

**SUBMIT A SERVICE FORM**

To add a service page to the [NCL GP Website](https://gps.northcentrallondon.icb.nhs.uk), please complete the form below with as much detail as possible and send to [nclicb.gp.website@nhs.net](file:///\\ad.elc.nhs.uk\HomeDrives\NELCSU-London02\Pedderk.Migrated\a%20NCL%20GP%20website%20working\latest%20NCL%20GPWebsite%20master%20docs%20copies\nclicb.gp.website@nhs.net)

**SERVICE NAME**

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| --- |
| Please fill in |

**SUMMARY OF SERVICE**

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| Please keep this succinct as a GP needs to get the gist of the service at a glance. |

**ELIGIBILITY CRITERIA**

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| Inclusion: Please fill in: this can be a simple inclusion such as ‘resident of Camden’ |
| Exclusion: Optional to fill in |

**SERVICE FEEDBACK CONTACT DETAILS**

This section is for GPs to contact the service for queries or to give feedback.

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| Name: |
| Telephone: |
| Email: |
|  |

**SERVICE PROVIDER**

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| --- |
| Please fill in |

**SERVICE COMMISSIONER**

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| --- |
| Please fill in |

**LOGOS**

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| Please send us a service provider and/or commissioner logo if you have them. Please ensure your files are.jpg, .png or .gif and are no larger than 10mb each. Email your files with this form to [nclicb.gp.website@nhs.net](file:///\\ad.elc.nhs.uk\HomeDrives\NELCSU-London02\Pedderk.Migrated\a%20NCL%20GP%20website%20working\latest%20NCL%20GPWebsite%20master%20docs%20copies\nclicb.gp.website@nhs.net) |

**LOCATION OF THE SERVICE/ANY CLINICS ETC**

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| --- |
| Please fill in |

**EXTERNAL LINKS: YOUR SERVICE WEBSITE/OTHER ONLINE RESOURCES**

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| If this service has a website, please provide the URL  Also provide URLs for other useful resources |

**DOWNLOAD FILES**

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| Please fill in (ie: patient leaflet, GP leaflet) Please send URL link to leaflets held on your organisation’s website, if this is not possible, please attach PDF copies when you email this form. |

**HOW TO REFER**

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| Who can refer? GPs/other health professionals (who exactly?)  Provide a summary of exactly how to refer a patient to this service, ie: EMIS/e-RS with /email/telephone etc.  If patients can self-refer, state exactly how they can do so. |

**REFERRAL FORM**

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| Include any forms or links for online forms. Email your files with this form to [gp.website@nhs.net](mailto:gp.website@nhs.net)  Please give your form a meaningful name.  (Please keep us updated if the form changes in future). |

**WHAT EXISTING SERVICES ON THE GP WEBSITE IS THIS SERVICE RELEVANT TO?**

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| See a list of existing services: [**https://gps.northcentrallondon.icb.nhs.uk/services**](https://gps.northcentrallondon.icb.nhs.uk/services) |

**WHO IS THE DESIGNATED REVIEWER FOR THIS CONTENT?**

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| [This](mailto:claire.hilton@thera.co.uk) is a person(s) who will be asked to review the service page annually and who would be responsible for notifying the web team of any changes that may occur within that 12-month period.  Please provide name, role and email address. |

**WHAT TOPICS ON THE GP WEBSITE IS THIS SERVICE RELEVANT TO?**

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| --- |
| **PLEASE TAKE A LOOK AT THE LIST AND COMPLETE THIS SECTION (IT HELPS WITH INDEXING THE SERVICE PAGE)**  See a list of existing topics:  [**https://gps.northcentrallondon.icb.nhs.uk/topics**](https://gps.northcentrallondon.icb.nhs.uk/topics) |

**SEARCH TERMS (KEYWORDS)**

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| **THIS IS IMPORTANT** What keywords would GPs type to find this service  (This will help us to ensure that your page appears when GPs are using the search function on the website) |

**WHICH NCL BOROUGH/S CAN USE THIS SERVICE?**

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| Please fill in (ie: Barnet, Camden, Enfield, Haringey, Islington?) |

**WHAT CLINICAL PATHWAY(S) ON THE GP WEBSITE ARE RELEVANT TO THIS SERVICE**

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| See a list of existing pathways (or attach a new pathway to the email for us to add):  [**https://gps.northcentrallondon.icb.nhs.uk/pathways**](https://gps.northcentrallondon.icb.nhs.uk/pathways) |

**ARE THERE ANY RELEVANT LOCALLY-COMMISSIONED SERVICES**

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| See a list of existing LCS: [**https://gps.northcentrallondon.icb.nhs.uk/enhanced-services**](https://gps.northcentrallondon.icb.nhs.uk/enhanced-services) |

**CONTACT DETAILS FOR QUERIES FROM WEB TEAM**

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| Please include your name, email address, telephone number and your role. |