



Primary Care First – Response Form

Your views on our proposals are very important.

Please use this form to record your thoughts on the points raised in this document. Although we have asked certain questions, please feel free to raise other points if you wish – there is space for that at the end of the form and you may use additional sheets if necessary.

All responses will be treated in the strictest of confidence.

Please return your completed form to us by 18th May 2007.

About you (please tick the appropriate boxes).

Are you: Male Female

Please give us your age:

18 or under 19-40yrs 41-60yrs 61-80yrs 81 or over

Do you consider yourself to have a disability? Yes No

please specify

How would you describe your ethnic group?

White Black or Black British Chinese
 Mixed Asian or British Asian Other ethnic group

Are you responding as a (please tick the appropriate box)

Patient MP or MEP Carer or parent
 PPI Forum Member of the public Staff group – NHS
 Elected Member Local Authority Other

Name and address (optional)

Postcode

Q1. Do you agree with the vision for future provision of services? Yes No
Any comments

Q2. Do you agree with the evaluation criteria? Yes No
Is there anything missing?

Q3. Do you agree with the service improvements we are proposing? Yes No
Have we missed anything?

Q4. Do you agree that we should go out to open tender if the response from existing clinicians does not meet requirements? Yes No
Any comments

Any other comments?

Thank you for your time and for letting us have your views. Please return this form in the attached envelope by, 18th May 2007