**NHS Tees**

**Healthcare Professional Feedback Form**

**NHS 111/Urgent Care**

**Please complete and email your completed form back to:** necsu.tees111feedback@nhs.net

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| **Service Providing Feedback (please tick as appropriate):** | **Feedback Type:** |  |
| **Urgent Care Centre/Walk-in Centre/Minor Injury Unit:**Click here to enter text. | **NHS Direct** | **☐** | **Clinical issue** | **☐** |
| **PALS** | **☐** | **Communication issue** | **☐** |
| **Dentist** | **☐** | **Patient Safety issue** | **☐** |
| **Nursing Service (District, Community and Specialist)** | **☐** | **Staff Safety issue** | **☐** |
| **NEAS** | **☐** | **Technical Issue** | **☐** |
| **GP Practice** | **☐** | **Transport issue** | **☐** |
| **[Acute Trust]** | **☐** | ***Other (please state)***Click here to enter text. |
| ***Other (please state)***Click here to enter text. |  |
| **Risk *(please tick as appropriate)*** |
| **High *(Actual harm caused)***Initial Feedback will be given to the originator within FIVE working days. Please also complete an IR1 form for your organisation. | **Medium *(Potential risk of harm)***If requested, a written summary of the feedback will be made available to the originator within TEN working days. Please also complete an IR1 form for your organisation. | **Low *(Service improvement)***If requested, a written summary of the feedback will be made available to the originator within 21 working days. |

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| **Date and time of contact with patient:** |
| Patient name: Click here to enter text.DOB: Click here to enter text. | Call ID: Click here to enter text. |

 **Feedback details:**

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| Click here to enter text. |
| Completed by, name: (including job title):Click here to enter text. | Email address:Click here to enter text.(Please note feedback can only be sent back to an nhs mail account due to patient identifiable information contained within this form). | Date completed and sent:Click here to enter text. |

Please provide a mobile/office number should we need to gather further information from you regarding your feedback: Click here to enter text.

**Results from review of contact:**

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**Further Action (If Required):**

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| **Name of person providing results from review of contact:** | **Organisation:** | **Date:** |

**Please now email your completed form back to:** necsu.tees111feedback@nhs.net

**THANK YOU**