

## Ombudsman's Determination

<b>Applicant</b>	Mr E Pratt
<b>Scheme</b>	Armed Forces Pension Scheme 1975 ( <b>AFPS 75</b> )
<b>Respondent(s)</b>	Veterans UK

### Complaint summary

Mr Pratt has complained that his application for the early payment of his preserved benefits on the grounds of ill health has been declined.

### Summary of the Ombudsman's determination and reasons

The complaint should be upheld against Veterans UK because they failed to consider Mr Pratt's claim in a proper manner.

## Detailed Determination

### Material facts

1. Mr Pratt served in the British Army from 1980 to 1988. He then joined the Prison Service from 1991 to 2001. Mr Pratt is in receipt of a pension from the Principal Civil Service Pension Scheme. He applied for early payment of his preserved benefits under the AFPS 75 in 2013. The provisions for the early payment of preserved benefits are contained in Rule D.18 of the Army Pensions (AFPS 75 and Attributable Benefits Scheme) (Amendment) Warrant 2010 (as amended). Rule D.18 provides that a claim for early payment must be supported by evidence “from a registered medical practitioner” that the member is “incapable of any full-time employment” and will continue to be so at least until age 60 (in Mr Pratt’s case).
2. In October 2013, Mr Pratt’s GP completed an AFPS 75 form stating that Mr Pratt was temporarily incapable of undertaking any form of employment. He stated that Mr Pratt was generally physically fit apart from some osteoarthritis but was suffering from PTSD/anxiety/anger management issues. The GP thought that this was being exacerbated by Mr Pratt’s issues with the Prison Service and the way in which an incident in 1997 had been handled.
3. Mr Pratt’s case was referred to an AFPS medical adviser, Dr Sterrick. He noted a long history of mental health issues stemming from the 1997 incident. Dr Sterrick noted that court proceedings continued and Mr Pratt remained bitter and angry about how the incident had been handled. He went on to say that all of Mr Pratt’s mental health problems were treatable and that, in general, ongoing unresolved stressors, including litigation, played a part in prolonging/exacerbating such problems. Dr Sterrick said that it would be reasonable to anticipate an improvement when such stressors were resolved. He noted that Mr Pratt had another 10 years to go before his normal retirement age (**NRA**) and said that it would be reasonable to expect improvement before then. Dr Sterrick also noted that Mr Pratt’s GP had said that he was temporarily incapable of undertaking any form of full-time employment. He said that this fell outside the criteria for early payment of preserved benefits. Dr Sterrick said that, on the balance of probabilities, Mr Pratt was not permanently incapable of undertaking any form of suitable full-time employment.
4. Mr Pratt’s application was declined and he appealed.
5. Mr Pratt submitted two reports from a consultant psychiatrist, Dr Fraser, written in August 2000 and February 2001. Dr Fraser had diagnosed Mr Pratt as suffering from a mixed anxiety and depressive state related to the incident in 1997. He said that Mr Pratt had developed a moderate depressive episode as a result of the 1997 incident. Dr Fraser said that Mr Pratt had shown a favourable response to cognitive behavioural

therapy in 1998 and would have shown a greater degree of recovery had he received further sessions on returning to work in 1998. He concluded that the increasing chronicity of Mr Pratt's symptoms made it very unlikely that he would ever be able to function as a prison officer and he would have to seek alternative employment.

6. Mr Pratt also submitted notification from Jobcentreplus that he had been assessed as 20% disabled from January 2013 for life and would be paid Industrial Injuries Disablement Benefit for life.
7. Mr Pratt's case was referred back to Dr Sterrick in November 2013. He noted the 20% assessment for Industrial Injuries Disablement Benefit but said that this did not automatically equate to Mr Pratt being permanently incapable of all types of suitable full-time work. Dr Sterrick referred to Dr Fraser's reports and to the favourable response to cognitive behavioural therapy. He also noted that Dr Fraser had said that Mr Pratt was unlikely to be able to function as a prison officer again. Dr Sterrick said that this indicated that Dr Fraser had not ruled out all forms of employment for Mr Pratt. He concluded that there was "still no opinion that states that Mr Pratt is rendered incapable of all forms of work for the next 10 years to retirement age".
8. Mr Pratt's case was then referred a Deciding Officer at Veterans UK. In addition to setting out the background to the case and Dr Sterrick's opinion, the referral document stated,

"The Department is also committed to coherence across government. A key aim of the social welfare programme is that work is good for our health and action is being taken to ensure that, wherever possible, and that regardless of age, people with chronic illness or disability are supported into work. This is supported by anti-discriminatory legislation. Recent papers from the Department for Work and Pensions (DWP) and the Department for Health (DH) considers especially the position of people with minor non psychotic mental illness, symptomatic disabling illness without organic cause and the pain syndromes e.g. low back, neck or lower limb to be situations where ill health retirement etc should be a last resort.

It should be unusual to grant EPPP in someone much younger than normal retiral age. There may yet be time for a response to present or different or even some new as yet untested treatment. The younger the person is the more likely an improvement."

9. The Deciding Officer noted that Mr Pratt's GP did not support the view that he was permanently incapable of undertaking any form of suitable full-time employment. He referred to an Appeal Tribunal decision in January 2012 that Mr Pratt had a 15% disablement due to impaired mental health. The Deciding Officer also referred to the

reports from 2000/01 which showed that Mr Pratt had had a favourable response to therapy in the past. He said that, given that Mr Pratt's condition was treatable, it was not unreasonable to expect an improvement when he was under therapy.

10. Mr Pratt's appeal was declined and he appealed further. He submitted a report from a Dr Saravolac dated 28 November 2013. This report had been written in connection with an application for a permanent injury benefit. Mr Pratt's anxiety and depression had been accepted as a qualifying injury for the purposes of the Civil Service Injury Benefit Scheme.
11. Dr Saravolac listed the medical evidence she had considered. This included the reports from Dr Fraser and the Industrial Injuries Disablement Benefit assessment. It also included further reports from Dr Fraser dating from 1998, a 2008 report from a psychiatrist, a 2013 report from a clinical psychologist, Dr Cassells, and reports from Mr Pratt's GPs dating from 1997 to 2013. She also referred to her own and her colleagues' notes from previous consultations for the injury benefit scheme dating from 1999 and 2013. Dr Saravolac said that the available medical evidence confirmed that Mr Pratt continued to experience symptoms of anxiety with predominant features of anger and hyperarousal as well as intrusive thoughts and rumination. She said that the evidence showed that Mr Pratt was preoccupied with the 1997 incident and exhibited emotional volatility and a tendency for an ill temper. Dr Saravolac noted that Mr Pratt had been unable to sustain any job for a prolonged period since 2001. She noted that Mr Pratt's GP had reported that his general health remained good. Dr Saravolac noted that Mr Pratt had been on various antidepressants over the years, but was not on any at that time or for the preceding year. Dr Saravolac noted that Mr Pratt had received counselling at various times and the most recent was with Dr Cassells. She did not say when Mr Pratt had attended counselling sessions with Dr Cassells. However, she did give the date of Dr Cassells' report (18 February 2013). She noted that Dr Cassells was of the view that "a few factors impacted on the lack of progression including an ongoing court case with his employer that started in October 2012". Dr Saravolac said that Dr Cassells thought further sessions would be required in order for Mr Pratt to cope with his anger, but that he was unlikely to benefit while there was an ongoing court case.
12. Dr Saravolac concluded that Mr Pratt continued to experience ongoing symptoms of impaired mental wellbeing despite the treatment he had received so far. She said that it would be reasonable to suggest that further psychotherapy would improve Mr Pratt's symptoms once the court case had concluded. Dr Saravolac said that it was highly likely that Mr Pratt would continue to experience some ongoing symptoms in the long term because of the length of time he had been experiencing symptoms. She said there was hope that, with further treatment, Mr Pratt would regain some ability to

manage his anger and emotional outbursts and regain an ability to engage with employment.

13. Dr Saravolac said that, in anticipation of some improvement in Mr Pratt's condition, he would be able to engage in part time employment in a low pressure, non-stressful working environment. She concluded that Mr Pratt's earning capacity had been impaired by 50-75%.
14. Mr Pratt's court case concluded in November 2013.
15. Mr Pratt's case was referred to another AFPS medical adviser, Dr Braidwood. In her report, Dr Braidwood referred to the GP's comments that Mr Pratt was physically fit but bitter and angry and finding it difficult to take instruction. She noted that the GP thought he was temporarily incapable of his own job and any form of employment. Dr Braidwood then referred to Dr Fraser's reports. She noted that Dr Fraser had confirmed that Mr Pratt had improved on treatment and that his prognosis would have been better had he received appropriate support more promptly. Dr Braidwood noted Dr Fraser's conclusion that Mr Pratt was unlikely to be able to function as a prison officer again and would have to seek alternative employment. She then referred to the Industrial Injuries Disablement Benefit assessment. Dr Braidwood referred to a 15% assessment applying from 1997 to January 2013.
16. Dr Braidwood then referred to Dr Saravolac's report. She said that the conclusion and assessment for earning capacity in injury benefit cases were made when the person leaves employment and thereafter. Dr Braidwood noted that several pieces of medical evidence had been considered to inform the assessment including a recent report from a clinical psychologist. Veterans UK have confirmed that, since they do not have a copy on file, it is unlikely that Dr Braidwood saw Dr Cassells' report itself.
17. Dr Braidwood concluded,

“Mr Pratt is aged 51 He is described as a bitter angry and pre-occupied person It is also true that civil proceedings are continuing and provide a huge pre-occupation The natural history of the disorder suffered (confirmed by clinical history to date and the opinion of the most recent treating psychologist) is that Mr Pratt's symptoms and behaviours are treatable – at least to improvement but that it is unlikely to be the case until the court proceedings are over.

Given this opinion, the nature of the disorder, the GP and 2000 cons psychiatrist reports, the fact that he is aged 51 years I would conclude that it is yet too soon to award EPPP Improved function is to be expected on receipt of appropriate treatment.”

18. The Deciding Officer reviewed Dr Braidwood's report. He noted that she considered that improvement in Mr Pratt's condition could be expected once his court action was completed. The Deciding Office said that Dr Braidwood "and others" were clear that Mr Pratt's condition was treatable. He noted that Dr Braidwood was of the view that this, coupled with Mr Pratt's age, meant that early payment of benefits was premature. He said he agreed. Mr Pratt's appeal was declined

### **Summary of Mr Pratt's position**

19. Mr Pratt's representative has referred to Dr Saravolac's report and points out that Mr Pratt was deemed to be 50-75% impaired for the purposes of his permanent injury benefit claim. He also points out that Dr Saravolac had concluded that Mr Pratt was permanently incapable of undertaking any form of suitable full-time employment. He argues that the criteria for early payment of preserved benefits, under Rule D.18, were therefore met.

### **Summary of Veterans UK's position**

20. Veterans UK say that early payment of preserved benefits will only be authorised if they are satisfied that the claimant is permanently incapable of regular full-time employment until age 60 through reasons of ill health. They apply a balance of probabilities standard of proof.
21. They say that, when a case is rejected, the member can appeal and provide additional evidence in support of their case. They say that the evidence must be relevant to the member's current state of health and limitations and whether these will continue to normal retirement age.
22. Veterans UK say that their decision was made on the advice of their medical advisers. They acknowledge that some of the medical evidence dates back to 2000 and 2001. They say, however, that they also took account of the opinion from Mr Pratt's GP that he was temporarily, not permanently, incapable of employment.
23. They say that their medical advisers have consistently expressed the view that Mr Pratt's mental health problems are treatable and that it would be reasonable to expect improvement before retirement age. They say that the medical advisers noted the Industrial Injuries Disablement Benefit assessment but pointed out that this did not automatically equate to being permanently incapable of all types of suitable full-time employment.
24. Veterans UK say that Dr Braidwood was consulted because all second stage appeals regarding functional limitations in employment are referred for further medical opinion. They point out that Dr Braidwood is the Chief of Defence Personnel Medical Adviser.

25. Veterans UK say that Dr Braidwood took Dr Saravolac's report into account but that they are not bound by it when making a decision under the AFPS Rules. They acknowledge that Dr Braidwood was unaware that Mr Pratt's court action had concluded but they feel that this would not have made any difference to her opinion. They note that the proceedings had only recently finished and could have been considered a significant stressor until their closure. They point out that Dr Braidwood concluded that it was too soon to award early payment of benefits because improved function was expected on receipt of appropriate treatment.
26. Veterans UK say that the MoD is committed to coherence across government. They say that a key aim of the social welfare programme is that work is good for health and action is being taken to ensure that, wherever possible, people with chronic illness or disability are supported into work regardless of age. They say this is supported by anti-discriminatory legislation. They say that the Department for Work and Pensions and the Department for Health consider that ill health retirement should be a last resort for people with minor non-psychotic mental illness, symptomatic disabling illness without organic cause and/or pain syndromes. They say the intent of the policy is that the early payment of preserved benefits will be appropriate where the applicant is permanently incapable of undertaking any form of regular full-time employment which is appropriate to their skills and training.
27. Veterans UK say that how Jobcentreplus reach an assessment of disablement is not necessarily relevant for their purposes; that is, determining whether a person has a significant functional restriction in their ability to work on a full-time basis until age 60. They go on to say that they would not consider an assessment of 20% to be of a sufficiently significant level to render a person permanently incapable of working full-time for the rest of their working life.
28. With regard to treatment options, Veterans UK say there must be sufficient evidence that, on the balance of probabilities, a condition is beyond improvement and that incapacity is likely to last until age 60. They refer to their synopsis of causation document for PTSD or depression and say that these conditions are not beyond the possibility of improvement with medication or support such that an individual would be able to function at a level which would allow them to work.
29. Veterans UK acknowledge that they did not seek a copy of Dr Cassells' report. They say they did not think this was necessary because Dr Braidwood had reviewed a full copy of Dr Saravolac's report.

## Conclusions

30. Under Rule D.18, Mr Pratt may claim early payment of his preserved benefits on the grounds of ill health. If Veterans UK (acting on behalf of the Defence Council) are satisfied that Mr Pratt's claim is supported by evidence from a medical practitioner to the effect that he is, and will continue to be until age 60, incapable of any full-time employment, his benefits are payable. It is, therefore, for Veterans UK to satisfy themselves that the medical evidence supports a decision that Mr Pratt either is or is not permanently incapable of any full-time employment.
31. In coming to a decision, Veterans UK are free to seek advice from their own medical advisers. It is then for them to weigh up all the available relevant evidence and come to a decision. The weight that Veterans UK assign to any piece of evidence is for them to decide. They may give greater weight to some of the evidence and it is open to them to prefer the advice from their own medical advisers to, say, that from Mr Pratt's own doctors unless there is good reason why they should not. My role is not to weigh up the medical evidence myself and come to a decision of my own as to whether Mr Pratt's preserved benefits are payable. Rather, my role is to consider the process by which Veterans UK have reached their decision. For example, whether they have correctly interpreted Rule D.18, so that both they and their medical advisers have applied the correct eligibility test, and whether they have considered all available relevant evidence.
32. Veterans UK's initial decision was based on the advice they received from Dr Sterrick. He, in turn, had based his report on the information received from Mr Pratt's GP. It is clear, from his report, that Dr Sterrick understood the eligibility test for payment of benefits under Rule D.18; he referred specifically to permanent incapacity for full-time employment. He noted that the GP's opinion was that Mr Pratt was temporarily incapable of any full-time employment and correctly noted that this did not meet the D.18 test. Dr Sterrick expressed the view that Mr Pratt's mental health problems were all "treatable". He acknowledged that unresolved stressors, such as litigation, might prolong or exacerbate Mr Pratt's condition but he thought it reasonable to expect improvement before he reached age 60. On this basis, Veterans UK declined Mr Pratt's application. The evidence available at the time supported this decision.
33. Mr Pratt was given the option to appeal. He did so and provided some additional evidence. The evidence consisted of the recent decision by Jobcentreplus and the reports by Dr Fraser. Dr Sterrick was asked to comment. He noted the Jobcentreplus decision and said that this did not automatically equate to Mr Pratt being permanently incapable of all types of suitable full-time work. This is true but it is not a reason to dismiss this evidence out of hand. The fact that Mr Pratt had been assessed as 20% disabled as a result of impaired mental health function is a relevant piece of evidence.



The fact that the benefit was payable for life indicates that there was at least one view that this degree of impairment at least was likely to last until age 60. Dr Sterrick referred to Dr Fraser's reports and noted that Mr Pratt had had a favourable response to therapy in the past. He made no comment on the fact that these reports were by then twelve years old.

34. Dr Sterrick concluded by saying that there was no opinion that stated that Mr Pratt was incapable of "all forms of work for the next 10 years". But, Mr Pratt did not need to be incapable of all forms of work until age 60, just full-time work, and there was some evidence that this might have been the opinion of the Jobcentreplus medical advisers. Before accepting Dr Sterrick's opinion, it would have been prudent for Veterans UK to seek clarification; perhaps from Jobcentreplus. Veterans UK argue that the Jobcentreplus assessment is not necessarily relevant for their purposes. This may well be the case in very many applications but in the specific circumstances of Mr Pratt's case it did represent a source of relevant information. The medical advisers acting for Jobcentreplus had apparently concluded that Mr Pratt was likely to be 20% disabled for at least the rest of his working life. Veterans UK also argue that an assessment of 20% disablement is insufficient to render a person permanently incapable of working full-time for the rest of their working life. Whether that is true depends on the particular circumstances of the case. There is no specific threshold set out in Rule D.18. A proper assessment needs to be made as to whether Mr Pratt's level of disablement means that he is incapable of full-time employment rather than the application of a blanket statement.
35. The referral to the Deciding Officer is also worrying. This document suggested that Mr Pratt's claim should be considered in the light of a social welfare programme which considered work to be good for health. Mr Pratt's claim should be considered in the light of the AFPS 75 Rules **alone**. It is the AFPS 75 Rules which govern the payment of Mr Pratt's benefits and not some general social welfare policy. In addition, the referral suggested that the decision to pay preserved benefits early should consider the possibility that there might be time for Mr Pratt to respond to "new as yet untested" treatment. This is not the correct approach. Mr Pratt's eligibility for payment of benefit must be judged by reference only to treatment options which are currently available and appropriate for his condition. It would be inappropriate for Veterans UK to speculate on the possibility of future developments in treatment options.
36. Rule D.18 does not require Mr Pratt's condition to be "beyond improvement". The eligibility test is that his condition renders him incapable of any full-time employment and that this is likely to continue to be the case until he reaches age 60. In making that assessment, Veterans UK and their medical advisers can take into account whether there are treatment options currently available to Mr Pratt which are more likely than not, on the balance of probabilities, to lead to an improvement in his condition such that

he will be able to undertake full-time employment before he reaches age 60. What they cannot do is speculate that there may be new as yet untested treatment options which might become available in the future.

37. The Deciding Officer appears to have based his decision on the GP's opinion, Dr Fraser's reports and a previous Jobcentreplus decision (that Mr Pratt was 15% disabled). He too stated that Mr Pratt's condition was "treatable" and concluded that it was reasonable to expect improvement before he reached age 60. I acknowledge that it is for Veterans UK to weigh up the evidence before them. However, I am concerned about the amount of weight given to Mr Pratt's response to treatment some 17 years previously when there was more recent evidence which suggested that he was still significantly disabled. There may have been a reason why Veterans UK preferred Dr Fraser's reports to the more recent evidence, but they did not explain it to Mr Pratt.
38. Mr Pratt appealed further and submitted additional evidence in the form of Dr Saravolac's report. This report was very recent and had not been available at the earlier stages of Mr Pratt's application. Whilst the report had been prepared for a different purpose, it nevertheless contained the most up-to-date assessment of Mr Pratt's condition, prognosis and his likely capacity for future employment. Veterans UK, quite rightly, referred this evidence to another of their medical advisers, Dr Braidwood.
39. Dr Braidwood reviewed all of the evidence relating to Mr Pratt's case. She noted that his GP had considered that he was temporarily incapable of his own job and any form of employment. Dr Braidwood then referred to Dr Fraser's reports, noting that he had said that Mr Pratt improved on treatment and that his prognosis would have been better had he received more support at the time. Dr Braidwood referred to Mr Pratt's Industrial Injuries Disablement Benefit but appears to be referring to the previous decision; she referred to an assessment of 15% disablement awarded from 1997 to January 2013 not the 20% disablement for life. She then turned to Dr Saravolac's report. Dr Braidwood noted that this had been prepared in connection with a claim for an injury benefit. She said that the conclusion and assessment for this were made when a person leaves employment and thereafter. She also noted that Dr Saravolac had considered several pieces of medical evidence, including a recent clinical psychologist's report (Dr Cassells).
40. Dr Braidwood commented that the natural history of Mr Pratt's condition was that the symptoms and behaviours were treatable to improvement. She thought it was unlikely to be the case until the court proceedings were over. I note that all of Veterans UK's medical advisers have referred to Mr Pratt's condition as being treatable. Saying that a condition is "treatable" is not the same as saying that, with treatment, Mr Pratt's condition was more likely than not going to improve to the extent that he would be capable of full-time employment before he reached age 60. It is the latter which is the

eligibility test for Rule D.18. I note Veterans UK's reference to their synopsis of causation for PTSD and depression. They say that this indicates that the conditions are not beyond the possibility of improvement with medication or support. The synopsis of causation may be helpful for lay staff trying to make a decision on the basis of medical evidence. However, Veterans UK must make their decision by reference to the specific circumstances of Mr Pratt's case and be aware that the synopsis of causation is talking about conditions in general.

41. Dr Braidwood concluded that, given "this opinion" (I take her to mean Dr Cassells'), the nature of the disorder, the GP's opinion, Dr Fraser's reports and Mr Pratt's age, it was too soon to award early payment of benefits. She expressed the view that improved function was to be expected on receipt of appropriate treatment. The Deciding Office said that he agreed with Dr Braidwood's opinion and declined Mr Pratt's appeal. I note that neither Dr Braidwood nor the Deciding Officer had seen Dr Cassells' report.
42. I also note that neither Dr Braidwood nor the Deciding Officer explained why they had come to such a different view to that of Dr Saravolac (who had seen Dr Cassells' report). Dr Braidwood noted that Dr Saravolac's report had been provided in connection with Mr Pratt's injury benefit claim. This is true, but all that it means is that she was considering very much the same issues as Dr Braidwood; namely, what was Mr Pratt's capacity for employment likely to be until he reached age 60.
43. Dr Saravolac had also expected some improvement in Mr Pratt's condition with further treatment. However, she had concluded that his earning capacity was 50-75% impaired and that he was likely to be able to do some part-time work. This is a radically different conclusion to that drawn by Dr Braidwood and I would have expected Veterans UK to, at least, seek clarification for such a difference. This is particularly so since Dr Saravolac appeared to have had access to a greater range of more recent medical evidence, including seeing Dr Cassells' report at firsthand. Dr Braidwood barely touched on Dr Saravolac's report, let alone explained why she was coming to such a different conclusion.
44. Veterans UK have said that they also took account of the opinion from Mr Pratt's GP that Mr Pratt was temporarily, not permanently, incapable of employment. As I have said, it is for Veterans UK to decide what weight to give to any of the available relevant evidence. It is perhaps surprising, however, to give greater weight to a GP's report than to an occupational health specialist. I acknowledge that Veterans UK are not bound by Dr Saravolac's report (any more than they are bound by Dr Braidwood's). However, it had been submitted by Mr Pratt in support of his claim and it concerned much the same issues as Veterans UK were required to consider. It would not be unreasonable for Mr Pratt to expect Veterans UK to identify why they had decided to accept Dr Braidwood's opinion instead of Dr Saravolac's; they must have a reason. Without that

explanation, Mr Pratt was not in a position to fully understand the decision and either accept it or to prepare his appeal.

45. In view of the lack of any reasoned explanation by Veterans UK as to why they preferred Dr Braidwood's view to that of Dr Saravolac, and the other observations above, I find that they have not given proper consideration to Mr Pratt's claim. I find that it would be appropriate for them to review the case.
46. In reaching this conclusion, I am not expressing any view as to whether or not Mr Pratt's benefits should be paid under Rule D.18. That is still for Veterans UK to decide. It may well be that, on review, Veterans UK are still not satisfied that Mr Pratt's benefits should be paid early; it remains one possible outcome and, if supported by appropriate evidence, would not be incorrect. However, Veterans UK should be able to explain to Mr Pratt why that is so and why they have come to a different conclusion to that drawn by Dr Saravolac.
47. I consider it would also be appropriate for there to be some modest recognition that the prolonged process of considering Mr Pratt's claim will have caused him some unnecessary distress and inconvenience.

### **Directions**

48. Within 21 days of the date of my final determination, Veterans UK will reconsider Mr Pratt's claim for the early payment of his deferred benefits. Before doing so, they are to obtain a copy of Dr Cassells' report and ask one of their medical advisers not previously involved in the case to review it. They are to provide Mr Pratt with a fully reasoned explanation for the decision they reach.
49. In addition, within the same 21 days, Veterans UK are to pay Mr Pratt £250 for additional distress and inconvenience resulting from the prolonged process of assessing his claim.

**Tony King**

Pensions Ombudsman  
16 March 2015