

**Primary Care & Living Well Referral Guide (at 1 June 2016)**

**Identify a person meets trigger for Living Well:**

- Lonely/Social isolation
- Recent loss of confidence
- Recent bereavement or loss of support network
- Information, Advice & Guidance

**Gain person's consent to refer to Living Well Team**

**\*CONSENT IS NEEDED FOR ALL REFERRALS\***

**GP Practice contact NYCC Customer Service Centre on 01609 780780 to refer to Living Well**

**\*ONLY TELEPHONE REFERRALS WILL BE ACCEPTED\***

**Customer Service Centre triage referral. If not appropriate, the referral will be sent to the right team.**

**Customer Service Centre triage referral. If appropriate, they will send referral to Living Well Team Tray via LLA**

**Living Well Team Manager checks referral, if not appropriate for Living Well, will ring GP Practice to discuss.**

**Living Well Coordinator supports individual.**

**NOTES:**

1. The NYCC Customer Service Centre (CSC) will only accept telephone referrals from GP Practices in line with other agreed referral routes into Living Well Team.
2. If a person referred to the Living Well Team is in receipt of on-going care and support, your referral will be passed to the NYCC Health and Adult Services team/worker by CSC. GP Practice will be informed of this.
3. Once a GP Practice has identified a patient meets the triggers, self-referrals are permitted.

**Living Well Referral Guide – partners**  
**Information required when making referral (@June 2016)**  
**Checklist**

<b>Person being referred</b>
Title
First Name
Family Name
Address including post code
<ul style="list-style-type: none"> <li>• Person needs to be resident of North Yorkshire</li> </ul>
Home Telephone
Mobile Telephone
Email address
NHS number
Date of Birth
<ul style="list-style-type: none"> <li>• Age must be 18 or over</li> </ul>
Demographics such as gender, nationality, religion etc.
Next of kin
<b>Nature of the referral</b>
Requirements of the person being referred:
<ul style="list-style-type: none"> <li>• The person is lonely and / or isolated</li> <li>• The person has recently been bereaved or had a loss of support network</li> <li>• The person has had a loss of confidence</li> <li>• The person needs face-to-face information, advice and guidance</li> </ul>
What the person would like support with?
<b>Consent and contact preference</b>
Gain person's consent to refer to Living Well Team
Preferred contact methods: Telephone/Email