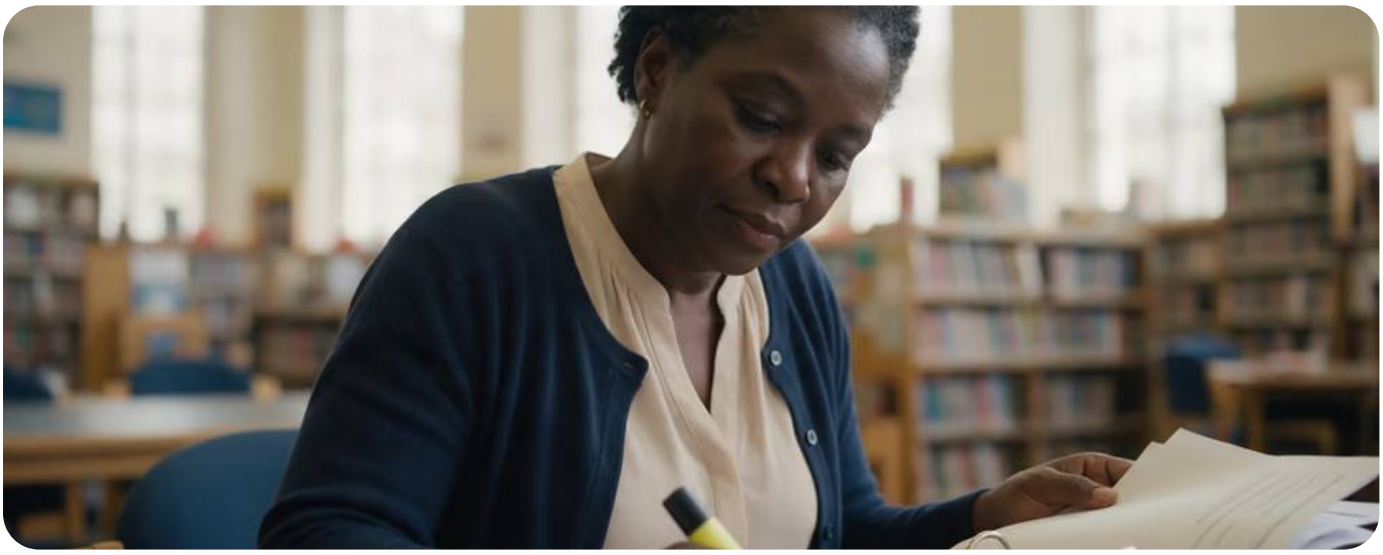
PAYING FOR CARE AND REDUCING THE COST

Challenging an NHS Continuing Healthcare decision

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IN BRIEF

If the integrated care board (ICB) decides someone is not eligible for NHS Continuing Healthcare, the family can ask it to look again through local resolution, normally within six months of the decision letter. If that fails, NHS England can arrange an independent review panel, and after that the Public Service Ombudsman can investigate. The strongest challenges are specific: name each care domain you disagree with and back it with evidence.



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A “no” from the integrated care board (ICB) is not the end of the road. Every NHS Continuing Healthcare (CHC) decision can be challenged, families can do it without a solicitor, and the process is free. This guide covers England; in Scotland, Wales and Northern Ireland the rules differ. For how eligibility works in the first place, see our main guide to NHS Continuing Healthcare.

The three stages and their time limits

Stage	Who decides	Time limit to ask	Typical timescale
1. Local resolution	The ICB that made the decision	6 months from the date of the decision letter	Acknowledged within 5 working days; decided within 3 months
2. Independent review	A panel arranged by NHS England	6 months from the local resolution decision; return the form within 6 weeks	Usually 3 to 6 months
3. Ombudsman	Public Service Ombudsman	Normally 12 months from knowing about the problem	The ombudsman currently quotes waits of up to 8 months

Write the deadlines in your diary the day each letter arrives.

First, get the paperwork

The decision letter should give the reasons and enclose a copy of the completed Decision Support Tool (DST). If it did not, ask for it straight away, with the Checklist, any needs portrayal and the notes of the multidisciplinary team (MDT) meeting. You can only argue with scores you can see. You will need the person’s written consent, or a health and welfare Lasting Power of Attorney or deputyship order, to act for them.

What you can and cannot challenge this way

- **Through local resolution and independent review:** the eligibility decision, and the procedure the ICB followed to reach it.

- **Through the NHS complaints procedure instead:** a refusal to do a full assessment after a negative Checklist, the type or location of a care package offered, the quality of care, and how a refund was calculated.

Building your case

Go through the DST domain by domain. For each one you disagree with, write down the score given, the score you believe is right, and the evidence. Then step back and argue the whole picture: the nature, intensity, complexity and unpredictability of the person's needs can each show a "primary health need" alone or in combination, and scores must never simply be added up.

Check the reasons against the national framework. A decision should not be based on:

- the person's diagnosis;
- where they live or who provides the care;
- whether the care provider is able to manage the care;
- the fact that a need is well managed;
- whether NHS-employed or "specialist" staff are involved;
- the existence of other NHS-funded care.

Well-managed needs are still needs. The framework is clear that a need does not disappear because good care keeps it under control. If a person has no recorded falls because two carers reposition them every two hours, or no aggressive incidents because staff use a careful behaviour plan, the need is still there and must be scored. Only when good care has permanently reduced a need, so that active management is no longer required, does it count for less.

Be precise. NHS England's guide asks families to say "usually two or three times a day", not "a lot", to explain anything that made care more complicated or unpredictable, and to include care given by relatives as well as professionals.

Keeping a care diary



The framework itself suggests a detailed diary to show how often needs arise and what is done about them. Keep one for two to four weeks, day and night. For each entry, note the time, what happened, what was done, how long it took, how many people it needed, and what would have happened without skilled help. For example:

> "Tue 14 Oct, 02:10. Found trying to climb out of bed, shouting and distressed. Two carers, 25 minutes to settle and reposition. Pad changed; skin red over the base of the spine, cream applied, district nurse informed."

Ask the care provider for its own records too: care notes, repositioning, fluid and food charts, behaviour charts and incident reports.

Stage 1: local resolution

Write to the ICB's CHC team; the decision letter should explain how to ask for a review. The ICB should first offer an informal discussion, with a written summary for both sides, and then a formal meeting with someone who has authority to change things if needed. You can ask to go straight to a formal meeting. At the end, the ICB either keeps or changes its decision and should explain its reasons clearly in writing.

Put all your evidence in at this stage, because it may be your last chance to add it.

Template letter:

> Re: NHS Continuing Healthcare decision for [full name], date of birth [date], NHS number [number], decision letter dated [date].

> I ask the ICB to review this decision under its local resolution procedure. I am [name]'s [relationship] and enclose [their signed consent / the registered Lasting Power of Attorney].
>
> I disagree with these domains: [Behaviour: scored moderate, should be severe, because the enclosed diary shows distressed behaviour most nights needing two carers]. [Repeat for each domain.]
>
> The assessment did not take account of [the care home's behaviour charts / the GP's letter of (date)]. Several needs were treated as low because they are well managed, contrary to the national framework. Taken together, the nature, intensity, complexity and unpredictability of [name]'s needs show a primary health need.
>
> Please send me all the evidence the MDT used, and arrange a meeting. Please acknowledge this letter within five working days.

Stage 2: independent review by NHS England

If the ICB keeps its decision, ask NHS England for an independent review. Use the contact details in the ICB's local resolution letter to request the "Application for Independent Review" form, and return it within six weeks. If you cannot find the details, contact NHS England on 0300 311 22 33 (Monday to Friday 9am to 5pm; Wednesday from 10am) or england.contactus@nhs.net.

Example request: "Please send me an application form for an independent review of the NHS Continuing Healthcare decision for [name, date of birth], made by [ICB name]. Local resolution ended with a letter dated [date], which I enclose."

What to expect:

- NHS England reviews your form and the ICB's case file. If the case is clearly far outside the criteria, an independent chair may advise against a panel; you would receive the chair's written reasons.
- The panel has an independent chair, an ICB representative and a council social services representative, none from the bodies involved; a clinical adviser may also attend.
- Panels usually meet online on Microsoft Teams; you can ask for telephone, face-to-face or hybrid. Give at least two weeks' notice of any access needs.

- The ICB sends you the case file. Tell NHS England if it has not arrived two weeks before the meeting.
- The open session usually lasts about an hour. You can attend or send your views in writing. It is not a legal process, and the NHS does not pay solicitors' costs.

Stage 3: the Public Service Ombudsman

On 1 October 2026 the Parliamentary and Health Service Ombudsman became the **Public Service Ombudsman**: the same organisation, with the same powers. If the decision is upheld at independent review and you still disagree, complain within 12 months, online through the complaint checker on its website or by phone on **0345 015 4033** (Monday to Thursday 9am to 4pm, Friday 8.30am to 12pm).

Free help

- **Beacon**, the independent CHC advice service the NHS website points to: 0345 548 0300. Initial advice is free; casework is charged.
- **Age UK Advice Line:** 0800 678 1602, 8am to 7pm every day of the year.
- **Independent Age:** 0800 319 6789, Monday to Friday 8.30am to 5.30pm.
- **NHS complaints advocacy:** free help to write complaints and attend meetings; ask your local Healthwatch.

If you consider a paid firm, ask exactly how its fee is worked out before signing.

Your challenge checklist

- [ ] Decision letter, DST, Checklist and MDT notes received
- [ ] Consent form, Lasting Power of Attorney or deputyship order ready
- [ ] Deadlines written down (6 months; 6 weeks for the review form)
- [ ] Care diary running, and provider records requested
- [ ] Each disputed domain listed with evidence
- [ ] Local resolution letter sent, and a copy kept
- [ ] Notes taken at every meeting

What to do next

1. Ask for the full DST and supporting records today.
2. Start a care diary.

3. Send your local resolution letter well inside six months, with all your evidence.
4. If the decision stands, request the independent review form and return it within six weeks.
5. If someone paid for care during a period the NHS never assessed, read our guide to retrospective CHC claims.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded privately, by councils (including direct payments) and by NHS Continuing Healthcare, so we understand how each route works. Our fully managed live-in care is available anywhere in England from £1,550 a week. Call 01865 715780 to talk things through or to arrange a free initial assessment.

Common questions

Does the person keep their care while we challenge the decision?
The care continues, but the original decision stands until it is changed, so whoever was paying before keeps paying: the person themselves, or the council under its means test. If the ICB later changes its decision, including after an independent review, it should refund the council the gross cost, and the council should refund any contributions the person paid, with interest. Where the person paid privately, the ICB should make a payment to put them back in the position they would have been in.

Can we send new evidence to the independent review?
Only in limited cases. NHS England's guide says new evidence can be introduced at independent review only if the ICB could reasonably have been expected to obtain or consider it during the assessment but did not. That makes local resolution the time to put everything forward: care diaries, charts, incident reports and letters from the GP or specialists. Send it all to the ICB, and keep a list of what you sent and when.

What if the ICB will not even do a full assessment?

That is a negative Checklist, and it is challenged differently. Ask the ICB in writing to reconsider the Checklist outcome, adding any information it did not have. It must consider the request and reply in writing, although it does not have to complete a new Checklist. If you are still unhappy, use the NHS complaints procedure, normally within 12 months, and then the Public Service Ombudsman. An independent review panel cannot look at a refusal to do a full assessment.

Will the ICB follow the panel's recommendation?

Almost always. The independent review panel's role is advisory, but the national framework says its recommendations should be accepted by NHS England and the ICB in all but exceptional circumstances. If the panel finds that procedural problems prevented a fair decision, it can send the case back to the ICB for a new full assessment, and you can ask for another independent review of that new decision if you still disagree.

We missed the six-month deadline. Is it too late?

Not always. The Department of Health guidance on time limits allows the ICB to accept a late request if there was a good reason for the delay, such as illness or bereavement, and all the records behind the original decision can still be found. Write explaining why you are late. If the person's needs have increased since the decision, you can also ask for a new Checklist instead, which is not limited by the appeal deadline.

Sources and further information

- NHS England: NHS Continuing Healthcare independent review process, public information guide (version 3, July 2023)
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care (July 2022, revised)
- GOV.UK: Time limits for requests to review NHS continuing healthcare eligibility decisions
- Public Service Ombudsman: Our new name
- Public Service Ombudsman: Complaints about the NHS in England
- NHS England: Making a complaint
- NHS.uk: NHS continuing healthcare

Read next

PAYING FOR CARE AND REDUCING THE COST

NHS Continuing Healthcare: a guide for families

A plain-English guide to NHS Continuing Healthcare in England: who qualifies, the Checklist, the Decision Support Tool and its 12 domains, Fast Track, care at home including live-in care, reviews, appeals with template letters, retrospective claims and how to prepare evidence.

Read the guide →

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Retrospective NHS Continuing Healthcare claims for past care

How to claim back care fees the NHS may have owed: previously unassessed periods of care since 1 April 2012, who can apply (including executors), the forms and evidence, the 28-day and 8-week deadlines, typical timescales, and refunds with interest.

Read the guide →

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Personal health budgets: how they work with NHS care at home

How personal health budgets work in England: the legal right with NHS Continuing Healthcare and section 117 aftercare, the three ways to hold the money, the care plan, using a budget to choose a live-in care provider, direct payment rules, reviews and what to do if refused.

Read the guide →

All guides in the information centre Check what help you could get

Talk to our care team: 01865 715780

enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272

Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA

CQC overall rating: Good (report published 20 April 2018)

The latest version of this page: **www.dayandnightcare.co.uk/guides/challenging-a-chc-decision/**

This PDF was made on 1 November 2026.

Information, not advice: please check anything important with the organisation named.