

## Personal Independence Payment – A guide for people with a bleeding disorder Part 1 – Making a claim

If you have a long-term ill-health or disability you may be able to get help with some of the extra costs. PIP is a welfare benefit (government support to help you look after yourself) that is non-means tested (doesn't look at your income) and is not affected by earnings, other income or savings.

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Personal Independence Payment – A guide for people with a bleeding disorder	1
Introduction	2
History	3
Try keeping a walking diary	5
The structure of PIP	7
Making your claim	9
If you are an adult receiving DLA	9
If you are under 16 and receiving DLA	10
If you are not already receiving DLA	10
If you are making a claim for PIP because you have been told you are terminally ill	10
General considerations	11
Q1: About your health professionals	12
Q12: Making budgeting decisions	13
Q14: Moving Around	14
Planning and following journeys	14
Activities of daily living	15
Supporting evidence	15
Returning the PIP2 form	16
Further information	16

**For everyone affected by a genetic bleeding disorder**

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## About Personal Independence Payment (PIP)

### Introduction

We have written this guide because more and more members are contacting us to ask for support with making a claim for Personal Independence Payment (PIP).

### The aim of this factsheet

To help you find and describe the information you will need when you are:

- completing the PIP2 [June 2018] form (How your disability affects you), and
- preparing for the face-to-face interview with a health professional that is part of the assessment process

This guide will be relevant to you if:

You are currently receiving Disability Living Allowance (DLA) and have been 'invited' to claim PIP by the Department of Work and Pensions (DWP). This will be because you are:

- An adult who was aged 16–64 on 8 April 2013 and was receiving DLA at the time.
- Age 15 and currently receiving DLA. From your 16<sup>th</sup> birthday you'll no longer be entitled to DLA (although it will continue to be paid your PIP claim is considered).
- An adult aged between 16–64 who is not receiving either DLA or PIP but wishes to make a claim for PIP.

The first part of the claim process is different for each of these three groups. Please see the **Making your claim** section below for more specific information.

The process in this guidance applies to people living in Scotland, Wales and England. There is an alternative process in Northern Ireland, which is explained at:

<https://www.nidirect.gov.uk/articles/personal-independence-payment>

### If you were aged 65 or over on 8 April 2013

You won't be invited to make a claim for PIP. You will continue to be paid any DLA you already receive if you still meet the rules.

If you're aged 65 or older and have not received DLA or PIP in the last year, you will not be able to apply for DLA or PIP but may be able to claim Attendance Allowance (AA) instead.

<https://www.gov.uk/attendance-allowance>



## History

Disability Living Allowance (**DLA**) was replaced by Personal Independence Payments (**PIP**) in April 2013 for claimants aged 16 to 64.

After this time, anyone who received DLA started being reassessed under the PIP regulations in July 2015. **These are different to the DLA rules and many people who were receiving DLA are being turned down for PIP or awarded it at a lower rate.**

PIP is a benefit for people with a long-term health condition or impairment (something that limits your health in some way), whether physical, sensory, mental, cognitive (how your brain works), intellectual (how well you understand something), or any combination of these.

PIP is paid to help towards the extra costs that disabled people may face, to help them lead full, active and independent lives.

PIP is not means tested and you will not have to pay tax on anything that you receive as part of your PIP. You will also not be expected to have paid a certain amount of National Insurance contributions to qualify for it. You could be eligible for PIP if you are unemployed, if you are working part time or if you are working full time.

PIP can be awarded for up to 2 years or a longer period, such as 5 or 10 years. In exceptional cases, if your needs are unlikely to change, your benefit can be ongoing. However, this will be reviewed from time to time to make sure the support level awarded is still appropriate

## If you are under 16

If you're under the age of 16 you aren't eligible to claim PIP – but you can claim DLA until you are 16.

## Residence and presence

If you wish to claim PIP, you'll need to be present in Great Britain, usually resident in the United Kingdom (UK), Ireland, the Channel Islands or the Isle of Man and not subject to immigration control.

And you must have been present for at least 104 weeks out of the last 156 weeks in Great Britain.



## Tips to help you prepare

It is best to start your claim by phone because it is faster.

PIP payments generally start from when you make your claim - either the date you phone or the date the DWP receives your PIP1 form.

You can only get your PIP1 claim forms from the DWP

## What information will I need?

When you call the DWP make sure you have the following information available:

- your full name, address and phone number
- your National Insurance number
- your bank or building society account details
- contact details of your GP or other health professionals you deal with
- the dates and details of any stays in hospital or residential care
- your nationality or immigration status
- if you've been abroad for more than 4 weeks at a time in the last 3 years (you will need the dates and details)

## What can I do while I am waiting for the form to arrive?

So that you have more time to think about your answers, here are a few things you could do while waiting for the form to arrive.

- Print out a copy of the form (see link below). The form from the DWP may take up to two weeks to arrive. If you print out a copy of the form you will have more time to read the questions and think about your answers.
- Read the section below (**What is being assessed?**) to get a clearer idea of what you need to include on the form.
- Check the online PIP questionnaire to see if you are eligible (see links)
- Use the time available. Doing a little every day is best.

- Gather evidence.
- Make notes of what you want to say.
- Write drafts of your answers.
- Get help. Someone who knows you well can often spot difficulties you don't notice.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713118/pip2-how-your-disability-affects-your-form.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713118/pip2-how-your-disability-affects-your-form.pdf)

<http://www.pip-assessment.support/#main-menu>



### Try keeping a walking diary

Keeping a diary over a couple of weeks can help you identify your mobility problems and help you to answer question 14.

- Make a note of the distance you walk each time, particularly of any walking you do often. For example, you could measure from your front door to where your car is parked. Time yourself over this distance.
- Do you stop and rest? Include the time you are resting in the total time to cover the distance. Make a note of why you stop. Is this because you are anxious that you are risking a bleed by carrying on? Are you unsteady when walking, making you anxious because a joint might 'give way' or you might stumble or fall?
- Make a note of any pain that comes on suddenly or is different to your usual level of pain.
- How do you manage kerbs? Are you unsafe stepping up or down at kerbs or doorsteps?
- Make a note if you cancel a plan, or don't do something you want to do, or need to do, because you feel the risk of causing a bleed by walking is too high.

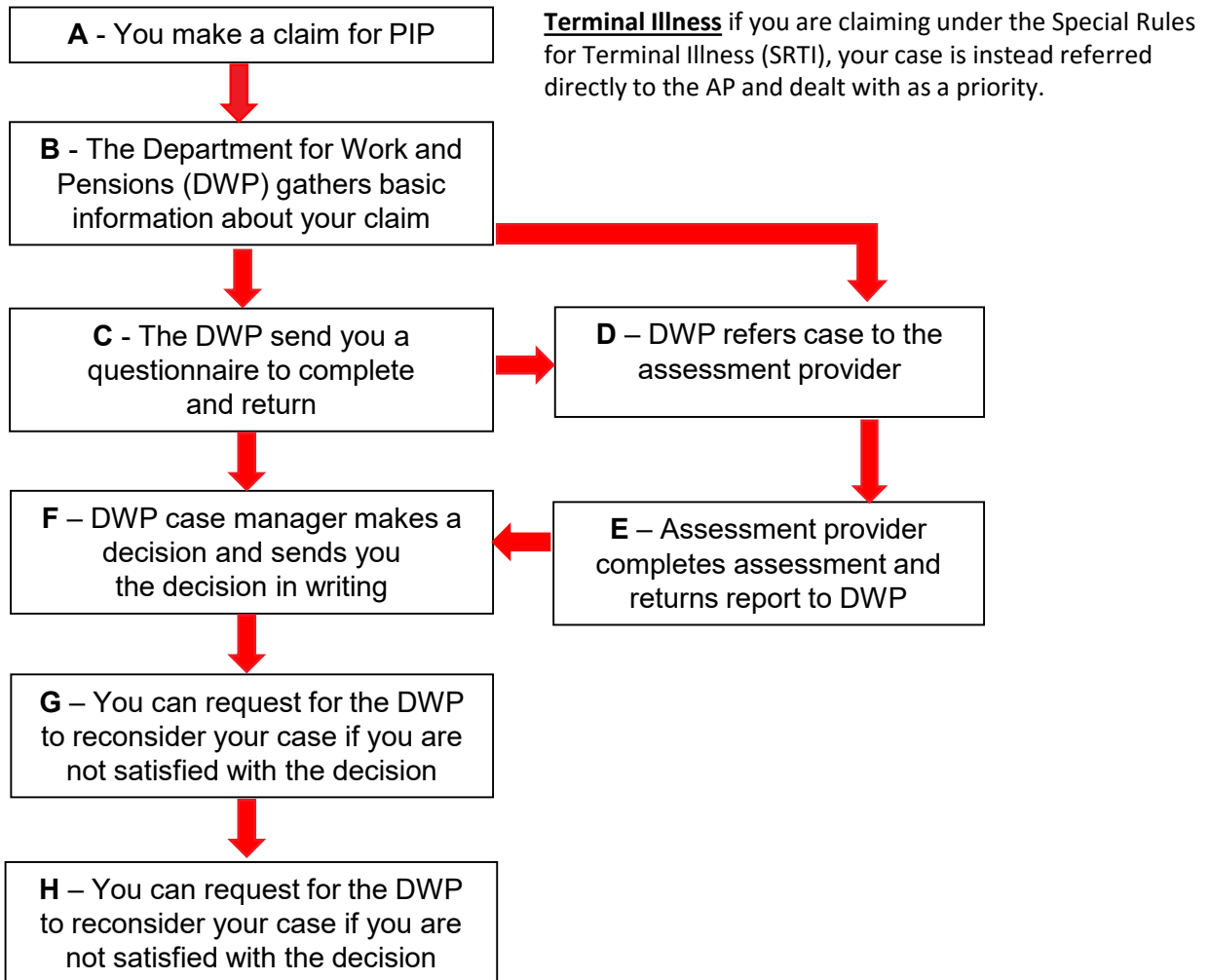
Remember, you are keeping this diary to help make yourself aware of your mobility problems so that you can describe them in answering question 14. What you are trying to describe are the risks you take when walking. It is **not** a 'good days, bad days' diary.

If you think it will help, you can include a copy with your PIP2 form when you return it.



## How to apply for PIP

This flowchart gives a high level overview of your journey



**Assessment Provider** = Conducts the assessment, gathering any further evidence necessary, including a face to face assessment with a Health Professional where appropriate, before providing an assessment report to the DWP

**Case Manager** = will review the claim and all evidence provided and make a decision regarding the award of benefit

If you have a terminal illness see link <https://www.mypipassessment.co.uk/news/the-pip-claim-process-for-people-who-are-terminally-ill/>

Ref: <https://www.gov.uk/government/publications/personal-independence-payment-assessment-guide-for-assessment-providers/pip-assessment-guide-part-1-the-assessment-process>



## The structure of PIP

Personal Independence Payment (PIP) is made up of two components (parts):

Both components are paid at a standard or enhanced rate, depending on your needs

**Daily Living** – intended to help towards the extra costs disabled people face in their day-to-day lives that do not relate to mobility (e.g. how you are able to move around).

**Mobility** – intended to act as a contribution to the extra costs disabled people face in their day-to-day lives that relate to mobility.

The DWP will assess information from:

- the 'How your disability affects you' form (PIP2 June 2018) you will have to complete
- a face-to-face interview with a health professional appointed by them
- further evidence from healthcare professionals who support you.

They will compare this information with lists of 'descriptors'. These are statements that describe varying degrees of difficulties with mobility and activities of daily living. They will then decide which descriptors (if any) best match the information collected. Each descriptor scores points that are added together to give a total score for each of the two components.

You will need to meet certain criteria known as an entitlement threshold for each component. To qualify for the standard rate you will need to have 8 points under their criteria, and you'll need 12 points for enhanced. It is this rate that can be used to lease a car through the Motability scheme.

## The activities

**Daily living** activities are:

- communicating verbally
- dressing and undressing
- engaging with other people face-to-face
- making budgeting decisions
- managing therapy or monitoring a health condition
- managing toilet needs or incontinence
- preparing food
- reading and understanding signs, symbols and words
- taking nutrition
- washing and bathing
- Sure members will know what mobility is but may be worth defining just in case e.g. how you are able to move around.



**Mobility** activities are:

- moving around
- planning and following journeys

You will need 8 mobility points to qualify for the basic rate of the mobility component.

In the same way, the basic rate of daily living component is paid for 8 points scored on the daily living descriptors. The enhanced rate is paid if you score 12 points.

The current weekly rates (April 2018 – April 2019) are:

Daily living component (care component) - for people who need help to take part in everyday life	Weekly rate
Lowest	£22.65
Middle	£57.30
Highest	£85.60

Mobility component - for people who find it hard to get around	Weekly rate
Lower	£22.65
Higher	£59.75

If you are awarded both a mobility component and a daily living component, they will be added together to make up your total PIP.

<https://www.gov.uk/guidance/the-personal-independence-payment-pip-toolkit>





## Making your claim

How you make a claim for PIP depends on your age and whether you already receive DLA.

## Your claim journey

### First PIP claim (if you have never previously claimed DLA)

Currently you'll need to make your application for PIP by phone. The person on the phone will ask you some questions to check whether you are likely to be entitled to PIP. If they think you are, they'll send you a questionnaire called 'How your disability affects you'. See page 11 for our recommendations on how to fill out this form.

Once you've completed the questionnaire and returned it to DWP, your case will be referred to an assessment provider (AP) along with any supporting evidence that you can provide. The AP will then carry out the assessment, gather any further evidence that they need and then provide an assessment report to DWP.

In order to gather all of the information that they need, they may ask you to attend a face-to-face assessment with a health professional. Once all evidence gathering has taken place, including a face-to-face assessment, the DWP Case Manager (CM) will review the claim and all evidence that you provided and they'll decide whether you are entitled to the PIP benefit or not.

If you are unhappy with their decision, you have the right to ask for it to be reconsidered. After this, if you disagree with the reconsideration, you have the right to appeal to Her Majesty's Courts and Tribunal Service (HMCTS).

### If you are an adult receiving DLA

You will be invited to make a claim for PIP. The DWP will write you a letter that tells you when you need to make your claim by. It's important that you return all of your paperwork by the date stated in the letter. This letter is also known as the PIP1 form.

You will need to call the DWP and give them some basic information. This will include contact details of healthcare professionals who support you, such as a clinical nurse specialist at your haemophilia centre, a physiotherapist, or a doctor overseeing hepatitis C treatment or HIV treatment. **We recommend that you contact your haemophilia centre first to ask whose contact details you should give to the DWP.** You could also ask for a supporting letter to go with your claim.

If you don't make your claim by the deadline or you tell the DWP you don't wish to make a claim for PIP, payments of your DLA will soon stop. However, if you make a claim for PIP, your DLA will continue to be paid until a decision is made on your claim for PIP.

Making a claim will mean that you receive DLA payments for longer. You don't need to rush to make the claim, if you make it by the deadline. Use the time to collect together the information asked for in the PIP1 letter.



### If your child is under 16 and receiving child DLA

Your child will be invited to claim PIP once they become 16.

Once your child is 16 they become a 'young person' and can claim and receive benefits in their own name.

When the DWP asks you (the parent / guardian) to make a claim for PIP, you have four weeks to start your PIP claim. If you apply for PIP on time, your 'child's DLA' will continue until your PIP claim has been decided. If you do not start the PIP claim before the final deadline, your DLA claim will be closed.

Your parent (or guardian) should receive a letter about five months before your 16<sup>th</sup> birthday. This letter will warn them of the change and ask for the information needed to pay DLA when you reach 16. They should also receive another letter two months before your 16th birthday.

We advise that you make the claim yourself rather than let your parents do it for you.

### If you are not already receiving DLA

- Check that you meet the eligibility rules, such as immigration status, presence and age. You can view these are online at [www.gov.uk/pip](http://www.gov.uk/pip). Be very careful about claiming if you are subject to immigration control. If this is your situation, you will not normally be entitled to claim PIP and if you do claim it may affect your visa status.
- Collect the information you will need to start your claim (also listed at [www.gov.uk/pip](http://www.gov.uk/pip)).
- Call 0800 917 222 to start your claim.

Once you have made your claim the assessment process will start. The DWP will send you a form called 'How your disability affects you' This form is also known as the PIP2 form.

### If you are making a claim for PIP because you have been told you are terminally ill

In this case the claim process will be simpler and processed more quickly. You will still call the DWP as above to claim but will then give them a DS1500

provided by your doctor or other healthcare professional. Your care team are the best people to advise you further.

### Important information

It will help the DWP to have reports about you from:

- GPs
- hospital doctors
- occupational therapists
- physiotherapists
- social workers
- specialist nurses, and/or
- your support worker

It will also help the DWP to have care or treatment plans from:

- community psychiatric nurses
- occupational therapists
- social workers

### Other sources of information that can help us are:

- hospital discharge or outpatient clinic letters
- a statement of special educational needs
- a certificate of visual impairment
- current repeat prescription lists
- photographs or x-rays
- letters about other benefits
- test results like:
  - scans
  - diagnostic tests
  - audiology

Letters from people who know you are only helpful if they can provide the DWP with information about how your condition affects you that you haven't already told the DWP. Make sure they describe in detail how they help you and what would happen if they were not there to help you.

### Information that does not help DWP assess your PIP claim.

It does not help us to have:

- general information or fact sheets about your condition that is not about you personally
- appointment cards or letters about medical appointments such as times, dates and directions
- information about tests you are going to have
- fact sheets about medication (leaflets that come with your medication etc.)



### Filling in the Form

For help in filling in the PIP2 form, see our **Part 2 The Assessment Process** booklet.

There is also a further information section on page 12 of this booklet with support websites

### Answering the Questions

#### General considerations

Remember, you should be assessed as satisfying a descriptor only if you can do what it says:

- safely
- Repeatedly

- within a reasonable time period
- to an acceptable standard.

We think it's also important to note that the questions on the form only ask for some of the information important in each area. We recommend reading the descriptors for each area and providing all the information you think is relevant. You can do this in the 'extra information' box for each question. If there isn't enough space continue your answer in section 15 of the form.

***If you are applying for Personal Independence Payment (PIP) it can be useful to understand how the assessors score your answers. See two examples e.g. Daily Living Activities***

Activity	Descriptors	Points
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

#### e.g. Mobility Activities

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

See our Part 2 guide – The Assessment Process - for the table of activities, descriptors and points



We have made some specific comments below on each group of descriptors.

**Q1: About your health professionals**

If you have not seen your haemophilia consultant in the last 3 months, it is a good idea to try and get an appointment with them. You can inform them you are claiming PIP and explain the day-to-day difficulties you have so that they know if the DWP contact them.

**Q2: About your health condition and disability**

List all your physical, mental health conditions and disabilities you have and the date they started. List all the tablets, medications, treatments and therapies you use plus any that you are about to start.

**Q3: How your health condition or disability affects your day-to-day life**

DWP guidance suggests that 'preparing a simple meal' means peeling, chopping and boiling two large potatoes, opening a tin of vegetables, and frying a small piece of meat or fish.

Think about the actions involved in preparing such a meal. Can you do this safely? Do you have damaged joints (elbows, wrists or shoulders) and risk a bleed if you carry out these tasks (e.g. lifting a pan of boiled potatoes off the hob and draining the water)? Can you stand long enough to prepare such a meal? Does standing risk a bleed? Do you get bleeds after preparing a meal?

Descriptor (d) refers to prompting from another person. If you often lack motivation to cook for yourself, as some people with hepatitis C do, then describe this.

**List** - aids you use; if someone reminds, encourages, supervises or assists you; safety: accidents or risk of injury; time it takes; good days and bad days; symptoms like pain or tiredness

**Q4: Eating & drinking**

How your condition makes it difficult for you to eat and drink e.g. being able to cut up food into pieces, put it in your mouth, chew and swallow it.

These descriptors deal with the actions needed to eat and drink. Joint damage may be relevant to descriptors (b - iii) and (f). A restricted range of movement in both elbows may, for example, make it difficult or impossible to lift a spoon or fork to your mouth.

Descriptor (d) refers to prompting.

**List** - aids that you use, if someone physically helps you, if someone supervises you for your safety or if someone prompts, reminds or encourages you.

**Q5: Managing treatments**

How your condition affects your ability to manage your treatments. The DWP will want to know if you need help with therapy e.g. physiotherapy.

We advise reporting:

- All help you need with giving treatment of clotting factors. This could include someone actually giving you injections, or someone simply sitting by you to help you and encourage you to treat yourself, or able to take over if you don't succeed. Any difficulties you have with finding a vein should be reported here.
- If you miss routine prophylaxis injections because you fear missing a vein, causing a bleed, or because you are 'needle phobic'.
- If your treatment is 'on demand', if anyone helps you decide to treat yourself? Even if you have no one, do you need this help? Do you let bleeds develop dangerously before treating, or getting treatment?
- If you need prompting (reminding) to take treatment for HIV or for hepatitis C. Describe the dangers if you did forget to take these treatments.

Any physiotherapy exercise routine you have been prescribed, or told to follow, is also relevant.

Give details of any personalised physiotherapy exercise routine aimed at avoiding joint damage or reducing the development of further joint damage. Do you follow this routine, or do you need to be encouraged or prompted by someone else?



This is relevant to descriptors (c), (d), (e) and (f). The amount of time each week taken in therapy is important so add up the number of hours your physiotherapy regime takes, or would take if you did it, and include these details in your answer.

**List** - aids you use; if someone reminds, supervises or assists you; safety: accidents and risk of injury; good days and bad days; side effects like pain, discomfort, tiredness or confusion.

### **Q6: Washing and bathing**

How your condition makes it difficult for you to wash or bathe in a standard bath or shower (that hasn't been adapted in any way).

The first question to ask yourself is 'Can I do this safely and within a reasonable time period?'

The second is 'Can I actually reach all the parts of the body covered by the descriptor?' For example:

- Descriptor (d) refers to 'the body below the waist'. Can you actually reach your feet?
- Descriptor (f) is referring to the upper body. You might be able to wash your chest, but what about between your shoulder blades?

**List** - aids you use; if someone reminds, supervises or assists you; safety: accidents and risk of injury; good days and bad days; symptoms like pain, breathlessness or tiredness

### **Q7: Managing toilet needs**

Give an accurate description of the difficulties you face because of your condition.

Think about what is involved for you when you use the toilet. A limited range of movement in joints may make it difficult for you to undo clothing (and do it up again when you have finished), to sit on the toilet and to stand again afterwards, and to wipe yourself.

Try to describe fully any difficulties you have and if you need help from someone else to use the toilet.

**List** - aids you use; if someone reminds, supervises or assists you; safety: accidents and risk of injury; good days and bad days; symptoms like pain or frustration

### **Q8: Dressing and undressing**

A key question to ask yourself is 'Do I need help from someone else to dress or undress?' A limited range of movement in damaged joints could make dressing and undressing difficult or impossible. Describe any help you do get. If you don't usually have someone to help you, describe how long it takes for you to dress and undress.

**List** – if you can't get dressed or undressed on your own; if you have difficulties with some items of clothing; if you need prompting, reminding or encouraging to get dressed or undressed; if you need help to choose appropriate clothes to wear; aids you use or adapted clothing; safety risks (e.g. slips or falls when getting dressed).

### **Q9: Communicating verbally**

This group of descriptors refers to difficulties you may have because of hearing impairments, cognitive impairments and speech and language impairments. These descriptors don't apply if your difficulties arise because English isn't your first language. But if you have difficulty communicating verbally in your first language, then you should describe these difficulties.

### **Q10: Reading**

Reading and understanding signs, symbols and words.

These descriptors refer to visual impairment. mention if you have you any physical or mental symptoms (like dizziness, blurred vision, poor hand to eye coordination or motion sickness).

### **Q11: Engaging with other people face to face**

These descriptors refer to psychological impairments. Write down if you have symptoms like anxiety, distress or confusion.

### **Q12: Making budgeting decisions**

These descriptors refer to cognitive or psychological impairments.

**List** – if someone reminds or assists you or difficulties you have managing your money cause symptoms like confusion, discomfort or tiredness.



### **Q13: Going out**

How your condition affects your ability to plan or follow a route, or go outside.

**List** - orientation aids and guide dogs; if someone helps, encourages or reassures you; time it takes to plan or follow route; good days and bad days symptoms like distress, anxiety, fear or nervousness; safety: accidents, risk of injury or getting lost; if you can drive

### **Q14: Moving around**

Question 14a asks you how far you can walk. You are asked to tick a box that best describes the distance you can walk. Bearing in mind what we say above, it's best to answer this question as if it was written: 'How far can you walk safely, repeatedly, within a reasonable time period and to an acceptable standard (taking into account any aids that you use)?'

Question 14b asks you about any aids that you use. If you use a walking stick or crutches, then say so, but be clear about why you use them. If you use crutches, is this only to steady yourself or do you actually reduce weight bearing on your legs? Are you at risk of starting a bleed in your wrists, elbows or shoulders when you use crutches?

Question 14c asks if you use a wheelchair. If you do, say so.

Question 14d provides space for you to add further information about your walking ability. It is here that you should report any joint damage in your leg joints and describe the risks to you of walking, and any other problems you have with walking.

If you need more space, you can continue in question 15 (additional information).

### **Planning and following journeys**

There is a second list of descriptors that deal with mobility issues. These come under the heading of 'Planning and following journeys'. They cover the difficulties experienced by people with a cognitive impairment, visual impairments or extreme psychological impairments.

We believe that very few of our members will score points from these descriptors. If you have any

difficulties from these types of impairment, then check the list of descriptors we have attached as Appendix 1. Any points scored from these descriptors will be added to points scored from the 'moving around' descriptors to give your total points for mobility.



## Activities of daily living

Your entitlement to the daily living component will be decided by comparison to a list of descriptors of some activities of daily living. The list is very long and is organised under 10 different headings. You can find the complete list of descriptors at Appendix 2. Questions 3 to 12 on the form ask you for information about your difficulties with these activities.

We suggest that you approach these questions systematically. Citizens Advice have a very useful tool on their website which may help you. Here is the link:

<https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/fill-in-form/>

We recommend you put together your answer for each question by:

- reading each question
- reading the descriptors related to each question
- using the CAB website to systematically make a list of things you may say in answer to each question
- reading the points below and building them into your answers.

## Supporting evidence

We recommend getting a support letter from your centre as soon as possible. It's best if you have this letter in time to send it with your completed PIP2 form. If this isn't possible, then try to have the letter for your face-to-face interview. Some haemophilia centres may say they prefer to wait for the DWP to contact them. However, in most cases we have heard about the health professional hasn't contacted the centre, either before the interview or at all.

If possible, discuss the letter with your centre and suggest that the letter includes:

- A description of your bleeding disorder, including type, severity and treatment plans. If you have an inhibitor, say so.
- A 'joint by joint' description of any joint damage (what your consultant may record as

'haemophilic arthropathy' on your notes), and likely prognosis (how they think this will affect you going forwards).

- Details of any operations such as knee or hip replacements, ankle fusing, or synovectomies (procedure to remove partial or all the synovial membrane of a joint).
- Muscle wastage in muscles stabilising a joint.
- Pain and discomfort.
- Their opinion on whether you can perform activities (particularly walking) safely.
- A description of the way you walk, and your speed compared with a 'normal' person.
- If they consider that weight bearing through walking puts you at risk of starting a bleed.
- If you use crutches or a walking stick is this simply to aid your balance rather than to reduce weight bearing through leg joints? Are there any risks to you using crutches, such as starting a bleed in wrists, elbows or shoulders?

It will also be helpful if they can include a description of what happens in a target joint at the time of a bleed and the long-term consequences of repeated bleeding into the same joint.

### Further evidence -

You should also ask the health professionals that you have regular contact with to help you supply additional that will support your claim as this will help inform your case the DWP.

In your questionnaire, you are encouraged to list the professionals who support you and who are best placed to provide advice on your circumstances. The DWP should give consideration to the fact that in cases of complex conditions, knowledge and involvement of your GP may be limited, with specialist consultants better placed to provide useful evidence.



The DWP should consider the most appropriate evidence for the case under consideration. There are various sources of further evidence, including, but not limited to:

- A report from your haemophilia centre consultant
- A factual report from a GP
- Current repeat prescription lists
- Care or treatment plans
- Evidence from any other professional involved in supporting you, such as social workers, key workers or care coordinators
- Telephone conversations with any such professionals
- An occupational therapist's report
- A report from a physiotherapist
- Copies of x-rays / scans results (if provided by the Haemophilia centre)
- Contacting you by phone for further information.

### Who is involved in the decision making?

The assessment provider conducts the assessment once they've received your form. Then they gather any further evidence that they might need before providing an assessment report to DWP

The Health Professional assesses the overall functional effects of your health condition or impairment on your everyday life over a 12-month period.

The DWP Case Manager reviews your claim and all evidence that is provided and decides if the PIP is awarded or not.

### Returning the PIP2 form

- Don't miss the deadline for returning the form – allow a few days for postage.
- Don't delay sending it because you are waiting for a supporting letter from your centre. You can always send this to the DWP later.
- Keep copies of the form and any other information you send.

Some people choose to pay to send the form using the 'to be signed for' service (recorded delivery) even though postage is prepaid. If you do this, you can check online after a few days to make sure

your form has been received by the DWP. It also gives you proof that they received the form should this be disputed later. You can still use the envelope provided by the DWP.

### See our Part 2 guide for The Assessment process

#### Further information

#### Personal Independence Payment: the claimant journey

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/448596/pip-advisers-claimant-journey.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/448596/pip-advisers-claimant-journey.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/348679/pip-advisers-claimant-journey-welsh-aug-14.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/348679/pip-advisers-claimant-journey-welsh-aug-14.pdf)

#### Personal Independence Payment (PIP)

<https://www.benefitsandwork.co.uk/personal-independence-payment-pip>

#### PIP self-test

<http://www.mybenefitsandwork.co.uk/pip/indexxx.php>

#### Sample PIP2 Form

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713118/pip2-how-your-disability-affects-you-form.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713118/pip2-how-your-disability-affects-you-form.pdf)