# Merton Centre for Independent Living's Response to the Health and Disability Green Paper, 'Modernising Support for Independent Living'

July 2024

Merton Centre for Independent Living (Merton CIL) is a Deaf and Disabled People's Organisation – Merton Centre for Independent Living - Merton Centre for Independent Living (mertoncil.org.uk)

We are submitting this response on behalf of our members, service users, staff and trustees, who are Deaf and Disabled people in Merton.

If you have any questions, please contact our Policy and Campaigns Manager, Dr Pippa Maslin, at pippa@mertoncil.org.uk or on 07884 232391.

## Assessment Model for PIP

1. The suggestion that the assessment could be changed in a way which places more emphasis on a person's condition, than on the functional impact of the condition on the person, is a bad idea, as it would likely lead the DWP to make unhelpful assumptions about people's lives and, thereby, result in unfair assessments. The same condition can have a very different impact on different people, and a condition can affect an individual very differently at different times.
2. The suggestion that someone could be awarded PIP without an assessment if they have a specific health condition or disability

evidenced by a healthcare professional is not, in itself, a bad idea, as most people find the assessment process highly stressful. However, we worry that such a change could lead to fixed award rates for certain health conditions or disabilities, which, for the reasons outlined in no. 1, would be unfair.

3. The suggestion that some claimants could not be subject to an award review if they have a specific health condition or disability evidenced by a healthcare professional would work only if there is certainty that the functional impact of the health condition or disability were unlikely to change.
4. The suggestion that provision of evidence or a formal diagnosis by a medical expert could be made a mandatory requirement is, at this point in time, a bad idea, as the NHS is so strained that timely appointments and diagnoses are, sadly, rare.

## Eligibility for PIP

5. The question asking whether the need for an aid or appliance is a good or bad indicator of extra ongoing costs makes us worry that the DWP is thinking of removing this consideration from the assessment. Whilst some people are provided with aids and/or appliances for free, this is, in our experience, not usually the case. Indeed, some aids and appliances, like wheelchairs, mobility scooters, and hoists, are notably expensive.
6. The question asking whether the need for prompting is a good or bad indicator of extra ongoing costs makes us worry that the DWP is thinking of removing this consideration from the assessment. We urge the DWP to refrain from doing so, as the need to be prompted to undertake certain essential daily activities, such as eating, washing oneself, attending to certain financial matters, and so on, is an extremely important consideration when assessing a person’s eligibility for PIP.

7. Our response to the questions about whether any of the PIP activities could be merged, removed, or rewritten, is that the DWP should undertake a detailed and accessible review of the current points system, as the high percentage of decisions overturned by HMCTS, at tribunal stage, shows that the current PIP application and review process is fundamentally flawed. In London, for example, Q1 2023/2024 saw HMCTS overturn, in favour of the claimant, 68% of the DWP's decisions about eligibility for PIP or the size/length of someone's PIP award.
8. The current three-month qualifying period used to establish that the functional impacts of a health condition or impairment have been present for a certain time period before entitlement can start should not be changed in length.
9. The current nine-month prospective test used to determine if the functional effects of a health condition or impairment are likely to continue long-term should not be changed in length.

## Possible Alternatives to PIP

10. We object, in the strongest terms, to the question which asks respondents to rank, in order of importance, different types of extra costs incurred by disabled people[1]. Their importance varies from individual to individual. Therefore, any attempt to rank them is fruitless.
11. We also object, in the strongest terms, to the suggestion that payments into a claimant's bank account could be replaced with a catalogue/shop scheme, a voucher scheme, a receipt-based scheme, or a one-off grants scheme:

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[1] • Equipment and aids • Medications and medical products • Personal assistance (costs arising from hired physical and/or emotional support within and outside the home e.g. 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

a) A catalogue/shop scheme and a voucher scheme would inevitably limit people’s choice and control, and would, thereby, limit their independence.
b) A voucher scheme would be stigmatising for claimants at the point of sale.
c) The idea that the DWP have the capacity to process millions of receipts is absurd. They clearly have a huge backlog of work, resulting in unacceptably long waits for many applicants and claimants, who are, by contrast, expected to adhere to tight deadlines. Indeed, in our experience, even the phone line is understaffed, with people too often waiting for an hour or more. Furthermore, challenges as to what counts as legitimate health/impairment/disability-related expenditure would be inevitable, creating even more work for the DWP. This already happens all over the country, in the form of challenges to financial assessments for social care, and it is incredibly time-consuming for everyone involved, not least because the growing absence of hard copies of receipts, in an increasingly digital world, makes it difficult to gather evidence.
d) A one-off grants scheme would cause budgeting difficulties for those who already find budgeting hard to manage, and the consultation provides no detail as to how it would relate to other grants, such the Disabled Facilities Grant.

12. We find the question about whether some people would benefit more from improved access to support or treatment (e.g. respite care, mental health provision, or physiotherapy), than from cash payments, deeply concerning. Access to support or treatment should already be available from the NHS or local authority, whether one is a PIP claimant or not, but the question implies an either/or approach, which is morally dubious and surely at odds with the principles of our socialised healthcare system.
13. We do not have any suggestions as to what could replace PIP as a way of determining eligibility for other benefits and services. However, we would like to take this opportunity to suggest that when

a PIP award makes a person automatically eligible for something else, like a form of concessionary travel, it seems an unnecessary waste of resources to make them apply for it, as is currently the case.

## Aligning Support with NHS and Social Care Services

14. The question asking whether people already receive, from local authorities and/or the NHS, support with the needs and/or costs that come with having a disability or health condition, is nonsensical. Firstly, it obviously depends upon what your disability or health condition is, and where you live. Secondly, the impact of so-called austerity measures has diminished massively the ability of local authorities and the NHS to fulfil their statutory duties.
15. Equally, in light of the state in which the Conservative government has left local authority services and the NHS, the suggestion that the support offered by PIP could be aligned with them feels far from pragmatic.
16. The question asking which disability support services in the community are the most important is unanswerable. How important they are is relative to the needs of the individual.

## Conclusion

17. We think that this so-called consultation is far from accessible in terms of its length, language, and exclusively digital nature.
18. We also think that the DWP should focus on making the various stages of applying for and claiming PIP simpler and fairer, as the processes involved are too complicated and hostile. Having to complete a form and attend a health assessment, and all too often, having to then challenge the DWP's decision by writing a letter of Mandatory Reconsideration and taking the matter to tribunal level

creates so much unnecessary stress for people who are already facing lots of difficulties.