

ECO4 & GBIS Flex Medical Referral Template

What is ECO4 and GBIS Flex?

Eco4 and Great British Insulation Scheme (GBIS) Flex allows Local Authorities to refer eligible consumers for insulation and heating measures, with the aim of reducing home heating costs. The schemes are intended to serve consumers who live in private tenure properties, and who are considered vulnerable to the effects of living in a cold home.

Who is eligible for referral?

Under Eco4 and GBIS Flex there are two routes via which a consumer can be referred on medical grounds.

Route 3 enables the referral of persons suffering from a severe or long-term health condition, which is adversely affected by living in a cold home.

The relevant conditions are:

- A cardiovascular Condition
- A respiratory Disease
- Limited Mobility
- Immunosuppression

Route 2 enables the referral of persons that are considered to be vulnerable to the cold under National Institute for Health and Care Excellence (NICE) Guidance NR6: Recommendation 2 for a reason other than their low income. This referral will be supplemented by a second eligibility criteria by the local authority.

Relevant conditions are:

- Mental Health Condition
- Disability
- Aged 65 or older
- Parent or guardian to young children (5years or younger)
- Pregnancy

As the relevant healthcare provider, it is your right to determine whether a patient does or does not meet the conditions outlined within the routes.

Who can make a referral?

Referrals can be made by any medical practitioner:

- Listed on the General Practitioner Register

- Employed in a hospital or clinic owned by an NHS Trust or NHS Foundation Trust
- Employed by an NHS Health Board or NHS Local Health Board

How can I share a referral?

This referral can be provided via either:

- An email or file transfer shared directly from a valid NHS email address

OR

A letter which is both;

- Printed on headed paper, indicating the practice, clinic or hospital making the referral, and;
- Authenticated with a GP surgery stamp (where applicable)

**A GP Surgery stamp must
be provided**

Name:

Title:

Address of Medical Practice:

Postcode:

Date:

GBIS and ECO Flex Medical Referral

Dear Local Authority Representative of the Borough Council of King's Lynn and
Wesst Norfolk

Having considered the patient's medical health condition(s), I hereby refer the
following patient for ECO and GBIS Flex, as set out by the Department for Energy
and Net Zero.

Patient Details:

Name:

Address:

Postcode:

As this medical referral template contains health data, it must comply with the rules
on processing special category data. Please ensure that any onward information
sharing adheres to the related requirements under the UK General Data Protection
Regulation and Data Protection Act 2018.

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

I confirm that patient suffers from the following condition(s): Tick the relevant condition(s)

Route 3	
<input type="checkbox"/>	A cardiovascular condition
<input type="checkbox"/>	A respiratory disease
<input type="checkbox"/>	Limited mobility
<input type="checkbox"/>	Immunosuppression

I can confirm that I have spoken to, personally assessed and viewed the records of the patient and that they are adversely affected by living in a cold home.

Name:

Signature:

Email:

GMC Number:

**An email, signature &
GMC Reference must be
provided**

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

I confirm the patient meets the following condition(s): Tick the relevant condition(s)

Route 2	
<input type="checkbox"/>	Mental health condition
<input type="checkbox"/>	Disability
<input type="checkbox"/>	Aged 65 or older
<input type="checkbox"/>	Parent or guardian to young children (5years old or younger)
<input type="checkbox"/>	Pregnancy

I can confirm that I have spoken to, personally assessed and viewed the records of the patient and that they are adversely affected by living in a cold home.

Name:

**An email, signature &
GMC Reference must be
provided**

Signature

Email

GMC Number: