

The Future of Community Based Health Improvement Commissioning

Event Feedback Form

Provider name

1. What was your main reason for attending this event?

2. Overall, did the event meet your requirements?

☐ Yes

☐ No

3. Please rate the following statements

Event Content	Agree strongly	Agree	Unsure	Disagree	Disagree strongly
The information was clearly presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information was relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The vision set out is easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The proposed model is feasible to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More clarity is required about what the commissioners expect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PTO



Are there any points you would like to make about the initial proposal for this opportunity?

What do you see as key risks to delivery of this proposal?

Thank you for your feedback

