**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.