

PLCP No	
Date Received	

Procedure of Low Clinical Priority Funding Application

Please note, this form should be completed and signed by a GP or Consultant.

Date Submitted	
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Priority - Urgent or Routine	
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Consent	Yes/No
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<p>Is patient happy for relevant clinical detail to be shared with the Liverpool CCG Medical Advisors? <i>(Note – certain details will need to be shared to enable funding requests to be reviewed)</i></p>	
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<p>Is patient happy for any personal details (i.e. name, address etc) to be shared with the Liverpool CCG Medical Advisors?</p>	
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<p>The outcome of the funding application will be sent to the patient by letter. Please advise if the patient does not wish to be contacted by this method. <i>(Patients should be aware that we cannot guarantee the security of all methods of communication)</i></p>	
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Patient Details
Patients should be aware that personal and sensitive details will only be shared when necessary. Demographics are required to administer requests and supply funding (if approved). If the request goes to appeal this information will not be shared with the appeals funding panel, as requests will be anonymised.

<p>Name Address</p>	
<p>Date of birth Gender NHS Number</p>	

Referrer details

<p>Registered GP Practice Address</p>	
<p>Practice Tel No</p>	

<p>Referring Clinician <i>(if different to above)</i> Address Tel No</p>	
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Application details

Patient diagnosis	
Purpose of referral <i>e.g. is it for a second opinion; procedure; or type of treatment</i>	
Summary of clinical condition with relevant past medical history and previous treatments <i>(please note – it is useful to have relevant hospital clinic letters however any information not relevant to this application should not be included)</i>	<i>Please supply as much detail as possible about severity, duration, treatments tried and prognosis</i>
BMI and date calculated <i>(please include BMI readings for last 12 months)</i>	
Proposed Provider	
Under what section of the current PLCP policy are you applying? Local PLCP policy can be found on Map of Medicine – localised pathways/referral processes. https://neem.mom.nme.ncrs.nhs.uk/display/159/index.html	
Are the criteria met?	Yes/No
If not, what are the exceptional circumstances? <i>(If the patient does not meet the criteria, and there are no exceptional circumstances this request will not be approved)</i>	
Outcomes	
If approved, how will the outcomes be measured? What is the exit plan?	
If not approved, how will the treatment be managed?	
Signature of referring clinician:	



Liverpool Clinical Commissioning Group

Please send this form to:

plcpliverpool@nhs.net or to safe haven fax: 0151 296 7700

**PLEASE NOTE: FAILURE TO COMPLETE ALL SECTIONS OF THE FORM MAY RESULT
IN YOUR APPLICATION BEING RETURNED**