A close up of a logo

Description automatically generated

**SUBMIT A SERVICE FORM**

Please complete the form below with as much detail as possible and send to [gp.website@nhs.net](mailto:gp.website@nhs.net)

**SERVICE NAME**

|  |
| --- |
| Please fill in |

**SUMMARY OF SERVICE**

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

**ELIGIBILITY CRITERIA**

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

**SERVICE PROVIDER**

|  |
| --- |
| Please fill in |

**SERVICE COMMISSIONER**

|  |
| --- |
| Please fill in |

**LOGOS**

|  |
| --- |
| 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 [gp.website@nhs.net](mailto:gp.website@nhs.net) |

**WHICH NCL BOROUGH CAN USE THIS SERVICE**

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

**DOWNLOAD FILES**

|  |
| --- |
| 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. |

**SERVICE FEEDBACK CONTACT DETAILS**

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

|  |
| --- |
| Name: |
| Telephone: |
| Email: |
| Website: |

**HOW TO REFER**

|  |
| --- |
| 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 path/email/telephone etc. If patients can self-refer, state exactly how they can do so. Include any forms or links for online forms. Email your files with this form to [gp.website@nhs.net](mailto:gp.website@nhs.net) |

**REFERRAL FORM**

|  |
| --- |
| Please title the form with an appropriate name and email a copy with this form. (Please keep us updated if the form changes in future). |

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

|  |
| --- |
| See a list of existing topics: [**https://gps.northcentrallondonccg.nhs.uk/topics**](https://gps.northcentrallondonccg.nhs.uk/topics) |

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

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

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

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

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

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

**YOUR SERVICE WEBSITE**

|  |
| --- |
| If this service has a website, please provide the URL. |

**SEARCH TERMS (KEYWORDS)**

|  |
| --- |
| What keywords would GPs type to find this service. (This will help us to ensure that it appears when GPs are using the search function on the website.) |

**DESIGNATED REVIEWER**

|  |
| --- |
| [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 to make the web team aware of any changes that may occur within that 12-month period. Please provide name, role and email address. |

**CONTACT DETAILS FOR QUERIES FROM WEB TEAM**

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