

Employment and Support Allowance: Work Capability Assessment Outcomes made on Paper Evidence

19 November 2012

Introduction

This statistical release presents information on new claims for Employment and Support Allowance (ESA) in Great Britain. It provides information on those claims where Atos Healthcare make their recommendation using paper-based evidence only rather than a face-to-face assessment. The figures are derived from administrative data held by the Department for Work and Pensions (DWP) and assessment data provided by Atos healthcare. This analysis presents information on new claims for ESA only. It does not include information on incapacity benefits reassessments to determine eligibility for ESA.

Background

A key part of the ESA regime is the Work Capability Assessment (WCA) process, which is used to assess capability for work and eligibility for benefit. Within this Atos Healthcare health care professionals undertake an assessment and, following the assessment, their recommendation is passed on to DWP. A DWP Decision Maker then considers the WCA, alongside the other evidence relating to the claim, including that provided by the claimant, when making a decision on the claimant's eligibility for ESA. This outcome can be one of the following:

Claimants can be found fit for work, meaning that despite their illness or disability they are able to undertake some forms of work. In this case their claim:

- closes and the claimant can move to Jobseeker's Allowance (JSA); or
- remains open following receipt of a challenge against the decision (either a reconsideration by DWP, or an appeal to Her Majesty's Courts and Tribunal Service (HMCTS)). If redress is sought, the pre-assessment rates remain until closure;

Claimants can be found to have limited capability for work. In this instance, they are allowed the benefit and placed in the Work Related Activity Group (WRAG). Those in this group are not expected to work, but are provided with help and support to prepare for work where possible. They receive a higher payment than those on JSA. Claimants can also appeal the decision to be put in the WRAG instead of the Support Group (SG); and

Claimants can be found to have limited capability for work and, in addition, limited capability for work related activity. In this situation, claimants are allowed the benefit and placed in the SG. Claimants in this group have the most severe functional impairments and so are provided with unconditional support and receive a higher rate of benefit than those in the WRAG.

Both WRAG and SG claims run until the initial or latest 'prognosis period' ends, which is usually, but not always, a standard length of time such as 3, 6, 12, 18 or 24 months based on the individual claimant's health and then have a repeat assessment.

Every time the DWP refers a claim for a WCA, the claimant is automatically issued an ESA50 questionnaire. When this is returned to Atos Healthcare, a trained healthcare professional carries out an initial paper-based assessment. Where evidence exists that a claimant meets the Support Group criteria (including being terminally ill) the healthcare professional can advise the DWP decision maker that a face-to-face assessment is not needed. All other claimants are required by the DWP to undergo a face-to-face assessment, the majority of which are carried out at an Atos Healthcare Assessment Centre. If there is medical evidence confirming that a person cannot leave their home to attend an Assessment Centre, a home visit can be arranged.

No claimant can be found fit for work without undergoing a face-to-face assessment. In addition, for new ESA claims, at the initial assessment, only SG recommendations can be made using paper evidence only. At repeat assessments, both SG and WRAG recommendations can be made using paper evidence only.

Results

Initial Support Group outcomes by method of assessment

Table 1, on the next page, shows the number and proportion of SG outcomes in the quarter ending May 2012 by the method of assessment used by Atos Healthcare, that is whether the WCA was carried out face to face or whether it was made using paper evidence only. For a small number of cases, the information on whether the WCA was carried out face to face or with paper evidence only is missing. At the initial assessment, only SG recommendations can be made using paper evidence only.

The first set of figures in table 1 shows all claimants with a SG outcome. The second and third set of figures show the information separate for claimants with mental health and physical health conditions as primary medical condition.

Table 1 shows that, in the quarter from March to May 2012, 58 per cent of initial SG recommendations have been made on paper evidence only. Further, table 1 shows that the proportion of paper-based assessments is higher at 62 per cent for claimants with a physical primary health condition than those with a mental health condition at 53 per cent.

It is hard to attribute this pattern to particular causes, but it might reflect the fact that claimants with the most severe levels of disability and those who are terminally ill are more likely to have physical health conditions. This could explain why the proportion is higher for claimants with physical health conditions.

This statement should not be interpreted to mean that the above is anything more than a possible reason, and there may also be other undetected factors at work.

Table 1: Initial Work Capability Assessments – Support Group Outcomes by Method of Assessment, Great Britain (March to May 2012)

	Face to Face Assessment	Paper Based Assessment	Missing	Total
All claimants				
Caseload	10,100	14,600	300	24,900
Proportion	41%	58%	1%	100%
Claimants with a mental health medical condition				
Caseload	4,700	5,400	100	10,200
Proportion	46%	53%	1%	100%
Claimants with a physical health medical condition				
Caseload	5,400	8,900	200	14,500
Proportion	37%	62%	1%	100%

Source: The figures are derived from administrative data held by the Department for Work and Pensions and assessment data provided by Atos Healthcare.

Notes:

- (1) Information on the method of assessment is classed as "missing" if the extracted data does not include information on whether the assessment was face to face or paper based.
- (2) All caseload figures are rounded to the nearest 100 and all proportions are rounded to the nearest whole number. Hence totals may not sum exactly.
- (3) The medical condition recorded is the primary medical condition.
- (4) Details for claims where the medical condition is not recorded are not included. As a result, the mental and physical condition caseload figures will not sum to the overall figure.

Repeat Support Group outcomes by method of assessment

Table 2, on the next page, shows the number and proportion of SG outcomes in the quarter ending May 2012 by the method of assessment used by Atos Healthcare, that is whether the WCA was carried out face to face or whether it was made using paper evidence only. For a small number of cases, the information on whether the WCA was carried out face to face or with paper evidence only is missing. At repeat assessments, both SG and WRAG recommendations can be made using paper evidence only.

The first set of figures in table 2 shows all claimants with a SG outcome. The second and third set of figures show the information separate for claimants with mental health and physical health conditions as primary medical condition.

Table 2 shows that, in the quarter from March to May 2012, 65 per cent of repeat SG recommendations have been made on paper evidence only. Further, table 2 shows

that the proportion of paper-based assessments is about the same for claimants with physical health conditions as those with mental health conditions.

Contrary to initial assessments, the proportion of claimants assessed on paper evidence only at the repeat assessment only slightly differs for claimants with mental health conditions in comparison to those with physical health conditions. It is hard to attribute this pattern to a particular cause, but it might reflect the fact that evidence gathered at a previous assessment is equally likely to suffice for a paper based assessment for claimants with mental health and those with physical health conditions.

This statement should not be interpreted to mean that the above is anything more than a possible reason, and there may also be other undetected factors at work.

Table 2: Repeat Work Capability Assessments – Support Group Outcomes by Method of Assessment, Great Britain (March to May 2012)

	Face to Face Assessment	Paper Based Assessment	Missing	Total
All claimants				
Caseload	9,300	18,800	800	28,900
<i>Proportion</i>	<i>32%</i>	<i>65%</i>	<i>3%</i>	<i>100%</i>
Claimants with a mental health medical condition				
Caseload	4,100	7,900	300	12,300
<i>Proportion</i>	<i>33%</i>	<i>64%</i>	<i>2%</i>	<i>100%</i>
Claimants with a physical health medical condition				
Caseload	5,200	10,800	500	16,500
<i>Proportion</i>	<i>32%</i>	<i>65%</i>	<i>3%</i>	<i>100%</i>

Source: The figures are derived from administrative data held by the Department for Work and Pensions and assessment data provided by Atos Healthcare.

Notes:

- (1) Information on the method of assessment is classed as "missing" if the extracted data does not include information on whether the assessment was face to face or paper based.*
- (2) All caseload figures are rounded to the nearest 100 and all proportions are rounded to the nearest whole number. Hence totals may not sum exactly.*
- (3) The medical condition recorded is the primary medical condition.*
- (4) Details for claims where the medical condition is not recorded are not included. As a result, the mental and physical condition caseload figures will not sum to the overall figure.*

Repeat Work Related Activity Group outcomes by method of assessment

Table 3, on the next page, shows the number and proportion of WRAG outcomes in the quarter ending May 2012 by the method of assessment used by Atos Healthcare, that is whether the WCA was carried out face to face or whether it was made using paper evidence only. For a small number of cases, the information on whether the

WCA was carried out face to face or with paper evidence only is missing. At repeat assessments, both SG and WRAG recommendations can be made using paper evidence only.

The first set of figures in table 3 shows all claimants with a WRAG outcome at a repeat assessment. The second and third set of figures show the information separate for claimants with mental health and physical health conditions as primary medical condition.

Table 3 shows that, in the quarter from March to May 2012, 46 per cent of repeat WRAG recommendations have been made on paper evidence only. Further, table 3 shows that the proportion of paper-based assessments is about the same for claimants with mental health conditions as claimants with physical health conditions.

Table 3: Repeat Work Capability Assessments – Work Related Activity Group Outcomes by Method of Assessment, Great Britain (March to May 2012)

	Face to Face Assessment	Paper Based Assessment	Missing	Total
All claimants				
Caseload	18,500	16,100	700	35,300
<i>Proportion</i>	<i>52%</i>	<i>46%</i>	<i>2%</i>	<i>100%</i>
Claimants with a mental health medical condition				
Caseload	8,700	7,600	300	16,700
<i>Proportion</i>	<i>52%</i>	<i>46%</i>	<i>2%</i>	<i>100%</i>
Claimants with a physical health medical condition				
Caseload	9,800	8,400	400	18,600
<i>Proportion</i>	<i>53%</i>	<i>45%</i>	<i>2%</i>	<i>100%</i>

Source: The figures are derived from administrative data held by the Department for Work and Pensions and assessment data provided by Atos Healthcare.

Notes:

- (1) Information on the method of assessment is classed as "missing" if the extracted data does not include information on whether the assessment was face to face or paper based.*
- (2) All caseload figures are rounded to the nearest 100 and all proportions are rounded to the nearest whole number. Hence totals may not sum exactly.*
- (3) The medical condition recorded is the primary medical condition.*
- (4) Details for claims where the medical condition is not recorded are not included. As a result, the mental and physical condition caseload figures will not sum to the overall figure.*

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