

# Review of Personal Capability Assessment Process

## Report and Recommendations

Prepared by JLancaster Consulting Limited

December 2016

## **Contents**

1. Executive Summary	Page 2
2. Introduction	Page 4
3. Project Structure and Governance	Page 5
4. Approach to Undertaking the Review	Page 6
5. Findings	Page 9
6. Recommendations	Page 19
7. Conclusion	Page 31
8. Appendices	Page 34

## **Executive Summary**

- 1 Since the contract with Dependability Ltd ended in July 2016, the Personal Capability Assessment process has been paused. This report presents the findings of a review into the existing PCA process and makes recommendations for a significant redesign that will deliver a far more robust yet compassionate model of assessment.
- 2 The review involved multiple stakeholders who had a personal or professional interest in the process, with a particular emphasis given to customers and clinicians.
- 3 Criticism of the process was widespread. The qualifications of the assessors were challenged whilst the assessment was viewed as oversimplified and unsuitable for more complex presentations. Many people believed that they had been treated with a lack of respect and that the system lacked compassion.
- 4 It is clear however that the concept of employment as a positive aspiration is not universally recognised and a number of people prefer to remain on incapacity benefit when employment is a real possibility for them.
- 5 It is important to acknowledge that by default any process of this nature is going to result in decisions that leave some customers unhappy. The overarching objective should be to ensure the process is fair and transparent and delivered professionally at all its stages, then to be consistent in support of the outcomes delivered.
- 6 It is recommended that an occupational health style model is introduced. This will utilise appropriately qualified occupational health staff to manage the process following referral from the GP. To deliver this effectively the status of the Sick Note should be reviewed and the introduction of an island wide occupational health service should be considered.

- 7 The system should be based on a holistic multidisciplinary assessment that takes into account all elements of an individual's situation. The relationship with the customer should be supportive and based on trust and compassion underpinned by clear, open and honest communication.
- 8 Customers should be fully involved in developing a realistic return to work plan and will be supported in achieving this through more integrated working between professionals.
- 9 The synergies between health and employment should be recognised and a greater emphasis placed on the wider public health agenda and how this can be developed to underpin longer term sustainable improvements.
- 10 Changes to structures and processes within the SSD operational services and the wider system will be required to deliver these recommendations. The recommendations will also require legislative review.

## **Introduction**

### **Objectives of project**

- 11 This report addresses the following objectives which formed the basis of the contracting process. The project objectives reflect a genuine aspiration to support those people in need appropriately whilst creating an environment in which work is acknowledged as being beneficial to all.
- *Undertake an end-to-end review of the existing processes, rules, regulations and guidance that are followed in undertaking the PCA at all stages. This will also include consideration of the role of third parties in the process (GPs and other medical professionals). Make recommendations for improvement to the existing procedures;*
  - *Consider different delivery models that are available to deliver the element of the PCA that has previously been outsourced. This will include, but not be restricted to, in-house delivery, delivery by a separate part of Isle of Man Government, mixed delivery or outsourced. Make recommendations regarding the preferred delivery model;*
  - *Develop, from the work above, a revised specification for delivery of the PCAs to be used either to guide the in-house delivery or to assist with the contracting of a future service if this is the outcome of the review;*
  - *Review those Opportunities for Improvement that have already been identified and these will be fully reviewed and integrated into the overall programme of work to ensure delivery of comprehensive solutions.*

## **Project Structure and Governance**

- 12 Delivering the project objectives in the allotted timeframe required a disciplined project management approach, underpinned by a credible research methodology.
- 13 A structured project management model was adopted which ensured an appropriate level of governance whilst at the same time recognising that flexibility and responsiveness were essential.
- 14 A project steering group was introduced, chaired by the Director of Social Security. A formal project initiation document, project plan, risk register and benefits register were updated regularly and subject to review and approval at the bi weekly meeting. The project plan is attached in appendix 1.

### **Approach to undertaking the review**

- 15 This was a project underpinned by the requirement to develop a rigorous yet transparent process by which to manage the personal capability assessment and claims for incapacity benefit.
- 16 The perception that the PCA process is ineffective, uncaring or punitive is common and this highlighted the importance of uncovering and understanding the root causes of these views.

### **Stakeholder Engagement**

- 17 In these circumstances it was essential to develop a comprehensive programme of stakeholder engagement, reflecting the diverse backgrounds of the individuals and groups with an interest in this process.
- 18 A full list of contacts is provided at appendix 2 and included MHK's, MLC's, General Practitioners, customers, third sector and charity organisations, other healthcare professionals, Occupational Health, Public Health, staff from the Social Security Division and Job Centre.
- 19 An assurance was given to customers that their details would remain confidential and these have been destroyed.
- 20 In total 91 people from a range of backgrounds took part in the in the exercise, 47 of whom were customers.

### **Meetings & Interviews**

- 21 Face to face meetings or semi structured interviews were held with 43 people who included MHK's, MLC's, general practitioners, mental health staff, third sector

representatives, charities, benefits staff, senior managers from Treasury and in particular its Social Security Division (SSD), Job Centre, DHSC's Drug and Alcohol Team (DAAT), Public Health and Occupational Health.

- 22 It was felt to be particularly important to focus on clinical engagement. Seven GP's were able to participate in the project in addition to a number of other clinicians working with customers as part of their role.

### **Process Mapping**

- 23 A process mapping exercise was undertaken with the operations team responsible for running the PCA process and paying incapacity benefit. This session explored the existing process in detail and was successful in providing a clear insight into the operation of the current system and the problems experienced by the team in managing this process.

### **Discussion groups**

- 24 Discussion groups were held with four cohorts of people including the senior leadership team, the counter team and the inspectorate team of SSD, a group of staff working within employment support services, public health and mental health. The agenda for each of these sessions was focused on the specific skills, experience and insights of each group in the context of the operation of the PCA.

### **Customer engagement**

- 25 It was felt that many customers would be concerned about anonymity and any possible impact that participation in the review would have on their ongoing status, although reassurance about this was given at each interaction. It was also felt quite likely that a number of customers would find travel difficult. Telephone interviews and questionnaires were chosen as the most suitable method of obtaining the customers'



views, with the option offered to participate in a smaller focus group.

- 26 Invitations to participate in a focus group or telephone interview were sent to 200 customers and questionnaires were sent to 100 customers. The invitations were generated randomly and participation required an active opt in to the process. In total 40 positive responses were received from people who indicated a willingness to participate. This resulted in 26 telephone interviews, 8 people agreeing to take part in a focus group and 6 failed contacts. The questionnaire resulted in 7 responses
- 27 Copies of the correspondence and questionnaires are provided in appendix 3.

## **Findings**

### **Summary**

28 The key purpose of involving multiple diverse stakeholders in the review was to uncover and develop a clear understanding of issues and concerns surrounding the PCA based on personal experiences.

29 As the project progressed consistent themes developed which helped to formulate the priorities for action. The overwhelming message was that

- people should be treated with dignity,
- that all forms of communication should be explicit, clear and easily understood,
- the assessment should be multidisciplinary and holistic and that the system should be clearly supportive for those in need.

30 Professionals aspire to an effectively managed process that will allow them to undertake their roles providing the best service to customers, supporting their return to work, in whatever capacity they came into contact.

31 Throughout the process the word that regularly featured was compassion; people claiming incapacity benefit are unwell and in many cases vulnerable and this should be reflected in all interactions and decisions. The individual should be included in all decisions made about them.

32 There was wide recognition that people should undergo an assessment of their ability to work, with the proviso that this assessment should be holistic and multidisciplinary. Many customers felt that the GP was the best judge of their personal condition, and that their view alone should suffice, as they had signed the sick note reinforcing the inability to work.

### **The status of the sick note**

- 33 The visit to the GP and the provision of the sick note is often the initial stage of a period of absence from work. Employers often insist on the production of a sick note to justify non-attendance whilst the production of a sick note underpins a claim for incapacity benefit. The sick note is pivotal in the relationship between employee and employer, customer and government and patient and GP.
- 34 In the UK, a key purpose of the sick note is to underpin the payment of Statutory Sick Pay although such a system is not in operation on the Isle of Man.
- 35 General Practitioners indicated that they often feel significant pressure to issue a sick note to a patient, when in many cases they have little real knowledge of the patient's occupation or of the impact of the patient's condition on their ability to work. In longer periods of illness, the ongoing provision of a sick note becomes routine and the sole reason for a visit to the GP. Whilst this is part of the GPs contracted role, many questioned the need for this repetitive process, particularly as it has no benefit to the patients' health or wellbeing. It is important here to consider the backdrop of increased demands on Primary Care.
- 36 GP's stated that patients regularly make overt requests for a sick note and to refuse, in effect challenging the patients view of their condition and ability to work, risks undermining the doctor - patient relationship.
- 37 GPs reported that people in receipt of a sick note, who may be genuinely unable to undertake their previous role, commonly perceive that unemployment is permanent and do not consider other options. This creates challenges for the GP's, who recognise the significant risks of extended worklessness.
- 38 A number of customers interviewed did reinforce this view, indicating that a "skilled tradesman" for example, should not be expected undertake "lesser" work. Members

of staff across the system had many experiences of this nature and it does appear that the concept of employment as a benefit is not universally recognised.

- 39 A number of examples were provided of customers assessed as fit for work through the PCA process and who have then arranged an appointment with their GP, seeking a new sick note citing a different illness with a view to continuing to receive incapacity benefit.

### **The Personal Capability Assessment**

- 40 It is commonly stated that the PCA is the beginning of the pathway to work. The PCA process is normally commenced after a 28-week period of absence from work through illness, after the own occupation test period is over. This period was highlighted as being too lengthy, considering the potential impact on an individual of a six-month period of worklessness.

- 41 An incapacity for work questionnaire (IB50) is forwarded to the customer with a documented expectation that the form will be completed and returned in 28 days. Failure to return the questionnaire will result in the individual being deemed fit for work and incapacity benefit stopped, though this outcome is not actually stated in the letter, which was viewed as unreasonable and a cause of distress for many.

- 42 It was indicated that some customers whose benefits had been cancelled for this reason had been informed they would be paid if they came in and filled in an IB50 form, which would seem an inappropriate approach to something so significant to the individual and such a key step in the process.

- 43 It is apparent that relationships between the department and customers sometimes display an element of cynicism and distrust from both parties, which is clearly counterproductive. A number of customers expressed reluctance to communicate with the department for this reason.

- 44 Whilst the 28-day completion period appears generous, several factors can cause problems in achieving the deadline. The nature of some illnesses, mental health issues, poor housing situation and wider social problems are all genuine barriers.
- 45 The questionnaire sets out a range of activities which are used, along with any further information supplied, to determine whether or not a person is fit to work or whether a medical assessment should be carried out by a healthcare professional. The ultimate decision is made by an adjudication officer within the Department. This procedure is underpinned by the legislation.
- 46 As part of the process, an assessment form (IB113) is sent to the customer's GP to ascertain the customer's medical history and its impact on their ability to work. These are often poorly completed, or not returned, whilst some GP's suggested that the forms were less than satisfactory and that more appropriate ways of obtaining patient information should be considered. The 14-day deadline for completion was highlighted as being particularly problematic given the increasing primary care workload.
- 47 A suggestion was made that assessors should be given online access to the customer's medical record, though this was not universally supported by GP's. Specific feedback was given on one question about the benefit of work, suggesting it was superfluous.
- 48 The assessment process itself came in for particular criticism from customers. A number questioned the level of the assessor's qualifications arguing that only doctors should be involved. Many suggested that any opinion other than that of their own GP is irrelevant, as it was they who had issued the sick note.

- 49 The use of the term health care professional created some suspicion, whilst the role of the adjudication officer was questioned with the belief that they were “overturning clinical decisions” and were not qualified to do so
- 50 A number of customers suggested that information they gave to the assessor was paraphrased, misrepresented or ignored altogether to such an extent that the assessment score was affected, in their eyes invalidating the outcome. It is difficult to ascertain the level to which this occurred or the motivation and reasons if it did, though the most significant concern is the perceived lack of transparency.
- 51 The face to face assessment was described as very basic and not suitable for providing a realistic assessment of an individual’s ability to work. It was a commonly held view that mental illness, disabilities, various fluctuating conditions, long term conditions, addiction and complex social issues were not addressed adequately by the test, and that a genuine holistic assessment was required in these cases. It was acknowledged that there was the opportunity to provide extra information, though in reality it was extremely difficult to obtain and provide this. Many felt it was the responsibility of “the system” to obtain the information.
- 52 A number of customers with complex presentations believed they were incorrectly assessed as fit for work; staff from the counter team and Job Centre appeared to reinforce this by indicating that they were often surprised that certain individuals had presented as fit.
- 53 The location of the assessment centre was seen by many as being less than adequate with poor provision made for those with disabilities or wheelchair users, although the facility itself was classed as fit for purpose.

## Communication with customers

- 54 A number of customers expressed a level of dissatisfaction with the level and standard of communication surrounding the PCA process.
- 55 The perception is that written communication from the department should be improved in content and in style. It was suggested that letters received didn't clearly explain the process, lacked information and didn't fully explain the potential implications of the assessment.
- 56 Of particular concern was the letter accompanying the IB50 which contained a deadline for completion but no indication that failing to meet the deadline would result in benefit being withdrawn. Letters were described as factual but containing little advice, referring the recipient to the government website or informing them to ring the department if help was required.
- 57 Particular criticisms were made of the letter informing the customer that they had been deemed fit for work. It was felt that this letter in particular should be much fuller in content to provide more support for people who might feel particularly challenged or vulnerable on receipt.
- 58 Some customers suggested that general interactions with the benefits service could be improved and that often they felt that they were spoken to with a lack of respect or made to feel "second class" when dealing with the service, instead of being treated with empathy, dignity and respect. It was stated that attitudes were often poor, and a number of people indicated that they were stressed at the thought of attending the building. The face to face staff at Markwell House and the Job Centre were complimented regularly as being very pleasant, supportive and helpful.
- 59 The approach of the Health Care Professionals undertaking the assessment was described as variable and appeared person dependent; a number of customers

indicated that they were treated discourteously whilst others were complimentary. People talked about feeling they were trying to catch them out.

60 A number of other barriers to communication were identified. Some examples were given of letters being delivered to multiple occupancy households and not received, not being particularly easy to interpret for people with mental health issues, disabilities or the visually impaired, thereby reinforcing the general perception that communication was poor.

61 Some interdepartmental communication problems were highlighted by customers; several people reported that following an assessment of fitness to work, staff at the Job Centre suggested the decision was clearly wrong and that they would be helped to appeal. This reflects a lack of consistency, causes confusion for the individual and undermines the validity of the assessment process.

62 Some people on multiple benefits highlighted the need to deal with different people as unnecessarily complicated and felt that it added to their difficulties.

### **Complex, long term and fluctuating conditions**

63 Whilst a number of people such as hospital inpatients, those with a terminal illness and people receiving chemotherapy, are excluded from the PCA process, many others with fairly complex conditions are required to undergo assessment. These people may be suffering from long term conditions such as heart failure or stroke, myalgic encephalomyelitis, complex mental health problems, learning disabilities, alcoholism or conditions with fluctuating presentation.

64 Many people expressed concern that the current system does not make adequate provision for people suffering from these conditions and that the assessment process is not robust enough to provide an accurate representation of the ability to work.



65 It was suggested that people with conditions such as these should be excluded from any further assessment process, and that the legislation be extended to compensate. Others, whilst acknowledging the inherent complexity and difficulty, favoured a more individualised approach, based on a holistic individualised assessment. It was suggested that a blanket exclusion undermines the message that work is a positive outcome.

66 People with drug or alcohol related problems will often need special consideration, requiring realistic assessment of their ability to work and an acknowledgement that some people with these problems may never do so, whilst others may require a lengthy period of support and rehabilitation both socially and financially.

### **Communication between the whole system and integrated working**

67 It was a widely held view that communication and collaboration between different agencies could be improved, underpinning more rigorous and effective decision making so enhancing the service provided to customers. This reflected a frustration with the inability of the system; Primary Care, Secondary Care, Mental Health, Social Care and Third Sector, to work in an integrated fashion, impacting directly on individuals and potentially extending the period out of work.

68 The specific themes included poor or slow information sharing thereby impacting the quality of the health record, delays in treatment (orthopaedic surgery and pain management was highlighted) resulting in more lengthy periods of sickness so extending the need to claim benefits and that navigating the system was particularly challenging for people with more complex conditions.

69 Whilst concerns with the wider care system are beyond the scope of this report the issue clearly deserves attention.

- 70 Many vulnerable individuals are in contact with third sector organisations such as Graih, Housing Matters and Crossroads Care, the Vulnerable Adults team, Disability Living Advisors, Employment Services in addition to wider health services. Each of these services are committed to providing an excellent service and all are complimentary of each other's efforts and values.
- 71 There is no clearly documented, formal and coordinated approach to managing this work and supporting specific individuals, and communication appears to occur on a case by case basis.

### **Wider system considerations**

- 72 It is apparent that a positive attitude to employment along with an insight into the benefits of working is not universally held. Staying out of work, and on benefits, is an objective for some people and if assessed as fit they approach their GP for a sick note citing another illness.
- 73 A number of others appear to have had lengthy careers prior to their illness and are then unwilling to seek work within a different field, with the expectation of remaining on benefits. These attitudes are unhelpful, creating a challenging relationship with General Practice and the SSD.
- 74 Worklessness itself has a negative impact on an individual's health and general wellbeing. There is a wealth of Public Health data that demonstrates the positive effects of employment; fitness, mental health, lifestyle and attitude all improve, alongside the obvious financial benefits to the individual and the wider economy.
- 75 The impact of being out of work is the exact opposite, and the longer the situation continues for individual the harder it becomes to break the cycle. Understanding the root cause of these attitudes and moving this agenda forward should clearly be a priority.

76 Wider social factors are also a significant issue, particularly for some of the more vulnerable in society. The availability of affordable accommodation is highlighted as problematic, with examples being given of squalid housing being funded directly by benefits. It is extremely unlikely that someone living in poor accommodation, often shared with others in a similar situation, will prioritise work above other more pressing issues. Conversely, they may be very unlikely to be offered work, a cycle that is difficult to break.

## **Recommendations**

- 77 The PCA process represents a genuine attempt to assess the ability of an individual to undertake work, though at times its intentions have been misinterpreted, and its delivery and results criticised.
- 78 By default the assessment process will never be universally popular. On many occasions the outcome will be at odds with an individual's personal beliefs and aspirations about their own situation and as such an element of disagreement and challenge is likely. This complicates the ability to effectively manage customer relations and should be reflected upon by all involved in the process.
- 79 Delivering an acceptable and effective solution requires genuine whole system commitment and collaboration. Real improvement is far more complex than replacing one test with another and requires a shift in the relationship with the public and a cultural change within the organisation.
- 80 This review has been successful in revealing many of the underlying reasons for dissatisfaction which in turn has enabled solutions to be identified. Equally, it has demonstrated that there is a real shared commitment to solving the problems and improving the service.

## **The proposed Model for Delivering the Personal Capability Assessment process**

- 81 There is a widely acknowledged acceptance of the need for a holistic and multidisciplinary assessment to be central to a claim for incapacity benefits.
- 82 Not everyone will be satisfied with the outcome of every assessment undertaken. The likelihood will be increased if the assessment process is seen to be transparent, underpinned by clear and open communication and delivered by appropriately qualified personnel.

83 These recommendations if implemented will ensure that the approach to the PCA process and outcomes delivered are seen to be significantly improved over previous approaches.

84 A graphical representation of the model and draft specification to support contracting are attached at appendix 4 & appendix 5.

### **The Sick Note**

85 The issue of a sick note by the GP is the initial stage of the process in the majority of incapacity benefit claims. Changes are required to the sick note process and its status with employers, customers and as a requirement for benefits payment. Clearly this will require legislative change.

86 The options available are;

87 Dispense with the sick note completely, relying entirely on self-certification, triggering onward referral to assessment at four weeks.

88 Introduce a fit note system similar to that used in the UK. This lasts for four weeks then leads to the next stage of the assessment process (Fit for Work scheme in the UK)

89 Amend the sick note and issue as normal but indicate that this will lead to an automatic referral to the next stage of the assessment process.

90 The benefits of all of these options are that they immediately reduce GP workload and the challenges to the doctor-patient relationship, and they underpin the provision of more complete medical records at a later stage of the process. They also reduce the period of absence from work before intervention, which improves prognosis and the likelihood of return to work.

Significantly the responsibility for triggering the PCA process is removed from the SSD. This profiles a referral as positive and linked to individual health and wellbeing rather than negative and linked to benefits payments.

91 It is likely that option one would find less favour with employers, though options two and three are equally positive and very similar in operation. Both depend on more significant changes to the assessment process to be truly effective.

### **The Personal Capability Assessment Process**

92 It is essential that all decisions about a person's ability to work should be taken with them after considering all sources of information. The issue of customer consent needs to be considered and managed sensitively at all stages of this process.

93 The issue of the IB50 at 28 weeks and the medical assessment which follows, overseen by adjudication officers, is clearly unpopular and the subject of significant dissatisfaction for many, particularly people with more complex presentations.

94 There is ample evidence that 28 weeks is too long to delay assessment, based on the physical and psychological impact that being out of work for so long can have on an individual.

95 It is recommended that the PCA process commences at four weeks, unless a return to work is imminent. This decision will be taken by the GP.

96 It is acknowledged that any assessment needs to be holistic, multidisciplinary and to involve the customer at all stages.

97 Previously doctors and nurses have been used to undertake the face to face assessment, and whilst customers clearly place more trust in the ability of doctors to perform the task, the preference is still for their own GP to judge their ability to work.

The proposed changes to the sick note process change this context and reduce the significance of this view.

98 There was no requirement for the assessment staff employed previously to have occupational health experience, though some had. This should be essential given the focus of the role.

99 In the UK a system called Fit for Work was introduced in 2015 which offers expert occupational health advice to help employers manage sickness and absence. The service delivers independent, objective assessment by occupational health professionals, providing advice on when and in what circumstances employees can return to work after a period of sickness and absence. The service is both web and telephone based, and offers a face to face appointment when required, again by appropriately qualified occupational health professionals.

100 Whilst in the UK the service is not linked to benefits claims, the approach is relevant in that it assesses the ability of an individual to work and identifies the support required and modifications that may be needed in the workplace.

101 Given the smaller and more manageable size of the population of the Isle of Man, and the existence of an occupational health service managed by DHSC, it is recommended that an occupational health model should be introduced to manage the personal capability assessment process.

102 The benefit of this approach is that the skills and ability of the assessors will be perfectly appropriate to making decisions about a person's ability to work, they will be able to make recommendations about any support required in the workplace, they will have expert knowledge on return to work planning and management and they will understand what specialist information is required to undertake a thorough assessment and how to obtain it.

- 103 They will have the ability to quickly build relationships with other specialist groups and professionals who are involved in providing care to the customer, such as mental health services, DAAT and organisations from the third sector.
- 104 Referral will be by the GP, via the amended sick note or fit note, which contains the appropriate medical information. The service will then take forward the assessment, which will reflect the complexity of the customer's condition. This triage will lead to the appropriate intervention for the customer based on individual need.
- 105 The outcome will range from being judged fit to work, immediately or within a determined period. In these cases, a tailored individualised rehabilitation to work plan will be developed involving other agencies as required. Individuals may also be judged unfit to work, temporarily or permanently, again requiring appropriate support.
- 106 Consideration needs to be given to conditionality, and whether the appetite exists to proceed with sanctions when serious noncompliance with a rehabilitation to work plan undermines an individual's progress.
- 107 In the context of an individual who is in employment, the occupational health service will liaise with the employer, whilst in the case of someone who has no employment; the contact will be with employment services team or similar.
- 108 The judgement on the ability of an individual to undertake work, in what timescale and in which roles will be made by the occupational health service, removing the responsibility from the SSD team, who will pay benefits as advised. This will significantly enhance the transparency of the decision making process.
- 109 Utilising the existing occupational health service based in DHSC will be far more cost effective than introducing a new, parallel system purely to undertake PCA. The available historic activity data on incapacity benefits claims should be used to support workforce planning. Consideration needs to be given to any potential conflict of



interest based on existing roles and clients. Full consultation with the service is essential as part of progressing this work.

- 110 The development of an appropriate clinical model of assessment should be led by the occupational health service. They possess the specialist expertise required to design appropriate documentation and processes, though they may require project management support to manage the significant transformation effectively.

They will need to be guided in this by a clear specification that is explicit about the role of the service and the performance framework in which it must operate.

- 111 In keeping with the UK Fit to Work model, the development of an island wide occupational health service should be considered, expanding the service beyond PCA. This would attract potential investment from participants and would provide a consistent service model, accessible to all employees and employers, in addition to its core function.

- 112 It is important to understand that occupational health services have a far more complex and specialist role than just supporting individuals back into the workplace. If an island wide system was introduced, employers and employees would benefit enormously from improved workplace health and its clear links to the public health agenda, which would be enhanced.

- 113 A suite of key performance Indicators should be developed to underpin the new service and to enable effective management of the contract. These indicators would focus on the key steps in the assessment process, and best practice outcomes for an occupational health service.

- 114 There are differing opinions on whether a wider range of conditions should be completely excluded from the assessment process. It is recommended that referral is made to the occupational health service by the GP as normal and that the decision is

made based on assessment of the individual's presentation. This should not be a general decision based on diagnosis. This will not always require a face to face assessment.

115 The clinical presentation, aspirations and abilities of individuals with the same illness can differ enormously and to pre judge purely on diagnosis should be avoided. It could be suggested that doing so actually undermines the status of employment as a positive aspiration for all.

116 The key factor is to fully involve the customer in the decision making process, which is a significant change from previous iterations of the assessment model.

117 Other elements of the benefits system are reliant on a health based assessment to determine eligibility for payment, for example Disability Living Allowance. It is recommended that the occupational health model should be considered as an ideal solution, as it would ensure all customers are subject to a consistent assessment approach from an agency that is independent from the SSD benefits team, whose role will be to pay benefits

### **Changes required to underpin the Occupational Health Model**

118 The introduction of the new model will require structural and process changes within the operational teams to support the new ways of working. Consultation with staff should be undertaken as appropriate at an early stage to ensure anyone affected is fully informed.

119 It is likely that a period of public consultation will be required to ensure people are engaged and are able to express their views and concerns about the new system. This should be undertaken in accordance with prevailing guidance.

- 120 Improving the standard of communication between customers and the department should be a priority. The feedback received has indicated a high level of dissatisfaction amongst customers though the context of much of this communication should be considered.
- 121 Implementing a new model of delivery for PCA will clearly have an impact on the content of communication required as processes change. All written communication should be subject to review to ensure it is clear, accurate and unambiguous and that the style underpins a positive customer relationship. The content should be accessible to all in a variety of formats. This documentation review should be an ongoing process.
- 122 A suite of information leaflets should be introduced, aligned to this review, to provide clarity on every stage of the new process, again this should be available in all formats.
- 123 The information on the web site and online services should be amended and updated regularly. Online facilities should support effective communication for those customers who prefer to communicate this way.
- 124 Consideration should be given to the introduction of a single, Freephone telephone number as the main point of access to the benefits department. The number would be used as a single point of access for help, support and signposting for all benefits customers.
- 125 The staff providing this service would also cover the face to face contacts at the counter, which would provide the same service, delivering a consistent approach. All members of staff who undertake public contact as part of their role should undertake appropriate customer relations training, and should be subject to regular audit of practice, which should be triangulated with customer feedback

- 126 The introduction of rehabilitation to work plans will require a different response from the SSD's incapacity benefits team, who will now just be responsible for payment and not managing the PCA process. It is recommended that each customer should have an allocated named person within the department who has a coaching role. This change should be applied to all benefits not just Incapacity benefit..
- 127 The coach would have a detailed knowledge of the customer's situation, providing information and support, and would liaise with the occupational health service over payment status. This would improve the level of general communication between customers and the department.
- 128 The rehabilitation to work plan will require the involvement and collaboration of a number of services in more complex cases – health services, charities, third sector, DAAT, Job Centre etc.
- 129 A comprehensive review of the roles of all staff involved in supporting people back to work should be undertaken as a priority. This will include all staff within the Job Centre and those based in Social Security. It is vital that the process of supporting people back into work is well coordinated.
- 130 As part of this review the role of the employment advisor should be extended to take on a more formal facilitative role, overseeing the progression of the customer through the lifetime of the plan, acting as the conduit between key agencies.
- 131 To ensure good governance and to underpin effective integrated working it is essential that the appropriate processes and operating procedures are introduced at an early stage.
- 132 All departments involved in the new process should participate in a regular performance review. A dashboard or balanced scorecard containing appropriate key performance indicators alongside more general quality measures should be

considered. This would help underpin effective service delivery and continuous improvement.

- 133 Payments of benefits to support vulnerable individuals and changes from one benefit to another, e.g. Incapacity Benefit to JSA, should not have a negative impact on motivation and effective completion of rehabilitation to work plans.

### **Considerations for the wider system**

- 134 Employment is widely recognised as a benefit to the individual, families, society and the economy; it has a positive impact on health, wellbeing, quality of life and life expectancy. The longer someone is out of work the more difficult it is to return as motivation and self-confidence decrease.

- 135 Positive attitudes to work are not universal on the Isle of Man. Reluctance to work is not uncommon and returning to work difficult after a period claiming incapacity benefit. A significant number of people are reluctant to consider alternative roles, even if they have had long successful careers before becoming unwell.

- 136 It is recommended that there is an increased focus on the Public Health agenda in the context of the workplace. Long term the development of the Joint Strategic Needs Assessment should reflect this. More immediately the focus should be via the ongoing Workplace Health and Life Course and Settings work streams. Support should be given to all staff working with customers to actively promote the Making Every Contact Count initiative, aimed at improving population lifestyles and improving Public Health.

## **Appeals process**

- 137 The appeals that are heard against incapacity benefit decisions are clearly all made by people who believe they are unfit for work, despite the assessment finding otherwise. The aspiration should be to treat appeals as a never event, and this should be actively performance managed. This is best achieved by introducing the principles already discussed; appropriately qualified assessors, holistic multidisciplinary assessment, clear and transparent communication, including the individual at all stages and the lack of direct involvement of the benefits service in decision making.
- 138 If an appeal hearing is required, the occupational health practitioner involved should always present the case for the SSD and the hearing should never be public in recognition of confidentiality and the personal nature of the topic of discussion.

## **Short term solutions**

- 139 Introducing a new service as described will take some time and it is apparent that an intermediate process may be required.
- 140 Many of the elements of the recommended changes should be introduced as good practice regardless; single point of contact, improving communication, better written and online information, managing relationships, customer relations training, integrated working and GP referral for PCA.
- 141 If the process is reintroduced in the short term using IB50 and IB113 the following amendments should be considered.
- 142 The GP should be given the option to refer for assessment at four weeks.
- 143 The assessment should be done or overseen by a doctor; other clinical staff involved should have occupational health training or experience. All appropriate information

should be available before a decision is made, which should be underpinned by a multidisciplinary agreement between all professionals involved with a customer.

- 144 The individual should be included more overtly in the process and the decision communicated face to face whenever possible. Any decision by the adjudication officer should follow discussion with a clinician, and should be recorded for transparency.
- 145 If any appeal process is required in this period, representation should always be made by the clinician involved and the opportunity provided for the customer to meet and discuss the decision in detail at all stages.
- 146 Incapacity Benefit should continue to be paid throughout the process, which should not be delayed without good cause.
- 147 A small number of key performance indicators should be introduced to ensure the process is managed effectively at all stages, mainly based on timings and response.

## **Conclusion**

148 The Personal Capability Assessment has an essential place in administering Incapacity Benefit and has been described as the gateway to work. The overarching objective of this review was to make recommendations that would lead to an improved system being introduced.

149 It is important to acknowledge that by default a system of this nature will never be universally popular. People who believe they are unfit to work due to ill health or disability and are found fit to do so are having their beliefs challenged and in many cases will be experiencing a major forced change in their lifestyle. It is vital in these circumstances that the system used to underpin these decisions is robust, credible, well managed and is based on expert clinical opinion and evidence. It is after all a decision about someone's health status.

150 The manner in which the system is coordinated is of paramount importance. It is essential that customers are well informed and that effective two-way communication is a key feature at every stage. People should be treated with dignity and respect; given that they are unwell and in many cases vulnerable an appropriate degree of compassion is essential.

151 This has not always been the case though no criticism is implied here. The wider publicity about Incapacity Benefits and general unpopularity of the system, both locally and in the UK, has created an environment that is challenging for customers and staff alike. We have the opportunity to improve this and should ensure that we progress the required changes at pace.

152 It should be acknowledged that decisions about fitness to work have been made in the past that seemed to surprise many people who were involved with customers. The system used, based on the IB50 assessment form, came in for a great deal of



criticism and it is suggested that despite the best intentions it did not adequately underpin an holistic assessment. This could well be due to the way it was operated as there is scope within the existing process to support a more appropriate approach to assesement.

153 Many people are not convinced that anyone other than a doctor should make the decision, with a preference expressed for their own GP to lead. Despite this the GP's themselves do not share this view. They believe their role in the system should be minimised and that the demand for sick notes has a negative impact on relationships. To this end the system and status of sick notes should be reviewed.

154 Occupational health is a specialism that deals with health in the workplace. Whilst the occupational health role is far wider than just managing return to work, it is this element that is ideally suited to delivering an effective PCA process. An occupational health service is based in the DHSC which already has links outside Government departments and which has supported the Job Centre previously. This service should be considered to undertake the PCA role, with a wider view to introducing an island wide occupational health service, which would bring consistency for all employers.

155 The output for many people will be a rehabilitation to work plan. To support individuals through this and to underpin effective outcomes, a review of roles, structures and relationships is required in a number of key areas. These should be formalised and introduced appropriately with adequate governance and performance management.

156 The role of public health in workplace health should not be underestimated. The JSNA should in time recognise the employment agenda as a priority and take steps to develop longer term strategy in this area. Employment is not seen as positive or as a priority by everyone and more effort is needed to raise awareness and change perceptions.

- 157 The term commonly used by many has been compassion. The new process should ensure that people are treated well, decisions are based on individual assessment, support is given to people throughout the process and that the quality of interaction is faultless.
- 158 Unpopular decisions will still result, but people should be able to be safe in the knowledge that any decisions are robust, defensible, and taken to benefit the individual concerned.
- 159 The actions outlined in this document will lead to the introduction of a PCA process that delivers on the aspirations outlined above.

## **Appendices**

- 1 Project plan
- 2 List of participants
- 3 Questionnaires
- 4 Letters to customers
- 5 Flowchart of new model
- 6 Draft specification Occupational Health Service



**Appendix 2 – Participants**

<b>Name</b>	<b>Role</b>
<b>Alfred Cannan, MHK</b>	Minister for Treasury
<b>Kate Beecroft, MHK</b>	Minister for Department of Health and Social Care
<b>Chris Thomas, MHK</b>	Minister for Policy and Reform
<b>David Cretney, MLC</b>	MLC, Manx Labour Party
<b>Bill Henderson, MLC</b>	Department Member with responsibility for Social Security
<b>Alex Allinson, MHK</b>	Chair of GPs forum, General Practitioner, MHK
<b>Sheila Lowe</b>	Chief Financial Officer, Treasury
<b>Ross Stephens</b>	Director of Social Security
<b>Vicki McLauchlan</b>	Deputy Director (Operations), Social Security
<b>Darrin Oldam</b>	Deputy Director (Policy and Legislation), Social Security
<b>Nick Gough</b>	Policy and Legislation Manager, Social Security
<b>Lindsey Maddrell</b>	Operations Manager, Social Security
<b>Laura Quinn</b>	Senior Employment Advisor, Social Security
<b>Patrick Burden</b>	Adjudication Officer, Incapacity Benefits, Social Security
<b>Mike Barratt</b>	Adjudication Officer, Income Support, Social Security
<b>Lindsay Maddrell</b>	Employment Advisor, Social Security
<b>Sue Carbutt</b>	Administrative Officer, Personal Capability Assessments, Social Security
<b>Dr. Malcolm Couch</b>	Chief Executive Officer, DHSC
<b>Henrietta Ewart</b>	Director of Public Health, DHSC
<b>Epha Crofts</b>	Consultant Occupational Health Physician, DHSC
<b>Dr. Frank Vaughn</b>	General Practitioner
<b>Dr. Stephan Osbelt</b>	General Practitioner
<b>Dr. Helen Freer</b>	General Practitioner
<b>Dr. Clare Hillas</b>	General Practitioner
<b>Dr. Helen Greig</b>	General Practitioner
<b>Dr. Marius Maska</b>	General Practitioner
<b>Dianne Watts</b>	Community Mental Health Practitioners, DHSC
<b>Lee Alstead</b>	Community Mental Health Practitioners, DHSC
<b>Finbarr Murphy</b>	Social Worker, Drug and Alcohol Team, DHSC
<b>Mandy Davies</b>	Health Visitor – Vulnerable Adults, DHSC
<b>Marianne Gadsby</b>	Social Work Assistant – Adult Services Access Team, DHSC
<b>Michelle Poyzer</b>	Senior Health Improvement Officer, Public Health, DHSC
<b>Zara Quane</b>	Mental Health Worker, DHSC
<b>Ray Quinn</b>	Manager, Tribunals and Probate, General Registries
<b>Mike Johnson</b>	Senior Employment Advisor (Disability Employment Services), DED
<b>Andy Stewart</b>	Group Manager, Employment and Skills, DED
<b>Jane Sloan</b>	Crossroads Care
<b>Celia Marshall</b>	The ME Association
<b>Phil Gawne</b>	ME Support
<b>Michael Manning</b>	Graih
<b>Julie Marshall</b>	Housing Matters

**Appendix 3 - Questionnaire****PERSONAL CAPABILITY REVIEW QUESTIONNAIRE**

Did you receive information about your assessment in advance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the documentation you received provide enough information about what would happen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you fully understand the reasons that you underwent an assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you feel that the assessment was thorough and gathered enough information about your circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you feel that the assessment provided an accurate reflection of your ability to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there anything about your assessment that could have been done differently which would have improved it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes please comment below		
In your opinion, was anything relevant missed by the assessment? If Yes, please comment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Following the assessment did you receive clear information about the next steps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive support from any agencies to return to work? If so, who?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you anything else you would like to add about the assessment process or your experience?		

## **Appendix 4 - Correspondence**

Dear

The Treasury is undertaking a review of the Personal Capability Assessment process, which is being co-ordinated by an external organisation, JLancaster Consulting Ltd.

As part of this process, we wish to seek the opinions and experiences of people who have undergone an assessment at some time in the past – regardless of the outcome.

We note that you had an assessment and therefore would welcome your views as part of this review. We want to listen to the experiences of those who went through the process, in order that we can address issues and make improvements to the process for the future.

We are hoping that you will be willing to help us by completing and returning this questionnaire in the pre-paid envelope enclosed by Friday November 11<sup>th</sup> 2016.

**This questionnaire is completely anonymous and no personal information will be shared.**

We are committed to improving the experience of all people who use our services, and your help in doing so would be much appreciated.

Should you require any further information, please contact the Incapacity Benefit Group, contact details are above.

Yours sincerely,

Incapacity Benefits Group

*Please return the questionnaire to The Treasury, in the pre-paid envelope provided.*

Dear

The Treasury is undertaking a review of the Personal Capability Assessment process, which is being co-ordinated by an external organisation, JLancaster Consulting Ltd.

As part of this process, we wish to seek the opinions and experiences of people who have undergone an assessment at some time in the past – regardless of the outcome.

We note that you had an assessment and therefore would welcome your views as part of this review. We want to listen to the experiences of those who went through the process, in order that we can address issues and make improvements to the process for the future.

We are hoping that you will be willing to help us in one of the following ways

1. Take part in a 15 minute telephone interview, or
2. Take part in a small focus/discussion group with other people who have been through the process. This will be facilitated by JLancaster Consulting Limited.

If you agree to take part in this review, please let us know by returning the attached slip in the pre-paid envelope enclosed by Friday November 11<sup>th</sup> 2016.

**It is important that you OPT IN to be involved. If we do not hear back from you we will assume you do not wish to be involved and will not contact you about this again.**

If you do opt in, the only details that Treasury will share with JLancaster Consulting about you are your name, date of birth, and telephone number.

There will be no requirement to share medical or financial information.

We are committed to improving the experience of all people who use our services, and your help in doing so would be much appreciated.

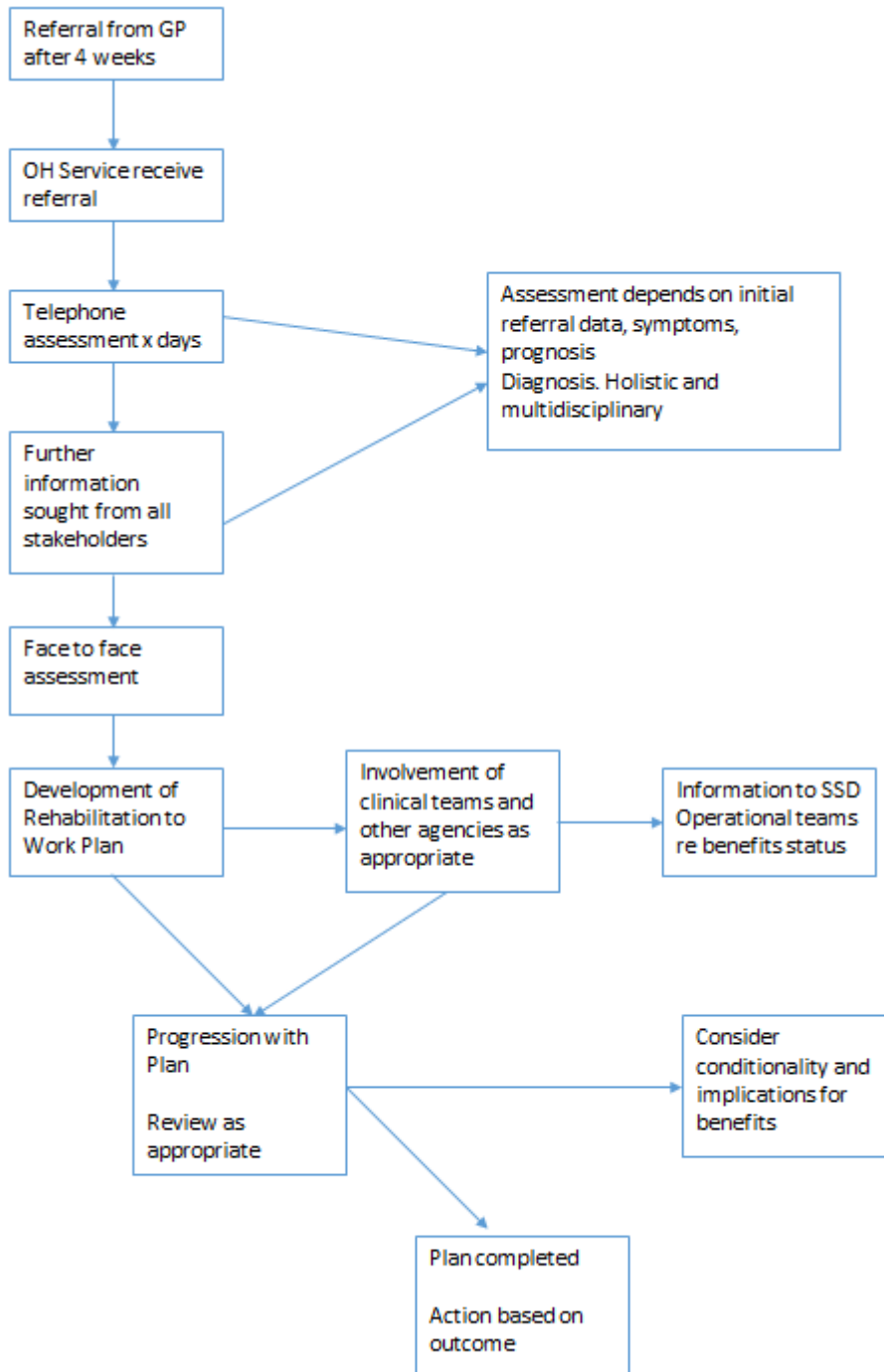
Should you require any further information, please contact the Incapacity Benefit Group, contact details are above.

Yours sincerely,

Incapacity Benefits Group



## Appendix 5 – Basic Pathway OH PCA Assessment



## **Appendix 6**

### Occupational Health Service Contract

#### Service Specification:

#### Qualifications of key Service Providers:

##### 1 Doctor

The service must be under the clinical direction of a registered medical practitioner who is a member of the Faculty of Occupational Medicine, and has appropriate experience. Other doctors should hold an occupational health qualification, or be working towards such a qualification, under the supervision of a member of the Faculty of Occupational Medicine.

##### 2 Nurse

The nursing work should be carried out by an occupational health nurse practitioner, or by a registered general nurse training for an occupational health qualification, under the supervision of an occupational health nurse practitioner.

##### 3 Other Professionals

Where the service makes use of other professionals, such as physiotherapists, they must ensure that they are qualified to a level that is acceptable to the partnership's individual client officers. This will be agreed at the regular contract meetings.

##### 4 Qualifications from outside the United Kingdom

In all cases, equivalent qualifications from outside the United Kingdom will be acceptable: the service provider will be expected to demonstrate that such qualifications are equivalent.

## 5 Selecting Appropriate Level of Service

Where elements of service may be provided by an appropriately qualified nurse or by a doctor, or by some other practitioner, depending on the particular nature of the case, the service provider may decide which professional is the most appropriate to provide service. The service provider should ensure that clear criteria exist to assist in making this decision and those criteria should be agreed with each of the partnerships individual client officer.

Clerical and administrative cover shall be provided by the Service provider.

### Other Service Elements

#### 1 Provision of Cover

The services will be required during any working week, but not on bank holidays. Cover will be arranged in the event of annual leave, sickness or any other absence of staff.

#### 2 Location of Service

The service must be provided by the Service Provider from an acceptable location. It should be physically accessible to all customers, whatever their condition and means of transport. Suitable accommodation meeting these requirements, with properly equipped consulting rooms.

#### 3 Methods of Contact and Communications

The Service Provider should establish a contact and communications system that enables the customers to contact the service quickly and clearly, to ensure that key information is communicated in a timely fashion and that where necessary clarification of matters within correspondence can be sought and provided quickly. This should include use of electronic communications where appropriate. The detail of the communications methods will be

agreed and evaluated in the course of the quarterly contract performance and review meetings.

#### 4 Records and Monthly Reports

Records must be kept of all referrals and other elements of work. Monthly reports will be required to enable the volumes of work and timescales within the contract to be monitored. The detail of the reports will be agreed in the course of the contract.

Individual health and medical records will be kept by the Service Provider as necessary, and in accordance with all of the relevant legislation, including that relating to Data Protection, Access to Medical Reports and Health Records, and Health & Safety. At the end of the contract term the Service Provider will ensure that the individual records are passed on to the next Service Provider where this is necessary in a condition that enables the next Service Provider to manage that information effectively and in compliance with relevant statutory duties.

#### 5 Contract Performance Review and Monitoring Meetings

The Service Provider should provide advice on matters of occupational health related policy and practice, to help the DHSC to develop its arrangements.

The Service Provider must:

Lead the development and sign off of rehabilitation to work plans for those customers who require them.

Provide administrative services and recording systems to enable the service to be delivered effectively and efficiently.

Provide monitoring information, including statistical information, on a monthly basis to enable the activity, quality and performance within the contract to be monitored and evaluated. The

detail of this information will be agreed between the Treasury officers and service provider in the contract set-up, and reviewed in monitoring meetings.

Attend monitoring meetings on up to four occasions a year with Treasury officers.

Develop and implement a triage process to underpin initial assessment on referral

Develop a process for undertaking Personal Capability Assessments which are holistic and involve true multidisciplinary review as appropriate on a case by case basis.

Use these to develop rehabilitation to work plans with customers.

Liaise closely with Employment Advisors, SSD operations staff, GPs, Secondary Care and third sector organisations to support the delivery of rehabilitation to work plans.

Maintain occupational health records relating to all the customers (employees if extended model), including health surveillance details where appropriate, and to pass on the records to a successor service provider at the end of the contract period if necessary.

## 6 Service Volumes and Costing

The Service Provider to provide the Occupational health services on a unit pricing/ cost and volume model/ fixed price model

## 7 Telephone Consultations

The Service Provider may make use of telephone consultations rather than face-to face appointments provided that there are clear criteria for deciding when this approach is suitable, and provided that it forms part of an integrated service model so that continuity is maintained if it becomes necessary to move towards more direct contact. Telephone contacts may form a valid element of a full assessment.

## 8 Missed appointments

Where an appointment is made to respond to a referral or for a PCA (and the customer (employee) misses the appointment or cancels less than 24 hours before the appointment time, the Service Provider can charge for that appointment if they have been unable to obtain a replacement for that appointment.

The charge will be the same as that for the initial appointment. Where an appointment is missed or cancelled at late notice, the Service Provider must contact the relevant officer for that case immediately so that they can respond appropriately. Where practicable, the cancelled appointment should, in the first instance, be offered to another customer.

The Service Provider should offer a new appointment to a customer who has missed or cancelled an appointment. Consideration will need to be given to any conditionality arrangements in place. Repeated failures to attend by an employee require particular attention.

Liase with SSD on issues that may impact on any conditional agreements that are benefits related

## 9 Service Quality

It is of great importance that the service quality meets the requirements of the DHSC. The service must be delivered by professionally qualified staff to an appropriate level and it must have arrangements for ensuring compliance with requirements related to confidentiality, data protection, health & safety, equalities and other statutory requirements. .

Delayed access to service or to reports can have a significant detrimental impact on the effectiveness of actions, and the benefit to customers: for this reason, the timescales indicated in the specification will need to be closely followed and monitored.

The Treasury will take action through the contract in response to failure to meet the timescale or quality requirements, where attempts to improve have been unsuccessful. The detail of the monitoring and improvement planning (if necessary) will be agreed during the contract set-up process. The Service Provider must be an innovative provider of outsourced Occupational Health, services.

Service delivery must be based on building lasting and mutually beneficial working relationships utilising wherever possible the latest emerging technologies and electronic communications channels.

Good performance in respect of the quality and timescales will be taken into account by the Treasury when considering the extension of the contract term.

## 10 Detail of Services

### Personal Capability Assessment

Develop systems and documentation supporting the introduction of the new Model of Personal Capability assessment described in the 2016 review undertaken by JLancaster Consulting Ltd. This will need to consider the delivery of assessment, communication, stakeholder engagement, multidisciplinary working.

Utilise assessment data to develop individualised rehabilitation to work plans in partnership with the individual and other clinicians and appropriate agencies.

Develop telephone, on line and face to face assessment protocols to underpin the above process

Assessment to be arranged within 5 working days of receipt of GP referral

Electronic report sent within 3 working days of examination.

Develop rehabilitation to work plan within 10 working days of examination

Other requirement

Lead the development and implementation of an Isle of Man occupational health service to the required specification.