



Eastbourne

Sickness and Disability Benefits

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**East Sussex
Benefit Helpline**

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Introduction by Alan Bruzon, CEO

Citizens Advice Eastbourne

In 2016-17 problems with disability benefits, specifically Personal Independence Payment (PIP) and Employment Support Allowance (ESA) have been the top subject which people have contacted us about. We advised on :

- 847 PIP enquiries of which 84 appeals - this was a 12% increase on 2015
- 556 ESA enquiries of which 73 appeals - this was a 20% increase on 2015



These enquiries covered all aspects of the two benefits from starting a claim and filling out the forms to dealing with assessments, mandatory reconsiderations and appeals. Often these processes are long and drawn out and we advise people on related matters like financial difficulties, debts and where else they may get help.

As a result of the advice given the following financial gains were achieved for clients during 2016-17:

- Employment Support Allowance (ESA) £180,681
- Personal Independence Payment (PIP) £653,984

During 2016 people in the Eastbourne area who were in receipt of Disability Living Allowance (DLA) were “transferred” to PIP. This is the phrase which is usually used to describe what has happened but in reality they were not transferred, their DLA stopped and they were made to make a brand new application which didn't take into account anything which had been previously established under DLA. In some people's cases where they were told they had received a lifetime award of DLA, this ended abruptly and the resulting loss of income often caused a lot of unnecessary stress and upheaval, including disrupting people's care arrangements and in some cases causing motability vehicles to be lost as the higher rate of mobility component is required for this.

If someone was receiving the higher rates for mobility and care under DLA they would get £141 per week, which equates to £7,332 per year. That is how much income they would lose if scored zero points under PIP. Not only do they receive this to help with the costs of their disability but they may also be entitled to help in other ways such as reduction to council tax . This income is intended to support people with disabilities and help them remain independent and their money is spent in the local community.

People with mental health problems have been particularly affected by the changes as the additional delays and bureaucracy have caused them additional stress. They often find paperwork confusing and difficult to manage and need the time and support of those around them to support them while they go through a long process to maintain their stability.

Our team of staff and volunteers continue to monitor and report examples of unfair practice and this report contains many such stories. At the various meetings I attend with other agencies, everyone seems to be talking about the same thing—this one subject—the transfer from DLA to PIP and how much of a negative impact it is having on their clients, service users, tenants and even their friends and family.

There are some fundamental issues of fairness and a need for transparency in the whole process and I know very well that this isn't unique to our area by any means. Sickness and Disability benefits are a safety net which anyone could find themselves having need to call upon at a time when they may be at their most vulnerable and for that reason we all need to ensure that they remain a positive and fair system when people need them.

Thanks for reading this report.

Disability Benefits Public Event



Citizens Advice Eastbourne held a public event on 6th April 2017 to discuss the impact of changes to the disability benefits system. Problems for people claiming Personal Independence Payments (PIP) and Employment and Support Allowance (ESA) have been the biggest subject the Bureau has dealt with in the past year with a 12% increase in PIP enquiries compared to the previous year.

At the event, which was held at the Town Hall, people shared their stories, detailing the problems they had experienced when trying to apply for benefits or when being switched from Disability Living Allowance to PIP which had required them to make a new application. Many people told of financial hardship and increased stress which impacted on their mental health. Motability vehicles, essential for people to be mobile, had been lost when disability benefits were turned down, leaving some people housebound.

Alan Bruzon, CAB Manager, said “We need to raise awareness of this issue and challenge the negative stereotype which is perpetuated by TV and the national press which presents benefit claimants in a very unfavourable light. We have helped hundreds of people whose lives are seriously affected by their illnesses and disabilities and they have had vital support removed. The benefits system is one which anyone, whether they are currently sick or not, may need to rely on in the future and we need it to be fair and effective.”

The meeting came up with a list of things which need to change which are included in this report. People who could not attend sent in their stories by email and some of these are quoted in the following pages.

Names have been changed to protect people’s anonymity.

“You can’t see COPD, so therefore it is not taken as seriously as others. I was diagnosed in 2013”

Anna was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) in 2013. She was dismissed from employment due to ill health in 2014 and claimed ESA.

In March 2016, Anna had an ESA review/assessment and was told that she was fit for work. She asked for a mandatory reconsideration because the report stated that at the interview she was not out of breath and because she was able to put hands on shoulders, touch toes etc, she was seen to be fit. She was wheezing and couldn’t hold a proper sentence, but the report says she did.

This therefore took Anna off ESA and consequently she was placed with JSA. She immediately sent in a sick note for 3 months which gave her some grace, but at the end of it in June/July 2016, she had to sign on fortnightly. The coach could see the distress she was in as her breathing was not good. She was informed that there can only be a couple of short periods of sick leave in any 12 months and that she would still need to sign on. The sick leave note only covered ‘not actively seeking work’ for that particular period of sick leave. She was advised to try ESA again, although she had been turned down in the past. August/September, Anna was successful with being reinstated onto ESA and December 2016. At the tribunal hearing, she was eventually granted 2 years ESA support group with 15 points for mobility. However, she was put into the WRAG instead and still they wanted me to attend Jobcentre. With the help of CAB, she was eventually put into the correct support group. Anna has been left financially strained because although given back dated arrears for ESA, this only amounted to one month.

Anna put in a claim for PIP December 2014, following advice and waited one year to be assessed. She is currently getting standard daily living rate. Following the ESA tribunal hearing December 2016 and change of circumstances, PIP was informed and Anna went for a PIP assessment early March 2017. She is currently waiting to hear what the outcome will be.

“I must warn that people that have already been awarded the mobility part of PIP will all be affected by the change when they come to be re-assessed”

Brian has been claiming PIP for a number of years and has just had his claim reassessed. He has lost his mobility part due to the new PIP changes.

“We have written back to the DWP and asked them for a Mandatory Reconsideration to look at the decision again. To date we have not had an answer”.

Laura was diagnosed with Autistic Spectrum Disorder when she about 6 years old. She had a statement at school and a one to one helper for certain lessons to help with her Special Educational Needs. After this she studied at college. Laura is now 23 years old and has not managed to get a paid job, despite having assistance from Adult Social Care who found her some voluntary jobs for a while.

Already in receipt of DLA, in September 2016 they were encouraged to apply for ESA as their daughter was not able to find a job. The GP issued a ‘not fit for work’ certificate due to Autistic Disorder. She was awarded and received ESA until February 2017 when she was asked to attend a Work Capability Assessment in Lewes. Her father accompanied her to the assessment as she would have been unable to have found her way there travelling by train as it is an unfamiliar journey.

In the assessment Laura was asked numerous questions, some she was unable to answer particularly working out change with money, adding and subtracting, her height and also whether she was

able to travel to somewhere she did not know on her own. Obviously she said she would not be able to do a journey that she did not know on her own, her father explained that if Laura had to travel somewhere new he would have to take her in the car beforehand several times, show her where the bus stops and where she would need to walk to get to her destination as they have done with her voluntary jobs.

A letter from the DWP explained that following a recent change, she had failed the Work Capability Assessment and from that date she would not receive any further ESA even though she had a doctor's certificate for another month. When her parents examined the results of the assessment, she had been marked as 0 for every question/answer which seems to imply that she has no physical or mental problems as 0 was the best result she could have achieved. The letter states that following the Assessment 'it has been decided that you are fit for work' and should now go to the Job Centre to find employment.

Laura cannot manage her own money and so does not have her own current account. She is unable to cope with paperwork and form filling which they always have to do for her. The parents have written back to the DWP and asked them for a Mandatory Reconsideration to look at the decision again. To date no response has been received.

“Regrettably, over the past two years, I’ve had my benefits sanctioned because I can’t always get out to give the Department for Work and Pensions the information they need.”

Greg has been affected by cuts to benefits over the past two years. He is totally blind and has mental health problems. He gets Contributory Based ESA DLA. Greg has had benefits sanctioned because he can't always get out to give the DWP the information they need. This causes quite a lot of stress and hardship. He feels there needs to be a review of the benefits sanction system. He cannot get help with housing costs, but he's not quite sure whether he's getting the right amount.

Greg has also tried to get a direct payment to sustain his independence and wellbeing. Despite qualifying for a direct payment from East Sussex County Council they haven't done anything to address his needs. He needs door-to-door transport to help lead a more fulfilling life. He often feels lonely and isolated and sometimes feels society is against him. He points out that DLA isn't meant to cover all one's mobility costs, but is a contribution towards it. Also, people in Eastbourne receiving 'out of work benefits' now have to pay 20% towards their Council Tax in order to meet rising Adult Social Care Costs.

“The last tribunal was so awful it reduced me to tears.. the anxiety over this process repeating itself is crippling”

Haley told us that it took just under a year to get ESA & PIP culminating in 3 tribunals which were held in court which made her feel like a criminal. This was with a specialist statement of illness and its impact. In addition she presented an Occupational Therapy report awarding early payment of work pension on health grounds, anecdotal evidence including diary and 10 year history of illness. Haley had tried to work against medical advice and actually made her condition worse. Haley said the last tribunal was so awful it reduced her to tears and the social worker panel member was hideously aggressive. Now despite all of this she is having to renew her claim and she describes the anxiety over this process repeating itself as crippling.

APPEALS CASE STUDIES

Male client, 58 with long-term physical health condition was transferred from DLA to PIP. After being on Medium Rate Care and Higher Rate Mobility DLA he was awarded the Enhanced Rate Daily Living and Standard Rate for Mobility. The score of 10 points for Mobility rather than 12 meant the loss of Motability car and thus a significant impact on the client's independence. The client requested a Mandatory Reconsideration but the decision remained.

The client was referred for help with his appeal. The Welfare Adviser helped complete the appeal form and included further details of disability aids and the three strokes which have left him with no balance. In addition, it explained how his exercise tolerance, with struggling, is between 6 and 8 meters after which he experiences a number of symptoms including breathlessness, leg pain, chest and back pain and will have a bad headache from the effort involved in exerting himself.

The adviser sent a submission to HMCTS asking that the decision be made in light of the client losing his Motability car. Travel of any sort would prove difficult for both the client and his wife whose physical and mental health was starting to suffer. London hospital appointments were going to be a problem without a car. In addition, extra supporting evidence from a community rehab service was sent in. The DWP changed its decision without the client having the go to an oral hearing and awarded the client Enhanced Rate Mobility thus making the client once more eligible for the Motability Scheme. The whole process has taken its toll on both the client's health and that of his wife.

"The stress has been immense even with a family who have been able to support him both practically and emotionally"

Male client, 26, was asked to transfer from DLA to PIP. He had been on Middle Rate Care and Low Rate Mobility but when assessed for PIP, scored zero points in all activities for both Daily Living and Mobility components. The client has Paranoid Schizophrenia and has a number of health issues including Depressive Mood Disorder, Psychosis, and Asperger's Syndrome. He has had episodes of self-harming. The client needs prompting to eat and take medication, wash and dress. He has huge difficulty communicating with others often needing reassurance and support from his wife. The client is unable to talk on the telephone and cannot understand jokes or sarcasm. He struggles to engage with people as his hallucinations and paranoia cause great anxiety and distress in social situations. He is unable to manage finances and is currently subject to a Debt Relief Order. In terms of Mobility, journeys are problematic. His mental health issues mean he cannot manage public transport and he needs help from his wife to plan journeys and to drive him.

After PIP was refused, an MR was requested but the DWP's decision remained the same. An appeal submission and further evidence were sent to HM Courts and Tribunal Service with the adviser's help and an oral hearing was set. The appeal was successful after the Tribunal decided the client should score 13 points for Daily Living and 10 points for Mobility. As a result, client is now in receipt of PIP at enhanced rate for Daily Living and standard for Mobility. The whole process caused a huge amount of stress and anxiety for the client and his family.

A view from DeafCOG—the Deaf Person’s perspective

DeafCOG (Deaf Cultural Outreach Group), is a community service provider and an umbrella organisation that hosts activities and projects that are of value to the Deaf community. The aim is to promote the Deaf identity positively; to create opportunities; to strengthen the community; and to provide community-led services in British Sign Language and Deaf culture.

As a social enterprise covering the areas of both Brighton and Hove city and Sussex county, profits are reinvested to further the aims of DeafCOG and the Deaf community. DeafCOG is a Disabled People’s User Led Organisation (DPULO) and has a core belief that ‘deaf people can’ provide services and lead projects themselves, as well as in partnership with other organisations and social enterprises.

People who are deaf often experience additional barriers to making claims for disability benefits because access methods, such as BSL Interpreters, are not always available to enable them to complete the process.

Here are some comments from deaf people who have had difficulties claiming PIP:

“After having received my award letter on Saturday I have today received the following letter from Atos. My complaint regarding lack of communication support at the planned assessment, lead to a paper based assessment. I would strongly advise everyone who has been let down with communication support to complain to the provider and also inform your MP. Good luck and best wishes to everyone who is still having to go through this awful process xx”

“ I am disappointed with outcome result I am awarded standard with ten point and no mobility at all .. I can't travel on my own I have to be with PA and someone .. I currently have mental health illness and I often think about killing myself .. Nevermind, I will accept it .. move on ..”

“I would like to know who can I complain to please? About the staff of the PIP (DWP) who have tried to call me 3 times on my mobile last week. You see that I've won the case at tribunal hearing few weeks back but still no sign of the letter.. My husband rang them up to find out what's going on & they still refused to speak to him (although I did write to them to give my hubby's permission to speak to them on my behalf) anyway they said they want to ask me few more questions! They should know my records about that I'm deaf!! ”



Vulnerable people need specialist support when it comes to benefits and allowances

Possability People's specialist advocacy and advice services continue to see clients who find applying for Personal Independence Payment (PIP) or Employment and Support Allowance (ESA) frustrating, upsetting, demoralising, depressing, and degrading.

A change from life time awards means disabled clients go through the application process again and again, with the knowledge their claim can end, sometimes without notice. The day to day health issues they face are often exacerbated by the anxiety this causes.

Clients report the system is so complicated and inaccessible it would appear to be built around discouraging people to apply. Some examples from our clients include:

- Forms difficult to fill in, often overwhelming and needing help to complete.
- Time frames for returning forms, especially ESA, so short that advice services cannot act quickly enough to provide necessary support.
- Medical assessors often seem unaware of the need to make reasonable adjustments for attendance at assessments, or that people's fluctuating health condition can make attendance unfeasible.
- Large numbers of medical assessor's decisions are often contradictory and bear little relation to what was actually said during the meeting.
- Medical evidence submitted is often ignored or dismissed by decision makers or medical assessors. In addition, some GPs charge for evidence letters (up to £35) or refuse to provide them.
- Clients are made to seek mandatory reconsiderations of decisions in writing, even though the DWP should take claims on the phone.
- Mandatory reconsideration decisions are often delayed and a high number take many months. A year is not unusual.
- Although the number of successful appeals is increasing, many clients do not appeal, so they have less money, which has a detrimental effect on their health and wellbeing. This in turn means there is an increase in people accessing hard pressed statutory health and social care services.

"I claimed JSA after my ESA was stopped but I got into debt because the timing of payments was erratic around the time of the appeal hearing"

Recently diagnosed with MS, young mum Sam was refused Personal Independence Payment. We helped her appeal, and win, and she now receives £139.75 a week. Her allowance was also backdated, and she received £7000.

Possability People's Chief Officer, Geraldine Des Moulins said: "It cannot be right that in the 21st century, we are adding stress and anxiety to disabled people through a benefits system described as frustrating, upsetting, demoralising, depressing, and degrading. The system should support and protect often very vulnerable people.

"There is a very clear need for specialist advice services who can deal with the hassle and stress of form filling, letters and appointments. And who have empathy and can provide very important support to clients, helping prevent the impact of their anxiety on their condition so they don't end up needing much more costly health or social services interventions".

**Possability
People**

Update 2018—the problem continues

Employment Support Allowance

21 Bureau Evidence forms have been submitted on the subject of ESA between April 2017 and January 2018.

Poor Work Capability Assessment

Client has been refused ESA. When she went for the work capability assessment the assessor failed to take account of her mobility problems. Client has swollen legs and suffers from painful lymphoedema and hyperkalaemia. Client says it is difficult to walk and she would also find it hard to do a desk job as she needs to stand up from time to time to relieve the pain in her legs. Her GP supports her case and wrote her a letter (cost £45) which was submitted with a MR. Client was most anxious to submit a MR and was against applying for UC at that stage.

Client went to the housing department and completed a change of circumstances form. She has emphasised to the housing department that she has no income and without the ESA finds herself in difficult circumstances. The client was given a food voucher.

Client advised she had been refused ESA due to her assessment not scoring enough points. Client scored 6 points. Client was advised to claim JSA in the interim by DWP. Client is adamant she doesn't to claim this as it may be perceived she is fit for work. Client has no money to pay for her medication now. Client was advised to complete a HC1 form which she can get from a pharmacy, this will give an allowance against her prescription costs, dental care and eye tests. She has an appointment booked to get support with starting an appeal.

Mandatory Reconsideration for ESA or claim Universal Credit

Client is 47-year-old man who has been in receipt of ESA and PIP. Following an assessment on 28/09/17 client's claim for ESA failed (awarded 0 points). Client has put in an MR and was advised that he could apply for UC however he has heard that he may have to wait at least 6 weeks for payment. As an alternative he could not claim (hence no change) and await a positive outcome to his MR.

Client is hoping that his MR will be successful otherwise he will have to claim UC with all the difficulties/delays this entails. In the meantime, the client will have to manage on his own resources which will be challenging.

Personal Independence Payment

26 Bureau Evidence forms have been submitted on the subject of PIP between April 2017 and January 2018.

Poor PIP assessment

Client is a 24-year-old woman who has had her claim for PIP rejected. She applied for a Mandatory Reconsideration that was also rejected, awarded 0 points. The client suffers from a range of medical issues (autism, dyspraxia, dyslexia, panic attacks, depression, seizures, trapped nerve in vertebrae, endometriosis and personality disorder). A CAB adviser went through the list of descriptors and considers that she should have obtained 24 points on daily living and 10 points on mobility. It is hard to understand how her claim was assessed and he not being awarded any points. As her MR was rejected, she is now faced with making an appeal. The client has debt problems so any reduction in her income will simply make this situation worse. She will need assistance in taking the matter forward.

PIP refusal despite ample medical evidence supporting claim

Client is over 67 and applied for PIP after being told her DLA was ending. Despite supporting medical evidence her application has been rejected for both daily living & mobility (21/12/17). Client feels that her

claim has not been properly assessed. She has had 3 open heart operations which have resulted in her becoming breathless (oxygen prescribed). She has a pacemaker fitted, is unable to walk 200 metres, unable to bathe without assistance or lift arms to dress properly and she has no energy to carry out housework. On this basis, if it had been considered properly, PIP should have been awarded. Client is faced with losing her Motability vehicle, making a mandatory reconsideration and, if this fails, then she may have to appeal.

Refused PIP on ESA and has mental health issues

Male client, 49, suffers from anxiety, depression, paranoia and has recently had major heart problems. He is on ESA but PIP has been refused. Client feels he has not been listened to and the assessment does not reflect his situation. There are many descriptor judgements with which he disagrees. He is faced with making an MR and if it fails then possibly appealing. The client's income has been reduced accordingly so will have difficulty managing.

The Mandatory Reconsideration Gamble

Recently we have noticed a new problem which could affect numerous people claiming disability benefits. Here is a typical example:

You apply for PIP and you are awarded Standard Rate for Care and Mobility. However, your needs in both aspects are greater. You consult CAB who assess you according to the same descriptors used by the DWP and they score you at the Enhanced Rate for both care and mobility. You write to the DWP to request a mandatory reconsideration. A few weeks later you receive a reply from the DWP saying your PIP award has been reassessed and you have been scored zero points. You will no longer receive any PIP.

So, in future if you are not happy with the benefits you have been awarded it would now appear you have a choice: you either appeal the decision and risk losing the award you've got or you simply accept the lower rate.

We've had two clients affected in this way in the second half of 2017 and we will keep an eye out for more. This is an alarming problem because it makes it difficult to advise other clients in a similar situation. What should you do? Accept the decision and therefore have less money to support your needs? Or risk losing the whole award by requesting a mandatory reconsideration?

The request for a mandatory reconsideration is usually made in writing (but can also be made over the phone) and sets out why the person feels the higher rate of benefits is justified. It does not provide any information which would be sufficient to refuse the previously awarded rate—for example it does not state the person no longer has mobility needs or contain any wording to give that impression. As such, we think removal of the benefits awarded is grossly unfair and needs to be stopped.

The Government's explanation of MR says they look at the entire claim again and the evidence submitted but even so, it is unlikely that doing so will result in the benefits award being removed entirely.

We have updated our recommendations to include this at the end of the report.

Reflections on my recent face to face assessments.

Having gone through the system, here is one person's view:

“Last month I had two face-to-face assessments in one week - one for ESA and one for PIP. How about that for stressful? One was at my home and one at their premises.

On the advice of someone in the CAB, I phoned and was sent copies of the Assessor's report. These did not make happy reading! They contained inaccuracies, omissions, generalisations and a few outright lies. The crazy thing was they did not need to do this. Even taking a few points away from me I still had ample points to retain my benefits at the same levels.

Both the assessors were very young and appeared underprepared and quite stressed. One was a paramedic and one a physiotherapist and neither seemed to understand my rare condition. They were so obviously worried about the time pressures and appeared to take shortcuts and the reports would later show they would just make assumptions. A few things that I specifically told them were not in the reports and possibly cost me points as well. I now find it was also not enough for me to just have my adaptations and gadgets visible for them if I did not actually draw attention to it, it was not recorded. The PIP man did not even want to go in my bathroom or kitchen. They even said that I walked the 60 metres to the assessment room which was just not true—I was wheeled in.

On balance though, I feel a lot of these problems are caused by the system itself placing these young and relatively untrained assessors in very difficult situations and with very strict time deadlines. Both of mine seemed to be actively trying to find reasons to deny me points at the start but both then reached a point where they realised that I would qualify anyway and completely changed to just getting me out of there as quick as possible. This led to more assumptions and more things being incorrect some in my favour some not.

Awful, awful system. All we want is a system where people are judged on a fair and true assessment of our disabilities. I found it very stressful indeed. People who do not have points to spare or people with rare conditions must find it intolerable. Some even will lose their housing or vehicles because of these decisions.

There must be a better way?”

Further Developments

Since we produced our first version of this report in July 2017 there have been a number of developments regarding sickness and disability benefits.

Consultation

The Government's Work and Pensions Committee began an inquiry into PIP and ESA Assessments and invited evidence from the public. We submitted this report as evidence for inclusion. The committee had said they expected to receive up to 800 responses and when the consultation closed in November they had received 3,000. You can read about the work of that Committee here:

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/inquiries/parliament-2017/pip-esa-assessments-17-19/>

Mandatory Reconsideration Targets dropped

In May 2017 the Department for Work and Pensions answered a Freedom of Information Request about the performance of mandatory reconsiderations and how many of these changed the decision. Mandatory reconsiderations were introduced to streamline the appeals process and supposedly to reduce pressure on the appeals system.

The DWP responded as follows:

The key measures which are used by the Department for Work and Pensions to monitor Mandatory Reconsideration (MR) performance are:

- a) 90% to be cleared within target.
- b) 80% of the original decisions are to be upheld.
- c) The performance measures for April 2016 - March 2017 are: % MR Cleared within target = 70.2% % MR Original Decision Upheld = 87.5% *

This was an important response because it supported the concern that many advisers had expressed which was that MRs did not result in positive outcomes for most cases and were merely a formality before going to appeal. The response indicated that these KPIs were, in fact, targets.

On 13 December 2017 the government announced "In response to pressure from the Work and Pensions Select Committee the Department for Work and Pensions has announced that its target for upholding original PIP and ESA decisions at the first stage of appeal, known as Mandatory Reconsideration (MR), will be dropped." **

PIP Cases to be Reviewed

In early February 2018 the Government announced the Department for Work and Pensions is to review the cases of all 1.6 million people who receive Personal Independence Payments (PIP). Ministers are launching the vast exercise after the High Court ruled they should give thousands of people with mental health issues more PIP. They expect the £3.7bn change to benefit up to 220,000 people.

Work and Pensions Committee publishes report

On 14th February 2018 The Work and Pensions Committee published its report which says public contract failures have led to a loss of trust that risks undermining the operation of major disability benefits. Read the full report here:

<https://publications.parliament.uk/pa/cm201719/cmselect/cmworpen/829/829.pdf>

*source: <https://www.whatdotheyknow.com/request/402400/response/978248/attach/2/FOI%201740%20response.pdf>

**source <http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/news-parliament-2017/reform-pip-esa-process-statement/>

NATIONAL FIGURES

- Since PIP launched in 2013 there have been more than 550,000 "reconsiderations", of which 93,500 (18%) restored people's benefits.

- Another 67,000 PIP claimants since 2013 have won their case at a full appeal tribunal - 62% of those who took that step and 3% of all PIP claimants in the country.

Both sets of statistics had a record high in the last three months. For tribunals, that period ran from October to December

- So far, according to the DWP's own statistics, just 45% of new claims for Personal Independence Payment have been successful where the claimant is not terminally ill.

- The success rate for DLA to PIP transfers is currently 69%.

- By the end of January 2017, 85% of new claims reconsiderations and 79% of reassessed DLA reconsiderations for normal rules resulted in no change to the award.

What needs to change?

ASSESSMENTS

- The assessments need to be fair and the individual's circumstances listened to.
- Quality standards need to be applied and the assessor's report should be judged on accuracy
- Assessors need to be properly trained and have understanding of the conditions the claimant has.
- Assessment interviews to be recorded / video'd
- Assessments to be held in accessible places and at reasonable times

PROCESS

- Medical evidence must be taken into account
- Mandatory Reconsiderations need to be effective
- When changing benefits (e.g. DLA to PIP) people should be automatically transferred on the same rate, not made to reapply
- DWP to have time limits for replying to claimants throughout the process
- It should not be possible for a person's existing benefit award to be taken away after having requested a mandatory reconsideration

APPEALS

- Appeals needs to be arranged sooner, without delay, to reduce the stress and waiting time
- DWP need to accept the decision of the 1st tier tribunal and make payment including hardship payments for PIP

REASSESSMENTS

- Frequency of reassessment should be based on the condition / prognosis
- Frequency of ESA assessments reduced – PIP should be similar
- Mental Health A change in DWP attitude to applications

MISCELLANEOUS

- GP reports charges should be abolished
- Make PIP forms easier to complete

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