Who to send it to

The NHS Continuing Healthcare team at the ICB that made the decision, at the address on the decision letter.

The letter

Replace everything in [square brackets], keep a copy, and note the date you sent it.

[Your name]
[Your address]
[Your phone number]
[Your email address]

[Date]

NHS Continuing Healthcare Team
[Name of integrated care board]
[Address or email address from the decision letter]

Dear Sir or Madam,

Request for local resolution: NHS Continuing Healthcare decision for [full name], date of birth [date of birth], NHS number [NHS number]. Decision letter dated [date]. Your reference: [reference number]

I am writing to ask the ICB to review the decision that [name] is not eligible for NHS Continuing Healthcare, under its local resolution procedure. [I am [his/her] [relationship] and act with [his/her] written consent / under a registered Lasting Power of Attorney for health and welfare / as executor of [his/her] estate; a copy is enclosed.]

I disagree with [the decision / the procedure followed / both], for these reasons.

1. Domain scores

- [Domain, for example Cognition]: scored [level], but should be [level], because [reason and evidence].
- [Domain]: scored [level], but should be [level], because [reason and evidence].
- [Domain]: scored [level], but should be [level], because [reason and evidence].

2. Evidence not taken into account

The assessment did not take into account [for example: care records showing two-person repositioning every two hours; behaviour charts; incident reports; the letter from Dr (name) dated (date)].

3. Primary health need

Taken together, the nature, intensity, complexity and unpredictability of [name]'s needs show a primary health need. Several needs are well managed only because of skilled care, and they should not have been marginalised for that reason. [Procedure: for example, we were not given reasonable notice of the meeting / the multidisciplinary team did not include (description) / disagreements were not recorded.]

Please:

1. send me a copy of the completed Decision Support Tool, the ICB's decision record and all the evidence used, if I do not already have them;
2. arrange a meeting to discuss the decision, with someone who has authority to decide next steps;
3. tell me your timescale for dealing with this request; and
4. confirm the outcome, with reasons, in writing.

I enclose [list of documents].

Yours faithfully,

[Your signature]
[Your name]
[Your relationship to the person]

Tips

- Note the date on the decision letter and diarise the six-month limit as soon as it arrives. Writing early is better than writing perfectly; you can send more evidence later.
- Ask for the Decision Support Tool and go through it domain by domain. Put your strongest points first and back each one with evidence, such as care charts, incident reports and letters from professionals.
- Well-managed needs are still needs: explain what would happen if the skilled care stopped, not only what happens now.

- Scores must not simply be added up. The question is whether the needs, taken together, show a primary health need, judged on their nature, intensity, complexity and unpredictability.
- Ask for a written record of any meeting. In April to June 2026, 92 of the 666 local resolution requests completed in England (13.8%) ended with the person found eligible.
- If the ICB upholds its decision, you can apply to NHS England for an independent review panel, normally within six months. After that, you can complain to the Public Service Ombudsman (formerly the Parliamentary and Health Service Ombudsman) on 0345 015 4033. Free advice: Beacon, 0345 548 0300.

The law behind it

Regulation 21(10) and (11) of the Standing Rules Regulations 2012: the ICB must give its decision in writing with reasons, and explain how to ask for a review of the procedure it followed or of the decision. The Department of Health's guidance on time limits (from April 2012): a local review should be requested within six months of being told of the decision, and the ICB should deal with it within three months. The National Framework for NHS Continuing Healthcare (July 2022, revised 2023) requires every ICB to have a fair, transparent local resolution process with published timescales, normally starting with an informal discussion and moving to a formal meeting if needed. Regulation 23: if local resolution does not settle the matter, you can apply in writing to NHS England for an independent review; the time-limits guidance says this should be within six months of being told of the local resolution decision.

Read more in our guide: NHS Continuing Healthcare: a guide for families.

Other letters

- Asking the council for a care needs assessment
- Asking the council for a carer's assessment
- Asking for the written financial assessment and a disability-related expenditure review
- Asking for a review or reassessment of care and support
- Asking for an NHS Continuing Healthcare Checklist