

Reading Time: 5 minutes

To start, I need to make it clear that I'm a card carrying Labour member, who's voted Labour in every election I've been able to vote in. In general terms, I'm a left-wing liberal, though have moved away from more 'revolutionary' style politics that I was sucked into in my early 20s. I have plenty I can write about concerning left wing alliances and why they've always failed in the UK (Quick answer, the Socialist Worker's Party), and why the left often ends up getting more stick than it deserves.

Though I don't read print newspapers these days (£3 for the Guardian on weekdays?!?!?) I do like to keep track of front pages at the very least. [Sky News in particular always has front pages on a section of their website](#), though I don't watch the Press Report these days. It brings back bad memories of being stuck in a hotel, trying to deal with a crisis, and it being on every hour from 10:30PM – 5:30AM. The BBC often has a front pages section, as do a couple of other websites, but Sky News always has one link which I can type 'Newspaper fro' into, and I get the link immediately.

Proposed PIP Changes

Lots has been written and spoken about concerning reforms to the benefits and social care system, and today, it's all about changes to PIP (Personal Independence Payments). In short, this is a 4 weekly payment, which provides money to *enable people to better help with extra living costs if you have both:*

- *A long-term physical or mental health condition or disability.*
- *Difficulty doing certain everyday tasks or getting around because of your condition.*

You can get PIP even if you're working, have savings or are getting most other benefits. There are 2 parts to PIP:

- *a daily living part – if you need help with everyday tasks.*
- *a mobility part – if you need help with getting around.*

(GOV.UK, 2025)

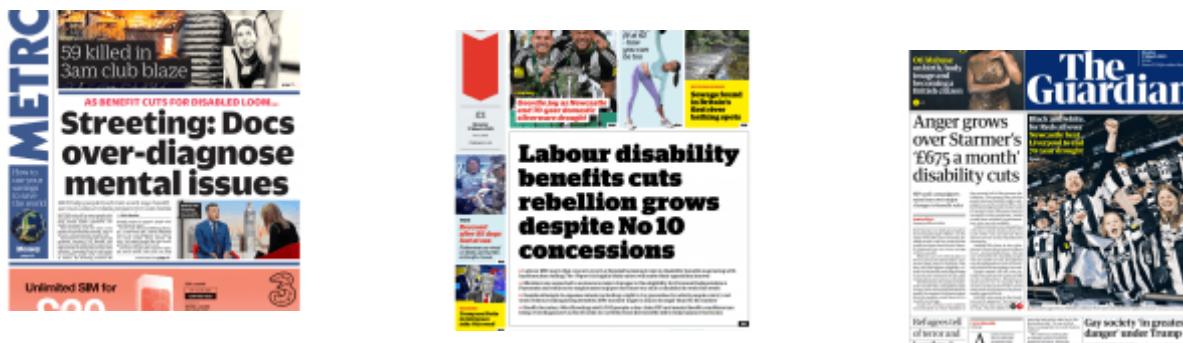
I get PIP for three key issues.

- Chronic pain, manifesting in upper and lower back pain. This makes it hard to do daily tasks such as washing up, cleaning / even personal care at times. I used to have a company called Complesso come out twice a week to help with this until.... Dr Windell at Bushey Fields Hospital.
- Diabetic Neuropathy in my legs, hands and feet. This manifests in cramping in my legs, to the point that it feels like the cramp is going to rip off tendons / ligaments if I move the wrong way, Spock hands with my hands freezing up / cramping, and having no sensation the front of my feet, and massive pain in my heals as a by-product of this.
- My mental health, which dehabilitates me anywhere from times randomly during the

day, to long periods lasting a week or more.

I know someone who works for DWP who's told me some of the blatant abuses of the system. One assessment site in particular has two sets of cameras. One at the front door, and one about 100M before it, so that they can play back someone walking happily and freely, then all of a sudden losing mobility just before they get to the door. Especially during COVID-19 when things got a lot more virtual for obvious reasons, there was a point where the system was abused even more. This however is not what I want to talk about.

The Guardian, Metro and I Newspapers lead on potential changes to PIP, with a mention about mental health in particular. There's points raised about how Wes Streeting, the Health Secretary believes that people are signed off of work / over assessed in relation to PIP Claims, and how primary / secondary care being provided at the right time can both lead to more accurate diagnosis's, and also reduce the need for said people to claim PIP.



The Potential Issues

On paper, this makes *some* sense, but only where mental health issues are at the lower end of the scale. In addition, it implies that there is community support available via primary / secondary care, such as CPNs, Care Coordinators, Home Treatment Teams and Crisis teams. The reality however is that due to the fact that mental health care is not allocated in the same way as general, physical health NHS funds, but via local authority funding in part, it's not as clear cut as made out. If you live in an area with low unemployment, a sizeable council tax pot and well established services, sure, there's a good chance that you'll have something that may work for communities. In poorer areas however, where councils are struggling to balance the books, where there's cutbacks to community support, access to decent social housing and so on, cutting back PIP payments due to 'over diagnosis' is a ticking time bomb.

I think [I've made it blatantly clear how bad Black Country Healthcare NHS Foundation Trust is](#), and aside from the incompetence I've discussed, money is a massive factor. Patients are only allocated support at a threshold much higher than other trusts, and as a consequence, people who may, if they lived elsewhere be able and eligible for community support simply are not getting it in the Black Country. Birmingham City Council are effectively bankrupt, and Dudley isn't far behind, as is Walsall and Wolverhampton. Money = services, and without them, mental health only gets worse, leading to

the need for doctors to sign patients off as 'sick', and providing what is actually an honest assessment as part of PIP applications.

Until such a time mental health services are placed back into general NHS funding, and not tied into Local Authority budgets, the situation will never resolve, and as some of the news pieces have commented on correctly, it will be the poorest, and least secure patients who will feel the hit of this the most. The highest rate level of PIP amounts to about £800 a month, with the low rate level of PIP closer to the £200 a month range. This £600 can impact massively on mobility, the ability to either purchase outright / have access to via PIP funding access to transport, support services and the like. It's not a free handout so people can stock up on cigarettes and whatever. It's money which has real impact.

Final Thoughts

Heck, if you want to really ensure the money is used correctly, then tie it in more directly to services. Half the money goes into your bank, the rest in the form of vouchers / subsidised funding to access services. I'm not against having both UC / PIP money being provided in part this way, as even though there would end up being a black market (Vouchers for cash, drugs, alcohol etc), it provides a clearer indication of how benefits should be used. This is the 'socialist' side of me talking a bit here, but if the worry is wasted funds, change how the funds are allocated, don't just take it away to claim 'savings'. It'll only impact budgets in other ways, in more costly manners otherwise.

Just a rant, and food for discussion.

Peace, Rage And Love xx