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| Type of Feedback |
| Clinical Issue |  | Patient Safety Issue |  | Technical Issue |  | Other please specify below: |  |
| Communication Issue |  | Staff Safety Issue |  | Transport Issue |  |  |  |

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| Risk to the patient |
| **Low risk (Service Improvement)** |  |  | **High risk (Actual harm done/NEAR MISS)** |  |
| **Medium risk (Potential risk of harm)** |  |  | **Reported as Serious Incident Requiring Investigation (SIRI) internally** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patients Name: |  | DOB: |  | Patient Consent obtained to be contacted to discuss incident? | Yes |  |  | No |  |
| GP Practice: |  | Incident Date: |  | Verbal & documented in notes: |  | Written: |  |

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| Feedback submitted by: |
| Name: |  | Role: |  | Organisation: |  |
| Email: |  | Tel No: |  | Date: |  |

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| Feedback details: |
|  |

Continue over page if required

*Please email to* buckinghamshire111.feedback@nhs.net

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| Feedback details: |
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