

The People's Review of the Work Capability Assessment

November 2012



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It is now widely accepted that the Work Capability Assessment is deeply flawed
and is causing harm to many vulnerable people.

Countless articles and reports have been written, statistics quoted,
consultations, debates and discussions held, all to no avail.

The WCA continues.

The People's Review is presented in order to show the reality
of going through the Work Capability Assessment
for those who are living with sickness and disability every day.

In their own words.

Real people, real experiences, real illnesses and disabilities.

And very real and serious consequences.

This Review is dedicated to all those who are suffering,
have suffered and those who have died whilst going through this inhumane process.

Foreword

A mantra of modern government is that public policy must be evidence based. This report now enables us to say with grim confidence that there is no such evidence base for the government's work capability assessment (WCA). This is the crucial process by which government is determining that large numbers of disabled people should have their benefits stopped and required instead to be in employment. Yet we now know that this test is unreliable and unhelpful, as well as being arbitrary and cruel.

If it wasn't enough that the Chair of the House of Commons' Work and Pensions Select Committee and the British Medical Association have both stated unequivocally that the test is not 'fit for purpose', we now also know from the direct experience of many disabled people who have first hand experience of the assessment process, just how inappropriate and inadequate it is.

Not only can it be seen that the assessment is undermining the rights of many tens of thousands of disabled people, but it also challenges the professional responsibilities and discretion of doctors and other medical staff involved. It is an expensive, flawed and inefficient system that appears to cost more than it saves and is run by yet another multi-national corporation whose incompetence seems to go unpunished. The process lacks any transparency. Its decisions seem to be routinely ill-informed and unjustified and in 40 per cent of cases are over-turned on appeal.

The WCA has been presented to the public through a fog of misinformation and anti-claimant rhetoric. Yet the bottom line is that the test rests on questions like 'Can you raise your hands above your shoulders?'. As end of life care professionals know, even people who are dying - who may have to answer just such a question - can often do this. So what does it tell us? What basis is it for excluding them from a living income before they die?

The WCA is a statement of political desperation. The process is reminiscent of the medical tribunals that returned shell shocked and badly wounded soldiers to duty in the first world war or the 'KV-machine', the medical commission the Nazis used in the second world war to play down wounds so that soldiers could be reclassified 'fit for the Eastern front'.

This report lays bare the poverty of the WCA in theory and practice. And it does this by reporting its reality as experienced first hand by disabled people. It is based on an important and new kind of research that is gaining international recognition and respect – research carried out by the subjects of public policy themselves. Instead of official research deferential to its political paymaster, or so-called 'expert' research, based on the assumptions and interpretations of people who are often themselves caught up in the policy process, here we have the direct voices of people at the sharp end.

This report was written by someone who has been ill for over 20 years, truly too ill to be writing it herself, but who has spent a year working on it, a bit at a time, because she doesn't feel she CANNOT tell the public and politicians what is actually happening to sick and disabled people. She has felt obliged to release the report anonymously. This is due to a culture of fear that is increasingly being highlighted by reports of stigma, disability hate crime, suicide attempts and actual deaths.

This leads us to the final point that needs to be made. It is a mistake to see the WCA in isolation.

The doctors who make the assessments, Atos to whom the assessments are outsourced and the DWP which has commissioned them, all disclaim responsibility for their outcome. This is a perfect storm of irresponsibility and unaccountability. The WCA should be judged in its wider context. What jobs is the government creating? What help is it giving disabled people to access them, to challenge the discrimination of the labour market, to offer meaningful training, to support disabled people once they have a job, to provide accessible transport so they can get to them? Sadly government's track record on all these issues is poor. We should not let the WCA serve as a diversion from government's wider failure to secure the employment and other rights of disabled people. Equally, the WCA must not be allowed to remain in operation as both a blot on the public policy landscape and also a cruel attack on growing numbers of disabled people.

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the national disabled people's and service users' organization and network

Introduction

The Work Capability Assessment (WCA) was introduced in October 2008. It is intended to assess an individual's entitlement to Employment and Support Allowance (ESA), a benefit that provides support to people who are unable to work due to disability or ill-health.

Between October 2010 and March 2014 people who qualify for incapacity benefit are being reassessed under the Work Capability Assessment in order to move them onto ESA. The assessments are carried out by a French company, Atos Healthcare.

People who are awarded ESA are allocated to one of two groups. The Work Related Activity Group is defined as a group for people whose condition makes it unreasonable to require them to work. The Support Group is for people with more severe levels of disability who are considered to have limited capability even for work related activity. The decision as to whether people are awarded ESA and which group they go into is made by a "Decision Maker" at the Department for Work and Pensions, using the report submitted to them by Atos Healthcare.

Professor Harrington presented the first of his five annual Independent Reviews of the Work Capability Assessment in November 2010. He stated -

"Being a member of society brings with it certain responsibilities. In general, citizens of that society are expected to earn their own living and, through taxes, to pay for the infrastructure of that society. At the same time, civilised society has a responsibility to its citizens. One of those duties is the provision of financial and other support for people of working age who are unable to earn a living for themselves."

He reported that the assessment process had many flaws and he recommended 25 changes. Despite this, the Government *continued* to assess 11,000 ill and disabled people a week using the WCA. Nearly half the decisions made about people's eligibility have been found to be wrong. There is a huge backlog of appeals.

Professor Harrington presented his Interim report in May 2011. In his letter to Chris Grayling he stated –

"Year 1 recommendations addressed how Job Centre Plus/Benefit Delivery Centre (Atos) staff should handle the claimants in a more empathetic and less mechanistic way and how the Decision Makers should be put back at the heart of the decision making process. Recommendations were aimed at improving the Atos assessment, and looked at the ways in which the Tribunal Service (TS) could add value to the overall Work Capability Assessment (WCA)."

"I am pleased to say that the DWP/JCP have gone a long way towards implementing all the recommendations related to their areas of activity."

"Atos Healthcare have nearly completed work on all the recommendations related to them."

Professor Harrington presented his 2nd year Review in November 2011. He stated –

“I am pleased to say that all the year one recommendations have been, or are being, implemented. The Department for Work and Pensions (DWP) moved swiftly to make the recommendations Departmental policy and DWP Operations and Atos Healthcare have enacted these policy changes.”

In reading this report we ask you to judge for yourself whether the recommendations are working and whether the government is truly upholding its duty to “provide financial and other support for people of working age who are unable to earn a living for themselves.”

Note: To protect the anonymity of claimants, Section 2 is not referenced. All other sections of this report, apart from Section 1, have been referenced as fully as possible, using both primary and secondary sources. However, it is important to point out that organisations change their websites from time to time; whilst we did our best to ensure the references and links were correct on the date the report was finalised (7 November 2012), they are likely to become out of date over time.

1: The Promises

David Cameron - May 2010

"The test of a good society is how do you protect the poorest, the most vulnerable, the elderly, the frail. That's important in good times, it's even more important in difficult times. People need to know that if they have me as their Prime Minister and they have a Conservative government, it will be that sort of Prime Minister."

Nick Clegg - November 2010

"Of course, there are people who are unable to work, because of reasons relating to their physical or mental health. And we will continue to provide them with the support they need."

Iain Duncan Smith - October 2010

"I say to those watching today and who are genuinely sick, disabled or are retired. You have nothing to fear. This government and this party don't regard caring for the needy as a burden. It is a proud duty to provide financial security to the most vulnerable members of our society and this will not change. This is our contract with the most vulnerable."

Maria Miller - Minister for Disabled People - June 2010

"Looking after the most vulnerable groups in society is absolutely at the heart of the work that we do in the Department."

Chris Grayling - June 2010

"There are 2.6 million people claiming incapacity benefits. The Government are committed to providing unconditional support for very sick and disabled people within that group."

Lord Freud - November 2011

"I should start by making a point about the overall attitude of the Government to people who are disabled or who have difficult medical conditions. We are committed to unequivocal support for those people, and that is what the support group is about."

"The work capability assessment uses a number of specific, measurable criteria, covering all types of disability and health conditions, to provide an assessment of whether an individual has limited capability for work. The assessment was designed to take account of chronic and fluctuating conditions. It is not intended to be a snapshot but looks at what someone can do reliably, repeatedly and safely. It takes account of the effects of pain and fatigue. The healthcare professionals conducting the assessment are fully trained in understanding fluctuating conditions. Claimants get a full opportunity to explain how their condition varies over time. The criteria provide a reliable, nuanced and measurable way of assessing limited capability for work. This ensures that a full understanding is gained of an individual's disability or health condition, the effects of that disability or health condition, how these effects may vary over time and whether it would be reasonable for that person to work or not."

"[Professor Harrington] published the first review in November 2010, setting out a series of recommendations. We fully endorsed his review and have implemented all his recommendations."

2: The Reality

This is a small sample of evidence. They are all real-life accounts collected from the public domain. Names and identifying details have been removed to preserve anonymity.

The WCA assessment was developed by DWP officials. The DWP have contracted Atos healthcare to carry out the WCA. The DWP continues to endorse their work.

“The continued suitability of Atos Healthcare to perform the assessments is reviewed regularly and performance monitored at least monthly.” Maria Miller - September 2011

“Our reforms to the work capability assessment are starting to work.” Chris Grayling - October 2011

“The WCA has, in my view, noticeably changed for the better.” Professor Harrington - November 2011

“Atos Healthcare provide the relevant reports for DWP Decision Makers but play no part in the actual decision making process.” - DWP, FOI request May 2012

“All of our staff are committed to providing the DWP with high quality, accurate reports and to ensuring that the experience for those who are called for assessment is as comfortable as possible. You can also be assured that all of our assessments are led by a qualified health care professional, supported by a computer, never the other way round.” - Atos Healthcare August 2012

Please note that the following statements have not been edited for style.

The Reality: Advisors

Some of the cases I've seen absolutely defy any form of compassion or indeed logic. Cases include a chap in his thirties who at the time of the assessment was on the waiting list for major surgery. He had two conditions requiring surgery, the less serious being a hiatus hernia - the more serious being a diaphragmatic hernia. The poor bloke couldn't push an empty shopping trolley round the supermarket without severe abdominal pain - including nausea. When he went to the assessment he didn't know the name of his more serious condition and assumed the HCP 'would have all the notes'. The submission only mentions the hiatus hernia as when he went to describe his other condition, the HCP couldn't find it on the LIMA Logic system. How on earth he was found to have no limitation is well and truly beyond me. He went on to tell me that the surgery involved 6 hours of trying to resite his left sided abdominal organs which had herniated into his upper chest causing many serious symptoms. The operation brought about infection related problems and required a further 8 hour emergency op after an internal rupture. It was only after a month in hospital that he was released and subsequently readmitted to carry out gall stone treatment and finally to correct his hiatus hernia. The danger is that some people are going to take the word of the HCP over that of their doctor and actually think they are well enough to resume normal activities.

Other cases have included a young man with long term schizophrenia who experienced hallucinations so real that he would call the Police in the early hours in the very real belief that his living room and around the outside of his house was 'littered with dead bodies'. Sadly his problems even extended to a belief that he had actually stopped the moon in orbit. After the HCP said there was nothing wrong with him (following a 22 minute examination when he may just have come across as 'normal') he started to think his clinician's were conspiring to poison him and as a result of his paranoia, he promptly stopped taking his anti-psychotic medication; - his condition got much worse.

These are cases which we're seeing on a daily basis, it's an utter disgrace.

My client has had brain damage since a massive haemorrhage/coma at the age of 22. This has left him with a short term memory of 20 minutes. He doesn't remember me, or my voice, and keeps extensive diaries of daily events so he can record what he has to do. He has been found capable of work 3 times, and on one occasion he lost his home, because he couldn't remember what he had to do to appeal. (IS stopped, so I presume HB stopped, although we will never know as he doesn't remember).

He is on DLA, so most of my discussions are with his mother, for continuity, and save me going through the whole introduction process again. Now he has been subjected to the conversion of IS to ESA. When I first met him I had to ask what his diagnosis was, as he is very articulate. I was shocked when he told me he wouldn't remember coming to the interview with me. He will only form a memory of me in 6 months time - he says he will get a flash of my face. This is when it becomes a long term memory I suppose. He used to watch the lunchtime episode of neighbours, and then watch the dinner time repeat because he couldn't remember seeing it.

Doctors have studied him, he is so unique. And yet he scored 6 points. The DM told him he could have got better. Like he could grow a new brain. I don't think any employer would want to explain to him every 20 minutes what he is meant to be doing. A complete waste of government resources.

A client of mine worked for the Royal mail. Apparently the same company provide medical services for them too. A medical officer retired my client on health grounds as he had been diagnosed with cardiomyopathy (also known as adult sudden death syndrome) and the exertion of walking his round could kill him. An ESA claim was made and 4 months later he had his WCA. My client was delighted that coincidentally the same examiner who had him medically retired was the one conducting his WCA. His delight was short lived though when he was awarded 0 points. You really couldn't make it up could you!

I saw a client yesterday, he was brought to our office by his MHP (Mental Health practitioner, the new name for a Community Psychiatric Nurse). He suffers with paranoid schizophrenia, which was diagnosed many years ago. He was asked to attend a medical examination at the beginning of March this year. The appointment at the medical centre was made on a Sunday. When he got there it was shut, no lights on and no sign of life, a support worker from his mental health team was with this and can confirm that this was the case. Surprise, surprise, a week later his benefits were stopped. The client has been living off his DLA payments. His MHP only noticed when he checked his bank account this week. Yesterday, we phoned the DWP and we were told his benefit was stopped because he failed to attend a medical examination.

A lady asked me for help after being awarded 0 points in a WCA, nothing strange in that you say !!! Well the lady had a wca 10 months previously with a Doctor, a home visit was needed the second WCA was also a home visit.

To have two home visits in itself says a severe illness is present, they do not do them frequently. In the first WCA the Doctor awarded 25 points, in the second the Doctor awarded 0 points, now I have no medical training but common sense tells me something is wrong here, none the less the DWP DM upheld the award of 0 points, so to appeal, the Tribunal were aghast and awarded 19 points within minutes. They admitted discrepancies in the Medical Report, as did their own Independent Tier.

The whole case must have cost the DWP £10,000, this lady only wanted her stamp paying, she did not claim any benefit.

Over the last few weeks we have started to see more ESA appeals lapsed quite early on due to revision by the DWP. The letter sent to the claimant simply says that it has now been accepted that they are entitled to ESA and in the work-related activity group - no details of the descriptors awarded. On contacting the DWP for more information it became apparent that in at least 3 of those cases the Schedule 2 descriptor accepted by the DM would also have met the Schedule 3 criteria, but the claimant hadn't been put in the support group. It wasn't a case of the DM needing to make a decision about whether the Schedule 3 descriptors were met, the wording in the two schedules was identical so it should have been automatic. When we contacted the DWP by phone to clarify why the claimants weren't in the support group, the response was along the lines of 'she'll have to appeal' or 'I don't think he should be in the support group, there'll be some work activities he can do'. The claimants had just been happy to be back on 'full' ESA and would have accepted the revised decision without question. This may of course not be a move to usher people into the WRAG so payment ends next April, but it does make you wonder...

I know Prof Harrington's evidence gathering exercise was undertaken, but I haven't noticed an improvement and most clients are still saying the assessor barely looked at them but focussed on the computer - still getting cases where the assessor has said the client did something ie picked up a handbag, got onto the couch without difficulty, takes the dog for a walk every day - when they didn't have a handbag, didn't get onto the couch and don't have a dog. Basically they're crap.....not sure I'm allowed to say that so sorry if I'm not.

One man in his fifties with MS who has spent his life driving trucks has recently reluctantly accepted that he is no longer able to do so because of his problems with vision, movement in his hands and fatigue. While his MS prevents him from taking on any physical work, his low literacy levels and lack of experience in an office-based role mean that he may find it almost impossible to find other work.

Healthcare professionals often fail to understand the fluctuating and/or degenerative nature of MS, and how this affects an individual's ability to work. They fail to ask probing questions to discover whether activities could be carried out reliably and repeatedly, and to find out how the condition affects an individual on good and bad days.

The cumulative effect of a number of lower-level problems should also be recognised by the WCA.

I am a mental health nurse for a crisis team and have recently been inundated with cases whereby people have experienced social crisis due to having ESA stopped by the assessors. Most of these cases get overturned by appeal, quite rightly so as the initially decision was ludicrous. Assessors do not look at reports etc. Recently a lady with paralysis in arm was deemed fit to work. Also the cost of the appeal process is completely contradictory in terms of trying to save money. If appeals turn over the decision, the assessor should be financially penalised in my opinion.

My client who had recently lodged an ESA appeal, got a call from the DWP asking about her health conditions etc. Only with this one they told the client that the decision was obviously wrong and that it was disgusting that she had scored 0 points, and that it wouldn't happen again. After the client told me about this I gave the DWP a call to ask if they had revised the decision, but mysteriously there was no record of the call and the matter had been passed to tribunal.

It really is getting beyond a joke isn't it. My 'best' WCA failure so far this year is the client with a mental age of 7. She scored nil points. GP and SW provided very helpful letters and decision was eventually revised. It's not the point though- the extent of the client's learning difficulty should be glaringly apparent to anyone spending more than 5 minutes with her.

Personally I have seen a steady rise in my caseload, their medical reports are still as nonsense as ever - (i have a client who explained to the medical examiner how she was feeling down as her dad died and when i received the appeal pack it said 'her dog died recently' !!), there are still very few reconsiderations even when we are posting in decent evidence. I'm starting to struggle to fit obviously unfit for work clients in to the new descriptors.

I work for a provider under the Flexible New Deal (soon to be Work Programme) and during my time doing this I have seen more than 30% of "fit for work" JSA claimants who are, not to be rude, unemployable. With the struggles that genuine fit and healthy people are having finding employment - anyone who has a barrier stands little to no chance - it beggars belief that the work programme will be mandatory for transfers off IB to JSA (ie those who are deemed fit for work) from month 3!!

Client's husband is in hospital in a coma. He was sent ESA50. Client contacted DWP to explain situation and was asked to obtain letter from hospital confirming he is in a coma. Did so. Was told to send it to ATOS rather than local BDC. Did so. Husband has now received decision letter- yep, as he has failed to return the ESA50 without good cause and is therefore capable of work and no longer entitled to ESA... You couldn't make it up.

My Client committed suicide, the family are devastated and unable to talk about it.

The Reality: Sick and Disabled People Going Through the WCA Process

When I was first diagnosed the social care worker helped with forms etc as I didnt know what it was about. At that time i thought to myself 'My body may be failing but at least the govt care about me in this way' It made me feel like a somebody and not a scumbag nobody. Guess they have decided I AM a scumbag nobody now, and are on the attack to tell me I am fine when at this time there is NO cure for what I have. (And in all effects it has got worse every single year since) It makes me feel like I have no right to life, have no right to live, or even to laugh. I have no right to anything because this govt hates all disabled people - Thats how I feel today.

I have a brain tumour and was left disabled because I had the left side of my cerebellum amputated, because of this my balance and co'ordination to my left side is shot coupled with the fact that all the cancer could not be removed I am also terminally ill, I DID NOT MAKE IT INTO THE SUPPORT GROUP. I was told I should be working in a set period of time, funny as it was the same as my lifespan, I contacted my MP who was luckily an x GP and gave him permission to look at my medical notes he was disgusted and got my decision reversed I am now in the support group. The letter from the DWP stated that I was not terminally ill for the purposes of benefit entitlement.

I've been diagnosed with Dilated Cardiomyopathy (Heart Failure), Sleep Apnoea and Depression. I've been for two medical assessments and been found fit for work at both. On appeal, those decisions were overturned - meaning I've been found unfit for work. My GP has given me a sick note covering me until March 2012; benefits people say his medical opinion counts for nothing - it's what the Healthcare doctors decide. They've been found to be wrong twice already concerning my fitness for work. Why aren't GP's up in arms and damned angry about having their opinions dismissed? I now face attending some course - the Jobcentre Plus staff didn't know any details regarding it - and will be sent a THIRD medical questionnaire in August 2011 and may face a third assessment at the hands of these incompetent bufoons!

It's like doing a crime. I am a human being who needs additional support but here I am facing a panel who are making a decision on my life. I am tired of fighting officials who seem to think they know more about my disabilities and needs than I do. It now makes me feel ashamed of who I am. I am being punished for being disabled and feel powerless."

I was in a road accident, suffered bad whiplash. the road accident aggravated other injuries i already had. ie 2 fractures in pelvis, 2 fractures in right ankle, fracture in left shoulderblade, fracture in right wrist. spondilitus. i also have serious skin grafts and muscle loss in my upper left arm due to severe lacerations and tissue loss. however the healthcare professional awarded me 6 points for the entire interview. even though i could not walk without a crutch and have not had full use of my left arm for the last 14 years. the healthcare professional claimed i could put both hands above my head (Even though the muscle loss prohibits this with my left arm) that i carried a bag (even though the bag was tied to the crutch) that i did not bring my medication (even though in the bag was the medication) and i could sit and bend and do a squat and kneel down with no problem (even though im having treatment right at this moment for cartilage damage, hence the crutch) and that i could walk 60 meters without aid. isnt a crutch an aid?

I can honestly say there are lies that go into that assessment. I do shorthand and I took down word for word my husband's whole assessment. What actually came back was practically the opposite of everything he said. They question you in such a way and twist it round so they make you out to be practically an athlete. It traumatises and upsets a lot of people who feel that they have been made out to be liars.

I suffer from chronic back pain, IBS a hiatus hernia and am totally deaf all caused by work related accidents during my 35 yr working life. i appealed and was granted the 15 points needed with the help of CAB on the basis of my hearing problem alone, i did query the tribunal abt why no points for my other injuries and was told 15 is what you need and 15 is what we gave. On the 2 oct DWP again cut my benifit citing late return of

a self assessment which is incorrect and there is only their word but they did put me back on at the reduced rate. They then carried out another medical assessment late oct and yesterday i received a letter that i no longer qualify as i only have 9 points on the basis of my hearing problem. so it seems they can override any tribunal findings even though they know you have the points awarded legally.

every day i panic when the post arrives, waiting for that brown envelope from DWP.

iv got to a point that i now have nightmares over this WCAim so frightened, i, like many other disabled people are worried to the point of suicide, i couldnt wait a year for an appeal...only to start it all again!.....im nearly 60, single...8 years ago social worker told me i should have married, then I would have someone to look after me, that i must make the effort to use my paralised limbs.....i have tried the best i can, being 80% disabled makes it difficult to cope.....i only go out to get shopping....without DLA there would be no 500cc vehicle to get me to a shop.....im in a rental property, so i would end up homeless while waiting for an appeal [no housing benefits while on appeal] death is the only way out.

They insisted on giving me a 'medical' three weeks before going into hospital for a major lung operation, then judging me fit to work, based on the fact that I was heavily drugged and these drugs were masking the true condition. This is how the same test gave 12, 18, and 0 points for the same condition - the so-called 'health professional' was a nurse who clearly didn't understand anything about COPD - she simply misused the information given to her.

I do not consider this company a fit and proper body to be making decisions about peoples health, and intend to get the matter raised in Parliament. One way or another I intend to find out where accountability lies for the decision that I was fit to work whilst undergoing a lung operation.

I have been informed that I must attend an Assessment Centre. However, the nearest one is only accessible by taking three modes of transport from my house. The only way I can get there is to take a taxi to get me to train stations at both ends, but this means that I will have to pay for this and the train fare. One of my main problems is anxiety regarding travel and an inability to find new places without difficulty.

I have multiple, chronic medical conditions which are very debilitating. I was put in the WRAG. I appealed on the grounds of continence issues, but failed. They obviously did not think it relevant enough for me to be put into the Support Group.

I did attend the Jobcentre when my initial claim was done for the Pathways to Work part, and I was sent home by the lady I saw when we discussed my medical problems as she said she could not help me as I was too ill to work and should not have even been there!! My health has even deteriorated since then as my kidneys have got worse. The doctor at the tribunal yesterday told me that if I was on dialysis I would automatically be in the Support Group. Not very helpful really considering they deemed me as not being ill enough to go into the Support Group.....

I am being put on the list for a kidney and pancreas transplant, but that does not make a bit of difference, and now the decision has been made by the tribunal for me to stay in the WRAG I think I have to just keep going through the motions, and carry on like this for as many times as it takes for me to be assessed and the same decision to come out of it each time, and never being fit enough to work.

At the assessment the man let the door slam in my face so I had to open it by myself and it was a big old heavy door. Well as I can't push things I usually use my bottom, I managed to turn the handle and then walked in the room backwards, so he put that I could open doors fine, he deliberately dropped my stick so I had to get it and then put that I could bend down and stand up fine, even though I had to use the table for support. He also had me trying to touch my feet, even when I said I probably could (hypermobility) but that I wouldn't be able to get up again, he just said he wanted to watch! He wanted me to sign a form so I got out my big fat pen & that went down as normal too. When I finally managed to get his report from DWP I cried, it was all lies, he had written everything wrong, even things I had said were twisted out of context.

As someone who has both the frequently supposed to be fraudulent 'bad back' and mental health issues, I often feel as though I am the particular 'cheat', 'scrounger', 'work shy' person whom everyone hates (and yes I know - paranoia - a common symptom of bi polar I gather from talking to others). I also have other medical conditions, conditions that could be called trivial but when added to everything else make my life...difficult? Uncomfortable? Frustrating? Painful? All of the above. I would love to work. I apply for jobs but have few replies and no interviews. I'm in my late 50's so that's against me too. I want to work, but what about the frequent (sometimes weekly) bloodtests? The anxiety attacks? The inability to get out of bed or open the curtains some days or my lack of concentration and motor mouth on others? Or the ten weeks of pneumonia and persistent chest infections? The post terrorises me. Waiting for that envelope, that letter. The one that says I am about to be migrated onto ESA and must present myself for the WCA that I am convinced I will fail. Then the loss of income, the rent arrears, the eviction.

I attended a Medical and a couple of months later I received a letter from DWP saying ESA has been stopped. I was fit for work. That was towards the end of July. I was getting worse by this point.

Two weeks ago, I was admitted to hospital with the symptoms I had been suffering from - and have been there ever since. It turns out I have been previously misdiagnosed, and having had a number of CT scans and what not I am being treated for a far more serious illness. One of my conditions, the one that makes walking almost impossible, was diagnosed as arthritis and old age by my GP. Nearly a year later, after being taken into A&E it was found that I had been suffering from Periphial Vascular Disease, and had emergency surgery to remove three bloods clots in one leg, hoping that that would solve the problem, if not the right leg at the hip would have had to come off.

The woman was very friendly, but i realised she was trying to trip me up all the time, she said "so when you're running up and down the stairs, do you get any back pain?" well, i've never complained of back pain, so the answer would have been "no" but of course i cannot walk up stairs, never mind run.....i did point that out to her, she just smiled. the worst thing she did was to get me to lie on a couch and asked me to lift my legs and then to rotate them at the hip, i can do this with my right leg but not the left, she got hold of my ankle and twisted my left leg, i had to limp out of the place, my gp said the popliteal something or other had ruptured...so i'm still recovering from that. basically, she inflicted an injury on me!

They are now ordering claimants (and their companions) to surrender any notes they have taken during the interview. Before the assessment even began, both I and my companion were warned that we had to first agree first to hand over our notes at the end of the assessment. We were told that the notes would be photocopied and stored on a database.

I was told that the penalty for refusing to agree to this condition was the immediate termination of the

assessment. There was an implicit warning that my file would be returned to the DWP with a note stating that the assessment had been terminated because of "claimant non-compliance".

I went for a WCA yesterday. Words fail me to describe it, I felt humiliated, pathetic, inadequate. It was my first one. I'm a senior mental health nurse and have previously worked with people on long term IB in a hopefully helpful and supportive manner with dignity, respecting their capacity and personal choices and any other health professional or support from vol. sector and more to the point the fact that their GP who they see directly for health care has given a note that states you are not fit for work currently. Why oh why is this not enough!

No, the fact my GP whom I see regularly and is well qualified to comment on my fitness for most things is dismissed, as are other specialists I am under. How can the questions and situation you are put in be used to override all this based on a 30min torture session

I did not realise just how bad this test is until having to go through it myself and I find the whole ethos behind it at best unhelpful and at worst damaging and highly detrimental. My take on my chosen career is do no harm and about care and compassion and listening to what is actually being said and exploring it. These forms and assessments are very flawed to be polite. I am disgusted at the assessment whether it be for physical or mental health.

I scored zero points on my medical and am flabbergasted (only clean word I can think of) I don't know what to do now, I can't go back to work to do the job I had because I can't physically do it and I don't know how I'm going to feed my kids as my ESA is now stopping.

Went for a second medical today - Sept. 11 - (I had one last year, failed, appealed & then won tribunal) It was really different to my last one. Went with my partner & had to see a man, didn't even tell me who he was (didn't seem as if he was a doctor as he didn't even know what my medication was what I bought along) I was in there for literally 5-10 mins! My last medical was over an hour long!

I told him how my illness affects my daily life & that I do not do much during the day. The guy actually tried to be sarcastic with me & said 'so what do you do just sit and stare at the wall' He also asked me if I was good at maths??

He got as far as my typical daily routine and then it ended. I was shocked at how quick it was! Dreading getting the results back! Pretty sure I'll be back to doing another appeal again.

I want to appeal but don't even know where to start and I now feel like an even bigger burden to my family. The thing is that I could work, but who's going to employ someone that can't do any manual tasks and can only really work 3-5 hours a day? I'm now scared that I'm going to have to go onto job seekers. I've heard horror stories that they make you take any job and that's not something I could do! I feel so sick and disheartened.

The man had poor spoken English very difficult to understand Did not take into account my conditions, very poor medical examination, he either misunderstood or deliberately ignored my conditions, would NOT read copies of letters from several Consultants, doctors, surgeons, and would not let me leave copies with him.

My Dad failed his medical. he has Spinal, muskulo-skeletal and bowel problems. The person he saw said he used to be a Cancer doctor. What the hell does he know about prolapsed disks, sciatica, spondylosis? My dad's GP of 20+ years, his 3 consultants (orthopaedic surgeon, Spinal surgeon and bowel specialist) all agree my dad will never be in a position to be able to return to work. these people have all the facts to hand, they know the history and are experts in their own field. The Cancer doctor reported that there is no debilitating function with my dad, and that he will be fit for work within 6 months. These 'doctors' are there for one thing, to bring down the number of accepted claims.

My husband who has a terminal cancer - it may be some years before it does kill him - lives in fear daily of the phone call and brown envelope landing on the mat. Our main topic of conversation is creating fall back plans in case he is ...turned down. It is worse than living in a police state. Is this how the Jews who were persecuted felt in the 1930's? And now a new century later when we are supposed to be a civilised society it happens again against the weak and disabled all because of political ideology. I feel for the lady who took her life but I can totally understand what drove her to it. This government has the taint of death on it's hands. It is evil and I would not have said that a year ago. I feel ashamed to say it. I hate this government for making me think how I now do.

The assessor wrote the exact opposite to every question he asked me. He laughed at me because I was unable to do things he was asking of me. And when I opened my eyes he was rolling his eyes at the "nurse" and I felt ridiculed. In fact afterwards I felt violated.

I have now gone through the tribunal process twice and won twice. The cost has been a further deterioration of my mental condition, my psychiatrist being afraid to try and alter my medication while I was dragged through an 8 month ordeal as he felt it was unsafe, to the point of giving me emergency contact details for the local acute care team (suicide).

The person who did my second assessment was a "nurse". But not a mental health nurse (I've seen so many over the last 15 years, I know the lingo, she didn't) and seemed to be operating on an assumption that I was claiming to be functionally retarded (which I'm not). Without good emotional support from family and friends, I would have given up the fight. And that is the point, to bully/coerce people off the system. I've had to do it twice now and, in a few weeks, it will begin again (the common sense to refer to a recent tribunal judgment probably will not register). Not only do they not save anything - but my health is harmed.

This is what really worries me. I noticed a lot of questions have been altered. They used to acknowledge pain and discomfort. But now it's as though you can either do something or you can't - no middle ground. Surely if you can do something but it causes a great deal of discomfort then it should be taken into consideration. If you then do a job that causes a great deal of pain and you leave, you'll be classed as making yourself unemployed. But if you struggle on then you're going to end up in a worse state of health and possibly a risk to yourself or others.

Iain Duncan Smith claims that those in need, need not worry. this is total garbage. some of the questions make it look as though you are perfectly fine, but this is only because there isn't an answer that you can

honestly tick regarding your state of health. Hands for example. It seems you can answer that you definately can do something or you can't. what about being able to write but it causes you pain and then results in you having stabbing pains on top of the pain you started off with. Yet you could not in all good conscience say that you couldn't write, but there doesn't seem to be anything that states doing a task takes ages and causes more pain. Iain Duncan Smith and the rest have absolutely no compassion for genuinely ill people. it seems that if you're on life support then they'll accept you can't do anything, otherwise we're all jiggered. I can't tell you how all this worry has added to my problems.

i was diagnosed with fibromyalgia, pain amplification syndrome, weak bladder, uncontrollable number 2's, and chronic fatigue syndrome. i take what feels like a chemists stock of medication for these problems and they make me so out of it it beggars belief. i gave the assessor all of this info and all of my meds and she couldnt have been any less bothered. i was kept waiting for over an hour, and when i was finally seen i was in there for a total of 8 minutes. my wife was with me, she was allowed to give her input into how my conditions affect me as she helps me out a lot, she has to help me in the bath, help me shave, wash my hair and a few times ive been caught short in the toilet department, help clean me up. the assessor totally banished this information from the report. my wife goes everywhere with me, my legs buckle under me and i just collapse at any given time, this happened on my way to hospital when i fell in the road and blacked both eyes and broke my nose after smashing my head off the kerb. even at the medical i had the broken nose and the black eyes yet she said i looked a picture of health. completely disregarded how my plethora of medications make me pretty much out of it all day.

I felt relief at getting ESA awarded, but 3 months later I've been sent a questionnaire to start the whole medical process again. Nothings changed in 3 months. I have a chronic condition, it's not going to go away. Tipped me further into depression. Stress of the ESA makes my condition worse. I am worthless and a burden to society. Add my name to the tally of 3 dead, I want it all to end. This isn't blackmail to politicians or trying to highlight the issue. It's just how i feel.

My finances were cut off without warning (benefits) as a result of being scored 0 points (year before i had passed with 15). the pressure of lack of finances and support caused a mental breakdown. i was sent by the hospital to a respite centre for two weeks. i had to be monitored by home treatment team afterwards. i was suicidal and was placed into an acute psychiatric ward within three months of failing the test as i had become stressed, severely depressed, suicidal and anorexic. i am currently awaiting for a date for a tribunal to appeal esa decision.

my offical diagnosis now:

- 1, Chronic Kidney disease Stage 4
- 2, Type 2 Diabetes Mellitus
- 3, Hypertension
- 4, Hyperchloraeserolaemia
- 5, Diabetic Retinopathy
- 6, Diabetic Nephropathy

I've had several courses of laser treatmant in each eye and I have been told that I will eventually have to start dialysis.

I had my medical on in October. Medical was Ok, the man (don't know if he was a doctor) doing it seemed

pleasant and pointed out I had quite a few medical problems. It only lasted about 15/20 minutes.

So I've been waiting 6 weeks to hear and this morning I got a phone call off the DWP and guess what - I failed the medical.

I have just got back from my ESA medical. I was made to do things that caused me severe pain, despite telling the lady that I would be in great pain if I attempted to do this she told me I had to do it otherwise she would have to say that I refused and that the decision makers class refusing to take part in the activity as "able to work" she actually said and I quote "it's like the drink driving test if you don't do the test you're automatically classed as failing it."

I was under the impression if something caused you a lot of pain you did not have to do it? quite frankly I'm disgusted at what I have just experienced it got to the point where I HAD TO REFUSE the last 2 tests as I was in agony! I have just lost all faith in the current world we live in, I simply could not do the activities she wanted me to was so painful yet now I'm going to be classed as able to do something because I can't actually do it.

It just makes no sense what so ever.

She asked if I had any problems walking to which I said yes it causes me a lot of pain in my hip, she said well you got up from your seat in the waiting area and into here by yourself so it appears you are able to walk unaided. I said I can walk but not without a lot of pain, she said but you can walk that's the main thing.

She asked if I had any problems getting dressed or washing etc, I said all these activities cause me pain, she said who dressed you and washed you today then? I said myself but not without a lot of pain, she said but you can dress and wash yourself unaided though? basically she made out like there was nothing wrong with me what so ever and seems to have disregarded any pain I was in. The only thing that mattered to her was that I could do it, if I was in agony doing it that didn't matter.

I recently had my medical by a practitioner nurse, after being kept waiting for 1.5 hours, the medical itself took all of 15 minutes and most of that was due to his two finger typing. I did complain about the waiting time as I had arrived 20 minutes before my appointment time, only to receive a letter stating they could not provide a reason for the delay due to the Data Protection Act!!!

I've just had the results for my 2nd medical. I suffer from severe agoraphobia/anxiety/depression I scored 12 points on my medical last year, appealed it and got a phone call the day of the appeal to tell me not to bother attending as I had the extra points awarded.

So I had my 2nd medical last Monday, in the year since my last medical my symptoms are much more severe and I am now receiving counselling and CBT from health in mind via telephone. Which I wasn't last year. I had my results this morning and they only scored me 9 points. I was a nervous wreck and was clinging to my mum into the centre and had to get the assessor to get my mum at the end of the assessment. I can't quite believe I have only scored 9 points, all the things that worry me the most have got 0 points next to them on the sheet that came with my letter. I'm not sure I have the strength to go through all this again.

I haven't had my assessment yet - but a friend was called to an assessment centre on the third floor of a building with no lift. She's a wheelchair user.

My sister has MS, an auto-immune disease that varies in severity from day to day. On the days she's mobile enough to attend an assessment, she's told she's fit to work, and her benefits get cut. On days she can barely move or see, she simply has her appointment rescheduled to when she is better. It's a catch-22, and the stress of it has landed her back in hospital on more than one occasion.

The assessor did not accept my answers to his questions, instead he tried to bully me into accepting his answers. None of my answers were taken at face value. His medical knowledge was very poor, I used to work as a registered nurse, so I was able to evaluate his medical knowledge which was exceedingly lacking in all areas.

Most of the questions they are given to ask were not relevant to my condition and those that were I explained in great detail how they affected me and the strategies I had put in place to try and keep a good independent quality of life. I also explained that it was taking enormous effort to keep this up. I had said I could do jigsaws so that apparently meant I had full function in my hands??? What I failed to say was that I did them with my 4-year-old Grand Daughter and they were big pieces. In the descriptors for this action the question is can you pick up a pound coin from a flat surface? If this had been asked I would have said off a table yes, I would slide it to the edge and drop it into my other hand. Could I pick it up off the floor? No. I feel that there is not enough known by the people who make the decisions regarding such illnesses as Rheumatoid Arthritis for them to make an informed decision on paper. One of the contributing factors of a chronic flare up is stress and yet the system is causing so many sufferers of this disease stress through it's mismanagement and forcing people to go to appeals that are totally a waste of time, effort and resources.

The assessor just sat behind a desk and barked questions at me, which caused me to have a panic attack, to which she told me to "stop messing about"

I got a phone call this morning from the DSS about my initial request for appeal, the lady explained that she could not approve my appeal and it is being sent to Tribunal which could take up to 12 months.

She asked if I had any questions and I said yes.

I asked why the DR I saw at the medical told me he was a DR and indeed his badge also said he was and yet he is NOT registered on the GMC?

She replied that they don't have to be and they are just advisers with medical knowledge who have completed their course to help us poor ill people.

I then asked how could the advisor/DR write so many answers to so many questions when he had not asked me and I had not answered him?

Her answer was it was his view/interpretation of how my illness affects my daily life!!

She said the DR/Adviser has said I am capable of some work maybe part/time and was not disputing my

problems.

I replied but I do work part time and needed their help and support, as I have had for many many years on my IB. She said I CANNOT work at all on ESA, it is meant for sick people that cannot work at all!

I have suffered from periods of chronic depression ever since I was a teenager and have been suffering from a severe depressive episode since February, which caused me to resign from my last temporary job in March. The WCA started with a few cursory questions about my mental health condition - what were the symptoms? was I receiving treatment? (Yes) was I taking any medication? (Yes) - which I expected and were relevant to my particular condition. Thereafter, I became increasingly concerned at the irrelevance and focus of the questions. Some of the questions seemed downright bizarre: do you have any pets? (Do they think that somebody is capable of work if they have a goldfish at home?) Can you make yourself a hot drink? Have you any hobbies? When I replied "bird watching" to the latter, he then asked when was the last time I went bird-watching, and whereabouts. I began to expect almost anything for the next question: What's the capital of Switzerland? Have you ever seen a frog? Can you blink without external help?

CAB are dealing with my appeal as I am too stressed and can't cope, just knocks me back so much. I was so traumatized I could not open the envelope when my award came through, only weeks later I got CAB Lady to open it

A while after I first failed my ESA test I had a industrial injuries exam and the results were totally different.

I was awarded Industrial injuries as 30% disabled yet the ESA exam said I was totally fit.

When I complained, the DWP said that the two exams were different and wouldnt take it into account.

The two exams were by the same doctor too!! During the Industrial injuries interview the doctor writes down your answers and then you get to read it and sign at the end to say you agree with what is written. If this happened at the end of the ESA exam then there would not be so many appeals.

The lady was not very good with the english language. She didn't ask me how my conditions affected my life. I was in there for ten minutes. During one examination I cried due to the amount of pain she caused.

The withdrawal of incapacity benefit and the withholding of ESA payments has meant a 25% drop in our household income. I had to let my car go and we are not within walking distance of shops or other facilities. I had to negotiate a lower price for my counselling, but this support was interrupted for a while as I was too embarrassed to address it. We had to cut our food budget by £20 - 30 per week and things like new clothes and outings we have done without. The psychological effect of not being believed has been the worst thing though. I became suicidal for a while needing extra support from my GP and CMHT. My partner has become very stressed also, and it has put a strain on our relationship. He now has to spend time taking me to appointments and so on as I can no longer drive myself. I use the buses but this is a severe drain on my energy levels and my recovery has taken a knock back.

They have improved nothing. They are punishing the sick & the disabled & creating misery. My husband filled out his medical questionnaire & sent it away. 48 hours later he died... Everyone was informed... I mean everyone - three months later I got a phone call from them asking to speak with him. I asked what it was about and was told they had date for his medical.

When the Doctor first saw me he said "What are you doing here?" He then said, "I am very surprised to see that you have been called in". I tried to explain to the Doctor my current medical condition but he continually interrupted me to enquire my past job history. I was given insufficient time to explain my physical condition & past employment on many occasions but the Doctor requested Yes or No answers by indicating with the palm of his hand that any dialogue was now at an end.

The stress of reading a report that is full of inconsistencies and blatant lies, then having to deal with the appeal system, affected my health great both physical and mentally. I do not have a social life as finances do not allow for one. I am unable to work due to my condition.

I got a hard time from the assessor. I hope he was one of the worst examples. He was qualified only as a nurse, had a difficult to understand eastern european accent, and was totally devoid of empathy. He didn't understand arthritis and obviously didn't have a clue about mental health issues - and scored me 100% fit.

Luckily, he was stupid enough to change my diagnosis on the form, fabricate statements, and contradict himself frequently in his report. The tribunal was a walkover, and I had the judge on my side before she finished reading the first page.

For me, the whole process took 14 months and was incredibly stressful, but hopefully they have learned...

I have a date for my 2nd medical, and had a support worker with me for the first one. Awarded nil points, and eventually won my appeal.

When I received the 80+ page document of my medical, I showed it to my support worker. One of the first things she said to me was "but you didn't do that!"

As I said "I know that, you know that, but it is printed there in black and white that I did!"

Hence even more reason to have this one recorded.

John is so severely disabled he has to wear nappies and is fed through a tube.

He is blind and deaf, cannot speak, suffers frequent seizures and requires 24-hour care. But he has now been told by a Government decision maker that he is "capable of work" — and that he is no longer entitled to benefits. Family members have contacted officials who say that an appeal against the decision will have to be lodged.

I've had several of these medicals for different reasons, and I can tell you from bitter personal experience that the doctor's(?) report will almost certainly be very inaccurate, will not be a true record of what was said and what happened and will have untruthful statements, etc etc. I could go on, but at the end of the report there will probably be a sentence saying you are fit for work. I'm absolutely convinced that the DWP decision makers do not look any further than the last sentence. I had 2 medicals for ESA in 2 years and both stated I was fit for work - despite still being under hospital consultants and taking so much medication I was a danger to myself never mind other people. Both of these cases went to tribunal and I won them both and was then put on the higher level of ESA and had the payments back dated.

I went to my medical with my support worker, medical evidence and a strongly worded letter from my GP, but because I was "on a good day" , the assessor decided I was not eligible for ESA.

They base a lot of the assessment on what you say, rather than look at the evidence, so if communication isn't your forte...

We went to the Citizen's Advice Bureau, and the decision was reversed within 3 weeks, if I remember correctly, with payments backdated to the original date.

The nurse was working within a very rigid criteria and when I tried to explain or be proactive in expressing my difficulties within this very narrow scope I became very anxious and agitated. The nurse was clearly not trained in mental health nursing as they do not employ Mental health nurses as part of their recruitment policy. The manner of questioning from the nurse and the aggressive/defensive stance adopted would also suggest very little or no training of working with people with mental health probs. I am a registered nurse on the learning disabilities part of the NMC register and therefor feel confident in making this appraisal of the assessors performance. I have had 17 yrs experience of working with people with mental health problems and special needs.

Total disregard for anything I told him, stated complete opposite of anything I told him about my depression and incontinence, embarrassed me further by calling in a lay member of staff to witness physical examination and then discussed personal issues in front of her.

She knew nothing about my illness. In fact she said, 'I have never heard of your condition, tell what happens'. She completely used the LiMa system to guide her through the assessment, had she any knowledge of my condition she would have overridden the pathways. She said I had normal movement of my limbs because they only assess stiffness up 'normal' full range and do not have any tick box for overflexibility to cater for limbs that go beyond normal...She had absolutely no idea about the disabling difficulties that someone who is hypermobile faces - the prime attitude to disability is an inability to move and so I felt like I was a lamb to slaughter. She asked very little about my mental health problems and because I'm intelligent and articulate did not see any mental incapacity.

Nobody is going to give a job to someone who, at best, has seven working years in them and could drop dead any minute. I had to raise my hands above my head, lift my leg and pick something off the floor.

The nurse took my blood pressure and measured my calf muscle. That was it. These assessments are flawed and people like me are left in a catch-22 situation. No one will employ us and we can't get help from the state.

They said I could lift my leg 70 degrees above the ground. I can't do that; even if I lift my leg two inches I'm in excruciating pain. It said I appeared to have no difficulty in removing my coat; I should have told them how much pain I was in. The report said I had a normal grip, but I can't use a tin opener or peel a potato. It said the muscle tone on my left leg was normal, but I haven't been able to drive a manual car for 12 years because of a weakness in my left leg.

They have changed the system to catch out more people. I think they try their damndest to avoid paying. They knew my condition was permanent and degenerative, so if it's true in 2009 that it's permanent and degenerative, then it has to be true in 2011. The consultant ophthalmologist has written to tell them that - formally registered blind in 2009, after 20 years of gradually deteriorating eye-sight.

The ulcers on my legs started three years after I scratched myself on a cement mixer. The cut got infected and I ended up with blood clots in my legs and lungs. I was in hospital and also got pneumonia and nearly died. I started claiming sick benefit because I obviously couldn't work. After this I went for a medical at the Job Centre and failed it, but the doctor there said I was fit enough to work. At the time I could only walk with crutches.

Nigel Love, who is 63 and from Eastbourne, applied for ESA last September. He can no longer do his job of 45 years as a lighting technician in the theatre industry because of a serious back injury. 21 weeks later he has yet to receive an appointment for his medical assessment - Somebody from the DWP recommended that I should write to Atos to make a formal complaint. That was a surprise. You don't expect somebody from a government department to recommend that you complain to a private sub-contractor about their performance.

Some 21 weeks on, he has yet to receive an appointment for his medical assessment.

I actually have my assessment this afternoon and I am confident that I will fail it. My disability is NEAD (non epileptic attack disorder) which means when I get upset/stressed/uneasy I go into seizures ranging from zoning out to full blown fits - it took YEARS for my own doctor to diagnose me and realize I had a mental disability, how the hell will I manage with a stranger staring at a computer screen asking me if I can do the washing up? Yes I can but if I DO have a seizure I could cut my hand open with a knife/drop glasses/get scalded by hot water and will have to stay sat down during the entire thing in case I do have a fit and fall on the tiled floor. If I tell them this they will just note "Can do washing up".

The backlog is unbelievable. A friend had her WCA in May, got 0 points and asked for appeal. They wrote to her in August (after three phonecalls saying 'you don't want to appeal anymore do you?' which she ignored)

and announced her appeal will be heard in January 2012. And that's not even the Tribunal. That's the appeal.

She applied in February, was assessed in May which was about 15 weeks to WCA rather than the stated 13 but it co-incided with the Incapacity Benefit roll out which has slowed things massively, even though central London assessment centres are working 7 days a week in many cases. That means she'll have been on assessment rate for almost a full 52 weeks. If it had been the old Income Support system, she'd have gone up to IB rate anyway. As it is she can expect a massive back payment when she wins her appeal. She just can't afford to put the heat before then.

I am absolutely petrified every time the postman comes - This has made me so ill i hurt everywhere. How could i work when it is like a marathon to just get to the end of a day. it is 8pm now and i am soon to go to bed, I have already spent a great part of the day having to rest - what employer would allow me to do this They are going to kill me. I am so scared. I am a human being yet they treat me like worse than an animal I am petrified of whether i will even be here a year from now because of how they make me feel so desperat.

ive had my medical. i have a serious back injury . i seen 1 nurse at my medical. i asked her to examine my injury, her reply was i am only a nurse and i am not medically qualified to examine you. now i have recieved letter saying that they reconise i have a disability but i score zero points. how can some one not a doctor be allowed to make these decissions? also the report stated i said i took my children to the park. i never ever said this. you trust medical proffesion to give the right advice and make the right decissions and tell the truth. NOT LIE.

As I myself are disabled and my benefit is being taken away in November I can see that in the not to distant future the only option I will be left with is one of self euthanasia.

I have just received a letter from Chris Grayling to my MP, regarding issues I raised with my MP about the WCA. I am so disappointed that I am actually crying .. sorry, I know that's stupid. He hasn't addresses half the issues I raised, instead seeming to defend a position I have not even touched upon in places (ie, I never mentioned incentives for assessors). As such all I can assume is that this is just a standard letter he sends to everyone offering the help they asked for ... my letter has not even been read.

There was no sympathy at all. They even got my date of birth and my medication wrong. They said I went out shopping and visiting my brother - none of which was true. I can't go out of the door on my own.

I am coming up to my 60th birthday i have sufferd two heart attacks, need triple heart by-pass, impaired left ventricula function, poli-arthritis, degenerative spine disease,sciatica, and just today been informed that i am fit for work.

just got back my partners medical report they have completely omitted a lot of info and there are actual lies in there. after we win the appeal because she totally messed up the report i will be making a complaint about this person. the mess up is not even small its massive.

Detached labrum of the right shoulder(2 ops done so far), degenerative vertabrae in my neck with stenosis (shrinking of the outlet which the nerves to my left arm go thru) reducing sensation and strength, nerve damage to the right shoulder affecting the interior of my right arm, severe depression onset due to injuries and personal circumstances, and 3 types of drugs to keep things in order....their opinion...Nil Points and fit for work.

I went to one of these tests and had my benefits stopped plus they sent a letter to my doctors telling him to stop signing me off, i could've appealed but would've had to travel for 4 hours to get to the court! I felt so bad and had to get some work to survive but this then led to me having a heart attack! I have had to have a pacemaker fitted. They said i was deemed fit to work because in the test i sat on a table and all i did was swing my legs forward and back!!!! Plus asked to bend over!

I suffer with borderline personality disorder anxiety and depression plus i faint sometimes or have black outs. I am being forced back into work and to go to work meetings. I have been threatend with loosing my home, so i ended up self harming and now being threatend with loosing my benefits. If I don't get my benifits nothing will get paid, and i'll either end up topping myself or dying of starvation. I am now terrified, i am not ready to go back to work, and if they force me into work i have no idea how i will react. 1 mintue i can be fine next i feel like the anticrist. I can't control my personality disorder, mental illness does not have days off.

I have multiple health problems - some of which have taken years to diagnose eg, PTSD, diabetes, chronic fatigue, severe allergies causing angioedema and anaphylactic shock, asthma, gastritis, muscle weakness. I've just undergone TWO hysteroscopies and the biopsy has revealed a problem. We've discussed hysterectomy so I'm guessing the diagnosis won't be a good one. I can't climb stairs and I haven't been out socially for two decades. My last job was as a temp for the NHS and I was dismissed from my job because I became ill at work and had to be hospitalised with pneumonia. They have now deemed me fir for work despite GP and Consultant's notes which state the opposite.

Why don't the gov get the army to round up all the sick and disabled people and myself and shoot us all? It would be kinder than the hell they are putting us through at the moment.

3: The Impact

In a Mirror.co.uk article on 4th March 2012, a journalist used a Freedom of Information Request to discover that, between January and August last year -

1,100 claimants died after they were put in the ESA "work-related activity group" and 1,600 people died before their assessment had been completed.

<http://blogs.mirror.co.uk/investigations/2012/04/32-die-a-week-after-failing-in.html>

By July the numbers had risen.

1,300 people died after being put into the Work Related Activity Group. 2,200 people died before their assessment was completed. 7,100 people died after being put into the Support Group.

In total, between January 2011 and November 2011, some 10,600 claims ended and a date of death was recorded within six weeks of the claim end.

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

http://statistics.dwp.gov.uk/asd/asd1/adhoc_analysis/2012/incap_decd_recips_0712.pdf

Data on the number of ESA claimants that have died following a fit for work decision is not available, as the DWP does not hold information on a death if the person has already left benefit.

The DWP does not hold information on the number of claimants who died whilst an appeal was in progress.

People who have died prior to their appeal being heard:

When asked how many people have been found fit for work under the Work Capability Assessment who had submitted an appeal against that decision and subsequently died prior to the appeal being heard, Chris Grayling replied -

“Between October 2008 and October 2011, the most recent reported period, 31 appeals against decisions relating to work capability assessments have been withdrawn following the notification of death of the appellant. HMCTS cannot identify which of these appeals were against decisions where the appellant was assessed as fit for work.”

These are people whose illness was severe enough that they consequently died. Yet they were having to appeal decisions made about their fitness or relative fitness for work.

<http://www.theyworkforyou.com/wrans/?id=2011-12-20b.87678.h>

Deaths and Suicides

Larry Newman attended a work capability assessment when a degenerative lung condition made it impossible for him to go on working. The Atos staff member who carried out the medical test awarded him zero points. He received a letter stating that he was not eligible for ESA and would be fit to return to work

within three months. Before three months was up he died from his lung problems.

Two claimants died from the conditions which caused them to claim Incapacity Benefit while waiting for their appeals to be heard.

One was deemed fit for work during a work capability assessment, despite having a deteriorating chronic illness, and lost both incapacity benefit and disability living allowance.

When his support worker appeared at the appeal tribunal she had to report her client could not be there because he was dead.

The other had a congenital condition which caused difficulty in walking but was assessed capable of work and his incapacity benefit was withdrawn. He was waiting for a date for an appeal tribunal when he died.

A third person could not work due to severe heart and lung problems caused by a degenerative syndrome. He died recently after winning a second appeal tribunal following three years of repeated assessments and decisions being overturned.

George worked all his life, first as a miner and foundry worker, then as a communications engineer, until a heart attack in 2006 when he was 53. In George's 39-minute exam, the "disability analyst" noted that George had angina, heart disease and chest pain, even when resting. But this wasn't "uncontrollable or life-threatening" and George "should be able to walk at least 200 metres".

He appealed, waiting eight months for his case to go to an independent tribunal. He was put in the "work related activity" group. But months later George collapsed and died of a heart attack, the day before another Atos medical. His widow is convinced the stress of claiming killed him.

A man with mental health problems who was worried about benefit cuts killed himself while he was searching for a job. A suicide letter and next of kin note were found in which he expressed concerns about Government cuts.

The police are not looking for anyone else in connection with the deaths of Mark and Helen Mullins, from Bedworth in Warwickshire. One theory is they may have committed suicide.

Before their death Mark said "Helen is learning disabled, but it took her a very long time to get any kind of benefits or social security. The job centre decided that she couldn't sign on because she wasn't capable -- she had no brain functions, no numeracy, literacy skills. "But the incapacity people ... wouldn't recognise her until she had been fully diagnosed, which meant month after month after month of specialists. So basically we were caught in a Catch-22 situation. I think the system is very unkind. We have lost count of how many appeals we have had. We've had to fight tooth and nail every step of the way to get benefits." Neighbours said before they died, the couple were living in one room because they could not afford to heat their home.

A young man explained how his uncle, who had severe mental health problems, committed suicide after the test gave him zero points and found him fit to work. He had appealed against the decision, and won at tribunal. But shortly after that decision, he was called in for another assessment, and for a second time scored zero points and was told he did not. He began appealing against the decision again, but a few days before another tribunal date was set, he hanged himself.

The body of Elaine Christian, 57, was found in Holderness Drain by a mother returning from a school run. A post mortem revealed she had died from drowning, despite having more than ten self-inflicted cuts on her wrists. The inquest in Hull was told Mrs Christian had been worrying about a meeting she was due to have to discuss her entitlement to disability benefits.

Friends of an acclaimed Scottish writer have accused the government's crackdown on welfare benefits of being a factor in his suicide. Paul Reekie killed himself in his Edinburgh home last month. The writer and poet, who was 48, left no suicide note but friends say letters informing him that his welfare benefits were to be halted were found close to his body. One was notifying him that his housing benefit had been stopped. The other was notifying him that his incapacity benefit had been stopped.

Police have confirmed a body found in the River Wear five weeks ago is that of the 30-year-old, who disappeared five months ago. Leanne, who had battled depression for a number of years, had taken a turn for the worse after receiving a letter telling her she had to be assessed by a doctor to see if she was fit to return to work.

My Daughter was deemed fit for work in November, she was so worried about losing her flat, she had to sell her Jewellery to get heat and food, given to her by Family, broke her Heart, my Daughter was 36 on the 9th of March 2012 and had died in her sleep on the 12th of March, post mortum showed nothing, inquest in May. when I ring DHSS they keep sending me from pillar to post, sent in a complaint no reply, not giving up, will carry on until I get an explanation, My Beautiful Daughter is gone, and my Heart is Broken

Behind every statistic is a person. I personally knew one of the 1100 people that died while in the Work Related Activity Group of ESA that the writers of the (Mirror) article above have talked about. And I sat holding the hand of this lady who was in the Work Related Activity Group of ESA , and I kissed her goodbye the day before she died. And as a support worker, among the many other things I had to deal with after she died, I had to write to the local 'back to work service' to tell them she would not be attending any more mandatory 'work focussed interviews'.

Any person with any conscience - do you think it's ok for a person dying of cancer to be forced to work for £70 per week benefit in their local Poundland? Do you think it's ok to be served in MacD by someone who has a Hickman line in? Does anyone out there actually know what a Hickman line is? Not the DWP clearly.....

My brother died 4 days after having his medical. I went with him to it and saw how terrified he was. He had aspergers and I have seen some links saying he didn't need to attend in the first place. He died of an aortic dissection, brought on by high bp-I'm convinced raised fatally due to the thought of the assessment. At present I am trying to get the notes from the meeting but not getting anywhere.

My father David Groves shown in the article was at his second appeal tribunal which he was due to attend the day before he died. He was trying his up most to sell any assets that he had built up over his life time, the family caravan, his car, and anything else of value to try and raise fund to keep a roof over his head, because he new that this system was going to fail him. Those that have said that is was not the government that killed him speak to my mother who found him dead at the computer getting the best price for his assets.

Martin Rust, 36, was declared fit to work following a Department of Work and Pensions assessment in September, two months before he was found dead at his home in Parmentergate Court in the city centre on November 21.

Coroner William Armstrong said the DWP's decision "caused distress and may well have had an adverse effect", recording that Mr Rust had committed suicide while suffering from a treatment-resistant mental illness.

A man who had "significant worries" was found hanging in his home by a neighbour, a Burnley inquest heard. Craig Monk who was described by his family as "vulnerable" had previously taken overdoses of anti-depressants and painkillers.

Neighbour Kevin Martin said the last time he saw Mr Monk he was worried that his benefits had been cut.

Stephen Hill, 53, of Duckmanton, died in December of a heart attack. The dad-of-two had suffered heart problems for around two years and was awaiting major heart surgery but following a ten-minute medical examination on November 17 he was deemed well enough to work.

Mr Hill's brother Anthony, 52, said: "I think the worry put so much pressure on him.

Mr Hill's family – and Chesterfield MP Toby Perkins – are now calling for Atos' 'tick box' system to be overhauled.

Mark Scott, 46, who suffered from anxiety, epilepsy and chronic alcoholism, was left penniless when jobcentre doctors said he was fit to work. He was deprived of oxygen as a baby which left him prone to epileptic fits and panic attacks. He died on January 26 in the Southport flat where he lived alone. His father told the ECHO: "I think the anxiety Mark suffered over this decision killed him.

They pulled the rug from under him and I think the stress of it led to his death. I want to fight for justice, not just for Mark but for all the other people in the same situation. If I am offered the money I won't take it, I will give it to charity. I just want the DWP to realise the impact of what they are doing."

An independent tribunal ruled the decision to stop Mr Scott's employment support allowance was incorrect.

Karen Sherlock, 44, was put in the Work Related Activity Group in 2010. Where she was required to attend interviews, work-related activity etc.

She suffered from Diabetic Autonomic Neuropathy (gastric causing unpredictable and severe diarrhoea), Gastroparesis (causing unpredictable and severe bouts of vomiting), Diabetic Retinopathy, partially sighted (loss of peripheral vision in both eyes and some central vision in left eye), Heart condition, Chronic Kidney Disease, Vitamin B12 Deficiency, Anaemia, Hypertension, High Cholesterol, Hypothyroidism, Asthma and Chronic tiredness due to multiple illnesses.

Her husband Nigel said it was a disgrace she was refused benefits and said her battle finally took its toll on her health.

Last year she lost a long process of appeal against the decision but continued her campaign. In April 2012, as a result of the time-limiting of ESA to one year, her £96-a-week benefits were stopped, plunging her into despair as her health deteriorated.

She won her appeal a few weeks ago and she was finally put in the Support Group.

She died eight days later on 8 June.

Colin Traynor suffered from grand mal epilepsy from the age of 14 months. Although he was prescribed medication, his condition was never controlled. He was unable to do normal things that some of us take for granted such as go out to work, drive a car and even socialising with friends.

After doing everything to try and find employment for Colin, Remploy told him his condition was so severe that he was deemed unemployable. After 9 years of trying Colin eventually came to terms with the fact that he would never be able to work.

After a WCA Colin was found fit for work in January 2012 and would have his benefit cut by £70 a week. He was advised an appeal could take 9 months. Colin's health deteriorated, his seizures increased due to the stress and he also lost a lot of weight. On the 3rd of April 2012 the stress and anxiety he was suffering from resulted in a massive seizure which took his life. Colin died at home, on his own. He was only 29 years of age.

Paul Turner, a manager and proud family man, contracted a serious heart disease. He was off work and although desperate to work, could not do so. However, he was told that he was fit for work and was denied benefit. As his wife says, he went into serious decline and died only weeks later. In the work capability assessment, his heart was not tested: does that not demonstrate how fundamentally flawed the assessment process and its conduct by Atos are?

My partner died last week of kidney cancer. He was diagnosed a year ago and at Christmas was told he had about four months to live. In the spring he was summoned for a work capability assessment (by this time he had two brain tumours) and found fit for work. In addition to everything else, he became anxious about losing the small amount of money he was living on. On May 19th he received a letter from Jobcentre plus telling him he was to be tested as having limited capability for work. The medical officer overseeing his case had advised that "death within six months is unlikely to occur due to the client's cancer" and there would be no "substantial risk to his mental or physical wellbeing if he were found capable of work-related activity."

Janet McCall aged 53 had pulmonary fibrosis and scarring of the lungs - she was struggling to breathe. In the summer of 2011 an Atos doctor did a home assessment and declared her fit for work. Five months later in January 2012, she died.

A man set himself on fire outside a Birmingham jobcentre after what reports suggest was an argument over benefit payments.

The 48-year-old unnamed man is understood to have doused himself in flammable liquid and tied himself to railings after a dispute inside the Jobcentre Plus in the Selly Oak area on Thursday.

A source with links to staff at the centre told the Guardian the man had been recognised by the staff as vulnerable with outstanding health issues but had recently been found fit to work precipitating a move from one benefit to another.

An unnamed witness said "He would have to have been very desperate to have done something like that. It's shocking that somebody could have been driven to those depths."

The incident follows an attempted suicide in a Liverpool benefits office earlier this year.

Mr. D had diabetes, heart condition, and lymphoedema. The DWP made 3 appointments for him because he had major walking difficulties. The DWP then agreed that he could complete the ESA form in his car, though he had asked the DWP officer to come out to complete the form, which was refused. Mr. D died while completing the form.

Brian McArdle, 57, collapsed and died in the street near his home in Larkhall, Lanarkshire. He had suffered a heart attack. A previous stroke on Boxing Day last year had caused a blood clot on Brian's brain. He was left paralysed down his left side, unable to speak properly, blind in one eye and barely able to eat or dress. Brian had another stroke days before his WCA appointment because of stress, but was still determined to attend. He was found "fit for work" and his benefits stopped on September 26th. On September 27th he died.

His 13 year old son has had to resort to writing to the Press about his loss.

On 1st November The Daily Record newspaper hand-delivered his anguished appeal to end the hated assessments to Iain Duncan Smith's Whitehall office. The DWP said "The letter will be brought to the attention of the Secretary of State at the earliest opportunity."

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- <http://www.michaelmeacher.info/weblog/2012/10/the-atos-nightmare-gets-worse/>

A survey of over of 1,000 GPs across the UK by ICM found that six per cent of doctors have experienced a patient who has attempted or committed suicide as a result of “undergoing, or fear of undergoing” the Work Capability Assessment.

<http://www.independent.co.uk/news/uk/politics/fear-of-fitness-to-work-tests-driving-disabled-patients-to-suicide-say-6-of-gps-8197432.html>

Early day motion 687: Work Capability Assessment and Day of Remembrance

This EDM was tabled on 5 November 2012 and is sponsored by John McDonnell:

That this House wishes to record the case of Mr Brian McArdle who, having suffered a blood clot on his brain, was left paralysed on one side, unable to speak properly and blind in one eye and yet was summoned to an Atos work capacity assessment, before which he suffered a further stroke and was eventually informed he was to lose his disability benefits; notes with sadness that Mr McArdle died from a heart attack the day after his benefits were stopped and that his 13 year old son Kieran wrote to Atos to tell the company that their assessments ‘are killing genuine people like my dad’; and appreciates why disability campaigners like Susan Archibald are calling for the suspension of Atos assessments, and why Jim Moore and other campaigners are calling for 3 December to be a day of remembrance for all Atos victims.

<http://www.parliament.uk/edm/2012-13/687>

Suicide Guidelines Issued

Staff working for jobcentres and other Department for Work and Pensions contractors have been given guidelines on how to deal with suicide threats from claimants as the squeeze on benefits takes hold... A document sent to jobcentre staff in April details what it calls a "new policy for all DWP businesses to help them manage suicide and self-harm declarations from customers". The internal document was sent to the Guardian by a senior jobcentre employee who has worked for the DWP for more than 20 years. It was accompanied by a letter from the source that said: "Absolutely nobody has ever seen this guidance before, leading staff to believe it has been put together ahead of the incapacity benefit and disability living allowance cuts."

<http://www.guardian.co.uk/society/2011/may/08/jobcentre-staff-guidelines-suicide-threats>

<http://www.whatdotheyknow.com/request/83155/response/217725/attach/html/2/FoI%20IR%20200%2012.10.11.pdf.html>

4: Essential Information about the WCA

This section provides information about the WCA using excerpts and quotes taken directly from the sources to which links are provided. Commentary has been kept to a minimum and is only added where it is necessary to explain the significance of the information provided by the sources. In addition, certain words in the quoted material have been emboldened to emphasise their significance.

The following issues are all known about by the DWP, yet they continue to endorse Atos Healthcare and continue putting vulnerable people through the WCA.

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Media coverage of the Work Capability Assessment

Two Mainstream TV documentaries show the failings of the WCA

A Channel 4 investigation through its Dispatches strand on 30 July 2012 was immediately followed by a Panorama expose on BBC Two, and both heavily criticised the work of Atos Healthcare, the company which carries out the work capability assessments (WCA) for the government.

Panorama interviewed several disabled people who had been found 'fit for work' following WCAs carried out by Atos 'health professionals', despite serious health conditions.

Among those interviewed was the family of a man with a heart condition who was found fit for work, successfully appealed against that decision, but was then called in for another assessment. His family told how, on learning that he had been found fit for work a second time, he had decided Atos must be right and had decided to vacuum his car, before collapsing and dying minutes later.

During the programme, Chris Grayling, the Conservative employment minister, said it had become clear "in the last few months" that the government had been "calling people back too regularly" for assessments.

But the disabled MP Dame Anne Begg said the work and pensions committee that she chairs told Grayling as far back as the spring of 2011 of its concerns that people who had won appeals against being found fit for work were then almost immediately called in for another WCA. MP Tom Greatrex said: "It is wrong for Chris Grayling to claim he is only now being made aware of this problem. I met him last year [on 7 December], along with Parkinson's UK, to highlight concerns that people were being trapped in a seemingly never-ending cycle of assessment-appeal-reassessment."

The Dispatches programme, which was watched by 1.3 million people, followed a GP as he trained to become an assessor for Atos. His Atos trainer was shown admitting that the WCA was 'toxic' and 'very, very tough'. She then warned the GP that any assessor who allowed too many disabled people to join the ESA support group – for those not expected to carry out any work-related activity – would be told this rate was 'too high'.

Dame Anne said she was 'shocked' by some of the statements made by the Atos trainer and her apparent 'harsh interpretation' of the WCA rules. "It gives the lie to the assertion that those who are most disabled are protected and have nothing to fear."

<http://www.bhfederation.org.uk/component/k2/item/1751-mps-suggest-minister-ignored-‘fitness-for-work’-re-test-concerns.html>

<http://www.bbc.co.uk/programmes/p00wq21j>

<http://www.channel4.com/programmes/dispatches/articles/britain-on-the-sick-clips>

Has the WCA been successful?

The DWP have claimed the WCA has been very successful; however, statistics in their own reports, as well as statistics compiled by other agencies, show a different story.

Success rate of appeals against WCA decisions

It is now known that many of those found fit for work by the WCA are actually very ill and not well enough to work, a fact supported by the high level of success at appeal. Recent DWP figures show that, to date, **38% of appeals against a fit for work decision** (on new ESA claims, rather than transfers from Incapacity Benefit) **have been successful**. Where claimants are represented by welfare rights organisations for their appeal, the success rate is higher; **CAB reports an approximate success rate of 80%**.

http://research.dwp.gov.uk/asd/workingage/index.php?page=esa_wca

(see [Statistical Release October 2012 - Tables](#), Table 3, percentage of heard appeals where initial decision overturned, to date)

<http://www.guardian.co.uk/society/2012/jul/04/advice-stretched-benefits>

<http://www.mirror.co.uk/money/personal-finance/esa-cuts-governments-disability-assessment-1346639>

The figures for existing Incapacity Benefits claimants being transferred onto ESA are different and were published the day before this report was finalised. Declan Gaffney has produced an early analysis which suggests that about 17% of fit for work decisions are overturned on reconsideration or appeal. This is not surprising given that people on Incapacity Benefit have already been assessed as being not well enough to work. It is still a large number of claimants, given the volume of reassessments being completed.

<http://lartsocial.org/IBNov12>

For an in-depth analysis of the statistics see – ‘The Real Results’ -

<http://mylegal.proboards.com/index.cgi?board=frontline&action=display&thread=789>

Volume and cost of appeals

Since ESA was introduced in 2008 appeals have increased dramatically and in order to cope with the increase and the backlog the tribunal service has had to implement a whole range of new measures including recruiting more judges and medical panel members; increasing administrative resources; securing additional estate; increasing the number of cases listed in each session; running double shifts in its largest processing centre; running Saturday sittings in some of the busiest venues; and setting up a customer contact centre to deal with telephone inquiries.

<http://www.theyworkforyou.com/wrans/?id=2012-03-13b.99484.h&s=esa+recruiting+more+judges+and+medical+panel+members#g99484.r0>

MP Tom Greatrex said in the cross-party Westminster Hall debate on 4th September 2012 -

“The cost to the public purse from appeals relating to the WCA was £60 million in 2011-12. As I said, that figure has more than doubled since 2009-10. It is almost 50% of the total yearly value of the Government’s contract with Atos Healthcare to carry out the assessments in the first place. In effect, taxpayers are paying for the process not to work, and then to correct it. Given the unprecedented pressures on the public purse, it beggars belief that the Government are apparently content to sit back and do very little to rectify that situation.”

<http://www.theyworkforyou.com/whall/?id=2012-09-04b.17.1&s=cost+of+appeals+esa#g21.0>

There were 189,459 ESA appeals in just one year - the financial year 2011-12 - in which the work capability assessment was a factor.

<http://www.theyworkforyou.com/wrans/?id=2012-07-05a.115329.h&s=189%2C459+ESA+appeals#g115329.r0>

Delays in appeal process

There is a long waiting list for appeals to be heard, which is partly due to the sheer number of claimants appealing against the WCA decision. The DWP admitted in February that at least 35,000 people who put in their claim before May last year are still waiting longer than 13 weeks for a medical assessment to determine whether they should receive the benefit. That is one in five claimants. One member of DWP staff described the situation as being "in meltdown".

<http://www.bbc.co.uk/news/uk-16937742>

Rapid reassessment following successful appeal

Another difficulty which faces many ESA claimants who have appealed is that they are called in for a reassessment a very short time after their successful appeal; some are called in less than 3 months following appeal and the majority are called in after a year or less:

<http://www.theyworkforyou.com/wrans/?id=2012-10-30a.122673.h&s=atos#g122673.q0>

Outcomes for those who do not appeal

Many are too ill to carry on and do not appeal because they can't face the stress of the appeals process. Because so many decisions are wrong, they are still unable to work so they have to rely on help from family, friends and charities, or have to borrow money from doorstep lenders.

DWP research report 791 states that that 37% of people who had been taken off ESA had been able to find work (roughly equally split between part-time employment, full-time employment and self-employment). 41% had to set up another claim for an out of work benefit. 22% had neither entered paid work nor set up a new claim for an out-of-work benefit.

<http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep791.pdf>

DWP research report 745 states that of those found fit-for-work, only 28% had returned to work, 48% had to claim another income replacement benefit, and 25% were sick or unemployed without receiving benefit, relying on savings or a partner's income, or moving into education or had moved into retirement.

<http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep745.pdf>

The DWP have stated that "a person cannot be in a position where they are ineligible for Employment and Support Allowance and not fit enough to meet the conditions required for claiming Jobseeker's Allowance."

http://www.whatdotheyknow.com/request/claimants_not_eligible_for_esa_o#incoming-309390

However: "A Citizens Advice Bureau in the west of Scotland referred a woman with diabetes for a food parcel because she was left without benefits for weeks as a result of delays. She had been using a

<http://wearespartacus.org.uk>

wheelchair for almost a year because of a degenerative disease linked to her diabetes. She applied for ESA but was classed as fit for work and was told to apply for jobseeker's allowance.

"But, when she made the JSA application, she was then told she was NOT fit for work and should reapply for ESA. Although she had made the claim three weeks before, she was told it could take another 14 days to process her application.

"As well as referring her for a food parcel, the CAB had to ask the DWP to deal with her benefit claim as a matter of urgency."

<http://www.scotsman.com/news/politics/case-studies-i-wouldn-t-be-here-without-that-help-1-2504144>

Withdrawal of legal aid for most welfare matters

In the light of this situation the reader may wish to consider why the government has decided to introduce new legislation in the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 which will abolish Legal Aid for the vast majority of welfare benefit matters. They claim this harsh measure will target aid to those who need it most. Roger Smith, director of JUSTICE, has said that it implements cuts that will be experienced as disastrous by about half a million very poor people a year. Lord Bach has said- "Has there ever been an Act that so picks on the poor and attacks access to justice?"

Not only this but funding for existing advice agencies such as CAB has been cut.

Understanding and navigating the highly complex benefits system requires specialist expertise in order to appeal a wrong decision. Without this help, sick and disabled people will be denied the right to effective access to justice for disabled people on an equal basis with others, as enshrined in the UN Convention on the Rights of Persons with Disabilities, which the government has signed and ratified.

<http://www.guardian.co.uk/law/2012/oct/16/lord-mcnally-legal-aid-cuts-laspo>

[http://www.newLawjournal.co.uk/nlj/content/cracks-system](http://www.newlawjournal.co.uk/nlj/content/cracks-system)

<http://www.hbcosting.co.uk/news/32-laspo-becomes-law>

Human Rights implications

As well as having equality implications under the Equality Act (see information on High Court challenge, below) we suspect that the reality of the WCA experience, as set out in this report, may compromise disabled people's human rights, as outlined in the Human Rights Act, the European Convention on Human Rights and/or the United Nations Convention on the Rights of Persons with Disabilities (the latter having been ratified by the UK Government in 2009).

The National Audit Office finds weaknesses in the Contract between DWP and Atos

Tom Greatrex MP asked the NAO to review the DWP's contract with Atos for undertaking Work Capability Assessments after being told by ministers that the details of the contract, including information about financial penalties, were 'commercially confidential'.

On 17 August 2012 the BBC reported that the National Audit Office had found 'weaknesses' in the contract between the government and Atos, the private firm paid to carry out fit-to-work medical assessments. The

contract underpins the Department for Work and Pensions' efforts to move people from sick benefits into work."

"The National Audit Office said the DWP had failed to penalise Atos for 'underperformance', and had not set 'sufficiently challenging' targets.... The DWP had previously admitted that Atos had not carried out some fitness testing within the agreed time limits, and performance had been 'below the standard' since mid-2011."

"The NAO criticised the DWP for not seeking 'financial redress' for these delays, saying just 10% of the penalties triggered by poor performance had been applied."

"The spending watchdog added that the DWP's negotiating position has been undermined by 'inaccurate forecasting' of the number of people likely to need a medical test."

<http://www.bbc.co.uk/news/uk-19244639>

Facts and extracts from '*Contract Management of Medical Services*' published by the National Audit Office in 2012 in relation to the DWP's contract with Atos Healthcare:

"The National Audit Office (NAO) scrutinises public spending for Parliament and is independent of government."

Key facts:

An estimated 20,000 medical assessments delivered by Atos Healthcare in 2010-11 failed to meet professional standards

An average of 24 working days in excess of performance target for processing of ESA medical assessments by Atos Healthcare

38% of appeals against a Department decision are found in favour of the customer

"The Department introduced Provider Assurance Teams to audit employment programmes in October 2009 but has not adopted a similar approach for its medical services contract. Provider Assurance Teams visit contractors to examine governance arrangements, service delivery, financial procedures and data security with the aim of ensuring that a) contract payments are made in accordance with Department requirements; b) public funds and participant data are protected; and c) value for money is obtained.

"The Risk Assurance Division found weaknesses in the operation of governance arrangements noting uncertainty of roles and responsibilities, poor record-keeping and irregular sitting of the Executive Management Board.

"Risk registers that we reviewed do not adequately assess the likelihood and impact of each risk or what mitigations might need to be applied.

"The Risk Assurance Division identified an absence of documentation supporting options appraisal, risk assessment and rationale for the decision to waive service credits. The contract specifies that service credits can be applied where the contractor has failed to meet the specified service level. Service credits were not applied between September 2009 and March 2010 and between June 2011 and December 2011, when the service credit regime was suspended following negotiation with the contractor.

"We have identified the failure to verify invoices supplied by Atos Healthcare as a significant control

weakness.

“The Department should enforce the available financial levers to manage performance. Despite poor performance, the Department has applied only 10 per cent of service credits due.

“The current target of no more than 5 per cent of reports being graded as ‘unsatisfactory’ is not sufficiently challenging and allows the contractor to deliver a significant number of assessments before financial penalties become due.

“The Department needs to assess the costs and benefits of different commercial options on a transparent and consistent framework. The options paper presented to the Minister in September 2010 did not disclose that Atos Healthcare had achieved agreed service levels because of a major policy change that had reduced the contractor’s workload.

“The Department needs to reduce barriers to entering the medical services market. The incumbent supplier has significant cost advantages in, for example, the availability of estate and IT infrastructure.”

http://www.nao.org.uk/publications/1213/dwp_medical_services_contract.aspx

Statement by Margaret Hodge MP, Chair of the Public Accounts Committee

Following the NAO report on Atos's performance and the DWP's failure to impose any financial penalties, The Rt Hon Margaret Hodge MP, Chair of the Committee of Public Accounts issued a statement on Contract Management of Services.

"People with disabilities must be able to access the benefits to which they are entitled. The department relies on medical assessments to make sure it awards the right benefits to the right people. Getting this wrong can have devastating impacts on individuals and their families.

Atos Healthcare billed the department for over £110 million to conduct the medical assessment of some 740,000 people in 2011-12. Over the same period, an estimated 20,000 people received substandard assessments. In March this year, 1 in 4 cases was taking Atos more than 56 days to deal with.

This has resulted in distress, uncertainty and financial hardship for those people who are genuinely in need...I am stunned to discover that the department does not check and challenge the key performance data that supports invoices. The financial model that informs contract charges was designed by Atos and the department lacks an understanding of how it even works. The Department's inaccurate forecasting of demand for services has undermined its ability to hold Atos to the terms of its contract."

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news/statement-from-the-chair-on-contract-management-of-medical-services/>

Complaints about the WCA

Citizens Advice Scotland have received a shocking 24,000 complaints about Atos and the WCA

<http://www.dailyrecord.co.uk/news/scottish-news/atos-scandal-benefits-bosses-admit-1344278>

Atos Customer Satisfaction Surveys

Atos Healthcare state "Independent reviews have confirmed that we are providing a high standard of service in our WCA role and in our monthly survey of over 2,500 customers, **90%** of those who respond are positive about their experience with us."

However, this figure appears to be based on a very small response rate to their Customer Satisfaction Survey - in 2011 month by month only around 32% of those going through assessments actually responded.

http://www.whatdotheyknow.com/request/dwpatos_claimant_satisfaction_su_2#incoming-227836

DWP Research Report 762: "Unsuccessful Employment and Support Allowance Claims" paints a rather different picture when it comes to customer satisfaction.

"Experiences of the Work Capability Assessment

"The experiences reported in this section were broadly consistent with the findings of an earlier in-depth study of the WCA15, and as they are not the primary focus of this study, are dealt with briefly here. Those who had attended a WCA generally reported that the appointment was fairly short and was structured around a series of questions about the use of their arms, legs, eyesight, questions about their daily activities and mental well-being. **Customers voiced a number of complaints about the WCA process; the majority of these related to the nature of the assessment**, rather than the medical assessment staff. Common themes reported in interviews about WCAs centred on:

- the apparent absence of input into the WCA from healthcare professionals (HCPs) currently treating the customer;
- the reportedly 'tick-box' nature of the assessment process;
- customers not understanding the nature of questioning, and viewing the questions as often unrelated to their situation.

"Customers were critical of the apparent lack of scope for input from HCPs (including GPs or surgeons) currently charged with their care. Although further medical evidence may be requested by Atos Healthcare in some cases, several customers reported feeling that **the opinion of specialist medical professionals had been disregarded** in their case. A number of customers also reported feeling that **the opinions of their GP or surgeon were undermined by the WCA decision**; and in some cases **this led to contradictory messages**, as in this example:

"“They gave me seven discharge papers from the city hospital. I was getting sick notes from my doctor and they still say I’m available for JSA.”

"(Man, 40s, found fit for work, abdominal pain and kidney failure)

"Customers also tended to report that **they experienced the WCA as a ‘tick-box’ exercise, and felt that their individual circumstances were not adequately captured.**

"“The doctor was ticking off boxes. I didn’t feel she was listening to what I was saying.”

"(Man, 40s, found fit for work, anxiety and trauma)

"Some customers did not understand why they were being asked to carry out specific tasks in the WCA. In some cases this was because **they felt the tasks were not relevant to their condition**, for example being asked to carry out physical tasks when they were reporting a mental health problem. In others, they viewed

the level of difficulty associated with the task as being a poor measure of their ability to work.

“Very few customers were positive about their experience of the WCA; either the assessment itself or the staff undertaking the assessment. A few customers felt that in asking a range of questions not obviously related to their condition, the medical practitioner was being thorough in their assessment, **but they were very much in the minority.** In a few cases, customers also appreciated the friendly manner of the HCP.”

<http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep762.pdf>

Many of the following sections provide additional evidence that the WCA has been far from successful, depending on how success is defined.

Reward for failure?

Atos are awarded two further contracts to assess claimants of the new Personal Independence Payment

Three days after Panorama and Dispatches were broadcast, and despite a catalogue of damning evidence, the DWP announced that two of three regional contracts to assess claimants of the new personal independence payment (PIP) will go to Atos Healthcare. The decision to award benefit assessment contracts worth £400 million to the company has caused anger and disbelief among sick and disabled people.

Richard Hawkes, chief executive of the disability charity Scope, said the tests were deeply flawed. "Just this week the government and Atos, the contractor that carries out its fitness for work test, have come under a great deal of criticism about how this assessment is being delivered to disabled people. **Yet in less than a year from now, disabled people could have to go through two deeply flawed assessments in the same month to get the essential financial support they need to live their lives.**"

Neil Coyle, director of policy and campaigns for Disability Rights UK has said- "The biggest problem facing disabled people was with the government's testing system, rather than the way it was applied by Atos", and that- "the same is likely to be true with the PIP assessment, which we know is designed to allow a government policy that will take 20 per cent off the budget and deny support to half a million disabled people. **Atos could be better, but they are delivering government policy.** Government policy on PIP is going to be much more significant for disabled people than who carries out the assessments"

MP Tom Greatrex said- "Far from making Atos compensate the taxpayer for the millions it is costing to clear the mess Atos leave behind, it appears the Government are happy to send more windfall profits their way."

There will be approximately 440,000 claims for Personal Independence Payment from April 2013, requiring new medical assessment and 2 million existing claimants of Disability Living Allowance to be reassessed over three years from October 2013.

<http://www.guardian.co.uk/society/2012/aug/02/atos-disability-benefit-tests>

<http://www.dailyrecord.co.uk/news/politics/40m-profit-for-atos-a-slap-1355229>

<http://www.philandfriends.co.uk/news/disabled-peer-makes-history-olympic-volunteers-praised-pip-contract-twisting-knife-minister>

The Guardian has now revealed that leaked information from tender documents for the contract appear to show that Atos made misleading statements about proposed co-operation with several disability groups in order to help secure the contract to provide the PIP assessments.

"Atos said it would be working in partnership with charities 'such as' the Essex Coalition of Disabled People (ECDP), the Greater Manchester Coalition for Disabled People (GMCDP) and Disability Cornwall. Several of the charities named said they were surprised to find themselves on the list and made it clear they would never consider working with Atos."

"Disability Cornwall said in an emailed statement: 'We would not consider working with an organisation which has caused so much distress to so many disabled people. We have also voiced our concerns about how Atos Healthcare were able to win contracts [and] implied it would work with organisations such as ourselves without first seeking permission from the organisations it quoted.'"

"Richard Currie, spokesperson for GMCDP, said the suggestion of any future co-operation was 'preposterous'. He said the group had found out about the organisation's proposed involvement only when contacted by a journalist for the Disability News Service. The group was 'absolutely outraged' by Atos's attempt to 'gain credibility in the sector.'"

"A spokesperson for ECDP said staff had been 'very disappointed' to find themselves named in the tendering document without having been consulted previously. 'We would like to know the circumstances in which we were included in their bid,' he said."

Anne McGuire, the Shadow Minister for Disabled People has called for the process by which Atos won the contract to be scrutinised by external auditors. She said –

"These revelations raise extremely serious questions over the £540m PIP [personal independence payment] contracts. There is now clear evidence that Atos won a £400m contract with a bid that was misleading.... There must be an immediate investigation because the integrity of the entire process is now in serious doubt. Ministers must now explain exactly how these claims got through unchecked."

Another disabled people's organisation, DPAC, have said they "are seeking legal advice and will be challenging ATOS claims in their PIP tender that they have consulted with us about PIP."

<http://www.guardian.co.uk/business/2012/nov/01/atos-disability-tests-contract-labour>

<http://www.dpac.uk.net/2012/10/lies-damn-lies-atos-and-dwp/>

Apart from the Department of Work and Pensions many other Government departments hold contracts with Atos. The departments of Health, Defence, Justice, International Development, Transport, Culture, Olympics, Media and Sport, The Serious Fraud Office, The Crown Prosecution Service and the Home Office all have contracts with Atos.

Views on the WCA from doctors, nurses, professional bodies and others

The medical profession demand the WCA should be scrapped

GPs' Conferences, both in Scotland and England, have voted unanimously on a motion to have the WCA replaced with a more humane assessment. Laurence Buckman, chair of the BMA's GPs' committee, said at their May meeting- "When 40% of appeals against the assessments are successful at tribunal hearings, something is clearly very wrong with the system."

<http://www.onmedica.com/newsarticle.aspx?id=d6f02976-4669-431a-90ea-490923030033>

The Black Triangle campaign, with the help of their medical adviser Dr Stephen Carty, has worked tirelessly to inform doctors prior to their votes against the WCA:

<http://blacktrianglecampaign.org/2012/05/22/uk-gps-conference-to-vote-on-ending-the-work-capability-assessment-with-immediate-effect/>

In June 2012 the BMA's Annual Representative meeting also agreed that the WCA should be scrapped. Doctors said that the system is "causing 'distress' to thousands of people with long-term health conditions deemed fit for work, as well as subjecting the doctors involved to 'McDonaldisation' of their careers. There is no empathy in the system, it is all accusatory."

The meeting supported a call on the BMA to demand that the WCA should be ended 'with immediate effect and be replaced with a rigorous and safe system that does not cause unavoidable harm to some of the weakest and vulnerable in society'.

<http://bma.org.uk/news-views-analysis/news/2012/june/scrap-work-capability-assessment-doctors-demand>

<http://bma.org.uk/news-views-analysis/news/2012/june/welfare-reform-pain-but-no-gain>

A number of voluntary groups, charities and individuals, already extremely concerned about the effects of the WCA, reported on these votes, including the ME Association:

<http://www.meassociation.org.uk/?p=11928>

"The GPC [General Practitioners' Committee] has complained to the Government over its drive to reassess everyone on incapacity benefit, as practices face rising numbers of patients requesting sick notes while their cases are reviewed."

"Dr Deborah Colvin, chair of City and Hackney LMC [Local Medical Committee], said each of the 10 doctors at her practice now see three to four patients a week in this situation when it used to be an occasional occurrence."

"She said: 'I can't bear seeing patients with major disabilities being told they can go to work when there are no jobs to be had even if they were fit- and they're not. What do they expect us to do? Are we supposed to leave people with nothing?'"

"Dr John Canning, chair of the GPC's Professional Fees Committee is leading negotiations with the Department for Work and Pensions. He said: 'I have raised the issue on behalf of the GPC and the

Professional Fees Committee. The DWP have undertaken to address the issue; I will not let this rest."

<http://www.pulsetoday.co.uk/gps-see-rising-sick-note-requests-from-patients-on-back-to-work-scheme/14216626.article#.UJgzMsXTVlk>

The WCA has actually caused mental health problems

Over 1,000 GPs were asked for their views of the impact of the Work Capability Assessment on the mental health of their patients. 84% of GPs say they have patients who have **developed** mental health problems due to the WCA. This included not only people who were already suffering from depression, but those with a physical disability but no history of mental illness.

The polling, commissioned by Rethink Mental Illness, reveals that more than 21% of GPs have patients who have had suicidal thoughts as a result of undergoing, or fear of undergoing, the Work Capability Assessment. 75% of GP's say that patients who have been negatively affected by the test have needed increased support from them. 14% of GPs have patients who self-harmed as a result of undergoing, or fear of undergoing, the Work Capability Assessment. 6% of GPs have patients who have attempted or committed suicide as a result of undergoing, or fear of undergoing, the Work Capability Assessment

Paul Jenkins, Chief Executive of Rethink Mental Illness, said- "These shocking statistics really show that the Work Capability Assessment is pushing some of the most unwell and vulnerable people in our society to the brink...These figures demonstrate how urgent it is that the Government overhauls the test.... We urge the Government to halt the system now – it could be the difference between life and death for some of the most vulnerable people in our society."

http://www.rethink.org/how_we_can_help/news_and_media/national_press_releases/new_gp_survey_shows.html

The RCN refused to accredit the training of Atos Nurse Assessors

"Such is the RCN's concern about the impact of poor WCA Assessment on its members that it refused to accredit the training of Atos Nurse Assessors in 2009. RCN membership includes many Nurses working for Atos undertaking the WCA. The RCN has received anecdotal evidence from these nurses expressing concern that their professional accountability is being compromised by the inflexibility of the WCA process. Consequently the RCN is concerned that nurses are being asked to carry out medical assessments that do not properly assess a claimant's capability for work."

http://www.rcn.org.uk/_data/assets/pdf_file/0011/339347/Work_Capability_Assessment_call_for_evidence_Aug_2010_final.pdf

An experienced staff nurse resigns from her job as an Atos assessor for "having to trick sick people out of their benefit"

A staff nurse of more than 20 years has said her own life was ruined after Atos forced her to 'trick' disabled people out of cash. She was 'carpeted' by bosses for being 'too nice' to claimants. She was told to mark people as fit if they could write or show up for an interview properly dressed, turned up with a toddler or could sign the application form.

She said Atos decision makers paid no attention to her professional clinical opinion and were only interested in cutting down the number of claimants. Atos bosses expected assessors to get through 10 cases in a day

<http://wearespartacus.org.uk>

and she was reprimanded by the Medical Director for being too nice.

She said all the questions she was told to ask were loaded. After five months, she was signed off with stress caused by 'having to trick sick people out of their benefit'. She said "I stopped working for Atos three-and-a-half years ago but I still feel sick every time I think of those people deemed fit for work, when they quite clearly were incapable of doing so. I apologise from the bottom of my heart to all those people I had to assess during my five months in the job but the decisions were out of my hands. Once I realised how manipulative the assessment system was, I got out immediately. The stress of it all made me ill and I have not worked since."

An Atos spokeswoman said: "Our trained doctors, nurses and physiotherapists use their clinical knowledge and apply the Government's policy and criteria to each assessment."

<http://www.dailyrecord.co.uk/news/scottish-news/nurse-makes-heartfelt-apology-after-1340838>

The Advertising Standards Authority

Atos were investigated by the Advertising Standards Authority when they claimed that –

1. "Each year Atos Healthcare process over 1.2 million referrals for medical advice completing over 800,000 face-to-face medical assessments"; and
2. "our 1700+ healthcare professionals"

They looked at whether the claims were misleading and could be substantiated. The ASA concluded -

"The ASA was concerned by Atos' lack of response and apparent disregard for the Code, which was a breach of CAP Code (Edition 12) rule 1.7 (Unreasonable delay). We reminded them of their responsibility to respond promptly to our enquiries and told them to do so in future.

"We noted that Atos had not provided evidence to show that each year it processed over 1.2 million referrals for medical advice and completed over 800,000 face-to-face medical assessments, or that it had over 1700 healthcare professionals. We therefore considered that the claims had not been substantiated and concluded the ad was misleading.

"The ad breached CAP Code (Edition 12) rules 1.7 (Unreasonable delay), 3.1 (Misleading advertising) and 3.7 (Substantiation). The ad must not appear again in its current form. We referred the matter to the CAP Compliance team."

A week later the ad was still there. They have now amended the figures.

http://www.asa.org.uk/Rulings/Adjudications/2012/4/Atos-IT-Services-UK-Ltd/SHP_ADJ_180372.aspx

The training and expertise of Atos assessors

"Atos doctors and nurses receive comprehensive disability analysis training"

Depending on who is asked and when, there is a variety of information provided on the training of Atos healthcare professionals, not all of which appears to be consistent and some of which seems rather

confusing.

"All Atos Healthcare doctors, nurses and physiotherapists have at least three years post-qualification experience and are registered with their respective Medical Body. They come from a range of backgrounds including general practice, hospitals, NHS Direct, etc. Before undertaking assessments, all doctors, nurses and physiotherapists receive further comprehensive specialist training in disability assessment."

http://www.atoshealthcare.com/claimants/our_healthcare_professionals

"When new starters join our company to carry out ESA assessments, they have to complete a comprehensive training course. For nurses and physiotherapists, initial training is around **20 days** and for doctors it's **8 days**."

<http://blog.atoshealthcare.com/2012/07/atos-healthcare-disability-assessments-staff-training/>

And the DWP says - "Doctors are approved to assess neurological conditions, as with all other conditions, at the end of their **7 day** new entrant training course... Nurses complete an **18 day** new entrant training course."

<http://www.whatdotheyknow.com/request/119372/response/310920/attach/html/3/3458%203452%20Final%20response1.pdf.html>

Readers may wish to consider whether 17, 18 or even 20 days' training seems sufficient for physiotherapists and nurses who are likely to have to assess claimants with a variety of conditions including mental health difficulties, and whether 7 or 8 days' training in neurological conditions seems sufficient for doctors.

It is of concern that **nurses who have had cautions attached to their registration, or who do not have 3 years' post-registration experience, may be approved to be assessors**. In a FOI request the DWP Freedom of Information Team have said -

"There is a contractual obligation which is Nurses must be fully registered (level 1) Registered General Nurses without current or previous restrictions or cautions with the Nursing and Midwifery Council (NMC)... In individual cases, solely at the discretion of the DWP Chief Medical Advisor (CMA), **the requirements that no cautions be attached to registration and that the nurse must have a minimum of 3 years post registration experience, may be waived**. And nurses can apply if they don't meet these requirements but it is then subject to the CMA's approval if they are employed."

<http://www.whatdotheyknow.com/request/119372/response/310920/attach/html/3/3458%203452%20Final%20response1.pdf.html>

Information provided by Atos includes the following:

"Atos Healthcare carries out disability assessments on behalf of the Department for Work and Pensions (DWP). The criteria we use is set out by the DWP and we apply these criteria consistently in each and every assessment... We begin with training that's provided to every new joiner, and using course material that is approved by DWP. Health care professionals must understand the criteria laid out in government legislation and around which the assessment has been designed. They must also be able to make their own clinical judgements within the scope of that legislation."

<http://blog.atoshealthcare.com/2012/08/is-the-work-capability-assessment-a-computer-led-assessment/>

"[Atos healthcare] employ a dedicated training team who are responsible for agreeing all training requirements and approving course content with DWP. The training material is owned by DWP, and delivered by experienced Atos Healthcare clinical trainers."

<http://blog.atoshealthcare.com/2012/07/atos-healthcare-disability-assessments-staff-training/>

Diploma in Disability Assessment Medicine (DDAM)

The DWP Central FOI Team have said that - **"all HCPs** employed by Atos Healthcare to undertake medical assessments as a part of the contract to supply Medical Services to DWP **are fully trained in Disability Assessment Medicine**. Atos Healthcare do **not** stipulate that HCPs must hold the Diploma in Disability Assessment Medicine (DDAM) qualification. Should an HCP choose to acquire the DDAM, they are not obliged to inform Atos Healthcare."

<http://www.whatdotheyknow.com/request/94942/response/238506/attach/2/FoI%203583%2023.12.11.pdf>

Further, the DWP Medical Services Contracts Correspondence Team (MSCCT) Freedom of Information Officer advises **"the Medical Services Contract does not require Healthcare Professionals to hold a Diploma in Disability Assessment Medicine.**

"The contract states that the Contractor will provide to the Department (Authority) details of the number of Registered Practitioners who will be sponsored to sit the Diploma in Disability Assessment Medicine.

".... It is not a requirement of the contract that HCPs need to hold this diploma. The Diploma in Disability Assessment Medicine (DDAM) is a qualification introduced by the Faculty of Occupational Medicine of the Royal College of Physicians of London in 1999 for doctors who wish to demonstrate a level of proficiency in disability assessment medicine."

<http://www.whatdotheyknow.com/request/120643/response/310918/attach/html/3/3508%202591%20Mr%20Adams%20Response.pdf.html>

The only centre running approved courses currently listed for the Diploma in Disability Assessment Medicine offered by the Faculty of Occupational Medicine is Atos Origin.

<http://www.fom.ac.uk/education/non-specialist-qualifications-and-training/diplomas/ddam>

"The Diploma in Disability Assessment Medicine (DDAM) is a professional qualification for medical practitioners in the assessment of disability and is important for doctors undertaking work in relation to the award of state sickness and disability benefits."

Are training and qualifications in disability assessment recognised by regulatory bodies?

A FOI request was made in June 2012 asking whether the training and/or qualifications held by HCP's in disability assessment are recognised by 'The European Qualifications (Health and Social Care Professions) Regulations 2007' or by any other such legislation.

Despite a 20 day timescale for answering requests, it took the DWP FOI until October to reply –

"In response to your questions; the training and qualifications held by HCP's in disability assessment are not
<http://wearespartacus.org.uk>

recognised by the European Qualifications (Health and Social Care Professions) Regulations 2007 or by any such legislation.

“There is no information to indicate that HCP Training or qualifications HCP’s receive from DWP/Medical Services in disability assessment are recognised by statute in the UK, or EU Regulations nor that they receive any recognition from any UK or EU academic institutions.”

http://www.whatdotheyknow.com/request/hcp_qualification_conflict_with#incoming-316344

http://www.whatdotheyknow.com/request/119372/response/310920/attach/html/3/3458_3452_Final_response1.pdf.html

Atos training courses for nurses accredited by the University of Derby Corporate

“A leading provider of healthcare services – Atos Healthcare – has teamed up with the University of Derby Corporate to officially accredit a key training course for its nurses.

“The announcement means that the 300-400 Atos Healthcare nurses who successfully complete the course each year will receive a Certificate of Achievement – Disability Analysis – an award which will give them 30 credits at Level 6 of a degree award.

“In a profession where all nurses will be required to obtain a degree in order to successfully qualify in nursing from 2012, the partnership is a further boost as it will enable many of Atos Healthcare’s nursing team to put their credits towards studying for a full degree top up should they wish to do so. Students require 120 credits at Level 6 to successfully obtain a BSc (Hons) in Nursing.

“The accreditation has been made possible through a collaborative partnership between Atos Healthcare, a business division of Atos Origin and the number one provider of occupational healthcare services in the UK1, and the University of Derby, through its commercial arm, University of Derby Corporate (UDC).”

http://www.atoshealthcare.com/news/news_accreditation

The independence of this accreditation has been questioned by some researchers – see <http://thecreativecrip.com/2011/09/creativecrip-atosuni-campaign-update/>, comment by David G on 24 October, 17.47:

“Specific problems with the ATOS accreditation I can see are:

- 1) A quarter of a degree is a huge amount, and nothing I’ve seen about the quality of ATOS training leads me to believe that this is appropriate.
- 2) Accreditation is supposed to be independently verified [with regard to] quality of the course. If ATOS and Derby are financially linked, then that fails the test of independence, we need to know who accredited the course.”

One researcher sent the following query to UDC:

“As you know, the disability assessment training provided by Atos is specifically for the Work Capability Assessment it performs for the DWP. As its name indicates, it is an individual’s capability to work that is being evaluated.

“In accrediting the training you must also be of the opinion that the WCA itself is fit for purpose, i.e. it is a reliable discriminator between people who are fit to work and people who are not. The training is merely a

means to an end and if the means are sound, the end result must be too. I of course accept that you have no way of knowing how well every WCA is undertaken by a healthcare professional, but you are in effect saying that everyone who successfully completes the training is perfectly able to discriminate accurately.

"This being the case, in your view what possible explanations could there be for the fact that a significant number (40%) of WCA outcomes are over turned on appeal? Do you feel that this high failure rate reflects at all on the training you have accredited and/or the WCA the training underpins?"

... and received the following response from the University of Derby Corporate:

Reply from Paul Wilkinson, Head of Corporate Sales for University of Derby Corporate:

"In April (2011) the University's business-to-business arm, University of Derby Corporate (UDC), publicly announced it had teamed up with healthcare services provider Atos Healthcare to officially accredit the company's own disability analysis training for healthcare professionals... If a company's training meets... [certain] criteria it can be linked to a formal qualification, which the employee can then add to their CV and use to improve their career development.

"This was the case with regard to Atos Healthcare.

"UDC was able to accredit the company's nurse training within an existing academic framework. UDC is not involved in delivering this training but provides quality assurance and moderates the award of a Certificate of Achievement for staff.

"Atos Healthcare's nurse training programme, and the learning materials used in it, are the sole property of its contract holder, the Department for Work and Pensions (DWP). Any queries on the nature of nurses' training and the learning materials they use should therefore be directed to Atos Healthcare or the DWP."

<http://tia-junior.blogspot.co.uk/2011/10/derby-university-accreditation.html>

Specific concerns about the WCA process

ESA50 Forms sent to Atos or DWP are opened at a sorting office without claimants' knowledge or consent

Highly sensitive and confidential medical information sent in to Atos with the ESA50 form when applying for support is routinely opened and sorted by Royal Mail staff on behalf of the Government without the claimant's knowledge or consent.

The information came to light after Lynne Neagle, a Welsh Assembly member, was asked to investigate by a constituent who was told by a local post office not to bother sending ESA forms by special delivery as the envelope would be opened by Royal Mail regardless. Ms Neagle said: "These claimants often have incredibly complex case histories – they may have mental health problems or be victims of sexual abuse – I imagine they'd find it incredibly unsettling to know that such deeply personal information was being treated like this.

Dr Tony Calland, chair of the British Medical Association ethics committee, said **"We are very concerned that a government department could even contemplate allowing such sensitive and confidential medical data to be handled by a third party without the person's consent."**

An Atos Healthcare spokeswoman said: "We're subject to the postal arrangements set by the DWP."

<http://www.independent.co.uk/news/uk/home-news/royal-mail-staff-given-access-to-confidential-medical-details-8118203.html>

When challenged on this issue, Lord Freud said:

"The Data Protection Act states that individual's have a right to know the extent to which organisations process their personal data. We publish a guidance note on DWP's internet site www.dwp.gov.uk called "DWP-your-personal-information", which describes how we will use personal data. Section 7(2) of the Act sets out that organisation such as DWP must provide information to the claimant on how we process and handle their personal information. **We are obliged to supply this information only when asked for it in writing and we are allowed to charge a fee for this information**, although our usual policy is not to charge for this. **As such we have not breached this provision of the Act through not specifically informing the claimant that our post-opening operations are contracted out to a private company when the claimant originally provided us with information.** "

<http://www.theyworkforyou.com/wrans/?id=2012-10-17a.467.4&s=atos#g467.6>

Sick and vulnerable people are already under great stress because of this process and having to complete complex claim forms which will decide their future survival, in a very short amount of time. Readers may wish to consider how realistic it is for Lord Freud to expect them to know firstly, that they even need to question the fact that their intimate medical and personal information is being dealt with in this way, and secondly that they should trawl through the DWP site to find out about Section 7(2) of the Data Protection Act in order to discover the DWP's obligations!

Official Secrets Act

In reply to a question from Tom Greatrex MP to Employment Minister Chris Grayling on 9th February 2012, Mr Grayling stated that Atos Healthcare staff do not have to sign the Official Secrets Act.

<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120209/text/120209w0001.htm#12020963001188>

Further questions were asked on 27th February 2012 -

<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120227/text/120227w0001.htm#12022740000876>

However, Atos doctors have recently been asked to sign the Official Secrets act even though much of the company's taxpayer-funded work is not bound by the terms of the Act.

Two doctors who work for Atos raised their concerns with the Guardian and online political blog Liberal Conspiracy after the company asked them to sign a document pointing out their obligations under the OSA. Both doctors believed that signing the document would hinder people in the organisation from blowing the whistle on patient safety and issues around whether medical assessments were being carried out appropriately.

One said - "There's something very sinister, cloak and dagger about it. It's weird that it would be used in the context of our work; it's not the same kettle of fish at all."

The other said - "There is no justification for a healthcare practitioner assessing a person suffering from back pain or depression to sign this kind of document."

<http://www.guardian.co.uk/society/2012/apr/12/atos-doctors-sign-official-secrets-act>

<http://liberalconspiracy.org/2012/04/12/exclusive-leak-atos-forces-doctors-to-sign-official-secrets-act/>

Health professionals have queried the requirement to sign the Official Secrets Act, pointing out that if they are registered with their professional bodies they already have obligations in relation to confidentiality and the use of data. The Atos Healthcare site states -

“All Atos Healthcare doctors, nurses and physiotherapists have at least three years post-qualification experience and are registered with their respective Medical Body. They come from a range of backgrounds including general practice, hospitals, NHS Direct, etc.”

http://www.atoshealthcare.com/claimants/our_healthcare_professionals

Atos’ practices do not appear to adhere to GMC guidance for doctors

From the GMC website:

“The GMC must be independent of government as the dominant provider of healthcare in the UK; independent of domination by any single group; and be publicly accountable for the discharge of its functions.

“The GMC determine the principles and values that underpin good medical practice and we take firm but fair action where those standards have not been met.

“We have strong and effective legal powers designed to maintain the standards the public have a right to expect of doctors. We are not here to protect the medical profession - their interests are protected by others. Our job is to protect patients.”

The duties of a doctor registered with the General Medical Council:

“Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Treat patients as individuals and respect their dignity
- Give patients the information they want or need in a way they can understand
- Be honest and open and act with integrity
- Never discriminate unfairly against patients or colleagues
- Never abuse your patients' trust in you or the public's trust in the profession.

“The GMC do not issue guidance specifically for doctors who carry out the Work Capability Assessment as they are covered by the guidance given in “Good Medical Practice”. All doctors are expected to abide by the principles of Good Medical Practice in whatever capacity they work. Serious or persistent failure to follow this guidance will put a doctors registration at risk.

“Our guidance is for all doctors and in the guidance we use the term ‘patient’ to refer to anyone whom doctors test, treat or assess in their professional capacity as a doctor. This includes amongst others, employees, benefits and insurance claimants, and athletes.

“The first duty of all doctors is ‘to make the care of your patient your first concern’. But that is not the only duty doctors must observe. Being open and honest and acting with integrity is also an essential part of medical professionalism.

“The guidance describes what is expected of all doctors registered with the GMC.

“In terms of the accuracy of producing reports “Good Medical Practice” states:

3. In providing care you must:

(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment serve the patients needs.

20. Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.

21. To fulfil your role in the doctor-patient partnership you must:

(c) treat each patient as an individual

63. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.

64. You must always be honest about your experience, qualifications and position, particularly when applying for posts.

65. You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.

66. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.”

http://www.gmc-uk.org/guidance/good_medical_practice.asp

http://www.gmc-uk.org/guidance/good_medical_practice/probity_reports_and_cvs.asp

It has been suggested that doctors working for Atos, undertaking work capability assessments on behalf of the DWP, do not have the same duty of care towards claimants as they do towards patients in a clinical setting. However, the GMC has refuted that claim and reaffirmed that doctors do have a duty of care to claimants when undertaking work capability assessments.

<http://www.bmj.com/content/342/bmj.d1155>

<http://www.bmj.com/content/342/bmj.d1155?tab=responses>

(reader may need to register with the BMJ website before accessing articles)

<http://www.margaretmccartney.com/blog/?p=904>

Between 1st January 2010 to 31 December 2011 there were 35 investigations opened regarding complaints made about doctors working for ATOS Healthcare in relation to their work for the DWP.

http://www.whatdotheyknow.com/request/complaints_against_drs_employed

On 29th August 2012 The Independent reported that more than 40 doctors and nurses working for Atos have been reported to medical regulators for professional misconduct amid growing concerns that disabled people are being wrongly deprived of benefits.

<http://www.independent.co.uk/sport/olympics/paralympics/paralympic-sponsor-engulfed-by-disability-tests-row-8084799.html>

Are Medical Professionals' Reports considered in WCA Decisions?

The first step in the WCA process is a form called the ESA50 which claimants must fill out. It is sent by Jobcentre Plus. The form states -

"If you have any medical reports from your doctor, consultant or health care professional, or any other information you wish us to see, please send them with this questionnaire."

http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@money/documents/digitalasset/dg_195544.pdf

The Training & Development in the Revised WCA Handbook issued by Medical Services and provided on behalf of the DWP states –

"The medical assessment process... entails bringing together information gained from observation, questionnaire, **medical evidence** and examination in order to reach an accurate assessment of the disability of a claimant and so to provide the information and the opinion which the Decision Maker requires.

"The choice of the most appropriate descriptor in the functional category areas will depend upon:

- Consideration of all the medical evidence

- The interview with the claimant

- The medical assessment

- Your medical knowledge of the likely effects of the condition

"The Atos Healthcare HCP will provide advice to the Decision Maker using all their skills as a Disability Analyst. They will review all the evidence on file and provide advice on likely functional implications of any medical evidence provided.

"Any evidence brought by the claimant must be read and the report should make reference to the evidence that has been considered and justification provided if there is a conflict between the opinion of the HCP and the other medical evidence."

<http://www.dwp.gov.uk/docs/wca-handbook.pdf>

However, it seems that although Medical evidence from a person's GP is now being requested, it may be worthless. In a new Report, 'Time for Action on the Work Capability Assessment', Action for ME have cited a letter sent by Jobcentre Plus to a claimant appealing a WCA decision which clearly states -

"Secretary of State's Response, Section 4: The facts of the case

"An opinion from a person's GP that he remains incapable of his work is not relevant to the determination

of Employment and Support Allowance with regards to the limited Capability for Work assessment, which relies on the award of points." (Appendix 4)

<http://www.actionforme.org.uk/Resources/Action%20for%20ME/Documents/get-informed/Time%20for%20Action%20on%20WCA.pdf>

The above response then appears to be contradicted by an interview on Radio 4's The World at One on 11 October, when Employment Minister Mark Hoban said –

"Claimants are encouraged to produce all the relevant medical information as quickly as possible... What's happening too often is that people are suggesting to claimants - Oh just leave the medical evidence until the appeal"

<http://www.bbc.co.uk/news/uk-19906596>

Who takes responsibility for the WCA?

The responsibility of Atos' Chief Medical Officer

25 May 2011: "Atos Healthcare, a business division of Atos Origin and the number one provider of occupational healthcare services in the UK, today announced that it has appointed Professor Michael O'Donnell as Chief Medical Officer. Professor O'Donnell assumes the role with immediate effect. He is responsible for maintaining clinical standards and ethics across the organisation and as part of his role will chair the Atos Healthcare Clinical Forum. Professor O'Donnell joins Atos Healthcare from Unum, one of the UK's leading financial protection insurers, where he was responsible for providing advice on claims and underwriting cases."

http://www.atoshealthcare.com/UserFiles/File/in-the-press/2011/pr_Mike_Odonnell_v2_web.pdf

It may be considered significant that Professor O'Donnell joined Atos from Unum (formerly Unum Provident), given Unum's long term involvement in UK welfare reform policy (under both Conservative and New Labour administrations) and its poor reputation in the US, where it was described as an 'outlaw company' by US authorities due to its treatment of claimants who had taken out its sickness insurance policies. The involvement of Unum with both the DWP and Atos is a complex topic, but Jonathan Rutherford explains the issue in detail in his article 'New Labour, the market state, and the end of welfare' (2012) and in a Guardian article in 2008:

<http://www.lwbooks.co.uk/ebooks/WelfareReform.html> (Page 51 onwards)

<http://www.guardian.co.uk/commentisfree/2008/mar/17/epluribusunum?cat=commentisfree&type=article>

"The Chief Medical Officer is the Caldicott Guardian for Atos Healthcare. Caldicott guardians are members of staff with a responsibility to ensure patient data is kept secure and are responsible for ensuring that their organisation adheres to the Caldicott Principles."

http://www.atoshealthcare.com/about_us/clinical_governance

(For more information on the Caldicott Principles/Protocols and Caldicott Guardians, see <http://www.nhsprofessionals.nhs.uk/flexible/doctors/mandatory-info-caldicott-protocols.aspx>)

The responsibility of civil servants at the DWP

“Before undertaking assessments, all doctors, nurses and physiotherapists receive further comprehensive specialist training in disability assessment. They must then be approved by the DWP Chief Medical Adviser on behalf of the Secretary of State.”

http://www.atoshealthcare.com/claimants/our_healthcare_professionals

The Chief Medical Adviser to the DWP, Bill Gunnyeon, is responsible for validating all medical quality processes. Terry Moran, Second Permanent Secretary and Chief Operating Officer, is responsible for leading all of DWP's services to the public, both those delivered by their own staff and those delivered under contract.

How far is the Secretary of State responsible?

In a FOI the DWP were asked - "Is the DWP a legal entity for the purposes of entering into legally binding contracts?"

They replied - "The law uses the term legal personality for a person who is able to make legally binding contracts. The DWP does not have legal personality. It is the Secretary of State for Work and Pensions who has a legal personality and therefore legal capacity to enter into contracts...the incumbent Secretary of State executes department contracts on behalf of the Crown. Additionally most secretaries of state are incorporated as 'corporations sole'. This, in effect, gives the minister a separate legal personality. Under Article 4(1) of The Secretaries of State for Education and Skills and for Work and Pensions Order 2002 the Secretary of State for Work and Pensions is a 'corporation sole'.

<http://www.whatdotheyknow.com/request/128368/response/318204/attach/html/3/Response%20FOI%203448.pdf.html>

Quality control, Audit and Review Mechanisms

Are quality checks on Atos assessments really independent?

There are two types of quality checks undertaken on the WCA:

- Quality checks of the WCA by DWP, introduced in August 2011
- Checks undertaken by the Independent Tier

When asked when the quality checks to improve decision making standards in relation to the work capability assessment were last reviewed; when the outcomes of the most recent review of the quality checks will be published ; and when the next review of quality checks will be; Chris Grayling replied -

“The check is an internal one and is used to give individual feedback to decision makers. There are no plans to publish this information. These new checks are being monitored and evaluated on an ongoing basis. There was a national calibration exercise at the end of November to check standards across the country and a further event is planned for April.”

<http://www.theyworkforyou.com/wrans/?id=2011-12-20b.87306.h&s=The+check+is+an+internal+one+and+is+used+to+give+individual+feedback+to+decision+makers#g87306.r0>

Mr Grayling's answer seems to be about an internal DWP quality check which just began in August last year. However, was the question about the DWP Quality check or the Quality check of Atos itself?

If the question was about the Atos Quality check then it should be known that -

Atos Healthcare has an Independent Tier for Medical Assessment Complaints

Dame Anne Begg: "To ask the Secretary of State for Work and Pensions what the (a) role and (b) function is of the Independent Tier dealing with individual complaints against work contracted to Atos by his Department; and which organisation carries out the work of the Independent Tier. "

Chris Grayling: "The information requested is as follows:

(a) The role of the Independent Tier is to challenge the robustness of Atos Origin Health Care's handling of medical service assessment complaints.

(b) The function of the Independent Tier is an impartial invigilator of Atos Origin Health Care's processes for dealing with medical assessment complaints.

The details of the private company Atos Healthcare appointed to investigate the handling of complaints is not divulged to any third party to ensure continued independence. Atos Origin Health Care are bound by the recommendations of the Independent Tier."

<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm110705/text/110705w0001.htm#11070586000429>

However, Atos are solely responsible for **both recruiting and paying their own Independent Tier** (which may suggest that the Independent Tier is not genuinely independent):

Freedom of Information Act Request FOI 3653 - 19 January 2011:

"Who appoints the Firm who carries out the Independent Tier for complaints against Atos Healthcare?"

"Atos Healthcare are solely responsible for undertaking the recruitment of a private, reputable firm as the Independent Tier (IT), the IT has no connection to Atos Healthcare or any other interested parties. The DWP does not hold details of the actual process of selecting independent medical experts and the private company to carry out investigations into Atos Healthcare handling of complaints.

"An edited copy of the Medical Service Contract, can be found using the following website:

<http://deposits.parliament.uk/> [search for DEP2010-1704, deposited 14-09-2010]

The contract between the Department and Atos Healthcare requires that - "The investigation as to whether the CONTRACTOR (Atos) has adhered to its own approved quality processes for the handling of a complaint will be carried out by a private company, commissioned by, though independent to, the CONTRACTOR.

"As part of their preparation for Independent Tier (IT) arrangements under the new Contract, Atos Healthcare proposed and DWP agreed that details of the private company they have appointed to

investigate the handling of complaints be withheld to ensure independence. This proposal and agreement took the form of an entry in the contract as follows:

‘The name of this firm will not be divulged to any third party to ensure continued independence.’ ”

http://www.whatdotheyknow.com/request/esa_and_atos_healthcare#incoming-142228

<http://www.whatdotheyknow.com/request/84163/response/213090/attach/html/2/FoI%202549%2026.09.11.pdf.html>

Freedom of Information Act Request FOI 2908 - 30 September 2011:

I would like to request who actually **makes payment** to the “Independent Tier” for supplying this service.

“In response, I can advise that the **costs of the IT are incurred by Atos Healthcare.**”

[http://www.whatdotheyknow.com/request/87727/response/222436/attach/html/2/FoI 2908 27.10.11.pdf.html](http://www.whatdotheyknow.com/request/87727/response/222436/attach/html/2/FoI%202908.27.10.11.pdf.html)

Atos Quality Survey

When asked how many ESA claimants in each region were asked to participate in the Atos Quality Survey (a) before learning the outcome of their work capability assessment and (b) after learning the outcome of their work capability assessment in (i) 2008, (ii) 2009, (iii) 2010 and (iv) 2011; Chris Grayling replied -

“Neither Atos Healthcare nor Wyman Dillon the market research company which carries out the Atos quality survey on their behalf know if a claimant has received the outcome of their work capability assessment when they participate in the survey as the entitlement to benefit decision is issued by the DWP.”

Mr Grayling does not answer the question. The question was **how many claimants were asked to participate before and after knowing the outcome of their assessment.** This may be considered to be highly relevant, bearing in mind that many claimants are baffled as to why they have been assessed as being fit for work or able to undertake work related activity, depending on the severity of their condition.

<http://www.theyworkforyou.com/wrans/?id=2012-01-18a.90237.h>

Complaints about Atos Healthcare

On 18 October 2012, Tom Greatrex MP asked how many complaints about Atos Healthcare had been received in each year from 2008 until 2012.

In his reply, Mark Hoban MP, Employment Minister, stated that in 2009 the DWP received 214 complaints about Atos Healthcare and that so far in 2012 they had received 979.

<http://www.theyworkforyou.com/wrans/?id=2012-10-18a.122912.h&s=atos>

Auditing of Successful Appeals by DWP

When asked what auditing process is undertaken by his Department in relation to the number of successful appeals by those found fit for work by Atos Healthcare and his Department's decision-makers following a work capability assessment, Chris Grayling replied

“All allowed appeals are referred back to DWP decision makers so that any learning points can be identified. Local arrangements are in place to cascade relevant information as appropriate.”

It seems that DWP do not impose any penalty, financial or otherwise on Atos for wrong decisions or on the Decision Makers for wrong decisions, an impression confirmed by the findings of the National Audit Office report (see above).

<http://www.theyworkforyou.com/wrans/?id=2011-12-20b.87677.h>

Recommendations and their implementation

The Annual Independent Review of the Work Capability Assessment

There is a legal mechanism for the WCA to be reviewed annually for the first five years:

“The Work Capability Assessment (WCA) was introduced in October 2008 to assess entitlement to Employment and Support Allowance (ESA). Section 10 of the Welfare Reform Act 2007 commits the Secretary of State to lay an independent report before Parliament each year for the first five years of operation.

“Improving the Work Capability Assessment (WCA) will be an ongoing process to ensure that the system works as well as possible for people going through it.”

www.dwp.gov.uk/wca-review

On 29 June 2010 the Secretary of State appointed Professor Malcolm Harrington to undertake the first independent review.

The Coalition Government has pledged to implement most of Professor Harrington's recommendations, although progress has been slow. However, MP's who have concerns about the WCA are concerned that the Government is opposed to some of Harrington's suggestions.

Speaking to the First Delegated Legislation Committee about his concerns about the assessment Stephen Timms said:

“**Professor Harrington** is continuing his work. On 18 May [2011], he said, among other things, the following to the Work and Pensions Committee:

'What I think is being mooted now, which we are seriously looking at this year, is whether there is another part of this assessment that looks at real world work? '

“But I note that the Minister does not share Professor Harrington's enthusiasm for that approach—in fact, he has given Professor Harrington's idea pretty short shrift.

“When the Minister spoke to the same Committee last week, he said:

“The one thing I am absolutely unreservedly and implacably opposed to in all of this is a real world test.”

“There is no ambiguity there about his position on Professor Harrington’s suggestion. We are seeing a gap opening up between the Government and Professor Harrington, and we need to know from the Government what will happen if and when he proposes a change with which they do not agree.”

<http://www.publications.parliament.uk/pa/cm/cmtoday/cmstand/output/deleg/dg01110614-01.htm>

This dilemma came into sharp focus when Paul Farmer, chief executive of the mental health charity Mind, resigned from the panel responsible for monitoring the functioning of the work capability assessment because of his frustration with the government who are not paying attention to the increasing calls to halt the inaccurate assessment process (see also **Publication of proposals for refinements to Mental Health Descriptors** below).

http://www.mind.org.uk/blog/6632_why_the_wca_isnt_working

It has now transpired that Professor Harrington is standing down from his role in November 2012. He has previously called for an overhaul of the process to make it more "fair and humane". He has said ministers wanted “a fresh set of eyes”.

<http://www.bbc.co.uk/news/uk-politics-19046447>

Professor Harrington’s Recommendation for audio recording WCA’s

Professor Harrington recommended that Atos Healthcare should pilot the audio recording of assessments to determine whether such an approach is helpful for customers and improves the quality of assessments. The pilot started in March 2011.

The Jobcentre Plus document about the Pilot says -

“There is no requirement to provide the audio recordings to Jobcentre Plus and they will not form part of the routine decision making process.

“Participation in the pilot is optional for both customers and Health Care Professionals (HCP).

“The pilot will be restricted to 500 customers who will be offered the option of participating and is only applicable to ESA customers. **The pilot does not apply to customers attending a WCA for the purpose of IB (IS) Reassessment.**

“It is recognised that not all of these customers will agree to participate and have their assessments recorded.

“ESA customers referred to Atos Healthcare for a WCA and who would normally attend the Newcastle Medical Examination Centre will be telephoned in advance of their appointment and notified of the Pilot. If they agree to participate in the pilot and have their assessment recorded an assessment will be booked with a participating Health Care Professional.

“Access to the recordings will be restricted to only Atos Healthcare staff with responsibility for downloading or copying (if required) the recordings on to a CD.

“The recordings will be used for the purpose of evaluating the pilot and as part of the standard quality check of around **10%** of cases.

“CD copies of the recordings will **only** be provided to the Atos Healthcare Complaints Team if a customer raises a complaint and presents the recording as evidence or disputes the accuracy of their medical report.

“Atos Healthcare will not provide copies of the recordings to any third parties, including those who accompanied the customer at the assessment.

“Atos Healthcare will not provide Jobcentre Plus with a copy of the recording unless requested by the customer.

“There is no real need for customers to request and use the recording of their assessment. The recording is only provided for the customer’s own personal use and must not be put into the public domain.

“Jobcentre Plus will not accept a customer’s personal copy of the CD. **If the customer is insistent on the recording being taken into account as evidence,** these will be handled on an individual basis and the customer will need to provide consent for Atos Healthcare to share this information with Jobcentre Plus.

“The Pilot will be evaluated looking at a number of criteria including: number of customers participating; customer feedback on benefits of recordings; number of recordings used as further evidence; number of HCPs participating; impact on quality of assessments; and technical feasibility.

A decision based on the evaluation results will be made in June 2011.”

If the DWP and ATOS are confident of the quality of the assessments, why would they impose such restrictions and caveats on the release and use of the recordings?

When asked when he plans to publish the outcome of the audio recording pilot, Chris Grayling replied - “We have received the evaluation report of the pilot. We are currently considering the evaluation evidence carefully to understand the costs and implications of audio recording as well as whether it will improve the assessment further for individuals.”

<http://www.theyworkforyou.com/wrans/?id=2011-12-20b.87303.h>

On 1 August 2012 Chris Grayling stated -

"On audio recording - we will offer everyone who wants it the opportunity to have their session recorded. We decided not to implement universal recording because, based on the trial experience, people did not want it. Few people wanted their sessions recorded, and some said that they definitely did not. We decided therefore to offer recording as an option to those who want it. That seems entirely sensible."

<http://www.theyworkforyou.com/whall/?gid=2012-02-01b.291.1>

But the Department for Work and Pensions only bought 11 recording machines – shared between 123 assessment centres – which test up to 11,000 people every week.

On 6 August 2012 6 of the 11 recording devices operated on the Medical Services Contract are not in use as they require repair.

http://www.whatdotheyknow.com/request/quantity_cost_and_company_that_p#incoming-301298

The shadow employment minister, Stephen Timms, who has highlighted his concerns about the lack of recording equipment, said: **"I find it hard to believe that a company with a multimillion pound government contract is incapable of obtaining and operating sufficient recording devices."**

<http://www.guardian.co.uk/society/2012/jul/20/fitness-for-work-tests-technical-chaos?INTCMP=SRCH>

<http://www.disabilityalliance.org/audio.htm>

Many questions have been asked about this issue - often via FOI requests - eg. This request was submitted on 9th March 2012 - http://www.whatdotheyknow.com/request/wca_audio_recordings_2#comment-28778

However, it took the DWP until 8th September to give their final response - and it required several requests for Internal FOI Reviews about the way it was handled and a referral to the ICO, despite the fact that FOI requests are meant to be answered within 20 days.

There is a lot more information about this issue here -

<http://falseeconomy.org.uk/blog/more-on-recording-work-capability-assessment-is-atos-advice-right-or-the-dw>

The Personalised Summary Statement - Introduced following the Harrington Report 2010

The introduction of the Personalised Summary Statement was part of a series of recommendations to improve customer communication and understanding of the whole assessment process. The review recommends that every Atos assessment contains a personalised summary of the assessment in plain English.

When asked on how many occasions an individual who has undergone a work capability assessment since 6 June 2011 has not received a personalised summary statement of the work capability assessment in plain English, Chris Grayling replied - **"The personalised summary statement was included in the Atos assessment report and made available to DWP decision makers from 6 June 2011. However the statements have not been routinely shared with all claimants."**

<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm111220/text/111220w0001.htm> (scroll down to Column 1081W)

Publication of proposals for refinements to Mental Health Descriptors

In September 2010, Professor Harrington tasked Mind, Mencap and the National Autistic Society to suggest refinements to the mental function descriptors. He also sought input from a panel of experts to help iterate any proposals. Professor Harrington submitted the final proposals to the Department in April 2011.

When asked if the government will publish the proposals developed by Mind, Mencap and the National Autistic Society for refinements to the mental function descriptors of the work capability assessment, Chris Grayling replied -

“ We currently have no plans to formally publish the report submitted by Professor Harrington to us on the mental, intellectual and cognitive descriptors.”

<http://www.theyworkforyou.com/wrans/?id=2012-01-18a.90312.h>

Paul Farmer from Mind resigned from the panel when it became clear to him that there was no commitment to implement its suggestions quickly to minimise the damage the WCA process inflicts on people with mental health difficulties –

http://www.mind.org.uk/blog/6632_why_the_wca_isnt_working

Unannounced visits to Benefit Delivery Centres and Atos Medical assessment Centres

In the second independent review of the work capability assessment, unannounced visits to monitor quality and progress were recommended and accepted. The Government's Response to Professor Malcolm Harrington's Second Independent Review of the Work Capability Assessment stated -

"The 'unannounced visits' to Benefit Centres have played an important role in providing independent assurance that plans have been translated into correct actions."

<http://www.official-documents.gov.uk/document/cm82/8229/8229.pdf>

However, when asked how many unannounced visits to (a) benefits delivery centres and (b) Atos medical assessment centres took place in each region in 2011, Chris Grayling replied -

“Professor Harrington visited Gloucester and Merthyr Tydfil Benefit Delivery Centres. **He did not make any unannounced visits to Atos sites.** The Government accepted Professor Harrington's recommendation to make further unannounced visits to both Benefit Delivery Centres and Atos assessment centres in 2012. We will leave it to Professor Harrington to decide where and when he will make these visits.”

<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120118/text/120118w0002.htm> (scroll down to Column 845W)

Inaccessible Assessment Centres

In July 2011 The Work and Pensions Select Committee criticised the DWP and Atos for holding many assessments across the country in inaccessible buildings.

In a debate secured by Tom Greatrex MP on 1 February 2012 the issue of inaccessible assessment centres was raised. MP's noted that it was completely unreasonable for Disability Assessments to be held at sites with no wheelchair access, that were not on the ground floor, that had no lifts, no disabled car parking or in some cases no parking at all, that were a long distance from public transport and therefore required a long walk to get to them.

Professor Harrington recommended that if sites were inaccessible they should be made accessible or moved.

<http://wearespartacus.org.uk>

However, the Medical Examination Centre Administration Guide states “Whenever a wheelchair user arrives at a MEC which is not on the ground floor and they would not be able to use the stairs, they must be sent home unseen and an alternate appointment at a MEC on the ground floor made. If that individual is not the claimant (e.g. they are accompanying the claimant) and they would not be able to use the stairs, then either the assessment should proceed without that person or the claimant should be sent home unseen and the appointment rearranged.”

<http://www.whatdotheyknow.com/request/118232/response/293468/attach/5/40%20MEC%20Administration%20Guide%20V5%20Final.pdf>

<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120201/halltext/120201h0001.htm>

<http://www.dpac.uk.net/2011/10/disabled-benefit-seekers-banned-from-using-lifts-at-croydons-atos-healthcares-assessment-centre/>

<http://www.bbc.co.uk/news/uk-england-norfolk-19700635>

FOI request "Atos Assessment Centres locations, accessibility & general details" with spreadsheet –

http://www.whatdotheyknow.com/request/atos_assessment_centres_location

It should be noted that there are

- 28 centres without wheelchair access
- 47 centres without on site parking
- 23 centres are not accessible by public transport ie. not served by a bus service or close to a train service and approximately
- 40 further centres are classed as being within 5 - 30 minutes walk away
- 28 centres have no refreshments available at all and a further
- 57 centres have only water available
- 66 of the centres are DWP buildings.

The DWP state that they do not have any documented information about toilet provision or changing facilities.

The reader may wish to consider how appropriate these centres are for people who are specifically attending these assessments because they are sick and/or disabled and indeed whether those responsible may be in breach of the Equality Act 2010 - see below

<http://www.legislation.gov.uk/ukpga/2010/15/section/19>

<http://www.legislation.gov.uk/ukpga/2010/15/section/20>

<http://www.legislation.gov.uk/ukpga/2010/15/section/149>

Recommendation to monitor the use of Free Text within the assessment

In his Second Year Review of the WCA, Professor Harrington recommended that Atos and DWP should monitor and audit the use of free text within LiMA (Logic Integrated Medical Assessment – the computer programme used to carry out the work capability assessments, which relies heavily on limited tick-boxes and drop-down menus to record information about the claimant’s difficulties) to ensure a consistently high

standard of accurate reports. In November 2011 the government said in response to this recommendation - "In future Atos will report the results of monitoring and any subsequent audit to the Department on a monthly basis as part of existing management information arrangements."

However, in January 2012, when asked if he would publish the results of the monitoring of free text by Atos Healthcare, Chris Grayling replied -

"DWP has no current plans to publish the results of the monitoring of free text by Atos."

Then when he was asked when he last received a report from Atos Healthcare of the results into the use of free text, Chris Grayling replied -

"DWP has not received any reports from Atos of the results into the use of free text as this is not information that Atos is currently asked or required to provide."

<http://www.official-documents.gov.uk/document/cm82/8229/8229.pdf>

<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120118/text/120118w0002.htm>
(scroll down to Column 846W)

Political and Legal Challenges to the WCA

The Liberal Democrat Party voted unanimously for a Motion calling for change to the WCA

At the Liberal Democrat Conference in September 2011, the Liberal Democrats unanimously supported a motion moved by George Potter, who has continually worked to raise awareness within his party of the inhumane treatment of sick and disabled people, in particular through the WCA, calling for several changes to Employment and Support Allowance and the Work Capability Assessment . (Policy Motion F6).

The Motion called for

- Clearer Assessment criteria and descriptors, to make it more apparent under what circumstances ESA is paid.
- Ensuring greater accuracy in Assessment, particularly for those with fluctuating conditions.
- A less stressful Assessment process.
- People with disabilities getting the support they need.
- Liberal Democrats in Government to oppose an arbitrary time limit on how long claimants can claim contributory ESA.
- All ESA claimants going to appeal to be given access to adequate representation and expert advice, and for Government to reconsider the exclusion of welfare benefits casework such as this from the scope of legal aid.
- A presumption that ESA claimants with serious and uncontrollable life-threatening conditions should be allocated to the support group rather than the work related activity group.
- A review of ATOS performance in delivering the Medical Services Agreement contract with DWP in respect of the quality of medical assessments.
- Effective contract compliance for contractors carrying out ESA eligibility assessments to avoid poor performance, and a presumption that in future ESA eligibility will be carried out by the public sector or non-profit organisations.

<http://www.libdems.org.uk/siteFiles/resources/docs/conference/F6.pdf>

<http://wearespartacus.org.uk>

<http://www.libdems.org.uk/siteFiles/resources/docs/conference/Aut11%20agenda%20book.pdf>

<http://thepotterblogger.blogspot.co.uk/2011/10/official-final-wording-of-lib-dem-esa.html>

Early Day Motion calls for the WCA to be replaced with a system which does not cause harm

An EDM tabled by MP John Mc Donnell has been signed by 114 MP's of all parties:

"That this House deplores that thousands of sick and disabled constituents are experiencing immense hardship after being deprived of benefits following a work capability assessment carried out by Atos Healthcare under a 100 million a year contract; notes that 40 per cent of appeals are successful but people wait up to six months for them to be heard; deplores that last year 1,100 claimants died while under compulsory work-related activity for benefit and that a number of those found fit for work and left without income have committed or attempted suicide; condemns the International Paralympic Committee's promotion of Atos as its top sponsor and the sponsorship of the Olympics by Dow Chemical and other corporations responsible for causing death and disability; welcomes the actions taken by disabled people, carers, bereaved relatives and organisations to end this brutality and uphold entitlement to benefits; and applauds the British Medical Association call for the work capability assessment to end immediately and to be replaced with a system that does not cause harm to some of the most vulnerable people in society."

<http://www.parliament.uk/edm/2012-13/295>

Many MP's have been critical of the WCA and the performance of Atos

The following is a selection of quotes from two recent debates on the Work Capability Assessment, called by Tom Greatrex MP:

Jonathan Reynolds (Stalybridge and Hyde) (Lab/Co-op):

The Government need to listen to the feedback that is coming in across the country about the very real problems in the operation of the WCA. Crucially, they must begin to hold to account private companies with important Government contracts when they do not deliver for the taxpayer. The quality of life of thousands of people depends on getting this right, and it will soon be even more the case given that Atos has won the contract for the personal independence payment assessment. Let us not get into the usual party political rhetoric and stereotypes that tend to mark welfare debates. Let us focus on meaningful changes that will improve many people's lives.

Anne Marie Morris (Newton Abbot) (Con):

At the moment, there are permanent job opportunities, but there is nothing flexible such as working from home for those who have mental health problems, which would help to achieve what the Government want. To make the system work better and to save taxpayers' money, the people who will never be able to work again—people who have very serious problems with blindness or mental health problems—ought to be in an exclusion category so that they do not get reviewed.

Alison Seabeck (Plymouth, Moor View) (Lab):

Some of my constituents have had to wait up to 18 months for a tribunal decision. When they sought updates on progress one was told that no update was available, because there was no one in the area to hear her case. Consequently, other benefits to which people are entitled are not given to them. A constituent applied for cold weather payments and was told that because her position had not been

resolved she could not claim them. She might have frozen to death in the meantime, during the bad weather, while a decision was reached

Hywel Williams (Arfon) (PC):

Atos should be put into special measures. It should report frequently—monthly, perhaps—on the number and percentage of cases that lead to appeal and to a change in the decision, and also on the number and percentage of revolving-door appeals. Most importantly for the public debate, we should have some qualitative information about people's experiences. I think that that would influence the public debate on disability and benefits in a positive way, given the current climate fostered by some newspapers and commentators, and by the Government's policy.

John McDonnell (Hayes and Harlington) (Lab):

A few months ago, I tabled an early-day motion calling for Atos's contract to be withdrawn, and for the establishment of a new system; 103 hon. Members have signed that early-day motion. Surely after that, and following debate after debate and the protests on the streets, the Government must reassess the role of Atos, and establish a new system based...on reputable, fair and equitable criteria.

Dr Eilidh Whiteford (Banff and Buchan) (SNP):

My concern about people who must go to appeal is that they do not get the advice and support they need. People who get it are more likely to succeed in their appeals, but Citizens Advice talks about a threefold increase in impact on its services since the process was introduced.

Julian Sturdy (York Outer) (Con):

Several constituents have visited my surgery to explain how they went through such stress. Does not the assessment have to be fair, both to the individual and to the taxpayer...? Also, is not the assessment becoming a tick-box exercise with a one-size-fits-all approach that does not take into consideration the fluctuating conditions from which people suffer?

Jim Shannon (Strangford) (DUP):

...The interaction between the applicant who is appealing against the decision to refuse incapacity benefit or ESA to those who are wheelchair-bound and have severe mobility problems... They are asked to attend the appeal on the third floor of a building in the centre of town. The first question the receptionist will ask is, "Can you leave this building on your own if there is a fire?" That is a very important question but the fact is they could not do so, so they have been asked to attend an appeal tribunal that cannot take place. They go home and join the back of the queue once again, having to wait perhaps another six or eight months. They are then asked to attend an appeal that takes place about 45 to 60 minutes away by car, through traffic, pain and other problems in order to get where they want to be...we have a system that has failed my constituents again and again.

<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120201/halltext/120201h0001.htm>

<http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm120904/halltext/120904h0001.htm>

Jenny Willott (Cardiff Central) (Lib Dem):

The WCA has been so poor for so long and many sick and disabled people have been terrified by horror stories about the way Atos work and some of the ludicrous decisions they have made. We need not only to improve the system, but also to restore the faith of people that the system will treat them fairly. This means ensuring that the assessment process is fit for purpose, but also providing better training for DWP decision makers and Atos assessors so that claimants and the public can trust that decisions are sound and everyone gets a fair hearing.

<http://welshlibdems.org.uk/en/article/2011/526529/government-must-restore-faith-in-work-capability-assessment-willott>

The High Court has granted a Judicial Review of the WCA

In July 2012 the High Court granted permission to two disabled people to bring a claim for judicial review against the Secretary of State for Work and Pensions to challenge the operation of the Work Capability Assessment (WCA).

At present, the DWP do not routinely ask for expert medical report from an applicant's community-based doctor. The judge has held that it is arguable that this failure is a breach of the duty to make reasonable adjustments, and is therefore unlawful.

In granting permission to apply for judicial review, the judge stated:

"I consider that it is reasonably arguable that the reasonable adjustments required by the [Equality Act 2010] include the early obtaining of independent medical evidence where the documents submitted with the claim show that the claimant suffers from mental health problems and that this has not been done, or at least not done on a sufficiently widespread basis."

The claimants were granted anonymity by the court. Their solicitor, Ravi Low-Beer of the Public Law Project said:

"The present system results in many thousands of unnecessary appeals at great public expense, with a high success rate. What is not counted is the cost in human misery for those people who should never have had to go through the appeals process in the first place. This could be avoided if doctors were involved in the assessments at the outset. The Government's policy of by-passing doctors is inefficient, unfair, and inhumane. We gain heart from the court's finding that as a matter of law, it is arguable that something has to change."

http://www.publiclawproject.org.uk/documents/Press%20Release/PLP_Press_Release_WCA.pdf

This was also reported in full by Nick (creator of mylegalproboards), who has produced in-depth, thorough analysis of most aspects of welfare reform which reveal how ill-conceived and poorly thought-through are the majority of the Coalition's welfare reforms.

<http://mylegal.proboards.com/index.cgi?board=frontline&action=display&thread=723>

(Another example of Nick's work on welfare reform can be seen here:

<http://mylegal.proboards.com/index.cgi?board=frontline&action=display&thread=405>)

Further sources and acknowledgements

<http://www.dwp.gov.uk/>

<http://www.dpm.cabinetoffice.gov.uk/news/speech-launch-welfare-white-paper>

<http://www.atoshealthcare.com/>

<http://www.whatdotheyknow.com/>

<http://wearespartacus.org.uk>

<http://www.parliament.uk/business/publications/hansard/>

<http://www.guardian.co.uk/>

<http://www.afteratos.com/>

http://www.conservatives.com/News/Speeches/2010/10/Iain_Duncan_Smith_Our_contract_with_the_country_for_21st_Century_Welfare.aspx

<https://sites.google.com/site/mariamillermpp/news-4/questiontime>

<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm100629/wmstext/100629m0002.htm>

<http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/111103-gc0001.htm#11110382000133>

<http://blacktrianglecampaign.org/>

<http://www.dpac.uk.net/2012/07/judicial-review-of-work-capability-assessment-granted-2/>

<http://mylegal.proboards.com/index.cgi>

<http://www.mirror.co.uk/>

Conclusion

We leave you to draw your own conclusion about the motives, methods, results and impact of the Work Capability Assessment, but perhaps the words of Dame Anne Begg MP, Chair of the House of Commons' Work and Pensions Select Committee, are relevant here -

"It is not enough for Government to say that the genuine claimant has nothing to fear. In too many cases, genuine claimants are not scoring any points in their initial assessment. There is something fundamentally wrong with the system and the contract that Atos is delivering. When the British Medical Association votes at its conference to say that the work capability assessment is not fit for purpose there is something wrong with the system. When GPs are reporting an increased workload, not just as a result of providing reports but as a result of treating patients whose condition has worsened as a result of their WCA experience, there is something wrong with the system.

When my constituent, who has lost his job because he has motor neurone disease, scores zero on his WCA and is found fully fit for work, there is something wrong with the system. When that same constituent appears in front of a tribunal and in less than five minutes is awarded 15 points, there is something wrong with the system. When people with rapidly progressive illnesses are not automatically put in the support group, there is something wrong with the system. When some people would rather do without the money to which they are absolutely entitled rather than submit to the stress of a WCA, there is something wrong with the system. When someone with a severe illness has to fight for a year through an appeal to get the correct benefit, only to be called in almost immediately for another assessment, there is something wrong with the system. When the recall and assessment happen the following year, and the following year, there is something wrong with the system. When people feel so persecuted, there is something wrong with the system. To top it all, they lose their contributory ESA after only a year if they are in the WRAG group.

When up to 40% of appeals are successful and there is no penalty for the company carrying out the

assessments, there is something wrong with the contract. When so many appeals result in an award of ESA support group status when the original assessment was no points, there is something wrong with the contract. When there is no penalty for a high percentage of wrong decisions, there is something wrong with the contract. When there is no incentive for assessors to get the assessment correct first time, there is something wrong with the contract. It is time for the Government to act, because there is something fundamentally wrong with the whole system.”

Dame Anne Begg MP, Chair of the Work & Pensions Committee - 4 September 2012

<http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm120904/halltext/120904h0001.htm>

The reader may wish to consider that sickness and disability

can affect anyone at any time.

Tomorrow it could be you going through this process.