



Personal Independence Payment Comprehensive Advise Sheet

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Disabled UK – Facebook Link:

<https://www.facebook.com/groups/Uniteasonedisableduk/?fref=ts>

***PLEASE NOTE THAT ALL INFORMATION ON THIS ADVICE SHEET SHOULD NOT BE TAKEN AS ANY FORM OF LEGAL COUNSEL OR PROFESSIONAL COUNCIL. EACH PERSON'S CIRCUMSTANCES ARE DIFFERENT AND IF YOU ARE UNSURE SHOULD ALWAYS SEEK PROFESSIONAL ADVICE**

How to Claim PIP

Call the Department for Work and Pensions (DWP) to make a new Personal Independence Payment (PIP) claim if you're in England, Scotland or Wales.

DWP - Personal Independence Payment claims

Telephone: 0800 917 2222

Textphone: 0800 917 7777

Monday to Friday, 8am to 6pm

1. You'll be asked for information like:
2. contact details and date of birth
3. National Insurance number
4. bank or building society details
5. doctor's or health worker's name
6. details of any time you've spent abroad, or in a care home or hospital

Someone else can call on your behalf, but you'll need to be with them when they call. You can also write asking for a form to send the above information by post (this can delay the decision on your claim).

Personal Independence Payment New Claims

Post Handling Site B

Wolverhampton

WV99 1AH

What happens next

You'll be sent a 'How your condition affects you' form. It comes with notes to help you fill it in. Return the form to DWP - the address is on the form.

You must use the PIP application form DWP send you - don't use any Disability Living Allowance (DLA) forms you may have.

You'll need an [assessment](#) to complete your application.

DWP will send you a letter once they've made their decision, explaining why you do or don't get PIP.

What you need to know

If you're terminally ill

You can get PIP more quickly if you're not expected to live more than 6 months.

Call DWP to start your PIP claim and then send them form DS1500 (you can only get this form from a doctor or other healthcare professional).

You will not need to complete the 'How your condition affects you' form or go to a face to face consultation.

General information

Telephone: 0345 850 3322

Textphone: 0345 601 6677

Monday to Friday, 8am to 6pm

What you need to do when you receive your assessment forms

Before the assessment

Filling in the forms;

- **If you need help filling in the forms** contact your local disability rights centre or benefits law solicitor they will be able to help you. *(if they are not able to help you fill the forms in by the time they are needed to be returned call your job centre and explain you need help filling in the forms the people who can do it have an appointment on (insert date) which is the earliest help they can give and you would like an extension due to this reason)*
- **Make sure you have all your evidence** from your DR's and specialists the more recent the evidence the better (you can request that any correspondence from a specialist to a GP is sent to you also just ask your specialist to do this during your appointment and they will make sure you receive a copy of the same letter)
- **Include a photocopy of your repeat prescription** for any medication you regularly receive
- **Include a supporting letters** from friends and family that informs the assessors of the daily problems you have to face and how your condition(s) effect you
- **Make sure you use descriptor words** in your responses to the questions (Descriptors will be listed in the next section)
- **If you require a home assessment** you will have to provide a letter from your GP asking for a home assessment and explaining why this is needed, as soon as you get this send it in with the forms. (a DR's letter may cost you up to £15 or may be free depending on your GP or surgery)
- **If you have aids & adaptions** to help you walk or do anything make sure all of them are listed and if you can take photos of them and send them in to support your application.

How are the PIP point scored?

While filling in the form you will need to think about how the points are awarded along with using the right descriptor words in each section you fill in. The points and descriptors are listed below

DAILY LIVING ACTIVITIES

1. Preparing food.

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

2. Taking nutrition.

- a. Can take nutrition unaided. **0 points.**
- 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 points.**
- c. Needs a therapeutic source to be able to take nutrition. **2 points.**
- d. Needs prompting to be able to take nutrition. **4 points.**
- e. Needs assistance to be able to manage a therapeutic source to take nutrition. **6 points.**
- f. Cannot convey food and drink to their mouth and needs another person to do so. **10 points.**

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 points.**
- 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 point.**
- c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. **2 points.**
- 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 points.**
- 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 points.**
- f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. **8 points.**

4. Washing and bathing.

- a. Can wash and bathe unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to wash or bathe. **2 points.**
- c. Needs supervision or prompting to be able to wash or bathe. **2 points.**
- d. Needs assistance to be able to wash either their hair or body below the waist. **2 points.**

- e. Needs assistance to be able to get in or out of a bath or shower. **3 points.**
- f. Needs assistance to be able to wash their body between the shoulders and waist. **4 points.**
- g. Cannot wash and bathe at all and needs another person to wash their entire body. **8 points.**

5. Managing toilet needs or incontinence.

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

6. Dressing and undressing.

- a. Can dress and undress unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to dress or undress. **2 points.**
- 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 points.**
- d. Needs assistance to be able to dress or undress their lower body. **2 points.**
- e. Needs assistance to be able to dress or undress their upper body. **4 points.**
- f. Cannot dress or undress at all. **8 points.**

7. Communicating verbally.

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

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 points.**
- 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 points.**
- c. Needs prompting to be able to read or understand complex written information. **2 points.**
- d. Needs prompting to be able to read or understand basic written information. **4 points.**
- e. Cannot read or understand signs, symbols or words at all. **8 points.**

9. Engaging with other people face to face.

- a. Can engage with other people unaided. **0 points.**
- b. Needs prompting to be able to engage with other people. **2 points.**
- c. Needs social support to be able to engage with other people. **4 points.**
- 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 points.**

10. Making budgeting decisions.

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

MOBILITY ACTIVITIES

1. Planning and following journeys.

- a. Can plan and follow the route of a journey unaided. **0 points.**
- b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. **4 points.**
- c. Cannot plan the route of a journey. **8 points.**
- d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. **10 points.**
- e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. **10 points.**
- f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid. **12 points.**

2. Moving around.

- a. Can stand and then move more than 200 metres, either aided or unaided. **0 points.**
- b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. **4 points.**
- c. Can stand and then move unaided more than 20 metres but no more than 50 metres. **8 points.**
- d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. **10 points.**
- e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. **12 points.**
- f. Cannot, either aided or unaided, –
 - (i) stand; or
 - (ii) move more than 1 metre. **12 points.**

Personal Independence Payment (PIP) daily living component points scores

To get an award of the daily living component, you need to score:

- 8 points for the standard rate
- 12 points for the enhanced rate

For daily living, the points need to be scored from activities 1-10 above.

You can only score one set of points from each activity, if two or more apply from the same activity only the highest will count. So, for example, if:

- 4 d. Needs assistance to groom. 2 points
- 4 g. Needs assistance to bathe. 4 points

both apply you will receive only the 4 points for the 'Bathing and grooming' activity. These can then be added to points for other activities, such as 'Dressing and undressing'

Personal Independence Payment (PIP) Mobility Component Points Scores

To get an award of the mobility component you need to score:

- 8 points for the standard rate
- 12 points for the enhanced rate

For mobility, the points need to be scored from mobility activities 1-2 above.

As with daily living above, you only score the highest points that apply to you from each activity, but you can add points from activities 1 and 2 together to reach your final total.

Descriptor words to be used in each section you answer:

Reliably: To a Reasonable Standard

In a timely fashion: In a timely fashion means in less than twice the time for an individual without any impairment.

If you are unable to do something in the same amount of time as an able bodied person make sure you state in your answer how much longer it takes for you to do that activity and why.

Repeatedly: Completed as often during the day as an individual activity requires. Consideration needs to be given to the cumulative effects of symptoms such as pain and fatigue – i.e. whether completing the activity adversely affects the individuals ability to subsequently complete their other activities.

If you are unable to do something repeatedly or doing that task once or twice will not allow you to do anything for the rest of the day or a few days make sure you state this and your reasons why.

Safely: in a fashion that is unlikely to cause harm to the individual, either directly or through vulnerability to the actions of others; or to another person

If you are unable to complete a task safely make sure you state this and your reasons why

When considering whether an activity can be undertaken safely it is important to consider the risk of serious adverse events occurring. However, the risk of a serious adverse event may occur due to impairments is insufficient - there has to be evidence that if the activity was undertaken, the adverse event is likely to occur.

What to do if you receive an appointment letter for an assessment

- **Call the assessment company with any special needs you have** ie. Wheelchair, not able to sit in a waiting room etc also check the list in the **assessment section** to see who you need to be assessed by and make sure they are going to provide you with the appropriate assessor.

If they are not willing to make the reasonable adjustments that may be required they will be in breach of the Equality Act 2010 (please see our discrimination section below)

- **If you are asked to attend an assessment center outside of your city** and you can't travel that far, but your city has an assessment center call up to find out why, if they say it is due to the assessment center not being suitable for people with mobility issues then you can demand a home assessment, you do not need a DR's letter for them to do this as their assessment center is discriminating against everyone in that catchment area who has mobility needs. Under the Equality act they have a responsibility to make reasonable adjustment and that reasonable adjustment would be a paper based assessment or a Home assessment.

The same goes **for if you have sent in a home assessment letter** request from your GP and they refuse to give a home assessment or paper assessment.

You may find you have to ring a few times to get through to someone that will do something about it, if they keep refusing carry on quoting the reasonable adjustments section of the equality act 2010.

After you have contacted them if they have been funny about either alternatives or flat out refused contact the Civil Legal Advice Line:

<https://www.gov.uk/civil-legal-advice>

They will assess your eligibility to legal help and if you qualify will put you through to a solicitor who may be able to take up legal proceedings on your behalf or even correspond in legal terms with Maximus to what will happen if they continue to breach the equality act 2010.

(More information on discrimination available in our discrimination section below)

- ***If you are unable to attend the appointment make sure you call and let them know in advance (you can re book an appointment one time before they will send your file back to the DWP where they will decide if you have breached terms or not (they will ask you for a reason why and evidence)***
- **If you are unable to attend the assessment center due your disability** i.e. major social anxiety etc. make sure you get a letter from your Dr supporting the fact that you need a home assessment and the reasons why if you haven't done so already.
- **There are no arrangements put in place for recording your Personal Independence assessment** – *However you can record your own as long as you let the know in advance and follow their rules for the device you record the assessment on, these rules are very restrictive and if you cant afford to buy a dual tape deck/cd recorder it pretty much rules out being able to record the session.*

(some people that have had home assessments and have CCTV in their home have managed to get away with placing a 24hr CCTV recording on this premises sign stuck on their door and have recorded the video footage and used that as evidence, however this may not work in all cases)
- **Make sure during every call you take note of the person's name** who you spoke to along with the time and date of the call and the number you called to speak to them.
- **ALWAYS make sure someone goes with you** – be it a friend or a representative from an organization you have asked to help/represent you.

The Assessment

Who should be assessing you

List of conditions judged suitable for assessment by neuro trained nurses/any health care profession:

**Prolapsed intervertebral disc
Lumbar nerve root
compression Sciatica
Slipped disc Lumbar
spondylosis
Lumbar
spondylolisthesis
Lumbar spondylolysis
Cauda equina syndrome
Spinal stenosis
Peripheral neuropathy
Neuropathy
Drop foot
Meralgia paraesthetica
Cervical spondylosis
Cervical nerve root compression
Cervicalgia
Nerve entrapment syndrome
Carpal tunnel syndrome
Trapped nerve
Paraesthesia
Tingling
Numbness
Brachial plexus injury
Polyneuropathy
Dizziness
Vertigo Essential
Tremor VWF
Alzheimer's**

List of conditions judged by the DWP and Atos Healthcare as suitable only for assessment by doctors:

Stroke

Head injury with neuro sequelaeBrain haemorrhage

Sub Arachnoid Haemorrhage

Brain tumour

Acoustic Neuroma

Multiple Sclerosis

Motor Neurone Disease

Parkinson's disease

TIA's

Bulbar Palsy Myasthenia

Gravis Muscular

Dystrophy Guillain-

Barre Syndrome

Amyotrophic lateral sclerosis

Syringomyelia

Neurofibromatosis

Spina bifida

Polio

Fits (secondary to brain tumour)

Learning difficulties (with physical problems)

Nystagmus Myelitis

Bells Palsy

Trigeminal Neuralgia

Paraplegia

Quadriplegia

**Huntington's Chorea Huntington's
Disease**

Things to prepare before your appointment

- **If you need someone to support you or aid you** at the appointment make sure they are able to attend with you.
- **Take any other evidence you have received from your DRs or specialist in between the filling in of the forms and the assessment**, take it with you to the assessment or for give it to the assessor that attends your home.
- **Take all your prescribed medication with you**

THE ASSESSMENT

The assessment starts on the day of your appointment with the Health Care Professional (HCP) reading the form you completed when you applied for benefit. Remember that every single question you are asked is designed to test you and justify you either being fit for work or not. So to make sure that you are fully informed, here is it outlined on how they assess you from the point they receive the form to the minute you walk in the door till the moment you walk out the door.

Most of us have the I'll cope attitude and going to the assessment with this head on will go against you as most days you can't bring the ill cope side of you, so make sure you show them what you are like on a regular basis not the odd day.

Things that are noted at each stage are:

Looking over the filled in form:

- Did you complete the form yourself
- Is the handwriting legible
- Are the contents coherent

These observations are already used in assessing your hand function, your cognitive state and concentration.

Further observations made:

- Do the things you have written add up
- Does your medication support your diagnosis
- What tests you have had to confirm diagnosis. For example a diagnosis of sciatica is not accepted unless diagnosed by MRI scan

- Do you have supporting medical evidence from your GP or consultants.

When the HCP has read your form they input some data into the computer system. The assessment properly begins when they call your name in the waiting room.

Waiting to be seen at your appointment:

- Did you hear your name being called
- Did you rise from your chair unaided, did the chair have support arms or not
- Were you accompanied – assessing your ability to go out alone
- Were you reading a paper while waiting – assessing your concentration
- Did you walk to the assessment room unaided, did you use any aids correctly. Did you navigate any obstacles safely – assessing sight

The HCP will shake your hand on introduction – assessing your handshake, noting if you are trembling, sweating – signs of anxiety. The HCP carefully scrutinises everything you do and say. The HCP will often ask on way to waiting room:

- How long you've been waiting – assessing ability to sit, physically, and appraising your mental state
- How did you get here today – assessing ability to drive or use public transport

Formal assessment begins by listing medical conditions/complaints. For each complaint you will be asked:

- How long have you had it, have you seen a specialist
- Have you had any tests, what treatments have you had
- What's your current treatment? Have you had any other specialist input e.g. physiotherapy, CPN

The HCP will use lack of specialist input/ hospital admissions to justify assessing your condition as less severe. Medications will be listed and it will be noted if they prescribed or bought. Dates will be checked on boxes to assess compliance with dosage and treatment regime. Any allergies or side-effects should be noted.

- A brief note is made of how you feel each condition affects your life
- A brief social history will be taken – who you live with, if have you stairs in your house or

steps outside your house

Your typical day – this is the part of the assessment where how you function on a day to day basis is used to justify the HCP decisions. Anything you say here is what is most likely to be used to justify you failing your assessment and being passed as “fit for work”. Alongside this, the HCP records their observations.

Starting with your sleep pattern, questions are asked around your ability to function. This will include:

- Lower limb problems – ability to mobilise to shops, around the house, drive, use public transport, dress, shower
- Upper limb – ability to wash, dress, cook, shop, complete ESA form
- Vision – did you manage to navigate safely to assessment room
- Hearing – did you hear your name being called in waiting room
- Speech – could the HCP understand you at assessment
- Continence – do you describe incontinence NOT CONTROLLED by pads, medication. Do you mention its effects on your life when describing your typical day
- Consciousness – Do you suffer seizures – with loss of continence, possible injury, witnessed, or uncontrolled diabetes
- HCP observations include – how far did you walk to examination room, did you remove your coat independently, did you handle medications without difficulty, did you bend to pick up your handbag

Formal examination consists of simple movements to assess limited function. Things the HCP also looks at:

- Are you well presented, hair done, wearing make-up, eyebrows waxed
- Do you have any pets – this can be linked with ability to bend to feed and walk
- Do you look after someone else – as a parent or carer- if you do, this will be taken as evidence of functioning
- Any training, voluntary work, socialising – this will be used as evidence of functioning

This is not a comprehensive list, but it gives you an idea of how seemingly innocent questions are used to justify HCP decisions.

Mental Health:

- Learning tasks – Can you use a phone, computer, washing machine
- Hazards – Can you safely make tea, if claiming accident, there must have been some emergency services involvement, e.g. fire service. Near miss accidents do not count

Personal Actions:

- Can you wash, dress, gather evidence for assessment or did someone do it for you
- Do you manage bills or does someone do it for you

Further observations made by the HCP – appearance and presentation:

- Coping with assessment interview – any abnormal thoughts, hallucinations, confusion
- Coping with change – ability to attend assessment, attend GP or hospital appointments, shopping and socialising

More HCP observations:

- Appearance, eye contact, rapport, any signs/symptoms that are abnormal mood/thoughts/perceptions. Any suicidal thoughts
- Coping with social engagement/appropriateness of behaviour – any inappropriate behaviour must have involved police to be considered significant
- Ability to attend assessment, engage with assessor, behave appropriately

Again, this is not an exhaustive list, merely some examples.

After the assessment

- **Once you have received the decision**, correct decision or not call the DWP and ask for a full copy of the report, this will indicate if all evidence and disabilities were taken into consideration and give you a detailed report about how they came to the decision, it will also contain a recommended date or time in months until they think you should be reassessed.

Mandatory Reconsideration Process

There is a 'dispute period', which is normally one calendar month from the date the decision is sent to you, during which you can ask for it to be reconsidered. When you do this, a decision maker will look at your reconsideration request and, if they agree with it, they will revise the decision.

If you have missed the one-month deadline, you may be able to ask for a late revision. This may be accepted up to 12 months (or 13 months in the case of personal independence payment and universal credit) after the normal deadline if:

the decision maker thinks it is reasonable; and special circumstances made it impracticable for you to seek a revision within one month.

So....

- **If you have been refused PIP or had a wrong decision** call the DWP immediately and ask for a mandatory reconsideration.

Ask them for the address to send all your medical evidence and any evidence that may have been left out that is not dated past the day of your assessment (as they will not accept any evidence dated after your assessment, Include your NINO (national insurance number) and name on each page of evidence. Include a detailed report to how you think the report was wrong explaining each wrong decision for points and how they came to it, if lies or contradictions have been told make this clear.

i.e. If they say you can push yourself round in a self-propel wheelchair but you only have a wheelchair where someone has to push you take a photo of it and send it in with the explanation or if they have your meds wrong send in a copy of your prescription but make sure you put an explanation with each section you have issues with. The more evidence you send the better, you can also use our template letters below to help ask for the reconsideration and ask your Drs for help with the reconsideration/appeal

- **If you do ask by phone**, we would advise you to follow this up with a letter stating that you asked for a mandatory reconsideration by telephone on whatever date – just in case your call wasn't logged or recorded.
- **Contact your local MP** and ask them to get involved with your reconsideration and appeal
- **Contact the Civil legal advice line** (contact details below) or another organization that can help such as CAB, Fightback etc
- **You must ask for a mandatory reconsideration within the time limit** of one calendar month. If you have asked for a written statement of reasons for the decision the deadline may be extended.

- **If you miss this deadline** you will need to give reasons for why your request is late and it will then be up to a decision maker to decide whether to extend the deadline.
- **The decision maker has the power to extend the deadline** by up to 12 months.
- **There is no right of appeal against a decision not to extend the deadline**, however. The only slim hope would be to try to have the decision judicially reviewed.
- **If you are not in contact with a benefits law solicitor** now is the time to get in contact with them the best way to do this is through the Community Legal Advice Line

Civil Legal Advice (CLA)
Telephone: 0345 345 4 345
Minicom: 0345 609 6677

Monday to Friday, 9am to 8pm
Saturday, 9am to 12:30pm

However there are other companies you can speak to which will be listed in the resources section at the bottom of this ESA Advice Sheet.

When you call, explain that it's to do with a ESA assessment and you believe that you should have been given more points than you have been given, present your case to them and if you meet the requirements for legal aid they will pass you on to a solicitor that may be able to help.

Sample of general template for Reconsideration letter for PIP :

DOB
My Ref [NI No]
There Ref:
Date:

Dear Sir/Madam

I [your full name] am writing to you with regards to my Personal Independence Payment which you have / have not awarded me [if they have awarded you the benefit insert which components of the benefit you were awarded]

I would like to ask for reconsideration on the decision made [date of decision made] and would like you to look at my claim again.

The reason why I would like you to look at my claim again is because I disagree with the assessment and the amount of points I have been awarded by the health care professional at the Assessment I attended on [date if you went for a medical] at [name of center you attended or if home assessment state this]

[if you know the points scored then list them] and I feel that due to my condition / illness / disability, I should have been awarded [insert mobility/care and lvl of each component] because [insert reasons]

The condition / illness / disability [delete those that don't apply] I have makes it hard [use or delete as appropriately] for me to carry out routine activities, unable to walk any distance or struggle walking, I have a life threatening condition, I take a large amount of medications, my mental health condition is so erratic and I have sudden outbursts that would be seen as inappropriate.

[If you have evidence] I have enclosed further evidence towards my claim [list what evidence you have]

If you cannot change the decision then I wish to appeal this and I would be very grateful if you can send me the relevant forms and also all documents relating to my claim and please also send these documents to [name of organisation that may be helping you] who are assisting me in my claim and will be my representation if my claim goes to appeal.

I look forward to your reply

Kind Regards / Yours Sincerely

[Full name]

If you are sending this to a representative then please state below
Cc [Representative name]

What Evidence Should I submit at this stage:

It is best to get as much evidence in at the mandatory reconsideration stage as if the evidence you submit changes the decision that this stage you won't be waiting too long to receive some money.

Evidence for appealing Employment Support Allowance decisions at any level of appeal

- A letter of support from your doctor;
- A care plan;
- A doctor's report;
- A Statement by the claimant showing the history of the problems they have and how they affect them;
- Any medical information such as letter for appointments or anything which assists in proving your claimant attended their Doctor/hospital or other therapy for their problem;
- A diary of how the problems effect the claimant on a day to day basis;
- A statement from anyone that might provide care or help the claimant with their problems such as friends, family, care workers or Work colleagues etc.
 - Note down all the bits wrong in the report and quote them, then say your piece to each bit you believe is wrong and why
 - If you have submitted the below questionnaire to your Dr to fill in please make sure you send that in either at this stage or appeal stage if it goes that far.

Sample letters below – Please remember if the letters will take too long to get in to the DWP for a reconsideration (more than 7 days from when u apply) make sure you send everything else in then if it has to go to appeal you will have your DR's letters ready for that.

Example letter to GP #1 - for appeal:

(insert Name)
(Insert Address)
0116 123 4567

15/01/2016

(Insert Drs Name)
(Insert Address)

Insert drs name...

RE: (insert name and address)
Dob. _____, Nino.

Recently I had a medical in connection with my benefits. The job centre has deemed that I fit into the following personal independence components [insert components and levels]. I feel that due to my health problems I have been awarded the wrong levels/components. Therefore I wish to challenge the decision.

I would like to ask if you are in a position to help in this matter by completing the enclosed form that asks specific questions related to the point scoring system used for this benefit.

Many people with mental health difficulties and physical problems are losing their benefits.

I would like to thank you for all your help in this matter

I look forward to hearing from you

Yours faithfully

.....

Applying for an Appeal

As previously mentioned you will not be able to continue to appeal until the 'mandatory reconsideration' has been completed and you have received the notification form.

If your mandatory reconsideration does not change the decision and you want to continue to a full appeal tribunal hearing you will need to complete the new SSCS1 appeal form. Send this directly to the address on the form and attach the mandatory notification form you received.

At this point, when the DWP are informed of your decision to appeal.

Link to appeals form SSCS1:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181311/SSCS1.pdf

Below are some Template letters and GP Questionnaires to help your Appeal along

questionnaire by GP #1 - for appeal:

(insert Name)

(Insert Address)

15/01/2016

ESA Appeal
HMCTS
SS& CS Appeals ASC
Po Box 14620
Birmingham B16 6FR

Dear Sirs

RE: _____

My name is, D.O.B.....,
NINO.....and I have recently submitted an appeal for ESA.

Please find enclosed a medical questionnaire completed by professionals involved in my care. Please could you reconsider the decision as the medical evidence provided disputes the decision and supports my appeal.

I look forward to hearing from you

Yours faithfully

.....

Employment & Support Allowance Physical Health Questionnaire for your GP to fill out and for you to then send to the tribunal's court

Questionnaire as to whether a person requires PIP and which level of the components

Name _____

Address _____

DoB _____

NINo _____

Please confirm current diagnosis.....

.....

.....

.....

Current medication.....

.....

.....

DAILY LIVING ACTIVITIES

1. Preparing food.

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

Please select one of the above and give reasons for your choice:

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2. Taking nutrition.

- a. Can take nutrition unaided. 0 points.
- 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 points.
- c. Needs a therapeutic source to be able to take nutrition. 2 points.
- d. Needs prompting to be able to take nutrition. 4 points.
- e. Needs assistance to be able to manage a therapeutic source to take nutrition. 6 points.
- f. Cannot convey food and drink to their mouth and needs another person to do so. 10 points.

Please select one of the above and give reasons for your choice:

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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 points.
- 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 point.
- c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. 2 points.
- 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 points.
- 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 points.
- f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. 8 points.

Please select one of the above and give reasons for your choice:

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4. Washing and bathing.

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

Please select one of the above and give reasons for your choice:

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5. Managing toilet needs or incontinence.

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

Please select one of the above and give reasons for your choice:

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6. Dressing and undressing.

- a. Can dress and undress unaided. 0 points.
- b. Needs to use an aid or appliance to be able to dress or undress. 2 points.
- 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 points.
- d. Needs assistance to be able to dress or undress their lower body. 2 points.
- e. Needs assistance to be able to dress or undress their upper body. 4 points.
- f. Cannot dress or undress at all. 8 points.

Please select one of the above and give reasons for your choice:

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7. Communicating verbally.

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

Please select one of the above and give reasons for your choice:

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- 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 points.**
 - 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 points.**
 - c. Needs prompting to be able to read or understand complex written information. **2 points.**
 - d. Needs prompting to be able to read or understand basic written information. **4 points.**
 - e. Cannot read or understand signs, symbols or words at all. **8 points.**

Please select one of the above and give reasons for your choice:

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- 9. Engaging with other people face to face.
 - a. Can engage with other people unaided. **0 points.**
 - b. Needs prompting to be able to engage with other people. **2 points.**
 - c. Needs social support to be able to engage with other people. **4 points.**
 - 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 points.**

Please select one of the above and give reasons for your choice:

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

Please select one of the above and give reasons for your choice:

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MOBILITY ACTIVITIES

1. Planning and following journeys.

- a. Can plan and follow the route of a journey unaided. **0 points.**
- b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. **4 points.**
- c. Cannot plan the route of a journey. **8 points.**
- d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. **10 points.**
- e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. **10 points.**
- f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid. **12 points.**

Please select one of the above and give reasons for your choice:

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2. Moving around.

- a. Can stand and then move more than 200 metres, either aided or unaided. **0 points.**
- b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. **4 points.**
- c. Can stand and then move unaided more than 20 metres but no more than 50 metres. **8 points.**
- d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. **10 points.**
- e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. **12 points.**
- f. Cannot, either aided or unaided, –
(i) stand; or
(ii) move more than 1 metre. **12 points.**

Please select one of the above and give reasons for your choice:

.....
.....
.....
.....

Example letter to Appeals court for submitting completed questionnaire by GP #1 - for appeal:

(insert Name)
(Insert Address)
0116 123 4567

15/01/2016

ESA Appeal
HMCTS
SS& CS Appeals ASC
Po Box 14620
Birmingham B16 6FR

Dear Sirs

RE: Medical Evidence for insert name, insert NINO

My name is (*insert Name*, and I have recently submitted an appeal for PIP.

Please find enclosed a medical questionnaire completed by professionals involved in my care. Please could you reconsider the decision as the medical evidence provided disputes the decision and supports my appeal.

I look forward to hearing from you

Yours faithfully

.....

The SCCS will then arrange a time and place to hear the appeal and send this information to you and other people involved in the appeal

Representatives

If you're having a hearing (which is recommended) so that you can put your case forward in person. They will ask if you are applying for an appeal and if you will be representing yourself at the hearing or you have a representative.

Ensure your representative is up to date with DWP and benefit system, and that they will speak on your behalf at the hearing. This is VERY important as having a poor representative can damage your appeal.

When considering an organization such as CLA, Disability Rights and CAB it is always best to ask these following questions before taking them on as your representative:

- 1) Do you do appeals for Social Security / Department for Work and Pensions?**
- 2) Do you represent clients at HM Tribunals Hearing?**
- 3) If you don't represent do you do the preparation for appeals?**
- 4) What's your appeal success rate? (This will give you confidence in the organisation)**
- 5) Do you have availability for my appeal?**

Try and meet regular with your representative and the day before or morning of your hearing to make sure your both up to date with the facts and circumstances regarding your appeal.

Please don't leave it till the last minute, you need to get in soon as you can if possible straight away after receiving your letter of refusal. **THE SOONER THE BETTER.**

How much is Personal Independence Payment

Personal Independence Payment (PIP) is usually paid every 4 weeks. It's tax free and you can get it whether you're in or out of work.

It's made up of 2 components (parts). Whether you get one or both of these depends on how your condition

affects you.

Daily living component

Weekly rate

Standard

£55.10

Enhanced

£82.30

Mobility component

Weekly rate

Standard

£21.80

Enhanced

£57.45

Getting Employment and Support Allowance backdated

If you transferred from DLA to PIP:

If you transferred from DLA to PIP there will be no backdated payments as your claim will transfer over to PIP 3 weeks after the decision has been made.

Example:

Your decision is from the 30th December, your 1st payment of pip will be paid around the 21st January.

If you have a fresh PIP claim and DID NOT transfer from DLA:

If yours is a fresh PIP claim and you were not on DLA beforehand and you are awarded any component of PIP your money will be backdated to the day you called and asked for the forms to be sent out, your first payment is usually within 2-3 weeks but this will be confirmed on your decision letter.

Personal Independence Payment - change of circumstances and fraud

You may commit a benefit fraud if you give incorrect or misleading information, or fail to report a change of circumstances, that could affect your Personal Independence Payment. Even if you are not committing fraud, you can cause an overpayment that will have to be repaid. Your circumstances can be checked at any time while you are claiming. Benefit fraud is a criminal offence and you can be prosecuted or asked to pay a penalty. If you are being investigated for benefit fraud, your benefit will be suspended. If you are convicted of benefit fraud more than once, your benefit can be reduced or stopped in the future.

If you are worried about whether you might be suspected of fraud, you are under investigation or you have been convicted, or if you have been asked to repay an overpayment of benefit, you should consult an experienced adviser, for example, at a Citizens' Advice Bureau or Disability Rights office.

Discrimination when claiming PIP

It's against the law for you to be treated unfairly because of age, disability, gender reassignment, pregnancy or childbirth, race, religion, sex or sexual orientation when benefits or tax credits are paid to you. Also, the Department for Work and Pensions, HM Revenue and Customs and most local authorities have policies which say they will not discriminate against you because of other things, for example, if you have caring responsibilities. If you feel that you've been discriminated against when you are paid benefits or tax credits, you can make a complaint about this.

If you do feel discriminated against please contact the Community Legal advice line and explain the situation to them where they will decide if they can give you legal help and take the offender to court.

(Common example of Discrimination by the assessing companies)

Discrimination can include; being made to travel to another city for an assessment when there is one in your city that you can't attend as the center is not suitable for people with mobility issues.

Or

Your Dr has requested a home assessment due to medical reasons if they refuse to make this reasonable adjustment as requested by a medical professional it's time to get on the phone and speak with the CLA they will help resolve the issue or start proceeding for discrimination if they have a case.

(there are other forms of discrimination but the above two are the most common)

Making a complaint

It is important that claimants draw attention to failings in the process and to processes where they have not been offered or provided with reasonable adjustments, in order to improve the process for others.

Where the failing is around reasonable adjustments, it is important that claimants not only complain but draw attention to the fact that this is discrimination under the Equality Act 2010. Discrimination might be in processes, decision making and in eligibility rules themselves.

If you believe you have been treated unfairly and

- that unfair treatment is linked to disability, and
- the unfair treatment is of a type made unlawful by the Equality Act, you should cite the Equality Act 2010 in their complaint.

There are six types of disability discrimination:

- direct discrimination: discrimination because of a disabled person's disability
- indirect discrimination: discrimination arising from the imposition of a policy or rule provision, criterion or practice
- harassment
- victimisation
- discrimination arising in consequence of a disability
- failure to comply with a duty to make reasonable adjustments

You may achieve one or more of the following by making a complaint:

- an apology for what happened
- an explanation of how the problem occurred
- an assurance that the problem will be put right, if this is still possible
- a change in procedure
- in certain circumstances, financial compensation.

You may also want to contact a solicitor about and breaches in the Equality act and get independent advise from a legal professional.

How to complain

If you feel that any part of the process of claiming PIP was badly managed, be it missing evidence, discrepancies in the report or you feel you were discriminated against, including the opportunity to request or the provision of reasonable adjustments, you have the right to complain.

Making a complaint will not jeopardise an on-going claim.

You can **contact the Jobcentre Plus** office you have been dealing with if you are unhappy with the service you have received - their details will be at the top of any letters from Jobcentre Plus.

- You will need to explain what has happened, how this has affected you and what you want to happen to put things right.
- Jobcentre Plus will try to resolve the issue over the phone or deal with the complaint within 15 working days.
- If you are still unhappy you will be asked if you want your **complaint sent to the Director General of Operations for the Department for Work and Pensions**. They aim to deal with complaints within 15 working days.

If you are still unhappy, you can then ask the **Independent Case Examiner** to investigate <http://www.ind-case-exam.org.uk/> - they'll be impartial and this is free.

If you are still unhappy with the response from the Independent Case Examiner, they can ask their MP to send the complaint to **the Parliamentary and Health Service Ombudsman** - <http://www.ombudsman.org.uk/>

If you are still unhappy about your Work Capability Assessment you can also complain to the WCA provider.

If you complaint to the assessment company they should:

- Within two working days of receiving the complaint it should be acknowledged by the assessing company staff in writing. The acknowledgement letter must include a paragraph explaining to customers when they should expect to receive a full response.
- An interim response should be offered by Medical Services where a final response cannot be made after 20 working days.
- Most complaints should receive a response after 20 working days, and no more than 3% should take more than 30 days.
- If your complaint takes longer than 30 days to resolve, the assessment company should issue further interim updates every 10 days.

If you are dissatisfied with the investigation into your complaint you can contact the Customer Relations Manager named on the complaint response.

You should explain to them which parts of the complaint you feel have not been dealt with to your satisfaction. The Customer Relations Manager will arrange for a Senior Manager to personally review the investigation into the complaint and undertake a further investigation by the independent tier of the complaints process if appropriate.

The independent tier is made up of two bodies, an independent assessor and a doctor. The independent assessor is a person from a private company and offers the DWP benefit claimant an independent review of the way their complaint has been handled by The assessment company. An independent doctor will conduct medical quality reviews when there are issues within the complaint that relate to the quality of the medical report in question.

If the complaint concerns how an appeal was processed, you will need to contact the Tribunals Service itself.

If you are concerned about the way in which members of a tribunal behaved towards you during an appeal hearing, contact the chair of the region where the tribunal was heard. To find out who this is, contact the Tribunals Service.

What can the you complain about?

You can complain to DWP if reasonable adjustments are not offered or provided as part of the PIP claim process, or if the DWP acts unreasonably, inappropriately or in a discriminatory manner towards them.

You can complain about the way the face to face assessment was carried out, problems with the test centres, about healthcare professionals or administrative staff and procedures. You can also complain to the Tribunals Service if the problem relates to the appeal process.

Here are some of the more common issues you may want to consider including in the complaint.

You were provided with information in an inaccessible format

The DWP is responsible for ensuring that claimants are provided with accessible information about PIP eligibility and the process for claiming. They should ensure that information provided at all stages of the process, including communication of decision and further options, is available in a number of formats and, where it has been requested in a specific format by a claimants, is consistently provided in such a format.

You should not have been required to attend a face-to-face WCA

If the you met thresholds for exceptional circumstances or has provided evidence of a severe disability then the assessment would be both inappropriate and unnecessary.

You were not provided with notice/details to attend and/or is being unreasonably penalised for non-attendance

The DWP will treat the claimant as not requiring PIP if they fail to attend their assessment AND:

- were sent written notice of the date, time and place of the medical at least seven days in advance; or
- agreed to accept a shorter period of notice, whether in writing or some other form.

If you did not receive notice of their appointment from the DWP, or received a letter dated or postmarked within 7 days of their appointment they are entitled to complain. If their non-attendance as a result of this delay results in a fit for work decision or a sanction, they are likely to benefit from launching a formal complaint.

You were not given / made aware that you were entitled to reasonable adjustments or given the option to request them

Reasonable adjustments are not only a legal right but are a vital method of ensuring that all claimants can effectively participate in the PIP process. If

You were not informed of the opportunity to request such adjustments and feels disadvantaged by this omission they should draw this to the attention of the assessor and DWP.

The PIP venue was an unreasonable distance from your home or was in other ways inaccessible.

Claimants have the right to receive a face to face PIP at a venue less than 90 minutes travel from their home. If they have difficulty travelling they should be offered an appointment at a closer venue or in their own home. Clients with physical impairments should be offered an accessible method of entering and moving around the building, with additional reasonable adjustments (such as ramps) provided as required. Clients with mental impairments should be offered clear guidance as to reaching and accessing the building, and may require reasonable adjustments such as 'easy words and pictures' materials of communication in Makaton.

You were kept in the waiting room for an unreasonable length of time

Being kept waiting for extended periods not only runs counter to the assessors' customer charter, it can also present problems for many claimants who find it difficult to sit for long intervals. Make a complaint if a prolonged wait has caused discomfort or pain.

There was not enough time to complete an accurate assessment

The assessors must allow sufficient time for the assessment to be carried out so that the report can be completed to the required standard. If the client required an interpreter, has difficulty processing information or expressing themselves verbally, then additional time should have been built into the assessment.

Your companion was excluded

Claimants are allowed to bring a companion with them to the assessment, and where appropriate any relevant information they may have should be considered by the assessor.

Specific reasonable adjustments requested were not provided or were offered in an inadequate manner

Provision of reasonable adjustments is a statutory duty for public service providers. If adjustments requested to ensure that the client is able to fully participate in the process are not provided or are offered in an inadequate manner then this should be brought up as a case of discrimination.

The assessor/assessment discriminated against the you by fact of your medical condition

If the you feel that they were treated inappropriately or received an inadequate examination due to the precise nature of their illness or disability this is discrimination. This might include an assessor failing to consider mental health issues or providing a substandard service to a claimant with a learning disability.

The assessor/assessment discriminated against you due to them exhibiting a protected characteristic under the Equality Act

As in every other sphere of life, claimants have the right to be treated equally and with respect, regardless of race, gender, belief or affiliation. If your client feels that they were discriminated against for a reason unrelated to their illness or disability this is still covered by the Equality Act and should be challenged.

The assessor was rude, confrontational or unhelpful

The interview should be carried out in a friendly, professional and non-confrontational way.

The assessor used terms that the you didn't understand.

The assessors must use clear and understandable language, so that misunderstandings can be avoided.

The assessor drew misleading conclusions about everyday tasks. The assessor will ask questions about your 'typical day'. This is to establish how you cope with ordinary everyday tasks. This should be your own account of your abilities – the assessor must not put their own interpretation on your responses.

Further Medical Evidence was not considered

The assessors must read documents that have been submitted and all evidence should be considered. This includes any evidence brought by the claimant to the assessment – this should be copied and passed on to the decision maker. The report should make reference to the evidence that has been considered and justification should be given if there is a conflict between the opinion of the assessor and the other medical evidence.

The assessor gave no opportunity for you to explain their answers.

Assessors often use 'closed' questions, which don't give you the opportunity to fully explain your circumstances. For instance, the question 'Do you do your own shopping?' can be answered by either a yes or a no, and may give a wrong impression. An 'open' question, such as 'How difficult do you find it to do your own shopping?' can paint a much more accurate picture of the day to day problems that you encounter. Assessors must use both types of questions; limited response and leading questions should be avoided.

The assessor's findings did not reflect your everyday level of functioning

It is important that the assessor does not base his/her findings on a 'snapshot' of your performance during the assessment, but that they reflect your functional ability over a period of time.

The assessor ignored information because it was inconsistent

The assessor is obliged to investigate all information, even if it may at first seem contradictory. For example, if you have claimed that you are able to get on a bus by yourself, but need to be accompanied when going shopping, the assessor must still explore this inconsistency, and any conclusions they make must be justified.

The assessor did not consider the pain or difficulty arising from repeated activities

The assessor may observe you performing a simple physical task, such as rising unaided from a chair. It is not enough for them to note that you are capable of this, they must also consider how much pain this may cause, your ability to repeat the action, whether you need to take time to recover, and whether you can perform the action without danger to yourself or others.

The assessor only considered my limitations on 'good' days

Many conditions vary from day to day, and in these cases the assessor should use all the available information to consider what you are capable of doing most of the time.

An appropriate physical examination was not carried out

Where it has been indicated that you have a physical restriction, a detailed and appropriate examination must be carried out - for example you may have limited movement in your shoulder. This should be properly investigated.

The examination caused unnecessary pain

Pain should be avoided during the examination. You should have been advised to inform the assessor if any movements were uncomfortable, and further discomfort should have been avoided.

You were not given an opportunity to ask about the procedure

At the end of the interview and examination, you should be given an opportunity to ask about the PIP procedure. The assessor can tell you how your claim will proceed, but they usually won't be able to give you an idea of timescales.

Clients condition(s) was not identified in the report

The assessor must include all your conditions (diagnoses and symptoms) in the report. This includes those listed in your application plus any other additional evidence and symptoms reported during the assessment. The assessor should also note any deterioration since these diagnoses were first made. They should note 'no other conditions claimed or identified' once they have clarified that there are no further symptoms to discuss with you.

Your medication and medical history was not fully recorded.

The assessor should note all the medication you are taking, both prescription and over-the-counter drugs. They should also include a concise report of relevant clinical history, eg hospital treatment.

Unacceptable delays have occurred during the claim period

The DWP does not set guaranteed timescales for any part of the PIP process. However, guidelines are available and where these are substantially exceeded (for example, in the case of a Mandatory Reconsideration taking more than two months where the guidelines suggest a period of two weeks) it would be valid for the client to raise a complaint.

Your claim details or personal information was lost

Where public bodies or those acting for them have lost information pertaining to an PIP claim which has materially impacted on the time taken to make the claim, the decision made on eligibility or the security of personal data related to the client there may be cause for complaint – particularly if this has had a financial implication for the claimant or caused hardship - this is called Maladministration.

Some additional resources:

- You can highlight your complaint directly to their MP using www.theyworkforyou.com/mps/
- For more information on super complaints, see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284441/oft514.pdf

Template Complaints Letter Below

Template complaint letter

Claimant address: _

Recipient address:

Dear

RE: Formal complaint regarding _____

My name is _____
My National Insurance Number is _____

I am writing to raise a formal complaint in reference to my recent application for Personal Independence Payment . This complaint relates to the application and claim process and is not intended as an appeal against the decision as to my eligibility for the benefit.

My complaint relates to

I feel that the following actions should be taken to remedy this issue

I would like a full written response to this complaint within 20 working days, outlining the action being taken to address the issue raised above and further steps in place to ensure that this issue does not impact on others in the future.

Yours,
