**Commissioning toolkit programme: Minor Ailment Service – Feedback form**

Forms that arrive after the deadline may not be reviewed.

If you only want to comment on certain documents within the toolkit, please only complete the relevant tables.

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| **Name of person completing the form:** |       |
| **Organisation name (if you are responding as an individual rather than on behalf of an organisation please leave blank):** |       |

**Building a business case for a Minor Ailment Service**

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**Commissioning a community pharmacy Minor Ailment Service (Business case)**

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**Service specification**

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**Implementation guide**

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**PGD: Links to useful resources**

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**GP practice briefing document**

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**Template letter for GP practices (without PGDs)**

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**Template letter for GP practices (with PGDs)**

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