



NHS healthcare professional letter template for ECO4 and Great British Insulation Scheme Flex

[Dr/ GP name]

[Dr/ GP title]

[NHS trust/ board/ GP address]

[Postcode]

[Date: XX/XX/XXXX]

[Patient's name]

[Patient's address]

[Patient's postcode]

To: **CEREDIGION COUNTY COUNCIL,**

Having carefully considered the patient's medical health conditions, I hereby refer **[patient's name]** for the ECO4 Flexibility (ECO4 Flex) policy and the Great British Insulation Scheme Flex policy, as set out by the Department for Energy Security and Net Zero via the following route:

[Please cross one box only]

- **Route 2: Households identified as vulnerable to the cold according to NICE Guidance (NG6: Recommendation 2)** as outlined in the Great British Insulation Scheme and ECO4 Flex Administration Guidance¹. Route 2 is applicable to a person living at the premises which is being referred to receive energy efficiency measures, who is considered to be vulnerable to the cold-
- (i) under the guidance entitled "Excess winter deaths and illness and the health risks associated with cold homes" published by the National Institute for Health and Care Excellence on 5th March 2015 (NICE Guideline NG6); and
 - (ii) for a reason other than their low income, (see recommendation 2 of the NICE Guidance NG6).

¹ <https://www.ofgem.gov.uk/environmental-and-social-schemes/great-british-insulation-scheme>



Please indicate the relevant NICE proxy/proxies in the 'Route 2' column of the table below. The full list of NICE proxies can be found online².

- **Route 3: Person suffering from severe or long-term ill-health**
As outlined in the Great British Insulation Scheme and ECO4 Flex Administration Guidance. Route 3 is open to people suffering from severe or long-term ill-health due to the ECO4 and Great British Insulation Scheme legislated conditions listed below in the table.

Please indicate the relevant condition(s) in the 'Route 3' column of the table.

<u>Route 2</u>	<u>Route 3</u>
<input type="checkbox"/> Person in household has a cardiovascular condition or,	<input type="checkbox"/> A cardiovascular condition,
<input type="checkbox"/> Person in household has a respiratory condition (in particular, chronic obstructive pulmonary disease and childhood asthma) or,	<input type="checkbox"/> A respiratory disease,
<input type="checkbox"/> Person in household has a mental health condition or,	<input type="checkbox"/> Limited mobility,
<input type="checkbox"/> Person in household has a disability or,	<input type="checkbox"/> Immunosuppression
<input type="checkbox"/> Household with an older person (65 and older) or,	
<input type="checkbox"/> Household with young children (from new-born to school age) or	
<input type="checkbox"/> Household with a pregnant woman	

² <https://www.nice.org.uk/guidance/ng6/chapter/1-Recommendations#recommendation-2-ensure-there-is-a-singlepointofcontact-health-and-housing-referral-service-for>



Please sign either the Route 2 or the Route 3 declaration below:

Route 2: Households identified as vulnerable according to NICE Guidance (NG6: Recommendation 2):

I confirm that the named patient is vulnerable to the cold under the [NICE guidance: NG6, Recommendation 2](#), for the reason selected in the Route 2 column of the above table, and may benefit from assistance under ECO4 and Great British Insulation Scheme Flex, which aim to assist low income and vulnerable households.

*** All referrals must be sent from a valid NHS email address or, if provided as a physical letter, should be on headed paper and authenticated with the GP surgery stamp or similar.**

Name _____ Signature _____

Phone: _____ Email: _____

General Medical Council (GMC) Registration Number: _____

Route 3: Person suffering from severe or long-term ill-health:

I can confirm that the named patient suffers from one of the four health conditions listed above under Route 3 and that their health condition is adversely affected by living in a cold home.

*** All referrals must be sent from a valid NHS email address or, if provided as a physical letter, should be on headed paper and authenticated with the GP surgery stamp or similar.**

Name _____ Signature _____

Phone: _____ Email: _____

General Medical Council (GMC) Registration Number: _____

Surgery Stamp: