1. I write with regard to the Department for Work and Pensions Call for Evidence on the Work Capability Assessment: Year 2 Independent Review.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 42,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. As stated in our response (appended) to the previous call for evidence in 2010, the College supports the aim of people being supported to return to work in a way that meets their needs and benefits their health; it is crucial, however, for the preservation of the trusted relationship between doctor and patient, that GPs are not drawn into decisions on the suitability of a patient’s return to work as part of the Work Capability Assessment (WCA) process.

4. We do not intend to respond to the majority of the questions in this call for evidence – however, as GPs are often the recipients of complaints and comments from patients
who are interviewed as part of the WCA process, it may be useful to rehearse some of these issues by way of a response to Question 6. We invited responses from College members:–

**Are you aware of any concerns about the face-to-face assessment, and if so where have these been focused?**

- One member notes instances where genuine patients have felt that they have been accused of lying, and where, on the GP looking at the assessments of those who have scored no points the patients have given positive responses about their problems but this has not been logged correctly.

- The same doctor cites a specific incident of a ‘patient with severe depression and osteogenesis imperfecta, with lots of awful fractures and chronic pain, who scored nothing despite really not being able to do much.’

- Another doctor notes that many patients off work due to mental health problems have given feedback that they did not feel the assessment adequately explored this area and concentrated more on their motor abilities.

- In a similar vein, another doctor notes that both the questions asked of doctors, and the questions asked at the face-to-face assessment do not seem suitable to assess complex mental health problems such as depression.

- Several doctors mention the administrative burden they suffer as a result of this process, as well as the burden of stress experienced by their patients – one doctor dealing with patients who are homeless and have a complicated mix of physical, psychological and social problems, reports that the practice spends an ‘an increasing amount of time dealing with patients who are taken off Employment and Support Allowance (ESA), go to appeal and then go back on ESA. And then in about 6 months time, we go round the whole thing all over again. This is fantastically time consuming for doctors and nurses and support workers and very worrying for the patient. They know they are not fit for work, we know they are not fit for work, anyone seeing the patient would know they are not fit for work! Clearly they are ill, but the questions asked on the ESA form do not allow the doctor to explain why it is that this person is clearly not fit for work.’

- On the same note, another doctor says, ‘I would estimate that about 95% of people assessed under the new WCA criteria are deemed fit enough to work, a much bigger percentage than previously. Most of them then decide to appeal the decision - and are told that they then need to continue to receive sick notes from
their GP, stating that they are appealing, until the appeal is heard - for which I believe there is a long wait (about 9-12 months)!

- Other doctors feel that the WCA is too superficial, particularly the face-to-face examination: ‘A number of my patients appear to have had very cursory examinations and assessments. Very often no information has been requested from their GP and as a consequence quite erroneous decisions have been made on their capability to work.’

- Specifically on the Atos assessment, one doctor quotes patients as saying: ‘he didn’t even examine me at all;’ ‘he didn’t talk to me much at all;’ and ‘he didn’t take me seriously.’

5. As you will see, the comments that we received were largely critical of the current system, and the College is concerned at this. We hope these comments are of help with this review, and that the outcome will be a system more appropriate to the intended goals. We gratefully acknowledge the contributions of College members in formulating this response.

Yours sincerely

Professor Amanda Howe MA Med MD FRCGP
Honorary Secretary of Council
Appendix:

9 September 2010

Department for Work and Pensions call for evidence: Work Capability Assessment

6. I write with regard to the DWP call for evidence on work capability assessments.

7. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the ‘voice’ of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 39,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

GPs and Health and Work

8. The RCGP fully supports the aim of people being supported to return to work in a way that meets their needs and that benefits their health. The RCGP believes that GPs benefit from training in relation to health and work and has been running a national education programme for health and work in general practice. This provides GPs with the knowledge, skills and confidence of GPs in dealing with clinical issues relating to work and health. It also aims to ensure GPs are aware of their responsibilities in this area and to signpost additional means of support which will enable them and their teams to be confident that they are providing the best possible care for these patients. However, it is important to understand that GPs can not substitute the important role played by fully trained occupational health staff.

Work Capability Assessment (WCA)

9. We understand that the WCA is intended to be a functional health assessment rather than as a diagnostic medical assessment, which will already have taken place through the claimant’s GP or specialist. GP involvement in this part of the process is limited. Currently information from GPs is gathered by a standardised form which is completed from the medical record. Reports must be simple and factual. Doctors should not be expected to express an opinion as to someone’s suitability for return to work as part of the WCA process.
10. However, as part of the Employment Support Allowance process, decision makers can gather evidence from GPs or consultants. We would expect this information to be taken into account once submitted, as with any other professional advice.

11. Because each patient is different, and the medical advisor will have the full context, we are not able to comment on the overall weighting that should be given to evidence gathered outside the WCA.

12. This is a decision for the medical advisers to the DWP. As the wording of the question rightly acknowledges it is very important that the GPs and health care professionals relationship with patients is not compromised by their involvement in the WCA process.

Yours Sincerely

Professor Amanda Howe

Honorary Secretary of Council