process.
- Many applicants were given no notice of their health assessment whatsoever, with massive implications. We recommend that the health assessment should not take place if the applicant has not been given notice and is therefore unprepared.
- Technical problems were an issue in many of the telephone assessments we studied. We recommend giving applicants a choice of face-to-face health assessment if technical issues are anticipated or if they arise during the call.
- Some applicants felt rushed and unable to describe the impact of their disabilities over the phone. We recommend giving applicants a choice of face-to-face assessment if this arises.

Background to project:

People with significant disabilities and health conditions which impact on their ability to carry out daily tasks and/or whose mobility is compromised can, if various criteria are met, apply for Personal Independence Payment (PIP). As part of the application process, health care assessments are undertaken. Prior to the Covid-19 pandemic, these health assessments were conducted face-to-face. As part of their response to the Covid-19 pandemic, the Department for Work & Pensions (DWP) changed the health assessments for PIP from face-to-face to telephone.

Between the period from April 2021 to end of March 2022, we at Citizens Advice Exeter embarked on a project to try and determine what our client experience of telephone assessments is. Although the DWP now have a stated aim of returning to face-to-face assessments, the vast majority of assessments are still being carried out by phone, with no announced date for changing this practice (Appendix 1). Therefore, it is very important to highlight the areas of this practice which are not working well and need to be improved, as well as aspects that are working well for some applicants. In this report, we also noted some other aspects of the impact of the Covid-19 pandemic on the PIP application process, as highlighted below.

Brief description of the application process and history of PIP:

The disability benefit PIP was introduced in April 2013, and involves an initial screening by the DWP on the phone, designed to ensure that the applicant meets the basic criteria for this benefit. The applicant is then sent a PIP application form by the DWP, which they need to return within a month. In most cases, the applicant will then have a health assessment to determine whether they will get PIP, and at what level (Standard or enhanced rate).

Methodology:

We focussed on clients who had been assisted by Citizens Advice to complete their PIP forms. This allowed us to get a clear picture of time scales between submitting PIP forms and the subsequent health

assessment. This also meant that we had a fairly complete picture of the demographic of our clients involved in this project and the nature of their disabilities.

We devised a script, which was used by our Exeter Citizens Advice volunteers when phoning PIP applicants shortly after their PIP form had been completed (appendix 2) The aim was to help our clients to understand that we would like to know how the telephone assessment worked for them, with the purpose of highlighting any issues identified, to the DWP and others. We decided that if the client said that they wanted to participate in a survey questionnaire we had devised (using survey monkey) about their health assessment, we would send them a follow up thank you letter and ask them to contact us via a specific telephone number when they heard about the date of their health assessment from the assessor- In the South West these assessments are carried out by IAS (independent assessment services- <https://www.mypipassessment.co.uk/>)

We kept in contact with our clients once every 2/3 weeks, to remind them of our project and see how they were getting on. Clients were happy to hear from us and appreciated our interest in the progress of their PIP claim. We took the view that if we were unable to do the survey with clients before they knew the result of their PIP claim, we would not include their views in our report as it would not be an impartial view - e.g. clients would be likely to have a negative view of the assessment process if their PIP claim had already been refused.

When we were able to get to know the date of the assessment, we tried to conduct the PIP survey as soon after the assessment as possible so that the details were fresh in the minds of the applicants.

Results:

LENGTH OF TIME BETWEEN SUBMITTING PIP FORM AND HAVING A HEALTH ASSESSMENT

Waiting times from the point of submitting the PIP form until having the health assessment were variable, with some clients waiting in excess of 4 or 5 months. The average waiting time for our sample was 103 days. The average waiting time from submitting the PIP form and receiving a decision was 165 days.

Because we were in regular contact with clients who were awaiting their health assessments, we were acutely aware of the anxiety caused by the long wait, which given the pre-existing mental health disability suffered by many of our clients, compounded their anxiety levels. We asked four of our clients who had been waiting a long time for their permission to contact the DWP on their behalf and chase up their applications. With the clients' permission, we contacted the DWP about their cases. The health assessments for these four clients followed fairly quickly following our intervention. It is clear that there are significant pressures on the system, resulting in these delays.

The DWP told us that the wait time for clients suffering with mental health issues was longer than physical health issues because they had a shortage of assessors trained in mental health. In our data set, most of our clients suffered with both mental and physical disabilities. On the plus side, the DWP decided that new PIP claimants should be given priority for health assessments over clients who were already in receipt of PIP and were due for a review of their claim (REF1)

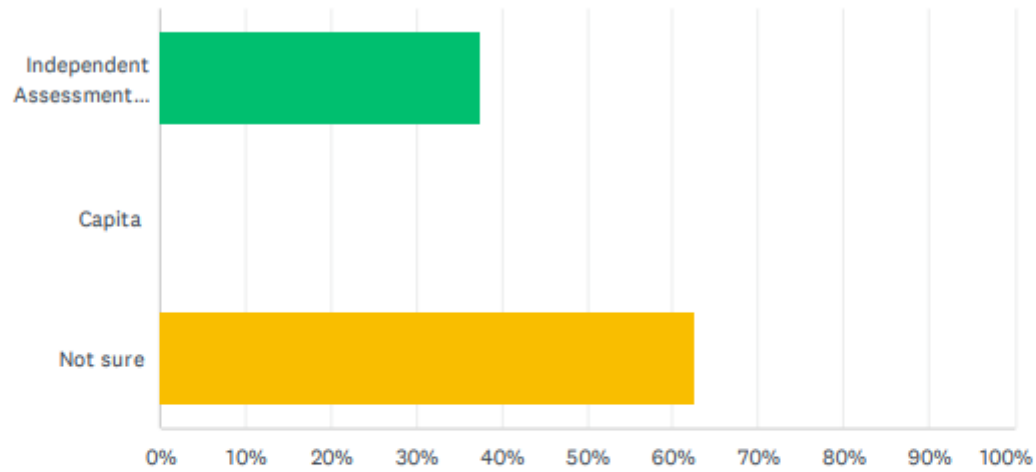
With the rise in living costs currently affecting our clients, it is noteworthy that the delay in assessing and awarding PIP is causing severe hardship. Disabled clients have extra costs associated with their disability, and the lengthy waits for PIP are causing financial hardship and debt.

An example of the negative impact of delays in health assessments on our clients:

We were in regular contact with this client after their PIP form had been submitted. Once we became aware of his health assessment (HA) telephone appointment, we contacted the client the day after his assessment was due to take place. His partner answered the phone to us and said the client had been too anxious even to pick up the phone when the assessor phoned, so the HA didn't take place. Client already suffered from anxiety, which had been highly exacerbated by the long delay. Client then gave up and did not want to pursue his claim. His wait time had been 140 days.

Clients were asked if they were aware which company conducted their assessment:

Answered: 24 Skipped: 0

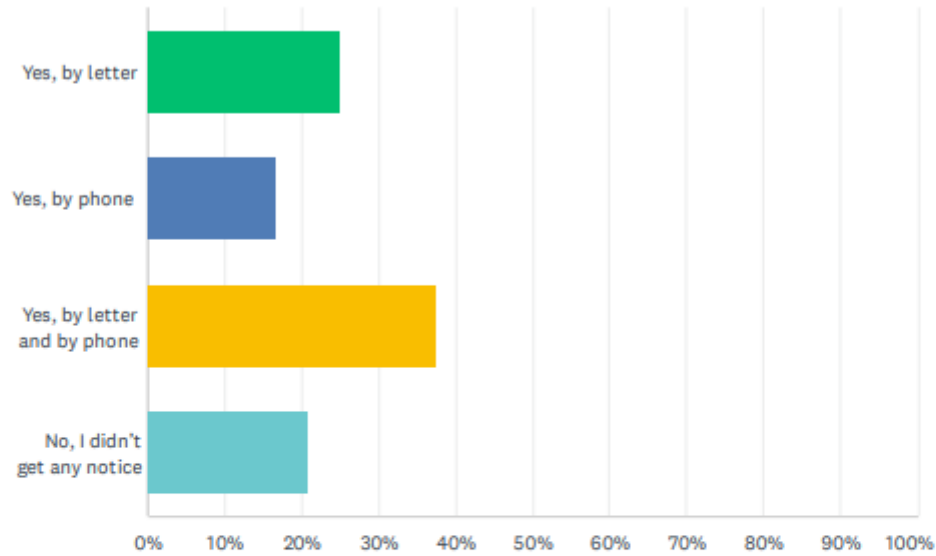


ANSWER CHOICES	RESPONSES	
Independent Assessment Services (IAS formerly ATOS)	37.50%	9
Capita	0.00%	0
Not sure	62.50%	15
TOTAL		24

62.5% of clients were not aware which company had conducted their assessment. In part, this is because some clients had not been contacted ahead of time about their HA. The impact of having no notice is discussed below (Notice of assessment section), but we would contend that having clarity on the company that conducts the HA is very important in respect of knowing how to contact them for any changes to arrangements for the HA, any adjustments required due to disability etc, and also if clients wish to make a complaint.

Did you get any notice of your assessment?

Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes, by letter	25.00%	6
Yes, by phone	16.67%	4
Yes, by letter and by phone	37.50%	9
No, I didn't get any notice	20.83%	5
TOTAL		24

20% of our sample received no notice of their health assessment. It is important to note that clients who have waited a long time for their HA already, often did not feel assertive enough to tell the assessor that they could not have their HA there and then, with no preparation and without a friend or helper present. The clients had not had the time or opportunity to find a comfortable place to take the call, and to make arrangements for any dependants. On occasion, clients were in a public place, e.g., supermarket. Although we understand that in principle the client had the right to decline the HA that had been sprung on them, many would not be brave enough to do so, and many would worry about delays or other consequences.

Clients who did receive notice were able to be prepared with their thoughts and their paperwork, making the experience much more tolerable.

One of our clients who had not received any notice, completely failed to realize that the call she had taken was in fact IAS, doing a health assessment in respect of her daughter's PIP. There was no introduction by the assessor.

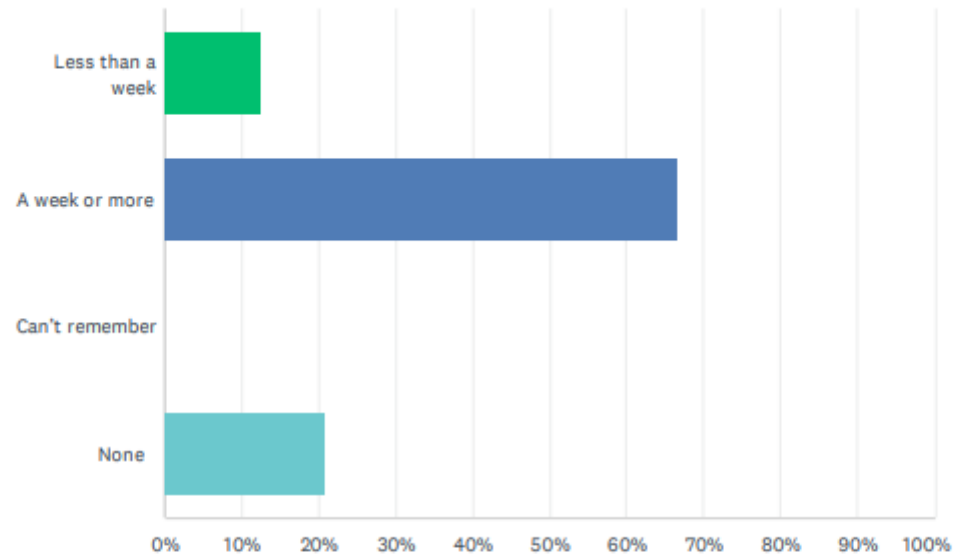
One of our clients received the call whilst in a supermarket. This client was assertive enough to decline the health assessment and say that she required a letter with proper notice. Once the assessment was subsequently done, the decision letter from the DWP stated that no PIP had been awarded. A detailed look at the decision letter revealed that the client had in fact scored enough points to get enhanced rate mobility and daily living. The DWP acknowledged the error and reversed it, but we would make the point that this demonstrates that the system is under a lot of pressure, and a less able client might not have declined the call, and might not have looked at the fine detail of the points awarded, thus missing out on PIP.

One applicant who had no notice was at home with her 15-year-old who suffers mental health problems. Our PIP applicant did not feel that they could close the door for a private health assessment. Had she had notice, arrangements would have been made for the vulnerable dependent child while the call took place.

Many applicants would have relied on a helper to convey the information to the health assessor during the call. These clients were very badly impacted when no notice was given, as in many cases their helper was not present at the time of the health assessment call.

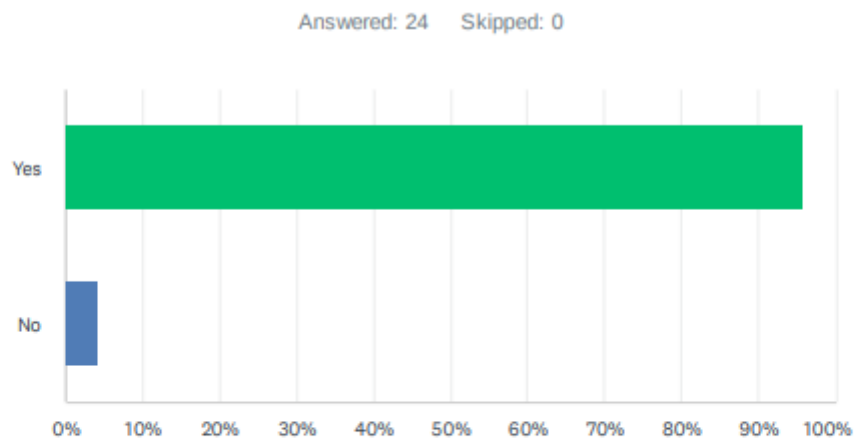
How much notice did you receive?

Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Less than a week	12.50%	3
A week or more	66.67%	16
Can't remember	0.00%	0
None	20.83%	5
TOTAL		24

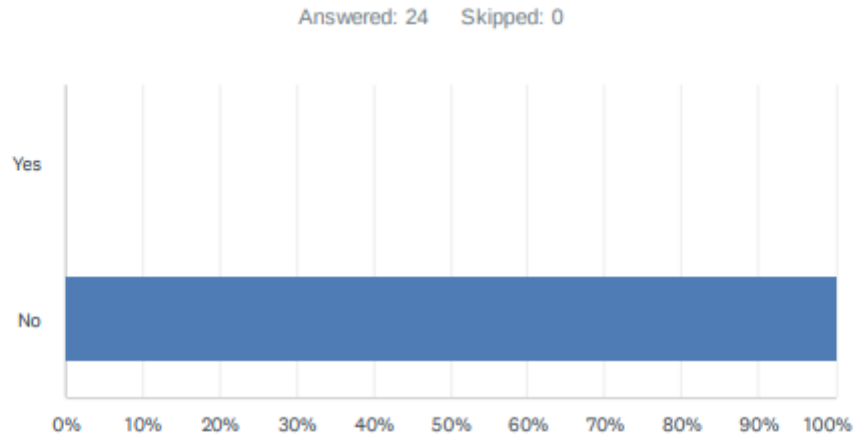
Was there somewhere quiet in your home where you could answer the call confidentially?



ANSWER CHOICES	RESPONSES	
Yes	95.83%	23
No	4.17%	1
TOTAL		24

Most clients were able to find a quiet and confidential place to take the call. It is noteworthy that for the applicants who were not able to find a confidential place to take the call, discussing the detail of their disabilities is a highly sensitive matter, and many would not wish to discuss it in front of children or others.

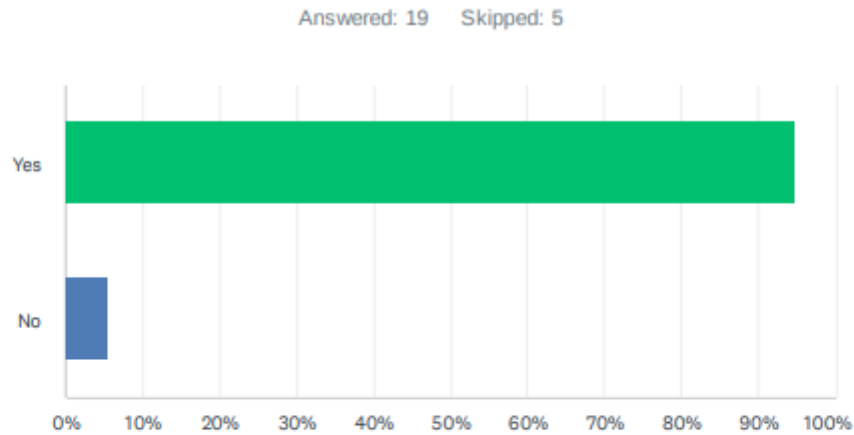
Did the assessor seem to have any problems with having a quiet, confidential place to work from?



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	24
TOTAL		24

Although some minor background noise was reported by some of our sample clients, overall they said that the assessor appeared to have a quiet, confidential place to work from.

Did the call take place on time?

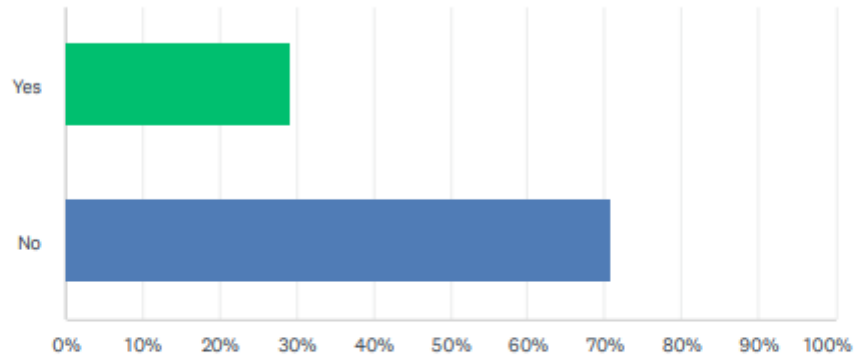


ANSWER CHOICES	RESPONSES	
Yes	94.74%	18
No	5.26%	1
TOTAL		19

Most clients reported that the call was on time or with minimal delay. If the call was going to be late, the HA had contacted the client and alerted them to this fact and rescheduled with client's agreement. Several clients were rescheduled in this manner, with sickness of the assessor given as the reason.

Were there any technical problems with the call such as poor reception or low volume?

Answered: 24 Skipped: 0

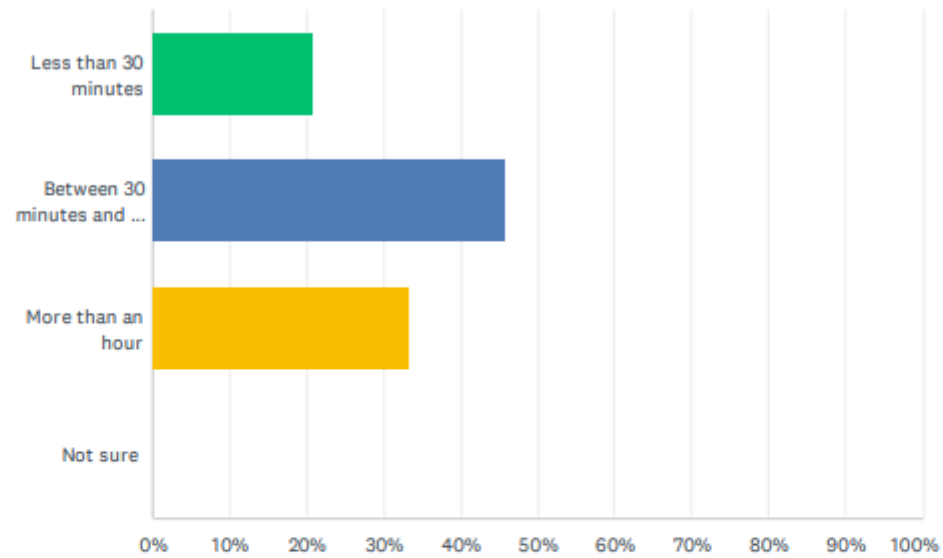


ANSWER CHOICES	RESPONSES	
Yes	29.17%	7
No	70.83%	17
TOTAL		24

29% of clients reported technical issues with the call, which is of concern. Bad phone lines which made it hard for both applicant and assessor to hear each other were an issue. These technical issues compound communication problems already suffered by many PIP applicants. Several clients commented that they were hard of hearing, and this had made the call more difficult.

How long did your telephone assessment last?

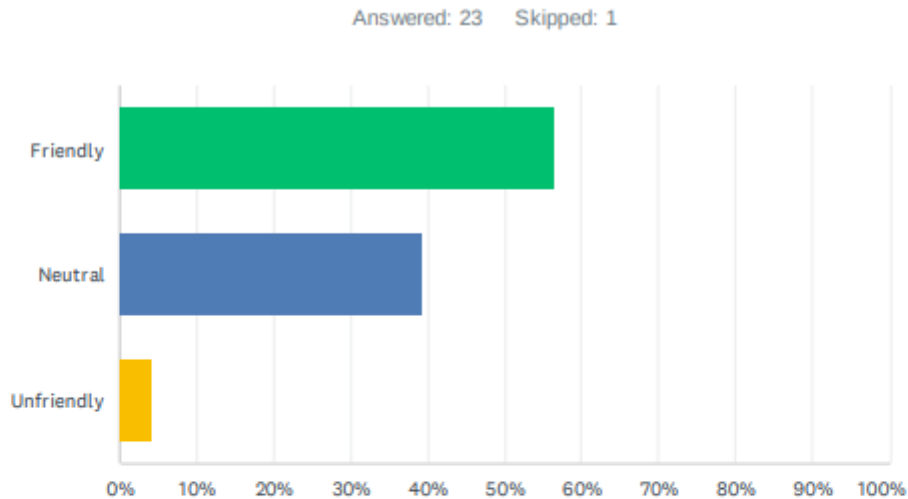
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Less than 30 minutes	20.83%	5
Between 30 minutes and an hour	45.83%	11
More than an hour	33.33%	8
Not sure	0.00%	0
TOTAL		24

The length of health assessment calls reported by clients was very variable, with outliers as short as 10 minutes and as long as three hours. It is noteworthy that some of our clients do not have the technology (or do not know how to use it) to put their phone on loud speaker. One client in particular endured a 3-hour assessment without a break whilst holding the phone to his ear. On the positive side, one of our clients who has been subject to severe trauma was only questioned by the assessor for around 10 minutes and the assessor was very sympathetic to the client. We await the outcome of this PIP decision.

Was the assessor's manner friendly, neutral or unfriendly?

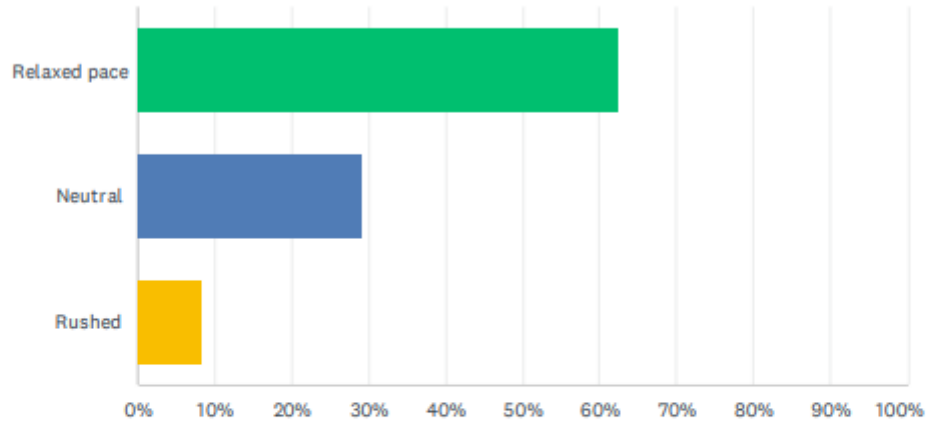


ANSWER CHOICES	RESPONSES
Friendly	56.52% 13
Neutral	39.13% 9
Unfriendly	4.35% 1
TOTAL	23

Most of our sample found their assessor's manner neutral or friendly. One client reported that the assessor had been angry and shouted at her when the client's health issues, compounded by Covid, made it harder for the assessor to hear the client.

Did the assessment feel rushed, neutral or relaxed pace?

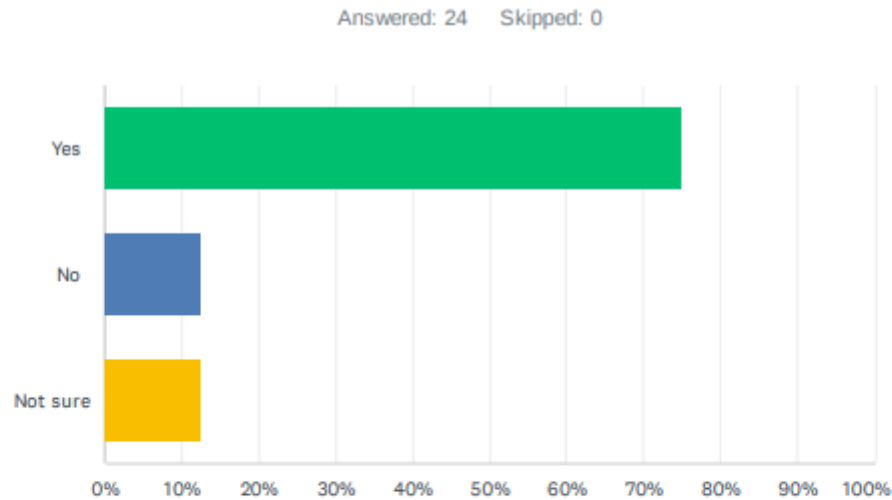
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES
Relaxed pace	62.50% 15
Neutral	29.17% 7
Rushed	8.33% 2
TOTAL	24

A small percentage of our sample felt rushed, and described the assessor as not giving them the opportunity to properly describe the impact of their disability on their lives.

Did the assessor seem to have read your form and any other evidence?



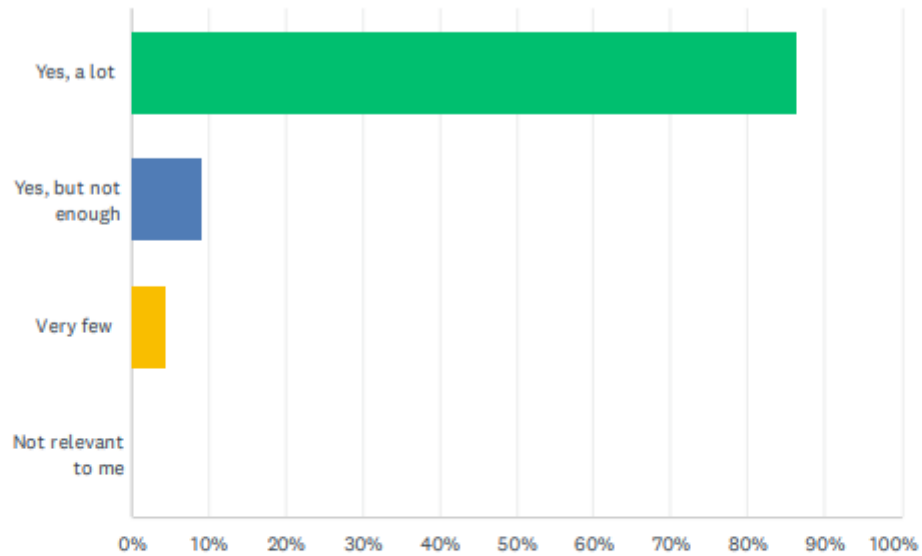
ANSWER CHOICES	RESPONSES	
Yes	75.00%	18
No	12.50%	3
Not sure	12.50%	3
TOTAL		24

75% of our sample felt that the assessor had familiarized themselves with the client's form and the evidence clients had provided from their medical practitioners. Others felt that their evidence had not been looked at.

Some clients felt that they could not make themselves understood. An example of this includes a client with memory issues who was asked by the assessor about her list of medication. The client read her list of medication from notes she had to hand. The assessor at the other end of the phone maintained that the client could not have memory issues if she could describe her meds without any problem. In a face-to-face situation, the assessor would have seen that the client was using notes.

Did the assessor ask questions about daily living activities like cooking and dressing that were relevant to you?

Answered: 22 Skipped: 2

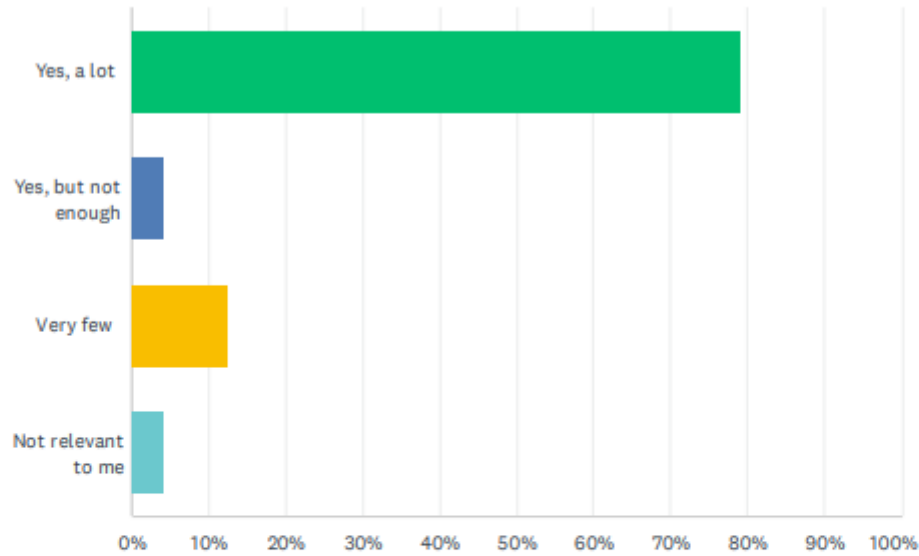


ANSWER CHOICES	RESPONSES	
Yes, a lot	86.36%	19
Yes, but not enough	9.09%	2
Very few	4.55%	1
Not relevant to me	0.00%	0
TOTAL		22

Confusing lines of questioning by the assessor, which might be compounded due to poor reception or other telephone issues included a client who was asked multiple times how he got in and out of a bath when he had clearly said on his form that he was only able to use a walk-in shower for the last 10 years. Some clients under this type of questioning felt that the assessor was trying to 'Catch them out'. Others felt that the assessor asked them the same question in several different ways, as if to catch them out- Clients felt that this would have been easier if the assessor could see them, rather than on the phone. One client highlighted difficulties attributed to a heavily accented assessor, creating communication problems during the phone call which would have been less of an issue face-to-face.

Did the assessor ask questions about moving around (mobility) that were relevant to you?

Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes, a lot	79.17% 19
Yes, but not enough	4.17% 1
Very few	12.50% 3
Not relevant to me	4.17% 1
TOTAL	24

Some PIP applicants felt that despite making their mobility issues clear on the written form, the line of questioning during the call was designed to 'catch them out'. Most of our sample were happy with the mobility questions asked by the assessor.

Conclusions:

As a result of the disruption caused by the Covid19 pandemic, the service delivery of many organisations changed for a period of time so that the risk of transmission of disease could be reduced to a minimum.

Health assessments for the disability benefit PIP, which were primarily face-to-face assessments prior to the pandemic, were changed to telephone-based assessments to avoid transmission of disease.

Our study, despite being relatively small scale, revealed some issues with the telephone assessments, which are worth highlighting, particularly given that even now (April 2022), the majority of assessments are still being done by phone.

The most significant factor for our clients is the time delay between submitting their PIP form and having a health assessment. This factor alone can be resolved by engaging and training more assessors, so that the time delay is reduced, which would result in both lower-level anxiety and financial hardship for clients awaiting their PIP awards. Whilst it is expected that the delays in services by most organisations due to Covid19 will now start to subside (or have already subsided), the DWP will need to allow for the fact that many more people who suffer from disabilities, but who did not previously apply for PIP are now doing so to help them combat the cost of living crisis. This means that issues causing delays need to be resolved swiftly to avoid this getting worse.

The lack of notice was the second most significant factor. PIP applicants should get adequate notice of their health assessment along with the information letting them know that they can ask for adaptations, have a friend present, and be prepared with their paperwork. We would contend that clients given no notice are at a significant disadvantage, as they are likely not to be in a comfortable confidential place to take the call, have no appropriate notes or PIP form with them, and may be in charge of dependants for whom arrangements have not been made.

Some clients find it harder to describe the impact of their disability on their daily lives on the phone, and even more so when the correct questions are not posed by the assessor. Some clients felt that they would be better able to do so face-to-face.

Technical issues with the call, and not knowing how to place a phone on speaker for a long call are also issues which need to be addressed. Breaks should be offered when the telephone appointment is lengthy.

During the period of our study, the government commissioned a similar study, which was published in October 2021 (REF2). The key difference from our study was that clients were surveyed regardless of whether or not they had received their PIP decision already. We decided not to include clients who already had their result, as we assumed that this would colour their opinion of whether the phone assessment was effective or not.

Interestingly, following logistic regression, the only PIP applicants in the DWP study who preferred telephone HA to face-to-face were the ones who had already received a positive PIP decision- i.e. PIP had been awarded.

This work was carried out by Exeter Citizens Advice Staff and volunteers- Many thanks to all involved. Particular thanks to Hilary Wigmore and Sandy Hogan for many hours of conversation with clients.

REF1: <https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-april-2021/personal-independence-payment-statistics-to-april-2021>

REF2: <https://www.gov.uk/government/publications/claimant-experience-of-telephone-based-health-assessments-for-pip-esa-and-uc>

Appendix 1

<https://questions-statements.parliament.uk/written-questions/detail/2022-03-14/139251>

	v	iv	iii	ii	i
	Apr 20 – Jan 21	Feb 21 – Apr 21	May 21 – Jul 21	Aug 21 – Oct 21	Nov 21 – Jan 22
Paper based review	17.4%	16.1%	17.2%	16.3%	16.3%
Face to face assessment	0.0%	0.0%	0.0%	6.8%	4.6%
Telephone assessment	82.5%	83.8%	82.3%	76.3%	77.3%
Video assessment	0.0%	0.1%	0.4%	0.7%	1.8%

Appendix 2

PIP health assessments research script

Phone client: Hello is that xxxxx? My name is xxxx

I'm phoning from Citizens Advice Exeter. A few weeks ago, on (date) one of our advisers (name of adviser) at Citizens Advice Exeter helped you to complete a Personal Independence Form (PIP form). I'm calling to ask you a few questions about this, have you a few minutes to spare?

We are doing research about the Health Assessment that takes place after you have completed a PIP form. Today I am just making this call to find out whether your health assessment has taken place yet and would you would be happy to take part in our research at some point in the next few weeks /months?

If 'No', they would not want to take part, thank them and end the call

If yes, carry on with phone call and explain to client:

Before the pandemic these health assessments were face-to-face, however during the pandemic the DWP have been carrying these out by telephone.

We want to know about our clients' experiences of these telephone health assessments and how well they are working. We have written a simple questionnaire which would be over the phone, taking 10 -15 minutes. We would hope to do this a few days after you have had your assessment phone call.

Any report or data we produce will not include names. We want to carry out research about the quality/effectiveness of the health assessments that everyone applying for PIP have to have. If you are eligible to take part in this survey, would you be happy to do so?

Firstly, have you received your award?

If Yes – not able to take part. Would you be able to tell me the date the phone assessment took place? We are trying to work out how long these assessments are taking place after the PIP form was submitted.

Thank you for talking with me, that's all I need to know.

If Yes and the client is not happy with the result – I'll talk to my supervisor and see if we have any capacity to help you and someone will phone you back.

If No..... continue as below:

Have you had a letter giving you the date of your health care assessment?

Answers likely to be: Yes / Not yet / Already had the assessment

If they have had their letter – get the date and ask if we can call back shortly after the assessment

If they have not had their letter, ask if, when they get the letter, it would be possible for them to phone us on our message/answerphone line and leave a message with the date of their health care assessment (the letter will give the date). If you are happy for us to keep in touch with you, we will then phone you to arrange a time to call after the assessment has taken place.

Message line number: xxxxx

If already had the assessment and know the outcome of the PIP claim: not eligible for the survey, any issues / concerns about the client's response – talk to supervisor

If already had the assessment but no PIP outcome yet – Can we go through a survey relating to your health assessment now, or would it be OK if one of my colleagues phones you in the next few days and carries out our survey questionnaire with you?

Thank the client for their time and end the call.