

## PROPOSED CHANGES TO DLA

I would like to make the following comments but cannot do a more comprehensive review as my condition prevents typing long letters – I have fibromyalgia and other problems.

## PROBLEM AND BARRIERS ETC:

Lack of mobility, stiffness, constant pain, unable to sleep properly. *Lack of a carer*  
Social isolation if unable to drive or use public transport.

Depression from being unable to have a social life or achieve anything meaningful during the day, ie those who genuinely need DLA would so much want to be "normal" and be in work.

Stairs, walking, inaccessibility of venues.

Lack of energy to even sit for long periods.

FINANCIAL – With people who have not been able to work for many years, there is not only hardship at the time, ~~but~~ also not possible to build up a pension for retirement. *- Inability to afford holidays, gifts for family members*  
*Some are unable to go out or shop without a carer.*

## INDEFINITE AWARDS:

\* Those granted indefinite awards by a benefits doctor should not have to undergo review, only those who were awarded this without having had a medical. It would be stressful to know that you have to be reassessed regularly. Those who have had a medical could be cross-referenced with certain conditions (such as fibromyalgia, rheumatoid arthritis, cardiac and lung diseases) that are known not to improve.

## DLA:

Keep the name, logically it has the word DISABLED in it and is recognised by the majority of the public. The structure should not be changed.

## EXTRA COSTS:

The NHS does not offer ongoing physiotherapy for chronic pain conditions, however physiotherapy and other therapies, such as acupuncture, massage etc can give temporary partial relief from distressing pain. Many in this situation choose to spend the DLA on these therapies, with an average cost of £45 per treatment.

Special dietary requirements, ie gluten free are more expensive.

Inability to cook a proper meal, means buying ready meals or having meals delivered, which are over and above the cost of a normal meal.

Utility bills are higher as being unable to move about means higher heating costs and in some cases higher water bills, eg more laundry, bathing and showering for incontinence.

Taxi fares and where a car is used, higher petrol costs because of not being able to walk short distances.

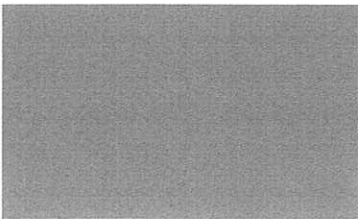
## AIDS and ADAPTIONS

To ignore the use of an artificial means of getting around with a wheelchair or artificial leg(s) is nothing short than SHOCKING. Think about the stress involved by not being able to get up and walk like the able bodied, the energy taken to use these appliances and the Health and Safety requirements for wheelchairs, and the stigma of being stared at!

Using crutches means you cannot carry anything.

### FACE TO FACE DISCUSSION:

The assessor would only have a snapshot view of the client on a given day at a given time. There should be input from a health professional or GP who knows the difficulties and limitations faced on a 24hour basis.



Received 21/2/11

Dear DLA Reform Team,

PLEASE DO NOT ABOLISH DLA AND REPLACE IT WITH PIP.

I have severe Myalgic Encephalomyelitis (ME), a neurological disease that affects multiple systems of the body, and I am severely disabled. There is no known cure for my disease. Severe ME brings profound cognitive problems as well as functional disabilities, severe ongoing malaise that is amplified on even minor exertion, and many other complex symptoms that can make life a torment.

Disability Living Allowance (DLA) is an essential payment that people with severe ME rely upon to help meet their care and mobility needs. There are no compelling grounds to abolish it. The suggestion that the DWP can justifiably slash the welfare budget under the banner of replacing DLA with a system of 'Personal Independence Payments' (PIP) that is 'simpler' and 'fairer' is fundamentally flawed and disingenuous. It would appear that many people who face additional costs of living as a result of having a long term disabling disorder will no longer qualify for help when DLA is replaced with PIP. The predictable impact of the PIP system on people with prolonged ill health and disabilities will be enormously detrimental and unacceptable.

There are also potential adverse knock on consequences. If a person loses their benefits under PIP, then their carer may lose Carer's Allowance, then making it impossible to pay basic bills and to carry on caring.

The administrative costs of replacing DLA with the new system will be hugely expensive and a poor use of taxpayer's money.

The Ministerial foreword to the consultation paper states: *"We are steadfast in our support for the principles of DLA, as a non-means-tested cash benefit contributing to the cash costs incurred by disabled people."* If this support is to progress beyond lip service then the government require to radically rethink their legislative plans for a new system.

I ask you not to abandon the Disability Living Allowance and replace it with Personal Independence Payment. The government's plans amount to the introduction of an inferior, unreasonable and unfair system. The introduction of PIP may act to reduce the budget deficit but unlike DLA it will not meet the needs of people who are chronically sick or disabled.

Yours sincerely,

