What you need to know about Atos assessments

Courageous Scottish nurse Joyce Drummond, who made a heartfelt apology to Atos assessment victims, has submitted evidence to the Scottish Parliament Select Committee on Welfare Reform.

Joyce was the subject of this article:

www.dailyrecord.co.uk/news/scottish-news/nurse-makes-heartfelt-apology-after-1340838

Joyce has submitted evidence to the Scottish Parliament Select Committee on Welfare reform. It has been edit were needed, and amended to make it easier to read. Included is the contents from Joyce's notes in full.

I knew nothing about Atos when I joined, and left as soon as I realised that there was no way to fight from the inside.

I carried out Incapacity Benefit assessments; these were the forerunner to ESA assessments. I stated at my interview for the job that I believed in social inclusion and social justice.

I went for 4 weeks training in England. The training did not prepare me for what I was expected to do in real life.

The forms that are completed prior to assessment, I have recently found out, are opened by Royal Mail Staff. They are then sent for "scrutiny" where nurses decide whether or not a face to face assessment is required. I was not involved in this and do not know what criteria are used.

It is made clear throughout training and working that we are not nurses- we are 'disability analysts'. *Also, we do not carry out 'medical assessments' – we carry out 'functional assessments'. We did not even need a diagnosis to carry out assessments. I had reservations around consent, as we were expected to assess patients – sorry, we didn't have patients; we had 'claimants'- who appeared to be under the influence of alcohol or other substances.*

We were also consistently told that we did not make benefit decisions. The final decision was made by a DWP decision maker with no medical qualification. If our assessment was overturned at appeal we never knew about it. There was no accountability for assessments overruled.

Assessment starts on the day of your appointment with the HCP reading the form you complete when you applied for benefit. Remember that every single question you are asked is designed to justify ending your claim for ESA and passing you as "fit for work". That is what Atos are contracted to do by the Government. This is not a genuine assessment, but rather, an opportunity for the DWP to take away your financial support, which you are entitled to. Things that are noted are:-

- **Did you complete the form yourself?**
- **Is the handwriting legible ?**
- **Are the contents coherent?**

These observations are already used in assessing your hand function, your cognitive state and concentration. Next under observation:-

- **Do the things you have written add up?**
- **Does your medication support your diagnosis?**
- **What tests you have had to confirm diagnosis? For example a diagnosis of sciatica is not accepted unless diagnosed by MRI scan.**
- **Do you have supporting medical evidence from GP or consultants? If you do, it shows that you are able to organise getting this information.**

This is also a hidden cost to the NHS. I believe that if ATOS request information there is a charge levied by GP's. However claimants are expected to source medical evidence themselves. It uses valuable NHS time for medical staff to write supporting statements.
There were no hidden cameras, at least in Glasgow, to watch people arriving for assessment or sitting in waiting room. This may not be true in other areas.

When the HCP has read your form they input some data into the computer system. The assessment properly begins when they call your name in the waiting room. At this point they assess:-

- **Did you hear your name being called?**
- **Did you rise from your chair unaided? Did the chair have arms or not?**
- **Were you accompanied? – this addresses your ability to go out alone**
- **Were you reading a paper while waiting? - looks at your concentration**
- **Did you walk to the assessment room unaided? Did you use aids correctly? Did you navigate any obstacles safely- assessing sight?**

The HCP will shake your hand when introducing herself- are you trembling, sweating- signs of anxiety. Again note the constant scrutiny. The HCP will often ask on way to waiting room:-

- **How long you've been waiting? - assessing ability to sit- both physically, and looking at your mental state.**
- **How did you get here today? - ability to drive, use public transport**

Assessment begins by listing medical conditions/complaints. For each complaint you will be asked:-

- **How long have you had it? Have you seen a specialist?**
- **Have you had any tests? What treatments have you had?**
- **What's your current treatment? Have you had any other specialist input e.g. physiotherapy, CPN?**

The HCP will use lack of specialist input/ hospital admissions to justify assessing your condition as less severe. Medications will be listed and it will be noted if they prescribed or bought. Dates will be checked on boxes to assess compliance with dosage and treatment regime. Any allergies or side-effects should be noted.

- **A brief note is made of how you feel each condition affects your life**
- **A brief social history will be taken – who you live with, if have you stairs in your house or outside to your house.**
- **Employment history taken – asking when you last worked, what you worked as, reason for leaving employment.**

Typical Day – this is the part of the assessment where how you function on a day to day basis is used to justify the HCP decisions. Anything you say here is where you are most likely to fail your assessment. Along side this, the HCP records their observations.
Starting with your sleep pattern, questions are asked around your ability to function.

- **Lower limb problems- ability to mobilise to shops, around the house, drive, use public transport, dress, shower.**
- **Upper limb- ability to wash, dress, cook, shop, complete ESA form**
- **Vision- did you manage to navigate safely to assessment room.**
- **Hearing- did you hear your name being called in waiting room.**
- **Speech- could the HCP understand you at assessment.**
- **Continence- do you describe incontinence NOT CONTROLLED by pads, medication. Do you mention its effects on your life when describing your typical day?**
- **Consciousness- Do you suffer seizures- with loss of continence, possible injury, witnessed, or uncontrolled diabetes.**
- **HCP observations include- how far did you walk to examination room, did you remove your coat independently, did you handle medications without difficulty, did you bend to pick up handbag.**

Formal examination consists of simple movements to assess limited function. Things HCP also looks out for:-

- **Are you well presented, hair done, make-up, eyebrows waxed?**
- **Do you have any pets? – this can be linked with ability to bend to feed and walk.**
- **Do you look after someone else – parent or carer- if you do this will be taken as evidence of functioning**
- **Any training, voluntary work, socialising will be used as evidence of functioning.**

This is not a comprehensive list, but gives you an idea of how seemingly innocent questions are used to justify HCP decisions.

Mental Health

- **Learning tasks- Can you use phone, computer, and washing machine?**
- **Hazards- Can you safely make tea, if claiming accidents- must have had emergency services e.g. fire service. Near miss accidents do not count.**

Personal Actions

- **Can you wash, dress, gather evidence for assessment**
- **Manage bills.**

Observations made by HCP – appearance and presentation

- **Coping with assessment interview, abnormal thoughts, hallucinations, confusion.**
- **Coping with change – ability to attend assessment, attend GP or hospital appointments, shopping and socialising.**

More HCP observations:-

- **Appearance, eye contact, rapport, any signs/symptoms that are abnormal mood/thoughts/perceptions. Suicidal thoughts.**
- **Coping with social engagement/appropriateness of behaviour – any inappropriate behaviour must have involved police**
- **Ability to attend assessment, engage with assessor, behave appropriately.**

Again this is not an exhaustive list, merely examples.
There are some "special cases". Off the top of my head, exemptions from assessment include – terminal illness, intravenous chemotherapy treatment and danger to self or others if found fit to work (Regulation 29.)

At present to qualify for ESA you need to score 15 points. This can be a combination of scores from physical and mental health descriptors.
To qualify for the support group you must score 15 points in one section.

As long as you are claiming income – based ESA then your award can be renewed at each assessment, if you gain 15 points.

Contribution ESA lasts for 1 year only, unless you are in the support group. After 1 year in the support group, you may only get income based ESA if your household income is below a certain threshold. It makes no difference how long you have previously paid National Insurance.

For clarity, as far as I know in the real world, doctors carry out medical assessments, nurses carry out nursing assessments and physios carry out physiotherapy assessments. In the world of Atos, each of these separate professions are employed as disability analysts, carrying out functional assessments.
Nurses are employable for these posts if they have been qualified for at least 3 years, are registered to practice with the NMC, and have basic computer skills.
My interview consisted of-

- ***Face to face interview with medical director and nurse team leader.***
- ***A written paper assessing a scenario, in my case someone with back pain***
- ***A 10 minute basic computer test.***

In order to be approved as disability analyst I had to complete 4 weeks Atos disability training, reach a certain standard of assessment reports- as decided by audit of all cases seen (don't know what criteria was) and finally approval to carry out WCA assessments from the Secretary for Work and Pensions.

In my opinion the money given to Atos and spent on tribunals should be given to NHS GPs. They are best placed to make assessments regarding patients work capability. They have access to all medical reports, past history, specialist input and know their patients. My concern would be what criteria the DWP would impose on GPs risking the doctor/patient relationship. GPs already assess patients for "fit notes", which have to be submitted to DWP during assessment phase of ESA.

While I worked at Atos, seasonal medical staff were being paid £40 per assessment, as far as I am aware. I have no idea of wages of permanent medical staff. Nurses were on a salary, which based on 10 assessments a day (Atos target) equalled around £10 per assessment. These are approximate figures but may give a clue as to why Atos are employing nurses rather than doctors.

Further information:-

Special exemptions from the 15 points criteria: **Regulations 29 and 35.**
Questions you may be asked at assessment: **dwpexamination forum**

How to deal with Benefits medical examinations: **A Useful Guide to Benefit Claimants when up against ATOS Doctors**

More support and helpful advice here: How to deal with Benefits medical examinations
Previous related article: After Atos

List of conditions judged suitable for assessment by neuro trained nurses/any health care profession:-

Prolapsed intervertebral disc

Lumbar nerve root compression

Sciatica

Slipped disc

Lumbar spondylosis

Lumbar spondylolisthesis

Lumbar spondylolysis

Cauda equina syndrome

Spinal stenosis

Peripheral neuropathy

Neuropathy

Drop foot

Meralgia paraesthetica

Cervical spondylosis

Cervical nerve root compression

Cervicalgia

Nerve entrapment syndrome

Carpal tunnel syndrome

Trapped nerve

Paraesthesia

Tingling

Numbness

Brachial plexus injury

Polyneuropathy

Dizziness

Vertigo

Essential Tremor

VWF

Alzheimer’s

List of conditions judged by the DWP and Atos Healthcare as suitable only for assessment by doctors:-

Stroke

Head injury with neuro sequelae

Brain haemorrhage

Sub Arachnoid Haemorrhage

Brain tumour

Acoustic Neuroma

Multiple Sclerosis

Motor Neurone Disease

Parkinson’s disease

TIAs
Bulbar Palsy
Myasthenia Gravis
Muscular Dystrophy
Guillain-Barre Syndrome
Amyotrophic lateral sclerosis
Syringomyelia
Neurofibromatosis
Spina bifida
Polio
Fits (secondary to brain tumour)
Learning difficulties (with physical problems)
Nystagmus
Myelitis
Bells Palsy
Trigeminal Neuralgia
Paraplegia
Quadriplegia
Huntington's Chorea
Huntington's Disease

Many thanks to Joyce for the information she has provided, and for her courage and integrity, which is so strongly evident in her outstanding campaign work.

Further reading:-

Targets in Atos contract

7 out of 8 targeted to lose ESA