

Joint inspection of older people's services in Brent

June 2005



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Introduction and background

The Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Audit Commission are independent bodies that promote improvement in the quality of services provided by the NHS and independent healthcare, social care and local government, police and fire authorities.

These three organisations have jointly carried out an inspection of the way in which the NHS and council in Brent are working together with their partners to meet the needs of older people and improve their lives. This joint approach to inspection cuts down duplication for the inspected organisations and the inspectors, and enables better sharing of information about a range of services for older people.

This report, one of a number resulting from local inspections across England, presents an analysis of the way in which the needs of older people are being met in Brent. We have assessed:

- progress in implementing the National Service Framework for Older People, which are standards for providing care to older people, and the subsequent policy development in services for older people
- the performance of the council and health agencies in commissioning and delivering services to promote independence and choice for older people and carers
- the views of older people and carers on improvements and gaps in services

A national report using findings from these local inspections and other evidence will be published at the end of 2005.

As part of this inspection, we carried out a range of activities. We initially reviewed a range of key documents supplied to us by the NHS and Brent council and assessed other information available about the whole community. We then met with senior managers from the NHS and Brent council to present our findings and agreed that the focus of our inspection would be on mental health services. We also interviewed a range of people involved in delivering services to older people in Brent.

We worked with King's College to obtain the views and experiences of older people and carers in Brent, using researchers who are themselves older people. This report includes their findings. We also invited 100 older people and 50 carers to complete a questionnaire about the help they receive from the social services department.

This report is aimed at the public, particularly those who use services for older people in Brent. It should be used by the NHS, councils and partner organisations in Brent in working together to meet the needs of older people and improve their lives.

The agencies inspected were:

- Brent Social Services Department
- Brent Teaching Primary Care Trust (PCT)
- North West London Hospitals NHS Trust
- Central and North West London Mental Health NHS Trust
- Harrow PCT

We included a high level overview of services provided by Brent Council to people over the age of 50.

London Ambulance Service and NHS Direct also participated in the inspection.

We would like to thank managers and staff of all agencies for their help throughout this inspection.

Community summary

Brent has made progress in developing services for older people. The following are examples of what has been achieved:

- Work on developing a joint strategic framework is at an advanced stage and includes the joint commissioning strategy, which forms a sound base for coordinating the future development of services.
- Older people benefit from the range of services provided in Brent, which reflects the rich ethnic diversity of the borough. Most older people are pleased with the care and treatment they receive. Carers of older people with mental illness commend the skills and sensitivity of staff.
- We visited some noteworthy services and talked with managers and staff about their ambitious plans for further developments.

Agencies reviewed their progress against the milestones of the National Service Framework for Older People in November 2004 and found areas where the standards are not being met. We commend agencies for their frank appraisal of progress. Key areas for development are referred to throughout this report.

Agencies can further improve the way that services for older people are planned and delivered:

- New strategies and agreements will require systematic implementation and careful monitoring to ensure they have the desired impact and improve outcomes for older people.
- Progress in developing partnerships at a strategic level is not yet reflected operationally. Most services are managed separately and joint working is not embedded. This is evident in three key areas of partnership working:
 - the quality of joint work to secure effective discharges and help older people maintain independence
 - the introduction of the single assessment process is delayed and, at the time of our fieldwork, we established that arrangements would not have been fully operational by the required deadline of April 1st 2005
 - while some health and social care staff have good individual relationships, health staff report a lack of responsive and timely support from social services
- Agencies are committed to completing the integration of services for older people by 2009, although the details about how this will be done are not yet available.
- There is widespread recognition that mental health services for older people are under resourced. Initial strategic work has been undertaken, but improved joint working at an operational level and additional capacity are required.

Agencies in Brent are able to deliver the kind of services that make a difference to the lives of older people:

- Managers and staff from all agencies are keen to prove their commitment and ability to work together and provide good quality services. They have made good progress in recent years in establishing a good base of services staff in the council, and health communities enjoy working in Brent. They have been energised by developments in services and are enthusiastic about the opportunities to make further progress.

Brent council and health agencies have taken this joint inspection as an opportunity to raise the profile of services for older people. Agencies have demonstrated a capacity to improve and we hope the implementation of our recommendations will help agencies to sustain change and continue to develop services.

Recommendations

The Healthcare Commission, CSCI and the Audit Commission recommend that the NHS and council in Brent actively and promptly share the findings of this report with the public and partner organisations. In accordance with our aim to support the progression and improvement of services locally for older people, we make the following recommendations which the NHS, council and partner organisations in Brent should work together to implement:

Criteria	Recommendation
Person-centred care	<ul style="list-style-type: none">• Complete implementation of the single assessment process urgently, incorporating the lessons learned so far.• Ensure all planning processes for discharging patients are operating effectively and without delay.• Ensure that all staff in health, council and independent sector organisations are aware of policies and procedures relating to the protection of vulnerable adults and that they are fully confident in implementing them.
Vision	<ul style="list-style-type: none">• Ensure that older people are effectively involved in strategic development and commissioning.• Engage all stakeholders, including the London Ambulance Service, NHS Direct, voluntary organisations and private sector providers, as active partners in strategic developments.• Ensure all strategies have effective implementation plans with measurable outputs and outcomes, and that progress is jointly monitored.• Develop systems to evaluate the effectiveness of new initiatives in improving outcomes for older people and carers.

Criteria	Recommendation
Vision continued	<ul style="list-style-type: none"> • Agree a mental health strategy for older people, which identifies the current and future needs of older people and their carers, builds on what is working well and provides a strategic framework for the continuing development of services. • Develop and implement an effective action plan for the mental health strategy for older people, which addresses all current and projected funding and resource issues.
Commissioning	<ul style="list-style-type: none"> • Seek opportunities to jointly commission services, for example advocacy and information, translation and interpreting. • Monitor the uptake of services by black and minority ethnic groups to ensure services are accessible and that resources are distributed equally. • Develop and implement joint business plans and a joint system of performance management. • Ensure commissioning arrangements secure the development of integrated mental health services for older people.
Range of services	<ul style="list-style-type: none"> • Consider commissioning opportunities to empower older people and to further support their independence. • Develop services in partnership with all stakeholders to enable people over 50 to maintain a full and active lifestyle and to promote their independence. • Complete the establishment of a specialist multidisciplinary and multi-agency falls service as soon as possible. • Ensure the model of inpatient stroke service planned for Brent Emergency Care and Diagnostic Centre delivers services that mirror that of a stroke unit. • Complete the establishment of a psychiatric liaison service at Central Middlesex Hospital to address the staff difficulties in securing psychogeriatric consultations for their patients more quickly.
Capacity	<ul style="list-style-type: none"> • Continue work to identify the model for the planned integration of services for older people and the steps to achieve this aim. • Monitor the move of social services staff to Willesden Hospital to evaluate the benefits of further integration.

Key findings

Person-centred care

Many participants in the consultation exercise praised the care, concern and sensitivity of individual staff and the quality of services they provide. Most of the older people who responded to our questionnaire about the help they receive from social services said they were involved in deciding what help they needed, although carers said they were less well involved. Most older people and carers said staff were easy to contact and treated them with respect.

A number of older people attending the consultation events were concerned about the lack of training of care staff and their limited opportunity to communicate with care workers. More broadly, a number of older people felt the attitudes of some staff in health and social care services needed to improve and they were reluctant to contact their doctor or the council as a result.

Access to information is a key issue for older people and carers in Brent. They say it is difficult to find out what services are available from the council, health and voluntary sector organisations. Information needs to be more accessible and comprehensive. Older people value the minor accident treatment service and nurse led drop-in service. They also like the informality and accessibility of their GPs in smaller practices. The council's initial contact service is popular with older people, carers and other stakeholders. Staff in the council's one-stop shops would welcome closer liaison with the PCT. Older people find local newspapers and *Brent Magazine* useful sources of information. There is an opportunity for health agencies and the council to work together to improve advocacy and information in the borough.

Social services staff have easy access to interpreting services, whereas the PCT reports difficulties due to high demand. In addition, it is not yet embedded practice in all health agencies to use the interpreting service. Individual agencies spend a considerable amount on interpreting and translation, and access and efficiency may be improved through a jointly commissioned service.

Managers acknowledge that the implementation of the single assessment process has been slow. We concluded that the new arrangements would not be fully operational by the deadline of April 1st 2005 for at least four reasons:

- there has been limited piloting of the single assessment process and inter-agency procedures have not been rigorously tested
- the roll out of new assessment and care planning tools to staff in all agencies began only recently
- hospital staff and GPs are not fully engaged in the process and the number of staff and GPs undergoing training is very low
- inter-agency measures to evaluate the effectiveness of the process have not been agreed

The performance of the council and health organisations in reducing the number of delayed discharges from hospital has been better than average for London boroughs over the last year, reflecting the success of a multidisciplinary approach. However, there was frequent mention of problems in the operation of the procedures. Examples included:

- notifications of discharge not made with sufficient time for social services to make plans
- the social services department is slow to respond to referrals
- multidisciplinary discharge planning does not include care managers
- discharges being made without essential services in place to support the older person or their carer, which has led to emergency readmissions

A multi-agency group has been monitoring discharge performance and we recommend this group monitors the quality and effectiveness of discharge planning, as well as ensuring that good performance on delayed discharges is sustained.

Key findings continued

Training was arranged for staff in all agencies to accompany the introduction of the revised vulnerable adults policy and procedures. However, the uptake of training by health staff has been very poor. In addition, some staff are not aware of what they should do if they suspect abuse. Agencies must ensure all staff have a good understanding of their responsibilities for adult protection.

Mental health services

The mental health trust makes good use of limited resources.

The mental health trust uses a range of methods to capture the views of users and their carers, both of whom hold the trust's services in high regard. Carers of older people with mental health needs particularly value the skills of staff in both statutory and voluntary sector agencies.

The mental health trust has reviewed its working practices in the care programme approach (CPA) and the single assessment process in order to minimise duplication of activity, and guidelines for staff are being prepared.

Protocols for dementia and depression are in place and include the appropriate administration of medicines. However, due to a lack of resources, the pharmacy in Seacole Ward only supplies medicines and its clinical input is limited.

Vision

A shared vision for services for older people has been developed, which focuses on outcomes and promotes equal access. Senior managers of all agencies are committed to fulfilling this vision. Frontline health and council staff are broadly aware of the priorities, but their understanding of the context and reasons for change could be improved. The London Ambulance Service and NHS Direct have not contributed to the development of services. A systematic approach which involves stakeholders, and which ensures that all private and voluntary sector organisations contribute to the vision, is needed.

Agencies have key strategic documents in place. Many of the strategies and plans relating to services for older people are new and some action plans are not well developed. It is therefore too early to judge the impact they will have on improving outcomes for older people. Progress on established strategies, such as the carers' strategy, needs to be reviewed and assessed.

In the council, social services' strategies and those of other council services are linked through the corporate priorities. The council's wider responsibilities for education, sports and leisure are linked to the health and social care agenda through work on social inclusion and the introduction of Better Government for Older People¹. However, the needs of older people are implicit in the council's corporate priorities, rather than having a specific focus with identifiable outcomes for older people.

Statutory and independent sector agencies recognise the need to develop a more strategic approach to prevention. This includes widening the range of services for people over 50. Older people have identified fear of crime and community safety as key issues, which the council and police are jointly addressing through the crime and disorder reduction and community safety strategy.

¹ The Cabinet Office issued guidance on better government for older people in 1999

Key findings continued

Health agencies and the council use a variety of methods to consult with older people and carers, ranging from specific consultation on service proposals, to broader involvement in developing services to support healthy living and quality of life issues. However, further work is needed to ensure older people and carers are effectively involved in planning processes:

- the function of the older people's forum and its relationship with older people's planning groups need to be reviewed
- carers say their involvement in planning is not as effective as in earlier years
- patient and public involvement (PPI) activities need to be embedded in consultation and planning

Partner agencies will be able to address these issues through Brent Better Government for Older People, an initiative that shows considerable promise.

The Census² records that 66% of older people between the ages of 60 and 74 in Brent are from black and minority ethnic groups. Diversity issues are a priority for all agencies in Brent. Managers and staff are confident that issues for black and minority ethnic groups are prioritised.

A wide range of agencies are now working together effectively at a strategic level, for example work by the housing department PCT on the Supporting People programme. More older people are being supported at home with a range of community-based services commissioned and provided by social services and the PCT. A relatively low proportion of older people are admitted to residential and nursing care. Rehabilitation services are well established. The proposed model for rehabilitation and intermediate care services is based on an integrated and whole systems approach, with flexible working across traditional organisational boundaries.

² Office of National Statistics 2001 Census

However, some significant difficulties need to be addressed in order to fully implement a joint strategic approach:

- The need to meet national targets and address a financial deficit are two key drivers for the acute trust. In some instances we found that constant pressure to achieve efficient throughput has impeded the delivery of individual, needs-based care.
- There are some good individual relationships between health and social care staff, but the majority of health staff report a lack of responsive and timely support from social services, which is attributed to a lack of capacity.

There are plans for the social services department's older people's service to move to Willesden hospital. At present, it is anticipated that staff will work alongside health colleagues but will remain under separate line management. This affords a good opportunity to improve joint working. The move needs to be supported by a strong commitment from all agencies, preferably with a clear plan to work towards closer alignment of the management of services.

While senior managers share key issues and planning intentions, joint business plans and joint performance management are not yet in place. There is a general lack of outcomes-focused performance indicators to measure the effectiveness of services for older people.

Mental health services

All health agencies acknowledge that mental health services have been and continue to be poorly resourced. Furthermore, within the mental health trust, services for older people are not as well resourced as those for younger adults. However, despite these constraints, the mental health trust participates fully as a strategic partner.

Commissioning

The council and PCT acknowledge that joint commissioning is in the early stages of development. Partner agencies have recently agreed a joint commissioning strategy, which lays good foundations for the future commissioning of services by the council and PCT. The appointment of a head of joint commissioning has helped agencies address strategic commissioning, and managers report significant improvements in the commissioning of older people's services in the last year.

A number of voluntary sector organisations have been involved in the development of the joint commissioning strategy through membership of the older people's local implementation team. However, there is a need to ensure there are effective channels of communication with all providers. We met with a range of private and voluntary sector providers. With the exception of domiciliary care providers, they said they did not feel that they were working in partnership with the council and PCT. For example, they said they have not been involved in the development of the commissioning strategy and are not aware of commissioning priorities.

The joint commissioning strategy contains an analysis of the health and social care needs of black and minority ethnic older people and their use of social care services. Not all health agencies monitor the take up of acute and community health services by older people and carers from black and minority ethnic groups. The social services department has a new client database, Framework-i, which will enable better use to be made of monitoring information in planning and delivering services.

The effectiveness of new initiatives in meeting policy aims has not yet been evaluated, for example to find out how successful intermediate care and extracare developments has been in helping people to continue to live independently.

Mental health services in Brent

A mental health strategy for older people has recently been drafted. This followed a workshop in 2004, which involved all relevant clinicians, managers and commissioners and is seen as the first significant step towards addressing historical and current funding and resource anomalies. The strategy outlines an action plan, including the selection of a service model. However, we recommend further analysis of the current and future needs of older people with mental health problems before final decisions are made.

Range of services

We believe that older people benefit from the range of services in Brent, both those provided by statutory agencies and commissioned by the council and PCT. These services reflect Brent's commitment to meeting the diverse needs of its communities. Many older people told us they are pleased with the care and treatment they receive. We had the opportunity to visit some noteworthy services and there are ambitious plans for further developments. Implementation of the commissioning strategy will lead to further improvements and better coordination of the use of resources.

Older people, carers and health and social care staff highlight many services which they particularly value. These are just some of the services that were given as examples:

- The collaborative care team is praised for its work in preventing hospital admission and facilitating discharge. The development of the care coordination service has been commended.
- The integrated community equipment service is a responsive, efficient and effective service.
- Extracare accommodation is helping older people, who would otherwise need residential care, to live independently.
- The council has a range of positive initiatives to meet the specific needs of adults over 50, including access to parks and dedicated exercise classes.
- The council's provision of access to free transport and the community transport scheme are highly valued.

Home care services help many older people remain in their own homes. However, home care continues to be provided in traditional ways, with carers providing services for older people, rather than enabling older people to make the most of their own abilities. Some older people said care was inconsistent and unreliable and carers needed better training and guidance.

Key findings continued

Older people's independence could be supported in other ways:

- the number of older people using direct payments is small and carers are not offered the opportunity to use the scheme
- assistive technology is not used to help maintain and protect older people living independently

There are long delays in providing wheelchairs, which cause delays in discharge from hospital. The commissioning of the service is currently being reviewed.

Progress on implementing the National Service Framework for Older People is mixed. There is good access to community-based rehabilitation and intermediate care services and the PCT's single point of access is supported. Although a falls coordinator has recently been appointed, there is only a skeletal falls service which does not meet the national service framework standard. The stroke service meets a broad interpretation of the standard. However, there is no designated stroke unit at Central Middlesex Hospital and the stroke unit at Northwick Park Hospital cannot accommodate all patients who would benefit from the service. Central Middlesex Hospital is planning a stroke unit, which has nine beds.

Mental health services

The lack of funding limits the mental health trust's capacity in all areas of service provision, for example there is only one day hospital for the whole of Brent. However, carers confirm that the mental health trust provides good quality services within available resources, although these are stretched. The PCT has recently identified funding to enable the mental health trust to develop a mental health liaison service with Central Middlesex Hospital.

Joint work between the mental health trust and other health agencies is reported to be good. Staff in the mental health trust report that their inpatients have excellent access to all physical health tests, clinics and consultations from Central Middlesex Hospital. Staff in the acute inpatient mental health service and community mental health service work well together to ensure they are providing patient-centred care. Northwick Park and Willesden hospitals have good access to psychogeriatric services and GPs report that joint working with the community mental health service is good.

Staff in the mental health trust who provide community mental health services would like to extend the operating hours of their service and believe this would help prevent admissions, facilitate discharge and provide appropriate carer support.

Social services provides a range of specialist day services and residential care placements for older people with mental health needs. Approved social worker services are only available through the adult mental health services and managers recognise the need to develop mental health expertise in the older people's service.

Capacity

The health and social care partnership board is able to provide leadership in the development of services for older people. There are regular opportunities for chief officers of health and council services to meet. Joint planning between the council and health communities is improving, but is not yet systemic. Senior managers have taken action to improve the effectiveness of the older people's local implementation team (LIT), which is now better placed to drive forward the development agenda.

Managers are cautious about integrating health and social care services too quickly. A target date of 2009 has been set but a detailed strategy on what the services will look like and how this will be achieved, has not been developed. A strategic group has been established to deal with integration issues.

The council is considering plans to establish an adult services directorate in line with guidance issued by the Department of Health³. The director will also be responsible for strategic issues relating to older people across the council. This will provide a coherent focus for the development of services for older people across the council and with partner agencies. Although senior managers in health are aware of the plan, they have not been involved in discussions about the opportunities and implications at an early stage.

³ Guidance was issued by the Department of Health on November 11th 2004 on the role of the director of adult social services

Key findings continued

The role of champions is generally under-developed and champions do not meet regularly. There has been a six month absence of a non-executive director lead for older people in the acute trust and the position remains vacant. The development of Brent Better Government for Older People will be led by older people's champions and the monitoring committee should ensure that champions from all sectors are involved in the process.

Councillors have scrutinised a range of council and health services for older people and are clearly committed to improving services for older people and carers. Scrutiny task groups have carried out a number of cross-cutting scrutiny reviews and a review of intermediate care has recently been completed. The findings support the proposed joint model for rehabilitation and intermediate care, with important caveats about adequate resources for the service and its organisation.

We met many committed and enthusiastic staff in health agencies and the council. They are well supported by their managers and view their organisations as having open, learning cultures with leadership that allows and encourages innovation.

The plans for Brent Emergency Care and Diagnostic Centre are well developed and offer an opportunity to provide a more streamlined and targeted service. Staff are confident about the proposal, despite the considerable changes which would be needed. The proposal involves a radical reappraisal of the provision of treatment, and risk management and monitoring arrangements during treatment have been developed. The safety of vulnerable older people and their carers relies on the robustness of these arrangements. There is some concern whether Willesden Hospital will have the staff mix and experience to deliver sub-acute rehabilitation services in time for the opening of Brent Emergency Care and Diagnostic Centre.

The council monitors the ethnic profile of its workforce, which broadly reflects the composition of the local population. However, not all health agencies have an equivalent monitoring system.

Agencies have difficulties in recruiting and retaining staff in some posts. Some staff work across professional boundaries, for example in rapid discharge home care and collaborative care team. Managers recognise the need for a joint workforce strategy, which is planned for the coming year.

Most staff in health agencies and social services say they have good access to training and professional development. However, further work is needed to promote access and the take up of joint training by some groups of health, social care and independent sector staff.

Health agencies acknowledge that further work is required to produce reliable information on health needs, expenditure and outcomes for older people. This will help ensure that resources are being deployed equally and provide valuable baseline information for the planned integration of services.

Detailed information is available on the council's expenditure on services for older people, with evidence that resources are shifting to meet changing needs. Resource panels are used to approve requests for community care packages and residential care placements, as well as determining continuing care responsibility. Social services staff report that the panels operate effectively. However, some staff from other agencies fear that panels are occasionally used to delay decisions for financial reasons.

The PCT and acute trust do not record spending on older people's services separately, a factor which will be important in planning the future integration of services. The introduction of Payment by Results⁴ in April 2005 will be a further incentive to undertake this work.

Mental health services

Both strategic and operational staff in the mental health trust acknowledge that with a more appropriate level of resources, they would be able to provide a more timely and comprehensive response to referrals.

⁴ The Department of Health's 'Payment by Results' is being extended to all NHS trusts in April 2005

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