

Reassessment of incapacity benefits customers – Q&A for healthcare professionals

Who will be reassessed?

Anyone claiming incapacity benefits will be reassessed using the Work Capability Assessment to assess their eligibility for Employment and Support Allowance. The only exception to this is those who will reach State Pension age during the 3-year reassessment window. Incapacity benefits includes Incapacity Benefit (IB), Income Support (IS) claimed on the grounds of incapacity and Severe Disablement Allowance (SDA).

Reassessment will involve being asked to complete a questionnaire (an ESA50) and most claimants will also be asked to attend a face-to-face assessment with a healthcare professional. However if, on review of the paper evidence, it is clear that a claimant satisfies the eligibility criteria for ESA, they will not be asked to attend a face-to-face assessment.

When will someone be reassessed?

National Reassessment of incapacity benefits claimants is due to take place between Spring 2011 and 2014. There will be a phased start from October 2010 in two sites, Aberdeen and Burnley.

Most customers already in receipt of incapacity benefits are periodically reassessed. The timing of most claimants' reassessment will be based as near as possible on the date that their Personal Capability Assessment (PCA) review would have been due. This is to ensure that customers are not called for two medical assessments within quick succession.

Why have those trial sites been chosen?

These areas have been selected because they provide both rural and urban locations to give a good cross section of customers; and have sufficient number of incapacity benefits customers in order to make this a viable trial.

What do I need to do?

There is nothing that you need to do. The procedures that will apply are the same as those for ESA.

Will this generate more work for me?

As now, you may be asked to complete form ESA 113 so that we can obtain medical information from you. This will help ensure that we avoid unnecessarily calling patients for a face to face assessment.

Occasionally a healthcare professional from Atos Healthcare may phone you for more information. It is **not** necessary for you to discuss with your patient

before releasing clinical information because they have already given their consent for this as part of the claim procedure.

How are you protecting patients in vulnerable situations?

Patients with the most severe health conditions are not called for a face to face assessment. They will be placed in the Support Group on paper based evidence alone.

JCP has special processes in place for helping patients with mental health conditions who have problems complying with the benefit procedures.

Patients found fit for work will be sent a letter explaining the decision. If they are unhappy with the decision they are encouraged to contact Jobcentre Plus and are able to obtain and submit further medical evidence as part of the reconsideration process.

Will I be sent more ESA 113s?

As now, we will only request them from you if we do not have sufficient information from existing sources.

What do I do if I want to send a report supporting my patient or if my patient is found fit for work and I disagree?

Any report (except the ESA 113) should be given to the patient who should send it in to Jobcentre Plus. The information will be considered by a decision maker who has to consider all the evidence when making a decision about entitlement to benefit.

If my patient is found fit, when do I have to provide further statements?

You do not normally need to provide further statements. However, if your patient appeals against the decision you may issue further medical statements until the appeal is held if you feel that it is medically appropriate. Medical evidence is required to support benefit claims at all times unless the Work Capability Assessment threshold is met. This requirement does not change while a patient is appealing. If you consider that your patient is fit for work and you do not issue a Med 3, Jobcentre Plus will advise your patient of the alternative options open to them. This may include claiming Jobseeker's Allowance until the appeal outcome, if the specific qualifying conditions are met.

If the appeal is unsuccessful, you should only issue further statements if their condition worsens significantly or they have a new medical condition.

What help and support will patients who are found fit for work receive?

Previously unemployed patients found fit for work are likely to be advised to claim Jobseekers Allowance. They will be required to work with a Personal

Adviser who has access to a range of rehabilitation measures and who will help them to find suitable employment.

In addition, the Work Programme due to be introduced next year will provide personalised and appropriate employment support to people with health conditions and disabilities who are claiming JSA.

Through their job search agreement, anyone with a health condition or disability is able to agree certain restrictions to their job search, for example the hours they can work and the type of employment that would be suitable.

Jobcentre Plus Staff are receiving additional training to prepare them for supporting customers with health conditions, including mental health conditions, and disabilities.

Will the Work Capability Assessment used to assess customers be changing?

Yes. From spring 2011 we plan to implement the recommendations of a department-led review into the WCA. These changes will:

- Ensure that individuals awaiting or between courses of chemotherapy are treated in the same way as those already receiving it.
- Improve recognition of fluctuating conditions.
- Simplify and clarify the language of the descriptors.
- Expanding the support group to cover people with certain communication problems and severe disability due to mental health conditions.
- Ensure that appropriate account is taken of how an individual adapts to their condition or disability, for example whether they use a wheelchair to get around.