

## Medical evidence and Incapacity Benefit: Evaluation of a pilot study

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This research evaluated the Medical Evidence Gathering pilot, undertaken in Sheffield and Rotherham in 2002. The pilot tested alternative arrangements for collecting medical information from doctors for use in determining entitlement to state incapacity benefits.

The main difference between the current and pilot arrangements was that rather than GPs providing information to the medical officer (approved doctor) on the standard report forms (IB113s and Med4s), medical information was extracted directly from claimants' GP record.

### Key findings

- While some GPs welcomed the pilot arrangements as time-saving and providing a more balanced picture for benefit decisions, others had concerns about patient consent and confidentiality. The pilot arrangements ran smoothly, but for the practices sending notes clerically, the pilot resulted in more work for administrative staff.
- Some clients were unsure about the detail of the pilot arrangements or whether they were participating. But most were content with the principle of the pilot once the detail was explained.
- Doctors conducting scrutiny of the paper evidence found the case notes more helpful than the existing forms, because they contained fuller, more accurate and more up-to-date information and, unlike the existing forms, they were available for all cases. This was particularly the case for re-referral cases

and for customers with mental health conditions, where there is often insufficient information on the current forms.

- While some examining doctors preferred using case notes because they were available for all cases, gave a more complete clinical picture of the case and were more objective than the existing forms, the disadvantages of case notes were that they took longer to deal with and they lacked direct information about the impact of the clients' clinical condition on their functionality.
- Decision Makers recognised the drawbacks of poorly completed or uncompleted forms from GPs, but found the clinical information and technical language of case notes difficult to interpret.
- Overall, GP records are useful in providing evidence of diagnosis or health conditions, but less useful for judging functionality. The IB113 form can be useful on both counts if filled in well, but this does not happen sufficiently often.

## Summary of research

### *The Evidence Gathering Pilot*

The pilot tested an alternative way of gathering medical evidence for the Personal Capability Assessment (PCA), the medical test used to decide entitlement to incapacity benefit claims. Under current arrangements, inadequate and low quality information collected from some certifying doctors can lead to inefficiencies in the system resulting in unnecessary demands on sick and disabled people; procedural inconsistencies; and wasteful use of DWP, Medical Services and Appeal Service resources. In addition, current arrangements create an unwelcome burden of work for some certifying doctors, most of whom are GPs.

The PCA indicates the extent to which a person's condition affects their ability to do a range of everyday work-related activities. When the PCA is applied, people who do not meet the threshold for incapacity are disallowed further incapacity benefit. For those who do meet the threshold a review (or re-referral) date is usually set.

The PCA requires the collection of paper evidence from one or more sources, including the client and their GP. This is used to decide whether clients are exempt from the PCA process, eligible for benefit or whether further evidence is required to decide eligibility from a medical examination. The main actors in the PCA process include the approved doctors who scrutinise the paper evidence and the Examining Medical Officers (EMOs) who conduct medical examinations, both of whom advise the Jobcentre Plus Decision Makers, responsible for making the final decision.

The pilot tested an alternative way of gathering medical evidence from the client's GP. Currently this is collected by asking GPs to complete IB113 reports and Med4 certificates. For the pilot this system was replaced by one where approved doctors sought access to the claimant's GP case notes and prepared an extract of relevant information onto a new form SB2.

## Research methodology

A qualitative approach sought views and experiences from: claimants (22 pilot participants and ten non-participants); GPs and practice staff (in 29 practices, 17 of which were participating in the pilot and 12 had declined); claim processing staff and Decision Makers; and approved doctors.

### *Views and experiences of GPs and practice staff*

GPs generally felt their records would provide fuller information, which could lead to better benefits decisions and save GPs some time. Some had concerns about patient consent to release of full records, patient confidentiality, and the low quality of some records. The views of the practice manager could be highly influential in initial decisions about whether to take part in the pilot.

There was mixed evidence of any impact of the pilot on GPs themselves. Reduction in workload had been noticed mainly by GPs who usually dealt with higher numbers of IB113 report forms or spent some time completing each form. GPs reported no negative impacts for themselves or patients. In terms of administrative work, the process was easiest for practices sending actual GP records. Those sending photocopied records found this time consuming, and considered the additional honorarium insufficient. The arrangements for collection and return of records generally worked well.

### *Views and experiences of incapacity benefits claimants*

Not all claimants were aware of their relationship to the pilot, and some initially recalled little about it. Those who remembered making a decision about taking part had known that participation was voluntary.

Reasons for taking part fell into two groups: possible direct consequences for themselves and other claimants, and perceptions of the new arrangements as a generally better way of doing things. For example, some people hoped that by taking part they would avoid a medical examination, while some believed generally that advances in society required readiness to try new things. Just feeling that they had nothing to hide could be sufficient. Reasons for not taking part were remembered by only a small group of people, and included concerns about confidentiality of their medical records.

Most people felt it would be all right to roll out the new arrangements, although some were puzzled as to how consent would be dealt with. People stressed the importance of maintaining confidentiality, and careful handling and speedy return of GP records. The small number of people who disagreed with the new arrangements had strong negative views.

### *Using GP records in the administration of incapacity benefit*

Approved doctors provide Decision Makers with advice about whether a claimant should be exempt from the Personal Capability Assessment (PCA) and about whether a client requires an examination. Under the pilot arrangements they also extracted data from GP records and prepared a new report form (SB2) which summarised the relevant evidence from the GP notes. All of the approved doctors who prepared the SB2 reports were interviewed.

GP records were thought to contain more information than most IB113 forms, and often allowed doctors to form a view about the severity of the condition, which could be helpful. Fuller information led to an increased level of confidence. There was a preference for using GP records to make decisions about exemption, although the process was thought to take slightly longer. The impact on the substance of decisions made was thought to be marginal.

Approved doctors felt that the proportion of cases where they advised a medical examination

had probably increased under the pilot arrangements. This was because having fuller and more up-to-date information sometimes raised uncertainty about the claimant's eligibility.

Overall, there was preference for providing advice to Decision Makers based on GP records, partly because they were available in all pilot cases (unlike IB113s). GP records varied in quality but compared favourably with the quality of information on IB113 forms and Med4s, and often provided more accurate, more objective and more up-to-date clinical information. Disadvantages were that GP records contained little direct information about functionality.

### *Using extracts from GP records in the administration of incapacity benefit*

Approved doctors who provide advice to Decision Makers on the paper evidence and approved doctors who provide advice following an examination were the principal users of the information on the SB2 form. This information was also made available to Decision Makers in Jobcentre Plus who are responsible for making the decisions on benefit entitlement. The researchers interviewed all six approved doctors conducting regular medical examinations of claimants under pilot arrangements and all ten Decision Makers in Sheffield and Rotherham.

Examining Medical Officers (EMOs) were surprised that the pilot arrangements had little impact on the process of examining claimants or their choice of descriptors of functionality in their reports. This was partly attributed to a usual lack of information about functionality in the extracts from GP records. However, some EMOs liked having fuller medical histories from GP records, and for some claimants this meant they could set a longer re-referral date.

All EMOs spent more time on their reports under the pilot arrangements and some felt their advice about descriptors was better justified. Some EMOs felt the SB2 forms contributed to greater objectivity. The IB113 forms could be easier to understand if the GP gave a coherent summary of the claimant's health. Piecing together a

medical history from chronological extracts on the SB2 could take longer. Legibility of GPs records remained an issue under both arrangements.

There was no consensus of preferences for the pilot or usual arrangements. Preferences for the pilot arrangements were based on the guarantee of at least some information from the GP, a more complete clinical picture, and more objective information. Disadvantages included the additional time required to read and write reports and lack of direct information about functionality. The main advantage of working with the IB113 forms was that questions were designed to elicit relevant information about functionality.

Decision Makers said that decisions are hardest to make when claimants score themselves above the threshold but the advice from the EMO indicates that they score below the threshold for receiving incapacity benefits. They require good quality information. Decision Makers were surprised and disappointed that the pilot arrangements had little impact on the quality of medical reports produced by EMOs, or the substance and quality of their own decisions. Some Decision Makers were definite in their view that their decisions would have been exactly the same under usual arrangements.

Decision Makers felt that much clinical data contained in the SB2 was hard for them to understand and interpret. IB113 forms, well completed by GPs, were generally better at providing information about functionality, but failure to return IB113 forms and paucity of information in some was a problem. Some Decision Makers felt it was better to have at least some information from GPs for all decisions.

### ***Developing policy for the collection of medical evidence***

If the pilot arrangements were continued, one issue would be the acceptability of using GP records; objections in principle on grounds of confidentiality are likely to remain for some. More robust methods of increasing claimants' understanding and seeking their consent should be explored, and could help to persuade more

GPs that their patients have given fully informed consent.

The amount of additional administrative work created for practice staff was variable, and raises issues about any additional remuneration. Thinking about future arrangements will need to take account of possibilities in the use of IT.

Overall, GP records are useful in providing evidence of diagnosis of health conditions, but less useful for judging functionality. The IB113 form can be useful on both counts if filled in well, but this does not happen sufficiently often.

In terms of revision of the current IB113 form, flow and quality might be improved by introducing different systems for remunerating GPs; taking more pro-active management action for non-compliance with GPs' terms of service; quality control procedures and enhanced GP training. In terms of building on the pilot arrangements, improvements could be made to operational effectiveness and efficiency.

The full report of these research findings is published for the Department for Work and Pensions by Corporate Document Services (ISBN 1 84123 594 6. Price £35.00. Research Report 189. July 2003).

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