

**KEY ISSUES / PROBLEMS ARISING FROM**  
**25% ME GROUP MEMBERS' ESA EXPERIENCE**

**BASED ON ADVOCACY WORK & MEMBER FEEDBACK REPORT 2012**

- 1. Major problems experienced with change to ESA:**
  - a) No exemptions from Work Capability Assessment, no matter how sick / debilitated and for how long
  - b) ESA awards are time-limited and claimants can be subjected to repeated assessments at frequent intervals.<sup>1</sup>
  
- 2. Major problems with Limited Capability for Work Questionnaire (ESA50):**
  - a) Reduced time limit of 4 weeks for completion insufficient
  - b) Effort of completing form to deadline causes a range of problems; late submission can also cause major problems
  - c) Many need help with completion of Questionnaire – not always able to access this
  - d) Rules on completion of Questionnaire too inflexible
  
- 3. Major problems in obtaining medical evidence in support of claims:**
  - a) GPs may not appreciate degree of debility in severe M.E.
  - b) GPs may not know case well due to failure to make home visits (as a result, many patients have no medical monitoring or care)
  - c) Form ESA 113 sent by DWP to GPs not specific enough for them to give the required information
  
- 4. Major problems with face to face and remote assessments:**
  - a) When face to face appointments are kept by patients, often with *great* difficulty and significant adverse health consequences, most get wrong assessment outcome
  - b) Only if a doctor explicitly testifies that a patient is unable to travel to an assessment centre will the need to attend be waived. The requirement to produce such testimony – on behalf of every housebound person of working age – represents a massive cumulative burden on the NHS
  - c) Remote assessments are usually not done by a doctor, although Atos is required to do so for claimants with complex CNS findings
  
- 5. Major problems with decisions / outcomes:**
  - a) Too few decisions are correct: a fairly consistent tendency is to award claimants ESA at a level one step below that which is appropriate to their case.<sup>2</sup>
  - b) Pressure to participate in work focussed interviews is very stressful and attendance downright impossible for severely affected patients placed in the WRAG. Even though a challenge has been lodged against the WRAG decision, attendance at such interviews can only be waived on a discretionary basis.

### **General Comments**

**The new assessment procedure for severely ill patients is for the most part too inflexible and rigid to produce appropriate ESA outcome. The intention to simplify assessments and be fairer to all is counter-productive in these cases, resulting in a huge amount of additional work for Atos, the DWP, the NHS - and associated expense to the tax payer - and causing great distress to patients, often resulting in miscarriages of justice.**

**The current rules and conditions for assigning people to either the Work Related Activity Group (WRAG) or the Support Group (SG) do not identify respective patients correctly: in the words of a well-known politician *'they are unfit for purpose'*.**

**View of the 25% ME Group Advocacy Worker: *"The present system simply isn't a meaningful assessment of whether or not a person is fit to work, or can reasonably be expected to take steps to prepare for work in future."***

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<sup>1</sup> EXAMPLE: Person ill for 25 years, severely affected. Too ill to complete the form herself and missing medical appointments because too ill to attend. Awarded Support Group ESA – for three months.

<sup>2</sup> FIGURES FROM FEEDBACK REPORT: *Initial Decision*: 10 SG, 10 WRAG, 3 No ESA; *Decisions Challenged* 12 of the 13 WRAG/No ESA decisions; *Outcome of Challenges* 5 changed, 2 unchanged, 5 pending. *Decisions following Challenge* 13 SG, 5 WRAG, 0 No ESA 5 Pending.