The People's Review of the Work Capability Assessment

Further Evidence

December 2013

A note from the author

Despite worsening health, I have been compelled to write another People's Review of the Work Capability Assessment this year, to give a voice to all those who continue to be pushed through this flawed system, with no regard for their humanity. I have chosen to remain anonymous. My name is not important; any one of the people whose stories you will read would have said the same or similar. I write so that others may bear witness to their pain, humiliation and suffering and the betrayal of those who purport to support them.

Though surrounded by facts and figures, statements and statistics, the true heart of this review is in the section named "The Reality". If nothing else, I urge you to read the testimonies of those for whom this is written. To take their words, our words, to heart and to hold to account those who are responsible. Do not allow yourself to be another bystander.

There are so many atrocities in this world and it is all too easy to become numbed to them, often out of self-preservation, but this is 21st century Britain - Great Britain. Can we truly call it great when innocent people, our families, friends and neighbours, are being treated like this? Can you let it continue?

I cannot believe that the people of this country would condone this behaviour if they knew what was happening, or that they would be content to allow it to continue. I refuse to believe that good-hearted people have been so taken in by the misleading and false stories in the Press that they would not see the truth if it was shown to them. I think they would be as appalled as I am at the injustice.

I hope those of you who are reading this review will tell them, so that this shameful behaviour is brought to light. So the ordinary, decent people of Britain can stand with those who are struggling and demand that they be treated with the dignity and respect they deserve.

Everyone wants peace of mind and security in their lives and to be dealt with fairly; that is all sick and disabled people are asking for. Will those of you who know how badly they are being treated be able to retain that peace in your own hearts and minds if you do nothing?

I hope you will call on the politicians and leaders of our country not just to adopt the *language* of equality and fairness, but to actually make real their promises to protect and support those who are ill, frail or vulnerable.

David Cameron says Britain is a world leader in the rights for disabled people. Whilst the WCA stays as it is and the cruel and inhumane policies which led to and continue to support it remain, that can never be true.

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"Of course, there are some disabled people who have more complex needs and can never be expected to work, and we will never expect them to do that, and we will always support them. That is what a compassionate country should do."

The Prime Minister, David Cameron, July 2013
https://www.gov.uk/government/speeches/disability-employment-conference-prime-ministers-speech

Principal issues

In November 2012 “The People's Review of the Work Capability Assessment” was published. It stated: “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.”
http://wearespartacus.org.uk/wca-report/

The People’s Review included the experiences of people who had been wrongly assessed, humiliated, badly treated and forced to go to tribunal to secure the benefits to which they are entitled by law, as well as press reports of some of the people who had died after being found fit for work, or whose suicide had been linked, at least in part, to the stress of a process which is essentially abusive, demeaning and not fit for purpose.

This is the second People's Review of the Work Capability Assessment. It highlights the continuing failures of the WCA and the Employment & Support Allowance system, a system which is supposed to support people who are too sick or disabled to work.

It includes the experiences of sick and disabled people going through the WCA process; advisers who assist people with their claims; press reports of WCA failings, of people dying and committing suicide and MPs’ accounts of desperate constituents approaching them for help. It also includes comments and quotes from the Government, the Upper Tribunal, professional bodies, medical organisations, individual medical professionals and the Church, and shows the high rate of successful appeals, the huge backlog of unheard appeals and the financial cost of a failing system.

Another year has passed and, despite the Government's promises, the evidence overwhelmingly shows that although, in principle, changes have been made and recommendations implemented, in practice most aspects of the WCA are still inept and damaging decisions are still being made.

The assessment process continues to cause stress, anxiety and far worse. The many harrowing accounts in “The Reality” section of this Review attest to the frightening

and inhumane treatment sick and disabled people are having to endure.

Given that both this government and the previous government have failed to provide and administer a fair and credible assessment for those who are sick and disabled, perhaps it is time to actively involve disabled people in designing a system which works.

The failings highlighted in this Review are shocking. This is not a party political issue, it is a humanitarian one.

The Government's Office for Disability Issues, which was set up to coordinate disability policy across government, states: “Co-production means working with disabled people as partners at a strategic level. We believe those affected by a service or a policy should be involved in designing it.

“The Disability Equality Duty says that public bodies must proactively ensure that disabled people are treated fairly by looking at the way policies and services are designed and delivered. The Duty is designed to ensure that public bodies think about disabled people’s requirements at the start of all their activities. ODI can help government departments to meet these legal requirements at any stage of policy development.”

For too long the Work Capability Assessment has caused untold damage to those going through it. It must be scrapped and redesigned now before more harm is done. Co-production in this policy area is essential and can only be of benefit; it would not only reduce the financial cost to the taxpayer but also the enormous human cost to those going through the process.

Introduction to the Work Capability Assessment

Policy development

In 2006, the Prime Minister, Tony Blair, hired David Freud to review the benefits system and in March 2007 he (Freud) published his report, *“Reducing Dependency, Increasing Opportunity: options for the future of welfare to work”.* This report was to be “a starting point for a long-term process of transforming the Welfare to Work system.”

In the report Freud said: **“The scale of the potential market is large. Once it matures, it will be made up of the flow of new hard to help clients from Jobcentre Plus. In the early years it could be further swollen as existing customers on incapacity benefits participate in work-related activity. Based on the analysis in this report, I have no doubt that this will be an annual multi-billion pound market”.**
http://image.guardian.co.uk/sys-files/Politics/documents/2007/03/05/welfarereviewreport.pdf

From this report and other evidence it seems clear that from the outset the plan was to reduce the number of people who could receive help and, in the process, make money for private companies.

In early 2008, the Secretary of State for Work and Pensions, James Purnell, hired Freud as an adviser on welfare reform, and in an article in the Daily Telegraph in 2008 Freud said that in his [Freud's] view, **fewer than a third of those on incapacity benefit were really too ill to get a job**. He said: "when the whole rot started in the 1980s we had 700,000. I suspect that's much closer to the real figure than the one we've got now."
http://www.telegraph.co.uk/news/politics/1577313/Welfare-is-a-mess-says-adviser-David-Freud.html

From October 2008 a new income-replacement benefit, Employment and Support Allowance (ESA), to support people who are unable to work due to disability or ill-health, was introduced to replace Incapacity Benefit. The Personal Capability Assessment previously used to determine entitlement to benefit was replaced by the Work Capability Assessment (WCA).

In February 2009, David Cameron appointed Freud as his Shadow Minister for Welfare Reform and nominated him for a Peerage. Freud left Labour and joined the opposition front bench work and pensions team.

In a speech at the Institute for Employment Studies (IES) Annual Public Employment Policy Conference on 12 November 2009, Freud said: "We don't yet know what will happen when IB claimants are transferred through the Work Capability Assessment into ESA which both parties, the government and the Conservatives, are committed to doing over a 3-year period. But it is clear that a substantial proportion, much more than expected, are expected to go straight onto JSA.

"So suddenly a lot of people are moving off IB and, depending how they are categorised, they either join the ESA or the JSA. You cannot convince me that the needs of those people and the costs of those people are radically different.

"We're going to go at this very fast and hard... So it's the opposite of what happens now, which is a government run pilot, which goes for three years, it's assessed and then you do it more when the situation's changed."
http://www.employment-studies.co.uk/policy/resources/121109_freud.pdf

Following the election in May 2010, Lord Freud was appointed Parliamentary Under-Secretary of State at the Department for Work and Pensions (Minister for Welfare Reform).

Employment and Support Allowance

From 2008, under the Welfare Reform Act 2007, anyone claiming long term sickness benefits for the first time had to apply for Employment and Support Allowance (ESA) and undergo a Work Capability Assessment (WCA) to assess their entitlement to support.

Between October 2010 and March 2014, anyone already receiving Incapacity Benefit, Severe Disablement Allowance and Income Support paid on the grounds of illness or disability are also reassessed via the WCA to move them onto ESA. The assessments are carried out by the French company, Atos Healthcare.

Disabled or sick people awarded ESA are allocated to one of two groups. The Work Related Activity Group (WRAG) is the 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 into which group they are assigned is made by a "Decision Maker" at the Department for Work and Pensions (DWP), using the report submitted to them by Atos Healthcare.

The Welfare Reform Act 2007 provided that a person is entitled to employment and support allowance if they satisfy the basic conditions, one of which is that they have limited capability for work; a person has limited capability for work if:

(a) **his capability for work is limited by his physical or mental condition, and**
(b) **the limitation is such that it is not reasonable to require him to work.**
http://www.legislation.gov.uk/ukpga/2007/5/section/1

Annual reviews of ESA and the WCA

Section 10 of the Welfare Reform Act 2007 commits the Secretary of State for Work and Pensions to publish an independent report each year for the first 5 years of operation of ESA and the WCA.

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."**
https://www.gov.uk/government/publications/work-capability-assessment-independent-review-year-1

He reported that the assessment process had many flaws and he recommended 25 changes. Despite this, the Government *continued* to assess up to 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 has now completed three reviews of the WCA, with many more recommendations for improvement.

Another occupational health practitioner, Dr Paul Litchfield, was appointed to undertake the fourth independent review, due to be published on 12 December 2013.

Dr Litchfield was previously a member of the Mental Health Technical Working Group with, amongst others, Sue Godby from the College of Occupational Therapists and Unum Provident, and Dr Angela Graham from Atos Origin, which was commissioned by the DWP in 2006 to transform the Personal Capability Assessment previously used to determine entitlement to Incapacity Benefit. Dr Angela Graham from Atos Origin was also on the Physical Function Technical Working Group, as was Dr Peter Dewis, Disability Analyst and Customer Care Director, Unum Provident.
http://www.whywaitforever.com/dwpatos-tpca.pdf

In December 2012, Esther McVey, Minister of State for Employment (previously Minister for Disabled People), said in the Commons: "We have reviewed the process not once, not twice, but three times under Professor Harrington. Each time recommendations have come back, and we have implemented them, so significant changes are under way."
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm121205/halltext/121205h0002.htm#12120573000368

We could not find any recent statements on these issues from Iain Duncan Smith, the Secretary of State with overall responsibility for the Department for Work and Pensions and for the Work Capability Assessment, so we have included his last statement, made in 2010:

"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."

It is clear, however, from the accounts included in this report, that any changes that have been made to the WCA in response to Professor Harrington's reviews have not made a fundamental difference to the experience of those sick and disabled people who are assessed and that, contrary to Iain Duncan Smith's assurances, vulnerable people do not receive the care or financial security he promised.

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

The Reality

Note: This section contains a small sample of evidence. They are all real-life accounts collected from the public domain. Where necessary names and identifying details have been removed to preserve anonymity.

References have been included where possible and where it is appropriate to do so. 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 (6 December 2013), they are likely to become out of date over time.

We ask the reader to consider that most people having experiences like these would *not* go to their MP or the Press or post their experiences online, and therefore the true scale of these failures is likely to be far, far larger.

It has also just been revealed that figures available for the number of people initially awarded ESA have been artificially boosted by the including the number of people who have undergone the "reconsideration" process, in which people who have been found "fit for work" ask the DWP to re-examine their cases before a formal appeal.

In a press release in November 2013, Sheila Gilmore MP, a member of the House of Commons Work and Pensions Select Committee, explains this issue: "Ministers led us to believe they were publishing figures that showed the number of people awarded benefit immediately after assessment and before ANY appeals. It now turns out that informal appeals to officials – as opposed to formal ones to judges – were being taken into account. This has clearly masked the true extent of the failings in the ESA assessment process.

"This revelation follows the omission of the number of successful appeals from October's round of figures.

"Taken together, these events suggests that rather than trying to fix the test to reduce the number of incorrect decisions, Ministers' priority is to fix the figures to downplay the extent of the problem."
http://www.sheilagilmore.co.uk/press-release-government-admits-fiddling-figures-to-hide-failings-of-fit-for-work-test/ (November 2013)

Deaths and Suicides

A former farm labourer shot himself after learning that his benefits were being stopped, an inquest heard. He was found dead in his front garden with a shotgun at his feet by his neighbour. A statement from his doctor said they had spoken on the

phone and he had been upset because his benefits were being stopped after an annual assessment as he did not have the required number of points to qualify.
The Coroner said his death had been a deliberate act and that he had killed himself and the main factor worrying him was that his benefits had been stopped.
http://www.yorkpress.co.uk/news/ryedale/10360733.Benefits_withdrawal_led_to_man___s_suicide/

“The Prime Minister will know of the many injustices that have been meted out by Atos in the past few years. They were mentioned again on Monday at Department for Work and Pensions questions. The latest victim was a farmer and a butcher in Bolsover who went to Atos in December 2012 and was stripped of his benefit. For 11 months he waited for an appeal and then his aggressive cancer took his sight, took his hearing, and then last Friday took his life.”
Dennis Skinner MP
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131016/debtext/131016-0001.htm#13101671001434

“My brother died at 1pm today. He needed a liver transplant because he contracted Hepatitus C which attacked his liver. This was 4 years ago. He always worked, paid his dues, but still lost his house and everything he worked for. He was told he was fit to work and they cut his benefits. The worry and stress of not having enough to live on did not help him fight the illness. He made himself bankrupt to ward off his debtors (mortgage company) in particular and has had an horrendous last couple of months, with his health failing. He had to be drained of fluid every couple of weeks because his liver was not working properly which was not a pleasant experience. He was on a ventilator for the past week and had 7 drips going into him, with tubes inserted to take away his waste and fluid that was on his lungs.”

“A friend of mine killed herself last week, another local man committed suicide a few weeks ago both due to being messed around with their benefits. I see vulnerable people scared to death and living in fear. Another friend of mine had his benefits stopped, shortly afterwards he had to have an emergency operation, he's recovering but he has no income, he seen his Doctor who wrote him a sick note for 6 months, it just goes on. The Govt. should apply the brakes on this shambles NOW!”

A mother of three died of a brain tumour just weeks after ATOS told her she should be looking for a job. Despite telling Atos about her serious health problems, including epilepsy, she was put in the WRAG. A scan then showed her tumour had returned and this time was terminal. She died in a hospice within weeks.
http://www.dailyrecord.co.uk/news/scottish-news/mum-of-three-elenore-told-find-job-2074333

A woman died after suffering a massive brain haemorrhage in April. Despite her partner immediately informing them of her death, the day after she died, the DWP continued to send her letters asking her to attend appointments to discuss her claim

for ESA. When she failed to attend, she received more letters demanding to know why she had not been present.
http://www.thenorthernecho.co.uk/news/10509646.Dead_woman_asked_why_she_has_not_attended_DWP_appointments/

A diabetic man and triple amputee was found dead in his house just months after being called for an assessment. He believed an assessment was unnecessary.
http://www.stokesentinel.co.uk/Shelton-benefits-blunder-victim-Chris-Cann-dies/story-17574922-detail/story.html

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A "vulnerable'' disabled man who suffered a brain haemorrhage, a stroke and had his leg fused following a football injury, took his own life because he felt pressurised by changes to the benefits system. His partner discovered his body a day after he had received a text from the Jobcentre calling him to an appointment about work.
http://www.whitehavennews.co.uk/news/fears-over-benefits-led-to-tragedy-1.1024319

A man died whilst waiting for a hearing for his third appeal against a wrong decision On two previous occasions the tribunal decided that he had reduced awareness of everyday hazards, leading to a significant risk of injury to him or others, and was therefore not fit for work.
http://www.dailyrecord.co.uk/news/local-news/man-died-waiting-benefits-saga-2404612

A seriously ill woman died two days after trying to kill herself when she was told her incapacity benefit would be stopped. Westminster coroner's court was told she had received a letter from the DWP saying she should go back to work. The 53-year-old, who suffered breathlessness because of chronic obstructive pulmonary disease, was so distressed she took a cocktail of drugs.

She recovered after treatment in hospital , but she died two days later from her existing condition. The Coroner said quality of life was poor due to chest disease and lung problems," said the coroner. "I am satisfied the drugs found in her system are a red herring. I am going to record the cause of her death as chest disease and conclude that she died from natural causes."
http://www.standard.co.uk/news/uk/suicide-bid-of-woman-who-feared-losing-her-incapacity-benefit-8761182.html

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A man who had a serious blood disorder, had blood clots in both lungs, two deep vein thromboses in his legs and had to have his big toe amputated, was diagnosed with Hughes syndrome, a life-threatening condition. He had been left without money by the Benefits Agency for 10 weeks, despite being signed off as unfit to work by the doctor. He committed suicide and was found by his fiancee when she got up in the morning.
http://www.dailyrecord.co.uk/news/scottish-news/benefits-row-dad-takes-life-1875339

A 47 year old man overdosed on a cocktail of drugs after he had his benefits stopped because he was not given a proper medical assessment by the Department for Work and Pensions, an inquest heard. [His] family told the Post they considered the decision to stop his benefits was a "major trigger" in a spiral which led him to overdose on heroin, cocaine and alcohol.

[He}was told his benefits of £90-a-week would be stopped on...the same day he took to social networking site Facebook to vent his frustration at Prime Minister David Cameron and Atos – the company which carries out medical assessments on behalf of the Department for Work and Pensions.

After writing of his disapproval of the system he wrote on Facebook: "It's time to say goodbye, goodbye."

At his inquest, which lasted two days, the court heard that [his] medical assessment took just 23 minutes and his allowance was stopped despite him suffering from HIV, hepatitis C, sciatica, severe depression, insomnia and dental pain. The Nottinghamshire coroner, Miss Mairin Casey, branded it a "crude assessment". She said: "I find the assessment process in Edward's case did not fully or properly reflect Edward's physical and mental health at that time.

A DWP spokesman said: "Our sympathy goes out to the family of Mr Jacques. A decision on whether someone is well enough to work is taken following a thorough assessment and after consideration of all supporting medical evidence from the claimant's GP or medical specialist."
http://www.nottinghampost.com/Sneinton-man-overdoses-benefits-stopped/story-19906973-detail/story.html

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My partners father had severe emphysema and heart problems, he also had numerous heart attacks and constant infection due to his immune system being so low, the poor man couldn't even walk from one side of the house to another without needing his oxygen yet he was made to go to appeal for both his ESA and his DLA, he won both appeals after turning up to the appeal in a wheelchair with his oxygen mask on his face, a few months later he was told it was to stop and he would have to appeal again, the amount of stress and worry it caused was unimaginable, my partners mom was his full time carer so she couldn't work either, he needed 24 hour care. Unfortunately he passed away last year whilst waiting for the appeal.

A man was found hanging at his home just a day after he received a text message telling him to attend the Jobcentre. He had previously sent his partner of 13 years, a text saying: "I give up.''

He had been unable to work after he suffered a brain haemorrhage and a stroke and had his leg fused following a football injury. He wore a calliper and couldn't grip with his hand. He had been worried that if he didn't take some sort of work, his benefits would be stopped.

His partner said ""The text scared him so much. He had been depressed for years but he could keep that under control. It was the text which pushed him over. I want people to realise the effect of these changes on people's lives. These changes are terrifying to vulnerable people and their concerns need to be listened to. It can have a devastating effect on people's lives. As someone said after Peter died, he won't be the first person to die because of this, and he won't be the last.''

The message didn't state a date but a subsequent letter was sent days after his death.
http://www.in-cumbria.com/pushed-over-the-edge-by-benefits-fear-1.1045847?referrerPath=news-archive

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A woman suffered from arthritis in her neck and back due to slipped discs, her pain was exacerbated after an unsuccessful operation on her neck last year. She was left in agony every time one of her arms was touched, making everyday tasks a huge challenge. Bones from her hand had been removed during separate surgery after she had been attacked by a dog.

Despite being in agony which strong pain relief could not ease, she was deemed to be fit for work following a government health assessment and told to seek work.
Her sister, a nurse, claims the verdict that she was ineligible for disability benefits drove her to take her own life. She was found dead at her home having taken an overdose.

A tribunal hearing, following an initial appeal, had been due to take place to consider her appeal two weeks later.
Her sister said she spent two hours on two buses travelling to the asessment centre, run by private firm Atos Healthcare, and spent only two minutes having an assessment.

She said her sister was only asked one question at the assessment: "Did you get here by bus?...She replied with one fateful word – 'yes'. She hadn't even had the chance to take her coat off...Anyone could see she wasn't fit to work. She would have loved to have had a job but couldn't. How much grief, pain and anguish do you have to go through before they realise?"
http://www.bristolpost.co.uk/sister-killed-disability-benefit-stopped/story-20170841-detail/story.html

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After these tragedies are reported in the Press the stock response seems to be:

From the DWP spokesperson: "A decision on whether someone is well enough to work is taken following a thorough assessment and after consideration of all the supporting medical evidence. Through a series of independent reviews and by working with medical experts and charities, we have considerably improved the work capability assessment process since 2010 to make it fairer and more accurate."

From the Atos spokesperson: "Atos Healthcare carries out assessments on behalf of the Department for Work and Pensions and under its guidelines. But we do not make decisions on people's benefit entitlement, nor are we involved in the appeal process."

In 2011 an open letter warned of the serious and fatal consequences of the flawed WCA. The letter was signed by Paul Farmer - Chief executive, Mind; Paul Jenkins - Chief executive, Rethink Mental Illness; Professor Bob Grove - Joint chief executive, Centre for Mental Health; Dr Jed Boardman - Consultant and senior lecturer in social psychiatry, Royal College of Psychiatrists; Bill Walden-Jones - Chief executive, Hafal; Billy Watson - Chief executive, Scottish Association for Mental Health
http://www.theguardian.com/society/2011/may/31/consequences-benefit-changes-mental-health?guni=Article:in body link

Mortality statistics

The DWP's latest statistical release “Incapacity Benefits: Deaths of recipients” was published on 9th July 2012. It contains the mortality statistics for 2008 to 2011.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223050/incap_decd_recips_0712.pdf

However, no statistics have been published since then and following requests for the latest statistics, DWP (ESA Analysis) said:

“There is no intention of releasing an updated version of these statistics.”
http://mydisabilitystudiesblackboard.blogspot.ca/2013/06/my-latest-letter-to-iain-duncan-smith.html

Accounts from MPs

“I have been sent nearly 300 case histories, many of which make heart-rending reading. I cannot begin to do justice to their feelings of distress, indignation, fear, helplessness and, indeed, widespread anger at the way they have been treated. Nor can I easily contain my own feelings at the slowness, rigidity and insensitivity with which Atos and the Department for Work and Pensions have responded—or very often not responded—to the cries of pain that they have heard repeatedly.”
Michael Meacher Labour MP

A number of people who have been assessed reasonably recently had their incapacity benefits stopped but then reintroduced on appeal are now being reassessed and found fit for work once again. Surely people who have recently been assessed and won on appeal should not be being recalled by Atos.
John Leech Liberal Democrat MP

“I, like all other Members, have received a huge amount of correspondence about

awful, tragic cases of individuals who have been badly treated by Atos during their work capability assessments. The fault lies not with Atos, but with its employer, which, in this case, is the Department for Work and Pensions. When we look at the other employers for which Atos works, such as Royal Mail and the NHS, we see numerous cases of people who have been signed off work—not just their current work, but for any work ever again, with a recommendation that they be retired from all kinds of work—going back to Atos, but this time when it is employed by the DWP, and being assessed as entirely fit for work."
Natascha Engel Labour MP

"I was very disturbed when Atos got the contract for the personal independence payments… There have always been problems with Atos. As a major contractor, it has repeatedly failed to inspire confidence and needs shaking up….The problems include centres that are inaccessible, and a long distance away. It can be difficult to travel to them, and there might be no parking there. There are sometimes no rails on the walls. People might have to lose a whole day's earnings to attend, or use up a day's annual leave. Some centres are on the second floor, with no proper lift. The testing centres can be hard for people in wheelchairs to get into. Some of my constituents tell me that they have been tested by doctors who do not even speak English properly. All of that is totally unacceptable, especially when people are going to those centres in fear and apprehension that that their benefit will be taken away."
Robert Halfon Conservative MP

"Although the Department [for Work and Pensions] has made much of the fact that Atos does not actually make the decisions, with that being done by decision makers in the job centres, I have never seen evidence of the decision makers taking account of any evidence apart from the Atos assessment and the questionnaire, unless the case goes through appeal or reconsideration… [I have] had the experience…of seeing people who have claimed employment and support allowance as a result of a physical disability or illness ending up with mental health problems owing to the stress of going through the system.
[In] the local authority area that I live in—60% of appeals are being won by those lodging them."
Pamela Nash Labour MP

"[I] fear that the reputation of Atos may be so damaged that it can never really be effective? Perhaps the time has been reached when we need to park Atos and move on in a different direction."
Charles Walker Conservative MP

"There is a huge groundswell of discontent about Atos and the work capability assessment. It is deplorable that our sick and disabled constituents are experiencing immense hardship after being deprived of benefits having endured an Atos WCA. We all recall last year's television programmes exposing the way people are treated across the country by Atos, and I have heard from a number of my constituents who have been badly treated—treated without care, compassion or understanding.

We need to ensure that the people who are going through the system are treated well, justly and fairly. The British Medical Association has called for the work capability assessment to end immediately and be replaced with a system that does not cause harm to some of the most vulnerable people in society. I call on the Government to change course and look again at this process."
Iain McKenzie Labour MP

"I would like to read into the record an e-mail I received from a constituent. It is probably similar to e-mails that all hon. Members have received. It reads:

'They never asked about the amount of pain I have to contend with or how tired I get from coping with it. After the interview I was told I was to be disallowed ESA benefit. I could probably go down the route of appeal but I really don't feel like fighting for a benefit that I have already been made to feel that I do not deserve, neither do I have the energy to appeal.'

If we in this House cannot give voice to these people, who are some of the most vulnerable in our society, I really do not know what we are for."
Stephen Gilbert Liberal Democrat MP

"The key weakness of the system is the perfunctory, mechanical, inhuman and rushed process of assessment. I have to point out to the Minister that as the system has been handed to the private sector, the more perfunctory the process of assessment, the greater the profit made by Atos and the assessors.

The system is perfunctory and totally inadequate…the assessment fails patients with mental health conditions, particularly schizophrenia, which are very difficult to assess and treat. It fails when conditions are intermittent and emerge one day only to fade away the next. It fails on degenerative conditions, too.

The process is more concerned with shaking them off benefit than with treating their cases properly. We were assured by Atos and the Department that there was no quota, but I think we can guarantee that any medical assessor for Atos who finds that the total or a high proportion of the number of people he is examining are not fit for work will not advance his career in assessment, his career in Atos or his contact with the Department. Inevitably, there are those pressures on the assessors. Our PAC report on the system was pretty damning—one of the most damning we have done."
Austin Michell Labour MP

“I could refer to a stream of cases in which people have conditions that come and go and have good days and bad days. When Atos assessors make the assessments, those people can often be having a good day and the tick boxes do not allow the right decision to be made.

The clear point is that there needs to be a fundamental reform of the process. It is right that we should assess people to see whether they are capable of work, but the people subjected to horrendous trials and tribulations as a result need further support and deserve to have the whole process reconsidered so that it can be improved for the benefit of all.”
Bob Blackman Conservative MP

“There are real questions about Atos and the Government. If I had a contract with anyone who failed in 40% of their decisions and cost me a lot of money, I would not continue to use them. However, the Government have just given Atos the contract for the personal independence payment, so they cannot be dissatisfied with its performance. There are questions to answer. Are the Government giving targets to Atos, either covertly or overtly? Have the Government discussed their expectation of reducing the number of people on benefits or is Atos doing that of its own accord? Everybody says officially that there are no targets, but workers report a different story.

When Dr Steve Bick went undercover for the “Dispatches” programme, he was told more than once that the process is meant to take people off benefit, and that if he did not find enough people fit to work, his assessments would be monitored. He was also told that if he found more than 12% or 13% of people unfit for work, he would be told that his rate was too high.”
Julie Hilling Labour MP

“I do not think it is necessarily wrong, harsh or unreasonable to say that people who could work should be supported into work, but we need to do that in a way which recognises the dignity of individuals going through the system. Despite my support for the welfare changes that this Government are making, the examples that I have seen in my own constituency surgery leave a lot to be desired. We should not throw out the baby with the bathwater, but we need to make sure that the recommendations that have been made time after time are implemented as soon as possible. We owe that to the constituents we represent.”
Guto Bebb Conservative MP

“My caseworker, like those of many Members, is inundated with cases that are tragic and heart-rending. The telephone line to my office is often clogged with crying people. They often ring several times a day, as they are unable to cope with the stress that they are facing. Many have mental health problems, and are unable to cope with the paperwork. They are unsure what to do with it, and they ring me to ask for help

in the most tragic and personal way."
Madeleine Moon Labour MP

"In my surgeries, I have heard several harrowing and very sad accounts from constituents who have been subjected to impersonal and inhumane work capability assessments by Atos. One has been diagnosed with an aggressive brain tumour, which cannot be completely removed because that would leave her paralysed…Last year she had radiotherapy to slow down the growth of the tumour, but in October she was told that it would grow back even more quickly, and that she would have to have further radiotherapy or she would die. I should add that this lady also has polyarthritis and asthma. Why has this lady been placed in the work-related activity group? Her doctors and consultants have specified that she should be placed in the support group as she is fighting for her life. Her only concern should be winning that battle."
Jonathan Edwards Plaid Cymru MP

"One of the things that has disturbed me most over the past couple of years is the way in which disabled people have found the process an assault on their dignity. I am also disturbed by the failure of the Government to take remedial action and manage the contract with Atos more effectively. Public money is being spent on these assessments. There is a substantial body of evidence to show that they are failing to deliver, yet the Government continue to hide behind commercial confidentiality in declining to make public the details of their relationship with Atos. That lack of accountability is not good enough.

"Sadly, I regularly meet constituents who have found the process of the work capability assessments...to be humiliating. Far too many face an unacceptable delay to their appeals, and the hearings take place in the inappropriate setting of our criminal justice system. While those presiding at tribunals do their best to make people feel at ease, what message does it send to a person already crushed by low self-esteem or anxiety to be seen in the same setting as offenders? Not surprisingly, it adds to their sense of worthlessness – already stoked by a longstanding political narrative from both sides of the political divide that they are "shirkers not workers" or a drain on Britain's "hardworking people". They are neither."
Dr Sarah Wollaston Conservative MP

"I have encountered incontinent patients being asked to make four-hour round trips on public transport. I have also encountered constituents who have had to make very long journeys by public transport only to find that their appointment is not double-booked, but triple-booked. My biggest ongoing worry, though, is about people who have found themselves placed in the work-related activity group with very little realistic prospect of finding a job."
Dr Eilidh Whiteford Scottish National Party MP

“Of the couple of dozen constituents I met last week, about half of them had no idea that they could take a companion to the assessment process. They said that they had not been told. Of those who did know that they could take a companion and who had sometimes done so, that companion was not made to feel welcome and was not able to assist the

When the work capability assessment was introduced, we knew that it would be difficult and that we were trying something new. We built in the review process that led to the appointment of Professor Malcolm Harrington and some of the early improvements, which I think we all welcomed. Today, however, we have to face up to the fact that it is no longer possible to make the kinds of improvements that would make the system viable.”
Kate Green Labour MP

“I asked my caseworker… how the work capability assessment was affecting people in my constituency. She said, “How many people do you want me to tell you about?” I asked her to give me her view. This is a woman who for seven years was a legal officer for the Union of Construction, Allied Trades and Technicians and has worked for me for four years. She said that about every third call is about benefits—mainly about ESA and people being found fit for work. People are being found fit for work despite an NHS GP, a consultant or psychiatric reports saying that they are not. Atos does not seem to take medical reports into account when deciding on someone’s capability. About 90% of my work is now benefits-related, whereas two years ago the figure was about 20%. As the citizens advice bureaux and jobcentres cannot cope, they refer cases to their local MP.”
David Anderson Labour MP

“There are cases in which people have had to wait for up to a year before winning appeals and then immediately face another work capability assessment, so the whole process starts again. Why cannot such people be given at least a considerable period of grace? Surely that would be possible?

There is the disregarding of expert medical opinion. I understand that there are marginal cases, but I have seen cases—as, I am sure, have all Members—that bear absolutely no relation to the WCA reports. Because I always make a point of visiting constituents at home if they have a problem with Atos, I see for myself that in some cases the reports bear no relation to the reality. I believe that appeal tribunals that overturn such reports should highlight blatant instances of that, because it clearly constitutes a misuse of public money when the reports are written so badly.

There are people who are not considered fit for work—for instance, those who are awaiting operations with no idea of the time scale—and who are put into the work-related activity group although they cannot work. That strikes me as a contradiction in terms."
Jeremy LeFroy Conservative MP

“This is at least the sixth debate that we have had on the issue. The concern expressed by Members about an issue of public administration in all those is unprecedented in recent decades. There is example after example of human suffering on a scale unacceptable in a civilised society…

One of the key factors coming out of [Mind’s] survey of people facing the work capability assessment process was that 51% of them said it made them have suicidal thoughts. Any system involving that level of risk is irretrievable and unreformable. That is why I believe it should be scrapped and why the British Medical Association has said it should be scrapped.

I say the following, and I do not say it lightly: we now know that the system does not work. We know the human suffering that is occurring. The responsibility is now on us to do something about it. We will be to blame for every injury, harm, suicide and other death as a result of the system if we do not scrap it now and bring in something that is fair and based on proper medical knowledge—assessment by a person’s own GP, reinforced by expertise.”
John McDonnell Labour MP

“I heard about a number of harrowing cases—not from the CAB, interestingly, but from the jobcentre, whose staff see people coming back into training and what have you after the assessment. Those staff are incredulous at times at the cavalier approach of Atos to people’s health conditions. Long-term disabled people have come back into the work arena; unbelievably, within three months of being told that they are perfectly fit for work, they have dropped down dead. I would not like that on my conscience, and I find it surprising…

When someone drops down dead within three months of being assessed as being perfectly capable of going back to work, what is the review process for Atos?

We have heard about the Harrington report and the need for mental health champions. Only last week, a constituent, who, frankly, did not know what time of day it was, went through the process. Not only were they not allowed to have their carer with them, but no mental health champion was there… I find it interesting that we have just heard that there will be 60 champions in the country. Patently and obviously, that is not enough.”
Heather Wheeler Conservative MP

“Through a freedom of information request, I understand that the DWP keeps a figure for the number of people who have died but does not record the causes and how they died. It has been asked to record the suicide cases, for example, but has not done so…there are a number of well-publicised cases where people have taken their own lives because of this system. It is not too putting it too strongly to say that this coalition Government have blood on their hands for the deaths of those individuals.

We need a new start for people with mental health conditions. We need to take them out of the system and we need a separate work stream for dealing with them. They should be assessed by people who are qualified psychiatrists and people who understand mental health. If we do not do that, we will continue to have the torture—I will use that word—that people are going through in this system."
Kevan Jones Labour MP

"Dr Greg Wood is a doctor who was employed by Atos until he left its employ at the start of May this year. In the middle of May, he made a series of serious and very specific allegations about his experience as a doctor working at an Atos centre and the way in which the work capability assessment was carried out. For the record, he suggests not that we should get rid of the assessment, or even that it gets cases wrong at either end of the scale, but that people in the middle are being caught because of the flawed way in which the system is designed and implemented. He said that "claimants are often not being assessed in an even handed way… HCPs are not free to make independent recommendations, important evidence is frequently missing or never sought in the first place, medical knowledge is twisted and points are often wrongly withheld through the use of an erroneously high standard of proof".

He said that if Atos assessors "show deviation from the official line the HCP is instructed to change the report" and: "In about a quarter of assessments important documentary evidence is missing but the assessments go ahead regardless."

He said that training of new HCPs creates an environment where they "expect that they will see in the course of their work score too few points to qualify for ESA. This is often the de facto starting hypothesis, with the effect that the claimant usually faces an uphill struggle before the assessment has even begun."

He said that HCPs often "begrudgingly" score claimants and that an attitude is drilled into them "which leans towards finding reasons not to award points".

Those are very serious and specific allegations that I would have expected the Government to take seriously, given the warm words we frequently hear from the Minister and the Secretary of State, who has now left his place, about improving this process and constantly being vigilant about making it better for people.

I wrote to the Prime Minister on the same day asking him to investigate the allegations. He passed the correspondence on to the Secretary of State, who wrote back to me on 22 June. I got back a one-page letter—I have it here—that made absolutely no reference to any of the specific allegations. It did not say that there was a problem; it was just a standard response. The Government wanted to brush it under the carpet. That attitude belies the problems that exist."
Tom Greatrex Labour MP

Sources of MPs' quotes:

http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm130710/debtext/130710-0002.htm#130710-0002.htm_spnew136
http://www.theguardian.com/commentisfree/2013/oct/27/mental-illness-jobs-work

Accounts from Advisers

"Our doctors, nurses and physiotherapists are fully trained and experienced, with many coming directly from the NHS. They strictly follow the guidelines given to them by the government when conducting assessments, and make no decisions on a person's eligibility for benefits.

"The information from the assessment which we send to the DWP forms only one piece of the evidence the DWP decision maker will make use of." **(Atos)**
http://bma.org.uk/news-views-analysis/news/2013/january/mps-voice-benefits-test-concerns

Please note that the following statements from advisers have not been edited

I recently attended a tribunal with a client who amongst many other complaints had undergone surgery which resulted in his rectum and surrounding muscles including the sphincter being cut through. As a result the HCP noted (correctly) ".... has faecal matter constantly running from his anus, (and has to wear anal tampons which he can only tolerate for 2 hours per day), however as he is aware that this is happening and when he needs to go to the toilet and can occasionally attend meetings this does not amount to incontinence'.

My client has an amputated leg below the knee. Crush injury to other foot and hip pain due to crush injury. Secretary of State's submission states "The HCP found disability with lower limb problem seemed unlikely "!

One of my client's visited me today. When he failed the WCA in June he called to say he wasn't fit and he didn't the decision was fair. He was told to claim JSA - nothing about any appeals (OR ANY RECONSIDERATIONS). He told the JC he was not fit for work. They said "claim ESA".

Since then he has received no money and neither can we get any information about his claim. We've arranged food parcels every few weeks. Last week he was convicted of shoplifting food.

Today, I genuinely fear that before the weekend is out he will have visited an intercity railway line for his final journey.

My client has Parkinsons Disease and vascular dementia. Successfully appealed a negative WCA decision and was placed in the Support Group. Tribunal recommended no reassessment for 24 months. A month after the appeal she was reassessed. Attracted nil points…

Client due to have leg amputated following damage caused by various health conditions, arthritis and a road traffic accident. In constant pain and on a truckload of painkillers. Amputation delayed because of underlying health issues.

Nurse assessor stated that he had no significant disability as a result of his "leg problem" and that he was observed walking 12 metres to the examination room. Surprise, surprise the DWP DM just cut and pasted the same conclusion and awarded nil points for mobilising.

"Client visits the local cemetery once a week to pay respects to his dead parents": was used to justify decision - "has no problems with engaging socially".

I received a "suggested journey planner" to a medical examination for a client who notified everyone relevant that they are in the wheelchair. It involves 5 (five!) London Underground changes, none of them wheelchair-adapted.

My client failed IB/ESA migration assessment, had been without benefit for just over 2 months and been diagnosed with cancer. She made then new claim for ESA on basis of cancer, and also a late appeal against the migration decision (when she 'only' had learning difficulties and HIV). She is now on chemo following cancer surgery. Told she will only receive ESA at assessment rate pending appeal & although the new claim was logged as received, nothing seems to have been done about it. Her support worker phoned & was told nothing could be done now and client would have to wait until after the appeal hearing. What next? Will they ask her to miss a chemo session and come to a WFI instead?

My request for a call back from local Benefit Delivery Centre was flatly refused (contact centre hung up on client and on me when I rang on her behalf). Client has severe mental health problems, is under care of local crisis team and is likely to be readmitted to hospital due to the stress this is causing her.

Extract from my client's ESA85: "Took overdose of medications last night, admitted to [name of hospital], discharged this morning. No current thoughts of self harm".

Client has chronic depression/anxiety, associated substance abuse issues and an eating disorder. Receives ongoing support from a variety of local services. Struggles to leave her home/attend appointments at the best of times and has to psyche herself up for several days to face it, etc. Was notified of assessment scheduled for xxxx. Attended. Was turned away due to security issues at the building. Received further assessment date- xxxx. Attended. Was turned away due to staffing shortage. Received further date- xxxx. Attended. Was turned away for same reason. Received further date- xxxx. Attended. Turned away again (bad weather). Received further date- xxxx. Couldn’t face it and didn’t go. Benefit now terminated as no good cause for failure to attend…

Client is 59, had hysterectomy following cervical cancer.

Medical report states “There is no evidence that the client is currently pregnant”

Client was in receipt of IS through incapacity. (Early onset arthritis, aged 35).Client was found fit for work, despite being virtually unable to walk, unable to mobilise using wheelchair due to shoulder and general upper body strength issues, is in constant severe pain despite high levels of woolly-head inducing medication, also has diagnosis of depression.

Client was migrated from IB to ESA, received written confirmation that he had been placed in the Support Group. Subsequently received letter from JC+ stating he had to attend Work Focused interview. Explained that this was voluntary, contacted JC+ and expressed concern , got apology (eventually) and client informed he does not need to attend. Same situation occurred two months later. Another month on, and client receives handwritten memo (on unheaded paper, undated) stating that client has always been in WRAG and if he had evidence he was in Support Group perhaps he would like to provide it in enclosed prepaid envelope. Copy of original award letter duly sent, only to elicit response from JC+ that, “following a recent change we have looked at your decision again” and have placed you in the WRAG effective from the date of the original notification of decision to put him in SG. So now faced with late appeal, arguing against overpayment recovery, having to explain all this to client, and not even an acknowledgement of error from JC+. Cl doesn’t want to complain because he fears losing his benefit.

The experience of sick and disabled people

“I am responsible for overseeing the quality of Atos assessments, for example. It is the department and not our contractor that decides policy.”
Dr Bill Gunnyeon, Chief Medical Adviser, DWP
http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=8331&mode=pdf

Please note that the following statements have received minimal editing

At present I have severe osteoarthritis, I had my left hip replaced two years ago and now my right knee and right hip have gone the same, I also had a triple heart bypass done three years ago because earlier in 2010 I suffered a seizure because of my diabetes. Whilst recovering from my hip operation, which still is not right even now, I started to get leg ulcers, which after another test was found to be caused by varicose veins in my legs, and being diabetic along with varicose veins blood circulation is a big problem. The ulcers take ages to heal and last October (2012) the ulcer on the left leg got infected, the infection got into the ankle joint and caused the bones to collapse in the foot causing a charcot joint, which means now I have a flat foot.

Last month, I had a blood test and it revealed I was anaemic, so now I have to find out if the stomach ulcers have completely healed, more tablets for me to take. But at my Work Capability Assessment my benefits were stopped because I deemed fit for work?

A relative of mine is so ill with a catalogue of illnesses and on the day of the assessment the nurse refused to examine him because of the pain he was in and then he scores no points! Yes I swear it's true...doctors and nurses can diagnose illnesses and give you a "cure" without them even looking at you?
I heard it was bad - especially when I saw BBC Panorama - however, nothing could prepare me for the shock of my relatives treatment

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Words cannot come close to how much anger i have towards them, and DWP and this government for allowing the blatant lies and cover ups involved with these assessments, i had an assessment and was left in agony after the so called care professional pushed and pulled my leg so much that i shouted out in pain it hurt and yet she carried on, she also says she witnessed me climb a set of stairs with no difficulty when there was no way she saw me from her office at the top of the stairs which had no windows where she would be able to see the stairs, i was in severe pain climbing those stairs lies, lies and more lies , i have severe physical disabilities along with severe mental conditions, i was awarded 0 points and my appeal lasted 11 months before i contacted my MP who was quick to act and my appeal was quashed without going to tribunal and placed into support group.

My cousin is in a wheelchair, he can walk a few steps but he's hunched over, he was adopted by my aunt and uncle, as his mother was only 14 when she had him, he's got autisim and slight brain damage. He's got one hand he can use and he is nearly blind. He went for one of these tests and they told him he was perfectly capable and fine to work. Needless to say my aunt and uncle appealed against it, the social workers and carers where he lives were livid. Of course he won the appeal and the doctor was put under and assessment.

My husband has been fortunate enough to have me dealing with everything for him. There is no point to that questionnaire they send out. And no point sending them any evidence. I did the whole thing on behalf of my husband, asking for a home visit because he is not able to leave the house.

They denied the home visit. When I called to ask why, it was because someone at our doctor's ticked the wrong box. When I questioned why they didn't listen to the things I wrote on the questionnaire, they outright told me that they don't take that into consideration.

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my Dad who has worked his whole life and served in the British Army was medically retired last year due to his TERMINAL illness, however they have decided he is now fit for work even though his doctor and hospital consultant says otherwise he gets so weak on a daily Basis is difficult for him to do simple tasks like making a cup of tea, these people are disgusting!

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what i dont get is if my doctor says im unfit to work then who are they to over rual him its a joke my doctor has told me its unlikely i will work again after braking 3 fertabeys in my back and brakein my knee i also suffer from anxity attacks, dvt, diabetes, deprestion ,since this happend iv dubboled my body wight and am now morbidly obes i cant walk far at all and get dizzy brethless and faint im awatting gastric surgoery im a prisoner in my own home yet twice they have declerd me fit to work i appeled both times and won but now its like im being hounded by them to go to work assement groups wich my doctor says im not fit to attend.

I hear so many stories from friends and associates who are being sanctioned because the complexities of their disabilities are preventing them accessing appointments, either through lack of finances (Some are being sent to appointments over 40 miles away from home), JCP staff who have no understanding of their disabilities and illnesses. So these poor individuals are having all benefits stopped, and have no money at all!
What kind of support is this?
Some people who are disabled cannot afford to pay £100's for their medication each month, because their benefit normally covers them for low income help. But stopping the benefits altogether from being able to afford medication, that is vital to keeping what little health they have!

I have my story to share as well: visited by my orthopaedic surgeon who encountered many functional limitations on my left knee to the point of needing a TKR (Total Knee Replacement) which I had, yet when I went to my two visits on crutches and told them about all my FUNCTIONAL limitations (as they call them) and I told them I was on a waiting list for Total Knee Replacement they disregarded, ignored, obliterated, lied about everything I said and DWP (Department of Work and Pensions) scored me ZERO invalidity point on two occasion and took my disability benefit away, I appealed twice and won twice without even having to appear in tribunal.

Some of the interviews carried out by the assessors are quite bullying...I went with one of the people I am a carer for to theirs and, despite having a broken back and various other problems, they were asked to try to bend forwards and stretch up as far as possible, to show the range of movement...the person I care for said that they could not as, having just had surgery to try to secure their still deteriorating spine, it would be directly against the advice of their surgeon...the assessor then asked if they were refusing to comply with the request...and then recorded it as such...it was a disgrace

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Three times i have been declared fit for work. Three times i have won the appeals. U have a heart defect that will not get well. I asked the atos health professionals were they heart specialists, they were not. I had letters from my heart consultant to explain why it was not possible to work. These were ignored. The judge at the appeals said a consultants evidence should always be taken as proof. The amount of stress this caused me is exactly what i have to avoid.

My sister first claimed in April(6 mnths ago), and was put on the assessment rate. She filled out and sent the ESA50 in June, when i say filled out, she ticked a box saying that she is having treatment for cancer with chemotherapy and radiotherapy, and her oncologist answered ONE page of questions. Today she hasnt heard a thing from them, even though i have heard that she should be put straight into the support group. She needed this payment weeks ago to pay bills, to keep her bank balance in the black to avoid charges, etc . Ringing them gets her nowhere ,and as well as struggling with this terrible disease and horrible treatment , she is now worrying and stressing about paying bills.

My GP Surgery in Glasgow informed me, upon my request for medical evidence to be supplied with my submittal of an ESA50 form, that they had been advised not to supply such information. It's ridiculous that this should be the case. More than two months after sending off the dreaded form (which, due to my condition, took me two weeks to complete) I still have heard nothing from them or DWP so I am still dreading receiving a letter calling me to an assessment. The previous assessments I've attended have been utter jokes. The resulting documentation being full of errors and mistruths. It's incredible how awful this system is.

I have severe/advanced emphysema and following a `tick box assessment in January I was found fit for work. I can barely walk across the room and struggle to breathe when carrying out all daily tasks, I am even short of breath at rest. How do they expect me to work when I can barely care for myself ? I scored 0 points and will be attending my appeal Tribunal next week. Atos should be fined for every successful appeal and the client should be compensated for the stress and hardship caused to them by Atos.

I have suffered from multiple sclerosis since 2000, I filled in all the forms etc and awaited to be called for my medical it never came. I received the brown envelope putting me straight into WRAG. family didn't help saying they will correct their mistakes and so I didn't appeal. I made phone calls and was told by somebody in the DWP my MS would get better because my GP said. All lies they never contacted my GP or any other of my MS doctors. now a few months down the line I am bed bound and unable to stand and now on anti depressants, I have carers in twice a day to help with dressing, washing etc. if I cant get out of bed how the hell can I work.

My GP insisted that they contacted him directly for the medical information they required, instructing me to tell them the phone number and contact details of the surgery, which I did. They fought it, said it wasn't their responsibility to acquire the information, rather that I should supply it. I argued that if it was deemed necessary for them to fully assess my circumstances, then they were obliged to request it and that I had acquitted myself of further responsibility by arranging for the information to be given to them and providing the details required.

I was put in the support group, and had to be reassessed after a year. I sent my esa50 back four and a half months ago and I have not heard anything from them. I phoned them and all they could say was – some people are waiting 6 months.

Every day I wake up with a knot in my stomach, wondering if and when I will get the decision letter. I am living in constant fear and anxiety about my future.

My GP Surgery in Glasgow informed me, upon my request for medical evidence to be supplied with my submittal of an ESA50 form, that they had been advised not to supply such information. It's ridiculous that this should be the case. More than two months after sending off the dreaded form (which, due to my condition, took me two weeks to complete) I still have heard nothing from them or DWP so I am still dreading receiving a letter calling me to an assessment. The previous assessments I've attended have been utter jokes. The resulting documentation being full of errors and mistruths. It's incredible how awful this system is.

The problem with the work capability assessment is the "closed" questions and the assumptions made from the answers. My friend was asked "do you have a dog" to which she replied "yes" no further questions were asked on the subject. When we read her report the healthcare professional(!) stated that as she had a dog she had no difficulty bending to feed the dog, no problem with upper limbs as she groomed the dog and was able to get out and about and walk 200m as she walked the dog. No problem with that I hear you say, except for one thing, her son takes care of the dog, not her, as she is unable to do so!!

I was told by a heart surgeon and 3 different doctors that I will not be abled to work again because of my heart condition coupled with being a diabetic but I failed the assessment.I won my appeal against the decision.

I have my appeal hearing (mental health problems, declared fit in weird WCA by physiotherapist) in the next few weeks, and now becoming increasing ill and unable to cope.

Today I received another of the dreaded forms with the same covering letter as the first one informing me to fill it in and send it back by November so I called them with the help of my friend as I find it hard to grasp information.

I told the the operator that I had already sent my form in so she went and checked. When she came back she said that I have moved area and changed GP which means that the information they have been given on my form does not tally with the information they already had on me. She also said that the reason I received a second form to fill in is because my original form was rejected because I had moved. I told her I have lived in my current address for 7 years so have not changed areas and have not changed GP either. She insisted I had. She told me I was to fill in the second form to which I said I could not due to my disability as filling in the first one almost ended up with me being admitted to hospital and I also told her that I would send a photocopy of the original form Can you believe it ???!!???

My friend who helps me also spoke to the operator and asked her why I had to send a photocopy of the original form when they already have it to which he was told because thats how it is. She said I was to put a covering letter in with it stating that I have not moved address, area or GP. My friend said that this is ridiculous to which he was told that it is what it is.

Having been through the WCA myself i can tell you that the assesors lie through their teeth! in my forms i got from them it states that i have no scars or bruising.. erm.. how could any1 come to that conclusion without asking me to remove any items of clothing?? do they have some form of x-ray vision that we dont know about? i was also declared to have a good grip.. erm.. again.. i suffer from severe hypermobility form eds and my digits can rotate over 180* and dislocate at a whim… I scored zero points.

18 months ago, my friend was assessed by a nurse. She went that fast with the tests it was impossible for her to have made a reasoned assessment. My friend was deemed fit for work and appealed (she is still waiting for the tribunal). She has been sent a copy of the assessment (ratified by a foreign doctor as correct) and, as an example, it states that as she could walk the 15 metres from the waiting room to the examination room, she would therefore be capable of walking more than 250 metres! I went back and measured the distance from the waiting room to the examination room, it was 5 metres.

I still do not understand how ANY person who has trained as a NURSE, GP, Physio etc could work for such a company, surely anyone going into those particular professions goes into them to improve peoples lives and NOT hurt them?

I've had to cope with some difficult problems which left me very stressed and anxious and eventually feeling depressed. It took several visits to my doctor to get some help from counceling. I have had 4 cbt sessions so far and don`t know if this self help thing is working for me.

I received 0 points for my medical, the whole experience was very stressful and on hind sight I felt like she put words in my mouth and prompted me to agree with what she was saying, hence the 0 points.

When I got the result this morning I have not stopped crying, I can`t imagine having to go the job centre never mind actually working at the moment. I get very stressed and anxious just thinking about going to my cbt sessions.

It took 7 Months from them receiving the ESA50 until I got put into the WRAG. Just been told my Appeal can be between 15-19 weeks away

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My wife has had to have two assessments in the last few years whilst on ESA, due to her ill health and mental health issues. She scored a 0 on the first one, we appealed, and 2 years later the appeal went through and we scored 19 points.

7 months later, they sent her for assessment again. Once again, she scored zero. We went back to appeal, 13 months later it went through and we scored 18 points.

We went back to the full rate in March of this year. It's now just the start of June, and we're being told she has to be assessed again, only 3 months later. Is this right?

It's making her ill, she just saw the envelope today and burst out in tears and had a panic attack, It's so hard for her to go to these things. Not just because of a bad knee operation that has left her unable to walk much further than the bathroom and back, but because her stress and anxiety kick in and she will literally be sleepless for days before the appointment, throwing up and breaking down.

I have just had my ESA stopped. Perfect timing after having my operation on my shoulder four days ago. Goes without saying I have appealed.I showed them the letter from the hospital with the the appointment for my operation. They took a photo copy of it when I attended my assessment.

The assessor I got lied and fabricated evidence and I was deemed fit for work, I fought the decision and after a year was eventually agreed to be put in support group. I wrote a letter of complaint to ESA with evidence of the lies and fabrications. The letter was sent to them by ESA, Result nothing done.

I was in the support group, moved over from incapacity benefit, due to mental health issues. Two months after getting moved over (which had involved being assessed) I get an ESA50 form. As it was so soon after being assessed, I wrote back to them & DWP asking why I needed to fill in the form when I'd recently been put on support group.

I heard nothing for a while. Then they reply saying its not them, but the DWP. Fair enough, I'll wait for the DWP reply I thought. Never received one. Wrote back to them asking for them to hold their horses until DWP gets back with a decision about if I need to it.

Fast forward to Friday, and I don't get paid. Phone up - told no payment is due as I didn't fill out the form, and it had been to a decision maker who decided to terminate my claim. I have received nothing from the DWP in writing.

I have a friend who suffers from Narcolepsy and something else. First time she went for the interview they failed her. She appealed and won. Thankfully for her the GP she usually sees wrote a letter saying that she is a danger to herself what with falling asleep at awkward times. The whole thing has left her deeply anxious.

I am annoyed that the Nurse who assessed me at the medical didnt have a clue about people with Mental Health Issues and i told the Tribunal this without being nasty even though she blatantly lied in her report.I asked them is it right a Nurse can Assess someone with a Mental Health Problem when they are not really qualified to Assess people like myself and the Judge said well at the time of my Medical she could. But he also said there is a case going on which could change that as someone is challenging that only properly qualified people can Assess people with a Mental Health Problem which i said to him that would be much better.

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i have had an operation on my knee i am waiting for an operation on my other knee. yet i was declared fit for work and my benefits stopped i went to job seekers to claim they stated i can;t claim as i am not fit for work so i went back to the dhss but was again turned away i am now living with no money at all this after working 27 years in the same job and paying all my tax and ni contributions one of the questions i was asked at my dhss medical was can i touch my nose another was can i brush my own hair and wash myself no questions about my knees

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What I dont understand about all this is that whenever you send sick notes, copies of letters etc with all your details on the ESA get away with losing the information. Dont know where it goes or who has ownership but they continue to quote confidentiality and data protection. Who has all my info if they dont. Even when it was faxed direct from the local Jobcentre no one could find it in my notes. I had to send them all again. Apparently according to ESA recorded/special delivery does not guarantee receipt. They wont even respond to request for confirmation of receipt.

I recently won my appeal against being allegedly fit for work, but because the appeal took a year to be heard, I've run out of contribution based ESA so won't get any more. The medical evidence is clear that I am unable to work ever again, but I could not get into the Support Group because I could do some “Work Related Activity” towards a job I am unable ever to get.

I asked the Judge at the Tribunal what work related activity was. She said she did not know herself! However, she said it could be something like having a phone discussion twice a year with the DWP. Because I could do that on a good day, I don't qualify for any benefit!

Got a surprise this morning they finally sent the ESA 85 (Decision makers score sheet) I asked for. Can't believe some of the lies from this so called health care professional , Who is allegedly a registered nurse and an" Approved disability analyst" Whatever one of those is supposed to be!

They can and do lose everything you send in.
In my case they did.
They confirmed the fact that they had received my ESA50 as I phoned them.
Then 6 months later I get put into the WRAG. On examining all the documentation after I asked for it, it became clear that the HCP had nothing about me other than the ESA113 from my Doctor, so based on that one sheet of info (with 4 lines on it written by my Doctor) they reccommended the WRAG, this was then rubber stamped by the DM.
It was only when I sent in an appeal that the DWP revealed that all of my documentation had been lost. The didnt even mention it when they sent me the decision for the WRAG.

I spoke to a support worker who said she has client who is getting ESA assessment phase rate and has passed 13 week assessment phase time limit for having a WCA. She phoned them and was told that no indication could be given as to how long he might have to wait for his WCA and that ‘there are people who have been waiting since last year with no money’

Their employee also said that they were waiting for assistance with their assessment backlog from HM government but this was not forthcoming. The support worker also phoned the DWP and was informed that as the papers weren't with them there was nothing they could do regarding the WCA.

My husband recently had an appointment with them for esa his first apponitment we waited an hour for them to tell us they could'nt see him as he needed to see their doctor. So now this letter says he scored no points and being signed off. He has a varicose vein from is groin to is ankle. He also suffers with his back as is disc pops out easy and depression and blackouts. He takes the strongest tramodols you can have and co codamols and naproxens all strongest dose. docotor as even talked about being on morphine next as pain with back and leg gets really bad . the doctor as said in the letter he is taking standard medication only and is vein is moderate which is a laugh has is consulant said its really bad and is having it done as an urgent case. he can’t sign on for job seekers when waiting for an op and is painkillers knock him out at times as well they make you sleepy.

My ESA was stopped five weeks ago. I asked for the decision to be reconsidered rather than appeal, and in the meantime I've not been entitled to any benefits other than two £25 crisis loan payments.

Question: What time do you get up? Before 8am, between 8am and 12pm, between 12pm and 4pm, after 4pm?

If your answer is that you usually get up around 11:45am and 1pm, they will select the 2nd option: Between 8am and 12pm.

On the answer sheet printed out for decision making this looks like this:

What time do you get up? Answer: 8am

I submitted over fifty pages of information to the DWP regarding my medical conditions. These included a letter from my GP, a letter from a specialist, a letter from a registered staff nurse who regularly looks after me, medical test results and evidence of the numerous frequent medical appointments I have had to keep in the past 12 months as well as a a list of the numerous upcoming appointments I had. They considered NONE of that. They assessed me based on the contents of an ESA50 form and the report from a previous assessment done over three years prior. Afterwards I was incorrectly assessed and after inquiring and requesting a copy of the medical report and decision maker's report, I was told (by the DWP) there was no decision maker's report because NO DECISION MAKER HAD BEEN INVOLVED IN THE PROCESS. A DWP computer operator had received their report, looked at the recommendation, and implemented it. They claim they make no decisions, but mine was clearly a case where they did. It took two further letters and a formal complaint before the DWP reversed the decision

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I have mobility issues and having been to my closest centre (A) before, which is approximately 20 miles away, I specifically requested 3 times, on my ESA50, on the attached pages of notes and in a separate covering letter not to go to centre (A) and I specifically requested centre (B) which is 8 miles further away from my home address.

I made sure I was specific in my explanation that centre (A) is inaccessible with no drop off point, and that centre (B) I could be dropped off outside. I explained mobility issues upfront and yet this has been ignored.

Also I requested a recorded assessment (again on all 3 documents) and there is no mention on the appointment I have received that this has been granted.

I also have issues on the telephone, so I have requested for postal contact only, unless when discussing an appointment and I gave a friends number for them to specifically call. Of course there was no call.

I had my appeal yesterday the ladies on the panel were really good, unfortunately my appeal was turned down as I am not disabled enough to go onto the other group, and I have the problem now of not being disabled enough for that group but to disabled to apply for a job, im losing £100.15 a week how do I cope with losing that much?

A 49-year-old woman has progressive retinitis pigmentosa – a degenerative incurable disorder – and is registered blind.

But an assessor ruled that she was not eligible for help and told her she must go back to work.

She said: “The assessor sat there wiggling his fingers in front of my eyes to test me. I took along my blind certificate which has detailed information on it and asked if they wanted to see it – but they weren’t interested.”

She has now successfully appealed against the decision but slammed the system for making her feel like a benefits cheat. She said: “The condition gets worse every day. I

was diagnosed in 1988 and continued to work until 1999. I even went part time because I didn't want to quit but it got to the point where I just could not work safely any longer."
http://www.equalityrecruitment.co.uk/news.html?newsId=168

Last week a woman called Lyn Bruce signed for a package from the DWP. For seven months she has been appealing against being found fit for work. Inside – in a huge breach of data protection – was a 260-page medical report on a woman called Shelley Maxwell.

Lyn, 54, is a former bakery manager from Kettering, Northants. Shelley, 51, is a former office worker from a village near Buxton, Derbys. Lyn has four prolapsed spinal discs, a muscle-wasting illness, depression and a hole in the heart. She asked for her paperwork after going from 32 to 0 points at her WCA.

Shelley suffers from lifelong debilitating sleep disorders, diabetes, anxiety and depression. She is currently appealing a decision to cut the disability premium to her income support.

When Lyn opened the package, she panicked. She says: "Who had got my files and all my personal information?" She rang the DWP but also called Shelley to warn her that her notes were in the wrong hands. "We are both making an official complaint," Shelley adds.
http://www.mirror.co.uk/news/uk-news/written-atos---might-well-2231300

[My Constituent] …was diagnosed with post-traumatic stress disorder. Her health problems caused her difficulties with working, and she was forced to take redundancy. She started claiming employment and support allowance, and attended her Atos assessment. The doctor who saw her is well known to me. I have received many complaints about him. I regularly receive complaints about his rudeness, arrogance and total lack of compassion towards the people whom he is assessing. He made unprofessional remarks…and bluntly told her carer to shut up, saying that he did not want to hear from him.

An official complaint was made, but [she] was found fit for work.

An appeal judge overturned the decision maker's decision and she was placed in the support group. Three months later, she faced another Atos medical, and it was decided that she would be fit for work in six months. She was then placed in the work-related activity group. A month later, because of the stress, her mental and physical condition had deteriorated, and medical advisers told her to apply for disability living allowance. DLA was refused because of the original Atos report. When it was pointed out that the report was negative, but had been overturned on appeal, a reconsideration was requested. The DWP insisted that the information from the first Atos assessment was sound and that the only option was to appeal to the first-tier tribunal.

My constituent then faced two tribunals. We should remember that this is a lady with post-traumatic stress disorder. She faced two appeals. The first was for DLA. The decision to award the lower rate for mobility and care was backdated. Since then, another DLA application has raised the mobility and care components to the higher rate. The second appeal tribunal was for the employment and support allowance. She was placed in a support group and her benefit was backdated.

That was not the end of this lady's trauma. Her mental health had deteriorated to the extent that she attempted to take her own life…This lady is being hounded by the state: there is no other way of describing it."
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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I recently had the results of an ESA assessment following a medical with ATOS. I asked for a copy of the medical report and an explanation of the decision.

Over 3 weeks has passed and no documents have been received, so I rang the DWP and asked why there was a delay because I wanted to appeal and I needed to see the documents requested in order to give full details of the basis of my appeal. I was told that it could be well over a month before I got the documents "because they had to get the medical report from ATOS and they have quite a backlog of similar requests at the moment"

I asked how the DWP were able to make the decision they had without seeing the full medical report and was told they only get the scores from ATOS before making a decision.
http://www.michaelmeacher.info/weblog/2013/03/programme-for-action-over-atos/

My niece who has had numerous operations including to life saving ops to repair a dissecting aorta twice, heart valve replacement . Now has 2 more aneurysms, one in carotid after, one in abdomen. Nearly died with first aneurysm, lost use of kidney due to bleed, cannot feel right leg. Now awaiting aortic repair in 4 weeks in London. Attempted suicide twice. Hospitalised in mental health unit many times . Very unstable, very frightened. Filled in ATOS form. Has 12 month reprieve until New assessment. She is in her forties, saw her dad die at forty, her grandmother at same age, it's hereditary, . The assessments are making her worse, her head is all mixed up. She is intelligent, has a degree, but the government cannot miraculously get her better and make her job ready.
http://www.michaelmeacher.info/weblog/2013/03/programme-for-action-over-atos/

Doctors have made a number of mistakes. Assessors have been used whose first language is not English, so they cannot discuss clearly with claimants what their problems are. Claimants have signed medical reports and doctors have filled them in

afterwards, when they were not even present at the medical. Claimants have been told that they do not have a disease…People who have pneumoconiosis never improve and there is no way of getting better. And yet, people who are inexperienced are saying that people with the disease are no longer suffering and are capable of work. That is utterly out of order.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm

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I was given a "medical" (I use that in the loosest term) by ATOS last June, where I was in tears due to the pain I was in, caused by having to travel 14 miles for an exam, at the "medical" I could not perform any of the tricks asked, I could not get on the couch/bed as it was to high. The examiner looked me in the eyes and said "I can see your quality of life is not very good and I can see you are struggling just being here", I was then put on the WRAG! and ordered by punishment of having my (12yr) disability stopped if I did not attend, I had no sleep that night due to my being terrified of going to bed and not being able to get up and thus not getting to the job centre (at my expense £20 = 2 weeks food) so on arrival he (Adam) took one look at me dragging myself to his desk and said "I have no idea why you are her, why they put you on the WRAG, do not bother coming again" so I was sent home and told not to attend.
http://www.michaelmeacher.info/weblog/2013/03/programme-for-action-over-atos/

A man had his sickness benefits stopped — while he was in hospital recovering from emergency brain surgery. He collapsed with a brain haemorrhage and stroke and had to undergo an urgent operation. While he was recovering in hospital a social entitlement tribunal upheld a Department for Work and Pensions' (DWP) ruling that he was fit to work.
http://www.theboltonnews.co.uk/news/10758461.59_year_old_declared_fit_for_work___while_he_has_brain_surgery/

[I am in] "utter despair at the sheer amount of money that is wasted on calling in people whose well-documented histories clearly show that they suffer from conditions which, sadly, will not improve in any way, rather than being spent on trying to find ways of helping those who are in a better position to go back to work."
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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This morning I sat with a 52 year old man as he wept. I've been a mental health nurse for more than two decades and commonly see patients in different states of distress but on this occasion the man's tears were not caused by a psychiatric disorder. He was crying because his benefits have been stopped and he has no idea how he will survive.

I work in a mental health home treatment team. Our remit is to provide intensive community support for people who are acutely unwell. Without the input of our team, most of our patients would have to be admitted to hospital.

Despite the fact that this gentleman is unwell and has had sick notes and supporting letters from our consultant psychiatrist confirming this, his Employment Support Allowance has been stopped and he has been told that he must apply for Jobseekers' Allowance and demonstrate that he is actively seeking work. Due to his current poor health, this is impossible for him to even start to contemplate.

I wish I could say that this gentleman is an exception, a rarity, but he is not.
http://www.socialistparty.org.uk/issue/775/17161/31-07-2013/atos-misery-scrap-work-capability-assessments

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Not a single constituent of mine who has come to see me about work capability assessments has told me that they have been offered the prospect of having it recorded. In fact, one constituent told me that she had asked for her assessment to be filmed, following her previous assessment, which resulted in a report that bore little resemblance to that assessment. On that occasion she was found fit for work, but she subsequently won her appeal. She was informed that recording would indeed be possible, but that she would have to pay for a private, independent company to come in to record her assessment. Equipment was not made available to her. She had hoped to take a family member in to film the assessment, but was told that this would not be allowed or appropriate. How on earth is a person living on benefits—living on the breadline—supposed to be able to afford to pay a private company to record their assessment?
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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A 58 year old man suffering from diabetes with multiple complications and mental health problems.

He is almost blind, with incurable damage to both his eyes. He suffers from frequent hypoglycaemic attacks that often result in total loss of consciousness and sometimes hospitalisation. He is often incontinent. He suffers from depression. He relies on friends, carers and family to shop for him and struggles to cross a road unaided. He has no feeling in his feet – another complication of his diabetes.

He has suffered with gangrene and over the winter he had badly burned his feet on an electric heater. On the day of his assessment, his feet are bandaged.

He was assessed by Atos, his assessor gave him zero points.
http://www.mirror.co.uk/news/uk-news/how-could-atos-class-sick-2162711

[My Constituent] has cancer and is undergoing radiotherapy; she has been declared fit for work. [She] suffered seven strokes, and also suffers from type 2 diabetes and a

liver condition; she has had to appeal against a decision. [Another] was placed in a work-related group; she has incontinence of bowel and bladder as well as diabetes, and is partially sighted. [Another] has received zero points despite having a spinal disc prolapse. [Another] suffered a stroke and is blind, but has still been declared fit for work. [Another] has arthritis of the spine, and has had to appeal against a decision. [Another] was so angry that he came to see me on behalf of his father, and said “I want to let you know what is going on. Sick people are being persecuted: the assessment system is flawed, and they are being harassed by the jobcentre.”
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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I have had a frail lady sitting in my office who had only recently finished chemotherapy but had been told she was fit for work. I have had a lady who suffered 90% burns to her body—she spends every day in severe pain—and was told that she was now ready to join the Work programme. I could list hundreds of others—sadly, these are very familiar stories. These people are having their lives ruined by a system that was designed to support them.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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A young man who is blind, had cataracts at birth which left him blind in his left eye and with only partial vision in his right eye, was found fit for work
http://www.dailyrecord.co.uk/news/politics/revealed-tory-tests-passed-alexander-1473481

A constituent who suffers from severe cerebral palsy and could not travel was refused a home visit and told to go to Glasgow to be tested. Another constituent who was recovering after being seriously injured in an accident was advised to attend an Atos assessment in Glasgow. Both those constituents could not possibly travel because they were in so much pain, and I had to get involved and ask for a home assessment for them. It does not end there because they then had their benefits cut or stopped because Atos sent the assessment forms to the wrong address. If it cannot get the address right, what chance does it have with assessments?
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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A 36 year old man was attacked by a gang in 2006. He suffered severe brain injuries and requires round-the-clock care. He was left in a permanent vegetative state. His father said a 12-page document with 30 questions had been posted around the Christmas period in 2012.

"In the majority of the questions we had to record that our son is in a permanent vegetative state…I tried to phone the department but I didn't get through to anyone…I was later sent a second form and I assumed it was an error…I filled in the first form myself and attached the specialist neurosurgeon report along with a report from the GP."

He said he only just picked up the courage to talk to the media following months of "anger." He said he felt he responded adequately to the Social Security Agency the first time and said Christmas time was an "extremely insensitive period" to send such document.
http://www.bbc.co.uk/news/uk-northern-ireland-foyle-west-23839671

Some of the people I spoke to have complex mental health issues (some have physical disabilities too) and they all told me that their self- harm and/or suicidal thoughts are related to fear of their current or anticipated WCA (Work capability assessment)...They're terrified by even the idea of having to expose themselves (face to face) at a ten minute (tick box) ATOS assessment (to a complete stranger) who is unlikely to be qualified to assess mental illness and even less likely to empathise. They are also despairingly aware that even if they are lucky enough to qualify for benefit it won't be long before the process begins again!

Many are self - harming some feel suicide may be a better option than continuing to battle both debilitating mental illness and the 'powers that be'.
Many are far sicker now (under a system that in many cases claims they are fit for work) than they were under the previous system which recognised that they were NOT fit for work and supported them accordingly!
http://mentalillnessgodandme.blogspot.co.uk/2013/05/a-fine-line.html

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A constituent contacted me who had been ill for two years and was eventually diagnosed with cancer following a serious bout of pneumonia. Prior to her illness, she had an unblemished employment record. She was certified as unable to work by her GP and had attended many DWP hearings about the employment and support allowance, with the final one being in April 2012. She won her tribunal hearing against the Atos decision. She had not received a single penny in state benefits from before April 2012 until she died at the end of November. She faced immense distress and was denied any financial assistance at a time when she was vulnerable and in desperate need of assistance.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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A disabled man was trapped in an assessment centre, when the fire alarm went off and staff evacuated the building, leaving him behind in his wheelchair.
http://www.independent.co.uk/news/uk/home-news/disabled-man-abandoned-on-the-second-floor-of-building-during-atos-fire-alarm-evacuation-8376322.html

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The problem that I have seen in my constituency surgeries is that quite often somebody may turn up at an assessment centre and on that particular day would be capable of a certain type of work, but the situation could be completely different the

following day. The problem with the system that we have put together is that it does not take into account those long-term chronic conditions that could result in somebody occasionally being able to take on work, but not on a long-term basis. That is another weakness in the system.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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[My Constituent] served in the forces for many years and is now in his late 50s. In the past 18 months, he has undergone extensive surgery to the brain, following a tumour, and in November 2011 he was informed that [he] required further surgery, this time to his neck, to remove the growing tumour. At the same time—in precisely the same month—Atos assessed him as being fit for work. That assessment was undertaken by someone who was not trained as a doctor at a time when [he] was going to assessments with a gaping wound in his head and still undergoing treatment. Does it not make an entire mockery of the whole process if that is allowed to happen? Does it not cast real doubt on the effectiveness and accuracy of the whole system? Most ominously, does it not reveal the system's true intention?
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm

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A Gulf War hero who has a Left Ventricular Assist Device, which pumps blood around his body while he waits for a heart transplant was found fit to work. If the machine fails or becomes disconnected from the battery Alex has just 15 seconds before his heart stops beating.
http://www.dailymail.co.uk/news/article-2247604/Heart-transplant-waiting-list-war-hero-benefits-stopped-disabled-enough.html

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[My Constituent's] husband came to see me because she was too ill to come. She had a subarachnoid haemorrhage four years ago. She suffers blackouts, cannot dress herself, cannot self-medicate, cannot climb stairs by herself and cannot go out alone because she cannot remember where she lives or where she is going. Three to four times each month, she gets hemiplegic migraines, which last between two and six days, and mean that she becomes paralysed on her right side and loses her speech. Despite that, she has been found fit for work. The jobcentre, however, will not sign her on because it says that she is not fit for work. Needless to say, the stress sets off her migraines. One wonders what is the matter with her assessors.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm

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A man was found fit for work even though after seven operations for osteoarthritis, he is in constant pain and has bone peeling off and sticking into his shoulders.
http://www.dailyrecord.co.uk/news/health/atos-scandal-man-found-fit-1565456

[My Constituent] suffers from Crohn's disease, which has led to severe diarrhoea, incontinence and abdominal pain. She has had surgery to remove a large section of her bowel, but the symptoms are getting worse..there is no cure for Crohn’s disease. [She] will not recover. There will be a gradual and irreversible increase in the severity and frequency of her symptoms. [She] is a proud and dignified woman who is embarrassed by her condition. She wants to do nothing more than work, but is unable to do so. She suffers from about two bouts of diarrhoea a day, for which she has no more than a second’s notice, and she cannot leave the house unaccompanied.

Her assessment and appeal were degrading, insensitive and unprofessional. She was described throughout her appeal notes as a man. Incorrect dates and fictitious telephone calls were placed on her files—in other words, lies. [She] was told that she could wear a nappy for work. What sort of country have we become? What sort of ethical values do the Government have, if that is the degrading and crass way in which decent, law-abiding constituents of mine are being dealt with?
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm

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A Thalidomide victim who has undergone brain surgery, is blind in one eye and partially deaf, can barely walk and will undergo spinal surgery later this year has been told she is fit for work.
http://www.burnleyexpress.net/news/health/burnley-thalidomide-mum-50-must-prove-to-dwp-she-is-unfit-for-work-1-5501670

[My Constituent], a sufferer of fibromyalgia and hypermobility syndrome, told me that she felt like she was on trial for benefit fraud at her assessment. [Another]…had chronic obstructive pulmonary disease, heart disease and diabetes. He thought the fact that he could not breathe would be reason enough to find him unfit for work, but of course he was wrong. He did not tell the assessors about his cerebral brain ascension, which means that he has terrible memory problems, because he is ashamed of having the condition. Of course, he has now had to tell them. He waited for nine months and then the decision was overturned. [Another] has severe mental health issues and scoliosis. She scored 15 points and was placed in the work-related activity group, even though she will clearly never be able to work. She appealed the decision and had to wait for 12 months, which made her condition far worse. She was then put in the support group.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm

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A disabled woman, who has end-stage renal failure and is awaiting a second kidney transplant was “harassed” by her local jobcentre during an emergency blood transfusion, because they wanted to know when she would be well enough to attend a back-to-work interview.
http://disabilitynewsservice.com/2013/02/jobcentre-harassed-woman-as-she-received-emergency-blood-transfusion/

A man who has been housebound for two years was put in the Work-related activity group, despite four heart attacks, two strokes and the loss of his right leg.
http://www.getsurrey.co.uk/news/s/2129660_disabled_man_in_constant_pain_told_he_is_fit_for_work

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A woman with progressive retinitis pigmentosa – a degenerative incurable disorder – and is registered blind, was told she must go back to work. She said: “The assessor sat there wiggling his fingers in front of my eyes to test me. I took along my blind certificate which has detailed information on it and asked if they wanted to see it – but they weren’t interested.”
http://www.manchestereveningnews.co.uk/news/greater-manchester-news/blind-chadderton-woman-ordered-back-1346646

A woman who suffered from Crohn’s disease, had been told she could wear a nappy to work.
http://www.independent.co.uk/news/uk/home-news/atos-told-incontinent-woman-to-wear-nappy-firm-condemned-by-mps-for-pressuring-sick-and-disabled-into-returning-to-work-8456447.html

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[My Constituent], a double-leg amputee, was told to undertake an 80-mile round trip for his work capability assessment. [Another], who has serious mental health problems, had a panic attack and was physically sick during his WCA but was told he was fit for work. His wife believes that he is being victimised by Atos. [Another], a district nurse who broke her back at work, was told that she is fit for work. [Another], who was treated for cancer in July 2010, was deemed fit for work before the results of the operation came through. Her appeal will not take place until next month. [Another], who is one of the people the RNIB is worried about, had been completely blind for 16 years and forced to give up work, but was told by Atos that he was fit for work.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm

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A brain damaged disabled man who regularly suffers seizures thought to be possibly ‘mini strokes’ was struck down by one - midway through a Job Centre interview, geared towards getting him back into work. Despite the fact his GP said he is ‘completely unable to work at present’, he had been placed into the Work Related Activity Group.
http://www.watfordobserver.co.uk/news/10628897.Disabled_man_suffers__mini_stroke__during_job_centre_interview/

A double amputee from Perth claims he is “penniless” after a government department declared him fit to work. They gave Mr Scott nil points on his test ‘score’ in March and recommended his benefits be stopped - leaving him without any means to pay for food, gas, electricity or rent.
http://www.dailyrecord.co.uk/news/local-news/double-amputee-fails-overturn-atos-2721329

A man who was declared fit for work was rushed into hospital a month after the decision. He suffered with depression, dizziness, breathlessness, and lethargy, in addition to ischemic heart disease. He was admitted to hospital after collapsing at home with low blood pressure. He is now recovering after having two bleeds in his stomach clipped.
http://www.thisislancashire.co.uk/news/10546109.___Fit_to_work____man_rushed_to_hospital/

The other week a 60-year-old nurse with osteoporosis, who has spent 38 years in the NHS, came to see me. She failed the work capability test. She is 61 in April and is now being told that she will be retrained for a new career until she is 62, when she gets her pension. What on earth is the point in wasting money on individuals like that? There are also cases such as the 21-year-old young lady who ended up in the local psychiatric hospital because she failed the Atos interview. What is the cost of that to the NHS?
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0003.htm

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A man who suffers from sleep apnoea and has a machine beside his bed to keep him breathing at night., also has diabetes, chronic migraines and has had two heart attacks, has been told to find work because he sees to the needs of his 76-year-old mother who has cancer, has suffered a brain haemorrhage, can no longer walk and also has the onset of dementia.
http://www.thecourier.co.uk/news/local/fife/fife-man-declared-fit-to-work-after-caring-for-mother-1.114691

A man who cannot walk, has to rely on a mobility scooter and struggles to talk after a tumour left him brain damaged has been declared 'fit for work'. He launched an appeal, which was recently heard 127 miles away from where he lives. His disability meant he was unable to travel to the hearing and the case was found against him in his absence.
http://www.dailymail.co.uk/news/article-2298814/Declared-fit-work-Amputee-Mark-Evans-left-brain-damaged-tumour-benefits-slashed-half.html

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Sarah is a woman from Northumberland who wishes to remain anonymous. Over her last three Atos assessments she has gone from 21 points to 0 – despite suffering a chronic back condition that has left her barely able to move.

With her benefits cut, she feels such a burden on her family that she has contemplated taking her own life.

“Instead, six months ago,” 47-year-old Sarah says, “I started suffering some gastro-intestinal problems, the kind you see on adverts followed by the advice to see your GP in case it’s cancer. I’ve been ignoring them… if it’s cancer then nobody needs to feel bad when I die...”
http://www.mirror.co.uk/news/uk-news/written-atos---might-well-2231300

[My Constituent is] an insulin-dependent diabetic with squamous cell cancer, Hughes syndrome, which involves a failed immune system, peripheral neuropathy, which meant that he had no feeling in his feet or legs, heart disease, depression and anxiety. Despite his life-threatening condition, he was placed in the work-related activity group.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130117/debtext/130117-0002.htm

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Mike Penning, the newly appointed Minister of State for Disabled People, told MP's in October 2013:

"As the Minister of State for disabled people—a brand new role, with not a junior Minister but a senior Minister—it is my role, across government and including local authorities, to make sure that the system is working. Where there are problems, I will look at them."
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131014/debtext/131014-0001.htm#1310143000025

Views expressed by medical and other professionals

The British Medical Association

The BMA has called for urgent reform to the WCA based on specific concerns about the system:

- "The computer-based process used to assess claims makes it very difficult for health professionals carrying out the assessments to exercise their professional judgement effectively. **We strongly believe the computer system is in need of urgent reform.**

- "The fact that initial decisions are overturned in almost 40 per cent of appeal cases reinforces these concerns. It means that large numbers of claimants are denied the full level of benefit that they are entitled to until their appeal is heard and a fresh decision is made, leaving many in an intolerable position.

- **"That there has been a lack of progress in implementing the recommendation of the Harrington Report that decision makers should actively consider obtaining further documentary evidence in every case before reaching a final decision.** If the recommendation is implemented appropriately, with GPs providing factual information, it should result in better-informed decisions being made about eligibility for ESA by DWP decision makers, earlier in the process. As well as making the system fairer for claimants, this should also significantly reduce the administrative cost of dealing with so many appeals."

In June 2013, in a letter to Mark Hoban MP, copied to Dr Gunneyon, Chief Medical Advisor, DWP, Dr Mark Porter, Chair of the BMA Council wrote: "We have signalled our willingness to work with officials to ensure that the recommendation is implemented sensibly and with appropriate buy-in from the medical profession.

"Although I understand that a pilot is planned on a new approach for collecting information from claimant's GP's, we have not recently received any further information about the pilot, or more generally on how the recommendation will be implemented. I would be grateful for an urgent update on both of these areas."
http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/priorities/work-capability-assessment (follow the link to the letter)

In the same month, BMA Scottish GPs committee chair Alan McDevitt said GPs in many areas were being overwhelmed by the number of patients seeking additional information to help support them in appeals when they had been turned down for benefits. He said: "GPs are struggling to cope with the additional demands it is making on them. This is impacting on practice time which would otherwise have been spent on health concerns.

"There is a real danger that if the number of requests continues to increase there will be a detrimental effect on patient care."
http://bma.org.uk/news-views-analysis/news/2013/june/benefits-reforms-hit-general-practice

BMA Civil and Public Services Committee

In February 2012, Dr Alan Mitchell, Chair of the BMA Civil and Public Services Committee, said: "We are also concerned by successive governments' subcontracting of medical work to private companies. It is often not economical to do so, and subcontracting work can have significant negative impacts on doctors, patients and clients alike."
http://bma.org.uk/news-views-analysis/news/2012/february/q-and-a-bma-civil-and-public-services-committee

And in August 2013, in relation to the situation faced by BMA members working for Atos, Dr Mitchell said: "The Committee continues to represent doctors working for ATOS and we have been involved in the wider BMA work in this area.

"We are clear, however, that if there is a problem with Work Capability Assessments, it is a problem with the system. We will continue to ensure that criticisms of the assessment process do not simply become criticisms of the doctors working for ATOS."
http://bma.org.uk/about-the-bma/how-we-work/annual-representative-meeting-2013/arm-2013-wednesday/arm-2013-mitchell-speech

Individual GP, in a letter to the British Medical Journal

In August 2013, GP Glyn Phillips, wrote: "This past year I have been involved with supporting appeals for increasing numbers of patients who have had their ESA stopped…Working with a like-minded local lawyer our success rate is currently 100%. There are more to come. This is a frustrating waste of time for me as it is so unnecessary. What is more frustrating is the total lack of transparency following such a successful appeal. The appeal is successful, the ESA is restored but there appears to be no other outcome. No acknowledgement of accountability on the part of Atos or its employee. The misery and extra unwelcome stress put upon our patient seem not to matter. Apologies do not exist. The tremendous waste of public money expended in dealing with the dramatic increase in levels of appeals is a disgrace.

Making unwell patients more unwell is a disgrace too."
http://www.bmj.com/content/347/bmj.f5009/rr/659023

The Royal College of Nursing

At the RCN Conference in April 2013 a resolution was passed by members with an overwhelming majority:

"That this meeting of RCN Congress believes that the current process of disability assessments in the UK is discriminatory and unfit for purpose and urges Council to campaign for a review."

"The resolution was seconded by Linda Bailey from the Public Health Forum who said this "disgraceful treatment" of vulnerable people should not go unchallenged. She said the current process resulted in mental stress which some people cannot cope with.

"David Baker, who works in substance misuse, backed the argument, saying that the stress of being assessed as fit, when they are not, can jeopardise a patient's recovery. Tom Bolger gave delegates a description of the "fairly threatening" environment in which Atos Healthcare assessments take place. He added that he did not just fear for patients' health, but also for the Nursing and Midwifery Council registration of nurses undertaking the assessments.

"More delegates took to the stand with descriptions of the negative impact the assessments had on vulnerable patients. Christina Sosseh paraphrased Edmund Burke, reminding RCN members that for evil to exist, it only takes good people to do nothing; and Vivienne Ferris, former Chair of WING, told delegates that the "horrendous changes" were causing serious problems for RCN members.

"RCN Deputy President Cecilia Anim summarised her attack on the system saying it was based on the simplistic notion that if you can walk and talk, you can work. This, she said, was nonsense."
http://www.rcn.org.uk/newsevents/congress/2013/agenda/1-disability-assessments

The Chartered Society of Physiotherapy

In its submission to the fourth annual independent review of the WCA, the Chartered Society of Physiotherapy said:

" The CSP believes it is vital that sufficient preparation and training to competently assess mental health problems is given to all assessors, including those who come from a non mental health background to ensure they are educated, trained and competent to fulfill their role."

“Physiotherapists participating in the expert review panels were concerned about the variability in the quality of the reports. Some were comprehensive and easy to read, others were poorly drafted, contradictory and contained typing errors. We would recommend that the training given to assessors is reviewed to ensure that reports are completed in a more standardised and professional manner.”
http://www.csp.org.uk/documents/fourth-independent-review-work-capability-assessment-csp-evidence-submission

Greg Wood, former naval doctor and Atos disability analyst

Greg Wood, a former Royal Navy doctor, resigned from Atos earlier this month, after working as an assessor for two-and-a-half years. He told the BBC the system was "skewed against the claimant".

Dr Wood, who was given special responsibility to champion mental health at Atos, said: "I was instructed to change my reports, to reduce the number of points that might be awarded to the claimants. I felt that was wrong professionally and ethically… My view is the government has tried to catch more people in the net than the current test allows by pulling strings behind the scenes to get the result they most desire."
http://www.bbc.co.uk/news/uk-22546036
http://www.bmj.com/content/347/bmj.f5009 (subscription needed)

Professor Paul Gregg, involved in the design of ESA

“There’s two things I think are deeply regrettable in this process. The first is, of those people being pushed across the line, we know absolutely nothing of what’s happening to them. At no stage in the process, and this is the previous government that’s at fault here, have we set up the kind of tracking mechanism to say what’s happening. Is it the case that people’s conditions are deteriorating because of the stress of not being able to get access to the welfare systems that are suitable for them? Are they moving into work? We simply don’t know. We simply also don’t know whether it’s different across different kinds of conditions, and one of the things we could easily be doing at this stage is trying to work out which part of the conditions people are presenting with, the system is failing. And yet, none of this information is being gathered, used, analysed, and I think it’s just completely unacceptable that you’re taking a group that are very vulnerable, you’re introducing a new system, you don’t properly test what is happening to people as they go through the system, you aren’t following people, and we have, in a sense, policy-making by an iterative process of reform and scream. They introduce a reform, everybody screams, they change something, everybody screams. They change something again, and each time they say “we’ve changed it, it’s fine now”, but at no stage is it actually tested to prove that things are fine. I think this is entirely the wrong group to be trying to make policies on the hoof.”
http://benefitscroungingscum.blogspot.co.uk/2012/01/professor-paul-gregg-at-tuc-seminar.html

Opinions from public bodies

Scottish Parliament

The Scottish Welfare Reform Committee have been asking for people's experiences of the WCA and are disturbed by what they've heard – video
http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/47889.aspx

Islington Council

In October 2013, Islington Council's Executive Committee passed a vote of no confidence in Atos; Cllr Richard Watts, Leader of Islington Council, said: "The government wants to cut the benefits bill by 20% and the assessment process is weighted against the disabled claimant, limiting the number allowed… Disabled residents deserve far better than this over-reliance on dangerously simplistic computer questionnaires… Atos's performance in Islington has been shocking and we are telling the government we no longer have any confidence in them."
http://www.24dash.com/news/local_government/2013-10-18-Atos-gets-vote-of-no-confidence-from-council

Views expressed by Church leaders

The Archbishop of Glasgow

In June 2013, in a letter to Iain Duncan Smith, Philip Tartaglia, Archbishop of Glasgow, said: "I have been made aware of cases of terminally ill people being summoned for assessments; people with severe learning difficulties being asked to present themselves for assessment not knowing what the process is all about; people being passed as fit for work and having their benefits stopped when they are clearly still seriously ill. People's human dignity is being trampled upon and glaring errors are being made (reflected in the fact that 40 per cent of appeals are, I believe, currently successful).

"These circumstances, together with recent revelations by nurses and doctors who have spoken out against the tests they are being asked to perform on people, and which they, in conscience, can no longer collaborate with, must surely mean the time has come for a re-think."
http://www.indcatholicnews.com/news.php?viewStory=22717

Dean of St Paul's Cathedral

A letter urging Prime Minister David Cameron to get rid of the WCA has been signed by the Dean of St Paul's Cathedral, The Very Rev Dr David Ison. He took part in a ceremony of remembrance in Parliament Square for the thousands of people who have died shortly after undergoing a Work Capability Assessment.

The Dean said "Many disabled people feel desperate facing possible cuts in support, the bedroom tax, and in particular an inflexible and failing work capability assessment scheme which can blight and even cut short their lives. The government needs to respond by enabling disabled people to live with dignity and security."
http://www.ekklesia.co.uk/node/19157

Views expressed by charities and Disabled People's Organisations

The Citizens Advice Bureau

"In 2012/13, Citizens Advice Bureaux dealt with over 450,000 problems with Employment Support Allowance, 54% higher than the year before. In the first three months of this year, bureaux handled the highest number of problems with ESA ever. We have long been calling for ATOS to be fined for every wrong report that they submit and a regular, independent monitoring process to make sure that reports are accurate. This is a good opportunity for the Government to introduce these changes."
Gillian Guy, Chief Executive of national charity Citizens Advice
http://www.citizensadvice.org.uk/index/pressoffice/press_index/press_office-20130722.htm

"More than 150,000 people have raised serious concerns about fit-for-work tests administered by a private healthcare company on behalf of the Government. Figures obtained exclusively by Sky News show the charity Citizens Advice has been inundated by huge numbers of complaints about assessments carried out by Atos."
http://news.sky.com/story/1156124/fit-to-work-benefits-test-unfit-for-purpose

"The benefits system is becoming increasingly punitive for claimants who are deemed to have failed to meet the required expectations...Many former Incapacity Benefits claimants are now claiming JSA following unsuccessful migration to ESA. The Government has not published any data on sanctions since the new conditionality regime was introduced, but previous data suggests that one in six of those facing sanctions have a disability.

"Bureaux are now regularly seeing clients who have been sanctioned, and others who are frightened of being sanctioned but do not know what they can do to prevent it happening. Our evidence has provided examples of people who are being sanctioned for failing to meet requirements which they could not possibly have complied with."
Citizen's Advice Scotland
http://www.cas.org.uk/system/files/publications/CAS response Litchfield WCA review FINAL.pdf

Inclusion London

"Inclusion London's evidence primarily focuses on the experience of disabled residents of the London borough of Greenwich. However, the cases studies are typical of disabled people's experiences of the Work Capability Assessment across London and up and down the country.

"The cases in Inclusion London's evidence illustrate vividly that the Work Capability Assessment (WCA) is not fit for purpose. There appears to be culture of callous, disrespect towards claimants amongst WCA staff: documents are repeatedly lost and both medical evidence and the opinions of GPs are ignored. Disabled people are thrown into debt and poverty, struggling to survive when benefits are cut or reduced.

“Inclusion London agrees with Dame Anne Begg that “There is something fundamentally wrong with the system and the contract that Atos is delivering”.
http://www.inclusionlondon.co.uk/Inclusion Londons evidence for the 4th Review of Work Capability Assessment

Richard Hawkes, chief executive of the disability charity Scope

“It’s about time the Government told Atos to smarten up its act. But, it’s also strikingly clear to disabled people that whole £112 million per year system is broken. The cost of appeals has skyrocketed, assessors have resigned in disgust, and the test has received criticism from the Public Accounts Committee and National Audit Office. We have also witnessed shocking undercover footage of how ATOS assessors are trained and heard horror stories of disabled people inappropriately found fit to work. The Government needs to deliver a test that is fit for purpose.”
http://www.scope.org.uk/news/government-criticism-work-capability-assessment

Action for M.E

“Prof Harrington has stated that the DWP should be taking into account supporting medical evidence provided by healthcare professionals when making a decision, ie: the ESA50 form now says: “Send us any medical information you want us to see It is important that you give us as much information as possible as this helps us to deal with your claim...”

“However, people with M.E. tell us this is not always being taken into account when their claim is considered.

“People with M.E. have told us the WCA is still not effective in acknowledging the fluctuating nature of some long-term conditions, including M.E. This is partly due to assessor’s lack of knowledge about M.E., and partly due to the way criteria and points are used. The way questions are phrased on the form is also unfit for the purpose of assessing fluctuating conditions.”
http://www.actionforme.org.uk/Resources/Action for ME/Documents/get-informed/News/fourth-WCA-review-response.pdf

Cystic Fibrosis Trust, National Rheumatoid Arthritis Society, MS Society, Parkinson’s UK

“The WCA does not effectively identify capability for work when a person is living with a condition that only gets worse over time. We also have evidence that demonstrates the points based system and WCA criteria are inconsistently applied.”

“A much more comprehensive quality assurance process of both Atos HCP recommendations and the decision making process so decisions are more consistent. This should focus on why people with a progressive condition have been assessed as improved and whether there was any supporting clinical evidence to justify why. Particular focus should be on reassessments of those on Incapacity Benefit as this cohort will have progressed in disability over many years.”
http://www.mssociety.org.uk/sites/default/files/Documents/Campaigns resources/ESA and progressive conditions - dossier for fourth independent review.pdf

Policy context

This section provides information of relevance to ESA and 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.

Despite these issues being brought to the attention of the DWP they continue to endorse Atos Healthcare and support the use of the WCA.

The UK's human rights obligations under UN conventions

The principal UN human rights conventions that protect disabled people and people with long term conditions are the 'International Covenant on Economic, Social and Cultural Rights' (ICESCR), ratified by the UK in 1976, and the 'UN convention on the Rights of Persons with Disabilities' (UNCRPD), ratified by the UK in 2009. These conventions contain overlapping rights,. The UNCRPD reaffirms rights already included in other conventions and applies them specifically to disabled people. Hence Article 28 of the UNCRPD reaffirms disabled people's right to an adequate standard of living and social protection under Article 9 of ICESCR.
http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx (ICESCR)
http://www.un.org/disabilities/default.asp?id=259 (UNCRPD)

In February 2008, the 'UN Committee on Economic, Social and Cultural Rights' published General Comment 19 on the right to social security under Article 9 of ICESCR. In paragraph 2, the Committee stated: "The right to social security encompasses the right to access and maintain benefits, whether in cash or in kind, without discrimination in order to secure protection, inter alia, from (a) lack of work-related income caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member; (b) unaffordable access to health care; (c) insufficient family support, particularly for children and adult dependents."

And in paragraph 20, the committee went on to state: "In its general comment No. 5 (1994) on persons with disabilities, the Committee emphasized the importance of providing adequate income support to persons with disabilities who, owing to disability or disability-related factors, have temporarily lost, or received a reduction in, their income, have been denied employment opportunities or have a permanent disability. Such support should be provided in a dignified manner and reflect the special needs for assistance and other expenses often associated with disability. The support provided should cover family members and other informal carers."
http://www.globalhealthrights.org/instrument/cescr-general-comment-no-19-the-right-to-social-security/

Article 4, paragraph 1 of the UNCRPD requires state signatories:

> *(c) "To take into account the protection and promotion of the human rights of*

> *persons with disabilities in all policies and programmes."*
>
> *(d) "To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention."*
>
> *(I) "To promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention so as to better provide the assistance and services guaranteed by those rights."*

It is clear from General Comments by the UN Committee on Economic, Social and Cultural Rights, ICESCR and UNCRPD that under the UN human rights framework people who are too sick or disabled to work are entitled to social security and to an adequate standard of living and to be assessed by properly trained professionals who respect their human rights.

Monitoring of standards

DWP Decision Making Standards Committee

Previously the Department for Work and Pensions worked with the DWP Decision Making Standards Committee, a non-executive body which monitored the standards of decision making in benefits across DWP. It reported to the Chief Executives of Jobcentre Plus, The Pension Service and the Disability and Carers Service.

The Committee had three key objectives:

- to provide independent advice to senior executives on whether reports on the standard of benefit decision making are accurate;
- to identify and make recommendations on the areas where standards can be improved; and
- to look at specific issues raised by the Agency Chief Executives that may affect the standard of decision making.

However, the Committee was wound up in December 2010
http://www.dwp.gov.uk/docs/standards-commitee.pdf

The National Audit Office

In its June 2012 Report, the National Audit Office stated: **"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."
http://www.nao.org.uk/wp-content/uploads/2012/10/1213627es.pdf

After concerns were raised by a previous, smaller audit, the Department commissioned further audit of over 400 exam reports between April and July 2013. This found 41 per cent of face to face assessments completed between October 2012 and March 2013 did not meet the required standards.
http://www.nao.org.uk/wp-content/uploads/2013/11/10298-001-Governments-managing-contractors-HC-811.pdf#page=14&zoom=auto,0,705

The Public Accounts committee

“The Department for Work and Pensions is getting far too many decisions wrong on claimants’ ability to work. This is at considerable cost to the taxpayer and can create misery and hardship to the claimants themselves.

“This poor decision-making is damaging public confidence and generating a lot of criticism of the Department’s contractor for medical assessments, Atos Healthcare – but most of the problems lie firmly within the DWP.”
Margaret Hodge, Chair of the Public Accounts Committee
http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news/contract-management-of-medical-services/

The Financial cost of the WCA

The cost of appeals

As Mark Hoban MP, then Minister for Employment, explained in June 2013:
“Decisions on entitlement to employment and support allowance (ESA) lie with the Department's decision makers who take into account the medical assessment reports from Atos and any other relevant information. Any appeals are therefore against the benefit entitlement decision taken by DWP rather than against the recommendation in a WCA.”
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm130613/text/130613w0002.htm#130613w0002.htm_wqn44

The high level of appeals against ESA decisions incurs major financial costs, both for DWP and the Ministry of Justice, and results in long delays for claimants waiting to have their appeal heard.

The following table, taken from figures published by the Ministry Justice, shows the number of ESA appeals received in each year since 2009-10, how many were heard and how many were disposed without a hearing (strike-outs, supercessions and withdrawals). This gives the total number of appeals cleared and the number of appeals outstanding, both on an annual basis and cumulatively over the years in question. This clearly demonstrates the high number of ESA appeals received by the tribunal service and an increasing backlog, which explains why some claimants have an extremely long, stressful wait for their appeal to be heard.

Years	Receipts	Hearing	No hearing	Total cleared	Outstanding (annual)	Outstanding (cumulative)
2009-10	126,838	50,785	19,750	70,535	56,303	
2010-11	197,363	127,128	49,439	176,567	20,796	77,099
2011-12	181,137	167,543	36,778	204,321	-23,184	53,915
2012-13	327,961	225,236	42,901	268,137	59,824	113,739
1st qu 13-14	111,817	77,032	15,778	92,810	19,007	132,746

(Figures in the above table were extracted from the statistical tables published by the Ministry of Justice: https://www.gov.uk/government/publications/tribunal-statistics-quarterly-april-to-june-2013)

"Tribunals and appeals are taking a huge length of time still and it seems procedures are not geared to deal with the paperwork involved...Our main concern is that the veracity of Atos reports and DWP decisions do not appear to have significantly improved since 2010, and indeed more recently, Incapacity Benefit claimant reports are a new source of concern."
Parkinson's UK
http://www.parkinsons.org.uk/sites/default/files/ourresponse_wcareviewaugust2013.pdf

Of the 225,236 appeals heard during the year April 2012 to March 2013, approximately **43% were decided in favour of the claimant**.
https://www.gov.uk/government/publications/tribunal-statistics-quarterly-april-to-june-2013

The estimated cost to HM Courts & Tribunals Service of ESA appeals for the year April 2012 to March 2013 was £66 million.
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm130717/text/130717w0002.htm#130717w0002.htm_spnew55

In addition, **the costs to the Department for Work and Pensions for all activity relating to appeals** against the Work Capability Assessments were: April 2012 to March 2013 - £17.1m
http://www.theyworkforyou.com/wrans/?id=2013-07-18a.141.3&s=lord+freud+work+capability+assessment#g141.5

Thus the total cost to the public purse of ESA appeals between April 2012 and March 2013 was £83.1 million.

In answer to a question from Lord Greaves in July 2013, Lord Freud said that the Department's spend on [medical services] contracts [with Atos] including [WCA], IIDB, DLA/AA etc are as follows:
(a) 2009/10: £99.1m; (b) 2010/11: £112.8m; (c) 2011/12: £112.4m; (d) 2012/13: £114.3m
http://www.theyworkforyou.com/wrans/?id=2013-07-01a.185.0&s=lord+freud+work+capability+assessment#g185.2

The introduction of Mandatory Reconsideration before appeal

From 28 October 2013, claimants who wish to appeal the DWP's decision on their ESA claim have to wait for the decision to be reconsidered by DWP before the lodging their appeal with the tribunal service. Whilst ESA is payable while the claimant awaits their appeal hearing, it is **not** payable in the period between the initial decision and the lodging of the appeal with the tribunal, ie during the process of reconsideration.

Unsurprisingly, both MP's and charities have expressed serious concerns about claimants having little or no income during this period, especially as the regulations do not hold DWP to a specific timescale for completing the reconsideration process.

Sheila Gilmore MP, a member of the Work and Pensions Select Committee, has taken a particular interest in this area of policy and explains the situation, including other options available to claimants such as applying for Jobseekers' Allowance (JSA) while awaiting reconsideration, in her blog. Sheila points out the difficulties facing claimants:

"... JSA comes with a great degree of conditionality. In particular claimants have to be available for and actively seeking work. They must attend regular work-focussed interviews, undertake job searches, and make a minimum number of applications every week. In itself this may prove tiring or stressful, and could exacerbate people's existing physical or mental conditions. But more importantly those who apply and fail to meet these conditions can be sanctioned or refused benefit altogether.

"I fear that sanctions are likely to be applied to people who are ill or disabled and have to temporarily apply for JSA while their ESA claim is going through reconsideration. In other words people who the state will later conclude should not be available for work will be required to claim a benefit that explicitly requires that they should be. Those people will end up without any support from the state, being too fit for ESA, but too sick or disabled for JSA."
http://www.sheilagilmore.co.uk/my-work-on-esa/reconsideration/

While Ministers appear confident that claimants in this position will not be sanctioned under JSA, Sheila points out that this does not appear to be the case in practice. She says that certain claimants who were previously on income support may be able to claim income support again, but there does not appear to be a secure solution for claimants waiting for their ESA claim to be reconsidered prior to lodging an appeal. The fact that claimants whose reconsideration or appeal are successful receive backdated payments does not help them to survive during the reconsideration process.

On 25 November 2013, Esther McVey, the Employment Minister, was questioned on this topic again and gave the following information on the timescale for reconsiderations: "If no further information is needed and the case is straightforward, the mandatory reconsideration process for employment and support allowance could be completed relatively quickly. We would usually expect this to take around 14 days, but it could take longer. For example, if further information is needed, the law states that DWP have to give people one month to provide it and this may be extended further at the decision maker's discretion, so cases like this may take longer."
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131125/text/131125w0005.htm

Time will tell how claimants fare under this regime, but this situation is yet another indication of the brutal nature of social security under the Welfare Reform Act 2012.

Questions about Atos's tax status

The National Audit Office found that Atos paid no corporation tax in Britain last year, despite carrying out billions of pounds of taxpayer funded work for the Government.

Margaret Hodge, Chair of the Public Accounts Committee (PAC) said: "Everyone has a duty to pay their fair share in tax, but there is something particularly galling about the idea of company who gets its income from the public purse not putting its rightful contribution back in.

"Of course, we don't actually know how much profit Atos and G4S made in the UK last year because this remains an area where there is a total lack of transparency.

"We need to lift that veil of secrecy – and again, that duty of transparency should apply particularly to those who derive their income from taxpayers' money."
A spokesman for Atos said -

"Due to significant investment in the UK to maintain our business here as well as pension contributions, we did not make enough profit last year to qualify for Corporation Tax."
http://www.telegraph.co.uk/news/politics/10442231/Atos-G4S-paid-no-corporation-tax-last-year-despite-carrying-out-2billion-of-taxpayer-funded-work.html

Contractual and audit issues

Quality audit of Atos assessments

The Government has called upon an external auditor, Pricewaterhouse Coopers, to identify problems with the WCA. In addition, they are also breaking the monopoly of provision and intend to introduce other providers to the WCA process.

In the House of Lords on 22 July 2013, Lord Freud, Parliamentary Under-Secretary of State, Department for Work and Pensions, provided the following information in response to concerns in relation to the quality of Atos reports:

"A recent DWP audit identified a reduction in the quality of written reports which are produced by Atos following assessments and are then used by the Department to form part of the decision making process on benefit entitlement. This is contractually unacceptable...Atos has been instructed by the Department to immediately enact a quality improvement plan...The Department has also engaged Pricewaterhouse Coopers to provide independent advice in relation to strengthening quality assurance processes across all its health and disability assessments. In addition, and in the longer-term, increased provider capacity will ensure that a greater focus on quality can be achieved alongside enabling the number of assessments the Department requires to be delivered. "
http://www.publications.parliament.uk/pa/ld201314/ldhansrd/text/130722-wms0001.htm

Further information about the terms of reference of the external audit was provided in response to a Freedom of Information request by Dr Greg Wood:

"The Department's external audit partners, PricewaterhouseCoopers are engaged to carry out a review of quality assurance processes in relation to health and disability assessments carried out by external providers for the Department for Work and Pensions. This will primarily focus on the Work Capability Assessment (WCA) but will also offer advice in relation to the Personal Independence Payment (PIP) assessment.

The review will look at:

- The Department's quality assurance processes for WCAs, including reviewing the design of controls and processes in place and testing their operation in practice.

- Atos Healthcare's quality assurance processes for WCAs, including reviewing the design of controls and processes in place and testing their operation in practice.

- Options for additional independent quality assurance processes for WCAs going forwards.

- Consideration of the quality assurance processes in place for PIP assessments, across DWP, Atos and Capita."

https://www.whatdotheyknow.com/request/176003/response/439451/attach/3/VTR 4326.pdf

And in response to a separate FOI request by Dr Greg Wood, DWP confirmed that discussions with Pricewaterhouse Coopers on the audit had commenced on 27 June 2013.

https://www.whatdotheyknow.com/request/181051/response/445112/attach/2/wdtk 4909 final.pdf

In late September 2013 DWP published the names of 40 providers who had registered an expression of interest in the contract to provide health and disability services, and provided the following information about the tender process:

"DWP currently has a single provider in place delivering Work Capability Assessments until 2015. In a House of Lords written statement on the 22nd July 2013, Lord Freud announced the decision to procure additional capacity to support the Work Capability Assessment Process.

"DWP is looking at potentially increasing capacity from 2014 and it is possible suppliers may be invited to bid to provide services on the basis of increasing volumes over an initial period. More information will be provided in the Invitation to Tender (ItT).

"DWP is tendering for this contract to deliver assessments on behalf of the awarding Authority, its Executive Agencies and those Non-Departmental Public Bodies (NDPBs) sponsored by DWP, and on behalf of other bodies, including but not limited to the

Ministry of Defence, Her Majesty's Courts and Tribunals Services, Her Majesty's Custom and Excise, the Department of Health and Northern Ireland Departments. An OJEU notice for this procurement was published on Tenders Electronic Daily on the 6th September 2013, and this can be accessed in full at:
http://ted.europa.eu/udl?uri=TED:NOTICE:299218-2013:TEXT:EN:HTML"
http://www.dwp.gov.uk/docs/hdas-expressions-of-interest.pdf
http://www.dwp.gov.uk/supplying-dwp/news/

And in a written answer to a question from Stephen Timms MP, Shadow Employment Minister, on 9 September 2013, Mark Hoban MP, the Employment Minister at the time, provided the following information about quality auditing of Atos assessments:

"Atos Healthcare are contractually responsible for managing, monitoring and reporting on the quality of assessments that they deliver on behalf of the Department. To monitor quality, Atos has an audit programme in place for all health care professionals developed in conjunction with the Department… Over the past 18 months Atos consistently reported meeting this target, with the latest reported results for face-to-face assessments based on the April 2013 audit showing 5.3% C-grades… the Department identified problems both in the quality of assessment reports produced by Atos and in their audit processes, which had failed to identify these problems. Looking at a sample of reports produced following a face-to-face assessment from October 2012 to March 2013, the Department identified the percentage of C-grade cases as 41%."
http://www.theyworkforyou.com/wrans/?id=2013-09-09a.161212.h&s=lord+freud#g161212.r0

Work-related obligations and sanctions

DWP now impose work-related requirements on people in the WRAG with which they must comply under threat of sanctions.

Despite the definition of "Limited Capability for Work" remaining the same (ie that a person's capability for work is limited by his physical or mental condition, and the limitation is such that it is not reasonable to require him to work), under the Welfare Reform Act 2012 people in the work-related activity group (WRAG) can now be **sanctioned** for failing to attend or take part in a work-focused interview or failing to take part in compulsory work-related activity. DWP now impose work preparation requirements with which people must comply.
(Memo DMG 41/12 - ESA: Sanctions and work-related activity, November 2012)
http://www.dwp.gov.uk/docs/m-41-12.pdf

Definitions from the Welfare Reform Act 2012:
"Work preparation requirement (Section 11C)

1) In this Part a "work preparation requirement" is a requirement that a person take particular action specified by the Secretary of State for the purpose of making it more likely in the opinion of the Secretary of State that the person will obtain paid work (or more paid work or better-paid work).
2) The Secretary of State may under subsection (1) specify the time to be devoted to any particular action.

3) Action which may be specified under subsection (1) includes in particular—
    (a) attending a skills assessment;
    (b) improving personal presentation;
    (c) participating in training;
    (d) participating in an employment programme;
    (e) undertaking work experience or a work placement;
    (f) developing a business plan;
    (g) any action prescribed for the purpose in subsection 1.

“Sanctions (Section 11J)
1) The amount of an award of an employment and support allowance is to be reduced in accordance with this section in the event of a failure by a person which is sanctionable under this section.
2) It is a failure sanctionable under this section if a person—
    (a) fails for no good reason to comply with a work-related requirement;
    (b) fails for no good reason to comply with a requirement under section 11G. "

http://www.legislation.gov.uk/ukpga/2012/5/section/57/enacted

Charities have expressed significant concerns about the application of sanctions on ESA claimants in the WRAG:

"This new system of sanctions appears to be unduly punitive towards claimants who are sick and disabled, and a major worry is that many claimants who are vulnerable will, as now, find themselves on the receiving end of inappropriate sanctions, due to poor decision making by the DWP. The work capability assessment is an extremely tough test of incapacity for work, and those who satisfy it, having undergone what is for many the ordeal of a medical assessment, should be receiving help and support if they wish to move into employment, not the threat of punitive sanctions.

Of particular concern must be the many thousands of ESA claimants who are severely disabled but stuck in the work-related activity group, as they are waiting up to a year for their appeal to try to get in the support group to be heard. They may find themselves sanctioned for failing to comply with requirements that they are simply too ill comply with, but are subject to, due to lamentable DWP decision making based on inadequate Atos medical reports."
Child Poverty Action Group
http://www.cpag.org.uk/content/esa-and-sanctions-%E2%80%93-more-hard-times-ahead

Centre for Mental Health, Hafal, the Mental Health Foundation, Mind, Rethink Mental Illness, the Royal College of Psychiatrists, and the Scottish Association for Mental Health have expressed concern about the nature of work related requirements placed on claimants in the WRAG with mental health problems, saying:

“We do not believe that the majority of Jobcentre Plus or Work Programme advisers will have sufficient expertise to make reliable decisions about the appropriateness of different types of work related activity for claimants with mental health problems. In addition, we do not believe that the report from the claimant's WCA provides adequate information to inform this decision.

"Our experience suggests that these reports do not contain clear indications of what sort of activities the claimant may or may not be capable of undertaking, nor of their aspirations, strengths and talents – all of which are essential to the job searching process."
http://www.rcpsych.ac.uk/PDF/2011-11-03 Work Experience for ESA Claimants.pdf

Disability Rights UK reports that homeless disabled people are being disproportionately affected by benefit sanctions, quoting data from DWP and homelessness services, collated by Homeless Link:
"Of homeless people on Employment and support Allowances (ESA)

- Nearly a third (30%) of respondents reported that half or more people with substance misuse issues were sanctioned;
- A third (33%) reported that half or more people with mental health issues were sanctioned; and
- Nearly a quarter (22%) reported that half or more people with learning difficulties were sanctioned."

http://www.disabilityrightsuk.org/news/2013/september/sanctions-disproportionally-affect-disabled-homeless

It is important to note that claimants with significant impairments and progressive conditions are frequently allocated to the WRAG; a survey conducted by the MS Society, Cystic Fibrosis Trust, National Rheumatoid Arthritis Society and Parkinson's UK found that:

"45% of people who put in a claim for ESA, and had Parkinson's, Cystic Fibrosis, Multiple Sclerosis, or Rheumatoid Arthritis, were placed in the Work Related Activity Group (WRAG)."
http://www.parkinsons.org.uk/news/27-august-2013/fit-work-test-tells-people-parkinsonstheyll-recover

The latest DWP statistics on sanctions for ESA claimants show the following:

- A total of 173,000 sanctions decisions were made between October 2008 and June 2013, of which 76,000were adverse decisions.
- Under the new sanctions regime, introduced on 3 December 2012, over 45,000 sanctions decisions were made up to June 2013, of which just over 11,000 were adverse decisions.
- 71% of adverse decisions were made because of a failure to participate in work related activity (this includes failure to participate in the Work Programme), with the remaining due to a failure to attend a mandatory interview.
- Just over 9,000 individuals received an adverse sanction decision under the new regime, with over 85% receiving their first adverse sanction.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255176/sanctions-nov-2013.pdf

Anecdotal evidence from individual sick and disabled people suggests that, in practice, claimants are being sanctioned over relatively trivial matters.

Possible proposals for the WRAG

The latest political proposal from Iain Duncan Smith suggests getting rid of the WRAG altogether – the group for people whose physical or mental condition limits their ability to work and the limitation is such that it is not reasonable to require them to work.

“The cabinet minister is said to be concerned that only half of claimants in WRAG are coming off benefit within three years, and that hundreds of millions of pounds are being tied up in administration of the benefit, including the work capability assessments and appeals process.

Anne Begg MP, the Labour chairwoman of the cross-party work and pensions select committee, said her fear was that the vulnerable people in that group would be forced to join the dole queue and be at the mercy of the sanction system, under which claimants lose benefits if they do not attend enough interviews or make efforts to find a job.

She said: ‘My concern is that, if he gets rid of the WRAG group and says all these people are fit to work, that will turn them into job support allowance [sic] claimants. Then we have all these people who they are wasting money on trying to get into work, who are realistically never going to get into work and whose condition will be made worse.

"I have two constituents who are psychiatric nurses who have just been telling me about the damage done to people who are ill and incapable and forced to attend job centres.’”
http://www.theguardian.com/politics/2013/nov/23/iain-duncan-smith-wrag-benefit-cuts

Helping ESA claimants into work

In relation to the performance of the Work Programme in helping ESA claimants to get into work, the Public Accounts Committee reports:

“It is shocking that, of the 9,500 former incapacity benefit claimants referred to Work Programme providers, only 20 people have been placed in a job that has lasted three months, while the poorest performing provider did not manage to place a single person in the under 25 category into a job lasting six months.”
http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news/work-programme/

Training of WCA Assessors

Members of the public who have become aware of the problems with the WCA have understandable concerns about the type and quality of training provided to the WCA assessors (Atos healthcare professionals) and have sought to find out more.

In response to FOI requests in relation to the training of WCA Assessors, the DWP FOI team have confirmed the following:

“Atos trainers, who teach new entrant doctors and other healthcare practitioners to carry out Work Capability Assessments, themselves undergo training to carry out this teaching role on a course known as 'Train The Trainers'.”

“Atos are responsible for providing the ‘Train the Trainers’ training.”

“Atos sets the timetable for the training courses and the new entrant training materials used are written by Atos, in line with the DWP policy requirements; these are then signed off and approved by the Department for Work and Pensions (DWP).”

“The New Entrant trainers are Atos Health Care Professionals (HCPs). These Trainers are trained by a member of the Medical Training and Development team.”

“There is no specific written guidance for the training by the trainers and the trainee (TTT) because, although content is covered, the purpose of TTT is to explain how the Training course itself is to be delivered by the Trainer.”

“It is based on the New Entrants course which provides the outline for the TTT course, the overview of which is attached as an example in the Doctor’s version. Some of the information contained in the document falls within the exemptions allowed by Section 40 of the Freedom of Information Act and has therefore been redacted.”
https://www.whatdotheyknow.com/request/work_capability_assessment_train
https://www.whatdotheyknow.com/request/164139/response/406170/attach/3/FoI 2633 455m MED RMPNEWCAAC 001 x Summary V2 Final.pdf

In relation to the training of assessors on the effects of prescribed medication, the DWP FOI team provided the following information on 13 March 2013:

“The Department and Atos do not hold a training manual or protocol for medication.”

“HCPs use their clinical knowledge when considering side effects of medication. **They have access to the British National Formulary if they need to look up side effects or drug interactions.”**

The WCA Handbook states:
"The LiMA application lists a number of common medications with a non-medical explanation of the purpose of the medication". When asked to clarify what this meant the DWP FOI team stated that this “means that the data is stored as a list of phrases held within LiMA itself rather than a list that can be downloaded.” (page 51)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252637/wca-handbook.pdf
https://www.whatdotheyknow.com/request/146469/response/369104/attach/2/IR 181 Mr Adams response final.pdf

“HCPs are not required to specify the source of information that [sic] may have referenced in relation to medication.”
https://www.whatdotheyknow.com/request/146469/response/369104/attach/2/IR 181 Mr Adams response final.pdf

However, this was contradicted by the DWP FOI team on 17th May 2013, when they stated: **“Contrary to the FoI response referred to, HCPs employed by Atos Healthcare who conduct WCAs do NOT have routine access to the BNF** – however access to the BNF is currently being piloted by Atos Healthcare.”
https://www.whatdotheyknow.com/request/153096/response/391065/attach/2/FOI 1224 IR357 IR421 Mr Jones WDTK reply.pdf

The training of “Disability Analysts”

In March 2013, in response to a FOI request asking “Can you tell me which medical body, GMC, NMC, Health professional council, or other non medical body, if appropriate, recognises the so called qualification **disability analyst**, approved or otherwise.“, the DWP FOI team stated: “**The term Disability Analyst is not a qualification, it is the title given to an Atos Healthcare Professional (HCP)**” and confirmed that information “regarding professional medical bodies is not held by this Department.”
https://www.whatdotheyknow.com/request/which_medical_body_recognises_di

Progress on the Audio Recording of Assessments

Since the publication of the People’s Review in November 2012, claimants who request that their WCA be recorded continue to experience delay and frustration, mainly due to the very small number of recording machines available for use across all Atos assessments centres.

In June 2012 the DWP FOI Team stated: “Following the end of the recording pilot Atos have been asked to provide an audio recording service to those that request it and to monitor the volume of requests received. The Department will undertake further evaluation of this service over a 6 month period and criteria are being discussed. An outcome report is expected at earliest in January 2013.”
https://www.whatdotheyknow.com/request/wca_audio_recordings_2#comment-28778

And in November 2013 Mike Penning, Minister of State for Disabled People, stated: “A revised form, informing claimants about audio recording, went live from the start of August and as part of its evaluation the Department is currently assessing the impact this has had. This has meant that it has been necessary to further extend the evaluation period which will now run until the end of the year, with a report due thereafter.”
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131108/text/131108w0002.htm#131108w0002.htm_wqn56

The long-delayed "Gold Standard" Evidence Based Review

As part of the Independent Review of the WCA by Professor Harrington, the charities Mencap, Mind and the National Autistic Society were asked to produce proposals for improving the 'mental, intellectual and cognitive function' descriptors used in the WCA.

Another group of charities (MS Society, National AIDS Trust (NAT), Parkinson's UK, Forward ME, Arthritis Care, and Crohn's and Colitis UK) were asked to consider how the assessment might better take better account of those with fluctuating conditions.

DWP accepted Professor Harrington's recommendation, put forward in his second Independent Review (November 2011) to test the proposals put forward. This process has become known as the Evidence Based Review (EBR).

There have not yet been any results or updates published relating to the EBR, but the following gives an indication of progress to date:

In 2010 Professor Harrington's first review of the WCA stated: "The review has set out a proposed programme of work to look in more detail at these issues during the second review. This programme focuses on: the descriptors, particularly in assessing fluctuating conditions; what happens to people who go through the WCA; and assessing whether the WCA could also provide a more rounded picture of a person's readiness to work.

"The review has already set up a task group to look at the mental, intellectual and cognitive descriptors and they will report back in late-November. The Independent Reviewer will assess this report and after consulting with a wide range of experts will make recommendations to Ministers.

"In year two the review should also monitor the implementation of those recommendations in the year one report which have been adopted by the Government."
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/70071/wca-review-2010.pdf

In February 2011 the DWP produced a timeline for implementing Harrington's Year 2 review recommendations:
http://www.dwp.gov.uk/docs/wca-review-timeline.pdf

Then in November 2011 Professor Harrington's second review of the WCA recommended that a: "'gold standard' review be carried out, beginning in early 2012. Future decisions about the mental, intellectual and cognitive descriptors should be based on the findings of this review. The 'gold standard' review should provide robust evidence on the way in which the current descriptors are working and test the proposed descriptors to see if they will improve the assessment. This will be an important step in establishing whether the proposed descriptors are more accurate

than the current ones. This review needs to be thoroughly conducted and independently overseen to ensure fairness in the process: the Review looks forward to doing this and examining the results"
http://www.official-documents.gov.uk/document/other/9780108511103/9780108511103.pdf

In May 2012, Stephen Timms MP asked the Secretary of State for Work and Pensions: "… when he intends to commence the gold standard review of the (a) new mental health descriptors and (b) new fluctuating conditions descriptors in the work capability assessment."

Chris Grayling (then Employment Minister) replied: "We have been working to develop proposals for the evidence-based review since the publication of Professor Harrington's second independent review of the WCA.

"Departmental officials have been considering the best way to evaluate the proposed descriptors, and have been and continue to discuss these with the charities.

"Our aim is to carry out the evidence-based review for both the mental, intellectual and cognitive descriptors and the fluctuating conditions descriptors which have been proposed by the charities at the same time."
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm120524/text/120524w0001.htm#12052476000248

In August 2012, the mental health charity Mind wrote: "18 months ago, Mind, working with Mencap and the National Autistic Society, submitted a report to Professor Harrington, the independent reviewer of the WCA, about changes we wanted to see to the criteria used in the WCA. Harrington had asked us to produce this report after recognising that the assessment was not working well enough for people these organisations represent.

"After refining our proposals through consultation with other groups and collaboration with a 'scrutiny panel' of health experts convened by Harrington, they were submitted to the DWP. The Department responded that the proposals were too radical and not backed up with sufficient evidence.

"Meanwhile, at Harrington's request, another group of charities (MS Society, National AIDS Trust, Parkinsons UK, Forward ME, Arthritis Care, and Crohn's and Colitis UK) were submitting proposals for how the descriptors could better address the type of fluctuating conditions they focus on. This report built on our descriptor proposals and made more general recommendations for improving the assessment."

"They received a similar response to us from the DWP and the whole endeavour might have been dead in the water at that point, were it not for Harrington arguing that the DWP should carry out some testing on the proposals. This suggestion was accepted in principle but in the ensuing months there was no real activity.

"Then, about six weeks ago, the charities involved were invited to the DWP to discuss how the testing would proceed. We were told there was Ministerial commitment to

the project, resources allocated to make it happen, and a tight timetable to work to."
http://benefitscroungingscum.blogspot.co.uk/2012/08/guest-post-from-mind-wca.html

A number of disability charities were asked to suggest new draft descriptors that would enable WCA assessments to better reflect the impact of mental health problems and fluctuating conditions.

"Mencap, Mind and the National Autistic Society were asked to produce proposals for improving the 'mental, intellectual and cognitive function' descriptors used in the WCA and MS Society, NAT (National AIDS Trust), Parkinson's UK, Forward ME, Arthritis Care, and Crohn's and Colitis UK, were asked to consider how the assessment might better take into account those with fluctuating conditions. Professor Harrington called on the DWP to test their proposals in his 2nd Independent Review in November 2011. In June 2012 all the charities were asked to regroup by the DWP, this time all together and to combine their proposals into a single assessment that reflected the recommendations in the two reports."
http://www.parkinsons.org.uk/sites/default/files/ebr_descriptors.pdf

Then in his third Review, in November 2012, Professor Harrington reported: "So far as the descriptors are concerned, progress has been positive but slow… Momentum must be maintained to make changes to…complete, evaluate and act on the findings of the evidence-based review."
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/70123/wca-review-2012.pdf

And in November 2012 The MS Society explained: "The EBR is a DWP-led project, and the DWP is responsible for managing the design, testing and analysis of the review, with input from the charities.

"Additional information will be collected during real assessments so that both sets of existing and the alternative descriptors can be completed. The outcomes of the assessments will then be compared to the views of a panel of experts, looking at all the available evidence about each applicant.

"The proposals which have been put forward by the charities have not been endorsed by the DWP – they have simply agreed to look at how the outcomes of the WCA might be different with these descriptors compared to the current ones.

"It will then be considered (in summer 2013) what changes might be made to the assessment on the back of this testing."
http://www.mssociety.org.uk/get-involved/campaigns/campaigns-blog/2012/11/working-improve-wca

In July 2013 Lord Freud confirmed that the evidence-based review was ongoing: "We are currently carrying out an evidence-based review of the WCA descriptors with a number of major charities."
http://www.theyworkforyou.com/wms/?id=2013-07-22a.151.2

In August 2013 Dr Charles Shepherd, Honorary Medical Advisor, ME Association provided the following update: "The next DWP meeting is on August 21st when

members of the Fluctuating Conditions Group and Mental Health Group will be discussing the preliminary findings from the Evidence Based Review of our recommendations for changes to the WCA descriptors. The EBR is well underway and is currently due to finish in September [2013].”
http://www.meassociation.org.uk/2013/08/esa-work-capability-assessment-meetiing-with-dr-paul-litchfield-tuesday-august-6/

The most recent update was provided by Mark Hoban (then Minister for Employment) in September 2013: “Our original intention was to publish the final report for the Evidence Based Review of the Work Capability Assessment in the spring/summer of 2013; however, in order to ensure a robust examination of the evidence collected, we will now we publishing later than expected, with the final report produced by the end of the year.”
http://www.theyworkforyou.com/wrans/?id=2013-09-06a.167858.h

Court of Appeal rules the WCA is discriminatory

Background and decision of the Upper Tribunal

In 2012, two anonymous claimants with mental health problems lodged an application for judicial review of the WCA, on the basis that the assessment discriminates against people with mental health problems, learning disabilities and autism. The High Court granted permission for the application in July 2012 and the case was transferred to the Upper Tribunal. Mind, the National Autistic Society, Rethink and the Equality and Human Rights Commission intervened in the case.

In May 2013 the Upper Tribunal ruled that the Department for Work and Pensions had failed to make reasonable adjustments to ensure people with mental health problems were treated fairly by the WCA process and that this failure put such claimants at a substantial disadvantage.
http://www.rethink.org/media/653696/DECISION OF THE UPPER TRIBUNAL.pdf

The charities who intervened explained the main issues in the case: “The case centres on how evidence is gathered for the controversial Work Capability Assessment (WCA), the process used to determine whether someone is fit for work. Under the current system, evidence from a professional such as a GP or social worker is expected to be provided by claimants themselves. There is no obligation for the DWP to collect this evidence, even on behalf of the most vulnerable, apart from in some rare cases.

“Gathering evidence can be very challenging for people with mental health problems, learning disabilities or autism whose health or condition can make it hard for them to understand or navigate the complex processes involved in being assessed.
As a result, those who need support the most are frequently being assessed without this important evidence being taken into account.

“In May it was ruled that the DWP must do more to ensure this sort of evidence is collected and taken into account. This means the current procedure for the WCA puts

some groups at a substantial disadvantage."
https://www.rethink.org/media-centre/2013/12/victory-for-welfare-campaigners-as-government-loses-appeal-against-benefits-ruling

Paul Jenkins, Chief Executive Officer of Rethink Mental Illness, said of the Upper Tribunal decision: "This ruling proves once and for all that this cruel and unfair process is unlawful. The judges have independently confirmed what our members have been saying for years – the system is discriminating against some of the most ill and vulnerable people in our society, the very people it is meant to support."
http://www.autism.org.uk/news-and-events/news-from-the-nas/victory-for-welfare-campaigners.aspx

The decision of the Court of Appeal

DWP appealed the decision of the Upper Tribunal, but on 4 December 2013 the Court of Appeal upheld the decision of the Upper Tribunal, which will enable a final decision on the judicial review to be made in 2014 unless DWP appeal to the Supreme Court.

In their press release, Rethink Mental Illness reported: "The Court of Appeal has upheld a ruling which found that the process used to decide whether hundreds of thousands of people are eligible for Employment and Support Allowance (ESA) disadvantages people with mental health problems, learning disabilities and autism."

The Guardian reported the response from DWP to the appeal judgement: "The DWP said 'significant improvements' were being made to WCA and that the court's decision would not trigger a pause in assessments.

'It is a complicated judgment on an appeal against an interim judgment by the upper tribunal, with no effect on day-to-day business, which continues as usual,' a spokesman said."
http://www.theguardian.com/society/2013/dec/05/call-halt-fitness-for-work-test-disabled

Final summary

In their Initial Report to the UN on the UN Convention on the Rights of Persons with Disabilities, the Government stated: "Disabled people, like everyone else in the UK, are protected by the Human Rights Act 1998 which says that nobody shall be subjected to torture or to inhuman or degrading treatment or punishment. The Act places a duty on the UK Government to ensure that the legislation is respected.

The UK Government is also fundamentally reforming the social security system. This will create a new welfare system for the 21st century. It will transform the opportunity for people without jobs to find work and support themselves and their families, and will **ensure that the most vulnerable in society are protected**."
http://odi.dwp.gov.uk/docs/disabled-people-and-legislation/uk-initial-report.pdf

It is clear from the first-hand accounts as well as comments from the many highly respected public bodies and individuals that the Government is **not** ensuring that the most vulnerable in society are protected. There is cross-party consensus that the WCA must be radically changed. The problems have been ongoing for 5 years and there are very few signs of improvement. Vulnerable people are suffering, dying and living in fear.

There are many factors which are contributing to this failing system:

- Medical evidence is not requested early enough in the claims process, with insufficient time allowed by DWP for people to gather and submit it. GP’s are given insufficient time to return medical evidence when requested by Atos.
- This delay results in appeals against wrong decisions - leading to more pressure on already busy doctors, anguish for those claiming and increased costs to the taxpayer.
- Inadequate and insufficiently nuanced descriptors. The long delay in adopting new descriptors which take into account fluctuating illnesses and mental health plays a significant role in this. Despite some improvements people with fluctuating and mental health conditions are still at a disadvantage.
- Restrictions of a computer-based system with drop down menus which does not allow for an individual’s answers to be entered if they differ from the limited stock phrases.
- Functional descriptors which do not relate to the real world experience of sick and disabled people, both with regard to their sickness/impairment or their ability to work.
- Insufficient and poor quality training for all staff involved in the process, leading to uninformed and harmful decisions and, ultimately, long delays.
- Negative or hostile attitudes from staff towards people being assessed.
- Qualifying criteria being poorly interpreted and guidance not consulted or followed.
- People being assessed by HCP's with little or no specific knowledge of their illness or condition.
- DWP Decision Makers ‘rubber-stamping’ reports without proper consideration
- Too many assessments undertaken in too short a time period – assessors are expected to perform to a daily target of eight WCA's a day, equivalent to a mere 50 minutes for each assessment, which is simply not sufficient time to properly assess the complex nature of many illnesses and disabilities.

- The enormous workload imposed by DWP and the huge backlog causing assessments to deteriorate even further.

- Assessments are repeated at unnecessarily frequent intervals because of the constraints of the audit system in relation to the length of prognosis.

New evidence "…gleaned from the original contract between Atos and DWP, testimony from Atos employees and Freedom of Information requests clearly indicates that outcomes for individual sick and disabled ESA claimants are not driven by the severity of their condition or the nature of their disability. On the contrary, as Lord Boswell predicted in 2007, the imposition of statistical norms onto the Work Capability Assessment gears the outcome of the whole system to achieve the desired result - in effect, a cap on the overall number of people the system will permit to be eligible for Employment Support Allowance.

"The use of these statistical norms as a management tool within Atos Healthcare can also be a secondary driver of the outcome for each individual person; although official policy is clear - that audit is not supposed to be used as a punitive process - it is also clear from whistle-blower evidence that, as in most large organisations, practice often does not equate to policy."
http://www.centreforwelfarereform.org/library/by-date/how-norms-become-targets.html

Conclusion

The heartrending first-person testimonies, tragic accounts of people who have died before knowing if their appeal was successful and significant concerns expressed by MP's of all parties on behalf of their constituents, together with the length of time for which these issues have caused concern, demonstrate the urgent need for an effective, humane alternative to the current WCA. The kind of cross-party consensus that achieved previous improvements such as the Disability Discrimination Act is the only solution to the complexity of identifying the right support for those unable to work, providing them with dignity, security and stability.

In other words, enough is enough.

Even prisoners are afforded the security of a roof over their heads and enough food to eat. Sick and disabled people in Britain are now living daily with the threat of those basic rights being removed. The question needs to be asked - what crime have they committed to warrant such punitive treatment?

It is time for politicians of all parties to act swiftly and effectively to end this unfair system.

Epilogue

The final remarks are left to the late Lord Alf Morris, the first Minister for Disabled People, who introduced the Chronically Sick and Disabled Person's Act in 1970. In a speech to Parliament to mark the 25th Anniversary of the Act he said -

"Why should disabled people so often now have to resort to the courts for the provision of services which Parliament plainly intended them to have as of right? Why do Ministers allow some local councils to play cat and mouse with them by deferring assessments of need, thus delaying the provision of services even where urgent help is demonstrably necessary?

"Today, even when it is clear that disabled people could succeed in court, their rightful claims are resisted because delay can cut costs. Often that leads to the withdrawal of claims by disabled people for whom the law's delay is much harder to cope with than for most other people.

"Ministers claim that, while they are tough on the generality of claimants, the weak and vulnerable are fully protected. But just how fully are disabled people protected? The Government say that they are being "singled out" for special help. But disabled people insist that they are being singled out for special hardship.

"Unfair discrimination against them leaves disabled people doubly disabled. That is morally wrong and what is morally wrong ought surely no longer to be legally permissible in Britain.

"I am sure most Members of Parliament will agree that much the best way of marking this 25th anniversary year would be to vouchsafe full and enforceable civil rights to disabled people. In continued fellowship with them, let that remain our urgent goal."
http://www.theyworkforyou.com/debates/?id=1995-10-19a.552.0#g584.0