YOUNG LIVES vs CANCER
ANTHONY NOLAN
Saving lives through stem cells
BONE CANCER RESEARCH TRUST
Leukaemia Care
Salivary Gland Cancer
Young Tongues
THE BRAIN TUMOUR CHARITY
Neuroendocrine Cancer UK
MAGGIE'S
Everyone's home of cancer care
Kidney Cancer UK
shine CANCER SUPPORT
Blood cancer UK
Brain Tumour Research

Rt Hon Sir Stephen Timms MP & The Timms Review
Department for Work and Pensions
Caxton House
Tothill Street
London
SW1H 9NA
United Kingdom

Sent via email to: pip.review@dwp.gov.uk; minister.ssd@dwp.gov.uk

26 May 2026

Dear Minister, Dr Farquharson, and Ms Brennan,

We are writing to you as charities who support and represent people with cancer and other serious long-term health conditions, many of whom rely on Personal Independence Payment (PIP), to share our views for your consideration as part of the Timms Review.

We welcome the Government's commitment to maintaining PIP as a non-means-tested cash benefit, and the Review's inclusion of disabled people and carers in its production. We are also pleased to note the Review's emphasis on ensuring that PIP upholds the dignity and wellbeing of people who need this support.

We know how essential a lifeline PIP can be for the people we support and represent; we also know how crucial it is that PIP functions as it is intended to, and the impact on patients and families when it falls short. It is with their experiences in mind that we write to you; to outline the vital points we would urge the Review to prioritise in its consideration of PIP.

1. **Steps must be taken to ease the administrative burden of a PIP application for patients facing life-changing diagnoses and intensive treatments.**

   Across all of our charities, we consistently hear from patients, parents and carers about how challenging the PIP application process and its ongoing administration is. Far too often, patients and carers navigating a serious diagnosis and complex treatment also then have to grapple with limited and confusing information on PIP eligibility, time-intensive applications and long waiting times for decisions.

   The level of social work or other support available throughout the PIP application process varies drastically, all the way down to patients and families simply being given generic lists of benefits for which they may be eligible and being offered no further guidance. Often it is charities like ours who plug the gaps and provide the dedicated support and guidance for people to navigate the complex processes and get the support they are entitled to.

   The patients we represent often face a sharp increase in expenditure as a result of their diagnosis and treatment. This includes the cost of frequent travel to hospital appointments, increased household and food costs due to the medical need to reduce infection risk and to follow specific diets, and more. The combination of a sudden drop in income and increased expenditure can leave patients struggling to pay for basic necessities.

The time elapsed between beginning a PIP application, being assessed, and potentially being awarded support is simply too long to give people the lifeline they need when facing a life-altering health condition. For example, young people with cancer and their families often face some of the longest wait times for PIP, with an average gap of eight months between diagnosis and an actual decision on their PIP application.[1]

Government must remove the heavy administrative load which the current PIP application process places on people facing a medical and financial crisis. We would welcome the introduction of streamlined application processes triggered by certain diagnoses and treatment pathways, and enhanced support services for those applying for PIP. Ideally, these services should be embedded within NHS specialist treatment centres to facilitate seamless support for patients and families receiving intensive treatment.

2. **The criteria for PIP must adapt to better reflect the complex, individualised needs of people living with disabilities and long-term health conditions.**

Whilst we appreciate the need to standardise assessments, we often hear that the questions involved in PIP assessments fails to capture the lived experiences of the people we represent. Many of the patients we represent apply for PIP following a cancer diagnosis— and whilst cancer is a registered disability, the current PIP criteria doesn't reflect the complex realities of those living with and beyond cancer, and other long-term, life-limiting conditions or incurable disease.

For example, the PIP assessment's emphasis on 'best' versus 'worst' days is often inappropriate for patients receiving or who have experienced side effects from the complications of high dose chemotherapy and stem cell transplant, which can persist for a long time and be hard to predict. Similarly, questions about mobility often miss other reasons a patient may struggle with transport, such as immunosuppression or fatigue.

Furthermore, the PIP criteria often flattens the complexities faced by patients with multiple diagnoses or facing a health condition alongside being neurodivergent.

The PIP assessment criteria must be constructed to enable patients to give a full and accurate picture of their needs, ensuring they receive the right support.

3. **Government must make the PIP assessment and evidence-gathering processes fairer and more accessible for patients with serious health conditions and disabilities.**

The people we represent repeatedly express frustration at being met with requirements for extensive further evidence by officials when applying for PIP, despite their condition being treated with seriousness and urgency by healthcare professionals.

Patients and families often have to provide extensive evidence to prove the seriousness of their condition to receive PIP, despite there being extensive records of their condition and needs within the NHS setting.

Patients' experiences of PIP assessments vary widely, and reports of inappropriate assessment practices are not uncommon among the patients we represent. Those we support often report feeling as if the system is trying to catch them out or find a reason not to award PIP, rather than enabling and empowering them to outline their needs without stigma.

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[1] Young Lives vs Cancer, 'The Cost of Waiting', March 2025.

65% of applications which go to tribunal get overturned, showing that current assessments practices aren’t working, depriving people of vital support, extending waiting times for support, and creating further bureaucratic work.[2]

We kindly ask that you consider these recommendations in the production of the Review. Steps must be taken to ensure that the assessment and award process for PIP recognises rather than penalises the complexities faced by patients with disabilities and serious health conditions like cancer, for whom an application process comes as an additional burden on top of navigating their condition.

Many of us will also be submitting individual organisational responses to the Review’s formal call for evidence, to provide a fuller picture of the experiences of the populations we each represent.

However, we as a coalition would welcome the opportunity to meet with you to discuss in further detail the above concerns and the experiences of those we support and represent, which unite us in calling for a PIP system which is more accessible, compassionate, and comprehensive.

We conclude by thanking you for the important work you are leading through the Timms Review and for taking such an open approach to consulting and involving people with direct experience of PIP in the Review.

Yours sincerely,

Anthony Nolan
Young Lives vs Cancer
Maggie’s
Young Tongues
Salivary Gland Cancer UK
Kidney Cancer UK
Bone Cancer Research Trust
The Brain Tumour Charity
Leukaemia Care
Shine Cancer Support
Blood Cancer UK
Neuroendocrine Cancer UK
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[2] Department for Work & Pensions, 'Personal Independence Payment: Official Statistics to January 2026', 17 March 2026, https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-january-2026/personal-independence-payment-official-statistics-to-january-2026.