

Q1. What are your views on an assessment that places more emphasis on condition rather than the functional impact of a condition on the person?

We think this is a very bad idea, as the same condition can have a very different impact on different people. Equally, the same condition can affect the same individual very differently at different times, especially if it is a condition that is known to deteriorate.

Q2. What are your views on people receiving PIP without an assessment if they have specific health conditions or a disability as evidenced by a healthcare professional?

We think this is a very bad idea. Because it is likely that the award rate would also be fixed. So, for example, people with ME/CFS might always get an award of standard care and standard mobility, no matter how the condition affects their needs.

Q3. What are your views on PIP claimants not being subject to an award review if they have a specific health condition or disability as evidenced by a healthcare professional?

Where a condition is very likely to remain the same, or can only deteriorate and the claimant is already on the highest rates of PIP, then not having award reviews is sensible.

Q4. Do you agree or disagree on making provision of evidence or a formal diagnosis by a medical expert a mandatory requirement for eligibility for PIP?

- **Agree**
- **Disagree**
- **Don't know**

Disagree

Q5. In relation to Question 4, please explain your answer and provide evidence or your opinion to support further development of our approach.

Disagree, because for many conditions – for example, ADHD, ASD - a claimant may have to wait years for a formal diagnosis and so be prevented from claiming PIP.

Q6. How could we prevent the provision of evidence or a formal diagnosis by a medical expert from impacting the NHS? Please explain your answer and provide evidence or your opinion to support further development of our approach.

We don't think you could prevent it from impacting on the NHS. This would be disastrous for both the NHS and for claimants. Either medical experts would be diverted from caring for patients because they had benefit claims to deal with or they

simply wouldn't prioritise benefits applications and claimants would wait many months for the necessary evidence. It would harm patients, further demoralise NHS staff and disadvantage PIP claimants.

Q7. Do you agree or disagree that eligibility for PIP should be based more on condition?

- **Agree**
- **Disagree**
- **Don't know**

Disagree

Q8. How could we determine eligibility for the following conditions?

- **Conditions that fluctuate**
- **Conditions that vary in severity**
- **Conditions that might be cured, or have access to better / new/ novel treatments over time**

Please explain your answer and provide evidence or your opinion to support further development of our approach.

You can determine eligibility for conditions that fluctuate or vary in severity by collecting, and properly assessing, detailed evidence from the claimant.

You can determine eligibility for conditions that might be cured or have new treatments by requiring claimants to inform you if their needs change.

In other words, do what you do now but do it better.

Inventing money saving short-cuts to avoid collecting detailed evidence will always lead to bad outcomes for claimants and wider society.

Chapter 2 – PIP – Eligibility reform

Q9. Do you think the need for an aid or appliance is a good/bad indicator of extra ongoing costs and why?

It is a good indicator because it is one which has been used successfully for PIP since the benefit was introduced. The fact that no alternative is being suggested implies that the intention is simply to stop taking aids and appliances into account in order to reduce the number of successful claims.

Q10. Do you think the need for prompting is a good/bad indicator of extra ongoing costs and why?

It is a good indicator because it is one which has been used successfully for PIP since the benefit was introduced. The fact that no alternative is being suggested implies that the intention is simply to stop taking prompting into account in order to reduce the number of successful claims.

Q11. Do you think people who accumulate low points across activities have the same level of extra costs as those who score highly in one or more activities?

This is an unanswerable question. Someone who scores low points across a range of activities may struggle with virtually every aspect of daily living and therefore have considerable costs spread over numerous activities. Someone who scores highly for just one activity may have considerable costs just for that single activity. We think this question is designed to provide justification for removing low scoring descriptors altogether and reducing the cost of PIP.

Q12. Do you think any of the PIP activities measure similar functions and could be merged?

No.

Q13. Do you think any of the PIP activities should be removed or re-written and why?

No. Because any removal or rewriting would be solely designed to reduce costs rather than improve PIP assessments.

Q14. Should we consider adding any new activities? If so, which activities should be added and why?

No. If new activities are added, this should be done on the basis of a proper, evidenced review and not on a questionnaire designed to justify reducing eligibility. Rather than new activities, there should be a detailed review of the lack of points available in the PIP criteria for needing supervision to stay safe.

Q15. Do you think the current entitlement thresholds levels are set at the right levels to define the need for Government financial support and why?

Yes, because they are providing additional support to millions of people and any changes are likely to be aimed at reducing that support.

Q16. What are your views on changing the length of the current three-month qualifying period for PIP which is used to establish that the functional effects of a health condition or impairment have been present for a certain time period before entitlement can start?

The qualifying period works effectively as it is and does not need changing.

Q17. What are your views on retaining, removing, or changing the length of the current nine-month prospective test which is used to determine if the functional effects of a health condition or impairment are likely to continue long-term?

The prospective test works effectively as it is and does not need changing.

Chapter 3 – PIP– What do we provide support for?

Q18. PIP provides a contribution towards extra costs. Which extra costs incurred by disabled people are the most important for a new scheme to address? Please rank the following options in your order of importance:

- **Equipment and aids**
- **Medications and medical products**
- **Personal assistance (costs arising from hired physical and/or emotional support within and outside the home, eg. help with household tasks or assistance with transportation)**
- **Health and personal care (including physical therapies, talking therapies, massages, etc. Also includes greater spending on personal hygiene or appearance)**
- **Extra transport costs (from reliance on taxis or accessible taxis, hospital parking fees, vehicle adaptations, etc.)**
- **Additional energy and utility costs arising from disability or health condition (including digital access)**
- **Additional food costs arising from disability or health condition**
- **Additional spending on clothing, footwear, and bedding items arising from disability or health condition**
- **Higher costs of insurance**
- **Additional housing costs arising from disability or health condition, including home adaptation costs**

Q19. In relation to Question 18, please explain your answer below and tell us about any other important kinds of costs not listed above.

We very strongly object to the presence of the rigged question above and have made a formal complaint to the DWP about it.

If we choose not to engage with the question, then the DWP's pre-selected choices will be recorded as our answer, even though we do not agree with them

But if we engage with the question then we are being obliged to decide whether food, medication, heating transport or a range of other things are the most important for disabled people. This is a cruel and uncivilised judgement to be asked to make.

Nobody should have to choose between these things, but their relative importance will vary depending on the individual, which is why people are free to spend their PIP in the ways most important to them.

Someone who depends on a specialised diet to stay well, will clearly consider this a priority. Someone who needs energy to power vital, disability-related equipment will prioritise paying for this. Someone who needs medication not available on the NHS to prevent a deterioration in their health will put this before other costs. And someone who depends on taxis to get to vital therapy or hospital appointments because they cannot use public transport will consider this a vital expense.

It is crass and unreasonable to ask respondents to this questionnaire to make a judgement on what is most important to other people.

Q20. What are the benefits and disadvantages of moving to a new system for PIP claimants?

A catalogue/ shop scheme

- ***Benefits***
- ***Disadvantages***
- ***Other***

Please explain your answer and provide evidence or your opinion to support further development of our approach.

This is a terrible idea, there are no benefits whatsoever. Claimants would be forced to choose from a limited range of probably substandard products, whilst the company running the scheme would be free to rack up vast profits with no competition.

Q21. What are the benefits and disadvantages of moving to a new system for PIP claimants?

A voucher scheme

- ***Benefits***
- ***Disadvantages***
- ***Other***

Please explain your answer and provide evidence or your opinion to support further development of our approach.

This is a terrible idea, there are no benefits whatsoever. It would limit choice and push up prices, as not all outlets would accept vouchers and there would be likely to be restrictions on what the vouchers could be spent on. It would be stigmatising for claimants to have to present vouchers at the point of sale.

Q22. What are the benefits and disadvantages of moving to a new system for PIP claimants?

A receipt-based system

- ***Benefits***
- ***Disadvantages***
- ***Other***

Please explain your answer and provide evidence or your opinion to support further development of our approach.

This is a terrible idea, there are no benefits whatsoever. It means that claimants would need to already have the money to purchase the item they required or they simply would not be able to get it. The DWP is already massively failing to cope with its workload, it could not possibly cope with processing millions of receipts, even if it outsourced the process to a private sector company making millions from the contract. There would inevitably be huge processing delays. Receipts would be lost. Others would be challenged as either not containing all the necessary information, not being legible or being too high for the goods or services in question. Some sort of appeal system would be needed when receipts were refused, adding to costs and delays. And it is a system that would be open to huge levels of fraud by criminal gangs.

Q23. What are the benefits and disadvantages of moving to a new system for PIP claimants?

One-off grants

- ***Benefits***
- ***Disadvantages***
- ***Other***

Please explain your answer and provide evidence or your opinion to support further development of our approach.

This is a terrible idea, there are no benefits whatsoever. The point of PIP is that it covers the ongoing additional costs of being disabled, week in week out, potentially for many years. It would be impossible to calculate a single, one-off payment that would do this. There are already grant schemes to help with large capital outlays, such as installing disabled access or a wet room.

Q24. If PIP could no longer be used to determine eligibility to passport to other benefits and services, what alternative ways could service providers use to determine disability status?

We have no idea and don't see any reason to change to an alternative method. If the DWP can't even offer any suggestions, it implies you have no idea either and hope that someone else will.

Q25. If PIP could no longer be used as the eligibility criteria to additional financial support in Universal Credit, what alternative ways of determining eligibility should we use?

We have no idea and don't see any reason to change to an alternative method. If the DWP can't even offer any suggestions, it implies you have no idea either and hope that someone else will.

Q26. Are there specific groups of people whose needs are not being met by the current PIP provision and have a need for a greater level of support? What form should this support take (eg. help with specific extra costs, access to improved healthcare such as mental health provision or enhanced local authority support such as care packages and respite)?

There are undoubtedly people whose needs are not being met, but a cost-cutting review such as this one is not the place to consider them. Nor is it appropriate to try to sneak in supposed replacements for PIP – such as mental health provision – by the back door, by pretending you are providing additional support.

Q27. Instead of cash payment, are there some people who would benefit more from improved access to support or treatment (for example, respite care, mental health provision or physiotherapy)?

Absolutely not. Access to support or treatment should already be available from the NHS or local authority, regardless of whether you are a PIP claimant or not. In no circumstances should such support be seen as a replacement for a cash benefit. If PIP claimants were 'awarded' physiotherapy, would this be in addition to NHS support or would it involve some form of queue-jumping? In either case it would be utterly unreasonable and unacceptable.

Chapter 4 – PIP– Aligning support

Q28. Do people already receive support from local authorities or the NHS with the need/costs that come with having a disability or health condition?

- Yes
- No

- **Don't know**

No

Q29. In relation to Question 28, please explain your answer and provide evidence or your opinion to support further development of our approach.

No. We have chosen this answer because it would depend entirely on what your condition is, where you live and what support you have already received. Cash-strapped local authorities and NHS trusts will vary massively in the services they provide.

Q30. Which of the following do local authorities or the NHS help with?

- **Equipment and aids**
- **Medical products**
- **Personal assistance (eg. help with household tasks)**
- **Health services**
- **Social care**
- **Respite**
- **Transport**
- **Utility costs**
- **Other**

None selected

Q31. In relation to Question 30, please explain your answer and provide evidence or your opinion to support further development of our approach.

We have not answered question 30 because it is not possible to answer it accurately. As in relation to question 29 above, it would depend entirely on what your condition is, where you live and what support you have already received. Cash-strapped local authorities and NHS trusts will vary massively in the services they provide.

Q32. Which needs/costs that come with having a disability or health condition could local areas help with further?

- **Equipment and aids**
- **Medical products**
- **Personal assistance (eg. help with household tasks)**
- **Health services**
- **Social care**
- **Respite**

- *Transport*
- *Utility costs*
- *Other*

Q33. In relation to Question 32, please explain your answer and provide evidence or your opinion to support further development of our approach.

None. Local authorities and NHS trusts are already overwhelmed by costs and do not have the resources to take on additional provision.

Q34. If we align the support offered by PIP into existing local authority and NHS services, how could this improve things for disabled people and people with health conditions?

It couldn't improve things, it would be a disaster. Funding from central government to local authorities and NHS trusts would inevitably be insufficient to meet the level of need and would be further squeezed over time. Central government would blame local authorities for inefficient use of funds and local authorities would blame central government for inadequate funding. Disabled people would be left powerless between the two parties. In addition, it would entirely remove disabled claimants' opportunity to make their own decisions about what their priorities are and how to maintain their personal independence.

Q35. Do you think aligning PIP with local authority and NHS services could reduce the number of assessments a person with a disability or health condition would have to undergo? Would this help to reduce duplication?

How could anyone possibly know the answer to this? Especially as different authorities would choose to meet people's needs in different ways, leading to an utterly fragmented system. It might well be that in some areas you would have to undergo multiple assessments and in others very few.

Q36. What disability support services in your community are the most important services or support to deliver?

This is another unanswerable question. All support services are important and their relative importance will depend upon the needs of any specific individual.

Q37. How much flexibility should local areas have to decide their priorities in supporting people with disabilities and health conditions?

They shouldn't have any. Because individuals should be able to decide their own priorities and have the resources, via cash payments of PIP, to meet them.

Q38. What capacity and capability would be required to better align PIP with local authority and NHS services?

It's hard to know what this question is even asking. But we don't believe that there should be any attempt to align PIP with local authority and NHS services as they are so variable around the country. It would, in any case, simply be an attempt to introduce cuts through the back door.

Compulsory question

Q39. Are you an individual or an organisation supporting claimants applying for PIP?