

Health, Work and Wellbeing

Addendum
Work Capability Assessment
Internal Review

Technical review by the Chief Medical
Adviser

Department for Work and Pensions

March 2010

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1 Introduction

Following submission of the report of the internal review of the Work Capability Assessment (WCA), the Chief Medical Adviser (CMA) undertook a further technical review which included work with representatives of the specialist disability groups who had been part of the original working group. That working group had comprised technical experts as well as disability group representatives. This further work was undertaken at the request of the Secretary of State for Work and Pensions and was in response to representation from disability groups that some of the internal review recommendations had not adequately addressed their concerns..

The work was undertaken by medical experts within the Department, led by the CMA, with the aim of ensuring that the recommendations of the internal review would lead to a revised WCA which would more accurately and fairly assess an individual's capability for work and thus their entitlement to benefits. The work was based on, and took full account of, the work undertaken by the original working group.

This addendum outlines the CMA's conclusions and proposes a number of changes to the recommendations contained within the internal review. These proposals were submitted to and have been accepted by the Secretary of State.

2 Revisions

Evaluation of the assessment during the internal review showed that it was accurately identifying most individuals for benefit entitlement purposes. Recommendations from the review build on this experience and make improvements, specifically ensuring a focus on capability, accounting for adaptation and simplifying language. However, following further detailed work, elements of the recommendations were identified where amendment would ensure an even more accurate assessment.

2.1 Fluctuating conditions

Guidance states that if an individual cannot complete an action safely, reliably and repeatedly they should be considered unable to complete it at all. Recognising the challenges associated with assessing fluctuating conditions, there is ongoing work which aims to enhance the training that healthcare professionals (HCPs) receive and ensure that advice in this area is comprehensive.

In recognition, however, of the importance of accurately assessing fluctuating function, changes have been suggested to certain descriptors where exertion is a significant component. This ensures that where an individual is unable to do something as a result of exhaustion experienced, rather than discomfort, that it is captured in the assessment. Details of these changes are outlined within the individual descriptors below.

2.2 Revisions to descriptors

Descriptor 1: Mobilising

The intent of the descriptor is to focus on disability and capture the degree of adaptation that an individual might have made. This should be achieved without assistance from another person and language should seek to avoid ambiguous terms such as 'severe discomfort' if possible.

An individual who has a fluctuating condition may have completed an activity but could not do so again due to a range of symptoms such as fatigue, which may not be considered discomfort. To address this, exhaustion should be added to the definition.

An individual must also be able to repeat a task. If, after doing an activity once, an individual cannot repeat it within a reasonable time then they should be considered as unable to carry out the activity at all.

Taking account of all of the above, it is proposed that the mobility descriptor would read:

“Cannot either
(i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion
or (ii) repeatedly mobilise 200 meters within a reasonable timescale because of significant discomfort or exhaustion.”

Descriptor 2: Standing and Sitting

In a similar way to mobility, significant exertion may be required to remain at a workstation and the recommended descriptor is written in terms of discomfort. Therefore, applying the same considerations it is proposed that the revised descriptor would read:

“Cannot, for the majority of the time, remain at a work station, either:
(i) standing unassisted by another person (even if free to move around) or;
(ii) sitting (even in an adjustable chair)
for more than an hour, before needing to move away in order to avoid significant discomfort or exhaustion.”

Descriptors 6, 7 & 8: Communication, Navigation and Maintaining safety

It is incorrect to automatically assess an individual who is blind as unfit for work. Therefore, an assessment that looks at adaptation instead of impairment (in this case of visual acuity) is the correct way forward. However, an individual that can safely complete a hazardous task is likely to still have significant challenges when considering moving towards employment therefore the points for descriptor 8(b) should be increased to 15.

Secondly, requiring a relevant specialist to be continually present for communication is a significant need and likely to have an impact on an individual’s ability to work. Therefore, it is proposed that both communication descriptors be clarified to ensure that these activities can be achieved ‘unaided by another person’ by adding this text to the descriptor, for example:

“6. Making self understood through speaking, writing, typing, or other means normally used; unaided by another person”

Third, ‘Great difficulty conveying a simple message’ currently attracts 15 points whilst understanding receives 9. Both activities are important in the work place and should command equal points by changing 7(b) to 15. In addition, to ensure consistency with language used elsewhere within the assessment, ‘great’ should be changed to ‘significant’, becoming:

“Has significant difficulty understanding a simple message from a stranger due to sensory impairment.”

Finally, navigation and maintaining safety do not account for the fact that a considerable amount of the information an individual receives is visual. To address this it is proposed that the receptive communication descriptor (7) is also changed to include the need to demonstrate understanding by both verbal and non-verbal means. The definition for this functional area would become:

“7. Understanding communication by both verbal means (such as hearing or lip reading) and non-verbal means (such as reading 16 point print) using any aid if reasonably used; unaided by another person.”

This would still enable the correct identification of those for whom the most important aspects of adaptation for work capability purposes have taken place.

The Department is aware of the challenges associated with assessing the degree of adaptation associated with visual impairment. It is our intention to continue to work with experts and specialist disability organisations to refine the descriptors related to sight loss.

Descriptor 9: Continence

Recommendations from the working group have significantly improved this descriptor, the new version being simpler and clearer. The disability associated with continence is largely one of social acceptability. Whilst the disability itself does not necessarily limit an individual’s capability for work, the loss of dignity resulting from the associated soiling is considered severe enough to make it unreasonable to expect an individual with severe incontinence to work.

Monthly incontinence is of a frequency severe enough to allocate 15 points to this descriptor. The weekly descriptor can therefore be removed with the new activity becoming:

(a)	<p>At least once a month experiences</p> <p>(i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or</p> <p>(ii) substantial leakage of the contents of a collecting device;</p> <p>sufficient to require the individual to clean themselves and change clothing.</p>	15
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(b)	At risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly.	6
(c)	None of the above apply.	0

Descriptor 10: Consciousness

Stipulation of “significant warning” may open the descriptor to misinterpretation. The requirement for loss of consciousness to occur without significant warning should be removed.

Descriptor 12: Awareness of Hazards

Awareness of hazards can reasonably be assessed by considering either the risk or the consequences of the risk. Currently the descriptor focuses on the consequences but many employers are likely to focus on the risk itself. Therefore, the descriptor should be refocused to reflect this by changing from ‘a risk of significant injury’ to ‘a significant risk of injury’. For example:

“Reduced awareness of everyday hazards leads to a significant risk of:
(i) injury to self or others; or
(ii) damage to property or possessions,
such that they require supervision for the majority of the time to maintain safety.”

Also, the need for supervision is a significant limitation to an individual’s capability for work and the frequency of supervision required should be reduced in line with this understanding.

Descriptor 16: Social engagement

An additional 6 point descriptor should be included in this descriptor. This is to account for those individuals who are affected less frequently, but significantly, by difficulty in social engagement. The additional descriptor would read:

“Engagement in social contact with someone unfamiliar to the claimant is precluded for the majority of the time due to difficulty relating to others or significant distress experienced by the individual”.

Descriptor 17: Behaviour

Aggressive or disinhibited behaviour can present a significant challenge to entering employment. Where this occurs ‘frequently’, the level of functional limitation should be acknowledged by increasing 17(b) to 15 points. A 9 point descriptor should also be added to recognise where an individual experiences such episodes ‘occasionally’. This descriptor would read:

“Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.”

3 Conclusion by the Chief Medical Adviser

The internal review was comprehensive and identified significant improvements which would enhance the accuracy of the WCA. This further technical review, of those recommendations, has proposed further refinements which will help to ensure an individual's capability for work is determined as fairly and accurately as possible.

A complete set of revised descriptors, taking account of both the original review and this further technical assessment is contained in **Annex A**. These have now been accepted by the Secretary of State and will form the basis for further legislative changes to support the introduction of a revised WCA.

It is clear that with further experience of the operation of the WCA, including the impact of the revised WCA, further refinements are likely to be required to ensure an ever more accurate and fair assessment. Further reviews of the WCA will therefore be required in the future.

I would like to thank members of the original working group and representatives of the disability groups who participated in this further review for their support.

W J Gunnyeon
Chief Medical Adviser
16 March 2010

Annex A: Final recommendations

Assessment of whether a claimant has Limited Capability for Work

Part 1

Physical Disabilities

<i>(1)Activity</i>		<i>(2) Descriptors</i>	<i>(3)Points</i>
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used.	1	(a) Cannot either (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or (ii) repeatedly mobilise 50 meters within a reasonable timescale because of significant discomfort or exhaustion.	15
		(b) Cannot mount or descend two steps unaided by another person even with the support of a handrail.	9
		(c) Cannot either (i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or (ii) repeatedly mobilise 100 meters within a reasonable timescale because of significant discomfort or exhaustion.	9
		(d) Cannot either (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or (ii) repeatedly mobilise 200 meters within a reasonable timescale because of significant discomfort or exhaustion.	6

		(e)	None of the above apply.	0
2. Standing and sitting.	2	(a)	Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	15
		(b)	Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around) or; (ii) sitting (even in an adjustable chair) for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion.	9
		(c)	Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around) or; (ii) sitting (even in an adjustable chair) for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion.	6
		(d)	None of the above apply	0
3. Reaching.	3	(a)	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.	15
		(b)	Cannot raise either arm to top of head as if to put on a hat.	9
		(c)	Cannot raise either arm above head height as if to reach for something.	6
		(d)	None of the above apply.	0

4. Picking up and moving or transferring by the use of the upper body and arms.		(a)	Cannot pick up and move a 0.5 litre carton full of liquid.	15
		(b)	Cannot pick up and move a one litre carton full of liquid.	9
		(c)	Cannot transfer a light but bulky object such as an empty cardboard box.	6
		(d)	None of the above apply.	0
5. Manual dexterity.	5	(a)	Cannot either: (i) press a button, such as a telephone keypad or; (ii) turn the pages of a book with either hand.	15
		(b)	Cannot pick up a £1 coin or equivalent with either hand.	15
		(c)	Cannot use a pen or pencil to make a meaningful mark	9
		(d)	Cannot use a suitable keyboard or mouse.	9
		(e)	None of the above apply.	0
6. Making self understood through speaking, writing, typing, or other means normally used; unaided by another person.	6	(a)	Cannot convey a simple message, such as the presence of a hazard.	15
		(b)	Has significant difficulty conveying a simple message to strangers.	15
		(c)	Has some difficulty conveying a simple message to strangers.	6
		(d)	None of the above apply.	0
7. Understanding communication by both verbal means (such as	7	(a)	Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.	15

hearing or lip reading) and non-verbal means (such as reading 16 point print) using any aid if reasonably used; unaided by another person.		(b)	Has significant difficulty understanding a simple message from a stranger due to sensory impairment.	15
		(c)	Has some difficulty understanding a simple message from a stranger due to sensory impairment.	6
		(d)	None of the above apply.	0
8. Navigation and maintaining safety, using a guide dog or other aid if normally used.	8	(a)	Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment.	15
		(b)	Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment.	15
		(c)	Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment.	9
		(d)	None of the above apply.	0
9. Absence or loss of control leading to extensive evacuation of the bowel and/or bladder, despite the presence of any aids or adaptations normally used.	9	(a)	At least once a month experiences (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or (ii) substantial leakage of the contents of a collecting device; sufficient to require the individual to clean themselves and change clothing.	15
		(b)	At risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly.	6

		(c)	None of the above apply.	0
10. Consciousness during waking moments.	10	(a)	At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	15
		(b)	At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	6
		(c)	None of the above apply.	0

Part 2

Mental, cognitive and intellectual function assessment

11. Learning tasks.	11	(a)	Cannot learn how to complete a simple task, such as setting an alarm clock.	15
		(b)	Cannot learn anything beyond a simple task, such as setting an alarm clock.	9
		(c)	Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.	6
		(d)	None of the above apply.	0
12. Awareness of everyday hazards (such as boiling water or sharp objects).	12	(a)	Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions, such that they require supervision for the majority of the time to maintain safety.	15

		(b)	Reduced awareness of everyday hazards leads to a significant risk of (i) injury to self or others; or (ii) damage to property or possessions, such that they frequently require supervision to maintain safety.	9
		(c)	Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions, such that they occasionally require supervision to maintain safety.	6
		(d)	None of the above apply.	0
13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	13	(a)	Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.	15
		(b)	Cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions for the majority of the time.	9
		(c)	Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions.	6
		(d)	None of the above apply.	0
14. Coping with change	14	(a)	Cannot cope with any change to the extent that day to day life cannot be managed.	15
		(b)	Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult.	9
		(c)	Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult.	6

		(d)	None of the above apply.	0
15. Getting about	15	(a)	Cannot get to any specified place with which the claimant is familiar.	15
		(b)	Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person.	9
		(c)	Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person.	6
		(d)	None of the above apply.	0
16. Coping with social engagement due to cognitive impairment or mental disorder	16	(a)	Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.	15
		(b)	Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual.	9
		(c)	Engagement in social contact with someone unfamiliar to the claimant is precluded for the majority of the time due to difficulty relating to others or significant distress experienced by the individual.	6
		(d)	None of the above apply.	0
17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder	17	(a)	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
		(b)	Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
		(c)	Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	9
		(d)	None of the above apply.	0

Assessment of whether a claimant has Limited Capability for Work-Related Activity

<i>Activity</i>	<i>Descriptors</i>
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used.	Cannot either (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or (ii) repeatedly mobilise 50 meters within a reasonable timescale because of significant discomfort or exhaustion.
2. Transferring from one seated position to another.	Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.
3. Reaching.	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.
4. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this Schedule).	Cannot pick up and move 0.5 litre carton full of liquid.
5. Manual dexterity.	Cannot either - (a) press a button, such as a telephone keypad or; (b) turn the pages of a book with either hand.
6. Making self understood through speaking, writing, typing, or other means normally used.	Cannot convey a simple message, such as the presence of a hazard.

7. Understanding communication by hearing, lip reading, reading 16 point print or using any aid if reasonably used.	Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.
8. Absence or loss of control over extensive evacuation of the bowel and/or voiding of the bladder, despite the presence of any aids or adaptations normally used.	At least once a week experiences (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or (ii) substantial leakage of the contents of a collecting device; sufficient to require the individual to clean themselves and change clothing
9. Learning tasks.	Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.
10. Awareness of hazard.	Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions, such that they require supervision for the majority of the time to maintain safety.
11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.
12. Coping with change	Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.
13. Coping with social engagement, due to cognitive impairment or mental disorder	Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.
14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.