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Association of Independent Advice Centres (NI)

Social Policy Briefing

1 July 2002

AIAC Paper on
Medical Assessments for
Incapacity and Disability Benefits

According to recent statistics released by the Department for Social Development[1], there are over 100,000 Incapacity Benefit claimants; the total number of Disability Living Allowance claimants is over 140,000 and Attendance Allowance claimants number over 65,000.

Therefore over 300,000 of the most vulnerable people - including children with disabilities, people incapable of work and elderly people with debilitating health problems - rely on these disability and incapacity related benefits.

Access to these benefits is often via a medical examination conducted by a Medical Officer from Medical Support Services (MSS), which is part of – and responsible to – the Social Security Agency. Whilst examining doctors from MSS do not make decisions on benefits, decisions are on the whole based on their reports. Therefore it is clear that it is very important that these examinations are conducted to a satisfactory standard.

This matter was recently highlighted by the Advice Services Alliance (ASA) which undertook a monitoring exercise among advice agencies which led to the publication of a report entitled 'Access to Benefits'[2].

(ASA is the umbrella body that represents the interests of the independent voluntary advice-giving organisations in Northern Ireland, comprising the Association of Independent Advice Centres (AIAC), Law Centre (NI) and the Northern Ireland Association of Citizens Advice Bureaux (NIACAB)).

The report highlighted evidence gathered from advice agencies across Northern Ireland and included issues such as:

- Delays between application for benefit and the medical examination;
- Failure of examining doctors to keep appointments;
- Problems with legibility of medical reports;
- The length of time allocated for medical examinations;
- The attitude of some doctors towards claimants;
- The monitoring of the performance of examining doctors;

The report has been widely circulated and discussed and we are waiting for a formal response to the issues raised from the Social Security Agency which is responsible for Medical Support Services.

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[1] www.dsdni.gov.uk/

[2] Copies available from Kevin Higgins khiggins@aiac.net / Barry McVeigh mcveighb@niacab.org

It is interesting to note the situation in GB as regards the independent scrutiny of medical services in relation to benefit claims. Whilst the situation is different insofar as these medical services have been contracted out to the private sector since 1998, the functions of the service remain the same.

In 1998, the Sema Group was awarded the medical services contract for a period of five years, with potential to extend the contract by another two years. Their main function is to carry out examinations, provide reports and give advice to Benefits Agency [*now Jobcentre Plus and The Pension Service*] Decision Makers, who are responsible for determining entitlement to benefit.

The contract was valued at £305 million and represented savings of £62 million against the Public Sector Comparator over the lifetime of the contract.

However, as a result of concerns that examining doctors were not consistently conducting examinations in a professional and impartial manner, an enquiry was announced into the medical services system. This resulted in the House of Commons Select Committee on Social Security publishing their Report (April 2000) on this issue[3]**.** (The Social Security Select Committee has since become the Work and Pensions Committee).

In addition, the National Audit Office produced a Report[4] in March 2001, looking specifically at "whether the speed, efficiency and quality of medical assessment have improved, enabling the Department to pay "the right benefits to the right people at the right time; whether the quality of service to benefit customers is adequate; and the useful lessons that should be learned for other outsourcing initiatives."

In March 2002, the Public Accounts Committee produced a Report[5] on "the scope to improve the speed and accuracy of medical assessments and benefit decisions and the quality of service to customers".

The Work and Pensions Committee has very recently published further information ('Examination of Witnesses'[6]) and ('Minutes of Evidence'[7]) relating to progress made by the Sema Group in relation to the recommendations made in the Social Security Select Committee Report published in April 2000.

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[3] 'Medical Services':
http://www.publications.parliament.uk/pa/cm199900/cmselect/cmsocsec/183/18303.htm
[4] 'The Medical Assessment of Incapacity and Disability Benefits':
http://www.nao.gov.uk/publications/nao_reports/00-01/0001280.pdf
[5] 'The Medical Assessment of Incapacity and Disability Benefits':
http://www.publications.parliament.uk/pa/cm200102/cmselect/cmpubacc/683/68302.htm
[6] http://www.publications.parliament.uk/pa/cm200102/cmselect/cmworpen/761/2041701.htm
[7] http://www.publications.parliament.uk/pa/cm200102/cmselect/cmworpen/761/2041702.htm

One is therefore immediately struck by the rigour of the scrutiny of medical services in GB.

Furthermore, this scrutiny raises a question about the level of scrutiny in Northern Ireland. The Advice Services Alliance's 'Access to Benefits' Report indicates that Medical Support Services and the Social Security Agency may have a case to answer as regards the conduct of some examining doctors in Northern Ireland.

AIAC believes that there should be a comprehensive review of customer service arrangements in relation to the work of Medical Support Services, with a view to putting in place monitoring arrangements which are independent, robust and effective.

Whilst it may be true to say that the impetus for the close scrutiny of medical services in GB was brought about as a result of contracting out to the private sector, the Work and Pensions Committee have publicly acknowledged that "the Benefits Agency Medical Services, was not perfect itself before 1998."

In view of the developments as regards New Deal for Disabled People and the reported Government moves towards introducing a regular "MOT for disability and incapacity claimants", it is vital that those claiming disability and incapacity benefits have access to medical examinations which are conducted to a satisfactory standard.

In order to illustrate this level of scrutiny, the following extracts from the 'Examinations of Witnesses' and the 'Progress Update' section of the 'Minutes of Evidence' (April 2002) have been reproduced.

EXAMINATION OF WITNESSES

[*Sample of some of the questions posed by the DWP Committee (17 April 2002):*]

Starting with some general questions to Mr Fisher and the Department team, you have been getting some pretty bad press recently, and this is from the *Financial Times*, not the *Daily Mail*: "Outsource benefits contract costs taxpayer £40 million and fails disabled". That is as a result of the recent Public Accounts Committee report and last year, of course, the National Audit Office did quite a critical report, I think, coming to the conclusion almost that the contract that we set out on bravely in 1998 had not been delivered properly. What do you say to that?

Can I address another aspect of whether there is potential for financial pressures upon SchlumbergerSema to disadvantage claimants? In our last report, we had a lot of evidence that claimants did not feel that they had sufficient time with the doctor to be properly assessed, and you have changed the process from payment per session to a fee per case basis. Starting off on a series of questions, can you tell me if SchlumbergerSema is paid by the DWP on the basis that an assessment for Incapacity Benefit, Disability Living Allowance or Attendance Allowance will take a certain amount of time?

Is there not a danger that the doctors could hurry through the examination and it becomes a conveyor belt rather than a medical assessment?

Could I talk about the quality of medical reports. Could you tell the Committee what progress has been made over the last two years when the Government told the Social Security Committee that you were investigating an IT based, electronically completed medical examination form to reduce the need for handwritten reports?

What else are you doing to ensure that doctors fully understand the information given to them by claimants and their carers and are not underestimating the severity of the disability, a situation which is leading to very expensive appeals?

Could you tell the Committee the outcome of the working party set up in 2000 to investigate the effectiveness of the process by which examining medical practitioners are given information and access to other medical evidence regarding a claimant's disabilities, following the Committee's recommendation on this issue?

As a general point, it must be terribly difficult for people to make complaints about doctors. There is a power issue. It is relatively simple to write to Marks & Spencer's about a shirt which you are not happy about but it is very, very difficult to complain about relatively powerful people and individual's lives. Is this something obviously you have picked up in, I suppose, the sociology of the studies you are doing?

There is a great deal of unease perhaps amongst people with disabilities and people who are ill about going through a medical assessment. It is a frightening and daunting thing, particularly for people with mental health problems, and we have some questions on that. It is very important that they are treated correctly and they are treated well and they feel they have had a fair hearing and it is not something that is difficult for them. Dr Hudson, you mentioned that there is training for doctors doing the assessment. Can you explain in more detail what that training consists of?

One of the issues that was raised with us in our last report with regard to mental health was that the examination system is seen as a snapshot of that person's capability on that particular day and for many people who suffer from mental health problems their capability can vary depending upon how they are responding to medication, whether they are going through a particularly difficult time within the spectrum of their mental health problem. Do you feel that the new advice being given to doctors enables them to deal with that situation so people are not being disadvantaged because they are being seen by the doctor on a "good" day and, in fact, the day after their health could be dramatically different

MINUTES OF EVIDENCE

[*Sample of how some of the recommendations of the Social Security Select Committee have been addressed:*]

(a) Time Spent With Claimants
RECOMMENDATION:
We recommend that no reduction in average times spent examining claimants should be allowed to occur, unless hard proof can be deployed to show that there has been a genuine increase in claimant satisfaction. We are sceptical that the two can occur simultaneously. We also recommend the present duration of examinations be monitored by the Medical Quality Surveillance Group to ensure that they are sufficient to enable the doctors to produce accurate reports without being under pressure of time.

GOVERNMENT RESPONSE:
The Government insists that sufficient time is given to claimants at examinations so that in providing a "fit for purpose" report for decision makers Medical Services does not compromise the achievement of claimant satisfaction.
The Government believes it is essential for doctors to provide sufficient time during an examination to enable the claimant to describe the effects of their condition in their own words. The doctor may or may not agree with the claimant's own assessment, but the Government recognises that failure to listen to the claimant increases the risk that the doctor's report will fail to advise the Benefit Agency's decision maker of relevant matters, which could affect the decision on benefit entitlement, and lead to a decision being overturned at appeal.

FURTHER GOVERNMENT ACTION:
All examination forms now show the time of starting and completing the assessment.
Examination sessions are booked more flexibly, to allow doctors to decide how many claimants to see in a session. If a doctor sees more than his or her average in a session, the reports for that session are automatically monitored.

(c) Legibility of Reports
RECOMMENDATION:
We agree [with those who raised the matter in their evidence] that illegible reports are unacceptable.

GOVERNMENT RESPONSE:
The Government also shares the Committee's view that reports which are illegible should not be tolerated. If a decision maker is unable to read a report it will be returned to Medical Services for rework. Doctors are no longer used if they fail to demonstrate fundamental skills in recording information to an accurate standard.
Work is in progress to investigate an IT based, electronically completed form, to reduce the need for doctors to produce lengthy hand-written reports.
FURTHER GOVERNMENT ACTION:
Electronic completion of IB report forms is being piloted as part of the Evidence Based Medicine project, with full roll out to all examination centres expected to have taken place by March 2004.
Doctors whose hand-written reports remain illegible are asked to provide typed transcripts.

(d) Training in Customer Care
RECOMMENDATION:
We recommend that Medical Services has a dedicated training course in customer care for all new doctors, and that customer care issues also run as a 'golden thread' through all other training. There should be regular refresher training in customer care issues, delivered on an annual basis as a minimum, and such training should be assessed to ensure its effectiveness. All doctors who work for Medical Services will have several years' experience of customer care in a clinical setting, and the majority conscientiously provide a high standard of service. However the Government recognises that doctors often require additional training to provide an appropriate level of service to customers undergoing medical assessments for benefit purposes.

GOVERNMENT RESPONSE:
Medical Services already provides training on customer care issues, using training modules developed in consultation with the Department and external organisations such as The Equality Foundation and NACAB. As well as forming part of the initial training of newly recruited doctors, update training about appropriate customer care forms part of all benefit-specific training materials. For example the revised guidance for EMPs contains expanded sections on customer care and appropriate assessment techniques, comprising one third of the material.
The Government expects the effectiveness of update training to be rigorously assessed by post-training evaluation and ongoing monitoring of doctors' performance. The Department will analyse Medical Services' data on complaints and claimant satisfaction to ensure that training is appropriately targeted and assiduously pursued.
The Department is working with Medical Services to ensure that all aspects of the treatment of claimants are reviewed. In particular, a task force has been set up to review all communications to claimants, to identify ways in which they might be improved. The Department will, through the Medical Quality Surveillance Group (MQSG), chaired by its Chief Medical Adviser, continue to work closely with Medical Services to develop and monitor the effectiveness of these initiatives. The Department will give particular attention to monitoring the outcome of the regular claimant satisfaction surveys undertaken by Medical Services.
FURTHER GOVERNMENT ACTION:
As well as providing training in customer care as part of all benefit-specific training, Medical Services have developed a specific module addressing customer care.
Evaluation of training has been developed and refined to incorporate objective and measurable outcomes.

(e) Dealing with Poor Performance

RECOMMENDATION:

We recommend that Medical Services review their procedures for identifying and dealing with underperforming doctors and report back to the Chief Medical Adviser on these procedures.

GOVERNMENT RESPONSE:

The Department's Chief Medical Adviser will ensure that the Medical Skills Database which has been developed by Medical Services records, for each individual doctor:

— medical training undertaken before joining Medical Services;

— training received fromMedical Services, and its outcome, including any need for retraining;

— feedback from medical quality audit and complaints; and

— remedial action taken and its outcome.

The Department's Chief Medical Adviser will evaluate this new database as a tool for identifying underperforming doctors. Specifically the Chief Medical Adviser will monitor the following information:

— the results of investigation of complaints against individual doctors which reveal poor performance and/or professional incompetence;

— the results of Medical Services' internal audit which will have been undertaken to assess the quality of the work of individual doctors; and

— rework data for individual doctors.

FURTHER GOVERNMENT ACTION:

Medical Services have provided training for all staff responsible for handling complaints. The Medical Skills Database has been enhanced to incorporate information relating to complaints about individual doctors. Remedial action is now automatically triggered whenever a pre-determined level of complaint activity is reached.

(f) Treatment of Claimants: Overall Conclusion

RECOMMENDATION:

We recommend that Medical Services and the Benefits Agency take urgent steps to achieve better treatment of claimants: present performance is not acceptable.

GOVERNMENT RESPONSE:

In drawing up rigorous and robust standards the Government insists that the following quality principles must underpin all of Medical Services' work:

— professional advice is correct, complete, evidence-based and impartial;

— benefit claimants are dealt with fairly and courteously;

— systems are in place to continually reduce error; and

— errors are dealt with promptly and efficiently and lessons are learned.

To assess compliance with these principles the Government has decided to set the following targets by which tangible improvements in service, to achieve contracted medical quality standards, will be judged:

— within six months to reduce the proportion of "C grade" medical reports which fail to meet the Department's standards by 10 per cent; and within one year to reduce the proportion of "C grade" reports across all benefits to less than 5 per cent;

— within one year to demonstrate improvement in compliance with the agreed medical scrutiny guidelines for Incapacity Benefit claims so that the proportion of non-compliant reports is less than 5 per cent;

— within one year to deliver training to all doctors covering: the assessment of people with mental health problems; behaviours, attitudes and sensitivities for dealing with people with disabilities; and distress-avoiding techniques for the examination of people with musculo-skeletal conditions;

— within two years to improve customer satisfaction rates to at least 90 per cent.

We expect Medical Services to deliver these targets. If not, further action will be taken.

FURTHER GOVERNMENT ACTION:

Medical Services have taken action where necessary to ensure the standard of treatment of claimants meets that specified in the Benefits Agency's Customer Care Charter.

Several improvements to forms and leaflets issued to claimants have been implemented to provide clear information to claimants at all stages of the claim process.

All the Government targets have been met.

(g)

RECOMMENDATION:

We support the recommendation of Mind, that there be better training on [mental health] issues for all Examining Medical Practitioners [EMPs] and that there should be some specialist resource within Medical Services, which could help provide such training, and also see claimants in cases which were particularly complex.

GOVERNMENT RESPONSE:

Medical Services accept the need to enhance the knowledge, skills and expertise of all doctors who assess and examine people with mental health problems. The majority of doctors working for Medical Services have experience, through their clinical work, of treating people with mental health problems. They receive additional training as part of Medical Services' overall training programme. This training emphasises the need for an empathetic approach, using open-ended questions and active listening techniques. The Government welcomes several initiatives, which Medical Services have embarked on to produce a robust and comprehensive package of update training, based on current best practice, in assessment of mental health problems. Ongoing dialogue between Medical Services and a specialist provider of training materials using a multimedia approach offers the potential for very considerable improvements to the delivery of training on mental health issues.

(k)

RECOMMENDATION:

We believe that Medical Services could be laying itself open to the charge of institutional racism in two ways: in failing to train adequately doctors in issues of cultural awareness; and in failing to make claimants aware that they may request the service of an interpreter. We expect it to address both issues as a matter of priority. We recommend two further steps: that Medical Services monitor the service received by claimants from ethnic minority groups through targeted surveys and other means; and that the Commission for Racial Equality be invited to review the work of Medical Services in relation to its treatment of claimants from ethnic minority groups.

GOVERNMENT RESPONSE:

Medical Services have also developed a new training module on multicultural awareness, which will be delivered to all doctors. Training on this issue began in May 2000.

Medical Services are keen to forge constructive links with the CRE. A meeting has been arranged between a senior manager from Medical Services and the incoming Chairman of the CRE, and the CRE will be invited to participate in quality assurance of future training or communication products.

Any complaint brought to the attention of Medical Services will be fully investigated and appropriate action will be taken. Complaints against Medical Services' doctors alleging culturally insensitive behaviour, will also be closely monitored by the Department. An additional category of complaint will be introduced to record this information.

FURTHER GOVERNMENT ACTION:

Meetings with the Chairman of the CRE have been fruitful in developing a collaborative approach to cultural awareness issues

It was agreed that the CME would review and monitor the work of Medical Services in regard to the treatment of claimants from ethnic minority groups. CRE also agreed to assist Medical Services in evaluating training delivered in this area.

(m) Female Claimants

RECOMMENDATION:

We recommend that the availability of an examination by a female doctor should be spelt out clearly in the initial letters sent by Medical Services to claimants.

GOVERNMENT RESPONSE:

The contract requires Medical Services to use reasonable endeavours to provide a female doctor when asked to do so. Medical Services have indicated that every effort is made to respond to claimants' requests for assessment by a female doctor. The aim will be to achieve a workforce which includes sufficient female doctors to meet claimants' requests for such. Medical Services' recruitment strategy will reflect this aim. All doctors must of course act in a professional manner, regardless of gender.

FURTHER GOVERNMENT ACTION:
The wording "You may prefer that your assessment be undertaken by a doctor of the same sex and whenever possible we will try to accommodate your request. Where you feel that your assessment can only proceed with a doctor of the same sex, for example on cultural or religious grounds, you must make this clear and appropriate arrangements will be made" has been incorporated into documents accompanying appointment letters; and will be included in all relevant claim forms at the earliest opportunity.

(n) Complaints

RECOMMENDATION:

We are concerned that, because of the perceived failure of the complaints system, many claimants are choosing to appeal, rather than to complain. We note that Sema have recognised a problem with their complaints procedures and are conducting a review, which we welcome. We would expect to see the results of the review and we expect the Department to monitor performance in this area and push very hard for improvements to be made. At the very least we expect that details of how to complain should be drawn to the attention of each individual undergoing an examination, wherever the examination takes place.

GOVERNMENT RESPONSE:
The complaints procedure is intended to be used when a customer is dissatisfied with the way a medical examination was arranged or carried out. The appeals procedures are intended to be used when a customer disagrees with a decision on entitlement to benefit made by a BA decision maker. Appeals are not therefore an effective way of examining Medical Services' administrative performance or the medical quality of its doctors' work. Similarly the complaints procedure is not the right channel for seeking redress when a customer receives an unfavourable entitlement decision.
Medical Services' complaints procedures, and the investigations carried out by the Department in response to MPs' complaints on behalf of constituents, reveal that some complaints are justified, while others are not; and some, unfortunately, are impossible to determine one way or the other because of conflicting evidence. The Government is concerned that the Committee appears to have taken a number of anonymous complaints which it received from third parties at face value without investigating the allegations themselves or asking the Department to do so. This approach lacks scientific method and vigour.
Nevertheless, the Government understands the Committee's concern about the present complaints procedure. Investigations conducted by the Department have identified some discrepancies in the way in which complaints are recorded, whereby a small number of complaints received by the Department rather than directly by Medical Services, was not being counted. This has now been rectified.
The Department is also aware of dissatisfaction with the way in which Medical Services respond to complaints. The main issues were lack of a specific response to the individual complaint; unwillingness to accept responsibility and apologise for poor service; insufficient investigation into the details of complaints; and failure to link complaints to previous ones against individual doctors.
The Government agrees that every person undergoing an examination, wherever the examination takes place, should know how to complain. The Department is working closely with Medical Services to undertake a thorough review of the complaints procedure. Information about the complaints procedure is displayed in all Medical Services' examination centres. The review will encompass how better to make claimants examined in their own homes aware of the complaints procedure.
FURTHER GOVERNMENT ACTION:
Medical Services have developed a detailed action plan which addresses all issues relating to complaints. The plan ensures that all complaints are captured and appropriately investigated; that response letters focus on the matters at issue which are handled with sensitivity and that remedial action is taken when justified. Moreover an Independent Tier has been put in place to investigate any dissatisfaction with the way a complaint has been handled.
In preparing the plan it has become apparent that full and thorough investigation, which must include the doctor's right to reply and to consult, as necessary, his Medical Protection Society, results in an inevitable delay of at least several weeks before a definitive response can be prepared. Performance against the plan is being monitored by the IMPACT Contract Management Team. Key performance indicators have been developed to monitor the accuracy of recording complaints and the quality of response. Medical Services managers who handle complaints have all received training in this field

(o) Customer Satisfaction Surveys

RECOMMENDATION:

We recommend that a proportion of customer surveys be conducted with claimants after they have seen the EMPs' reports.

GOVERNMENT RESPONSE:

The Government endorses claimants' right of access to reports used in determining benefit entitlement, and their right to express dissatisfaction with a report. The Department is working with Medical Services to develop and pilot a process whereby a proportion of the claimants who are invited to complete a satisfaction survey are sent a copy of the EMP report with the survey questionnaire. The Department will evaluate the resource implications and the extent to which this enhances the quality of the survey as a tool for monitoring medical standards.

FURTHER GOVERNMENT ACTION:

The pilot survey showed no significant difference in the levels of customer satisfaction. However the numbers involved were small. The Department and Medical Services continue to develop and refine research into customer satisfaction levels.

(q) Appeals

RECOMMENDATION:

We note that the Chief Medical Adviser and Dr Carol Hudson of Medical Services intend to hold regular meetings with the Appeals Service to discuss issues coming through on Appeal. We welcome this.

GOVERNMENT RESPONSE:

The Department's Chief Medical Adviser has for some time held regular liaison meetings with the President of appeal tribunals, and the Government also welcomes the inclusion of the Medical Director of Medical Services at such meetings.

FURTHER GOVERNMENT ACTION:

A programme of regular meetings has been implemented.

(s) Appeals: Use of Feedback

RECOMMENDATION:

We think that as a matter of quality control, Sema should be made aware if a significant proportion of successful appeals can be related to cases where particular doctors have provided the medical report.

GOVERNMENT RESPONSE:

A successful appeal does not necessarily indicate that the medical report was substandard. The claimant may have submitted further evidence to the tribunal, which was not available to the doctor or to the decision maker. The decision maker may have misinterpreted earlier medical evidence; or, in weighing all the evidence, may have reached a different conclusion. The tribunal, even in the absence of further evidence, may have interpreted the medical report in a different way from the decision maker. Although the present arrangements have no mechanism for relating the outcome of appeals, whether successful or not, to the Medical Services doctor who provided the report, the Department and the President of the appeal tribunals are investigating ways whereby this might be accomplished.

FURTHER GOVERNMENT ACTION:

This issue forms part of the programme of discussions between the President of the Appeals Service, the Chief Medical Adviser, and the Medical Director of SEMA Medical Services informal feedback from the Appeals Service is taking place.

(t)

RECOMMENDATION:

We recommend that individual Medical Services' doctors should be informed of the outcome of appeals where the Tribunal has chosen not to endorse that doctor's findings. Furthermore, we recommend that Medical Services monitor this feedback and take appropriate action where individual doctors have a higher than average proportion of such cases.

GOVERNMENT RESPONSE:
Under his statutory obligations to report annually on the standards of Secretary of State decision making in cases which come before tribunals, the President has introduced arrangements for selected medical members of appeal tribunals to comment specifically on Medical Services' doctors' reports as part of the monitoring of first-tier decision-making.
Additionally, the President has agreed to draw to the attention of the Department's Chief Medical Adviser reports by Medical Services' doctors, identified in these monitoring exercises, which justify investigation of their medical quality by the Chief Medical Adviser in dialogue with Medical Services.
The Government welcomes this initiative and will ensure that Medical Services institutes prompt remedial training and monitoring of its doctors whose reports fail to meet the expected standards of medical quality.
FURTHER GOVERNMENT ACTION:
The Appeals Service has formally been providing feedback to an agreed protocol since the summer of 2001.

(x) Pressure to see more Claimants
RECOMMENDATION:
We criticise the approach taken by Medical Services which encourages doctors to produce reports which might be of a lower quality than that which the doctors might want to produce. Interfering with the judgement of medical professionals in this way is not acceptable.

GOVERNMENT RESPONSE:
Quality is an integral and essential part of a medical report, but quality cannot be judged from the duration of the assessment. That will depend on the nature of the claim and the claimant's disabling condition. When interviewing and examining claimants, doctors must focus their assessment on gathering relevant information, which will enable them to provide appropriate and accurate advice. It is no advantage to the claimant if the doctor's report contains superfluous information, or if the assessment is longer than necessary for producing a thorough and focused report.

(ff)
RECOMMENDATION:
We recommend that the sample of reports audited be larger, especially for IB cases, and that the audit be carried out by an outside body, so as to increase confidence that it is an independent and objective exercise.

GOVERNMENT RESPONSE:
Medical Services undertake monthly audit of medical reports and advice for all benefits. The number of reports audited has been calculated, with the help of the Department's Analytical Services Division, to provide a statistically valid representative sample. The work of all doctors is, over time, included in the regular audit programme.
Reference has already been made to the Department's Chief Medical Adviser's instigation of an extensive audit of IB scrutiny advice in cases randomly selected from Medical Services Centres. As part of this continuing programme a further audit of the work of each individual doctor will commence in the autumn to assess the effectiveness of Medical Services' remedial action taken with doctors whose advice is not in keeping with the agreed scrutiny guidelines.
The function of disability assessment in connection with benefit claims is unique to doctors in the Department and those working for Medical Services. There is currently no expertise in this field in either clinical or academic medical circles from which auditors external to the Department could readily be drawn. The Department considers that audit by its Chief Medical Adviser meets the need for independent and objective assessment of the quality standards of Medical Services doctors.

(gg)
RECOMMENDATION:
The Committee has not been convinced that there has been an improvement in the quality of examinations and reports since contractorisation. Some efficiency improvements have been made: the challenge now must be to improve the quality of reports and the treatment of claimants. Given that there is pressure on doctors to see more patients more quickly it is difficult to see how this can be achieved. Ministers should ask themselves whether one of the goals of contractorisation-improved service to the public—has really been achieved. If they conclude, as we do, that it has not, they should take steps to renegotiate the contract, or otherwise influence performance to ensure that this goal is met.

GOVERNMENT RESPONSE:
The Government acknowledges that all the objectives for contracting out Medical Services have not yet been fully achieved, particularly in relation to provision of an improved service to the public and improving medical quality standards. While it is recognised that there has as yet been no significant improvement in these areas, there has been a very significant improvement in operational efficiency. Of particular merit are the new business processes and information systems introduced by Medical Services to provide comprehensive management information that greatly facilitates the monitoring, control and assurance of quality standards. In addition there has been improvement in turnaround times for clearing advice and examination cases.
The Government is pleased that the Department is working closely with Medical Services on a number of initiatives designed to bring about the necessary improvements in medical quality standards and customer care. These include:

— comprehensive updated training for doctors in all aspects of customer care;
— a review of communications and information sent to claimants;
— a comprehensive review of complaints procedures; and
— development of the Medical Skills Database which will provide information about the performance of individual doctors.

In order to ensure that the quality principles are adhered to and that medical quality standards are achieved, the Department will regularly review Medical Services' performance against the service targets set by the Government as described in the Introduction. In addition the Department will regularly review Medical Services' quality assurance procedures to ensure they are valid, reliable, and correctly identifying and addressing substandard performance. The Department will also review the role and training of Benefits Agency decision makers to ensure that they are better able to identify and return for rework any advice which does not meet the required standard.
FURTHER GOVERNMENT ACTION:
There have been overall improvements in Sema's performance. Factors which robustly and objectively measure medical quality have been developed and validated, and are now being applied.

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AIAC Mission Statement

AIAC is a voluntary organisation for the independent advice sector in Northern Ireland, representing and giving voice to its members aspirations to deliver effective and holistic, community or issue-based advice through the provision of services, support and development opportunities.

Values

As a membership organisation, our values are embedded in promoting the application of creative community development approaches to advice giving, which place people and communities at the centre of the process and involves them in finding solutions and making informed choices.

AIAC believes in

Quality advice which is delivered free.

Advice services which are impartial and non-judgemental and respect the individuals dignity.

Advice which is wholly confidential, and accountable to the public.

Independent advice, which is free from statutory or private control and is both non-party political and non-sectarian in nature.

Advice services which are aimed specifically towards overcoming social exclusion.

Offering people choice through the provision of flexible, accessible advice services.

Social Policy Briefing

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