



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

WELFARE REFORM COMMITTEE

Tuesday 22 January 2013

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WELFARE REFORM COMMITTEE

2nd Meeting 2013, Session 4

CONVENER

*Michael McMahon (Uddingston and Bellshill) (Lab)

DEPUTY CONVENER

*Jamie Hepburn (Cumbernauld and Kilsyth) (SNP)

COMMITTEE MEMBERS

*Annabelle Ewing (Mid Scotland and Fife) (SNP)

*Linda Fabiani (East Kilbride) (SNP)

*Iain Gray (East Lothian) (Lab)

*Alex Johnstone (North East Scotland) (Con)

*Kevin Stewart (Aberdeen Central) (SNP)

*attended

THE FOLLOWING ALSO PARTICIAPTED:

Georgina Brown (BMA Scotland)

John Dickie (Child Poverty Action Group in Scotland)

Sarah Flavell (Gordon Rural Action)

Angiolina Foster (Scottish Government)

Mark Kennedy (Salus)

Margaret Lynch (Citizens Advice Scotland)

Muriel Mowat (Scottish Independent Advocacy Alliance)

John Nugent (Scottish Government)

Kenny Small (NHS Lanarkshire)

Jane Smith (Rights Advice Scotland)

CLERK TO THE COMMITTEE

Simon Watkins

LOCATION

Committee Room 5

Scottish Parliament

Welfare Reform Committee

Tuesday 22 January 2013

[The Convener *opened the meeting at 10:04*]

Advice Agencies

The Convener (Michael McMahon): Good morning and welcome to the second meeting in 2013 of the Welfare Reform Committee. I will start as required by asking everyone please to switch off mobile phones and electronic devices to ensure that we do not have any disturbances. It does not bother me personally, but conveners are required to make the request.

Agenda item 1 is an evidence-taking session on the impact of welfare reforms on advice agencies. Members will have seen the written information that a number of witnesses have provided and a Scottish Parliament information centre briefing note on the funding position for advice agencies in the UK and devolved legislatures. We also have hard copies of the information provided yesterday on the Scottish Government's funding announcement.

I invite our guests to introduce themselves and make some introductory remarks. I do not know whether you have agreed among yourselves how you will do that, but I will leave it up to you to take the lead on that. If you all want to make an opening comment, feel free to do so.

Who wants to kick off?

Sarah Flavell (Gordon Rural Action): I am from Gordon Rural Action, which provides an advice service across Aberdeenshire. It is pretty much the same as Citizens Advice Scotland, except that it is independent.

Muriel Mowat (Scottish Independent Advocacy Alliance): I am from the Scottish Independent Advocacy Alliance, which is the membership body for advocacy organisations across Scotland.

Margaret Lynch (Citizens Advice Scotland): I am from Citizens Advice Scotland.

Jane Smith (Rights Advice Scotland): I am from Rights Advice Scotland, which is an organisation for local authority welfare rights advisers.

John Dickie (Child Poverty Action Group in Scotland): I am from the Child Poverty Action Group in Scotland. Our work has two aspects: first, raising awareness and promoting policies to prevent and eradicate child poverty; and,

secondly, providing second-tier benefits and tax credits advice, information and training to front-line services that give advice to families across Scotland. Unlike the other agencies, we do not provide advice directly to families; instead, we provide support, training, advice and information to those to whom families turn for advice and information.

The Convener: Do any of you wish to give us an overview of the situation? I see Margaret Lynch nodding.

Margaret Lynch: It might be helpful if I spend a couple of minutes talking about the impact of welfare changes on citizens advice bureaux.

Every year, the 61 citizens advice bureaux and about 300 or so outreach points across Scotland see several hundred thousand clients, and the issues that clients are presenting at their local bureaux are more numerous and complex and therefore more time-consuming than ever before. The volume of work has increased but because of the complexity of the problems that we are dealing with we have not been able to increase the number of clients we see. Yesterday, a volunteer adviser in our Parkhead bureau told me that it can take upwards of two hours to complete an employment and support allowance form.

The other part of the problem is that bureaux across Scotland have had an 8 per cent real-terms reduction in funding over the past two years. Like everyone else, we have to cut our coat according to our cloth but having less money means being less able to deal with the numbers of clients who are presenting.

Benefit cuts, the recession, welfare changes and, I think, administrative problems at the Department for Work and Pensions are all contributing to what we would call a perfect storm of demand for citizens advice services. Every working day, we are dealing on average with 780 new benefits cases alone, which is an increase. In November 2012, we experienced a 20 per cent increase in housing benefit issues compared with the previous November, and we would attribute that increase directly to welfare reform.

The shift from incapacity benefit to employment and support allowance is a key driver of demand. The number of cases that we are handling in relation to that shift has gone up 55 per cent in a year, and the greater need for representation at benefit tribunals has led to a 62 per cent increase in the number of tribunals at which we are being asked to represent people.

Clients are coming to us not with one issue but with multiple and colliding issues. People think that welfare reform is something that will happen only when universal credit comes in, but welfare reform is already taking place in a broader context of

changes to benefits. The uprating cap of 1 per cent, which will take £210 million out of the pockets of the poorest people in Scotland, is just an example of that, as are the changes to child tax credits.

We have a number of concerns over the capacity of bureaux to deliver, which is why we basically decided that we cannot do it on our own. Just before Christmas, Citizens Advice Scotland called a meeting of, I think, 23 of the national advice agencies to ensure that we are all working together in a collaborative way—to ensure that we pool our collective resources and strength to reach as many people as possible. That collaborative approach is the key to addressing the issue.

You will be aware that, yesterday, the Deputy First Minister announced an additional £5.4 million for advice agencies across the sector. CAS had lobbied very hard for that money—I think that the Deputy First Minister and others would concede that CAS did a lot of the heavy lifting in the lobbying exercise—but we were not lobbying for the money just to come to CAS. We specifically went out and lobbied for a resource to be made available across the range of advice agencies in Scotland. We recognise that we cannot do everything alone and that we need to work much more closely with our colleagues in local government.

We have two concerns to put before the committee. First, the funding that a number of our bureaux have received from local authorities over the past couple of years has decreased: in all but three cases, funding has either stood still or decreased. My real worry is that some people in local government, on considering yesterday's announcement, might decide to take some petrol out of the tank, thinking that the fact that we have been awarded £5.4 million could be a reason for them to reduce the grant that they provide to their local citizens advice bureaux.

The whole purpose of the extra money that we secured for use across the sector is to enable us to see additional clients, so that we can mitigate the worst impact of welfare reform. It creates a perverse incentive to other funders if they think that a local authority's response to CAS or any other advice agency getting funding from either the UK Government—not that that is a prospect at the moment—or the Scottish Government is a reason for scaling back what they are able to give us. That is one concern.

Our second concern is about the total lack of transparency from the DWP. We are not able to get advance warning from the DWP about its plans. We could work much more effectively if we had a planned approach to mitigating the worst impacts of welfare reform. If the DWP is so opaque about how it intends to roll out welfare

reform in Scotland, that places a heavy burden on our shoulders. Providing additional advice is not like switching on a light bulb in a room—it needs to be planned. There are people who need to be recruited, whether they are volunteers or paid members of staff, and who then need to be trained to an acceptable standard. Premises also need to be secured. There is a complex logistical exercise involved in co-ordinating everything and ensuring that the right advice is getting to the right people at the right time.

As regards our concern with the DWP, I meet Richard Cornish about once every six weeks. We get warm words and gentle encouragement, but absolutely nothing of any concrete value to us. We need some help, probably from you guys, in applying a bit of pressure there.

10:15

There is another issue to do with the funding package of £5.4 million over two years that the Scottish Government has announced—for which we are very grateful—which relates to the point that I made about planning, logistics and responding as effectively as possible. It would be really helpful to agree two-year funding packages, as they allow organisations to plan and deploy resources much more effectively than if they have to do that on a 12-month funding basis. In effect, a 12-month funding basis means a nine-month implementation period. If we worked on that basis over two years, we would lose six months, which would be inefficient in anybody's view.

The key thing that we need is advocacy support. If there is anything that the committee can do to get the DWP in front of it, we will be happy to supply the committee with a list of questions that we would like to be answered. That would be of great value to us.

John Dickie: Welfare reform has a massive impact on both the aspects of work that I described—the policy work and the second-tier income maximisation work. As we said in previous evidence to the committee, independent modelling forecast that 800,000 more children across the UK would be pushed into poverty as a result of UK tax and benefit policies. Since we gave that evidence, the UK Government has confirmed—just in the past week—that the 1 per cent cap on benefit uprating will in itself push another 200,000 children into poverty across the UK. We can draw from that the estimate that at least 50,000 children across Scotland, if not 100,000, will be pushed into poverty. It is clear that children are in the firing line from the UK welfare reforms, which is where our interest comes in.

Unlike the other agencies that are here today, we do not provide direct support to children and

families, as I said. We provide advice, training and information to citizens advice bureaux, local authorities, health workers in the national health service, advisers in colleges and front-line staff in children's organisations and disability organisations who work with families—all the people to whom families look for support and advice on dealing with the impact of welfare reform and on maximising their incomes generally.

The demand from front-line agencies for our services has already increased massively. Demand for our training has gone up 60 per cent since 2010-11 and demand for our expert casework support advice line went up by 50 per cent between 2009 and 2011—that level has not gone up since then because the line is operating at the full capacity of our current resourcing.

We commissioned an independent evaluation of our second-tier services, which included a survey of more than 500 of the front-line workers and volunteers who use our services. To echo what Margaret Lynch flagged up, the clear message from them was that they expect demand for their services to increase and, as a result, they expect to need the CPAG's second-tier advice and support more in the years ahead. That evaluation also flagged up increasing concern that the costs to front-line agencies of training and of accessing the support, advice and service that we can provide are a barrier to agencies getting the high-quality, expert, second-tier support that they need.

In responding to the demand, we are developing a whole lot of new resources, new training and new information resources—we have published a new guide to universal credit. We are developing new training formats and trying to ensure that what we bring to the table reaches as many front-line agencies as possible. I echo Margaret Lynch again—crucially, we are working in partnership nationally and locally to find ways of removing the cost barriers, so that front-line agencies can access the services that we provide.

The impact and success of the second-tier work that we provide rest on having a well-resourced network of advice agencies across Scotland. Without that, what we do does not make sense. That network needs to be resourced locally, so we very much welcome the additional resource that has been announced nationally. However, we urge bodies not to use that resource locally to replace funding that needs to be prioritised and is not being prioritised enough to support front-line advice provision.

Jane Smith: I will echo what others have said, but I also refer the committee to the letter from Macmillan that we and various other organisations have signed up to. That letter sums up the point that we particularly want to make:

"Most advice services are already working to full capacity, and the changes ahead will bring additional pressures".

To be honest, I could not put it better than that.

I also want to stress the need for people to have one-to-one expert advice and support on an independent basis. As others have pointed out, everyone in the sector has been looking at greater efficiency because of the pressures that are on us. The one small benefit of that is that we all work together much better to provide services. However, at the end of the day, no matter how efficient we might be or how good our triage processes are, we still require to spend time, one to one, advising and supporting people in difficulty.

Another concern particularly for local authorities—although others will have experience of this, too—is that, when things go wrong and people do not get advice and support, that puts a massive level of pressure and expense on other services. That has always been the case. Partly because of the processes involved, welfare reform has simply brought in additional pressure on services. As the committee will see from the "GPs at the Deep End" report, general practitioners are also saying that they are spending a lot of time dealing with welfare reform—often, that is even before something goes wrong—rather than dealing with direct health provision. The same will be true of those working in addiction services, mental health services and childcare social work: they will spend a lot of time simply dealing with welfare reform.

I have a slight tendency to rant, so I will try to avoid doing so, but there is a revolving door for employment and support allowance as part of welfare reform. For example, I am aware of someone with learning difficulties who is called to attend a medical every six months. If we can provide a staff member to attend with him—it takes quite some time—he will be saved a degree of stress and there is a reasonable chance that he will pass the medical. However, he has had to attend four different benefit appeals.

All local authority appeals services are under great pressure to support people at appeals. We deal with an enormous number of appeals. In my authority, which covers an area with a population of about 79,000, we are involved with about 100 appeals a month at the moment. That number is going up and up—the submission makes reference to the proportion increasing from 6 per cent—and, anecdotally, we think that the number will increase considerably, given the referrals that we are getting. That is putting pressure on services, as people look for evidence and as claimants find themselves with no money.

That problem will grow, given the changes in sanctions and the conditionality rules that require

people to do more to look for more work—work that, in many cases regrettably, is not available. By and large, claimants are not lazy or foolish or unwilling to look at aids and adaptations; claimants are caught up in the system. When they are sanctioned, they will not have enough to live on—benefit is not generous. Therefore, what will happen is that there will be increased admissions to hospital and potentially more children going into care. There will certainly need to be people who are involved in trying to sort all of that out.

That is before we add in the bedroom tax or the personal independence payment. The DWP estimates that there will be a 20 per cent cut in the number of people who receive PIP compared with the benefit it replaces. That is not just a monetary loss; it potentially has a very big effect on the amount of housing benefit that is awarded to people who might already have been affected by the bedroom tax and who are certainly affected by the way in which it is calculated.

There are huge knock-on effects. They are not knock-on effects for people who are reasonably well off or who have options. The worst knock-on effects are, unfortunately, on the most vulnerable. John Dickie mentioned children. We have particular concerns about children and about people with mental health problems.

Added to that—at the risk of repeating other people's points—is the issue of digital inclusion. I am taking a quick look around the table. Most people here are probably reasonably confident in this respect and would be reasonably comfortable about working online. For someone who does not have a home computer, that will not be the case. We support a significant number of people who cannot read and write. How on earth are they going to make an online claim?

Claiming is not just about putting in information; it is about putting in information in a format that enables someone to access their rights. When we advise people, we require to give advice using the online support system. That will take a great deal longer, and it will require considerable physical resources. Crudely put, it means computers and computing space. It requires travel time for the person to get to that computer, as well as advice and support. That is a very different way of advising and supporting people. It is easy to look around and conclude that the average 17-year-old can use such a system, so it is not a problem, but that is not the case. Even a very intelligent 17-year-old cannot do it if they do not have both a computer and internet access. How many claimants nowadays have a land line?

We are seriously concerned. We are working to capacity, and we have made a whole series of changes to make things better, but there is no substitute for one-to-one advice and support. If

that is not available, there will be horrendous costs for individual people. There is a lot of stuff available on the internet about people self-harming as a result of employment and support allowance medicals and so on. That is not rumourmongering or scaremongering—it is true. There will be an increase in that, and in other costs.

Sarah Flavell: I am speaking from the ground level. I deal with the public every day, and I see the people coming in and out of the advice centre. The Welfare Reform Act 2012 will have a lot of effects on our advisers and clients. It will affect our whole organisation and other organisations. The Scottish Government has more than amply addressed some of those effects already in its analysis documents of October and December last year.

Jane Smith has mentioned some of the specific effects. The bedroom tax is one of the biggest issues that we will have to deal with. Social housing in Aberdeenshire, particularly in rural Aberdeenshire, is at a premium. Often, homeless people are given a two-bedroom flat because that is all that is available. There will be no obligation to rehouse any of those people, but they will not get paid the housing benefit to cover their rent. The same goes for families whose children have left home. There is nowhere smaller where the council can move them in our area, and yet they will not get paid for the extra bedrooms.

The Government seems to have had a big campaign to recruit more foster parents. Foster parents will not be paid housing benefit for a bedroom for the temporary placement—which could be for up to a year—of a foster child. That will not encourage parents to come forward to foster.

We deal with a lot of disabled clients, who are quite isolated in rural areas of Aberdeenshire. Disabled children will now be expected to share with siblings of the same gender, which will cause problems. We have couples who currently qualify for two bedrooms because they cannot share as one of them has a severe disablement, and some of those people will be affected by the bedroom tax. As Jane Smith said, that will have a knock-on effect on their health, family relationships and debt.

10:30

We already see many debt clients in our agencies, and those numbers are increasing. That will affect local authorities because people will not be able to pay their rent, so there will be an increase in evictions and appeals against evictions. We and many other organisations represent clients at appeals, so both our and local authorities' resources will be stretched further and

further at a time when our funding has not changed.

Aberdeenshire Council has recently done a big review of advice services and it is being fairly supportive of the agencies' needs and the value that we bring to the clients. I do not know whether it will be able to provide us with more money, particularly for our information technology system—to say that our IT system is out of the ark would be an exaggeration, but it sometimes seems like it—but, with all the new online applications that we will have to do, our human and technological resources will be stretched further.

We have recently moved to an online application for housing, and people are already coming in about that. Rural Aberdeenshire does not have good internet access in the first place. Our clients do not have land lines so they would have to use their mobile phones to connect to the internet but, because that is too expensive for a lot of them, they come in to us.

It typically takes people up to an hour to complete an application. The universal credit applications could, I believe—we have not seen them yet—take even longer, which is time that our advisers will be spending sitting in with those people. On a personal level, and as someone who deals with the public every day, the welfare reforms will affect us a lot, and our resources are not getting any larger.

Muriel Mowat: We are coming from a slightly different angle: advocacy organisations will not provide advice, but they might refer people on to advice-giving agencies.

We have around 50 member organisations across Scotland, and they have been reporting substantial increases in referrals specifically in relation to aspects of welfare reform. Most of the organisations work with people with mental health problems and learning disabilities. They are reporting, particularly with medical benefits assessments, that people are being called regularly for medicals, their stress levels are increasing, and the assessments are having a really negative impact on their mental health.

One organisation stated that it had a huge increase in the number of requests to support people. The organisation is based in East Ayrshire and the assessment centre is in Ayr, which is a 30-mile round trip. It can take up to a day for an advocate to support an individual at a medical. The organisation does not have the resources to sustain that for the increasing number of referrals that it has had.

The impact of housing benefit is that more and more people are self-referring to advocacy organisations. Our organisations are finding, as

letters are going out informing people of the changes to housing benefit, that they are suddenly being overwhelmed not only by new referrals but by people whom they have been working with coming up with additional issues.

In our written submission, I included a case study about an individual who has a learning disability and mental health problems. He has access to his son—he is separated from his partner—three days a week. He has been told that he cannot receive a full benefit for two bedrooms. He has ended up taking a one-bedroom tenancy, which means that, when his son comes, he sleeps in the sitting room so that his son can have the bedroom.

The organisations that report to us have different access criteria, depending on their service-level agreements, and they often do their best to approach a referral creatively to ensure that the person will fit their criteria. However, increasingly they are not able to do that. They have waiting lists and are having to turn people away, and they are referring more and more people to the already stretched citizens advice bureaux and other advice agencies.

The Convener: Thank you. Alex Johnstone wanted to come in earlier.

Alex Johnstone (North East Scotland) (Con): Yes. I want to talk about yesterday's announcement. The money that is being allocated to advice agencies is welcome, but I regard what we heard yesterday as a clever re-announcement of the Scottish element of money that George Osborne announced last year. I do not see any additional money.

A problem that I foresee is that the money that was allocated on a UK basis was specifically for advice services, whereas in yesterday's re-announcement of the Scottish element, the money was for the broader objective of mitigation. Are the witnesses convinced that the Scottish element of the money, which the Scottish Government is administering, will go to advice services? Is there a danger that it might be used for other purposes?

Margaret Lynch: I understand that, of the additional money that was announced yesterday, the £3.4 million over two years comes from Barnett consequentials, and that the Scottish Government found an additional £2 million to top that up. I am not a Scottish Government economist and my accountancy skills are somewhat threadbare, so you might want to look into the issue.

We were certainly given the indication that £5.4 million will be available to front-line advice agencies, for the purposes of mitigating the impact of welfare reform. That is because the Scottish Government recognises that when someone goes

to a citizens advice bureau, the resulting client financial gain is often substantial. We commissioned work from the Fraser of Allander institute on the impact on the Scottish economy of the advice that we provide. The institute looked at how much money is put back into people's pockets. Last year, there was client financial gain of £140 million, which is substantial, and the total benefit to the common good in Scotland was £166 million. That relates to what Jane Smith said about how services save money. For example, if someone's stress has been alleviated they might not have to go to the doctor.

The Government's talk about mitigating the impact of welfare reform is about the role of advice agencies and what we can do to ensure that people get everything that they are entitled to and that client financial gain is such that the worst impact of welfare reform is held at bay.

Alex Johnstone: I agree that £3.4 million of the total amount that was announced yesterday comes from the Barnett consequential of announcements in the autumn statement. However, I am confident that I can trace another £1.7 million back to announcements that were made on 21 November 2011. I am confident that the money is almost entirely accounted for by Barnett consequential.

The reason why I raise the subject is that, in addition to that resource, a proportion of which comes to Scotland, efforts south of the border have now secured match funding. Therefore, the amount of money that is spent south of the border will be double the amount allocated. Additional match funding will be administered through the Big Lottery Fund. Have organisations in Scotland been in any formal negotiations with the Scottish Government in an attempt to ensure that match funding is achieved in Scotland and that the £5.4 million that was discussed yesterday can become £10.8 million?

Margaret Lynch: You will have to ask the Big Lottery Fund about that. We have certainly had discussions with the Big Lottery Fund, and we are having on-going discussions with it in the hope that it will agree to do what it has done down south. However, there has been no announcement to date and, as far as I am aware, there has not been any indication that that will happen.

If you want to help us, perhaps a wee invitation could be sent to the Big Lottery Fund to come to the table here and explain why it is not doing in Scotland what it is doing down south. That might have a welcome result.

The Convener: I have just asked the clerks to draft a letter to that effect.

Alex Johnstone: I am aware that the Government in London was significantly involved

in the negotiations that achieved that objective. Have you had any discussions with the Scottish Government to achieve support for that?

Margaret Lynch: To be honest, I cannot comment on what discussions or negotiations have gone on between the Deputy First Minister or any other member of the Scottish Government and the Big Lottery Fund. All that I can talk about is what we have done directly. We have had a series of meetings with the Big Lottery Fund and we are doing everything that we can to persuade it that it should really get behind that.

There is an inevitability. Eventually, the Big Lottery Fund in Scotland will come round to doing something about mitigating the worst impacts of welfare reform. It is possibly not yet fully aware of the impact that welfare reform will have on some of the poorest families and communities in Scotland. Our job is to try to get that message across to it. As far as I am aware, it has not yet reached a conclusion on that message, but I know that it is actively considering it.

Alex Johnstone: You mentioned earlier that Citizens Advice Scotland has been talking to the Government about support. I am concerned that I am hearing that there are bilateral talks involving the Government and the Big Lottery Fund, but there is not a triangular arrangement. The three groups are not working together.

Margaret Lynch: You will find that Citizens Advice Scotland has consistently argued for improved levels of co-ordination among the Scottish Government, Citizens Advice Scotland, the Scottish Council for Voluntary Organisations, the Convention of Scottish Local Authorities and the Scottish Federation of Housing Associations. In fact, the Deputy First Minister has given us the go-ahead to convene a co-ordination group at that level.

Part of the problem with welfare reform is that there is not a single public sector or voluntary sector organisation in Scotland, perhaps outside environmental organisations, that could claim that welfare reform will not have a direct impact on its work. Therefore, part of the problem in trying to achieve a level of co-ordination is in getting a small enough group that can meaningfully work together and using it to reach out to a broader set of stakeholders. That is absolutely the course that we are pursuing.

The Convener: I know that questions have been directed mostly at you, Margaret, but I would like to ask you something specifically about CAS.

In the letter that the cabinet secretary wrote to me yesterday to announce the funding, she referred to a fund of £300,000 that would be administered through the Scottish Legal Aid

Board. Are you aware of that? Is that normal practice? What is that £300,000 for?

10:45

Margaret Lynch: I think that I might be in possession of different information. I can tell you the indication that I have been given but I do not know how much of this is definite yet. First of all, £300,000 was to be made immediately available to advice agencies to increase the number of hours of advice provision. I think that that has to be spent by 31 March. I do not think that that was to be administered by SLAB.

As for the remaining moneys, there was a fund, which was to be administered by SLAB, to which any advice organisation in Scotland could apply. That model has been used before. I know that CABx routinely apply to SLAB. For example, some money was available to SLAB to mitigate the worst impacts of the credit crunch and a number of our CABx managed to get funding for in-court advisers, which I think was to help people who were under threat of losing their homes. As far as I am aware, that is the model.

Beyond that, there is the intention of having a separate fund that the Scottish Government will decide how to disperse over a two-year period. There is keen anticipation on behalf of CAS that we will secure a significant amount of that money.

Sarah Flavell: We have just secured a grant from SLAB of about £260,000 over the next three years to provide, as Margaret Lynch said, in-court advisers. We have been able to take on two new advisers and SLAB has provided some IT equipment, generally for the money advice side, which helps people facing evictions and repossessions and so on. SLAB is being very supportive of us.

I guess that we were slightly in competition with CAS in Aberdeenshire, which also applied for a grant. However, because Gordon Rural Action tends to provide quite a lot of the money advice in our area, SLAB gave the money to us. It has been very good.

The Convener: That helps to clarify some of the detail behind the announcement.

Kevin Stewart (Aberdeen Central) (SNP): I welcome yesterday's news. I know that organisations have lobbied very hard and I am glad that there has been a pretty good outcome.

I am afraid that I will pick on Margaret Lynch to begin with. You said about the funding package that it would be much easier to deal with things if you knew how much you were getting over a two-year period. I am sure that the committee will take cognisance of that.

You talked about the lack of transparency from the DWP. That must affect your organisation and the others, too. How is that lack of transparency holding you back when it comes to your planning for the next few years?

Margaret Lynch: The changes that are being experienced at the moment are already big and stressful enough, and we are struggling to cope with them. The change that we really fear—I use the word advisedly—is the move to universal credit and PIP. What I really need from the DWP is an idea of how that will be rolled out in Scotland. In England and Wales, the DWP has been sitting with our Citizens Advice colleagues and has shared the risks and issues register with them. My colleagues tell me that that has been a really helpful tool in enabling them to put in place their planning. They know what issues the DWP has identified as problematic and they can factor that in to the service provision that they are planning.

Some of this is quite high level and some of it is dead practical. On a practical level, it would help if we knew when letters are to go out and what they will say. That applies to local authorities as well as to the DWP. Typically, people are sent a letter—for example, on the bedroom tax—and they then go into freefall, so we have a queue as long as your arm at the local CAB. If we knew when letters were to be issued and what the content was, that would allow us to do two things. First, we could do a wee bit of preventative action in the local press to say what is going to happen and that it is not anything to worry about. We could set out the various organisations that can provide front-line advice and give numbers that people might want to phone. Secondly, in the weeks before the letter was issued, we could vire up our numbers by calling in extra volunteers and getting all hands to the pump. At present, we tend to be blindsided when these things happen, because we do not have the information. Co-ordination on that would surely help the DWP as much as it would help us.

At the practical level, information sharing is important. At a strategic level, sharing the risks and issues log would help. Down south, that is done on a completely confidential basis—my colleagues down south give an assurance that they will not disclose the content of the risks and issues log. The access to the log helps them significantly in the planning process.

Kevin Stewart: Why does that not happen in Scotland? Has the DWP cited reasons for that, such as data protection legislation?

Margaret Lynch: I told Richard Cornish about the access that my colleagues have in a meeting that I had with him last September—I think it was then, but I am a bit vague about the date. He said that the DWP would look into the issue, but nothing has been forthcoming and no real reason

has been given. It would be interesting to find out whether the Scottish Government has access to the DWP's risks and issues log. If the Scottish Government has access, it could tell us what things we should be looking at—I do not need to see the log in front of me.

Another piece of advice that I would give the committee is on the Dunedin Canmore pilot project in Edinburgh. The whole point of that project was to be a learning exercise that would allow us to capture the learning so that we could work out how best to support people. However, the phrase "tight as a drum" does not do it justice. I have spoken to a number of my colleagues about the project and have been told informally—I do not know how accurate this is, but it is the word on the street—that the DWP has told Dunedin Canmore not to be open about what is happening in that pilot.

Public money is paying for the pilot and the DWP must be held accountable in the same way as any other Government department is. It would do us a great service if the committee could get the Dunedin Canmore chair or chief executive to come to a meeting along with Richard Cornish from the DWP and really rattle their cages so that the learning from that project is shared with all of us. That is important. What is the point of a pilot project if we do not capture the results, share them and use them in forward planning?

Kevin Stewart: Convener, we should write to the Scottish Government to ask whether it has access to the risks and issues register. We should try to find out the difference between what is happening south of the border and here in that regard. I have a funny feeling that we will probably find that the Scottish Government does not have access to the register, because it seems that we do not have that level of openness and transparency. We have already been to Dunedin Canmore, but it would not be harmful to revisit that issue or to take evidence on it.

On the issue of building a plan for the future, could Jane Smith and Sarah Flavell give us an idea of how that lack of transparency would hold back the local authorities and the likes of Gordon Rural Action?

Sarah Flavell: We have been thinking about providing more budgeting training for some of our clients, because they are going to move from a fortnightly payment to a monthly payment. Some of our clients already struggle with budgeting for two weeks at a time and there can be problems when people who do not have much money get it given to them once a month and also have to pay their rent directly, as the money will not go directly to the landlord. A lot of our clients do not have bank accounts. They have a Post Office card account, which means that they will have to collect

a large amount of cash once a month from the post office and head down to the council with it or pay their landlord with it. They will need quite a lot of help with that.

The Welfare Reform Act 2012 says that vulnerable clients will be able to ask for help with their money or to have their rent paid. Unfortunately, the word "vulnerable" has not been defined, and we cannot find out who will be vulnerable. That means that we will have to give training to all those whom we think might qualify for help. That could mean that we are spending money that we do not need to spend teaching people who might, in the end, be considered to be vulnerable and will not need the sort of help that we are providing. That is one specific way in which we will be affected.

Jane Smith: Leaving aside the issue of transparency for a minute, at all of its presentations on welfare reform, the DWP talks quite rightly about the need for advice and support. It has a list of bodies that provide or fund advice and support, and the DWP is at the bottom of it, not at the top. There is a recognition of the need for advice and support. I think that the DWP is not the best organisation to be directly providing support, but it should be funding it, since it is generating the need for it. However, it is not.

The Dunedin Canmore project is interesting. It showed up the need for one-to-one personal advice and support. I cannot stress that enough. It was clear that it started with the people whom it did not envisage as having problems with a move to monthly payments and so on—in other words, those whom it thought would find the move easy—but it still found a need for one-to-one advice and support. It has recognised that there are some people who simply will not cope. The information that is out there is quite clear about the fact that there is a need for a high level of direct support.

Sarah Flavell made an important point. There is a need for what we might loosely call integrated advice. It is not just about people's benefits rights; it is about linking in and providing associated money advice. The tragedy for many people is that, although we would like decisions to be challenged, often that cannot be done and, instead, we have to help them to manage the unmanageable, to put it loosely. That is a terrible thing to say, but that is the situation.

In the broadest sense, there is a need to challenge decisions. Everything that we are dealing with is enshrined in law, so how that law is interpreted is incredibly important. Three of my colleagues will be at the upper tribunal on Wednesday, with three judges, considering a particular aspect of employment and support allowance. If that appeal is successful, that will

benefit tens of thousands of people, if not hundreds of thousands, across the UK.

We need to challenge decisions on an individual basis but also at the level of the upper tribunal, which appeals representatives do. That is important because those decisions affect how welfare reform works or does not work in real life.

11:00

Kevin Stewart: I have a question for Muriel Mowat on advocacy. You said that some services are overwhelmed with housing benefit cases at the moment. We are aware that there are different levels of support for advocacy in different areas. How will the areas where advocacy is poorly funded cope with that additional burden? Where is there not enough investment in advocacy?

Muriel Mowat: In areas where there is not enough investment, I do not know that the advocacy organisations will cope. Organisations report that they have increasingly to stick stringently to their access criteria. That might mean that somebody can access advocacy support if they have a mental health problem or a learning disability, but that those who do not have a diagnosed mental health problem, for example, cannot.

Advocacy funding varies around the country and from local authority area to local authority area. Organisations report to us that their budgets are being squeezed ever tighter because the access criteria in their service level agreements are being broadened so that, in theory, they can advocate for more people. However, in practice, they are also asked to prioritise statutory duties. They may have to prioritise attendance at mental health tribunals if they have a lot of referrals for those, and so would not be in a position to support somebody in a medical assessment, for example, but would have just to pass that person on to advice agencies.

An organisation in Ayrshire reported that it was getting increasing number of referrals via other agencies, community psychiatric nurses and addiction agencies, who were all telling their clients to go to the advocacy organisation because it would be able to help them. However, it cannot.

I do not have figures for relative funding with me. However, that information is available on our website, because we produce a biennial map of advocacy provision. That said, as with any data along those lines, as soon as the analysis is finished, it is out of date. The most recent map covered up to April of last year, and I know that there has been quite a bit of change since then.

Kevin Stewart: Thanks for that. Advocacy provision in Aberdeen and Grampian is not as it should be, in my opinion.

The need to access benefits through the internet obviously causes your clients quite a bit of difficulty. I have also heard—I do not know about other MSPs—about duplication of correspondence; often, the same letter is sent twice. I do not know whether you have come across that but, from my experience, it has a real knock-on effect, particularly for people with mental health problems. Have the witnesses' organisations come across that situation?

Muriel Mowat: That has not been reported to us, but it is interesting. I will go back and ask the question. Given the reports that we have had about the anxiety that is generated when people get any kind of communication, I anticipate that there will be a negative impact if they get the information twice.

I am sorry, but I have forgotten the first part of your question.

Kevin Stewart: It was about online applications.

Muriel Mowat: There were reports from a number of areas that many advocacy organisations' clients do not have access to personal computers, as you said. They do not have PCs at home and are not accustomed to using libraries. They might go to an advocacy or advice organisation, but their unfamiliarity with online applications creates anxiety. One organisation reported that the time that it spends supporting people to make online applications has increased substantially. The lack of flexibility in the approach is a major issue, which is creating more problems.

The Convener: I will say, because Kevin Stewart raised the issue and witnesses have mentioned it, that the committee visited Dunedin Canmore Housing Ltd. As I understand it, although the organisation has not quite signed the Official Secrets Act, its being part of the pilot scheme is shrouded in secrecy and it is obliged to retain information. When we met the organisation, the situation was not quite Chatham House rules, but it went to great lengths to ask us not to share the information widely.

Linda Fabiani (East Kilbride) (SNP): It should get beyond that.

The Convener: There is a degree of secrecy. Given that we are talking about Government money that is being spent on welfare reforms that are having such an impact on people, it is disappointing that the information is not out there to help the people who will be affected. We might be able to take up the issue in another way.

Annabelle Ewing (Mid Scotland and Fife (SNP)): I thank the witnesses for coming. It has been helpful to hear about your experiences in detail, because the committee needs that information to do its job.

I was struck by what Jane Smith said about the DWP being at the bottom of the list of advice providers—there might be a feeling that that is where it should be. The point was also made that the DWP should, given that it is creating the demand, pay for the advice that is required to meet that demand.

It is regrettable that welfare matters are currently reserved to Westminster. It might interest Alex Johnstone to hear that, last week, further to a written question in the House of Commons on whether there will be additional UK Government funding for advice, the answer was an unequivocal no. That makes clear the UK Government's perspective on the importance—or otherwise—of advice.

The report from CAS raised issues of which I am sure all the witnesses have experience. I was struck by what was said about the role of Jobcentre Plus and what it does and does not do—in particular the case study of the client in the west of Scotland, who, when he said that he wanted to apply for jobseekers allowance,

“was told at the Jobcentre that he had to apply for JSA either over the phone or online and that were no other ways to apply.”

The client could not apply by phone, because he had hearing difficulties, and he had no access to the internet. In fact, a paper application can be made, but that information was not forthcoming from Jobcentre Plus, which is a cause for worry.

In another case study about a person who wanted to apply for jobseekers allowance, this time in the east of Scotland,

“The client was handed a card advising her to go online to complete a claim form. The client informed the Job Centre staff member that she did not have a computer or a phone. The Job Centre staff member advised the client that this was the only way to make a claim.”

Of course, it transpired that that is not the only way to make a claim.

That is already an important issue with a huge knock-on effect on the excellent services that are provided by the panel's advice organisations. As we move to the next stage, where online application will become absolutely the norm with only a few exceptions, how will anyone be told of those exceptions if they are not even told at the moment?

Another issue that is highlighted in the CAS report is the tremendous difficulty in getting through to the helplines, which are apparently

provided by the UK Government for UK reserved services. The report refers to

“waits of up to 40 minutes”.

Another example, which relates to a Her Majesty's Revenue and Customs helpline, is that

“The adviser called the Crisis Loan helpline at 10:45 and received an answer at 12:05. The helpline adviser would not allow the bureau to speak on behalf of the client and, in spite of her answering a number of security questions”—

answers which would have indicated that the CAB adviser had a mandate to deal with the issues—

“he terminated the call without any warning”.

That relates to a service that is reserved to the UK Government, in respect of which those customer-facing agencies are supposed to deal with the public in an appropriate and satisfactory manner. I was very disturbed indeed to read those case studies. If that is the position at the moment, goodness knows what we will see in a few years.

As that report was provided by CAS, perhaps Margaret Lynch will comment. If anyone else wishes to add their personal experience, that would be very helpful.

Margaret Lynch: You are absolutely right. We are receiving a growing number of reports from citizens advice bureaux about people being given incorrect information and advice by Jobcentre Plus staff on the need to make online applications rather than telephone applications. At my forthcoming meeting with Richard Cornish, I want to talk to him about how the DWP monitors and ensures the quality and standard of the advice and support that its people provide. It certainly makes it very difficult for clients, who may have no telephone in their own home or no online access, to be given incorrect advice.

Another area that is causing massive problems across the board is the arbitrary application of sanctions by Jobcentre Plus staff. We had a case involving a mother and her son who both faced exactly the same situation, but the son was sanctioned while the mother was not. As the facts of the cases were exactly the same, it was inexplicable to us why one was sanctioned and the other was not.

To be honest, the arbitrary application of sanctions is such that, where people forget to bring their diary with them, at one jobcentre they will be sanctioned whereas at another jobcentre they will be told to come back with it in the afternoon or to bring it with them to their next appointment.

With the consequences of receiving a sanction becoming ever more severe, we need to put a lot of pressure on the DWP to ensure that there is at least some consistency in application of sanctions.

Arbitrary decision making in administration is just not acceptable. Most of our clients whom we refer for food parcels and who are in extreme destitution are people who have fallen foul of the arbitrary sanctioning regime.

I never thought that I would see the day where we need to put in place services to support our advisers because they are reporting to us that the stress that they experience as a result of dealing with people who are in destitution and deep distress is more than they can cope with. It is one thing to have to cope with stress if you are being paid, but our advisers are volunteers. Fairly recently, therefore, we have put in place a referral service so that our volunteers can get access to counselling.

11:15

Another thing that we are putting in place for our volunteers is suicide awareness training. On one level, I fully accept that that is a necessary and responsible action for us to take but, on another level, I think, "How is it possible, in the 21st century, in an advanced capitalist economy, in one of the richest nations in the world, that we have to have volunteer advisers trained in suicide awareness because the welfare state has been ripped asunder?" I find that difficult to accept or understand. That is part of what we are having to deal with.

The law is there and cannot be changed, but the arbitrary nature of the sanctioning regime can be addressed. In addition, Jobcentre Plus can ensure that its front-line staff are aware that people can make a paper application for the benefit. It is their job to facilitate that—they are civil servants who are paid from the public purse and it should be ensured that they facilitate the processing of such applications, regardless of whether they are made over the phone, online or in person.

Sarah Flavell: You asked for specific examples. There are one or two 0800 numbers, as you know, but most of the numbers that we have to call for the DWP are 0845 numbers. I work 10 hours a week as an adviser and I estimate that I spend at least four of those hours listening to the music on one of those 0845 numbers. There is a 13p connection charge and a charge of 8p a minute. I might spend 40 minutes making an application over the phone while the client is sitting there—supposing that the client knows that I am there to help them to do that. The charges that I mentioned are land-line charges, but if the client had to use their own phone and it was a mobile, the charges would be higher.

Most of our clients have to sign on by post because the jobcentres in Aberdeen and Buckie are 60 miles apart. There are two buses from

Huntly, where I work most of the time, to Buckie; it costs £15 return. If the jobcentre has to get someone to go there, it has to pay those expenses. Once you get there, you will be told that the application has to be made on the phone or online—we have been told that many times. It is only because I know that an application can be made on paper that I can insist that I be sent a paper copy. It happens all the time. I do not get paid, as Margaret Lynch said, but I waste quite a lot of my time listening to "The Four Seasons" over and over again—I hear it in my sleep—when I could be using those four hours to help someone else. I cannot believe that there is not a better way of doing it.

The same will be true of online applications. As we have said, many of our clients do not have computers and would not know how to use them if they did. Some of them are frightened of computers. The cost of being connected to the internet is not a priority for someone who lives on £71 a week.

Annabelle Ewing: Another issue that I noted in that respect was that the CAS report says that an appointment is apparently required for use of the computers in a Jobcentre Plus office to search for jobs. I presume that the report is referring to a central Scotland Jobcentre Plus office, as the report says that the issue was identified by a central Scotland CAB. Is there a waiting list to use computers in Jobcentre Plus offices? Those offices are paid for by the taxpayer to provide assistance to people who are trying to find a job. To me, it is all a bit Kafkaesque.

Jane Smith: I can comment on the computer situation. By and large, there will be one or maybe two available for claimants in any given Jobcentre Plus office. There will be an appointments system because of the number of claimants in the area that the jobcentre serves, which is a result of the number of local offices being cut. One computer is slightly better than none, but we are not really going anywhere with that level of provision.

Anyone who does face-to-face advice will echo Sarah Flavell's point about the time that is spent on the telephone. The situation is utterly horrendous. There is a very long wait to get through and the security questions are such that they are occasionally failed by claimants, not because claimants are stupid but because the security questions are difficult. I might struggle with some of the security questions on occasion if they were asked about me. Sometimes the questions are okay, but they are sometimes not. If someone fails the security questions, they are timed out and are back to waiting for half an hour or whatever.

I dealt with a person whose benefit had been stopped and who was in so much distress and had

such great difficulty in articulating that I could not tell whether she had a learning difficulty or whether she was merely depressed and hungry. We were in a local authority social work office. The admin staff brought the woman sandwiches, which was just as well because it took about two and a half hours to get through on the phone. Her benefit had been stopped because the person she was caring for had died. She had been to the local jobcentre, but the staff there told her to go away and sort out her housing benefit. She went back and ended up with us. However, as I said, it took well over two hours to find out what the problem was, get an appropriate benefit claim made and access a crisis loan. It takes at least two weeks to get claims processed.

I know that CABx will have exactly the same problems as we do in that regard. We get referrals from Jobcentre Plus and our members currently deal with those. People see their personal adviser about whether they are fit for work, how fit for work they are or whatever, and the personal adviser tells them that they need to go to welfare rights or wherever and get them to write to Jobcentre Plus because the person is in the wrong group. I am pleased to think that we are good. We are very good; we are brilliant and we are what people need. However, that kind of advice is ridiculous. If the personal adviser thinks that someone should not be sitting in front of them crying, shaking or whatever the situation is, they should be able to deal with it, but they cannot.

Margaret Lynch made a point about sanctions. Another factor is that there is a very short turnaround time. We would certainly echo the point about feeling that randomness is involved in who gets what sanction and why. That matters because if someone appeals, it could be six months before the appeal is heard.

On people being asked to provide information about, for example, why they did not turn up for an appointment, a person might say that it was because they were in accident and emergency. The person has three to five days to respond to the request for information. If they need to see an adviser because they do not understand the letter, or because they are afraid or because the letter came out at the same time as a letter saying that their benefit will be stopped or a letter about their housing benefit, how do they get to see somebody—while having to pay high bus fares to get there—and get an appointment immediately with advice services?

Everyone around this table would struggle with getting an emergency appointment. Historically, that was not such a big problem, but I am sure that everyone now is, in effect, having to build in a system for dealing with emergencies. If someone

has no money, the problem is that it is not a quick fix and it takes a long time.

Annabelle Ewing: Thank you. I will make one comment. Again, it is very helpful indeed to get such specific information from the front line, but the comment that I would make is that the staff in Jobcentre Plus work to the direction of DWP management. It is important to make that point. It is a question of what the DWP at higher levels is asking its Jobcentre Plus staff to do—or not to do, as the case may be. That is a very important question and one that I would certainly like to pursue, because it seems that the management side of things is pretty poor and that there is a lot of wastage in the system, even in how offices are managed. That needs to be looked at. Again, it is regrettably still the case that that matter is reserved to another Government.

John Dickie: I want to reinforce that wrong advice is being given by Jobcentre Plus staff. We hear about that on our casework support advice line, with which we provide casework support to front-line advisers who struggle with issues. Quite often, those advisers are struggling because they are being told by Jobcentre Plus staff that the information in the case that they are making is wrong, so we end up providing legal support and advice to back up that case.

We have regular liaison meetings with Jobcentre Plus and feed back to it when there is a pattern of wrong information being given to us. Too often, the problem is that the law gets reiterated to us—we certainly do not see action on how decisions are made or how front-line staff provide information.

With the introduction of universal credit and wider welfare reform, an increasing level of discretion on decision making is being introduced into the system. There is some scope for us to try to influence the culture of decision making in Jobcentre Plus in Scotland, through relationships between Jobcentre Plus and the Scottish Government, local authorities and third sector partner organisations that are working locally. We can try to inform, influence and support a culture of decision making that is not just accurate but is in the interests of the communities who use the services. We can think more about how we can influence that culture. Evidence in the past has shown that Jobcentre Plus decision making varies across the country, so we want to make sure that we vary it in the interests of individuals, families and communities here, in Scotland.

Iain Gray (East Lothian) (Lab): The evidence is overwhelming that the pressure on advice agencies is growing and is likely to get worse as further reforms are introduced. It is a mixed economy and I would like to ask Jane Smith about what is happening in local government welfare

advice services. Have local authorities recognised the additional pressure and put additional resource into those services, or have they cut them back in line with the financial pressures that they face?

Jane Smith: There is a mixed picture. Historically, local authorities have been under huge financial pressure, so advice services have suffered—as has everybody. However, in the context of welfare reform a number of local authorities have attempted to put in additional resources. I would need to get back to you with the detail of that, but it is a mixed picture and there have been responses to welfare reform.

Iain Gray: This is kind of the opposite of a point that Margaret Lynch made. Although her point was legitimate, the converse is also true. Is there a danger that the local authorities that are dealing with their budgets and seeing £5.4 million being given to third sector advice agencies might then think that they can cut their advice services?

Jane Smith: I certainly hope not. Scotland in particular shows the need for a mixed economy of advice services. The other witnesses and I were laughing before we came in, because historically there has been a tendency to have what you might call healthy competition, which has worked quite well. At the moment, people are under so much pressure that there is co-operation to deal with the on-going crisis. I think that that is the pattern across the board.

I certainly hope that local authorities do not do what Iain Gray described—it is not a solution. People give different types and levels of advice, all of which are needed. There is a role for everybody and we are not short of work; nobody is fighting for work, here.

John Dickie: We are talking about advice and information and the specific response to welfare reform. There is something to be said about how we better encourage, support and hold to account local authorities, their partners and bits of national Government on ensuring the delivery of advice and information services that are critical to meeting agreed Scottish Government objectives on the child poverty strategy, a key theme of which is maximising resources, and the national anti-poverty strategy, “Achieving our Potential”, which has income maximisation as a key theme. Local authorities and national Government have already signed up to commit to those strategies; income maximisation advice information is a key part of those strategies.

11:30

What may be missing at the moment is a robust mechanism for ensuring that local authorities and others are able to demonstrate how they are making sure that local decisions about funding are

being made that prioritise advice information services and other services in order to ensure that families are getting the financial support to which they are entitled. That mechanism could be stronger, to say the least. On the single outcome agreement process—on the whole community planning process—we need to find a way of being a bit more robust about ensuring that those decisions are being made at local level.

Sarah Flavell: I mentioned earlier that, last year, Aberdeenshire Council commissioned a big review of advice services in the whole of Aberdeenshire, to which CAS, our organisation and various other organisations were invited. Initially, we were nervous that the council was trying to find a way to cut the amount of money that it was spending on advice services. However, the outcome was that the report from the outside consultants that the council commissioned to do the review was very supportive of the amount of client financial gain and help that we brought to the clients. The report said that the council should be more supportive of such services so, hopefully, if the council was given some more money, it would filter it out to advice organisations.

Iain Gray: I think that that is absolutely right. My question was very much along the lines of thinking that local authorities should be scrutinised to ensure that they are delivering support for advice services.

Also underlying my question was something that relates to what Margaret Lynch said about the pressure on advice workers, particularly when facing people in such appalling circumstances. She said that it is one thing to do that if you are paid to do it, but another if you are a volunteer. Whether it is by accident or design—my suspicion is that in other parts of the UK it might be by design, but perhaps it is by accident here—are we shifting the burden of providing these required services away from paid professional staff in local government to volunteers because of financial pressures? Is there a danger that local authorities will feel that they can provide the services that they are required to provide more cheaply by asking CAS or other advice agencies to provide them? That would not be good.

Margaret Lynch: I agree with you that it would not be good. I do not think that there is any evidence to suggest that that is the case.

I want to respond to a couple of things that you said. There is an area for improvement that has not been caught. It has been caught in some places, but not generally. There is not enough joint planning—

Iain Gray: You said that you convened a meeting of 23 agencies. It struck me that that is an awful lot of agencies to have to pull together.

Margaret Lynch: It is a lot.

There is a key role for local authorities to provide a bit of leadership on advice services—Aberdeen and Glasgow have done it. Other local authorities need to have a review of advice services, look at where the need lies and then develop an advice provision strategy. They could use us and other independent advice agencies as partners and people who provide second-tier advice could be part of that.

There is too much competition going on—there are too many sharp elbows. There is not enough collaboration and there is not enough thinking about who we are here to serve. We are here to serve the people who are experiencing pain and facing dreadful circumstances. We should be starting where they are and planning back from that rather than thinking in institutional terms about paid versus unpaid staff, or in-house local authority services versus CAB, or CAB versus other independent advice services.

It should be about what the need is and how we can best meet that need. That conversation is happening in some places, but it is not happening across the board. It is not knitted into how we do our jobs, but it really should be—not just in relation to advice provision but in relation to everything else as well.

For example, one local authority—I may have named and shamed it at a previous event; I will not do that again, but you will all know the authority that I am talking about—announced, on a Tuesday, an additional £750,000 for advice provision to mitigate the effects of welfare reform. I was at a Scottish Government meeting with Stephen Kerr—the guy who is seconded from the DWP—to look at welfare reform. He asked me whether I knew anything about that. I said, “No, it’s news to me. I think it’s great news—it’s brilliant and we are delighted.” Have we been able to arrive at a situation in which we can sit down and talk to the council about how to deploy the resource—it is an in-house resource, which is fine—and what we are doing and what the council is doing and how to put that together to maximise the benefit for the people in the area that it represents and we serve? That conversation has not taken place and, to be honest, I do not understand why. Part of that is the “That’s no how we dae things here” approach. That absolutely must change. All of us need to be challenged on how we maximise benefit for the people we serve to show that we are using our resources wisely.

CAS has a lot of resources that support our advice provision, including IT and a website. We make sure that our volunteer advisers have access to up-to-the-minute references to ensure that they provide consistent and accurate advice. Every local authority must do the same, which is a

wasteful replication of a resource. If we were all using the same information source and maintaining and sustaining that, we could automatically release resources for front-line advice. There is low-hanging fruit to be picked and there are a lot of gains to be made. However, there needs to be a culture shift towards collaboration and co-operation and a focus on the people whom we are here to serve, rather than the institutions that we are here to protect.

Iain Gray: With respect to best serving the people who need that support most, I was interested in the CAS briefing, which says that 61 per cent of appeals were successful in which representation was provided. That is an area in which the support that advisers give must make a real difference. Do you have a comparative figure for successful appeals in which claimants are not represented? Perhaps that is a difficult figure to get hold of.

Margaret Lynch: I think that you would have to ask the DWP for that figure.

That could be the fruit of better collaboration. We are providing an awful lot of first-tier advice, but we are struggling to do that. Part of the resource that I hope we will have from the Scottish Government is to train people in other organisations so that they can provide that front-line advice, which will help us to be more efficient. We can then vire more resources into, for example, representation at tribunals, because that creates the larger client financial gain.

There are benefits to be had from collaboration and co-operation. Local authorities fund the local CAB and their own in-house services, so they are absolutely in the right place to drive that at a local level. We will do everything that we can to support that collaborative approach at a national level. We work well with CPAG and a number of other agencies, which is a collaborative model that I want to foster.

Jane Smith: That view of collaboration sounded doom-and-gloom laden. Collaboration can always be improved. I do not know what local authority Margaret Lynch is referring to—she can tell me later, and we will perhaps have a chat about it.

Kevin Stewart: We can tell you, too. [*Laughter.*]

Margaret Lynch: The thing is that it is not the worst.

Jane Smith: I do not think that that council is the one that I work for. I hope that it is not—no, it is not.

In our experience, there is a lot of collaboration on the ground. It can always be improved, but there is already a lot. I take the point about local authorities not doing it but, by and large, they do co-ordinate their advice service provision. They

look at having a mixed bag and they look at funding. One size does not fit all, so Rights Advice Scotland accepts that we cannot do everything. We are very good at what we do, but we accept the need for other people.

At times we need different sources of information. All local authorities buy CPAG publications, as far as I am aware. If they did not do that, Rights Advice Scotland, on behalf of our members, would complain about it, because they are good resources. We also use online resources and so on.

There are referrals back and forth between citizens advice bureaux and local authorities, so those things are happening. I would agree about scoping exercises, but I would want them to be done positively and to build on what is good, because there is some good stuff out there. There is a lot of co-operation. We have to focus on a problem to solve it, but that does not mean that we do not start with what is quite good.

On appeals, there are statistics from Jobcentre Plus about unrepresented claimants. I am struggling to remember, but I think that it is something like—

Margaret Lynch: I might have the figure here.

Jane Smith: Do you have it handy? The success rate for people who are not represented is very low. Across the board, people do far better if they are represented. If we had the money, it would be interesting to do a bit of research into that. I suspect that someone whose representative is their granny will still do slightly better than an unrepresented person, but what they need is a trained adviser. That much is clear. Everybody trades success rates at appeal, and they are all very high when people are represented. One small authority does 80 appeals in a month and it has a high success rate. The problem is that, with ESA appeals, they come straight back in again.

The plus side of better co-operation, which happens across the sector, is the sharing of information. Rights Advice Scotland was formed essentially because of a need to trade information. In areas such as appeal representation, we need to know about test cases. If we do a test case in Inverclyde, it will benefit Glasgow, Edinburgh and Dundee, and vice versa. People share a lot of information, and they share training and so on. It is important to build on the good things that are already there.

Iain Gray: On ESA appeals and work capability assessments, the committee will look later into evidence we have heard that 50 per cent of those reviews take place because GP evidence does not come in on time. Is that your experience? Do claimants have difficulty in getting the information

that they require from GPs in order to pursue their claim?

Sarah Flavell: I can address that. Something that has come up recently is that GPs have started charging quite a lot of money for those reports, which used to be free. It is not standardised. An understanding GP will give someone whatever they ring up and ask for—they will just say, “Yes, I’ll send it to you”—but others charge up to £100 just to provide evidence to take to the appeal.

We pay one full-time welfare rights adviser—it is actually two people who share a job—and of the 13 ESA appeals at which they represented people between April and December last year, they lost only one. They do the work to get reports from GPs. It is difficult for clients to do that themselves as they could not afford to pay for it. The cost can be anything from £20 up to £100, and even then GPs do not always provide the report as a priority. It can be months before they send it out. That is definitely a problem.

11:45

Margaret Lynch: There is also an issue with the stage at which medical evidence is called for. It would make more sense to call for it at the assessment stage rather than the appeal stage, which is what happens at the moment.

The Convener: The issue was clarified when we met Atos—and indeed we are going to take further evidence on it, because we are concerned about it. We were told that, when assessments are looked at, a letter is sent to the GP at the outset and that most successful appeals are successful because information that had not been provided by GPs at the outset of the process is provided after the assessment. The committee has raised the issue and is very concerned about it.

Margaret Lynch: We will certainly make that a feature of our front-line report and gather our evidence on it. I think that the situation is pretty patchy; some places are better than others.

The Convener: It seems to come down to individuals as well.

Margaret Lynch: I had a very interesting conversation with John Legg, the chief executive of the Royal National Institute of Blind People Scotland, who said that some of his members who have never had and never will have sight are still being called every six months for a medical assessment. When the RNIB challenged that, it was told that that was happening because some day some invention might miraculously help people. That is all well and good but what are the continual assessments of these people costing the public purse? It just seems to be another area

where public money is being flushed down the toilet pan.

The Convener: Jane, could you make your comment brief? We are running way over time.

Jane Smith: I will be very brief, convener. I am certainly not here to defend Atos, but I have to say that it seeks information fairly regularly. If you receive a set of appeal papers, you will also see a copy of a request for information from a GP. It might be worth the committee finding out what Atos habitually asks about on that request. It seems to be very brief and basic and simply asks, "What are you treating the person for?" whereas the report by the nurse or other healthcare professional from Atos, although viewed by claimants as wholly inaccurate, contains on the face of it a lot of information. Atos makes requests, but the question is what sort of information it is seeking.

Another interesting point is that GPs in many areas have started charging to try—I suspect—to put people off making requests. After all, they are very busy; indeed, the papers for this meeting include a report on that very subject. GPs' responses to Atos's requests for evidence are patchy, but the fact is that those requests are not seeking the right kind of evidence.

The Convener: We have spoken to Atos and will take evidence from GPs on this matter, because we are concerned about it.

Annabelle Ewing: Can I ask a quick question about this issue, convener?

The Convener: I would rather that you did not, because we need to move on and some members have not yet had the opportunity to ask questions.

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): First of all, convener, I must apologise for turning up late. I had to deal with a cancelled train.

You will also be glad to hear that, as much of the area that I wanted to deal with has been covered, I have only a number of quick, straightforward questions. Margaret Lynch suggested that she could supply us with a useful list of questions for the DWP. I feel obliged to point out that we are struggling to get a DWP minister to come before us, but can you give a commitment to provide what I think would be a very useful list?

Margaret Lynch: No problem. We would be delighted to do so. Can we have ringside seats at that meeting?

Jamie Hepburn: If there is a contest, I am sure that you will be able to come along. As I have said, I think that those questions would be helpful.

I also picked up a slight difference of opinion about the amount of collaboration between local authorities and some third sector organisations. Of

course, that might be because the situation is patchy and some local authorities are better at that kind of thing than others. Would the witnesses find it useful if the committee wrote to every local authority on this matter? This might give Jane Smith a clue to the local authority that Margaret Lynch was talking about, but I certainly think that it would be interesting to write to at least one if not all the local authorities about this. Would that be a productive move?

John Dickie: I think that that would be helpful. From the point of view of individuals and families, wherever they get their advice from—whether from a local authority, a voluntary organisation or a front-line health worker—they need decent-quality and accurate information or signposting. I suppose that local authorities have a specific role in ensuring that, when funding decisions are made, whether about in-house or external funding, they fund a decent network of advice and information services at the local level. From that point of view, that exercise would be very helpful.

Jamie Hepburn: Finally, there is a question that I did not intend to ask until Sarah Flavell mentioned a case in which a general practitioner charged £100 to provide supplementary information. I do not know how many such instances she is aware of.

Sarah Flavell: It was £96.

Jamie Hepburn: It was £96—okay, let us be accurate. That is a lot of money to request in the circumstances. Is that common? Can you provide us with some background information about that?

Sarah Flavell: The council has a general recommendation that, if there is going to be a charge, it should be in the region of £23. Sometimes we can claim that money back from the council.

GPs are responsible for deciding whether to follow the guidelines. Some GPs who are very supportive of what we do will simply say, "You can have anything you need for nothing." In a particular instance, the GP just said, "I haven't got time to do it," and then said that the report would cost £96. We had to pay that because the client did not have the money. If we did not have that report, perhaps we would not have been successful in the appeal.

Jamie Hepburn: I am sure that that will inform a productive line of inquiry in our next session.

The Convener: Absolutely.

Linda Fabiani has a quick question.

Linda Fabiani: Yes—it is fairly quick.

We started off the session by talking about the latest tranche of additional money that the Deputy First Minister and the Government have managed

to find. I think that that was announced only yesterday, but I know that some of you have lobbied for it and talked about it for a long time. I am looking at the breakdown of the immediate £300,000 for services for this financial year, which was discussed earlier. There is the new fund and the £3.4 million to be spent on mitigating the impact of welfare reforms. I think that that is a bid-in fund.

For what kinds of work will applications be made? I think that the money is the third tranche of money that the Deputy First Minister has found to mitigate the terrible effects that are coming from Westminster. One starts to worry somewhat about simply shoring up a dyke that is falling down and cementing the wall. What do you think about how things are going forward with the additional money that has been granted, what you can do with it, and your respective organisations' capacities to cope with what is coming?

Sarah Flavell: I think that we have mentioned several times that the first thing on our list that we would apply for would be to upgrade our IT systems. We have not had a new server for 10 years, and our server is very slow. We have bits and pieces of computer equipment that people have brought in and added, and we will obviously see a huge demand from people coming in. Currently, we use the computers mostly for information. We use them to look up stuff and to look on the Citizens Advice AdviserNet service, but we are getting more applications online for advice on housing benefit, and we will spend a lot of time on the universal credit. We therefore need something that will be fit for purpose. That is very expensive, and we cannot afford it out of our general funding.

John Dickie: We have already had conversations about that and work has already gone on in the sector to consider the list of priorities, particularly for the initial £300,000 but also beyond that. We have talked to front-line organisations and agencies that provide advice, and to organisations such as disability or children's organisations that do not provide advice but which are increasingly aware of the impact on the families that they work with and feel that they are being deflected from the work that they want to do with families. Those organisations feel a need to be skilled up. We have talked to them about finding a way of using some of that money to remove the cost barrier that is stopping them. At the moment, they would like to get their staff trained up. The cost of the training is a barrier, as is the cost of freeing up or covering staff time. Hopefully, some of the money can help with that area.

The other issue is casework support, on which we are running at capacity at the moment. We

know from CAS that it is expecting a greater need for second-tier casework support. Hopefully, the money will help us to consider how we might expand our ability to provide that support.

Margaret Lynch: From our point of view, the critical issue is that the additional money that is on the table should be deployed at the coalface and enable organisations to reach more clients. It is not about doing what we are doing already but about ensuring that we see more people and are able to help more people on whom welfare reform is having a direct impact.

How would that happen? At a local level, it is sometimes about recruiting volunteers and staff and, as John Dickie mentioned, training them. Sometimes it is about putting in the infrastructure that is needed to support good-quality advice provision. Sometimes it is as basic as ensuring that we have access to premises so that we can meet people and have a private conversation with them.

I am very reluctant to use this money for premises. This week, we are writing to every health board in Scotland—we have partnership agreements with some health boards—to say, "Look, you've got all these doctors' surgeries that are not in use at night. Can we use them to expand our advice provision?" It is about being really creative about the way in which the money is spent to ensure that we do not pay for things that we can get from other publicly funded organisations and that the money is used to see more people and get better outcomes for the people we see.

Muriel Mowat: When I saw the announcement yesterday, it seemed clear that the funding was for advice agencies. Advocacy organisations would not generally be included in that category. However, as I said, we are getting reports of increasing demand on organisations for advocacy support as well as for advice. It is quite important that, when consideration is given to where funding is going, it is taken into account that advocacy organisations need to be supported to do the increasing amount of work that they will be doing around welfare reform.

The Convener: I thank everyone for their evidence this morning. We went on for a lot longer than we had anticipated, but we have been given helpful information, not only about your organisations and the impact on them of welfare reform but about the impact on individuals, which is becoming increasingly worrying as the shameful welfare reform actions go forward. We have more work to do. Thank you for giving us the information and your time today.

11:58

Meeting suspended.

12:04

On resuming—

Work Capability Assessment and Personal Independence Payment Assessment

The Convener: Welcome back. Item 2 is evidence from a panel of witnesses for our follow-up to our visit to an Atos Healthcare assessment centre last year. As members and witnesses will appreciate, there are a couple of strands that we would like to hear about. Given that the strands might overlap, I invite all the witnesses to introduce themselves and make opening comments. After that, I will ask members to interrogate the issue further.

Angiolina Foster (Scottish Government): I am happy to kick off. I submit apologies from Derek Feeley, who is the chief executive of the NHS in Scotland. He is appearing before the Health and Sport Committee today. I am here on his behalf because my responsibilities as the director of health and social care integration include primary care services.

I read with genuine interest the report of the committee's visit to the Atos centre that was given at the committee's meeting on 11 December. On the back of that reading, I will make three brief preliminary points.

First, although welfare benefits are a reserved matter and it is no secret that Scottish ministers have a number of concerns about the underlying principles of the reform, the Scottish Government is nonetheless alert to any role that it might appropriately play to make the experience of service delivery as good as it can be, given that many thousands of Scottish citizens are affected.

My second point is more specific. I make it clear to the committee that the NHS in Scotland absolutely supports GPs' role in contributing to the welfare assessment process and providing information. That support is demonstrated practically by some content in the contract that governs the operating environment for general practice in Scotland. I make it clear from the outset that information that the DWP or one of its agents requests of GPs is within the contract, so GPs are obliged to provide it for free. Only if an information request came from a source other than the DWP and went beyond the basic provision for initial assessment could the scope to charge exist. I am sure that the committee will wish to tease out that distinction.

Thirdly, I introduce my colleague Dr John Nugent, who is also from the Scottish Government. He is a senior medical adviser to the

Scottish Government, but he also has many years' experience as a practising GP, when he provided the kind of information in which the committee is interested. We hope that, between us, we can help the committee to explore this important topic.

Kenny Small (NHS Lanarkshire): I am the human resources director at NHS Lanarkshire and my colleague Mark Kennedy is the general manager of Salus, which is our mainstream NHS occupational health and safety service. The committee will be aware that Atos recently awarded Salus a contract to support the delivery of assessment and reassessment in relation to the DWP PIP aspects of welfare reform, which will commence in June in Scotland.

NHS Lanarkshire's contract will be to provide those assessments and reassessments in the west of Scotland and Edinburgh city. Fairly recently, I gave a briefing on the issue to Lanarkshire MSPs, who include the convener. I suspect that we were invited to give evidence because of that briefing.

The Convener: I think that you might have been likely to be invited to give evidence anyway, as we invited Atos to appear, and you have a contract with Atos. However, as I said on the morning of your briefing, I thought that it would be helpful for other committee members to hear the information that you gave to Lanarkshire MSPs.

Georgina Brown (BMA Scotland): I am representing the British Medical Association Scotland. I am a GP in Springburn, which is one of the most deprived areas, and I am a member of the deep-end steering group, which represents the 100 most-deprived practices in Scotland. In my opening statement, I would like to describe briefly the amount of work that has come about for practices, especially those in deprived areas, as a result of welfare reform. I agree with my colleague on my left, Angiolina Foster, about the funding, and I am obviously happy to answer any questions later.

As practices in deprived areas deal with patients who have high levels of medical certification and appeals, welfare reform has added disproportionately to our workload. Personally, 12 per cent of my consulting time is taken up with dealing with consultations with patients asking for letters. As I need to review the case notes after the consultation, each letter takes about 30 or 40 minutes to write, so the amount of work that is involved for general practices is by no means small.

The Convener: That gives us a fairly clear introduction to the questions that we are considering, so thank you all very much for getting us into the issues so succinctly.

Given that Kenny Small mentioned that the deputy convener and I attended a meeting with Salus for Lanarkshire MSPs just after Salus was awarded the contract, it might be worth rehearsing some of the questions that I asked then so that we have them on the record. One issue is the need for clarity on the position of Salus in relation to NHS Lanarkshire. I accept that the way in which the media have written about the relationship has given rise to some misinterpretation, so can you confirm that Salus comes completely within the ambit of NHS Lanarkshire? Although Salus can make charges and raise funds, those are returned to NHS Lanarkshire. Is that correct?

Kenny Small: Salus is fully an integral part of the mainstream NHS Lanarkshire service. Its core purpose is to provide occupational health and safety services to the staff of NHS Lanarkshire and to NHS Lanarkshire itself. Historically, over a number of years, because of its expertise Salus has developed what could be defined as a commercial interest. In other words, Salus sells services and bids for contracts to provide occupational health and safety services and other services to other aspects of the public service and to the private sector. Any additional income that is gained as a consequence of that activity is fully reinvested within NHS Lanarkshire. I can confirm that clearly.

The Convener: That is helpful. Another question that I posed at that meeting—the deputy convener might want to restate the questions that he posed—also sought further clarification. You have said that the work forms part of a commercial contract with a private agency, which in turn has a commercial contract with the DWP. Did NHS Scotland have any input into that contract? Did it know that the contract existed? Did it know that Salus was discussing a commercial contract with Atos? Did it have sight of the contract and approve the contract before you signed it off?

Kenny Small: The answer to the first part of your question is that we gave a briefing to the Scottish Government health department prior to our entering into the contractual agreement. That briefing did not include a copy of the contract at that stage. My memory is that we did not have the contract at that stage.

The Convener: Did lawyers at NHS Scotland eventually see the contract?

Kenny Small: Yes. The central legal office had sight of the contract and commented on it and we had a conversation with Atos prior to the contract being signed.

The Convener: That is helpful. Jamie Hepburn might want to restate his questions.

Jamie Hepburn: This is not really a question that I asked at the time of the briefing. As I recall—

I am sure that you will correct me, Mr Small, if my interpretation is incorrect—at the briefing for Lanarkshire MSPs you set out your ambition to improve the perception of the process, which has come in for some criticism. I see that you are concurring, so I think that my interpretation is correct. How do you plan to do that?

Kenny Small: If you will forgive me, Mark Kennedy and I might do a bit of a double act on that.

In becoming interested and then involved in this work, our overt intention is to seek to add the value that we believe an appropriately recruited and selected and then trained and supported NHS workforce can bring to the assessment and reassessment process for DWP PIP.

Based on our vast experience of recruiting and retaining experienced and highly productive professionals, we believe that we have the ability to make a positive difference to the assessment process experience. As I said, we are talking about a prospective arrangement, and we have not yet begun to deliver the process. At present, we are looking to recruit the appropriate numbers to deliver the assessments, but that is set against a moving feast on the numbers. We are responding to the DWP, through Atos, on the number of assessments that will take place in the area for which we have responsibility.

12:15

Our plan is to recruit people for the required roles on a number of fronts. One is through external advertisement of the opportunities but, as the work is relatively light but repetitive, we will use the opportunity to address issues of long-term sickness absence and as part of our response to our ageing workforce. We all know that the demands that are made on clinicians towards the end of their working life can present difficulties to the NHS and can, on occasion, result in long-term sickness absence.

Part of our response is to consider the opportunities that are presented. We will almost create a mixed economy in which we recruit from outside and use internal redeployment, secondment or rotation. We will also use the contract to address workforce pressures that we have experienced as a result of organisational change and the redeployment of staff. We will sometimes redeploy people and protect them by giving them roles in which they are paid the same amount as in their previous role but which are at a lower grade. I hope that the contract will give us an opportunity to address some of those issues.

The response is to have a mixed economy. For me, the two key issues are that the workforce will be in addition to the current workforce, so the

contract will not be to the detriment of core services or the quality of clinical services in NHS Lanarkshire. Secondly, our response will be to recruit and retain as professional a workforce as the one that delivers our mainstream NHS services.

Mark Kennedy (Salus): To return to the convener's original question, in June, prior to the award of contract and before we even had a high-level submission with Atos, I was called to a meeting with the then Cabinet Secretary for Health, Wellbeing and Cities Strategy. At that point, I was directed to ensure that, if we were successful in winning the contract, we should deliver it within the culture, ethos and ethics of the NHS and provide a dignified and humane professional assessment. We intend to do that.

As Kenny Small explained, we have an experienced workforce. Salus has a great deal of experience of delivering functional and descriptor observational assessments through our occupational health work. Therefore, the assessments are a comfortable fit with us. The scale of the work in previous contracts has been across Scotland and in parts of England and Wales. We are of the stature, and we have the appropriate experience and quality and performance infrastructure, to deliver the assessments well on behalf of the people of Scotland.

Jamie Hepburn: You are doing the assessments on behalf of Atos, which is working on behalf of the DWP. How prescriptive are the arrangements that are set out in the contract? Is there leeway for you to come to your own arrangements or is the contract detailed and prescriptive on how the assessments are to be done?

Mark Kennedy: The contract contains an appendix on the backbone or spine of the assessment. The committee has witnessed some of that, albeit in the context of work capability. I stress that the work that we will do will be different and will be about assessing levels of impairment rather than ability to work. The spine of the assessment will be prescribed. We will get a tool from the DWP, although it has not yet passed through the UK Parliament—I think that it will go through in February. However, I have seen drafts, which fit fairly closely with what we deliver anyway in the occupational health service and with how we function, so there is nothing too scary in that.

We have not seen the final document, but another part of the assessment will be observational and based on descriptors, with a degree of clinical examination if required. Again that fits comfortably with our bread-and-butter work in the NHS. However, I stress that we do not

as yet have the final documentation on how the assessments will proceed.

Jamie Hepburn: There is a tendency with such contractual relationships for the detail in the contract to be deemed commercially sensitive and unavailable for public scrutiny. However, you have set out clearly that Salus is entirely part of NHS Lanarkshire. Will the public be able to see the documents that you described? Will the documents be confidential?

Mark Kennedy: We are in the process of responding to freedom of information requests, which will go through the normal NHS procedure. We have had requests to see the documents. My understanding is that we are issuing the contract as part of the response to an FOI request, albeit that parts of the contract might be redacted because of commercial sensitivity.

Kenny Small: I can confirm that we have received a number of FOI requests and that a slightly redacted version of the contract was issued last week in response to an FOI request.

Jamie Hepburn: If you do not mind my asking, what type of information was redacted?

Mark Kennedy: It was mainly around costs.

Jamie Hepburn: You will appreciate that we will be interested in costs, but we will be particularly interested in the assessment process. Will that be available?

Mark Kennedy: Yes.

Kenny Small: Mark Kennedy's point is important, because we have not yet received the formal assessment process. As you will appreciate, it is being developed by the DWP. We had an opportunity at an earlier stage to contribute to and influence the development of the document in what I hope was a positive way. Ultimately, however, it will be issued to us, as a deliverer, to enact.

Jamie Hepburn: I have a question for the Scottish Government officials. I was heartened to hear that the contractual arrangements are such that when information is requested by the DWP, it should be provided for free. However, that information did not seem to tally with what we were told in our earlier evidence session, during which you were in the public gallery. What happens if a GP charges when they should not do so?

Angiolina Foster: First, if a GP charges when they should not, there are well-established mechanisms at health board level for managing the performance of the practice or practitioner. The issue would need to be raised formally in order for it to be addressed. However, my guess is that the instances of charging that advice

colleagues have experienced are more likely to have arisen because the source of a request was other than the DWP, or because the request required a more intensive level of GP engagement in the context of an appeal, for example, which would be likely to fall outwith the terms of contractually obliged input from the GP. However, my GP colleagues might want to give a first-hand explanation of where the cut-off comes in that regard.

John Nugent (Scottish Government): Absolutely. The contract is quite clear in that, if the request comes from a DWP official, a medical officer, or someone acting on their behalf, the GP provides information for employment and support allowance purposes. All such requests are free. A small number of other requests from the DWP incur a fee, but the requests that I described are included in the contract and there is no additional fee.

As Angiolina Foster said, if requests come from outwith a DWP source, they are essentially private work, which is not covered by the contract. In such cases, GPs are at liberty to provide the information or not and to charge for their advice and for what they do. Colleagues have mentioned that range. It is not for me to defend why GPs charge or do not charge, or how much they charge.

Jamie Hepburn: What if it is a body acting on behalf of the DWP? Is that still covered by the terms of the contract?

John Nugent: Could you define what body?

Jamie Hepburn: Atos or Salus.

John Nugent: Yes.

Jamie Hepburn: So that would still be covered. Okay. Are we confident that the arrangements are effective? We are talking about vulnerable individuals who probably do not have a lot of money. We heard about them being asked to pay £96. That seems an extortionate amount to request. Are the current arrangements sufficient?

Georgina Brown: I clarify that GPs are asked for reports in two different ways. The first way is through the DWP and, as already discussed, that is not chargeable.

The second way, of which we are seeing an increasing amount, is a direct request from the patient, a solicitor who acts for the patient or advice services—welfare or housing advice services—that act for them. That is additional information that is not necessary or essential but which is requested by patients, their carers or workers because patients are intensely worried and scared that their benefits will be stopped.

The number and level of those requests is escalating. A solicitor may write to us, tell us that a

patient is appealing their benefit assessment and ask us to provide them with information. Usually, that information is about one to two pages in length. There is a charge for that, which the solicitor would usually claim back through legal aid. We never charge the patient; the fee is for the solicitor.

On the description that was mentioned, I could not explain the situation because I am not sure who requested that charge—whether it came from a solicitor or an advice agency.

It is important to add that the DWP is generating a lot of work for GPs. Somebody has to do it, but GPs do not have the elastic ability to absorb everything that is thrown at them especially when, in some areas—such as mine—they can do two reports a day. That is an extra hour and a half on top of time that is already incredibly tight. There must be some recognition that that work is not core. It is additional to what the DWP requires.

Linda Fabiani: I have some questions for Salus, because I was not at the briefing that was mentioned.

I was pleased to hear that Salus is keen to work within the culture and ethos of the NHS, as insisted upon by Ms Sturgeon. We have heard much bad publicity about Atos. We heard again this morning about the lack of transparency within the DWP. How can Salus square the culture and ethos of the NHS with that?

I presume that Salus is accountable to the NHS Lanarkshire board as part of NHS Lanarkshire. As it is wholly owned by NHS Lanarkshire, to whom is it responsible for the operation of the contract?

Mark Kennedy: It is a commercial contract, so we report entirely via Atos.

Linda Fabiani: I note that the assessment document is awaited. I presume that it will come along with guidance.

Kenny Small: It will be an IT system rather than a document.

Linda Fabiani: Oh, right. Okay.

Kenny Small: The assessment process is IT based. It replaces the current system, which is paper based and remote. The assessments will be done face to face from June onwards.

Linda Fabiani: Thank you for that clarification. I had missed that point.

Whether the assessment process is IT based or otherwise, guidance about its operation will come along with it. If you get to a point at which what you are asked to do is not within the ethos and culture of the NHS, is there a way of coming out of the arrangement? Is there a break point within the contract? Is there an assessment point at which

the board will be able to consider the work that is done and determine whether it is within the ethos of NHS Lanarkshire?

12:30

Kenny Small: Mark Kennedy might contradict me, but my understanding is that the answer is no. We are committed to a four-year contract with Atos to deliver the service.

I should add that NHS Lanarkshire's responsibility is to conduct assessments in a professional manner, as Mark Kennedy said. The outcome of an assessment is submitted to the DWP, and the decision is made by the DWP, not by Salus or Atos. The process is owned and ultimately managed by the DWP. Our intention is to ensure that we fully understand the assessment process and fully train the staff who will deliver assessments, prior to the launch date in June. In our project plan, we have, in effect, set aside May to deliver intensive training, which is designed to deliver quality.

As you would expect, there is a governance infrastructure behind the work that we are doing, which reports to the NHS Lanarkshire corporate management team, of which I am part; to Lanarkshire NHS Board; to the Scottish Government, because the cabinet secretary has asked to be informed about where we have got to at stage points; and to Atos, because Atos has stage points in its implementation plan and will want reassurance from us that we have established locations and the appropriate staffing infrastructure. We will work with Atos on staff training and so on.

There is a range of inputs. You asked about the guarantee; for us, the guarantee will come from appropriate and professional preparation, the support that we give staff and real-time monitoring of quality and output. Ultimately, however, the decision making is not ours.

Linda Fabiani: As Mark Kennedy said, you are assessing level of impairment rather than capability for work. Is there anything in the contract that means that you could be given additional responsibility during its four-year term? For example, a year down the line could you be told to assess capability for work, too?

Mark Kennedy: There is nothing in the contract that would add that element. However, I am aware of the DWP's framework for procuring contracts; Atos is a prime contractor, and prime contractors are increasingly looking for supply chains, to deliver. What you suggested has not been discussed and we are not looking for that conversation.

Linda Fabiani: Thank you.

Kevin Stewart: Under the contract, will you be paid a fixed amount over the four years or will you be paid per assessment by Salus?

Mark Kennedy: The agreement is that we will be paid per report that is submitted by Salus. There is an element in the contract that provides that the volumes that the DWP has put forward are subject to change, so it is appropriate that we are paid on output.

Kevin Stewart: Have you agreed how much you will be paid per assessment?

Mark Kennedy: Yes.

Kevin Stewart: However, you said that the formal assessment has not been agreed by the DWP.

Mark Kennedy: We have seen drafts of what we expect to deliver. We will not see the final draft, which will be in IT format, as Kenny Small said, until February.

Kevin Stewart: I would be a little concerned that the draft might grow arms and legs. If you are paid per assessment, you might end up not breaking even. What guarantee do you have that that will not happen?

Mark Kennedy: I have no guarantee, but we have had sight of and conversations about the structure that the assessment will take—there will be a functional element and a descriptive element. As I said, we comfortably deliver such assessments in our mainstream work. I do not see any risk of the assessment criteria changing in the near future. I saw the latest draft of its format at the end of November.

Kenny Small: As I think I mentioned at the NHS Lanarkshire briefing for MSPs, our intention is that, rather than finding ourselves pressurised by a time limit versus a rate for the assessment, we have engaged with Atos to ask for the introduction of an added value in the interaction with the individual as part of the assessment, which the NHS mainstream can bring to the process. That means that, if our clinicians feel that it would be helpful to signpost the individual who is with them on that occasion to mainstream NHS or third sector service, they would do that, as a beneficial piece of added value.

Kevin Stewart: Does that added value have a cost to other patients in NHS Lanarkshire?

Kenny Small: No, because the staff who are doing that work are paid for out of the contract—it is separate from the arrangements for our mainstream staffing in NHS Lanarkshire.

Kevin Stewart: You have already explained that any profit from the contract will go back to NHS Lanarkshire. How much profit do you reckon

that Salus is going to make for NHS Lanarkshire in the next four years of the contract?

Mark Kennedy: Because of the commercially sensitive nature of the contract, it would not be prudent of me to announce that, if you do not mind. It is—

Kevin Stewart: Can I stop you there? You gentlemen have already stated that any profits will go back into NHS Lanarkshire at the end of the day. That will obviously be a matter of public record because it concerns the finances of NHS Lanarkshire. I do not think that there is, therefore, any commercial sensitivity around my asking how much profit will be ploughed back into NHS Lanarkshire from the contract.

Mark Kennedy: My concern is that I cannot give you an accurate figure. It is not so much—

Kevin Stewart: I do not expect an accurate figure, but I think that you could probably give an assessment—

The Convener: Kevin, I think that you could let Mr Kennedy answer the question before you jump in and berate him.

Mark Kennedy: As I have explained, we have a cost-per-report financial model. The numbers that we have been told to expect by the DWP have already changed on two separate occasions. Our profit margin is linked to the volume that we deal with over the four-year period. I can say that we are hoping for a surplus level of somewhere between £1 million and £2 million.

Kevin Stewart: Over the four-year period?

Mark Kennedy: Yes.

Kevin Stewart: And that will go back into NHS Lanarkshire.

Mark Kennedy: Yes. However, I stress that that is totally dependent on volume flow, which we do not control.

Kevin Stewart: Are you able to subcontract to other organisations any part of the subcontract that you have with Atos to deliver the services?

Mark Kennedy: We are allowed to do so with Atos's permission, but we have no intention of doing so.

Kevin Stewart: Dr Brown, you said that you would never charge a patient for information that you thought was—I think that this is the terminology that you used—necessary or essential, but you said that you would charge solicitors if they wanted to access information for any appeals. Has the BMA offered its members any guidance on charging? What do you think of your colleagues who directly charge patients for the information that you do not charge for, which

patients often think that they need in order to win an appeal?

Georgina Brown: The DWP requests information that it feels is necessary so that the patient can go to the meeting. In addition, patients ask for lengthy reports. Most of the time, that request is driven by anxiety. They want a full list of their medical complaints over the past 10 years, what treatment they have had and who they have been referred to. It is as if they will feel more confident if they go in with a big pile of documents that they can show people.

Although the DWP does not see that information as essential, patients still come in and ask for it. There is no ceiling on that; you can have one person or five people coming in. That is not seen as core work and the BMA has guidance on charges for what it sees as private work—in other words, work that is not covered in the core general medical services contract. I do not have that guidance with me, but we can provide it to the committee.

Kevin Stewart: That would be useful.

You suggest that your practice and the practices you represent mainly cover Scotland's most socially deprived areas. Would the folks involved in deep-end GP practices stick to the BMA's guidance on charging or might some of your colleagues in those deprived areas not do so?

Georgina Brown: I cannot speak on behalf of everyone but I reiterate the important point that GPs do not charge for the essential work that is covered in their contract and which has been requested by the DWP. That just does not happen. If a GP makes a charge, it will be for additional information that has not been requested by the DWP and which is not seen as being essential. That is seen as an additional service.

There is a split, in that some deep-end practices have stopped doing letters altogether because they simply do not have the resources. Of the six practices in the health centre that I work in, three of us do letters and the other three have had to stop because they cannot manage. It comes back to the lack of ability to be elastic and absorb absolutely everything that is being thrown at you. If you are spending two hours a day on reports, that is two hours less for something else. There has to be a cut-off somewhere. Some practices stick to ensuring that essential information is returned in a timely fashion, whereas other practices will spend extra time on additional letters.

That said, however, we will go on a case-by-case basis. We accept that a number of patients are vulnerable, cannot advocate for themselves and are simply not capable of putting across their problems and opinions and explaining to someone they do not know exactly what is wrong with them.

If it is someone you know well and who you know will probably not get through the medical unless you supply certain information, you will do the work even though it will take a long time. However, even though we take these things on a case-by-case basis, a lot of it comes down to good will. The work is not covered in the contract; it is additional work that is carried out in our own time.

Kevin Stewart: With regard to the essential information requested by the DWP or those acting on its behalf—Atos, in particular—I note that, according to the committee members who visited Atos, the organisation itself said that it was still waiting on approximately 50 per cent of the information that it had requested from GPs—I see the convener nodding at that. In other words, it is saying that half the time it is not getting essential information from GPs. Can you comment on that?

Georgina Brown: I am glad to. I have to say that that was news to us and we are quite keen to see the data and the number of patients involved. When I discussed the issue with the deep-end group before this meeting, they said that it was not something that they have seen. It is important to find out whether Atos was talking about a particular snapshot of one area, one practice and one process instead of something wider.

There are a number of issues with essential information. First of all, the requests do not come with a date telling us when the patient's appointment is. Depending on the type of appeal, the letters come in either by post or through an information technology system. It might arrive on a particular day, but there is no push-pull mechanism to tell us that it is there; we have to go looking for it and when we find it, it does not say, "This patient's appeal or medical will be in 10 days' time. Can you please send back the report?"

12:45

The other issue with the forms is that we cannot populate them with medical information. We cannot pull data from a patient's case record into a form, we cannot spell-check forms and we have to manually enter all the information by reviewing all the case notes. We cannot populate forms with information on repeat or acute prescriptions; we have to list and write all that down.

In addition, at least twice a week I get letters about people who are not my patients—in other words, letters that have been sent to the wrong GP. Some colleagues have described receiving late requests, whereby they have been phoned and told, "We're faxing through a copy now. Could you send the information back to us because the patient has their appointment in a couple of days' time?" I do not want to sound as if I am fobbing you off with excuses, but the situation is not as cut

and dried as the suggestion that 50 per cent of doctors do not send back information.

The other important point is that the information that we are asked to send back covers a number of disciplines. It covers the diagnosis, which is already known about, because it is listed when we are written to. It covers prescriptions—information on which we have to fill in—and whether we feel that the patient's condition is moderate, severe or mild. It also asks us for information on what we feel that the patient can do. That is information that is obtained from a history. I cannot understand why Atos would find it any more difficult to ask a patient whether they can put on their own socks than a GP would.

If Atos is saying that the reason why the successful appeal rate is so high is our not sending information in, I would respond that a lot of the information on the forms is taken from a history and, as we have heard, the history that is taken when patients attend an assessment is far more thorough than the information that we send back. I think that we need greater clarity on the situation, but I would probably not agree that patients do not get through the process because GPs do not send in the information. I think that there are too many variables that suggest that that is not the case.

Kevin Stewart: You are describing a situation in which there is a lack of communication from Atos or whoever telling you the dates on which patients will be seen.

Georgina Brown: Atos does not tell us the dates.

The Convener: From memory, at the meeting that Kevin Stewart and I were at, Atos said to us that in some circumstances, a person would not necessarily be called in for an assessment on the basis of the information that the GP had provided. It was a lack of information from GPs that led Atos to bring people in. Atos indicated to us that an appointment would not be made for a client if it was waiting for information from the GP to determine whether they needed to be called in.

Mr Nugent wants to come in on that.

John Nugent: Like Georgina Brown, I was quite surprised about the percentage that was quoted and about the level of ignorance in the health system when we made inquiries about whether people knew about this. We have since learned that the DWP in Scotland is not convinced that it is an issue and that, if it were, it or Atos would be willing to work with us and boards to address it.

In a search for some information, I read Professor Harrington's first three annual reviews. The only mention that I could find of the issue was in the first review, so the information might be

slightly dated—the statistics might have changed slightly. On page 28 of his year 1 review, he says that 60 per cent of ESA claimants were called in for a medical. GP information was asked for in the 13 per cent of cases in which it was thought that a claimant might be in the support group, and such information was received two thirds of the time. I am not defending the lack of information in 5 per cent of cases, but the percentage of cases in which information was missing seems very small, so I am not sure that a lack of initial information from GPs would explain the high appeal rate or the successful appeal rate.

When I read Professor Harrington's reports, I was also concerned about the perceived lack of value given to the information that was obtained from medical sources. His first report mentioned the views of healthcare professionals in Atos, some of whom wished for more medical information, while others felt that they did not want any more information because what they got was not helpful, as it did not match the descriptors that they used for a functional assessment. Therefore, I find it a bit disturbing that a lack of medical information early on is being blamed for a lot of the process issues further on.

Although I would not defend the lack of information that is covered by the contract, I wonder whether there is a case to be made for more pertinent, precise information early in the process. That would avoid requests to sources outwith the process, which incur costs for, and take time from, GPs and patients.

Alex Johnstone: I will stick to that subject and dig a little deeper. I was one of the three members who attended the Atos assessment. The situation that has been described is exactly as I understand it. However, we have not covered the key issue that we were told about, which was that Atos did not call everybody in for assessment. The decision whether it called in an individual for assessment depended on two criteria: the information on the application form, which often came from the applicant; and the information that was received from the GP. In instances where the applicant's form was poorly filled in or the GP's information was absent, that meant that it was highly likely that an assessment would be required. I am talking about early in the process, before a decision was made as to whether an assessment was necessary. I think that that is where the 50 per cent figure came from. In 50 per cent of cases, the decision to call someone in for assessment was based on the fact that Atos had not received a response from the GP. I do not know whether my colleagues would agree with my assessment.

The Convener: That is my recollection of what Atos told us.

Kevin Stewart: Yes, I agree.

Angiolina Foster: Having seen the 50 per cent figure in the *Official Report* of your December meeting, we did some very focused checking, in preparation for this session, with Scotland's two biggest health boards, NHS Greater Glasgow and Clyde and NHS Lothian, to see whether they had any communication from Atos about the problem. In other words, we asked what the operational evidence was to support the slightly more anecdotal information that you appear to have received on your visit. Neither health board had been approached about the non-completion of the initial information.

We also checked with the DWP—the main client, so to speak—whether there was an issue in Scotland. It had not received anything formal.

In terms of practical next steps, there is a need to go back to Atos to ask it for more robust evidence that can be taken to boards and worked through the performance management system as appropriate.

The Convener: That is really helpful. Quite clearly, the issue comes down to communication, which is why you are here. The evidence is really helpful because we were concerned about misinformation. There appears to be huge misconception about the whole process, including around the roles of Atos and GPs. It is being steered by the DWP, which seems to be using everyone else as a human shield. I am particularly concerned that all the problems seem to stem from the DWP. Perhaps Salus is getting a bit nervous about getting involved now that it has heard about all the problems.

People are being traumatised by the whole process, and if that comes down to miscommunication we need to get to the bottom of it.

Iain Gray: I was going to ask about that, but the issue has been covered, so I will follow up on Georgina Brown's evidence.

You describe a benefits system that includes an appeals procedure—it has to, because of human rights—within which claimants have to get additional information. I think that you are saying that some GPs are arbitrarily deciding that they will not provide that information, in which case they are actively taking claimants' rights away.

Responses are not even consistent. Depending on which practice a claimant goes to within a health centre, they either will or will not get a letter, and they might have to pay for it. Are you comfortable with that situation?

Georgina Brown: I am not comfortable with it at all. I am not comfortable that so many people have to go to appeal because they have been found to be fit to work when clearly they are not. When

claimants come back to us to ask us for letters, I am happy to support them.

However, that is not the only thing that we do. We have a large remit to cover and we have to stop doing something in order to do something else. Practices that have decided to not write formal letters for appeals when requested to by patients have done so because they just do not have the capacity and resource to do that. We need to look at that.

Iain Gray: You have explained the pressures on GPs and why they might feel the need to say to patients, "We're not going to provide this letter." Nonetheless, should they not, as professionals, try to address the issue in order to make it possible for patients to access what are, after all, their rights under the system? I do not know whether that comes down to resource being provided or a change being made. My understanding of deep-end GPs is that part of their work involves dealing with their patients' issues with benefits and access to food, heating and rent so that those GPs can deal with their patients' medical problems. Here we are, however, with GPs saying, "No, I'm not going to do that. I'm sorry but that means you won't get an appeal." That seems very abrupt.

Georgina Brown: It is probably quite blasé to say that GPs are saying, "No, I'm just not doing it"—

Iain Gray: Sorry, but that was your evidence. I must admit that I was surprised by it.

Georgina Brown: GPs do not do it in a blasé way. I am trying to put across that GPs who work in deprived areas will be more affected by the changes than GPs who work anywhere else because there are more patients going for appeals, more patients on benefits, more multimorbid patients, more patients with alcohol and mental health problems—the list goes on.

In addition, the number of GPs across the piece is fairly flat. There is not an excessive number of GPs in deprived areas compared with affluent areas. We are all working with the same number of staff but GPs in deprived areas are already stretched. We are talking about an additional workload that is far greater for them than it is for GPs elsewhere. Some of them simply cannot cope with the amount of work that needs to be done.

Some GPs have a standard letter and will write down a list of diagnoses. You would be hard pushed to find a GP who would say, "I'm not writing anything for you", but a GP might give the patient a summary sheet. However, patients want to take something with them to an appeal that explains what they are going through, how they feel, why they cannot get out of bed in the morning and why they cannot get to work. That takes time, and time has to come from somewhere.

I agree that there needs to be a solution. I do not know whether, as a profession, we are able to find that solution without the resource to support us. I would not like it to come across that GPs in deprived areas do not care; deep-end GPs certainly do care. That is why they give up their time free of charge to meet and petition for change—they have done so for years. However, there has to be a point at which they put their own health first and get home before eight o'clock at night.

Iain Gray: I do not think any of us doubt that GPs are under significantly more pressure in areas of deprivation. In fact, I have argued that, on the basis of deep-end work, the distribution of GPs in Scotland should be changed to provide more GPs per head in deprived areas.

Nonetheless, the fundamental point is that there are vulnerable people whose pathway to an appeal in the benefits system is being closed. Somebody ought to address that. The medical profession is at the sharp end and sees the impact. Rather than simply saying, "We won't undertake that work," could the medical profession try to do something to ensure that the situation is addressed? Maybe the NHS in Scotland could look at the issue as one that needs to be addressed. Whose fault it is does not seem to be the most important thing here.

Angiolina Foster: Although the question is not whose fault it is, I would be keen to ensure that the root cause is addressed. I might be a little cautious, on behalf of the NHS, about appearing to put extra resource into dealing with a symptom if the root cause is a degree of dysfunction in another part of the public services. I would want to be extremely careful and clear headed in ensuring that we understand what the drivers are and that we address the correct policy and resource response to the root cause, so to speak.

13:00

The Convener: Before Annabelle Ewing comes back in, Jamie Hepburn has a supplementary question.

Jamie Hepburn: It has largely been covered. However, I suppose that what Ms Foster has just said raises a question. Is that work on-going? Given what we have heard today, can we get an assurance that people are looking at the matter and considering whether there is a different way of doing things? Dr Brown pointed out that solicitors will get Scottish Legal Aid Board money that then goes to doctors so that they can provide information. Are we looking at this in the wrong way? It is all public money. Should funds—whether legal aid money or money from elsewhere—go more directly to support and

facilitate GPs to do the work without people having to go to a lawyer? Will the issue be looked at? It is a straightforward question.

John Nugent: To a certain extent, some of the solution lies in the processes that we have, if we use them more effectively within the DWP, Atos and the contract. We have a contract that says that GPs will provide information, and they should do that. We have explained that it is news to us that a proportion are alleged not to have done so, and there is a mechanism to address that. That is one way in which to address the lack of information, but—

Jamie Hepburn: I am sorry but, with respect, we are also concerned about information that is not covered contractually. Clearly, people feel that they need that information to be able to take forward appeals and so on. Is that area being looked at as well? I am aware that that might require you to look at the contract.

John Nugent: The point that I was hoping to make is that providing more appropriate early information and making better use of it might reduce the subsequent need for information that is much more complex and demanding in terms of time.

My understanding from Professor Harrington's report is that the vast majority of claimants are called for an assessment without a request to the GP for information. There is potential there to gather more information if that is required. It is still the case that information is required in the minority of cases. If we had more information earlier in the process, we might subvert the need for complex appeals later on. That is all that I am saying.

I am not denying that we can look at the appeals process as well, but it seems to me that there is a fundamental flaw with the information and how it is used, with Professor Harrington's report reflecting great disparity in the value of the information. Even when it is provided and used, it is not used to its full potential—because it does not match the descriptors, for example. There are huge flaws in the system. Before we fix the back end, we could more sensibly go to the front end and look there.

Georgina Brown: I agree with John Nugent. We should not throw money at chipping away the top of the iceberg. We need to be at the base. We need to look at why 40 per cent of appeals are successful. What is going wrong? We should not be flooding the top with money and saying, "We need more detailed letters from GPs to really explain what is wrong with patients, because all these appeals are happening." We should be looking at the very beginning and asking what is going wrong and why patients who are clearly not fit to work are being passed as being fit to work, then going to an appeal and being successful.

What is happening there? That is what we should be looking at, and that is where the investment should be made.

The Convener: We have been asking that question as well. We are going to go back to Atos, I think, to get some more information on a Scotland-wide basis.

Annabelle Ewing: I will be brief as it is approaching lunch time and I am sure that some people have other business soon.

Linda Fabiani: Are you hungry, Annabelle?

Annabelle Ewing: No, I am fine. I can last out.

We have arrived at the focus of my question. The quality of the initial decisions is clearly subject to a lot of questions. We only need to see that a system's appeal rate is significantly high to know that something is not working further up the stream. It also raises many other questions. If we have a UK Government policy whereby, for example, disability benefit has to be cut across the board by 20 per cent, we are looking at some very perverse decisions that have been made in the initial stages, even before people go to appeal.

I want to ask Salus what room for manoeuvre it has—if any—to do something slightly different and more sensible in its reference up to the DWP, which of course makes the decision rather than Salus. Do you have any room for manoeuvre to do anything different? Or do you just implement the Atos approach 100 per cent?

Kenny Small: We work in the terms of the contract that has been let, which relies heavily on the IT assessment tool. Our room for manoeuvre, whereby we believe that we can add value in a way that another contractor or organisation might not, is in the quality of training that we give to staff who enact the assessment. I listened carefully to the earlier debate and, for me, the crucial driver is the quality of the assessment. That is one of the reasons why we believe that the NHS in Scotland can make the initial assessment process a much better driver in terms of outcome. We have not done it yet, and time will tell, but as you would expect there are milestones in our conversations with Atos, as there will no doubt be in Atos's conversations with the DWP. Indeed, there will be conversations between the management of Salus and the staff who will deliver about the assessment of the assessments, if you like, regarding the quality, outputs and outcomes from the assessments, which will be an on-going part of our quality control and hope for improvement.

To me, though, the crucial issue, whether we are talking about PIP or any other aspect of welfare reform, is getting the right people with the right technique. Disability assessment at the moment is a paper tool that is given to an

individual to complete, with or without support, and which then goes into the process. The new process, which we were attracted to become involved in, immediately introduces at the first stage a qualified, trained, skilled and experienced clinician. Our confident opinion is that that must bring the potential for added value.

Annabelle Ewing: That is very interesting. Of course, we all hope that that proves to be the case.

Kenny Small: As do we.

Annabelle Ewing: We will watch that very closely.

My other question is for the medical profession, about the BMA and its policy work. I posed this question in an evidence session some months ago, at which we heard powerful evidence from witnesses. What is the BMA doing vis-à-vis representations to the UK Government in a general sense, in terms of principle? What the UK Government is doing, in effect, is turning medical orthodoxy on its head. For example, people who clearly have Asperger's or are blind, as we heard in the earlier evidence session, will remain so. That is what the medical profession considers to be the case for such conditions. How is it possible, then, that some bureaucrats in a Government department can insist that there should be a different outcome?

I think that you are getting my drift. What is the BMA doing about that? It is a serious situation. It is a real threat to the trust that everybody places in the medical profession when people see extremely perverse decisions being made.

Georgina Brown: The BMA has been vocal on a similar thread to what I have said. I cannot give you information about what the BMA has been doing at UK level, but I can get that for you.

Annabelle Ewing: It would be helpful to hear a comment from NHS Scotland, because the situation affects everybody who works in the health service. At the end of the day, it is their reputations that are on the line.

Angiolina Foster: For the Scottish Government, I think that it is a matter of reputational risk by association, you might say. I acknowledge the point, which is about something that must be carefully monitored as the process develops.

Annabelle Ewing: Thank you. The way to avoid the reputational risk—the boorach that is the system imposed by the DWP—is of course to take control over welfare ourselves and come up with a much better, more workable and fair system in our country.

The Convener: Okay. I do not know whether that was necessary, but there we are.

Linda Fabiani: It is true, though.

Alex Johnstone: Predictable.

The Convener: Coming back to the matters confronting us at the moment, I think that there appear to be some communication issues, so we will need to go back to Atos to verify and clarify some of the information that we were given. The more that we have looked at this issue, the more we have seen misconceptions and apprehensions based on those misconceptions. We want to try to cut through all that.

Before we finish off, I want to get on the record one point that we have alluded to and commented on but that needs to be verified. First, Atos went to great lengths to point out to us that the new computer system that it is operating was devised and provided by the DWP. Secondly, Atos was at pains to point out to us that the decisions are made not by Atos but by the decision makers within the DWP, who take the information from that system and then make the decisions. Is that exactly the process that Salus will be engaged in? Will you collect the information on a system that is provided to you, and will the decisions ultimately be made by representatives of the DWP?

Mark Kennedy: Yes, that is exactly the position.

The Convener: That is one thing that we have clarified this morning, which is useful.

As I said, we may need to keep an eye on those issues and bring you back at some point in the future. I hope that this morning has not been too traumatic for you and that you will want to come back. Your evidence has been very helpful. Thank you very much for your time.

Meeting closed at 13:11.

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e-format first available
ISBN 978-1-78307-201-9

Revised e-format available
ISBN 978-1-78307-217-0

Printed in Scotland by APS Group Scotland
