

11th. February, 2011

DLA Reform Team  
1st Floor  
Caxton House  
Tothill Street  
London  
SW1H 9NA

Rec'd  
13/2/11

Dear Sirs,

## RESPONSE TO DLA REFORM CONSULTATION

I am physically disabled since taking a stroke in November 2000, following two brain haemorrhages, which required emergency surgery on two occasions to remove the hematomas. I am now 67 and currently receive DLA for both personal care and mobility. I receive personal care from [REDACTED] Council Social Work Department. At all other times my wife is my full-time carer. The Mobility Allowance enables me to lease a car through the Motability Scheme.

I can walk indoors with the help of a walking stick and when walking outdoors, I need another adult with me. I use a wheelchair for longer distances outside.

I wish to respond to a few issues raised in the Government's DLA Reform Consultation document. My response is based on my own experience, but I am sure much of what I write can be applied to disabled people in general.

### 1. ASSESSMENT BY AN INDEPENDENT MEDICAL OFFICER

I am sure there are many disabled people like myself, who have other health issues and which have direct effects on each individual's disability. In my case, I have an artificial aortic valve and incompetent mitral valve. This means there is a limit to how much I can exert myself when walking and doing other light physical exercises. Unfortunately I am taking anti-seizure drugs, as I started taking seizures after the stroke. Therefore when an independent medical officer assesses a DLA claimant, he or she should be fully aware or briefed regarding each claimant's health issues. These can be accessed in claimants' medical files and/or by relevant reports from claimants' GPs and hospital consultants. I would hope that the independent medical advisors would approach each claim with the attitude that most claimants have genuine claims, until it becomes clear there are indications that the claim should be denied.

In my case, if I should be assessed at some time in the future, I know the consultant cardiologist would be willing to co-operate, as well as the stroke

consultant and consultant neurologist.

## **2. THE EFFECT OF PROPOSED CHANGES IN THE LIVES OF DISABLED PEOPLE**

The one change that would concern me, is the removal of the Mobility Element at the higher rate. As already mentioned, I use this part of the DLA in its present form to pay for the lease on the Motability car. Travelling by bus or train would virtually be impossible. When outside I always need another adult with me and the car is really the only means for me to travel any distance. My wife is the named driver and she takes me to various clinic appointments, shopping, visiting friends and occasional outings. The car is also used to take me to a hospice where I work 7 or 8 hours each week, as a volunteer receptionist/telephonist. Many of these activities are normal activities enjoyed by able-bodied people and I would maintain that these are human rights which should not be denied to disabled people.

I would also comment that a disabled person, whether they are 16 to 64 or over 65 and already receiving the mobility allowance to lease a Motability car should continue to do so, for as long as he or she can walk a short distance to the car, or be able to transfer easily from a wheelchair. Why should a disabled person be always confined to their home, if there are means for that person to travel safely? The same reasoning can be applied to disabled people of all ages who cannot leave their wheelchair, as there are Wheelchair Accessible Vehicles (WAV's) available through the Motability Scheme.

## **3. RECOGNITION OF THE ESSENTIAL INVOLVEMENT OF FAMILY CARERS**

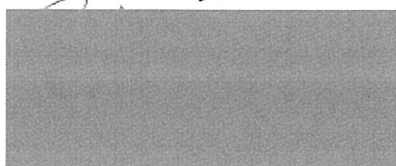
Family carers and sometimes friends and neighbours are willingly involved in the care of disabled people without remuneration, and thus saving a lot of money for both Central and Local Government. This should be recognised in whatever way DLA is changed or reformed, with an introduction of some form of remuneration.

I am sure there are many disabled people and their carers like my wife and I, who are being stressed by announcements that changes are being proposed. This stress can only be understood by those who are experiencing it. Nevertheless, legislators and civil servants should take due cognisance of this.

Ministers will be fully aware that many people, like myself, who have an acquired disability, are or have been taxpayers, as well as payers of National Insurance and also Council Tax. In other words they are or have "paying/paid their way in life" and this needs to be recognised.

I trust these comments are of some relevance and will be given due consideration.

Yours faithfully,

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