# Self-referral / inquiry template

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Total list size:** | |  | |

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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) |

|  |
| --- |
| **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/No  Scope 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) |