



Benefits and Work
Guides you can trust

The Best Possible

Personal Independence Payment (PIP) Claims and Reviews on Physical Health, Mental Health and Learning Difficulties Grounds

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Contents

Introduction	3
Have you got the right guide?	3
PIP vs. DLA – similarities and difference	3
Basic qualifying conditions	4
PIP components, rates and scores	7
Activities and descriptors in brief	8
Timetable for introduction of PIP	10
How you will be transferred from DLA to PIP	11
How to make a claim for PIP	11
Initial claim process	12
Paper or online 'How your disability affects you' PIP2 form.....	13
Will you have to have a face-to-face medical assessment?	14
Completing the form – what you need to know before you begin	15
Keep a claim file	15
Physical and mental health	16
'Reliably' - the most important PIP word.....	16
Safety and supervision.....	17
Aids and appliances	19
Driving a car	24
Scoring points when your condition varies	25
General definitions you need to know.....	27
Completing the PIP2 form	29
Pages 13 - 20	29
Section 1 – About your health condition or disability	29
Section 2 – About your health professionals	31
Q3 Preparing food (Activity 1)	31
Q4 Eating and drinking (Activity 2)	36
Q5 Managing your treatments (Activity 3)	41
Q6 Washing and bathing (Activity 4)	47
Q7 Using the toilet and managing incontinence (Activity 5)	51
Q8 Dressing and undressing (Activity 6)	55
Q9 Talking, listening and understanding (Activity 7)	59
Q10 Reading (Activity 8)	63
Q11 Mixing with other people (Activity 9)	67

Q12 Managing money (Activity 10).....	72
Mobility activities	77
Q13 Planning and following a journey (Activity 1)	77
Q14 Moving around (Activity 2).....	85
Q15 Additional information	91
Section 4 – What happens next.....	92
Motability, Road Tax and Blue Badges	93
Supporting evidence means more chance of success	94
ESA medical reports being used for PIP decisions.....	98
What’s in a GP Factual Report form	99
What kind of assessment will you have?	100
Review of your assessment type.....	100
Paper-based assessment.....	103
Getting an appointment for a telephone assessment	104
What happens at a telephone assessment during the coronavirus crisis	105
Getting an appointment for a face-to-face assessment.....	116
What happens at a face-to-face medical assessment.....	117
Questions you may be asked at your medical assessment	120
Complaining about your assessment	122
How the decision is made and what to do when you get it	123
PIP Award Review form.....	125
Passporting	131
Where to look for help with claims and appeals.....	132
Claim File Record Sheet.....	134
Face-To-Face Assessment Record Sheet.....	135

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Example 2

1. Because of my epilepsy it cannot safely prepare food on my own.
2. I have seizures a couple of times a month. However, these are completely unpredictable, I have no idea when a seizure might occur. This means that I cannot safely handle hot pans, knives, or use the cooker without someone watching me. If I had a seizure, I could seriously hurt myself. Once, when I attempted cooking unsupervised, I had a seizure and put my hand down on the electric hob. I was so seriously burnt that I required hospital treatment.
3. I don't need aids or appliances as they would not help.
4. I can only cook now if my mum is there to keep me safe, she supervises me while I cook and assists me if I have a seizure.
5. I need this help during the day breakfast, lunch and teatime.
6. My condition does not vary – I need this help every day.

Example 3

1. Because of my severe depression I have problems motivating myself to prepare food.
2. I will often not eat at all unless my partner encourages and cajoles me to do so. But if I do prepare food, it will just be a sandwich or a bowl of cereal as I cannot find the energy or concentration to plan and cook a meal. When my partner was away for work for three days I didn't eat a single cooked meal in all that time. The best I managed was some cheese on toast. I lost three pounds in weight whilst he was away.
3. I don't use any special aids or appliances for cooking because they would not help to motivate me.
4. If my partner is at home, he encourages me to cook simple meals, but he has to keep reminding me what to do and encouraging me.
5. I am sometimes more motivated first thing in the morning, but I become very drained and depressed in the afternoon and evening.
6. I don't have better days, but I do have worse days on average about twice a week when nothing my partner says makes any difference at all.

Q4 Eating and drinking (Activity 2)

What this activity is about

This activity is about your ability to **reliably** either feed yourself by cutting up food on a plate, getting it to your mouth and chewing and swallowing it or by using a tube feeding device. If it takes you a long time, you can't do it safely, to a reasonable standard or as often as you need to then you should definitely complete this section.

The descriptors: what the law says you score points for

2a. Can take nutrition unaided. **0 points.**

2b. Needs –

(i) to use an aid or appliance to be able to take nutrition; or

(ii) supervision to be able to take nutrition; or

(iii) assistance to be able to cut up food. **2 points.**

2c. Needs a therapeutic source to be able to take nutrition. **2 points.**

2d. Needs prompting to be able to take nutrition. **4 points.**

2e. Needs assistance to be able to manage a therapeutic source to take nutrition. **6 points.**

2f. Cannot convey food and drink to their mouth and needs another person to do so. **10 points.**

The law

Remember, words like 'unaided', 'prompting', 'supervision' and 'assistance' appear in many activities and have strict legal definitions: see *General definitions you need to know*. In this activity the following words and phrases also have strict legal definitions, as shown below.

The regulations (in italics) state that:

"Take nutrition" means:

(a) cut food into pieces, convey food and drink to one's mouth and chew and swallow food and drink; or

(b) take nutrition by using a therapeutic source.

"Therapeutic source" means *parenteral or enteral tube feeding, using a rate-limiting device such as a delivery system or feed pump.*

Q4a Does your condition affect you eating and drinking?

Only put a cross in the No box if you are sure that this activity doesn't apply to you. You should consider whether the descriptors above apply to you, taking into account the definitions and whether you can do it **reliably**. If you are unsure, try answering the six questions under Q4c below.

Q4b Do you use a feeding tube or similar device to eat or drink?

If you need to use a feeding tube or something similar, then tick Yes and give details in the box under Q4c. You should score two points for this (for descriptor 2c). If you need assistance to manage one of these devices, you should score six points (descriptor 2e).

Q4c Tell us about the difficulties you have with eating and drinking and how you manage them.

This is your opportunity to explain in your own words why you should score points for this activity. Your answer should cover all of the following six points:

1 What condition causes you problems?

You need to make the link between the effects of your condition and the problems you have with eating and drinking. Otherwise the decision maker may argue that you simply prefer to have help or to use aids.

This may be a physical issue, such as stiffness caused by arthritis making it difficult to use an ordinary knife and fork. Or it may be a mental health condition such as an eating disorder which means you need prompting to eat or drink.

If you are able to take nutrition, but it's not safe because your risk of choking has been increased due to a stroke, or if you can do it but not to an acceptable standard because tremors caused by Parkinson's mean you are likely to spill a lot of the food or drink, then you may score points for this activity.

2 What are the problems you have?

You need to explain in as much detail as possible what problems you have.

As we explained in ['Reliably- the most important PIP word'](#) above, you need to include details about:

- a) Time – does it take you more than twice as long as other people?
- b) Safety – is there a danger to you or anyone else?
- c) Standards – how well can you do it and does it cause you issues such as pain, fatigue, or breathlessness? .

d) Repeatedly – can you do it as often as is reasonably required?

If it's not safe for you to eat alone because you are unable to regulate how much you eat, for example, you should score points for descriptor 2b(ii) above.

If it takes you more than twice as long as someone without a health condition to eat because of fatigue or tremors then you should score 10 points for descriptor 2f.

You should include details of any problems you have with:

- motivating yourself to eat because, for example, you often feel too lethargic, depressed or tired to eat; (you should score a possible 4 points under 2d)
- knowing when to eat; (you should score a possible 4 points under 2d)
- remembering whether you have eaten; (you should score a possible 2 points under 2b(ii))
- getting too anxious or over excited to eat; (you should score a possible 2 points under 2b(ii))
- not being able to stop yourself eating once you have started; (you should score a possible 2 points under 2b(ii))
- eating only very small amounts because of an eating disorder; (you should score a possible 4 points under 2d)
- holding and using cutlery; (you should score a possible 2 points under 2b(ii) or (iii))
- getting food from a plate or bowl and into your mouth; (you should score a possible 10 points under 2f)
- drinking from a cup or mug; (you should score a possible 2 points under 2b(ii))
- needing someone to tell you what food is on your plate; (you should score a possible 2 points under 2b(ii))
- knowing where on your plate the food is. Spilling food and drink. (you should score a possible 2 points under 2b(ii)) Guidance to health professionals states that “*regular spillage requiring a change of clothes after meals is not an acceptable standard of taking nutrition*”.
- needing encouragement to eat solid food because otherwise you would live on coffee, soup and the occasional sandwich which does not constitute taking nutrition. (you should score a possible 4 points under 2d)

If you are tube-fed (or receive other kinds of parenteral nutrition), describe the process involved and any help you need with keeping equipment sterile or supervising the process.

3 Do you use aids or appliances

If, because of your health condition or disability, you need to use [aids or appliances](#) in order to eat or drink then you may score 2 points for 2 b) (i), unless a higher scoring descriptor applies to you. If you don't use them, please read on because the decision maker may say that you should and award fewer points unless you deal with this.

The kinds of things that might be relevant include:

- suction, scooper and two handled bowls
- partitioned dishes
- plate surrounds
- bibs and clothing protectors
- easy grip cutlery
- two-handed cups
- easy hold beakers
- straws
- cup with lid
- combined knife and fork

- divider plate to stop food items touching each other

If you need dentures because of the effects of an ongoing health condition or disability, then you can argue that they are a prosthetic aid to eating. Conditions such as arthritis, Sjögren's syndrome, eating disorders, Foetal Alcohol Syndrome Disorder and diabetes, as well as some medications, are connected with dental problems. We are not aware of anyone making such a claim, but on the face of it there is nothing in the legislation to prevent it.

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to prompting, supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why.

4 Should you have help from another person

Help includes help you need but don't get. So, if you feed yourself because you don't have help but you run the risk of choking or it takes you a very long time, then give details.

Help can be in the form of prompting, supervision to keep you safe or assistance.

5 Is there a particular time of the day when you have problems?

If there is a time of the day when you need to do an activity but you can't, then you should score points even if you can do it at other times of the day. If there are times of the day when you can't feed yourself then say so. For example, your hands may be too stiff to grip cutlery at breakfast time or you may be too fatigued to feed yourself late in the afternoon.

Your health condition might mean you need to eat multiple small meals throughout the day, or only eat at specific times of day. If you can't eat or drink unaided as often as you require (to avoid pain, exhaustion, malnutrition), we would argue you should score points, depending on the help you need to do this successfully.

6 Do your abilities vary?

If your condition affects you in the same way all the time, it's important that you say so.

If your condition is variable it's equally important that you explain how it varies. Remember, to score points you need to show that you are affected for the majority of the time over any given 12 month period.

To get points, you need to show that you are affected for more than 50% of the days over a 12-month period.

If there are usually periods of days, weeks or months when you are able to do an activity, then explain this and give your best estimate of how much of the time this is. For example:

'On two days a week I can feed myself without help but I still need to use adapted cutlery or

'Approximately one week in every four I have fewer symptoms and I can feed myself in a reasonable time.'

Although they are used repeatedly on the PIP2 form, **don't** use the words 'good days' unless there are days when you have no problems at all, because this is what the DWP are likely to take them to mean.

Sample answers

Try answering the six questions:

- 1 What condition causes you problems?
- 2 What are the problems you have?
- 3 Do you use aids and appliances?
- 4 Should you have help from another person?
- 5 Is there a particular time of the day when you have problems?
- 6 Do your abilities vary

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. In addition, if you can give an example, the more memorable the better, of when things went wrong this will help to make your evidence more personal and persuasive. You don't need to put the numbers in – that's just to show how the system works.

Example 1

1. Due to my eating disorder, I get negative thoughts and feelings towards food that makes me avoid eating.
2. I avoid food due to feeling sick at the smell, taste and texture of food. I also have very little motivation to eat – most of the time I have no interest in eating. This means that I do not eat enough food. If I eat, I only eat a few mouthfuls, or I simply don't eat for days on end. My doctor says I am underweight and has referred me to an eating disorders clinic.
3. I do not use any aids or appliances to help me eat.
4. I need prompting to be able to eat. I need someone to remind me and encourage me to eat. They remind me when it's time to eat, and encourage me to eat enough food. They also supervise me so they know if I'm eating enough.
5. My condition affects me most in the middle of the day and the evenings. I can sometimes eat a slice of toast in the morning, but the rest of the time I really struggle.
6. This has affected me for over a year. There are some days or weeks where I'm less affected, and I can eat a reasonable amount of some types of food. However, on most days I can eat very little or nothing at all, unless someone reminds and encourages me.

Example 2

1. Due to Parkinson's disease my hands shake involuntarily and I have difficulties swallowing.
2. My tremors make it difficult to pick up food using a fork or spoon – I often drop or spill food when moving it from my plate to my mouth. Eating a meal takes me a long time – over twice as long as my partner who does not have a disability.
3. I use aids such as a combined fork-spoon, so I don't have to swap between fork and spoon. I also use a plate guard to stop food falling off the edge of my plate, and a non-spill cup for drinking.
4. Even with these aids I still need someone to help me during meal times. This is because it still takes me more than twice as long as my partner. I need my partner to cut up food for me to be able to eat in a reasonable time.
5. This affects me throughout the day and
6. Every day.

Example 3

1. Because of motor neurone disease I have muscle weakness in my hands and arms.
2. This means that I have difficulty using cutlery and cannot safely pick up hot drinks. I have dropped cups and glasses so many times that I no longer use them.
3. I now use a cup with a lid that does not spill if dropped and I have cutlery with adapted handles to improve my grip.
4. Even with adapted cutlery I do not have the strength or dexterity to cut up things like sausages or bacon and need someone to do this for me.

5. My condition tends to get worse as the day goes on and I become more tired.
6. I have these problems every day and my condition is gradually deteriorating.

Q5 Managing your treatments (Activity 3)

What this activity is about

This activity looks at your ability to **reliably** take medication and to monitor your health by, for example, checking your blood sugar and also to carry out therapeutic activities such as exercise. If it takes you a long time, you can't do it safely, to a reasonable standard or as often as you need to you to then you should definitely complete this section.

The descriptors: what the law says you score points for

a. Either –

3a. (i) does not receive medication or therapy or need to monitor a health condition; or
(ii) can manage medication or therapy or monitor a health condition unaided. **0 points.**

3b. Needs any one or more of the following –

(i) to use an aid or appliance to be able to manage medication;

(ii) supervision, prompting or assistance to be able to manage medication.

(iii) supervision, prompting or assistance to be able to monitor a health condition. **1 point.**

3c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. **2 points.**

3d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. **4 points.**

3e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week. **6 points.**

3f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. **8 points.**

The law

Remember, words like 'unaided', 'prompting', 'supervision' and 'assistance' appear in many activities and have strict legal definitions: see *General definitions you need to know*. In the 'Managing treatments' activity here are several words and phrases that also have strict legal definitions, as shown below.

“Manage medication” means take medication, where a failure to do so is likely to result in a deterioration in your health.

“Manage therapy” means undertake therapy, where a failure to do so is likely to result in a deterioration in your health.

“Medication” means medication to be taken at home which is prescribed or recommended by a registered –

(a) doctor;

(b) nurse; or

(c) pharmacist.

“Therapy” means therapy to be undertaken at home which is prescribed or recommended by a—

(a) registered –

(i) doctor;

(ii) nurse; or

(iii) pharmacist; or

- you have a child under the age of 3 with a medical condition that means the child always needs to be accompanied by bulky medical equipment
- you have a child under the age of 3 with a medical condition that means the child must always be kept near a vehicle in case they need emergency medical treatment
- you are constantly a significant risk to yourself or others near vehicles, in traffic or car parks
- you struggle severely to plan or follow a journey
- you find it difficult or impossible to control your actions and lack awareness of the impact you could have on others
- you regularly have intense and overwhelming responses to situations causing temporary loss of behavioural control
- you frequently become extremely anxious or fearful of public/open spaces

To be **automatically** eligible for a Blue Badge under PIP you will need to:

- (a) score 8 points or more for the 'Moving around' activity of the Mobility Component; or
- (b) score 10 points for descriptor (e) in the 'Planning and following journeys' activity of the Mobility Component, which is "cannot undertake any journey because it would cause overwhelming psychological distress to the claimant"

It is still possible to apply directly to your local authority for a Blue Badge even if you don't meet the automatic eligibility criteria.

You will need to provide more information and medical evidence on your physical or mental health condition when you complete the Blue Badge application to demonstrate that you meet one or more of the extended criteria shown above. For more information on the Blue Badge scheme, click [here](#).

Supporting evidence means more chance of success

What counts as evidence

The decision about what you score in the PIP assessment is based entirely on evidence.

The form you complete is evidence, as is any report filled in by your GP or consultant and the report of the Independent Assessment Services (IAS) or Capita health professional, if you have to have a medical.

The more relevant evidence you can submit to support your claim, the better the chances of getting the right decision. In addition, detailed supporting evidence, especially medical evidence, may reduce the chances of your having to have a face-to-face medical assessment.

Letting IAS and Capita collect evidence

The DWP say they will only ask you for medical evidence you already have, they will never ask you to obtain additional medical evidence. Instead, if further medical evidence is judged to be needed by IAS or Capita, they will send for it. Amongst the possible sources of evidence IAS and Capita should consider are:

- A factual report from a GP – there's more on this in the next section.
- A report from other health professionals involved in the claimant's care such as a CPN.
- A report from an NHS hospital.
- A report from a local authority funded clinic.
- Evidence from any other professional involved in supporting the claimant, such as social workers.

- Telephone conversations with any such professionals.
- Information from a disabled child school or Special Educational Needs officer.
- Contacting the claimant by telephone for further information.

This will not be automatic, however. Health professionals will only send for additional evidence if they consider it will 'add value to the assessment process'. IAS and Capita will have to pay for any medical evidence for which there is a charge, such as GP factual reports, and then reclaim the money from the DWP at a later date.

In addition, the DWP have informed IAS and Capita that consultants reports 'attract a fee', 'can take a considerable time to be returned' and 'should only be obtained in exceptional circumstances'.

So, if you let IAS and Capita collect the evidence, you will not know before you attend your assessment whether your chosen health professionals have been asked for, and have provided, evidence. You will also not know if they were asked the right questions to get detailed answers relevant to your claim.

For this reason many claimants would rather try to collect and submit medical evidence themselves, rather than wait for IAS or Capita to do it.

Even if you do want IAS or Capita to collect evidence, it is still worth trying to visit your health professionals, let them know you are claiming or being transferred to PIP and update them about how your condition is affecting your everyday activities.

You can submit both medical evidence from your GP and other health professionals and non-medical evidence from friends and relatives, amongst others.

Additional evidence for special cases

In earlier editions of the PIP Assessment Guide, IAS and Capita were told at 2.3.9. that they:

"should strongly consider requesting further evidence before calling for a consultation a claimant who is noted to have an appointee or in a case where there is evidence of a previous suicide attempt, suicidal ideation or self-harm – or in other cases where the claimant is vulnerable. By gathering further evidence the HP may have sufficient information to complete a paper-based review which may be preferable in these cases to avoid distress to the claimant."

This guidance has been removed from the latest editions of the handbook, with no explanation given.

However, 2.3.8. of the same guide does say that

'The circumstances where obtaining further evidence may be appropriate include (but are not limited to):

'Where they feel that further evidence will allow them to offer robust advice without the need for a face-to-face consultation – for example, because the addition of key evidence will negate the need for a consultation or where they feel that a consultation may be unhelpful because the claimant lacks insight into their condition or a consultation may be stressful to the claimant.'

If a face-to-face assessment would be very stressful for you – especially if it could make your condition worse - it is worth explaining why and, if possible, providing supporting evidence. You can write about this in the Additional Information section at question 15 and also refer back to it in the next box, which asks about help you would need to attend a medical.

Ask for further evidence to be collected and say who from.

You should also bear in mind, however, that the companies have also been told that only in exceptional circumstances should they ask for a consultant's report.

You might also want to point out that you consider that seeking additional evidence is a reasonable adjustment under the Equality Act 2010 in your case and failure to do so may result in legal action being taken. You would need to get legal advice if you wanted to take this further.

Guidelines for collecting supporting evidence

Always try to arrange to have letters sent to you rather than direct to the DWP.

If the person you are asking is reluctant to do this, point out that you want to keep a copy for your records because it is far from unknown for the DWP to lose papers. Read any evidence before you submit it. If there are points in it that are incorrect or missing, and this might damage your case, try contacting the writer and asking them to send you an altered version. If they won't do this, or if the evidence is unhelpful for any other reason, then simply don't submit it.

If you write to someone asking for evidence, it's really important that you keep a copy of the letter you sent them. If you have to go to an appeal hearing, the tribunal may insist on having a copy of any letter you wrote to your GP, for example, asking for evidence. If you don't provide it they may adjourn the hearing in order to allow you to contact your doctor and get a copy. The reason they do this is to see how much of the information the doctor provides is simply taken from the letter you wrote, rather than based on the doctor's prior knowledge. However, it may then be three months or more before the hearing gets relisted.

If you wish to avoid having to submit letters you wrote asking for evidence, then simply don't write any.

Instead, make an appointment to see your health professional or go and visit or telephone friends or relatives and explain to them in person what it is you require. Take a copy of the descriptors with you and discuss which ones you think apply to you and why, if necessary. If you do have to attend a hearing you will have to say that this is what you did, if you are asked.

Medical evidence from your GP

Under their contracts, GPs are obliged to complete certain forms for the DWP. GPs are not under any obligation to provide supporting letters to patients, however. Some are happy to do so, some will not do so and some will only do so if paid.

The DWP pays a standard price of £33 for a GP Factual Report. Independent Assessment Services and Capita have been informed that they are not allowed to negotiate their own rates with GPs, but must instead pay the DWP rate and then claim it back from the DWP.

Medical evidence from health professionals other than your GP

This can include letters from an occupational therapist, specialist nurse, consultant or any other health professional you see.

If possible, it's always best to make an appointment to talk to the health professional. Tell them about the kind of problems your condition causes in relation to your everyday life and the kind of evidence you would like them to provide.

Unfortunately, some health professionals may refuse to write you a letter, saying that it's now a matter for the DWP, or they may say they will only write a letter if you are willing to pay for it. Health professionals are not under any duty to provide you with supporting letters, so unfortunately they are within their rights to refuse or to ask for money.