

# Complaints and eligibility challenges in NHS Continuing Healthcare

## Independent evidence report for England

**watkin.care**

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A focused synthesis of Ombudsman findings and NHS England local-resolution data, developed from the project evidence note of 8 October 2026.

### Key findings

Formal complaints, local eligibility review, independent review and Ombudsman scrutiny describe different activities. Their counts cannot be added together as a national complaints total.

In April-June 2026, England recorded 666 completed local-resolution requests, with 92 resulting in eligibility (13.8%). Cheshire and Merseyside recorded 4/55 (7.3%).

Warrington recorded no completed requests in that quarter, while 17 requests remained incomplete at quarter end. No completion-outcome percentage can be calculated.

The Ombudsman's 2020 report documents consequential failures in particular CHC cases. Its selected cases do not establish the prevalence of failure across the system.

The sources examined do not establish current national or named local totals of formal CHC complaints, current IRP outcomes, or the time families spent pursuing individual challenges.

### What this report contributes

The analysis identifies what the available counts measure, how they relate to documented experiences and what reporting is needed to examine whether challenge processes provide accessible, timely remedies. It does not determine any individual's eligibility or estimate a national decision-error rate.

This is an independent report, not an NHS publication or a peer-reviewed study. The quarterly data are management information. No personal case records are included.

# 1. Distinguishing the evidence

| Evidence type      | What it describes                                                                                                             | What it cannot establish alone                                                   |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Formal complaint   | Concerns about service handling, such as communication, delays, administration or care planning.                              | The number of eligibility decisions reconsidered or changed.                     |
| Local resolution   | Requests to review eligibility decisions. The workbook definition includes full assessments using the DST or Fast Track tool. | All complaints, all appeals, or outcomes of NHS England independent review.      |
| Independent review | A further stage of scrutiny of disputed CHC eligibility decisions.                                                            | Its current volumes or outcomes from the local-resolution columns analysed here. |
| Ombudsman casework | Complaints reaching external scrutiny and findings from examined cases.                                                       | The prevalence of harm among all applicants or recipients.                       |

These categories may overlap within one person's experience. The same case may generate a local review, a complaint about delay and subsequent external scrutiny. Adding the counts would risk double-counting people and combining different units of activity.

## Ombudsman findings: historical evidence of consequences

PHSO's Continuing Healthcare: Getting it right first time (2020) reported decisions on 336 CHC complaints between April 2018 and July 2020. Its detailed analysis used 60 selected cases, with ten case-study examples. [1]

The two central themes were failures in care and support planning, including additional payments, and errors in reviews of previously unassessed periods of care. Documented consequences included unnecessary expenditure, unmet care, prolonged financial uncertainty and distress. [1,2]

These are historical, selected cases, not current complaint totals or a representative sample of CHC applicants. The former CCG terminology reflects the period covered. The findings explain mechanisms and consequences of failure; they do not show how frequently each occurs today.

## How the sources fit together

Casework provides evidence about what went wrong in examined cases. Administrative counts describe completed review activity and outstanding work. Combining them helps frame accountability questions, but cannot establish that the 2026 cases had the same problems as those in the 2020 report.

## 2. Local-resolution outcomes and outstanding requests

The tables use the retained NHS England workbooks for January-March 2024, January-March 2026 and April-June 2026. Completed requests are activity during the quarter; incomplete requests are stocks at quarter end. [3-5]

### Completed requests resulting in eligibility

| Area                    | Jan-Mar 2024   | Jan-Mar 2026    | Apr-Jun 2026     |
|-------------------------|----------------|-----------------|------------------|
| England                 | 80/596 (13.4%) | 104/751 (13.8%) | 92/666 (13.8%)   |
| Cheshire and Merseyside | 6/35 (17.1%)   | 0/48 (0.0%)     | 4/55 (7.3%)      |
| Greater Manchester      | 2/12 (16.7%)   | 7/29 (24.1%)    | 10/27 (37.0%)    |
| Warrington              | 0/1 (0.0%)     | 0/3 (0.0%)      | 0 completed; N/C |

N/C means not calculable because there were no completed requests. The source measure covers total CHC, including Standard and Fast Track; these figures should not be presented as Standard-only local-resolution outcomes.

In April-June 2026, Cheshire and Merseyside's observed percentage was 6.5 percentage points below England's. Greater Manchester recorded 10/27 (37.0%). The numerators are small, and the data do not identify grounds for review, care needs or procedural differences.

### Incomplete requests at quarter end

| Area                    | 31 Mar 2024 | 31 Mar 2026 | 30 Jun 2026 |
|-------------------------|-------------|-------------|-------------|
| England                 | 2,158       | 2,469       | 2,582       |
| Cheshire and Merseyside | 119         | 144         | 155         |
| Greater Manchester      | 75          | 59          | 64          |
| Warrington              | 19          | 8           | 17          |

England's outstanding requests increased from 2,469 to 2,582 between March and June 2026, a rise of 4.6%. The corresponding Cheshire and Merseyside stock increased from 144 to 155 (+7.6%). Warrington increased from eight to seventeen.

A stock of seventeen outstanding requests alongside zero completions is a reason to ask about progress and waiting times. It does not establish that all seventeen were delayed, had been waiting for the entire quarter or involved seventeen unique people.

### Two consecutive 2026 quarters

Across January-June 2026, England recorded 196 eligibility outcomes among 1,417 completed requests (13.8%). Cheshire and Merseyside recorded 4/103 (3.9%); Greater Manchester 17/56 (30.4%). These are sums of completed-request activity, not a tracked cohort. No causal or statistical significance claim is made.

# 3. Accountability, evidence gaps and improvement

## What the evidence supports

The figures justify closer examination of the accessibility, progress and outcomes of eligibility challenges. The Ombudsman findings demonstrate why accurate decisions, suitable care arrangements and effective redress matter. Neither evidence stream alone measures the total work families undertake to secure a remedy.

A useful review of challenge handling would follow cases from the original decision through local resolution and any later scrutiny. It would examine what was disputed, whether the evidence was accurately recorded, how professional disagreements were addressed and whether the final response answered the concerns raised.

## Reporting needed to assess performance

| Measure                   | What it would help establish                                                                                                    |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Formal complaints         | CHC-specific received, completed and upheld counts; subject and remedy, reported separately from eligibility reviews.           |
| Local-resolution flow     | New requests, completions, withdrawals and outstanding requests, with clear counting rules and consistent definitions.          |
| Waiting times             | Median and longer waits, age of outstanding work, postponements and reasons for delay.                                          |
| Independent review        | Requests, accepted cases, hearings, recommendations, outcomes and implementation, linked without double-counting.               |
| Quality of decisions      | Accuracy of records, treatment of dissenting professional opinions, reasons for changed outcomes and findings from case audits. |
| Consequences and remedies | Care continuity, personal expenditure, reimbursement, avoidable disruption and whether agreed actions were completed.           |
| Access and participation  | Availability of advocacy, accessible communication and barriers affecting those who do not pursue a challenge.                  |

## Interpretation and limitations

A low proportion resulting in eligibility may reflect original decision quality, case mix, the grounds and timing of challenges, access to support, review practice or recording. A high proportion may likewise have several explanations. The available aggregates cannot distinguish them.

England includes the named ICBs, and Cheshire and Merseyside includes Warrington. These nested rows are not independent samples. Small denominators and selected quarters limit generalisation. No patient-level linkage, case-mix adjustment, hypothesis testing or causal modelling is undertaken.

The report does not establish current formal CHC complaint totals, an overall appeal success rate or the proportion of initial decisions that were wrong. Those remain evidence gaps, rather than quantities that can be inferred from completed local-resolution requests.

## 4. Methods, references and publication record

### Preparation and verification

This is a focused documentary and descriptive analysis, not a separate systematic search of all CHC complaints literature. It updates the project evidence note dated 8 October 2026. The PHSO publication and its introduction were checked online on 15 October 2026. The same retained quarterly workbooks underpin the companion statistical report; overlapping results are not independent corroborating datasets.

Local-resolution outcomes were extracted from worksheet 1.3 In Quarter: BG (completed requests) and BI (resulting in eligibility). Percentages were recalculated as  $BI/BG \times 100$ , rounded to one decimal. A zero denominator is labelled not calculable. Incomplete requests use worksheet 1.1 Snapshot, column Y.

Organisation codes: E1 England; QYG Cheshire and Merseyside; QOP Greater Manchester; 02E Warrington. National numerators and denominators were reconciled exactly to ICB-row totals in each workbook. No missing data were imputed. Latest-quarter source rows for England, Cheshire and Merseyside and Warrington are 8, 30 and 38 respectively.

### References

[1] Parliamentary and Health Service Ombudsman (2020). Continuing Healthcare: Getting it right first time. Introduction. <https://www.ombudsman.org.uk/publications/continuing-healthcare-getting-it-right-first-time/introduction>

[2] Parliamentary and Health Service Ombudsman (2020). Continuing Healthcare: Getting it right first time. Publication and foreword. <https://www.ombudsman.org.uk/publications/continuing-healthcare-getting-it-right-first-time>

[3] NHS England. Quarterly CHC and FNC data, Jan-Mar 2024. Retained workbook: CHC-and-FNC-Quarterly-Data-Q4-2023-24\_DJ55n(1).xlsx  
SHA-256: f570f98d1bd0c22f1275873ad549ba5e9057b962c6bfe7734554c2cd8f625cf8

[4] NHS England. Quarterly CHC and FNC data, Jan-Mar 2026. Retained workbook: CHC-and-FNC-Quarterly-Data-Q4-2025-26-RT25s-v2.xlsx  
SHA-256: 6550d845279f6521d0b1f0c1d5c94bbd640a3424ffa3058a6a5e886ead7d202e

[5] NHS England. Quarterly CHC and FNC data, Apr-Jun 2026. Retained workbook: CHC-and-FNC-Quarterly-Data-Q1-2026-27\_4s7Bc-2(1).xlsx  
SHA-256: ed5bce7fce353e88a695aa2e64df5512423c4d6c21945cd34d898eff4f0e50fb

Quarterly publication collection:  
<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

### Publication record

Suggested citation: Continuing Healthcare: Evidence and Experience. Complaints and eligibility challenges in NHS Continuing Healthcare: independent evidence report for England. Version 1.0. watkin.care; 15 October 2026.

Author context: the author operates an independent CHC evidence website and has personal experience of a family eligibility dispute. No personal case evidence is used in this report. Retrieval, calculations and drafting were undertaken with ChatGPT assistance. The report has not undergone independent statistical or academic peer review.

Source-version scope: the report uses the retained workbook versions listed above. It does not claim an external audit of submitted data or complete reconciliation of later revisions. The 2026 workbooks describe their aggregate data as management information.