

IN CONFIDENCE

We welcome feedback from Health and Social Care Professionals to help us to learn and continually improve the NHS 111 service. Please use this form to record any feedback you wish to provide us. This form is not suitable to register professional's Complaints or Incidents, so please use your organisation's usual process for these. Your correct contact details are important in case we need to contact you for further clarification/information.

Your Name:		Date of Feedback:	
Your Job/Role:		Email Address:	
Organisation's Address:	Postcode	Telephone:	

Detail of Feedback/Concerns: (Please consider including any recommendations/desired outcomes)	
Do you require a response to your feedback?	<input type="checkbox"/> Yes, preferably by Email <input type="checkbox"/> Yes, preferably by Phone <input type="checkbox"/> No

If a patient has raised feedback with you, please record their details below and comments in the box above. The patient's explicit consent is not required in this instance. If a patient has raised a complaint or incident with you, please direct them to PALS.

Patient's Name:		Patient's DOB:	
Patient's Address:	Postcode	Patient's Telephone:	
NHS 111 informs all callers that calls may be recorded and monitored for quality, training and safety purposes			

Date & Time of call / contact with 111 Service:		111 Call ID (if known, may be found on call report):	
What number was called?	<input type="checkbox"/> 111 <input type="checkbox"/> Local GP practice <input type="checkbox"/> Unknown <input type="checkbox"/> Other:		

Thank you for your feedback. Please refer to the next page for instructions on how to return your completed form.

NHS 111

Health and Social Care Professional Feedback Form

How to return your NHS 111 Feedback Form

Different 111 services cover different parts of London. Please check the tables below to return your feedback form to the 111 service that covers your patient's location (if your feedback relates to a specific patient) or your organisation's location (if your feedback is general and does not relate to a specific patient).

South West London – Harmoni 111	
<input type="checkbox"/> Richmond <input type="checkbox"/> Kingston	By email (preferred): SLCSU.rknhs111@nhs.net By post: 111 Clinical Governance Lead c/o NHS South London CSU 1 Lower Marsh, Waterloo London SE1 7NT

What happens next?

Your feedback form will be received by the 111 Clinical Governance Lead who covers the relevant geographical area. The feedback will be shared, if necessary, with any organisation best-placed to respond and the response section (see next page) will be completed. If you have asked for a response, we aim to return your feedback form with completed response section within 25 working days. If this is not possible, we will endeavour to let you know and explain why.

Your feedback, whether positive or negative, is extremely valuable and a summary of the main points raised by your feedback may be discussed within wider 111 Clinical Governance groups to help shape improvements in the NHS 111 service.

What about patients who want to provide their direct feedback?

Patients can also contact the relevant 111 services using the details above. In addition, they may wish to visit www.patientopinion.org.uk and leave their NHS 111 feedback or personal story online.



Thank you for taking the time to provide your feedback. This section is designed to be completed by NHS 111 to give you a response (if requested) to the key issues raised in your feedback.

Nature of Issues underlying Feedback (Select all that apply):		
Clinical <input type="checkbox"/>	Patient Safety <input type="checkbox"/>	Technical <input type="checkbox"/>
Communication <input type="checkbox"/>	Staff Safety <input type="checkbox"/>	Transport <input type="checkbox"/>
Engagement/Awareness <input type="checkbox"/>	Directory of Services <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>

Initial Response from Review of Feedback/Contact:	
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Further Action to be Taken (if required/relevant):	
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Responder's Name:		Date of Response:	
Responder's Job/Role:		Email Address:	
Contact Address:		Telephone:	

If there are any queries in relation to this response, please contact us back using the details above.