
What is PIP?

Personal Independence Payment (PIP) is financial aid for people with a disability or long term health condition, aged 16-64. There are two rates (standard and enhanced) possible.

It is a **non-means tested benefit**. It doesn't matter how much the claimant earns. Instead, the basic criteria for qualifying are:

1. Needing help with **everyday tasks** or **getting around**, or both
2. Having needed this help for at least 3 months prior to claim and expecting to need it for at least another 9 months (with an exception for those who are terminally ill, with less than 6 months to live)

How is PIP assessed?

All claims are considered by **Decision Makers** (DMs) at the DWP. The primary medical evidence that they base their assessment is a **points-based test**, carried out in a consultation between the claimant and a '**Health Professional**' provided to the DWP by private contractors (Atos/Capita). S

Supporting medical evidence such as a letter from a GP/therapist who is familiar with the claimant's condition is advised, but in practice there have been difficulties taking these expert descriptions into account, because they do not relate closely enough to the points-based criteria that ultimately, must be the basis of the DM's decision.

As a result, it is important that GPs and therapists providing medical evidence for a patient understand the nature of the points-based system, so that they can use it to provide their own expert opinions of the patient's eligibility for PIP.

What is the Points-Based Test?

The test assesses a patient's need for help in performing every day tasks and/or getting around, through a **Daily Living** component and a **Mobility** Component. The claimant is graded for their ability in performing a list of **12, set tasks**, from "no trouble at all" to "cannot perform at all", with more difficulty meaning a higher point score for that task.

The Daily Living Component: tasks 1-10

= "Needing help with everyday tasks"

The Mobility Component: tasks 11-12

= "Needing help getting about"

Ability in each activity is graded from a) to d/e/f), with different abilities attracting 0-6/8/12 points.

A claimant needs **8 points** in either area to be eligible for the **standard rate** of benefits in that area, and **12 points** to be eligible for the **enhanced rate**.

Daily Living Component

1. Preparing food
2. Taking nutrition
3. Managing therapy or monitoring a health condition
4. Washing and bathing
5. Managing toilet needs or incontinence
6. Dressing and undressing
7. Communicating verbally
8. Reading and understanding words & symbols
9. Engaging with other people face to face
10. Making budgeting decisions

Mobility Component

11. Planning and following journeys
12. Moving around

How best to write a letter of Medical Evidence?

"When we spoke to Decision Makers, they told us they believed much of the evidence provided by doctors was not relevant as it rarely related directly to the descriptors that form" (July 2016 Social Security Advisory Committee)

To make your letter of medical evidence referring to specific tasks on the assessment list is essential.

If the patient would be eligible for both the Daily Living and Mobility Components, it is important to refer to the tasks in both sections that you think most apply. Mention any descriptor that you think the patient would have significant difficulty with, and note if they could not perform these tasks all the time without help/ safely/ to an acceptable standard. For example:

Dear Sir/Madam,

Preparing Food

X is able to prepare food, however he has a diagnosis of emotionally unstable personality disorder, and would be heavily reliant on his mother during periods of low anxiety as concentration can be very poor, and X will sometimes forget to eat meals due to his poor concentration.

Budgeting

X has struggled with this during the last 12 months due to his poor mental health, and is accessing support to address accumulated debt.

Planning and Following Journeys

X is able to plan and follow familiar journeys, however struggles and becomes anxious if he has to deviate from this.

Yours faithfully,

Supporting Medical Evidence for PIP Claims: A guide



"We consider the HCP reports continue to be generally of poor quality" *Money Matters Advice service*, in evidence to SSAC July 2016

"[Data] indicates that either new oral or documentary evidence supplied at the hearing are the leading reasons for PIP decisions being overturned in 75% of overturns recorded" *Justin Tomlinson, Minister for Disabled People* (23 May 2016)

"While claimants can keep their Motability vehicles for up to 6 months while appealing PIP decisions, we're extremely concerned that the time taken to undergo MR and wait 20 weeks for appeal means that many people will still face losing their cars" *Disability Rights UK*

"We submit that the origin of all these problems lies with the adequacy and accuracy of the Atos/Capita assessments" *Disability Rights UK*

July 2014 - Assessing the Assessors survey;

95 % found the assessment damaged their health - 29% severely

95% gave the assessment a mark of 5/10 or less, 43% gave it the lowest possible mark

80% of the time, the respondent felt the assessor didn't listen to them