Background:

1. Following presentation to Ministers of a new vision for DLA/AA benefit delivery, work was approved to test a new simplified claiming process.

2. A new AA claim form has been tested at Bristol DBC since March 2002. Initially, the test was confined to customer's aged 75 and over (“Phase 1”).

3. As a result of evaluation some amendments have been made to the new claim form and testing at Bristol DBC was extended to include all customers in the AA age range (65+) with effect from 23rd September 2002 (“Phase 2”).

4. Following evaluation of Phase 2, the test is now being extended to Glasgow DBC from 17 March 2003. The extended test will enable us to establish if the good evaluation results at Bristol DBC can be repeated elsewhere before any decisions are made on national roll-out.

Aim:

5. The aim of the project is to simplify the new claims process by tailoring it more specifically to the characteristics of the individual customer.

6. A major part of that aim has been the development of a new claim form, tailored to obtain only appropriate evidence based on the individual characteristics of the claim. In other words, the form has been designed to encourage a more focused description of the problems experienced in each case, rather than under headings which may or may not be relevant (as in the current form). Design has been informed by extensive research and the aim is to ask questions that are relevant to most customers.

7. This form of questioning from the outset has the knock-on effect of more focused gathering of further evidence from the most appropriate source, where such evidence is considered necessary.

The form - main differences:
8. There is a single claim form to complete as opposed to the separate sections 1 and 2 under the present system. This change does not deny the customer the 6-week claiming window currently afforded where the claim form has been obtained from an appropriate office. An application to extend the time for claiming can still be made to the Secretary of State where difficulties are experienced obtaining all the information necessary to complete the form.

9. Some generic financial questions (such as information about other benefits and method of payment) have been omitted, as this information will already be held by the Department’s computer system. If a customer wishes to alter the method of payment currently held in respect of another benefit (normally Retirement Pension), this can be done if they request a change.

10. Parts 4 and 5 of the new form are designed to obtain more specific and relevant information about the nature of the disability and the level of intervention from health care professionals and carers, relatives, etc. Some additional questions are included such as identifying which part(s) of the body are affected by arthritis or rheumatism, more details about medication and more specific information about people involved in the welfare of the customer. This information will help to identify the most appropriate source of further evidence, where necessary.

11. Part 6 is the crux of the principal change. This contains “filter” questions, to help identify the key areas where help is needed. Each of the four tick boxes is based on the conditions of entitlement for each of the available levels of award. This will focus the customer on only information that is relevant to their individual circumstances. The customer is then given the opportunity to give additional evidence about the sort of help that they need under the specific headings identified by the filter questions. The customer is given some signposting as to the sort of information that is required here. This “filtering” will help the Department to manage the customer’s expectations and where those expectations have not been fulfilled, a reasoned decision will be given.

12. There are no questions specifically relating to social activities but the opportunity to give this evidence as free text is signposted at Part 6 of the form.

Findings so far:

13. Evaluation of Phases 1 and 2 has been comprehensive and the following key findings have been made:

- The vast majority of customers found the new form easy to complete.
• There has been an increase in the number of telephone calls made by decision-makers to customers, carers and relatives to clarify evidence given in the claim form or to gather evidence.

• The average time taken to determine AA claims has shown a steady improvement.

• There has been a reduction in requests for medical evidence.

• The proportion of claims resulting in awards and disallowances has remained fairly static.

• The checking of decisions made has shown an improvement in gathering sufficient and appropriate evidence.

• There has been a significant reduction in the number of requests for reconsideration and the number of appeals.