

PIP13NE

Receipt of the Assessment Provider's Report

Personal Independence Payment Learning
Programme

Date: October 2015

Contents

<i>Personal Independence Payment Learning Programme</i>	<i>1</i>
Contents.....	2
Introduction	5
<i>Facilitator's brief.....</i>	<i>5</i>
<i>Learner prerequisites</i>	<i>5</i>
<i>Line Manager's role.....</i>	<i>5</i>
Module Aims and Objectives	6
Topic 01 - Overview of the Assessment Process.....	7
<i>Background</i>	<i>7</i>
<i>Roles and Responsibilities</i>	<i>10</i>
<i>PIP Assessment Guide.....</i>	<i>12</i>
<i>Content of the report</i>	<i>13</i>
<i>Report Standards</i>	<i>15</i>
<i>Report available to DWP</i>	<i>15</i>
<i>Summary of the Assessment Process</i>	<i>16</i>
Topic 02 - Assessment Report Types.....	17
Topic 03 - PIP Activities and Descriptors	21
<i>Background</i>	<i>21</i>
<i>AP action</i>	<i>21</i>
<i>Case Manager Action</i>	<i>23</i>
<i>The Activities.....</i>	<i>24</i>
<i>Interpretation of descriptors.....</i>	<i>26</i>
<i>The PIP Descriptor Log.....</i>	<i>29</i>
<i>Rates of PIP – Daily Living Activities</i>	<i>30</i>
<i>Rates of PIP – Mobility activities</i>	<i>30</i>
<i>Prognosis</i>	<i>31</i>
<i>Notifying DWP of the Assessment outcome</i>	<i>33</i>

PIP13NE

Receipt of the Assessment Provider's Report

<i>Summary of the PIP descriptors</i>	<i>33</i>
Topic 04 - Evidence from the AP	34
<i>DWP notified of evidence from the AP</i>	<i>34</i>
<i>Accessing the evidence from the AP</i>	<i>36</i>
<i>Is PIP2 signed by the claimant?</i>	<i>37</i>
<i>Activity – Assessment Report comparison</i>	<i>38</i>
<i>Completed Assessment.....</i>	<i>39</i>
Topic 05 - Evaluation of Evidence	40
<i>Initial Evidence</i>	<i>42</i>
<i>PIP1 Paper Claim</i>	<i>43</i>
<i>Case study – David Jacks</i>	<i>43</i>
<i>Does information correspond?</i>	<i>46</i>
<i>Case Study - David Jacks</i>	<i>49</i>
<i>Activity – Lesley Painter</i>	<i>49</i>
<i>Variable conditions.....</i>	<i>51</i>
<i>Young people</i>	<i>53</i>
<i>Deaf young people</i>	<i>53</i>
<i>Considering the evidence</i>	<i>54</i>
<i>Conflicting Evidence</i>	<i>58</i>
<i>Descriptor Choices</i>	<i>61</i>
<i>Further evidence received after the assessment</i>	<i>63</i>
<i>Length of award and review date</i>	<i>63</i>
<i>Summary of Evaluation of Evidence.....</i>	<i>66</i>
Topic 06 - Decision Reasons	67
<i>Introduction to Decision Reasons</i>	<i>67</i>
<i>Addressing the descriptors in the DMR template.....</i>	<i>70</i>
<i>Layout for Decision Reasons.....</i>	<i>72</i>
<i>Plain English</i>	<i>78</i>
<i>Example of Poorly Written Decision Reasons</i>	<i>81</i>
<i>Hints and Tips for Writing Decision Reasons</i>	<i>84</i>
<i>Using the DMR Template</i>	<i>88</i>

PIP13NE Receipt of the Assessment Provider's Report

<i>Practice Case – David Jacks</i>	97
<i>Practice cases</i>	99
Topic 07 - AP Report Not Completed	105
<i>Claimant withdraws claim</i>	106
<i>Failure to attend</i>	107
<i>Failure to comply</i>	113
<i>Identity (ID) failure</i>	115
<i>Death</i>	118
Module Summary	119

Introduction

Facilitator's brief

This brief is to help you, the facilitator, with new learning. It includes appropriate information and practice cases for the learners.

The running order of the brief is designed to flow in a logical way.

Learner prerequisites

This module forms part of a Learning Journey, it is important that learners complete all preceding modules in the journey prior to commencing this module.

Line Manager's role

The Line Manager should have carried out pre-learning discussions.

When the learning process is complete, post-learning discussions will be carried out. This will enable learners to determine whether their learning needs have been met or if further training is necessary.

Module Aims and Objectives

Aims

This module aims to show the learners what an Assessment Provider (AP) report looks like, what the descriptors are and how to evaluate evidence against them, how to identify when clarification or further evidence is required and what is required in the decision reasons.

Objectives

By the end of this module, with the aid of any reference material, learners will be able to:

- recognise the AP report;
- state the ten daily living activities and the two mobility activities;
- recognise the evidence from the AP;
- identify any further evidence or justification that is required for the descriptors;
- use relevant evidence to choose the appropriate descriptor;
- write decision reasons; and
- action an incomplete AP assessment correctly.

Topic 01 - Overview of the Assessment Process

Background

The Personal Independence Payment (PIP) assessment is designed to focus on a person's ability to perform certain daily living and mobility activities rather than on their illness or disability.

The assessment process is designed to be independent and objective and to provide the Case Manager (CM) with clear and evidence-based advice. This will ensure PIP decisions are accurate and consistent.

A similar assessment process is in place for Employment and Support Allowance (ESA) - the Work Capability Assessment (WCA). Professor Malcolm Harrington has carried out independent reviews into the WCA and, where relevant, his findings have been applied to PIP.

Although ESA and PIP are different benefits and assess people against very different criteria they share some of the same process and claimant characteristics. As such, PIP assessment processes have been developed in line with the principles and recommendations set out in a series of three independent reports prepared by Professor Harrington. Two of the key recommendations which were taken forward into PIP were ensuring that the:

- claims process is clear and promotes quality decision making to guarantee that the right decision is made from the outset; and
- descriptors used are suitable for assessing individuals with fluctuating conditions.

PIP13NE

Receipt of the Assessment Provider's Report



To read more about the Harrington Report follow the pathway below:

DWP Home > Type 'Harrington' into the Search field > Choose option 'WCA Project Year One Harrington Summary of Recommendations and What's Been Delivered'.

The majority of claimants to PIP will be referred to an independent Assessment Provider (AP) at least once. No PIP claim will last for more than 10 years without a planned intervention to reassess and consider the PIP award again to ensure it is still correct.

The AP report will be completed based on information contained in one or more of the following:

- PIP2 "How Your Disability Affects You".
- Face-to-face consultation with the claimant.
- Evidence obtained over the phone.
- Further evidence obtained by the Health Professional (HP).
- Evidence sent in by the claimant or brought to their consultation.

The CM considers each descriptor chosen by the HP based on all the evidence, rather than simply accepting the HP submission. Where, in the CM's opinion, the descriptors are not supported by appropriate reasoning, it is their responsibility to seek clarification by referring the case to a PIP Quality Assurance Manager (QAM).

The QAM will, in turn, consider whether it is relevant to return the submission to the AP to reconsider descriptor marking, seek clarification on choice of descriptors, or return it with advice to the CM.



Note to LDO:

A change in process was introduced in June 2014 brought about by the initiative PIP1 'Empowering Case Managers (CMs)'. This introduces a process change which allows the CMs, at the point they receive the report from the AP, to change the descriptors.

It is standard practice that the CM must decide whether the descriptors chosen by the AP accurately reflect the actual needs and abilities of the claimant, taking in all the evidence. However if, after this review of the evidence and the selected descriptors, the CM identifies any descriptors that they think should be changed they may do so without seeking advice from the QAM or AP.

This new process is described in more detail in Implementation Bulletin 159.

The CM can change any number of descriptors where appropriate but they must have sufficient evidence and be confident in doing so.

Although this process may be pointed out to the learners at this stage, it should be noted that it is likely they will not be able to apply this until they gain more experience in making PIP decisions.

In the meantime they will need to continue to seek clarification from the QAM.

This learning has been written following the original process and therefore advises the learners to refer to the QAM when there is a query regarding the choice of descriptor(s).

Roles and Responsibilities

Each party in the PIP claim process has certain roles and responsibilities which are outlined below.



Discuss with the learners what they think are the main roles and responsibilities for the claimant, the AP and the CM.



You may wish to use a flipchart or whiteboard to record responses. Make sure all of the following points are covered.

The Claimant

The PIP claimant is expected to:

- Complete a PIP2.
- Supply any appropriate information, and
- Attend a face-to-face consultation (if requested by the HP).

Assessment Provider

The AP will appoint HPs who are appropriately qualified staff to carry out assessments. These could be doctors, nurses, physiotherapists, occupational therapists or paramedics.

The HP will be responsible for producing an AP report.

Comprehensive training on what is required to complete the report will be provided by trainers from within their own organisation. HP training will include assessing the effects of variable conditions on daily life.

PIP13NE

Receipt of the Assessment Provider's Report

Where the claimant lives in Wales and wishes to have their assessment completed in Welsh, the AP has a responsibility to meet this requirement. DWP will inform the AP of the claimant's requirements.

The AP has a Service Level Agreement (SLA) of 30 working days to complete an assessment and return it to us, unless the claim was made under the Special Rules for Terminally Ill people (SRTI), where the SLA is two working days.

Case Manager

The CM will:

- on careful consideration of all evidence, make a legally correct decision on claims to PIP on behalf of the Secretary of State;
- provide robust supporting reasons for their decision;
- ensure that the claimant's individual circumstances have been considered and that they have been treated fairly and given a chance to voice their side of the story. This includes claimants in vulnerable situations and claimants that need additional support to complete their claim;
- have a thorough knowledge and understanding of PIP;
- identify and understand how the HP opinion is reflected in their report to show how the claimant's health or disability affects their day to day life, and
- be multi-skilled to enable them to complete a variety of tasks, including administration activities, that arise during the decision making process.

PIP Assessment Guide

The HP can make reference to an assessment guide which provides comprehensive information in respect of the whole process and the descriptors on which PIP is awarded.

The CM also has access to this assessment guide.



Refer learners to the PIP Assessment Guide, using the following pathway:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 07 Assessment Provider > 02 PIP Assessment Guide



Allow time for the learners to have a look through it so that they can see what sort of information it contains.



Why do you think the PIP Assessment Guide is useful for the CM as well as the AP?



Answer:

This guide outlines the standards that DWP expects from the AP and will enable the CM to check that these standards have been met in the AP report.

It is a useful source of information to the learners both during and after their learning.

Content of the report

The AP report comprises several different sections. Where the claimant is called for a face-to-face consultation, all sections will be completed. If the claimant is terminally ill, or if the HP conducts a paper review, not all sections will be relevant. This will be covered in more detail, later in the learning. We will now look at the different sections of the report.

In the report, a brief history of the claimant is taken by the HP, usually at the consultation, which could include any or all of the following:

- History of condition.
- Current medication and treatment.
- Social and occupational history.
- Functional history.
- Observations and Clinical findings.

If the HP performs a face-to-face consultation, they will observe the claimant during the assessment and this will also be included in the report. This is not a medical assessment but is more focused on the claimant's ability to carry out the daily living and mobility activities.

The HP will compare the information supplied on the PIP2, the claimant's description of a typical day and their own observations, to check for supporting or contradictory evidence.

Any harmful information is recorded on a separate form and should not be shared with the claimant or their representative. Only an HP can flag information to be marked as harmful.

PIP13NE Receipt of the Assessment Provider's Report



For a definition of harmful information, refer the learners to **Advice for Decision Making (ADM)**:

DWP Homepage > Operational Instructions > (Generic/cross benefit) Guidance for decision makers > Advice for Decision Making > Common Subjects to All Benefits > A1 Principles of Decision Making and Evidence > Paras A1590-1592.

The HP will select a set of descriptors that, based on all of the evidence available to them and their own observations, they believe are most appropriate to the claimant.

The **personalised summary justification/justification for descriptor choice** is a key part of the HP report. This is where the HP will provide further justification for their advice to the CM that has not already been covered in other sections of the report.

Where all the evidence in the PIP2 or from evidence gathered at the face-to-face consultation supports descriptor choice (A) for an activity, there is no requirement for the HP to justify the descriptor choice for that activity in their summary justification.

Where there has been a contradiction in the evidence provided, the HP should explain why a particular piece of evidence was chosen above another, and how this evidence supports their advice.

This is a good starting point for the CM decision reasons but keep in mind this is just advice. It is the CM who makes the final decision.



There are currently two versions of the AP report form PA4. The summary justification is at the end of the PA4 in the old version but there is a summary after each activity in the new version.

Report Standards



You may wish to use a flipchart or whiteboard to list the standards of the report and what the HP should include.

When completing the report the HP must ensure that:

- the advice to the CM is relevant and does not contain jargon;
- opinions and descriptors are robustly justified;
- reasons for accepting or rejecting evidence are clearly explained;
- there is a clear explanation of any medical issues, and
- conflicting evidence/contradictions are addressed and fully explained.

Report available to DWP

All of the information that has been gathered is used to assess the impact on the claimant's day to day life and the report is completed. The AP report should be completed and returned to the DWP within 30 days or within two days if it is an SRTI case. This is the SLA between the DWP and the AP.

The CM then reviews the assessment report and all other evidence in the case, before making a decision about benefit.

If the CM identifies any inconsistencies within the evidence, that have not been highlighted or supported and more information is required, they will contact the PIP QAM. The query will then be reviewed and, where appropriate, the case will be referred back to the HP for clarification or further evidence.

Summary of the Assessment Process

A brief summary of the AP process is as follows:

- A task is received advising the AP that the PIP2 has been received and AP action is required.
- HP considers information supplied and decides the next step i.e. face-to-face consultation, contact GP or claimant etc.
- HP carries out the appropriate next step and completes the assessment as required.
- HP completes the report and Personal Independence Payment Computer System (PIPCS) is updated.

After this, the CM considers all the evidence and if there is a query on the assessment report, they can refer the case to a PIP QAM.



Are there any circumstances where a PIP2 may not be completed, but the case will still be referred to the AP?



Answers (not an exhaustive list):

- The claim has been made under SRTI.
- The claimant requires additional support
- In some unplanned interventions.



These scenarios are covered elsewhere in the learning programme in greater detail.



Ask the learners if they have any questions on what has been covered in this topic before moving on.

Topic 02 - Assessment Report Types

The APs may use the Personal Independence Payment Assessment Tool (PIPAT) to create the Assessment Reports. An HP will enter all of the information about the claimant's assessment onto PIPAT which will then produce an electronic version of the report. This will then be automatically uploaded to the Document Repository Service (DRS).

PIPAT allows HPs to select from a large catalogue of set phrases to complete the functional history, observations and examination findings sections of the report. This should mean that CMs will see an improved level of consistency between reports. However, to ensure that the report remains tailored to the individual claimant, there is still the option to insert free-text which the HP will use to include any details not covered by the set phrases.

Whilst PIPAT is being deployed to all HPs, some cases will be progressed clerically. In these cases a hard copy of the assessment reports will be produced which must be scanned into DRS. The content of the two styles of reports will be exactly the same although the format will be slightly different. You will have the opportunity to look at these in more detail later in the module.

A new claim that was started clerically (and referred to the AP in PIPCS, not PIPAT) will not be transferred to PIPAT. All subsequent follow-on claim action, for example advice, reconsideration and appeal referrals will also be made in this way. However, any subsequent new claims or intervention action will be completed via PIPAT.

PIP13NE Receipt of the Assessment Provider's Report



Note that the reports produced on PIPAT are not numbered PA1-7 like the clerical forms. Each form must therefore be identified by its title, rather than number.



You may want to display the following information on a flipchart or whiteboard. This can then be kept on display to refer back to throughout the learning programme.

Review file note

This is used to indicate what action has been taken on the case in the AP space. For example, if further evidence from the claimant's doctor has been requested this will be noted on this form. If the HP decides to arrange a consultation with the claimant, this will be indicated here.

Assessment report form (fast track paper review)

This is the report the HP will complete on cases where the claimant is terminally ill. This will be covered in more detail later in the learning programme.

Assessment report form (paper review)

This report is completed when the claimant has been assessed using paper based evidence (i.e. did not attend a face-to-face consultation).

Assessment report form (Consultation)

The majority of reports received from the AP will be of this type, which is when the claimant has a face-to-face consultation.

PIP13NE Receipt of the Assessment Provider's Report

Supplementary advice note

This form is completed when advice is given by the AP following a query from DWP which does not change the advice given in their original report. It provides extra clarification on an existing report. This will be covered in more detail in the module **PIP14 - Queries with the AP report**.

Supplementary advice note (change of advice)

This form is completed when advice is given by the AP following a query from DWP changes their original report. Again, this will be covered in **PIP14 - Queries with the AP Report**.

Harmful information note

Any harmful information that is identified by the AP will be recorded separately on this form. It will either detail the harmful information or point out where harmful information can be found in the evidence they have received.

Return Incomplete assessment

When the AP cannot complete their assessment and have to return the case to DWP, this report will be produced, detailing the reason why. This could be, for example, if the claimant failed to attend their face-to-face consultation.

PIP13NE Receipt of the Assessment Provider's Report

Additional Evidence Form

When the claimant provides evidence over the telephone, or where the HP is unable to take a copy of written evidence provided to them (for example if they are performing the consultation at the claimant's home address), the HP must record the details of the evidence on this form.



There is also a detailed description of each report in the instructions, which can be found by following this pathway:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 07 Assessment Provider > 01 Assessment Provider Process > PIPAT PDF Reports.

Topic 03 - PIP Activities and Descriptors

Background

In earlier learning it was explained that the PIP assessment is designed to focus on a person's ability to perform certain daily living and mobility activities rather than on their illness or disability. For each activity there are a number of sentences which describe the individual's ability to carry out the activity. These are referred to as descriptors.

AP action

An HP, on behalf of the AP, provides their opinion and justification on which descriptors are appropriate for the claimant for each activity following the assessment.

For each activity the HP must choose only one descriptor, which is the one that, in their opinion, reflects the claimant's level of functioning most of the time, taking into account such factors as pain, stiffness, fatigue, response to treatment and variability of symptoms. They must consider whether the claimant is able to complete the activity safely, to an acceptable standard, repeatedly and within a reasonable time period.

They must justify and support their choice of descriptor in the Assessment Report where there is contention or conflict with the evidence reviewed or oral evidence given by the claimant by giving examples from clinical history, typical day, observation of the claimant and clinical examination.

PIP13NE Receipt of the Assessment Provider's Report

They must provide advice that is:

- Fair and impartial.
- Legible and concise.
- In accordance with relevant legislation.
- Comprehensive, clearly explaining the medical issues raised, fully clarifying any contradictions in evidence.
- In Plain English and free of medical jargon and unexplained medical abbreviations.
- Complete, with answers to all questions relating to disability matters raised by the Department.
- Capable of comprehensively providing information to the Department, and
- Presented clearly.

It is also imperative that they address all the information obtained during the assessment and in the PIP2. For example, if the claimant has indicated that they 'cannot walk' but in the AP Report it states that they have no problems getting about; this must be fully addressed and justified.

Case Manager Action

CMs will remember from earlier learning that they must consider the advice contained in the AP Report and all other available evidence when determining which descriptors are appropriate to the claimant.

The CM choice of the appropriate descriptor must be based on the evidence presented to them. To ensure that the CM applies the appropriate descriptors, the Assessment Report must be fit for purpose. A report may be classed as 'not fit for purpose' if it does not satisfy any of the criteria given in the list above.

When a report is identified as 'not fit for purpose' by the CM it must be referred to the QAM who will consider whether the report should be returned to the AP for rework. Where the report is returned for rework the AP will then need to produce a new Assessment Report, which is then used by the CM as it replaces the original one. The original Assessment Report will still be retained on DRS for audit purposes.

Where there is a minor error or inconsistency or a query with a certain aspect of the Assessment Report, the CM will contact the QAM, who may then just ask the AP to provide further advice if they think the report as a whole is fit for purpose. The AP will then produce a Supplementary Advice Report which must also be fit for purpose. This is covered later in the learning.

The Activities

There are ten daily living activities and two mobility activities. As you will see each activity has a number of descriptors that can be chosen to apply to the claimant. The choice that is made by the HP should be obvious based on the information held within the assessment report. Where there are discrepancies these should be fully justified.



Refer the learners to Handout 01 – Daily Living and Mobility Activities.

Note that each descriptor has a corresponding number of points depending upon the claimant's ability to carry out that activity. The point scores are disclosed to the claimant in their decision notification.

The assessment criteria and descriptors have been written so that they are clear and easy to understand for our claimants.



Inform the learners that the scope outlined on the handout is not the full picture and that more detailed information is available in the [PIP Descriptor Log in the ADM](#), [PIP Assessment Guide](#) and in the 'PIP2 Information Booklet' that is sent to claimants with the PIP2.



Refer the learners to the PIP Assessment Guide using the following pathway:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 07 Assessment Provider > 02 PIP Assessment Guide sections 3.4 - 3.5

PIP13NE Receipt of the Assessment Provider's Report



Refer the learners to the PIP Descriptor Log using the following pathway:

DWP Homepage > Operational Instructions > (Generic / Cross benefit) Guidance for Decision Makers > (Our Publications) Advice for Decision Making > PIP Descriptor Log > Here



Refer the learners to the 'PIP2 Information Booklet' that is sent to claimants with the PIP2 via this pathway:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 24 Notifications > 02 List of Notifications and Forms > Personal Independence Payment Letters (Notifications) (hyperlink at the top of the page) > PIP Forms and Letters > Information Booklet.

The booklet can also be found on GOV.UK website.



Give the learners' time to look at these three sources of information and then open up a discussion about the activities and the descriptors and what they mean.

This is the first introduction to the activities and descriptors. There will be further opportunities in this module to consider them.

Check if there are any questions before continuing.

Interpretation of descriptors

Although each of the activities has notes included to help define what they mean it may not always be immediately clear if a claimant meets the criteria for a certain descriptor. Consider the following examples:

Example One

The claimant states on their PIP2 that they cannot cook a meal for themselves using an oven, they have to use a microwave.

Your initial reaction might be that the claimant will get two points from this activity. However, when you read the AP report they have noted that the reason the claimant does not use the oven is because their oven is below waist height and they are unable to bend.

In this instance the claimant would satisfy descriptor (a) for this activity because it covers the ability to prepare and cook food and drink above waist height.

Example Two

In the PIP2 the claimant states that they can dress and undress unaided. When you read the AP report you note that when the claimant was asked to remove their coat they did this but with difficulty. Also when the claimant was chatting with the AP they stated that they only ever wore slip-on shoes as they could not tie laces and luckily their mother always put different buttons on clothing for them so they could manage the odd button on shirts etc.

PIP13NE Receipt of the Assessment Provider's Report

Initially you would not have considered points for Activity 6 Dressing and Undressing, however the report indicates that the claimant needs an aid or appliance to dress or undress in the form of modified buttons, two points may now be more appropriate.



Ask the learners what they think might happen if more than one descriptor applies to an activity?

Gain a consensus if possible before disclosing the answer



Answer:

Where more than one descriptor specified for an activity applies to the claimant only the descriptor with the highest points in respect of each activity can be counted.

For example, a claimant who most of the time needs supervision to be able to wash or bathe and also needs assistance to be able to wash their body between the shoulders and waist would satisfy both descriptors.

Because only the descriptor with the highest points in respect of each activity can be counted, the appropriate descriptor in this case would be “needs assistance to be able to wash their body between the shoulders and waist” as this attracts four points, and “needs supervision to be able to wash or bathe” only attracts two points.

PIP13NE

Receipt of the Assessment Provider's Report

Where one single descriptor in an activity is not likely to be satisfied more than half the time, but a number of different scoring descriptors in that activity **together** are likely to be satisfied more than half the time, the descriptor likely to be satisfied for the highest proportion of the time should be selected. For example, if descriptor (b) is likely to be satisfied 40% of the time and descriptor (c) 30% of the time, descriptor (B) should be chosen.



The period of time over which the descriptor level for a particular activity is considered is usually twelve months.

Advise the learners that variable conditions will be studied in more detail later in the module.

When selecting a descriptor choice, the claimant's ability to carry out the activity safely, reliably, repeatedly and in a timely manner must also be considered. This is something both the HP and CM should bear in mind as it is integral to the assessment.



Refer the learners to the ADM for more information and examples which demonstrate this principle by following this pathway:

DWP Homepage > Operational Instructions > (Generic/cross benefit) Guidance for decision makers > Advice for Decision Making > Personal Independence Payment Chapters > P2 Assessment for PIP > P2016-2017

The PIP Descriptor Log

The PIP Descriptor Log is designed to provide further instructions to CMs on how to interpret the descriptors. There are additional instructions on each of the individual activities. The information in this Log is intended as a supplement to enhance the CM's understanding of the criteria for selecting a particular descriptor. It doesn't replace the PIP Assessment Guide or the ADM as main sources of instructions on the criteria for selection. The Log will be added to over time so it will need to be checked regularly for updates.



Be aware that some of the instructions offered here are very general. The individual circumstances of the case being dealt with must always be considered. There may be unique conditions that render these instructions less relevant to that case.



Refer the learners to the PIP Descriptor Log by following this pathway:

DWP Homepage > A - Z > A > Advice for Decision Making > PIP Descriptor Log

Allow the learners the time to have a look at this log.



It may be helpful to the learners to suggest that they create a shortcut to this log so they can refer to it easily later on.



In addition to the PIP Descriptor Log there is also specific information regarding certain conditions/activities. Information on Epilepsy, Fibromyalgia and Activity 11 can be found in the Useful Resources folder. It is recommended that the learners are given copies of this information.

Rates of PIP – Daily Living Activities

We have already seen there are two rates of PIP for daily living.
These are:

- Limited ability to carry out daily living activities, referred to as standard rate, and
- Severely limited ability to carry out daily living activities, referred to as enhanced rate.

The claimant needs to score a minimum of **8 points** to obtain the Standard Rate and a minimum of **12 points** for the Enhanced Rate.

Rates of PIP – Mobility activities

Similarly, there are two rates of PIP for mobility. These are:

- Limited ability to carry out mobility activities, referred to as standard rate, and
- Severely limited ability to carry out mobility activities, referred to as enhanced rate.

The claimant needs to score a minimum of **8 points** to obtain the Standard Rate and a minimum of **12 points** for the Enhanced Rate.

A claimant can be awarded separate rates of Daily Living or Mobility or a combination of both.

Prognosis

The HP is expected to advise the CM on the likely prognosis of the claimant's conditions detailed in their report.

After they have completed the descriptor choices for both the daily living and mobility component, they will be asked to advise on how long this functional restriction has been in place and how long it is likely to remain for.

The questions on the AP report is displayed as: 'The functional restriction affecting the (daily living/mobility) activities identified in this report is likely to have been present for': The AP has three options 'At least 3 months', 'Less than 3 months' and 'Not applicable'. The second question is then asked 'The functional restriction affecting the (daily living/mobility) activities identified in this report is likely to remain for', giving the options as: 'At least 9 months', 'Less than 9 months' and 'Not applicable'.

This information will later be used by the CM to establish the length of award or review date (where appropriate). It will also be used to determine whether or not the claimant has met the Required Period Condition.



The learners will have already learned about the Required Period Condition in PIP09 - PIP Claims.

PIP13NE

Receipt of the Assessment Provider's Report



What is the Required Period Condition for PIP?



Answer:

In order to be entitled to PIP, claimants must satisfy the Required Period Condition for both components (CMs may know this as the qualifying period and prospective test).

They must have had their needs for three months before their entitlement can start (the qualifying period) and they must be expected to continue to have those needs for at least another nine months after the date of entitlement (prospective test).

A claim can be submitted before the qualifying period is satisfied.

When the qualifying period is not satisfied at date of claim, it will be the responsibility of the CM to calculate the end-date of the QP. This will need to be input onto PIPCS and subsequently notified to the claimant in the decision notification.



Refer to the ADM via the following pathway for examples and further detail on required period condition:

DWP Homepage > Operational Instructions > (Generic/cross benefit) Guidance for decision makers > Advice for Decision Making > Personal Independence Payment Chapters > P1 Conditions of Entitlement > Paras P1031-1033 and P5 Transitional Provisions P5084-5086.

Notifying DWP of the Assessment outcome

Once the HP has completed their report on PIPAT it is returned to DWP and uploaded to DRS via a batch process overnight. PIPCS is updated with certain information from the report such as the descriptor choices and prognosis details. Any paper documents will be sent in the post to be scanned.

Summary of the PIP descriptors



You may wish to use a flipchart or whiteboard to record the following key points.

- HP completes a report form with their choice of descriptors.
- The CM considers the report to make sure it is fit for purpose and takes any necessary action.
- Both daily living and mobility descriptors are considered.
- Although the HP will make a choice of descriptors the CM must ensure that they agree with the final choice of the descriptors based on the evidence.
- Appropriate system action is undertaken.



Ask the learners if they have any further questions about this topic before moving on.

Topic 04 - Evidence from the AP



Topics 05, 06 and 07 of PIP16 - Processing the Decision can be delivered here if you wish or alternatively just make the learner aware that system action will be covered in more detail later on in the learning.

DWP notified of evidence from the AP

Once the HP has completed their action and PIPCS has been updated, the case will transfer to the DWP work space. When the AP report arrives in DRS, a task will automatically be triggered to the CM informing them of this.

The AP will indicate on the case if they are sending any hardcopy documentation, such as evidence brought to a consultation by the claimant in the 'Evidence Considered in formulating advice' text box. If this is the case the CM will need to wait five days to allow time for these documents to arrive and be scanned and linked.



This will be enhanced at a future PIPCS release, so that this delay will not be necessary.

For **reassessment cases** before a decision can be made, a data exchange must take place between PIPCS and the Disability Living Allowance Computer System (DLACS). Information regarding the claimant's current award of DLA, including Motability details, is sent from DLACS to PIPCS. This is triggered by the return of the AP report.

PIP13NE

Receipt of the Assessment Provider's Report

The data exchange takes three days to be completed. The task that is triggered to prompt the CM to make a decision when a completed questionnaire is returned is deferred to allow PIPCS and DLACS to communicate and prompt the data exchange. The CM no longer needs to manually defer the task. If further medical evidence is also being sent, the CM will need to wait an extra two days.

The CM can check the Other Benefits screen in PIPCS to check that the data has arrived. If for any reason the exchange fails, a task is produced for the CM to manually transfer the data from one system to the other.



The action to take on tasks indicating data exchange has failed is covered in more detail in the module PIP16 - Processing the Decision.



Ask the learners what evidence they think may be available on the case at this point?



Suggested answers (not an exhaustive list):

- PIP2 'How your Disability Affects You'.
- Assessment Report.
- Any additional evidence that the HP may have requested.
- Any information obtained over the phone.
- Any other evidence that the claimant may have sent/brought in.

In the majority of cases this will be the first time that any PIP CM will have had reason to access the case. This is because claims are made via telephony, and the PIP2 is automatically issued by PIPCS directly to the claimant (after the lay rules have been run and passed).

Accessing the evidence from the AP

On receipt of the **AP Report Received** task, the CM should complete the following steps to access the evidence from the AP and view the information available to make the decision:

- Select the hyperlink in the task to the **Participant Home Page**.
- Select the **Contact** tab to open the **Contact** page, and
- From the left-hand navigation panel, select **Attachments**.

The CM will now be able to view a list of all associated documents for the claim. Each of the relevant documents will need to be opened and accessed individually.

To view a document, select **View** from the **Actions** button drop-down menu next to the appropriate document. This will open the document in DRS. The user will be able to view this document alongside PIPCS.

Any documents sent in which cannot be scanned (such as x-rays or DVDs) will be sent to the appropriate benefit centre with a cover note. A note will be made on PIPCS of what the item is and then it will be returned to the claimant. Only scanned items will be made available to the AP

Is PIP2 signed by the claimant?

When the AP Report is returned, as part of the decision making process, the CM should check to see who has signed the PIP2. Ideally the PIP2 should have been signed by the claimant themselves, or by their PAB. However there are certain circumstances when we may accept another signature on the PIP2.

Where the AP has conducted a consultation with the claimant, we can accept the PIP2, even if it was signed by someone else (for example someone that was helping the claimant to complete the form).

However, if the AP conducted a **paper review** (rather than a consultation) and the PIP2 is signed by **someone other than the claimant** (or their authorised representative), or in pencil - the PIP2 must be returned for signature.



Refer the learners to the following instructions regarding the signature of the PIP2:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 08 Decision Making > 01 Decision Making Part 1 > Considering the Evidence > Paragraph 52

This reference explains what happens when the PIP2 needs to be returned to the claimant for a signature:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 02 New Claims Process > 17 PIP2 unsigned, signed in pencil or not signed by the claimant or representative > Paragraphs 5-10

Activity – Assessment Report comparison

Once this check is complete, the CM will consider the AP Report.



Refer the learners to a copy of a clerical Assessment Report, PA4 David Jacks.

There is no need for learners to look at claimant information at this stage as it will be considered in detail later on. The purpose of this activity is for learners to familiarise themselves with the layout of the report and show them where they can locate the different pieces of information. For example, show learners where the following are within the report:

- **The social and occupational history (especially useful to show what activities a claimant can and cannot perform).**
- **The different observations that the AP records for example, mental state, vision, speech and hearing etc.**
- **The descriptors.**
- **The prognosis questions for each component.**
- **The justification for descriptor choice or summary justification.**

Completed Assessment

When the evidence from the AP is received, the CM should check that it is identifiable and which HP has carried out the assessment and completed the report.

This information is important if the CM has any queries about the report or any of the descriptors. If the CM does have any queries this will be covered in greater detail in another module.

It is also important for the gathering of Management Information (MI).



Ask the learners if they have any questions on what has been covered in this topic before moving on.

Topic 05 - Evaluation of Evidence

PIP is not the first benefit that uses the principle of descriptors to determine a claimant's award of benefit. ESA also uses this principle. There have been independent reports on the ESA process. One of the main concerns about this was that the CM was not central to the process.

The final decision on whether a claimant is eligible to benefit rests with the CM. However, the independent report identified that some CMs did not, in practice, make their own decisions, but instead 'rubber stamped' the advice provided. This was because some CMs did not appropriately consider evidence submitted and focused solely on the face-to-face assessment to base their decision on rather than considering all the evidence available to ensure the assessment was supported by the facts.

It is therefore vital that PIP CMs ensure that all evidence is evaluated correctly and additional evidence is sought where needed.



Refer the learners to the Quality Assurance Framework (QAF) Decision Making Checklist which outlines the standards required for decision making for CMs:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 19 Management and Quality Assurance Framework > 02 PIP QAF Decision Making Checklist.



Refer the learners to the checklist and allow them to have a quick look. It will be referred to again in detail.

PIP13NE Receipt of the Assessment Provider's Report

The QAF outlines the minimum standards and behaviours expected of PIP staff, helping to ensure their actions are, for example, consistent and within the boundaries of the law. Checklists will support the QAF by demonstrating how standards should be applied in given activities, for example when making a decision the CM should consider all the evidence and identify the relevant facts.

It is hoped that keeping claimants informed throughout each stage of the process and ensuring that they understand what is going on will enable us to gather all the relevant information which will help to make the right decision first time. Therefore it is hoped that the number of disputes and appeals being made will reduce.

The CM must make sure that the claimant's point of view is also considered as well as the assessor's opinion.

Your role as CM is a very important one and the overall determination is yours. It is your responsibility to use all the evidence to make a fair and justified decision. Remember to remain impartial. Use only the facts that you have in the evidence to make an informed decision.

Refrain from using guess work, assumptions or prior cases of claimants with similar conditions etc. to influence your decision.

Remember that no two claimants experiencing the same medical condition will have identical symptoms or needs. Each condition will vary in its severity. It is important to bear this in mind and treat each case and evidence individually.

Initial Evidence

There are various kinds of evidence that the CM can use to make their decisions. To begin with we will focus on the initial evidence they will receive.



What are the documents that will be received initially to make a decision?



Responses may be recorded on a flipchart or whiteboard.



Answers (not an exhaustive list):

The evidence from the AP which may include:

- PIP2 'How Your Disability Affects You';
- Assessment Report;
- Supplementary Report;
- Consultant Report;
- GP Report,
- Medical evidence sent by claimant, and
- Other supporting documents sent by the claimant about how their condition affects their daily living. These could be from social workers, specialist nurses, schools or solicitors.



Example, blank copies of the factual reports that the AP may send out are given in the Useful Resources folder which is published alongside this brief.

PIP1 Paper Claim

If the initial claim was made by paper, the CM should look at the paper claim form in DRS to see if there is any additional information provided by the claimant which could not be populated in the application case. For example they may have inserted some free text on the paper form, which is evidence the CM should consider before making a decision.

Case study – David Jacks



From the PIP simulation screen, Access “Receipt of the AP report”. In this scenario, Mr Jacks has made a claim to PIP and completed a PIP2. He attended a consultation and the Assessment Report is now available. The claimant brought a note from his GP with him to the consultation.



Learners would usually access the Attachments tab on PIPCS to view all available evidence. In this case it would be the PIP2, letter from the GP and the PA4. However, for the purposes of this module, encourage them to open the documents electronically and view on screen.

The main learning point is for them to get used to viewing the information on screen rather than on paper.

Compare the PIP2 and Assessment Report. Arrange the documents side by side on the screen so that the documents can be compared and viewed at the same time. At this stage the learners are just looking at the type of information provided by the claimant and the information collected at the consultation.

PIP13NE Receipt of the Assessment Provider's Report



The PA4 Assessment Report that is linked to the simulation is now an old version of the form. There is a newer version of the PA4 form for David Jacks available in the Zip folder on the LDO Support page so the learners can familiarise themselves with this form.



They may notice that the questions on the PIP2 (relating to the activities/descriptors) are numbered differently to those on the Assessment Report although they appear in the same order.

Be careful not to make a direct comparison between question numbers.

Learners may also notice that the summary justification is at the end of the PA4 in the old version but there is a summary after each activity in the new version.

This PIP2 has been signed by the claimant but remember there is no requirement for the PIP2 to be signed by the claimant or PAB because we have taken consent and declaration from the claimant at the PIP1 Data Gather stage.

However if the PIP2 has been signed by someone other than the claimant or their representative neither the MOU nor the AP will be able to identify that it has been signed by an unauthorised person. Therefore the first person who may identify this is the CM when they receive the completed report from the AP.

This is not normally a problem but if the AP has provided a report based on the PIP2 and not on a face to face assessment then there could be consequences of an unauthorised signature if the case were to go to appeal or prosecution later.

PIP13NE

Receipt of the Assessment Provider's Report

If a face to face consultation has taken place the CM can continue their action, evaluating the evidence and inputting the decision. However if the AP has assessed the case and provided a report using only a PIP2 which has not been signed by an authorised person, the CM must return a copy of the PIP2 to the claimant/PAB for a signature.



The CM should check CIS to see if there is any DLA/AA interest on the case and also check to see if there are any other PIP applications. This is to prevent duplicate awards.



Refer the learners to the following instructions regarding the CIS check:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 08 Decision Making > 01 Decision Making Part 1 > Considering the Evidence > Paragraph 50 NOTE

The Assessment Report should be carefully considered to make sure that it is fit for purpose.



Responses may be recorded on flipchart or whiteboard



Ask the learners what information the Assessment Report would need to contain to ensure it is fit for purpose?



Answer:

The report needs to include:

- advice that is legible and concise;
- advice that is medically correct;
- advice that is fair, impartial and will not compromise decision making; and
- contradictions fully explained.

Does information correspond?

The information that the claimant has provided on their form may not correspond with the descriptor that the HP has chosen. This will happen from time to time; however it is not an issue so long as the HP has fully justified their choice of descriptor.

In the first instance, the CM must check that the evidence given on the Assessment Report supports the descriptors chosen by the HP.



Consider the examples below and discuss the difference between the claimant's statement and findings of the HP. Ask the learners to think about what they would do if faced with this evidence.

Example One

The claimant states that they cannot walk more than 50 metres. The HP has chosen the descriptor that the claimant can walk 200 metres unaided.

In the functional history part of the form the assessor has noted that the claimant walks to the corner shops at least daily and this takes 10 minutes each way. In the clinical findings the assessor noted that the claimant walked from the waiting room to the examination room at a normal speed and with a normal gait, without signs of distress or breathlessness.



Make sure the following points are brought out in discussion:

- The claimant has stated they cannot walk more than 50m, why then has the HP said differently?
- The claimant walks to the corner shop every day in 10 minutes although there is no note of the distance to the corner shop. Would it be justifiable to return the report to obtain this distance?
- The claimant walked from the waiting room to the examination room with no sign of difficulty and this might have been expected if the claimant could not walk more than 50 metres. Does this mean that they can walk 200m or more?
- Has the HP fully justified their choice of descriptor? If not, why not? What other information would you look for in the rest of the report?

Example Two

The claimant states that they cannot do any cooking, peel or chop or lift pans due to arthritis. The HP chooses the descriptor that the claimant can prepare a meal unaided.

In the functional history the assessor has noted that the claimant lives alone, they do not have any home help and later in the report they have noted that the claimant states that they have a take away only once a week as a Friday night treat.

The informal observations noted that the claimant got their medication out of a zipped pocket, put it on the table and then retrieved it and returned it to their pocket.



Make sure the following points are brought out in discussion:

- The claimant lives alone and does not have any help in their home, so how do they manage to eat? They only have a takeaway once a week, what about the rest of the week? Does not eating regularly/properly affect them in any other way (e.g. physically)?
- The assessment should take into account help people need but do not get.
- The claimant managed to take medication out of a zipped pocket and then put it back in the pocket which indicates that they have some dexterity in their fingers.
- Has the HP fully justified their choice of descriptor? If not, why not? What other information would you look for in the rest of the report?

Case Study - David Jacks



Refer the learners back to the David Jacks case and view the Assessment report and PIP2 again. Check the information is fit for purpose and that it corresponds.

We have already discussed what the Assessment Report needs to contain to ensure it is fit for purpose. This report is legible, concise, medically correct, and contains fair, impartial advice.



However the Assessment Report PA4 and PIP2 for David Jacks do not exactly correspond. There is a small discrepancy between the two in that David Jacks states in the PIP2 that he cannot cook a meal whilst the HP at the assessment has chosen a descriptor which indicates that he could cook a meal using a microwave but this is fully justified in the report.

Activity – Lesley Painter



In this scenario, Miss Painter has made a claim to PIP and completed a PIP2. She attended a consultation and the Assessment Report is now available.



Now ask the learners to look at the Assessment Report and PIP2 for Lesley Painter and compare the information on the PA4 report with that on the PIP2. Does the information correspond?



The Assessment Report PA4 and PIP2 for Lesley Painter should be accessed as PDF files. The two documents should be opened on screen side by side.

PDF versions of these two documents can be found on the LDO Support page (Case Studies part 1).

PIP13NE

Receipt of the Assessment Provider's Report



It is strongly recommended that you email the PDF version of these two documents to all the learners rather than print copies of these large documents.



The Assessment Report and PIP2 for Lesley Painter do not exactly correspond. There is a discrepancy between the two. The claimant has indicated in her PIP2 that she can walk less than 20 metres but the HP has chosen a descriptor that indicates that she can walk between 20 and 50 metres. No reason is given for this.

The learning point here is to identify that there may be discrepancies between the report and the claimant's statement. Learners should be able to identify the difference between those reports which are complete and fully justified and those where there is a discrepancy in the information given.

The available evidence details medical terms, however as the AP has not referred to this when choosing a descriptor, it does not need to be simplified into non-medical terms. They just need to list that they have considered the evidence by referring to it at the beginning of the PA form.



Discuss the findings. The HP must justify their choice of descriptor, which has not been done here.



Keep a note of the discrepancy in this case as it will be discussed later in the training. This case would be referred to a QAM, and the exact action to take in these instances will be covered later in the learning programme.

Variable conditions

Earlier in the module it was discussed that the HP will consider how variable a claimant's condition is. There are specific rules about variability of a condition which are given below.

- (i) where one descriptor is satisfied for more than 50% of the days, then that descriptor applies;
- (ii) where two or more descriptors are satisfied on over 50% of the days, the highest scoring descriptor applies;
- (iii) where one single descriptor in an activity is likely to not be satisfied on more than 50% of days, but a number of different scoring descriptors in that activity together are likely to be satisfied on more than 50% of days, the descriptor likely to be satisfied for the highest proportion of the time should be selected. For example, if descriptor (B) is likely to be satisfied on 40% of days and descriptor (C) on 30% of days, descriptor (B) should be chosen.

The HP should explore any variability or fluctuation in the claimant's condition and functional ability by asking the claimant what they can do on 'good' days and 'bad' days and how many 'good' days and 'bad' days they get over a period of time. An activity descriptor applies if the disabling effect of a condition applies for the majority of the days.

Under 'majority of days', if a descriptor applies once on a given day it is treated as applying for the whole day.

Taking a view of capability over a longer period of time helps to iron out fluctuations; therefore, unless otherwise stated, descriptor choice should be based on consideration of a twelve month period.

PIP13NE

Receipt of the Assessment Provider's Report

For example if the activity can be completed in the way described by a particular descriptor, for more than six months over a twelve month period, then that descriptor applies.

In cases where there are two or more descriptors for the same activity that are satisfied for more than six months over a twelve month period, then the highest scoring descriptor applies.

In considering a one year period, it is possible that an individual with a fluctuating condition could satisfy a range of different descriptors within an activity over that period for different proportions of the time. In this case, the rules above should be used to determine which should be applied.



Refer the learners to the PIP Assessment Guide and the section on Variability to see how the HP is advised to deal with this issue.

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 07 Assessment Provider > 02 PIP Assessment Guide (Para 2.8.20)



Now refer learners to the ADM for more information on the CM consideration of variability:

DWP Homepage > Operational Instructions > (Generic/cross benefit) Guidance for decision makers > Advice for Decision Making > PIP Chapters > P2 Assessment for PIP > P2014-



It may be helpful to the learners to summarise these points regarding Variability on flipchart or the whiteboard.

Young people

It has been identified that young people could be especially vulnerable. If they are taking charge of their own benefits it is likely that they will have a higher risk of making errors as they learn about benefits for the first time.

Certain young people may still be developing their social and cognitive skills and may not complete the forms properly or may have difficulty getting to grips with what the HP is asking them. When considering their social and occupational history they may have little previous experience, they may be used to parents or carers helping them with daily tasks like showering and shopping and they may not be fully aware of the support they receive for these functions. Therefore they may answer as though they are able to perform many tasks unaided.

Young people may be completely unused to an independent environment and cannot gauge the risks involved, for example with managing nutrition or medication. If evidence is not carefully considered many young people could be assessed incorrectly.

Deaf young people

Deaf young people have been identified as being especially vulnerable. They are often likely to answer either yes or no to questions rather than seek clarification, so there is a risk that the HP will not gather accurate information.

They may still be coming to terms with being deaf in terms of their identity and they may downplay the way that deafness affects their daily living.

Considering the evidence

Each piece of evidence should be considered on its own merits. So far only the PIP2 and Assessment Report have been considered. Other pieces of information used by the AP must also be taken into account.



Refer learners to the ADM for more information on evidence and allow them time to read through:

DWP Homepage > Operational Instructions > (Generic/cross benefit) Guidance for decision makers > Advice for Decision Making > Common Subjects for All Benefits > A1 Principles of Decision Making and Evidence > A1300-A1313



It may be helpful to use a flipchart or whiteboard to record the following questions on considering evidence.

PIP13NE Receipt of the Assessment Provider's Report

There are a number of questions to consider such as:

- Is the evidence current and up to date? Does it still apply to the claimant's situation?
- Is it biased in any way?
- Is the evidence specific?
- Is the evidence relevant? For example a letter from the claimant's GP may have been received stating that they have a certain health condition. The CM must decide whether it explains how this has impacted on their health and or their abilities.
- Is it based on an informed opinion and/or is it based on fact?
- Does this piece of evidence contradict another piece?

Consider the evidence carefully. Is it reliable? Check that it provides factual and first-hand information about the claimant's health condition.

To do this, check the style of language used – does the evidence record first-hand information about how the claimant is affected or does it include comments such as, 'The patient tells me...' or, 'The patient has said that...' This is not first-hand observation and is just agreeing with the claimant without proof to confirm the facts.

Weighing the Evidence



Divide the learners into groups of three.

Allow 5 minutes for this exercise and a further 5 minutes to discuss their findings.

Issue each group Exercise 01 – Weighing Evidence

Ask them to give weight to the different types of evidence provided.

Ask each group to elect a spokesperson to feedback their findings.

Discuss with them why they have rated each piece of evidence as they have.

Expected feedback – listed with the weakest evidence through to the strongest evidence:

The letter from the Doctor is hearsay. It does not reflect first-hand knowledge of the claimant; it states what the claimant has told the Doctor. This gives less weight to this statement as it is technically hearsay.

The letter from the claimant's friend may be biased towards the claimant. It is worth checking previous records to check if the friend is a carer. If they are they are more likely to know how the claimant's circumstances affect them getting around.

The claimant's form – the claimant has the right to be believed. What you need to consider is if there is any reason to discredit what the claimant has stated on their claim form.

PIP13NE

Receipt of the Assessment Provider's Report

The letter from the claimant's consultant is first hand evidence and in this example carries the most weight.



Discuss whether there is a difference between evidence given by the claimant on the PIP2 about how they manage activities, and evidence they give at a consultation with the HP about their typical day (functional history).

Try to bring out the following points in the discussion:

- **At a consultation the HP is able to explain more precisely what is meant by each activity.**
- **The HP can talk with the claimant about variability of their condition and how often they have difficulty performing an activity.**
- **The claimant can elaborate on how they perform an activity at a consultation and the HP can ask specific questions about this.**
- **The HP will ask for detailed examples to illustrate difficulty with activities.**
- **The typical day provides a whole picture of how the claimant manages, whereas the PIP2 only covers specific activities.**
- **If the CM believes that the claimant's account of their day has not been suitably explored by the HP at the consultation, the case can be referred to a PIP QAM for advice.**

PIP13NE

Receipt of the Assessment Provider's Report



Refer learners to the PIP Assessment Guide for information on how the HP should discuss the typical day with a claimant.

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 07 Assessment Provider > 02 PIP Assessment Guide > Paras 2.6.16 - 2.6.22



Try to gain a consensus regarding the reliability of the evidence in the PIP2 compared to functional history before moving on.

CMs have a legal obligation to assess all the available evidence and make appropriate conclusions as to the descriptors which are appropriate for each activity. Following this assessment, the CM must provide reasons for their conclusions and share them with the claimant, focusing on where the claimant's evidence isn't in line with the CM's conclusions.

Conflicting Evidence

As considered earlier there will be occasions when the evidence from the HP and the claimant do not agree. These differences could be minimal or completely contradictory.

In the event of the claimant reporting that there is no problem with a certain activity but the AP assesses that there is a problem, the AP will include their findings in their report and explain, for the benefit of the CM making the decision, why there is the conflicting information.

PIP13NE

Receipt of the Assessment Provider's Report



What should you do if you receive evidence that contradicts each other?

Expected answers include:

- Consider if there is enough factual evidence in one source to compare against the activities to score the claimant.
- Telephone the DWP PIP QAM for advice.
- Raise a task to the PIP QAM with a view to referring the case back to the AP.

Even though the CM may identify major differences between forms the claimant has completed and the Assessment Report they may not need to seek further evidence or information. The Assessment Report may provide enough information by itself, if the descriptor choices have been fully justified.

For example, the claimant states on their PIP2 that they have back pain and that they cannot sit for more than 10 minutes or bend down without pain so they cannot dress properly.

However, the observational evidence recorded states that the claimant sat for 20 minutes during the assessment and did not appear to be experiencing discomfort and they drove to the assessment centre which is a 25 minute drive away. They were observed during the assessment to bend down to pick up their newspaper with no apparent pain or discomfort. Therefore the CM would decide that the claimant is able to dress themselves without assistance.

PIP13NE Receipt of the Assessment Provider's Report

The most important areas of advice in relation to benefit entitlement are the assessment criteria themselves. For each activity area, the AP should choose the descriptor that is the one which best reflects the claimant's ability to carry out an activity; referencing the evidence used to support the descriptor choice.

Where all the evidence in the claimant questionnaire; supporting evidence; or evidence gathered at the consultation, supports descriptor choice (a) for an activity, there is no requirement for APs to justify the descriptor choice for that activity in their summary justification.

However, if there is evidence in the supporting information about the activity (even where the claimant has made no mention of it in the questionnaire) or at the face-to-face consultation, then the AP should include it in their advice, referencing the evidence used to support the descriptor choice.

If the AP makes a descriptor choice for an activity but does not address that activity in the summary justification, the Case Manager should consider whether there is clear and consistent evidence contained in the claim file supporting the descriptor choice. If there is not clear and consistent evidence to support the descriptor choice, the report should be returned for rework.

If the CM feels that the evidence does not support the chosen descriptors, then the case is referred to the QAM with clear reasons as to why it does not support the descriptors. They should use the ADM for the complete list of descriptors and then possibly suggest alternate descriptors to the QAM.

Descriptor Choices

Once the CM has considered and evaluated all the evidence and discussed any discrepancies not justified in the PA4 with the QAM and possibly the AP, then the CM will be in a position to decide their choice of descriptors for that claimant.



Refer back to the case study for David Jacks, access the PA4, PIP2 and the letter from his GP. Using this information, ask the learners to evaluate all the evidence and decide:

- 1. their choice of descriptors for David Jacks;**
- 2. the activities, if any, where the claimant would disagree with that descriptor choice.**



It is suggested that the learners make a note of the descriptors they have chosen along with brief reasons for that choice and also any activities where the claimant would disagree. The CM choice could then be compared with the HP choice.



In this example the learners should agree with the HP choice of descriptor as there is only a small discrepancy which has already been identified and this is fully justified in the PA4 report.

The claimant evidence should also agree with this choice except for activity 1 Preparing Food.

This activity is necessary because both the CM choice of descriptors and the activities where the claimant may disagree with that choice will be needed for producing the decision reasons in the next topic.

PIP13NE Receipt of the Assessment Provider's Report

The preceding information on evaluating the evidence is summarised in the PIP QAF Checklist.



Refer the learners back to the PIP QAF Checklist - 01 – Making a Decision. This is the checklist which includes evaluation of the evidence, presenting the reasons etc.

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 19 Management Quality Assurance Framework > PIP QAF Decision Making Checklist.



It is suggested that the LDO goes through this checklist on 'Making a Decision' with the learners. Start with 'Evaluate all evidence' first.



The following information relates to this checklist and provides more detail regarding some of the content of the checklist.

Evaluate all evidence:-

All necessary lay and medical evidence has been taken into account – this could include the PIP data gather, PIP2, Assessment Report, GP factual report, letters from the claimant, passports or information from the Border Agency.

Impact of other benefits considered - If PIP is in payment it could be a duplicate claim, request for unplanned intervention or a claim triggered by end of award activity. If AA is in payment – this would suggest the claimant is over the age to claim PIP. Constant Attendance Allowance (CAA) and Armed Forces Independence Payment (AFIP) are overlapping benefits.

PIP13NE

Receipt of the Assessment Provider's Report

The claimant has had the opportunity to be heard and their individual circumstances considered – PIP2 completed, other source of claimant evidence (lay or medical) or engagement with the AP.

Further evidence received after the assessment

If further medical evidence is received after the assessment has been completed but before the decision is made, the CM needs to consider if the new evidence makes a difference and if it needs referring to the AP for advice via the QAM.

The CM should consider if the new evidence fits with the descriptor the HP has chosen. Where evidence is received that is contradictory to information in the AP report; the CM will need to contact the QAM to ask the HP for further clarification.

Length of award and review date

As a CM you will decide the period of the award based on all the evidence including the advice from the HP. The CM will also decide whether a review or 'Planned Intervention' will apply and when the review date should be set. This will be based on all of the evidence including the PIP2, other evidence the claimant has provided and advice from the AP. 'Planned interventions' is covered in more detail in **PIP21 – Interventions module**.

A 'review point' or 'Planned Intervention' is an opportunity to look at the entitlement at set intervals to ensure that the claimant continues to receive the correct amount of PIP. The review point should be selected based on the claimant's individual circumstances and whether or not the claimant's condition is likely to worsen or improve.

PIP13NE Receipt of the Assessment Provider's Report

The HP gives their recommendations and justification for the recommended review date in their Assessment Report. This date will be from the date the claimant attended their consultation and not from the date of claim. The review questions for the HP are found on the report itself but are also uploaded to PIPCS into the 'Recommendations' page of the PIPCS Assessment Questionnaire.



For more detail, please refer the learners to instructions on recommendations:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 08 Decision Making > 01 Decision Making Process Part 1> Page 7 Recommendations.

There are various scenarios that can occur depending upon the claimant's health condition. Examples of these different scenarios can be found in the PIP Assessment Guide.



Refer the learners to the PIP Assessment Guide, Prognosis section to view examples of these different scenarios.

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 07 Assessment Provider > 02 PIP Assessment Guide > 2.9 Prognosis

PIP13NE Receipt of the Assessment Provider's Report

Whether or not a review applies depends partly on the award period, and the options for the CM to consider and decide are:

- Short Fixed Term Award – minimum of nine months up to a maximum of two years and often without a review point.
- Longer Fixed Term Award – the CM decides the review point (planned intervention) and sets the end date of the award for 12 months after the review date
- Ongoing award – the CM decides the review point, but as any change is unlikely an end date is not set.

If a CM decides a review is appropriate, based on the evidence and advice from the HP, then the review date is recorded, along with the end of award date, when the decision is recorded on PIPCS.



Refer the learners to PIP User Guide for more information on review dates.

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 08 Decision Making > 01 Decision Making Process Part 1 > Award Period and Reviews.

Summary of Evaluation of Evidence

- Consider whether all the documents received may be used as evidence.
- Check that information corresponds.
- Consider variable conditions.
- Consider the Social and Occupational History in the report, and
- Consider the special needs of young people and deaf young people.



Ask the learners if they have any questions before moving on to the next topic.

Topic 06 - Decision Reasons

Introduction to Decision Reasons

Once the CM has weighed all the evidence, decided which descriptors are the most appropriate from the claimant's point of view and from their own point of view and decided the length of the award and the review date then it is necessary to provide reasons why those descriptors were chosen.

The decision reasons are produced using the **Decision Maker's Reasoning (DMR) Template** which has been developed to simplify the construction of the decision reasons by using an electronic **template**. By including for example, a standard introduction, some set fields, dropdowns with some pre-set sentence construction, it allows CMs to quickly address descriptors which are unlikely to be disputed and allows them to focus their time on generating a more detailed response in areas of the decision where they disagree with the claimed needs.

Having considered all the available evidence and the descriptors they think best describe the claimant's condition, the CM then populates the template with the claimant's descriptors and their own chosen descriptors. This action will generate the relevant standard paragraphs in a Word document once the template has been completed.



Instructions on the DMR template and its use will be covered later in the next topic.

PIP13NE Receipt of the Assessment Provider's Report

For awards, the template requires the following information:

- Date of assessment
- Review period

Also there are fields for the following, but they are optional:

- Name and NINO
- Date of claim
- Clinical history
- Functional ability

Any free text that is necessary to further personalise the decision reasoning and to address any disagreement with the claimed needs is added on the last page of the template to enable spell check and character count to run and for prohibited characters to be identified.

The output is then copied onto PIPCS. PIPCS will use the information to form the notification that is sent to the claimant and/or representative informing them of the outcome **decision**.



Practice using this template will be covered later in this module.

Please ensure that you have the most up to date version of the DMR template and access to the instructions for its use. Locally published versions of the DMR template are probably the best to use.

PIP13NE Receipt of the Assessment Provider's Report

The CM **using the DMR template** will create separate reasons for each component of PIP, for example. Daily Living component has its own reasons (2100 characters) and Mobility component has its own reasons (2100 characters).



Exstream cannot support formatting so the reasons must not include bullet points or any other type of formatting **when using free text in the DMR template as they will not transfer across from PIPCS to the notification. This is covered in more detail in PIP16 Processing the Decision.**

Regardless of the order in which the component reasons are completed, PIPCS will always display the daily living reasons first in the notification.

It is considered that issuing the CM's reasoning to the claimant should provide a clear understanding of the evidence upon which their claim has been decided.

The reasoning is intended to assist the claimant's understanding so any additional free text should be added within the context of helping this understanding. It does not need to be added solely for the purpose of justifying a decision to a checker or another case manager.

This is intended to have a positive effect on claimant views of the claiming/assessment process and may result in a reduction in the number of disputes.

The CM should refer to the QAF Decision Making Checklist when creating their decision reasons, to ensure that the minimum standards expected of PIP staff are adhered to and that there is consistency in the decision making process.



Refer the learners to the QAF Decision Making Checklist

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 19 Management Quality Assurance Framework > PIP QAF Decision Making Checklist > Presenting the Reasons

The following information relates to this checklist and provides more detail regarding some of the content of the checklist.

Presenting the reasons:

Reasons formatted so they are easy to read, for example using spaced paragraphs – grammar, logical format/order of reasons.

Explanation correctly identifies the relevant facts and appropriate descriptors within each activity- character restrictions used wisely to ensure reasoning explains pertinent points.

Relevant issues clearly dealt with where medical opinion differs from the claimant's view – identifying contradictions, gaps, inconsistencies, stating facts to justify the reasons for your decision and dealing with them.

Specific points of law addressed in the reasons where necessary- perhaps complex Residence and Presence issue.

Addressing the descriptors in **the DMR template**

The DMR template will help the CM to justify all aspects of their decision and separately provide full reasons for the descriptors for the Daily Living activities and the evidence used and full reasons relating to the Mobility descriptors and the evidence used.

PIP13NE Receipt of the Assessment Provider's Report

Remember that the summary justifications within the HP report should be the first places to look. This is where the HP will explain which evidence they have used to base their recommendation and if there is any conflicting evidence, why they have chosen one piece of evidence above another.

If there has been conflicting evidence this must be included in the CM's reasons and why that particular evidence was chosen.

However the CM reasoning **should not simply repeat all that the HP has said – the CM should explain the decision in their own words in a way that helps the claimant understand what the CM has decided.**

Where the CM and the claimant agree that there are no needs **or agree the level of difficulty experienced** there is no requirement to provide full reasoning to cover this area.

If the claimant and CM agree that the claimant needs an aid, then reasoning would be required to support the choice of a particular descriptor.

Where you decide an enhanced rate for **one or** both components is appropriate there is no need to provide extensive reasons for the decision. Instead use the standard predefined **paragraphs automatically generated in the DMR template.**



Refer the learners to PIP User Guide for more information.

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 08 Decision Making > 01 Decision Making Process Part 1 > Reason for Decision – Component Maximum Award Cases.

Layout for Decision Reasons



Refer learners to Handout 02 – Layout for Decision Reasons.

It is recommended that the following are included in the Daily Living reasons:

- A **sentence or two** about the claimant's health condition by way of an introduction. **The DMR template will automatically include a standard lead paragraph covering the evidence used and the claimant's medical conditions; normally there is no need to personalise this. The paragraphs generated by the template will be seen later.**
- The activities, listed in the order of the descriptors, where there **are no difficulties** or additional needs recorded. These can be grouped together in one paragraph.
- **The activities where the CM agrees with the level of difficulties identified by the claimant.**
- **The areas of disagreement including where the CM agrees the claimant has difficulties but disagrees with the level. If the claimant's condition is variable, explain why the CM has selected certain descriptors over others. There is a standard sentence covering variability which can be generated by ticking a box.**
- The same format can be used for the Mobility reasons except that the information regarding health conditions does not need to be repeated.
- **The functional and clinical information relevant to the case followed by the conclusion.**

PIP13NE Receipt of the Assessment Provider's Report



There are standard paragraphs in the DMR tool to cover most of this.

The length of award or review date should be covered in the decision reasons, where the award is not made for an ongoing period.

Where an award has been limited, the reasons why will need to be explained, for example a reason relating to the claimant's condition/ability, or due to sudden onset of a new condition. This information is included after the Mobility reasons.

For example:

If a claimant has osteoarthritis of the hip and is awaiting surgery then the award will be limited as the outcome of this surgery may impact on their ability to perform the PIP assessment activities.

The template contains standard paragraphs to explain why an award has been limited.

Claimed needs which are not accepted and not covered by the PIP criteria should be addressed in the decision reasons. Where the claimant raises issues that are not directly covered by the descriptors, the CM must explain that these cannot be considered as they are not included in criteria for PIP.

This includes things such as getting in and out of bed, getting to and from the toilet, climbing stairs, doing housework, gardening etc. **Again the template generates a standard paragraph, where selected and adds any specific items the CM selects to explain the needs that are not covered by the PIP criteria.**

PIP13NE Receipt of the Assessment Provider's Report

The appropriate descriptor within a relevant activity should be addressed rather than simply stating the name of the activity. This enables the claimant to fully understand what has been accepted. The decision reasons should refer to the test that has been applied, although it is not necessary to restate the entire wording of the descriptor. **The appropriate text is supported in the DMR template through options in the 'functional ability' and 'clinical information' sections. Some editing will be required to link the output from these two sections.**

For example:

You said you have difficulties with moving around. I have decided you can stand and then move more than 200 metres. This is consistent with your medical history, informal observations and evidence available at your consultation.

The evidence shows you have no functional restrictions preventing you from moving around safely, repeatedly, reliably, to an acceptable standard and within a reasonable time period unaided, most of the time.

From the above example the inclusion of the distance makes it clear what the evidence has been tested against, and which particular descriptor has been accepted for that activity.

This is particularly important when the outcome is an award as the claimant will then understand the specific reasons for the award and should therefore be in a better position to notify us of a relevant change of circumstances.

Where the required period condition is not met, the layout would be slightly different. If a claimant is disallowed PIP because the QP/PT is not satisfied as their needs are unlikely to last long enough, then this must be addressed in the reasons. The claimed needs and the outcome are also addressed.

The recommended layout would be:

- The standard introductory paragraph about the claimant's health condition.
- The daily living activities where the CM agrees with the level of difficulties identified by the claimant.
- The daily living activities where the CM agrees the claimant has difficulties but disagrees with the level identified by the claimant.
- The same format can then be repeated for the mobility activities.
- The functional and clinical information relevant to the case.
- A phrase such as 'Although I accept that you have needs which are enough for an award, these will not last.' or 'Although you have some needs these are not enough.' should be included.
- An explanation as to why the QP/PT is not satisfied followed by the conclusion that the claimant is not entitled to either rate of either component of PIP.



There are standard paragraphs in the DMR Template to cover most of this.

PIP13NE Receipt of the Assessment Provider's Report



Ask learners what they think should not be included in the decision reasons?



It may be useful to record the answers on a flipchart or whiteboard. The list can be added to throughout the learning.



Possible answers include:

- A copy of all the descriptors in full.
- A justification of areas of evidence that are not in dispute where the claimant and the CM are in agreement.
- A list of all the evidence available to justify the CM's conclusion – they should be looking for the parts that prove the point. (There is no need to use several references from the typical day, for example, when one is strong enough to suffice).
- Documentation of each individual descriptor which may or may not apply as this does not constitute a summary.
- 'Pretentious' language or expressions.
- No jargon, colloquialisms or abbreviations.
- No contractions.
- Spelling mistakes or poor grammar.
- Statements which suggest a descriptor has been awarded due to a condition, rather than the resulting needs.
- Negative language which may suggest the CM thinks the claimant is not telling the truth.

PIP13NE Receipt of the Assessment Provider's Report

- Over-elaboration or repetition.
- No long sentences



You may wish to add to this list throughout the learning.

Plain English

Anything entered as free text in the DMR template must be accurate, in plain English and easy to understand as the decision reasons are sent to the claimant.



Refer the learners to the Useful Resource on Plain English. Please note this is just a guide to help learners write clearly. It does not need to be stuck to rigidly.



Reinforce the following points regarding 'Plain English.'

However, ensure that it is made clear to learners that whilst the guide is useful and can help them write their reasons in a clear and concise way they do not have to stick to every single word or suggestion given in the guide. It is just a useful tool to help them write in a way that is easy to understand.

Plain English is written with the reader in mind and uses the right tone that is clear and concise. Sentences should be kept short, ideally between 15 to 20 words and contain only one idea.

Plain English can be defined as something that the intended audience can hear, read, understand and act upon the first time they hear or read it. Using plain English does not mean 'dumbing down' or oversimplifying so that the information loses meaning or effect.

Use every day language and avoid any jargon and explain any technical terms that are used.

Below is an example of common text that has been changed to sound far more complicated than the original version.

PIP13NE Receipt of the Assessment Provider's Report



Read the following text out to the learners.

Two individuals proceeded towards the apex of a natural geological protuberance, the purpose of their expedition being the procurement of a sample of fluid hydride of oxygen in a large vessel, the exact amount of which was unspecified. One member of the team precipitously descended sustaining severe damage to the upper cranial portion of his anatomical structure. Subsequently the second member of the team performed a self rotational translation oriented in the same direction taken by the first team member.



Ask the learners if they know what the original text might be?



The original text is:

Jack and Jill went up the hill to fetch a pail of water. Jack fell down and broke his crown and Jill came tumbling after.



Ask the learners what the simplest way of saying, “Robert is very much your mother’s brother” is?



Answer

Bob’s your uncle!!

PIP13NE Receipt of the Assessment Provider's Report



The following exercise will give the learners the opportunity to practice using plain English.

However you may decide that with the introduction of the DMR tool, this exercise is no longer necessary.



Split the learners into three groups.

Allow 15 minutes for this exercise and a further 10 minutes to discuss their findings.

Issue Exercise 02 – Using Plain English

Ask the learners to consider each statement and consider how they can make them simpler for others to understand.

Emphasise to the learners that this exercise is about using Plain English, and not actual case scenarios.



Discuss their findings and issue Exercise 02 – Plain English answers to them.



You can find further information regarding Plain English on the intranet using the following pathway:

Intranet Homepage > C > Communications > Internal Comms Style Guide

<http://www.plainenglish.co.uk/files/howto.pdf>

Example of Poorly Written Decision Reasons



It is at the LDO's discretion whether this exercise is used.

This exercise may no longer be appropriate following the introduction of the DMR tool as the format of the decision reasoning has changed.

However it may be useful to highlight the type of wording that should be avoided.



Refer the participants to Handout 03– Decision Reasons Exercise.



When you write your own decision reasons, you should get into the habit of reading over what you have written and amending and improving it where necessary.



Divide learners into groups of three or four and ask them to discuss why they think this example is poorly written, identifying how it could be improved.

They should look at content of the reasons and the style in which it has been written. If there is a better way to word a particular paragraph for example, they should suggest how they would amend it.

Allow time to carry out this exercise and then ask each group to present their ideas to the rest of the learners. Some possible areas for improvement are outlined below, to help with the discussion.

Allow approximately 20 to 25 minutes for this exercise.

PIP13NE Receipt of the Assessment Provider's Report

Daily living

You told us you **suffer from** (poor choice of word, use 'have' instead)

- **Schizophrenia**

- **and Bipolar disorder** (Use of bullets)

and how this affects you from when **it started** (spacing) in 2010.

I agree that you do need prompting to cook a main meal and you may require supervision to prepare and cook a simple main meal from another person sometimes, but think **you can cook if you wanted to.** (poor choice of words, decision not justified)

You **indicated** (where/when?) you cannot manage your own medication and need someone to prompt you **and or** (poor sentence construction) with the help of aids such as dosette box and supervision from another person but **evidence shows** (what evidence?) that with the right aids or appliance you might manage this by yourself. (Long sentence)

You also stated you are able to bathe, dress but may need prompting by somebody else but not all of the time only 3 to 4 times a week (poor sentence construction) according to your **CPN.** (abbreviation) I can also confirm you have **no needs when dealing with your toiletry habits.** (poor choice of wording)

During the your assessment (poor sentence construction) you communicated in a normal manner, no hearing or speech **problems noted** (poor choice of words, use 'difficulty with' or 'difficulties' instead of 'problems') and **you** (repetition – not required) were found to have normal vision.

PIP13NE Receipt of the Assessment Provider's Report

You can express and understand verbal information both basic and complex as well as written information. I **don't** (PIPCS does not support contractions, use 'do not') consider therefore you need social support to engage with others (clumsy sentence). You were able to talk freely at your assessment therefore you can communicate **if you want to or needed to.** (poor choice of words)

Mobility

You say that your conditions has causes (grammar) **restrictions within your mobility needs as well as also** (poor wording) restrictions regarding your daily living.

You indicated you have problems and **can't** (PIPCS does not support contractions, use 'cannot')) plan and follow a journey but walked into the consulting room and **it was estimated** (by whom?) that you could walk more than 200 metres. (need to elaborate more on the reasons for selecting each descriptor for mobility)



It is very important that all the copies of the poorly written decision are collected in after this exercise!

Hints and Tips for Writing Decision Reasons



Refer the learners to Handout 04 – Hints and Tips for Writing Decision Reasons and, to help with understanding, discuss each of the bullet points with them.

Bear in mind the following hints and tips for writing decision reasons. The list can be added to as time goes on.

- Always consider the person on the receiving end of the communication. Write in a straightforward manner that they will understand.
- Remember that the purpose of the reasoning is to enhance the claimant's understanding and not to justify the decision to anyone else.
- Always read over and check what you have written.
- Avoid the use of words such as 'suffers from', 'only', 'indicates', 'problem' (difficulty or needs would be better) 'estimates'.
- Avoid duplication of words or statements.
- Use simple straightforward language and short powerful sentences. These are easy for everyone to understand.
- Ensure the rationale is still empathetic and that language isn't dismissive or negative. Using positive wording such as "normal upper limb function" rather than "no abnormal upper limb function" to make the reasoning more robust.
- Don't in any way imply, suggest or say explicitly that there is a doubt that the claimant is telling the truth.

PIP13NE Receipt of the Assessment Provider's Report

- Do not refer to rates, points or scores in your reasons.
- Explain the reasons for selecting descriptors only in the paragraph following the descriptor paragraph. Include references to functional ability and specific observations, as these should justify what is agreed with and what is not agreed with.
- There is no need to include any clinical or functional information where we have no areas of disagreement. For example, if the level of walking ability is agreed, then no further information, such as problems with limb function, is necessary.



The relevance of the two points above will be much clearer once the learners have used the DMR template.

- Focus on the thought process and clear rationale rather than inferring medical knowledge. Claimants want DWP to be experts in the process and policy and skilled in making a decision. They want the HP to bring the medical expertise.
- Ensure that it is clearly an evidenced and informed decision. In many ways objective - "you demonstrated you are able to do xxx" "there is no evidence that you are unable to do xxx".
- The layout of the reasons is important. To ensure paragraphs are spaced correctly on the notification, press return **once between paragraphs**. This will produce a blank line on the notification. Inserting a blank line (by pressing return twice) into PIPCS will display as a double space on the notification (for example, a large gap between paragraphs.) Do not press return in the middle of a paragraph.

PIP13NE Receipt of the Assessment Provider's Report

- Remember to spell check; grammar check and character count the DMR template output. Only spell check is available in PIPCS. Remember there is a 2000 character limit per component.
- The reasons for the Daily Living component are entered separately from the Mobility component on PIPCS. This is covered in more detail in **PIP16 Processing the Decision**.
- Make sure you are able to answer the question, 'Why did you make this decision?'



Emphasise to learners that they must not save any Microsoft Word files to their computer or elsewhere due to Data Protection regulations. Once the reasons have been written and transferred into PIPCS, the Word document should be deleted.



There will be more 'Hints and Tips' so the list can be added to as time goes on.

PIP13NE Receipt of the Assessment Provider's Report



Using all the previous information in this topic, work with the group to capture a layout for the Decision Reasons on Flip Chart. A suggested format is:

Daily Living – Claimants Health Conditions and Treatment

QP/PT if relevant

Activities not claimed

Descriptors agreed on

Descriptors not agreed

Mobility – QP/PT if relevant

Activities not claimed

Descriptors agreed on

Descriptors not agreed

Justification of Limited Award

Things that cannot be considered under PIP criteria



Explain to the learners that there is no definitive order for the decision maker's reasoning although the above order is generally accepted as the pattern.



However, as the reasoning should be personalised for each claimant, there may be occasions when a different order might be more appropriate.

Impress upon the learners that they should always consider what is best for that particular claimant within the confines of accepted practice.

Using the DMR Template



The following information can either be copied out of the learning material before handing it to the learners, so that they can go through the four DMR examples by themselves or it could be used by the LDO to deliver as a learning package.



Ask the learners to open the most up to date version of the DMR template.

To show the functionality of the DMR Template, a series of scenarios will be worked through. The benefits of using the template will be explained and the kind of output that needs to be generated will be demonstrated.

DMR Template 2015 for New Claims

Scenario 1	SRTI
Select "SRTI"	This removes several parts of the Template unrelated to SRTI and generates automated text for an enhanced award.
Select "Next"	
Amend "Moving Around" response to "F"	This allows the CM to focus on the relevant descriptors.
Select "Functional ability" drop down	<p>This is key to the reasons as it enables the objective information supporting the decision to be covered.</p> <p>Learning Point: Options should be picked which reflect either the problems a claimant has (meaning they have difficulty with an activity) or the residual ability they have (meaning they can manage at the level selected). This is where free text would normally be included to cover the specific findings and observations.</p> <p>For example: you said you can still drive a car but get tired on short journeys.</p>
Select "Severe problems with"	
Select "fatigue"	
Select "Consistent with"	<p>This links to the selections made to show the reasons are supported by evidence held.</p> <p>Learning Point: This should link to the functional ability sections to make it clear the reasons are objective and evidence based.</p>

PIP13NE Receipt of the Assessment Provider's Report

Select "your medical history"	Learning Point: The options picked should support the judgements; all evidence used is reflected in the full notification.
Enter "Date of assessment" of "120115"	Learning Point: This date will be used to generate a three year award with no planned award review.
Select "Next"	
Select "Next"	
Select "Next"	
Select "OK"	
	<p>Read through the output from the DMR Template to see the standard phrases that are produced for a SRTI case.</p> <p>Editing or free text can be added at this point. For example detail about any observations made which support the statements around the claimant's problems with fatigue can be included.</p> <p>Once the output has been edited and any free text added then it should be copied and pasted into PIPCS.</p>
Open the "Add-ins" option from the toolbar	<p>This is the last option on the toolbar which starts with "file", "home" and "insert" – around the centre of the page at the top.</p> <p>Learning Point: "Edit RFD" can be selected to go back and change anything but any editing or free text that has been added will be lost in this process. A note of any editing or free text that has been added should be made if it is still required.</p>
Select "New RFD"	In preparation for the next scenario.

PIP13NE Receipt of the Assessment Provider's Report

Scenario 2	Disallowance
Select "PA4"	This generates a lead paragraph to indicate a face to face assessment has been completed and information from the claimant has been received.
Select "Disagree" for: "Preparing food" "Taking nutrition" "Washing and bathing" "Dressing and undressing"	This allows the CM to focus on the relevant descriptors. Learning Point: Note that the CM descriptor choices default to 'A'. In this example all the CM descriptor choices are remaining as 'A's.
Select "Next"	
Select "Disagree" for: "Planning and following journeys" "Moving around"	
Select "Functional ability" drop down	
Select "Evidence no functional problems"	
Select: "daily living" "planning and following journeys" "moving around"	
Select "Consistent with"	
Select: "the findings of your neurological examination" "the findings of your mental state examination" "the findings of your musculoskeletal examination"	Learning Point: The three selections will be collated into a single output.

PIP13NE Receipt of the Assessment Provider's Report

Select "Next"	
Select "Next"	
Select "care of family members"	<p>This allows claimed needs which can't be considered for PIP to be addressed.</p> <p>Learning Point: Following advice from DMA Leeds, where the term “domestic tasks” may have been used in the past, this shouldn't be used now. Instead, specific options relating to the claimant's difficulties, should be included e.g. gardening.</p>
Select "Next"	
Select "OK"	
	<p>Again read through the output from the DMR Template to see the standard phrases that are produced from the selections made.</p> <p>Any free text needed should be added now. For example detail about any observations made which support the statements around the claimant's problems can be included.</p> <p>Once the output has been edited and any free text added then it should be copied and pasted into PIPCS.</p>
Open the “Add-ins” option from the toolbar	
Select “New RFD”	In preparation for the next scenario.

PIP13NE Receipt of the Assessment Provider's Report

Scenario 3	Award
Select "PA3"	This generates a lead paragraph to indicate that a face to face assessment did not take place.
Amend "CM choice" "Preparing food" "B" "Taking nutrition" "B" "Washing and bathing" "B" "Dressing and undressing" "B"	
Select "Disagree" for "Managing toilet needs or incontinence"	
Select "Next"	
Amend "CM choice - Planning and following journeys" "B"	
Select "CM choice - Moving around" "B"	
Select "Disagree" for "Moving around"	
Select "Functional ability" drop down	Learning Point: Any combination from this series of options can be selected. So “normal” could be selected and some drop downs chosen then “problems with” could be selected and some different drop downs chosen; these will then be picked up into a single paragraph.
Select "Reduced"	
Select "grip"	
Select "Problems with"	
Select "dexterity" "motor impairment"	

PIP13NE Receipt of the Assessment Provider's Report

Select "Consistent with"	
Select "informal observations at your consultation" "the findings of your musculoskeletal examination"	
Enter "Date of assessment" of "150115"	
Select "Review period" drop down	
Select "4"	Learning Point: This will generate the "Review date" and "Award end date".
Select "Next"	
Select "Next"	
Select "Needs may change"	This generates a paragraph to indicate why the award has been limited.
Select "Next"	
Select "OK"	
	Again read through the output from the DMR Template to see the standard phrases that are produced from the selections made. Any free text needed should be added now. For example detail about any observations made which support the statements around the claimant's problems with grip, dexterity and motor impairment can be included.
Open the "Add-ins" option from the toolbar	
Select "New RFD"	In preparation for the next scenario.

PIP13NE

Receipt of the Assessment Provider's Report

Scenario 4	Award and Use of Aids
Select "PA4"	This generates a lead paragraph to indicate a face to face assessment has been completed and information from the claimant has been received.
Amend "CM choice" "Preparing food" "B" "Washing and bathing" "B" "Dressing and undressing" "B"	
Select "Disagree" for: "Preparing food" "Washing and bathing" "Dressing and undressing"	
Select "Aid" for: "Preparing food" "Washing and bathing" "Dressing and undressing"	<p>This is only available where "disagree" is selected and will collate these options into one section of text.</p> <p>Learning Point: Other drop down options may be available for other descriptors.</p>
Select "Next"	
Select "Functional ability" drop down	
Select "Problems with"	
Select: "grip" "limb function" "muscle tone"	
Select "Evidence no functional problems"	
Select: "planning and following journeys" "moving around"	
Select "Consistent with"	

PIP13NE Receipt of the Assessment Provider's Report

Select: "your description of a typical day"	
Select "Next"	
Select "Next"	
Select "Next"	
Select "OK"	
	<p>Again read through the output from the DMR Template to see the standard phrases that are produced from the different selections made.</p> <p>Any free text needed should be added now. For example detail about any observations made which support the statements around the claimant's problems with grip, limb function and muscle tone can be included.</p>
Open the "Add-ins" option from the toolbar	
Select "New RFD"	In preparation for producing DM reasoning for David Jacks.

Practice Case – David Jacks



The case of David Jacks has been considered already and the descriptor choices for the CM have been noted, along with the areas where the claimant disagrees with the CM choices. Now these can be used to populate the DMR Template.

Allow the learners time to **produce** decision reasons for David Jacks **using the DMR template and free text.**

Refer back to the documents for David Jacks. If appropriate, go through the AP report again quickly and particularly **the 'justifications for each descriptor'** as this is the starting point for their reasons.



It is strongly recommended that before attempting to write their decision reasons the learners refer to the following instructions and read through this fully.

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 08 Decision Making > 01 Decision Making Process > Decision Maker's Reasons paras 139 - 245



Further information on how to use the DMR template can be found in the instructions referenced above and in the Decision Maker's Reasoning Template 2015 User Guide.

PIP13NE Receipt of the Assessment Provider's Report



Whilst in training documents such as the PA4, PIP2 and any others must be opened as PDF files so that they can be viewed on screen during the completion of the DMR template. This is because the template is 'Word'-based and will not allow access to any other Word documents whilst it is open.



It may be necessary to move some of the content around in this screen. If this is the case then a highlighted section can be copied and pasted in the usual way using Ctrl C to copy and Ctrl V to paste or the mouse functions.



Remind the learners to use the QAF checklist when they are writing the decision reasons.



Once the learners have produced their own decision reasons **and checked the DMR output to make sure that the final text is understandable**, allow time for them to peer review each other's work using the QAF as a guide.

Then show them the example version of the decision reasons for David Jacks so they can compare it with their own version.

Practice cases

There are more cases for practice on evaluating the evidence and then writing the decision reasons. Advise the learners to look through the documents, come to a decision and then write decision reasons on each case. Details are given below.



It is recommended that these cases are completed in the order shown.

After the learners have completed a few practice cases encourage them to complete the DMR template directly (rather than using a paper template), switching between the template and the PDF documents as they should on the live system.

Ask the learners to peer review each other's decision reasons against the criteria in the QAF so that they get feedback on the quality of their decision reasons.



There is a useful resource 'DM Reasoning – Useful Phrases' (supplied with this brief in Useful Resources) available to help with the learning.

Thui Hong



Ms Hong has made a claim to PIP and completed a PIP2. She has been for a consultation and the Assessment Report is now available.



The conclusion of this case should be a disallowance. Although Ms Hong scores enough points for an award, she does not satisfy the required period condition. This is because the HP indicated her condition is likely to improve within four months.

The decision reasons should include a short explanation as to why the required period condition will not be met here.



In this case there are a few changes that will need to be made to the output from the DMR template:

- The QP/PT paragraph should be moved to the end to enable this to be linked to the conclusion of disallowance.
- The text relating to 'no needs agree' should be deleted as the claimant is being disallowed for QP/PT.

The text relating to review dates and awarding should be deleted.



An example set of decision reasons is available to read or hand out to learners after this case.

PIP13NE

Receipt of the Assessment Provider's Report

Jane Eden

Miss Eden's claim to PIP was made on her behalf by her mother, Margaret Eden (her Deputy). A PIP2 was completed. The HP was able to complete an Assessment Report based on the PIP2 and information from a Specialist Nurse.



Miss Eden should be awarded benefit based on the descriptors given in the report. This case study will help learners to familiarise themselves with a paper-based review rather than a consultation.

Learners should write their reasons and then peer review each other's work using the QAF as a guide.

An example set of reasons is available for the learners.

Bernard Chand

Mr Chand has made a claim to PIP and completed a PIP2. He has attended a consultation and the Assessment Report is now available. There is also a letter from Mr Chand's cardiologist.



Learners should find a discrepancy in this report. Mr Chand says at the assessment that his wife does all the cooking. However a letter from the hospital says he has difficulty with cooking, but he gets help from his wife.

The learners will not be able to write decision reasons for Bernard Chand because of the discrepancy. This cannot be done until 'PIP14 Queries with the AP Report' module has been completed.

Graham Stamp

Mr Stamp has made a claim to PIP and completed a PIP2. He has attended a consultation and the Assessment Report is now available. He brought a note from his GP with him to the consultation.



Again there is a discrepancy here. Mr Stamp states in the PIP2 that he gets anxious when outdoors and this is also in the GP letter but it is not addressed in the report.

The learners will not be able to write decision reasons for Graham Stamp because of the discrepancy. This cannot be done until 'Queries with the AP Report' module has been completed. Please note to use this case study as a learning point. All CMs are different and a CM could query this.

Marharet Dali

Mrs Dali has made a claim to PIP and completed a PIP2. She has attended a consultation and the Assessment Report is now available.



This case should be a disallowance based on the descriptors chosen by the AP.

An example set of decision reasons is available to read or hand out to learners after this case. There is also a copy of the disallowance notification.

PIP13NE

Receipt of the Assessment Provider's Report



The decision reasons state that it has been decided that the claimant should be able to walk 200 metres. This is based on information from the claimant that she walks around the supermarket with the aid of a trolley and there are no musculoskeletal problems.

Also the use of the word 'should' is encouraged, (rather than 'can') as it does not suggest the CM is telling the claimant what they can do.

The CMs should have found that there are discrepancies in two of the cases, Bernard Chand and Graham Stamp.



Ask the learners: What would you do about points that have been raised in the PIP2 or other evidence but which have not been addressed in the Assessment Report?



Refer the case to a QAM for advice or referral to the AP.



Why do you think a CM should go to a QAM rather than go directly to the AP themselves?



Possible answers include:

- For consistency and to keep better control over the process.
- To ensure the AP is fulfilling their role according to the service level agreement.
- So that a second pair of eyes can look at the case.

PIP13NE Receipt of the Assessment Provider's Report



Referring a case to the QAM is covered in a later module.



Ask the learners if they have any more questions on this topic and address any issues they may have before moving on.

Topic 07 - AP Report Not Completed

Sometimes the AP will return a case because they have not been able to complete an Assessment Report and cannot proceed any further with the case.



Ask the learners: Can you think of any reasons why the AP might return a case to us without a report?



Expected answers (not an exhaustive list):

- The claim is withdrawn.
- The claimant does not attend their scheduled consultation.
- The claimant does not comply with the assessment (for example refuses to answer questions or walks out while the consultation is taking place).
- The claimant fails the identification verification.
- The claimant or their Personal Acting Body (PAB) has died.

When a case is returned, the AP will complete their action on PIPAT and return the case to DWP with the reason for its return. An automatic task is generated for the CM to consider this reason.

The AP will not return any partially completed reports. Even if a consultation is terminated whilst it is in progress, the AP will either return a full report or none at all.

Claimant withdraws claim

The request to withdraw a claim could be received by either the AP or DWP. In either case, if the claimant wishes to withdraw their claim and it is currently with the AP, the HP will not complete a report. Instead they will update PIPAT to show that the claimant wishes to withdraw their claim and return the case to DWP.

This will then create a task in PIPCS for a CM to consider. Where there is an outstanding entitlement claim decision, the CM should check if the claimant has been identified as vulnerable.

In cases where the claimant has not been identified as needing additional support then PIPCS should be updated with the appropriate reason code to indicate the claim has been withdrawn. All 'In Progress' actions on PIPCS will be closed. The CM then needs to issue manual notification PIP 1002. A broadcast will be made to Customer Information System (CIS) to end PIP interest.

If the claimant has been identified as vulnerable or needing additional support then an attempt to contact the claimant by telephone must be made to ascertain if an appointee/PAB is required and to confirm that they wish to continue with withdrawing their claim. After the CM has made them fully aware of the implications of this decision, if they still wish to withdraw the claim the CM should take the appropriate action to do this (as above).

When a claim is withdrawn, the AP will be automatically notified via a task, if they are working on the case at the time.



Refer the learners to instructions for more information on withdrawn claims by using the following pathway:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 07 Assessment Provider > 01 Assessment Provider Process > Returned Reasons death, withdrawal other, determination cancellation request Paras 250-253.

Failure to attend

If the claimant fails to attend the face-to-face consultation the HP will return the assessment to DWP with the reason 'Failure to Attend' (FTA).

The initial action is taken by a CW and the follow up action depends upon whether **it is a reassessment claim or** the claimant requires additional support.

If **it is a reassessment claim or** additional support is needed, then the task is passed to a CM to make a decision on 'good reason'. Otherwise the action to make a negative determination (decision to disallow) remains with the CW.

HP's using PIPAT will automatically create task in the "CM complex work queue". Whilst the HP's using PIPCS, will create the task in the "CM complex work queue" only when the documents have been received and scanned in by DRS.

PIP13NE Receipt of the Assessment Provider's Report

In addition a contact history document will be created by the HP's to show where they have tried to arrange a consultation. This history will be scanned in and be viewable as a scanned document on the person homepage or via the Decision Assist Notes.

The CW/CM must await the return of the AP contact history before taking any action, to check that the correct process has been followed.

CW Action

Once all evidence is available, the CW will open the FTA task and contact history to check whether the claimant is currently in receipt of DLA (reassessment claim), in which case the task will be passed over to the CM, for them to consider the FTA and any impact on the DLA award.

Where there is no reference to reassessment. The CW will view the returned contact history to understand actions taken by the HP on the case prior to its return as FTA, for example that the claimant has been correctly notified of the appointment.

If the contact history does not show the actions taken by the AP or the actions are incomplete/incorrect, then the CW will return the case to the AP.



If you have any concerns around AP compliance with procedures refer the case to Local Operations Performance Manager or QAM.

Where the process has been applied correctly and it is clear that the claimant has tried to comply with the request but was unable to attend, for example, was in hospital, then the case will need to be resubmitted to the AP.

Where the process has been applied correctly but there has been no effort to comply on behalf of the claimant, and no additional support marker is shown in the context panel of the PIPCS case home page, the CW will disallow the case, in that the claimant does not meet the requirements of the daily living and/or mobility components. They will update PIPCS accordingly, in the medical evidence details screen, and issue the negative determination notification.

Additional Support Marker

Where a claimant has been identified as potentially requiring additional support it may be difficult to establish reasons for FTA. Enquiries will need to be made of any third party representative for the case before making a decision on good reason for FTA.

If the claimant is identified as requiring additional support then where it is:

- clear that the claimant has tried to comply with the request but was unable to attend, for example in hospital, then the CW should resubmit the case to the AP.
- not clear, the CW should make two attempts to contact the claimant/appointee by phone to obtain details as to why they did not attend.

Once the CW has gathered this information they should pass the case via the complex case work queue to the CM to consider good cause.

PIP13NE Receipt of the Assessment Provider's Report

If the CW is unable to contact the claimant/appointee by phone they should issue a PIP.6000 to obtain reasons and defer the FTA task by three weeks to await its return.

When the task matures or the PIP.6000 is returned the CW will pass the case to the CM via the complex case work queue to consider good reason.

On completion of CW action the FTA and AP Contact History tasks will be closed.



Refer the learners to instructions for more information on Failure to Attend by using the following pathway:

DWP Homepage > Operational Instructions > Personal Independence Payment > 08 Decision Making > 04 Decision Making Process Part 2 > Failure to Attend.

CM Action

On receipt of the case from the CW for consideration of good reason the CM should apply the principle of burden of proof, as it is the responsibility of the claimant to provide good reason, providing any evidence or information to justify non-attendance.



Refer the learners to instructions on good reason and weighing the evidence by using the following pathway:

DWP Homepage > Operational Instructions > (Generic / Cross Benefit) Guidance for Decision Makers > Advice for Decision Making > Common subjects to all Benefits > Chapter A1 Principles of decision making and evidence

DWP Homepage > Operational Instructions > (Generic / Cross Benefit) Guidance for Decision Makers > Advice for Decision Making > PIP Chapters > Chapter P6 – Good Reason



The CM considers good reason applying the principles outlined in the instructions. The instructions provide a framework for CMs to use when considering whether or not good reason is demonstrated and is not an exhaustive list of individual circumstances or specific criteria.

If good reason has not been shown the CM will make a negative determination.

If good reason has been shown and it is the claimants first instance of FTA the CM will refer the case back to the AP for a new assessment.

PIP13NE Receipt of the Assessment Provider's Report

Before referral the CM must:

- In Medical evidence set Good reason accepted to 'Yes'
- Cancel the current In Progress determination
- Create a new determination to allow the AP access to the assessment questionnaire

Create Manually AP Assessment Required task.



Refer the learners to instructions on good reason action in PIPCS using the following pathway:

DWP Homepage > Operational Instructions > Personal Independence Payment > 08 Decision Making > 04 Decision Making Process Part 2 > Action in PIPCS good reason



Refer the learners to instructions on how to cancel a determination in PIPCS using the following pathway:

DWP Homepage > Operational Instructions > Personal Independence Payment > 08 Decision Making > 01 Decision Making Process Part 1 > Cancelling a determination

Failure to comply

If whilst attending the face-to-face consultation the claimant refuses to answer the questions asked by the HP or walks out, then the HP will update PIPCS with the reason 'Failure to Comply'.

The HP will end the consultation and refer the case for the AP to return it to DWP.

They will explain reason for terminating the consultation on the review file as Failure to Comply, as no incomplete reports are sent to DWP, noting PA1 or the RAF form if PIPAT used. This is then scanned into DRS or uploaded on DRS through PIPAT as appropriate.

On receipt of the review file with the reason "Failure to Comply", a task is generated and referred to 'CM Complex work queue'.

The CW will access the work queue and "grab" the task, checking the explanation given by the HP, notes and medical evidence details in PIPCS for any relevant information. To determine whether a decision can be made.

If there is not sufficient information to make a decision the CW will contact the claimant and explain that to decide their PIP claim/entitlement, an assessment consultation is necessary. The claimant should be asked why they failed to participate.

PIP13NE Receipt of the Assessment Provider's Report

If no good reason is accepted for failing to participate, their claim will be disallowed.

If good reason is accepted, the claimant must agree to attend and fully participate in the next consultation that is arranged.

If unable to contact the claimant by phone, the CW will issue PIP .3033 enquiry form, keeping a copy on PIPCS, to ask why they did not stay for the consultation.

On receipt of claimants response, the CW will determine the next steps and if a decision can be made.

Where the claimant shows good reason the case will be referred to the AP to continue the assessment process



The same process will apply as failure to attend.

Where the claimant does not respond, or there is nothing to indicate good reason and after considering all the evidence and checking instructions the CW will make a negative determination (decision to disallow).



A negative determination resulting from a failure to comply or participate is processed in the same way as for FTA.

If a negative determination is appropriate due to the claimant's failure to comply or to behave appropriately, then, as there is no separate field for FTC in the medical evidence details screen, the FTA field is used.

As the FTA field is being used for these other reasons , it is important to note the correct reason and details of the FTC in the "comments" box on the medical evidence details screen.



Refer the learners back to Advice for Decision Makers instructions for more information on Failure to Comply

Identity (ID) failure

If the claimant does not pass the identification verification the consultation will not go ahead and the claim will be referred back with a reason 'Identity Failure'.

If the claimant attends the consultation without ID or with inappropriate ID the consultation will not go ahead and the claim will be referred back to DWP with a reason 'Identity Failure' on the PA1 cover note and contact history for uploading via DRS.

The assessment status remains at 'report outstanding'



The AP may in some cases rearrange the consultation time if the claimant forgets their identification. However, this is not automatic and depends on individual circumstances.

On receipt of the claim a task is generated within the 'CM Complex work queue'. The CM will check all details to determine the next steps to take.

On checking details and further enquiries made, if appropriate, and the claimant does not have ID or cannot/will not attend a consultation with appropriate ID, then the CM will consider making a negative determination decision.

PIP13NE Receipt of the Assessment Provider's Report

In cases where the claimant produced ID that the AP considered wasn't appropriate, the details of this should be recorded on PA1, as it may indicate fraud.



Refer to the PIP Fraud Guidance in the PIP User Guide for information using the following pathway:

DWP Homepage > Operational Instructions > Personal Independence Payment > 23 Fraudulent Claims > 01 PIP Fraud Referral.

In circumstances where the claimant did provide ID but it is not clear why the AP did not accept, the CM will ask the QAM to contact the AP for more information.

When the documentation has been checked the CM will contact the claimant to establish if they can now attend with suitable ID and a communication record is created.

They will be advised that before a decision can be made on their PIP claim a consultation must take place, and that for a consultation to be carried out, appropriate ID must be produced. This is so the AP can confirm that the right person is being assessed.

If the claimant says they have ID but they forgot to take it with them on the day, advise them to make sure they take it next time.

If appropriate ID isn't provided by the claimant and the HP isn't able to complete a consultation their claim may be disallowed.



A list of appropriate photographic and non-photographic ID can be found by using the following pathway:

DWP Homepage > Operational Instructions > Personal Independence Payment > 08 Decision Making > 04 Decision Making Process Part 2 > Contacting ID failure claimant para 81.

If the claimant says they are available to attend with appropriate ID for the consultation, the CM will record all the details in the assessment notes for the case and re refer the case to the AP.

If the claimant will not comply with the ID requirements, a negative determination will be made based upon failure to comply with the requirements of a consultation and will be manually disallowed in PIPCS.



A negative determination resulting from a failure to supply appropriate ID is processed in the same way as for FTA.

As with FTC cases, the FTA field in the medical evidence details screen has to be used so the correct reason and full details of the failure to produce ID need to be noted in the 'comments' box.



Refer learners back to instructions re Failure To Attend, Failure To Comply or ID Failure.

PIP13NE

Receipt of the Assessment Provider's Report

Death

If the AP is notified of a claimant's (or their PAB's) date of death before a consultation they will not complete a report and return the claim with the reason 'Death'.

Where a consultation or paper based assessment has already been completed when death is notified but the assessment questionnaire hasn't been input to PIPCS. The AP will complete the assessment questionnaire in PIPCS and returns the assessment report.

DWP will need to make enquiries to see if the next of kin wishes to continue with their claim. Where the claimant's PAB has died, DWP will make enquiries to establish a replacement. This is covered in more detail in **PIP23 - Change of Circumstances**.

The report and assessment is then available for the CM if the claimant's next of kin wishes to continue with the claim. If it's the claimant's PAB who has died the report will be available for the CM when a new PAB is appointed.



Refer the learners to the appropriate instructions:

DWP Homepage > Operational Instructions > (Disabled Customers and Carers) Personal Independence Payment > 12 Change of Circumstances > Death notified pre & post decision



Ask the learners if they have any queries on what has been covered in this module before moving on.

Module Summary

In this module the learners have covered:

- how to recognise the AP report;
- the ten daily living activities and the two mobility activities;
- how to recognise the evidence from the AP;
- identifying any further evidence or justification that is required for the descriptors;
- the use of relevant evidence and how to choose the appropriate descriptor;
- how to write decision reasons, and
- the action to take when an incomplete AP report is received.