Response to modernising support for independent living: the health and disability green paper

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This written evidence is submitted by Richard Machin, Senior Lecturer, Social Work and Health, at Nottingham Trent University. He specialises in social welfare law and practice and previously managed a local government welfare rights and money advice service. This evidence builds upon his professional experience of disability benefits casework and the following research on Personal Independence Payment:

1. https://www.tandfonline.com/doi/abs/10.1080/09649069.2017.1390291

   Machin, R. (2017). Made to measure? An analysis of the transition from Disability Living Allowance to Personal Independence Payment. *Journal of Social Welfare and Family Law*, *39*(4), 435–453. https://doi.org/10.1080/09649069.2017.1390291

2. https://www.tandfonline.com/doi/abs/10.1080/09687599.2021.1972409

   Machin, R., & McCormack, F. (2021). The impact of the transition to Personal Independence Payment on claimants with mental health problems. *Disability & Society*, *38*(6), 1029–1052. https://doi.org/10.1080/09687599.2021.1972409

3. https://www.tandfonline.com/doi/abs/10.1080/09540962.2023.2244785

   Machin, R., & Reynolds, A. (2023). New development: The commodification of social security medical assessments—academic analysis and practitioner experience. *Public Money & Management*, *44*(4), 335–338. https://doi.org/10.1080/09540962.2023.2244785

4. https://ppp-online.org/view-all-volumes/hidden-from-sight-why-the-complexity-of-me-cfs-needs-to-be-recognised-by-policy-makers/

   Űstűnkaya, T. and Machin, R., 2021. Hidden from Sight: Why the complexity of ME/CFS needs to be recognised by policy makers. *People, Place and Policy*, *15*(2), pp.91-99.

5. https://theconversation.com/swapping-payments-for-vouchers-wont-fix-disability-benefits-heres-whats-needed-instead-229050

   Machin, R., 2024. Swapping payments for vouchers won't fix disability benefits – here's what's needed instead. *The Conversation*.

6. https://social-policy.org.uk/50-for-50/personal-independence-payment/

   Machin, R., 2018. Personal Independence Payment – a fair deal for people with mental health problems? London: Social Policy Association.

Summary

Please see the detailed response to the consultation questions below. The response clearly indicates that an approach which focuses on condition rather than functional impairment should be rejected. This would create an assessment system inferior to that which is currently in place and one which would be unable to recognise the complex and individualised nature of disability. The suggestions that a formal diagnosis is mandatory, that existing descriptors should be merged, or that scoring of certain descriptors should be given a greater emphasis is also rejected. No plausible rationale has been put forward to suggest that these would make any material improvements to the current PIP system.

The evidence from our research (and that of disability rights groups) is that there is a clear need for distinct, standalone cash-based disability benefits support. The suggestion of a move to vouchers or a receipts-based system removes choice and dignity, is administratively impractical and would fail to capture many additional and ongoing costs/needs incurred by people with disabilities. Continuing need cannot be met by one-off payments. Disability benefits provide vital financial support for the extra costs of disability and should remain unique and separate from either local authority services or the NHS.

Our research demonstrates that amendments to PIP should focus on improving the assessment and decision-making processes, rather than making changes to the eligibility criteria. The model used in Scotland for Adult Disability Payment should be adopted in the rest of the UK. This includes the removal of private companies from the assessment process as they have been proven to be costly to the taxpayer and often produce poor quality assessments. There should be a more holistic approach to the gathering of evidence which includes evidence which is available from professionals such as local authority, social services or housing staff and informal networks such as carers. Section 89 of the Welfare Refrom Act 2012 mandated independent review of PIP. Paul Gray has completed two reviews (2014 and 2017) and the recommendations in relation to further evidence should be fully implemented.

Recommendations

- This submission recognises the increase in the number of PIP claimants in recent years, particularly since the COVID-19 pandemic. However, this cannot be addressed without improving population health. This is where the focus should lie, not in reducing support via the disability benefits system. Adequate funding and structuring of health services, and a reduction in waiting times for hospital appointments and therapeutic support is needed to drive down the number of PIP claims.

- The increase in the number of PIP claims is partly due to the overall inadequacy of the social security system for working-age claimants. Working age benefit recipients have lost £1,500 per year since 2010, out-of-work households have lost £2,600 and the poorest 20% of working-age households have lost 14.2% of income[1]. This financial hardship is one of the

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[1] Resolution Foundation (2024) Ratchets, retrenchment and reform The social security system since 2010: https://www.resolutionfoundation.org/app/uploads/2024/06/Ratchets-retrenchment-and-reform.pdf

reasons for increasing numbers of people turning to PIP in attempt to meet essential costs. It is estimated that disabled households need £975 more per month to maintain the same standard of living as non-disabled households[2]. The squeeze on the level of working-age benefits and difficulty in accessing health support has inevitably led to an increase in the number of people who claim PIP. It is recommended, therefore, that an 'essentials guarantee'[3] (as defined by Joseph Rowntree Foundation) is applied to means-tested benefits. This would reduce the overall financial hardship experienced by disabled people and lower the reliance on PIP. It should be noted that in 2016 the United Nations Committee on the Rights of Persons with Disabilities Inquiry[4] found 'grave and systemic' violations of disabled peoples' rights in the UK. The follow-up report of 2024[5] found no progress since 2016 and that polices in relation to financial support for disabled people were inadequate.

- The changes implemented to the disability benefits system over the previous decade have failed to adequately consider the voice of people with disabilities and have adopted a 'test and learn' approach. Any future changes should only be considered following meaningful consultation with disabled people and a full equality impact assessment.

- Appropriate funding is required for advice services to ensure that the complex PIP system is navigated appropriately and ensure a higher number of correct decisions are made first time and fewer appeals required. Since 2013, the number of advice agencies and law centres delivering legal aid work has fallen by 59%[6], nearly 85% of the population do not have access to a welfare legal aid service[7], during the 2010s core local authority funding per person reduced by 26% in real terms[8], in 2022/23 Citizens Advice received more queries about welfare benefits that any other issue (992,524 appointments)[9]

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[2] Scope (2023) What are extra costs?: https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag-2023

[3] JRF (2024) Guarantee our essentials- https://www.jrf.org.uk/social-security/guarantee-our-essentials-reforming-universal-credit-to-ensure-we-can-all-afford-the

[4] United Nations. (2016). *Committee on the Rights of Persons with Disabilities: Inquiry concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention*: http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.15.R.2.Rev.1-ENG.doc

[5] United Nations (2024). *Report on follow-up to the inquiry concerning the United Kingdom of Great Britain and Northern Ireland.* https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FGBR%2FFUIR%2F1&Lang=en

[6] Law Society (2023). A decade of cuts: Legal aid in tatters : https://www.lawsociety.org.uk/contact-or-visit-us/press-office/press-releases/a-decade-of-cuts-legal-aid-in-tatters

[7] Law Society (2024). Welfare benefits – legal aid deserts. https://www.lawsociety.org.uk/campaigns/civil-justice/legal-aid-deserts/welfare

[8] Institute for Fiscal Studies: How have English councils' funding and spending changed? 2010 to 2024 https://ifs.org.uk/publications/how-have-english-councils-funding-and-spending-changed-2010-2024

[9] Citizens Advice (2023). Supporting people through a cost-of-living crisis. Impact report 2022-2023 : https://drive.google.com/file/d/1sXNi3WpeLOff8q6Bcl8yHvA8sf8DnamC/view

Consultation questions

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?

It would be detrimental to place more emphasis on the condition rather than functional impact and undermine the principles of a disability benefits system which should focus on supporting people with the *everyday impact* of health conditions and providing financial support for this.

A system based on condition would lack nuance, lead to formulaic decisions, many of which would be appealed, and fail to consider the real world, varying and complex cost of disability.

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?

If evidence is available which is clear and categoric then an assessment should not always be required. Where an assessment is needed we support the approach taken in Scotland with the Adult Disability Payment which does not use private sector companies. Our research demonstrates[10] that this is costly, targets driven process which often produced inappropriate assessment results and poor claimant experience.

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?

The current system of short-term awards and frequent reviews is not fit for purpose. For example, our research[11] shows that for many people with enduring mental health problems, anxiety about needing to reapply after a short-term award has a detrimental impact on wellbeing.

Under the previous Disability Living Allowance system there was a more workable and appropriate system of life-time awards where it is clear that a health condition/disability will not improve. This avoids not only claimant distress but unnecessary administrative costs associated with frequent re-assessment and, potentially appeals.

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.

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[10] Machin, R., & Reynolds, A. (2023). New development: The commodification of social security medical assessments—academic analysis and practitioner experience. *Public Money & Management*, *44*(4), 335–338. https://doi.org/10.1080/09540962.2023.2244785

[11] Machin, R., & McCormack, F. (2021). The impact of the transition to Personal Independence Payment on claimants with mental health problems. *Disability & Society*, *38*(6), 1029–1052. https://doi.org/10.1080/09687599.2021.1972409

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

This would mean the system lacks flexibility and exclude people who may be pursuing a formal diagnosis (for example are waiting for NHS diagnosis). In the vast majority of cases formal diagnosis and evidence is already available but there needs to be flexibility.

The approach taken in Scotland with the Adult Disability Payment is more appropriate where a range of evidence is considered, for example from a carer or social worker.

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.

If a formal diagnosis and provision of medical evidence is a mandatory part of the PIP assessment process it is inevitable that this would have an impact on NHS workloads. Our research indicates that a more flexible and tailored approach is required where evidence from a range of sources and professionals should be accepted to support a PIP claim. This may be from a social worker, community care worker, occupational therapist, housing association staff, professional from a voluntary sector organisation or from more informal sources (such as carer). An accurate picture of disability and need is not always secured by pursuing evidence only from an NHS source and a wider and more nuanced approach should be adopted to increase accuracy in decision-making and reduced burdens on NHS staff.

It should be noted that under the current PIP rules where a claimant is awaiting treatment the decision maker should allow the choice of claimant activities as though the treatment has not been secured. If a claimant is unable to perform a daily living or mobility activity until medication has taken affect, then they should be judged as having limited ability to complete the activity. This strongly indicates that appropriate regulations are currently in place but problems arise when they are incorrectly interpreted/not fully considered by an assessor or decision maker.

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.

If PIP eligibility moves towards a system based on condition and not the day-to-day impact of the condition it will make it incredibly difficult to consider issues of fluctuation and severity. This is one of the fundamental reasons for rejecting this approach.

The current PIP eligibility criteria does allow for accurate and appropriate decision-making where claimants have fluctuating conditions but there needs to be changes to the claim pack to ensure that this can be clearly recorded by the claimant and evidence and assessments need to be sought from a wider range of professionals who have a working knowledge of fluctuation/severity. This would ensure more accurate decision-making and reduce the appeals burden.

A more sophisticated and nuanced approach to decision-making in relation to fluctuation and severity is needed. We respectfully submit that the 'arithmetical approach' taken in current PIP decision-making processes leads to inaccurate decision-making and that the wider more 'global' approach to fluctuation/severity should be adopted as was the case with Disability Living Allowance and established in the leading case Monya v Secretary of State for Work and Pensions[12] ('It is an exercise in judgment rather than an arithmetical calculation of frequency')

It should be noted that the current system, which often fails to adequately account for fluctuation has a disproportionate impact on some claimants, for example:

- **Our research[13] shows that claimants with ME/CFS have difficulty recording the complexity of their need on the current claims packs and assessors often ask closed questions which do not allow for an accurate and full picture of health issues**
- **The Work and Pensions Committee[14] found that current assessment processes need to be improved for those with fluctuating and non-visible conditions.**
- **Our research shows[15] that for people with mental health problems recording complex need on the current claim pack and during the assessment process can be problematic. Particular problems were registered in relation to the daily living activities of 'preparing food' and 'managing therapy or monitoring a health condition' where decision makers often fail to consider fluctuating need.**

Clearly claimants with conditions that may be cured or more effectively managed in the future may lose entitlement to PIP or see entitlement reduced. This does not necessitate a change in eligibility or regulations, provisions are already in place to a review a claim where there is a relevant change in circumstance and a new approach/policy is not required.

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

The need for an aid or appliance can certainly be *an* indicator of extra ongoing cost and should remain as a consideration in future PIP decision-making.

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[12] Moyna (Respondent) v. Secretary of State for Work and Pensions (formerly against the Social Security Commissioner) (Appellant)https://publications.parliament.uk/pa/ld200203/ldjudgmt/jd030731/moyna-1.htm

[13] Űstűnkaya, T. and Machin, R., 2021. Hidden from Sight: Why the complexity of ME/CFS needs to be recognised by policy makers. *People, Place and Policy*, *15*(2), pp.91-99. https://ppp-online.org/wp-content/uploads/2021/11/hidden-from-sight-ME-CFS.pdf

[14] Work and Pensions Committee (2018) PIP and ESA assessments : https://publications.parliament.uk/pa/cm201719/cmselect/cmworpen/829/829.pdf

[15] Machin, R., & McCormack, F. (2021). The impact of the transition to Personal Independence Payment on claimants with mental health problems. *Disability & Society*, *38*(6), 1029–1052. https://doi.org/10.1080/09687599.2021.1972409

It is worth noting that for many people with disabilities it has been increasingly difficult to access aids and appliances through GPs or local authority occupational therapists. In February 2024, the previous government reversed a commitment to increase funding for Disabled Facilities Grants. A reduced emphasis on aids and appliances was proposed by the government in 2016 but quickly rejected following a backlash from disability organisations and the public[16].

It seems reductive to couch the question as to whether aids or appliances are '*good*' or *'bad'* indicators – this should be a value judgment based on wider, more holistic evidence provided by claimants and supporting professionals, forming one part of a broader picture of need.

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

Prompting is an essential part of assessing need and ongoing costs especially for people with mental health problems. The PIP handbook[17] describes prompting as 'support provided by another person by reminding or encouraging a claimant to carry out or complete a task, or explaining it to them, but not physically helping them'. This must remain as part of the eligibility criteria to ensure that claimants with a range of mental health and cognitive issues who require support from other people are not excluded from entitlement to PIP. Many people would experience a serious deterioration in their condition without 'prompting' from another person and the disability benefits system should continue to recognise this.

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 a reductive question. Disability/health problems are highly individualised and the benefits system needs to reflect this. A one-size fits all approach where entitlement becomes focused on scoring highly in a small range of activities would lead to a much poorer and inaccurate system. Different people have different needs and the task of the decision-maker should be to gather appropriate evidence to make a nuanced judgment.

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

The current range of PIP activities are all sufficiently distinct that there is no justification for any merging. This would inevitably lead to a less accurate assessment of need and ongoing disability-related cost.

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

There is no justification for any PIP activities being removed or re-written. All of the current activities are essential. There is a need for claimants to receive a greater level of support with understanding the meaning of the activities and collection of more appropriate evidence to drive up decision-making standards.

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

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[16] Machin, R. (2017). Made to measure? An analysis of the transition from Disability Living Allowance to Personal Independence Payment. *Journal of Social Welfare and Family Law*, *39*(4), 435–453. https://doi.org/10.1080/09649069.2017.1390291

[17] Department for Work and Pensions (2024). PIP Handbook https://www.gov.uk/government/publications/personal-independence-payment-fact-sheets/pip-handbook

See question 13. The current PIP activities are adequate, it is the interpretation of the need that emanates from the descriptors which needs to be more comprehensively and accurately developed and considered through the assessment and adjudication process.

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?

As with the previous two questions, in the main problems persist in the PIP decision-making process not because of problems with the drafting of the regulations and entitlement thresholds but because decisions are made which don't align with the everyday needs and financial costs of people with disabilities in contemporary society.

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?

This is sensible and clear rule which should remain.

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?

This is sensible and clear rule which should remain.

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:

It is not possible to rank the complex and individualised needs of disabled people in the manner that this questions asks. For some aids and adaptations may be the most important (for example a claimant with a physical disability) for others therapy may be the most significant (for example a claimant with a mental health problem). There is a gave danger of excluding certain groups of people with disabilities if a hierarchy is produced in this way and this would likely be challenged through the courts. It should be noted that in March 2017, the government attempted to tighten the criteria for the higher rate of the mobility component of PIP for people with mental health problems (effectively a move that ranked disability by importance in the way this questions asks). The High Court ruled this as unlawful and the Department for Work and Pensions were compelled to review 1.6 million claims at an estimated cost of £3.7bn[18]. Any attempt at categorisation in this way needs to be resisted to ensure fairness and to avoid costly legal challenge.

It is only appropriate for the disability benefits system to make contributions to housing costs, food or utilities where there is clear and categoric evidence of disability related expenditure. There is clear evidence that disabled people currently need to use PIP to pay for general housing and day to day living costs – this should not be the function of the disability benefits system and demonstrates the acute financial pressures experienced by many disabled people (heightened by the cost-of-living crisis).

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[18] Machin, R., 2018. Personal Independence Payment – a fair deal for people with mental health problems? London: Social Policy Association.

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

See response to question 18.

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.

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.

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.

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

One-off grants

- Benefits
- Disadvantages
- Other

Response to questions 20-24 (catalogue scheme, voucher scheme, receipt-based system, one-off grants)

While there are different considerations for each of the four proposals in these questions they each run counter to the principles of rights-based disability benefits system based on human dignity and an understanding of the needs of people with disabilities. The UK's mainstream social security system is based on the choice and agency given by cash transfers and not payments in kind or vouchers. Many of the responses to questions in this consultation have emphasised the complex and diverse needs of disabled people and the need for assessment to reflect this. All of the proposals here based on vouchers/one-off payments, receipts deny these fundamental complexities and would, inevitably, lead to a reduced and exclusionary system. Complex need cannot appropriately be captured through the payments suggested through these questions.

A receipts based system would be administratively cumbersome to the point of being unworkable. There are many disability-related costs which cannot be captured through a one-off payment or voucher (e.g., additional disability-related costs associated with heating a property, with prompting or certain types of personal care) and risk being unmet. Some disabled claimants would not have the capacity to manage the ongoing practicalities of submitting claims.

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?

A clear rationale for PIP no longer being used as a passport to other services or benefits has not been set out in this green paper. PIP provides vital passporting to other benefits (particularly carer's allowance), disability premiums and transport schemes. Removing these passported links would inevitably lead to reduced take-up of entitlements, a convoluted and more complex system and inconsistencies between adult-based disability benefits and childrens' disability benefits.

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?

The rational for this policy change has not been clearly set out. As with the response to the previous question this would introduce further, unnecessary complexities to the social security system and place onerous responsibility on both disabled claimants and decision-makers.

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)?

Evidence indicates[19] that people with mental health problems are 2.4 more times likely to lose entitlement during the assessment phase than those with physical health problems. Claimants with non-visible health conditions (such as MS/CFS) face similar problems. Claimants with dual diagnosis (e.g., mental health problems and misuse of substances) often face difficulties with their needs being appropriately captured on the claim pack and through the assessment process. Again,

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[19] Pybus, K., Pickett, K. E., Lloyd, C., Prady, S., & Wilkinson, R. (2021). Functional assessments in the UK social security system: the experiences of claimants with mental health conditions. *Journal of Social Policy*, *50*(2), 305-322. https://www.cambridge.org/core/journals/journal-of-social-policy/article/functional-assessments-in-the-uk-social-security-system-the-experiences-of-claimants-with-mental-health-conditions/E1C9D4DFA0F36590E4F9B5758FA03B8B#metrics

more accurate assessment and decision making is key here, although signposting to NHS and local authority services would be welcome.

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)?

No, cash payments through the social security system and access to treatment are two distinct forms of support which should not be conflated or become mutually exclusive.

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

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

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

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

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.

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?

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?

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

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

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

Response to questions 28-38

The questions in this section relate to the alignment of PIP with NHS and local authority services. The evidence from our research (and that of disability rights groups) is that there is a clear need for distinct, standalone cash-based disability benefits support (PIP) which is unique and separate from either local authority services or the NHS. PIP should provide for the extra costs of incurred by disability which is quite different to the diagnosis and treatment provided by the NHS and assessment and services (many of which are not free) provided by local authorities. In addition to the distinct functions of social security, the NHS and local authority there is no capacity within the NHS or local authorities to take on duties which clearly should rest with a social security system.

In order to provide an adequate level of cash-based support for disabled people, PIP should remain as a national system with standard eligibility and assessment processes and not be subject to local discretion.

There are efficiencies that can be made in relation to the collection of evidence. These were referred to in detail in both of the two Gray Reviews of PIP in 2014[20] and 2017[21]. The recommendations of these reviews should be fully implemented and include:

- **'The Department simplify and better co-ordinate communication products to provide a clear explanation of user responsibilities and ensure accessibility for all. This should include the use of digital media to provide claimants with real examples of what functional information they should submit as part of their claim.'**

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[20] Gray, P. (2014). *An Independent Review of Personal Independence Payment Assessment*. https://assets.publishing.service.gov.uk/media/5a7d6888ed915d269ba8a7d7/pip-assessment-first-independent-review.pdf

[21] Gray, P. (2017). *The Second Independent Review of Personal Independence Payment Assessment*. https://assets.publishing.service.gov.uk/media/5a7574f140f0b6397f35e915/pip-assessment-second-independent-review.pdf

- **‘The Department ensures that evidence of carers is given sufficient weight in the assessment.’**

Compulsory question

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

No.