

**NHS Tees**

**Healthcare Professional Feedback Form**

**NHS 111/Urgent Care**

**Please complete and email your completed form back to:** [necsu.tees111feedback@nhs.net](mailto:necsu.tees111feedback@nhs.net)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. | |

|  |  |
| --- | --- |
| **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:**

|  |  |  |
| --- | --- | --- |
| 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:**

|  |
| --- |
|  |

**Further Action (If Required):**

|  |
| --- |
|  |

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

**Please now email your completed form back to:** [necsu.tees111feedback@nhs.net](mailto:necsu.tees111feedback@nhs.net)

**THANK YOU**