



## IN CONFIDENCE

### NHS 111 Service Health Professional Feedback Form

In order to continually improve our NHS 111 Service NHS Suffolk / Ipswich & East Suffolk and West Suffolk CCG's welcome feedback from Health Professionals on specific patients or other concerns on our NHS 111 Service. 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. Where necessary, if there is a need for any follow-up to patient or sharing of information you will need to obtain patient consent as set out below.

Please e-mail your completed form to [nhs111.suffolk@nhs.net](mailto:nhs111.suffolk@nhs.net). You will receive acknowledgement from us within three working days of submission.

**If you have an urgent complaint please telephone the NHS 111 Complaints line on 01189902210 (please note calls to this number are recorded).**

<b>Your Name:</b>	
<b>Job Title / Role:</b>	
<b>Organisation / Practice:</b>	
<b>Address:</b>	
	<b>Postcode:</b>
<b>Telephone:</b>	<b>Email:</b>
<b>Where should response to your feedback be sent?</b>	<b>Address above or other (please specify):</b>
<b>Only where required, do you have patient consent?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Signature:</b>	<b>Date:</b>
<b>Patient's Name (if applicable):</b>	
<b>Address:</b>	
	<b>Postcode:</b>
<b>Telephone:</b>	<b>Date of Birth:</b>
<b>Gender: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	



<b>Date of call / contact with service:</b>	
<b>What number was called?</b>	111 <input type="checkbox"/> Local practice <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>



**Details of Feedback:**