



Personal Independence Payment: an overview

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Introduction to PIP

Personal Independence Payment (PIP) is a benefit for working age people that is designed to help people with the additional costs involved in living with a disability. It has (broadly speaking) replaced Disability Living Allowance (DLA) for those aged 16-65.

There are two levels of payment, standard and enhanced, and two components called 'daily living' and 'mobility'.

The claiming process is similar to DLA, consisting of a long form, a medical assessment and then a decision. However the eligibility criteria is different. With DLA, in order to be awarded the higher rate for daily living component, there had to be a need for support at night. This is not the case for PIP. With PIP, which rate you get depends on how many "points" you score. In order to be awarded the standard rate of a component you will need to get 8 points in relation to that component. The enhanced rate of each component requires 12 points. Appendix 1 at the end of this factsheet will give you all the activities, "descriptors" and how many points are awarded for each descriptor.

The first stage of initiating a PIP claim is to call the claim line on 0800 917 2222. They will ask you for your details, and questions regarding your immigration status and your age, to determine whether you are entitled to claim PIP. Once your entitlement to claim is established, they will then send out the claim form.

You must send your claim form back within 90 days of the date you called the DWP. (This has been extended from the usual 30 days due to the Coronavirus. Because of this change, the deadline shown on the letter might be wrong). **It is important to keep a copy of the form, and to request a proof of postage when you send the form off.**

Whilst you are waiting for the form to arrive, you should start to gather any medical evidence that will support your claim. This can be copies of diagnostic letters for any conditions you have. Although the DWP prefers recent letters relating to your condition(s), diagnostic letters are a valuable piece of evidence in support of your claim.

If you have a GP or specialist, ask them to write you a supporting letter. Your GP will charge you for this service. Alternatively you can put your doctor's name on your form and the DWP will request the evidence from them. This will not incur a charge; however you will not get a chance to see the contents of the letter.

Filling in the form

When describing your ability or inability to manage the daily living activities on the PIP form, you need to explain whether you can manage an activity **'safely', 'reliably', 'repeatedly'** and **'in a reasonable amount of time'**.

Taking the first activity on the form as an example:

Activity 1: This activity refers to 'preparing' a 'simple meal' in an oven or microwave. 'Preparing' is described as preparing vegetables and something to go with them. A 'simple meal' would be something such as sausages, mash and peas. It does not include taking items from the oven, but does include draining items from a pan on the stove top. It does not mean heating up a ready meal in the microwave.

It is advisable to use the descriptors provided in Appendix I at the end of this factsheet to help focus your answer.

Sample answer

Preparing a simple meal

Descriptor – **I need supervision or assistance to either prepare or cook a simple meal.** This is because I am unable to complete this activity on my own. I need somebody to encourage me to prepare or cook a simple meal. There are many days, more than 50% of days, when I cannot manage this activity at all and need more than supervision or assistance, ie. I need someone to prepare or cook a simple meal for me.

I cannot prepare or cook a simple meal:

Safely: I need to sit on a perching stool to prepare or cook a simple meal because I cannot stand for more than a few minutes due the fatigue my M.E. causes. I also cannot use sharp knives or peelers to prepare vegetables because of the effort and pain involved. I cannot lift hot pans of cooked food to drain them because I do not have strength in my hands, wrists and arms to lift and carry the pan and then drain it safely.

Reliably: I cannot prepare a simple meal reliably because I have to stop and rest at each stage. This means that I may not finish preparing the meal as I will have become too fatigued and in too much pain to complete the task.

Repeatedly: I cannot prepare or cook a simple meal repeatedly. I will only manage to prepare a simple meal on an average of three days a week.

In a reasonable amount time: It takes me all morning to prepare or cook a simple meal because I need to rest in between each activity. This means that a meal that would take a non-disabled person 30 minutes to prepare or cook will take me two hours to prepare or cook, due to my pain levels and fatigue.

If you need more space than is provided on the form, you should write or type up your answer on a separate sheet(s) with your name and National Insurance number at the top of each page, write 'see extra sheets' in the answer box and attach these sheets to the back of the form.

Please keep a copy of your form.

Q15 on the form is a blank page for any other information. If you need a home visit for your medical, this is where to request it. You will have a better chance of being given a home medical if you provide a letter from a doctor stating you need this for medical reasons. The rules also state that if you live more than 90 minutes away from the nearest medical assessment centre, you are entitled to a home medical assessment.

The medical assessment

The DWP have contracted Capita and ATOS to provide the PIP face-to-face medical assessments in the UK. Scotland has just taken responsibility for social welfare benefits and will be bringing the medical assessments back in-house in the near future.

Although it says on the form you "may" be called for a medical assessment, please note that the vast majority of claimants will be required to have a medical assessment.

If you have a medical assessment, you can ask for it to be recorded. It may be beneficial to you to have a recording, however there are strict rules on what kind of recording equipment can be used, and the assessor has to consent to being recorded.

You can also ask the medical assessor to send you a copy of their report when they send it to the decision maker. This will give you a chance to compare the recording and the report before the initial decision is made.

Face-to-face assessments were suspended due to Coronavirus in March 2020. In July, the DWP announced that some review and reassessment activity would begin to resume for PIP and Disability Living Allowance (DLA). Please check for updates at www.gov.uk/welfare

What you need to remember about PIP medical assessments

1. You can ask for a home assessment. If you are too ill, or concerned you will have a relapse if you have to go to an assessment centre, ask for a home assessment at the back of the form. You should also provide a supporting doctor's letter if possible.
2. You can ask for a home medical assessment if you will have to travel for 90 minutes or more each way.
3. If at all possible, have a friend at home with you (or take someone with you to the assessment centre) for support.
4. During the assessment, be aware the assessor will be making 'informal observations'; these can be noted in your report. They may include things like how well you are walking or engaging with the assessor.
5. Ask for the assessment to be recorded. (Please note that there are strict rules about types of recording equipment, plus the assessor must agree to be recorded) It is therefore much easier to ask the assessment provider to record the session and provide you with a copy rather than try to record the session yourself.
6. Recording of the assessments will soon be mandatory.

The decision

Once you have received the decision letter you will have two options:

1. You agree with the decision – do nothing
2. You don't agree with the decision – ask for a Mandatory Reconsideration.

Mandatory Reconsideration

A Mandatory Reconsideration is the first stage of the appeals process. It means another decision maker at the DWP will look at your whole claim and decide whether they agree with the original decision or not.

You must ask for a Mandatory Reconsideration by phone or in writing within 30 days of the date on your decision letter. There is a form called a CRMR1 you can use to ask for a Mandatory Reconsideration, which it might be helpful to use so that you don't forget to include key pieces of personal information. However, you are likely to want to write more information than there is room for on the form. You can submit additional sheets of paper with the form, but make sure to write your name and National Insurance number on each additional sheet.

It is always best to ask for a Mandatory Reconsideration in writing if at all possible. You should write a paragraph about why you disagree with the decision in general. You should then list each of the daily living and mobility activities you disagree with their decision on, and explain why you think they made the wrong decision.

You should also provide any further supporting evidence at that point, if you have it. You must remember that the decision maker will be looking at how you were at the time of your application. If your condition has worsened since your initial claim, this will not be admissible for the purposes of your appeal. Instead you can call the PIP helpline on 0800 121 4433 and ask for a supersession based on your worsening condition. A supersession is when the DWP look at your claim in view of a worsening of your condition. It can occur at any point while your award is valid rather than making a complete new claim. Remember that if you ask the DWP to look at your award again in this way, they have the power to reduce your award as well as increase it.

Tribunal

If you are still not in agreement with their decision after the Mandatory Reconsideration stage, you have the option to go to tribunal.

To apply for a tribunal hearing, you should download and print form SSCS1 from the HMTCS website at www.tinyurl.com/tribunal-application

Or you can fill in the form online at www.tinyurl.com/tribunal-application-online

You must attach a copy of your Mandatory Reconsideration decision to the SSCS1 form.

You should ensure your completed SSCS1 reaches Her Majesty's Courts and Tribunals Service within 30 days of the date on your Mandatory Reconsideration notice. However, you can ask for a tribunal up to 13 months after this date if you have good reason. This could be not knowing about the 13 month rule, being too ill to request the tribunal etc.

Before the hearing, you will receive a 'tribunal pack'. This will include all the information you have submitted as part of your application, your assessment report and any additional evidence or letters you have sent in, as well as your appeal form. The tribunal panel will also receive this pack, but will not be able to review it together until the day of the tribunal. In some cases, the clerk to the panel may contact you on

the day of the hearing, or when you arrive at the hearing, to inform you a decision has been made based on the information provided.

If you have any further evidence, you should send it to Her Majesty's Courts and Tribunals Service, quoting your reference number, at least one week before the date of your hearing. You can take new evidence with you on the day, but it may not be looked on favourably unless you have a very good reason for leaving it so late. Again, you must only send evidence that was valid at the time of your initial claim.

You may have to wait between six and 12 months for a tribunal date from the time you put in the SSCS1 request.

At the tribunal

You will be taken into a waiting room when you arrive; from there you will be called into a separate room with the panel. The tribunal panel will consist of a judge, a doctor and a person with a social care background. It is informal (no robes or wigs) and you will sit across from them and they will ask questions as to how your condition affects you to try to gain more insight into your reasons for applying and then appealing. Because the panel has read the tribunal pack, they may have specific points or questions they will focus on.

You may take a friend with you to support you at the tribunal. However they will not be allowed to speak unless the panel asks them to give their opinion.

If you have an Official Representative from an organisation such as the Citizen's Advice Bureau or the Child Poverty Action Group, the tribunal panel will speak to, and ask questions of, you both.

The DWP has started to send 'Presenting Officers' (POs) to represent their case at tribunals. The idea of a DWP representative appearing at your tribunal can be daunting. However, the evidence shows that they are not affecting the 71% win rate for PIP claimants at the first tier tribunal.

Once the tribunal panel are satisfied that they have enough information to make a decision, you will be asked to wait in the waiting room again. The panel will then discuss your appeal, come to a decision and then call you back in. You will receive their decision at that point in person.

Upper tribunal

If you disagree with the decision you may be able to appeal to the upper tribunal. However, the upper tribunal can only look at the decision if the first tier tribunal decision is wrong based on a point of law. If you are looking to appeal to the upper tribunal, you should seek specialist advice.

Appendix I: Filling in the PIP form

Things to think about before answering the questions:

- Do I have more than one diagnosis? If so how do those conditions interact?
- Are there difficulties which are down to one condition alone, and some which are down to the interaction of condition eg. M.E. and asthma?
- Make sure you emphasise each condition, its effects and how it affects your other conditions.

1. Preparing food

Because of your health condition(s), do any of the following apply?

1. Difficulties / injuries sustained as a result of peeling and chopping?
2. Do you use and specialist equipment, ie. non-slip chopping board, electronic / easy pull tin opener, easy grip knife, liquid level indicator, talking scales, stool?
3. Have you frequently, or are you at risk of, burning or scalding yourself on boiling water, steam or grills?
4. Does your condition mean that you can cook, but need to rest frequently whilst cooking? Does it take longer than someone without your condition(s)? If so give a timeframe.
5. Do you overcook / burn food as a result of having to taking rest breaks?
6. Do you use a microwave to heat food? This does not count as preparing a meal.
7. If you microwave food, do you use it to only heat ready prepared meals?
8. Does only eating microwave food present additional difficulties for you and your health condition?
9. Does doing this activity cause your symptoms to become worse?
10. Do you need prompting or encouragement to prepare food?
11. Do you require assistance from another person (even if you do not receive it) because of any of the above?
12. Can you cook safely, reliably and repeatedly in a reasonable amount of time?

2. Eating and drinking

Because of your health condition(s), do any of the following apply?

1. Do you use specialist equipment such as non-spill cup, easy grip cutlery or plate guard?
2. Are you able to lift food to your mouth?
3. Do you frequently spill food or drink?
4. Are you able to swallow?
5. Do you have any additional digestive issues which make eating and drinking more difficult?
6. Does doing this activity cause your symptoms to become worse?
7. Do you need prompting or encouragement to prepare food?
8. Do you require assistance from another person (even if you do not receive it) because of any of the above?
9. Can you eat and drink safely, reliably and repeatedly in a reasonable amount of time?

3. Managing treatments

Because of your health condition(s), do any of the following apply?

1. Do you have difficulty identifying correct medicines and measuring dosages?
2. Do you have any difficulty opening medicine packets?
3. Do you use a dosette box to help you keep track of medicines, do you prepare this or does someone else support with this?
4. Do you need prompting or encouragement to take medication?
5. Do you require assistance from another person (even if you do not receive it) because of any of the above?
6. Do you need help to put on ointments or creams? Do you have any other types of therapy you need support with?
7. Can you manage your treatments safely, reliably and repeatedly in a reasonable amount of time?

4. Washing and bathing

Because of your health condition(s), do any of the following apply?

1. Can you stand in order to bathe?
2. Can you get in and out of the bath?
3. Is it safe for you to wash or bathe alone? Are you at risk of falling asleep in the bath or not having the energy to get out safely by yourself?
4. Do you require rest breaks whilst bathing?
5. Do you use aids or adaptations such as a shower seat or hand grips?
6. Does it take you longer to bathe?
7. Do you bathe less frequently than you need to because it is difficult?
8. Can you move your limbs sufficiently in order to bathe your body?
9. Do you need help identifying different hygiene products?
10. Do you frequently slip, trip or fall whilst bathing?
11. Does doing this activity cause your symptoms to become worse?
12. Do you require assistance from another person (even if you do not receive it) because of any of the above?
13. Can you wash and bathe safely, reliably and repeatedly in a reasonable amount of time?

5. Managing toilet needs

Because of your health condition(s), do any of the following apply?

1. Can you mobilise to get to a toilet? Do you have a raised seat or a frame around the toilet to help you get on or off?
2. If no, do you use any aids in order to manage your toilet needs such as a commode, sanitary underwear, catheter or stoma?
3. Does it take you longer to get to a toilet?
4. Are you able to clean yourself effectively when going to the toilet?
5. Do you have any digestive difficulties which make going to the toilet more difficult?
6. If using a public toilet, do you need to use an accessible toilet due to mobility difficulties, need for privacy because you use a catheter or have a stoma? Do you have a RADAR key?

7. Do you require assistance from another person (even if you do not receive it) because of any of the above?
8. Can you manage your toilet needs safely, reliably and repeatedly in a reasonable amount of time?

6. Dressing and undressing

Because of your health condition(s), do any of the following apply?

1. Do you require assistance from another person (even if you do not receive it) because of any of your health conditions?
2. Do you need to use aids or appliances to help you get dressed or undressed – eg. elasticated waists, Velcro fastenings or shoe horns?
3. Do you need help to dress your lower half?
4. Do you need help to dress your upper half?
5. Can you dress or undress safely, reliably and repeatedly in a reasonable amount of time?

7. Communicating

Because of your health condition(s), do any of the following apply?

1. Do you have difficulty in talking for long periods?
2. Do you easily become hoarse?
3. Do you struggle with words because of cognitive difficulties (brain fog) or fatigue?
4. Does doing this activity cause your symptoms to become worse?
5. Do you need help to understand/remember information you have been given verbally?
6. Do you require assistance from another person (even if you do not receive it) because of any of the above?
7. Can you communicate verbally in a safe, reliable and repeated way, in a reasonable amount of time?

8. Reading

Because of your health condition(s), do any of the following apply?

1. Do you have difficulties reading information in different lighting conditions, on different coloured backgrounds or if the print is too small?
2. Do you require any aids to help you to read, ie. magnifier, reading software or app?
3. Do you have difficulties in understanding written information due to cognitive difficulties (ie. brain fog)
4. Do you have difficulties reading for long periods due to cognitive difficulties or visual fatigue?
5. Does doing this activity cause your symptoms to become worse?
6. Do you require assistance from another person (even if you do not receive it) because of any of the above?
7. Can you read and understand written information safely, reliably and repeatedly in a reasonable amount of time?

9. Mixing with other people

Because of your health condition(s), do any of the following apply?

1. Do you regularly avoid social situations because of your conditions?
2. Do you regularly cancel social plans as a result of your conditions?
3. Do you avoid social situations due to overwhelming psychological distress?
4. Do people have difficulties in understanding your symptoms when you are in social situations?
5. Do you exhibit inappropriate or anti-social behaviour as a result of your conditions?
6. Does doing this activity cause your symptoms to become worse?
7. Do you require assistance from another person (even if you do not receive it) because of any of the above?
8. Can you mix with other people safely, reliably and repeatedly for a reasonable amount of time?

10. Making decisions about money

Because of your health condition(s), do any of the following apply?

1. Do you require support with making decisions about money due to cognitive difficulties (ie. brain fog)?
2. Do you have any difficulties keeping track of your incomings and outgoings as a result of your conditions?
3. Do you need help planning future purchases because of your health conditions?
4. Does doing this activity cause your symptoms to become worse?
5. Do you require assistance from another person (even if you do not receive it) because of any of the above?
6. Can you make decisions about money safely, reliably and repeatedly in a reasonable amount of time?

11. Going out (used in the test for the mobility component)

Because of your health condition(s), do any of the following apply:

1. Have need help and support planning or following a journey due to cognitive difficulties or fatigue?
2. Are you unable to follow a planned journey due to psychological distress?
3. Are you able to follow a familiar route independently?
4. Are you able to follow an unfamiliar route independently?
5. Do you require assistance from another person (even if you do not receive it) because of any of the above?

12. Moving around (used in the test for the mobility component)

Because of your health condition(s), do any of the following apply:

- a. Can stand and then move more than 200 metres, either aided or unaided
 - b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided
 - c. Can stand and then move unaided more than 20 metres but no more than 50 metres
 - d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres
 - e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided
 - f. Cannot, either aided or unaided: (i) stand OR (ii) move more than 1 metre
1. Do you require a mobility aid either all or some of the time (includes walking stick, crutches, visual mobility cane, scooter, frame or wheelchair) if some of the time, what percentage?
 2. What percentage of the time does this statement apply to you?
 3. Would there be a negative impact on your condition if you did this?
 4. Do you frequently trip or fall while walking these distances?
 5. Do you experience extreme levels of pain walking these distances?
 6. Do you require assistance from another person (even if you do not receive it) because of any of the above?

Useful contacts

Action for M.E.

Crisis Advocacy and Support Service
Tel: 0117 927 9551 Monday to Friday 10am to 5pm)
Email: questions@actionforme.org.uk
Website: www.actionforme.org.uk

C-App

Guides to applying for PIP and ESA
<http://c-app.org.uk>

Citizens Advice Bureau

Offers advice on a range of issues and may complete a benefits check for you
www.citizensadvice.org.uk

Disability Rights UK

Factsheets on benefits, tax credits and independent living
www.disabilityrightsuk.org

PIP info

A guide to regulations and case law regarding PIP
<http://pipinfo.net>



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