

# Cheshire and Merseyside NHS 111

## Health Professional Feedback Form

Cheshire and Merseyside 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:

[nw111merseycheshire.feedback@nhs.net](mailto:nw111merseycheshire.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

<b><u>IN CONFIDENCE</u></b>	
<b>Health Professional General Feedback Form</b>	
<b>Health Professional's details</b>	
<b>Name</b>	
<b>Job Title</b>	
<b>Organisation/Practice</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email Address</b>	
<b>Signature</b>	
<b>Feedback</b>	
<b>Signature:</b>	
<b>Date</b>	

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**IN CONFIDENCE**

## Health Professional Feedback Form for Patient Incidents

### Health Professional's details:

Name	
Job Title	
Organisation	
Address	
	Postcode
Telephone	E-mail
GP area	
When reviewing a patient's call in light your feedback, Cheshire and Merseyside NHS 111 may also need to discuss it with other relevant organisations who were involved in the patient's care.	
Signature	Date

### Patient's details:

Name	
Address	
	Postcode
Telephone	Date of birth
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of call to Cheshire and Merseyside NHS111	

### Health Professional Feedback

FOR OFFICE USE ONLY	No:	Code:
Received:	Response:	Action: