**LONG COVID SELF-ASSESSMENT TEMPLATE 2021/22**

*To be completed by the GP practice:*

Name of GP practice………………………………………………………………………

Address of GP practice……………………………………………………………………

GP practice ODS code……………………………………………………………………

GP practice contact name and email address………………………………………….

Name and role of the person completing the form on behalf of the contractor …….

……………………………………………………………………………………………….

1. I can confirm that workforce education and training is in place on how to identify, assess and manage Long COVID; this learning may differ depending on the role and learning need of each professional **YES/NO**
2. I can confirm that this practice has developed its own or primary care network clinical pathway to enable supported self-management of Long COVID; this might include referral to a social prescriber or health and wellbeing coach **YES/NO**
3. I can confirm that this practice has knowledge of local clinical pathways for Long COVID including how to signpost to support or refer to a specialist clinic where necessary **YES/NO**
4. I can confirm that this practice has in place comprehensive data coding using the specified SNOMED codes for Long COVID from the start date of the enhanced service and is retrospectively coding opportunistically where practical **YES/NO**
5. I can confirm that this practice has an equity of access plan in place, working with system partners, to help raise awareness of support and to understand potential barriers to support for Long COVID **YES/NO**
6. Please include in the box below any additional information that you wish your commissioner to be aware of regarding the Long COVID enhanced service