NHS 111 & Out of Hours: Briefing for General Practice

February 2013
NHS 111 & Out of Hours (OOH) – Briefing for General Practice

Executive Summary from the NHS 111 Clinical Lead, Dr Roger Gardiner

1.0 Introduction to NHS 111

2.0 Out of Hours Service

3.0 Practice Answerphones and Diverts

4.0 NHS Direct

5.0 Patients Referred to General Practice ‘in hours’

6.0 Informing Practices when a Patient Contacts NHS 111

7.0 Information on the Directory of Services

8.0 In Hours Cover

9.0 Repeat Callers

10.0 Special Patient Notes – End of Life/Palliative Information

11.0 Health Professional Feedback

12.0 Health Professional Line

13.0 NHS 111 & OOH Event

14.0 Contact Details

APPENDIX ONE – KEY DATES AND ACTIONS FOR PRIMARY CARE

APPENDIX TWO – NHS 111 FLOWCHART

APPENDIX THREE – FEEDBACK FORM
Executive Summary from the NHS 111 Clinical Lead, Dr Roger Gardiner

NHS 111 launches on the 6th March 2013 across South Essex, along with the new Out of Hours Service for opted out Practices.

NHS 111 is a new 24/7 telephone service across England that will direct callers to A&E (if necessary by ambulance), the OOH service, their regular GP, walk in centres, minor injury centres, pharmacists or community services, or it may simply provide advice.

In South Essex, NHS 111 will be provided by South East Health Limited (SEHL). SEHL will also provide the OOH service for GPs who have opted out of OOH responsibility. Locally SEHL will be known as ‘South Essex 111 and Out of Hours Service’.

NHS 111 will take re-directed NHS Direct and CCG commissioned OOH calls. However to give the best service it is important that calls are made directly to it and answerphone messages should be changed to reflect this. A Public launch of the 111 number on 21st March will advertise the service directly to the public.

Calls to NHS 111 are answered by trained call advisors supported by experienced clinicians, who will use NHS Pathways to determine the skills needed, the time-frame and from the time of day and their location to decide where care can best be provided, it can also despatch a 999 ambulance. Deciding where a caller can be seen uses our local Directory of Services (DoS). All healthcare and social services, including your practice, appear on this with opening times, (when callers will be able to speak to the service), and contact details.

NHS 111 relies on GPs acting in three ways to be successful:

1. As a service provider we need to know your opening times, any extra services you provide and contact details (including mobiles for the rare but urgent call). NHS 111 will operate 24 hours a day 365 days a year and your patients will inevitably call it during your opening times. Experience at other sites is that about 1 call a week for every 1000 patients will be advised to contact your surgery. About once a year, for the average surgery, NHS 111 will need to contact you about a patient who has called 3 times in the past 4 days with what appears to be a minor condition but experience tells us needs to speak to their GP within an hour. Please ensure your receptionists are aware that patients referred from NHS 111 as a repeat caller need to put through to the duty doctor.

2. Ensure your patients can contact the service by changing your answerphone message to one of the recommended ones (see main document) and putting up posters. 111 is a free service from landlines and mobiles so will rapidly become the number of choice to access care.

3. Help improve the quality of the service. If you come across incidents where it didn’t work, the recommended care was not the best available, something was missed that meant care was delayed or anything that you or your patients feel could be improved let us know:

by e-mail to our dedicated address nhs111.SouthEssex@nhs.net
As Clinical Lead I’ll be considering and responding to all messages personally after discussing them with colleagues and our provider.

Callers referred to their GP will already have been triaged and so should not be questioned as to why they need to be seen in the recommended time-frame. NHS 111 will be using SystmOne and the full NHS Pathways question and answer assessment will be in the S1 record as soon as the call is closed, (EMIS practices will be sent the assessment via NHS e-mail).

If you feel the urgency is not appropriate check the NHS Pathway recommendation and, after seeing your patient according to its recommendations, let us know if you still feel the same and how the questioning could be improved, we’ll feed it back to the NHS Pathways team to consider and make any appropriate changes.

As with all calls to NHS 111, the caller will be advised to call NHS 111 back should they be unable to access the service they have been directed to in the recommended timeframe so that they can be directed to another service. Like all DoS services we will monitor how often this happens and help services adopt systems that will better serve the needs of callers.

NHS 111 will advise your patient to contact the surgery but will not say they need to be seen. A computer question and answer program cannot replace a GP so if, after reviewing the record on SystmOne or the e-mail and speaking to the patient you decide that a prescription or an appointment the next day meets their clinical need then that is fine.

The repeat caller where a face-to-face contact is recommended has been mentioned on the previous page. The repeat caller, like the repeat surgery attender, may have a serious condition that may not be readily apparent. This is a rare event and we will do our utmost to ensure that repeat callers with Mental Health or other long term conditions do not lead to requests for an urgent assessment.

The NHS 111 service needs to know of patients who might need special treatment when they telephone.

The Call Handler will see the Special Patient Notes (SPN) on SystmOne which will be entered by their GP or the community services, (who will also add SPN entries for practices not on SystmOne). The aim of SPNs is to alert the call handler of a special situation, so they can exit NHS Pathways and pass the call to a clinician. Our aim with SPN’s is to identify all patients on End of Life or Palliative Care. If we don’t there is a risk of ambulances being despatched when your patient has expressed a wish to remain in their own home or your patient having to go through NHS Pathways to access the care they know they need.

It is important NOT to add SPNs for patients just because they are being seen by Long Term Conditions Teams, Mental Health Services or the District Nursing Service. These will be identified at an early stage by NHS Pathways but their reason for calling may be unrelated to their chronic
condition so a full assessment by NHS Pathways would be the best way to ensure the correct care is provided.

To find out more about NHS 111 and try out NHS Pathways - book a space at one of two evening sessions by e-mailing: jo.apicella@nhs.net by 26th February 2013.

The sessions start with refreshments and we look forward to seeing you there.

Monday, 4th March 2013
1815 for 1845 p.m.
Ye Olde Plough Inn
Brentwood Road, Bulphan,
RM14 3SR

Tuesday, 5th March 2013
1815 for 1845 p.m.
Hollywoods,
140 Shipwrights Drive,
Thundersley, SS7 1RF

Dr Roger Gardiner
South Essex NHS 111 Clinical Lead
1.0 Introduction to NHS 111

On the 6th March 2013, the new integrated NHS 111 and Out of Hours (OOH) services launch across South Essex. The NHS 111 service launches in two stages, stage 1 transfers out of hours calls over to 111; stage 2 – the ‘public launch’ on 21st March, widens the service to include direct calls from the public.

NHS 111 is a new 24/7 telephone service being introduced across England to make it easier for the public who have an urgent need to access local health services. Calls from landlines and mobiles to NHS 111 are free. Once NHS 111 is active, the current NHS Direct 0845 4647 telephone service will be switched off.

In South Essex, NHS 111 & OOH for opted-out practices will be provided by South East Health Limited (SEHL), who will be known locally as ‘South Essex 111’. SEHL is a Social Enterprise based in Kent, and has, for nearly twenty years, been at the forefront in the development of unscheduled Primary Care services. It became SEHL in 2006 following the merger of SEADOC and BRIGHTDOC and has extensive experience of developing, implementing and managing multi-faceted Primary Care services to a population of four million across a large geographical area, including Kent, Sussex, Brighton and Hove, Great Yarmouth and Waveney, Northampton and South Essex. SEHL’s service portfolio includes providing pharmacy, dental, roving GP services, GP Led Health Centres, out of hours GP services, community nursing, prison nursing services, 111 services and integrated technology solutions.

Callers to NHS 111 will be answered by a trained call adviser who, supported by experience clinicians, will take the callers’ details and ask specific questions to determine if there is an immediate threat to life. If this is established, the NHS 111 service will automatically dispatch an ambulance and remain on the phone with the caller until the ambulance arrives, providing reassurance and first aid advice if appropriate.

If there is no immediate threat to life, the call advisor will launch NHS Pathways, a clinical assessment system, which over a number of questions will establish the symptom group of the patient, the clinical skills needed and the timeframe in which the patient should be seen. The system will then search the local Directory of Services (DoS) to find the most appropriate service for the patient at that time. This ranges from self-care advice to A&E and includes primary care (in and out of hours), dentists, pharmacists, optometrists, walk in centres and community services.

2.0 Out of Hours Service

Along with the NHS 111 service, the new OOH service commences on the 6th March 2013. This service, also provided by SEHL and known as ‘South Essex OOH’, will deliver a GP led OOH primary care medical response to patients requiring a clinical intervention and includes face to face consultation, at a health facility or in the patient’s own home, or a telephone consultation. In accordance with national policy, all calls to this new Out of Hours service will be handled by NHS 111. Calls to other OOH services (e.g. SEEDS) will continue to be handled by that provider and not by NHS 111.
Patients calling NHS 111 who require primary medical care within the out of hours period will be directed to the appropriate out of hours provider.

For patients registered with practices opted out of OOH responsibility (the SEHL ‘South Essex OOH service’) the NHS 111 call handler will book an appointment or a home visit with the OOH service and the patient will leave the call knowing when and where their appointment will take place.

For practices where OOH is delivered by SEEDS or by the practice itself, details of the call will be sent to the provider automatically via SystmOne, and the provider will telephone the patient within 20 and 60 minutes depending on the urgency of the situation.

3.0 Practice Answerphones and Diverts

National guidance and best practice requires a ‘filtering’ message to be included in any diversion of calls from primary care. This is to ensure that patients calling their surgery for routine services or to book in hours appointments do not automatically reach NHS 111.

Answer machine messages should be considered a key communication channel for the marketing of the service as: they reach people at the ‘moment of need’; help increase public awareness of the service; and are effective in changing public behaviour in the way they access urgent care services.

Callers to GP practices during the out of hours period should be played a voice message instructing them to hang up and redial 111 or to hold on the line and wait to be re-directed to the NHS 111 service. The answer machine message must make it clear that the call is free if the caller hangs up and redials 111, but a charge will be incurred if they wait to be redirected.

In addition, any reference to NHS Direct should be removed from answerphone messages.

An example of an answer machine message with redirect:

“The GP surgery is now closed. The opening hours are X:XX to X:XX Monday to Friday.

If you require urgent medical help which cannot wait until the surgery re-opens, please hang up and call 1-1-1. Calls to the NHS 111 service are free from both landlines and mobiles.

Or alternatively you may wait and your call will be re-directed to the NHS 111 service. Re-directed calls will incur call charges, however if you hang up and call 1-1-1 your call will be free.

Please wait and your call will be re-directed to the NHS 111 service.”

For surgeries with a direct divert system, please contact your system provider to enable a message to be included, pre automatic divert of the call. Any Practice that has a direct divert system (with or without a message), must inform Emily Hughes BEFORE the 6th March so that the national telephony system can be configured to handle these diverted calls.

All Practices with a current answerphone message or an automatic divert system, will need to change or include messages on the 6th March.
Practices that will continue to automatically divert patients (with or without a message) to inform Emily Hughes before the 6th March.

Practices that provide their own Out of Hours cover or contract with SEEDS, will need to ensure that any reference to NHS Direct on their answerphone messages is removed. For urgent medical care, patients should continue to be directed to your current provider of OOH. If you wish to include a reference to NHS 111 in addition to the OOH number the message must clearly explain to the caller that NHS 111 is not the number to call for OOH primary medical care.

4.0 NHS Direct

The current NHS Direct 0845 4647 telephone service will be switched off on Wednesday 21st March 2013. Callers to 0845 4647 after this time will hear a recorded message advising them to hang up and redial 111. However, at the first opportunity, any references to NHS Direct will need to be removed or replaced with NHS 111, for example on patient leaflets. If you have a large number of leaflets in stock and would prefer to place a sticker to cover the NHS Direct details with NHS 111 information then send a copy of the leaflet to Jo Apicella with the number of labels needed.

An example of an entry you can use/adapt is:

‘When our Practice is closed for non-emergency care, please telephone 111 to be connected with the South Essex 111 service. South Essex 111 are a primary care provider, jointly commissioned by the four Clinical Commissioning Groups in South Essex. After assessing your need they will arrange for the care you need at the closest available site.’

Practices should remove any NHS Direct posters/advertising from surgeries by the 21st March 2013 and consider replacing information within patient leaflets.

5.0 Patients Referred to General Practice ‘in hours’

As a provider of primary medical services, your practice will appear on the Directory of Services (DoS). Therefore, if a patient calls NHS 111 and the assessment concludes that they require primary medical services in hours, the patient will be advised to contact their GP Practice. The patient will also be informed of the timeframe within which they should contact the Practice. As with all calls to NHS 111, the caller will be informed to call NHS 111 back should they be unable to access the service they have been directed to.

One of the national principles of NHS 111 is that patients should not be ‘re-triaged’ by the receiving provider. However, a clinician can continue the clinical assessment via telephone or face to face with the patient, which may result in the patient being directed elsewhere, being provided with a prescription or given advice.

Information from the current ‘live’ sites suggests that approximately one patient, per 1000 practice population will be directed to the practice ‘in hours’ each week.
When a patient is directed to a provider, the system automatically sends an ‘end point message’ to that provider. For practices on SystmOne, this will be received automatically within the system as a task. However, the record of the call will also appear in the journal. For EMIS Practices, this message will be transmitted via nhs.net. The practice will also be able to view an entire record of the call with NHS 111 through SystmOne.

Practices should ensure that staff are aware of NHS 111 and how patients referred to general practice in hours should be handled.

6.0 Informing Practices when a Patient Contacts NHS 111

When a patient is directed to a provider, the system automatically sends an ‘end point message’ to that provider. However, it will also (with the patient’s permission) inform the patients registered General Practice that the patient has contacted NHS 111. This will be automatic within SystmOne, or via nhs.net for non SystmOne practices. Practices will not be informed of contact with NHS 111 where the outcome for the caller is not relevant to the patients record, for example, phoning to find nearest dentist.

7.0 Information on the Directory of Services

All Practices have been asked to confirm their opening hours to ensure that these are correctly reflected in the local Directory of Services. ‘Opening hours’ should reflect any period when patients can reach a receptionist/member of practice staff at the surgery. Therefore, if you are open into the evening as part of extended hours, but only for planned appointments and with no reception function, this should not be shown in the DoS as ‘open’, but as planned appointments only.

NHS 111 may direct a patient to their General Practice at any time between 8am and 6.30pm Monday to Friday. Therefore, it is imperative that an alternative contact number is included in the Directory of Services for any period Monday to Friday 8am to 6.30pm, when a receptionist is not available at the Practice.

Practices should ensure that the information provided for the Directory of Services is correct and reflects any in hours closure periods before the 6th March.

8.0 In Hours Cover

Should any Practice require NHS 111 telephone cover during ‘in hours’, for example to cover lunchtime closures, to answer and assess callers, this can be arranged between the practice and the NHS 111 provider, South Essex 111, by contacting Gary Stacey at gary.stacey@sehnp.nhs.uk or 01233 505450.
This would not include any provision of GPs services, it would be expected that any patients requiring a GP intervention would be directed to a GP from the Practice, via an alternative contact number.

** Practices requiring any in hours call handling should contact the South Essex 111 service before the 6th March. 

### 9.0 Repeat Callers

As a result of the tragic death of Penny Campbell in 2005, the Department of Health issued The Primary Medical Services (Out Of Hours Services) Directions 2006 requiring all GP Out-of-Hours services to ensure that any health professional assessing a patient’s needs in the out-of-hours period would have access to the clinical records of any earlier contact that patient (or their carer) may have recently made with the Contractor.

While this principle was developed in relation to out-of-hours services, it is clearly just as important for the NHS 111 Service to be aware of the fact that other calls have been made recently by or on behalf of that patient. Thus, where a patient (or their carer) calls the NHS 111 Service 3 times in 4 days, the 3rd call shall only be assessed by the call adviser to determine whether or not an ambulance is required. If the outcome is not to send an ambulance, then the call will automatically result in a ‘Speak to GP within 1 hour’ disposition and the GP must be alerted to the fact that this is the 3rd time in 4 days that the caller has made contact with the NHS 111 Service and they shall therefore complete a thorough re-assessment of the patient’s needs. Where possible, the GP shall be sent details of all 3 calls.

None of this shall apply to that small minority of people who regularly make repeated calls to the same service, where the GP and the NHS 111 provider have made separate arrangements to respond appropriately to those calls, nor shall it apply where there is an agreed care plan for the particular patient (e.g. palliative care, long term conditions etc.).

For callers identified as ‘Repeat Callers’ during in hours periods, the caller will kept on the line and the 111 call advisor will contact the surgery via conference facility, the patient can then be passed directly through from the 111 call advisor to the surgery. Should the 111 call advisor be unable to pass the patient to their surgery the patient will be directed to the next most appropriate service. This is a rare event, it is anticipated it may happen 2-3 times a year for an average sized Practice.

** Practices should ensure that all relevant staff are aware of Repeat Callers, the process of transfer to the Practice and the requirement of ‘speak to a GP within one hour’ 

### 10.0 Special Patient Notes – End of Life/Palliative Information

When a call advisor enters the demographics of the patient, the system will automatically link to their SystmOne record (GP or Community Services). The call advisor will be able to view a summary screen which will include if there are any special patient notes. If the special patient note alerts the call advisor that the patient is palliative, the caller will be automatically transferred to a clinician
Within NHS 111 who will determine whether it is appropriate to launch the full NHS pathways to assess the patient. The clinician within NHS 111 will, where permission has been given, be able to access the more detailed patient record.

As both the community providers within South Essex who deliver End of Life Care, use SystmOne, as do 90% of Practices, a special patient note for palliative patients will be picked up automatically where one has been recorded on the patient record.

Practices will need to apply a special patient note whenever a palliative care code is recorded. The system will prompt the user to do this.

As the full patient record will be available, with patient consent to view, details previously faxed to OOH will no longer be necessary. However SEHL will work with practices to ensure any other pertinent information can also be added to the OOH S1 record. This will include information from EMIS practices.

In future, all SystmOne Practices should ensure that all palliative patients have a Special Patient Note applied. For the 6th March all current patients under the Palliative community services will have a note applied.

11.0 Health Professional Feedback

Where a health professional has a particular issue that needs an immediate response (but is not an SI) they will be able to access the NHS 111 call centre via the health professional line on 0300 5550105. This line is open 24/7.

Feedback to Commissioners can be made via telephone (01268 245799), email (nhs111.SouthEssex@nhs.net) or by completing a feedback form.

The feedback form will be available for health professionals which will enable both the service and CP&R CCG, as lead commissioners, to monitor and continually improve the service. Informal and formal feedback on the service will be encouraged, both at a specific patient level but also general ‘systemic’ feedback. The form is attached as Appendix 3.

12.0 Health Professional Line

The NHS 111 Service will provide professionals with a telephone link to the local Directory of Services, via a ‘professionals’ line’ on 0300 5550105. This line is open 24/7.

13.0 NHS 111 & OOH Event

If you would like to see how the system works, view the DoS and meet the new provider, there are two events in south Essex you can attend. A buffet will be available on arrival.
If you would like to attend, please email Jo Apicella on jo.apicella@nhs.net advising name, service, contact details and preferred date by 26th February 2013.

14.0 Contact Details

For more information:

CP&R Clinical Commissioning Group

Commissioning Lead  
Emily Hughes  
01268 245758 / 07534 976302  
emily.hughes@swessex.nhs.uk

NHS 111 Clinical Lead  
Dr Roger Gardiner  
01702 553140  
roger.gardiner@nhs.net

NHS 111 Feedback Line  
01268 245799

South East Health Limited:

NHS 111 Health Professional Line  
0300 5550105

NHS 111 Queries  
01233 505450

South Essex OOH Queries  
01702 220176

Monday, 4th March 2013

1815 for 1845
Ye Olde Plough Inn
Brentwood Road, Bulphan, RM14 3SR

Tuesday, 5th March 2013

1815 for 1845
Hollywoods,
140 Shipwrights Drive, Thundersley, SS7 1RF
# APPENDIX ONE – KEY DATES AND ACTIONS FOR PRIMARY CARE

<table>
<thead>
<tr>
<th>Date</th>
<th>Phase of NHS 111 roll out</th>
<th>What will happen?</th>
<th>What we would like GP practices to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 6 March</td>
<td>Implementation</td>
<td></td>
<td>• Ensure relevant staff are aware of NHS 111 and how callers directed to in hours primary care should be handled (see section 5.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ensure that the information provided for the Directory of Services is correct and reflects any in hours closure periods (see section 7.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Contact South Essex 111 if any in hours call handling is required (see section 8.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• All SystmOne Practices should ensure that all palliative patients have a Special Patient Note applied. (see Section 10.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ensure Practice staff are aware of the Repeat Callers process (see Section 9.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Practices that will continue to automatically divert patients (with or without a message) to inform Emily Hughes before the 6th March. (see Section 3.0)</td>
</tr>
<tr>
<td>6 March</td>
<td>Soft launch:</td>
<td>• Out of hours calls for opted out practices answered by NHS 111</td>
<td>• Change answerphone messages and/or divert arrangements for OOH (see section 3.0)</td>
</tr>
<tr>
<td></td>
<td>• OOH transfer</td>
<td>• NHSD still available on 0845 4647</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bedding in and building capacity.</td>
<td>• No publicity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• New OOH service starts</td>
<td></td>
</tr>
<tr>
<td>6-21 March</td>
<td>Although the service will not be publicised, if public call 111 between 6-21 March they will receive the full NHS 111 service</td>
<td>No action required.</td>
<td></td>
</tr>
<tr>
<td>21 – 31 March</td>
<td>Public launch NHS 111 is launched in south Essex with publicity</td>
<td>• NHS Direct 0845 4647 lines cease to operate.</td>
<td>• Place publicity materials (which will be provided by us) on display.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Callers to 0845 4647 will hear a recorded message advising them to dial 111.</td>
<td>• All reference to NHSD in the surgery is removed and replaced by NHS 111 (publicity materials supplied by us)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• All calls (NHSD and 111) handled and assessed by NHS 111</td>
<td>• Include slip in note in practice booklets re. NHS111 if using up current stocks (see section 4.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• SEEDS Practices remove any reference to NHS Direct from answerphone messages and replace with NHS 111 where appropriate (see Section 3.0)</td>
</tr>
<tr>
<td>On-Going</td>
<td>Business as Usual</td>
<td></td>
<td>• Practices to provide feedback via Healthcare Professional form, email or telephone regarding the new service (see Section 11.0)</td>
</tr>
</tbody>
</table>
APPENDIX TWO – NHS 111 FLOWCHART

1. Ways that callers can access the NHS 111 service

- Patient dials GP surgery when surgery closed
  - Patient is registered with practice that is part of SEEDS and hears recorded message to call SEEDS direct.
  - No involvement from 111

- Patient dials 111
  - Hears recorded message to hang up and dial 111
  - Hears recorded message and then call is diverted...

- Patients dials old OOH number
  - Hears recorded message to hang up and dial 111

- Patient dials NHSD 08454647
  - Hears recorded message to hang up and dial 111

- Call received by 111 telephony system
  - 111 system routes call to local 111 service
2. What happens when the NHS 111 service receives the call

- Call auto-dispatched to 999 where appropriate
- Demographics taken/999 need assessed
- Full NHS Pathways assessment carried out
- Patient identified as being palliative care

- Clinician available in room to advise or support
- Assessment determines:
  - Symptom group
  - Skill set required
  - Urgency
  - Location

- System interrogates Directory of Services (DOS)
- Clinical input to assessment required

- Services offered in line with ranking
- Appropriate local services identified
- Warm transfer to clinician (real time)
- Clinician calls patient back within 10 mins

- NHS Pathways

- OOH (excl. SEEDS)
- Patient confirms preferred option
- Other DOS service

- Appointment booked and patient advised
- Patient advised to contact/attend service or that service will contact them, subject to agreement service has with NHS 111. With patient’s permission, details sent to receiving service.

- Patient advised to call back if needed
- Call closed

- Call details included in patient record (SystmOne practices)
- Summary of call sent to own GP (non SystmOne practices)
NHS 111 Urgent Care Service Health Professional Feedback Form
In order to continually improve our 111 Urgent Care Service Castle Point and Rochford CCG welcomes feedback from Health Professionals on specific patients. 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. Please e-mail your completed form to NHS111.SouthEssex@nhs.net and you will receive acknowledgement from us within two working days of submission and a full response from the South Essex NHS 111 Clinical Lead, Dr Roger Gardiner, CP&R CCG.

If you have an urgent complaint please telephone the NHS111 Provider, South East Health’s complaints line on 01233 505450 (please note calls to this number are recorded).

Your Name: ___________________________ Date: ___________________________
Job Title / Role: ___________________________
Organisation / Practice: ___________________________
Address: ___________________________

Postcode: ___________________________

Telephone: ___________________________ Email: ___________________________
Patient’s Name: ___________________________
Address: ___________________________

Postcode: ___________________________

Gender:       Male ☐       Female ☐
Date of Birth: ___________________________
Date of call / contact with service: ___________________________
What number was called?         111 ☐       Local practice ☐       Other ☐       Unknown ☐

Please provide your feedback in as much detail as possible: