

To S Blair-Jordan

C/o [xxxxxxxxxxxxxxxxxxxxxx@xxxxxxxxxxxxxxxx.xxx](mailto:xxxxxxxxxxxxxxxxxxxxxx@xxxxxxxxxxxxxxxx.xxx)

DWP Central Freedom of Information Team

e-mail: [freedom-of-information-xxxxxxx@xxx.xxx.xxx.xx](mailto:freedom-of-information-xxxxxxx@xxx.xxx.xxx.xx)

Our Ref: VTR 2814-IR39

DATE 20 February 2012

Dear Ms Blair-Jordan,

Thank you for your Freedom of Information that was received on 23 January 2012 by the Department for Work and Pensions (DWP) Adelphi and forwarded for response by DWP Medical Services Contracts Correspondence Team (MSCCT) Freedom of Information Officer.

In your email you asked to be provided with information answering the following questions:-

*Thank you for your response to my FOI request. I am late in replying due to the fact I have been locked out of my email account and could not access my emails and also that I have been too ill to cope with getting it sorted.*

*I feel that the person replying to my request has failed to appreciate the impact of my long term health, illnesses and my disabilities or the medication I am taking and the impact of that on me. I feel that they have merely written out a formatted response using language that I do not fully comprehend, stated regulations that mean nothing to me as I do not have a copy of the Welfare Reform Act 2007, have stated facts widely known and therefore is condescending in manner by stating the obvious in parts.*

*I asked specific questions relating to my conditions and disabilities and was given in reply the format of the machinations of the Welfare Reform Act 2007 and its regulations, which probably do have context to my questions but not in the way they are presented in the reply.*

*The respondent did not tell me why when I have DLA high rate care and mobility for Life, Incapacity Benefit for Life, the Severe Disability payment and have been found unfit for work, in that i do not function at a level that would make me employable, by the Incapacity Doctors over the last 10+years (in face to face medicals), my GP's, and Orthopaedic Consultants I have to have the ATOS so called medical questionnaire.*

*I have attended an ATOS Medical Assessment with a friend as their supporter and in no way is it a medical, in no way does it address the needs of the disabled and long term sick in general let alone mine. No ESA50 was issued beforehand either nor was any medical evidence looked at even though it was taken.*

*How can ATOS assess via a questionnaire whether to call me in for a face to face interview when the government states that this is what is wrong with the Incapacity Benefit and DLA process in the first place?*

*Are all the HCP's, which I am presuming means health care professional's, Doctors sufficiently trained to understand and deal with the functional effects of all of my long term illnesses and disabilities?*

*The respondent states that a more accurate assessment has led to more claimants being found fit for work - I know this to be untrue and that many of these people are now on emergency benefit while waiting for an appeal to be heard, that some people have recovered from there illness because the process has taken so long and therefore withdrawn their claims, that some people have died or committed suicide because of the process and their claims have been withdrawn. Work is generally good for your health if you are*  
*a)emotionally and physically fit enough to cope with having a job and all that entails*  
*b) can actually get someone to employ you when most business premises are not fit for a disabled person to work in*  
*c) there are suitable jobs which suit your functionality to work, disability/illness.*

*If I was able to work I would be. I started doing jobs from the age of 11 yrs old to earn money, working full time from the age of 17 years old when I left college until the age of 42/3 years old. I was the main bread winner for my family for almost 10 years and was medically retired from my job I didn't just decide to stop working. It was because of my work that I became ill and it was because of the NHS that I went undiagnosed with a congenital abnormality of the spine for 47 years, despite constant visits to GP's and A&E Departments on a monthly basis through the years, by which time there was very little that could be done to repair the damage. The operations that I have undergone have led to further problems so that I am infact worse off than when I started.*

As Reviewing Officer, I have read your letter and accepted this as a request for an Internal Review in order that I can check that the information sent to you clearly and accurately answered your request. I have therefore conducted a full investigation into your original request and the information supplied to you. I have also reviewed any decisions to withhold information and in doing so I have fully considered the public interest in disclosure.

As explained in the response of the Freedom of Information Officer (reference VTR 2466-2969 dated 2 November 2011), in connection with a claim for Employment and Support Allowance it is for the Secretary of State not the Healthcare Professional (HCP) to determine whether a person has limited capability for work or limited capability for work-related activity.

The Medical Provision Contract specifies that all medical advice shall be fair and impartial. HCPs are required to produce a report, which states their own clinical opinion of the effects of a claimant's illness. They receive no incentives to deliberately record any inaccurate information and have no interest in the outcome of a claimant's entitlement to benefit.

All claimants who are currently in receipt of Incapacity Benefit will, between April 2011 and 2013 be referred by Jobcentre Plus for a medical assessment, which will be undertaken by Atos Healthcare. Atos Healthcare will issue a questionnaire (ESA 50) to the claimant, who has 4 weeks to complete and return the form to Atos Healthcare who undertake a pre-board scrutiny of the ESA 50. The results of that scrutiny will, depending upon the information provided decide if a face to face assessment is required.

The questionnaire scrutiny or pre-board check is designed to identify those claimants who may fall into the “support group” or those claimants who may meet certain criteria to be treated as having limited capability for work without having a face to face assessment. The HCP will review the information available and may choose to ask for further medical evidence. At this stage, the intention of the pre-board check is to identify those claimants who are most severely disabled and will be eligible for the Support Group, or to identify for the DWP Decision Maker claimants who fall to be treated as having Limited Capability for Work without need for a medical assessment.

HCPs are expected to consider any additional medical evidence presented to them at the assessment by the claimant. However, benefit entitlement is determined by DWP Decision Makers, (DM) not Atos Healthcare. In order to make a decision on benefit entitlement the DM considers all the available evidence not just the reports received from Atos Healthcare. Further evidence may include the claimant’s ‘self assessment’, reports from GPs, hospital doctors and other clinicians.

The Work Capability Assessment (WCA) focuses on the functional effects of an individual’s condition rather than the condition itself providing a comprehensive and accurate assessment of an individual’s ability to work, taking into account the modern workplace.

The law defines "a Healthcare Professional" as a registered doctor, registered nurse, physiotherapist, or occupational therapist. This came into effect on 3 July 2007 in Statutory Instrument 2007 No 1626 The Social Security (Miscellaneous Amendments) (No.2) Regulations 2007.

The role of the HCP is to carry out an assessment of the functional effects of the customer’s disabling condition, and to utilise the information gathered to provide the DWP Decision Maker with an impartial and independent assessment. Therefore, unlike the more widely known type of examination, the assessment is not concerned with diagnosis or decisions about treatment so specialist diagnostic qualifications are unnecessary. However a customer may submit evidence from their doctor or specialist if appropriate.

HCPs are fully trained in Disability Assessment Medicine. Expertise in this field qualifies the HCP to give an impartial, independent assessment on the way in which a customer’s illness or disability affects them in carrying out of a range of everyday work-related activities. Training includes the assessment of the effects of specific conditions, for example mental health, or where a condition may fluctuate. Emphasis is always placed on the differing circumstances of each individual customer. They also receive training in customer rights, equal opportunities and professional standards.

The DWP Chief Medical Adviser (CMA) approves HCPs to carry out assessments. Approval is dependent on strict recruitment criteria, completion of a course of training in disability assessment medicine approved by the CMA and evidence of satisfactory performance.

All HCPs must be fully registered with the relevant Professional Body without current or previous restrictions, conditions or warnings and hold a licence to practice from the date the relevant Professional Body issues their registration. In addition they must have at least 3 years post full registration (GMC, NMC, or HPC or EEA – European Economic Area equivalent) experience as a minimum. Alternatively for non EU graduates 3 years post full

registration experience in the Doctors native country is required. In individual cases, solely at the discretion of the CMA, the requirements that no conditions or warnings be attached to registration and the minimum 3 years post registration experience may be waived.

The assessment carried out is different to the more usual type of medical examination in which the Medical Clinician's aim is to make a diagnosis and decide on appropriate treatment. A GP or Specialist is not usually trained in disability assessment medicine and therefore will often not have specific experience in assessing the disabling effects of medical conditions and the way in which a customer's illness or disability affects them in carrying out of a range of everyday work-related activities. As well as this difference in emphasis within the assessment process, the HCP will, when giving an opinion, be aware of the law relating to benefit entitlement. A Specialist on the other hand is less likely to be familiar with Social Security Legislation.

I therefore find that the original response dated 2 November 2011 was correct and that all the information that DWP are able to supply to you has been supplied.

If you have any queries about this letter please contact me quoting the reference number above.

Yours sincerely,

DWP Central Fol Team

---

**Your right to complain under the Freedom of Information Act**

If you are not content with the outcome of the internal review you may apply directly to the Information Commissioner's Office for a decision. Generally the Commissioner cannot make a decision unless you have exhausted our own complaints procedure. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow Cheshire SK9 5AF [www.ico.gov.uk](http://www.ico.gov.uk)