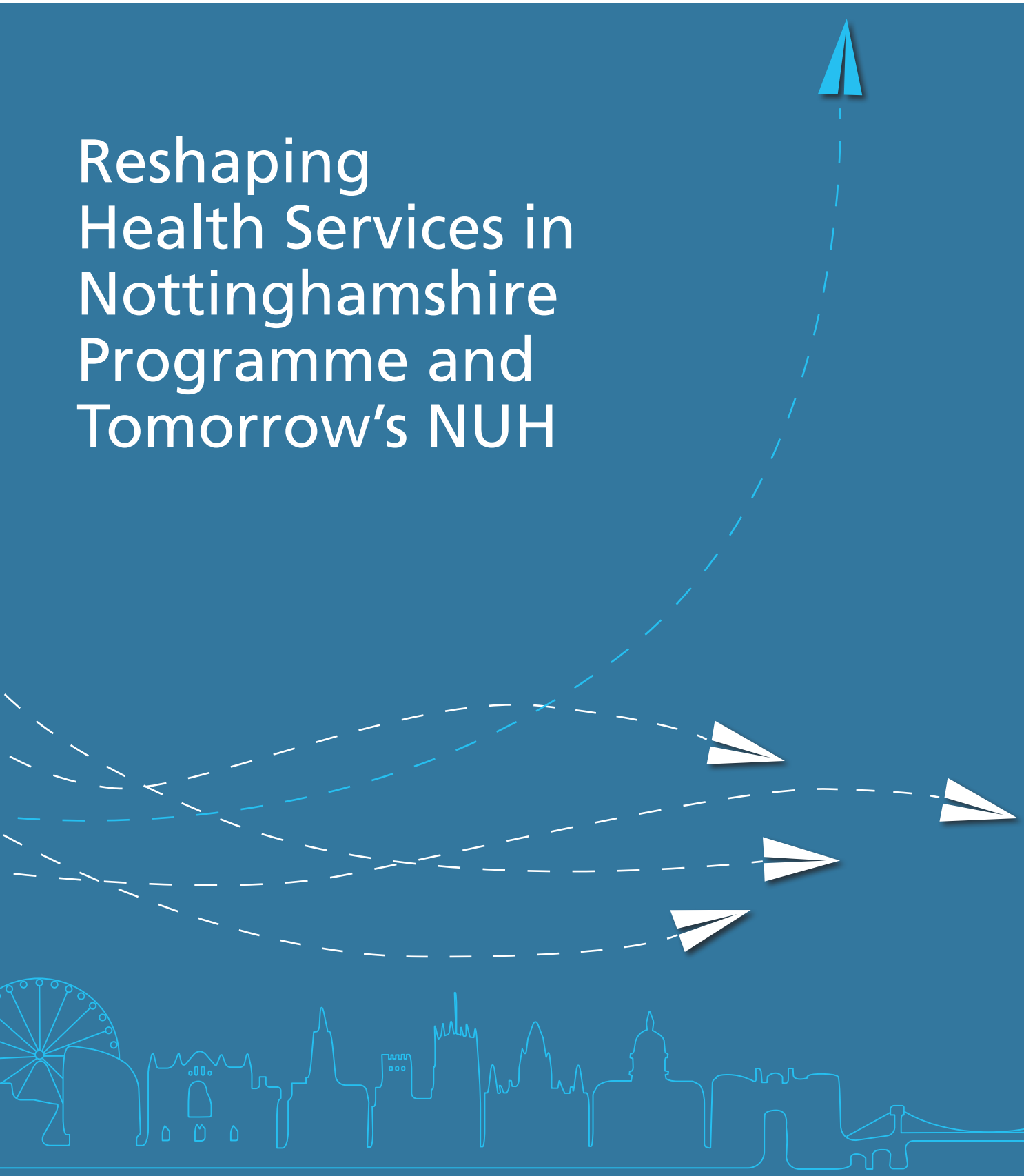
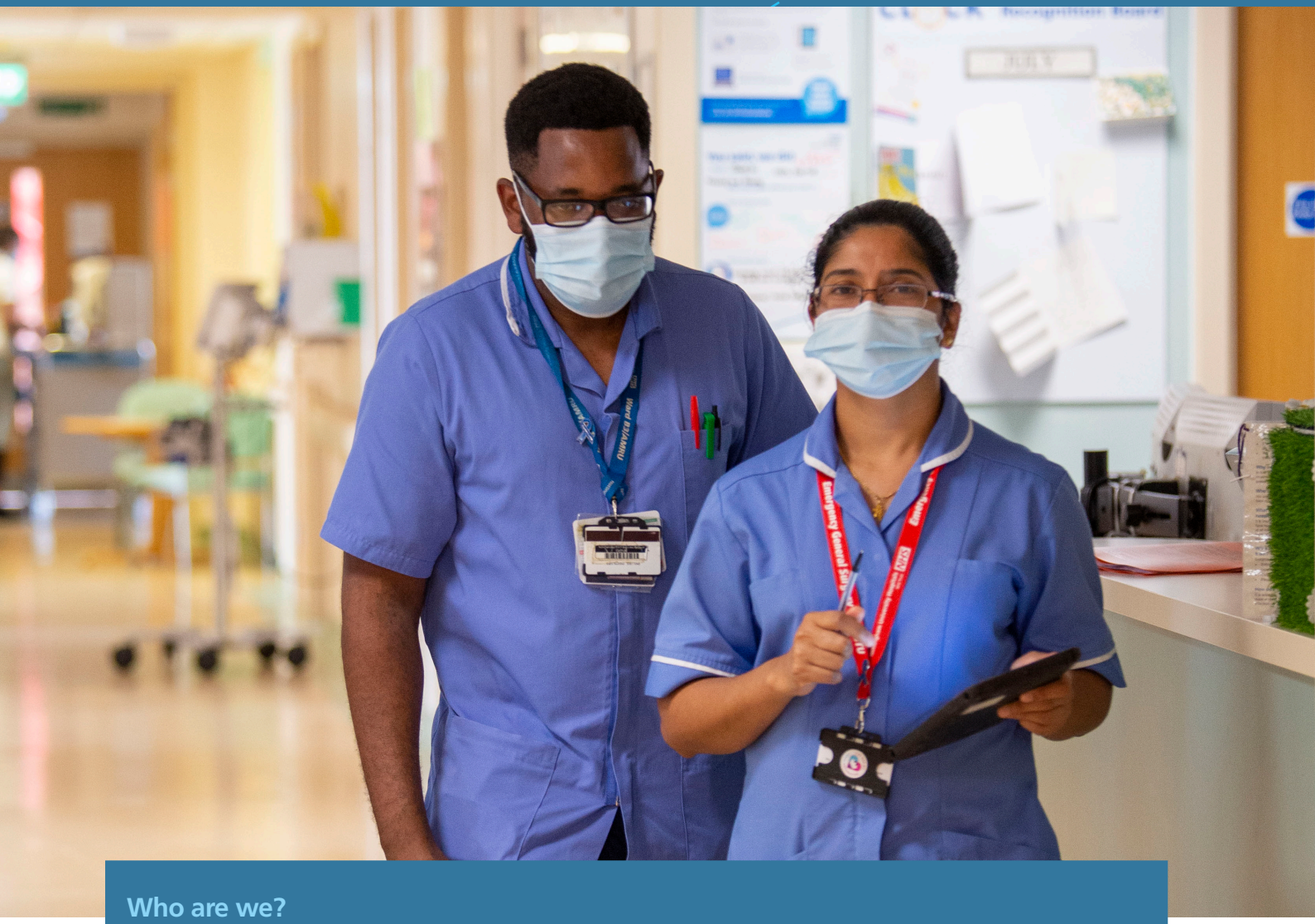
NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Reshaping Health Services in Nottinghamshire Programme and Tomorrow's NUH



Spring 2022

Engagement Document



Who are we?

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is an NHS organisation led by local GPs. The CCG is responsible for understanding the health care needs of the population of Nottingham and Nottinghamshire and planning and paying for healthcare services. This includes listening to, and taking account of, feedback from local people to make sure that services meet local need.

On 1st July this year the CCG will become an Integrated Care Board (ICB). Across Nottingham and Nottinghamshire, our vision will continue to be: to increase the duration of people's lives and to improve those additional years, allowing people to live longer, happier, healthier and more independently into their old age. The ICB will ensure that the plans in this document continue to be developed after 1st July.

Nottingham University Hospitals NHS Trust (NUH) runs the facilities at Queen's Medical Centre (QMC), City Hospital and Ropewalk House.

What is 'Tomorrow's NUH'?

Tomorrow's NUH is a once-in-a-generation opportunity to transform our hospital services and facilities in the Greater Nottingham area for the better. It is part of the Government's New Hospital Programme, which is investing in buildings and equipment across the NHS, to ensure our healthcare system and staff have the facilities they need for the future. By 2030 we have the opportunity to have in place top-class healthcare services for our population. It is hard to imagine exactly how our society and health services will look in 2030 but we do know that they will be different to today.

Tomorrow's NUH is a significant part of Reshaping Health Services in Nottinghamshire (RHSN), a long-term strategy involving all local health and care organisations working together, ensuring that we continue to provide leading edge, innovative and life-changing care well into the future.

We therefore need to agree the best way forward to modernise the QMC and City Hospital. We're also considering the services currently delivered from Ropewalk House, and the best location for the delivery of these services in the future.

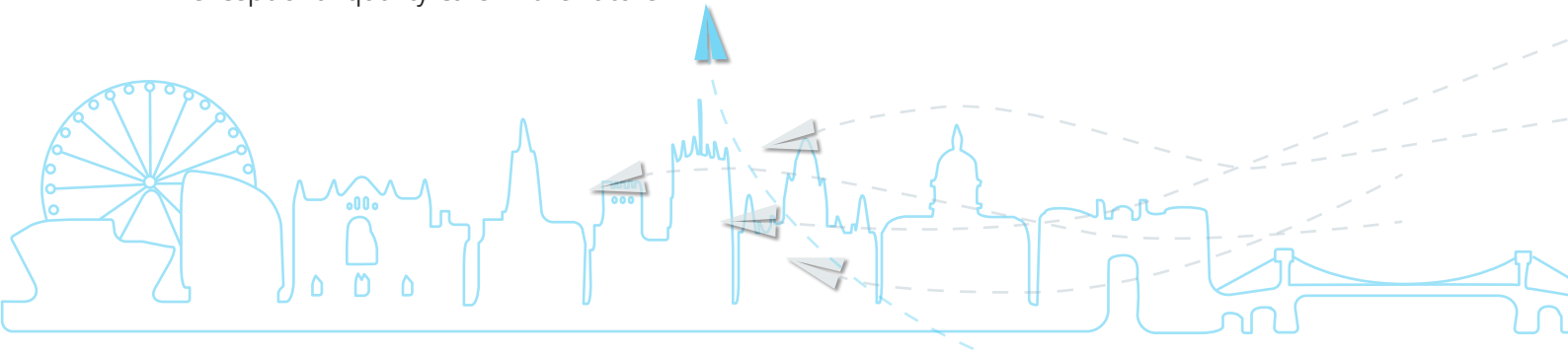
We are now at a key stage in the process, and we need your input to help us to shape the way we deliver our healthcare in the future. This is your chance to comment on our current proposals as we develop them, and be part of building the future of your health and care system.

Why Are We Doing This?

The NHS in Nottingham and Nottinghamshire has an ambition to transform health and care services, so that people living in our area live longer, healthier, and happier lives. We want to provide the best services we can to meet the needs of our diverse communities, ensuring that services can be accessed by all of our citizens when they need them.

Our population across Nottingham and Nottinghamshire is living longer with more health needs. As new treatments unheard of five or ten years ago become mainstream, it is important that the health and care services that we all rely on also change. Here in Nottingham and Nottinghamshire we are constantly looking at ways to improve the care that we deliver now and in the future.

NUH is a large part of the health system in Nottingham and Nottinghamshire, and we know that any changes made will have an impact across wider health and care services and how people access these. We are already seeing people accessing healthcare in different ways, not always at their local big hospital. This will continue. We know we must continue to adapt our hospital facilities and services to provide the best possible care to those who need to use those services. Tomorrow's NUH will be a key part in this process, helping us to deliver exceptional quality care in the future.



Over the last two years, we have innovated like never before in the face of the pandemic, including delivering a world-leading vaccination programme using all parts of the health system, working with local councils and the voluntary sector. This is a really good example of how excellent hospitals are important, but are not the whole solution. Other examples include how we are working to support the homeless population in our area through coming together as the NHS, the voluntary sector and the local authorities. Our work to deliver world-class new facilities through the Government's New Hospital Programme will help to underpin this wider transformation for how health and care services are delivered.

This opportunity isn't just about a construction project – it will also be instrumental in local social and economic regeneration, creating new jobs and stimulating ground-breaking medical research. It will also help us to attract the best healthcare staff to the region.

To secure investment in the Tomorrow's NUH programme, we need to show that we have a plan for how we will use the funding to improve the health and wellbeing of local people. To do this we have to set out the changes we would like to make to our local services. We are talking to many different people about what those changes might look like and what they might mean for the users of these services, now and in the future.

What Has Happened So Far?

In November and December 2020, we talked to the public about Tomorrow's NUH. We highlighted some of the issues with our hospital buildings, and the challenges that remain from merging the City Hospital and the QMC under one Trust, resulting in staff and services being split across two sites. We also outlined our thoughts about the future and the possible changes to the way we could deliver our services, to improve the experiences of all who use both hospitals.

Since then, we have been further developing our plans and identifying what we think we could do to make the best use of the funding available to us. This work has involved looking at where we could locate our services and planning how they would work together.

Some of the thinking we shared in late 2020 has developed – due to more detailed discussions with expert doctors and nurses, or because of new national guidelines and rules, or because of what we've learned from the Covid-19 pandemic. This means that some of the things we previously proposed have now changed. Many of the proposals, however, are unchanged and we can now share more detail and answer some of your questions.

We are taking our time to get this right – listening to our local communities is a crucial part of this process, so we're again going to be asking for your views and feedback, to fully test this latest thinking.

No firm decisions on any of this will be made until after a full public consultation has taken place in due course.

Planning For The Future Of Our Hospital Services

In planning how all our hospital and community services could work together, we have taken into account the need to do all of the following:

- Designing services to meet the needs of all our communities.
- Identifying where those services need to be located together.
- The impact any changes could have on patients, carers and staff.
- Financial considerations, to ensure we have plans that are affordable and achieve the best value for money.
- Ensuring that the plans can be delivered within the timescale determined by the New Hospitals Programme.
- The options we have for locations, buildings and equipment.

Over the last year, a lot of work has been undertaken by our expert doctors and nurses to explore these plans in more detail, to ensure any proposed changes will deliver the outstanding care we want to offer you.

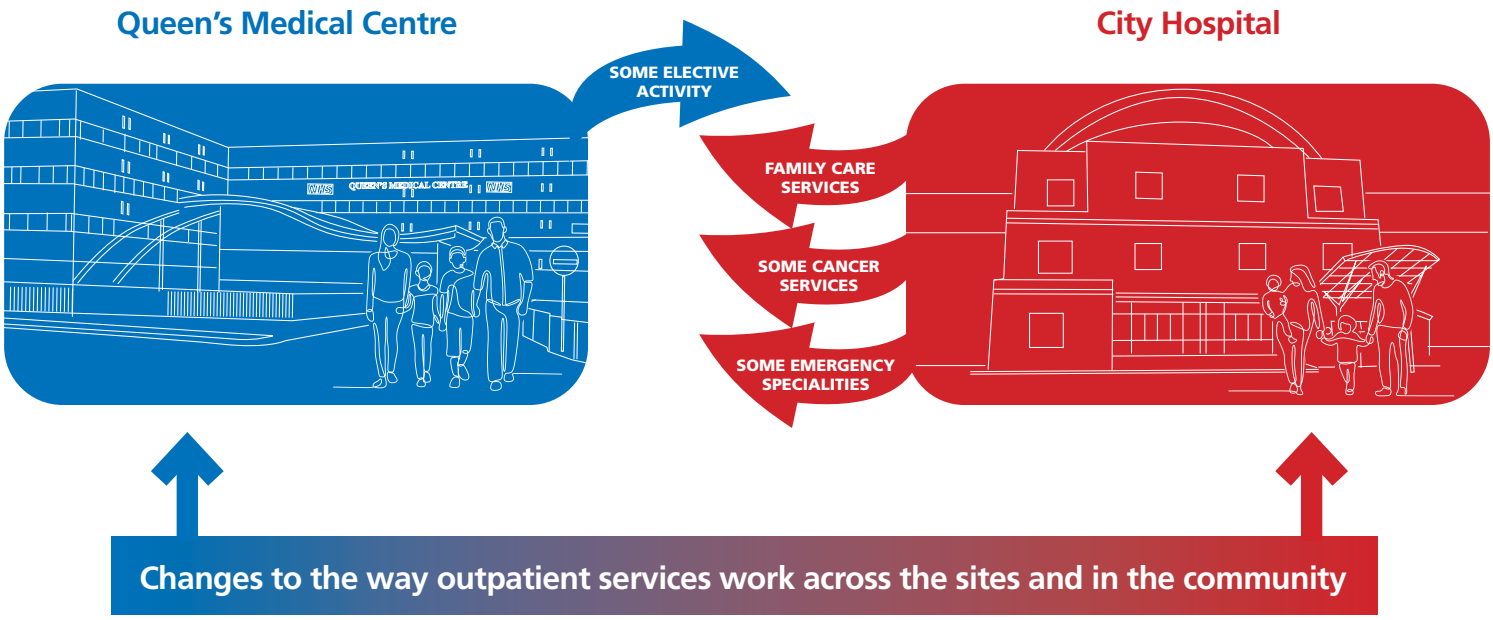
As well as the unique opportunity for investment that Tomorrow's NUH provides, we will also continue to spend on other areas of our healthcare services. The benefits at the end of this process will be modern, fit-for-purpose hospital buildings supported by smarter ways of working, ensuring we deliver the best possible experience for service users, their carers and staff.

The investment that we understand the Government will offer us is significant, and we have calculated the cost of all our proposals, to make sure that they can be achieved and affordably run once they are completed.

Our Latest Thinking

The diagram below describes, in simple terms, the changes that we are now proposing. In summary, this means that most elective operations planned like hip replacements and cataract surgery, would be delivered at the City Hospital, with some emergency care moving to the QMC. Cancer treatment would continue to be delivered across both sites, whilst the majority of maternity care would take place at the QMC, in a new Women's and Children's hospital. In addition, we are also exploring the possibility of increasing capacity in our mental health services by having dedicated spaces in both the A&E department and in the Women's and Children's hospital.

Alongside this potential significant movement of services to the QMC, we have major ambitions for the City Hospital. Our vision is to transform this site into a centre of excellence for elective (planned) care. This would enable us to protect capacity for our planned operations and also help us to maintain high quality emergency services at QMC, even at our busiest times.



Our Plans for Emergency Care

Proposal: We would like to locate Emergency Care, where patients require immediate or urgent hospital treatment, on one site, where possible.

Our overall ambition for emergency services is to ensure that people are seen by the right staff at the right time, first time. We have also learnt a lot about how services like the NHS 111 have become more popular and responsive during the Covid-19 pandemic, which means that our thinking about where care can be delivered has changed.

This means that we will be considering how our current ways of accessing urgent care i.e. through the QMC's emergency department, the Urgent Treatment Centre on London Road or through GP surgeries, can work together. This, we feel, would enable us to future-proof our services and offer flexibility for future demand.

When we last talked to the public, we asked about the option of having hospital emergency care all on one site. There was a great degree of support for this concept, though at that time this was still in its early stages of development. It was clear people wanted more information and to understand what this really meant for these services.

Since then, a considerable amount of work has been undertaken to explore this proposal in more detail, to ensure we are offering the best solutions for patient care, as well as for our staff.

Following the work that has been undertaken over the last year, we are now looking to hear your views on the following:

Some urgent and emergency care currently based at the City Hospital would be relocated to the QMC, where the main site for Accident and Emergency and the Major Trauma Centre are based. This would include acute respiratory (care for people with flu and pneumonia for instance) and burns and emergency plastic surgery services.

Why? We are proposing to move these services from the City Hospital to ensure that they are close to specialist services at the QMC, as well as to reduce the number of emergency transfers that currently take place between the two hospitals. For example, bringing acute respiratory services to the QMC, and basing them alongside other emergency services, would reduce the number of patient transfers between the two hospitals by 30 per cent. Doing this would also reduce the need for extra beds at the City Hospital during the winter months, when acute respiratory services are under increased pressure. Patients who require urgent treatment for burns and emergency plastic surgery would be seen at the QMC, alongside major trauma services.

Some urgent and emergency care specialities - including cardiology (heart), cardiac and thoracic (chest and lungs) surgery, urology (for example prostates and bladders), renal (kidney) and infectious diseases would remain at the City Hospital.

Why? This is because these services are either currently delivered from purpose-built centres or are linked to each other, so it would not make financial sense to move them.

At both the City Hospital and the QMC we would aim to make how you get seen for an emergency more streamlined and efficient.

Why? We want to get patients accessing the right treatments as quickly as possible, reducing waiting times and time spent in hospital.

Current Provision

Mr C arrives at ED at the QMC with breathlessness

Queen's Medical Centre

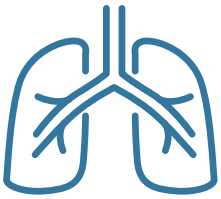
He is admitted to the Acute Medicine Assessment unit at the QMC

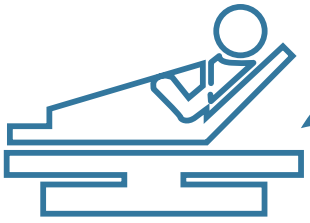
On the following day, it's decided that Mr C requires specialist respiratory care

City Hospital

He is transferred to the City Hospital

At the City Hospital, Mr C attends the respiratory assessment unit for a senior specialist review





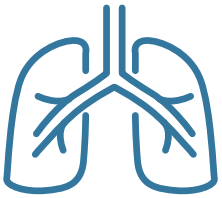
He is transferred to a ward for the senior review

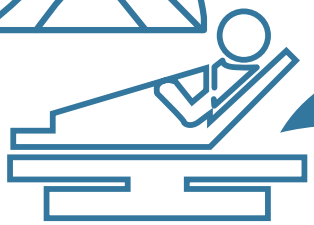
Mr C is discharged after three days on the respiratory ward

Future Provision

Mr C arrives at ED at the QMC with breathlessness

He is transferred to the respiratory assessment unit at QMC





He is then transferred to a ward at the QMC, following a senior review

Mr C is discharged after three days on the respiratory ward

What We Want to Know

We want your views on this more detailed set of proposals. We would like to understand if they seem sensible and what these proposals would mean to you. We are interested in hearing where you would expect to go to be seen for different types of urgent care.

Our Plans for Family Care

Proposal: Family Care Services to be provided from a Women's and Children's Hospital

In 2020, we talked about a single site for all Family Care services, but we didn't indicate where this could be at that time. We are continuing to explore this option with the QMC being the preferred location for a Women's and Children's Hospital, where it would be co-located with emergency care.

We think co-locating all women's and children's services with emergency care at the QMC would help us to improve the quality of care and safety for women, babies, children, and their families. It would mean people have access to the specialist and emergency care they sometimes need when they give birth, without having to be transferred by ambulance to another hospital site.

In addition, one single, larger, maternity unit is easier to staff and manage, when compared with two smaller units and would help create opportunities to improve the recruitment and retention of staff, as well as supporting quality and safety improvements.

We know we need to improve our maternity services, and many people in the NHS in Nottingham and Nottinghamshire are currently working hard to respond to the concerns that have been raised by the Care Quality Commission (CQC) about maternity care at NUH through the maternity improvement programme.

NUH is also proposing to redevelop and expand the neonatal facilities at the QMC, including providing an additional 21 cots, refurbishing the two obstetrics theatres to make them both full-sized and increasing the number of maternity beds. This work is set to be completed by Spring 2024. The expansion of the current facilities needs to be carried out now because too many babies and their families are currently having to be sent out of the area for neonatal care due to the lack of space. This can have very serious implications for these pre-term babies.

The work to improve maternity care services, including the establishment of an Independent Thematic Review of Maternity Services at NUH, will continue to be a priority separately to the development of the changes proposed here. However, we believe that these proposed changes will help to support that journey to improving safety and quality.

Our vision across Nottingham and Nottinghamshire is for our maternity services to become safer, more personalised, kinder, professional and more family friendly; where every family has access to information to enable them to make decisions about their care; and where they and their baby can access support that is centred around their individual needs and circumstances.

The proposed Women's and Children's hospital would be in a brand-new, fit-for-purpose and technologically appropriate building that patients, families and staff could help to design. All facilities that currently support children and young people such as children's A&E, neonatal and paediatric intensive care units would be in one place and in age and sensory appropriate facilities.

This would mean:-

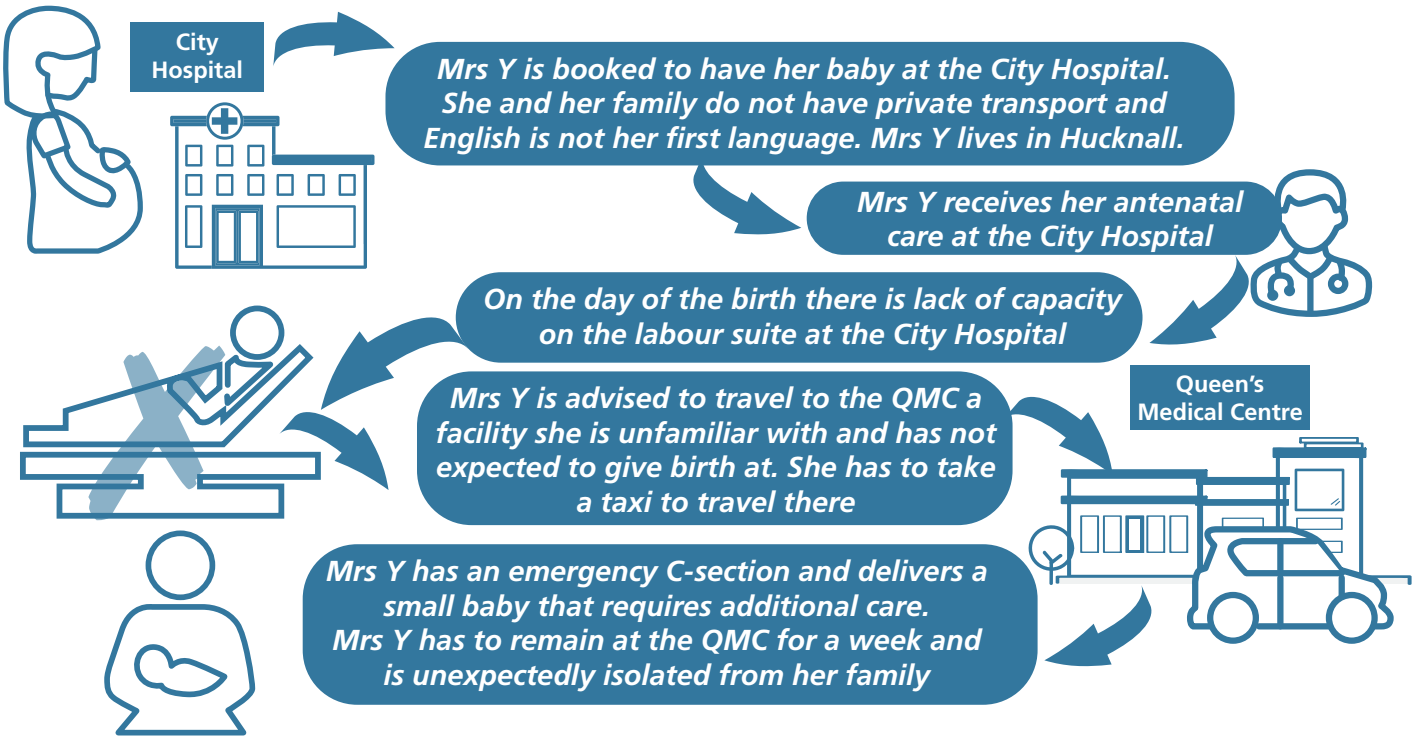
Family care services currently delivered at City Hospital (maternity, neonatal, gynaecology and genetics) would move to the QMC. The maternity unit currently at the City Hospital would become part of the dedicated elective hub (planned care centre) that would be created at the City site.

Families would still be able to choose whether they would prefer to have a consultant or midwife-led birth in hospital or a home birth as they currently do, but they would no longer have the option of giving birth at the City Hospital.

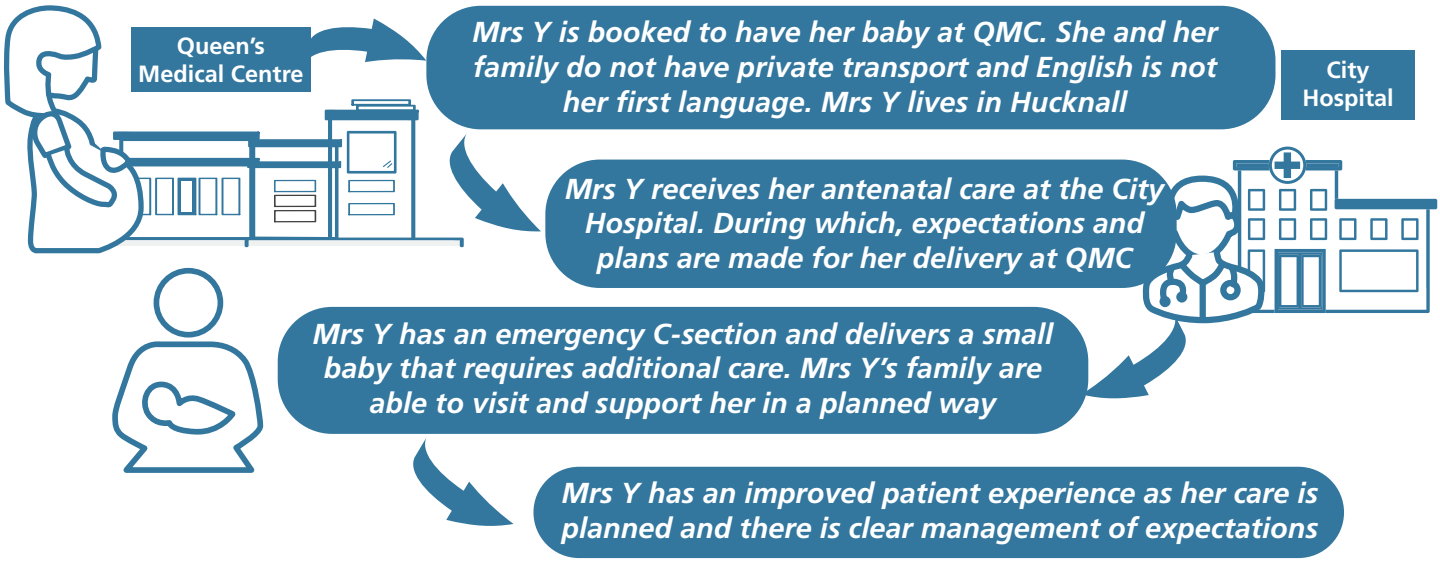
Antenatal and postnatal care would be retained at both the City Hospital and the QMC, to maintain local access and provide choice.

Fertility services (for men and women) would be located within the proposed Women's and Children's hospital.

Current Provision



Future Provision



What we want to know

We want to hear your views about where you could give birth. We also want to hear whether you would prefer antenatal and postnatal care at a site potentially closer to home, or at the hospital where you would give birth, which might be further away.

In addition, we would like to know if you would prefer to have gynaecology surgery or fertility treatment in the proposed Women's and Children's hospital or at a separate location.

Our Plans for Adult Elective Care

Proposal: The majority of elective operations will be carried out on a separate site away from emergency and urgent care.

When we see lots of very ill people in our A&E it sometimes impacts our ability to carry out elective operations. Operations are cancelled because beds and operating theatres are being used to treat patients needing emergency care. We know cancellations are both distressing and inconvenient for patients and their families, and we have an ambition to reduce them as much as possible.

We also want to offer more elective care in community settings, where it is appropriate to do so. This would mean people can have operations without having to come into hospital.

In addition, we want to make more use of remote consultations, through digital technology and phone consultations, where people are able to access care in this way. This may mean that follow up appointments after surgery and other appointments that don't require face-to-face contact could be provided remotely, if appropriate.

In 2020, we said we were exploring the option of delivering elective operations, including cancer surgery and day-case surgery, separate from emergency care - we currently provide these services at both the City Hospital and the QMC (including at the Treatment Centre and at the Eye, Ear, Nose and Throat (EENT) Centre).

Previous feedback showed that people were strongly in favour of splitting emergency and elective care. As a result, we have been developing this proposal in more detail and exploring the possibility of having most elective operations in one place, at the City Hospital.

This would mean:-

Moving services such as bowel surgery from the QMC to the City Hospital.

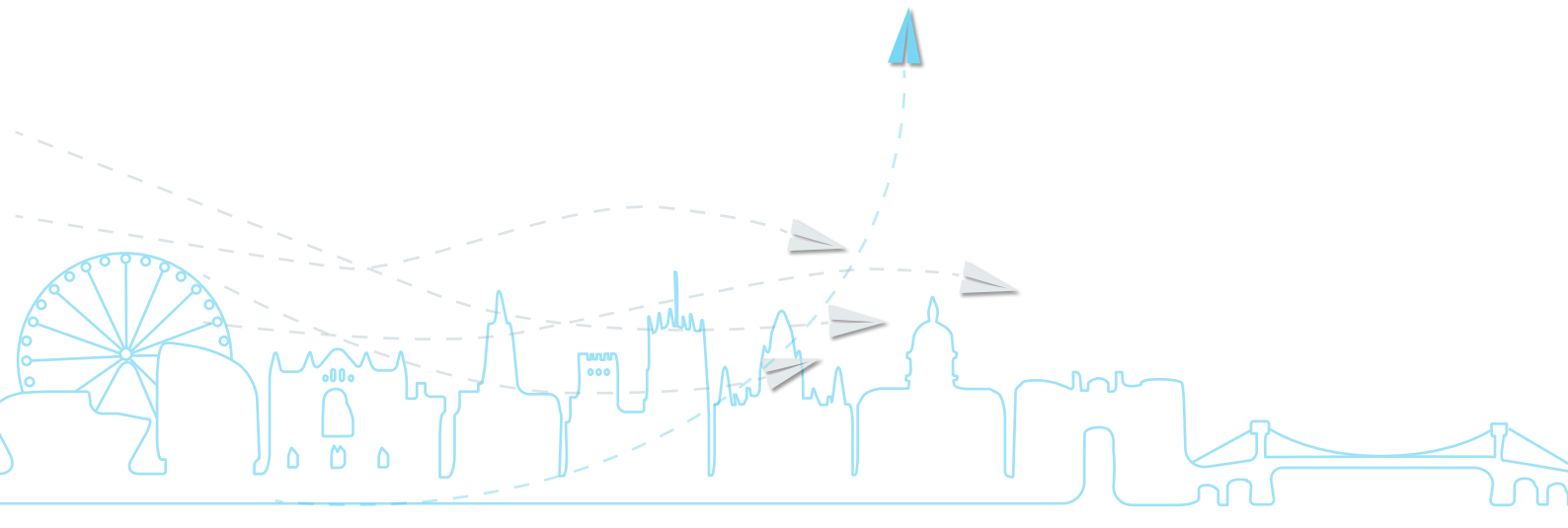
Why? We would aim to eliminate disruption from emergency care pressures at the QMC, whilst utilising the space we would have at the City Hospital, in the best way possible to improve patient care.

Continuing to carry out some operations at the QMC, predominantly day surgery, at the Treatment Centre and the EENT Centre.

Why? These services are either dependent on other services at the QMC or are currently based in modern, fit for purpose facilities.

What we want to know

At this stage we want to explore what this more detailed proposal means to you. Whilst most elective operations would be at the City Hospital, we want to know where you would like to receive your care, before and after an operation. This could be closer to where you live - or even virtually, for example via a telephone or video call.



Our Plans for Cancer Care

Proposal: Patients with cancer who are unwell and need to be looked after in hospital would have access to a range of specialist medical care on the same site.

We know that the numbers of people diagnosed and living with cancer continue to grow year-on-year, due to an aging population and increasing survival rates. What we can't predict is what the treatments for cancer will look like in the next 10, 20 or 30 years - we can, however, be ready for them. By co-locating cancer services with other acute hospital services, we want to ensure easy access to emergency specialist care, which will become increasingly important with the development of new and cutting-edge treatments.

Our vision is for us to be at the forefront of cancer research and innovation, developing centres of excellence, so that our patients have access to the best cancer care. To support this we want to empower our workforce to deliver 'Best in Class' cancer care through extensive training and development opportunities. Being closely linked to the University of Nottingham research expertise is really important for this.

Our focus also extends to the early diagnosis of cancer and to provide more cancer services in the community – making treatments and care more accessible and closer to home for people.

We have previously explored the possibilities of bringing our hospital cancer services together, alongside other specialist services that cancer patients sometimes need - we currently provide these cancer care services across the QMC, City Hospital and in some cases, at other hospitals such as Kings Mill. When we discussed this in late 2020, the feedback was very strongly in favour of bringing these services together.

Over the last year we have really explored this proposal in more detail and given a lot of thought as to how we can provide the best care for both acutely unwell patients, as well as those requiring other cancer care.

As a result of this work, we have adjusted our plans and are now exploring a multi-site approach. Through our detailed exploration of the original proposal we have come to realise that it is more important for us to focus on delivering really fast access to the very latest treatments, rather than necessarily bringing everything together in one place. We know that getting your cancer treated, fast, is probably more important than if that treatment happens at the City Hospital or QMC.

We feel this proposal would support our ambition for excellence in cancer care, and want to hear from you about the following:-

The City Hospital would be where patients mainly go for diagnosis, surgery and outpatient treatments, including chemotherapy and radiotherapy. Patients would also continue to benefit from other cancer services currently based at the City Hospital, including the Maggie's Centre and palliative care.

Why? Whilst there is an urgency for this care, it is nearly always a planned operation. Being located on the site where most of our planned activity takes place will enable us to protect these services from last minute cancellations, due to emergency pressures.

The QMC would be where we would have our inpatient beds for patients with cancer, meaning a move for oncology and haematology from the City Hospital to QMC. Radiotherapy and chemotherapy services would be available at the QMC whilst patients are in hospital.

Why? We believe this would improve the care we provide. Patients being looked after by our cancer teams on the oncology and haematology (blood cancer) wards would benefit from having the support of the wider medical teams based at the QMC. In addition, having radiotherapy on both sites would mean some patients who are currently transferred from the QMC to the City Hospital wouldn't have to be in the future.

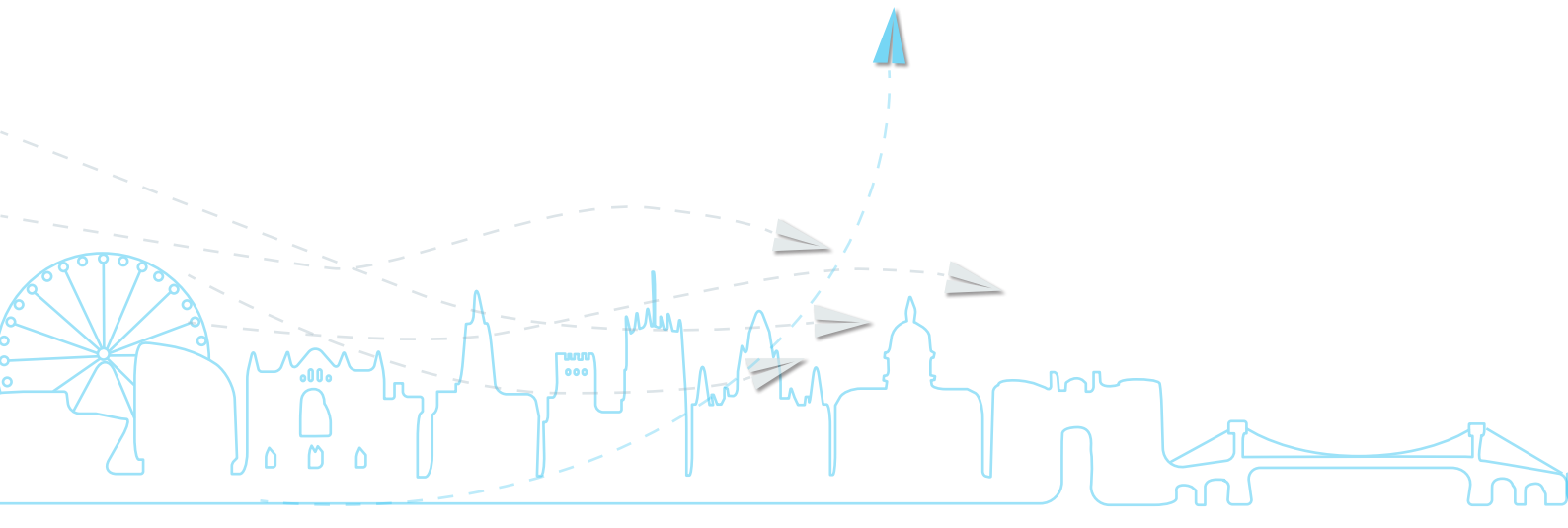
All of these services would work together with GP surgeries and our community services to provide care and support to patients with cancer and their families.

Why? Support for people before and after an operation or treatment could be provided outside the hospital, making services more accessible and closer to home for most people.

What we want to know

We'd like to know what you think about having cancer care managed across the QMC and City Hospital as outlined above, and how you think it would impact you, if you needed to access these services?

Also, if needed, would you prefer your radiotherapy and chemotherapy on the site where you have your main cancer treatment or at a different site potentially closer to home? This includes how cancer care services are provided at King's Mill Hospital and in the community, such as via your GP.



Our Thoughts for Outpatient Care

Proposal: We want to look at the way we deliver outpatient care to minimise disruption to patients' lives, providing that care in accessible locations and making the best use of new technologies.

Our aim for outpatient services is to provide care that is designed with patients at the heart, with high quality services provided at a time and place that is convenient for them, minimising disruption to their lives. We also want these services to embrace new technology so that patients can access this care remotely (via telephone or video consultations), if they are able to do this and when it is clinically safe to do so.

Outpatient care is currently provided at a number of locations including the QMC and City Hospital, the Treatment Centre, Ropewalk House and in some community settings.

If people require an outpatient appointment, we are looking at more of a "one stop shop" type approach, so they wouldn't have to attend multiple times for diagnosis and treatment.

Our overall ambition has not changed from when we talked to the public in 2020. The feedback then was very positive. However, we know that whilst these plans were welcomed by many people, they raised concerns for others. We want to reassure you by saying: -

We know that telephone and digital consultations would not be suitable for all patients and all medical problems, and patients would have the choice of a face-to-face appointment.

There are different ways of providing specialist out-patient care in community settings, and we would ensure that no additional pressures are put on community teams and GP surgeries. We would also ensure that there would be enough specialists working in the hospitals.

At this stage no decisions have been made about what would happen to Ropewalk House. However, we would like to understand your thoughts about the services provided at Ropewalk House and whether they might be better provided elsewhere. Our thinking on this is at a very early stage, so your initial thoughts would be very useful.

Interpreter services would continue to be available, both in hospital and the community.

What we want to know

We want to know how important it would be for you to have your care closer to home, than in a hospital setting. If you have accessed outpatient care, what has your experience been like and what could have been done differently?

In addition, these plans focus on elective services being delivered from the City Hospital and the QMC and not from Ropewalk House, and we want to know what you think about this. Do you think the care currently delivered from Ropewalk House, such as audiology or ophthalmology, should stay where they are, or could they be delivered in other community settings, or would you prefer them to be located at the two hospital sites?

Travel and Access

Comment and questions about travel, parking and accessibility were a key part of the discussion when we last shared our plans with the public in late 2020. Relocating services inevitably means that travel to the hospital will be impacted, with some patients having further to travel and some having a shorter journey.

Exploring ease of access to services for all users and their families is central to our plans. We know that the proposals outlined above could have an impact on where people need to travel to for their care. We are working closely with local Council colleagues to understand how we can improve public transport to our hospitals and how car parking needs to be improved. As such, both car parking facilities and public transport links will be important areas for discussion during the public consultation. We are, however, keen to hear any thoughts you may have on the topic of travel at this stage too.

We Need Your Input

We're at an important stage in the development of our proposals and we again want to hear what you have to say about our latest proposals. No decisions on any of these have yet been made.

Your input will help to further develop and shape our work on the Tomorrow's NUH programme and enable us to draw up firmer proposals that we will need to formally consult you on in due course. This would be an important next step in securing the money from the Government's New Hospitals Programme.

We have a series of opportunities where you can have your say, find out more and ask questions.

You can complete an online survey at: **https://www.surveymonkey.co.uk/r/RHSNtnuh2022**

To request a paper copy of the questionnaire, or if you have any other queries regarding this engagement exercise, please email **nnccg.engagement.team@nhs.net** or call **07385 360071**.

Public engagement events

To hear first-hand from clinical leaders, register to attend one of the following virtual events.

Event Dates Times	Register to attend
23 March 2022 – 6pm - 7pm	Click to register
26 March 2022 10am – 11am	Click to register
1 April 2022 - 9am – 10am	Click to register

These virtual events will take place via Zoom and joining instructions will be shared once you have registered.
Visit our website: **https://nottsccg.nhs.uk/get-involved/current-and-previous-engagement-and-consultations/**

Call: **07835 360071**

Email: **nnccg.engagement.team@nhs.net**

To request this document in an alternative format please contact us using the details above.

To request this information in another language or format please contact the Engagement Team at: **nnccg.team.engagement@nhs.net** or call or text **07835 360071**.

If texting or leaving a message, please provide your contact details and a member of the team will get back to you.

Arabic

لطلب هذه المعلومة بلغة أخرى أو شكل آخر الرجاء التواصل مع فريق التواصل Engagement Team على او اتصلوا أو ارسلوا رسالة نصية على 07835360071. اذا ارسلتم nnccg.team.engagement@nhs.net رسالة نصية أو تركتم رسالة أرجو ترك بياناتكم المفصلة وسيقوم عضو من الفريق بالرجوع اليكم.

Czech

Chcete-li tyto informace v jiném jazyce nebo formátu, kontaktujte prosím zákaznický tým na adrese: nnccg.team.engagement@nhs.net nebo zavolejte nebo napište na číslo 07835 360071. Pokud pošlete textovou zprávu nebo zanecháte vzkaz, uveďte své kontaktní údaje a člen týmu se s vámi spojí

Latvian

Lai saņemtu šo informāciju citā valodā vai formātā, lūdzu, sazinieties ar Attiecību veidošanas nodaļu (Engagement Team) pa e-pastu: nnccg.team.engagement@nhs.net, vai zvaniet vai sūtiet īsziņu uz tālruni 07835 360071. Ja jūs sūtat īsziņu vai atstājat balss ziņojumu, lūdzu, norādiet savu kontaktinformāciju, un nodaļas darbinieks sazināsies ar jums.

Lithuanian

Jei norėtumėte gauti šią informaciją kita kalba ar formatu, susisiekite su Kontaktine grupe (Engagement Team): nnccg.team.engagement@nhs.net arba skambinkite ar siųskite tekstu, telefono numeriu: 07835 360071. Jei siųsite tekstu ar paliksite žinutę, nurodykite savo kontaktinius duomenis ir šios grupės atstovas su jumis susisieks.

Polish

Aby uzyskać tę informację w innym języku lub formacie, proszę skontaktować się z Zespołem ds. Zlecenia (Engagement Team) pod: nnccg.team.engagement@nhs.net lub zadzwonić, czy wysłać SMS pod numer 07835 360071. Jeżeli wysyłają Państwo wiadomość tekstową lub zostawiają wiadomość, proszę podać swoje dane kontaktowe, aby członek naszego zespołu mógł do Państwa oddzwonić.

Punjabi

ਇਸ ਜਾਣਕਾਰੀ ਦੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੇਟ ਵਿੱਚ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਇੰਗੇਜਮੈਂਟ ਟੀਮ ਨਾਲ nnccg.team.engagement@nhs.net 'ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ 07835 360071 'ਤੇ ਫ਼ੋਨ ਜਾਂ ਟੈਕਸਟ ਕਰੋ। ਜੇ ਟੈਕਸਟ ਕਰ ਰਹੇ ਹੋ ਜਾਂ ਸੁਨੇਹਾ ਛੱਡ ਰਹੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸੰਪਰਕ ਵੇਰਵੇ ਮੁਹੱਈਆ ਕਰੋ ਅਤੇ ਟੀਮ ਦਾ ਇੱਕ ਮੈਂਬਰ ਤੁਹਾਡੇ ਨਾਲ ਮੁੜ ਸੰਪਰਕ ਕਰੇਗਾ।

Romanian

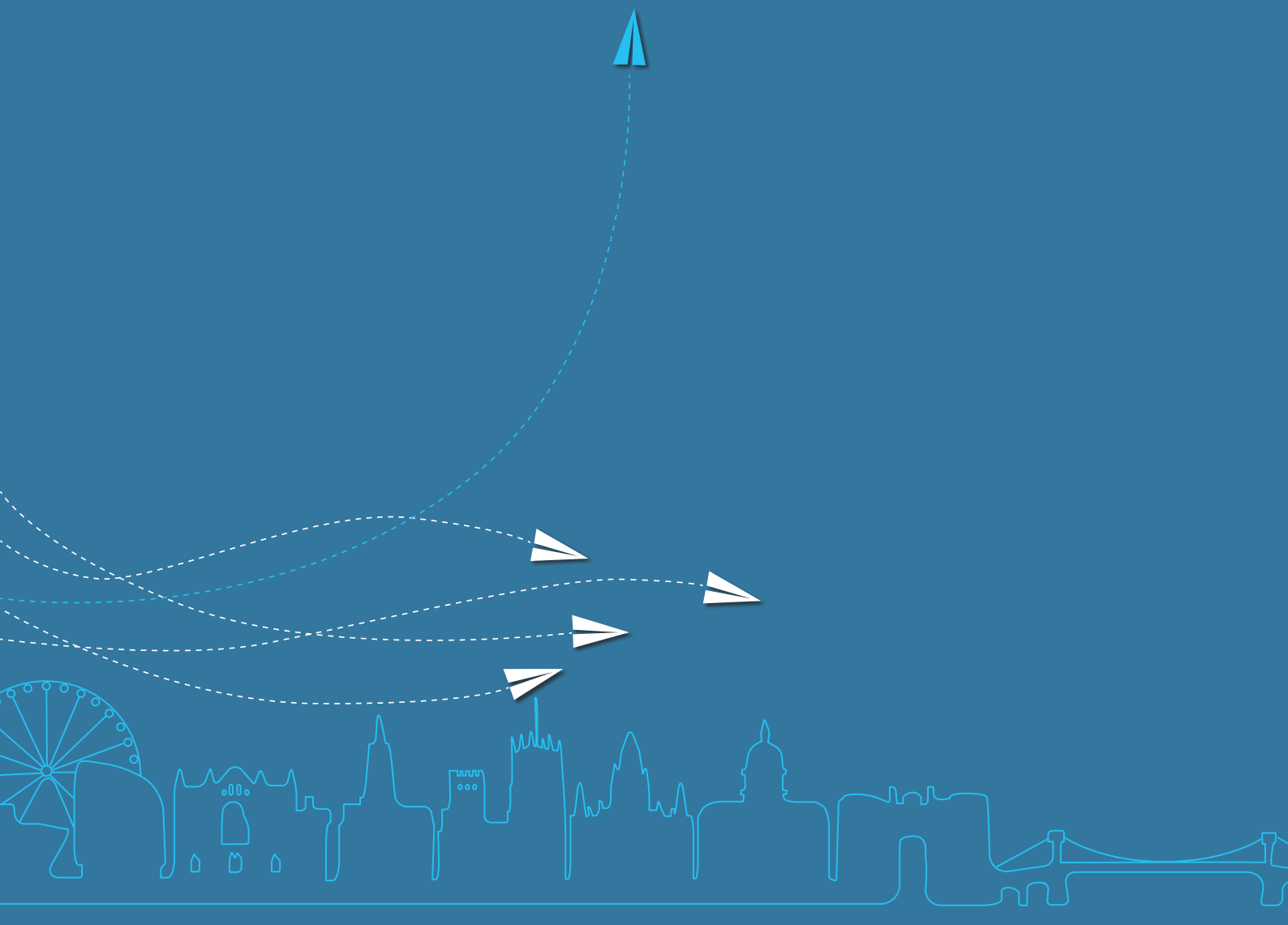
Dacă doriți să cereți această informație în altă limbă sau într-un alt format, vă rugăm contactați Echipa de Angajament (Engagement Team) la: nnccg.team.engagement@nhs.net sau sunați sau trimiteți mesaj la numărul

07835 360071. Dacă trimiteți mesaj sau lăsați un mesaj, vă rugăm să furnizați detaliile d-voastră de contact și un membru al echipei vă va contacta înapoi.

Urdu

ن معلومات کو کسی اور زبان یا فارمیٹ میں حاصل کرنے کے لیے ہماری ٹیم سے مندرجہ ذیل طریقوں سے رابطہ کریں

ای میل nnccg.team.engagement@nhs.net

فون یا ٹیکسٹ 07835 360071برائے مہربانی ٹیکسٹ یا پیغام چھوڑتے وقت اپنی تفصیلات سے آگاہ کریں تاکہ ٹیم کا رکن آپ سے رابطہ کر سکے۔

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