**Hospital Expedite Letter**

Date:

Name:

Address 1:

Address 2:

Postal Code:

Date of Birth:

Hospital Referred to:

Department referred to:

The above patient informs us that they have contacted your department with regard to expediting their appointment. The have been told by a member of your team that before such a request can be considered, they need to contact their GP Practice and ask us to supply a letter providing the same information about which you have already been informed.

Notwithstanding that such actions represent a breach of clause 12.2 of the NHS standard contract 23-24 by which hospitals must comply comment we are assisting the patient with their request, which for the avoidance of doubt is as follows;

Tick any box that apply:-

[ ] Actively getting worse

[ ] Waited too long

[ ] New symptoms

Please provide as much detail as possible for the hospital to consider your request: patient to complete)

We would be grateful if you could consider their request and communicate directly with the patient.

Yours faithfully

Long Lane Medical Centre