

DLA REFORM TEAM,
1ST FLOOR, CAXTON HOUSE,
TOTTENHAM STREET,
LONDON SW1H 9NA

DATE: WEDS. 16 FEB 2011

Dear Sirs/Mesdames,

Thank you for the copy of the Consultation Document; I had no idea that the document was available, let alone the end date of 14 Feb 2011, until I read about it in my Mobilise magazine the day I telephoned yourselves. Thanks for extending to 21 Feb. You should not shorten the period from 12 to 9 weeks, and should have made its availability more widely known. It will impact on the most vulnerable in society — more should have the chance to respond to this.

My personal interest: I am a current recipient of DLA at the Highest Rate for both Care and Mobility. As I have not had long to peruse & formulate my response it is a bit raggy — writing is painful and I don't have a PC, ~~so~~ but here goes:

- 1) YES, it needs reform, people are confused by the forms, and afraid of the process in case they lose some benefit. It is a stressful procedure. HOWEVER, I think we all know of those who are claiming it fraudulently, so it needs to be tightened up — BUT PLEASE — don't tar us all with the suspicion of fraud — a great many of your references are taken from documents & surveys to do with fraud and it is wearisome to ~~be~~ suspected. RN MASSE.

2) You MUST NOT stop the payment of the Mobility Supplement to people in care right across the board - you will have every disabled person in the land wheeling / hopping or however we can come to Parliament to protest this one for our "in care" brothers & sisters. Trust me on this. You need to target it to those who can and do get out and about now - with the help of the care homes, Social Services, social care assessments who know who is able to do so now. These people MUST continue to receive their payment - they will be imprisoned without it.

What you need to stop is relative who pocket that Mobility supplement, or have a Motorability car from it without ever, or hardly ever, visiting their "in care" relative or even using it to take them out. It happens; it should not. Stop that instead.

3) Disabled people on the whole ARE AWARE that DLA is available IN WORK - it helps a great many of them to go to work.

However some of us don't "just have a bit missing" but are relatively well besides; some of us are really poorly day in day out.

4) Your new system, whatever it becomes, should be the passport to other benefits or help that DLA should be but, in my experience, is not.

I paid for care myself for some years, and got into great financial difficulties because of it, because I believed my highest rate care component was 'it' - no-one informed me help could be available from

social care - as it now is for me - DLA was not the passport to that for me, and I cannot be the only one in that situation. Information MUST be shared between agencies.

5) Your proposal for face-to-face interview/assessments as the mainstay for assessing applicants is flawed on several levels:-

a) The availability of suitably qualified staff - "healthcare professionals" as you call them - is likely to be a huge stumbling block. Already the NHS suffers from lack of suitably qualified staff - are those who you propose to assess DLA applicants going to be the "dregs"? Will they even be competent? I personally have fallen foul of one such 'dreg' and lost a great deal of benefit because of him. I was reassessed by a "doctor" who was SUSPENDED from general practice by the GMC for "failing to recognise the severity & seriousness of his patients' conditions". Yet the ~~DLA~~ DWP were using him to reassess claimants. It took me 22 months, a huge amount of support from my medical professional, and personal bankruptcy through having to pay out money for my care which was not coming in - I was reassessed from highest to lowest care by this man. HOW MANY DISABLED PEOPLE COULD SURVIVE THAT? I nearly did not; it was horrendous.

b) Will these "healthcare professionals" have full working knowledge of the effects of the applicants individual illness? Also some conditions are not reflected in appearance - "hidden" disabilities - we don't all have bits missing!

PTO →

(Lack of more paper I'm afraid)

5b) Cont'n

Persons with no obvious disability, or those on a 'good' day - will most likely be marked down by these "healthcare professionals".

You really need to take more account, in fairness, of their G.P.'s knowledge of their condition & its effects, also social service/care assessments & reports. It needs to come from people who know the applicant, and their condition - NOT STRANGERS WITH DUBIOUS AUTHIFICATIONS please.

Finished for now, Thankyou if you have read this.

Sincerely,

