

START WELL

Proposed changes to maternity, neonatal,
and children's surgical services



Summary
consultation document
11 December 2023 to 17 March 2024

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1 Introduction

1.1 | About the North Central London Integrated Care System and Integrated Care Board

North Central London Integrated Care System (NCL ICS) brings together local health and care organisations, councils, and the voluntary, community and social enterprise sector to work in joined-up ways to improve health outcomes for residents of Barnet, Camden, Enfield, Haringey and Islington and tackle inequalities that currently exist.

Our ambition is to work with residents of all ages so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, age within a connected and supportive community and have a dignified death. We also want to support those employed in health and social care to Work Well. We summarise this ambition as Start Well, Live Well, Work Well, Age Well. We want to achieve this ambition for everyone.

This document has been published by North Central London Integrated Care Board (NCL ICB). The ICB is responsible for developing a plan for meeting the health needs of the local population, managing the NHS budget for our Integrated Care System, and arranging for the provision of health services in this area.

As part of our statutory duties, we – North Central London Integrated Care Board – are consulting on proposals to change some maternity, neonatal, and children’s planned and emergency surgical services on behalf of Integrated Care System partners.

Specialised services, for example neonatal care and some specialist surgery, are commissioned by NHS England’s specialised commissioning team. Therefore, they are jointly consulting with us on these proposals and have been closely involved in the work from the outset.

1.2 | Get in touch

We hope you will get in touch and share your views. You can do this in several different ways including:

- Email: StartWellConsultation@ors.org.uk
- Phone: 0800 324 7005
- Post: FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL
- Website: nclhealthandcare.org.uk/start-well

If you would like this document in an alternative format, including Braille, audio, Easy Read, or translated into another language please get in touch with us.

1.3 | About this document

This document sets out a summary of our proposals for changes to maternity and neonatal services and to children's surgical services. You can find the full consultation document, and lots of other information on our website at nclhealthandcare.org.uk/start-well, or by calling or emailing us to request a printed copy.

The proposals are independent of each other but we are consulting on them at the same time. You can choose to share your views on both the proposals for maternity and neonatal care and children's surgery, or on just one area.

Our proposals have been developed by doctors, midwives, nurses, and other health professionals, working together with families with lived experience of maternity, neonatal, and children's emergency and planned surgical services. We have also worked with our colleagues in neighbouring integrated care boards.

The questions we are asking you



As you read through this document, you may find it helpful to consider the key questions we are asking for this consultation:

- Do you agree that the NHS needs to make changes to respond to challenges in these services?
- To what extent do you agree or disagree with the proposals we describe?
- What do you think are the main disadvantages and what can we do to address them?
- Are there any other options we should consider before making a decision?

START WELL

1.4 | About the Start Well programme

Our collective ambition is that we provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who choose to use our services.

That's why, in November 2021, the partner organisations which make up North Central London's Integrated Care System formally launched a long-term programme to review and improve maternity, neonatal, and children and young people's services. A key aim of the programme is to help address the health inequalities we see between the communities in our area.

Local health and care needs: maternity, neonatal, children and young people

Understanding the different characteristics and underlying health needs of the communities that use our services, is critical in ensuring we plan and deliver services to meet the needs of local people.

The number of babies born in North Central London **has been declining.**

Around 20,000 babies were born between April 2021 and March 2022, around 1,000 fewer compared to 2018.

The number of children and young people living in North Central London is projected to decline.

Around 21% of our 1.8 million residents are children and young people, defined as those aged 0-18. By 2041, the population is projected to decline by 10%.

Asian pregnant women and people are more than twice as likely to have diabetes in pregnancy,

compared to White pregnant women and people (21% vs. 9%). Similar differences are seen for other long-term conditions during pregnancy.

Children and young people living in North Central London are particularly diverse. Just over a quarter of children and young people in this area identify as White British, a quarter as White Other and 10% as Black African. More than 150 languages are spoken by children in North Central London and 20% do not speak English as their first home language.

Between 2018 and 2020, there were more than **three times as many births in the most deprived areas of North Central London**, compared to the least deprived areas.

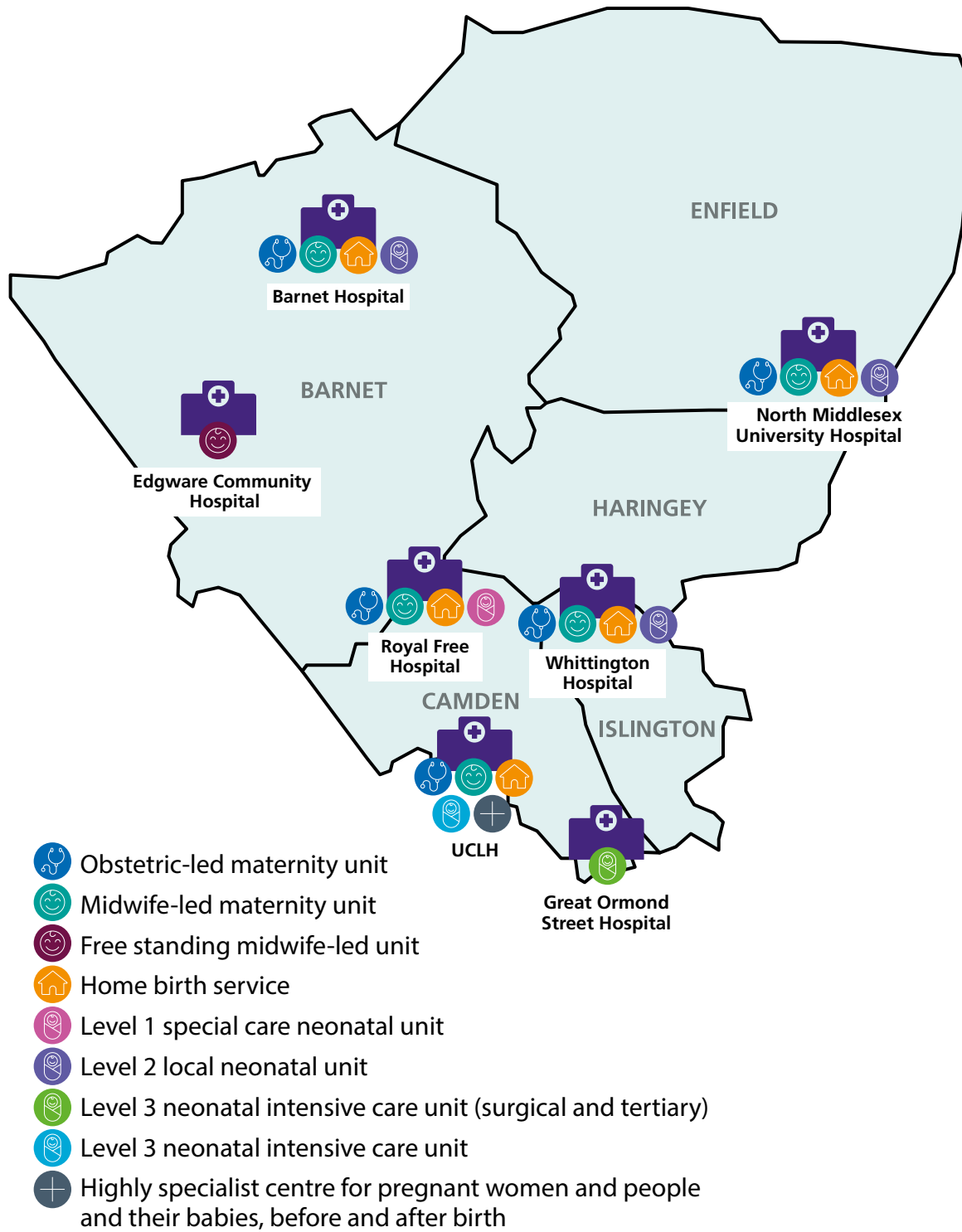


An estimated **one in five children and young people under the age of 16 years are living in poverty.** There is a link between income deprivation and ethnicity in North Central London, with children from some ethnicities being more deprived on average than others. **Children and young people of Black ethnicity are generally more deprived than other communities**, with over 80% of Black African and Black Caribbean children living in the most deprived areas in North Central London.



Our current services

Maternity and neonatal services in North Central London



Children and young people’s hospital services in North Central London

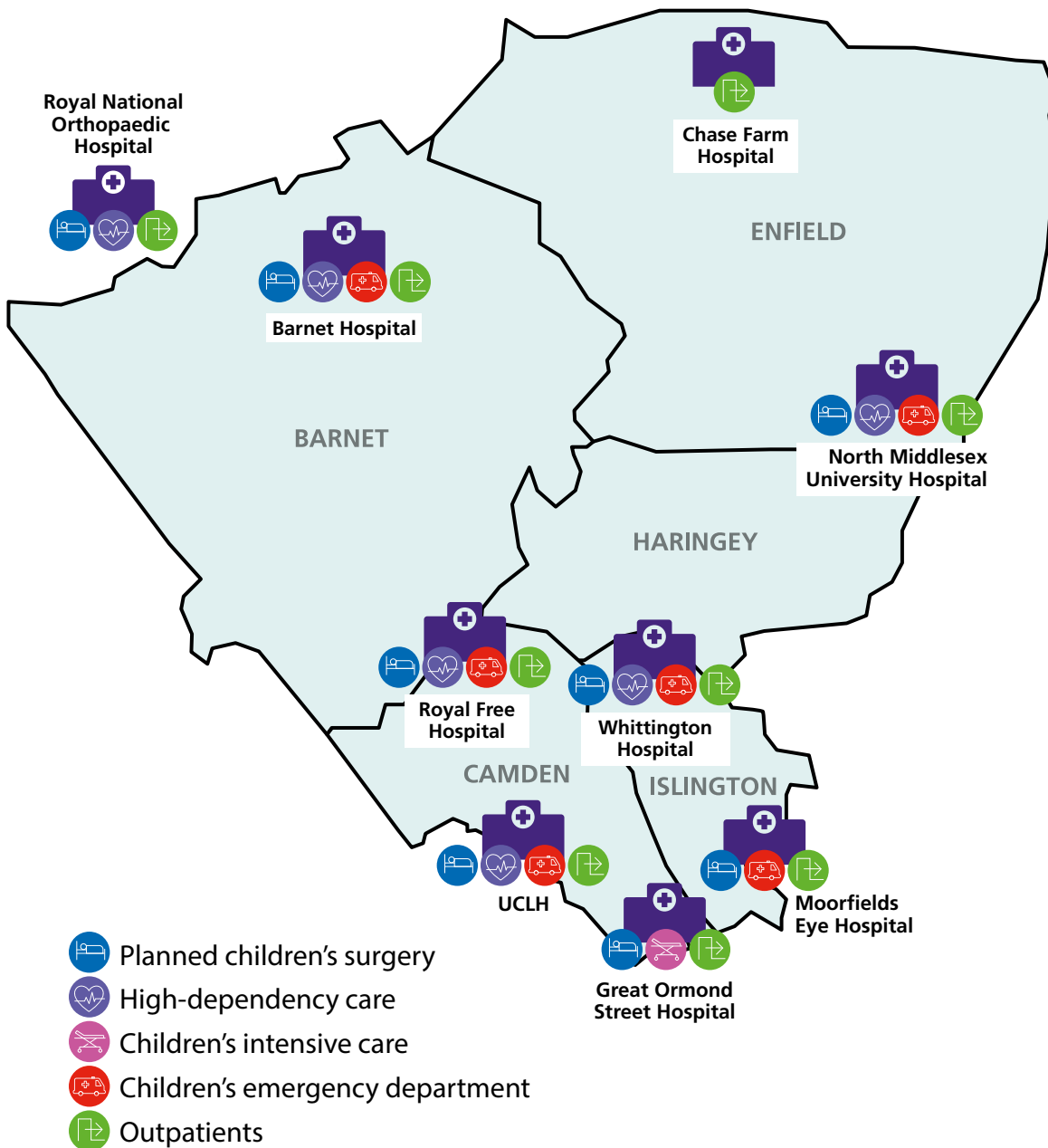


Fig 1: map of maternity, neonatal and children and young people’s hospital services in North Central London

2 Maternity and neonatal care

This section focuses on our proposals for changes to maternity and neonatal services in North Central London.

You can find much more detail about the proposals and how they were developed on our website at nclhealthandcare.org.uk/start-well

These proposals are separate to our proposals on children's surgical services.

2.1 | The opportunities for improvement: our case for change

We believe we have a compelling case for our proposed changes to services. It is important to acknowledge that there are many areas of excellent care across North Central London, and we know our staff work incredibly hard and are committed to achieving the best possible outcomes for patients. There are opportunities for us to improve the quality of services and outcomes for those who use our services, address areas of difference, and provide a better experience for our patients, their families, carers, and our staff. Some of the challenges and opportunities include:

- The needs of local people are changing and our services need to adapt to the number of babies being born falling and care needed during pregnancy and after birth becoming more complex.
- Our services are not currently set up to meet the needs of everyone that uses them and this can impact on their quality.
- The low use of midwife-led care is particularly stark at Edgware Birth Centre. On average fewer than 50 pregnant women and people (less than one a week) gave birth there over each of the last three years.
- We need to make sure there is sufficient neonatal care in the right places. Our neonatal units at University College London Hospitals NHS Foundation Trust (UCLH) and Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH), that care for the most premature and unwell babies, are often full meaning babies are sometimes transferred to units further away from home. In contrast, half of the cots at the Royal Free Hospital neonatal unit, that cares for the least unwell babies, are not in use on any given day.
- We want everyone who uses our services to have the best hospital environment. For example, labour rooms with en-suite bathrooms and neonatal units with enough space for parents to comfortably spend time with their baby. Some hospitals offer this, but some don't.
- We need to address the staffing challenges we face. There are currently high numbers of staff vacancies in midwifery, neonatal nursing, and other health professions that care for babies. Not having enough staff can sometimes impact on the quality of care we are able to provide. For example, staffing shortages sometimes mean that we need to temporarily close midwife-led units which impacts on choice.

We asked people to share their views on our case for change and the opportunities we have identified to make improvements. The headline findings about what people told us are important to them were:

- Maternity care: safe and compassionate care and good communications
- Neonatal care: the best possible services delivered by specialists and good communications.

You can read more about our case for change and the engagement activity we carried out on our website at: nclhealthandcare.org.uk/start-well

2.2 | Our proposals for maternity and neonatal services

Our proposals for maternity and neonatal care were developed with significant input from clinicians and managers who run services.

Neonatal care

Our proposal for the future is to have four neonatal units in total, compared to five now. One of these would be a level 3 unit, caring for the most premature or unwell babies, with three further level 2 units. These units would also be able to care for babies with less complex needs.

We are not proposing any changes to the neonatal unit at Great Ormond Street Hospital because it is a specialist unit, serving the whole country.

Level 1: Special care unit		Level 2: Local neonatal unit		Level 3: Neonatal intensive care unit	
Care for babies with the least complex conditions		The next step up in care		Care for the most premature or unwell babies	
Number now	Future	Number now	Future	Number now	Future
1	0	3	3	1	1

Why are we proposing these changes?

We think that our proposed changes would help us to:

- ensure more even use of the units so that staff see enough babies to maintain their specialist skills and competencies, which in turn helps improve the quality of care we provide
- reduce the number of babies that are transferred to a different hospital (sometimes outside of North Central London) to get the care they need
- make best use of the limited specialist staff we have available.

Maternity care

Our main proposed change for maternity services is around the number and type of birth units we have. Under our proposal for maternity services, pregnant women and people would still have the choice of three birth settings: obstetric (specialist doctor)-led birth units, 'alongside' midwife-led units, or home birth.

We are proposing having four obstetric-led birth units, each with an alongside midwife-led unit, instead of the current five. Borough-based home birth services would continue across North Central London.

If implemented, our proposals would mean the services at one hospital site would close. We are consulting on two options for which hospital would no longer provide any maternity and neonatal care.

We are also proposing that there no longer be a standalone midwife-led unit, so the birth suites at Edgware Birth Centre would close. This decision is independent of the proposal to close maternity and neonatal services at one of our hospitals.

Obstetric-led birth unit	Alongside midwife-led birth unit	Home birth teams (covering all NCL)	Standalone midwife-led birth unit	
A birth unit run by doctors specialising in pregnancy, labour and birth	A birth unit run by midwives, located in the same place as an obstetric-led unit	Midwife care during labour and birth in the pregnant woman or person's home	A birth unit run by midwives, that is not located in the same place as an obstetric-led unit	
Bring together neonatal and maternity services onto four hospital sites rather than the current five			Number now	Future
			1	0

Why are we proposing these changes?

We are proposing these changes to maternity units because:

- they would help us to better meet the changing needs of our population
- they would mean that all obstetric-led and midwife-led units can be located alongside a level 2 or 3 neonatal care unit to reduce the number of babies transferred to different hospitals after birth
- they would help us make the best use of our skilled staff
- not enough babies are born at Edgware Birth Centre for it to be sustainable.

As is the case now, pregnant women and people would continue to have access to a wide range of routine and, where needed, specialist, antenatal and postnatal care and support while trying for a baby, during pregnancy and after giving birth.

Why can't you increase the number of births at Edgware Birth Centre?

Evidence shows that standalone birth units are safest for women and people whose pregnancy is assessed as low-risk. A review of all the births in North Central London in 2021/22 indicates that around 70% of births in North Central London are assessed as being moderate to high-risk. This means that the group of pregnant women and people considered suitable to give birth at Edgware, should they choose to do so, is relatively small. Of this proportion of eligible pregnant women and people, an even smaller number would be within close travelling distance of the unit. Given the declining birth rate and increasing number of moderate to high-risk pregnancies it is unlikely we would be able to increase the number of births at Edgware.

How we developed our proposed options for consultation

The process to develop our proposed options for consultation was led by senior doctors and nurses and included patients and patient representatives. We also considered feedback we heard about the case for change and wider feedback about maternity and neonatal services.

We looked at the different possible combinations of options for the location of the proposed four neonatal and birth units. Each combination included UCLH as the site for a level 3 neonatal intensive care unit because it would be very difficult to move this unit because it is located with other specialist services needed to support the care of very premature and sick babies, and because of the arrangements in place to provide care to babies outside of North Central London.

We evaluated the strengths and weaknesses of each option against the following criteria:

- quality of care
- workforce
- access to care
- affordability and value for money.



Our proposed options for consultation

There are two options for consultation for neonatal and maternity care:

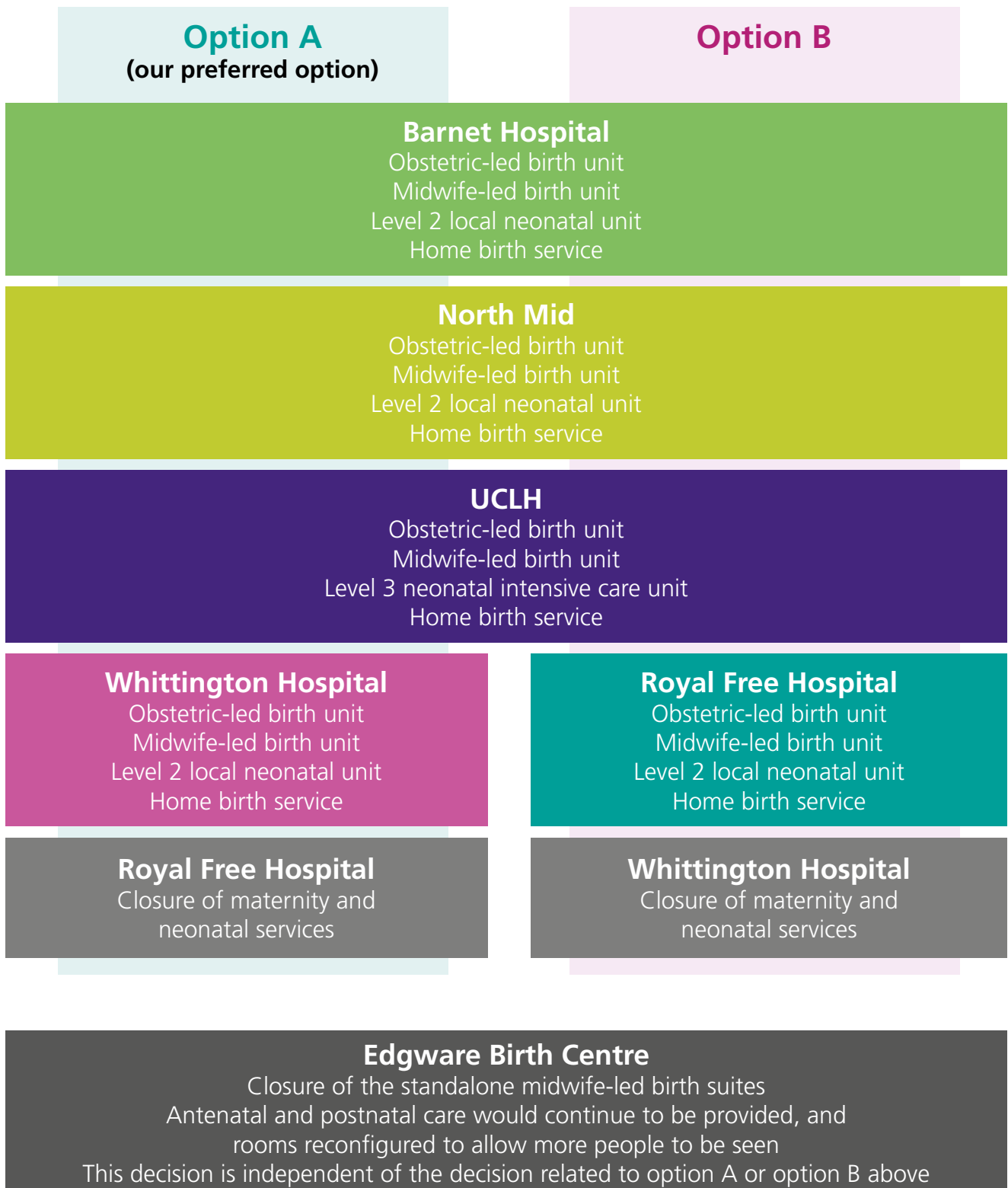


Fig 2: the maternity and neonatal proposals for consultation

While both options are implementable, option A is our preferred option because, we think that on balance it has more advantages than option B. In summary, option A is our preferred option because:

- it would mean fewer staff needing to move to a new location
- option B would mean some people would need to go to hospitals in North East London that would struggle to have capacity for this because of rising birth rates in some parts of North East London
- while option A would mean some people would need to go to hospitals in North West London, those hospitals have confirmed they have capacity for this as the number of births in North West London is falling.

The table on page 14 describes the advantages and disadvantages of our proposed options in more detail, setting out the similarities and differences between them.

How we considered the impact of the proposed closure of birth suites at Edgware Birth Centre

We have carefully considered the impact of the proposed closure of the birth suites at Edgware Birth Centre. The proposal would mean fewer than 50 pregnant women and people a year would no longer be able to give birth at Edgware. We would continue to offer the choice of midwife-led care through high quality alongside midwife-led units and home births. Edgware Birth Centre would continue to offer antenatal and postnatal care.

Because a very small number of pregnant women and people give birth at the centre each year, and because they would have the choice to have a home birth instead, the proposals are very unlikely to impact on access or inequalities.

Evidence shows that there are no significant differences in outcomes for babies who are born in an alongside or standalone midwife-led unit. By continuing to offer the choice of an alongside midwife-led unit, pregnant women and people would still have access to the benefits of midwife-led care.

We recognise that some people will not agree with the proposed closure of Edgware Birth Centre, and we are keen to hear through the consultation about the potential impact of this proposal, ways to reduce any negative impact and potential solutions or opportunities that you think we may not have considered.

The decision about the closure of Edgware Birth Centre is independent of the decision about other proposals for hospital-based maternity and neonatal care.

A summary of the impact of our proposals

Under both options we would:

- provide antenatal and postnatal care as close to home as possible, ensuring everyone has access to the same services and information
- continue to offer the choice of home births across North Central London
- have obstetric-led and midwife-led birth units at UCLH, Barnet Hospital and North Mid
- provide an environment that would ensure privacy and dignity for pregnant women and people giving birth
- have equitable access to neonatal care out of hospital by implementing a 'virtual ward' service allowing babies to be monitored by neonatal specialists in their own home
- have a level 3 neonatal intensive care unit at ULCH, which can meet demand
- provide high quality level 2 local neonatal units at Barnet Hospital and North Mid and at one other hospital in North Central London
- carefully consider how to reduce the impact of changes to services on vulnerable populations, especially around access to digital technology and cars, ease of accessing hospital sites, and cultural and language barriers.

Specific impacts of Option A

- Clinical staff working at the Royal Free Hospital would be supported to move to other hospitals in North Central London, where there are vacancies
- An increase in average travel times to hospital by car, ambulance and taxi of around four to five minutes
- An increase in average travel times by public transport of around six minutes
- An average increase in taxi costs of £5 per journey (maximum increase £11)
- 385 more patients a year would go to St Mary's Hospital in Paddington and 465 to Northwick Park Hospital in Harrow, instead of a hospital in North Central London
- An investment of around £42.4m in our hospital buildings, in particular to modernise the Victorian buildings at the Whittington Hospital.

Specific impacts of Option B

- The level 1 neonatal unit at the Royal Free Hospital would be upgraded to to a level 2 unit
- More clinical staff working at Whittington Hospital would be supported to move to other hospitals in North Central London, where there are vacancies
- An increase in average travel times to hospital by car, ambulance and taxi of around five to six minutes
- An increase in average travel times by public transport of around seven minutes
- An average increase in taxi costs of £4.50 per journey (maximum increase £11)
- 322 more patients a year would go to Homerton Hospital in Hackney instead of a hospital in North Central London
- An investment of around £39.4m in our hospital buildings to improve the environment for pregnant women and people, babies and families.

3 Children's surgical services

This section of the consultation document focuses on our proposals for changes to children's surgical services in North Central London.

You can find much more detail about the proposals and how they were developed on our website at nclhealthandcare.org.uk/start-well

These proposals are separate to our proposals on maternity and neonatal care.

3.1 | The opportunities for improvement: our case for change

It is important to acknowledge that there are many areas of excellent care across North Central London, and we know our staff work incredibly hard and are committed to achieving the best possible outcomes for patients. However, we are facing challenges in children's surgical services. There are opportunities for us to improve the quality of services and outcomes for those who use our services, address areas of difference, and provide a better experience for our patients, their families, carers, and our staff. Some of the challenges and opportunities include:

- The services for emergency surgery are inconsistent and unclear. Staff often spend a lot of time contacting different hospitals to find one that can carry out the surgery the child needs and some children are transferred multiple times before getting to the right place.
- There are particular challenges in arranging emergency surgery for very young children under five years. We don't have the same types and number of specialists able to operate on very young children at each of our hospitals.
- We need to make the best use of the specialist services at Great Ormond Street Hospital (GOSH). We have found that children and young people over the age of five are being transferred to GOSH for surgery that could have been carried at their local hospital, putting additional pressure on the services at GOSH.
- We need to reduce waiting times for planned surgery. There are around 5,000 children and young people in North Central London waiting for a planned operation and the waiting list is growing.
- Some hospitals see very small numbers of children for certain specialties. This makes it difficult for staff to learn and practice the specialist skills needed to provide children's surgery.

We asked people to share their views on our case for change and the opportunities for improvement that we have identified. The headline findings about what people told us are important to them were:

- Emergency care for children and young people: care close to home, being seen quickly, and good communications
- Planned care for children and young people: having the best care even if it is further from home and good communications.

You can read more about our case for change and the engagement activity we carried out on our website at: nclhealthandcare.org.uk/start-well

3.2 | Our proposals for children's surgical services

Our proposals for children's surgical services were developed with significant input from clinicians and managers who run services across North Central London and from surrounding areas.

Our proposal is to develop two new 'centres of expertise', one to provide day case surgery and one to provide emergency surgery for babies and younger children and planned inpatient surgery. This would not change how children access these services, but would mean there are agreed plans in place to ensure that children receive care in the most appropriate place, more quickly.

Both centres of expertise would be specially designed to meet the needs of children and would have dedicated specialist staff, helping to reduce cancellations and improve productivity.

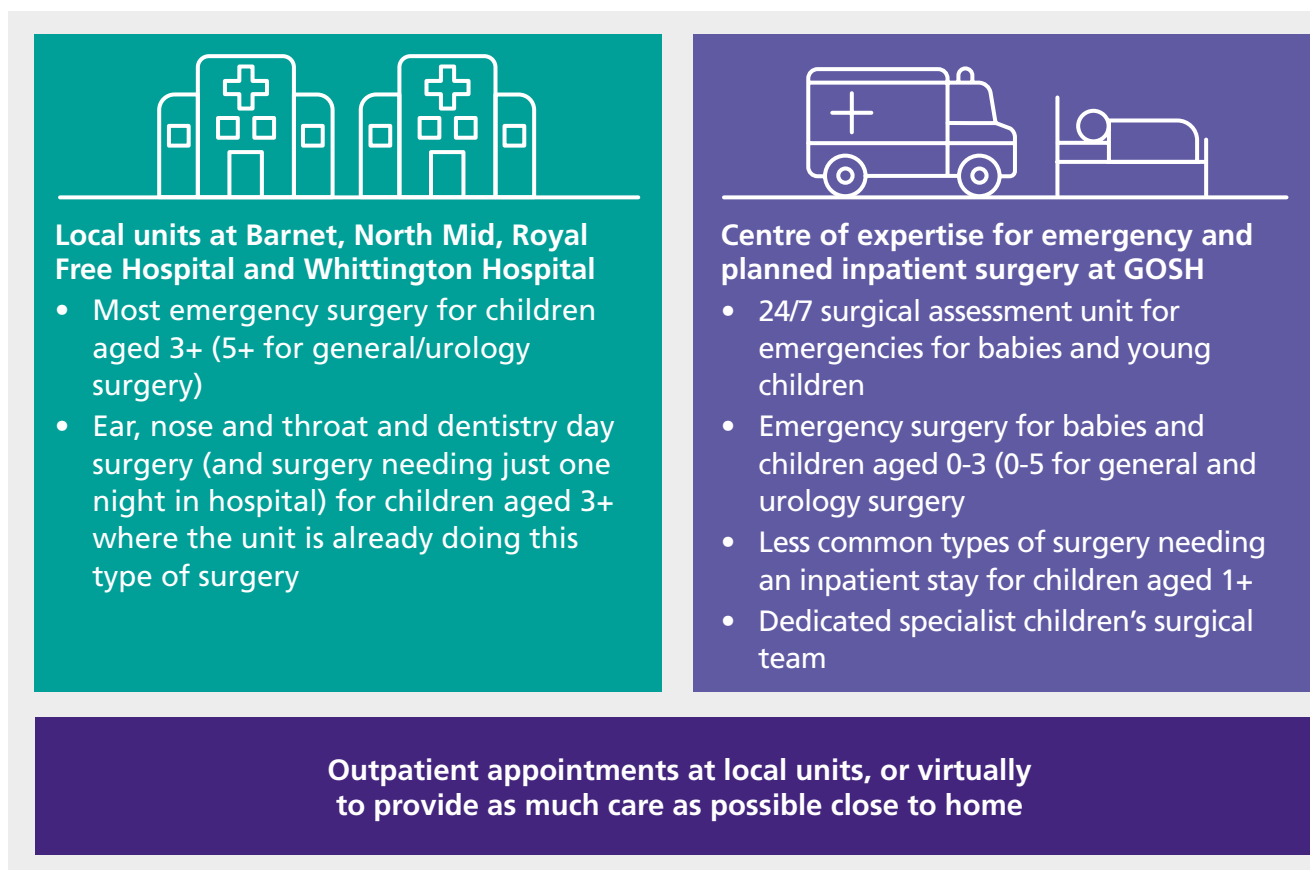
Local hospitals would continue to provide emergency and common types of day case surgery for older children. As is the case now, very specialist surgery for very young babies, and for very complex operations, would be provided at specialist units across London.

Why are we proposing these changes?

Bringing emergency surgery onto one site would help us to establish much clearer treatment pathways, making it easier for our staff to know where a child should be transferred to and speeding up access to emergency care. Providing more complex operations that need an inpatient stay at the same site would help us to make the best use of limited specialist staff.

Bringing together less common types of day case surgery for children and babies onto one site would also help us to make better use of our specialist staff and help them to maintain their skills and competencies. It would also reduce the likelihood of operations being cancelled because staff are needed to treat emergencies.

Fig 3: the children's surgery option for consultation



How we developed our proposed option for consultation

The process to develop our proposed option for consultation was led by senior doctors and nurses and included patients and patient representatives. We also considered feedback we have heard about the case for change and wider feedback about children's surgical services.

We believe that the only viable option for the proposed centre of expertise for emergency and planned inpatient surgery would be Great Ormond Street Hospital (GOSH) because:

- if the centre of expertise was in any other location, we would need to recruit a large number of additional specialist surgical staff to run the centre which would be difficult because of national shortages of specialist staff
- currently, most emergency surgery for children under three and most planned inpatient surgery already takes place at GOSH.

We used the following criteria to evaluate the potential options for the location of the proposed centre of expertise for planned day surgery:

- quality of care
- workforce
- access to care
- affordability and value for money.

After applying the evaluation criteria, we concluded that UCLH would be the only viable location for the proposed centre of expertise for day case surgery, because:

- it is the only hospital that currently has consultant paediatric anaesthetists based on-site who can provide care for children aged one to two years
- UCLH already provides around two thirds of the current children's day case operations in North Central London.

On our website you can find detailed tables showing where different types of surgery would be provided for emergency, planned inpatient and day case surgery under our proposals.



Centre of expertise for day surgery at UCLH

- All day surgery for children aged 1-2
- Less common types of day surgery for children aged 3+
- Designed to meet the specific needs of children
- Dedicated specialist children's surgical team



Specialist units

- Highly specialist surgery and surgery for children with complex medical needs at GOSH
- Emergency eye surgery at Moorfields
- Planned inpatient orthopaedic surgery at the RNOH
- Plastic surgery for children aged 3+ at Royal Free
- Trauma units at St Mary's and The Royal London

Outpatient appointments at local units, or virtually to provide as much care as possible close to home

A summary of the impact of our proposal

Our proposal would allow us to:

- ensure children get the surgery they need as quickly as possible
- provide most emergency surgery for children over the age of five at their local hospital
- treat younger children and more complex cases in centres of expertise with dedicated children's surgical teams
- provide a dedicated centre of expertise for day case surgery, helping us to protect day case surgery capacity and reduce cancellations
- establish clear systems and processes for emergency surgery so all staff know where children should be seen, speeding up care
- reduce the number of children that are transferred to different units and the time it takes to transfer them, helping to reduce stress for staff, patients and parents and reduce the risk of children becoming more unwell
- make the best use of the expertise of specialist children's surgical teams by consolidating some surgery on to fewer sites, making care more efficient and ensuring children are seen by experienced specialists, especially for less common planned surgical procedures
- help our staff learn, build, and maintain their skills by seeing more patients because of services being consolidated onto fewer sites
- treat children in specially designed environments including in child-friendly operating theatres and recovery spaces, by staff with specific training in caring for children, helping to improve their experience of care.

Specific impact of changes to emergency surgery and planned inpatient surgery

- Around 300 children a year would have operations in a different place to now (less than 10% of all children's surgery)
- An increase in average travel times to hospital of around 30 minutes by car and taxi, and 18 minutes by public transport
- An average increase in taxi costs of £22 per journey
- Total increase of 327kg of carbon as a result of increased travel times
- An investment of £3.7m to increase capacity and bed numbers at GOSH.

Specific impact of changes to day case surgery

- Around 300 children a year would have operations in a different place to now (less than 10% of all children's surgery)
- An increase in average travel times to hospital of around 27 minutes by car and taxi, and 13 minutes by public transport
- An average increase in taxi costs of £22 per journey
- A total increase of 298kg of carbon as a result of increased travel times
- An investment of £50,000 to increase capacity and bed numbers at UCLH.

4 Responding to the consultation

4.1 | How to share your views

We would like to know what you think about our proposals before we decide how to proceed. Our consultation runs for 14 weeks from 11 December 2023 until midnight on 17 March 2024.

It is vitally important to our decision-making process that we are fully aware of the views of local people and those who use our services, that we have heard about potential alternative options that people would like us to consider, and that we understand any concerns and people's ideas on how we could address these.

Please visit our website at nclhealthandcare.org.uk/start-well, call us on 0800 324 7005 or email us at StartWellConsultation@ors.org.uk to find out about more about the consultation and ways you can share your views with us, and to complete the consultation questionnaire.

4.2 | Next steps

After the consultation closes on 17 March 2024, all the feedback we have received will be analysed by an independent research organisation. They will prepare a report for us setting out what people think about the proposals. We will use all the feedback, alongside other evidence and information to decide how to proceed.

We will continue to share information about our work, including publishing the consultation report and key papers that will inform the decision-making, with staff, patients, and wider stakeholders. The final decision-making meeting will be held in public to allow those who are interested to hear the discussion and how the decision is made. Alongside NHS England Specialised Commissioning, we expect to make a decision by autumn/winter 2024/2025. You can find out more about the decision-making timeline on our website.



هذه الوثيقة متاحة باللغة العربية. يرجى إرسال بريد إلكتروني إلى StartWellConsultation@ors.org.uk إذا كنت ترغب في الحصول على نسخة.

Ky dokument disponohet në gjuhën shqipe. Ju lutemi dërgoni një email te StartWellConsultation@ors.org.uk nëse dëshironi një kopje

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Ce document est également disponible en français. Veuillez nous contacter par courriel à l'adresse StartWellConsultation@ors.org.uk si vous souhaitez obtenir une copie.

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Este documento está disponível em português, Envie um e-mail para StartWellConsultation@ors.org.uk se desejar uma cópia.

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Bu belge Türkçe dilinde mevcuttur. Bir nüshasını istiyorsanız, lütfen StartWellConsultation@ors.org.uk adresine e-posta gönderin.

یہ دستاویز اردو میں دستیاب ہے۔ اگر آپ ایک کاپی چاہتے ہیں تو براہ کرم StartWellConsultation@ors.org.uk پر ای میل کریں۔

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