

DRAFT

TEMPLATE LETTER TO YOUR LOCAL HEALTH BOARD / TRUST ABOUT PRODUCT ACCESS CONCERNS

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[Insert your name]

[Insert your address]

[Insert your email]

[Insert the date]

[Insert your NHS number (if known)]

[Insert your date of birth]

[Insert person's name]

[Insert person's address]

Dear [Insert the name of the Health Board / Trust Representative / Sir or Madam],

I am writing to raise a concern about a recent decision made by [Insert name of GP and/or GP Practice, Specialist Nurse, or Local NHS Team] regarding my access to [Insert name of product] to help manage my condition, [Insert name of condition / details about your condition].

My understanding is that this type of product may be provided as part of NHS care when it is considered clinically appropriate. I would appreciate clarity on whether this applies in my case and the reasons for the decision made.

This issue is having a significant impact on my daily life and wellbeing. [Briefly explain how not having this product affects your comfort, independence, or ability to manage your condition. For example, increased discomfort, difficulty leaving the house, leakage, or anxiety affecting quality of life.]

Example: Since switching from [Previous Product], I've experienced frequent leaks and skin irritation, which has really affected my confidence at work and when I'm out with family.

Across the UK, patients have the right to receive care that meets their clinical needs, and products should be made available where clinically appropriate. I am concerned that the decision to deny access to [Insert product name] may not align with these principles.

Request for Clarification

To better understand this decision, I would appreciate a response to the following questions. Please respond within **28 working days** so that I can consider any further steps if needed:

- What specific criteria or process was used to determine that this product is not available in my local NHS area?
- Please could you explain what appeal mechanisms are in place and what steps I need to take to challenge this decision?

- If this decision is based on local prescribing guidelines or a local formulary ([the list of products available for prescription](#)), could you explain how this is reviewed and whether patients can contribute to that process?

I kindly request that my case is reviewed. If possible, I would also welcome the opportunity to speak to someone from your team to understand what options are available to me and I would be grateful for a written response.

[Insert evidence: If you've had support from someone, you can mention it here - for example: "I've also been in touch with (e.g. my stoma nurse or continence consultant), who is supporting me through this process."]

Thank you for taking the time to read my letter. I'd really appreciate your support in helping me find a solution that works for my health and quality of life. Please let me know if you need any further information.

Yours sincerely,

[Insert your full name]

[Insert your contact information]