



Department
for Work &
Pensions

Consultation on aids and appliances and the daily living component of Personal Independence Payment

Presented to Parliament
by the Secretary of State for Work and Pensions
by Command of Her Majesty
December 2015

Cm 9171





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This publication is available at **<https://www.gov.uk/government/consultations/personal-independence-payment-aids-and-appliances-descriptors>**

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Print ISBN 9781474126458

Web ISBN 9781474126465

ID 03121511 12/15

Printed on paper containing 75% recycled fibre content minimum

Printed in the UK by the Williams Lea Group on behalf of the Controller of Her Majesty's Stationery Office

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Background

1

Background

1. In April 2013, Personal Independence Payment (PIP) began replacing Disability Living Allowance (DLA) for claimants of working age. Initially this applied to new claims only, but it was extended in October 2013 to DLA claimants that turned 16 and working age claimants that had a change of circumstances or an award that was due to expire. In July 2015, the Department began a phased reassessment of all remaining DLA working age claimants for PIP.
2. Like DLA, PIP is intended to provide a contribution towards the extra costs caused by long-term health conditions and disabilities. It is not an income replacement benefit. It is not means tested, contributory or taxable and is payable to people who are both in and out of work.
3. The previous Government introduced PIP because DLA was no longer in step with the needs of a 21st Century welfare system for those of working age. The assessment process was inconsistent and subjective, with half of all awards being made on the basis of self-reporting of need with no additional medical evidence. It was also passive, with 70 per cent of claimants receiving indefinite awards. As a result, it was insufficiently focused, with a 21 per cent increase in the working age caseload in the ten years to 2013 despite the prevalence of disability in the general population remaining broadly stable.
4. The introduction of PIP was intended to address these issues by creating a more modern and dynamic benefit that:
 - Enabled support to be targeted at those with the greatest need;
 - Was financially sustainable;
 - Considered needs arising from all impairment types equally, giving parity of esteem between mental and physical health conditions; and
 - Determined awards consistently and objectively.

5. To support these aims, the Department for Work and Pensions (DWP) developed a more objective assessment of individual need to determine entitlement to PIP, with most people having a face-to-face consultation with an independent health professional. The assessment looks at an individual's ability to complete ten daily living activities and two mobility activities. Regular reviews were also introduced to ensure that claimants continue to receive the right level of support.
6. The assessment supports DWP decision makers in determining eligibility for the daily living and mobility components of PIP, and whether they are paid at the standard or enhanced rate. Assessors use a series of descriptors to describe a claimant's ability to carry out each activity. Each descriptor has a point score, with higher scores indicating a greater level of additional costs. More information on the assessment is in the Annex.
7. Unlike DLA, PIP takes into account claimants' need to use aids and appliances to complete the activities assessed. This includes specialised items as well as everyday items that are in common use, such as food processors, where they are essential to the completion of an activity because of a health condition or disability. This decision was taken in order to recognise the potential barriers and costs individuals who use aids and appliances may face.
8. For most activities, the use of an aid or appliance scores two points. This is the lowest level. This reflects the fact that many aids and appliances are: widely available, relatively low cost and easy to use. Individuals who rely on them are likely to encounter lower barriers and costs than individuals unable to complete activities at all, or who require help from other people to do so.
9. As highlighted by the first independent review of the PIP assessment by Paul Gray, this policy does not appear to be working as intended.¹ DWP doctors therefore reviewed a sample of 105 cases where claimants scored all, or the majority, of their points due to aids and appliances, to assess the extent to which the award may reflect extra costs.
10. The results of this review suggest that significant numbers of people who are likely to have low or minimal additional costs are being awarded the daily living component of the benefit solely because they may benefit from aids and appliances across a number of the activities, despite the relatively low point score awarded for them.
11. In addition to this, recent judicial decisions, based on the current legislation, have broadened the scope of aids and appliances to include articles, such as beds and chairs, which are unlikely to be a reliable indicator of extra costs.
12. These developments are inconsistent with the original policy intent of awarding the benefit to claimants with the greatest need. We have therefore decided to consult on how aids and appliances are taken into account when determining entitlement to the daily living component.
13. Going forward, the Government will regularly assess PIP to ensure that it is delivering the policy intent of a modern, objective, and financially sustainable benefit that is focused on those with the greatest needs. If this indicates that PIP is not delivering the original policy intent, DWP will consider the case for change.

¹ Paul Gray, An Independent Review of the Personal Independence Payment Assessment, December 2014, [<https://www.gov.uk/government/publications/personal-independence-payment-pip-assessments-first-independent-review>]

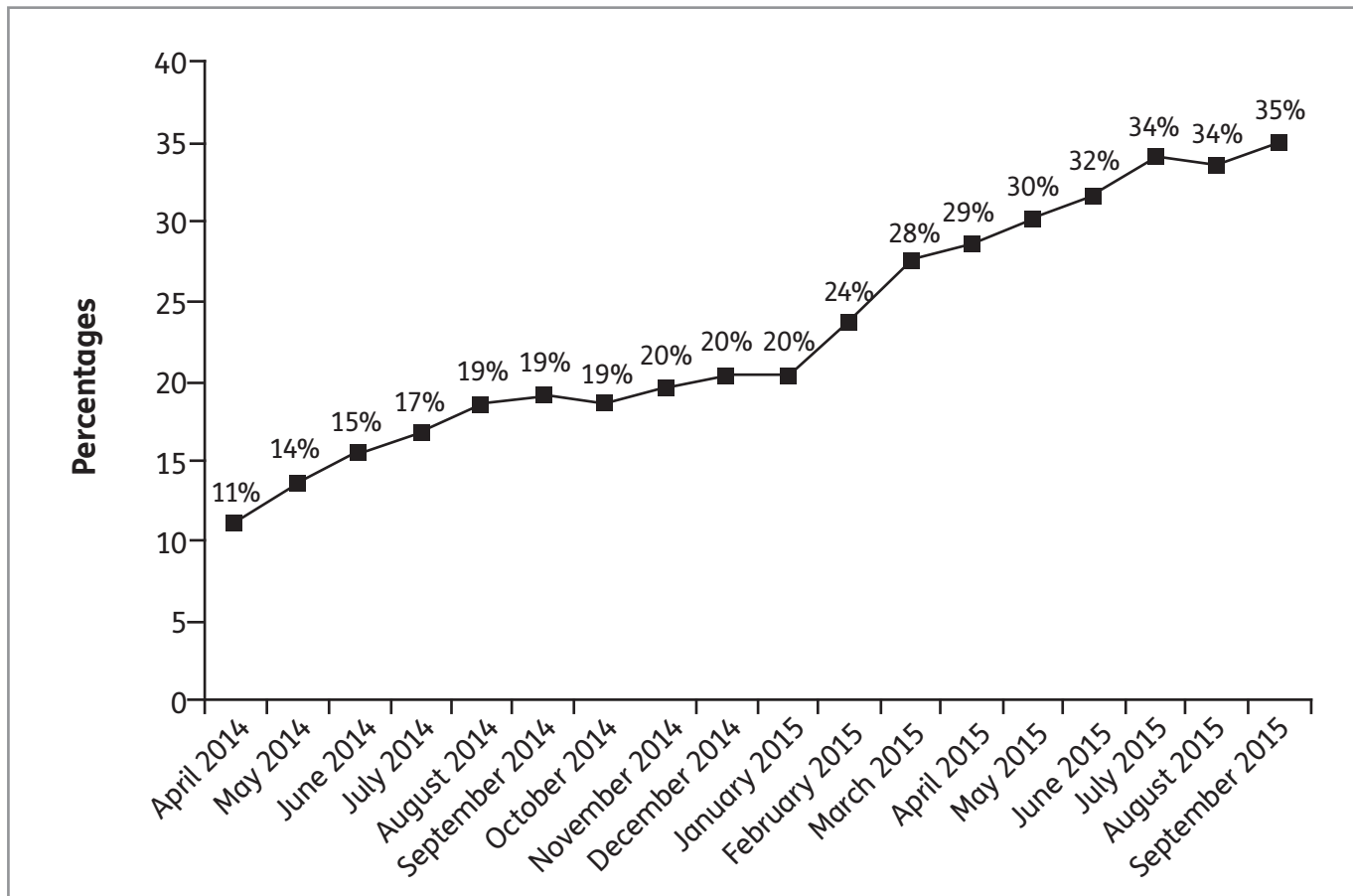
The daily living component and aids and appliances

2

Aids and appliances and the daily living component

14. Figure 1 shows the proportion of normal rules cases awarded the daily living component of PIP who scored all of their points through aids and appliances. As the chart shows, this proportion has more than tripled, from 11 per cent in April 2014 to 35 per cent in September 2015. This increase has largely been driven by a significant and sustained rise in relation to activities one, four, five and six: preparing food, washing and bathing, dressing and undressing, and managing incontinence and toileting. Around three-quarters of those who score all of their points through aids and appliances score the minimum number of daily living points needed to qualify for the standard rate of the daily living component.

Figure 1 Proportion of those awarded the daily living component who scored all of their points due to aids and appliances (PIP New Claims and Reassessments, Normal Rules only)²



15. In addition, judicial decisions have broadened the scope of what is considered to be an aid or appliance. For example, recent judgments have found that a bed or chair could be considered an aid or appliance if an individual is unable to dress standing up, as could a smoke alarm if a person with a hearing impairment used it to help them to cook a meal safely. This means that the definition of aids and appliances includes articles that are unlikely to be a reliable indicator of extra costs, as they are widely available and commonly used irrespective of the level of need.
16. This is consistent with the findings of the first independent review of the PIP assessment, undertaken by Paul Gray, which recommended that:

“the Department review how aids and appliances are taken into account in PIP assessments against the original policy intent, and make any necessary adjustments to guidance and training.”³

This was based on evidence presented to the review which suggested that in some instances points were being awarded because claimants chose to use aids and appliances, rather than needed them, and noted that in many cases these were non-specialised items of very low cost.

² Source: PIP Computer System records. The graph shows the proportion of daily living awards where all daily living points were given as a result of descriptor B on activities 1 to 8. The data used includes PIP normal rules awards made between April 2014 and September 2015, including new claims and reassessments.
³ <https://www.gov.uk/government/publications/personal-independence-payment-pip-assessments-first-independent-review>

8 The daily living component and aids and appliances

17. In a sample of 105 cases reviewed by DWP where claimants scored the majority, or all, of their daily living points due to aids and appliances, only a small proportion, 7%, were considered likely to have moderate needs and additional costs. In the remaining proportion of cases, over 90%, they were likely to have low or minimal extra costs. Where claimants did require low-cost aids and appliances, there would be a one-off purchase cost, but little ongoing additional costs relating to daily living only – additional costs relating to mobility were not looked at as they are assessed separately). In 19 of the cases reviewed, claimants had no clearly identifiable ongoing extra costs relating to daily living at all. Illustrative examples of the cases reviewed are provided below.

Illustrative example 1

61 year old man with chronic obstructive pulmonary disease. He cannot stand for long due to fatigue and breathlessness. He can help his wife prepare food, providing he sits down. He sits on a seat in the shower and holds the sink for support when using the toilet. He also sits to get dressed, which takes a long time due to breathlessness, and wears easy to pull on clothes. Low daily living extra costs reflect one-off costs for aids such as a perching stool. He already has a shower seat and grab rail, as his wife needs them, and other aids are unlikely to be of much benefit.

Illustrative example 2

58 year old woman with generalised osteoarthritis which causes her pain in the knees, shoulder, ankles, hands and lower back. She has difficulty standing for long to prepare food due to back pain. She can access her shower independently but finds it difficult bending to wash the lower half of her body. She uses the sink for support when getting off the toilet and dresses sitting down and wears slip on shoes for ease. Minimal daily living costs reflect one-off costs for a perching stool and some long handled aids.

18. In addition, in many of these cases, it is likely that the aids and appliances for which points were awarded were non-specialist, low cost items that are widely available, for example, electric tin openers and lightweight pans. Others, such as perching stools and grab rails, are often routinely available free of charge by the National Health Service (NHS) and Adult Social Care. Furthermore, in some cases, whilst claimants benefited from the use of the aid or appliance, they did not need it
19. As a result, in the cases reviewed where claimants scored all of their points due to aids and appliances, the cumulative point scores appears to be a poor indicator of extra costs. This is inconsistent with focusing the benefit on those with greatest need and awards being determined consistently.
20. We have therefore decided to consult on how we account for the use of aids and appliances when determining entitlement to PIP to ensure that we deliver the original policy intent.

The consultation questions

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21. We are seeking views on whether we should change the way that aids and appliances are taken into account when determining entitlement to the daily living component of PIP. In the event that we do decide to make such changes, we need your views on the five broad options for reforming how aids and appliances are taken into consideration, including the practical, operational and financial suitability, feasibility and acceptability of each option. You do not need to limit your response to these five options and we welcome additional suggestions. The options are not mutually exclusive and could be combined.
22. If we decide to make any changes to the way in which aids and appliances are used to determine entitlement to the daily living component, anyone who has been awarded points for needing aids and appliances, as set out in their decision letter, could be affected. However, none of the five reform options we have set out would apply to current claimants until the changes come into effect and they are eligible for review, or report a change of circumstances.

Current system

A monthly payment at the relevant weekly rate, for claimants who meet or exceed the eligibility threshold for the daily living component, including through the use of aids and appliances. In the majority of activities, the aids and appliances descriptors are awarded 2 points. An individual may therefore receive an award, at either the standard or enhanced rate, solely through points scored from the use of aids and appliances. It would also act as a passport to the relevant benefits or benefit premia and exempt claimants from the benefit cap.

10 The consultation questions

Q1 – what are your views on the current system and its advantages and disadvantages compared to options one, two, three, four and five? In particular, we would welcome comments on:

- receiving a regular, fixed monthly sum;
- budgeting on a monthly basis;
- having to save to purchase aids and appliances; and
- having no restrictions on how the benefit can be spent but potentially lower purchasing power.

23. If we do decide to make changes to the way that aids and appliances are taken into account when determining entitlement to the daily living component, we have identified five possible options for change. We are also interested in other suggestions individuals or organisations may have.

Option one

A lump sum payment for claimants who meet or exceed the eligibility point threshold for the daily living component but score all of their points from aids and appliances. The value of this lump sum could be less than the cumulative value of the equivalent monthly payments. It could be discretionary and could be restricted, for example through the use of vouchers. It would not act as a passport to any other benefit or benefit premia and would not exempt claimants from the benefit cap. Claimants scoring at least some points from other descriptors would be paid at the relevant weekly rate, as now.

24. This option is based on evidence that many claimants who score all their points through aids and appliances may have low to moderate one-off costs from purchasing aids and appliances and no or limited on-going costs. It would help these claimants to purchase the aids and appliances they need immediately, rather than making them save their monthly payments, potentially for a significant period. A lower, potentially discretionary, lump sum would better target resources and reflect that, on average, these claimants' are likely to have lower costs. The use of vouchers could allow the department to secure better prices. The award could be periodic, recognising that claimants may need to repair or replace their aids or appliances.

Q2 – what are your views on the advantages and disadvantages of option one compared to the current system and options two, three, four and five? In particular, we would welcome comments on:

- targeting resources through a lump sum, which would be less than the cumulative value of the equivalent monthly payments, and whether this should be a fixed or discretionary amount;
- the lack of passporting and exemption from the benefit cap;
- being able to purchase aids and appliances immediately;
- restricting what the benefit could be spent on through the use of vouchers, but potentially increasing value for money; and
- a periodic payment, recognising that aids and appliances may need to be serviced or replaced.

Option two

A monthly payment below the equivalent weekly rate for claimants who meet or exceed the eligibility point threshold for the daily living component, at either rate, but score all of their points from aids and appliances. This payment would not act as a passport to any other benefit or benefit premia and would not exempt claimants from the benefit cap. Claimants scoring at least some points from other descriptors would be paid at the existing weekly rate.

25. This option would be more consistent with the current system, with claimants continuing to receive an on-going monthly payment. This could benefit claimants who have some on-going costs and/or who find it difficult to budget for large annual payments. It would be a fixed amount for all claimants eligible for the same rate and there would be no restriction on spending, thereby limiting the scope for targeting the benefit and increasing value for money. The lower rate would reflect that, on average, these claimants' costs are likely to be lower than others.

Q3 – what are your views on the advantages and disadvantages of option two compared to the current system and options one, three, four and five? In particular, we would welcome comments on:

- a lower weekly rate than the equivalent rate for those scoring the same points but from other descriptors;
- a fixed award (as opposed to a discretionary award outlined in option 1);
- the lack of passporting and exemption from the benefit cap; and
- no restrictions on what the benefit can be spent on, but potentially with lower purchasing power.

Option three

A new condition of entitlement that claimants must score some points from a descriptor that does not relate to aids and appliances. This would mean claimants would not be entitled to the daily living component if they scored all of their points from aids and appliances irrespective of whether they met or exceeded the point threshold for either rate. Claimants scoring at least some points from other descriptors would be paid at the relevant weekly rate, as now.

26. This option would focus entitlement to the benefit on claimants with moderate to significant on-going costs, rather than individuals who may have low to moderate one-off costs and no or limited on-going costs. For eligible claimants there would be no change. They would continue to receive a fixed, on-going monthly payment with no restriction on spending.

Q4 – what are your views on the advantages and disadvantages of option three compared to the current system and options one, two, four and five? In particular, we would welcome comments on:

- focusing eligibility on those scoring at least some points from descriptors other than aids and appliances; and
- whether there should be a limit on points for aids and appliances or restrictions on where they are scored.

12 The consultation questions

Option four

To change the definition of aids and appliances in relation to the relevant daily living activities to exclude items that are a poor indicator of additional cost and need. These items could be distinguished by reference to whether they are available at low or no cost and/or whether they are commonly used by non-disabled people for the same purpose. Claimants who used aids and appliances that were a good indicator of extra costs would be paid at the relevant weekly rate, as now.

27. This option would focus the benefit on those claimants that used aids and appliances which are a good indicator of additional costs. For eligible claimants it would be similar to the current system, with claimants continuing to receive a fixed, on-going monthly payment with no restriction on spending.

Q5 – what are your views on the advantages and disadvantages of option four compared to the current system and options one, two, three and five? In particular, we would welcome comments on:

- excluding eligibility for aids and appliances which are a poor indicator of extra costs and;
- which classes and types of aids and appliances are a good indicator of extra costs.

Option five

Halving the number of points awarded from 2 to 1 for the use of aids and appliances in relation to some or all daily living activities. Claimants scoring at least some of their points from aids and appliances could lose entitlement to their current award rate. Claimants scoring all of their points from other descriptors would be paid at the relevant weekly rate, as now.

28. This option would focus access to the benefit by requiring claimants to score sufficient points from other descriptors. For eligible claimants, it would be similar to the current system, with claimants continuing to receive a fixed, on-going monthly payment with no restriction on spending.

Q6 – what are your views on the advantages and disadvantages of option five compared to the current system and options one, two, three and four? In particular, we would welcome comments on:

- focusing the benefit by halving the points awarded for some or all daily living activities;
- a fixed payment with only a broad relationship to actual extra costs;
- having to save to purchase aids and appliances;
- budgeting on a monthly basis; and
- no restrictions on spending but potentially with lower purchasing power.

Other suggestions and comments

Q7 – Do you have any other suggestions as to how the current system could be changed or any other comments?

29. We do not have a preferred option for how we account for the use of aids and appliances when determining entitlement to PIP to ensure that we deliver the original policy intent. In reaching our decision we will consider how any potential changes might affect individuals and the number of people likely to receive the benefit. Once the consultation is complete, we will publish a report summarising the responses received and explaining how we reached our conclusions.

Key information on the consultation

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Who the consultation is aimed at

30. The Department is keen to hear views from all interested parties, especially disabled people and disability organisations.

Scope of the consultation

31. This consultation applies to England, Wales and Scotland because social security is devolved in Northern Ireland. However, we would welcome comments from individuals and organisations in Northern Ireland, which we will then share with the Department for Social Development.

Duration of the consultation

32. The consultation will run from 10 December 2015 until 29 January 2016. We will organise stakeholder events during the consultation. The dates and locations of these events will be available on GOV.UK⁴.

Alternative formats

33. This document will be available on GOV.UK⁵ from 10 December 2015, in standard and large print versions. It will be available in a range of alternative formats from 17 December 2015 or sooner, including: audio, BSL video and Easy Read, also from GOV.UK⁶. If the unavailability of alternative formats in the week from 10 December 2015 to 17 December 2015 affects your ability to respond to the consultation please contact us to let us know (contact details below).

⁴ www.gov.uk/government/consultations

⁵ *ibid.*

⁶ *ibid.*

How to respond to the consultation

34. Please send your responses to:
- PIP Policy Team**
Department for Work and Pensions
Ground floor, Caxton House
Tothill Street
London
SW1H 9NA
- PIP.consultationfeedback@dwp.gsi.gov.uk**
35. Please ensure your response reaches us by 5pm on 29 January 2016.
36. When responding, please state whether you are doing so as an individual or representing the views of an organisation. If you are responding on behalf of an organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled. We will acknowledge your response. We may contact you to follow up on your response; if you would prefer us not to do so, please let us know in your reply.
37. Until we have completed the consultation and made a decision on whether we should make changes and what change or changes should be made, and until any regulations to enact these changes come into force, we will continue with the operation of PIP using the current regulations and assessment criteria.

How responses will be used

38. The personal information you send us may need to be passed to other colleagues working within the Department for Work and Pensions in order for us to conduct the consultation.
39. An anonymised version of your response may be published in a list of responses, in a summary of responses received, and in any subsequent review reports and may be sent to colleagues in other government departments or organisations. It may also be requested under the Freedom of Information Act 2000.

Annex

How the assessment works

40. PIP, like DLA, provides a contribution to the additional costs faced by people with disabilities and long-term health conditions. Whether individuals receive the benefit, and how much they receive, is determined by DWP decision makers following an assessment by qualified health professionals.
41. PIP has two components: daily living and mobility. Individuals can receive either or both components, depending on whether and how their disability or health condition impacts on their ability to undertake a series of 10 daily activities, such as: preparing food, washing and bathing or dressing and undressing or 2 mobility activities: planning and following journeys or moving around. This consultation only affects the daily living component of PIP.
42. There are a range descriptors for each activity, reflecting the ease or difficulty with which a person can carry out the task as a proxy for additional costs. Only one descriptor can be selected for each activity. Claimants' scores in relation to each component are summed to determine entitlement. Claimants scoring 8 points across the relevant activities qualify for the standard rate and those scoring 12 points receive the enhanced rate.
43. The assessment criteria, as set out in regulations, for the ten daily living activities are:

1. Preparing food

a. Can prepare and cook a simple meal unaided.	0
b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
d. Needs prompting to be able to either prepare or cook a simple meal.	2
e. Needs supervision or assistance to either prepare or cook a simple meal.	4
f. Cannot prepare and cook food.	8

2. Taking nutrition

a. Can take nutrition unaided.	0
b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
c. Needs a therapeutic source to be able to take nutrition.	2
d. Needs prompting to be able to take nutrition.	4
e. Needs assistance to be able to manage a therapeutic source to take nutrition.	6
f. Cannot convey food and drink to their mouth and needs another person to do so.	10

3. Managing therapy or monitoring a health condition

a. Either – (i) does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided.	0
b. Needs either – (i) to use an aid or appliance to be able to manage medication; or (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition.	1
c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8

4. Washing and bathing

a. Can wash and bathe unaided.	0
b. Needs to use an aid or appliance to be able to wash or bathe.	2
c. Needs supervision or prompting to be able to wash or bathe.	2
d. Needs assistance to be able to wash either their hair or body below the waist.	2
e. Needs assistance to be able to get in or out of a bath or shower.	3
f. Needs assistance to be able to wash their body between the shoulders and waist.	4
g. Cannot wash and bathe at all and needs another person to wash their entire body.	8

5. Managing toilet needs or incontinence

a. Can manage toilet needs or incontinence unaided.	0
b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
c. Needs supervision or prompting to be able to manage toilet needs.	2
d. Needs assistance to be able to manage toilet needs.	4
e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8

6. Dressing and undressing

a. Can dress and undress unaided.	0
b. Needs to use an aid or appliance to be able to dress or undress.	2
c. Needs either – (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	2
d. Needs assistance to be able to dress or undress their lower body.	2
e. Needs assistance to be able to dress or undress their upper body.	4
f. Cannot dress or undress at all.	8

7. Communicating verbally

a. Can express and understand verbal information unaided.	0
b. Needs to use an aid or appliance to be able to speak or hear.	2
c. Needs communication support to be able to express or understand complex verbal information.	4
d. Needs communication support to be able to express or understand basic verbal information.	8
e. Cannot express or understand verbal information at all even with communication support.	12

8. Reading and understanding signs, symbols and words

a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
c. Needs prompting to be able to read or understand complex written information.	2
d. Needs prompting to be able to read or understand basic written information.	4
e. Cannot read or understand signs, symbols or words at all.	8

9. Engaging with other people face to face

a. Can engage with other people unaided.	0
b. Needs prompting to be able to engage with other people.	2
c. Needs social support to be able to engage with other people.	4
d. Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8

10. Making budgeting decisions

a. Can manage complex budgeting decisions unaided.	0
b. Needs prompting or assistance to be able to make complex budgeting decisions.	2
c. Needs prompting or assistance to be able to make simple budgeting decisions.	4
d. Cannot make any budgeting decisions at all.	6

44. The current assessment criteria can be found in the Social Security (Personal Independence Payment) Regulations 2013, as amended by the Social Security (Personal Independence Payment) (Amendment) Regulations 2013.⁷
45. More details can be found in the PIP Assessment Guide.⁸

⁷ <http://www.legislation.gov.uk/uksi/2013/377/contents>

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449043/pip-assessment-guide.pdf





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Copies of this publication can be made available
in alternative formats if required.

Department for Work and Pensions

December 2015

www.gov.uk

ISBN 978-1-4741-2645-8

