



NHS

Improving
Healthcare
Together
2020 to 2030

Talk to us

about our proposal to invest in both Epsom and St Helier hospitals and build a new specialist emergency care hospital at Epsom, St Helier or Sutton hospital.



Summary Consultation Document

This is a formal public consultation being led by NHS Surrey Downs Clinical Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group.
It takes place from 8 January to 1 April 2020.



In September 2019, we were allocated £500 million to improve the current buildings at Epsom and St Helier hospitals as well as build a new specialist emergency care hospital on one of the three sites – Epsom, St Helier or Sutton.

Under the proposals:

- the majority of services would stay at Epsom and St Helier hospitals in refurbished buildings, with both hospitals running 24 hours a day, 365 days a year, with urgent treatment centres at each hospital, and
- we would bring together six core (major) services, for the most unwell patients, those who need more specialist care, and births in hospital, onto one site in new state-of-the-art buildings. This would mean that specialist doctors, nurses and clinical staff would be able to work together to provide round-the-clock specialist care. These services could be located at Epsom Hospital, St Helier Hospital or Sutton Hospital, but our preferred option is Sutton Hospital.

Talk to us and tell us what you think of these proposals. We are listening.

Improving Healthcare Together 2020 to 2030

This document sets out the changes your local NHS is proposing to make to hospital services, and explains how we have arrived at our proposals.

We want to provide high quality safe care, attract and keep the best staff and provide great care to you and your loved ones for generations to come. It is clear that if we do not change how hospital services are provided in our area, quality and safety will get worse.

As local GPs we want the best for our patients, as well as our families and friends. We are confident that our proposals will improve the quality of care.

Please talk to us and tell us what you think of these proposals.

We are listening.

NHS Surrey Downs CCG, NHS Sutton CCG and NHS Merton CCG are leading a formal public consultation. They are seeking views of patients, carers, community and voluntary sector bodies, parents and guardians, children and young people, elderly people, health and social care professionals and the public in the Surrey Downs, Sutton and Merton area and neighbouring CCG areas.

This public consultation is about proposals to invest in both Epsom and St Helier hospitals and bring together six core (major) services onto one site in a new specialist emergency care hospital which could be built at Epsom, St Helier or Sutton.

The public consultation will run from
8 January to 1 April 2020.



Dr Russell Hills
Clinical Chair of NHS Surrey Downs Clinical Commissioning Group



Dr Jeffrey Croucher
Clinical Chair of NHS Sutton Clinical Commissioning Group



Dr Andrew Murray
Clinical Chair of NHS Merton Clinical Commissioning Group

We are local GPs and leaders of the local NHS in Surrey Downs, Sutton and Merton. Our NHS organisations, called Clinical Commissioning Groups (CCGs), plan NHS services for local people.

This summary is divided into the following sections

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NHS Surrey Downs CCG, NHS Sutton CCG and NHS Merton CCG have asked the Consultation Institute to review the quality of this consultation. This process is designed to make sure the consultation is in line with best practice, as outlined in the Consultation Institute's Consultation Charter ([visit www.consultationinstitute.org](http://www.consultationinstitute.org)), the UK Government's Consultation Principles ([visit www.gov.uk](http://www.gov.uk) and type 'consultation principles' in the search box to get to the document) and UK case law.

At this stage, the Consultation Institute has issued a 'Certificate of Consultation Readiness', confirming that it is satisfied with the work we have carried out before the consultation.

The institute will issue another certificate for this public consultation once the consultation has finished and the institute has completed its review.

Who we are

Surrey Downs, Sutton and Merton CCGs plan the majority of hospital and community health services for our local population. It is their responsibility to ensure that these services are high quality, safe and

sustainable, and that budgets are managed efficiently and effectively.

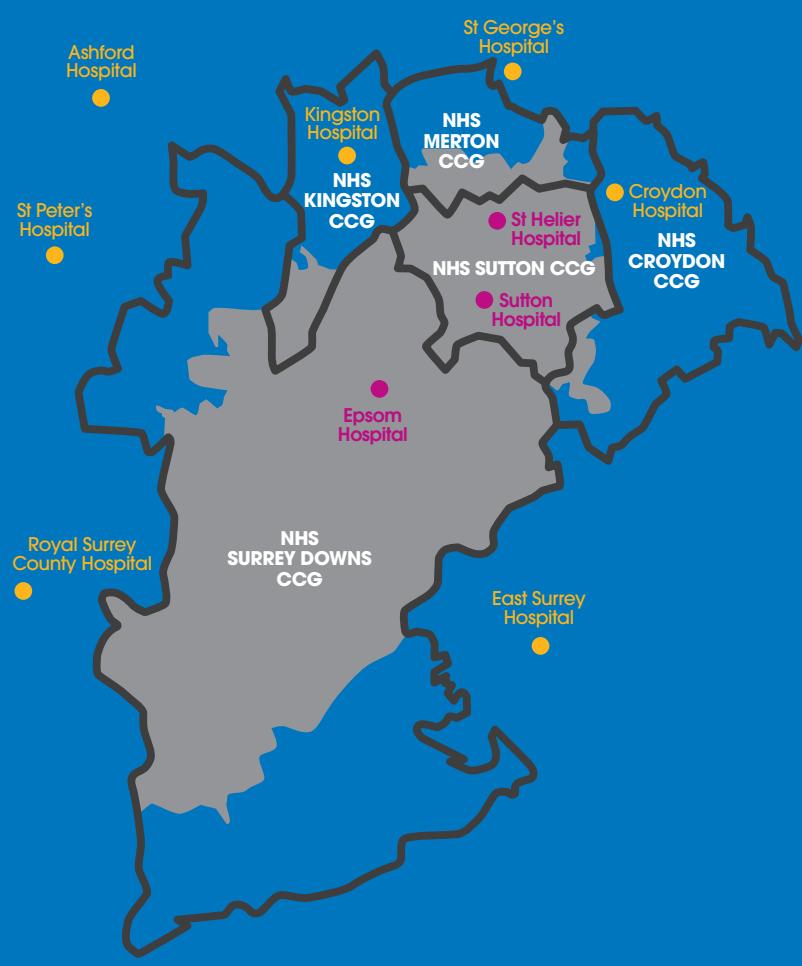
The three CCGs have formed a joint committee, known as the 'Improving Healthcare Together

Committees in Common'. This is where the CCGs' leaders come together to agree proposals and make decisions about how Epsom and St Helier hospital services might change in the future.

Combined geography of the three CCGs



Catchment area for Epsom and St Helier University Hospitals NHS Trust



Key ● Trust catchment

Our history: where have we come from?

Epsom and St Helier University Hospitals NHS Trust was formed in 1999, bringing together our hospitals - Epsom, St Helier, Sutton, and Queen Mary's Hospital for Children. Today, the hospitals provide an extensive range of hospital services for people who mostly live in the London Borough of Sutton, the southern part of the London Borough of Merton, and for the following parts of Surrey - Epsom and Ewell, and parts of Mole

Valley, Elmbridge, Reigate and Banstead.

The challenges facing Epsom and St Helier hospitals are longstanding and there have been a number of attempts to resolve them.

In 2017 the Trust published a strategic outline case for investment in its hospitals. This document described the challenges facing Epsom and St Helier hospitals.

In January 2018, the CCGs accepted that these issues had to be resolved, and committed to look at the options that would best achieve this.

In June 2018, Surrey Downs, Sutton and Merton CCGs launched a programme to involve the public in the case for change and a proposed new way of providing healthcare in the future, known as the 'clinical model of care'. This involved more than 1,500 people directly, and a much larger number in various ways, across the area. You can read the independent report and its findings on our website ([visit www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'independent analysis of feedback from public engagement' in the search box to get to the document).



Why NHS services need to change

Epsom and St Helier hospitals are facing significant challenges which we need to take action to solve if we are to keep hospital services within the Surrey Downs, Sutton and Merton area for generations to come.

There are three main reasons why we have to change the way we deliver local NHS services.

- 1. Quality**
- 2. Buildings**
- 3. Finances**



1. Quality

Patients at Epsom and St Helier hospitals do not always receive the level of care that they need and deserve. Issues include the following.

- Some key services do not meet the agreed national and regional clinical standards, including the doctor and nursing requirements that are best practice within the NHS. For example, in the hospitals' emergency departments and acute medicine services.
- Nationally, there is a difficulty recruiting doctors and specialist clinical staff. This is a particular problem at Epsom and St Helier - both hospitals provide many of the same services and run with gaps in their medical rotas and rely heavily on temporary doctors. This makes it very difficult to provide key services.
- The Care Quality Commission (CQC), the independent regulator of health and social care, has continued to rate both Epsom and St Helier hospitals as 'requires improvement' for emergency services, despite giving the Trust an overall rating of 'good'. We agree with the Trust that unless we change how emergency services are provided, we will not be able to get a CQC rating of 'good' for these services.

2. Buildings

The hospital buildings are very old and are not fit for delivering 21st century healthcare. Issues include the following.

- Staff see and treat patients in buildings that are not suitable.
- There are not enough single rooms to treat patients who need them, including those who are coming to the end of their lives and those who need to be cared for in isolation.
- Every day, very ill patients are moved in their beds to other parts of the hospital for treatment. This means going outside, in all weathers, as the hospital buildings are not all connected.
- Many of the lifts are too small to take patients on beds. When these old lifts break down, parts have to be specially designed and patients have to be moved around the hospitals in ambulances.
- Old buildings are difficult to keep clean and work in safely. A large amount of money is spent on emergency repairs just to keep patients dry and warm.

In its September 2019 report the Care Quality Commission told us:
“... in many areas of the (hospitals), the environment was not always appropriate for the services being delivered, due to the age and structure of the estate.”

3. Finances

As a result of the issues listed in 1 and 2, we have major financial challenges.

- Currently the hospitals cannot live within their means, because of the way services are provided at both Epsom and St Helier hospitals, without enough permanent staff and in old buildings.
- A huge amount of money is spent on temporary staff to keep our hospital services safe. (This is mostly so that we can have senior staff on-site in the evenings and at weekends).

These issues will get worse if we do not tackle them, and the worse they get, the more difficult it is to pay for new buildings.

We need to change the way services are provided so we can afford to run our hospitals safely within the money we are given.

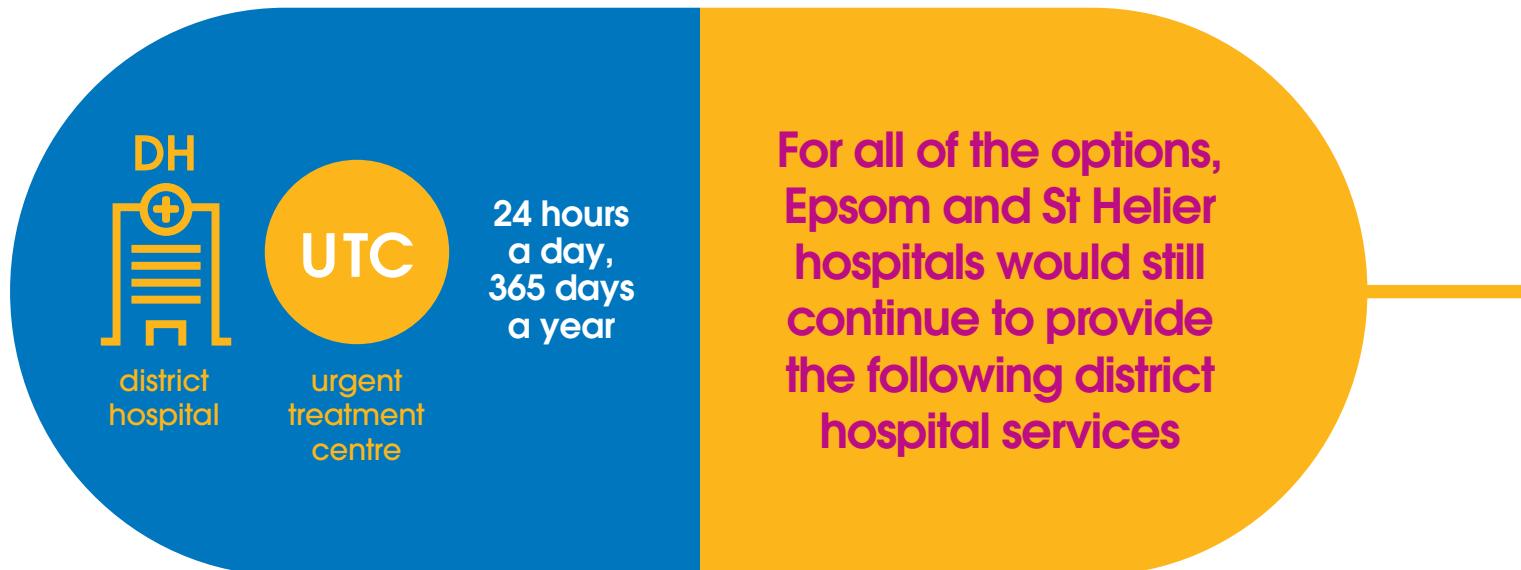


Our proposal for how we change the way we work across our hospitals – or the ‘model of care’

The majority of services would stay at both Epsom and St Helier hospitals in refurbished buildings.

Both Epsom and St Helier hospitals would provide ‘district hospital’ services 24 hours a day, 365 days a year,

and have urgent treatment centres at each.



Explaining more about urgent treatment centres

The urgent treatment centres would be able to treat all adults and children who make their own way to the centres with illnesses requiring immediate care, but not serious enough to require an emergency department visit. This is about two out of three of the people who attend A&E at both hospitals now. These conditions include broken bones, cuts and

bruises, objects in the eye, sprains, and raised temperatures.

If you were assessed by a clinician to be very unwell, you would be taken by ambulance to the specialist emergency care hospital. This already happens now between the Epsom and St Helier sites because Epsom does not have the same range of services available as St Helier.

The urgent treatment centres would:

- be open 24 hours a day, every day of the week
- be staffed by doctors and emergency care nurses, and
- provide urgent and emergency care for people who make their own way to hospital.



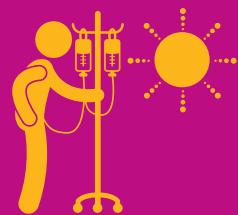
Outpatient services and treatment for follow-up or first appointments with hospital doctors, including antenatal and postnatal care, and kidney dialysis at St Helier Hospital



Diagnostic services, including X-ray, endoscopy, pathology, ultrasound, radiology and MRI scans



Urgent treatment centres open 24 hours a day, 365 days of the year for people with non-life-threatening conditions who can make their own way to hospital (which is around two thirds of the patients who currently use A&E)



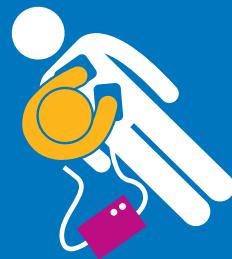
Planned care procedures, for example day case operations, minor surgery, injections, radiotherapy and chemotherapy. The South West London Elective Orthopaedic Centre would remain at Epsom Hospital.



Hospital rehabilitation beds, particularly for older people who are recovering from illness or to prevent them from becoming more ill

Specialist emergency care hospital

We want to bring together at one site (Epsom, St Helier or Sutton) six core (major) services for the most unwell patients and those who need more specialist care



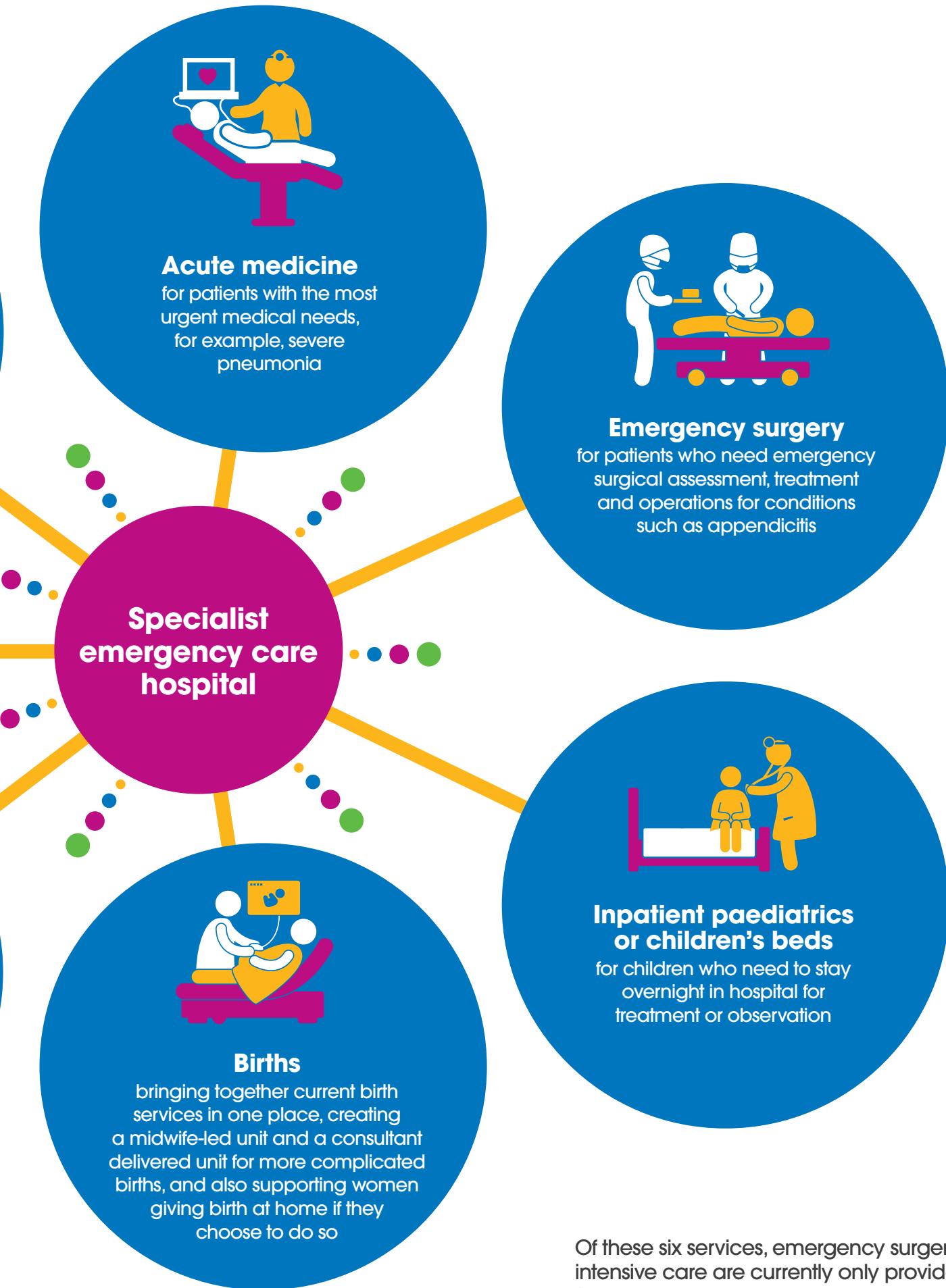
A major emergency department

for the sickest patients with life-threatening conditions, including a specialist children's A&E



Critical care

for the specialist care of patients whose conditions are life-threatening and need constant monitoring, usually in an intensive care unit



Specialist staff all under one roof

Very sick patients who normally arrive by ambulance, or patients who could be at risk of becoming very ill, would be treated in a new specialist emergency care hospital. Specialist staff and services would be brought together to work as one larger team and would be available 24 hours a day in a new purpose-built hospital. This would mean specialist staff would always be in the hospital and available to care for the sickest patients. They would be able to diagnose what is wrong with patients more rapidly, start the best treatment faster, and help patients recover more quickly. The hospitals would be able to meet all of the quality standards and provide the highest standards of care.

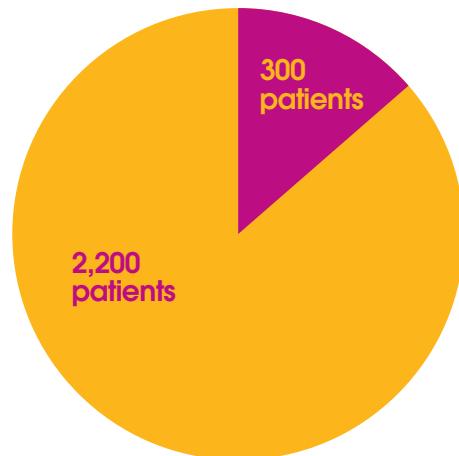
Births

We have included births at the specialist emergency care hospital to make sure mothers and babies have safe, high quality care. In an emergency, they need access to on-site surgeons and critical care. For women who are low risk and would like to give birth at home we would continue to encourage and support them to do so.

Delivering the highest standards of care

We believe that organising hospital services like this would mean we would be able to deliver the highest standards of healthcare for people who are very unwell, or are giving birth in hospital, and provide excellent care locally for the majority of services. This includes routine and urgent care and supporting people to get back on their feet.

Epsom and St Helier hospitals see around 2,500 patients a day



Under our proposals

- 2,200 patients a day would be treated in Epsom and St Helier district hospitals.
- 300 patients a day would be treated in the specialist emergency care hospital.

This means that the vast majority of patients would continue to be seen at their local district hospital, with a much smaller number of patients attending the new purpose-built specialist emergency care hospital.

Quality standards that we currently cannot meet

Key quality standard	Current care performance	Future care performance
Emergency department Consultants available on-site 16 hours a day, every day of the week (24 hours a day for major trauma)	✗	✓
Good rating in the five CQC 'domains'	✗	✓
Access to diagnostics (tests) seven days a week	✗	✓
Acute medicine Consultants available on-site 14 hours a day, every day of the week	✗	✓

Some examples of what these changes could mean for you and your family

Where would I go for the care or treatment me and my family need?		
Situation	District hospital	Specialist emergency care hospital
My 11-year-old son has fallen off his bike and has a swollen ankle		
My adult sister has an outpatient appointment		
My grandma needs to have an X-ray		
My mum needs to have day case surgery to remove a painful lump		
My great uncle is recovering from pneumonia and needs to stay in hospital but is now stable		
I have a scan of my baby booked in with my midwife		
My daughter has a leg injury and needs urgent surgery		
My pregnant sister is having a hospital birth		
My child is very unwell and needs to stay in hospital overnight		

If you would like to look in more detail at how our proposals could affect you or your family's situation or particular circumstances, please get in touch with us or come to one of our listening events. Details are at the end of this document.

Further information on the proposals is given in a detailed consultation document which is available on our website (visit www.improvinghealthcaretogether.org.uk and type 'full consultation document' in the search box to get to the document).

Comparing the options for the site of a new specialist emergency care hospital

We have looked at where the new specialist emergency care hospital could be located to allow us to keep these services within Surrey Downs, Sutton and Merton.

We applied the following three tests.

- The site would keep major hospital services within Surrey Downs, Sutton and Merton.
- We would have the right number of skilled and specialist staff to deliver healthcare services in the long-term.
- The site must be big enough for the specialist emergency care hospital services.

There are three possible locations for where we could bring together these six core (major) services in a specialist emergency care hospital. This could be at Epsom St Helier or Sutton hospital.

We concluded that there are three possible options

1 **Epsom as the site of the specialist emergency care hospital**

2 **St Helier as the site of the specialist emergency care hospital**

3 **Sutton as the site of the specialist emergency care hospital**

Epsom Hospital



St Helier Hospital



Sutton Hospital



 **Specialist emergency care hospital (SECH) services**, including major emergencies, acute medicine, inpatient surgery, paediatrics, births and critical care

 **District hospital (DH) services**, including inpatient beds, urgent treatment centre (UTC), outpatients, day case surgery, dialysis and chemotherapy

 **Urgent treatment centre**

This table shows how we have compared the three hospital sites. We agreed that Sutton Hospital is our preferred option.

Criteria

<p>For all of the options, the time it would take the majority of people to get to the specialist emergency care hospital, by car or blue light ambulance, would not change. Over 99% of people travelling by car or blue light ambulance would get there within 30 minutes.</p>		<p>Quality of care Would it improve safety and quality of clinical care, improve patient experience, provide the number of beds needed and solve the issues surrounding workforce, recruitment and keeping staff?</p>
		<p>Long-term clinical sustainability Does it improve access to urgent and emergency care and are there other clinical benefits for patients?</p>
		<p>Meeting the health needs of local people What would the effect be on older people and people from deprived communities?</p>
		<p>Fit with the NHS Long Term Plan Would it fit with the NHS Long Term Plan and support bringing health and care services together?</p>
		<p>Access, including travel What would the effect be on travel and accessibility?</p>
		<p>How easy it is to deliver? How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?</p>
		<p>Finance What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?</p>



Preferred option

Sutton

St Helier

Epsom

The proposed changes would deliver improved quality of care in all options.

In all options, how we deliver care would be the same. There would be the same number of beds (a slight increase on what is available now) and the workforce issues would be solved.

Three urgent treatment centres that would be open 24 hours a day, 365 days of the year.
Located with Royal Marsden, it would improve care for Epsom and St Helier cancer patients.

Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.

Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.

Least overall effect on travel for older people and people from deprived communities.

Greatest effect on travel for older people and least effect on travel for people from deprived communities.

Least effect on travel for older people and greatest effect on travel for people from deprived communities.

All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.

Smallest increase in average travel time. Fewer local people would have to travel further, as Sutton is the most central to where people live in the areas of Surrey Downs, Sutton and Merton.

Second greatest increase in average travel time. More local people would have to travel further, with more complicated journeys.

Greatest increase in average travel times. A larger number of local people would have to travel further, with more complicated journeys.

Easiest to build.
Would take four years to build.
Least effect on neighbouring hospitals – 50 beds move to other local hospitals.

More complicated to build.
Would take seven years to build.
Bigger effect on neighbouring hospitals – 81 beds move to other local hospitals.

More complicated to build.
Would take six years to build.
Greatest effect on neighbouring hospitals – 205 beds move to other local hospitals.

Most cost to build: £511 million.
It has the most new buildings but because it keeps the most patients in the area it is the best value for the taxpayer.
There are extra benefits of being located with the Royal Marsden.

Least cost to build: £430 million.
It has the most refurbished buildings and keeps the majority of patients in the area, making it medium value for the taxpayer.

Medium cost to build:
£466 million. The build size is smaller as it keeps the least number of patients in the area. It also has the largest investment needed at other hospitals and so is the least value for the taxpayer.

How we evaluated our proposals

We commissioned an independent report into the possible effects of our proposals. The report looked at effects in different areas.

- Health outcomes for patients
- How people would access district hospital services
- Patients' experience
- How services would be delivered
- Clinical staffing
- Design of hospital facilities
- Health inequalities
- Journey times, transport and travel costs for patients, carers and visitors
- Future choice of services
- Effect on neighbouring hospitals
- Effect on the environment

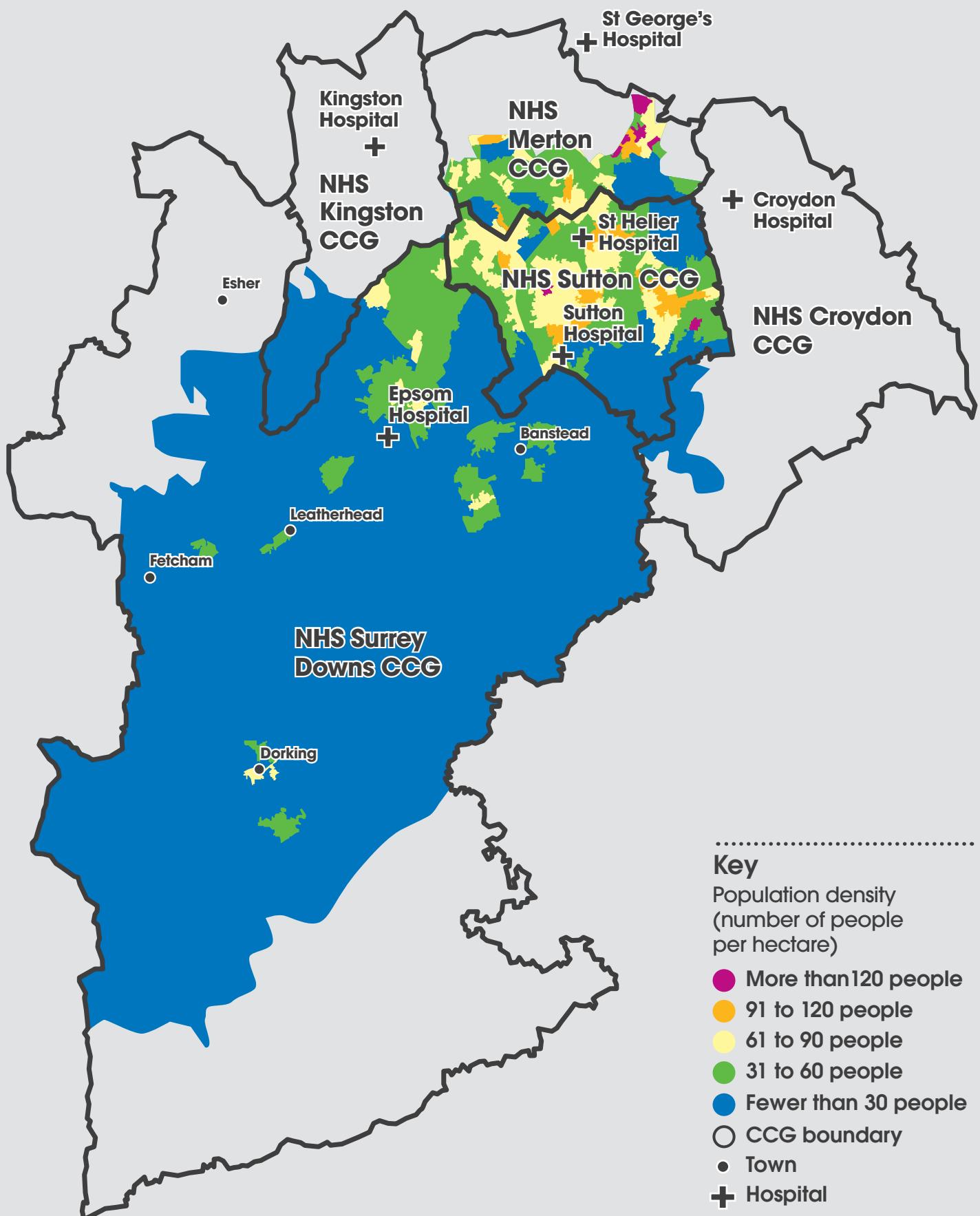
What we have learned from this research has helped us to further develop our proposals. The report summarises a range of detailed positive, negative and neutral effects that you can read more about in the integrated impact assessment on our website (visit www.improvinghealthcaretogether.org.uk and type 'integrated impact assessment report' in the search box to get to the document).

The integrated impact assessment is an ongoing programme of work. Another version of this report will be published after this consultation to give decision-makers more information.

We would continue to monitor the effect of any changes agreed to local services and adapt the services provided to make sure local people are given the best care possible.



People who are served by Epsom and St Helier hospitals mostly live in the north (the top half of this map), around Sutton and Merton.



What people have already told us

We used different ways of involving patients, carers and residents across Surrey Downs, Sutton and Merton to make sure that as many of them as possible were involved in developing and shaping proposals at an early stage.

Working with patient, carer, voluntary and community groups, including Healthwatch, we reached over 1,500 people from a wide range of backgrounds. Online, 25,000 people looked at our video, visited our website and looked at our social media information.

We learned that:

- people agreed that things must change to make sure there is high quality hospital care for future generations
- people recognise that workforce challenges and problems with current buildings need creative

solutions (but there is no clear agreement about the type of change needed)

- residents value their local health services and, on the whole, they are in favour of keeping services closer to home
- some people are willing to travel further, while some prefer treatment at home or closer to home, and
- people are concerned about travel times to hospitals, the cost of transport, parking, and other issues to do with access, especially for older people, people living with major life challenges and those who live on a low income or have trouble getting out and about.

We have published this feedback on our website (www.improvinghealthcaretogether.org.uk and type 'independent analysis of feedback' in the search box to get to the document).

What has guided our proposals

We have used what we heard from residents, patients and carers at each stage of the development of our proposals to:

- help shape the new clinical model of care, including extending the opening hours of the proposed urgent treatment centres from 8am to 8pm to 24 hours a day
- design the criteria to help us evaluate the options and discuss what is important to local people in looking at the advantages and disadvantages of each of the options, and
- highlight the effects the proposals could have on different communities so that we can strengthen our proposals.

What do doctors, nurses and other NHS staff say?

We have received advice from independent clinical experts who reviewed our proposals. The Clinical Senates of London and the South East provide independent advice on any proposals that would result in changes to the way hospital

services are provided. They have studied our proposals and have stated that there are significant benefits to bringing together the six acute hospital services into a new purpose-built specialist emergency care hospital located on one of the

three hospital sites: Epsom, St Helier or Sutton. We have published this feedback on our website ([visit www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'Clinical Senates report' in the search box to get to the document).

Timescales

None of the six services would be brought together until the new specialist emergency care hospital is built which, under the preferred option, would be 2025 at the earliest.

We know that this investment in both refurbishing Epsom and St Helier hospitals and building a new purpose-built specialist emergency care hospital would help us to meet the challenges and resolve the long-term issues facing Epsom and St Helier for future generations.

We know it is important to keep you updated, especially when you have taken the time to share your thoughts and views with us. The feedback from the consultation will be independently analysed by Opinion Research Services and a report will be produced and published on our website. We will share the report with stakeholders, including with the Joint Health Overview and Scrutiny Committee, so they can give their comments. The CCGs' will consider these comments, the report on the consultation and the final integrated impact assessment before making any recommendations and decisions.

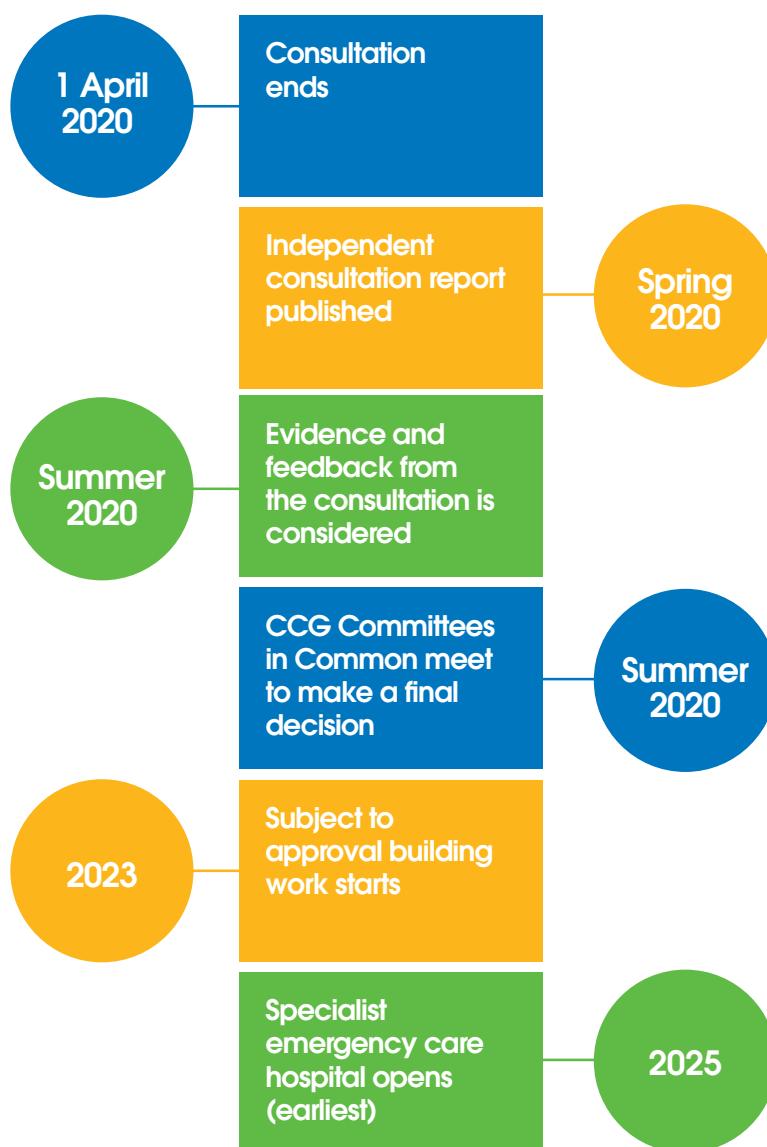
No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential.

(Further information is available on our website, go to www.improvinghealthcaretogether.org.uk and type 'consultation privacy notice' in the search box).

The three CCGs' joint committee, known as the 'Improving Healthcare Together Committees in

Common' is where the CCGs' leaders come together to agree proposals and make decisions about how Epsom and St Helier hospital services might change in the future. The meeting to make any decisions will be held in public and will consider all of the evidence and the consultation report.

Our proposed decision-making timetable



We want to know what you think

We are keen to hear how you think these proposed changes would affect you and your family, what worries you, what you like and do not like about the proposals and if there is anything else you would like to tell us or think that we have missed.

You can download a copy of the full consultation document and the consultation questionnaire from our website (www.improvinghealthcaretogether.org.uk). You can also fill in the questionnaire online.

If you would like a hard copy of any of the documents, email us at hello@improvinghealthcaretogether.org.uk or call us on 02038 800 271.

You can message us on Twitter (@IHTogether) or visit our Facebook page (@ImprovingHealthcareTogether).

Send us a text message on 07500 063191.

We are doing as much as we can to make sure local people know about our proposed changes, why change is needed and how you can make comments. We are planning a range of events including nine listening events. You can find a list of these on our website (www.improvinghealthcaretogether.org.uk), call us on 02038 800 271 send us a text message on 07500 063191.

There are many different ways to have your say.

Fill in the questionnaire our website (www.improvinghealthcaretogether.org.uk).

Come to any of our local listening events to tell us your views.

Email us at hello@improvinghealthcaretogether.org.uk.

Message us on Twitter (@IHTogether) or visit our Facebook page (@ImprovingHealthcareTogether).

Write to us at Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL.

Call us on 02038 800 271.

Send us a text message to 07500 063191.

The consultation takes place from 8 January to 1 April 2020.

We recognise that the consultation is about services, options and issues that are complex.

If you need help or more information to help you to respond to this consultation, or have further questions, email us at hello@improvinghealthcaretogether.org.uk or call us on 02038 800 271.

If you or someone you know cannot read this document, please contact us by email at hello@improvinghealthcaretogether.org.uk or phone 02038 800 271 and we will do our best to provide the information in a suitable format or language.

Jeśli Ty lub Twój znajomy nie jest w stanie przeczytać tego dokumentu, prosimy o kontakt z nami pod adresem e-mail: hello@improvinghealthcaretogether.org.uk lub telefonicznie pod numerem 02038 800 271. Dolożymy wszelkich starań, by przekazać informacje w odpowiednim formacie lub języku.

ਨੈਂਕਣੋਾ ਅਲਲਤੁ ਉਂਕਣੁਕਿ ਤੇਰੀਨਤ ਮੱਡਭੋਰੂਵਾ ਇੰਤ ਆਵਣਾਤਾਤਪ ਪਾਇਤਾਰਿਧ ਇਧਵਿਲਲਾਲ ਏਣਿਲ, ਤਾਵਚੇਦਾ ਹੋ ਜਾਂਦੇ ਹਨ hello@improvinghealthcaretogether.org.uk ਏਨ੍ਹ ਮਿਨਨਾਂਚਲ ਅਲਲਤੁ ਤੋਲੇਪੇਸੀ ਏਣ 02038 800 271 ਮੁਲਮਾਕ ਤੋਟਰਪੁਕੋਣਾਂਕੁ ਏਮਕਿ ਤੇਰੀਵਿਤਤਾਲ, ਤਾਨੁਨਤ ਮੇਡ੍ਹਾਲੀਲੋਾ ਅਲਲਤੁ ਵਾਡਵਤਤੀਲੋ ਤਕਵਲੇ ਉਂਕਣੁਕਿ ਅਰੀਵਿਕਕ ਏਮਮਾਲ ਇਧਾਨਵਰਾਯਿਲੁਮ ਮੁਧਰਚੀ ਏਉਪੋਾਮ.

اگر آپ یا آپ کے کوئی جاننے والے اس دستاویز کو پڑھ نہیں سکتے پس تو براۓ مہربانی اس ای میل پتہ کے ذریعہ ہم سے رابطہ کریں hello@improvinghealthcaretogether.org.uk یا اس نمبر پر فون کریں: 02038 800 271 اور ہم ان معلومات کو مناسب صورت یا زبان میں فراہم کرنے کی پوری کوشش کریں گے۔