PAYING FOR CARE AND REDUCING THE COST

Retrospective NHS Continuing Healthcare claims for past care

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IN BRIEF

If someone paid for care when the NHS should have considered them for Continuing Healthcare but never did, you can ask the integrated care board (ICB) to assess that past period. Claims generally cover care from 1 April 2012, and the current guidance sets no deadline for asking. If the person is found to have been eligible, the ICB refunds the care costs plus interest, to the person or to their estate.



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Many families pay for care for months or years without anyone ever mentioning NHS Continuing Healthcare (CHC). If the person's needs were mainly health needs during that time, the NHS may have owed the whole cost. The NHS calls this a "previously unassessed period of care" (sometimes shortened to PUPoC), and the rules come from national guidance last updated on 19 March 2025. This guide covers England; in Scotland, Wales and Northern Ireland the rules differ.

What counts as a previously unassessed period

All three of these must apply:

1. **The NHS never considered CHC** for the person during that period.
2. **The person paid for the care,** in full or in part.
3. **There is objective evidence** that they should have been considered at the time, given their needs.

The care can have been at home, including live-in care, or in a care home. No diagnosis guarantees eligibility, but periods worth asking about often involve frequent and complex nursing needs, distressed behaviour linked to advanced dementia, problems swallowing or tube feeding, serious pressure damage, unstable breathing, seizures or a rapid decline towards the end of life.

What does not count

A period has already been "assessed", and cannot be claimed this way, if during it there was:

- a CHC Checklist, or a recorded decision that one was not needed;
- a full CHC assessment that found the person not eligible;
- NHS-funded nursing care with regular reviews that considered CHC.

If you think an earlier Checklist or assessment was done badly, that is a complaint or a challenge, not a past-care claim; see challenging a CHC decision. But watch for gaps: if the person's needs changed after a Checklist and nobody looked again, the later period can still be a valid claim. A short stay of under six weeks in a nursing home may not count, because it can be treated as urgent nursing care without CHC being considered.

Who can apply

- **The person themselves.**
- **Someone acting for them with their consent,** such as a son or daughter.
- **If the person lacks capacity:** an attorney under a registered Lasting Power of Attorney, or a deputy appointed by the Court of Protection. If nobody holds that authority, the ICB should consider whether going ahead is in the person's best interests, and will need evidence that they lack capacity.
- **If the person has died:** the executor or administrator of the estate, or someone with a claim arising from the death (who must explain what that claim is). A Lasting Power of Attorney ends on death, so it does not give authority here.

Proof for an estate: a copy of the will naming you as executor or the grant of probate; where there is no will, letters of administration. If you cannot send proof with the forms, the ICB can give you eight weeks, and should consider allowing longer in exceptional cases, such as a delay in obtaining probate.

How to make a claim, step by step



1. **Contact the ICB** that was responsible for the person's NHS care during the period (the NHS website has a "find your integrated care board" tool). Ask for the previously unassessed period of care application form and the consent form.
2. **Return the forms within 28 days** of the date they were sent, with proof of your authority and any evidence you have. If someone applying for another person cannot show their authority within 28 days (eight weeks for an estate), the ICB can close the case, and you would have to start again.

3. **The ICB checks the request.** It confirms it was the right ICB and whether the period was really unassessed, then tells you in writing whether it will go ahead, with reasons.
4. **The ICB gathers records** from care homes, GPs, hospitals, social services and other NHS teams.
5. **You see a "needs portrayal".** An assessor summarises the person's needs across the whole period, in date order and care domain by care domain. You are asked to comment, and add evidence, within 28 days where possible. Read it carefully: this is your chance to correct gaps.
6. **The ICB applies the Checklist** to the past period, repeating it yearly or at points where needs changed. It may decide a full assessment is needed for all, part or none of the period.
7. **A multidisciplinary team completes the Decision Support Tool** for the periods that need it, usually in sections of about 12 months, or split at major events such as a stroke.
8. **The ICB decides** and writes to you with a detailed rationale, enclosing the needs portrayal and Decision Support Tool.

How long it takes

Each ICB sets its own reasonable timescales and should keep you updated. The national guidance gives best practice:

- **Claims for one year of care or less:** completed within six months of the ICB receiving the completed forms.
- **Longer claims:** no more than 12 months, except in exceptional circumstances.

Evidence that helps

- Care home or home care records, care plans and daily notes
- GP and hospital records, discharge letters and appointment letters
- Nursing records, charts, symptom diaries and daily care sheets
- Reports from specialists, such as speech and language therapists, tissue viability nurses or physiotherapists
- Prescriptions
- Bank statements and receipts showing what was paid (invoices help, but are not treated as proof of payment)

Example email to the ICB

> Subject: Request for assessment of a previously unassessed period of care
>
> I am writing about [full name], date of birth [date], NHS number [if known], who [lives at / lived at, or died on date]. From [date] to [date], [name] paid for [live-in care at home / care at (care home)]. To our knowledge, NHS Continuing Healthcare was never considered during this time, although [name] had [for example, advanced dementia with distressed behaviour at night, a PEG feeding tube and recurrent pressure sores]. Please send me the application and consent forms for a previously unassessed period of care. I am [name]'s [attorney / executor / son], and can provide [the registered Lasting Power of Attorney / a copy of the will / the grant of probate].

Refunds and interest

If the ICB finds the person was eligible for all or part of the period, it should pay promptly, once proof of identity has been provided. The payment goes to the person or their estate and aims to restore them to the position they would have been in had CHC been agreed at the time: the care costs for the eligible period, **plus interest**. ICBs can also make extra "ex gratia" payments, but only in exceptional cases. If you disagree with whether or how much redress is paid, use the NHS complaints procedure.

Do you need a claims company?

No. The process is designed for families to use, the ICB collects the records, and free advice is available from Beacon (0345 548 0300), the independent CHC advice service the NHS website points to, and from the Age UK Advice Line (0800 678 1602, 8am to 7pm every day). If you decide to pay a firm, ask in writing how its fee is calculated and what you pay if the claim fails.

Your past-care claim checklist

- [ ] Dates of the period and every care home or care provider listed
- [ ] Proof of authority ready (consent, LPA, deputyship order, will, probate or letters of administration)
- [ ] Bank statements or receipts showing payments

- [ ] Copies of any care records, letters and care plans you hold
- [ ] Application and consent forms returned within 28 days
- [ ] Needs portrayal checked and answered within 28 days
- [ ] Decision letter and Decision Support Tool received

What to do next

1. Write down the dates of the period and who provided the care.
2. Find the right ICB and ask for the forms.
3. Gather proof of authority and payment while you wait.
4. Return everything within 28 days, keeping copies.
5. If the person still needs care now, ask for a current CHC Checklist as well.

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. Our fully managed live-in care is available anywhere in England from £1,550 a week, with a written quote after a free initial assessment. Call 01865 715780 or contact us.

Common questions

Is there a deadline for making a retrospective claim?
There is no deadline in the current guidance for asking. The only cut-off is the period covered: ICBs generally consider care from 1 April 2012 onwards. Even so, it is wise to ask soon, because the claim depends on records such as care home notes, GP records and hospital letters, and older records become harder to find. Once you have asked, the ICB will set short deadlines for returning forms, so be ready to act quickly.

Can we claim for care before April 2012?

Generally not. Earlier periods were closed by two national "close-down" exercises: one in 2007 for care mainly before 1 April 2004, and one announced on 15 March 2012 for care between 1 April 2004 and 31 March 2012. ICBs should still consider whether exceptional circumstances justify looking at an earlier period, but the guidance expects this to be rare. If you believe your case is exceptional, explain why in writing.

What if the council paid for part of the care?

You can still ask. A past-care claim covers periods the person paid for in full or in part, so an assessed contribution towards council-arranged care, or a top-up, counts. The aim of any refund is to put the person, or their estate, back in the position they would have been in if NHS Continuing Healthcare had been agreed at the time. Keep records of everything the person paid, such as bank statements and receipts.

Do we have to find all the records ourselves?

No. The ICB is responsible for requesting and reviewing the evidence, including care home, GP, hospital and social care records. Anything you can send yourself, such as care plans, diaries, letters and proof of payment, may speed things up. If some records have been lost or destroyed, the ICB should be able to show what it did to try to find them. List every care home and hospital stay, with dates, on the application form.

What happens if the claim is turned down?

It depends on the stage. If the ICB decides a full assessment is not needed for some or all of the period after applying the Checklist, you can complain through the NHS complaints process. If a full assessment finds the person was not eligible, you can use the three-stage challenge route: local resolution with the ICB, an independent review arranged by NHS England, and then the Public Service Ombudsman. The decision letter should explain the reasons and enclose the paperwork.

Sources and further information

- GOV.UK: Dealing with requests for assessments of previously unassessed periods of care from 1 April 2012 (updated 19 March 2025)

- GOV.UK: Previously unassessed periods of care, application form and needs portrayal form
- GOV.UK: Appendix 2, authority to act and sharing information
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care
- NHS.uk: NHS continuing healthcare
- NHS.uk: Find your local integrated care board

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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Challenging an NHS Continuing Healthcare decision

How to challenge an NHS Continuing Healthcare decision in England: local resolution with the ICB, NHS England's independent review, the Public Service Ombudsman, time limits, care diaries, why well-managed needs are still needs, and template letters.

Read the guide →

LEGAL MATTERS AND PLANNING AHEAD

Lasting Power of Attorney: a guide for families

How Lasting Power of Attorney works in England and Wales: the two types, why to make one early, how to make and register it online or on paper, the £92 registration fee, the certificate provider, and what happens without one (deputyship and the Court of Protection).

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)

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