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| Office use only HCP ref: |  |

**KMSS NHS 111: Health Professional Feedback Form**

**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 Complaints or Incidents. Your correct contact details are important in case we need to contact you for further clarification/ information.

***\*****Minimum patient demographics needed to investigate – If you can provide further patient identifiable information please add this into ‘Detail of Feedback/Concerns’ section.*

***\*\*****NHS 111 Case ID - 5 digit number found at the end of the referral/PEM (Post Event Message)*

For Urgent matters that need **immediate attention only** please contact our supervisor’s desk

**Dorking** 01306 267111 or **Ashford**  01233 225911

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS Number |  | **\*\***NHS 111 case ID. | |  |
| **\***Date / time of contact | / | Patient phone number used to call 111: | |  |
| **\***Patient’s Name: |  |
| **NHS 111 informs all callers that calls may be recorded and monitored for quality, training and safety purposes** | | | | |
| Has the patient been informed feedback is being provided regards their contact with NHS 111 | | |  | |

|  |
| --- |
| Detail of Feedback/Concerns: (Please consider including any recommendations/desired outcomes) |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Name:** |  | **Date of Feedback:** |  |
| **Your Job/Role:** |  | **Email Address:** |  |
| **Organisation:** |  | **Telephone:** |  |

Please e-mail your completed form to:[hcpfeedback.sec111@nhs.net](mailto:hcpfeedback.sec111@nhs.net) this form is also available at [www.secamb.nhs.uk/contact\_us.aspx](http://www.secamb.nhs.uk/contact_us.aspx)

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**FOR USE/COMPLETION BY KMSS NHS 111**

**Response to Feedback**

Thank you for taking the time to provide your feedback. This section is designed to be completed by NHS 111 to give you a quick response (if requested) to the key issues raised in your feedback. If you don’t want to receive the feedback select the NO option on page 1

**Category**

**Sub category**

|  |  |
| --- | --- |
| **Initial Response from Review of Feedback/Contact:** |  |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Further Action to be taken as a result of your feedback** | | | |  | |
|  | | | | | |
| 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 via [kmss111.complaints@nhs.net](mailto:kmss111.complaints@nhs.net)