**Hertfordshire and West Essex ICB Provider Query: Reporting Template**

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| **Date completing form:**     |    |
| **Provider Reporting Query:**     |    |
| **PCN (for GP practices):**     |    |
| **Name of person completing form:**   |    |
| **Email:**   |    |
| **Phone number:**     |    |
| **If you would like us to follow up your query in relation to a particular patient it is essential that you give us the following information:**   |
| **Patients name or Date of Birth:**     |    |
| **NHS number:**     |    |
| **Please indicate the outcome you expect from this report:**   | None - this is just for the ICB’s information                                                           |    |
| I would like a response to be provided to the issue raised                                                        |    |
| Other - please state your expectation   |    |
| **Which provider does this concern relate to?**       |    |
| **Which speciality/GP does this relate to?**     |    |
| **Please give details of the issue you are raising providing as much detail as possible:**           |      |
| **Please indicate if the patient came to harm as a result of this issue:**     |    |
| **Please give details about the actions the provider has already taken in relation to this issue:**       |    |
| **Please include any relevant documentation; clinical letters, discharge summary, NHS111 summary etc**   |

Please email the completed form to hweicbwe.quality@nhs.net . We aim to acknowledge your query within 3 working days. Thank you.