**National Vaccine Services (accessed via 119)**

**Escalation Process and Guidance on Form Completion**

**PLEASE READ THE FOLLOWING CHECKLIST CAREFULLY BEFORE SUBMITTING THIS FORM TO THE SERVICE CENTRE. ANY INAPPROPRIATE FORMS WILL BE RETURNED**

This form can **ONLY** be used for sites/services to raise issues for escalation regarding the actions taken by Vaccine Booking, NHS Covid Pass and VDRS Call Agents.

This service cannot accept queries regarding any of the following issues:

* Vaccination Centres – including any actions taken by a Vaccination Centre
* GP Surgery Advice or action
* Immunisation Incidents
* The National Booking Service Website
* Issues regarding errors in patient records
* Test and Trace service issues

**These queries should be raised through your normal SVOC/RVOC escalation routes.**

Please do not use this form to escalate any issues regarding delayed responses from the Vaccination Data Resolution Service (VDRS). The Service Centre **CANNOT** help with these. The VDRS will make contact with the citizen as soon as possible and handle all enquiries in strict date order according to when they were received.

If you have followed all the above guidance and wish to proceed, then please submit your completed form to the PHERS Service Centre: scas.phers-servicecentre@nhs.net

Please do not cc the citizen when submitting as this service is non-public facing.

The service desk will generate a reference number and open a case. Once the service desk receives a response, feedback will be provided on the appropriate course of action.

When filling out the incident report please provide as much information as you can; ensure all boxes marked with an \* are completed.

For all issues requiring an investigation we need the following information as a **minimum**

* Citizen Name
* Citizen Address including postcode
* Citizen contact number
* Phone number used to contact the service (if different from contact number)
* Date and time of the call
* NHS number (If known)

Please ensure that all forms containing Patient Identifiable Data are sent to us Password protected, with the password sent in a separate email to comply with GDPR regulations.

**NATIONAL VACCINATION BOOKING SERVICE ESCALATION REPORT**

**All fields marked with \* are mandatory**

**DATE FORM COMPLETED\*:**

|  |  |
| --- | --- |
| **Site Name:** |  |
| **Site Address:****(Inc postcode)** |  |
|  |  |
| **Name of Person Submitting Report\*:** |  |
| **Contact Email of Submitter\*:****(who to reply to for further info)** |  |
| **TYPE: Incident/Complaint/Concern/feedback** |  |
| **Reference Number\*:** |  |
| **Complainant Name:** **(Citizen, GP, Carer, Partner – person raising on behalf of the citizen):** |  |

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| **Citizen Details**  |
| **Citizens Name:****(Helpful but not mandatory)** |  |
| **Citizen Address:** |  |
| **Citizen Contact Details:\*****(Telephone number call was made from)** |  |
| **Time and Date of Call:\*** |  |
| **Incident Date:\*** |  |
| **DOB/NHS Number:** |  |

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| **Relevant staff involved (Name, job title, involvement)** |
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| **Details of Incident/Concern/Complaint/ Feedback** |
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| **Chronology of call or event (*if applicable*, *please include here the key elements of the call / event – please keep the information concise*)** |
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| **Other relevant information ongoing at time of incident (e.g. Volume of work/escalation levels/ICT incident/staffing incident)** |
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