

WCA outcome

Summary

The Healthcare Professional role is to provide advice to the DWP Decision Maker on an individual's functional ability, which is objective, fully justified and evidence based.

The DWP Decision Maker role is to use all the documented evidence available, including recommendations provided by the Healthcare Professional, to make a decision on a claimant's entitlement to Employment and Support Allowance (ESA).

The final decision on a claimant's entitlement to ESA lies with the DWP Decision Maker.

Receiving WCA Outcomes

1. Several different outcomes can be notified during the WCA process. Outcomes will usually be electronically available to DM/BDO – DMA team via MSRS.
2. Any associated paperwork will be sent separately in an ESA55 to the Benefit Service Division (BSD).
3. On receipt of all relevant documents, all WCA outcome action must be recorded on the ESA56 in order to keep track of the Decision Making Process. See Assessing WCA Outcomes
4. The BSD will be required to update JSAPS with the outcomes of the WCA. This ensures that the WCA details are available for the Advisers and Disputes Resolution Teams. For example; if the incapacities recorded on JSAPS captured from claimant do not correspond to the MSRS Report, the DM will update JSAPS with incapacities from the MSRS Report.
5. The Assessment report must be checked to ensure it is fit for purpose **before** a WCA decision is made. If the report is not fit for purpose, take rework action.
6. Full details of action to take on WCA outputs are shown in the ESA MSRS User Guide.

Viewing Electronic Output from MSRS

7. Access MSRS Browse New Response List (BNRL) on a **daily** basis to view the list of available outcome or notification reports. These include:
 - view Letter, and Contact History for failure to attend/comply/participate with LCW assessment where the claimant DNA
 - view Letter and Contact History for failure to return ESA50
 - recommendation for Terminally ill report (ESA85a)
 - recommendation for Support Group (ESA85/85A)
 - recommendation for LCW Assessment report (ESA85a)
 - re-referrals) (ESA85A)

NB Remember that a previously LCWRA (Support Group) claim cannot be placed into the WRAG following an Advice report. There must be a face-to-face assessment conducted, otherwise it should be returned to the assessment provider.

- View FME
 - View Appointment Cancellation and
 - View Change of Circs
8. The BNRL will only contain ‘**authorised**’ Assessment reports. Where the claimant’s NINO is entered any ‘**Assessment**’ reports may be visible on MSRS. A draft report is where the report is undergoing audit following an assessment. **Do Not Use** the draft report. If this is a CHDA audit then it will be clearly marked as an audit.
 9. Once a WCA outcome appears in the MSRS (BNRL) S372 (WCA Result Available) case control is produced. This case control alerts DWP staff that a WCA outcome is available in the MSRS BNRL.
 10. Depending on the BSD operational set ups, teams can either clear WCA outcomes using the S372 WAR or the BNRL. In all cases staff must:
 - access MSRS to view the Assessment report will therefore clear customer action in MSRS, or
 - input the WCA outcome result in JA674. This action will clear the S372 case control. This should always be done by the DM
 11. The S372 case control matures overnight and will appear on the WAR until cleared. The case control will not appear on the Overdue Work Return (OWR).
 12. The S372 case control can be cleared by entering the WCA outcome result in JA674.
 13. All WCA outcomes will produce a S372 WAR regardless of how they are referred, unless it is by a clerical referral. JCP will still need to clear the “customer action” from the Assessment referral in MSRS as usual to remove it from the BNRL as well as updating JA674.
 14. The S372 case control WCA outcome reasons shown on the WAR are:
 - 01 = ESA50 not returned
 - 02 = Did not attend
 - 03 = Did not attend (Mental Health)
 - 04 = ESA50 returned late
 - 07 = WCA outcome
 - 09 = User Rejection
 - 10 = Withdrawal

Receiving Associated Paperwork

15. Where MSRS indicates that there is associated paperwork, do not action the electronic Assessment report until you receive the paperwork. If you do not receive the associated paperwork within **five** working days contact the Health Assessment Advisory Service by telephone to check status.
16. When you receive the associated paperwork, or if none is required:

Step	Action
1	Access the individual claimant’s account in MSRS
2	Review MSRS Assessment reports and associated paperwork and if necessary refer the case to the DM/BDO
3	Ensure MSRS action has been completed on MSRS
4	Access the claimant’s account in JSAPS screen JA674693

	'PCA Assessment Details' and record the return date of the report from the Health Assessment Advisory Service in 'Return from MSRS Date'
Note: The term 'report' in the guidance action below means receipt of <ul style="list-style-type: none"> • the supporting case file (if one exists) • the Assessment report or • the non-compliance outcome 	
5	Note Destruction Date on ESA55 see archiving Medical Evidence

On receipt of the outcome decision

17. When it has been confirmed the claimant has LCW the following action must be taken.
18. Before inputting the prognosis date check if the claimant's next review WCA will be within 91 days of their State Pension Age (SPA). This can be calculated by using the State Pension Calculator. if **NO** input details as normal
19. if **Yes** then check that the claimant will not be within 91 days of SPA before their next review will begin. If it is then extend the prognosis by 3 months NB the WCA commences 2 months before the end of the prognosis period.
20. **Example** - Claimant was born 01/07/1951. Claimant's face to face conducted 28/05/2012. Prognosis 3 months which will take them to 27/08/12. Using the SPA calculator the claimant will become entitled to their state pension on 6/9/12. Therefore the review would commence within 91 days of their SPA. You should advance the prognosis period to 6 months.

WCA Standard Operating Model (SOM)

21. Below are links to the SOM's for admin staff and DM's dependant on grade and whether it is concerning LCW or LCWRA:
 - LCW DM Band B Process
 - LCW DM Band C Process
 - LCWRA DM Band B Process
 - WCA Admin Band B Process

Activity Summary

Decision Making Activities

- Promulgations of all WCA Decisions
- Rework referrals to CHDA
- Advice referrals to CHDA
- WCA Reconsiderations (pre decision)
- WCA Reconsideration referrals to CHDA (pre decision)
- Appeals allowed for DM review, including any system arrears
- ESA 50s
- Gather information to facilitate a Mandatory Reconsideration (post decision)
- Explanations (post decision)
- Arrange safeguard visits and outcomes from the visit

- Suicide process

WCA Admin Activities

- All WCA WARs
- JSAPs terminations and clearance of outstanding WARs/Case Controls
- Daily intake of all outputs in MSRS Browser New Response List
- Daily intake of ESA55's (including lost file work action)
- Daily intake to process change of circumstances received in MSRS
- Withdrawals
- JA Reports including JA7266 (scans) when required
- Record cases on JSAPS, DMACR and Tracker
- S283 Auto Push failures
- Miscellaneous post

Other Activities

- HOTT – the appropriate ABM Activity for ESA Outbound Telephony should be used (Claims or Maintenance)
- Complaints – There is a separate ABM Activity for Complaints Handling & Resolution
- Selection of QAF Cases – The appropriate Quality Assurance ABM Activity should be used
- Booking DAC Calls – this process is not recommended in the SOM

DM action on receipt of the MSRS WCA TI Assessment outcome

22. ESA TI cases should be dealt with as a matter of urgency. On receipt of the MSRS ESA TI Assessment report from the Health Assessment Advisory Service, DMs must check the MSRS system for any evidence of an ESA50.
23. If no details can be found for a FE it can be assumed that in some cases where there is a SCF, it will only contain the DS1500. The TI decision will be on MSRS.
24. Before making any ESA award the DM must check CIS for any PIP award which may have overlapped. This is to ensure consistency in decision making.

Action when SCF received.

25. On receipt of the SCF the DM will need to check the ESA55 for any evidence not previously considered. These occasions should be rare and the DM will need to review the decision if further evidence comes to light.

Missing associated paperwork or outcome report in MSRS:

Step	Action
1	Telephone the Health Assessment Advisory Service to check status
2	Set a Case Control for one day in dialogue JA530 to check for outcome. Access screen JA674694 "Personal Capability Assessment Outcome" to input:

	<ul style="list-style-type: none"> • The Decision date • The Decision Type code <ul style="list-style-type: none"> ○ 01 for LCW – to confirm decision type, followed by either of the codes below to confirm decision reason type: ○ 02 for Support Group Or ○ 04 for Work Related Activity Group <ul style="list-style-type: none"> • The Decision effective from date <p>Next WCA date (calculated from the last date of assessment and set automatically by JSAPS at 2 months before the actual prognosis date)</p>
3	If the associated paperwork or electronic Assessment report is still missing, telephone the appropriate Health Assessment Advisory Service Site Manager.
4	When the Health Assessment Advisory Service has established that a file is missing the Health Assessment Advisory Service manager contacts the referring office via the HDA Performance Manager.
5	The Health Assessment Advisory Service will undertake a thorough search for the file; if unsuccessful they should raise an incident with the courier if appropriate and inform the relevant DWP office. The relevant DWP office is responsible for notifying the DWP Security.
6	When DWP Security is satisfied that the file is lost they will authorise the reconstruction of a duplicate file as a last resort.
7	The Health Assessment Advisory Service registration will remain open and will be annotated as file missing – duplicate requested.
8	If the original file is recovered at any time the Site manager notifies the HDA Performance Manager

Note: JSAPS will refer to the PCA rather than the WCA.

Lost Supporting Case File (SCF) between Health Assessment Advisory Service and DWP

WCA Team Action

26. The SCF ESA55 should be received by WCA Teams within 5 working days of appearing on the Browse New Response List (BNRL). The first working day following the SCF entry in the BNRL is day one. **(Note: It is not always the medical advice outcome date, eg. if the case was selected for Quality Audit check)**
27. On day 6 the WCA Team should notify the Health Assessment Advisory Service Team Leader if the SCF has not been received. A local search

should be requested to establish its whereabouts and forward to the WCA Team.

28. If by day 11 the SCF has still not been received by the WCA Team, the matter should be referred to the HSD Performance Manager (PM).
29. If the SCF cannot be found the Health Assessment Advisory Service Site Security Manager should investigate the matter by taking the following action
 - arrange full Office Stop and Search
 - identify courier service issues for escalation with TNT
 - contact DWP Nominated Site Manager to request full Benefit Service Division (BSD) Stop and Search and Fario check.
30. If the SCF cannot be found by day 20 but is still considered to be within the office environment, the HSD PM should agree responsibility for rebuilding the case with the DWP.
31. It is for the DWP to rebuild the case as they own the ESA Customer Journey.
32. The HSD PM should advise the DWP Nominated Site Security Manager for a decision to be taken when missing SCF action is taken.

Action to be taken by WCA Team Band C Manager

33. The following action should be taken by the Band C Manager;
 - clear the 'customer action' in BNRL (this is to prevent poor performance being recorded against the BSD)
 - refer to the Decision Maker (DM) to determine whether there is enough information to determine the outcome or whether another ESA50 is required
 - refer case to Operational Security for background checks to identify any irregularities

Definition of Roles

DWP Nominated Site Security Manager

- to record missing documents on Missing document Control Record
- refer incident to Operational Security Team In-Box detailing the missing data and action taken

Operational Security Officers

- to record incident of data loss
- conduct an audit trail to identify who/where last access made
- escalate irregularities identified to Security Incident Management Team

DWP Nominated Site Security Manager

- write to claimant within 14 days to explain the loss, apologise and potentially invite claimant to complete new ESA50 (depending on DM's requirements)
- await response from claimant on whether they agree to complete another ESA50

WCA Team Band C Manager

- re-start the Customer Journey by prompting Q-Referral or S-Referral if claimant declines to complete form in MSRS

HSD PM

- to contact the Health Assessment Advisory Service to prioritise case
- to oversee all missing SCF action until MSRS Live Referral action is completed and a central point for missing SCF MI

Missing SCF found

34. If a missing SCF is found at a later date, notify the nominated DWP Site Security Manager for them to take the following action:

- advise HSD (PM)
- update Missing document Control record
- arrange for duplicate file and original file to be amalgamated
- advise Operational Security Team In-Box that missing case has been found

Requesting Rework

35. Where rework has been requested from the Health Assessment Advisory Service, take the following action in JSAPS

Step	Action
1	Update JSAPS screen JA674693 'PCA Assessment Details' record with 'Back to MSRS date'
2	Reason code 01 which will decode as 'not fit for purpose'
3	Return any associated paperwork to the Health Assessment Advisory Service for rework with form ESA60
4	Case control S294 'Check Returned PCA Progress' is automatically set when the case is returned to the Health Assessment Advisory Service as not fit for purpose.
5	A JA72539 WAR will be produced 21 days after the WCA Assessment referral has been returned on MSRS (Note: JSAPS will not produce distinct WCA referrals section on WARs at the BSD.

When the WAR is produced, check to establish whether or not the file has been returned

36. If the Health Assessment Advisory Service accepts the Assessment report is to be reworked the revised report will be available on MSRS. There will be no entry in the **Browse New Response List** to advise you that the output has been reworked. You are prompted by the return of the **ESA55**. Once in the **View Medical Outputs** screen you can view the new report which will be marked as **authorised**. The original report will be marked as **superseded** and there will be an option to view the report if required.

37. Where the Health Assessment Advisory Service does not accept that the Assessment report is for rework the Assessment referral will be rejected and the ESA60 will be returned along with the ESA55. Contact your Regional HDA Performance Manager in cases of dispute.
38. To clear the Case Control in JSAPS,

Step	Action
1	Record the "return from MSRS date" in JA674693 PCA Assessment details screen when case is received.
2	If not cleared timeously the case control appears on the JA72525 'Overdue Work Report' (OWR) and continues to appear each day until the case is returned from the Health Assessment Advisory Service. The date cannot be changed. The reports are available from the CR002 'Common Report Viewer' online WAR.

Note: JSAPS will refer to the PCA rather than the WCA

Claimant Requests a WCA Reconsideration

39. The claimant may not accept the assessment decision by the DM/BDO (DMA) and request to have the decision reconsidered.
40. To support this reconsideration the claimant may provide additional medical evidence.
41. This will be forwarded to the Health Assessment Advisory Service with a clerical request to reconsider their advice. If new info is received pre decision such as following a DAC then you do not have to send back you can ring CHDA for advice. If it is following the decision and the claimant wants to be put in SG not WRAG this is a new question not a reconsideration as such
42. The Health Assessment Advisory Service may decide to change their original advice on reconsideration or they may decide that their original advice stands. For example, if the DM receives further information pre decision which may come from the Decision Assurance Call (DAC) and they are awaiting receipt of proof of this information. When it is received an HCP can relook and see if the new information changes their recommendation.
43. The Health Assessment Advisory Service will advise DM/BDO (DMA) via MSRS.
44. The DM/BDO (DMA) will consider any new evidence and the MS report and make their decision accordingly.
45. The claimant has the right to have the decision explained to them in full regardless of the decision. The customer can then request a mandatory reconsideration.
46. If the claimant remains unhappy with the decision, they can appeal against the decision.
47. For further guidance on Reconsideration see Reconsideration and Rework Good Practice Guidance.

Assessing WCA Outcomes

Terminally Ill outcome report received

48. On receipt of a terminally ill (TI) referral the Health Assessment Advisory Service will review the information, and form DS1500 if applicable, to determine whether or not the claimant satisfies Special Rules (SR) Provisions.
49. If the Health Assessment Advisory Service confirms the claimant fits the criteria to be classed as TI then an immediate response will be returned to the BSD. The DM will decide if SR or TI applies. This will be in the form of an electronic output ESA85A visible on the MSRS Browse New Response List.
50. The Health Assessment Advisory Service will return all documentary evidence to the BSD. The Assessment report goes to a BSD Decision Maker, who will decide the claimant's classification based on
 - a DS1500 if one is held
 - any other medical evidence available.
51. Where the DM awards support group under Special rules, DM's only will record the decision type and decision effective date on Jobseekers Allowance Payment System (JSAPS). This will allow the claimant to have the first seven waiting days removed, if the decision is that they are considered to be terminally ill from day one of the claim, and also allow payment of ESA at the Support Group rate to be paid immediately from the decision effective date (in this instance the date of claim.)
52. Where Support Group is award from the outset of the claim take the following action in JSAPS:

Step	Action
1	Register a change of circumstance event in JA60; in JA060062 input event type 02 (CoC) and subtype 18 (multiple/ others)
2	Access JA610636 'pick list' and select 'Health Details'
3	Remove the Special Rules indicator. Note it is important to remove the Special Rules indicator from JA610636 before the WCA outcome is recorded, to ensure the assessment is processed correctly.
4	Assess claim through JA200 and JA405 then access JA674693 and input: Return from MSRS date Access JA674694 and input: Decision date Decision type 01 for LCW and Decision type 03 for Terminally ill Decision effective from date Set next WCA date for 3 years

53. Where a terminal illness is identified but a claim has not been made under Special Rules the Support Group component is awarded from the 92nd day.

54. If the claimant has had a period of JSA Extended Period of Sickness (EPS) then this will count towards the 13 week Assessment Phase providing there has been no break between the JSA EPS and the ESA claim.
55. There will be a note in JA510 to show if there has been an EPS and whether arrears will need to be considered.
56. JSAPS will automatically award components from the 92nd day from the start of the ESA claim.
57. A manual calculation will need to be done, as the 13 weeks should start from the first day of the JSA EPS.
58. Using the dates of the EPS from the notepad entry, calculate 91 days (13 weeks) from the start date.
59. Arrears will need to be paid from the correct 92nd day up to the day before the date JSAPS has calculated the arrears from:

Step	Action
1	Work out the period the payment will cover (weeks and days for example 4 weeks and 3 days).
2	Multiply the full weeks by the weekly component amount (consider if any premiums need to be awarded as a result of the component too).
3	Take the weekly component amount, and any premium amount if necessary, and divide 7 and multiply by the amount of days in the part week.
4	Add this figure to the figure at step 2.

Note: You must always calculate arrears as above to avoid any under/over payments. Converting weeks into days, for example 4 weeks 3 days = 31 days, will lead to under/over payments due to how it is rounded up/down.

60. This is the amount of arrears due. This will need to be paid in dialogue JA490.

Example

JSA EPS period is 12/04/15 to 31/05/15. ESA claim start date is 01/06/15 and WCA takes place on 08/10/15 and is placed in Support Group.

JSAPS will automatically calculate the 13 weeks point from 01/06/15 which is 30/08/15. JSAPS will pay the backdated component for the period 31/08/15 to 08/10/15

However EPS began 12/04/15 and this period counts towards the 13 weeks, so the clerical calculation will reach the 13 weeks point on 11/07/15 leaving a gap from 12/07/15 to 30/08/15 where the component needs paying. This is a period of 7 weeks 1.

Support Group weekly rate is £36.20.

$£36.20 \times 7 \text{ (weeks)} = £253.40.$

$£36.20 / 7 \text{ (days)} = £5.17 \times 1 \text{ (number of odd days)} = £5.17.$

$£253.40 + £5.17 = £258.57$

Arrears of Support Group due = £258.57.

61. Issue an ESA73 to the claimant advising them of the arrears payment that has been issued, including the amount and the reason for the payment.

62. Note JA510 with details of the arrears payment amount, period, reason for payment and that letter has been issued to notify claimant. The note must state 'Do not delete'.
63. The claimant is now protected for State Second Pension (S2P). Set a case control in JA530 for May 2016 to record the S2P liability for the EPS period in 2015/16 in e-Nirs.

Note: There will be no need to do this in later tax years as S2P ceases from April 2016.

64. Where the DM decision is recorded on DMACR and not completed clerically a copy of the DMACR decision must be printed out and retained in the ESA55 as a supporting document.
65. Staff must be aware of the action to take where an Assessment report contains harmful information
66. The BSD is then responsible for informing the WCA outcome decision and relevant change to Jobcentres and Providers. If it is a clerical claim then the BSD will notify the Jobcentre, who in turn will notify the provider. Otherwise a WAR will be created for the relevant Jobcentre.
67. BSD staff will advise the WCA outcome decision to Jobcentres either by updating JSAPS to produce a WAR at the Jobcentre or clerically using ESA23.
68. Where the BSD has access to LMS check to see if the claimant is participating in the Jobcentre Plus Job Offer or the Work Programme (WP). Check if a claimant is on the WP and Notify the Jobcentre/Provider of a change
69. If the claimant is on the WP notify the Provider by issuing a clerical WP07b form
70. If there is no LMS access the ESA23 must be annotated with '**No access to LMS – cannot check if claimant on WP**'. The Jobcentre Admin Support (AS) will update LMS on receipt of the WAR or ESA23. See also How to advise WCA prognosis to Labour Market teams
71. If the Health Assessment Advisory Service finds that the claimant is NOT terminally ill, continue as per LCW/LCWRA met under WCA.

Important final action on all TI cases

72. All cases where TI has been accepted the Special Rules flag must be set in JA674. If the 3 year period is exceeded they become LCWRA.
73. Where the SR flag has been removed to allow full award from the outset of the claim as user set case control needs to be set for the next working day to open and new event in JA674, restate the WCA outcome, 3 year prognosis and reset the SG flag.
74. On maturity of the 3 year WCA referral the case should be referred manually on MSRS as an LCWRA ref, noting a previously TI marker held.

WCA process for previously Support Group cases

75. The Decision Maker (DM) decides on the appropriate ESA component based on all available evidence. When a new auto push referral is made, MSRS sets the Previous SG flag and Previous Treat as LCW flag based on the previously **recommended** output held on MSRS.
76. When a new auto push referral is made, JSAPS will inform MSRS of the component currently held and sets the flags accordingly.

77. Where a DM agrees with the Health Assessment Advisory Service's recommendation the flags are set correctly. Therefore, if the Health Assessment Advisory Service's recommendation was SG and the DM places a claimant into SG, MSRS can identify the 'previously SG' category. By identifying the case as 'previously SG' the Health Assessment Advisory Service is aware that a recommendation of WRAG cannot be made unless a face to face assessment has been carried out.

Note: Where the claimant can be **Treated as having LCW** the WRAG recommendation can be made at the Pre-Board Check stage without a face to face assessment. The Assessment report must include details of the LCWRA consideration. It should be noted that if a claimant who was previously SG cannot be placed in the WRAG without a Face to Face assessment.

78. The 'previously SG' notification applies to both manual and auto push Assessment referrals on MSRS. However for manual Assessment referrals, the previously SG flag has to be manually set on re-referral.

Note: Any wholly clerical referral should have the ESA55 file cover clerically noted of any previous SG categorisation.

WRAG outcome on previous SG

79. JCP staff must take the following action to ensure face to face assessments have been correctly applied by the Health Assessment Advisory Service where applicable.

Step	Action
1	Check all re-referral Advice reports (ESA85a) with a WRAG recommendation to see if the case was previously SG. If not previously SG continue normal WCA action.
2	If the case was previously SG as a result of a Tribunal hearing or by the decision maker determining SG despite a WRAG recommendation from the Health Assessment Advisory Service was the Assessment report based on a face to face assessment? If yes, continue normal WCA action.
3	If a SG case Assessment report is based on an advice report and the case has not been Treated as having LCW with a full explanation of the LCWRA consideration, the case will need to be referred back to the Health Assessment Advisory Service to conduct a face to face assessment.
4	Open a new case on MSRS and register a new S referral on MSRS setting the previously SG indicator to Yes. The supporting case file must include all relevant documentation including the ESA50, FE. Do not return these cases as Rework.
5	Health Assessment Advisory Service will then re-scrutinise the case, provide a new outcome of SG or alternatively complete a face to face assessment to confirm whether or not the SG category is still appropriate.

80. Where the change to WRAG from SG without a face to face assessment or a Treat as LCW with LCWRA details is not identified until **after the DM**

decision on the re-referral has been made the case must be returned to the Health Assessment Advisory Service as **reconsideration**.

LCW and / or LCWRA Met Under WCA (WRAG or SG)

81. Where the DM makes a decision that the claimant has LCW and is in the Work Related Activity Group or has Limited Capability for Work Related Activity Group and is in the Support Group the decision must be recorded on JSAPS.
82. Where the DM decision is recorded on DMACR the decision must be printed out and retained in the ESA55 as a supporting document. Clerical decisions will also be retained in the ESA55.
83. Take the following action to enter the outcome on JSAPS:

Step	Action
1.	In JSAPS screen JA674693 'Personal Capability Assessment Details' input the return from MSRS date
2.	<div>Access screen JA674694 'Personal Capability Assessment Outcome' to input:<ul style="list-style-type: none">• the Decision date• the Decision Type code<ul style="list-style-type: none">○ 01 for LCW○ 02 for Support Group○ 04 for Work Related Activity Group• the Decision effective from date• next WCA date (calculated from the last date of assessment and set automatically by JSAPS at 2 months before the actual prognosis date)</div>

84. If the claimant has had a period of JSA Extended Period of Sickness (EPS) then this will count towards the 13 week Assessment Phase providing there has been no break between the JSA EPS and the ESA claim.
85. There will be a note in JA510 to show if there has been an EPS and whether arrears will need to be considered.
86. JSAPS will automatically award components from the 92nd day from the start of the ESA claim.
87. A manual calculation will need to be done, as the 13 weeks should start from the first day of the JSA EPS. Using the dates of the EPS from the notepad entry, calculate 91 days (13 weeks) from the start date. Arrears will need to be paid from the correct 92nd day up to the day before the date JSAPS has calculated the arrears from. This will need to be paid in dialogue JA490.

Example 1

JSA EPS period is 12/04/15 to 31/05/15. ESA claim start date is 01/06/15 and

WCA takes place on 08/10/15 and is placed in the Support Group.
JSAPS will automatically calculate the 13 weeks point from 01/06/15 which is 30/08/15. JSAPS will pay the backdated component for the period 31/08/15 to 08/10/15

However EPS began 12/04/15 and this period counts towards the 13 weeks, so the clerical calculation will reach the 13 weeks point on 11/07/15 leaving a gap from 12/07/15 to 30/08/15 where the component needs paying. This is a period of 7 weeks 1.

Support Group weekly rate is £36.20.

$£36.20 \times 7 \text{ (weeks)} = £253.40.$

$£36.20 / 7 \text{ (days)} = £5.17 \times 1 \text{ (number of odd days)} = £5.17.$

$£253.40 + £5.17 = £258.57$

Arrears of Support Group due = £258.57.

Example 2

JSA EPS period is 10/04/15 to 31/05/15. ESA claim start date is 01/06/15 and WCA takes place on 08/10/15 and is placed in the Work Related Activity Group (WRAG).

JSAPS will automatically calculate the 13 weeks point from 01/06/15 which is 30/08/15. JSAPS will pay the backdated component for the period 31/08/15 to 08/10/15

However EPS began 10/04/15 and this period counts towards the 13 weeks, so the clerical calculation will reach the 13 weeks point on 09/07/15 leaving a gap from 10/07/15 to 30/08/15 where the component needs paying. This is a period of 7 weeks 3.

WRAG weekly rate is £29.05.

$£29.05 \times 7 \text{ (weeks)} = £203.35.$

$£29.05 / 7 \text{ (days)} = £4.15 \times 3 \text{ (number of odd days)} = £12.45.$

$£203.35 + £12.45 = £215.80$

Arrears of WRAG due = £215.80.

88. Issue an ESA73 to the claimant advising them of the arrears payment that has been issued, including the amount and the reason for the payment.

89. Note JA510 with details of the arrears payment amount, period, reason for payment and that letter has been issued to notify claimant. The note must state 'Do not delete'.

90. If the claimant is in Support Group then they are now protected for State Second Pension (S2P). Set a case control in JA530 for May 2016 to record the S2P liability for the EPS period in 2015/16 in e-Nirs.

Note: There will be no need to do this in later tax years as S2P ceases from April 2016.

91. The next WCA referral date is calculated from the date the last assessment was undertaken by the Health Assessment Advisory Service. It will be based on medical advice provided on the MSRS Assessment report or ESA85A in cases referred clerically.

92. When deciding on a re-referral date the DM should also take the following into account :

- the type of Limited Capability for Work (LCW)
- whether the LCW is likely to change for better or worse
- if the Tribunal has recommended a re-referral date. Apply any Tribunal recommendations on review periods as the default and only alter where there is strong justification

- factors the Tribunal took into account in reaching their decision
- the original prognosis
- any comments by the medical adviser
- whether any surgery is likely that may offer a significant improvement
- the date given will be between a minimum of three months and a maximum of three years in the future. When the date has been entered in JA674694, JSAPS will automatically bring forward the prognosis date by 2 months. As a result, the manual workaround previously covered in guidance is no longer required
- if the Health Assessment Advisory Service's advice on the WCA outcome/Assessment report indicates the "longer term", this should be set within 2 years

Note the 3 year future WCA should only be applied to LCWRA outcome reports where a claimant falls into the Support Group.

93. The DM should apply the recommendations of the Tribunal as to when the next WCA should take place, from the date of the original decision unless the Tribunal specifies otherwise. This is because the Tribunal was looking at the claimant's circumstances as at that date and not the date of the hearing. However, where the Tribunal advises that the next WCA should take place on a date calculated from the date of the Tribunal hearing then the DM should accept this.
94. DMs should, unless there are circumstances which indicate otherwise, use a minimum period of eight months as the point when the claimant should undertake a subsequent WCA following a successful appeal. This means that new re-referrals will commence at the six month stage.
95. There may be circumstances where it will be reasonable to refer the claimant for another WCA within the shorter time frame than the minimum eight months. For example; there may have been a change in circumstances affecting the claimant's health since the original decision and the DM may consider referring the claimant for another WCA in order to assess the situation.
96. To update JSAPS and notify the claimant / claimants GP of the WCA outcome/Assessment report

Step	Action
1	In JSAPS screen JA674695 'PCA Medical Evidence' input the return from MSRS date
2	Input all medical conditions captured on the MSRS report (maximum two primary and 10 secondary) - if the number on the report exceeds the maximum number on system, decide which subset of conditions to capture and update the system accordingly for example: <ul style="list-style-type: none"> • using the most recent condition • using the main diagnosis from the output report.
3	Re-assess the ESA award in JA405 (accessed via JA200), if appropriate.
When JSAPS is updated with the WCA allowance outcome the following notifications are sent out automatically:	
4	Notification to the claimant of either the Support Group, WRAG

	or WCA allowance decision and that there is no need to provide any further medical certificates.
5	Notification to the claimant's GP of the WCA decision and that there is no need to issue any further medical certificates.
6	Notification to the LA of the WCA decision when LA interest is registered.
7	Jobcentres are advised of the WCA outcome/ Assessment report decision through an automatic system case control set in JSAPS. The case control worded "PCA Outcome Recorded" matures on WAR (JA72539). Clerical cases will require an ESA23 to be issued.
8	Where the BSD has access to LMS check to see if the claimant is participating in the Jobcentre Plus Job Offer or the Work Programme (WP). Check if a claimant is on the WP. Advise Providers directly of the WCA outcome decision by clerically using the WP07b

97. For further guidance on action to take where the claimant is placed in the support group and they were previously only receiving ESA (C) or Credits Only see section on Change to ESA claim type

Note: JSAPS will refer to the PCA rather than the WCA

98. When the ESA50 is returned by the Health Assessment Advisory Service in the ESA55 pouch, the benefit processor will look at the question on page 7 of the form which asks about problem drug use. Where drug use is identified the processor will send a form ESA23 to the ASO recording exactly the response to the question from the ESA50. This is in addition to the JA674 action.

LCW Not Met Under WCA

99. The designated DM reviews all available evidence and checks for any conflicting information. The DM considers all of the following:

- the claimant's Fit Note
- ESA50 Limited Capacity for Work Questionnaire – claimant's view
- ESA85 the Assessment report from the Health Assessment Advisory Service
- ESA85S Personal Summary Statement (PSS) from MS
- the HCP output report
- any other evidence held
- the claimant's preferred method of contact which could be via Text phone, landline or mobile telephone number

100. If there is any contradictory evidence or further information is needed on any medical aspect of the case, the DM must contact the Health Assessment Advisory Service for advice.

Decision Assurance Call

101. The DM must make the first outbound call using the Decision Assurance Call Desk Aid. For claimants wishing to speak in Welsh, use the Welsh DAC desk aid.

102. All calls that are made should be recorded in CAM contact history / JSAPS dialogue 110/DMACR. The standard notes for use following DAC and warm handover are:
- “DAC call made xx/xx/xx. Call completed and explanation given. Warm handover accepted. ESA claim closed” or,
 - “DAC call made xx/xx/xx. Call completed and explanation given. Warm handover not accepted because.....” or,
 - “DAC call attempted xx/xx/xx. Call not answered or,
 - “DAC call made xx/xx/xx. Call not completed. No/partial explanation given”. Brief reasons for non-completion of the call should be included
103. If the initial call is unsuccessful you should attempt to contact the claimant again, leaving at least 3 hours between each attempt. The claimant must be notified of the decision using the ESA65 / ESA65W disallowance letter regardless of the decision.
104. If two unsuccessful calls have been made by the DM, the DM will pass the details to the appropriate officer to issue a follow up SMS text (Unsuccessful DAC on the HTK drop down lists).
105. The DM must inform the claimant or their representative of the possible disallowance. Using the Decision Assurance Call desk aid DM's will discuss options with them. This call is designed to help claimants who have been found well enough to work after a period of incapacity. This will include:
- explaining why their benefit may be disallowed
 - asking if they are able to provide any additional relevant information
 - explaining that if they are receiving ESA their benefit will cease from the effective date
 - explaining the next steps available to the claimant:
 - moving to another benefit – IS under a condition of entitlement other than disability, or JSA/UC – and the help we may be able to offer in this process
 - if they intend to claim JSA/UC, do an immediate warm handover to the JSA CSA, using the Decision Assurance desk aid. (The JSA CSA will determine whether claimant needs to claim JSA or UC and signpost accordingly.)
 - leaving benefit altogether
 - if they wish to dispute the decision they must first request a reconsideration of the decision
106. If claimants dispute the outcome of a reconsideration, only then can they lodge an appeal direct to Her Majesty's Courts and Tribunal Service.
107. See Disputes and Appeals Process from 28 October 2013 and Handling Reconsiderations for Decisions Notified on or after 28 October 2013 and Action to take when inputting WCA Disallowance Decisions notified on or after 28 October 2013 in JSAPS.
108. If the claimant supplies additional information that can be accepted verbally over the telephone then the DM must record this information on form **A6**.

- the DM must consider carefully how much weight they give to uncorroborated verbal evidence if it has the potential to affect the decision.
 - in all cases where additional information is provided the DM must always consult with the Healthcare professional for further advice.
 - the DM should continue to deliver the potential disallowance messages contained in the decision assurance call desk aid.
109. If the claimant states that they will provide new additional information in writing then the DM should set a BF for the return of this information. (DM discretion is to be used when deciding the length of BF to set).
- the DM should continue to deliver the potential disallowance messages contained in the decision assurance call desk aid.
 - in all cases where new additional information is provided the DM can consult with the Healthcare Professional for further advice.
 - If additional information is submitted by the claimant to be considered and the decision is still to disallow, no further decision assurance call should be made.
 - if additional information has not been received by the time the BF matures then action should be taken on JSAPS to disallow the claim. No further decision assurance call should be made.
110. If the claimant decides to claim JSA/UC the ESA claim should be immediately closed in JA674 and JA099 fully to enable a JSA/UC claim to be made. Before the claimant attends the NJI, BSD's may be contacted by the Jobcentre requesting completion of a template WCA outcome disallowance template. BSD staff should aim to have the template completed before the NJI. This should be completed with extracts from the decision makers report. The report can be found on DMACR. This information will be required in all cases of no LCW and will be used when making the claimants JSAG or claimant commitment.
111. When the DM decides to disallow, the disallowance letter ESA65 must be issued on the same day. For claims maintained clerically, it is vital that an ESA65B is sent to the claimant's GP at the same time. An ESA65B is not required for claims maintained on JSAPS as on-line notification will be automatically triggered
- Note: If the disallowance letter is not issued on the same day as the DM's determination to disallow there is a risk of creating a non-recoverable overpayment.**
112. The claimant usually needs to score a minimum of 15 points to be considered to have LCW, unless the claimant can be 'treated as having LCW' or the DM decides exceptional circumstances are to be applied.
113. Where the DM determines that a claimant does not have LCW the ESA claim will be disallowed. The DM records the decision and the relevant physical and mental scores if appropriate, on the MSRS score sheet.
114. The decision must also be recorded in JSAPS D674 by:

Step	Action
1	Access Dialogue JA674 and click enter
2	Once in screen JA674694 input <ul style="list-style-type: none"> • the date the DM has disallowed from

	<ul style="list-style-type: none"> the decision made date the decision type as 07 Click 'End' to go to dialogue JA200 (if claimant has not accepted warm handover to JSA/UC) Click F1 to go to dialogue JA099 (if claimant has accepted warm handover to JSA/UC) Enter the claim termination date (this is the same date as the decision effective from date) Enter reason code 36 – NO LCW (Do not use any other code as this will impact on the correct identification of a future Repeat Claim.) Click F1 to go to dialogue JA200 <p>Note: Using decision type 07 sets a system case control (S308 = PCA Appeal Outstanding) which matures after 30 days unless the claim has been fully closed using dialogue JA099</p>
3	Complete, print and issue the ESA65 disallowance letter which includes the written statement of reasons. At the same time issue the ESA65B to the claimant's GP.
4	When the system case control S308 = PCA Appeal Outstanding matures, if there has been no notification from the claimant that they wish to dispute the decision, access Dialogue JA099 to terminate the claim properly.

115. Note: Where the DM decision is recorded on DMACR and not completed clerically, a copy of the DMACR decision must be printed out and retained in the ESA55 as a supporting document.
116. If the claimant provides further evidence after the ESA65 has been issued the DM considers the evidence. If the DM determines there is LCW, issue letter ESA72.

DMACR - Process to follow

117. Upon receipt of the files from the Assessment Provider – identify all cases that are **'WCA – LCW Disallowance Following Med Exam'**. Ensure these are recorded correctly on DMACR within the **'Logon Details'** Screen (Band B or C input at this stage dependent upon resource within team).
118. When the DM receives the file, they must check that DMACR **'Logon Details'** screen is correctly showing the following information:
- Benefit Type – must be **ESA**
 - Referral type – must be **WCA**
 - Referred Decision Type – must be **'WCA – LCW Disallowance Following Med Exam'**
119. The DM will then deliberate over the case and progress. If for some reason the file has been annotated incorrectly and it is not a **'WCA – LCW Disallowance Following a Med Exam'** – a DAC is not required. Follow the normal process for that decision type and amend the 'Logon Details' screen appropriately

120. When the DM is content that the file is a **‘WCA – LCW Disallowance Following a Med Exam’**. The DM will then make their call to the customer (how the call is booked is up to each individual office).

121. After the call, the DM will then update the **‘Decision’** Screen on DMACR. This includes the **‘Decision Type’**. At this point, the DM must select the most appropriate decision outcome. The decision type may have changed as a result of additional information being supplied by the customer that was not available or presented during the WCA. The 5 options are:

- WCA - LCW Disallowance Following Med Exam (if no change to outcome as a result of the DAC)
- WCA – LCWRA (Support Group)
- WCA - LCWRA (Work Related Activity Group)
- WCA – Allowance (Support Group)
- WCA – Allowance (Work Related Activity Group)

122. The next field the DM must complete is the **‘Decision Outcome’** field on DMACR – this will be any one of the 9 decision outcomes available but must be the correct one.

123. When all the fields have been correctly entered by the DM - DMACR will then take you into another screen entitled **‘Customer Contact’**. There are 4 options on this screen, they are:

- No call required
- Contact on First Attempt
- Contact on Second Attempt (use this option if it is your 3rd, 4th or 9th attempt)
- Customer could not be contacted

Note: It is important that the correct outcome is recorded (this is an area that can impact on DMACR success rates).

124. If no discussion has taken place between the customer and the DM (regardless of the reason), this must be recorded as **‘Customer Could Not Be Contacted’**.

- upon completion, another screen appears in DMACR - **‘Upload Decision Document’**.
- at this point, the DM will upload the decision and then click the **‘Finalise’** button.

125. If the DM needs to **‘Cancel’** out of DMACR (due to DMACR limitations or current working practice) this should not impact on the DMACR MI collation.

126. The DM writes up their decision into a word document, usually a template they already have saved somewhere else.

127. If the DM has had to exit DMACR, they will go back into that customer account and go through the same screens again including the **‘Customer Contact’** screen. It is important that the DM accurately records the correct option again (this does not double count). The following options appear again:

- No call required
- Contact on First Attempt

- Contact on Second Attempt (use this option if it is your 3rd, 4th or 9th attempt)
- Customer could not be contacted.

Note: It is important that the correct outcome is recorded (this is an area that can impact on DMACR success rates).

128. The next DMACR screen is the '**Upload Decision Document**' screen, and within there, the DM will upload their decision and then click the 'Finalise' button.
129. The last DMACR prompt is, 'Does your Decision agree with the Assessment Provider advice'? The prompt is 'Yes' or 'No'? DM must click the appropriate option.

Import/ Export of Decisions

130. The fix to DMACR now ensures that the site that has undertaken the DAC should record that decision on DMACR (therefore the importing site must record correctly within their clerical returns)
131. FTA/ FTRQ/ SG Deterioration/ New Claim within 6 months Decision types
132. These cases should not be recorded on DMACR as a DAC. If the option screen appears, then select option 'No Call Required'

Site Clerical Collation - Process to follow (ESA CJ)

133. You should only record a DAC locally (for the ESA CJ MI) if the DMACR '**Logon Details**' Screen indicates the following:
 - Benefit Type – **ESA**
 - Referral Source – **WCA**
 - Referral Decision Type – **WCA – LCW Disallowance Following Med Exam**

Note: For a DAC to be performed and claimed by a site clerically, these details on DMACR must be held.

134. The DM needs to confirm these details are correct before they prepare for a DAC.
135. DM's will check the case file. If it is not the appropriate decision type – then follow the correct action on DMACR and do not count as undertaking a DAC, but clear the case as you would normally
136. If the case file is a '**WCA – LCW Disallowance Following a Med Exam**' undertake the DAC process as normal.
137. Even if the decision type changes during the course of the DAC, you should record as undertaking a DAC as the decision was changed as a result of speaking to the customer and gathering additional information
138. DM's must update their clerical recording sheet on the same day as they update DMACR for example if the DAC was undertaken on Friday afternoon, but for some reason you cannot update DMACR until Monday morning – then both activities must be claimed on Monday.
139. You claim a clerical DAC for all of the decision types '**WCA – LCW Disallowance Following a Med Exam**', even if you have not spoken to the customer. These will be recorded as an unsuccessful DAC, even if the customer has no contact details or a request has been made not to be contacted via telephone.

Note: If the customer is not contactable (no current contact details/ requests that no contact to be made by telephone), then still record as a Clerical DAC

140. FTA/ FTRQ/ SG Deterioration/ New Claim within 6 months – these cases should not be recorded as a DAC.

Claimant to claim JSA/UC

141. If the claimant is to make a claim to JSA/UC immediately, they should be transferred to the Contact Centre, by warm handover, via CAM.

142. If the claimant refuses to be transferred to a Contact Centre, but may wish to claim JSA/UC at a later date, they should be advised they will need to make a claim to JSA/UC immediately to prevent a gap or delay in their benefit payments and that they can claim:

- Online at gov.uk
- calling Jobcentre Plus on 0800 055 6688, or
- for Welsh speakers on 0800 012 1888, or
- if they find it hard to speak or hear clearly by textphone 0800 023 4888.

Lines are open Monday to Friday from 8.00 am to 6.00 pm.

143. If claimant refuses a warm handover to JSA/UC, record the reason why and date of conversation in JA110 Notepad.

144. The ESA claim must be closed immediately using Dialogue JA099 to enable a claim to JSA/UC to be made.

145. If the claimant requests a reconsideration, you should take a verbal request for a reconsideration during the phone call. Advise the claimant that once they have received the disallowance letter, they can ask us to look at the decision again to see if it can be changed, there may be additional information not already given to us which may affect this decision. Advise the claimant that this is a Mandatory Reconsideration and this must be made within one calendar month of the date of the disallowance letter

146. If the claimant or their representative wishes to know detailed information about the decision, the DM must explain the decision. No further attempts should be made to re-contact the claimant.

147. Wherever possible the DM should contact the claimant by phone to explain the disallowance decision and the claimant options. If contact cannot be made directly with the claimant, implicit consent can allow a recognised third party such as a social worker to be contacted. The third party must agree to notify the claimant of the disallowance decision.

Deaf claimants

148. If the claimant has indicated that they are deaf and have specified they cannot be contacted by telephone as they do not have access to telephony / text phone, issue form ESA270 to the claimant requesting any further relevant information they may have within 17days. Set a BF for 17days and update notepad.

149. If the BF matures and the claimant has not replied, issue form ESA270A as a reminder. Set a further BF for 10 days and update Notepad. When the BF matures, if nothing has been received from the claimant continue with the disallowance action.

150. Where the DM determines that a claimant does not have a LCW the ESA claim will be disallowed.

151. When the Decision Assurance Call/correspondence has been concluded:

- issue the disallowance notification to the claimant, ESA65
- on JSAPS screen JA110 Maintain Notepad note a BF date of one calendar month from the date the disallowance notification was sent to the claimant to allow for the receipt of a letter of appeal
- file the clerical papers for one calendar month.

152. The DM records the decision and the relevant physical and mental scores if appropriate, on the on-line WCA score sheet. All adverse WCA decisions should be retained within the BSD for a period of 6 weeks. This is to avoid incurring costs when retrieving relevant papers from Fario.

153. Record the decision in JSAPS dialogue JA674 ESA Personal Capability Assessment by taking the following action:

Step	Action
1	Access Dialogue JA674 and select enter
2	Once in screen JA674694 input <ul style="list-style-type: none">• the date the DM has disallowed from• the decision made date• the decision type as 07 Click 'End' to go to dialogue JA200 Note: Using decision type 07 sets a system case control (S308 = PCA Appeal Outstanding) which matures after 30 days.
3	Complete, print off and issue the disallowance letter which includes the written statement of reasons
4	When the system case control S308 = PCA Appeal Outstanding matures if no appeal has been received access Dialogue JA099 to terminate the claim properly

154. If the claimant provides further evidence after the ESA65 has been issued the DM considers the evidence. If the DM determines there is LCW, issue letter ESA72.

155. The BSD is responsible for informing the WCA outcome decision and relevant change to Jobcentres and Providers. See Reporting WCA Outcomes to the AS/ Provider.

Special Claimant Records

156. When dealing with Special Claimant Record (SCR) cases the DM must follow fully the current guidance when dealing with SCR cases

Contacting claimants who need help in using our services

- 157. Before an ESA disallowance is notified to the claimant you must check if the claimant may need help in using our services. See Vulnerability Hub
 - 158. Wherever possible the DM should contact the claimant by phone to explain the disallowance decision and the claimant options. If contact cannot be made directly with the claimant, implicit consent can allow a recognised third party such as a social worker to be contacted. The third party must agree to notify the claimant of the disallowance decision.
 - 159. A Case Control S312 'Issue Clerical PCA Disallowance Notification' will be produced the day after the decision is recorded. Upon receipt check if clerical ESA65 has been issued in JA110 Notepad; if not issue to the claimant, and clear the Case Control in dialogue JA530.
 - 160. Once the decision is recorded on JSAPS the claim will show as terminated on the system. However, it is in fact suspended and will be held on the system for a period of 30 days in case the claimant disputes the decision. After 30 days a WAR will be produced prompting the user to go in and terminate the claim properly.
 - 161. JSAPS will refer to the PCA rather than the WCA until the IT is updated.
 - 162. For guidance on ESA50 completion see ESA50 completion for claimants who need help in using our services.
- Note: The ESA50 transcribing service is available to all claimants on request not just claimants who need help in using our services.
- 163. See Vulnerability Hub for further guidance.

Reporting WCA Outcomes to the Health Assessment Advisory Service

- 164. The WCA process and the conditionality regime are closely linked. Because of this it is critical that any changes resulting from the WCA process are notified promptly to the AS/ Provider.
 - 165. **This applies only on ESA claims. Claims which have been reassessed from IB are not included in this procedure.** The WCA Outcome Disallowance template only needs to be issued by the BSD SPOC when requested by the Jobcentre.
 - 166. Jobcentre staff email the BSD SPOC requesting a completed WCA Outcome Disallowance Template. The e-mail must contain the claimants' details and the name of the PA scheduled to undertake the NJI. BSD staff must complete a blank WCA outcome Disallowance Template and send this to the PA at the address requested.
- Note:** Many Jobcentre teams will use a group e-mail inbox specifically for the WCA Outcome Disallowance template. The group e-mail address should be set as 'JCP (BSD Name) WCA Outcome Disallowance Template', so for example. 'JCP Kendal WCA Outcome Disallowance Template'.
- 167. You must ensure you comply at all times with DWP data handling policy.
 - 168. Copy and paste the details from the LT54 into the template.

169. You must send the WCA outcome/Assessment disallowance template as an attachment. This should always have a restricted marking in the subject heading.
170. Claimants who meet WCA conditions for LCW and /or LCWRA will fall into two groups as part of the main phase of ESA. The group that they are placed in will determine whether or not they will enter into the Jobcentre Plus Offer of personalised mandatory Interviews and Interventions.
171. Claimants who fall into the Support Group will not have conditionality under ESA; however they are informed about the Jobcentre Plus Offer and may elect to take part on a voluntary basis. If these claimants volunteer for a New Joiner's Work Focussed Interview (NJWTI) on a voluntary basis they may also participate in further flexible interventions and Work Related Activity (WRA).
172. Claimants who are assessed as having LCW but do not satisfy the Support Group criteria of having Limited Capability for Work Related Activity will be placed in the Work Related Activity Group (WRAG) of the main phase of ESA. It is mandatory for claimants in the WRAG to take part in New Joiner's Work Focussed Interview (NJWTI) followed by a series of flexible interventions and WRA.
173. When any of the following WCA outcome decision types are entered in JA674, the ASO at the attending Jobcentre is automatically notified by a system case control:
- Type 1: Claimant has Limited Capability for Work
 - Type 2: Claimant in a Support Group
 - Type 3: Claimant in a Support Group Terminally Ill
 - Type 4: Claimant in a Work Related Activity Group
 - Type 5: Good Cause Accepted for failure to return Medical Questionnaire ESA50
 - Type 6: Good Cause Accepted for failure to attend a Health Assessment
 - Type 7: Disallow - claimant does not have Limited Capability for Work
 - Type 8: Disallow - failure to return Medical Questionnaire ESA50
 - Type 9: Disallow - Good Cause not accepted for failure to attend the Health Assessment.
174. This Case Control will appear on the WAR on the next day and will be automatically cleared once it has appeared on the WAR.
175. If the WCA outcome cannot be notified to the Jobcentre by a WAR then BSD staff must issue an ESA23 to the Jobcentre
176. Where the BSD has access to LMS check to see if the claimant is participating in the Jobcentre Plus Job Offer or the Work Programme (WP). Check if a claimant is on the WP and Notifying the Jobcentre/Provider of a change for more details.
177. If the claimant is on the WP notify the Provider by issuing a clerical WP07b form
178. If there is no LMS access the ESA23 must be annotated with '**No access to LMS – cannot check if claimant on WP**'. The Jobcentre Admin Support (AS) will update LMS on receipt of the WAR or ESA23.

How to advise WCA prognosis to Labour Market teams

179. Once the ESA award or continuing award has been established BSD staff must update JA110 notepad with the WCA prognosis details for those placed into the WRAG. The full prognosis period is to be recorded in the format 3 / 6 / 12 / 18 or 24 months from the date of face to face assessment.
180. When entering the prognosis details in JA110 (notepad) the date to be input will be the full period decided by the decision maker. The prognosis start date period will be either
- the date the WCA Assessment took place (either face-to-face or Advice report) as shown on the ESA85 / ESA85A, or
 - the appeal tribunal date where the tribunal decide an outcome of WRAG and recommend a new prognosis period.

Note: the prognosis periods entered into JA110 must be 3 / 6 / 12 / 18 or 24 month format. Failure to do this will jeopardise the NJWFI measures.

For example

Where a case is given a 3 month prognosis on 08/08/11 by the Health Assessment Advisory Service which is approved by the DM, the next WCA referral to the Health Assessment Advisory Service will be on due to commence on 08/09/11. BSD staff must state in notepad '**3 month prognosis from 08/08/11**' for Labour Market Work Programme purposes. If the DM had decided to change the Health Assessment Advisory Service's recommended prognosis to 6 months then the next WCA referral to the Health Assessment Advisory Service will be due on 08/12/11. BSD staff must state in notepad '**6 month prognosis from 08/08/11**' for Labour Market Work Programme purposes.

181. This information is essential to enable Jobcentre staff to calculate when to initiate the referral to the Work Programme.
182. One use for the ESA23 is to notify the WCA or appeal outcome in wholly clerical cases to the Jobcentre. Until the ESA23 can be amended please annotate the ESA23 with the details of the prognosis as above.
183. Where claims are not wholly clerical, jobcentres are notified through system notifications, therefore an ESA23 is not needed to advise the outcome of the WCA.
184. This advice does not affect the use of the ESA23 for other purposes (for example, when use of drugs or alcohol has been notified on an ESA50 or where an IB claimant has been reassessed and found not to have Limited Capability for Work).

Note: Non compliance issues should be raised through local liaison between JC and BSD staff.

Use of drugs and alcohol identified on ESA50

185. When a completed ESA50 is returned by the Health Assessment Advisory Service in the ESA55 referral jacket. The question on page 7 headed "Drugs, alcohol and other substances" should be checked. If the "yes" option has been ticked to indicate the claimant has a drug, alcohol or substance related problem, send ESA23 to the ASO recording exactly the information provided by the claimant. This is in addition to the JA674 action.

Dealing with Special Claimant Records formally known as Nationally Sensitive

186. Personal information for some claimants may require additional protection. This is done by restricting the access to such an account by marking it as a Special Claimant Record (SCR). Claimants who have, or may require, SCR status to provide additional protection from unauthorised viewing include: transsexual people, those with a Gender Recognition Certificate, VIPs and other special cases.
187. Any such markings on a claimant's case should be identified at an early stage of the contact or, at the latest, as part of any pre-interview preparation by the F2F FCO or CSO (I).
188. Where the claimant is a special claimant record the ESA23 should be sent by the SPOC within the BSD by fully tracked mail to the SPOC within the JC.
189. If the claim is maintained clerically, ensure the ASO is informed about the change using an A8 form.
190. Receipt of the notification prompts the ASO to review JSAPS, consider the impact on the Jobcentre Plus Offer process, and take any necessary action to update the claimant's LMS record.
191. Clerical issue of the ESA23 will be needed for
- clerical cases
 - credits only cases
 - drugs use identified cases

Non-compliance with the WCA Process

Essential workflow performance

192. A continuing Work Capability Assessment (WCA) workflow is essential to meeting the 91 day claimant journey, measured from the claimants Initial Date of Claim (IDOC) to the issue of the WCA outcome notification.
193. Additionally once ESA entitlement has been established, continuing WCA re-referral action is required to ensure continuing entitlement.
194. There are a number of case controls and triggers set within the JSAPS system, plus indicative performance levels, to drive the correct and timely WCA referral action. Any delay in the end-to-end process will jeopardise internal performance and the claimant experience.

Main WCA workflow steps

195. The main WCA referral steps are as follows:-

WCA Action Trigger	BSD Action	Timescale for completion
'Consider WCA' initial or re-referral case control expires	Make Assessment referral to the Health Assessment Advisory Service usually using MSRS	One working day
Daily monitoring of the MSRS Browse New Response List	Identify all outputs without supporting case files and take	One working day to clear claimant action and progress to next

	next appropriate action depending on the output. See Daily Browse New Response List action	action
Daily monitoring of the MSRS Browse New Response List	Identify all outputs with supporting case files not returned by the 5 th working day and take next appropriate action depending on the output. See Receiving associated paperwork	Five working days
MSRS outputs may be rejections or withdrawn cases following either change in claimant circumstances or JCP staff error.	Identify the reason for rejection or withdrawal and action accordingly.	No direct timescale for action however delays will negatively impact the end-to-end claimant journey.
Daily monitoring of the MSRS Change of Circs list	Complete relevant action on all reported changes	Five working days
Decision maker – DMA action required	The DM must first decide if the Assessment report is fit for purpose. If the report is not fit for purpose, take rework action. If the report is fit for purpose, consider all available evidence and make WCA decision. This action covers Non return of the ESA50 questionnaire Failure to comply with or attend the WCA assessment Establishing if LCW or LCWRA entitlement held	Five working days

Failure to Return the ESA50

Confirmation of the ESA50 questionnaire process

196. Once an MSRS Q referral has been made the ESA50 questionnaire is prepared overnight and posted out to the claimant the next working day.

197. The claimant has an initial 3 week period in which to complete and return the ESA50 to the Health Assessment Advisory Service using the pre-paid envelope provided. The 3 week period starts the first working day after posting. **Note: Regulations state all that is required is proof of posting – not proof of receipt by claimant**
198. The MSRS system automatically calculates the 3 week period, taking into account posting days. If the ESA50 has not been recorded as received by the 3 week expiry date then an ESA53 reminder letter is automatically issued to the claimant.
199. The claimant has a further week in which to complete and return the ESA50 to the Health Assessment Advisory Service.
200. The MSRS system automatically calculates the 1 week period, taking into account posting days. If the ESA50 has not been recorded as received by the 1 week expiry date, next action will depend on the diagnosis held.

ESA50 not returned – Mental Health Flag Set

201. If the mental health flag has been set when the Q referral was made, the MSRS system will automatically identify any mental health cases and the cases will be referred to a Health Care Professional and the WCA referral action will continue within the Health Assessment Advisory Service.

ESA50 not returned – Mental Health Flag Not Set

202. If the mental health flag has not been set when the Q referral was made, the MSRS system will automatically identify that there is no mental health issue and a 'Not Returned' MSRS output will be made. There will be no supporting case file for these cases.
203. On receipt of the ESA50 'Not Returned' MSRS output the decision maker has 5 working days to decide if the WCA process continues, for example mental health flag not set when due, incorrect postal address used, or if the claim is for disallowance.
204. It has also been identified that some conditions in the IRG have not been set as mental health conditions. You must check in all cases that where appropriate the incapacity was not mental health (see extra list). If it is then you must set the MH flag and return for the process to continue.

Note: Return of the ESA50 does not automatically mean good cause can be accepted.

205. Wherever a claimant requests a duplicate ESA50, or alleges that the original form has not been received and there is no evidence to support this, then the original 4 week questionnaire completion time should be applied. **There are no extensions to this timescale.**
206. For guidance on ESA50 completion see ESA50 completion for claimants who need help in using our services.

Good Cause Accepted for Failure to Return the ESA50

207. Where the DM/BDO accepts good cause for failing to return an ESA50 register the Assessment referral on MSRS

208. In JSAPS screen JA674694 'PCA Assessment Outcome' input the decision date and decision type code 05 'GC for late ESA50 Questionnaire'.
209. Information cannot be referred back to MSRS. An '**immediate S referral**' must be completed through dialogue JA60.
210. Case control S294 'Check Returned PCA Progress' is automatically set when the case is recorded as returned to the Health Assessment Advisory Service.

Note: Use dialogue JA674 to close the claim if the ESA50 is not returned, there are no exemptions to this. A new ESA50 and ESA51 can be issued to the claimant if they need to reclaim. These forms must be returned to the BSD within a new 28 days of them being issued.

Step	Action
1	Check MSRS to establish whether the file has been returned or not
2	If returned, arrange to link and continue as Assessing WCA Outcomes
3	To clear the Case Control, record the "return from MSRS date" in JA674693 PCA Assessment details screen when case is received.
4	If not cleared within this period the case control appears on the JA72525 'Overdue Work Report' (OWR) and continues to appear each day until the case is returned from the Health Assessment Advisory Service. The date cannot be changed. The reports are available from the CR002 'Common Report Viewer' online WAR.

Note: JSAPS will refer to the PCA rather than the WCA.

Good Cause Not Accepted for Failure to Return the ESA50

211. Where the DM does not accept good cause for failing to return an ESA50, the claim to ESA is disallowed.
212. In JSAPS screen JA674694 'PCA Assessment Outcome' input:
- the decision date
 - decision type code 08 'disallowed no ESA50'
 - if appropriate take action to terminate the ESA award.

Note: JSAPS will refer to the PCA rather than the WCA

Late receipt of the ESA50


213. The action to take on late receipt of an ESA50 depends on whether or not a decision has been made on the ESA50 non return.
214. In the majority of cases the claim will already have been decided on when a late ESA50 is received. The case, plus all supporting documentation, must be re-referred to the decision maker to consider if the previous decision needs to be revised.
215. There may be **exceptions** where the ESA50 is received after the 4 week completion period has expired but **before** the decision maker has completed their 'ESA50 not returned' decision. No decision is required in

these circumstances and the WCA process should continue immediately with an S referral.

216. When the ESA50 is returned after ESA has been disallowed refer to the DM to determine if the claimant has demonstrated Good Cause for the late return.

Good cause not accepted for late receipt of an ESA50

217. Refer the claimant to a contact centre to make the new claim or request completion of a new claim form.
218. New claim action should be built directly into CAM. As CAM is set up for call recording the outbound call should verify that there are no changes in the claimants' circumstances since the last award or capture changes as required. Take the following action in CAM

Step	Action
1	Access CAM and select the 'Customers' tab.
2	Insert the customer's NINO
3	Whilst in the Contact History Screen enter the customer's telephone number in the CTI Toolbar and press the Outbound Call Button  This will create a contact history and ensure the call is recorded.
4	Once customer contact is gained select the Security Questions button in the Customer Details Summary Applet of the Contact History View
5	Select the 'ESA Claim Type' Tab from the tabs in the middle of the screen
6	Change the 'Date Claiming From' field to the date stamped on the ESA50
7	Select the 'Determine ESA Claim Type' button
8	CAM will determine the Claim Type as either Repeat Claim or Rapid Reclaim
9	If it is a Rapid Reclaim the 'Rapid Reclaim SmartScript' will appear. This can be used as a prompt to check any changes in the customer's circumstances that may have happened since the initial claim data was taken.
10	Once customer data has been updated, select the Wrap Up Call Smart Script button.
11	Select 'Outbound – External' from the Call Type Field and select 'New ESA Claim' from the Call Reason Field.
12	Select the appropriate Caller Type
13	Read the ESA Mandatory Text and gain agreement from the customer. Select 'Next'
14	Read New Claim Closure Statement at item 12 of the Contact Centre Desk Aid
15	Complete Wrap Up Call SmartScript as appropriate.

16	Select the 'Case More Info' View and select the 'Register Interest' button
16	Go to the Case Summary view and check all necessary evidence is confirmed
17	Click 'Assess Award' button.
18	CAM will then push the data and present the awards for decision making.

219. Normal linking rules will apply to these cases.
220. By entering the new claim details in CAM a new S283 (WCA Referral Not Cleared) or S370 (Automatic WCA Referral Trigger) WCA case control will be set. This can be overridden through dialogue JA60. Do not wait for the WAR, make an immediate referral.
221. Enter a new event in JA060062 as Event Type (17) PCA and Event Sub Type as (01) PCA Referral. This action will clear the WCA case control and prevent the automatic WCA referral trigger which will issue an ESA50 questionnaire to the claimant.
222. An **immediate S referral**, with a supporting case file containing the completed late ESA50, must be made either manually on MSRS, or if required, clerically to the Health Assessment Advisory Service.
223. As these cases are new claims to ESA no adjustments will be required to the system volume of ESA new claims in month.

Late ESA50 received over 30 calendar days from disallowance

224. Where the late ESA50 is received in either DWP or the Health Assessment Advisory Service more than 30 days from the ESA disallowance for failure to return the ESA50 the claimant should be advised to make a new claim to ESA as normal via the Contact Centre.
225. The late ESA50 will still be valid for WCA purposes and must be retained by the BSD ready for the WCA S referral, at the appropriate time, once the new claim has been received.

Note: Users **must** make the S referral as a continuation of the previous WCA referral. If a new MSRS case is set up the S referral will be rejected.

Good cause accepted for late receipt of an ESA50 or FTA, late appeal allowed or claim closed in error.

226. Where the DM accepts Good Cause for the late return of the ESA50 a continuing award of ESA is required.
227. To maintain the JSAPS account users need to

Step	Action
1	Register the claim in PD350
2	Register an ESA new claim in JA060 and complete JA060062 with the new event details. Event Type = (01) New/repeat claim Event Sub Type = (07) ESA(C) or (08) ESA(IR) as appropriate Date of claim = Today's date (Note: The effective date will be the day after the ESA disallowance)
3	Complete the new claim action in JA610 as normal

228. As these cases are continuations of the original ESA award users will need to show the new claim as linking.

WCA action following good cause accepted for a late ESA50 or FTA, late appeal allowed or claim closed in error.

229. Where the reason for the continuing ESA award is due to a claim being closed in error re-state the WCA details relevant to the previous award.

230. Where the reason for the continuing ESA award is due to good cause accepted for a late ESA50 or FTA an **immediate S referral**, with a supporting case file containing the completed ESA50, must be made either manually on MSRS, or if required, clerically to the Health Assessment Advisory Service.

Step	Action
1	Register the new Assessment referral in MSRS
2	Send any associated paperwork to the Health Assessment Advisory Service, including DNA1 V5, the BF223 and a copy of the DM decision.
3	In JSAPS screen JA674694 'PCA Assessment Outcome'
4	Input the decision date
5	Input the Decision type code 06 'GC FTA Med Exam'
6	In JSAPS screen JA674693 'PCA Assessment Details' record: <ul style="list-style-type: none">the 'back to MSRS date'reason code 02 which will decode as 'GC Accepted for FTA Med Exam'remove the return from MSRS date (this will remove the entry on the JA72267 report)
7	Complete and issue the BF223A notification letter to the claimant
8	Case control S294 'Check Returned PCA Progress' is automatically set when the case is recorded as returned to the Health Assessment Advisory Service.
9	A JA72539 WAR will be produced 21 days after the referral has been returned on MSRS.

Note: Users **must** make the S referral as a continuation of the previous WCA referral. If a new MSRS case is set up the S referral will be rejected.

Claimant fails to participate/comply in the Work Capability Assessment

231. When a claimant attends a Health Assessment but fails to participate/comply with the process, the assessment is terminated by the Approved Healthcare Professional. This may happen where the claimant:

- poses a threat to staff or others;
- shows inappropriate or threatening behaviour;
- shows intoxication from alcohol or substance abuse;

- is persistently uncooperative.
232. If a claimant's behaviour is considered to be unreasonable, see guidance on Unacceptable Claimant Behaviour.
233. When a claimant has failed to participate in the WCA the case will be returned for the DM to decide whether Good Cause can be accepted. Full details of the claimant's behaviour will be supplied on an ESA85 min. If aggressive behaviour was the reason you may also find a UCB report included with the report. In these cases these should be passed to the DM for a good cause decision. Make sure on return from the DM that the UCB report is passed to the relevant UCB manager. This should be treated as a 'Failed to Attend WCA Assessment' and actioned as failure to attend a WCA

Failure to Attend a WCA

234. When the claimant fails to attend a WCA assessment MSRS produces an electronic outcome report. This records all claimant contact by telephone and/or letter and all appointment history in MSRS.
235. The Health Assessment Advisory Service issues a letter (BF223) to the claimant asking for the reasons they did not attend and requesting that they send their response to the BSD within fifteen calendar days. A reply envelope is enclosed with the BF223 for its return.
236. When the electronic DNA output report becomes available on MSRS

Step	Action
1	Update JSAPS screen JA674693 'PCA Assessment Details' by inputting <ul style="list-style-type: none"> • 'Return from MSRS Date' • 'Medical Exam Due Date' • 'Failed to Attend Letter Issued Date' (BF223)
2	JSAPS automatically sets Case Control S293 'Check FTA Reply Received' to produce a WAR seven calendar days after the issue of the BF223
3	If the Case Control is not cleared within the seven day period it appears on the overdue WAR and continues to appear each day until cleared.
4	While awaiting the BF223 try to contact the claimant by telephone for an explanation of why they did not attend the WCA Assessment.

237. Where the MSRS record shows a 'Mental Health' flag, the DM should check if the claimant has attended or received any of the following:
- Sanctions Safeguard Visits for non –attendance at mandatory interviews
 - telephone call BSD / Jobcentre collecting good cause information for DNA WCA
 - returned BF223
238. If the answer is yes to any of the above, the DM will consider 'Good Cause' as normal as the claimant has already had their responsibilities

explained, or responded to provide 'Good Cause' reasons. See DMG 42261 for further details.

239. If when considering the Good cause decision the Decision Makers considers the claimant would benefit from a home visit /domiciliary visit they should request the Assessment Provider undertakes this. The DM does not have to go down the route of getting GP evidence neither does the claimant. These cases should be rare and should be treated as exceptions. DMG 42261 applies.
240. If the answer is no, and the DM is considering not accepting good cause refer the case for a pre-disallowance Safeguard visit, see Core Visits. Complete form MF37, ensuring all the appropriate boxes are completed including
 - the claimant's condition
 - the claimant's representative/third party
 - details of the action taken to contact the claimant/representative
 - if a previous safeguard visit has been undertaken
 - if good cause has been considered
241. All of the above must be completed or the Assessment referral could be returned.
242. Record details in JSAPS JA110 notepad and set user case control in dialogue JA530.
243. At the home visit the Local Services Officer will cover conditionality for the conditionality and WCA process. They will collect information on possible good cause and advise the claimant that they may be referred for further assessment.
244. When the DM receives the Local Service Officer's report keep a record of the visit action in ESA55.
245. The Decision Maker will make a decision on good cause for DNA WCA and / or note JSAPS, and return the case to the Health Assessment Advisory Service for further appointment if required.
246. On receipt of the BF223 or following claimant contact update JSAPS screen JA674693 'PCA Assessment Details' by inputting:
 - the Did not Attend Letter Returned Date' (BF223) or the date of claimant contact
 - the updated reason code:
 - 001 Medical Condition
 - 002 Caring Responsibilities
 - 003 Transport Difficulty
 - 004 Severe Weather
 - 005 Bereavement
 - 006 Appointment Not Notified
 - 007 Other (if this reason is chosen input details in the free text option of up to 30 characters)
247. This action clears the S293 'Check FTA Reply Received' Case Control.
248. The DM fully considers whether or not good cause has been shown for not attending the WCA
 - on receipt of the BF223
 - when Case Control S293 'Check FTA Reply Received' is produced
 - following claimant contact

249. The DM should check **all** available computer systems (CAM; Hott; Legacy; LMS and MSRS) when considering good cause. Claimants often contact either the Health Assessment Advisory Service or DWP after a DNA or on receipt of the BF223. Relevant information may be captured on the MSRS contact history or HOTT systems in particular.
250. Claimants often state they had not received any WCA appointment letter and therefore were not aware of the appointment. DMs should always check MSRS to see if the WCA appointment was agreed by teleprogramming. To do this:-

Step	Action
1	Access MSRS, enter the claimant's NINO in 'Search for Client' and click 'Search'.
2	The search results will be displayed. Click on 'View' for the most recent search result.
3	This will take you to the 'View Client' screen. Select the <ul style="list-style-type: none"> radio button for the relevant Assessment referral, and 'View Contact History' from the 'Case Actions' drop down menu Click 'Go'
4	Once in the 'View Contact History' screen and contact made with the claimant will be shown including whether or not a teleprogramming appointment has been agreed.
5	By selecting the radio button next to each contact any notes for that contact will be displayed.

251. An example of the contact history details is shown below.

Case	Referral	Date/time	Type	Number dialled	Contact with	Reason	Result	Select
ESA, 13 Nov 2012	S, 14 Nov 2012	29/01/2013 19:53	Telephone in	0000000000000000	Client	Teleprogramming	Accepted	<input type="radio"/>
ESA, 13 Nov 2012	S, 14 Nov 2012	15/01/2013 08:42	Telephone in		Unknown 3rd Party	1st UTA	Message Left	<input type="radio"/>

Note: Regulations require proof of posting of the letter not proof of receipt.

Note: JSAPS will refer to the PCA rather than the WCA