



North West Ambulance Service
NHS Trust



Greater Manchester NHS 111

Health Professional Feedback Form

Greater Manchester NHS 111 welcomes feedback about its services from patients, carers, health professionals and stakeholders alike. Listening to patients and all those who interface with our services provides a valuable learning opportunity which can be used to bring positive improvements to the quality of healthcare we provide.

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 email your completed form to:

nw111qtrmanchester.feedback@nhs.net

Alternatively if your feedback relates to a specific patient incident please complete the patient required details on the back of this form

IN CONFIDENCE	
Health Professional Feedback Form	
Health Professional's details	
Name	
Job Title	
Organisation/Practice	
CCG	
Address	
Postcode	
Telephone	
Email Address	
Signature	
Incident Date	
Incident Time (if known)	
Details of Feedback:	
Date	

Greater Manchester NHS 111

Patient's details (where necessary):

Name	
Address	
	Postcode
Telephone	Date of birth:
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of call to Greater Manchester NHS111	
Time of call to Greater Manchester NHS111 (if known)	

Details of Feedback:		
FOR OFFICE USE ONLY	No:	Code:
Received:	Response:	Action: