

CROYDON COMMUNITY HEALTH COUNCIL



**Our Final
ANNUAL REPORT
2002-2003**

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The front cover design was the winning entry in a competition held in Spring 2003.
Submitted by:

Ms C Keen of South Croydon

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work experience for people with disabilities

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CHAIRMAN'S FOREWORD

Although this is the report that I hoped never to write, when abolition became inevitable, I had hoped to be able to sign off by wishing "Good Luck" to our successor bodies.

How wrong one can be! Where are the forums - or will they be for? We now know that there will be a gap in provision before they are up and running... unless we have another change of plan from the government!

We take comfort from the fact that the CHC movement mounted an effective lobbying campaign and many improvements to the original Bill resulted from it.

We have not attempted to list in this report our many successes over the last 29 years which have resulted in improvements in healthcare for the people of Croydon.

At least the uncertainty over abolition is over. Our days are numbered - and I can only use this last opportunity to thank everybody for their support over the years -

- our staff
- our council members
- our colleagues and friends in the local health community
- our supporters
- our local press

We are also very appreciative of all the letters and messages of support we have received. My heartfelt thanks to you all.

Our last AGM will be held in the Croydon Council Chamber, Katharine Street, on Tuesday 8 July, 2003 at 7pm. Everyone is most welcome.

**Brian Udell
CHC Chairman**



CHIEF OFFICER'S REPORT

The last year 2002 -2003 has been a very strange one. There have been many changes in staff, including myself as a locum on a part-time basis.

Finally we have been given a date for our abolition and that date is 1 September 2003. This means that from the end of June we will be starting to pack our bags and boxes, although we do not yet know where we or our equipment will be going.

Croydon Community Health Council has continued to monitor health service provision within the Borough through visits and meetings. The working group reports are included later in this annual report.

The Patient Advice and Liaison Service (PALS) in Mayday Hospital and the Primary Care Trust (PCT) are both established and working well. The CHC has a good working relationship with both.

On complaints, we have had to change the way we help people who have complaints about the service/s they have received from the NHS because it would be unfair to promise to assist people throughout their complaint, when we know that we will not be here to do it. So we are giving help and advice on the telephone, sending out complaints packs that detail how the procedures work and how complainants can represent themselves, and only writing letters etc for those of our clients who cannot do it for themselves.

We were allocated some money by the Department of Health to run an Independent Complaints Advocacy Service

(ICAS) pilot, initially for 6 months until 31 March 2003 and now extended to 31 August 2003. ICAS is one of the new organisations which will take over some of the work of the CHC. As well as assisting complainants the pilot has been useful in identifying problems and solutions for the future when ICAS is provided on a national scale. Our ICAS report is also printed further inside.

Staff cover permitting, the CHC office will remain open until 31 August 2003 for advice and information. We may have to cut down on our opening times if we lose staff before the end.

As this will be the last Annual Report of Croydon Community Health Council I would like to thank all the staff who have worked very hard under difficult circumstances, the Members of the CHC for their commitment in giving up their own time to further the work of the Council. Croydon CHC also has a very good relationship with NHS staff, with whom we discuss, argue and sometimes fall out, but always in a professional manner with progress at the end of the day, so a big Thank You to them! Services have improved and I hope that we have praised these as well as criticised when things have gone wrong.

Bob Hardy-King
Chief Officer

Financial Statement

Although there is no statutory requirement, Members felt it appropriate to show how the CHC spent its money.

Croydon Community Health Council had a local budget of £38,624 for the year to 31 March 2003 to run the office and carry out the work of the Community Health Council. The major items of expenditure were printing, stationery, office cleaning, postage, rental of halls, photocopying and members' expenses which accounted for approximately £30,000, and members' training and expenses accounted for £6,569. Through careful management there was a small underspend of about £2,000 at the end of the year. This underspend will be carried forward with others into a regional

pot to fund training for London CHCs staff to enhance their future job prospects.

Staff wages including travel expenses, office building rent and rates, electricity, gas and water, were paid from a regional budget of £96,796 controlled by the Directorate of Health and Social Care (London).

During the year the Community Health Council had additional funding from the Department of Health to carry out an Independent Complaints Advocacy Service pilot scheme for the residents of Croydon, with a budget of £26,000 and again at the end of the year there was a small underspend of approximately £400. This underspend will be carried forward to the pilot, as it has been extended to 31 August 2003.



Council members - past and present

MAYDAY GROUP REPORT

During the last twelve months members have been actively involved in a wide range of visits and several on-going projects.

A significant amount of time was given to a cleanliness survey of wards. It was pleasing to note a marked improvement in the general level of cleanliness in most wards since our last survey, and we are glad that Mayday's management is committed to ensuring that this improvement is maintained.

Members also spent time 'shadowing' patients in the Accident & Emergency (A&E) Department, sharing their experience of the service provided. The Department has struggled to meet the high levels of demand placed upon it. However, with the imminent completion of a major extension to the facilities, it is hoped that A&E will provide a



Mayday University Hospital: One of the new operating theatres in the Eye Unit. Photo courtesy of Croydon Advertiser

much-improved service for the benefit both of patients, and the staff who have worked for years in inadequate accommodation.

Members have also been involved in the introduction of innovative solutions in catering, which gives patients a wider range of menus and food that is delivered to the ward in good condition.

Specific visits were arranged to the Cardiology Department, Kenley One (the MRSA Ward) and the Renal Unit. We also participated in a number of meetings covering a range of subjects including clinical governance, steering groups for the booked admissions project, and the walk-in centre among many others.

The current stage of major investment made in Mayday's infrastructure is

Mayday University Hospital: The new Jubilee Wing takes shape. Photo courtesy of Croydon Advertiser



nearing completion. The extension to A&E Department is complete and shortly the new Jubilee Wing of wards will be opened. More operating theatres have been provided, and major refurbishments completed, to the maternity wing and the new reception area. These have all added to the sense of progress and commitment at Mayday.

Problems do remain: in particular, the comparatively low ratio of doctors and nurses to beds is a continuing source of concern, although the solution to these problems is largely outside the remit of Mayday's management.

Some departments have unacceptably long waiting lists due to inadequate resources to match demand. A case in point is the

Audiology Department where lengthy delays results in many citizens of Croydon being unnecessarily exposed to the risks of social deprivation and exclusion for the want of a hearing aid.

In signing off, the Members of the Mayday Group wish to express their appreciation to the Board, Management and staff of Mayday for their help and support, willingly given in a positive and friendly manner.

We send them every good wish for the future and thank them for their continued commitment, both individually and as a group, to the well-being of Croydon's citizens and visitors.

PRIMARY CARE GROUP REPORT

It would be nice to be able to say in this, our final Annual Report, that all the reports and complaints we have made over the years have been acted upon and that all our recommendations have been implemented!

Unfortunately that would not be true, but hopefully we have made some difference, and without our investigation and publicity some health services would not be as good as they are now.

I asked Ethel Dixon, who chaired this group for several years, if there was anything in particular where we had made a definite improvement. She thought that our campaign over physiotherapy was a success; we were horrified at the length of the waits and especially the Community Trust's plans (the PCT's predecessor) to alter the eligibility criteria used, and we made an appeal to the Secretary of State for Health on the issue. This was the only time we had used these powers where a change of service was involved, and we like to think that this helped to persuade the Trust to invest more money in physiotherapy services. It is sad to have to report now that the waiting list for this service have crept back up again. When we are no longer here to publicise the waits, how long will they get?

Last year we produced a report into Elderly People's Health in Croydon. We wanted to find out how easy it is for older people to access the available services. We found that transport is a



CHC seminar at Fairfield Halls

MENTAL HEALTH GROUP REPORT

In spite of the impending closure of Croydon CHC, the Mental Health Group has continued to work to represent the interests of mental health service users and their carers. The Group has as in previous years monitored aspects of the services provided, undertaken research and participated in service development.

During 2002 the changes to day care provision as a result of the Day Care Review began. The CHC Mental Health Group is happy to be associated with the vision of day care identified by the Finnamore report, but has many reservations about the implementation process. We will continue to work with all the partnership agencies to improve support and recovery services for more users.

Monitoring visits to services provided by the South London and Maudsley (SLAM) NHS Trust have continued throughout the year. These have included visits to the Croydon Acute Wards on the Bethlem Royal Hospital site in Beckenham, and to Dower House, psychological therapies and occupational therapy, also on the Bethlem site. We would like to thank all those services users and staff who gave their time to facilitate these visits.

Concerns which have emerged from these visits have been the perennial issue of poor food - quantity and quality - on the Bethlem site, the closure of Dower House and the resulting reduced provision for those requiring intensive care for resistant psychosis, and the limited availability of psychological therapies for all those for whom it is likely to be helpful.

While the Group was impressed with the occupational therapy department

at the Bethlem and pleased to see the developments on the Croydon wards, problems of equity in access to the central department's provision are still a concern.

We have highlighted problems with food for patients at the Bethlem in previous years. There have been assurances of improvements and some improvements had indeed been noted. However, as dissatisfaction continued to be expressed by staff and service users, CHC carried out a piece of quantitative research based on a short standard questionnaire. Evidence from this survey suggests that in terms of the food's quality and quantity, choice and organisation of ward deliveries, substantial improvements could still be made. However, we were pleased that the survey noted users' appreciation of the attitude of staff who serve meals.

As the era of CHC patient representation draws to an end, members of Croydon CHC's Mental health Group regret its passing and will work to establish robust new systems which will effectively monitor mental health services in the interests of service users, carers and the wider community.



LIST OF MEMBERS 2002/3

Member's Name	Nominating Body	CHC Meetings Attended/Possible	CHC Roles & Representation on Outside Bodies
Prof JUSTUS AKINSANYA	Disability Croydon	6/9	Mayday Group Croydon Learning Disability Partnership Mental Health Group
Ms SUE ALBERY	Assoc. for Pastoral Care In Mental Health	4/9	Community Care Forum Mental Health Partnership Board Rep. Children/Young People Mental Health Inequalities: Social Exclusions
Mr GEORGE AYRES	London Borough of Croydon	8/9	Mayday Group Primary Care Group Intermediate Care Working Group 'Invest to Save Budget' S.W. London OoH Assessment Group
Cllr GRAHAM BASS	London Borough of Croydon	5/9	Primary Care Group PCT Prof Exec Committee Purley Review Group Children & Young People
Ms KATHIE BEE	London Borough of Croydon	0/9	Learning Disabilities Group
Mrs GEE BERNARD	London Borough of Croydon	1/9	Mental Health Group
Mr MALCOLM FELBERG	Age Concern Croydon	9/9	Mayday Group Primary Care Group Clinical Governance/Quality Panel Inequalities: Ethnic Minorities Cancer Services Planning Group Elderly People Dental Liaison Committee
Mrs KATIE FISHER	Secretary of State	6/9	Mayday Group
Mr KAILAS GUNARATNAM	London Borough of Croydon	7/9	Vice Chair of Croydon CHC Mayday Group, Primary Care Group Inequalities: Ethnic Minorities Asthma Sub Group
Prof ANWARAL HAQ	London Borough of Croydon	2/9	Mayday Group Mental Health Group
Mr ANDY JARVIE	Woodcote Practice Patients Group	2/4	Mayday Group Domestic Violence Drugs Action Team
Passed away August 2002			
Dr LEN LONG	Secretary of State	1/4	Mayday Group Primary Care Group SW London Strategic Health Authority
Resigned June 2003			

Member's Name	Nominating Body	CHC Meetings Attended/Possible	CHC Roles & Representation on Outside Bodies
Mr JIM MARTIN	Croydon Cardiac Support Group	6/9	Vice Chair of Croydon CHC Leader of Mayday Group Primary Care Group Mayday Board Rep. Mayday Elderly Care - Clinical Governance Coronary Heart Disease Group NHS Direct: A&E
Mrs VILMA MCKENZIE	London Borough of Croydon	0/9	Primary Care Group Inequalities: Ethnic Minorities Teenage Pregnancies
Mr DON PATERSON	London Borough of Croydon	7/9	Mayday Group Diabetes Advisory Group Physical/Sensory Disability Team Capacity Planning Group
Mrs DOREEN PATERSON	Secretary of State	3/9	Primary Care Group Learning Disability Planning Team
Mr MOHAMMED RAHMAN	Secretary of State	0/9	Mental Health Group
Mrs CATHERINE REYNOLDS	University of The Third Age	9/9	Leader of Primary Care Group Mayday Group PCT Prescribing Committee Referral Panel Mayday Clinical Governance Sub-committee
Mr RON RICHENS	London Borough of Croydon	9/9	Leader of Mental Health Group South London & Maudsley Board Rep.
Mr ERIC SHAW	Co-opted	2/7	Mayday Group Primary Care Group
Mrs GUDDI SHEIKH	London Borough of Croydon	0/9	Mayday Group
Mr BRIAN UDELL	London Borough of Croydon	6/9	Chairman of Croydon CHC Mental Health Group Croydon PCT Board Rep. Croydon Modernisation Board Croydon General Site Project Advisory Board Healthy Croydon Partnership
Mrs STELLA WARD	London Borough of Croydon	8/9	Primary Care Group Mayday Group Maternity Services Liaison Committee Surrey Oaklands Board Rep
Mrs YVONNE WEBSTER	National Schizophrenia Fellowship	3/9	Mental Health Group Carers Working Party: Strategy

CHC Early Years - The First Chairman

The first CHC annual report covering 1974/75 listed the Chairman as Mrs M A Pater. I tracked Margaret Pater down to a flat in South Croydon - at the great age of 92, she is still living independently.

Her childhood memories include spending time in the cellar during air raids in the First World War and seeing a Zeppelin in flames from her bedroom window. A pupil of Croydon High School for Girls, she read French and German at Newnham College, Cambridge, and taught languages until her marriage in 1938, and then again as a private tutor when her own children were grown up.

Mrs Pater had become involved with the CHC through her work as a volunteer with a particular interest in mental health services. She had served on the House Committee of Warlingham Park Hospital (and other Croydon general hospitals) and as chair of Croydon's Mental Health Association, the predecessor of MIND.

But the NHS was also a real 'family' concern, as her husband John had spent the years of the Second World War as a senior civil servant in the Ministry of Health, preparing for the introduction of the new National Health Service in 1948, while spending some nights on fire-watch in Whitehall and Downing Street! He only made it home - they were living in St Albans at this time - four nights a week, while Margaret coped with their three young children.

Mrs Pater was appointed to be a member of the new Community Health Council when these were first set up under the NHS re-organisation of 1974, and at its first

meeting she was elected Chairman. Sadly, ill-health meant that she had to give up this work after a couple of years.

Those first members' meetings, she told me, were usually centred on getting to know each other, and arranging visits to all the local service providers (which included in those days Croydon General Hospital, the smaller sites like Queen's, Waddon and Norwood Hospitals, and St Lawrence's at Caterham, as well as Warlingham Park and of course, Mayday). Themed meetings were also held to educate members and the public on various issues such as cancer screening and abortion.

At that time there were 15 members appointed by the local authority, 10 by voluntary organisations and 5 by S W Thames Regional Health Authority, making 30 in all. The first Secretary (permanent staff) was Mrs Gloria Crosby, assisted in the office by Miss Olga Kendell.

The CHCs' terms of reference were "pretty vague" Mrs Pater told me: "to represent the interests of the public in its district, and perform such other functions as conferred on it" by the relevant legislation.

One recurring theme in the early years was trying to find suitable office accommodation which would emphasise the CHC's independence from the local health services. At first, an office in the Croydon General Hospital main building was used, and later on space at No 28 Lennard Road was made available, but the small building in the corner of the now-closed Croydon General's grounds seems likely to be CHC's last home. At the time of writing all the buildings on this site are due to be demolished in the

near future, but no-one seems quite sure what will be put up in its place.

Before I left her, Margaret Pater was keen to tell me about the close personal relationship she has with her lap-top computer. Like many of us, she feels it has a mind of its own and must be placated and cajoled into behaving nicely, or else scolded, even sworn at, when it won't do what it's told or does something absolutely stupid, off its own bat of course! So she still has her sense of fun! One of the lap-top's uses has been to produce the memoirs of her long, interesting and fulfilling life.

Jill Godfrey - Project Officer

Extract from the first CHC Annual Report 1974-75:

"After some preliminary meetings the members agreed to form themselves into functional groups, as follows:

- a) Services for the Elderly and the Physically Handicapped
- b) Services for Mothers and Children
- c) Services for the Mentally Ill
- d) Services for the Mentally Handicapped
- e) Acute Services
- f) General Services - Out-Patients, General Practitioner, Dental and Pharmaceutical Services."

Council members and public at a recent seminar



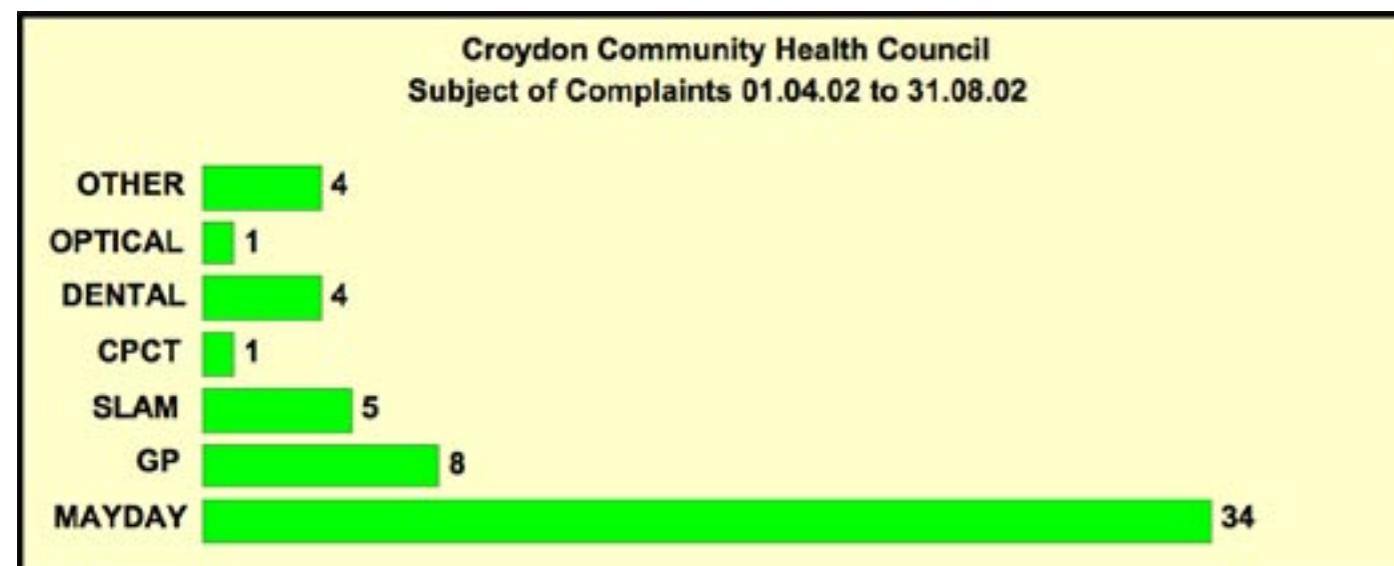
HELP FOR PEOPLE MAKING COMPLAINTS

As always, it should be remembered that the great majority of NHS patients are happy with the services and treatment they receive, but occasionally things go wrong. Croydon CHC has traditionally - although it has never been a statutory duty - helped patients to negotiate their way through the NHS complaints system effectively.

This help has taken the form of providing information, advice and practical assistance with letter-writing and accompanying people to meetings.

Each NHS Trust now has to provide a PALS (Patient Advice and Liaison Service) office which can give on-the-spot help to patients and carers with problems they may encounter and explore possible options for resolving concerns before they escalate into a formal complaint.

To replace CHCs' help to patients pursuing complaints, the Government proposed a new system of independent complaints advocacy (ICAS). Croydon CHC was successful in a bid to run a pilot for ICAS for six months, starting on 1 September



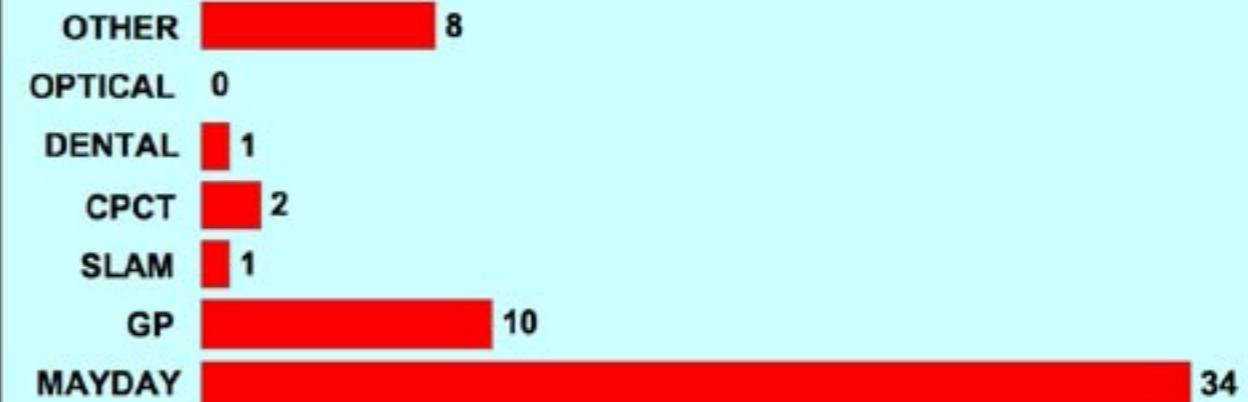
2002, now extended until CHC abolition, in conjunction with MIND which handles Mental Health complaints. A modest publicity campaign was held to promote this new ICAS service, using bus and local press advertising, flyers to local NHS providers and the voluntary sector, and outreach sessions in local libraries. Our aim was to improve accessibility to the service among groups who might not otherwise have been aware of the service. This publicity created a significant increase in 'phone calls to the office and requests for self-help information packs increased by about 50 per cent.

Croydon CHC / Croydon ICAS combined total number of complaints 113

We should point out that the number of complaints about Mayday Healthcare NHS Trust is inevitably high as it deals with by far the greatest number of patients.

The following charts show a decline from last year in the number of complaints assisted in 2002/2003. This may be due to the introduction of PALS based in the Trusts who provide on-the-spot help for

Croydon Independent Complaints Advocacy Service Subject of Complaints 01.09.02 to 31.03.03



patients, their families and carers. The self-help information packs may also have been a success, enabling people to write their own letters.

72 clients were assisted in preparing letters during 2002/2003. In some cases several letters were required at local resolution stage. 41 clients complaints were closely monitored. 16 clients were accompanied and supported at local resolution meetings. 13 Independent Reviews were requested with none granted and 8 clients were assisted to take their complaint to the Health Service Ombudsman for England.

ICAS: THE FUTURE

Section 12 of the Health and Social Care Act 2001 places a legal duty on the Government to provide independent advocacy services to assist individuals making complaints against the NHS. The new Commission for Patient and Public Involvement in Health (CPPIH) will identify and disseminate quality standards for

Independent Complaints Advocacy Services (ICAS), set criteria for its provision and provide national monitoring and assessment of ICAS services.

PCT Patients' Forums will commission and/or provide ICAS for their local population against the standards set nationally by CPPIH. As well as PCT Patients' Forums providing ICAS, it is intended that there will be a wide mix of ICAS providers to ensure that there is a range of expertise available.



ICAS advert on the back of a Croydon Bus



AFTER CHCs

The Government's current proposals are:

CHCs are due to be abolished on 1 September 2003 and replaced with:

Nationally

National Commission for Patient and Public Involvement in Health (CPPIH)

Locally

- Patient Advice and Liaison Service (PALS) in every NHS Trust
- Duties on NHS bodies to consult and involve the public
- Local Authority Health Overview and Scrutiny Committees
- Patient and Public Involvement Forums (PPI Forums) for every Primary Care NHS Trust and for every NHS Trust (except Foundation Trusts)
- Independent Complaints Advocacy Service (ICAS)

Developments in Croydon

PALS schemes are now in place at Mayday Hospital, South London and Maudsley Trust, Surrey Oaklands and Croydon Primary Care Trust (PCT).

Local Trusts and the PCT are developing their own public involvement plans.

London Borough of Croydon has a separate Sub Committee for Health Scrutiny.

Croydon CHC has been working with MIND in Croydon on a pilot Independent Complaints Advocacy Service (ICAS)

What the new organisations will do

ICAS - See page 14

PATIENT AND PUBLIC INVOLVEMENT (PPI) FORUMS

One for every NHS Trust (Acute, Mental Health and Primary Care Trusts, except for Foundation Trusts) which will:

- Monitor services from the patient's perspective and influence and inform decision-making in the Trust;
- Visit premises where NHS Services are provided, including GP premises and NHS care provided by the independent sector;
- Liaise with the relevant Patients' Advice and Liaison Service (PALS) and the Trust to follow up on issues;
- Provide reports to the Local Authority Health Overview and Scrutiny Committee, and any other body the Forum thinks fit, including the media.

Trusts will have to publish the recommendations of their Forum in the Trust prospectus.

PRIMARY CARE TRUST (PCT) PATIENTS' FORUMS

- Receive feedback on issues arising from ICAS and PALS;
- Help local Patients' Forums network across boundaries;
- Promote involvement of the public, especially disadvantaged and marginalised groups in decision-making about health services,
- Monitor the performance of NHS bodies in achieving public involvement.

NATIONAL COMMISSION FOR PATIENT AND PUBLIC INVOLVEMENT IN HEALTH (CPPIH)

- Fix minimum standards and monitor work of Patients' Forums and ICAS.

- Evaluate the whole Patient and Public Involvement system and report to the Secretary of State for Health.

Based in Birmingham, CPPIH will operate nine regional offices.

Address: CPPIH
Ninth Floor, Ladywood House
45 Stephenson Street
Birmingham B2 4DY

Tel: 0121 345 6100

Website: www.cppih.org

LOCAL AUTHORITY HEALTH OVERVIEW AND SCRUTINY COMMITTEES

- Empowered to look at local NHS provision as part of wider role in health improvement and reducing inequalities;
- Will be able to call managers to give information about services and decisions;
- Will have to be consulted about major changes in health service provision;
- Powers to refer public concerns over major changes to health services or poor consultation processes to the Secretary of State for Health (or to an independent regulator in the case of Foundation Trusts).

PATIENT ADVICE AND LIAISON SERVICE (PALS) IN EVERY NHS TRUST

- "On-the-spot" help for patients to resolve problems and concerns within that Trust quickly.
- Employed by and responsible to Trusts.
- Duty to bring any concerns to the attention of the Trust Board and in future to Patients' Forums via anonymised reports.
- Inform people about the NHS complaints procedure and of local ICAS providers.

DUTIES OF NHS BODIES: CONSULTATION AND PUBLIC INVOLVEMENT

Section 11 of Health and Social Care Act 2001 places a duty on Health Authorities, Primary Care Trusts and NHS Trusts to ensure that:

"persons to whom services are being or may be provided are directly or through representatives, involved in and consulted on:

- i. the planning of the provision of those services
- ii. the development and consideration of proposals for changes in the way those services are provided, and
- iii. decisions to be made by that body affecting the operation of those services."

FOUNDATION TRUSTS

Subject to legislation, Foundation Trusts will have an elected Board of Governors, and will operate under a licence issued and monitored by an Independent Regulator. They will be owned by 'members' from the local Community. People in the area, Trust employees and representatives of partner organisations eg PCTs or universities undertaking research in the Trust are eligible to register as members. Foundation Trusts will not be required to establish a Patients' Forum but will be bound by the legal duty to consult and involve patients in planning and developing services.

It is expected that the first Foundation Trusts will be established in April 2004. It is the Government's stated intention that eventually all hospital trusts will become Foundation Trusts.

CROYDON COMMUNITY HEALTH COUNCIL CHAIRMEN 1974-2003

1974-1976	Mrs M A Pater
1977-1980	Mr C J Wood
1980-1984	Mr K R Brown
1984-1989	Mrs A R M (Rita) Lewis
1989-1994	Mrs Barbara Vigar
1994-1998	Mr Gerry Nasse
1998-2000	Mrs Patricia Massey
2000	Dr Clifford Floyd (Dr Floyd died suddenly in July after one month in office)
2000-2003	Mr Brian Udell



Patricia Massey



Gerry Nasse



CHC staff: Jill Godfrey, Christene Stanley and Helen McIntosh

English

This publication is about **CROYDON COMMUNITY HEALTH COUNCIL** an independent organisation which helps people access their rights within the National Health Service. If you need help with interpretation, we will organise this for you, if you (or a friend) can contact the office or telephone **8680 1503** and give a few details such as name, telephone number (or address) and the language you require.

French

Ce dépliant vous présente le "**CROYDON COMMUNITY HEALTH COUNCIL**" (Conseil de santé de la communauté de Croydon), organisme indépendant dont le but est d'aider toute personne à découvrir les droits qu'elle a envers le "Health Service" (Santé Nationale). S'il faut une traduction nous pourrons vous en fournir une - il suffit que vous (ou un ami) contactiez notre bureau ou nous appeliez au téléphone au **8680 1503** en nous donnant quelques détails tels que nom, numéro de téléphone (ou adresse) ainsi que la langue dont il s'agit.

Somali

Daabacaadani waxay ku saabsan tahay **GOLAHA CAAFIMAADKA EE BEESHA KOROYDHAN** - urur madax banaan oo dadka ka caawiya sidii ay xuquuqdooda uga heli lahaayeen adeega caafimaad ee qaranka. Haddii aad caawimo uga baahato xaga af-celinta, waanu kuu qabangaaabin, haddi adiga (ama saaxiib) uu la soo xidhiihdo xafiiska amatelifoon u soo diro nambarka **8680 1503** uuna xog kooban siyo sida magaca, telifoon nambarka (cunwaanka) iyo luqada uu rabo.

Bengali

এই প্রচারপত্রটি ক্রয়ডন কম্যুনিটি হেলথ কাউন্সিল সম্বন্ধে। এটা একটা সুন্দর সংস্থা, যাহা ন্যাশনাল হেলথ সার্ভিসেস জোকজের কি অধিকার আছে সেগুলো জানাব বাপারে সাহায্য করে। আপনি যদি এ বিষয়ে জানাব বাপারে কেন দেনভারী প্রযোজন মন করেন, আমরা তাহার ব্যবহা করিব, তবে আপনি বা আপনার পক্ষে কেন বন্ধু অব অফিসে ফোন করে **8680 1503** (নম্বরে) কিছু তথ্য সিদ্ধ করে, যেমন আপনার নাম, ফোন নং, ঠিকানা এবং কোন ভাষায় সাহায্য চান।

Tamil

இந்த வெளியீடு கிராஸ்ன் சமூக உடல்நல மன்றம் - மக்கள் நாட்டின் உடல்நல் சேவைக்குள்ளாடங்கிய தங்கள் உரிமைகளை அளவுதாக உதவி செய்ய ஒரு தனியார் சங்கத்தையுரியது. உங்களுக்கு மொழியெங்குத் தாழம் உதவி தேவையால் நிங்களோ அவது உங்கள் நண்புடியா. அதுவகுக்குடன் தொடர்பு கொண்டோ. அவது **8680 1503**-ஐ போன்றெடு உங்கள் பெயர், டெலிபோன் நம்பர் அல்லது விவரம். மூலம் எந்துமொழியில் உங்களுக்கு தேவை என்ற விவரங்களைக் கொடுத்தால் நாங்கள் அதற்கு ஏற்பாடு செய்வோட்.

Urdu

کاب کرائین کمیونٹی ہیلتھ کونسل کے بارے میں ہے جو ایک خود مختار ٹیکم بے اوپر نیشنل سروس میں لوگوں کو ان کے حقوق کے حصول میں مدد کرنے کے لئے آپ کو ترجیح کے لئے میں مدد کی ضرورت ہو تو ہم آپ کے لئے اس کا نام کر دیں گے اگر آپ یا آپ کا کوئی دوست بارے دفتر میں گل فون نمبر 8680 1503 پر بڑھ کر کے کچھ تفصیل مل دے، گل فون نمبر (ای پی) درج ہے جس زبان میں ترجیح کی ضرورت ہے، بتاویں۔

Punjabi

ਇਹ ਪ੍ਰਚਾਰ ਹੈ ਕਾਰੋਬਾਰ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਕਾਊਂਸਲ ਬਾਰ - ਇਕ ਆਜਾਦ ਸੰਸਥਾ ਜੋ ਲੋਕਾਂ ਨੂੰ ਉਨ੍ਹਾਂ ਦੇ ਅਧਿਕਾਰ ਨੈਸ਼ਨਲ ਹੈਲਥ ਸਰਵਿਸ ਵਿਚ ਦਵਾਣ ਦੀ ਸਹਾਇਤਾ ਕਰਦੀ ਹੈ। ਅਗਰ ਤੁਹਾਨੂੰ ਵਿਆਖਿਆ ਕਰਨ ਵਿਚ ਮੱਦਦ ਦੀ ਲੋੜ ਹੈ, ਅਸੀਂ ਇਸ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਅਗਰ ਤੁਸੀਂ ਜਾ ਤਵਾਡਾ (ਦੇਸਤ) ਅੱਡੇ ਜਾ ਟੈਲੀਫ਼ਨ ਕਰੋ 8680 1503 ਅਤੇ ਕੱਢ ਵਰਵਾ ਦੇਂਦੇ ਕੀ ਤਵਾਡਾ ਨਾਮ ਟੈਲੀਫ਼ਨ ਨੰਬਰ (ਜਾ ਅੰਡ੍ਰੋਂ), ਅਤੇ ਜੜੀ ਬੋਲੀ ਵਿਚ ਮੱਦਦ ਮੰਗਦੇ ਹੋ।

Hindi

यह प्रकाशन क्रौएडन कम्यूनिटी हैल्थ काउन्सिल के बारे में है - जो कि एक स्वतंत्र संस्था है जो लोगों को नेशनल हैल्थ सर्विस के अंतर अपने हक्कों की पूर्ति करवाती है। अगर आपको अर्थ करवाने को ज़रूर हो तो हम आपके लिए इसका प्रबन्ध कर सकते हैं। अगर आप (याँ आपका कोई दोस्त) हमारे अफिस के साथ संपर्क करे याँ 8680 1503 पर फोन करे और आपका नाम, फोन नम्बर (याँ पता) दे और हमें बताये कि आप कौन से भाषा बोलते हैं।

Gujerati

આ પ્રકાશન ક્રૌએડન કમ્યૂનિટી હેલ્થ કાઉન્સિલ વિશા છે - અંક સ્વતંત્ર સંસ્થા છે અને ન લાડાન નશનલ હેલ્થ સર્વિસમાં તમના અધિકાર મળવામાં મદદ કરે છે. આ તમને દુઃખિયા (ઇન્ટરપ્રિટેશન) અંગેની મદદ આપની લાય, અને જો તમે (અથવા નમારા કાંઈ મિશ્ર) આધિસના સપર સાથેને અથવા 8680 1503 નભર ઉપર ટેલિફ਼ਨ ઇશીન થાઈડ વિશાને જેમ કા, નામ, ટેલિફ਼ન નભર (અથવા સરનામુ) અને તમન આપની ભાષા વગેરે આપી શકી તો અમે નમારા માટે નની વ્યવસ્થા કરી આપીએ.

Chinese

這份印發文件說明有關蓋萊頓社區保健委員會，這是一個獨立組織，幫助人們取得依照國民保健服務而享有的權益。假如你需要傳譯的幫助，我們能夠為你安排的，只要你（或你的朋友）與本辦事處聯絡，或者致電 8680 1503 供給一點與你有關的細節，例如姓名、電話號碼（或住址）以及你需要傳譯的語言。



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