[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 (my mother’s) 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 [my mother] 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.

[Rwyf wedi anfon y llythyr hwn atoch chi fel y Grŵp Comisiynu Clinigol (CCG) a hefyd at gyfarwyddwr y gwasanaethau cymdeithasol].

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]

*Os ydych am wneud apêl yn erbyn penderfyniad ynglŷn â’ch cyllid gofal, rhaid i chi anfon eich cais yn ysgrifenedig i’ch Adran Gwasanaethau Gofal Cymdeithasol, gyda’r cyfeiriad sydd ar gael ar wefan eich cyngor lleol. Any such request must be signed by the claimant. You should submit any evidence in support of your appeal.*

*(****SYLWER:*** *Os nad ydych yn fodlon ar benderfyniad ynglŷn â’ch gofal iechyd GIG parhaus, rhaid ichi gyfeirio’ch llythyr at y Grŵp Comisiynu Clinigol i ofyn am adolygiad).*  
  
*Pethau y mae angen i chi eu cynnwys yn eich llythyr:*

* *Pa benderfyniad yr hoffech wneud apêl yn ei erbyn*
* *Eich rheswm dros wneud apêl*
* *Eich cyfeirnod budd-dal neu rif Yswiriant Gwladol*
* *Enw a chyfeiriad unrhyw un sy’n eich helpu gyda’ch apêl. Anfonir copi o’r papurau am y gwrandawiad atynt hefyd.*
* *Rhaid i chi ysgrifennu at y CCG yn gofyn am adolygiad cyn pen 6 mis ers y dyddiad y cawsoch yr hysbyseb ysgrifenedig am y penderfyniad, i gael rhagor o wybodaeth am* [beth i’w wneud os ydych yn anghytuno â’r asesiad](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)
* *Mae eich cais ysgrifenedig am apêl wedi’i lofnodi gennych.*