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**Commissioning Guide Peer Review Feedback Form**

Thank you for agreeing to peer review this Commissioning Guide. You are asked to recommend whether the Guide should proceed to publication or to indicate any revisions which you feel are necessary.

**Title of Commissioning Guidance**

**About you**

Your name:

Your title:

Your contact email address:

**About the Final Draft of the Commissioning Guide**

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| --- | --- | --- | --- | --- |
| **In your view:** | **Yes** | **No** | **Non-Applicable** | **Please add comments/specify your concerns.** |
| Is the topic clearly defined? |  |  |  |  |
| Is the introduction clear and unambiguous? |  |  |  |  |
| Is the High Value Care Pathway clear and supported by the evidence? |  |  |  |  |
| Are the Procedures Explorer and Quality Dashboard definitions clear and relevant? |  |  |  |  |
| Are the Levers for Implementation clear and relevant? |  |  |  |  |
| Is the Directory complete? |  |  |  |  |
| Are the Benefits and Risks clear and appropriate? |  |  |  |  |
| Are the Research Recommendations clear and appropriate? |  |  |  |  |
| Do you think revisions are required? |  |  |  |  |

If you consider revisions are required, please identify the page/section number and give your comments here:

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| --- | --- | --- |
| **Page Number** | **Section/Line Number** | **Comments** |
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**Thank you for taking the time to peer review this Guidance.**

**Please return this form to Rebecca Tringham, Royal College of Surgeons, 35-43 Lincolns Inn Fields, London WC2A 3PE or via email to** [**rtringham@rcseng.ac.uk**](mailto:rtringham@rcseng.ac.uk)