**Bilston Family Practice**

 BiIston Heath Centre, Prouds Lane, Bilston, WV14 6PW

 01902 405200

**PATIENT FEEDBACK FORM**

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| 1. **Please describe in one or two sentences the issues that have led to this feedback. This will help us to understand the key problems that you have experienced.**
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| 1. **Has this problem occurred previously?**
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| 1. **Please can you identify where the issue may have arisen?**

**For example, did this happen as a result of conflict, a problem with communication within the surgery, etc.**1. **Are you looking for specific outcome from this feedback?**

**Common outcomes that help us improve our service include training, improved communication, looking at ways to work differently, or by simply apologizing where your experience has not been as you had wished.** |
| 1. **We would like to review this feedback as part of our feedback process to ensure our systems are as efficient as we can make them.**

 **Are you happy for us to review things going forward?** |
| **Thank you for completing this form, please sign & date below.****Signed……………………………………………………………….… Dated………………….****We will respond as soon as we have completed a full review of your feedback & comments.****From Practice Manager Jenna Biddulph & Bilston Family Practice Clinical Team****Signed……………………………………………………………….… Dated………………….** |
| **Outcome / Resolution / Lessons Learnt:****Signed……………………………………………………………….… Dated………………….** |