

WCA outcome

Summary

1. The Healthcare Professional (HCP) role is to provide advice to the DWP Decision Maker (DM) on a claimant's functional ability, which is objective, fully justified and evidence based.
2. The DWP DM role is to use all the documented evidence available, including recommendations provided by the HCP, to make a decision on a claimant's entitlement to Employment and Support Allowance (ESA).
3. The final decision on a claimant's entitlement to ESA lies with the DWP DM.

Potential outcomes

- Terminally Ill (TI)
- Limited Capability for Work (LCW) outcome following a previous LCW and Limited Capability for Work Related Activity (LCWRA) outcome
- LCW
- LCWRA
- LCW not met
- Failure to return questionnaire (FTRQ)
- Did Not Attend (DNA) WCA

Receiving WCA Outcomes

4. Several different outcomes can be notified during the WCA process. Outcomes will usually be electronically available to the Benefit Centre (BC) via MSRS.
5. Any associated paperwork will be sent separately in an ESA55 to the BC.
6. When all relevant documentation/information has been received and considered (this may include any information received during the Decision Assurance Call) all WCA outcome action must be recorded on the ESA56. This is to keep track of the Decision Making Process and is a legal requirement. The ESA56 is available within DMACR. See Assessing WCA Outcomes.

Note: The only exception is Did Not Attend WCA (DNA) and Failed To Return Questionnaire (FTRQ).

7. The BC will be required to update JSAPS with the outcomes of the WCA. This ensures that the WCA outcome is available for Work Coaches and the Disputes Resolution Teams. If the incapacities recorded on JSAPS do not correspond to the MSRS Report (ESA85/85a), the DM will update JSAPS accordingly.
8. 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.
9. Full details of how to manage WCA outcomes on MSRS are shown in the ESA MSRS User Guide.

10. 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.
11. All WCA outcomes will produce a S372 WAR, unless it's a clerical referral.
12. 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).
13. 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
14. Depending on the BC operational set up, teams can either manage WCA outcomes using the S372 (WCA Outcome) WAR or by managing the BNRL daily. In all cases staff must:

Step	Action
1	Access MSRS to view the Assessment report.
2	Clear the customer action.
3	Input the WCA outcome result in JA674, this will clear the S372 case control. This should always be done by a DM.

Viewing Electronic Output from MSRS

15. Access MSRS Browse New Response List (BNRL) on a daily basis to view the list of available outcome or notification reports. 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 Centre for Health and Disability (CHDA) audit then it will be clearly marked as an audit.

Receiving the ESA55 Supporting Case File

16. Where MSRS indicates that there is a Supporting Case File (SCF), **do not** action the electronic Assessment report until you receive the paperwork. If you do not receive the SCF within **five** working days contact the Health Assessment Advisory Service by telephone to check status.
17. When you receive the SCF, or MSRS indicates there is no SCF, take the following action:

Step	Action
1.	Access the individual claimant's account in MSRS.
2.	Review MSRS Assessment reports along with the SCF and refer the case to the relevant DM, if a decision can be made at

	this time. Note: If a decision cant be made at this time, as the case is a DNA case and further evidence is required, see Did Not Attend (DNA).
3.	Clear 'customer action' on MSRS.
4.	Access the claimant's account in JSAPS screen JA674693 'PCA Assessment Details' and record the return date in 'Return from MSRS Date' as follows: <ul style="list-style-type: none"> • if no SCF, record the date the outcome was received in the BNRL • if SCF, record the date of receipt

Claimant within 91 days of State Pension Age

18. When it has been confirmed the claimant has LCW or LCW and LCWRA, the following action must be taken:

Step	Action
1.	Check if the claimant's next review WCA will be within 91 days of their State Pension Age (SPA), before inputting the prognosis. This can be calculated by using the State Pension Calculator.
2.	If not within 91 days of their SPA input details as normal.
3.	If the claimant is within 91 days of their SPA, extend the prognosis by 3 months. Note: the WCA commences 2 months before the end of the prognosis period.
4.	Note JSAPS to explain the extension of prognosis.

Example - Claimant was born 01/07/1951. Claimant's face to face conducted 16/03/2016. Prognosis 3 months which will take them to 15/06/2016. Using the SPA calculator the claimant will become entitled to their state pension on 1/07/2016, therefore the review would commence within 91 days of their SPA. You should advance the prognosis period to 6 months.

Missing or lost Supporting Case File between Health Assessment Advisory Service and DWP

WCA Team Action

19. The Supporting Case File (SCF) or 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, for example the case was selected for Quality Audit check.

20. 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.

21. If by day 11 the SCF has still not been received by the WCA Team, the matter should be referred to the Health Services Directorate (HSD) Performance Manager (PM).
22. 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 the DWP Nominated Site Manager to request full Benefit Centre (BC) Stop and Search and FARIO check
23. 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.
24. It is for the DWP to rebuild the case as they own the ESA Customer Journey.
25. 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 Manager (Band C)

26. The following action should be taken by the Band C Manager:

Step	Action
1.	Clear the 'customer action' in BNRL.
2.	Refer to the Decision Maker (DM) to determine if there is enough information to determine the outcome or if another ESA50 is required.
3.	Refer case to the Operational Security Team In-Box for background checks to identify any irregularities.

Missing Supporting Case File found

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

Step	Action
1.	Advise the HSD (PM).
2.	Update the Missing document Control record.
3.	Arrange for duplicate file and original file to be amalgamated.
4.	Email the Operational Security Team In-Box to inform them the missing case has been found.

Requesting Rework and Reconsiderations

28. See: Reconsideration and Rework Good Practice Guidance

Assessing WCA Outcomes

Terminally Ill outcome report received

29. The processor will check if it is a Special Rules (SR) referral or a Terminally Ill (TI) referral:

- Special Rules- This only applies when you are notified at the beginning of a new claim or within the initial claim referral period
 - Terminally ill- A claimant can report they are terminally ill at any point throughout the life of their claim. If it is after the initial WCA they are still referred as TI but they do not have the benefit of the SRTI cases as they do not get their waiting days repaid
30. 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 Benefit Centre (BC). The Decision Maker (DM) will decide if SR or TI applies. This will be normally notified via the BNRL of an outcome. The report form will be an ESA85A.
31. The Health Assessment Advisory Service will return all documentary evidence to the BC in an ESA55. The Assessment report will be retrieved from MSRS by the DM, who will decide the claimant's classification based on:
- a DS1500 if one is held (this may be held by PIP)
 - ESA85A
 - any other medical evidence available
32. Where the DM awards support group under Special rules, the DM 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 SRTI 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.)
33. Where Support Group is awarded 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.
5.	Access JA674694 and input: <ul style="list-style-type: none"> • Decision date • Decision type 01 for LCW and 03 for Terminally Ill • Decision effective from date
6.	Input the next WCA date for 3 years.
7.	Note Destruction Date on ESA55 when received, see archiving Medical Evidence.

34. 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.

Note: You must always check if the claimant has had a JSA Extended Period of Sickness (EPS)

Harmful Information

35. A claimant may be classed as TI without claiming under Special Rules. Usually in these circumstances the claimant and, or their representative is unaware of the claimant's terminally ill status.
36. Where a claimant and, or representative request a copy or details of the assessment report, Benefit Centre (BC) staff must check the 'Harmful Information' section and the main body of the medical report for any reference to terminal illness. **Do not** make the claimant and, or representative aware of terminal illness where they are not already aware of the diagnosis.
37. If there is reference to the claimant being TI within the report, not just on the Harmful Information page, you **must** ask the HAAS to remove all references to the claimant being TI before issuing it.
38. Harmful information must not be disclosed to the claimant and, or representative. When sending a copy of the assessment report to a claimant or representative **never** print out the 'Harmful Information' page, even if the page is blank.

Important final action on all SRTI & TI cases

39. 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.
40. 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 a new event in JA674, restate the WCA outcome, 3 year prognosis and reset the SG flag.
41. On maturity of the 3 year WCA referral the case should be referred on MSRS as an LCWRA ref, noting a previously TI marker held.

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

42. Claimants can be recommended for WRAG or SG by demonstrating functional impairment, as determined by the WCA descriptors, or by applying Regulation 29(2) for WRAG or Regulation 35(2) for SG.
43. ESA Regulations 29(2) and 35(2) were developed for "exceptional circumstances" where claimants who do not have functional impairment as determined by the WCA descriptors, can be placed in the work-related activity group (Regulation 29) or support group (Regulation 35) if there would otherwise be a substantial risk to the mental or physical health of any person. Substantial risk is taken to include significant deterioration in a claimant's health condition and violence to others or a risk of self-harm or suicide. See: Reg 29 and Reg 35 changes to Health Care Professional (HCP) instructions from 11.1.16
44. 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 and is in the Support Group the decision must be recorded on JSAPS.

45. 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.

Note: If the ESA50 indicates the claimant is a user of drugs, alcohol or other substances see: Use of drugs and alcohol identified on ESA50.

Recording a LCW or LCW and LCWRA decision

46. Take the following action to enter the outcome on JSAPS:

Step	Action
1.	Input the return from MSRS date in JSAPS screen JA674693 'Personal Capability Assessment Details'. In 'Return from MSRS Date' input as follows: <ul style="list-style-type: none">• If no SCF, record the date the outcome was received in the BNRL• If SCF, record the date of receipt
2.	Access screen JA674694 'Personal Capability Assessment Outcome' to input: <ul style="list-style-type: none">• the Decision date• the Decision Type code: 01 for LCW, and then either:<ul style="list-style-type: none">◦ 02 for Support Group◦ 04 for Work Related Activity Group• the Decision effective from date <p>Note: You must use the benefit centre DM decision date as the effective date of change when a claimant moves from the Support Group (SG) to the Work Related Activity Group (WRAG) or from WRAG to SG, not the date of the WCA or Medical Report (DMG 04709).</p> <ul style="list-style-type: none">• next WCA date (calculated from the last date of assessment and set automatically by JSAPS at 2 months before the actual prognosis date)
3.	Input all medical conditions and incapacities noted in the 'Medical conditions identified' list on page 1 of the medical report. In JA610 'Current Incapacities' (maximum 2 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
4.	Re-assess the ESA award in JA200, and adjudicate in JA405. <p>Note: Always consider if the claimant has had a JSA Extended Period Of Sickness (EPS).</p>
5.	If you have access to LMS, check to see if the claimant is

	participating in the Work Programme (WP) and inform the provider using the address in the Work programme Change of Circs contact list. Advise providers directly of the WCA outcome decision by clerically issuing the WP07b. Input note in LMS conversations stating ‘ WCA outcome notified to (Name of Provider) xx/xx/201X ’.
6.	Note Destruction Date on ESA55 see archiving Medical Evidence.

47. When JSAPS is updated with the WCA allowance outcome the following notifications are sent out automatically:

- notification to the claimant of either the WRAG or Support Group decision and that there is no need to provide any further statement of fitness for work/medical certificates

Note: The JSAPS notification letter must not be inhibited. In JSAPS screen JA405 the ‘Inhibit Award Notification box’ defaults to ‘Y’ and in these cases must be changed to ‘N’.

- notification to the claimant’s GP of the WCA decision and that there is no need to issue any further statement of fitness for work/medical certificates
- notification to the Local Authority of the WCA decision when LA interest is registered

Note: 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.

Consequences:

Failing to issue the claimant notification means:

- you are failing to comply with the DWP’s legal requirement to notify the customer of the outcome, they have a right to know
- failing to inform the claimant of the correct decision and their appeal rights
- likely increased complaints which are expensive to deal with
- likely increased contact from customers to progress chase, adding to avoidable contact

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

Standard Notes for JSAPS

48. 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 the face to face assessment. For cases where the claimant has been placed in the WRAG using Regulation 29, add (Reg 29) to the standard note in JA110.

49. 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 New Joiners Work Focused Interview (NJWFI) measures.

Example:

Where a case is given a 3 month prognosis on 08/08/15 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 08/09/15. BC staff must state in notepad '**3 month prognosis from 08/08/15**' 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 08/12/15. BC staff must state in notepad '**6 month prognosis from 08/08/15**' for Labour Market Work Programme purposes.

50. This information is essential to enable Jobcentre staff to calculate when to initiate the referral to the Work Programme.

LCW outcome following a previous LCW or LCWRA outcome

51. For cases which were previously in the Support Group (LCW and LCWRA) a recommendation of WRAG (LCW) cannot be made unless a face to face assessment has been carried out.
52. When a new auto push re-referral is made, the previous SG flag or the previous treat as LCW flag is set according to the previous recommendation made by Health Assessment Advisory Service (HAAS), not the outcome determined by the Decision Maker.
53. If the DM determined LCW but not LCWRA on a recommendation from HAAS of LCW and LCWRA the previous SG flag will be set as yes.
54. Where the change to WRAG from SG is identified as having taken place 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 a reconsideration.
55. It is therefore essential that BC staff take the following action to ensure face to face assessments have been applied correctly and no claimant is moved from LCW and LCWRA (SG) to LCW (WRAG) without a face to face assessment

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

56. BC staff must take the following action to ensure face to face assessments have been correctly applied by the HAAS 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 and Further Medical Evidence (FME) Note: 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.

Reg 29 and Reg 35 changes to Health Care Professional (HCP) Instructions from 11.1.16

57. HCP instructions have been updated to explain work-related activity and the flexibility available to work coaches when advising on work-related activity (WRA) which will allow HCPs to consider the question of risk in line with regulations 29 and 35. See WCA Handbook for further information.
58. Decision Makers can expect to see an increase in the number of claimants that are placed in the WRAG – either by Regulation 29 or by the Schedule 2 scoring descriptors and fewer cases where HCPs advise that requiring claimants to undertake work-related activity would trigger substantial risk of harm.
59. The LiMA software system that HCPs use during the assessment does not allow HCPs to differentiate between Regulation 29 and Regulation 35 recommendations, resulting in lack of clarity on which group they are recommending claimants be placed in.

Action for Decision Makers

60. From 11.1.2016 in cases where the ESA85/ESA85A states that risk applies, the HCP will specify in the **Personal Summary Statement (PSS)** whether substantial risk would be triggered if they were not found to have limited capability for work alone (therefore advising that they be placed in the WRAG), the wording should read:
61. “LiMA does not allow me to differentiate between Regulation 29 and 35 however; my advice in this case is that the person may be capable of some forms of appropriate work related activity”, or that substantial risk would be triggered if they were not found to have both limited capability

for work and work-related activity (therefore placing them in the Support Group), the wording should read:

62. "The medical evidence indicates there would be substantial mental or physical risk if the client **were found capable of work or work-related activity**" for Support Group cases.
63. It is vital that DMs read the PSS carefully to ensure that they fully understand the HCP's advice before making their decision on the claim.
64. Until LiMA functionality has been updated these cases will continue to present on the Browse New Response List (BNRL) as below.

Benefit Type	Referral Category	Supp. Case File	IB Mig	NINo	Surname	Referral Outcome	Referral Outcome Subcode	Thresh Met F
ESA	S	Yes	No	AB123456A	AN OTHER	LCW or LCW and LCWRA	Physical or Mental Health Risk	

WCA Admin Teams DMACR Log On

65. An issue was raised by WCA admin staff who take the initial action to log the requirement for a decision on DMACR. Teams have been logging cases as SG recommendations as that is how cases were previously presented on the Browse New Response List (BNRL).
66. 2 new decision types have been added to DMACR on 9.3.16 to support:
 - Reg 29 - 'WCA Allowance (Work Related Activity Group) RISK'
 - Reg 35 - 'WCA Allowance (Support Group) RISK'

Decision Type
WCA Allowance (Support Group) RISK
WCA Allowance (Work Related Activity Group) RISK

Note: Recommendations and should be used with immediate effect.

WCA Admin Team – Determining the recommendation

67. The HCP can only recommend Reg 35 at scrutiny for an initial WCA referral. To enable WCA admin staff to determine whether the recommendation is Reg 29 or Reg 35 for an initial WCA referral:

Step	Action
1.	Select the individual case.
2.	Select the 'view Medical Output' in the 'referral actions' box.
3.	<ul style="list-style-type: none"> • If ESA85a held then recommendation is Reg 35. • If ESA85 held then scroll to Part 39 (LCW or LCW and LCWRA Information) and look for the following standard paragraph which indicates a Reg 29 recommendation: "LiMA does not allow me to differentiate between Regulation 29 and 35 however; my advice in this case is that the person

	<p>may be capable of some forms of appropriate work related activity”</p> <ul style="list-style-type: none"> • If Part 39 of ESA85 holds wording below, this indicates a Reg 35 recommendation: “The medical evidence indicates there would be substantial mental or physical risk if the client were found capable of work or work-related activity”
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68. The HCP can recommend Reg 29 or Reg 35 at scrutiny on IBR cases and Re-referrals, providing the claimant was in the WRAG previously. The same or similar wording as above will be found on the ESA85a/ESA85 for these cases.

Note: WCA Admin staff are not expected to spend extensive time trying to establish the recommendation. If the recommendation cannot be easily identified by following the above steps then log the case on DMACR as WCA Allowance (Support Group) RISK.

Decision Type does not match Decision Log on

Logon Details

Office

Benefit Type*

ESA

Referral Source*

WCA

Referred Decision Type *

WCA-LCW Disallowance Following Med Exam

Date Rec'd at DMA*

07/10/2015

Unlock

Decision

Decision Type *

WCA Allowance (Support Group)

Decision Outcome*

Allowed

Make Decision

69. In the above scenario the DM should leave the logged on details as they are, and simply amend the Decision Type and Decision Outcome options and then select 'Make Decision'. This will provide the DM with the correct decision template.

DMACR Templates to support Reg 29 & Reg 35 Risk

70. In conjunction with Operations and Legal Group, the decision texts for Reg 29 & 35 decisions have been updated to provide more detail in the decision without adding complexity to the process. These revised templates will appear for both WCA and Band B referral sources when making the decisions in DMACR and incorporate reference to descriptors used and score achieved where appropriate. See example below.

Score from physical assessment				Score from mental, cognitive and intellectual functions assessment			
Physical Activity				Mental, cognitive & intellectual activity			
	Activity	Descriptor	Score		Activity	Descriptor	Score
Moving Around	1.	We	0	Learning how to do tasks	11.	LTd	0
Standing and sitting	2.	Sd	0	Awareness of hazard	12.	AHd	0
Reaching	3.	Rd	0	Initiating Actions	13.	IAd	0
Picking things up and moving them	4.	Pd	0	Coping with change	14.	CCd	0
Manual Dexterity	5.	Me	0	Going out	15.	GAd	0
Communicating with others	6.	SPe	0	Coping with social situations	16.	CSd	0
Understanding others	7.	Hd	0	Behaving appropriately with other people	17.	IBd	0
Getting around safely	8.	Vd	0				
Controlling bowels and bladder	9.	Cc	0				
Staying conscious when awake	10.	Fc	0				
Totals			0	Totals			0

Complete Scoring

Functional descriptors met - HCPs considering Risk

71. We are aware that HCPs are considering risk in mental health cases even where Schedule 2 or Schedule 3 functional descriptors have been met and are annotating the ESA85 accordingly. Decision Makers should only reference that the functional descriptors have been met when justifying their decision and are not required to address the fact that the HCP has also considered risk.

Claimant or Representative requests a copy of ESA85

72. If a claimant or claimant's representative requests a copy of the ESA85 we may receive queries in relation to the information in the report. Section 39 of the ESA85 entitled 'LCW or LCW & LCWRA Information' is where 'risk' is considered. It states:

73. "The client was found to meet the criteria for Limited Capability for Work or Limited Capability for Work and Work Related Activity." However, the recommendation further down in that section may indicate Reg 29/WRAG recommendation. This may cause confusion, particularly where claimant has a representative such as CAB, etc. Please see lines to take that have been issued to telephony agents to assist with any queries.

Questions

The Personal Summary Statement in my WCA assessment report mentions something called LiMA. What is this?

LiMA is the IT system that Healthcare Professionals use when completing their assessments for claimants taking part in a Work Capability Assessment. It is this system that generates the Assessment Report that is sent to the Department (ESA85)

Why does section 39 of my WCA assessment report (ESA85) state “The client was found to meet the criteria for Limited Capability for Work or Limited Capability for Work and Work Related Activity” but the recommendation further down in that section indicates Reg 29/WRAG recommendation?

In some cases there may appear to be a discrepancy in the advice provided by the Healthcare Professional between Section 39 of the assessment report and the Personal Summary Statement.

This is because the LiMA IT system used by Healthcare Professionals when conducting Work Capability Assessments does not allow them to automatically make a recommendation to place a claimant in the work-related activity group when they believe risk may apply.

For that reason, the Department has asked that the Healthcare Professional, after indicating that risk may apply in section 39 of the report, make it clear in the Personal Summary Statement whether they believe that a claimant would be at risk if asked to look for work or take part in work-related activity when sending their advice to a DWP Decision Maker.

If there are any doubts or discrepancies identified in the HCP report then the case should be passed to a Band C DM to consider as per current process. In addition to the standard note entered in JA110, DM's should also add 'Reg 29' to the body of the standard note where appropriate.

JSA EPS

74. 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.
75. There will be a note in JA510 to show if there has been an EPS and whether arrears will need to be considered.
76. JSAPS will automatically award components from the 92nd day from the start of the ESA claim.
77. A manual calculation will need to be done, as the 13 weeks should start from the first day of the JSA EPS.
78. Using the dates of the EPS from the notepad entry, calculate 91 days (13 weeks) from the start date.
79. 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, divide 7 and multiply by the amount of days in the part week.
4.	This is the amount of arrears due. This will need to be paid in dialogue JA490.

Note: You must always calculate arrears as above to avoid any under or 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.

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 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.

80. After payment of arrears:

Step	Action
1.	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.
2.	Note JA110 with details of the arrears payment amount, period, reason for payment and that letter has been issued to notify the claimant. The note must state 'Do not delete'.
3.	Set a case control in JA530 for May 2016 to record the Second State Pension (S2P) liability for the EPS period in 2015/16 in e-Nirs., as the claimant is now protected for the S2P. Note: There will be no need to do this in later tax years as S2P ceases from April 2016.
4.	If 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. Note: Staff must be aware of the action to take where an Assessment report contains harmful information.
5.	Inform the WCA outcome decision and relevant change to Jobcentres and Providers. Inform the Jobcentre by either: <ul style="list-style-type: none"> • updating JSAPS to produce a WAR at the Jobcentre, or • clerically using ESA23 To inform the provider: <ul style="list-style-type: none"> • check LMS to confirm the claimant is participating in a Jobcentre Plus offer or the Work Programme and Notify the Provider of the change Note: 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: LCW / LCW & LCWRA Jobcentre Plus Offer. If it is a clerical claim then notify the Jobcentre, who in turn will notify the provider. Otherwise a WAR will be created for the relevant Jobcentre.

Determining the next WCA referral date

81. 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 ESA85 When deciding on a re-referral date the DM should also take the following into account:

- the claimant's health condition
- whether the claimant's health condition 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
- whether any surgery is likely that may offer a significant improvement
- the date 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. 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 is placed into the Support Group.

82. 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.
83. 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.
84. 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.

LCW Not Met Under WCA

85. The DM reviews all available evidence and checks for any conflicting information. The DM considers:
 - the claimant's Fit Note
 - ESA50 Limited Capacity for Work Questionnaire
 - ESA85 the Assessment report from the Health Assessment Advisory Service
 - ESA85S Personal Summary Statement (PSS) from the HAAS
 - the HCP output report
 - any other evidence held
 - the claimant's preferred method of contact
86. 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

87. The DM must inform the claimant or their representative, by phone, of the possible disallowance. This call is designed to help claimants who have been found well enough to work after a period of incapacity. This will include:

- reviewing what information has already been considered
- asking the claimant for further 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

Note: 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.

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

89. All calls that are made should be recorded in CAM contact history, JSAPS dialogue 110 and DMACR. The standard notes for DAC and warm handover are:

- “DAC call made xx/xx/xx. Call completed and explanation given. Warm handover accepted. ESA claim closed”
- “DAC call made xx/xx/xx. Call completed and explanation given. Warm handover not accepted because.....”
- “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
- “DAC call made xx/xx/xx. Call completed and explanation given. Sign-posting to UC. ESA claim closed”

90. If the initial call is unsuccessful you should attempt to contact the claimant again by all methods possible including SMS text: ESA ‘Call us or we’ll call you’, leaving at least 3 hours between each attempt.

91. If two unsuccessful calls have been made by the DM, the DM will pass the details to the appropriate officer to issue the follow up SMS text.

92. The claimant must be notified of the decision using the ESA65 / ESA65W disallowance letter in all cases. The JSAPS notification letter must be inhibited. In JSAPS screen JA405 the ‘Inhibit Award Notification box’ defaults to ‘Y’ and in these cases should be left at ‘Y’.

Consequences:

Failing to issue the claimant notification means:

- you are failing to comply with the DWP’s legal requirement to notify the customer of the outcome, they have a right to know
- failing to inform the claimant of the correct decision and their appeal rights
- likely increased complaints which are expensive to deal with
- likely increased contact from customers to progress chase, adding to

avoidable contact

Deaf claimants

93. 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:

Step	Action
1.	Issue form ESA270 to the claimant requesting any further relevant information they may have within 17days.
2.	Set a BF for 17days and update notepad.
3.	If the BF matures and the claimant has not replied, issue form ESA270A as a reminder.
4.	Set a further BF for 10 days and update Notepad.
5.	If nothing has been received from the claimant when the BF matures, continue with the disallowance action.

Action following the Decision Assurance Call

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

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

Step	Action
1.	Score all physical and mental descriptors, including nil scores, using the ESA56 held in DMACR. Note: All adverse WCA decisions should be retained within the Benefit Centre for a period of 6 weeks, to avoid costs when retrieving papers from Remote Storage.

Recording a no LCW decision

95. 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.

96. When a DM decides that a claimant does not have LCW the ESA claim is disallowed.

ESA56 – Document Repository System (DRS)

97. The DM must record the disallowance decision and the physical and mental scores on ESA56.

98. The ESA56 must be completed in DMACR and all ESA56 and LT54's must be uploaded as a misc document, along with the LT54, onto DRS.

99. The ESA56 on DRS lets everyone see the outcome decision without the need to access DMACR and reduces the need to retrieve the ESA55 for the score sheet.

100. To record the decision in JSAPS JA674:

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 <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.	<p>If claimant has not accepted warm handover to JSA/UC, select 'End' to go to dialogue JA200/JA405.</p> <p>If claimant has accepted warm handover to JSA/UC, select F1 to go to dialogue JA099 and:</p> <ul style="list-style-type: none"> 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 select F1 to go to dialogue JA200/JA405
4.	Complete, print and issue the ESA65 disallowance letter which includes the written statement of reasons. The disallowance letter must be issued on the same day.
5.	<p>For claims maintained clerically, it is vital that an ESA65B is sent to the claimant's GP at the same time as the ESA65 is issued to the claimant.</p> <p>An ESA65B is not required for claims maintained on JSAPS as on-line notification will be automatically triggered even though the JSAPS notifications must be inhibited as the third party notification, ESA65B, will still be issued.</p> <p>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.</p>
6.	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, JA200 and JA405 to terminate the claim.
7.	Note Destruction Date on ESA55 see archiving Medical Evidence

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.

98. If the claimant provides further evidence after the ESA65 has been issued, see Reconsideration and Rework..

99. The BC is responsible for informing the WCA outcome decision and relevant change to Jobcentres and Providers. See Reporting WCA Outcomes to the WSD/ Provider.

DMACR - Process to follow

100. Upon receipt of the files from the Assessment Provider:

Step	Action
1.	Identify all cases that are ' WCA – LCW Disallowance

	Following Med Exam’.
2.	Ensure these are recorded correctly on DMACR within the ‘Logon Details’ Screen. Full instructions can be found here.

101. When the DM receives the file, they must:

Step	Action
1.	<p>Check that DMACR ‘Logon Details’ screen is correctly showing:</p> <ul style="list-style-type: none"> • Benefit Type – ESA • Referral type – WCA • Referred Decision Type – WCA – LCW Disallowance Following Med Exam <p>Then consider the case and progress.</p>
2.	<p>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, Select the correct decision type from the ‘Decision Type’ drop down and then the appropriate ‘Decision Outcome’ – Go to Step 5.</p>
3.	<p>When content that the file is a ‘WCA – LCW Disallowance Following a Med Exam’. Make the call to the claimant, instruction for this are in the DAC call desk aide.</p>
4.	<p>Update the ‘Decision’ Screen on DMACR, after the call, this includes the ‘Decision Type’. At this point you must select the most appropriate decision outcome. The decision type may have changed as a result of additional information being supplied by the claimant that was not available or presented during the WCA. The 5 options are:</p> <ul style="list-style-type: none"> • 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)
5.	<p>Complete the ‘Decision Outcome’ field on DMACR, this will be any one of the 9 decision outcomes available but must be the correct one.</p>
6.	<p>Complete the ‘Customer Contact’ screen, the 5 options are:</p> <ul style="list-style-type: none"> • No call required - You should always attempt a call so do not use this option • Contact on First Attempt • Contact on Second Attempt • Contact on more than two attempts • Customer could not be contacted <p>If no discussion, or an incomplete discussion has taken place between you and the claimant (regardless of the reason), this must be recorded as ‘Customer Could Not Be Contacted’. Note: It is important that the correct outcome is recorded as this is an area that can impact on DMACR success rates. If</p>

	you have to exit DMACR, you will go back into that customer account and go through the same screens again including the 'Customer Contact' screen. It is important that you accurately records the correct option again, this does not double count.
7.	DMACR will then provide you with a decision template to populate. The basic paragraphs of the decision will already be entered. You must then populate the rest of the decision, personalising it to the claimant and save this decision. Note: A 'pop up box' will appear within DMACR, prior to the decision template. The DM can insert information, such as dates and descriptors and elements of the DAC, these will automatically appear within the decision template.
8.	Upload the decision in the 'Upload Decision Document' screen and click the 'Finalise' button.
9.	Select 'Yes' or 'No' to the 'Does your Decision agree with the Assessment Provider advice?' question. If No. Then choose the appropriate option from the list of reasons and then press continue.

Note: If the DM needs to 'Cancel' out of DMACR (due to DMACR limitations or current working practice) this will not impact on the DMACR MI collation.

Import/ Export of Decisions

102. 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.
103. FTA/ FTRQ/ SG Deterioration/ New Claim within 6 months Decision types should not be recorded on DMACR as a DAC.
104. 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 - ESA Customer Journey

105. You should only record a DAC locally, for the ESA Customer Journey (CJ) MI, if the DMACR **'Logon Details'** Screen indicates:
 - 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.

106. The DM must:

Step	Action
1.	Confirm these details are correct before preparing for a DAC, by checking the case file.
2.	If it is not the appropriate decision type, follow the correct action on DMACR and do not count as undertaking a DAC, but clear the case as you would normally.
3.	If the case file is a 'WCA – LCW Disallowance Following a

	Med Exam' undertake the DAC process as normal.
4.	If the decision type changes during the course of the DAC, you should still record as undertaking a DAC as the decision was changed as a result of speaking to the claimant and gathering additional information.
5.	Update your 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.

Note: 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 claimant. These will be recorded as an unsuccessful DAC, even if the claimant has no contact details or a request has been made not to be contacted via telephone.

107. FTA, FTRQ, SG Deterioration and New Claim within 6 months cases should not be recorded as a DAC.

Claimant to claim JSA/UC

108. The ESA claim must be closed immediately using Dialogue JA099 to enable a claim to JSA/UC to be made.
109. 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
110. 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.

Contacting claimants who need help in using our services

111. 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
112. 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.
113. 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.
114. 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.

115. JSAPS will refer to the PCA rather than the WCA until the IT is updated.

116. For instructions 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.

117. See Vulnerability Hub for further information.

How to advise WCA Outcomes

118. 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 WSD/Provider.

Note: This applies only on ESA claims. Claims which have been reassessed from IB are not included in this procedure.

WSD requests WCA disallowance template

119. Before JSA claimants attend the Initial Work Search Interview (IWSI), the Benefit Centre (BC) may be contacted by the Jobcentre requesting completion of a WCA outcome disallowance template. BC staff should aim to have the template completed before the IWSI. 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 agreeing the claimants claimant commitment

120. The WCA Outcome Disallowance template only needs to be issued by the Benefit Centre (BC) SPOC when requested by the Jobcentre.

121. Jobcentre staff email the BC SPOC requesting a completed WCA Outcome Disallowance Template. The e-mail must contain the claimant's details and the name of the Work Coach scheduled to undertake the Initial Work Search Interview (IWSI). BC staff must complete a blank WCA outcome Disallowance Template and send this to the Work Coach 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 (Name) WCA Outcome Disallowance Template', for example. 'JCP Kendal WCA Outcome Disallowance Template'.

122. Copy and paste the details from the LT54 into the template and send this as an attachment. This should always have an 'OFFICIAL' marking in the subject heading.

123. You must ensure you comply at all times with DWP data handling policy.

LCW / LCW & LCWRA Jobcentre Plus Offer

124. Claimants who meet WCA conditions for Limited Capability for Work (LCW) and /or Limited Capability for Work Related Activity (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.

125. 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 (NJWFI) on a voluntary basis they may also participate in further flexible interventions and Work Related Activity (WRA).
126. 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 (NJWFI) followed by a series of flexible interventions and WRA.
127. 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
128. This Case Control will appear on the WAR on the next day and will be automatically cleared once it has appeared on the WAR.
129. If the WCA outcome cannot be notified to the Jobcentre by a WAR then BC staff must issue an ESA23 to the Jobcentre
130. Where the BC have access to LMS, check to see if the claimant is participating in the Work Programme (WP) and inform the provider using the address in the Work programme Change of Circs contact list, Advise providers directly of the WCA outcome decision by clerically issuing the WP07b. Input note in LMS conversations stating '**WCA outcome notified to (Name of Provider) xx/xx/201X**'.
131. 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.
132. On wholly clerical cases the ESA23 is used 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
133. 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.

134. 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 BC staff.

Use of drugs and alcohol identified on ESA50

135. When a completed ESA50 is returned by the Health Assessment Advisory Service in the ESA55 referral jacket. The question on page 6 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 Jobcentre 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

136. 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.
137. 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 Work Coach.
138. Where the claimant is a special claimant record the ESA23 should be sent by the SPOC within the Benefit Centre (BC) by fully tracked mail to the SPOC within the Jobcentre.
139. If the claim is maintained clerically, ensure the Jobcentre is informed about the change using an A8 form.
140. Receipt of the notification prompts a review of JSAPS, considering the impact on the Jobcentre Plus Offer process, and takes any necessary action to update the claimant's LMS record.
141. Clerical issue of the ESA23 will be needed for:
- clerical cases
 - credits only cases
 - drugs use identified cases

Failure to Return the Questionnaire (ESA50) - FTRQ

ESA50 questionnaire process

142. Once a referral has been made on MSRS questionnaire the ESA50 questionnaire is prepared overnight and posted automatically to the claimant the next working day.
143. The claimant has an initial 3 week period in which to complete and return the ESA50 to the Health Assessment Advisory Service (HAAS)

using the pre-paid envelope provided. The 3 week period starts the first working day after posting.

144. MSRS 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, an ESA53 reminder letter is automatically issued to the claimant.
145. The claimant has a further week in which to complete and return the ESA50 to the HAAS.
146. The MSRS 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 whether a mental health flag is set in MSRS.

ESA50 not returned – Mental Health Flag Set

147. If the mental health flag has been set at the referral stage, MSRS will automatically refer to a Health Care Professional and the WCA referral action will continue.

ESA50 not returned – Mental Health Flag Not Set

148. If the mental health flag has not been set at the referral stage, MSRS will automatically send a 'Not Returned' MSRS output via the Browse New Response List (BNRL). There will be no supporting case file for these cases.
149. On receipt of the ESA50 'Not Returned' MSRS output the decision maker has 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.
150. Some conditions in the Incapacity Reference Guide (IRG) have not been set as mental health conditions. You must check in all cases the incapacity was not a mental health condition, see extra list. If a mental health condition is identified then you must set the Mental Health flag in MSRS and refer back to the HAAS as an S referral for the process to continue.
151. Wherever a claimant requests a duplicate ESA50, the original 4 week questionnaire completion time should be applied. **There are no extensions to this timescale.**
152. For instructions on ESA50 completion, see ESA50 completion for claimants who need help in using our services.

Consequences:

Failure to take prompt action will result in:

- failing in your duty on behalf of DWP to safeguard vulnerable claimants by not checking the Mental Health flag
- failure to action, failure to return ESA50 or attend the WCA, means the claimant will not receive their correct entitlement and be overpaid
- increase the value of any overpayment, adding to official error
- rework to correct the claim

Good Cause Accepted for Failure to Return the ESA50

153. Where the Decision Maker (DM) accepts good cause for failing to return an ESA50 register the Assessment referral on MSRS.
154. In JSAPS screen JA674694 'PCA Assessment Outcome' input the decision date and decision type code 05 'GC for late ESA50 Questionnaire'.
155. Information cannot be referred back to MSRS. An '**immediate S referral**' must be completed through dialogue JA60.
156. Case control S294 'Check Returned PCA Progress' is automatically set when the case is recorded as returned to the HAAS.

Note: Use dialogue JA674 to close the claim if the ESA50 as 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 BC 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

157. Where the DM does not accept good cause for failing to return an ESA50, the claim to ESA is disallowed.
158. In JSAPS screen JA674694 'PCA Assessment Outcome' input:
 - the decision date
 - decision type code 08 'disallowed no ESA50'
159. 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

160. 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.
161. 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.
162. 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.

163. 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

164. Refer the claimant to a contact centre to make the new claim or request completion of a new claim form.

165. 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:

Step	Action
1.	Access CAM and select the 'Customers' tab.
2.	Insert the claimant's NINO.
3.	Whilst in the Contact History Screen enter the claimant'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 Note: CAM will determine the Claim Type as either Repeat Claim or Rapid Reclaim
8.	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 claimant's circumstances that may have happened since the initial claim data was taken.
9.	Once claimant data has been updated, select the Wrap Up Call Smart Script button.
10.	Select 'Outbound – External' from the Call Type Field and select 'New ESA Claim' from the Call Reason Field.
11.	Select the appropriate Caller Type
12.	Read the ESA Mandatory Text and gain agreement from the customer. Select 'Next'
13.	Read New Claim Closure Statement at item 12 of the Desk Aid.
14.	Complete Wrap Up Call SmartScript as appropriate.

15.	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.

166. Normal linking rules will apply to these cases.

167. 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.

168. 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.

169. 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 HAAS.

170. 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

171. Where the late ESA50 is received in either DWP or the HAAS 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.

172. The late ESA50 will still be valid for WCA purposes and must be retained by the BC ready for the WCA S referral, at the appropriate time, once the new claim has been received.

173. **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

174. Where the DM accepts Good Cause for the late return of the ESA50 a continuing award of ESA is required.

175. To maintain the JSAPS account:

Step	Action
1.	Register the claim in PD350.
2.	Register an ESA new claim in JA060 and complete JA060062 with the new event details. <ul style="list-style-type: none"> • 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.

176. 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

177. 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.

178. 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 HAAS. To do this:

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

179. Case control S294 'Check Returned PCA Progress' is automatically set when the case is recorded as returned to the Health Assessment Advisory Service.

180. A JA72539 WAR will be produced 21 days after the referral has been returned on MSRS.

Failure to participate, comply or submit in the Work Capability Assessment

181. When a claimant attends a Health Assessment but fails to participate or comply with the process, the Approved Healthcare Professional terminates the assessment. 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, or
- is persistently uncooperative
- If a claimant's behaviour is considered to be unreasonable, see Unacceptable Claimant Behaviour.

182. When a claimant attends a Health Assessment but fails to submit during the process, the Approved Healthcare Professional terminates the assessment. This may happen where the claimant:

- imposes unreasonable conditions before proceeding with the examination
- shows obstructive or intimidating behaviour
- states they do not consent to being examined

Note: This list is not definitive

183. When a claimant has failed to participate in the WCA, the case must be returned for the DM to decide if Good Cause can be accepted. Full details of the claimant's behaviour must 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 must 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

Did Not Attend a WCA

184. When the claimant fails to attend a WCA assessment MSRS produces an electronic outcome. MSRS holds all contact made between the claimant and the HAAS, by telephone and/or letter, and all appointment history.

185. The HAAS issues a letter, BF223 to the claimant asking for the reasons they did not attend and requesting that they send their response to the BC within 15 calendar days. A reply envelope is enclosed with the BF223 for its return to the BC.

Consequences:

Failure to take prompt action will result in:

- failing in your duty on behalf of DWP to safeguard vulnerable claimants by not checking the Mental Health flag
- failure to action, failure to return ESA50 or attend the WCA, means the claimant will not receive their correct entitlement and be overpaid
- increase the value of any overpayment, adding to official error
- rework to correct the claim

186. When the electronic DNA output 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.	Attempt to contact the claimant by telephone, while awaiting the BF223, for an explanation of why they did not attend the WCA Assessment.

186. JSAPS automatically sets Case Control S293 'Check FTA Reply Received' to produce a WAR seven calendar days after the issue of the BF223. 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.
187. 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 from BC / Jobcentre collecting good cause information for DNA WCA
 - returned BF223
188. 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 and the DNA Toolkit for further instruction around determining good cause.
189. If when considering the Good cause decision the Decision Maker considers the claimant would benefit from a home visit they should request the Assessment Provider undertakes this. The DM does not have to get GP evidence neither does the claimant. These cases should be rare and should be treated as exceptions. DMG 42261 applies.
190. 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
191. All of the above must be completed or the Assessment referral could be returned.
192. Record details in JSAPS JA110 notepad and set user case control in dialogue JA530.
193. At the home visit the Local Services Officer will cover conditionality for the WCA process. They will collect information on possible good cause and advise the claimant that they may be referred for further assessment.

194. When the DM receives the Local Service Officer's report, keep a record of the visit action in ESA55.

195. 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.

196. On receipt of the BF223 or following claimant contact:

Step	Action
1.	Update JSAPS screen JA674693 'PCA Assessment Details' by inputting the Did not Attend Letter Returned Date' (BF223) or the date of claimant contact.
2.	Input the updated reason code: <ul style="list-style-type: none">• 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) This action clears the S293 'Check FTA Reply Received' Case Control.

197. The DM fully considers whether or not good cause has been shown for not attending the WCA:

- if reasons are successfully obtained by telephone contact or
- on receipt of the BF223 or
- when Case Control S293 'Check FTA Reply Received' is produced or
- following claimant contact

198. The DM must check **all** available computer systems (CAM; Hott; Legacy; LMS and MSRS) when considering good cause. Claimants often contact either the HAAS 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.

199. Claimants often state they had not received the 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'. The search results will be displayed.
2.	The search results will be displayed. Click on 'View' for the most recent search result. This will take you to the 'View Client' screen.
3.	Select the radio button for the relevant Assessment referral, and 'View Contact History' from the 'Case Actions' drop down menu.
4.	Click 'Go'.
5.	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.
6.	By selecting the radio button.

200. 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.

201. By selecting the radio button next to each contact any notes for that contact will be displayed.

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

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.

Introduction of SMS Text reminder for WCA appointment

202. From December 2015, the HAAS introduced an SMS text 2 days prior to WCA as follows:

"Remember to attend your Work Capability Assessment on <DATE> at <TIME> at <LOCATION>. Failure to attend may affect your benefit"

203. The issue of the SMS text is not currently recorded on any of our systems, and is not visible, however, providing the claimant's mobile telephone number is correct, an SMS text will have been sent.

Did Not Attend (DNA) Toolkit for Band C Decision Makers and Managers

204. When ESA was introduced it was stressed how important it is to work with our claimants and move them closer to or keep them in touch with the Labour Market.

205. Decision Makers (DMs) have a crucial role to play in this and while it's important to remember that decisions should be made fairly they should also be made with the above thought in mind. There are many things that DMs can do to influence claimant behaviour and understand the consequences of the actions they take, or don't take.

206. This toolkit highlights the basic things that should be considered when making DNA decisions, and as the preferred method of communicating with the claimant is by phone, also includes suggested questions to ask the claimant. There is extensive guidance for DMs. See **DMG Chapter 42**

Note: Always take care to safeguard vulnerable claimants.

Evidence and Best Practice

Always try to speak to the customer on the phone

207. Any evidence collected over the phone is valid, but the DM should always ask for evidence of appointments, for example appointment cards or letters to be sent in.

208. The onus is on the claimant to provide any evidence required to make a fair and balanced decision; DMs should not make assumptions.

Note: Benefit of the doubt or whether it is the claimant's first FTA is irrelevant, it is also not appropriate for the DM to decide they are willing to accept good cause as this is the first time. See **DMG 01344**.

209. DMs must not make reference in their decisions regarding what might happen at a future event, for example state that good cause may not be accepted on a subsequent occasion or reference "stern" warning letters have/should be issued as they hold no place in good cause consideration and could result in reputational risk for the Department. See **DMG 42261**.

210. If information is gathered from the claimant that the provider would benefit from knowing, for example, claimant can't make an early morning appointment because they take a child to school. Evidence this in the decision so that the provider can take this into account, try to schedule a more appropriate appointment for the claimant and reduce potential for a subsequent failure.

Always check legacy notepad, LMS conversations and CAM

211. In all cases records should be checked for previous history of avoidance, similar explanations for non attendance in the past, or failed to attend or rearranged a WCA or a WFI appointment. This gives an overall picture of claimant behaviour, building evidence for your decision.

Take the opportunity to explain to the claimant the importance of attending their appointment and the consequences of not attending

212. This message is important if we are to ensure that claimants take responsibility for their actions.

Note: The claimant is advised at the point of claim, in the ESA40 and in the ESA35 that they might be called for an assessment and warned of possible consequences, **before** they get the appointment letter.

Claimant says they haven't received their ESA50

213. See DMG 42227 - 42231

Things to consider:

- has the claimant recently reported a change of address? Have we actioned it on time? Have we got the piece of post telling us about the change?
- check legacy, LMS and CAM to ensure we have the correct contact details
- has there been any other reported problems receiving departmental notifications? Has this happened before, if so how many times?
- did they receive the reminder letter?

- has claimant got a secure letter box, do they get utility bills regularly?
Did they receive the letter saying benefit had ceased?
- check and review the 'customer contact' and 'letter history' MSRS screen for notifications. Was the ESA50 issued before the change of address was notified?
- check JSAPS dialogue 570 for notifications issued
- check legacy notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant says they haven't received appointment letter

214. See **DMG 42244 - 42252 & 42269 - 42273**

Things to consider

- was the appointment arranged with CHDA over the phone for a mutually convenient time?
- if the appointment was made by letter consider:
 - has the claimant recently reported a change of address?
 - have we actioned it on time?
 - have we got the piece of post telling us about the change?
- check legacy, LMS and CAM to ensure we have the correct contact details
- did the claimant receive the reminder letter?
- did the claimant receive an SMS text reminder 2 days before the appointment?

Note: From mid December 2015 all claimants with a mobile number recorded will receive an SMS text reminder 2 days before their appointment.

- has the claimant got a secure letter box, do they get utility bills regularly? Did they receive the letter saying benefit had ceased?
- check /Review the customer contact and letter history MSRS screen for notifications - was the ESA50 issued before the change of address was notified?
- check JSAPS dialogue 570 for notifications issued
- check legacy notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant has another appointment on the same day

Things to consider

- what was the other appointment?
- do they have evidence of this appointment? Ask them to send it in.
- when were they notified of this appointment?
- when were they notified of the WCA appointment?
- could the other appointment have been re-arranged? If it could why didn't they?
- why did they consider the other appointment more important than attending the WCA?
- are they aware of the importance of attending and the consequences of not attending their WCA appointment?

- are they aware they could ring to re-arrange CHDA appointment?
- check legacy notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant was ill

215. See **DMG 42266 - 42268**

Things to consider

- when did they become ill?
- is it a worsening of their current illness? How severe was it? Was it a one off?
- do they live alone?
- did they have to phone a Doctor, ambulance or NHS direct for help?
- did their illness affect their day to day routine, such as taking children to school or shopping? If yes, who stepped in to help?
- if claimant says they managed these tasks, it was reasonable to expect them to attend the appointment
- could they have rung to re-arrange the appointment or alternatively could a friend or relative? If not, why not?
- are they aware of the importance of attending and the consequences of not attending their appointment?
- check legacy notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant says their child was ill

Things to consider

- when did they become ill?
- how ill were they? Would it have been reasonable to leave the child with a suitable friend or relative?
- did the child's illness affect their day to day routine, such as taking other children to school or shopping? Consider the impact of what the claimant says
- what childcare arrangements do they usually have?
- could they have rung to re-arrange the appointment or alternatively could a friend or relative? If not why not?
- check legacy notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant says they had transport problems on route

Things to consider

- what problems did they encounter? How did they intend to get there?
- did they have access to a mobile phone and the appointment letter with appropriate phone numbers?
- could they not notify the assessment centre of the problems and arrange a later appointment?
- was alternative transport available, such as bus, train, taxi, lift from friend or relative?

- were they aware of the importance of attending, and the consequences of not attending their WCA appointment?
- check legacy notepad, LMS conversations and CAM, has this sort of thing happened before?

Had funeral to attend on the same day

Things to consider

- whose funeral was it? Was it a close relative?
- if not a close relative, what were the circumstances? Was it a close friend?
- when did the person die?
- when was the funeral arranged? Was the claimant responsible for arranging the funeral?
- when were they notified of the WCA appointment?
- are they aware they could ring to re-arrange CHDA appointment?
- are they aware of the importance of attending, and the consequences of not attending their WCA appointment?
- check legacy notepad, LMS conversations and CAM should, has this sort of thing happened before?

WCA Standard Operating Model (SOM)

216. Below are links to the SOMs for admin staff and DMs 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 ESA55s (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