

Visit by Annette Brooke MP and the Countess of Mar to Atos Healthcare

13th June 2013

Referral

- All referrals now come electronically from DWP. ATOS don't have any control over it-DWP are calling people up and ATOS are just actioning it. That means that ATOS do see situations that aren't ideal, and there is sometimes a problem that things aren't quite joined up. This is usually highlighted when a claimant has chosen to appeal their decision.
- There is a process (Protocol 10) whereby an appeals chairperson can refer back a case if at the appeal stage it is felt by the appeals chair that there are inconsistencies in the clinical report. This will then be reviewed by Atos. (this has only been done in a few dozen cases over the past 12 months).
- Annette raised a constituency case whereby a reassessment request came through for ESA-there was a deadline for getting the form back but no indication on the form or from ATOS as to what to expect timewise- ATOS say there is an average of 35 days from when the form is sent out to when the case is completed and returned to DWP. Annette suggested that an indication of date or time would be really helpful. ATOS accepted the point, but pointed out that they don't know at that point whether a face to face assessment will actually be needed. They accept that this level of uncertainty can have an impact on health and state of mind, but said that they would look at their part of the process-whether they can put something on the website or ask DWP to bear it in mind for a reprint.

ESA50 Form

- Once the form has been sent out, people have 28 days to return it. They are chased after 14 days. There is a list of mental health problems set by the DWP- if someone has one of these and doesn't return the forms DWP process means that ATOS will process them anyway. This is because it is considered unreasonable to pressurise people with mental health conditions into filling in a form. ATOS agreed to check the list to see if M.E. is on there.
- Once the form is filled in by the claimant it goes to an administration centre. The claimant would NOT have to go to the actual centre, but instead to their local assessment centre. ATOS accepted that sometimes claimants worry they will need to travel long distances for an assessment, but equally were worried about putting information about this on the original forms etc as they didn't want to worry people unnecessarily about coming to the centre-many people wouldn't need to.
- Any extra information with the ESA 50 form helps ATOS process the case. They reach out to GPs if they think they could provide extra help evidence

which would mean there wasn't a need for a face to face assessment. In addition if the applicant themselves sends GP evidence it will be given full attention. The Countess of Mar raised the point that often people suffering from M.E. don't see their doctor for years as there is nothing they can do for them, and so that makes it harder when trying to provide evidence.

- ATOS explained that the reason reassessment is needed is because there could have been a change in medication or an operation etc which has made a difference to that person and may have improved their function. If there is evidence which supports a statement that nothing has really changed then a face to face assessment isn't required. The Department provides clear guidelines about what they will and won't accept, and ATOS have to base things on DWP's levels of acceptance. Occasionally if a request for further medical evidence hasn't worked there has to be a further face-to-face assessment just in order to get the evidence.
- ATOS were asked whether if someone hasn't been flagged on the DWP list as not able to complete the form due to mental health problems, how they can be flagged up. If there is no mental health flag, a returned ESA50 form will still be processed even if there is just a name written at the top and nothing else. At an individual level, if a case is returned to DWP because the ESA50 has not been returned, they would chase and if it turned out the claimant had mental health problems which meant they weren't able to complete the form a flag would be added to it and it would be sent back to ATOS.

Appointments

- Once the ESA50 forms are received, appointments are made for those that need one-the contact centres will try and phone the claimant to arrange. Home visits are not offered to begin with-a claimant must request one and provide written evidence that this is required from a GP or other clinician if they want to be considered for one. If you live more than 90 minutes travelling time from your nearest centre on public transport, then you can have a home visit. ATOS said that sometimes a home visit letter from the GP can be the further evidence they were looking for in the first place which would mean an assessment was no longer necessary.
- The Countess of Mar asked: if an M.E. sufferer collapsed in the shower while getting ready for the assessment and misses it, what happens? ATOS said they would send the case back to DWP and will inform the DWP of the reason why the person couldn't make it, although they accepted that sometimes this process might not work as well as it's supposed to. The decision on whether missing an appointment will lead to the person's benefits being affected is made by DWP and not Atos. DWP have a process by which they review the reasons for a failure to attend and decide whether to accept "good cause" for the missed appointment, which will be based on the reasons given by the person for missing it. If the DWP Decision Maker accepts "good cause" they

will be offered a further appointment for assessment. If they do not accept “good cause” then the DM will consider disallowance.

- If the claimant has a carer, they can attend and offer evidence as well.
- Annette mentioned that training of reception staff needs to be very good. ATOS said that all reception staff were given a lot of training to deal with all kinds of people and the reactions they might have to deal with, including how to defuse conflict etc. If claimants give feedback to ATOS on the centre and the reception area that isn't favourable it can lead to retraining. This is the same for the telephone staff.

Assessment

- Booking in appointments is a hard process as a lot of claimants don't turn up. ATOS can't assume that everyone is going to come in, as an average of 30% across the UK don't. They have to overbook to keep costs sensible, so it is a constant juggling act. People therefore might have to wait when they turn up, though delays are managed to a minimum wherever possible. DWP know people might go home without being seen-though Atos have a target to ensure this is kept to a minimum and it would always be a last resort to send someone home.
- Booking policy is sorted locally, for example 2% don't turn up in the Isle of Wight so they don't tend to overbook whereas 40% don't turn up in Glasgow so they always overbook slots. They try sending texts, but have discovered that it makes no difference.
- The previous system was a letter being sent out-if they fail to make phone contact there is a 50% non attendance. ATOS believe the key is speaking to someone on the phone-then the non attendance drops to 30%.
- The length of an individual assessment can differ hugely, and if you have a couple of complex cases it can make everything else later.

In Practice

- We were shown a video of a staged assessment.
- The details of the client are stored on the Medical Services Referral System. The assessor will read through the ESA questionnaire and other medical evidence and reports before the assessment. If there is lots of evidence that can take around 10-15 minutes.
- There are targets for quality. A balance is needed-the Holy Grail is getting the balance of detail and efficiency and quality.
- In a day you could have 3 complex cases or 6-7 less complex cases. The assessors focus on quality and getting the report right-the level of the efficiency of assessors grows on the job. Reports are regularly audited at random.
- Assessors come from 3 groups-doctors, registered nurses or registered physios. English must be spoken and read at a detailed level. In 2005 the first

doctors from outside the UK were recruited to become assessors, but despite the detailed interview process any complaints over language are looked at in detail. Some overseas recruits have been let go if they did well on the application but can't get by when actually working in the UK due to language difficulties. ATOS are very cautious about offering roles to those who haven't worked in an English-speaking setting before. Even local dialects can make things more difficult. Glasgow assessors put together a phrase book for overseas doctors!

- Assessors must have at least 3 years post-registration experience before they can work for ATOS-in fact they often have much more but that is a safety net.
- The Countess of Mar highlighted that over and over again there are reports of bad eye contact from examiners, and people feel that the assessment is very mechanical. ATOS said they had to capture a lot of information during assessments but that there had to be a balance between report accuracy and not being too mechanical. They do focus a lot on that in training, but they do need to focus on individual feedback as well to improve things. The risk is that people may slip into bad habits after their initial training, so ATOS do rely on candidate feedback as well as that of colleagues. Any feedback or complaint suggesting poor communication skills or lack of eye contact from a practitioner will be looked at and feedback will be given. This can include a "sit-in" session where an experienced practitioner reviews these issues during assessments and offers further advice or re-training. The idea of a 'mystery shopper' is too complex as you can't create fake candidates on the computer system.
- The assessor will take details of the client's medical history, medications and other treatments, their social and occupational situation and then take the client through their normal daily routine. There might also be a physical examination if this is relevant to the conditions present or the disabilities claimed.
- Once the assessor has written their report, it goes to a DWP decision maker. The assessor will usually not find out the outcome in terms of the decision that is made.
- Kriss asked about fluctuating conditions in relation to the questions about a typical day. ATOS assured us that they made sure to ask questions about differences in good days and bad days to give a clear indication about frequency. They said the interpretation of the individual was key-it is often good for companions to go as well as they can give a different view on how bad/good things can be.
- ATOS said that while the assessment is going on, they are sometimes 'ticking boxes'-the report they have to fill in has lots of boxes and menus. But, they also said you can type in anything you want to in the report and a lot of the report is comprised of free-text. All practitioners are now given access to an

online typing course which addresses one of the recommendations made by Professor Harrington. If they see very mechanistic reports coming through from individuals, they would go back to the assessor and work on it.

- The Countess of Mar said some remarks could seem judgemental, for example regarding dress code. ATOS agreed that it was not relevant unless it was part of a mental state assessment. ATOS said the best thing was to write the report as if the client was going to read it, as they are able to write to the DWP and request it. ATOS confirmed there is no place for judgemental remarks within reports.
- A question was asked as to why customers can't tape assessments while they are taking place. ATOS said that anybody can have an assessment recorded-DWP have laid down guidelines but there isn't much info/written documentation about it at present. Only 0.14% or so of assessments are currently recorded. Anyone can request a recording but you MUST ask beforehand-you may be refused if you only request it on the day because of a lack of equipment. DWP now allow ATOS to put the assessment on hold if the candidate wants it recorded and there is no equipment available. The DWP specify that it must be dual recorded-a copy has to go to them and the claimant. Legally, a claimant could use their own equipment but it would have to be capable of producing two simultaneous copies of a tape/CD – for example a mobile phone would not be suitable.
- The assessor will make a 'prognosis statement' where they advise the DWP at what point they think there might be a significant change in the overall level of function. They said that even people with worsening conditions may have to come back as they can have relapses as well as good or reasonable periods. Other conditions where little improvement would be expected may not need to be reviewed. For example with Parkinson's the advice should be a longer term referral e.g. 3 years. They would probably not even need to see them face-to-face again, but DWP HAVE to refer cases at least every 3 years-it is likely to be a paper exercise for serious cases but they have a policy of not leaving people on benefits for life if they can help it.
- Accept that the assessment looks at function not employability, and that there is a gap between the two.