

Professional and Stakeholder Feedback Form

(Including GPs and Pharmacies)

Name:

Profession:

Contact Details including e-mail:

Could this model work in Wolverhampton? If no, please explain your reasons why.

Do you have any key concerns about the model? If so, how could they be mitigated?

Are there any other elements that we have not considered?

Please send to - Tessa.Johnson2@wolverhampton.gov.uk