Timms Review Annex, September 2026
Emerging recommendations

Improvements to the current benefit

Group 1 – improving the experience for people applying for and receiving PIP

- **Reduce unnecessary award reviews for people with lifelong or degenerative conditions and improve processes and communications to reduce anxiety about award reviews**

Make changes to the award review process to ensure that people with lifelong or degenerative conditions are not being subject to award reviews where no improvement in their condition is expected over time.

- **Improve the PIP2 form and guidance to ensure it is easier to complete and better captures fluctuating conditions**

Make changes to the PIP2 (How Your Disability Impacts You) form and the accompanying guidance to make completing the form as easy as possible and explain what evidence is most relevant, while ensuring it still captures the necessary information to support effective decision making.

- **Improve the tone and language of DWP communications to be more respectful and easier to understand**

Revise the language used in Departmental communications, including decision letters, to ensure they are clearer, more accessible and respectful.

- **Improve the identification, implementation and monitoring of reasonable adjustments to ensure individual needs are consistently met**

Improve the process for requesting reasonable adjustments across DWP and Assessment Providers, ensuring that adjustments are identified, delivered and monitored more effectively so that individual needs are consistently met.

DWP and Assessment Providers are required to ensure that people claiming PIP can request reasonable adjustments to engage with the PIP process on an equal basis, to meet their obligations under the Equality Act 2010.

- **Ensure that people who need help to navigate the PIP process can access advocacy services**

Introduce an advocacy service to support people who struggle to articulate the impacts of their condition throughout the claims process.

- **Introduce a more personalised and joined-up approach to managing the applications of people who need additional support**

Reform the DWP process for managing people's PIP claims, enabling individuals with the highest support needs to access tailored support. This could include designated support teams to provide continuity.

Group 2 – reform assessments and decision making

- **Introduce a framework across the PIP assessment process to govern how decisions are made, appealed, and corrected to improve the quality, consistency and transparency of assessments**

Develop and introduce a process to govern how decisions are made and challenged.

Strengthen governance, auditing and assurance arrangements across Assessment Providers, to reform the delivery and administration of PIP assessments to build trust and confidence in the process.

- **Strengthen feedback mechanisms to apply learning from Mandatory Reconsiderations (MRs) and appeals across the PIP process to improve consistency in decision-making and accountability for assessors**

Implement feedback mechanisms to ensure that learning from MRs and appeals is identified and applied to improve consistency in assessment outcomes and decisions and ensure provider performance measurements reflect people's experience through complaints data.

- **Review how supporting evidence is used and strengthen processes for gathering, sharing and considering relevant evidence**

Improve the use of supporting evidence and strengthen processes for gathering, sharing and considering relevant evidence, to support better decision-making, including the use of paper-based decisions where appropriate.

- **Review the 28-day hospitalisation rule to reduce stress and ensure that people receive the support they need**

Review the implementation of, and guidance surrounding, the 28-day hospitalisation rule to reduce unnecessary stress for people admitted to hospital, particularly during periods of serious illness or recovery.

- **Improve how PIP assesses and accounts for fluctuating conditions**

Make changes to the way that PIP assesses and accounts for fluctuating conditions, to ensure it adequately captures the impact of conditions that vary over time and does not just take a snapshot view.

- **Ensure that people have access to the right assessment method to meet their needs, including increased capacity for face-to-face assessments**

In cases where evidence is limited, contradictory or would benefit from further exploration, make face-to-face assessments available to support consistent decision-making.

Ensure that a variety of assessment formats are available to meet different needs.

Group 3 – building a strong foundation for a future benefit

- **Increase the availability of accessible digital services across the PIP journey to streamline the process and improve accessibility, including the development of an online portal**

Increase the availability of digital options for people claiming and receiving PIP, to make the process more accessible for everybody, including the development of an online portal, with personal data owned by the individual. There must also be offline alternatives to avoid digital exclusion.

- **Improve data collection and reporting on people applying for PIP, to understand and address inequities in the experience and outcomes for different groups of people**

Collect more comprehensive data about people applying for PIP, including protected characteristics and health data beyond primary conditions, to support a better understanding of how different groups of people experience the system. Appropriate safeguards for data protection must be built in.

Principles for a reformed benefit

Group 1 – overall vision

- The reformed benefit will support independent living, choice and control, helping disabled people and those with long-term health conditions participate fully in society

- Cash will remain the foundation of the award

- The award will support participation and opportunity across everyday life, including work, volunteering, care and other meaningful activities

- A reformed benefit will provide a non-means-tested contribution towards the additional costs arising from disability or a long-term health condition

- The person will be central to a fair and equitable process, with consistent rights but support tailored to individual needs

- The process will be trusted and supportive, helping people explain their needs and fill evidence gaps where needed

- The reformed benefit will promote dignity, choice and control for disabled people and those with long-term health conditions

- The reformed benefit will be designed with disabled people and those with long-term health conditions, and tested to make sure it works before it is rolled out.

Group 2 – assessment framework

- There will be a light-touch initial assessment to begin understanding a person's circumstances and direct them to the most appropriate assessment pathway.

- This will be as simple as possible to reduce the administrative burden

- There will be different assessment pathways for different groups of people, reducing unnecessary assessments where evidence is clear while providing more detailed conversations where needed to better understand the individual's circumstances.

- People with well-evidenced, serious conditions, including those receiving end-of-life care, could benefit from a fast-track pathway

- Assessment pathways will be flexible, for example providing access to a person-shaped interview where complexity, evidence gaps or additional support are identified

- All assessment pathways will consider fluctuating cumulative impacts, rather than relying on a snapshot of the person’s circumstances.

Group 3 – evidence and support

- Reasonable adjustments will be embedded across the whole journey, in line with the 2010 Equality Act

- The process will follow a “Tell Us Once” principle.

  With their permission, each person will have a single digital profile that records relevant evidence about their circumstances, beginning with the initial assessment and developed throughout the process.

This information will be reused so people are not repeatedly asked to provide the same information

- With the person's permission, relevant evidence already held by DWP, the NHS or social care services will be utilised to inform the decision

- A wide range of evidence will be accepted, including specialist reports by mental health professionals or social workers and testimony from carers, family, friends and other people who know the person

- Entitlement will not depend on knowing what to ask for or providing all the evidence unaided; the process will help address evidence gaps and identify what support an individual needs

- Individuals who may have difficulty articulating their needs, for example people with learning disabilities, will be able to access support and advocacy throughout the process.

Group 4 – the award

- The award will be non-means-tested

- Cash will remain the foundation of the award

- Some awards will also include services, and offer other non-cash support

- The award will contribute fairly to the extra costs that arise from disability and long-term health conditions and reflect fluctuating and cumulative impacts

- Cost categories used to discuss the person's circumstances, and therefore determine their award, could include equipment and aids; mobility and transport; clothing and bedding

- People will be signposted to further relevant information and support.