**CVD Prevention Programme Referral**

This form is for referring eligible patients to the CVD Prevention Programme – an in-person or virtual group service, delivered by Momenta Newcastle over 9 months – aimed at supporting lifestyle change, weight loss and improved health and wellbeing.

*Please email completed form to* *momenta.bsol-cpp@nhs.net*

 Eligibility criteria

|  |  |
| --- | --- |
| **Inclusion criteria** | **Exclusion criteria** |
| Aged 18-80 | Currently pregnant |
| Diagnosed with hypertension | Type 1 diabetes or Type 2 diabetes on insulin |
| BMI ≥25kg/m2 (adjusted to ≥23.5kg/m2 for people of Black African, African-Caribbean, and Asian origin) | QOF CHD Register |
| QOF Heart Failure Register |
| Able to undertake moderate intensity physical activity | QOF PAD Register |
| QOF Stroke/TIA Register |
| Ability to attend and benefit from a group programme, virtually or in the community | QOF Dementia |
| QOF Palliative Care |
| QOF Learning Disability Register |
| Frailty Register (Mild, Moderate & Severe) |
| Diagnosed eating disorder |
| Currently on a weight management programme or under the care of a dietitian (unless referred by them) |

**Please complete all sections of this form and please ensure eligibility has been confirmed before referral**

 Patient information (essential information is marked\*)

|  |  |
| --- | --- |
| Patient name\*:  | Date of birth\*:  |
| Sex\*:  | Ethnicity\*:  |
| NHS number\*:  |
| Address\*:  | Postcode\*:  |
| Patient email address:  |
| Patient telephone\*:  | Mobile\*:  |
| Can we leave a voicemail? Yes / No | Does the patient speak English? Yes / No |
| What is the patient's first language if not English? | Does the patient read English? Yes / No |

 Clinical information

|  |  |  |
| --- | --- | --- |
|  | **Latest reading:** | **Date:** |
| Date of diagnosis of hypertension\*: |  |  |
| Blood pressure\* (mmHg):*Must be within the last 12 months* |  |  |
| Weight (kg)\*:  |  |  |
| Height (cm)\*: |  |  |
| BMI (kg/m2): |  |  |
| HbA1c (mmol/mol)\*: |  |  |
| Cholesterol (total): |  |  |
| Cholesterol (LDL if available): |  |  |

|  |  |
| --- | --- |
| Does the patient smoke? (delete as appropriate) | Yes / No / Used to / Refuse to say / Not asked |
| Is the patient on the SMI Register? | Yes / No |
| Describe any relevant disability? |   |

Current repeat medication

*Optional to add here*

 Referrer details (essential information is marked\*)

|  |  |
| --- | --- |
| Declaration\* | By entering my name below I confirm that this patient:* Meets the inclusion criteria and does not meet the exclusion criteria for this programme;
* Understands that the CVD Prevention Programme (CPP) is nine months long, with 18 group sessions – and that these may be delivered virtually or in-person;
* Agrees that, if they proceed on the CVD Prevention Programme, they will continue attending review appointments at their GP practice and notify their GP practice of any unexpected or concerning symptoms considered urgent; and
* Understands and consents to their data being shared as outlined in ‘Consent’ below.
 |
| Referrer’s organisation | Name of GP practice:  |
|  | Registered Practice Code:  |
|  | GP practice email address:*This must be monitored regularly for patient safety purposes*:  |
| Referrer’s name\* |  | Referral date\* | Short date letter merged |
| Name of GP if not referrer |  |

Information sharing: Before referral, confirm the patient understands the following:

* In agreeing to the referral being made they are giving permission for information about them to be held, shared appropriately and received.
* Their personal and medical information is being shared with Momenta Newcastle (“Momenta”) so they can participate in the programme.
* Their personal and medical information will be stored securely on electronic systems and not used for any purpose other than programme delivery, ensuring patient safety and monitoring and evaluation.
* The programme is delivered by Momenta Newcastle Limited, who will securely share this data and other programme- related data, including test results and outcomes, with their GP practice to enable the programme to be delivered safely.
* Their data will be treated as confidential and held, shared and disposed of in line with all legal requirements (including the Data Protection Act) and NHS guidance (which includes the Caldicott Guidelines).

In addition to seeking their consent (in common law) as a patient to proceed with this referral, please inform patients of the GDPR legal basis relied upon to hold and use their personal confidential data.

Momenta Newcastle’s privacy policy is available at the bottom of every page on its website: www.momentanewcastle.com

*Please emails completed referral form to* *momenta.bsol-cpp@nhs.net*

*Momenta Newcastle will contact your patient within 5 working days of receiving this form*