

WCA Outcomes (ESA)

WCA Outcomes

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

1. Several different outcomes can be notified during the WCA process. Outcomes will usually be electronically available to the Benefit Centre (BC) via MSRS.
2. Any associated paperwork will be sent separately in an ESA55 to the BC.
3. 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(link is external). This is to keep track of the decision making progress 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)

4. 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 Dispute Resolution Teams. If the incapacities recorded on JSAPS do not correspond to the MSRS report (ESA85/85a), the DM will update JSAPS accordingly.
5. The assessment report must be checked to ensure it is fit for purpose before a WCA decision is made. If the report is not fit for purpose, take rework action.

6. Full details of how to manage WCA outcomes on MSRS are shown in the ESA MSRS User guide.

7. Once a WCA outcome appears in the MSRS Browse New Response List (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.

8. All WCA outcomes will produce a S372 WAR, unless it's a clerical referral.

9. 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).

10. The S372 case control WCA outcome reason 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

11. Depending on the BC setup, teams will 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 must always be done by a DM.

Viewing Electronic Output from MSRS

12. Access MSRS 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 will be visible on MSRS. A draft report is where the report is undergoing audit following the 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

13. Where the MSRS indicates that there is a Supporting Case File (SCF) do not complete 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.

14. 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 can't 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:

- 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

15. 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(link is external) (SPA), before inputting the prognosis. This can be calculated by using the State Pension calculator(link is external).

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 three months.

Note: the WCA commences two 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. The prognosis is three months, which will take them to 15/06/2016. Using the SPA calculator the claimant will be entitled to their state pension on 01/07/2016, therefore the review would commence within 91 days of their SPA. You should advance the prognosis period to six months.

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

WCA Team Action

1. The Supporting Case File (SCF) or ESA55 must be reviewed 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.

2. On day 6 the WCA Team must notify the Health Assessment Advisory Service Team Leader if the SCF has not been received. A local search must be requested to establish its whereabouts and forward to the WCA Team.

3. If by day 11 the SCF has still not been received by the WCA Team, the matter must be referred to the Health Services Directorate (HSD) Performance Manager (PM)

4. If the SCF cannot be found the Health Assessment Advisory Service Site Security Manager must investigate by taking the following action:

- Arrange full office stop and search
- Identify courier service issues to escalate with TNT
- Contact DWP Nominate Site Manager to request full Benefit Centre (BC) Stop and Search and RS web check.

5. If the SCF cannot be found by day 20 but it is still thought to be within the office, the HSD PM must agree responsibility for rebuilding the case within DWP.

6. It is for DWP to rebuild the case as they own the ESA Customer Journey.

7. The HSD PM must advise DWP Nominated Site Security Manager for a decision to be taken when missing SCF action is taken.

Action taken by the WCA Team Manager (Band C)

8. The following action must be taken by the Band C Manager:

Step Action

1 Clear the customer action in BNRL

2 Refer to the 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(link sends e-mail) inbox for background checks to identify any irregularities.

Missing Supporting Case File found

9. 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 Advice the HSD (PM)

2 Update the missing document control record.

3 Arrange for duplicated file and original file to be amalgamated.

4 Email the Operational Security Team (link sends e-mail) inbox to inform them the missing case has been found.

Requesting Rework and Reconsiderations

28. See: Reconsideration and Rework Good Practise instructions.

Assessing WCA Outcomes

Claimant consent to inform their doctor of the WCA outcome

1. When a claimant makes a new claim to ESA or completes an ESA50, they are asked to give their consent for the Department to inform their doctor of the outcome of their WCA.

2. If the claimant does not give their consent, or at any time during their claim withdraws it, the claim **must** be maintained clerically. This is to ensure that the claimant's doctor does not receive the automated notification of the WCA outcome. See Clerical Process.

3. Volumes of these clerical claims will be monitored. When a claim has to be maintained clerically solely because a claimant withholds or withdraws consent, email details of the clerical claim to DWP ESA Portfolio Team (link sends e-mail).

Terminally Ill Outcome report received

4. The processor must 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 of their claim. If it is after the initial WCA they are still referred as TI but do not have the benefit of the SRTI cases as they do not get their waiting days repaid.
5. 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 DM will decide if SR or TI applies. This will normally be notified via the BNRL of an outcome. The report form will be an ESA85A.

6. The Health Assessment Advisory Service (HAAS) 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 DSI500 if one is held (may be held by PIP)
- ESA85A
- Any other available medical evidence

7. When the DM awards support group under special rules, the DM will record the decision type and decision effective date on 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).

8. Where support group is awarded from the outset of the claim, take the following action in JSAPS:

Step	Action
1	Register a change of circumstances even in JA60, in JA060062 input type event 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	Access claim through JA200 and JA405, then access JA674693 and input return from MSRS date
5	Access JA674694 and input: 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 the destruction date on ESA55 when received, see Archiving medical evidence

9. 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 check if the claimant has had a JSA Extended Period of Sickness (EPS)

Harmful Information

10. A claimant may be classed as TI without claiming under Special Rules. Usually in these circumstances the claimant, or their representative, is unaware of the terminally ill status.

11. Where a claimant, or representative, requests 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, or representative, aware of terminal illness if they are not already aware of the diagnosis.

12. If there is reference to the claimant being TI within the report and not just on the Harmful Information section, you must ask the HAAS to remove all references to the claimant being TI before issuing it.

13. Harmful information must not be disclosed to the claimant 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 and TI Cases

14. In all cases where TI has been accepted, the Special Rules flag must be set in JA674. If the year three period is exceeded they become LCWRA.

15. Where the SR flag has been removed to allow full award from the outset of the claim as user set case control must be set for the next working day. Open a new event in JA674, restate the WCA outcome, 3 year prognosis and reset the SG flag.

16. On maturity of the three 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)

17. Claimants can be recommended for Work Related Activity Group (WRAG) or Support Group (SG) by demonstrating functional impairment, determined by WCA descriptors, or by applying Regulation 29(2) for WRAG or Regulation 35(2) for SG.

18. 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 WRAG (Reg 29) or SG (Reg 35) if there would otherwise be a substantial risk to the mental or physical health of anyone. Substantial risk includes significant deterioration in claimant's health condition and violence to others or a risk of self-harm or suicide. See Reg 29 and Reg 35 changes to HCP instructions from 11.1.16.

19. Where the DM makes a decision that the claimant has LCW and is in the WRAG or has LCWRA and is in the SG the decision must be recorded on JSAPS.

20. Where the DM decision is recorded on DMACR the decision must be printed out and retained in the ESA55 as a supporting document. Clerical decision 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.

Claimant in Support Group, Severe Conditions criteria met

21. From 29th September 2017 the HCP will advise the DM when a claimant in the Support Group, has LWCRA, falls under the new prognosis re-referral option; Severe Conditions.

22. The Severe Conditions criteria applies to claimants with the most severe and lifelong health conditions or disabilities for whom reassessments are likely to provide no further new information.

23. These claimants are not subject to conditionality although they may access support from a Work Coach on a voluntary basis.

24. Those who meet the criteria will no longer be required to have their claim routinely reassessed.

25. From 29th September 2017, DMACR includes 2 new drop downs:

- WCA Allowance Support Group – Severe Conditions criteria met (for Severe Conditions recommendations only) and
- WCA Allowance Support Group – 3 year prognosis (for Support Group awards with 3 year prognosis recommendations where the Severe Conditions criteria is not met)

26. Use form ESA72SC to notify the claimant they meet the Severe Conditions criteria.

27. For Severe Condition outcomes received between 29th September and 12th November 2017 record the next WCA prognosis date in JSAPS as 3 years.

28. A scan of DMACR will identify the Severe Condition cases recorded between 29th September and 12th November 2017 for further JSAPS action to prevent any further reassessments.

29. When the scan is received amend the next WCA date using the common prognosis fixed date of 01/05/2030.

30. From 13th November 2017 JSAPS goes live with a change to the WCA future reassessment date field. The change allows a common prognosis date of 01/05/2030 to be input but it must only be used for Severe Condition cases.

31. A next reassessment date over 3 years must not be used for any other reason.

Note: Claimants not placed within the Severe Conditions criteria have no right of appeal against the re-referral date.

Severe Conditions (SC) descriptors

32. For SC one of the following Functional Support Group (LCWRA) descriptors must be met:

Activity	Descriptors
Mobilising	<p>Cannot either:</p> <p>(a) Mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or</p> <p>(b) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion</p>
Transfer independently	<p>Cannot move between one seated position and another seated position located next to one another without physical assistance from another person</p>
Reaching	<p>Cannot raise either arm as if to put something in the top pocket of a coat or jacket</p>
Picking up and/or moving	<p>Cannot pick up and move a 0.5 litre carton full of liquid</p>
Manual dexterity	<p>Cannot press a button (such as a telephone keypad) with either hand or cannot turn the pages of a book with either hand</p>
Understanding communication	<p>Cannot convey a simple message, such as the presence of a hazard</p> <p>Cannot understand a simple message such as the location of a fire escape, due to sensory impairment</p>
Weekly incontinence	<p>At least once a week experiences:</p> <p>(a) loss of control leading to evacuation of the bowel and/or voiding of the bladder, or</p> <p>(b) substantial leakage of the contents of a collecting device sufficient to require the</p>

	individual to clean themselves and change clothing
Learning tasks	Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder
Awareness of hazards	<p>Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of:</p> <p>(a) injury to self or others; or</p> <p>(b) damage to property or possessions such that the claimant requires supervision for the majority of the time to maintain safety</p>
Personal actions	Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions
Coping with change	Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed
Engaging socially	Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant
Appropriateness of behaviour	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace
Unable to eat or drink	<p>Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;</p> <p>(b) Cannot convey food or drink to the claimant's own mouth without repeatedly stopping or, experiencing</p>

	<p>breathlessness or severe discomfort;</p> <p>(c) Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or</p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving:</p> <p>(i) physical assistance from someone else; or</p> <p>(ii) regular prompting given by someone else in the claimant's presence</p>
Unable chew or swallow	<p>(a) Cannot chew or swallow food or drink</p> <p>(b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;</p> <p>(c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or</p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to:</p> <p>(i) chew or swallow food or drink; or</p> <p>(ii) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence</p>

33. If ONE of the above descriptors is met, ALL FOUR of the following criteria must also be met:

Criterion	Description	Examples of conditions that might meet the criteria	Examples of conditions that might <u>not</u> meet the criteria
The level of function would always meet	The level of function would always meet	Motor Neuron Disease (MND), severe autism, Parkinson's, All	Conditions which might be severe at times but recovery of

LCWRA	LCWRA criteria	dementias, All chromosomal conditions, Huntington's, , severe irreversible cardiorespiratory failure, severe acquired brain injury ...this list is not exhaustive	function might be present for substantial periods, such as the early stages of MS or some people with bi-polar disorder who recover function
Lifelong condition, once diagnosed	The condition will always be present. Some lifelong conditions are present from birth, but others will develop or be acquired later in life.	As per criteria 1	Conditions which might be cured by transplant / surgery / treatments or conditions which might resolve. This should be based on currently available treatment on the NHS and not on the prospect of scientists discovering a cure in the future
No realistic prospect of recovery of function	Advice on this should be based on currently available treatment and not on the prospect of scientists discovering a cure in the future	As per criteria 1	A person within the first 12 months following a significant stroke who may recover function during rehabilitation , so whilst the condition is lifelong, function might improve

Unambiguous condition	They have been through relevant clinical examinations with their health practitioner and full investigations have been completed. There should be no doubt that the person is significantly and substantially impaired.	As per criteria 1	Some pain syndromes might not be fully understood or investigated. Unexplained symptoms might later be found to be part of a treatable condition
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34. If all of the above and any of the LCWRA criteria are met the HCP will advise the decision maker that the claimant has LCWRA and meets the Severe Conditions criteria. The DM should not contest a Severe Conditions recommendation unless there is a factual error.

Recording a LCW or LCW and LCWRA decision

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

Step	Action
1	<p>Input the return from MSRS date is JSAPS screen JA674693 Personal Capability Assessment Details. In Return from MSRS Date input as follows:</p> <p>If no SCF, record the date the outcome was received in the BNRL If SCF, record the date of receipt</p>
2	<p>Access JA674694 Personal Capability Assessment Outcome to input:</p> <p>The Decision date The Decision Type code: 01 for LCW and then either: 02 for Support Group 04 for Work Related Activity Group The Decision effective from date Next WCA date. This is calculated from the last date of assessment and set automatically by JSAPS at least two months before the prognosis date.</p> <p>Note: You must use the benefit centre DM decision date as the effective date of change when a claimant moves from the SG to the WRAG, or</p>

WRAG to SG. It is not the date of the WCA or medical report (DMG04709 (link is external))

Consequences:

Failing to use the DM decision date can mean:

- Avoidable under and overpayments to the claimant
- Possible missed entitlement to premiums
- Possible financial hardship for the claimant
- Depriving the claimant of support into work that they are entitled to
- Avoidable costly rework and contact from the claimant
- Avoidable complaints

3 Input all medical conditions and incapacities noted in the Medical Conditions Identified list on page one of the medical report. In JA610 Current Incapacities (Max two primary and ten 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:

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.
Note: Always consider if the claimant has had a JSA Extended Period of Sickness (EPS)

5 You must report the outcome of the WCA to work coaches for claimants placed in the WRAG (First LCW decision) using these instructions.

6 If you have access to LMS, check if the claimant is participating in the Work Programme (WP) and inform the provider using the address in the WP Change of Circs contact list (link is external).

7 Note destruction date on ESA55 see archiving medical evidence.

Note: If Support Group Severe Conditions criteria applies input the common prognosis fixed date, 01/05/2030.

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

- Notifying the claimant of either WRAG or SG decision and there is non need to provide any further SoFFW or medical certificates.

Note: JSAPS notification letter must not be inhibited. In JSAPS JA405 the Inhibit Award Notification defaults to N. In the event that this notification is not required, amend the Inhibit Award Notification field to Y

- Notifying the claimants GP of WCA decision and that there is no need to issue any further statement of fitness for work/medical certificates
- Notifying the Local Authority of 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 and 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

37. Once the ESA award or continuing award has been established, BSD staff must update JA110 Notepad with WCA prognosis details for claimants placed in 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 Reg 29, add Reg 29 to the note in JA110.

38. When entering the prognosis details in JA110 Notepad, the date to be input will be the period decided by the DM. The prognosis start date period will be either:

- The date the WCA assessment took place, either face to face or the advice report, as shown on the ESA85/85A, 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

A case is given a three month prognosis on 8/8/15 by the Health Assessment Advisory Service (HAAS) which is approved by the DM, the next WCA referral to HAAS will be due to start 08/09/15. BC staff must state in notepad '3 month prognosis from 8/8/15' for Labour Market Work Programme purposes.

If the DM had decided to change HAAS' recommended prognosis to six months then the next WCA referral to HAAS 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.

39. This information is essential to enable JCP staff to calculate when to refer the claimant to Work Programme.

LCW outcome following previous LCW or LCWRA outcome

40. For cases 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.

41. 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 HAAS, not the DM outcome.

42. 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.

43. If the change to WRAG from SG has 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 HAAS as a reconsideration.

44. It is 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 face to face assessment. The assessment report must include details of the LCWRA consideration.

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 DM determining SG despite a WRAG recommendation from HAAS. 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 HAAS to conduct a face to face assessment.

4	<p>Open a new case on MSS and register a new S referral on MSRS setting the previously SG indicator to Yes. The supporting case file must include all relevant documents including the ESA50 and Further Medical Evidence (FME)</p> <p>Note: Do not return these cases as Rework</p>
5	<p>HAAS will then re-examine the case, providing a new outcome of SG or alternatively complete a face to face assessment to confirm whether or not the SG group is still appropriate.</p>

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

45. 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 (link is external) for further information.

46. Decision Makers can expect to see an increase in the number of claimants that are placed in the WRAG- either by reg 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.

47. The LiMA software that HCPs use during the assessment does not allow HCPs to differentiate between Reg 29 and Reg 35 recommendations, resulting in lack of clarity on which group they are recommending claimants to be placed in.

Action for Decision Makers

48. From 11/1/2016 in cases where the ESA85/85A 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 they be placed in the WRAG. The wording will read:

“LiMA does not allow me to differentiate between Reg 29 and 35 however; my advise in this case is that the person may be capable of some forms of appropriate work related activity”

49. If substantial risk would be triggered if claimants were not found to have both limited capability for work and the work-related activity, which would place them in the SG.

The wording will read:

“Medical evidence indicates there would a substantial mental or physical risk if the client were found capable of work or work-related activity”

50. It is essential that DMs read the PSS carefully to ensure they fully understand the advice of HCP's before making their decision on a claim.

51. Until LiMA functionality has been updated these cases will continue to present on the Browse New Response List (BNRL) as seen below:

Benefit Type	Referral Category	Supp. Case File	IB Mig	NINo	Surname	Referral Outcome	Referral Outcome Subcode	Threshold Met Flag	Referral Closed date	Select
ESA	S	Yes	No	QQ123 456A	OTHER	LCW or LCW and LCW RA	Physical or Mental health risk		16-Feb-2016	

WCA Admin Teams DMACR log on

52. An issue was raised by WCA admin staff who take initial action to log the requirement for a decision on DMACR. Teams have been logging cases as SG recommendations, as this is how cases were previously presented on the Browse New Response List (BNRL).

53. Two new decision types have been added to DMACR on 09/03/16 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

WCA Admin Team- Determining the recommendation

54. The HCP can only recommend Reg 35 at scrutiny for an initial WCA referral. To enable WCA admin staff to decide whether a recommendation is Reg 29 or Reg 35 for an initial WCA referral, follow the steps below:

Step	Action
1	Select the individual case

2	Select the 'view Medical Output' in the Referral Actions box
3	<p>If ESA85A held then recommendation is Reg 35</p> <p>If ESA85 held then scroll to part 39 LCW or LCW and LCWRA Information, and look for the following standard paragraph showing a Reg 29 recommendation:</p> <p>"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"</p> <p>If Part 39 of ESA85 shows the wording below, this indicates a Reg 35 recommendation:</p> <p>"The medical evidence indicates there would be substantial mental or physical risk if the client were found capable of work or work-related activity"</p>

55. The HCP can recommend Reg 29 or Reg 35 at scrutiny on IBR cases and re-referrals, providing the claimant was previously in the WRAG. Similar wording to the table above will be found on the ESA85/85A for these cases.

Note: If WCA admin staff cannot easily find the recommendation using the steps above, 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

56. In the scenario above the DM must 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 and Reg 35 RISK

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

Decision Scoring
23

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 – HCP considering risk

58. 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. DMs must only reference that the functional descriptors have been met when justifying their decision and are not required to address the fact that HCP has also considered risk.

Claimant or Representative requests a copy of ESA85

59. If a claimant or representative request 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:

“The client was found to meet the criteria for Limited Capability for Work or Limited Capability for Work and Work Related Activity”.

60. The recommendation further down in that section may indicate Reg29/WRAG recommendation. This may cause confusion, especially where the claimant has a representative such as CAB. Please see lines to take that have been issued to telephony agents for assistance with queries.

Questions

The Personal Summary Statement in my WCA assessment 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.

61. If there are doubts or discrepancies identified in the HCP report then the case must be passed to a Band C DM to consider as per current process.

62. In addition to the standard note entered on JA110 Notepad, DMs should also add Reg 29 to the body of the standard note where appropriate.

JSA EPS

63. Where a claim to ESA is made within 12 weeks of a period of JSA Extended Period of Sickness (EPS) ending the claim will link and the period of EPS counts towards the 91 day assessment phase and will determine if and when the WRAC component can be awarded.

EPS started prior to 3 April 2017

Claimants who start a JSA EPS period prior to 3 April 2017 and make an ESA claim within 12 weeks of the EPS ending, and are placed in WRAG, will be entitled to the WRAC

EPS started on or after 3 April 2017

Claimants who start a JSA EPS period on or after 3 April 2017 and make an ESA claim within 12 weeks of the EPS ending, and are placed in WRAG, will not be entitled to the WRAC

64. There will be a note in JA510 to show if there has been an EPS and whether arrears will need to be considered.

65. JSAPS will automatically award any component and premiums from the 92nd day from the start of the ESA claim.

66. A manual calculation will need to be done, as the 13 weeks should start from the first day of the JSA EPS.

67. Using the dates of the EPS from the notepad entry, calculate 91 days (13 weeks) from the start date.

68. Arrears will need to be paid from the correct 92nd day up until the day before the date that 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 if necessary any premium amount, divide by 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: Always calculate arrears as above to avoid any under or overpayments. Converting weeks into days, such as 4 weeks 3 days to 31 days, will lead to under/over payments due to how it is rounded.

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 week 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 seven weeks 1 day.

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 seven weeks 3 days.

WRAG weekly rate is £29.05

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

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

$£203.35 + £12.45 = £215.80$

69. After payment of arrears:

Step	Action
1	Issue an ESA73 (link is external) to the claimant advising them of the arrears payment that has been issued, including the amount and the reason for payment.
2	Note JA110 with details of the arrears payment amount, period, reason for payment and that letter has been issued to 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 JCP and providers. Inform JCP by either: Updating JSAPS to produce a WAR at JCP, or

Clerically using ESA23
To inform the provider:

Check LMS to confirm the claimant is participating in a JCP offer or 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 JCP Admin Support (AS) will update LMS on receipt of the WAR or ESA23. See LCW/LCW and LCWRA JCP offer.

Determining the next WCA referral date

70. The next WCA referral date is calculated from the date the last assessment was undertaken by HAAS. 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 age at the point of re-referral. If the claimant is approaching State Retirement Age, that is within 6 months of SRA, no further referral is required. Set a prognosis period 3 months after SR date to prevent auto push.
- 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 that 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, **unless the claimant meets the Severe Conditions criteria. Where the DM decides the claimant has LCWRA and meets the Severe Conditions criteria the common prognosis fixed date of 01/05/2030 is input to prevent those claimants being reassessed.** When the date has been entered in JA674694, JSAPS will automatically bring forward the prognosis date by 2 months. If the HAAS' advice on the WCA outcome/assessment indicates the longer term, this should be set within two years.

Note: the three year future WCA should only be applied to LCWRA outcome reports where a claimant is placed into the Support Group.

71. 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 from 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.

72. DMs must use a minimum period of eight months as the point when the claimant must complete a new WCA following a successful appeal, unless there are mitigating circumstances. This means that new re-referrals will commence at the six month stage.

73. There are circumstances where it is reasonable to refer the claimant for another WCA within a short time frame than the minimum eight months. For example, a change in circumstances that affects a claimant's health since the original decision. A DM may consider referring the claimant for another WCA in order to assess the situation.

LCW Not Met Under WCA

74. 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 Assessment report from HAAS
- ESA85S Personal Summary Statement (PSS) from HAAS
- HCP output report
- Any other evidence held
- Claimant's preferred method of contact

75. If there is any contradictory evidence or further information is needed on any aspect of the case, the DM must contact HAAS for advice.

Decision Assurance Call (DAC)

76. The DM must inform the claimant or their representative by phone of the possible disallowance. This call is designed to help claimants who are found well enough to work after 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, an alternative enquiry (link is external) 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.

77. The DM must make the outbound call using the Decision Assurance Call Desk Aid (link is external). For claimants wishing to speak in Welsh, use the Welsh DAC Desk Aid (link is external).

78. All calls must 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 must be included.

- “DAC call made xx/xx/xx. Call completed and explanation given. Sign-posting to UC. ESA claim closed”

79. If the initial call is unsuccessful you must attempt to contact the claimant again by all methods possible including SMS text, leaving at least three hours between each attempt.

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

81. The claimant must be notified of the decision using the ESA65 (link is external)/65W (link is external) disallowance letter in all cases. The JSAPS notification letter must be inhibited. In JSAPS JA405 the Inhibit Award Notification box defaults to N and in these cases must be amended to Y.

82. You must report the outcome of the WCA to work coaches for claimants placed in the WRAG (First LCW decision) using these instructions.

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

83. If the claimant has indicated they are deaf, and have specified they cannot be contacted by phone due to not having access to telephony/ text phone:

Step	Action
1	Issue form ESA270 to the claimant requesting any further relevant information they may have within 17 days.
2	Set a BF for 17 days 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

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

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

Step	Action
1	<p>Score all physical and mental descriptors, including nil scores, using the ESA56 held in DMACR.</p> <p>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.</p>

Recording a no LCW decision

86. 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 can be applied.

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

ESA65B

88. In clerical claims that are maintained wholly offline, you must send an ESA65B to the claimant's GP at the same time that one is sent to the claimant.

89. Do not send an ESA65B to either the claimant or their GP if the claim is maintained on JSAPS.

Claimant Consent

90. If a claimant does not give or withdraws their consent for the Department to inform their doctor of the determination of their limited capability for work (WCA outcome), you must take action as in Claimant consent to inform their doctor of the WCA Outcome

ESA56 – Document Repository System (DRS)

91. The DM must record all decisions and the physical and mental on ESA56.

92. For documents that are not on the selected list in DRS the agreed MOSAIC action is to select Whitemail-Unstructured from the dropdown. As an additional action to accurately identify the name of the document the user can manually input the name of the document in the 'LOB case ID' field using capitals only and no spaces. Once uploaded this will display in one of the columns at the top of DRS where the customer documents are listed.

93. The ESA56 on DRS lets you see the outcome decision without having to access DMACR, reducing the need to retrieve the ESA55 for the score sheet.

94. To record the decision in JSAPS JA674:

Step	Action
1	Access dialogue JA674 and press Enter
2	<p>In screen JA674694 input:</p> <p>The date that DM has disallowed from</p> <p>The decision made date</p> <p>The decision type as 07</p> <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> <p>Enter the claim termination date, this is the same date as the decision effective from date</p> <p>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</p> <p>Select F1 to go to dialogue JA200/JA405</p>
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	You do not need to print the ESA56 or the LT54. You must upload them onto DRS using the relevant templates.
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.

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

96. The BC is responsible for informing the WCA outcome decision and relevant change to JCPs and Providers. See Reporting WCA outcomes to WSD/Provider

DMACR - Process to follow

97. 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 are here (link is external).

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

Step	Action
1	Check that DMACR Logon Details screen is correctly showing: Benefit Type - ESA Referral Type – WCA Referred Decision Type – WCA – LCW Disallowance following Med Exam Then consider the case and progress.
2	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.
3	When you are sure the file is a WCA – LCW Disallowance following a Med Exam make the call to the claimant. Use the DAC desk aide.
4	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 new information supplied by the claimant that was not available or presented during the WCA. The five options are:

	<p>WCA – LCW disallowance following Med Exam (if no change to outcome as a result of the DAC)</p> <p>WCA – LCWRA (Support Group)</p> <p>WCA – LCWRA (Work Related Activity Group)</p> <p>WCA – Allowance (Support Group)</p> <p>WCA – Allowance (Work Related Activity Group)</p>
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 five options are:</p> <p>No call required – You should always attempt a call so do not use this option</p> <p>Contact on first attempt</p> <p>Contact on second attempt</p> <p>Contact on more than two attempts</p> <p>Customer could not be contacted</p> <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’.</p> <p>Note: It is important that the correct outcome is recorded as not doing this impacts on DMACR success rates. If you have to exit DMACR, go back into the customer account and go through the same screens again including the Customer Contact screen. You must accurately record the correct options again, this will not double count.</p>
7	<p>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.</p> <p>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 with the decision template.</p>
8	<p>Upload the decision in the Upload Decision Document screen and select the Finalise button.</p>
9	<p>Select Yes or No to answer ‘Does your decision agree with the Assessment Provider advice?’ question.</p>

If No, choose the appropriate option from the list of reasons and press continue.

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

Import/Export of Decisions

100. The fix to DMACR now ensures that the site that has completed the DAC should record that decision on DMACR, therefore the importing site must record correctly within their clerical returns.

101. FTA/FTRQ/SG Deterioration/New Claim within six months. Decision types must not be recorded on DMACR as a DAC.

102. 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

103. 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 detail on DMACR must be held.

104. 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 you cannot update DMACR until Monday morning- 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.
105. FTA, FTRQ, SG deterioration and New Claim within 6 months cases must not be recorded as a DAC.

Claimant to claim JSA/UC

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

107. If the claimant requests a reconsideration, you must 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 known to us which may affect the decision. Advise the claimant this is a Mandatory Reconsideration and this must be made within one calendar month of the date of the disallowance letter.

108. 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 using our services

109. Before an ESA disallowance is notified to the claimant you must check if the claimant needs help using our services. See the Vulnerability instructions (link is external).

110. 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, an alternative enquiry 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.

111. A case control S312 Issue Clerical PCA Disallowance Notification will be produced the day after the decision is recorded. Upon receipt, check if the clerical ESA65 has been issued in JA110 Notepad; if not issue to the claimant, and clear the case control in dialogue JA530.

112. Once the decision is recorded on JSAPS the claim will show as terminated on the system. However, it is actually 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.

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

Note: The ESA50 transcribing service is available to all claimants on request, not just claimants who need help in using our services.

How to advise WCA Outcomes

1. 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 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

2. Before JSA claimants attend their Initial Work Search Interview (IWSI), the Benefit Centre (BC) may be contacted by the JCP 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 claimant commitment.

3. The WCA outcome disallowance template only needs to be issued by the BC SPOC when requested by JCP.

4. JCP staff email the BC SPOC requesting a completed WCA Outcome Disallowance template. The email must contain the claimant's details and the name of the Work Coach scheduled to complete 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 JCP teams will use a group email inbox specifically for the WCA Outcome Disallowance template. The group email address should be set as: JCP (Name) WCA Outcome Disallowance Template, for example, JCP Kendal WCA Outcome Disallowance Template.

5. 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.

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

LCW/LCW and LCWRA JCP Offer

7. 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.

8. Claimants who fall into the Support Group will not have conditionality under ESA; however they are informed about JCP 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 interventions and Work Related Activity (WRA).

9. 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 NJWFI followed by a series of flexible interventions and WRA.

10. When any of the following WCA outcome decision types are entered in JA674, the ASO at the attending JCP 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 Health Assessment

11. This Case Control will appear on the WAR on the next day and will be automatically cleared once it has appeared on the WAR.

12. If the WCA outcome cannot be notified to the JCP by a WAR then BC staff must issue an ESA23 to the Jobcentre.

13. Where the BC have access to LMS, check 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 (link is external). Advise providers directly of the WCA outcome decision by clerically issuing the WP07b. Input note in LMS conv: WCA outcome notified to (Name of Provider) xx/xx/xxxx.

14. If there is no LMS access the ESA23 must be annotated with 'No Access to LMS- Cannot check if claimant on WP'. The JCP Admin Support (AS) will update LMS on receipt of the WAR or ESA23.

15. On wholly clerical cases the ESA23 is used to notify the WCA or appeal outcome in wholly clerical cases to JCP. Until the ESA23 can be amended, annotate the ESA23 with details of the prognosis.

16. Where claims are not wholly clerical, JCP is notified through system notifications, meaning an ESA23 is not needed to advise the outcome of the WCA.

17. 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 LCW.

Note: Non compliance issues should be raised through local communications between JC and BC staff.

Use of drugs and alcohol identified on ESA50

18. When a completed ESA50 is returned by HAAS in the ESA55 jacket, check the question on page six headed Drugs, alcohol and other substances. If the Yes option has been ticked to indicate the claimant has a drug, alcohol or substance

related problem, send ESA23 to the JCP recording exactly the information provided by the claimant. This is in addition to the JA674 action.

Reporting WCA outcomes to work coaches for claimants placed in WRAG

19. Only take this action for the very first WCA decision that places the claimant in the WRAG. Do not take the action below if a claimant remains in the WRAG following ESA reassessment.

20. Sharing the outcome with the Work Coach allows them to style their approach for the New Joiners Work Focussed Interview (NJWFI).

Step	Action
1	When a decision has been made to place a claimant in the WRAG, an ESA85/85a must be emailed to the correct Work Services Directorate (WSD) shared inbox. In Decision Assurance Call (DAC) cases, only email the DAC LT54. The ESA85 will not support the WRAG decision and could be misleading
2	The inbox will be named JCP (Jobcentre name) ESA85 WCA Report. Sent email and any copies of the ESA85/85A/DAC LT54 saved to the desk top or folders must be deleted.
3	If a handwritten ESA85/85a is received then email just the descriptors from the report into the body of the email, and note it to say the ESA85 is not attached, because it is handwritten.
4	No more than one form must be attached to the email.
5	The email subject box must contain "ESA85/85a/DAC LT54 as applicable, claimant's surname and NINo".
6	The Acceptable Use Policy and Secure Handling procedures must be adhered to
7	Special Customer Records (SCR) will be sent by post/TNT as normal.

Dealing with Special Claimant Records formally known as Nationally Sensitive

1. Personal information for some claimants may require additional protection. This is done by restricting the access to these accounts by marking them as a Special Claimant Record (SCR). Claimants who have, or require, SCR status to provide additional protection from unauthorised viewing include: transsexual people, those with a Gender Recognition Certificate, VIPs and other special cases.

2. Any such markings on a claimant's case should be identified at an early stage of the contact, or as part of any pre-interview preparation by a Work Coach at the latest.

3. When the claimant has a SCR the ESA23 must be sent by the SPOC from the BC by fully tracked mail to the JCP SPOC.

4. If the claim is maintained clerically, ensure JCP is informed about the change using form A8.

5. Receipt of the notification prompts a review of JSAPS, considering the impact on the JCP offer process, and taking any necessary action to update the claimant's LMS record.

6. Clerical issue of the ESA23 will be needed for:

- Clerical cases
- Credits only cases
- Drug use identified cases

Failure to Return the Questionnaire ESA 50 – FTRQ

ESA50 Questionnaire process

1. Once a referral has been made on MSRS the ESA50 questionnaire is prepared overnight and posted automatically to the claimant the next working day.

2. The claimant has an initial three week period in which to complete and return the ESA50 to HAAS using the pre-paid envelope provided. The three week period begins the first working day after posting.

3. MSRS automatically calculate the three week period, taking into account postage days. If the ESA50 has not been recorded as received by the three week expiry date, an ESA53 reminder letter is automatically issued to the claimant.

4. The claimant has a further week in which to complete and return the ESA50 to HAAS.

5. MSRS automatically calculates the one week period, taking into account postage days. If the ESA50 has not been recorded as received by the one week expiry date, next action will depend on whether a mental health flag is set in MSRS.

Mental Health Cases Additional Evidence

6. Following a judicial review, HCPs now gather more additional evidence and they will return it in the ESA55. In rare cases it may be obtained before referral to the Health Assessment Advisory Service in which case it must be forwarded to the HCP.

7. If additional evidence is received after a health assessment but before a decision has been made, consider whether it needs to be returned to the HCP. Only return the case for advice if you think it would change the suggested outcome. You should first use the advice line to help you decide

8. If you receive the additional evidence after a decision has been made, take the same action but do not return it for rework

ESA50 not returned – Mental Health Flag set

9. If the mental health flag has been set at the referral stage, MSRS will automatically refer to a HCP and WCA referral action will continue.

ESA50 not returned – Mental Health Flag not set

10. 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 not be a supporting case file for these cases.

11. On receipt of the ESA50 Not Returned MSRS output, the DM must 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.

12. 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 HAAS as an S referral for the process to continue.

13. When a claimant requests a duplicate ESA50, the original four week questionnaire completion time must be applied. There are no extensions to this timescale.

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

14. Where the decision maker (DM) accepts good cause for failing to return an ESA50 register the assessment referral on MSRS.

15. In JSAPS dialogue JA674694 PCA Assessment Outcome input the decision date and decision type code 05 GC for late ESA50 Questionnaire.

16. Information cannot be referred back to MSRS. An immediate S referral must be completed through dialogue JA60.

17. Case control S294 Check Returned PCA Progress is automatically set when the case is recorded as returned to HAAS.

Note: Use dialogue JA674 to close the claim if the ESA50 is not returned, there are no exceptions 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 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 appears daily until the case is returned from HAAS. 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 ESA50

18. Where the DM does not accept good cause for failing to return an ESA50, the claim to ESA is disallowed.

19. In JSAPS dialogue JA674694 PCA Assessment Outcome, input:

- The decision date
- Decision type code 08 Disallowed no ESA50

20. If appropriate, take action to terminate the ESA award. JSAPS will refer to the PCA rather than the WCA.

Late receipt of ESA50

21. 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.

22. In the majority of cases the claim will already have been decided on when a late ESA50 is received. The case, plus all supporting documents, must be re-referred to the decision maker to consider if the previous decision needs to be changed.


23. 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 must continue immediately with an S referral.

24. 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 ESA50

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

26. New claim action should be built directly into CAM. As CAM is setup for call recording the outbound call should verify there are no changes in the claimant's circumstances since the last award, or capture any necessary changes. Take the following action:

Step	Action
1	Access CAM and select the Customers tab.
2	Insert claimant's NINo
3	Whilst in the Contact History screen enter the claimant's phone 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 available tabs.
6	Change the Date Claiming From field to the date stamped on the ESA50
7	Select the Determine ESA Claim Type button. 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 check all necessary evidence is confirmed
16	Go to the Case Summary view and check all necessary evidence is confirmed.
17	Select Assess Award button
18	CAM will push the data and present the awards for decision making.

27. Normal linking rules will apply to these cases.

28. 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.

29. 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 and ESA50 questionnaire to the claimant.

30. An immediate S referral, with a supporting case containing the completed late ESA50, must be made either manually on MSRS, or if required, clerically to HAAS.

31. 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

32. When a late ESA50 is received in either DWP or 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.

33. 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.

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 ESA50 or FTA, late appeal allowed or claim closed in error

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

35. 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 Event Type = 01 New/repeat claim Event Sub Type = 07 ESA(C) or 08 ESA(IR) as appropriate Date of claim = Today's date The effective date will be the day after the ESA disallowance
3	Complete the new claim action in JA610 as normal.

36. 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

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

38. 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 clerically to HAAS if needed. To do this:

Step	Action
1	Register the new assessment referral in MSRS. 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 HAAS, including: DNA1 V5 BF223 Copy of the DM decision
3	In JSAPS screen JA674694 PCA Assessment Outcome Input the decision date Input Decision Type 06 GC FTA Med Exam
4	In JSAPS screen JA674693 PCA Assessment Details Record the Back to MSRS date Input reason code 02 GC Accepted for FTA Med Exam Remove the return from MSRS date, which will remove the entry on the JA72267 report.
5	Complete and issue the BF223A (link is external) 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.

39. Case control S294 Check Returned PCA Progress is automatically set when the case is recorded as returned to HAAS.

Fail to attend or participate in WCA (FTA/FTP)

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

1. When a claimant attends a Health Assessment but fails to participate or comply with the process, the Healthcare Professional (HCP) terminates the assessment. This may happen when the claimant:

- Poses a threat to staff or others
- Shows inappropriate or threatening behaviour
- Shows intoxication from alcohol or substance abuse
- Is persistently uncooperative

2. If a claimant's behaviour becomes unreasonable see [Unacceptable Claimant Behaviour](#) (link is external).

3. When a claimant attends a Health Assessment but fails to submit during the process, the HCP terminates the assessment. This may happen when a claimant:

- Imposes unreasonable conditions before proceeding with the examination
- Shows obstructive or intimidating behaviour
- States they do not consent to being examined
- This list is not definitive

4. 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. If aggressive behaviour was the reason you may also find an UCB report included. These cases 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 FTA WCA Assessment and actioned as failure to attend a WCA.

Did Not Attend a WCA

5. When the claimant fails to attend a WCA assessment, MSRS produces an electronic outcome. MSRS holds all contact made between the claimant and HAAS. This includes all letters, telephone contacts including unsuccessful attempts, and appointment history.

6. HAAS will issue a letter, BF223 to the claimant asking for the reasons they did not attend. Claimants will be requested to return their response to BC within 15 calendar days. A reply envelope is enclosed with the BF223.

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.

7. When the electronic DNA output becomes available on MSRS:

Step	Action
1	Update JSAPS screen JA674693 PCA Assessment Details by inputting: Return from MSRS Date

	Medical Exam Due Date Failed to Attend Letter Issued Date (BF223)
2	Attempt to contact claimant by telephone while awaiting the BF223 for an explanation why they did not attend the WCA Assessment.

8. JSAPS automatically sets Case Control S293 Check FTA Reply Received. This will produce a WAR seven calendar days after the BF223 is issued. If the Case Control is not cleared within the seven day period, it appears on the overdue WAR and continues to appear daily until it is cleared.

9. When an MSRS record shows a Mental Health flag, the DM should check if the claimants has attended or received any of the following:

- Sanctions Safeguard Visits for non-attendance at mandatory interviews.
- Telephone call from BC/JCP collecting good cause information for DNA WCA
- Returned BF223

10. 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 (link is external) and the DNA Toolkit for further instructions around good cause.

11. When considering Good Cause the DM may decide the claimant would benefit from a home visit. To do this they must engage the Assessment Provider to complete this. The DM does not have to get GP evidence and neither does the claimant. These cases should be treated as exceptions, DMG 42261 applies.

12. If the answer to all of the three bullet points above is no, and the DM is considering not accepting good cause, refer the case for a pre-disallowance Safeguard visit, see Core Visits (link is external). Complete form MF37 (link is external), ensuring all the appropriate boxes are complete, including:

- The claimant's condition
- The claimant's representative/third party
- Details of action taken to contact the claimant/representative
- If a previous safeguard visit has been undertaken
- If Good Cause has been considered

13. All of the above must be completed or the Assessment Referral could be returned.

14. Record details in JSAPS JA110 Notepad and set user case control in dialogue JA530.

15. 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 a further assessment.

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

17. The DM will make a decision on Good Cause for DNA WCA and note JSAPS before returning the case to HAAS for a further appointment if required.

18. On receipt of the BF223, or following claimant contact:

Step	Action
1	Update JSAPS screen JA674693 PCA Assessment Details by inputting the BF223 returned date or the date of claimant contact.
2	<p>Input the updates reason code:</p> <p>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</p>

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

- If reasons are successfully gathered by telephone contact or
- On receipt of the BF223 or
- When Case Control S293 Check FTA Reply Received is produced or
- Following claimant contact.

20. The DM must check all available computer systems, such as CAM, HOTT, Legacy, LMS and MSRS when considering Good Cause. Claimants often contact either HAAS or DWP after a DNA or on receipt of the BF223. Relevant information may be captured on MSRS contact history or HOTT systems in particular.

21. Claimants often state they had not received the WCA appointment letter and were not aware of the appointment. The DM must 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 select Search.
2	The search results will be displayed. Select 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 from the Case Actions drop down menu select View Contact History

4	Click Go
5	Once in the View Contact History screen, any contact made with the claimant will be shown, including any agreements for a teleprogramming appointment.
6	Select the radio button next to each contact for any relevant notes.

22. 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	0000000000 00000	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 the letter, not proof of receipt.

Introduction of SMS Text reminder for WCA appointment

23. From December 2015, HAAS introduced an SMS text 2 days prior to WCA: Remember to attend your Work Capability Assessment on <DATE> at <TIME> at <LOCATION>. Failure to attend may affect your benefit.

24. SMS text history cannot be recorded on our systems. However, as long as the claimants mobile number is correct, an SMS will have been sent out.

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

1. When ESA was introduced it was stressed how important it is to work with our claimants and move them closer to the labour market.

2. Decision Makers (DMs) have a crucial role to play in this and any rulings made by a DM must be made while considering the statement above. The actions of a DM can influence claimant behaviour and it is important DMs are aware of the consequences their actions may bring.

3. 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 are extensive instructions for DMs. See DMG Chapter 42 (link is external).

Note: Take care to safeguard vulnerable claimants.

Evidence and Best Practise

Always try to speak to the claimant on the phone

4. Any evidence collected over the phone is valid, but the DM must always ask for evidence of appointments, such as appointment cards or letters to be sent in.

5. The onus is on the claimant to provide any evidence required to make a fair and balanced decision. DMs must not make assumptions. However, it is also not appropriate for a DM to decide they are willing to accept good cause as it is the claimants first FTA, see DMG 01344 (link is external).

6. 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 (link is external).

7. If information is gathered from the claimant that the provider would benefit from knowing, such as failing to attend an appointment to take a child to school. Evidence this in the decision so that the provider can take this into account and try to schedule a more appropriate appointment time to reduce potential for a subsequent failure.

Always check Legacy notepad, LMS conversations and CAM

8. In all cases records must be checked for previous history of avoidance, similar explanations for non attendance in the past, or previous FTA markers or rearranged WCA and WFI appointments. This gives a better picture of claimant behaviour and builds evidence for your decision.

Explain to the claimant the importance of attending their appointment and the consequences of not attending

9. This message is important if we are to ensure that claimants take responsibility for their actions. However, 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 the possible consequences, before they get the appointment letter.

Claimant says they have not received their ESA50

See DMG 42227-42231

Things to consider

Step	Action
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1	<p>If the appointment was made by letter consider:</p> <p>Has the claimant recently reported a change of address Have we actioned it on time? Have we got the post telling us about the change?</p>
2	Check Legacy, LMS and CAM to ensure we have the correct contact details. Also check for a history of claimant not receiving ESA50.
3	Has there been any other reported problems receiving departmental notifications? Has this happened before, if so how many times?
4	Did they receive the reminder letter?
5	Has claimant got a secure letter box, do they get regular utility bills? Did they receive the letter saying benefit had stopped?
6	Check and review the Customer Contact and Letter History MSRS screen for notifications. Was the ESA50 issued before the change of address was notified?
7	Check JSAPS dialogue 570 for notifications issued.

Claimant says they have not received appointment letter

10. See DMG 42244 - 42252 (link is external) & 42269 - 42273 (link is external)

Things to consider

Step	Action
1	Was the appointment arranged with CHDA over the phone for a mutually convenient time?
2	<p>If the appointment was made by letter consider:</p> <p>Has the claimant recently reported a change of address Have we actioned it on time? Have we got the post telling us about the change?</p>

3	Check Legacy, LMS and CAM to ensure we have the correct contact details. Also check for a history of not receiving appointment letters.
4	Did the claimant recently report a change of address?
5	<p>Did the claimant receive an SMS text reminder two days before the appointment?</p> <p>Note: From mid-December 2015 all claimants with a mobile number recorded will receive an SMS reminder 2 days before their appointment.</p>
6	Has the claimant got a secure letter box, do they get utility bills regularly? Did they receive the letter saying benefit had ceased?
7	Check/ review the customer contact and letter history MSRS screen for notifications. Was the ESA50 issued before the change of address was notified?
8	Check JSAPS dialogue 570 for notifications issued

Claimant has another appointment on the same day
Things to consider

Step	Action
1	What was the other appointment?
2	Do they have evidence of this appointment? Ask them to send it in.
3	When were they notified of this appointment?
4	When were they notified of the WCA appointment?
5	Could the other appointment have been rearranged? If it could why didn't they?

6	Why did the other appointment more important than attending the WCA?
7	Are they aware of the importance of attending and the consequences of not attending their WCA appointment?
8	Are they aware they could ring to rearrange the CHDA appointment?
9	Check Legacy notepad, LMS conversation and CAM for a history of clashed appointments.

Claimant was ill

11. See DMG 42266-42268 (link is external)

Things to consider

Step	Action
1	When did they become ill?
2	Is it a worsening of their current illness? How severe was it? Was it a one-off?
3	Do they live alone?
4	Did they have to phone a doctor, ambulance or NHS direct for help?
5	Did the illness affect their daily routine, such as the school run or shopping? If yes who stepped into help?
6	If the claimant says they managed these tasks, it was reasonable to expect them to attend the appointment.
7	Could they have rung to rearrange the appointment or alternatively could a friend or relative? If not, why not?

8	Are they aware of the importance of attending and the consequences of not attending their appointment?
9	Check Legacy Notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant says their child was ill
Things to consider

Step	Action
1	When did they become ill?
2	How ill were they? Would it have been reasonable to leave the child with a suitable friend or relative?
3	Did the child's illness affect the claimant's daily routine, such as taking other children to school or shopping?
4	What childcare arrangements do they usually have?
5	Could they have rung to rearrange the appointment or could a friend or relative?
6	Check Legacy Notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant says they had transport problems on the day
Things to consider

Step	Action
1	What problems did they encounter? How did they intend to get there?
2	Did they have access to a mobile phone and the letter with appropriate phone numbers?

3	Could they not notify the assessment centre of the problems and arrange a later appointment?
4	Was alternative transport available, such as public transport, taxi, or a lift from friend or relative?
5	Were they aware of the importance of attending, and the consequences of not attending their WCA appointment.
6	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

Step	Action
1	Whose funeral was it? Was it a close relative?
2	If not a close relative, what were the circumstances? Was it a close friend?
3	When did the person die?
4	When was the funeral arranged? Was the claimant responsible for arranging the funeral?
5	When were they notified of the WCA appointment?
6	Are they aware they could ring to re-arrange the CHDA appointment?
7	Are they aware of the importance of attending, and consequences of not attending their WCA appointment.

8	Check Legacy Notepad, LMS conversation and CAM, has this sort of thing happened before?
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1. When ESA was introduced it was stressed how important it is to work with our claimants and move them closer to the labour market.
2. Decision Makers (DMs) have a crucial role to play in this and any rulings made by a DM must be made while considering the statement above. The actions of a DM can influence claimant behaviour and it is important DMs are aware of the consequences their actions may bring.
3. 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 are extensive instructions for DMs. See DMG Chapter 42 (link is external).

Note: Take care to safeguard vulnerable claimants.

Evidence and Best Practise

Always try to speak to the claimant on the phone

4. Any evidence collected over the phone is valid, but the DM must always ask for evidence of appointments, such as appointment cards or letters to be sent in.
5. The onus is on the claimant to provide any evidence required to make a fair and balanced decision. DMs must not make assumptions. However, it is also not appropriate for a DM to decide they are willing to accept good cause as it is the claimants first FTA, see DMG 01344 (link is external).
6. 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 (link is external).
7. If information is gathered from the claimant that the provider would benefit from knowing, such as failing to attend an appointment to take a child to school. Evidence this in the decision so that the provider can take this into account and try to schedule a more appropriate appointment time to reduce potential for a subsequent failure.

Always check Legacy notepad, LMS conversations and CAM

8. In all cases records must be checked for previous history of avoidance, similar explanations for non attendance in the past, or previous FTA markers or rearranged WCA and WFI appointments. This gives a better picture of claimant behaviour and builds evidence for your decision.

Explain to the claimant the importance of attending their appointment and the consequences of not attending

9. This message is important if we are to ensure that claimants take responsibility for their actions. However, 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 the possible consequences, before they get the appointment letter.

Claimant says they have not received their ESA50

See DMG 42227-42231

Things to consider

Step	Action
1	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 post telling us about the change?
2	Check Legacy, LMS and CAM to ensure we have the correct contact details. Also check for a history of claimant not receiving ESA50.
3	Has there been any other reported problems receiving departmental notifications? Has this happened before, if so how many times?
4	Did they receive the reminder letter?
5	Has claimant got a secure letter box, do they get regular utility bills? Did they receive the letter saying benefit had stopped?
6	Check and review the Customer Contact and Letter History MSRS screen for notifications. Was the ESA50 issued before the change of address was notified?
7	Check JSAPS dialogue 570 for notifications issued.

Claimant says they have not received appointment letter

10. See DMG 42244 - 42252 (link is external) & 42269 - 42273 (link is external)

Things to consider

Step	Action
1	Was the appointment arranged with CHDA over the phone for a mutually convenient time?

2	<p>If the appointment was made by letter consider:</p> <p>Has the claimant recently reported a change of address Have we actioned it on time? Have we got the post telling us about the change?</p>
3	Check Legacy, LMS and CAM to ensure we have the correct contact details. Also check for a history of not receiving appointment letters.
4	Did the claimant recently report a change of address?
5	<p>Did the claimant receive an SMS text reminder two days before the appointment?</p> <p>Note: From mid-December 2015 all claimants with a mobile number recorded will receive an SMS reminder 2 days before their appointment.</p>
6	<p>Has the claimant got a secure letter box, do they get utility bills regularly? Did they receive the letter saying benefit had ceased?</p>
7	Check/ review the customer contact and letter history MSRS screen for notifications. Was the ESA50 issued before the change of address was notified?
8	Check JSAPS dialogue 570 for notifications issued

Claimant has another appointment on the same day
Things to consider

Step	Action
1	What was the other appointment?
2	Do they have evidence of this appointment? Ask them to send it in.
3	When were they notified of this appointment?

4	When were they notified of the WCA appointment?
5	Could the other appointment have been rearranged? If it could why didn't they?
6	Why did the other appointment more important than attending the WCA?
7	Are they aware of the importance of attending and the consequences of not attending their WCA appointment?
8	Are they aware they could ring to rearrange the CHDA appointment?
9	Check Legacy notepad, LMS conversation and CAM for a history of clashed appointments.

Claimant was ill

11. See DMG 42266-42268 (link is external)

Things to consider

Step	Action
1	When did they become ill?
2	Is it a worsening of their current illness? How severe was it? Was it a one-off?
3	Do they live alone?
4	Did they have to phone a doctor, ambulance or NHS direct for help?
5	Did the illness affect their daily routine, such as the school run or shopping? If yes who stepped into help?
6	If the claimant says they managed these tasks, it was reasonable to

	expect them to attend the appointment.
7	Could they have rung to rearrange the appointment or alternatively could a friend or relative? If not, why not?
8	Are they aware of the importance of attending and the consequences of not attending their appointment?
9	Check Legacy Notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant says their child was ill
Things to consider

Step	Action
1	When did they become ill?
2	How ill were they? Would it have been reasonable to leave the child with a suitable friend or relative?
3	Did the child's illness affect the claimant's daily routine, such as taking other children to school or shopping?
4	What childcare arrangements do they usually have?
5	Could they have rung to rearrange the appointment or could a friend or relative?
6	Check Legacy Notepad, LMS conversations and CAM, has this sort of thing happened before?

Claimant says they had transport problems on the day
Things to consider

Step	Action
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1	What problems did they encounter? How did they intend to get there?
2	Did they have access to a mobile phone and the letter with appropriate phone numbers?
3	Could they not notify the assessment centre of the problems and arrange a later appointment?
4	Was alternative transport available, such as public transport, taxi, or a lift from friend or relative?
5	Were they aware of the importance of attending, and the consequences of not attending their WCA appointment.
6	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

Step	Action
1	Whose funeral was it? Was it a close relative?
2	If not a close relative, what were the circumstances? Was it a close friend?
3	When did the person die?
4	When was the funeral arranged? Was the claimant responsible for arranging the funeral?
5	When were they notified of the WCA appointment?

6	Are they aware they could ring to re-arrange the CHDA appointment?
7	Are they aware of the importance of attending, and consequences of not attending their WCA appointment.
8	Check Legacy Notepad, LMS conversation and CAM, has this sort of thing happened before?

WCA Standard Operating Model (SOM)

1. 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(link is external)
- LCW DM Band C Process(link is external)
- LCWRA DM Band B Process(link is external)
- 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
- ESA50
- 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 (BNRL)
- 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
- Misc 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 and Resolution
- Selection of QAF – The appropriate Quality Assurance ABM Activity should be used
- Booking DAC calls – this process is not recommended in the SOM