NHS 111 Urgent Care Service Health Professional Feedback Form

**In Confidence**

In order to continually improve the 111 Service at DHU Healthcare we welcome feedback from Health Professionals on specific patients. This will provide a valuable learning opportunity which will be used to bring positive improvements to the quality of service. Please use this form to record any feedback you wish to make, giving as much information as possible to enable us to identify the exact part of our service you are referring to. Please e-mail your completed form to [DHUEM111.HCPF@nhs.net](mailto:DHUEM111.HCPF@nhs.net) or telephone the DHU Clinical Governance Office on 0300 1000 407 for assistance.

**Please do not use this form for patient Complaints and raising Serious Incidents – but notify these with full details to** [DHUL.clinicalgovernance@nhs.net](mailto:DHUL.clinicalgovernance@nhs.net)

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Clinician:** | | | |
| **Job Title / Role:** | | | |
| **Organisation / Practice:** | | | |
| **Address:** | | | |
|  | | | |
|  | | **Postcode:** | |
| **Telephone:** | | **Email:** | |
| **Has the patient raised concerns re this issue:** | | | |
| **NHS No/111 Adastra number of call (contained on messaging information):** | | | |
| **Patient’s Name:** | | | |
| **Address:** | | | |
|  | | **Postcode:** | |
| **Telephone:** | | **Date of Birth:** | |
| **Gender:** | |  | |
| **Date of call / contact with service:** | | | |
| **What number was called?** | **111 □ Local practice □**  **Other □ Unknown □** | | |
| **Details of Feedback:**  **Effects of actions/omissions for reporter/patient:** | | | |
| This form is for professional feedback only to enable us to investigate any issues or concerns as to how the NHS 111 service is operating. We will not feedback information relating to the full call routinely. We will only feedback to other parties such as other stakeholders, NHS Pathways development team with non-identifiable patient information e.g. age, sex. | | | |
| **Signature:** | | | **Date:** |