The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

WELFARE REFORM COMMITTEE

Tuesday 5 February 2013

Session 4

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WELFARE REFORM COMMITTEE
3rd 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)

COMMITTEE SUBSTITUTES

*Jackie Baillie (Dumbarton) (Lab)
*Kenneth Gibson (Cunninghame North) (SNP)

*attended

THE FOLLOWING GAVE EVIDENCE:

Marlene Hepburn
Lesley McMurchie
Ian Megahy

CLERK TO THE COMMITTEE

Simon Watkins

LOCATION

Committee Room 3

Scottish Parliament

Welfare Reform Committee

Tuesday 5 February 2013

[The Convener *opened the meeting at 10:00*]

Decision on Taking Business in Private

The Convener (Michael McMahon): Good morning, everyone, and welcome to the third meeting in 2013 of the Welfare Reform Committee. I remind everyone to switch off mobile phones and other electronic devices to ensure that we are not disturbed.

Before we hear from our witnesses, agenda item 1 is a decision on whether to take in private item 3, which is to discuss our approach to the scrutiny of the regulations on passported benefits arising from the Welfare Reform (Further Provision) (Scotland) Act 2012. Do members agree to take that item in private?

Members *indicated agreement.*

Your Say

10:01

The Convener: Item 2 is our evidence-taking session with members of the public who have got in touch with the committee through the your say initiative, which we set up to hear the concerns of people affected by the welfare reforms and changes to benefits.

All three testimonies, which we will hear in a moment, give a good snapshot of the issues raised in the many other submissions received through the initiative. We will hear from each of the witnesses in turn. We will begin with the witness who is closest to me, Marlene Hepburn, and then move on to Lesley McMurchie and Ian Megahy.

Marlene Hepburn: I have multiple sclerosis. I have recently been reassessed for the new benefit that is replacing incapacity benefit. I was retired from my job as a senior teacher on the grounds of ill health five years ago.

My experience of the new work capability assessment was dreadful. The first appointment was cancelled the moment that I turned up. A second appointment was arranged, which added to my heightened stress level. The assessment was stressful, and I was devastated to be told that I no longer qualified for the benefit and would be moved on to jobseekers allowance.

I have a copy of my assessor’s report that, in my mind, places huge emphasis on how well I looked and how well turned out I was. I look well because I self-manage my condition with the help of medication—I inject interferon three times a week—and I also take a proactive approach to the disease by leading a healthy lifestyle.

My fear, at this precise moment, is that that experience will trigger a relapse. The emotional stress has been enormous and has had a detrimental impact on my health. I am in the process of requesting a reconsideration and appealing the decision, which is further adding to my worries.

Financial worries were added today because I received a letter from the Department for Work and Pensions confirming cessation of my incapacity benefit. I appreciate that the benefit system must be reformed, but not to the detriment of genuine claimants.

Following my communication with the committee about my experience with Atos, I will update you on the latest turn of events. On Saturday, I received a response to a submission, on my behalf, for a reconsideration of the decision. I received a 71-page response, which said that there was no new evidence to overturn the decision and that I could now go to appeal.

Since then, my level of anxiety has reached an almost unbearable level. I had just had my regular check up with my MS specialist nurse on Friday, and she had advised me to keep my stress levels down as it is a well-established fact that stress has a damaging impact on MS. I am trying to control my stress, but I have reached my limit. I feel extremely vulnerable and anxious about what my MS will do.

Welfare reform is a good idea in principle but, when it has such a negative impact on the vulnerable, somebody needs to listen and action needs to be taken to protect people like me.

I worked as a teacher for many years and was retired as a result of ill health. MS is incurable—there is no magic miracle cure—and my latest sick line from my general practitioner, which was sent to the DWP just days before my latest bombshell, was for a year. Apparently his opinion counts for nothing.

The Convener: Thank you, Marlene.

Lesley McMurchie: Good morning. I am the principal carer for my husband Charles.

My husband, who had been employed as a social worker since 1973, was retired from work five years ago. He had never been off sick until he was retired as a result of permanent incapacity after a mental breakdown caused by workload and family problems. He also has some physical problems: asthma, arthritis in his knee, spine and neck, high blood pressure and swelling in his ankles. He has limited rotation in his wrist and swelling in his fingers as well as pain in his wrist following a fall in the garden when he lost concentration and fell over a garden pot.

Mentally my husband is fragile. He is virtually a recluse and goes out only when accompanied by me. He is also socially withdrawn; when family visits, he removes himself from the scene and goes upstairs to his study. He finds organising himself very difficult and I prompt him regularly when I am at home. He frequently loses items such as glasses and letters, and I often find him looking at them but not seeing them. He frequently drops his medication and I often find pills on the floor—indeed, just last night I found two pills on the floor—and when I ask him whether he has taken the correct dose he is unable to tell me. I work five days a week and, when I am not around, he sits in his dressing gown, unwashed, and undertakes no tasks around the house.

My husband was able to claim incapacity benefit and, since first claiming it, has had his health annually reviewed by the DWP. Each time he scored sufficient points—or did so until he was assessed for employment and support allowance in June 2012.

Prior to that assessment, he had undergone three reassessments. The first two were carried out by DWP doctors and conducted in an atmosphere in which my husband was able to discuss his illnesses and how they affected him without sticking rigidly to a set question and answer framework. The doctor clarified my husband’s answers before recording them and was sensitive to him, which I felt helped a great deal as he gets confused and loses concentration during longer discussions. The doctor was clearly experienced in handling patients with mental health problems.

In these two assessments, my husband’s medical conditions were fully recorded and, when we sent for and received a copy, we agreed fully with the assessment. For the assessment before June 2012, we filled in a form; my husband received notification that he had scored sufficient points and did not need to attend a medical.

Over the past year, my husband’s health has deteriorated. When I wrote my submission, he was waiting to see a psychiatrist; he has now seen one and is having two afternoons of in-patient treatment at our local hospital. At the time, he was told that because of the waiting list he would have to wait a minimum of 12 weeks. That alone has led to a deterioration in his mental health since his last fit-for-work assessment. He broke his wrist last summer and had to get a metal plate fitted, and he now has limited mobility in his hand because of swelling and pain. He cannot tie his shoelaces or button his shirts because of his wrist and the swelling in his fingers.

On the day of the assessment, he had to take additional medication—8 mg of diazepam—before he was able to leave the house. He took another 4 mg before entering the medical, because a mix-up in the booking meant that we had to wait more than an hour—something which was commented on as a positive in the final report. He also took an additional 4 mg of medication when he arrived home. There was no opportunity to reveal that at the medical, as the structure did not allow for any deviation from the set questions. Indeed, when he said that he was having a bad day, that was recorded but not explored or discussed.

I felt that the assessment was conducted in a manner that was geared to clients with physical disabilities, with only about five out of the 60 minutes being devoted to my husband’s mental health. None of his answers was recorded accurately; the report was a cut-and-paste job of small parts of answers that was geared to showing him as having no difficulties. For example, when he was asked if he walked to the local shop, he answered that he had attempted to do so only twice in the previous three months and that he had found the ordeal harrowing. That was recorded as his being able to walk to the local shop. There was no follow-up questioning of why he found it harrowing, which could have illuminated his mental health difficulties.

By that time, we had been there for nearly an hour—in fact, nearly two and a half hours, if you include the long wait before the assessment—and I felt that my husband was struggling mentally to cope but was putting a brave face on things and was desperate to get out of the room.

In addition, I felt that the nurse needed us to get away, as she had other appointments. She also made a comment about my husband's skin tone. She said that he had a good tan, which I took to mean that she thought that he spent his time out of doors enjoying the sunshine. Last June was a particularly wet month and my husband's highly florid skin tone is a result of steroid medication that he takes for his asthma. I was hurt by that thoughtless comment, but I did not respond, as my husband was clearly feeling the pressure of the assessment and would not have coped if I had questioned the nurse about it.

Needless to say, when we received the result, we were told that he was fit for work. That was as expected, as it was obvious from the medical examination and the subtle negative feelings that the nurse projected. We went to the citizens advice bureau for advice regarding an appeal and were advised to see our GP, get a sick note and appeal the decision.

We subsequently visited our GP, who refused to give my husband a sick note, as he said that, if he had been assessed as being fit for work by Atos, he must have been fit for work. After a lengthy discussion, he gave my husband a sick note that said, “Fit for part-time work only.” We took that to the DWP and were told that there were no facilities for that—you were either fit for work or not. He was told that, because he had all his contributions paid, there was no point in him claiming ESA, as he had a pension. Furthermore, the DWP would not help him to find part-time work, as it is too busy finding work for others who need full-time employment and are claiming ESA.

That is supposed to be an improvement on the benefits system. Words fail me.

The Convener: Thanks very much, Lesley.

Ian Megahy: Good morning. I am a veterinary surgeon who has been unable to work for the past nine years. I received incapacity benefit at the higher rate for eight years. My difficulties started when I was sent for an Atos assessment.

I suffer from fibromyalgia and severe allergic illnesses. I travelled into central Glasgow by bus and train and then had an hour's wait for my appointment. By the time I was seen, I was suffering severe pain and discomfort. My memory is not totally reliable because of my state, but I think that the interviewer offered to stop the process on three or four occasions because of my obvious distress. I stated that I would be just the same at any subsequent interview, so I would rather proceed and reduce the overall amount of pain that I would suffer.

Towards the end of the session, the interviewer stated that she would not conduct the physical examination, as that would cause me even more distress. She then inquired how I was to return home. When I stated that I would have to use the train and bus, she very kindly organised for a taxi to take me to my door because of the serious suffering that I was obviously experiencing.

Given all those facts, I was totally incredulous to be told in a telephone conversation with a DWP employee that Atos had assigned a score of zero. That caused me enormous distress as, in effect, it labelled me as untruthful and completely impugned my honour. When I informed the person from the DWP of the circumstances of the interview that I have outlined, he just repeated over and over, “So you say,” as if I had invented the whole matter. Given his scepticism, I asked him to seek proof from Atos about the veracity of my statement. My incredulity was further increased when I was informed verbally that my written submission had been assessed and that the DWP had allocated a score of 66.

10:15

During the conversation, I was eventually informed that the DWP would reassess my application if I could organise written statements from medical practitioners. Reports were arranged from my occupational therapist, my consultant physician and my GP. All that information was just enough for a DWP employee to award the minimum 15 points for me to qualify for work-related ESA. However, that lasts for only one year and then stops. I find living a major difficulty, and work would be an impossibility.

Given that, I had to appeal the decision and will have to attend a tribunal in order to receive support group status. The attendant stress that the process has caused over the past 11 months has caused a real worsening of my condition. I have suffered multiple infections as a result of stress reducing my immunity, and I have been put on antidepressants.

While I was waiting for the appeal, I was phoned by a DWP employee, who told me that he would not have even placed me in the work-related group. Essentially, he was implying that my appeal was useless. The following day, after a prolonged wait, I collapsed in the doctor’s waiting room and required a 999 ambulance call-out. The diagnosis was a severe flare-up of my condition caused by stress. I believe that the call from the DWP was a major contributing factor. My condition has continued to deteriorate in that I have begun to use a wheelchair intermittently.

After waiting seven months for the appeal, and only two weeks after the previous call from the DWP, I received another call from the same operator to say that he had received a letter from my consultant psychiatrist and had phoned her personally. As a result of that phone call, he was placing me in the ESA support group and I would not be bothered until December 2014, but even then I would only be required to resubmit the psychiatrist’s report and support group status would be renewed.

The following week, I received a letter indicating that I had to attend another Atos assessment. As you might imagine, I was stunned and extremely upset. I contacted the DWP and was told that that was an error, and it confirmed that I was indeed in the support group. I subsequently received another letter indicating that I was in the work-related group and I again had to check that that was another mistake.

When I am asked how I spend my time, I reply that actively trying to maintain my sanity accounts for the majority of my limited reserves of energy. I have tried to present the facts that I hope are relevant to your inquiry, without being too descriptive of the physical and emotional state that I suffer. Even composing this short submission has caused stress, which has the consequence of worsening my condition.

I will do my best to help with any additional information that you require.

The Convener: I thank you all for your contributions. It must have been difficult for you to recount your experiences, but the information that you have provided is invaluable in allowing us to get an understanding of exactly what you have all had to endure. Each time we have taken evidence or heard from individuals, more and more questions have been raised about the process.

I will open up the discussion to members shortly, but I have a couple of questions that I want to ask for clarification. The picture that I was given when we met Atos following our most recent your say evidence session does not match up with the information that you have given us this morning. There may be good reasons for that; we will have to go back to Atos and find out why that is.

Ian Megahy, in particular, mentioned the allocation of points. Atos went to great lengths to take us through the way in which it compiles the information, but I do not remember mention of it allocating points—I do not know whether Alex Johnstone or Kevin Stewart, who were there, remember that. Did Atos staff tell you that that is what they were going to do, and did you see that when you got the report back?

Marlene Hepburn: The descriptors that are used to award the points can be downloaded from the web.

Alex Johnstone (North East Scotland) (Con): Who awards the points?

Marlene Hepburn: Atos.

Alex Johnstone: I am worried about that, because we have been told that Atos does an objective assessment that it passes on and then somebody at the DWP makes the decision. Is it possible that somebody at the DWP awards points based on the Atos assessment? You are suggesting that Atos does that.

Marlene Hepburn: My understanding is that the report that I got was from the doctor who did the assessment. The report said things like, “Therefore I awarded” in relation to the points. I got six points, and that was how disabled I am. She said things such as, “As Miss Hepburn could do so and so, I awarded no points.” To my mind, it is perfectly clear that Atos is awarding the points. I got six points. When I got someone to come and talk through the report with me, he got me up to 16, I think.

Lesley McMurchie: I have the medical report on my husband, and there are no points on it. However, the letter that came from the DWP states that my husband was awarded six points from the medical evidence and the form that he submitted. I take it that some kind of adjudicator looks at that.

The Convener: They are called “decision makers”, apparently.

Lesley McMurchie: Someone looks at what we have submitted and the medical report. There are no points on the report, which I have with me. However, there is point allocation by those—what did you call them?

The Convener: Decision makers.

Lesley McMurchie: Yes—decision makers.

The Convener: We need clarity about who allocates the points. Atos went to great lengths to convince us that it has no input into the outcome of the decision, and that it just collects the information and passes it to the DWP.

Lesley McMurchie: I would question that.

The Convener: If you are telling us that points are allocated on the basis of the information that Atos collates, that is not quite the picture that Atos created.

Kevin Stewart (Aberdeen Central) (SNP): It comes as no surprise at this committee to get new information, as that happens all the time. During our visit to Atos, there was absolutely no mention of the points system. There were DWP officials there who could have told us that the decision makers did that. I find it difficult to see how they could come up with a points-based score based on the assessment criteria that we saw during the visit. If such a points system exists, we need to get somebody from the DWP here to explain how it works.

I do not know about you, convener, or Alex Johnstone, but to my mind it would be extremely difficult to base a points system on the information that comes from the questions that we saw on the computer screens. Without a doubt, after hearing this evidence, we need the DWP to come and explain what the points system is and how points are allocated. It would be extremely difficult for a decision maker to give points on the basis of what we saw because, at the end of the day, they are not present at the interview.

The Convener: I think that there is a major flaw in the system in that regard.

Before I open up to questions from members, I want to clarify one other issue that again goes back to the information that we obtained when we spoke to Atos and from my subsequent correspondence with Atos. Did your GPs supply a report along with the initial assessment?

Marlene Hepburn: No.

Lesley McMurchie: No.

Ian Megahy: No.

The Convener: So none of your GPs did that?

Marlene Hepburn: No—none of the GPs, and nor did my neurologist or my MS nurse.

The Convener: So the process was based purely on the information that you supplied and the Atos assessment—the GPs made no contribution at the outset.

Marlene Hepburn: No.

Lesley McMurchie: No.

Ian Megahy: No.

Annabelle Ewing (Mid Scotland and Fife) (SNP): Are you aware of whether Atos sought information from your medical teams?

Marlene Hepburn: As far as I know, my neurologist and my MS nurse had no contact from Atos.

Lesley McMurchie: I asked the GP, and he said he had had no contact.

Ian Megahy: I do not think that Atos had anything to do with the medical representatives.

The Convener: Yet Atos made it clear to us that it contacted the claimant's GP as part of the initial process. It told us that its decision on whether to call someone in was based on the response that it got at the outset from the GP.

Marlene Hepburn: I understood that I was called in because I had filled in the form without getting advice from anybody. I filled it in truthfully myself, which was why I was called in for a face-to-face medical. I had been completely honest about my condition and I listed the people Atos could ask about it. However, it did not ask anybody; it just pulled me in—and then put me out.

The Convener: Right. I open it up to the committee members. I will take the deputy convener first and then come to Kevin Stewart.

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): Thank you, convener. I thank the witnesses for the evidence that they have given thus far. As the convener said, it is very helpful for the work that we are undertaking.

I have a question for Marlene Hepburn. I should say for the record that she is no relation, although I had a discussion with her earlier and we might have a distant mutual relation somewhere.

In your evidence, Marlene, you said that you found the actual assessment very stressful and you went on to talk about the impact that that had on you. Can you explain to us why the process was stressful?

Marlene Hepburn: Well, the girl came out and introduced herself as Dr Iliana something. She took me into a room. I had my sister with me, who had come down from Fraserburgh. The doctor turned and said, "I see you've brought somebody with you." She turned to my sister, looked her up and down, and said, "Exactly who are you?" Well, a word of warning: you do not do that to my sister. She is an ex-deputy head, so that was not a good ploy. She said, "I am her sister." That was okay and we sat down.

The doctor then went through the descriptors, which I did not even know existed. She then said, "I need to do a physical examination. I'll need to get you up on the table." Well, I looked at the table, and there were three steps up and no hand rail. I thought, "Right, I've got to get up on there—she's expecting me to get up." So, I went up the steps. I went up one step and the other step, turned, sat down, and then swung my legs round, because I knew that, if I climbed the third step, I would be away.

That was fine and she got me lying on the table. Then she said to me, “I want you to raise your leg. Can you raise your right leg?” I did and she said, “Is that the best you can do?” I said, “Yes,” and put it down again. She did the same with the other leg and then said, “Now, can you tell me why you couldn’t lift your leg any higher?” I said, “Well, it was heavy and it was wobbly.” She said, “Yes, but you couldn’t lift—”. I said, “No, I’ve got MS.” She said, “Right,” and that was it. My sister also told her, “She’s got MS.”

To come off the table, I had to come down the steps on my bottom, because I thought, “If I stand up on the top step to come down, I’m away. And she’s expecting me to come down, therefore I’ll come down.” In the report, she said, “Miss Hepburn accessed and left the table unaided.” True, but not accurate.

It was things like that, where she took no account of my conditions. Sorry to say this bit—I did not want to do it in public—but I have a problem with my bowels.

The Convener: If you do not want to give any—

Marlene Hepburn: No, it is okay.

The Convener: If any of the witnesses are uncomfortable about giving any personal information, they should not feel obliged to say anything.

Marlene Hepburn: I will go on with this bit because it is important.

I have a problem with my bowels. Now, the doctor asked questions, and being a typical Scot I tried to make it sound less serious than it was, so I said that I wore pads. The report said, “She only wears pads.” Yes, I do, but I change them maybe three or four times a day. That was not in the report, because the interview never got that deep. There was a dismissal of the fact that I had these problems: they were seen as not important and not impacting on my life. I felt really threatened by the whole thing, because it was conducted very much as, “We need to get you out.”

I sat there for three quarters of an hour. That was noted in the report as, “Miss Hepburn sat for 45 minutes with no apparent sign of discomfort.” Now, the way I was brought up was that, for an interview, you go in, sit down, sit there until you are finished and then you leave. I never thought to say to her, “Excuse me, I’m feeling uncomfortable.” I just sat there and did the interview, because I wanted to get out. However, that went against me, because I sat for 45 minutes.

The report also stressed that I swim. Yes, I swim, but I do not go up and down the pool. I go to the university pool and do half lengths where it is not so deep. I do only so many of those lengths, and then I come out. I do not go up and down, and up and down—I do my lengths, which might take me 30 or 45 minutes, or longer. The report just said, “Miss Hepburn swims for 45 minutes a week.”

10:30

Jamie Hepburn: It sounds as though part of the issue was an attitude problem on the part of that individual. That sounds quite similar to what Mrs McMurchie said in her submission about how, when her husband said that he could go to the shops, what he said was taken literally without consideration of the nuance. That is a problem.

Marlene Hepburn: I keep myself healthy and follow my health professional’s advice. I try to keep myself mobile because, if I do not, I do not know what will happen.

I am also the secretary of the MS Society’s local branch, for which I type up the minutes. That went against me: “Ms Hepburn is the secretary of the local MS Society branch, for which she types up the minutes and attends meetings.” Fair enough, I attend meetings, at which I get a cup of tea and a biscuit—I will go for the cup of tea and the biscuit—and I type up the minutes. Yes, I have computer skills, but she does not see me sitting in front of the computer saying, “I have lost that cursor again”—you can put whatever adjective you want in front of that. I sit there for ages saying, “Show yourself to me.” I provide the minutes, but all the details are there so that I just have to change the date at the top and the list of people who were there. The minutes follow the same process, and there are “Matters Arising” and so on for each meeting, so I do very little in the way of input of new information. Luckily, my chairperson gives me a printed sheet of what will happen at the meeting, so I simply transfer the details from one document to another. However, I have computer skills and therefore I am employable.

Jamie Hepburn: I also see that you mentioned—this is not the first time that we have heard this—that emphasis was placed on how well you were turned out. From what you have said, it sounds to me as though it would have been better if you had turned up slovenly and if you were totally inactive. Would that have counted more for you?

Marlene Hepburn: The report says, “Ms Hepburn was well turned out and dressed tidily.” I was with my big sister—she is older than I am—who would not let me go out of the house untidy. The report said that I look well. Yes, I look well because I have lost weight, I exercise and I try to eat healthily. I watch what I do and I do not get overtired. I look this good because I work at it. However, when I got home from the Atos assessment, that was me done for the day. I said to my sister, “You can forget doing anything.” I look well and I present myself well and I have good eye contact, but I was a teacher. So, sorry, old habits die hard.

Jamie Hepburn: As I remember, most teachers have good eye contact from the back of their head as well.

Marlene Hepburn: Yes, my kids used to say, “Have you got eyes on the back of your head?” I would say, “Yes, that is why I have got longer hair, so that you can’t see them.” Huge emphasis was put on the fact that I look well.

Jamie Hepburn: Thank you, Ms Hepburn. I am slightly terrified of your sister now.

Can I turn to Mrs McMurchie? I am kind of confused—clearly, you were as well—by the delay in the appointment being referred to as “a positive” in the report. What do you mean?

Lesley McMurchie: What the report stated was similar to what happened with Marlene Hepburn. Because my husband did not walk out but sat waiting to go in for the medical appointment, that was considered a positive thing. I assume that the inference was that, if he was poorly and unable to cope, he would have walked out and would not have sat there. However, that did not take account of the amount of medication that he had been taking while he was there. It was commented on as a positive.

Jamie Hepburn: Convener, it seems extraordinary that that could be held against someone.

You say in your submission that the final report was a “cut and paste job”, in that your husband’s answer led them to conclude that he was able to walk to the local shops, whereas he finds it very difficult to do that. Do you have other examples that would lead you to think that the report was a cut-and-paste job?

Lesley McMurchie: I could give many examples. I have brought the form along with me, so let me have a look.

A positive is: “He gets out of bed despite pain.” My husband went into quite a bit of detail about getting out of bed very late. One of the reasons for that is his mental health problem. He finds getting up to face the day very difficult. I prompt him. My break at work is at 11 o’clock in the morning and I phone home then to ask him whether he is up. He is usually up by then, although sometimes he is not. If he is not up, I phone at 1 o’clock during my lunch time and ask him whether he is up. He is usually up by that time, but sometimes he is not. I have not yet found him in bed when I have got home from work but, every single day, I find him sitting, unwashed, in his dressing gown at half past 4 or 5 o’clock at night. That is a big problem for me and for him.

Despite my husband’s pain from the arthritis in his spine, neck and arms—he is also waiting for an operation for a replacement knee—it was seen as a positive that he gets out of bed. The form does not say what time he gets out of bed or how he feels about having to get up in the morning. All that was talked about, but his getting out of bed was described as a positive.

It was described as a positive thing that my husband has a walk-in shower. Actually, we do not have a walk-in shower, so that is inaccurate: we have a shower over a bath. We explained his difficulty with washing. If he sits in the bath, he regularly cannot get up, particularly by using his hand to lever himself up, with the arthritis in his neck and spine. We explained that in some detail and that, although he uses the shower, it is quite difficult for him, as he has to lift his leg over the bath. We do not have a walk-in shower, but the form says that he has one.

I could go through the whole thing. The form says that he drives for five minutes to the supermarket and to the general practitioner’s surgery most weeks, but he does not see the GP most weeks. In fact, he is now seeing the GP regularly, as his mental health has deteriorated since the Atos assessment and he is now on an in-patient programme. He never goes to the supermarket—I do that. That was explained, but the form was totally inaccurate.

The form says that he watches television most days, which he does. In general, he prefers to watch the news. It is accurate to say that he watches television for half an hour at a time, and that was described as a positive.

Jamie Hepburn: Was the relevance to his fitness for work of his watching television, especially the news, explained?

Lesley McMurchie: It was not, but I think that the fact that he could watch television showed that he had some concentration. We both really enjoy watching the news, the Parliament and all the committees, for example.

Jamie Hepburn: It is good to know that someone is watching.

Lesley McMurchie: He watches the television and goes off into his own little place. I will say to him, “Did you hear that?” or “Did you hear what he said there?” and he will say, “What?” None of that was explored, but positives were taken.

Another positive was that he has to stand to ease the pain to allow him to sit for longer periods. I assume that whether someone can stand up and move is important so that adjustments could be made to work. He moves his joints, bends his knees, stretches and moves round his back constantly throughout the day, and that was taken as a positive.

Jamie Hepburn: I have one more question, if I may, convener, then I will shut up. It is for Ian Megahy. I was intrigued by what you said in your submission about your experience with the DWP. It seems that there was a lot of toing and froing, but eventually it accepted that you should be in the ESA support group. However, you then got other letters: one said that you had to be reassessed, then another said that you were in the work related group. Did the DWP explain how those mistakes happened?

Ian Megahy: They said that the first one was just unfortunate timing. It was not unfortunate timing for them; it was flaming unfortunate timing for me. I was on an emotional rollercoaster with events. It was just inefficiency and not caring.

Jamie Hepburn: It was clearly unfortunate timing for you in terms of the duress, but I can see how the first letter might have automatically come out. However, when the second letter came out, you had already been told that you were on a certain type of ESA. What was the explanation for that letter?

Ian Megahy: To paraphrase Oscar Wilde: to lose one parent is unfortunate; to lose two is carelessness.

Jamie Hepburn: I do not think that we have ever had Oscar Wilde referred to in the committee—thank you.

Kevin Stewart: I have a question for Ms Hepburn. You referred in your written submission to a 71-page response that you received from Atos. Can you go into a bit more detail on the response? Do not go through the entire 71 pages; just say what kind of things the response had in it.

Marlene Hepburn: A big envelope dropped through the door and I opened it—it was the response and it was 71 pages long. I thought, "I can't go through that," and I put it aside. At three o'clock in the morning, I could not sleep. What do you do? You read the report. One of the things that they said, which completely and utterly devastated me, was about "any reasonable person".

I should explain that I have dropped foot, which I now wear an ankle brace for. As I had explained, that does not eradicate the problem, because the foot will still drop, but it helps to relieve the number of times that it does that. I cannot wear the brace in the house because I cannot wear it with slippers; I have to wear it with shoes with laces. I sometimes fall in the house. I fell one day and took a toenail off, which meant a trip to hospital and so on.

Anyway, the Atos response said that "any reasonable person"—implying that that was not me—would use a manual wheelchair on a daily basis to manoeuvre around the house—or wherever I was. I have had MS for over 30 years. The only time I go in a wheelchair is when I go on holiday. Hmm, that is a big problem because that is one that they are going to get me on: how do I manage to go on holiday? I get a wheelchair at the airport. If there is nobody there to do it, my sister pushes me. A wheelchair meets me when I come off the plane, and I am wheeled through.

Atos recommended that any reasonable person would use a wheelchair on a daily basis. That devastated me. I am in the local MS society and I am quite proud of the fact that I walk into the meetings and I walk out. I hope that that gives encouragement to newly diagnosed people who come to a meeting, because three quarters of the people there are in wheelchairs, then—hey!—this one walks in looking good with no wheelchair. I think that that is positive for other—I will not say MS sufferers, because my chairperson will annihilate me—people who have got MS.

However, Atos recommended that I use a wheelchair, which completely and utterly devastated me. I thought, "What's the point?", and, "I am not in a wheelchair, but—heigh-ho—who needs to worry about being in a wheelchair?" I keep my mobility, which is why I swim, walk, exercise and eat healthily. I want to keep out of a wheelchair.

Another thing that the woman who assessed me asked was, "Have you got stairs in your house?" I had put in the form that my house is a bungalow. At that point, my sister said from behind me, "The clue is in the word 'bungalow'." At that point, I thought, "Oh, Kathleen, you've just blown it." However, I do not have stairs in my house. I have one step to get in and one step to get out the back to my patio. The house is all on the level and I have no stairs.

I can still fall in my house, though. Usually, I am in my bare feet, which is how my toenail came off. As I said, I now have to wear an ankle brace because it stops the frequency of falling, but it still happens. When I fall, it is a triple whammy: I take the knee out of my trousers, wet myself and soil myself. Then I have to be assisted to a toilet. I always travel on holiday with my sister in case that happens. She feels quite heartless because I trip, I lie on the pavement and she stands and watches me. People rush up—as you do—and pull at me and she will say, "No, she is fine. Just leave her."

She can see them looking at her and thinking, “Oh, you heartless besom!” However, I know that my legs will not support me, so I lie there until I get power back in them. I then have to have something to lean on to enable me to get up. Once I am up, I am fine, but the report says that I should use a wheelchair.

10:45

Kevin Stewart: You said that you have had MS for 30 years and that you retired on the ground of ill health some five years ago, so you carried on working for 25 years after being diagnosed with MS.

Marlene Hepburn: As a teacher, it got progressively more difficult because of the tiredness. I did not usually suffer from tiredness, but it began to be a problem. When I said to my headteacher, “I’m really tired today,” she said, “We’re all tired. It’s Christmas time, Marlene.”

At that point, I went to my doctor and told him that I needed to do something about it. He wrote a very strongly worded sick note, which blew the whole thing open with the council. It was horrendous. That, too, was stressful. I was then off on sick leave for a year. I could not go back to work and was granted retirement on the ground of ill health.

MS is incurable. I am extremely lucky, because my MS is controlled by injections, but even the injections can cause problems. One Christmas, I was up at my sister’s and injected myself. I got up at 3 o’clock in the morning and said to Kathleen, “I have terrific pain in the site I’ve injected.” We had to get to the local hospital, where it was discovered that I had a cyst. Where I had put the needle in, I had a bruise that had got infected. It was incredibly painful.

I have to watch with the injections. I can no longer inject in my left lower; I now have to inject in my arms. I have bruises all over my abdomen. When I go swimming, I hate showers where everyone showers together because I go in and everyone looks at me, thinking, “That woman has puncture marks all over her abdomen.” They must think, “What on earth?” I have problems with that. I have bruises on my legs and arms. They are unsightly but, because I inject three times a week with interferon, I am in control of my MS. It is a really silly position to be in, because I am terrified that I will lose control. The MS can flare up at any time. It is a remitting-relapsing condition. I can be fine for ages and then, suddenly, a symptom comes back. That is my fear.

Kevin Stewart: Thank you.

Mrs McMurchie, we have heard from Ms Hepburn that she worked for 25 years with MS. In your written evidence, you said that your husband started work as a social worker in 1973. When did his illness start and when did he give up work?

Lesley McMurchie: His illness started round about 2000. At that point, to go into the work part of it, the council reorganised his job. There had been three senior social workers, but the jobs were amalgamated and he was put in charge of the community service for offenders for the whole of Fife Council. I do not like to go into that too much, but he found the constant pressure of running a service on his own to be extremely difficult.

I do not mind talking about the family problems that we had at that point in time. My father had lung cancer. My daughter, who was 16, was diagnosed with ME and was bedridden for more than six months. With the combination of the pressure in that year, he was off work for six months—that was his first critical depressive episode—but he got back to work. He worked quite well for another few years, and then he had another critical episode. Work-related problems had built up and he could not cope. He was off work for another six months.

Finally, just before he was medically retired, he was off for about a year and a half. For the first year, he was on half pay. Then he was medically retired. Before that he had been off with depression and associated problems. The arthritis and asthma had always been there, but we had always managed, until we could not manage any more and the council decided that he should be retired on permanent incapacity, because of mental health problems.

Kevin Stewart: Thank you. Mr Megahy, you said that you were a veterinary surgeon. How long did you do that job?

Ian Megahy: I qualified in 1984. When I had to stop work, I was a senior partner in my own practice and a part-time university lecturer.

Before I stopped work, a client took my business partner aside and virtually accused him of being a callous so-and-so for allowing me to be at my work. A lot of the general public think that the chronically ill are feckless people who give up, sit about and do not try. I have made massive efforts to get better. I have a list of 38 treatments—medicines, procedures and so on—that I have tried. I desperately want to get back to my work. I love my work.

Kevin Stewart: That is one of the difficulties. We keep hearing from another place that the objective is to help strivers, not skivers, and the system is supposed to be set up to deal with so-called skivers. That is language that I do not particularly like; it is extremely unhelpful. Is it the case that even though Ms Hepburn and Mr

Megahy have had troubles and Mrs McMurchie's husband has had troubles, there has always been a willingness and desire to carry on and work if that was at all possible?

Marlene Hepburn: Yes.

Lesley McMurchie: Yes.

Ian Megahy: Yes, and that is what makes that language so particularly offensive and demoralising. We are all trying our very best. The trouble with the DWP and Atos is that they penalise the very people who try. We turn up smartly dressed. We make an effort. None of us sits about complaining about our situation, although coming here was difficult for us. I tried to make my report factual; it was not about the day-to-day emotions. We try to be positive and to get on as best as we can, but that is held against us.

Lesley McMurchie: There is something that comes with incapacity benefit, which I do not think is available with employment and support allowance. When my husband was on incapacity benefit, part of the programme was called supported permitted work—I do not know whether members have heard of it—

Kevin Stewart: Yes.

Lesley McMurchie: My husband was very keen to try to get some work.

We invested some of our savings in a mobile disco, because he loves music. He was supported by the Fife employability team, who geared him up to do the tasks around organising himself for that. I became his roadie and learned how to wire up a disco—at the age of 58—and travelled with him all the time. My daughter helped with setting up the disco as well. He was allowed to do that under the incapacity benefit regulations as long as he did not work more than a certain number of hours a week. He worked only once a month, if he was lucky, but he got a lot of satisfaction and self worth out of that. He got work only through word of mouth—he never advertised; people who he knew asked him to come along and do what he did. Now, though, that is all gone, because he is not in receipt of any benefits whatsoever, and Fife employability is not supporting him any longer. He is basically on the scrap heap now, but he still has another five years to go before he gets his pension.

Kevin Stewart: I have a question for Mr Megahy about fibromyalgia, which is something that a lot of people do not understand. Could you describe the chronic pain that you sometimes feel with the illness? I know a little bit about it, but it would be useful if you could give us a description.

Ian Megahy: If I was going on "Mastermind", this would be my specialist subject. I can read any medical journal—that stuff is easy for me—so I am genned up to the ceiling on the subject.

Fibromyalgia is a neurological condition. People say, "You're looking grand," and I say, "Well, you should see my neurotransmitters—they're all over the place."

I wake up in the morning in pain and I go to sleep at night in pain. The symptoms are aggravated by anything that I do—I use the word "stressors"—such as sitting having a meal, speaking with my friends, concentrating on a conversation for an hour. As well as the generalised pain, I get localised headaches. I also get nausea. If you have a sore head and feel sick, it is difficult to concentrate on tasks. A veterinary degree is one of the hardest degrees to get through. Now, it might take me four hours to write a 750-word report.

I try to get as much as I can out of life. I class anything that I do as a benefit, but there is also a cost attached.

The Atos assessment has a section about whether you can walk a certain distance. I can do that. Once a week, I go out for a walk with a friend who has a similar illness. I go out and get fresh air, and then I come home and go to my bed and I do not schedule anything for the next day. We usually go for a walk on Monday and, because I was coming here to talk to you on a Tuesday, I cancelled the walk. Because I am talking to you today, I have nothing at all scheduled for tomorrow.

Kevin Stewart: Thank you for that. You are very brave and we are grateful for your evidence.

Annabelle Ewing: I thank our witnesses for coming in. It has been useful for the committee—and, I hope, anyone who is watching the committee or who reads the *Official Report* at a later stage—to see exactly what this all means for individual human beings, because that is what it is all about, at the end of the day.

You might be aware that we sought to have the United Kingdom Secretary of State for Work and Pensions, Iain Duncan Smith, come before this committee in a formal session so that we might ask him questions and, hopefully, obtain answers. Sadly, however, he has so far refused to do so. I would like to ask each of you in turn what you would like to ask Mr Duncan Smith.

11:00

Marlene Hepburn: I would just ask him where is his heart and where is his sense. If he puts me back to work, I will be there on Monday and Tuesday, I might be there on Wednesday, I do not know whether I will be there on Thursday, but I definitely will not be there on Friday. Who is going to employ a woman who can fall over nothing and then has to go home and get showered? I feel that they have no idea of the reality of living with a disability.

Lesley McMurchie: My husband paid in for many years with the view that, when he was older—he is 60, so he is not old, he keeps telling me—he would be looked after. He is not being looked after. In fact, the state has contributed to putting him in a worse position than he was in in June last year. I am a history graduate and I thought that, when we set up the welfare state, it was to be there for people such as my husband who worked hard and did his best so that, in times of need, something would be there for him, but it is not there. That would be my question for Iain Duncan Smith. There should be something there for those hard-working men and women who have contributed to society; they are being left with nothing.

Ian Megahy: I have thought about this before. I am certain that the UK Government ministers did not specifically ask Triage to refer to its clients as LTBs. I would ask him why he feels that it was right to create an atmosphere in which that does not seem to be such a bad thing. It might be a stupid question, but I would also ask him whether he had any guilt, compassion or regret about having created the conditions in which people who are supposed to be helping think that it is acceptable to generate that kind of disgraceful and offensive language.

Annabelle Ewing: Thank you, all three of you. I sincerely hope that Mr Duncan Smith has been listening to you.

The Convener: Linda Fabiani has a small supplementary question.

Linda Fabiani (East Kilbride) (SNP): I no longer have a supplementary question. Annabelle Ewing's question was similar to mine.

Iain Gray (East Lothian) (Lab): I want to tease out a couple of themes from the evidence that relate to the committee's concerns about the way in which the process is working.

The first is common to Mrs McMurchie's and Mr Megahy's evidence. It is the capacity of the system to make a fair assessment of mental health problems. In your evidence, Mrs McMurchie, you said that you felt that the assessment was almost entirely about your husband's physical health, and that only five minutes out of the 60 was devoted to his mental health. Mr Megahy, your evidence was slightly different: you said that progress was made when the DWP listened to your consultant psychiatrist—I know that further mess-ups were made about calling you back in and so on, but at least there seemed to be a point at which your psychiatrist's evidence was listened to.

Will you both tell us a little more about that? Do you believe that the process and structure of the Atos assessments and the questions do not allow a proper assessment to be made of mental health problems, or do you believe that those who are carrying out the assessments do not have the expertise or experience to recognise or understand those problems? Which of those is the case, or am I missing the mark altogether?

Lesley McMurchie: I do not think that you are missing the mark. As an onlooker, I would say that there is a problem with the structure of the assessments. My husband was very slow and took a long time to do the physical part. He had to bend, stretch and do things like that, and because that took quite a bit of time, only a short time was left, so it was very rushed.

My view is that the nurse had certain questions that she needed to get answered, but it is difficult for people with mental health problems to have insight into the difficulties that they have. Quite a bit of teasing out is required to clarify what they are saying. There was not enough time but, from what I observed—from her comments and her manner—I do not think that she was skilled enough, especially when I compare her with one of the doctors my husband had, who made him very comfortable.

Iain Gray: That is an interesting contrast. I think that you believe that the DWP process pre-Atos did make a fair assessment.

Lesley McMurchie: Yes, it did, and we were happy with how it went. I do not know who the doctor was, but he was extremely skilled. Within minutes, he made my husband feel—

Iain Gray: That was not the doctor who knew your husband but the doctor at the Benefits Agency medical service, which the DWP appointed to do the work.

Lesley McMurchie: Yes. He made my husband feel relaxed. He could talk and clarify things, but there was none of that at Atos.

Iain Gray: So it is not impossible to make a fair assessment. It is just not happening now.

Lesley McMurchie: The previous way was certainly much fairer.

The Convener: How long ago did your husband go through the DWP assessments?

Lesley McMurchie: Over the past five years, he had two face-to-face medicals with a DWP doctor, and one written one.

The Convener: That was within the past five years.

Lesley McMurchie: Yes.

The Convener: So we are not looking back a long time into the past.

Lesley McMurchie: No. I was present at the two with the doctor and they were excellent.

Ian Megahy: It is paradoxical, because I do not actually have many psychological or psychiatric problems. Historically, when I first had chronic fatigue, the only person in my area who was dealing with it happened to be a consultant psychiatrist. It has been hereditary. I see his occupational therapist and he is the person who has helped me most. They have been very useful in giving me coping strategies and ways of dealing with the physical things.

My impression of Atos is that, although it says that nurses and doctors are doing the assessments, a secretary could do them, because they are just ticking boxes on a pre-set form. It does not take medical skills to do that. They ask, “Can you walk?” The person says yes, and they tick a box. They are not making detailed psychological assessments. They are asking, “Can you get up in the morning? Do you like yourself?”

Iain Gray: Again, it seems that your experience of the DWP was rather better than your experience of Atos. Is it fair to say that? In the end, the DWP did put you on to the support group, did it not?

Ian Megahy: Yes, which is all that I was asking for.

Iain Gray: You also had much higher scores when the DWP assessed your evidence. When Atos assessed it, it assigned you a score of zero.

Ian Megahy: Again, the DWP did that once I had reports from occupational therapists and GPs. One of the big problems is that it did not do that at first. The decision was made only at the very last juncture after another occupational therapist report had been submitted. I do not know what my consultant psychiatrist said that changed the DWP’s mind.

When the person from the DWP phoned to say that I had a zero score, after I was well into the conversation I said, “Well, what am I going to do? My occupational therapists—” and he said, “Well, maybe you can get reports from them.” I did not know that—that had not been said anywhere. I then had to start that process.

Iain Gray: So how you could appeal the decision was not made clear to you.

Ian Megahy: No. I am a robust, strong character. Not many people would say that I was easy or a walkover, but this process has pushed me to the very edge, which is the main reason why I am here. I have superb family support and great friends. The medics are very good with me and I know who to access. I am the person who should find it the easiest, but it was a nightmare.

Iain Gray: Another theme that the committee has been exploring is the role of GPs in providing both initial evidence and appeal support. I want to ask Mrs McMurchie more about what seems to be the pretty poor experience that she had with her husband’s GP.

We have been told that if GPs are asked for evidence by the DWP, or Atos as its agent, they are contractually obliged to provide it, but if their patient asks for evidence for an appeal, they can simply refuse, or they can charge for it because it is outside their contract.

Mrs McMurchie, can you expand on the encounter with your husband’s GP?

Lesley McMurchie: I went with my husband, obviously. We explained that he had been assessed and that he had been found to be fit for work. We went over with the GP how my husband was before and after the assessment and we told the GP that we needed his support. The GP was very clear that he was of the opinion that my husband had had a medical assessment by a health professional who had submitted evidence that had proven that he was fit for work, and that that was fact.

Iain Gray: I do not understand. Surely your GP is supposed to provide evidence to inform Atos, rather than Atos providing evidence to inform your GP.

Lesley McMurchie: My husband spoke very little, and I had a good, long, hearty conversation with the GP about whether it was his medical opinion that tomorrow my husband would be able to go and work a 48-hour week. He eventually came round and said that my husband could maybe manage part-time work. I said, “Part-time work? Okay, let’s see if we get anywhere with that.” Unfortunately, that was the wrong thing to do.

I then went to see my own GP because I was feeling the stress of the situation. I spoke to her at great length. She was very understanding of how I felt, but she was careful to say that the Government could not afford the benefits system and that people have to be assessed, and if people are assessed as fit, they are fit. That was the two GPs in my practice and that was where we ended up.

11:15

Iain Gray: That might be part of the problem. It is not up to GPs to decide whether we can afford the benefits system; it is up to them to provide evidence about their patients.

Lesley McMurchie: Absolutely.

Ian Megahy: I should also add that the GPs' evidence is still assessed within the very rigid criteria that Atos ticks off and the DWP assessors look at. If your GP's written report does not fit in to that framework, they will say that you are fit for work. For example, my GP said, "He's not fit for work, but he can go for a walk" to show that I was making a positive effort. However, because I can walk, I now cannot get employment and support allowance.

Iain Gray: That is a really important point. People who have experience of representing claimants in the system tell us that even when the GPs provide evidence it does not answer the questions that have to be answered. However, the committee has identified the more fundamental problem of GPs simply refusing to provide the evidence altogether, which is a stage worse.

Linda Fabiani: First of all, convener, I should apologise, particularly to Marlene Hepburn, for being a wee bit late this morning.

All we hear is chaos. For a start, before an individual gets an assessment, there is uncertainty over whether the doctor will supply the evidence first—or, indeed, will supply the evidence at all. We keep hearing conflicting evidence from all parties and—if I can say so to you, convener, and to the clerks—I would like us to track the total inconsistency that we hear in the evidence from the different players.

However, what I find really awful is what Ian Megahy referred to as the tick-box when individuals get their assessment. I cannot begin to imagine the frustration that you must feel when boxes simply get ticked, you cannot qualify anything and then you get a 70-page report that bears no relation to your situation.

Marlene Hepburn: The worrying thing is that personal independence payments are going in exactly the same direction. I have a copy of the descriptors.

Linda Fabiani: You have all referred to the additional stress that all this causes. We need to let Mr Iain Duncan Smith know that he is making people more ill through these actions.

As Ian Megahy pointed out, all of you have support from family, friends and so on, have professional backgrounds and have the ability to cope, but terrible things have happened to you. However, for someone on their own who has always suffered in some way and has never been able to hold down a long-term job, the stress must be absolutely horrendous. Indeed, I want to put on record for Iain Duncan Smith that yesterday I received an email from someone who is contemplating suicide because of the welfare reforms. The situation is, as I have said, absolutely horrendous.

To come back to the "no discretion" issue, I think that Marlene Hepburn mentioned doing voluntary work as secretary of the MS Society. Surely that shows that someone who is unable to work can still give something to society. Lesley McMurchie said that her husband had been able to try a new initiative that might have improved his wellbeing and mental health, but also told us how they were treated when there was the potential of part-time work that might have opened the door. I am really interested in finding out the situation with voluntary work, which makes a contribution to society, and the ability of part-time work to ease people back into work and to make the best of their skills.

I realise that I have just given a bit of a lecture instead of asking questions—I am sorry—but your answers have been so powerful, given what we have been trying to find out. Is part-time work discounted altogether?

Lesley McMurchie: I have no clear picture of that. I think that perhaps if someone goes to one of the support groups there might be some support, but I have no experience of that.

All I know is that my husband is getting no benefits and is no longer part of Fife employability. He is a cost to society now, because he is seeing a psychiatrist. He has his two afternoons a week. I asked him how long that would go on, because he is finding the sessions very beneficial. He said, "One I can continue with ad infinitum. The other one, I'll go for eight weeks and then they'll review it and see how I am. I might have to continue with it." The sessions have been quite beneficial, but there is a cost. If we compare the cost of my husband going to hospital two afternoons a week with what he was getting before, when he was coping quite well, doing his wee disco and getting his benefits, I do not know, but I rather think that the two out-patient days would cost more.

Linda Fabiani: Another thing that has horrified me is the dismissiveness of the medical input when people turn up for assessments. We took evidence from NHS Lanarkshire and an organisation whose name I cannot remember—

The Convener: Salus.

Linda Fabiani: Salus is going to take over the role, in a slightly different context. Salus said firmly that its rigorous medical background meant that its staff would do assessments in an efficient and caring way—I cannot remember the exact words. I would not mind getting supplementary evidence from Salus, given what we have heard today.

The Convener: Salus is not yet operating the system; it is gearing up to start—I think in June.

We will need to keep a careful eye on things and bring Salus back in when it has implemented the system.

Linda Fabiani: We absolutely will. There is a feeling of great helplessness, so we should be pushing for anything that can make things a wee bit better, anywhere.

Alex Johnstone: Have any witnesses gone through a formal appeal process in relation to a decision that was made after an Atos assessment?

Marlene Hepburn: I will go through one on Thursday.

Alex Johnstone: You have not been through one yet.

Marlene Hepburn: No.

Alex Johnstone: You might be close enough to the experience to be able to help. Have the other witnesses been through a formal process?

Lesley McMurchie: We cannot appeal the decision, because we do not have the backing of our GP. That is the advice that the citizens advice bureau gave us.

Alex Johnstone: I am concerned in particular about GPs and medical professionals.

Ms Hepburn, who is assisting you with the appeal process?

Marlene Hepburn: I have assisting me a representative who works with the Long Term Conditions Alliance and Macmillan Cancer Support. He is a benefits adviser and has been really good whenever I have had to contact him. When Ron McIntosh comes on the phone, my stress level drops. He is my appointed representative and will come with me to the assessment.

I got the notification of the appeal before he did. When I phoned him and said that I had a date for my appeal, he told me that he hadn’t heard about it, but he pencilled in the date and he will be there. He has explained the process that I will go through and he has been really good. He has told me to just explain the situation, and he will come in if there is something that I have not explained or if there is a question that I have not understood fully. There will, at the appeal, be an employment lawyer, a doctor, and Ron and me.

Alex Johnstone: Can we note the adviser who is assisting and find out whether they are included in the process, to ensure that financial support is directed at them? I am sure that there is financial support, but we should check. Who funds the doctor and the lawyer?

Marlene Hepburn: I have no idea. Ron has assured me that the doctor and lawyer are totally independent.

Alex Johnstone: I take it that the doctor is not your GP.

Marlene Hepburn: No, it will not be my GP.

Alex Johnstone: To your knowledge, have your GP and the other health professionals whom you mentioned have worked with you been asked to supply evidence for the appeal?

Marlene Hepburn: For appeal, I had to submit two supporting pieces of evidence. I contacted my MS nurse, who has written a report that has been given to the appeal. My continence nurse has also written a report, and a copy of that has been given to the appeal.

Alex Johnstone: Your GP is not involved.

Marlene Hepburn: No, my GP is not involved.

Alex Johnstone: I wish you the best of luck with that. It is very useful to hear your experience. It might have been even more beneficial if we knew how the appeal will turn out, but it is still very useful to be able to talk to someone who is in the process.

Mrs McMurchie—you have not had the feedback that you wanted from your GP.

Lesley McMurchie: That is right.

Alex Johnstone: Do you therefore consider that the appeal process is likely to be less useful to you?

Lesley McMurchie: The CAB, which has advised us right through while we have been filling in the forms, advised us that, without our GP providing a detailed report, there is no point in going to appeal because there would still be the evidence of the Atos assessment form that had been filled in.

Alex Johnstone: I am surprised at what you have told us today, given that the GP’s role should be to provide a professional opinion of your husband’s case rather than an opinion of someone else’s assessment. Might it be possible to explore that further, or do you feel that that avenue is completely cut off?

Lesley McMurchie: The advice that we have been given is that because it is now more than six months since my husband went through the assessment, we can put in a completely new claim. However, we would still need the GP’s opinion. I think that some advice needs to be given to GPs about what their role is in providing evidence for an appeal.

Alex Johnstone: Do you genuinely feel that there is a lack of understanding among GPs?

Lesley McMurchie: Of two GPs in the same practice, one says that the Government cannot afford the cost of welfare benefits and the other says, "Well, you've been assessed by medical professionals." It certainly looks as though some training is required for GPs.

Alex Johnstone: Mr Megahy, you said in your opening remarks that you had some success in changing your course through the process, but you have not been through a formal appeal process. What is your level of satisfaction with the involvement of the health professionals who are responsible for your care?

Ian Megahy: I went through an appeal process, but my appeal did not get to the tribunal. The DWP changed its mind at the last minute, just before the tribunal was called. As I said, I am a strong character, but I could not cope with the prospect of dealing with an appeal on my own, even with the support of a very capable wife.

Alex Johnstone: Specifically, do you feel that the input of the health professionals who had been working on your case influenced decisions that were made before you got to the tribunal?

Ian Megahy: Amazingly, that was not the case with the first three inputs, which were from the consultant physician, the occupational therapist and the GP. In the call that I got from the DWP, the person said that he would not even have put me on the work-related scheme based on the input from those three. Two weeks later, he got the input from the psychiatrist. He said that he spoke to her and completely flipped and changed his mind. I had been going to go to the tribunal with somebody very helpful from South Lanarkshire Council money matters, which I think is part of the social work department. My occupational therapist said, "Try and stop me going." I think that some other medical professionals were going, too. I was going to run a bus trip to my tribunal with the people who were going to be there to support me.

11:30

Alex Johnstone: The importance of the input of health professionals has come up previously in evidence. The impression that we are getting is that some are good and some are bad, and that it can be a bit hit or miss. Is that fair?

Ian Megahy: The first three health professionals were very good, but their reports were not based on what the DWP wanted to hear. They gave their informed medical opinion, but it did not fit into the format that the DWP had established, which is why the appeal did not go through. Whatever my psychiatrist said obviously fitted into the DWP's box.

Alex Johnstone: What we are looking at here is a large number of very clever people who do not communicate very effectively.

Ian Megahy: I do not think that they had been given the criteria on which to base their reports; they had not been told what information was wanted from them. They submitted what they thought were comprehensive and honest reports on my ability, but those reports were dismissed. They were classed as not relevant by the assessor—the decision maker—at the DWP.

The Convener: Everyone has had a go. I will allow Kevin Stewart one small point—but no speeches, because this has been arduous for the witnesses.

Kevin Stewart: I will be very brief. I think that information that we require may also be helpful to others. It relates to the points that Mrs McMurchie made about a non-supportive doctor. Her husband accesses other services, in which other people are involved. We need to find out whether a further appeal needs the support of a GP or whether other folks involved are also relevant.

Beyond that, we need to find out the cost of the appeals process because that is coming increasingly to light as being an issue. The process needs a doctor, a lawyer, a clerking team and so on. How much does it cost? Folk also require supporting witnesses. We need to dig deeper into the matter.

The key issue, in order to help Mrs McMurchie and others whose GPs are not supportive, is whether they can get other medical professionals to back them in an appeal.

The Convener: That was a useful contribution. I realise that we have put the witnesses through quite a lengthy grilling. I hope that you have not found it too stressful. Before we close this part of the meeting, do you want to draw your own conclusions?

Marlene Hepburn: My experience has had a huge impact on my mental health. I now view my disease completely differently. As I said, I was a teacher and got out of teaching because of my MS. I try to keep myself out of the benefits system and I am keeping myself active. I had just picked up my new car, through the disability living allowance, when they told me that I am fit to work.

There is the cost of my coming here, and the cost of the appeal, which is apparently £3,000 each time. If I did not have people to support me, such as Ron McIntosh of Stirling money matters, I do not know what I would do. People such as Ron are worth their weight in gold, but are so overwhelmed by welfare reform that I worry about the people coming behind me. I am lucky—I have Ron. There are people I see in my local branch and I think, “If you have to go through this, you’re not going to survive.”

I am quite a strong person, but that goes against me. I am too independent and self-sufficient. I live on my own and look after myself. In my report, I said that I do housework. My sister just about fell off the seat at that point because I do it only when she is coming to visit me. She said, “It’s not a big house.” The report from Atos says, “Ms Hepburn does housework,” and in brackets it says, “Not a big house.” I thought, “How petty can you be?” It sums up the whole system. It is too bureaucratic and completely heartless. As the guy who devised the system said, it is not fit for purpose and people will suffer. I am suffering.

Ian Megahy: I looked up a quotation about the Government and civilisation and it said that the moral test of a civilised society is how it looks after its old, its sick and its young. I would like to thank everybody here—my Government, here—for caring about this issue. We certainly do not get that impression from Westminster. I am extremely grateful to each and every one of you—our representatives—for caring about the people who cannot look after themselves.

Lesley McMurchie: A very sick system has been put in place that does not have the people at its heart. It needs to be totally overhauled. On reflection, the previous system was a much more hearty system—it had claimants at its heart. The UK Government may have to look back at that system, at what it has put in its place, and at what the differences are.

The Convener: I thank you all for taking the time to inform and advise us about your experiences of the system. We will review the evidence and discuss what we will do with what we have heard this morning. From our perspective, what we have heard has been three very reasonable people who understand that there must be a system. There may have been flaws and cracks in that system, but what you have exposed to us is that the system has now been smashed.

It is not just about the system. This is about individuals, not numbers, and we must ask what the system is doing to those individuals. We have heard this morning from three people who have made an effort and tried their best to recover from their circumstances, but the system has put them down. The welfare system should not operate in that way. The more we hear from people, the more angry I get about this. I have a great deal of sympathy for those who have to endure the system that has been put in place.

We will look at the evidence that we have heard this morning and we will work on what we need to do to get more information and test exactly what is going on. We would have been unable to do that without you this morning, so I thank each and every one of you.

11:38

Meeting continued in private until 12:13.

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