[Your name]

[Address line 1]

[Address line 2]

[Address line 3]

 [Postcode]

[Date]

[Name of primary trust/social services]

[Address line 1]

[Address line 2]

[Address line 3]

[Postcode]

Dear [name of Director of Social/Adult Services]

**Subject: Formal complaint**

I wish to request a review of [if you are complaining on behalf of someone you care for, write their name here] continuing NHS health care. I believe that [name of person], has been/is being wrongly charged for care that should have been paid for by the NHS.

I am requesting a review/reassessment in light of the recent Grogan judgment. As you may be aware, the judge confirmed that the criteria used by SE London Strategic Health Authority were fatally flawed because they did not set out the Coughlan ‘primary need’ test in full and also linked eligibility to the registered nursing care contribution bands. They also did not make clear to social services the proper tests that they should apply before deciding whether the person should remain the responsibility of the NHS or be means tested by social services.

I would like to have details of the action your trust [department] has taken to ensure that guidance being used in your area by both the primary care trust and social services is not similarly flawed and that decisions are being properly made so that they are legal. If you consider that it is not flawed please send me copies of the relevant sections of guidance that is being used with details of why you think it is line with the judgments.

I am concerned that the tests in the Coughlan and Grogan cases were not applied to [write their name here] case. Please arrange for a full reassessment to be undertaken.

[Insert here details of your case/the person on whose behalf you are complaining, for example – My mother is in the late stages of Alzheimer’s disease and is cared for at the Devon Cliffs nursing home/residential home/in her own home. She can no longer communicate, is doubly incontinent and has mobility problems and if in a nursing home the band of RNCC she is in.]

I therefore believe that [write their name here] should meet the Coughlan test for fully funded NHS care, and that the package is beyond the remit of social services, so [he/she] should not have been means-tested.

[I have sent this letter to you as Clinical Commissioning Group (CCG) and also to the director of social services].

Please progress this review and update me as soon as possible as to the action you intend to take.

Yours faithfully,

[Your signature]

[Your name]

*If you want to appeal against a decision regarding your care funding, you must submit your request in writing to your local Social Care Services, the address for which can be found on your local council’s website. Any such request must be signed by the claimant. You should submit any evidence in support of your appeal.*

*(****NB:****If you are disagreeing with a decision about continuing NHS healthcare, you must address your letter to Clinical Commissioning Group to request a review).*

*Things your letter needs to include:*

* *What decision you want to appeal against*
* *Why you want to appeal*
* *Your benefit reference or National Insurance number*
* *The name and address of anyone who is helping you with your appeal. A copy of the papers about the hearing will be sent to them as well.*
* *You must write to the CCG requesting a review no later than 6 months from the date you receive the written notification of the decision, for more information about* [what to do if you don’t agree with the assessment](https://www.moneyadviceservice.org.uk/en/articles/are-you-eligible-for-nhs-continuing-care-funding#what-to-do-if-you-dont-agree-with-the-assessment)
* *Your written appeal request is signed by you.*