NHS healthcare professional letter template for ECO4 Flex:

			[Dr/ GP name]
			[Dr/ GP title]
			[NHS trust/ board/ GP address]
			[Postcode]
			[Date: XX/XX/XXXX]
[Patien	t's name]		
[Patien	t's address	s]	
[Patien	t's postcoo	de]	
To: [loo	cal authori	ty name],	
for the	ECO4 Flex	·	alth conditions, I hereby refer [patient's name] by the Department of Business, Energy and
[Please	cross one	box only]	
	(NG6 As ou	holds identified as vulnerable according to NICE Guidance Recommendation 2): Route 2 lined in the ECO4 Flex Administrative Guidance ¹ , Route 2 refers to a person living premises who is considered to be vulnerable to the cold-	
	(i)	risks associated with cold homes	ess winter deaths and illness and the health " published by the National Institute for Health of 2015 (NICE Guideline NG6); and
	(ii)		income, (see recommendation 2 of the NICE
	The full li	st of NICE proxies can be found onli	ne².
	As ou	on suffering from severe or long-tended in the ECO4 Flex Administratitions listed below in the table.	rm ill-health: Route 3 ive Guidance, Route 3 refers to ECO4 legislated

¹ ECO4 Guidance: Local Authority Administration | Ofgem

² 1 Recommendations | Excess winter deaths and illness and the health risks associated with cold homes | Guidance | NICE

Route 2	Route 3			
Household suffering from cardiovascular conditions or,	A cardiovascular condition,			
Household suffering from respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma) or,	A respiratory disease,			
Household suffering from mental health conditions or,	Limited mobility,			
Household suffering disabilities or,	Immunosuppression			
Household with an older person (65 and older) or,				
Part of household with young children (from new-born to school age) or				
Household with a pregnant woman				
Households identified as vulnerable according t	to NICE Guidance (NG6: Recommendation 2):			
	the vulnerable category as listed under Route 2 in			
the NICE guidance: NG6, Recommendation				
Flex scheme which aims to assist low income and	e proxy and may benefit from assistance under ECO4 dyulnerable households			
* All referrals must be sent from a valid NHS em				
Name Signatu	ure			
Phone: Email	:			
Person suffering from severe or long-term ill-he	ealth:			
I can confirm that the named patient suffers from under Route 3 and that their health condition is				
* All referrals must be sent from a valid NHS email address.				
Name Signatu	ure			
Phone: Fmail	l .			