# Self-referral / inquiry template

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| **General Practice Resilience Programme****Self-referral / inquiry for support – Page 1** |
| Please complete all fields where applicable. Completed forms should be sent to your local NHS England resilience programme lead - contact details are available [here](https://www.england.nhs.uk/gp/gpfv/workload/resilience/accessing-support/): <https://www.england.nhs.uk/gp/gpfv/workload/resilience/accessing-support/> |
| **Contact details**  |
| **Practice lead:**Name:Email:Telephone:Practice name: Practice code: List Size\*: (\*if not included below) | **Is the referral/inquiry on behalf of a group of practices?** Yes/No If yes please provide details of all practice below (or append details if necessary) |
| **Practice Name** | **Practice Code** | **List Size** |
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| **Total list size:** |  |

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| **General Practice Resilience Programme****Self-referral / inquiry for support – Page 2** |
| **Menu of support requested and history of past support**  |
| Clinical Commissioning Group Name:Does the CCG support your request for support: Yes/No/Don’t know\* (\*delete as appropriate) |
| **What categories of support are required? Tick all that apply:**Please refer to published guidance for reference as needed:<https://www.england.nhs.uk/gp/gpfv/workload/resilience/accessing-support/>Rapid intervention / management (i.e. interim support such as clinical staff support due to unfilled vacancies ) □ Diagnostic and improvement □Specialist advice and guidance □ (e.g. operational/HR/management/finance) Coaching/supervision/mentorship □Practice management capacity □ Workforce/recruitment issues □ Change management (e.g. management support) □ Other (e.g premises adaptation – must be linked to agreed resilience plan) □ | **Has the practice(s) previously received funded support from:*** Royal College of Practitioners Peer Support Programme (CQC special measures support)?

Yes/No* Vulnerable Practice Programme?

Yes/No* General Practice Resilience Programme?

Yes/No   |

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| **General Practice Resilience Programme****Self-referral / inquiry for support – Page 3** |
| **Case for support**  |
| Please provide details of issues currently impacting on your service, staff and patients: (200 word Maximum)  | Please provide details of the nature of the support you believe you require: (200 word Maximum)  |

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| **General Practice Resilience Programme****Self-referral / inquiry for support – Page 5** |
| **Programme administration (not for practice use/completion)** |
| CCG Statement of Support : (CCG Use Only) (200 word maximum) CCG Priority: |
| NHS England Assessment and Decision (NHSE use only) |
| **National assessment criteria outcome** (refer to programme guidance) Further information required to complete assessment/prioritisation? Yes/NoScope for Support: Impact of Support: Rating:  |
| **General administration/Communications to practice lead** • Date self-referral/inquiry received:• Date of response to advise next steps and or outcome\*: (\* 2 week serviced standard applies)  |