



05/01/2011

DLA Reform Team
1st Floor, Caxton House
Tothill Street
LONDON
SW1H 9NA

Dear Sir,

I refer to DWP document 'Public Consultation Disability Living Allowance Reform'. I am disabled with Multiple Sclerosis and have the following comments for consideration regarding 'Personal Independence Payment' or PIP.

Executive Summary:

6. Regarding no automatic entitlement (other than terminally ill), this should also include incurable illnesses such as MS, Motor Neuron Disease, etc.
7. Regarding face to face assessments, the Independent Health Care Professional should always be a qualified doctor.
8. Genuinely disabled people would prefer support for the purchase of aids and adaptations. Until now I have had to buy them myself.

Intro & Context 1:

5. A Universal Credit is fine *if* there is actually any work out there!
9. Regarding further support I found housing benefit (HB) the worse. The reason being is that the 'amount required to live on' as determined by government is way too low for disabled people. Also they say I am entitled to HB for a 1 bed house only; disability is not taken into account! I need a bungalow, £850 -£950 per month, as I can't use stairs.

The New Benefit 2:

14. The definition 'modern age' is already out of date and should be replaced by 'austerity age'.

Q4,18. This is subjective regarding illness conditions likely to get better within 12 months. Only a GP or Consultant can make an educated guess. Take the case of Abdel Baset Al McGrahi, the Libyan bomber, who is still alive!

19. Regarding automatic entitlements, people with certain *Motor Neuron diseases and MS will NEVER get better because the illness is incurable and debilitating, so a quick note to the GP or Consultant would save the DWP a lot of time and money.*

26. Regarding activities to assess such as planning and making a journey, this is not as important to a disabled person as being able to dress, wash and cook. *The essentials!*

Q9, 30. Save money by *getting rid of ATOS (saves £150, million a year!) and accept a letter from the disabled person's GP or Consultant as medical evidence.*

Q11, 33. Periodic reviews won't be necessary for people with incurable illnesses, unless a cure is found! That will save money!

Q16, 38. Carers should be paid separately from the Universal Credit and should *not be means tested or taxed*, as is now.

Q17, 42. The upper age limit for PIP must be raised to 66 from 2018, in line with the state pension increase.

Questions 5:

1. My illness makes things difficult, in my case using a wheel chair, needing an escort outdoors, dressing, using the toilet, etc.
2. Untaxed and not means tested *must* remain.
3. Extra costs for me are *housing, council tax, my carer and adaption aids.*
4. There would be no disadvantages as long as those on higher rate DLA *remain* on higher rate PIP and are not worse off financially. Also, what of Motability; does it continue?
5. Yes, incurable diseases like *MS and Motor Neuron.*
6. I would say *housing, care, aids and transport.*
7. An annual report from the GP/Consultant would suffice.
8. No, because if those aids aren't available or fail then I cannot function, so any aids *should not* be included in the assessment.
9. Get a professional to design the claim form and consult disabled people *before* putting into use! Also something that annoys me no end is the opportunity to have everything in Welsh! Who cares about the Welsh if they can't read English?
10. The claimants Consultant or GP.

11. The difficulties are that the healthcare professional *might not* be medically qualified to make these decisions (ie not a doctor). Home visits should be more readily available, and advertised too!
12. Incurable illnesses: no review, curable illnesses: every 12 months. If the likely claimant *could work*, then either a full review or a GP assessment should be used.
13. Contact from the DWP every year by letter, email or telephone.
14. A simplified website or literature in the post should suffice.
15. It depends on the illness. Such info should come from the GP or Consultant. Asking for advice or support *should not* be compulsory, as any genuinely disabled person would always ask for it anyway.
16. Funding privately at great cost, for example a riser/recliner chair £899, a bed with electric adjustment £1300, wheelchair £100, etc. There should be the facility for a *free 'one off' payment* to cover these costs without penalty.
17. Useful for getting the *blue badge*. The *council tax should be severely reduced for disabled people* as it is my biggest expense other than housing.
18. No disabled parking facilities, no carer's allowance.
19. ESA and Carers could be shared, also the Housing Benefit where applicable.
20. No impact that I can see.
21. i. My ESA assessment was 5 weeks *after* the 13 week deadline, so DLA should continue being paid until PIP begins.
ii. People currently on Higher Rate Care Component should not be assessed. Those on Middle/Lower Rate should be assessed.
iii. People on Higher Rate Mobility Component should not be assessed *if* they claim Higher Rate Care Component. Those on Middle/Lower Rate should be assessed.

Yours Faithfully


