

## The impact of Harrington's year one recommendations



### 1. Can you please confirm that you provide welfare and benefits advice or undertake casework in this area?

		Response Percent	Response Count
Yes		95.0%	417
No		5.0%	22
answered question			439
skipped question			0

### 2. To what extent do you agree that the support offered to customers by Jobcentre Plus during the course of their ESA application has generally improved since the beginning of 2011?

		Response Percent	Response Count
Strongly agree		0.8%	2
Agree		3.0%	8
Neither agree nor disagree		17.7%	47
<b>Disagree</b>		<b>40.0%</b>	<b>106</b>
Strongly disagree		35.1%	93
Don't know		3.4%	9
answered question			265
skipped question			174

**3. To what extent do you believe that, as a result of changes to Jobcentre Plus support since the beginning of 2011:**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>	<b>Response Count</b>
Customers feel better informed about what to expect and what their responsibilities are?	0.4% (1)	3.6% (10)	12.1% (34)	<b>47.3% (133)</b>	34.5% (97)	2.1% (6)	281
Customers are more aware of the need to collect evidence from their favoured healthcare professional?	1.8% (5)	7.5% (21)	8.6% (24)	<b>42.9% (120)</b>	37.9% (106)	1.4% (4)	280
Customers know more about the financial and back-to-work support available to them, dependent on the result of their application for ESA?	0.4% (1)	5.0% (14)	14.6% (41)	<b>39.5% (111)</b>	35.9% (101)	4.6% (13)	281
Customers who need to go straight into the support group are being directed there more effectively (including under the 'special rules')?	0.7% (2)	5.0% (14)	16.8% (47)	27.1% (76)	<b>39.6% (111)</b>	10.7% (30)	280
					<b>answered question</b>		<b>282</b>
					<b>skipped question</b>		<b>157</b>







**4. To what extent do you believe that, since the beginning of 2011, more weight is being given to the free text box on page 3 of the ESA50 form where applicants can describe how their illness/disability affects them:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Response Count
By the Atos assessor?	1.1% (3)	0.4% (1)	11.4% (30)	34.5% (91)	<b>46.2% (122)</b>	6.4% (17)	264
By the Jobcentre Plus Decision Maker?	1.1% (3)	4.1% (11)	15.5% (42)	35.4% (96)	<b>37.3% (101)</b>	6.6% (18)	271
<b>answered question</b>							<b>281</b>
<b>skipped question</b>							<b>158</b>

**5. Atos have produced a new Customer Charter to be displayed in all assessment centres:**

	Yes	No	Don't know	Response Count
Were you aware of the introduction of the Atos Customer Charter? (if not, you can read it here: <a href="http://bit.ly/mRUFG">http://bit.ly/mRUFG</a> )	29.9% (82)	<b>67.2% (184)</b>	2.9% (8)	274
Do you believe this has made any difference to the behaviour of Atos assessors?	1.8% (5)	<b>73.8% (200)</b>	24.4% (66)	271
Do you believe it will help improve the behaviour of Atos assessors going forward?	4.4% (12)	<b>64.7% (176)</b>	30.9% (84)	272
<b>answered question</b>				<b>275</b>
<b>skipped question</b>				<b>164</b>




**6. To what extent do you believe that, since the beginning of 2011, the accuracy of Atos assessors' reports has improved?**

		Response Percent	Response Count
Strongly agree		0.7%	2
Agree		1.1%	3
Neither agree nor disagree		6.9%	19
Disagree		29.5%	81
<b>Strongly disagree</b>		<b>57.8%</b>	<b>159</b>
Don't know		4.0%	11
<b>answered question</b>			<b>275</b>
<b>skipped question</b>			<b>164</b>

**7. Do you believe that, since the beginning of 2011, written communications to ESA applicants:**

	Yes	No	Don't know	Response Count
Are clearer?	9.6% (26)	<b>82.4% (224)</b>	8.1% (22)	272
Are less threatening?	12.2% (33)	<b>71.5% (193)</b>	16.3% (44)	270
Contain less jargon?	16.6% (45)	<b>69.0% (187)</b>	14.4% (39)	271
Fully explain the ESA process?	9.2% (25)	<b>80.8% (219)</b>	10.0% (27)	271
<b>answered question</b>				<b>272</b>
<b>skipped question</b>				<b>167</b>

**8. Atos is introducing Mental, Cognitive and Intellectual Champions to improve how they deal with people with mental health problems, learning disabilities and autistic spectrum disorders. Are you aware of these Champions?**

		Response Percent	Response Count
Yes		36.5%	100
No		59.5%	163
Don't know		4.0%	11

If you answered 'yes', do you have any comments about their role or the impact they are making?

68

answered question

274

skipped question

165


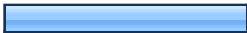

**9. To what extent do you believe that, since the beginning of 2011, Jobcentre Plus Decision Makers have**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Response Count	
Taken a more central role in the assessment process?	1.1% (3)	13.6% (37)	26.8% (73)	<b>30.5% (83)</b>	18.0% (49)	9.9% (27)	272	
Been more likely to seek advice from the customer's chosen healthcare professional?	0.7% (2)	7.0% (19)	17.7% (48)	<b>41.0% (111)</b>	27.7% (75)	5.9% (16)	271	
Given greater weighting to additional medical evidence?	1.9% (5)	14.4% (39)	15.2% (41)	<b>39.3% (106)</b>	23.0% (62)	6.3% (17)	270	
Been more likely to overrule the Atos recommendation?	0.7% (2)	10.3% (28)	11.8% (32)	<b>36.5% (99)</b>	32.1% (87)	8.5% (23)	271	
							answered question	272
							skipped question	167







**10. The Government has been trying to increase the use of the 'reconsideration process' so that decisions can be reviewed without necessarily going to appeal:**

	Yes	No	Don't know	Response Count
Have you noticed this process being used more since the beginning of 2011?	35.4% (96)	<b>55.7% (151)</b>	8.9% (24)	271
(If you answered 'yes') Do you believe this has had a positive impact on customers receiving a fair outcome?	31.5% (45)	<b>35.7% (51)</b>	32.9% (47)	143
			<b>answered question</b>	<b>271</b>
			<b>skipped question</b>	<b>168</b>

**11. The Government introduced an amended set of descriptors for the WCA at the end of March 2011. Have you noticed the impact of the new descriptors on customers' assessment outcomes?**

		Response Percent	Response Count
Yes		50.7%	136
No		36.2%	97
Don't know		13.1%	35
		<b>answered question</b>	<b>268</b>
		<b>skipped question</b>	<b>171</b>

**12. To what extent do you believe these changes to the descriptors have led to a more fair and accurate reflection of applicant's impairments in the assessment outcome?**

		Response Percent	Response Count
Strongly agree		0.7%	1
Agree		1.5%	2
Neither agree nor disagree		5.1%	7
Disagree		34.6%	47
<b>Strongly disagree</b>		<b>57.4%</b>	<b>78</b>
Don't know		0.7%	1

Please add any comments you have about the impact of the changes to the descriptors 53

**answered question 136**

**skipped question 303**

**13. To what extent to you agree that, as a welfare adviser/caseworker:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Response Count
You're kept well informed about changes to the WCA?	6.6% (17)	<b>35.7% (92)</b>	18.6% (48)	27.1% (70)	11.2% (29)	0.8% (2)	258
You can easily find information about changes to the WCA?	6.3% (16)	<b>46.1% (118)</b>	17.6% (45)	21.5% (55)	7.8% (20)	0.8% (2)	256
<b>answered question</b>							<b>259</b>
<b>skipped question</b>							<b>180</b>

**14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	Response Count
	204
answered question	204
skipped question	235

**15. Do you have any other comments about changes to: the ESA application process; support from Jobcentre Plus; the role of the Decision Maker; or the WCA itself since the beginning of 2011?**

	Response Count
	138
answered question	138
skipped question	301

**Page 3, Q8. Atos is introducing Mental, Cognitive and Intellectual Champions to improve how they deal with people with mental health problems, learning disabilities and autistic spectrum disorders. Are you aware of these Champions?**

1	i have not yet come across a Mental, Cognitive and Intellectual Champion, and I am not aware of any colleagues who have come across hem either. Their impact among our clients is minimal. Most of our clients claim ESA for mental health problems.	Aug 17, 2011 3:58 PM
2	They haven't been 'implemented' yet!	Aug 17, 2011 2:35 PM
3	Too early to say but the early signs ar not good.	Aug 16, 2011 10:54 PM
4	It will be interesting to see who these champions are. Are they mental health care professionals such as CPN's or AMHP's? Do they fully understand the significance of the threat to health with those with mild to moderate mental illness? Do they understand the phrase mild to moderate? Do they know that phrase refers to the treatment and not the condition? etc. Do they understand the devastating impact just receiving the ESA50 has on the mental health of those who have severe and enduring mental illness	Aug 16, 2011 8:33 AM
5	It will have no much impact. The structure of the computer-aided examination	Aug 15, 2011 8:34 PM



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and the mechanical scoring system inherent in the ESA test are the main problems. They won't be changed by such tokenistic things such as the introduction of a 'champion', in fact this seems more a way of justifying their continuing use.

6	I feel that they should be using people with mental health experience to assess this client group, as far to many clients with mental health conditions are failing the WCA and the limitations of their illness is not being taken into account.	Aug 15, 2011 10:11 AM
7	Have not seen any evidence of this	Aug 12, 2011 3:05 PM
8	Have not heard of any evidence that this is happening	Aug 12, 2011 7:41 AM
9	They will greatly increase awaeness of mental health assesments for the clients	Aug 11, 2011 3:27 PM
10	I have not seen any changes or better decisions as a result of these champions. Many of my clients report not being asked about their mental health at the WCA	Aug 11, 2011 1:24 PM
11	Not aware of impact yet.	Aug 11, 2011 11:47 AM
12	Do not expect any improvement in service delivery	Aug 10, 2011 12:37 PM
13	Because Autism or Autistic spectrum disorders or other mental health disabilities are "invisible" to even the most trained eyes, In my experience my main bulk of appeals centres around these clients who time and time again say the the Atos Assessors often do a physical exam and don't ask any q's relating to the clien'ts Mental Health at all. They often pick points from a report or items in the clients's ESA 50 but they never seem to ask the client directly how their Mental health issue affects them and how it impacts on their daily living. As a Specialist Benefit Adviser for CAB nearly all ESA appeals, about 90% plus are all Mental Health issues. All the ESA tribunals Submussions I have submitted have won since last Aug 2010. The Tribunals Service what Client's have informed me have often looked at each other when they have seen a certain Disability Professionals report from ATOS and move right on to the Medical exam. The fact Tribunals are over turning most of the ESA appeals decisions based on ATOS reports is the smoking Gun.	Aug 10, 2011 11:54 AM
14	NO EXPERIENCE YET	Aug 9, 2011 4:46 PM
15	I am not aware from my clients that any 'Champions' are in place at our local assessment centre (Swindon) and I'd like to know how they will be chosen and exactly what their input to the assessment process will be.	Aug 9, 2011 1:31 PM
16	No evidence from case work yet to support what impact they are having, if any.	Aug 8, 2011 3:27 PM
17	I have had some feed back from a mental health hostel support staff who went to a Atos medical with a client and was suprised that for the first time they were treated well and full consideration was taken of the clients mental healht. However this is only one such occasion and I am still dealing with appeals on a weekly basis for clients who's mental health symptoms has been completetly ignored.	Aug 8, 2011 9:22 AM
18	I have heard of these champions but have had feed back from clients or papers for appeals on how these are operating and how effective these are, our mental	Aug 5, 2011 4:10 PM

**Page 3, Q8. Atos is introducing Mental, Cognitive and Intellectual Champions to improve how they deal with people with mental health problems, learning disabilities and autistic spectrum disorders. Are you aware of these Champions?**

	health appeals are still horrendous with total disregard of any letters taken by clients to medicals.	
19	too early to say. never seen any cases yet that have been to champion.	Aug 5, 2011 10:31 AM
20	Mental health issues are still being ignored or played down. client's struggle badly to describe how their illness effects them on a daily basis	Aug 4, 2011 10:40 PM
21	A complete waste of time!	Aug 4, 2011 11:48 AM
22	We are yet to receive confirmation that the champion is in post	Aug 3, 2011 11:06 AM
23	I am aware they should exist; I have seen no evidence of their existence	Aug 2, 2011 9:33 PM
24	I have not come across any paperwork to suggest that they have been involved in any of our case as yet.	Aug 2, 2011 10:34 AM
25	No sign of any effect yet	Aug 2, 2011 9:54 AM
26	Have not come across any so far.	Aug 2, 2011 8:50 AM
27	They should state their full qualifications and experience on all reports and engage with the client in a face to face environment which is less austere than the clinical environment of the examination room and should not have to rely on the LIMA system to prompt answers. The mental assessment should much more fully probe the problems experienced by the client in order to get the full picture.	Aug 1, 2011 8:22 PM
28	Mental Health assessments by Atos are mostly denied so not sure there is any competent assessment going on	Aug 1, 2011 5:56 PM
29	No apparent impact to date but think they are only very newly in post. Disappointed it is not one per MEC as suggested by Prof Harrington. We have asked the MH champion from our local MEC to speak to a practice meeting which they have agreed to do.	Aug 1, 2011 4:44 PM
30	I do not believe that this will make any changes than the current shambles that Atos has caused and will continue to do say as they are target lead.	Aug 1, 2011 1:27 PM
31	no impact Clients are still going from zero points to 15 plus on appeal	Jul 31, 2011 11:27 PM
32	I am aware that champions exist but I have not come across any when I attend assessments with clients. I understand that, instead of one per centre, there will be one per region.	Jul 29, 2011 8:43 PM
33	As an advisor, I am not aware that there has been any impact whatsoever. Why is it that a claimant with a confirmed psychotic disorder can be reviewed for the same matter twice in a period of less than 6 months!	Jul 29, 2011 3:30 PM
34	I have not seen any effect of these champions and from the information I have read I do not think there are enough to have a significant impact.	Jul 29, 2011 2:04 PM
35	None so far	Jul 29, 2011 1:29 PM

**Page 3, Q8. Atos is introducing Mental, Cognitive and Intellectual Champions to improve how they deal with people with mental health problems, learning disabilities and autistic spectrum disorders. Are you aware of these Champions?**

36	Seeing no impact at this time	Jul 29, 2011 11:40 AM
37	They cannot have much impact because there don't seem to be many of them and assessments for people with MH, LD & autistic disorders are still carried out by people with no specialist knowledge in these fields.	Jul 29, 2011 8:29 AM
38	Waste of time, they will be hiring 'suitable' people for ATOS's own agenda, not suitable people to make a difference.	Jul 29, 2011 2:23 AM
39	no experience yet	Jul 27, 2011 12:49 PM
40	I am aware they are supposed to exist. The situation seems to have improved slightly in that the assessors for people with mental health needs seem to be better qualified with more understanding but I suspect this is more to do with their initial training and their prior knowledge rather than the result of Atos' s introductions.. However assessments always appear to be more accurate when the individual being assessed is accompanied by a mental health professional who knows them	Jul 26, 2011 10:10 AM
41	I'm aware of the intention but have seen no information as to how the reality of their introduction will affect clients.	Jul 25, 2011 8:34 PM
42	i deal specifically with mental health claimants and none have reported seeing a champion at their WCA	Jul 25, 2011 3:46 PM
43	I am aware it was a recommendation in Prof Harringtons initial report, i am not aware if any 'mental health champions' are in place in Aberdeen, from my experience i would assume they are not at present.	Jul 25, 2011 3:11 PM
44	I have yet to be involved in a case where their involvement is evident.	Jul 25, 2011 9:01 AM
45	Tantamount to spin	Jul 24, 2011 12:31 PM
46	None. I work with people with HIV and they don't have ATOS Champions.....	Jul 24, 2011 12:31 PM
47	BUT THEY ARE NOT AVAILABLE!	Jul 23, 2011 5:10 PM
48	I am aware of the champions but have not yet had a case where one has been involved.	Jul 23, 2011 4:48 PM
49	Their role should have specific regard to claimants with significant brain injuries who may, in many cases, present well at examination. In these circumstances, carer/family input should be taken fully into account, together with specialist medical opinion the claimant may have. Specialist medical evidence is currently completely disregarded during the initial assessment in my experience.	Jul 22, 2011 2:40 PM
50	These Champions must be qualified to both recognise and fully understand Mental Illnesses and how these illnesses effect the claimant. Mental Illness effects people in different ways. There is no single set of symptoms.	Jul 21, 2011 4:11 PM
51	no known impact at this time	Jul 21, 2011 1:39 PM
52	none	Jul 21, 2011 10:42 AM

**Page 3, Q8. Atos is introducing Mental, Cognitive and Intellectual Champions to improve how they deal with people with mental health problems, learning disabilities and autistic spectrum disorders. Are you aware of these Champions?**

53	This kind of Therapy should definitely not be a "one shoe fits all" approach, given the differing needs of clients with mental health issues.	Jul 20, 2011 4:07 PM
54	The process of assessment is flawed in that the health care professionals ask the wrong questions and obtain an incomplete picture. That the ESA50 questions do not properly reflect the regulations does not help. In this background it is not clear how a champion who also won't know the regulations or what information is relevant is going to help, even if perceived to be independent. It may help in some case but generally it is the equivalent of a sticking plaster being used for someone who has had their arm amputated.	Jul 20, 2011 12:21 PM
55	I have seen no evidence of these champions. At what point will a claimant meet one?	Jul 20, 2011 11:32 AM
56	HCPs still fail to demonstrate any understanding of mental health.	Jul 20, 2011 10:58 AM
57	I think this is a good idea. I have not however seen any impact on assessments. I work with brain injured clients. Brain injury is not understood by ATOS assessors or JC+ decision makers.	Jul 20, 2011 9:07 AM
58	I was aware that champions were being introduced. I have not come across any cases of a champion being involved with a client.	Jul 19, 2011 7:52 PM
59	Have not yet had enough experience to judge effectiveness	Jul 19, 2011 5:13 PM
60	I don't think that Champions, will have any impact on our clients unless they get to know the actual individual over a course of several lengthy interviews. Unless you are given time to build a rapport with clients, they are not going to divulge their true problems to someone at Atos. In my experience, as a visiting officer, it can take several visits and many hours of talking to someone to get a clear picture of what is actually going on or not..... If you ask them are you ok? The majority of clients will say Yes!	Jul 19, 2011 4:49 PM
61	too early to say.	Jul 19, 2011 4:13 PM
62	Haven't yet seen any difference. I recently encountered a client with a mental age of 8 who had failed the assessment...	Jul 19, 2011 3:40 PM
63	The Champion in our area is not employed by ATOS. He is an adviser for Jobcentre Plus. I don't think this is what Prof. Harrington had on mind when he recommended the Champions, and I don't see how this employee can influence ATOS assessors given that he is a non-medical adviser working for Jobcentre Plus.	Jul 19, 2011 3:32 PM
64	Currently difficult to find out who the champions are in our area so that we can contact them if there is a problem	Jul 19, 2011 3:14 PM
65	none	Jul 19, 2011 2:43 PM
66	Unaware of any difference. Have they been introduced yet?	Jul 19, 2011 2:12 PM
67	i am aware they are supposed to be there but have seen no evidence of them	Jul 19, 2011 1:29 PM
68	I know they are being introduced, but haven't noticed any impact yet.	Jul 19, 2011 12:52 PM

**Page 5, Q12. To what extent do you believe these changes to the descriptors have led to a more fair and accurate reflection of applicant's impairments in the assessment outcome?**

**Page 5, Q12. To what extent do you believe these changes to the descriptors have led to a more fair and accurate reflection of applicant's impairments in the assessment outcome?**

	assessed fairly and accurately.	
2	Led more people being classed as capable of work where it is obvious that they would be unable to maintain a 'normal' job & where an employer would employ them.	Aug 17, 2011 10:04 AM
3	bending no longer being considered- regardless of what type of job you people need to be able to bend even if it only to pick up an item they have dropped. It has meant people being found fit work work who cannot evne perform simple tasks.	Aug 17, 2011 9:48 AM
4	The points are definately harder to attain now. We look more to demonstrate LCW by asking for an overall view and providing GP evidence compared to finding required points with previous descriptors.	Aug 16, 2011 4:03 PM
5	they have been really cut down. no account on varying conditions or having to repeat activities	Aug 16, 2011 2:58 PM
6	Claimants who are so ill that they cannot even stand up score zero, if they can sit! Claimants who cannot hold anything in their hands score zero, if they can use their arms to clumsily hold something! Claimants who are so weak not to be able to walk may score zero! Blind claimants who are guided by dogs score zero! You cannot believe that these people are really employable! You cannot think blind people will afford the dog once they will be on JSA, on £67 per week! This is unbelievably cruel, not 'fair'.	Aug 15, 2011 8:52 PM
7	the descriptor do not take account of the multiple problems faced by disabled people, it seems to be a one size fits all and overlooks the interchangeable effects of some problems.	Aug 15, 2011 11:02 AM
8	They are less clearer and are leading to a higher rate of failure.	Aug 15, 2011 10:14 AM
9	Well obviously it allows the reall applicants to be measured fairly and the false applicants disregarded	Aug 11, 2011 3:29 PM
10	There is no way that the accumulative effects of relatively minor impairments can be accurately reflected. The MH descriptors are set at such a high level that a claimant who lives outside an institution is likely to be found fit for work.	Aug 11, 2011 1:14 PM
11	None, The whole WCA is not addressing the real issues of Mental Health issues and not taking into account DLA awards like mobility.	Aug 10, 2011 5:05 PM
12	How can an impairment such as sight loss be fairly assessed when only one area of sight loss is within the descriptors? Navigation, however an integral part of daily life, has no refelction of how a VIP is impaired within the workplace; in such areas as accessing computers, print, orientation round the building. A guide dog is a tool which has an IQ of approx 75 (the same as a 3 year old child) it is a partnership; the dog is purely a guide. Would one want a 3 year old child to assist across a road?	Aug 10, 2011 2:27 PM
13	There is just not an 'all-round' view of a person's capability. In addition the new ESA50 questions are misleading and do not reflect the actual legal tests.	Aug 8, 2011 11:37 AM
14	applicants now less likely to pass the test.	Aug 5, 2011 4:14 PM

**Page 5, Q12. To what extent do you believe these changes to the descriptors have led to a more fair and accurate reflection of applicant's impairments in the assessment outcome?**

15	change in wording has made it nearly impossible to pass. GP and consultants are ignored. it is now about passing a test and not how ill you are.	Aug 5, 2011 10:42 AM
16	There are less descriptors and clients cannot describe how they are effected by their conditions	Aug 4, 2011 10:44 PM
17	Increased importance of mental health as a points scoring issue when not main disabling condition	Aug 3, 2011 4:49 PM
18	The removal of the vision descriptor has led to unfairness. It's not possible now to take account of a person's bodily function of seeing, as under the new assessment criteria this is not recognised as a functional disability.	Aug 3, 2011 11:24 AM
19	The new descriptors take the LCFW test even further from the real world of work; they are not a suitable test of capability for work in a real workplace	Aug 2, 2011 9:46 PM
20	Fail to take into account effects of sight loss	Aug 2, 2011 3:48 PM
21	The medical assessors and DM do not seem to care what is written on the ESA50.	Aug 1, 2011 7:53 PM
22	These changes although making it more difficult in cases where a client has a disability/illness is not as fair as previously, meaning more challenging of decisions.	Aug 1, 2011 1:33 PM
23	the removal of some descriptors have been made specifically to remove more people from obtaining ESA.	Aug 1, 2011 12:48 PM
24	Many people with disabling conditions are being excluded. The mobilising instead of walking is grossly unfair and misleading	Aug 1, 2011 9:41 AM
25	Fewer mental health descriptors mean that those with moderate (but still significant) MH issues are less likely to satisfy WCA	Jul 29, 2011 8:53 PM
26	Descriptors for test overall still wholly inaccurate for the majority of medical conditions and how they affect an individual's abilities.	Jul 29, 2011 2:45 PM
27	It can mean that clients are not able to build a better picture of their illnesses as before and necessary information is not put on the form as some clients who fill in the form themselves do not always know how those omissions detrimentally affects their points total	Jul 29, 2011 2:28 PM
28	The new descriptors are designed to prevent some fairly ill people from passing the test even if everything about their condition was to be accepted. A large group of people with MH problems will not be able to satisfy enough of the new descriptors to score 15 points.	Jul 29, 2011 8:39 AM
29	The descriptors have been narrowed and restricted further this means many clients with genuine problems fall through the net and are classed as being capable of work when in actual fact they are not because no tick box exists for their problem.	Jul 28, 2011 12:46 PM
30	~some very sick people are unable to meet the descriptors. People who are clearly unable to work cannot score 15 points.	Jul 28, 2011 11:31 AM



**Page 5, Q12. To what extent do you believe these changes to the descriptors have led to a more fair and accurate reflection of applicant's impairments in the assessment outcome?**

31	variability of conditions still does not appear to be taken into account	Jul 27, 2011 2:06 PM
32	I do not feel the descriptors give an overview of a claimant's capacity to work, A more holistic approach is required	Jul 27, 2011 12:56 PM
33	I believe they still do not take sufficient account of many individuals experincing mental health problems whose condition fluctuates considerably within a week/day.	Jul 26, 2011 10:22 AM
34	The bar is now set so high that many clients clearly unfit for work are awarded 'o' points. the absence of the descriptor 'bending/kneeling' is having a detrimental impact on manual workers, in particular.	Jul 25, 2011 8:49 PM
35	The new descriptors are more strict. However, I am not aware of any research or evaluation that suggests that they accurately reflect the type of impairment that may make working more difficult. I believe most people with no benefit knowledge would say that majority of people I see who do not satisfy the assessment (and dispute that conculsion) should not be expected to sign on.	Jul 25, 2011 9:13 AM
36	I think things have worsened	Jul 24, 2011 12:38 PM
37	You have to be practically catatonic to qualify for ESA now - it's insane. One of our clients died of cancer a year after being found fit for work - we did sucessfully appeal the ESA but she was still in the WRG when she died.	Jul 24, 2011 12:36 PM
38	comments made about clients still seem to relate to someone else entirely!! Comments & info from cliens are totally ignored or misrepresented in assessments.	Jul 24, 2011 12:23 PM
39	The amended descriptors have made it harder for people with ill health to retain ESA and receive the assistance needed to reduce barriers into work.	Jul 23, 2011 4:52 PM
40	The descriptors have made it even more difficult for claimants to reach the 15 points required to satisfy the test.	Jul 22, 2011 2:44 PM
41	clients are not knowlegeable enough to know to add all aspects of their symptoms, effects on daily life, and issues on continued movement (people are only able to do one task, then too tired to do this repeatedly).	Jul 22, 2011 11:11 AM
42	That Descriptors Only Add To Customer Confusion And Misinterpretation Of Questions.	Jul 22, 2011 10:22 AM
43	I've been completely astonished at the severity of disability that some clients have and are still being scored 'zero' points. The un-necessary burden placed on the appeal system is outrageous, as the vast majority of the clients I have dealt with should never have reached that stage anyway.	Jul 21, 2011 2:05 PM
44	They look as if they should be fairer but it is too soon to tell yet. Appeals still coming in for decisions before the changes.	Jul 20, 2011 11:48 AM
45	Assessment involving mental health issues in particular appear to be much less accurate.	Jul 20, 2011 11:07 AM
46	have lead to more clients failing medicals	Jul 20, 2011 9:54 AM

**Page 5, Q12. To what extent do you believe these changes to the descriptors have led to a more fair and accurate reflection of applicant's impairments in the assessment outcome?**

47	There are fewer functional activities, fewer descriptors in the activities that remain, particularly in part 2, with fewer 6 point descriptors, which are still not represented in the ESA50.	Jul 19, 2011 8:56 PM
48	Even harder now for applicants who are clearly not capable of work to fit the boxes.	Jul 19, 2011 3:52 PM
49	feel far more restrictive	Jul 19, 2011 3:19 PM
50	particularly for mental health	Jul 19, 2011 2:51 PM
51	the assessment of people with sensory impairments is much more variable and often misinterprets the specific descriptors	Jul 19, 2011 2:45 PM
52	The new "mobilising" descriptor seems to confirm that not even a corpse can be classed as having limited capability for work!	Jul 19, 2011 2:24 PM
53	The new descriptors only raise the bar higher for the level of disability needed to be incapable of work	Jul 19, 2011 1:33 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

1	I would like to change the WCA to more accurately reflect an individual's (in)ability to work. I would take the contract away from atos for gross incompetence and cruelty. I would like to see the length of time between WCA decision and appeal reduced.	Aug 17, 2011 4:09 PM
2	I would scrap it altogether. It is unscientific and unethical It violates the rights of disabled people as set out the UN Convention on the Rights of Persons with Disabilities. It is an affront to our humanity and a disgraceful stain on our nation.	Aug 17, 2011 2:38 PM
3	length of form The forms and info should be studied in greater detail to produce a fairer outcome	Aug 17, 2011 10:07 AM
4	Make WCA more reflective of work situations - claimants arguing that because of their illness no employer would employ them. Provide more actual support to claimants to actually enhance their chances.	Aug 17, 2011 10:04 AM
5	1. include detailed reports from clients doctors when appeal made 2. put back problems related to bending 3. ensure that client aware of why questions being asked about their typical day to ensure they get chance to fully explain difficulties they have performing tasks.	Aug 17, 2011 9:48 AM
6	1 Applicants must be told from the outset that it is a points based assessment. 2. Applicants should be encouraged to seek help in completing ESA50 3.GP's should be given less time consuming forms to complete to support their clients application - a short letter from a GP should be sufficient.	Aug 16, 2011 11:04 PM
7	Better explanation from JC+ about the difference between contribution-based benefit, income-based/related benefit, or benefit for NI Credits only. This causes	Aug 16, 2011 4:03 PM



**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	much confusion to claimants. Simply worded advice/decision letters - applicable to that particular claimant - with no ambiguity and with proper, understandable grammar. Better assessment of people with mental health condition, and mandatory consultation with primary mental health practitioner to get their views on a return to work. Encourage DM's to reconsider decisions where supporting evidence is provided - Tribunal Judges change decisions based on supporting evidence and so should DM's.	
8	ATOS assessments. revamp of descriptors more inline with work place ie repeating jobs	Aug 16, 2011 2:58 PM
9	To get an assessment by the claimants health care professional instead of ATOS. Get rid of ATOS, they are not fit for purpose Put more people into the WRAG so they can get the help they require to get back to work, instead of them failing the medical and made to claim JSA	Aug 16, 2011 8:36 AM
10	1. Repeal ESA and re-establish IB. 2. Abolish the scoring system and the computer-aided assessment. 3. Establish a medical assessment which considers the claimant's employability in a broad and human context, instead of extremely abstract 'activities'.	Aug 15, 2011 8:52 PM
11	1. Remove ATOS from the process completely and irrevocably 2. Need to review work capability assessment and remove farcical concepts 3. Claimants should not be paying for medical evidence because of poor decision making	Aug 15, 2011 5:29 PM
12	The Decision MAKers should take an overall view of the information provided and not just take what the ATOS staff say verbatim. Advice should also be sought from GPs The medical examination should not follow automatically after the ESA50 - it seems this happens even in cases where it is obviously not necessary. ESA decision makers should have to obtain further information from a medical expert involved with the claimant if the ATOS assessment leads to dramatically different results from the claimants own evaluation e.g. no points awarded	Aug 15, 2011 4:25 PM
13	Replace ATOS with professionals who know what they are doing and not misrepresenting what the client is telling / showing them.	Aug 15, 2011 4:16 PM
14	No need for WCA if evidence from Dr/health care professional	Aug 15, 2011 11:20 AM
15	more transparency with the WCA, I have attended numerous assessments with clients and have witnessed some appalling treatment to my clients which have left them scared and intimidated by the people who are supposed to be independent and impartial.	Aug 15, 2011 11:02 AM
16	Fairer assessment on claimants needs	Aug 15, 2011 10:28 AM
17	1.WCA assessment should be sent to patients preferred healthcare professional for comment prior to a decision being made for an opinion. 2. Patients with mental health problems should be assessed by a mental health specialist.	Aug 15, 2011 10:20 AM
18	That medical evidence be used and they contact medical professionals. That clients are assessed no more than once a year as I have seen clients assessed twice in a 12mth period when they pass the WCA	Aug 15, 2011 10:14 AM
19	1. Make obligatory that the ESA app included a (free text) statement of what	Aug 15, 2011 10:09 AM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

barriers the claimant expected to getting a suitable job. 2. That the certainty of losing the contribution based payment by IB claimants who are migrated to ESA is spelled out in plain language. 3. That WCA reports are only used in DLA reviews (and vice-versa) in a strictly controlled way to ensure unwarranted assumptions are prevented.

20	Improve the letters sent to claimants - currently not just unclear, they are frequently very misleading. Nothing seems to have improved recently. Improve Decision Maker's contribution - open minded review of all of the evidence and a properly thought through decision rather than just reliance on the Atos medical professional's opinion. Better training for/selection of Atos medical professionals so that they listen to claimants and follow up obvious lines of questioning to find out about the claimant's genuine problems. There currently still seems to be an abrogation of professional diligence in favour of sticking to standard questions.	Aug 15, 2011 9:49 AM
21	1) Automatic migration between benefits obviously dependent on eligibility and circumstances 2) Supporting evidence from medical professionals ie CMHT should be requested by decision maker on receipt of ESA50 Thus saving time resources of ungoing unenssary assessments and appeals. 3) WCA should have a prompt question to request claimant to submit supporting medical evidence	Aug 12, 2011 3:09 PM
22	more time spent by ATOS assessors with claimants in order to get the full picture and allowing claimants to check what is written by the assessor to make sure what is written is accurate especially with mental health conditions	Aug 12, 2011 9:16 AM
23	supporting evidence from medical professionals, eg. CMHT should be requested by decision maker on receipt of ESA50. Thus saving time and resources of undergoing unnecessary assessments and appeals.	Aug 12, 2011 7:44 AM
24	1. Minimum length of WCA should be imposed 2. Better understanding of mental health conditions 3. More support for claimaints to return to work	Aug 11, 2011 3:29 PM
25	None, they are satisfactory and provide a fair welfare system for the UK	Aug 11, 2011 3:29 PM
26	1. ESA50 should request claimant to submit supporting medical evidence e.g from CMHT so accurate decision can be made as to whether the claimant should attend WCA. 2. Automatic migration between benefits depending on eligibility and circumstances so vulnerable are not left without financial support. 3. If not provided, supporting evidence from medical professionals e.g CMHT should be requested by decision maker on receipt of ESA50. Thus saving time and resources of udergoing unnecessary assessments and appeals	Aug 11, 2011 1:37 PM
27	more mental health awares training to Atos assessors. decision makers to pay more attention and give importance to claimants' own medical professionals' reports. opportunities to be assessed more locally, rather than having to travel long distances to a medical centre.	Aug 11, 2011 1:20 PM
28	1] The training, experience and qualification of the HCPs is too low. It is not uncommon for reports to show that the HCP has completely failed to grasp the implications of very serious conditions eg metastases. Better qualified and much better trained HCP's might do a better job. 2] Complete overhaul and simplification of the administration process so that unnecessary anxiety and distress is not created by stupid mistakes. 3] Rewrite the descriptors to match the reality of client's experiences rather than the imposition of a policy decision.	Aug 11, 2011 1:14 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

29	Listen to clients GP. In many cases GP's reports have been played down or simply not taken account at all in the appeal process or application stage. If a GP states with good reasons that a client is not fit for work then that should be the final judgement. The reason why so many clients win their ESA appeals is evidence from their GP !! At the Tribunal it is a GP who sits on the panel, so why would he/she not take on a Fellow GP's letter stating the client is unfit for work. GP's are the most highly qualified Medical staff in this process full stop. To even suggest that Atos staff are more qualified or experienced than GP's. The only good Atos staff are the ones who are GP's visting homes doing contract work for Atos/DWP.	Aug 10, 2011 5:05 PM
30	1. ATOS 2. ATOS Assessors need to be better trained on areas of sensory loss. And better descriptors need to be created to support them with this. 3. ATOS Assessors need to not rely so heavily on their drop down boxes and listen and really understand what the claimant is describing about the daily difficulties they have.	Aug 10, 2011 2:27 PM
31	Remove ATOS from process particularly when health professionals and social care already involved	Aug 10, 2011 12:39 PM
32	Apply it to real jobs, stop the inference from a person's 'daily life' to their ability to carry out tasks measured by the test and undertake objective medicals instead, refrain from retesting people correctly placed in the work related activity group whose condition can never improve.	Aug 10, 2011 12:26 PM
33	People on long term sick( after 28 weeks when SSP stops) and who still have a job ( but due to ongoing treatment/ongoing health issues are unable to return to work should not have to go through WCA when they are already under their own Occ Health Advisors. They will return to their own job as soon as their health permits but they still need to claim ESA until, they can as many will be on reduced or no pay even though there job is being kept open.	Aug 10, 2011 12:21 PM
34	shorter forms forms should contain list of descriptors with the points each attract	Aug 9, 2011 4:49 PM
35	1. Input from claimant's own GP should be standard part of assessment and decision-making process. 2. Mental health descriptors should be re-thought and re-written to acknowledge that even supposedly 'mild' or 'moderate' mental health problems can have significant effects. 3. Variability of symptoms along with the question of 'regularly and repeatedly' performing an action need to be properly considered and reported in the ESA85.	Aug 9, 2011 1:57 PM
36	should be an individual assessment more weight should be given to the customer's GP/other health care professional evidence	Aug 9, 2011 12:23 PM
37	Speed up the claim process. At present there are long delays. A request for a claim to be processed under terminal illness rules has taken over 4 weeks in spite of medical certificates and medical evidence. There should be much better arrangements for advisers to contact decision makers. Using the call centre and waiting for a 3 hr call back is not acceptable. Often the call back is ineffectual. The call centre employers need much more training as incorrect advice is often given. On 2 occasions clients have been wrongly told they have lost their appeal. Communications with ESA need to be improved for submitting additional evidence. At present communications are very difficult - when further evidence is sent in it is not acknowledged or acted on.	Aug 9, 2011 12:14 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

38	Better co-ordination / links to DLA Assessment by claimant's GP / specialist Better training for frontline staff	Aug 9, 2011 10:38 AM
39	Better Medicals	Aug 8, 2011 4:35 PM
40	Change the ESA50 to better enable claimants to understand the functional descriptors linked to the questions they are asked.	Aug 8, 2011 3:29 PM
41	1. Make the ESA50 questions properly aligned to the law. 2. For CFS and Fibromyalgia and other similar conditions, ensure that medical evidence from a GP or other health professional is requested, to be considered along with the snapshot ATOS assessment.	Aug 8, 2011 11:37 AM
42	More weight given to independent medical evidence (i.e. not ATOS) Client given more information on how they are to be assessed prior to actual assessment Decision makers call for wider range of evidence rather than relying on ATOS report	Aug 8, 2011 11:26 AM
43	1) The questions on the form would actually relate to the descriptors so people were able to fill it in effectively to describe their disability 2)WCA's would be undertaken by someone who is actually a specialist in the persons disability rather than having a generic medical knowledge. 3) Using approved medical tests at WCA rather than for example -waving a bit of paper and assessing someone as able to see	Aug 8, 2011 10:54 AM
44	1.To ensure that Atos Medical staff are fully trained in mental health issues. 2. To ensure that at all times medical reports from claimants GP's or consultants named on the ESA50 form are requested and given full consideration. 3. Payment of ESA is not stopped until a reconsideration has been made if a claimants fails the WCA, as this loss of benefits can be extremely stressful.	Aug 8, 2011 9:38 AM
45	Shorten the form, Explain the entire process from start to end in a letter at the start of the claim, give examples of when a person may be found capable of work (to lessen the expectations and shock for when they get refused!).	Aug 8, 2011 9:25 AM
46	Better match between ESA50 and descriptors Improve WCA so that claimants feel they are being listened to Proper reconsiderations done not just cursory rejections - possibly could ask claimants for further medical evidence	Aug 6, 2011 5:29 PM
47	I would make clearer descriptors	Aug 6, 2011 10:33 AM
48	more time at the interview appointments are made clients are being told to come back , clients are being treated like cattle with no respect	Aug 5, 2011 11:20 PM
49	No assessment for people with mental health problems. A longer period of time before an assessment is carried out. More decisions overturned without going to appeal.	Aug 5, 2011 4:14 PM
50	change the medical assessment process so that EMPs are actually listening or examining patients rather than ticking boxes and making everyone feel as if they are committing fraud by being ill.	Aug 5, 2011 10:42 AM
51	The medical should be based on physically examining clients rather than asking them questions, as applicants, particularly those with mental health issues simply cannot communicate their condition properly. GPs/other medical	Aug 5, 2011 9:54 AM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

professionals, should have an incentive to provide quality medical evidence as part of the decision making process, either because they get paid for it or penalised if they do not. Many health professionals simply do not provide/do not have time to provide quality medical evidence, either during the process or when caseworkers ask them for evidence at appeal stage, because there is no benefit for them to do so. The Atos assessors and medical are clearly inadequate. There is still a high failure rate of the medical with a high success rate of appeals involving people going from 0-15 points. Medicals should not be provided by Atos.

52	More Visual impairment questions	Aug 5, 2011 9:12 AM
53	I would revert to the pre 2011 ESA 50 Wording should be in a common language	Aug 4, 2011 10:44 PM
54	1.Application more user friendly 2. DM should contact claimant's relevant medical professional for further evidence this never happens 3. mental health issues are not captured in current assessments	Aug 4, 2011 5:05 PM
55	get more evidence to support WCA from GP/other health care professionals involved in treatment of claimant	Aug 4, 2011 12:43 PM
56	Scrap ESA!	Aug 4, 2011 11:51 AM
57	All examinations to be carried out by qualified doctor with relevant qualifications/knowledge in the disability claimed (eg psychiatric, orthopaedic, etc). More weight to be given by DM's to supporting medical evidence provided by the claimant, rather than the "snapshot" of the ATOS exam; and for DM's not to be hidebound by ATOS recommendations. Every claimant to be given written guidance at initial completion of the ESA50 (ie full information of what the descriptors are and how their answers will be assessed; such info to be provided with each ESA50 that's sent out) and to be advised by JC+ to seek advice from CAB/advice agencies etc if they have problems with completion, as of course JC+ themselves would not be willing/able to provide such help themselves.	Aug 4, 2011 11:22 AM
58	Change the descriptors relating to sensory loss. No rubber stamping of the HCP report.	Aug 4, 2011 11:07 AM
59	make it more accessible to people with a visual impairment	Aug 4, 2011 9:42 AM
60	Faster system to ensure client's are placed in relevant group after assessment period. Home visits for clients who have serious health problems or are severely disabled. Less formal approach at medical.	Aug 4, 2011 9:38 AM
61	Change assessment process away from computer based assessment to at least give impression that the assessor is listening	Aug 3, 2011 4:49 PM
62	remove the 'it varies' boxes from the ESA50; it is negatively charged in that it always scores no points. Evidence should be sought from claimant's GP where conditions and/or medication suggest the claimant is likely to pass the WCA. Less reliance on standard phrases in the ESA85 and better justifications given for not awarding descriptors.	Aug 3, 2011 3:41 PM
63	Assessors to be aware of the impairments an individual has and how it affects them	Aug 3, 2011 3:06 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

64	1. Remove ATOS - they are not impartial and their assessments cause numerous problems and waste huge amounts of money (appealing decisions) 2. Provide full support for WCA form completion - this form needs to be completed effectively - preferably with a trained advisor. Individuals who attempt to complete the WCA without support typically have problems with their claim going forward, through the medical process etc.	Aug 3, 2011 12:54 PM
65	1. Better explanation of process to customers including medical certificates procedure. 2. When claiming ESA for the 2nd time these medicals are given priority due to suspension of benefit until this process has been completed. To speed up all steps of the assessment process.	Aug 3, 2011 12:09 PM
66	There needs to be a measure of a person's sight, as this has a major impact on their ability to undertake any form of work or work related activity.	Aug 3, 2011 11:24 AM
67	clearer descriptors particularly in relation to mental health problems	Aug 3, 2011 11:17 AM
68	More direct correlation between the ESA50 questionnaire and the regs, including descriptors, LCWRA descriptors and regs 29 and 33 Fewer face to face Atos assessments, with more reliance on other evidence Less frequent re-assessments (they seem to be normally every 6 months)	Aug 3, 2011 11:12 AM
69	clarity, JCP understanding & support.	Aug 3, 2011 11:09 AM
70	Not to send work capability questionnaires before the ESA has actually been awarded Not to have to provide a new or have to chase the DS1500 report issued when the client was awarded DLA To shorten the application when under "special rules"	Aug 3, 2011 9:57 AM
71	get rid of the script used when claims are made better training needed for contact centre staff specialised team to deal with claims when terminally ill when DS1500 has been issued	Aug 3, 2011 9:32 AM
72	Make it easier for people who are severely ill/mentally disabled to claim eg home visits available	Aug 3, 2011 9:12 AM
73	Claimant should only be judged capable of a certain descriptor if it can be carried out in a workplace setting with all that involves. Opinion of ATOS HCP should carry no greater weight than client's own GP's opinion. There should be an additional, temporary exemption for claimants who are still retained by employer, are expected to return to their own job, but are not ready to do so yet. (Eg longer term illnesses or recovery from serious accidents)	Aug 2, 2011 9:46 PM
74	Specific vision section brought back into the application process. Visual impairment specialist carrying out the assessment for a visually impaired person.	Aug 2, 2011 4:02 PM
75	.ESA is a telephone application with no help in the questions asked. There should be more advice.	Aug 2, 2011 3:52 PM
76	If CI fails the WCA they should automatically be transferred to another benefit. CI should be given notice of ESA stopping to enable them to apply for an alternative benefit without having a period when they are in receipt of no benefit whatsoever.	Aug 2, 2011 1:07 PM
77	1) More weight given to additional evidence and additional medical evidence. 2)	Aug 2, 2011 11:09 AM



**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	Notification of when a reconsideration is going to be done. The reconsiderations are done without prior notice, and thus completed before additional evidence can be presented - effectively making it a meaningless task. 3) More accurate income calculated awards.	
78	Absolutely ensure that all medical evidence together with the claimants responses taken into account making the process more individual and not so much of a tickbox exercise. And thus ensuring less appeals so not so long a wait for those who do go to appeal. Finally stop the review process after a claimant puts in their appeal - this appears to be a bullying tactic to prevent people their right to appeal and thus prevent them claiming ESA.	Aug 2, 2011 10:47 AM
79	Better descriptors	Aug 2, 2011 10:35 AM
80	ATOS should be sacked. Clients should be treated with respect and allowed to describe their conditions Often they are only allowed to answer questions asked of them which are not related to their incapacity	Aug 2, 2011 10:19 AM
81	1) JC+ decision makers to put more emphasis on identifying claimants who are exempt from ATOS medical assessment. 2) Make the reconsideration process much more thorough, to avoid cases going to tribunal.	Aug 2, 2011 10:01 AM
82	Improve Mental Descriptors Use plain English More training for Atos Assessors.	Aug 2, 2011 9:51 AM
83	Change mental descriptors or wait for Harrington's recommendations.	Aug 2, 2011 9:49 AM
84	improved mental descriptors	Aug 2, 2011 9:48 AM
85	a)The mental health questions definitely need addressing as at present they concentrate on too narrow a field. The old PCA test was much more straightforward in its approach. b)The assessors need to be doctors who are specialised in the field of the condition that the client has and not to be nurses. c)The initial letters that clients receives needs to be clearer as to whether it is income based or contribution based as at present this mentions both on the letter and this is causing great confusion amongst clients.	Aug 2, 2011 9:29 AM
86	Make ESA50 more accurate and clear. Improve quality of ATOS medicals Include medical information from clients own medicals	Aug 2, 2011 8:58 AM
87	The ATOS assessment The role of the decision maker The constitution of the Tribunal	Aug 1, 2011 8:33 PM
88	Medicals undertaken accurately DM providing more time for clients to provide medical evidence Provide practical support for people completing the ESA50 forms	Aug 1, 2011 7:53 PM
89	WCA should be medically qualified. If ESA application denied, CI should be put on JSA, if poss, while awaiting inevitable appeal. Termination of payments should be notified to CI BEFORE they stop.	Aug 1, 2011 6:00 PM
90	Make it easier to get paper claim forms Signpost claimants at each stage of the claim to independent advice Significantly better informed and trained HCPs especially in mental health issues	Aug 1, 2011 4:52 PM
91	Scrap the whole sorry mess & go back to a fairer system of incapacity benefit &	Aug 1, 2011 1:39 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	associated benefits. Keep control of the whole process within DWP bounds. Third party action / influence has been a disaster	
92	1. Atos assessors should be better trained in mental health matters. 2. Atos assessors should be trained to ask direct questions of clients (rather than trying to glean information by oblique questioning which my mental health clients cannot deal with). 3. Far more weight should be given to specialist reports.	Aug 1, 2011 1:33 PM
93	All of it and the complicated processes involved along with poorly trained staff at JC+ and Atos.	Aug 1, 2011 1:33 PM
94	Make the system fairer by having doctors perform the assessments.	Aug 1, 2011 12:48 PM
95	1. ESA 50 and medical to focus more on mental health issues. 2. better acknowledgement for cancer patients of the overall impact of their diagnosis and recovery time after treatment. Still seems to be expected that patients can return to work once chemo and radiotherapy finished 3. Stop sending ESA50 form and indication medical is needed for special rules applicants. The ESA50 seems to be automatically sent once ESA awarded before ATOS have considered the claim under special rules.	Aug 1, 2011 11:53 AM
96	ATOS ,Mobilising descriptors ,The missing 300+ points available	Aug 1, 2011 9:41 AM
97	- do not purely rely on atos medical reports when making decisions regarding to a claimant's entitlement to ESA. Atos Medical Professionals generally do not assess claimant's work capability with the due care and attention the claimants deserve and most atos staff are unfamiliar with certain illnesses. Request reports from GPs and take into account what they have to say as they are more familiar with the claimants' health conditions. -Ensure that claimants are better advised about the appeal process and their entitlement/options after receiving a negative decision. Most claimants are advised to claim JSA and when they do they are told that they can not get JSA because they are sick.	Aug 1, 2011 9:38 AM
98	DM's assessment of relevant evidence	Aug 1, 2011 9:11 AM
99	1. Get rid of the drop down boxes used by Atos 2. Have the forms give the proper (all) descriptors so that clients can self determine.	Aug 1, 2011 9:03 AM
100	Assessor's to have more training on health issues If ESA stopped after WCA a weeks notice given If ESA stopped a clear written explanation as to why	Aug 1, 2011 8:52 AM
101	demand better training of ATOS assessors	Jul 31, 2011 11:33 PM
102	1/simplify the whole process;2/improve the knowledge of the ESA & WCA by the DM;3/much more weight should be given to the GPs' notes/sick notes	Jul 31, 2011 12:37 PM
103	1. Domiciliary visits where advisor has indicated need - clients are under a lot of pressure to get medical evidence 2. More training for ATOS about individual health conditions, particularly where variable 3. Increase time between assessments - my client group are made more ill by process, not given time to concentrate on getting well - have long term illness with slow recovery	Jul 29, 2011 8:53 PM
104	doctor should be first point of contact and evidence given the most weight that the atos programme and point system be scrapped assessment to be made on the actual practical real world reality of persons capability for work less time	Jul 29, 2011 4:33 PM



**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	delays fro people i between decision making medicals to become more flexible in approach to how where and what is assessed	
105	1. Ban the use of the Standardised Appraisal that is the electronic 'ESA-85' report that offers no opportunity for detail & has pre-set answers acting adversely against the interests of the genuiuently disabled (See Caselaw: Commissioner Williams in CIB/476/2005 and Commissioner Howell in CIB/0511/05); and finally make the Atos organisation more tranparent & accountable. Eg have them audited for quality & consistency control and make use of 'mystery shoppers', with the GMC ensuring the standards are published. 2. Remove the incentives for Atos to merely operate on a numbers basis and make the financing dependent on quality basis, instead. 3. Make Decision Makers more accountable in the quality of their ESA decisions, so as to remove the 'rubber-stamping' of poor Atos assessments.	Jul 29, 2011 4:06 PM
106	greater emphasis put on individual healthcare provider expert opinions	Jul 29, 2011 3:59 PM
107	1) for our clients we would like a doctor with mental health knowledge to do the assessments. 2) ATOS staff were easier to deal with and less rude. 3) would like decisions made quicker and exact information where clients are placed IE WRAG or SG.	Jul 29, 2011 3:45 PM
108	Make the descriptors more realistic in relation to claimants who have medical conditions which can remder them unable to function competently both physically and mentally for long periods of time without being fatigued for days afterwards. In addition, to take account of prescribed medication which causes claimants to be drowsy during the day and would therefore unable to function competently the following day in respect of employment.	Jul 29, 2011 2:45 PM
109	1 That ESA113 forms are sent to the appropriate person - that is not generally the GP 2 That clients with mental health illnesses are not sent a letter stating that they will be telephoned to confirm their details and ask them a few questions, then sent the ESA50 form. We have found that a lot of our clients have been distressed/anxious by this letter. They would prefer to have the letter and the ESA50 form sent together. 3 The ESA50 forms are very basic. If clients have no access to the internet or welfare advisors they are unaware that descriptors exist and do not know what the 'tick' boxes on the forms are referring to.	Jul 29, 2011 2:28 PM
110	1. Remove ATOS from medical assessment 2. Have more tick boxes on the ESA50 form 3. Writing to GP/ consultants to get further information and state that it is not just about diagnosis but functionality of claiment with descriptors.	Jul 29, 2011 2:09 PM
111	Give more weight to the customer and their GP.	Jul 29, 2011 2:06 PM
112	The HCP would focus on the relevant descriptors for the client and award the points where appropriate. for ESA applications, not all cases need a face to face assessment. Government policy to reduce the number of people on the benefit would be irrelevant and the claims decided on merit	Jul 29, 2011 1:54 PM
113	1) revert to the pre march 2011 assessment 2) put more emphasis on mental health issues 3) make ATOS liable for the cost of each successful tribunal	Jul 29, 2011 1:48 PM
114	Mental Health and cognitive descriptors are closed and you are unable to expand. I think asking whether someone is able to set and alarm clock or	Jul 29, 2011 1:32 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	washing machine is fruitless and does not give a proper insight into whether someone is able to complete a task or not.	
115	Stop the mechanistic approach Really consider external medical evidence Make ATOS accountable at a tribunal for their opinions	Jul 29, 2011 11:44 AM
116	esa 50 DM medical knowledge the medicals - everything about them	Jul 29, 2011 11:33 AM
117	I would get rid of the whole thing and start again it is awful and shocking!	Jul 29, 2011 11:13 AM
118	REAL ASSESSMENTS, NOT BY PC!! NOT STUPID QUESTIONS... CAN YOU PICK UP A PEN?? THAT MEANS YOU CAN WORK!! THE ESA+WCA ARE SET UP TO FAIL..... ITS ALL ABOUT MONEY.	Jul 29, 2011 11:10 AM
119	In the process of transfer from IB decision makers look at the information already on file to decide whether to send out ESA50 or simply contact GPs/other professionals direct.	Jul 29, 2011 10:39 AM
120	make the language and the form simpler to all claimants.	Jul 29, 2011 10:15 AM
121	Clearer letters. Letters are totally confusing for clients. Clearer information regarding "treated as having limited capacity for work"	Jul 29, 2011 10:11 AM
122	Take more notice of claimants GP or other medical professional that know claimants history (esp mental health). So many of the medical reports seem to be so inaccurate, claimants do not recognise themselves. Quite clearly there are standard answers given by EMP's that don't correctly reflect the claimants circumstances.	Jul 29, 2011 9:55 AM
123	1. Make the ESA50 ask all the relevant questions so claimants know what the DM is actually considering when making a decision. 2. More assessment venues to avoid people travelling long distances for assessments. 3. Train JCP staff to understand that people already on cESA can claim irESA. We have been told several times that JCP staff are telling people they can only have one or the other of cESA and irESA!	Jul 29, 2011 8:39 AM
124	Make sure a better picture of a client's disabilities and the effect they have is gathered by the ATOS assessor. The process should be less confrontational and more empathetic to get better information from the claimant.	Jul 28, 2011 11:18 PM
125	change to descriptors especially mental health	Jul 28, 2011 10:02 PM
126	More ATOS reports accurately reflecting the client's health conditions and how they affect their ability to work. When a person appeals against ESA having been stopped, they should automatically have their ESA restarted until the Tribunal. They should not have to write on the GL24 form that they want their ESA payments restarted - it's obvious. Increase the number of descriptors, particularly for mental health and reintroduce lower points levels, 3 points.	Jul 28, 2011 4:40 PM
127	Medical professionals should spend more time assessing CL, listen to the client and go through descriptors with CL as part of the medical process.	Jul 28, 2011 12:46 PM
128	Descriptors which identify people who are unable to work and which are not unrealistically restrictive. identify when ESA 50 not needed and don't send to everyone eg if on intravenous chemo (example - ESA 50 sent to cancer patient	Jul 28, 2011 11:31 AM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	in hospital having had to stop chemo due to a stroke and is 1 month off the age of 65). ESA - change the name to acknowledge that this is a benefit for people who are unable to work due to sickness or disability.	
129	More Exclusionsn like with IB	Jul 27, 2011 5:13 PM
130	Make it more person centred Use the computer less in the WCA Bring back exempt conditions	Jul 27, 2011 2:10 PM
131	Improved standard of medical assessment. DM's considering medical evidence. Claimant's not being recalled for another medical immediately after successful appeal.	Jul 27, 2011 12:56 PM
132	Change "mobilising" back to "walking" Increase the number of activites, in the least back to the ones pre-March 2011. Increase the awareness of Atos HCP of mental health issues and the length of time of the interview	Jul 27, 2011 12:21 PM
133	1.More recognition given to the opinion of a person's G.P., psychiatrist CPN etc.so that more people could be exempt from the medical. 2.I would love to see the drop down option menu for Atos's computerised programme as I suspect it is very limited and does not take account of fluctuations in condition- so I suppose a more appropriate programme being devised. 3. Given Atos's track record that the contract be given to another organisation.	Jul 26, 2011 10:22 AM
134	Exceptions for people with progressive diseases like Parkinson's	Jul 26, 2011 9:53 AM
135	1) Return to the pre 28 March 2011 descriptors. 2) Make clear on the form that clients need to be able to perform descriptor 'repeatedly, reliably and safely'. 3) Introduce a 'real world' test into ESA.	Jul 25, 2011 8:49 PM
136	Explantion clearer about being put in support group	Jul 25, 2011 5:06 PM
137	1)audit by atos of their EMP reports should not be based on a paper exercise but one based on reviewing detail of EMP report with the client present. Any complaints made to ATOS nver succeed as they always state their EMP reports are justified and impartial.... but their auditing mechanisms nver involve a real life client, only a review of paperwork 2) The use of behaviour observed as a means of justification needs overhauling.... it takes no account of the effort clients make to get thru an assessment, those with mental health problems are particularly susceptible to incorrect assessments. You cannot tell if someone is suffering from depression. 3) Make Decision Makers accountable.... make them available to speak to claimants and explain their decisions instead of hiding behind the helpline, inaccessible and remote.	Jul 25, 2011 4:08 PM
138	1. accept health problems without medical for people with Severe Mental Illness - causes much stress and pressure on time resources of mental health workers to get them there 2. deal with FTA's of WCA's better, and give more consideraton to good cause, especially re mental health where have to travel long distances for medical 3. DWP get medical evidence from mental health specialist rather than Atos, who may be non specialist nurse with no training in mental health, many not picking up on mh problems which are then overturned at appeal - many going from 0 to . 15 pts or even some to support group at appeal.	Jul 25, 2011 3:54 PM
139	ESA Application - addition descriptors to truly reflect clients health conditions,	Jul 25, 2011 3:29 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	Better working practices between JC+ and advice agencies,	
140	ESA 50 more closely related to the descriptors A written statement more closely related to the claimant's statement rather than the gobbledygook produced by the computer programme Recorded/videoed assessments - the disparity between observations by medical practitioners and description of assessment by appellants remains too large.	Jul 25, 2011 2:02 PM
141	Abandon the assessment process as it is. Return to the old PCA. Dump Lima. Return to only Doctors carrying out the assessments.	Jul 25, 2011 10:41 AM
142	1. Attempt to explain to all claimants what the test involves. The overwhelming majority of people I represent have no idea why their claim has been refused when I first meet them. I spend a lot of time in my first meeting with them explaining what the test is looking for. Once explained, most find the test relatively easy to understand. 2. A change in attitude of Atos examiners. There seems to be a culture of disbelief. 3. A speeding up of the appeal process.	Jul 25, 2011 9:13 AM
143	1, Revert back to the pre March 2011 descriptors. 2, Change the ethos underpinning the WCA's and make HCP's accountable for their findings. 3, Improve standards of decision making 3,	Jul 24, 2011 12:38 PM
144	Bring back the PCA. Sack ATOS and rely on medical evidence from the claimants' own specialists/medical professionals.	Jul 24, 2011 12:36 PM
145	Listen to client. Read what has been written on the forms, take notice of doctors' reports earlier. Act more quickly and send letters which are relevant. Only allowed 3 changes??? Shame!	Jul 24, 2011 12:23 PM
146	MADE SIMPLER	Jul 23, 2011 5:12 PM
147	1. Clear explanation leaflet for vclaimants explaining ESA and the processes (inc. WCA) 2. Decision makers actually making decisions! 3. Decision makers attending Tribunals to observe and understand how/why Tribunals make the decisions they do.	Jul 23, 2011 4:52 PM
148	I would advocate the use of a system that more readily takes into account variability of conditions, rather than simply trying to shoe-horn claimants into "one size fits all" descriptors.	Jul 22, 2011 2:44 PM
149	Assessments would be carried out by doctors It would reflect practical difficulties in a work place more Appeals would be more speedily dealt with	Jul 22, 2011 2:29 PM
150	More information on the form, to indicate fluctuating symptoms, progress nature of some illness. Recommend that someone always attends with the client as supporter	Jul 22, 2011 11:11 AM
151	Simplification, Fairness & Less Dependence By ATOS On Government Dictats And More On Actually LISTENING To Customers.	Jul 22, 2011 10:22 AM
152	Less intimidating More understanding of fluctuating conditions.	Jul 21, 2011 5:14 PM
153	1. Less repetitive questions in the ESA Questionnaire. Too many questions are repeated again and again. 2. Assessment centers and assessors should be more readily accepting if the claimant requests to record their medical	Jul 21, 2011 4:25 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

	assessment by tape. 3. Medical Assessors and Decision Makers must take more account of medical evidence provided by claimants and readily contact the claimants GP and other Specialist the claimant is seeing. This would ensure that the assessment is both fair and accurate and reduce the need for later appeals by the claimant.	
154	1. Speak to the healthcare professional/carer/relative prior to and during the assessment, as many people with mental health difficulties have little or no insight into how their condition affects their everyday life and will minimise the impacts 2. more specific questioning from the assessor about mental health issues and the impacts these have	Jul 21, 2011 2:39 PM
155	Descriptors are too harsh. Atos medical is farcical	Jul 21, 2011 2:05 PM
156	1) get rid of the points system and use GPs more 2) use all relevant medical info treatment plans medication and known side affects.	Jul 21, 2011 1:58 PM
157	stop ATOS training the decision makers make ATOS assessors more accountable allow transparency by disclosing the ATOS contract with government to prove that there are no incentives for rejecting claims.	Jul 21, 2011 1:42 PM
158	More weight to other health professionals diagnosis Questions that are more about the reality of living. Opportunity for more than one assessor for claimant with both mental health and physical problems.	Jul 21, 2011 11:25 AM
159	Atos assessment ESA50 The length of time to process application	Jul 21, 2011 9:17 AM
160	For the DWP to release ALL relevant paperwork to the Representative instead of Rep having to continually ask/send letters requesting this information.	Jul 20, 2011 4:11 PM
161	- Need to give proper weight to evidence provided by external sources (GPs, mental health workers, etc) so as to undertake a more rounded assessment.	Jul 20, 2011 3:16 PM
162	I would improve information transfer between JC+ and Atos. I would stop JC+ sending claimants with stable medical conditions/disabilities for repeat WCA medicals at short intervals	Jul 20, 2011 3:06 PM
163	More simplistic, less complicated for vulnerable people	Jul 20, 2011 2:05 PM
164	1. more specialist assistance be given to those with learning disability and mental health conditions 2. descriptors be expanded 3. more GP led	Jul 20, 2011 1:29 PM
165	User friendly guidance written booklet to be produced throughout all of the stages. Payments to put in place quicker	Jul 20, 2011 1:15 PM
166	Encouragement for clients with mental health issues to have a representative with them at WCA interviews. Better mental health understanding for WCA interviewers.	Jul 20, 2011 1:13 PM
167	ATOS assessment Descriptors	Jul 20, 2011 1:05 PM
168	Contact claimant's GP as a matter of course allow for advisers to be copied in on communication to claimants ensure ESA50 is properly taken account of	Jul 20, 2011 12:36 PM
169	statutory funding for help for claimants to complete forms and obtain supportive	Jul 20, 2011 12:31 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

evidence. Ditto funding for someone to accompany them to the medical. For someone to properly train regarding the law and the correct questions to ask.

170	Greatly improve the quality of the ATOS examining medical professionals. There is not much awareness for mental health issues especially in cases where the claimant has both physical and mental problems together. The original application should encourage claimants to include medical evidence in the way that a DLA application does. Fluctuating conditions are still badly assessed. This is a difficult area.	Jul 20, 2011 11:48 AM
171	Ensure that the questions on the ESA50 match the descriptors far more accurately. Have a specific question regarding the effects of returning to work to ensure that exceptional circumstances are fully considered.	Jul 20, 2011 11:07 AM
172	1. Customers need to be kept fully informed as to the progress of their claim and not have monies stopped without being informed. 2. much Quicker claim process, this is a benefit for those who are unwell and it is extremely stressful to both be unwell and having to wait sometimes over 4 weeks for any money. Crisis loans are not always an option. 3. greater emphasis on Mental Health in the WCA allowing people to be placed in the work related activity group and receive the very good support that is available once you are in main phase ESA.	Jul 20, 2011 10:38 AM
173	Decision makers are allowed to overrule ATOS when new medical evidence sent in. This does not appear to be happening in this area. Special rules clients are processed more quickly. Even when DLA awarded under Special Rules this is not picked up by ESA. In some cases if DLA awarded more than 6 months ago we have had to obtain a new DS1500 or they are refusing to automatically place clients in the SG. Clients do not feel that the medicals are fair, words put into their mouth descriptions of their days do not match reality.	Jul 20, 2011 9:54 AM
174	To have specially trained staff for mental health cases in all cases. To stop holding WCA in places that require so much travel. To allow people who come with the person to speak more on their behalf especially when the client is in denial about mental health or unable to articulate their own problems.	Jul 20, 2011 9:42 AM
175	Medical assessments - attitude of assessor appears improved but results seem limited particularly in relation to cognitive difficulties.	Jul 20, 2011 9:27 AM
176	Not every incapacity or disability fits well into a scoring system. There should be provision for this. ATOS examiners should have specific training and understanding of the effects of brain injury so that they can gear their questions appropriately and not accept the first answer given at face value. Clients should be freely offered to bring a family member or support worker into examination if it is felt they will be unable to answer questions sufficiently.	Jul 20, 2011 9:13 AM
177	reg 29 considered in esa 50 form	Jul 20, 2011 9:10 AM
178	Improved listening skills- and write down what is said as free text. Better understanding of mental health/addiction variables. Try to make more personal.	Jul 20, 2011 8:20 AM
179	Make sure letters are easy to understand by anyone ie someone without knowledge need to be simple.	Jul 20, 2011 7:11 AM
180	Greater scope for professional assessment being treated as such, rather than ignored - or not capable of being expressed -because it fails to fit within over	Jul 19, 2011 9:44 PM



**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

prescriptive criteria: allow professionals to exercise professional judgment.

181	simplify language of the descriptors and make them available to all claimants when sent the ESA50. re-write the esa 50 so that it reflects the descriptors in full. re-educate ATOS so that they do not say in public meetings with advisers and therefore think in private and at assessments, that anyone at substantial risk should be sectioned, that anyone with a sensory impairment would fail the WCA, or that only the most severely disabled should get ESA.	Jul 19, 2011 8:56 PM
182	Return to "informal" assessment Assessment by occupational therapists Less reliance on telephonic communication	Jul 19, 2011 7:57 PM
183	Improve the quality of the medical assessments Improve the quality of Decision Making in relation to their unquestioning acceptance of ATOS medical reports. Ensure that repeated WCA's were not applied to claimants already undergoing appeal.	Jul 19, 2011 5:22 PM
184	More weight given to fluctuating conditions. Full reasons given for assessment of points scored. A list saying "No problems with..." does not inform claimants about possible points they could have scored. A full list of descriptors issued with every failed assessment would help here. People are still unaware that they can continue to receive ESA while appealing. This needs to be made clearer.	Jul 19, 2011 5:16 PM
185	1. Access to telephone help lines - long waits 2. Free telephone calls with staff who have some expertise on the end of the line 3. Local access to advisers and to hand in forms - too may forms posted go missing (and clients dont get ESA while appealing the alleged non-arrival of forms)	Jul 19, 2011 4:42 PM
186	Decision Makers and ATOS are realistic about an individuals ability to work with their given condition. Mental health champions were working more effectively That everybody from ministers down who are involved in this benefit had to personally live through the process for their income and their families income - I think a great deal would change then!	Jul 19, 2011 4:34 PM
187	Explanation of the process to the client. Not all of the clients have a clear idea of the groups and the input from JCP.	Jul 19, 2011 4:32 PM
188	Exempting claimants prior to the medical, especially those with mentl health problems.	Jul 19, 2011 4:20 PM
189	Speed the process up so that claimants do not wait for months and months in the assessment phase. For the claims call centre staff to know a little about benefits rather than just be script readers. For the appeals process to be speeded up considerably.	Jul 19, 2011 4:20 PM
190	Assessors who actually understand the implications of certain illnesses such as MS Assessors visiting JCP's to see how difficult it is for some applicants to engage in work when deemed 'fit for work'	Jul 19, 2011 4:17 PM
191	Assessors should have access to clients medical records and be expected to refer to them (and make it clear in the subsequent report that they have done so and how the records influenced their conclusions). Get rid of the box on the ESA application where applicants have to chose whether or not to claim IR ESA as well as CB ESA. It causes no end of difficulties and confusion. Claim form should be treated as claim for both regardless. The 'description of an average	Jul 19, 2011 3:52 PM

**Page 5, Q14. If you could change no more than three things about the ESA application and WCA process, what would these be?**

day' etc part on the WCA assessment report should be read back to the client during the WCA assessment and signed by both client and assessor to confirm it is accurate.

192	Exemptions from being subject to a medical for those with severe mental illness. More investigation done by ATOS or Decision Maker into whether client is at risk, eg of relapse, if required to work. ATOS to listen and record client's answers more accurately.	Jul 19, 2011 3:39 PM
193	ATOS to actually listen to the claimant ATOS to accurately record claimant comments ATOS to refrain from repeating the same thing on every part of the assessment	Jul 19, 2011 3:31 PM
194	would revert to old descriptors as new far too restrictive. would improve the medical reports and revert back to hand written rather than tick box format. Would speed up appeals. when refused and appeal clts currently waiting 6-9 mths for appeal to be heard and this can have a negative impact especially on mental health clients.	Jul 19, 2011 3:19 PM
195	clearer and les jargon more input from medical professions	Jul 19, 2011 3:08 PM
196	ATOS has no credibility and should be replaced. The tests are too tough for incapacity, designed to fail a quota of claimants and lack objectivity. The government should stop spinning the figures and using the tests as a'fear weapon'.	Jul 19, 2011 3:08 PM
197	quality of atos assessments	Jul 19, 2011 2:52 PM
198	advise to claimants to bring medical information/ care plans/ clinic letters with them to examination and for the disability anylist to consider this information.	Jul 19, 2011 2:51 PM
199	the new WCA activities are not an improvement; still more use should be made of medical evidence before any medical examination	Jul 19, 2011 2:45 PM
200	write to the GP before WCA be more accurate in reporting what the client says	Jul 19, 2011 2:30 PM
201	1) Have the medical assessment carried out by a more independent (of government), professional body than ATOS. With no financial incentives! 2) Consider the likelihood of the claimant ever actually finding work. 3) Apply the reconsideration process more rigorously and more often.	Jul 19, 2011 2:24 PM
202	DWP obtaining medical evidnce from claimant's GP or consultant before making a negative decision following WCA	Jul 19, 2011 1:58 PM
203	better decision making reduce delay in paying claims beleive clients more	Jul 19, 2011 1:33 PM
204	Redesign the descriptors to relect the level of functioning actually needed to hold down a job, as in my opinion many people who are deemed ineligible for ESA are not able to sustain work in a normal workplace, however much they would like to.	Jul 19, 2011 12:56 PM

**Page 5, Q15. Do you have any other comments about changes to: the ESA application process; support from Jobcentre Plus; the role of the Decision Maker; or the WCA itself since the beginning of 2011?**

1	Scrap it. Bring Medical Services back under public control!	Aug 17, 2011 2:38 PM
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**Page 5, Q15. Do you have any other comments about changes to: the ESA application process; support from Jobcentre Plus; the role of the Decision Maker; or the WCA itself since the beginning of 2011?**

2	Claimants in the WRAG often state they receive very support and assistance to enhance their job prospects - often reporting they see someone a couple of times and then told there is no more support can receive. Claimants state this is a waste of time and question if this is the case why are they not in the support group anyway!	Aug 17, 2011 10:04 AM
3	asking for clienst to supply medical evidence is unrealistic because doctors charge and most people simply cannot afford it.	Aug 17, 2011 9:48 AM
4	The process has become unfair - clients who are ill and unfit were work are unable to obtain the evidence to support their claims because GP's and Hospital Depts are asked to spend too much time on reports when a simply tick box form or letter should suffice. The Appeals process has become a complete nonsense - where can an applicant get free support to assist preparation and attend a Tribunal. Nobody but a specialists understands the descriptors - it is all too complicated. The system has got to be simplified - the cost of appeals must be enormous.	Aug 16, 2011 11:04 PM
5	Let's get JC+ to put the claimant first, to ask the right questions and help the claimant to make the right benefit claim in the first place. Where a claimant is vulnerable, for instance has a mental health condition or poor understanding, then JC+ need to record this and provide extra help to ensure the right information is gleaned for the claim. Let's not ask the DM to guess whether a claimant meets the LCWA Descriptors, make this the focus for the LCWA Medical Assessor so the claimant has good opportunity to explain why they meet the criteria - many claimants simply don't know how important the ESA50 is and will only tick minimum boxes, but will explain more if asked directly in the medical assessment.	Aug 16, 2011 4:03 PM
6	The process is too harsh	Aug 16, 2011 8:36 AM
7	The mechanisation of medical assessments and the extreme score system devised by the ESA law are a disgrace. The DWP should rely on the (independent) medical profession, on he NHS, and not on IT companies like Atos.	Aug 15, 2011 8:52 PM
8	It seems to me that for many people the changes to the assessment itself has made matters worse. As for the processes, i haven;t particularly noticed anything better for JC+ customers.	Aug 15, 2011 4:25 PM
9	Decision Makers need to be directly contactable by Advisors, its silly that you have to ring three numbers and wait for three hours for a callback.	Aug 15, 2011 11:02 AM
10	There has been no change only the WCA apt at Atos is being taken into account and this is often inaccurate	Aug 15, 2011 10:14 AM
11	None, they are satisfactory and provide a fair welfare system for the UK	Aug 11, 2011 3:29 PM
12	many of my clients are still failing the WCA. Not enough weight is being given to the fact that they are being treated and supervised by the CMHT. I have had several clients re-admitted to hospital or referred back to the CMHT by their GP due to the stress of benefit being stopped. I do not feel the current WCA supports recovery and rehabilitation and feel it provides unnecessary mental anguish	Aug 11, 2011 1:37 PM

**Page 5, Q15. Do you have any other comments about changes to: the ESA application process; support from Jobcentre Plus; the role of the Decision Maker; or the WCA itself since the beginning of 2011?**

13	The standard of administration of ESA is routinely dreadful. If anything, this is getting worse. Claimants are not informed about the structure of the test and many feel they have not been listened to and the severity of their conditions has been ignored. They expect their medical report to bear some relation to their experience of the examination but, largely due to the computer programme, this is far from being true.	Aug 11, 2011 1:14 PM
14	The is strong evidence that Decision Makers are still "cherry picking" their medical evidence. They often refuse to accept new letters from GP's and it is only at Tribunal stage that the GP letter is accepted which is wrong. The Call centre lines are hard to get through and staff are sometimes very unhelpful and obstructive when we want to escalate complaint. I recall having to leave 5 callback requests, which all were not done.	Aug 10, 2011 5:05 PM
15	The change to the descriptors has been exterememly detrimental to people with visual impairment, as there is now only one category where they can score, and this is not reflective of the difficulties visual impairment causes, which can lead to people being unable to work.	Aug 10, 2011 2:27 PM
16	DWP need to take into account that when other Third Party Organsiations are involved with clients, their cases should be more carefully reviewed and not automatically sent to Tribunal Service. The system is failing.	Aug 10, 2011 12:39 PM
17	No I have not noticed any change at all to date.	Aug 10, 2011 12:26 PM
18	The whole preocess needs to give more recognition to the Specialist Health/Social Care Professional, Employees Occcupational Health advice and reports. The ESA process,ATOS medicals are totally inadequate and often discriminate against people with Neurological Comditions,post Brain Injury cases, those who suffer from Neuro fatigue etc. and conditions which are not obvious physically.	Aug 10, 2011 12:21 PM
19	the whole situation is improving slowly - but the good work that Prof harrington is doing is not filtering down to the delivery staff and decision makers as quickly as it should be - there is a real training issue here if the changes are to benefit our clients and reduce the need to appeal poor decisions	Aug 9, 2011 4:49 PM
20	Apart from a very small number of cases where WCA decisions have been changed during reconsideration (when, previously, no decisions were ever changed) and the introduction of phone calls to 'explain' WCA outcomes (often attempts to persuade claimants not to pursue an appeal) I cannot honestly say I have seen any marked changes since the start of the year.	Aug 9, 2011 1:57 PM
21	I have seen no improvement in te WCA outcomes. The DM will always follow the Atos HCP report/ opinion about the customer's fitness for work- often in the face of alot of other evidence supporting customer	Aug 9, 2011 12:23 PM
22	Unfortunately, staff on the frontlines are not aware of the basics such as the existence of DS1500s and we have been told that these are only valid for 6 months for ESA purposes by Decision makers. terminally ill cance patients have been asked to provide new DS1500s when one already exists for DLA purposes. High rate mobility or high rate care awards should be automatic passports to support group.	Aug 9, 2011 10:38 AM
23	It seems like very single application is being rejected.	Aug 8, 2011 4:35 PM

**Page 5, Q15. Do you have any other comments about changes to: the ESA application process; support from Jobcentre Plus; the role of the Decision Maker; or the WCA itself since the beginning of 2011?**

24	I was pleased to be able to get a paper form sent to a claimant by JC+ without having to argue the need.	Aug 8, 2011 11:37 AM
25	It is difficult to know where to include information relating to visual impairment. Without access to full info on how to complete the ESA form it is too complicated to tell which section relates to mobility, independence, reading etc. It is too complicated for people with disabilities to complete without specialist assistance and this discourages independence and overburdens advice agencies	Aug 8, 2011 10:54 AM
26	I feel that for my clients who all are referred to me via Community Mental Health staff, the ESA process as a sickness benefit has been very stressful, I meet with clients on a weekly basis who have been found fit for work with no consideration given to the severity of their illness and how the loss of benefit only adds to the distress they already often feel. There appears to be a complete lack of understanding about the very complex nature of mental ill health both in terms of symptoms and treatment and how claimants can vary from day to day, even hour to hour in how they cope. I only hope that Atos are made aware of this and they stop making incorrect assessments, in the hope that claimants are offered the support needed to allow them to fully recover, continue with treatment offered, so that eventually with support they could return to work.	Aug 8, 2011 9:38 AM
27	JCP staff do not like discussing ESA in any way shape or form with clients (advising them how the process works, discussing the forms, discussing the interview, everything! They lack confidence in their own knowledge. I know this from direct experience of working there as a permanent staff member, and from experience in my current role as an advisor for a housing association. Claimants feel they have zero support from JCP and feel the entire claim process is immensely stressful. Claimants are not listened to when they try to describe their health conditions, and not everything they say is captured, which therefore does NOT give a true reflection of their overall health.	Aug 8, 2011 9:25 AM
28	I have not noticed any difference to the chaos and confusion and still particularly difficult for mental health claimants	Aug 6, 2011 5:29 PM
29	no change unless you include the whole system has got worse with no respect for the individual who is treated as a criminal and no respect for their illness	Aug 5, 2011 11:20 PM
30	Cant see any difference at all, if anything the assessments seem to be getting worse to the extent that we invariably win appeals if mental health is an issue, some are decided before the person enters the Tribunal. This is a waste of public money and more effort should be made to contact GP's CPN's or any other health care professionals involved with the applicant.	Aug 5, 2011 4:14 PM
31	DM always side with the EMP report even with other evidence. if only 7% are being found unfit - does this mean 93% of GPs are liars?	Aug 5, 2011 10:42 AM
32	The medical is still not well designed to take fluctuating conditions into account. Even fluctuating conditions that affect people less than 50% of the time can seriously affect ESA applicants' to work eg. they may well take a lot of time off sick/for appointments, have to go home from work due to illness. The changes do not seem help with the basic problem, that a lot of applicants (particularly those with mental health problems) find it difficult to describe their condition accurately. Assessors seem far too keen to state that applicants don't have a problem at all, when they say they can "just about" do something or yes "i can do it but it hurts/takes two hours rather than half an hour/need breaks/rest" etc.	Aug 5, 2011 9:54 AM

**Page 5, Q15. Do you have any other comments about changes to: the ESA application process; support from Jobcentre Plus; the role of the Decision Maker; or the WCA itself since the beginning of 2011?**

33	ESA Process to complex and onerous on the applicant	Aug 5, 2011 9:12 AM
34	Medical conditions are being ignored by assessors and DM. Tribunals still appear to be more realistic at present.	Aug 4, 2011 10:44 PM
35	The DM very rarely contacts claimant's GP and does not appear to take account of further information on claim. Claimants are still confused about the process.	Aug 4, 2011 5:05 PM
36	having appeal officers based at TS has helped with the over turning of some decisions prior to appeal.	Aug 4, 2011 12:43 PM
37	The whole process is purely and simply designed to save money, without any regard to a claimant's disabilities whatsoever!	Aug 4, 2011 11:51 AM
38	Complete fiasco. I've just had a case where claimant on DLA Higher mobility was found able to mobilise as she walked slowly with a stick for 15 metres into the ATOS examination room (scored 0 points). Also HCP noted claimant holding walking stick and concluded that grip was therefore unimpaired; 0 point scored; despite claimant handing in MRI results showing marked abnormalities. It's a joke.	Aug 4, 2011 11:22 AM
39	With regards to sensory loss we will not see the full impact of the change in descriptors until further down the line.	Aug 4, 2011 11:07 AM
40	Disagree with the removal of descriptors for seeing and hearing.	Aug 4, 2011 9:42 AM
41	by continually rubber stamping the findings of HCPs, DMs are in danger of becoming otiose. There still exists too wide a disparity between the WCA and what claimants believe makes them unfit for work. Still waiting to see some evidence of JCP supporting people into work.	Aug 3, 2011 3:41 PM
42	Everyone to be more informed, not just a general knowledge.	Aug 3, 2011 3:06 PM
43	It is very difficult to find up to date and reliable information on the changes to the WCA.	Aug 3, 2011 12:54 PM
44	No-one can contact, speak to or email the decision makers?? Why not?	Aug 3, 2011 12:09 PM
45	Not yet able to assess impact of March changes as decisions under these regs only just coming through HCP training and process of assessment still inadequate - not enough awareness of mh and addiction issues, use of closed questions Decision letters still very hard to understand	Aug 3, 2011 11:12 AM
46	No	Aug 3, 2011 9:57 AM
47	the changes to the ESA50 re mobilisation and communication forcing more people off the benefit	Aug 3, 2011 9:32 AM
48	Jobcentre plus staff need more customer service training - there is still too much rudeness and uncalled for shortness of patience when talking to people who are ill/mentally disabled	Aug 3, 2011 9:12 AM
49	The whole process needs to be clearly defined to the customer in simple clear steps as to what to expect next, and where they can go for support if it is needed. Also visually impaired clients are being sent forms in standard print that they	Aug 2, 2011 4:02 PM

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simply cannot see let alone read, these need to be made accessible!

50	We are starting to see the benefit of more involvement from the decision maker	Aug 2, 2011 1:36 PM
51	IWhen English is not cl's first language it should be made clearer that an interpreter can be available.	Aug 2, 2011 1:07 PM
52	THE JCP need to inform clients more of the whole process of claiming ESA - should they not be the experts in this instead of referring them all to CAB. Not that I as a CAB worker will complain about the work!	Aug 2, 2011 10:47 AM
53	Often ESA is stopped and client is not notified. It then rests with Client to realize that payment has not been made and follow up the matter	Aug 2, 2011 10:19 AM
54	Seek alternative providers to ATOS through thorough tendering process.	Aug 2, 2011 10:01 AM
55	Changes not accompanied by adequate re-training	Aug 2, 2011 9:51 AM
56	Atos should be paid reduced fee where there is a successful appeal or no fee at all.	Aug 2, 2011 9:49 AM
57	The whole claiming process has not improved since the beginning of 2011 in fact the whole experience has got worse for the client. No contact with the decision makers is possible. Those clients who are transferring from IB to ESA are experiencing a hit and miss situation with regards to the initial phone call that they should receive. Some clients are rceiving a phone call but are not explained to fully about what is going to happen and some clients just receive a letter and then get worried because they do not understand what the transition means.	Aug 2, 2011 9:29 AM
58	I work on appeals so do not have much experience of any changes to initial claiming process but I do not recall any reconsideration that has changed the ATOS decision or requested more medical evidence.	Aug 2, 2011 8:58 AM
59	The assessment phase does not equally weigh the claimant's own evidence against that of the HCP. To be an accurate assessment, evidence must be obtained from as many sources as possible. The decision-maker must become more objective and receptive to earlier mediation without the influence of targets. Tribunals could much more effectively guage the 'employability' of a claimant if they included a panel member who had experience from an employer's perspective. Ultimately, a question which should be asked is, - is the claimant employable? The ESA process is being used to determine incapable v capable - it should be used to determine limitation and thus put in place the most appropriate support mechanisms.	Aug 1, 2011 8:33 PM
60	I have noticed very little change in the whole process, Atos seems to be ingoring the issues and the DMs appear not to be fully reading through the appeal packs. Due to the nature of my work I do not get to see papers from clients who have passed the examination, just the clients who fail so it is difficult for me to provide an accurate picture of any imporvements. Although we are not getting as may appeals as we used to get pre 2011 people are still failing the medical assesment when they clearly do have a limited capability for work.	Aug 1, 2011 7:53 PM
61	Jobcentre Benefit enquiries are misleading, most call backs are not made, poor communication between depts	Aug 1, 2011 6:00 PM

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62	A number of these changes only started in March or April. Might be helpful to repeat the survey when there has been time for the impact to be noticed. We need to get away from the spurious distinction which is made frequently by HCPs and decision makers between "general" medicine and occupational medicine. The two are not completely separate disciplines and it is unhelpful and misleading to try to separate them in order to find a person fit for work when under any reasonable criterion they are clearly not.	Aug 1, 2011 4:52 PM
63	introduced by the Labour government, poorly designed, poorly managed , malicously handled by Tories	Aug 1, 2011 1:39 PM
64	Support from JC+ and DM's does not exist to the customer as neither staff or DM's have adequate information and lack in customer service skills.	Aug 1, 2011 1:33 PM
65	A client was recently contacted by phoned after an appeal was made in an attempt to pressurise him to drop the appeal. This feels like a backward step. Most patients who have finished treatment for cancer seem to get zero points from ESA50. It is too prescriptive and does not cover non physical issues adequately.	Aug 1, 2011 11:53 AM
66	Unacceptable -Client terminally ill - fit for work Client unremitting MS severe Ataxia - fit for work Client awaiting open heart surgery - fit for work Client acute leukaemia - fit for work. All under the new test	Aug 1, 2011 9:41 AM
67	This is like re-arranging the deckchairs on the titanic	Aug 1, 2011 9:03 AM
68	If ESA stopped after assessment of WCA then client automatically transferred to JSA - therefore no break in income.	Aug 1, 2011 8:52 AM
69	job centre plus say all the right things when we meet but the customer experience shows the front line staff are unhelpful at best and sometimes aggressive in their manner	Jul 31, 2011 11:33 PM
70	there is no substantial support from Jobcentre Plus they are not interested to give any support/they are not obliged to do so	Jul 31, 2011 12:37 PM
71	HCPs are still taking snapshot, not listening about variability or unpredictability of severe symptoms. DMs are taking more notice of letters from GP and/or consultants	Jul 29, 2011 8:53 PM
72	weighted more towards individual well being and less target driven	Jul 29, 2011 4:33 PM
73	Why is it that claimants with DLA High Mobility Component are mandatorily required to attend medicals despite Caselaw logically making the translation between DLA criteria for the High Rate Mobility Component and the ESA Walking descriptor (15points).	Jul 29, 2011 4:06 PM
74	ATOS staff are very hard to work with and rude most of the time and they give out the wrong information when they can be bothered to give you any information. There is little help to be had at the JCP as they will not advise clients and fail to recognise when some people are clearly not suitable to be on JSA.	Jul 29, 2011 3:45 PM
75	Job Centre plus staff are poorly trained in benefit rules and regulations. They are generally unhelpful and argue with advisors who know their stuff and are usually	Jul 29, 2011 3:09 PM



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right. I spent 20 years as an Adjudication Officer with the DWP (DHSS/DSS/BA) and have been a Welfare Rights Advisor for the last 10 years. Wake up, the standards have dropped and continue to do so.

76	No	Jul 29, 2011 2:45 PM
77	Have more say in the final decision and not rubber stamp the opinion of the Atos examiner.	Jul 29, 2011 2:06 PM
78	jobcentre plus need to advise of the appeal procedure, at present many clients are being told to apply for JSA instead. Decision makers need to be impartial, not all aspects of the claim are taken into account	Jul 29, 2011 1:54 PM
79	the new ESA assessment is overly harsh and bears little relationship to the help people need to reenter the workplace.	Jul 29, 2011 1:48 PM
80	ATOS have a lot to answer to regarding how the assessments are carried out.	Jul 29, 2011 1:32 PM
81	No notable difference; however, this may not be a balanced view as I only see clients who have failed the test, that notwithstanding, the same issues arise over and over again and my service will succeed with @ 50% of appeals. This must say something about the quality of the process as well as decision making.	Jul 29, 2011 11:44 AM
82	The whole process is a joke, it intimidates people into not claiming and assess people as being fit for work when they are clearly not. It increases severity of mental illness in mental health patients and several of my service users have harmed themselves or attempted to commit suicide after seeing ATOS.	Jul 29, 2011 11:13 AM
83	COMPUTER SAYS NO!! that says it ALL !!!!	Jul 29, 2011 11:10 AM
84	The whole process has become more stressful for applicants	Jul 29, 2011 10:39 AM
85	liaise with the claimant's own doctor for details information	Jul 29, 2011 10:15 AM
86	The only good thing I have noticed as an adviser is that sometimes the decision makers have phoned me for some clarification of the claimant's condition. When they have, the result has been more positive for the claimant.	Jul 29, 2011 9:55 AM
87	We noticed several cases that were waiting for appeal hearings where JCP looked at the claims again and revised the decisions in favour of the claimant. In all these cases our submissions had drawn attention to inconsistencies in the Atos reports.	Jul 29, 2011 8:39 AM
88	for the medical assessors to be more sympathetic towards clients who are attended the wca.	Jul 28, 2011 4:04 PM
89	Far too many clients have complained that they did not feel that the medical examiner listened to them and asked irrelevant questions. JCP provide very poor support to clients and will simply refer to CAB.	Jul 28, 2011 12:46 PM
90	It is impossible to speak to the right person about a reconsideration where someone has failed the WCA and is appealing and further evidence has been sent in (eg showing they are recovering from intravenous chemo). Also it still seems that ATOS and DMS are still not taking into account the nature of the illness that people are off work with and not considering the risk to the person's	Jul 28, 2011 11:31 AM

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	health if they expected to work.	
91	I dont yet belive this has filtered down enough. We are now also having problems with the tribunal service due to there work load and treating clients badly	Jul 27, 2011 5:13 PM
92	As WB advisers we see the cases where the system is not working so it is difficult to comment on the process in general. Our experience is that the system is still failing the most vulnerable clients especially the poor standard of medicals.	Jul 27, 2011 12:56 PM
93	Ensure clients are paid assessment phase of ESA as many have problems getting paid.	Jul 27, 2011 12:21 PM
94	More individuals needing to appeal- so I suppose no real change	Jul 26, 2011 10:22 AM
95	It is still a cruel and inappropriate system for many of the people I work with	Jul 26, 2011 9:53 AM
96	WCA is finding people 'fit for work' who clearly are unfit. This is unfair and unjust.	Jul 25, 2011 8:49 PM
97	none at present	Jul 25, 2011 5:06 PM
98	DM were increasing reconsiderations/ not following Atos reports immediatley after Harrington's first report, but this is now slipping and fewer are coming through, despite the evidece for such beign available.	Jul 25, 2011 3:54 PM
99	I am a welfare rights officer, I have noticed no real change to the process over the last year, decisions are still highly questionable and appeal success rate is still high. We have a good relationship with 2 decion makers who will call us and ask for addition information. Clients, particularly with mental healthy difficulties, trust us to work on their behalfs, so it is important advice agencies have a good relationship with JC+.	Jul 25, 2011 3:29 PM
100	ESA remains a bronco ride for many claimants, and many claimants with health problems continue to be dumped into inappropriate benefits or no benefit at all. The purpose of assessment the DM and WCA appears overwhelmingly to get people off ESA.	Jul 25, 2011 2:02 PM
101	I would like to see an evaluation of the WCA that does not look at processes, but looks at whether the test accurately reflects the type of imapirments that make it more difficult to people to find or hold down a job.	Jul 25, 2011 9:13 AM
102	I can't think of any positives, particularly in relation to those with severe mental health issues.	Jul 24, 2011 12:38 PM
103	It is a system that is a national disgrace and an outrage. Since Harrington's supposed 'improvements', the WCA has become considerably harder to pass and more sick and disabled people are suffering as a result.	Jul 24, 2011 12:36 PM
104	Call centres have too little info and staff can be very unhelpful (though some try their best & are lovely). So difficult to speak to anyone who can actually help as call-backs at acceptable times are difficult to ensure when advisers are out of the office. letters from DWP are so complicated and often contain mistakes. Actions promised by call centre staff are not carried out promptly enough causing great	Jul 24, 2011 12:23 PM



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	distress at times to clients (I do not blame call centre staff, this is the result of the lack of contact with staff carrying out the actions)	
105	JCP MUST HAVE MORE TRAINING ON GIVING ADVICE AS MANY CUSTOMER ARE GIVEN IN CORRECT INFORMATION	Jul 23, 2011 5:12 PM
106	Other than tougher descriptors we have seen no evidence that Prof. Harrington's recommendations have been implemented. Lots of JC+ talk.... no JC+ action unfortunately.	Jul 23, 2011 4:52 PM
107	The System Does Not Work, ATOS Are Not Sufficiently Trained And JCP Needs To Train Its Staff To Actually Understand How To Process ESA Claims Properly And Timeously.	Jul 22, 2011 10:22 AM
108	Every perosn who I have worked with (severe and enduring mental health issues) since March 2011 have either been refused ESA at review AND/OR have experienced assessors focussing yet again on physical issues, but when told of significant issues either mental health/physical completely ommitting these from their assessment decision stateing that 'the person has no issues/difficulties in this area , when it was pointed out quite clearly by the person that there was.	Jul 21, 2011 2:39 PM
109	Does the DM actually make an informed decision or does he just sign off what the HCP has noted?	Jul 21, 2011 2:05 PM
110	Scrap ATOS replace with GP info and use DMs properly. Result massive savings in wasted time and money from unnecessary recons/appeals	Jul 21, 2011 1:58 PM
111	no	Jul 21, 2011 1:42 PM
112	Disability "experts" are still not giving due credence to the information provided by the claimant. They still seem to ignore to some extent what they are told.	Jul 20, 2011 4:11 PM
113	The descriptors are now more impersonal and are so wide in what you can do that there is no scope for getting a client any points via that descriptor.	Jul 20, 2011 1:15 PM
114	Jobcentre Plus staff need more training on benefits criteria.	Jul 20, 2011 1:05 PM
115	In my area there is a 'get rid of' team which is situated in the ASC loking at ESA apeals that have alreay had submissions and looking again at the accuracy. It results in some lapsed appeals but it is poosible that claimants are being placed in WRAG instread of support group. Generally DWP staff are not fully aware of the regualtions or caselaw. e.g. Reg 35 and support group. Decision makers are supposed to look again at a claim whether or not a recon has been requested. Lack of knoweledge and insufficient staff will perpetuate the problems. Automated systems with automatons does not accurate decisions make. Changes since March 2011 are clearly a cynical effort to make it harder to pass the WCA.	Jul 20, 2011 12:31 PM
116	I haven't noticed much change to be honest. The DM still doesn't contact a claimants GP. The JC+ still suggest that an appealing claimant should go on to JSA, forgetting to mention the ESA will continue while the appeal is active. The DM still has questionable medical information from a consistant number of ATOS medical practitioners. (We collect their names!)	Jul 20, 2011 11:48 AM

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117	Clients find the process of contacting the Jobcentre Plus and being able to get a clear answer from a person who is dealing with their case very difficult. There needs to be a system to ensure that either clear updating notes on progress are put on a case or there are dedicated caseworkers.	Jul 20, 2011 11:07 AM
118	I was unaware that there is support available from Job centre plus for those claiming ESA and certainly none of my customers have experience positive assistance from that source when they have been claiming ESA.	Jul 20, 2011 10:38 AM
119	Decision makers seem sympathetic to clients yet they are powerless to change decisions. Jobcentre asking people in for interviews who are in no fit state to cope with any work related activities. Seems to be done just to tick boxes.	Jul 20, 2011 9:54 AM
120	The most recent form (ES50) is deliberately confusing. Atos are aggressive and threatening from the outset of the WCA and frighten people. JCP can't do much and the whole thing is making our clients sicker and scared. It is shameful.	Jul 20, 2011 9:42 AM
121	The migration process is very thorough - phone calls, letters and so on. Seems to be helpful and alleviate some concerns from claimants.	Jul 20, 2011 9:27 AM
122	dept to have much more contact with clients doctors	Jul 20, 2011 9:10 AM
123	My experience of all those I have come across is the lack of responsibility as no one person deals with something call centres are appalling do not call back in the given time frame. Also it is impracticable to sit with a claimant awaiting a three hour call back. 10 calls in over a week to get to speak to a real person and not a call centre is just unacceptable when you are assisting someone and need to communicate immediately	Jul 20, 2011 7:11 AM
124	It should be possible to speak with a Decision Maker more easily. Decision Makers do not always telephone on the call-back service and have to be prompted sometimes more than once to do so. Consequently it is difficult to follow up a claim. Also it is often very difficult to get through to speak with the ESA section as the telephones are all engaged much of the time	Jul 20, 2011 1:19 AM
125	No	Jul 19, 2011 9:44 PM
126	The reduced activities, descriptors and points have made the WCA more difficult to pass. There is still a reluctance, tantamount of refusal to consult any health professional other than GPs. ESA 113 forms are rarely issued. Discretion to treat someone as having LTCW is rarely exercised. There is an over dependance on ATOS to the exclusion of any medical evidence supplied by workers such as psych assessments. ATOS themselves appear not to regard med evidence, eg terminally ill people with DS1500 evidence on high rate care are still being assessed.	Jul 19, 2011 8:56 PM
127	As yet it is a little early to tell what effect the changes are having. We have seen no effective change so far and are coping with a flood of Transitional IB/ESA50s. Time will tell.	Jul 19, 2011 5:22 PM
128	It is still early days to be making a full evaluation of the DMs role: I hope more judgement will be used from now on rather than rubber-stamping ESA85s, but I have yet to see evidence of this.	Jul 19, 2011 5:16 PM
129	1. The jargon for the descriptors is too complex 2. Descriptors - e.g. bending and	Jul 19, 2011 4:42 PM

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	kneeling should be included. 3. The appeals are taking too long	
130	Letters and further JC+ advice to carers who are on IB and moving over to ESA are very confusing for the clients and has caused distress in the last few months unnecessarily.	Jul 19, 2011 4:34 PM
131	It's just getting stricter and more unfair	Jul 19, 2011 4:17 PM
132	We've seen no change to the standards of the WCA reports and subsequent decision making and the volume of appeals we are dealing with is climbing. The delays in appeals being listed (now 12 months for Reading venue) is causing increasing difficulties and stress to clients. We are concerned that by this time next year the volume of appeals is going to be unsustainably high.	Jul 19, 2011 3:52 PM
133	Decision Makers are reconsidering appeals more often, but dismissing evidence from the professionals that the client sees regularly on the grounds that that professional is there to diagnose and treat, not to look at functioning.	Jul 19, 2011 3:39 PM
134	Same old, same old	Jul 19, 2011 3:31 PM
135	without local offices providing face to face access there is no meaningful support/	Jul 19, 2011 3:08 PM
136	for reconsideration/ review to be effective advisors need full documents as soon as possible to provide case at this stage	Jul 19, 2011 2:51 PM
137	The whole point of ESA and the WCA have always been to reduce the number of people on benefits. There has never been anything but lip-service paid to actually helping people. In this respect, nothing has changed. Indeed, the changes to the descriptors have actually made it harder to score 15 points than before:- so a change for the worse. This has always been a benefit which is ideologically motivated and suits the current agenda of vilification and stigmatisation of all benefit claimants.	Jul 19, 2011 2:24 PM
138	call centre staff with no knowledge of the law answer the phone instead of decision makers and it is very difficult to make direct contact with a decision maker	Jul 19, 2011 1:33 PM