



**HOUSE OF COMMONS**

LONDON SW1A 0AA

27<sup>th</sup> May 2023

*Jean Gauthier*

**RE: PIP ASSESSMENT AND MULTIPLE SCLEROSIS**

Thank you for your recent correspondence in respect of your concerns about the Personal Independence Payment (PIP) assessment and people with Multiple Sclerosis (MS). I have read your comments with interest.

As you note, the landmark 'Health and Disability White Paper', which I am the Minister responsible for, sets out the Government's commitment both to abolishing the Work Capability Assessment (WCA) and to transforming the entire PIP service, from finding out about benefits through to decisions, eligibility and payments – delivering a new, more user-friendly service, built around people's needs.

As part of overall improvements, the Department for Work and Pensions (DWP) will continue testing the introduction of a Severe Disability Group for those with the most severe health conditions, so people do not need to complete a detailed application form, or go through an assessment.

The Government is not planning to scrap the 20-metre rule. The enhanced rate of the PIP mobility component is intended to be for people 'unable' or 'virtually unable' to walk. The DWP believes the current assessment criteria, including the 20-metre rule, are the best way of identifying people whose physical mobility is most limited.

Further, you expressed concerns about the assessment of fluctuating conditions. All health professionals are required to assess individuals in line with the statutory requirements, including whether an individual can complete each of the twelve activities; the manner in which they can do it; and whether they can complete each activity "safely, to an acceptable standard, repeatedly and in a reasonable time period". When choosing the descriptor that best reflects the claimant's ability to carry out an activity, the health professional should also consider ability and fluctuations over a twelve-month period to present a coherent picture, in recognition that most conditions fluctuate to some degree. In general, health professionals should record function over an average year for conditions that fluctuate over months, per week for conditions that fluctuate by the day, and by the day for conditions that vary over a day.

Although the DWP is not planning to scrap this approach, it has set out plans in the 'Health and Disability White Paper' to test the introduction of a new Health Impact Record. This will give people the option of a structured way to present evidence that demonstrates the changing impact of their health condition(s). Information will be collected over a period of time, rather than at the point of assessment.




Regarding informal observations, these form part of the suite of evidence used by health professionals at the face-to-face assessment to help Case Managers determine entitlement to benefit, along with medical evidence, history of conditions, social and occupational history, functional history, including the 'typical day', and the functional examination. Informal observations can reveal abilities and limitations not mentioned in the claimant questionnaire, supporting evidence, or during the history taking for the consultation. They may also show discrepancies between the reported need and the actual needs of the claimant.

Further information on how health professionals are advised to assess individuals can be found in the PIP Assessment Guide (PIPAG):

<https://www.gov.uk/government/publications/personal-independence-payment-assessment-guide-for-assessment-providers>.

Once again, thank you for having taken the time to contact me and if I can ever be of any further assistance to you then please do not hesitate to contact me again.

*With best wishes,*  


**TOM PURSGLOVE MP  
MEMBER OF PARLIAMENT  
CORBY & EAST NORTHAMPTONSHIRE**