

New disability payments system responsible for deaths in Britain

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A new disability benefit, Personal Independence Payments (PIP), brought in by the UK government to replace Disability Living Allowance (DLA), has resulted in the deaths of thousands of people. In addition, many seriously ill people have been left without a payment months after applying.

Some of those who have applied for PIP are diagnosed with serious degenerative illnesses that are life-threatening and seriously debilitating.

PIP was introduced in June 2013 as part of the government's overall welfare cuts. The benefit is paid to claimants between the ages of 16 and 64 with a long-term health condition. The benefit is split into two parts including daily living and mobility activities. The claimant completes a form, and then most applicants have to attend a face-to-face assessment to determine eligibility. These assessments have been carried out via the private contractors Atos Healthcare and Capita Business Services.

PIP was rolled out nationally after only a short trial period two months earlier in the north of England. In February 2014, a highly critical report was published by the National Audit Office (NAO). It raised concerns over the rush to implement PIP, stating it "did not allow enough time to test whether the assessment process could handle large numbers of claims. As a result of this poor early operational performance, claimants face long and uncertain delays."

The report found that the administration costs of PIP will be up to three-and-a-half times as much as the previous benefit (DLA) it was meant to replace and will take double the amount of time to administer. Each new PIP claim is worth between £21 and £134 a week to disabled claimants and costs an average £182 to administer, compared to £49 under the old scheme (DLA).

The NAO showed that in some areas of the north of England in the first six months of the introduction of PIPs, there was a backlog of 92,000 cases—three times the number expected—with the Department for Work and Pensions (DWP) only making decisions in 16 percent of cases.

Sharon Brennan, a freelance writer and journalist, explained the case of Malcolm Graham, a 56-year-old from Essex who was diagnosed with oesophageal cancer in September 2013. He had previously been employed for 40 years. He applied for PIP on advice from Macmillan Cancer support and his local Citizens Advice office. After applying for PIP, he rang the DWP almost daily for eight months to try to find out the status of his claim and if a decision had been made, but to no avail.

In that time, Graham was forced to endure a 10-hour operation in which large parts of his stomach and oesophagus were removed and undergo 10 sessions of chemotherapy.

Brennan said that as of June 23, when her article was published, Graham was still awaiting a decision on his claim and was dependent on his family for the extra financial support that he has incurred, due to not being able to get about because his mobility has been affected. The article said he was in debt with his electricity payments and has had a debt-recovery firm calling at his home.

The cases of those terminally ill who are expected to have less than six months to live is a disgrace. These PIP applicants should only have waited a short time to get an award due to the severity of their condition. However, claimants have regularly been awaiting decisions up to a month. Under the old rules governing DLA, the time limit was seven days in which a decision had to be made.

The government has attempted to defend these decisions by claiming that the rules are different for PIP. This is untrue, as the principles for offering help to the terminally ill are supposedly the same under PIP as they were under DLA.

The impact of this debacle is that many seriously ill people are left in financial plight, having to turn increasingly to family members for help and forced to resort to food banks, loans and charitable donations for assistance.

In October 2013, PIP was due to be rolled out across the UK but there were concerns that Atos was not capable of reducing backlogs or managing higher volumes of cases. Contractually, assessment providers were supposed to have carried out 97 percent of assessments for PIP within 30 days. The report disclosed that Atos and the other contractor Capita had completed only 55 and 67 percent, respectively—clearly a substantial shortfall.

Atos had stated in its tender document that it had “contractual agreements” in place with a national network of 56 NHS hospitals, 25 private hospitals and more than 650 physiotherapy practices to provide assessments. Leaked government documents showed this not to be true. It was suggested that Atos’s PIP assessment backlog would not be cleared until March of next year.

As a result of Atos declaring many people to be “fit for work” who clearly weren’t, its £500 million contract has come under increasing scrutiny. An estimated 42 percent of appeals against the DWP were upheld, with the government admitting as many as 158,300 of those assessed were wrongly deemed fit for work.

Thousands of people have died as a result. According to information provided by Labour MP Michael Meacher, 1,300 people had died after being placed in the “work-related activity group” and another 2,200 died before the assessment process was completed. An additional 7,100 died after being placed in the group for those entitled to unconditional support, as they are too ill or disabled to work.

Earlier this year, Atos decided to end the contract early. A new provider is to be appointed early next year.

The government’s response to the PIP crisis has been to dismiss it, claiming that the figures used were out of

date. Minister for Disabled People Mike Penning claimed the new PIP system ensured “support goes to those who need it most”.

There have been a number of private companies who have come under scrutiny following exposures of irregularities and failings with public contracts. Earlier this year, there were serious concerns raised about the government’s much-heralded scheme for unemployed people, Universal Jobmatch. This scheme was established supposedly to assist job seekers in finding work by matching workers with employers looking to fill job vacancies via the use of digital job searches.

The contract was won at the time of its inception by Monster Incorporated, one of the world’s largest Internet recruitment companies. This cost £17 million to set up with running costs of £6 million a year.

The *Guardian* estimated that a third of a million jobs—50 percent of all the jobs advertised on the site—were considered bogus, being falsely and illicitly promoted. An investigation by Channel 4 News found that thousands of the job postings on the site were fake and were set up to entice job seekers to spend money unnecessarily on fake criminal record checks, or were using individuals’ personal data for the purposes of identity fraud.

The carve-up of the welfare state and the ransacking of public services have led to a scramble for profits at any cost, whilst at the same time wreaking havoc against millions of the poorest and most vulnerable in society.



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