



A new hospital for Hampshire: proposed changes to acute hospital services in and around Basingstoke and Winchester

Our summary consultation document



11 December 2023 to 17 March 2024

About Hampshire and Isle of Wight Integrated Care Board

This summary consultation document has been published by Hampshire and Isle of Wight Integrated Care Board. We are the statutory NHS organisation responsible for setting the health and care strategy for this area. We allocate NHS resources and work across Hampshire and Isle of Wight to make sure services meet the needs of local people.

As part of our statutory duties, we are consulting on proposals to build a new hospital for Hampshire by the early 2030s, invest in our hospital in Winchester, and change the way acute hospital services are organised. We have been given delegated authority by NHS England to consult on their behalf on proposed changes to the specialised services that they commission from Hampshire Hospitals NHS Foundation Trust, such as neonatal care and some cancer services.

Our vision for health and care in Hampshire and the Isle of Wight

Our vision is to improve the health and wellbeing of all our population, throughout their life journey. We believe we have a unique opportunity to ensure that we can meet the needs of our population – both now and for future generations. The proposals set out here are part of this ambition.

Modernising our Hospitals and Health Services programme

This consultation is part of the Hampshire Together: Modernising our Hospitals and Health Services programme of work, which is a collaboration of NHS and care organisations in Hampshire, working together to improve NHS services for local people.

The development of our proposals has involved patients, families, carers, members of the public, local stakeholders, and health and care staff at every stage.

About this document

This is a summary of our full consultation document. It gives a short overview of how we developed our proposals for consultation, the options we are consulting on and differences between them.

If you would like to read the full consultation document or find more detailed information about this consultation please visit our website at www.hampshiretogether.nhs.uk or call us on 0300 561 0905.

In this document we refer to further information that is available online. However, if you don't have access to the internet, please call us on the number above and we will arrange for printed versions to be sent to you.

We have tried to use plain English as much as possible in this document. There is a glossary on our website at www.hampshiretogether.nhs.uk which explains some of the terms we use that you may not be familiar with.

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What is this consultation about?

This consultation is about proposed changes to two acute hospitals in Hampshire run by Hampshire Hospitals NHS Foundation Trust – the Royal Hampshire County Hospital in Winchester and Basingstoke and North Hampshire Hospital in Basingstoke.

At the moment these two hospitals provide a range of services, which are summarised below (there is a glossary at www.hampshiretogether.nhs.uk for an explanation of these clinical terms).



Current services at Basingstoke and North Hampshire Hospital

- ▶ Accident and emergency department with trauma care (e.g., serious injuries following an accident)
- ▶ General medical inpatient care, including care of the elderly
- ▶ Specialist inpatient care - cardiology
- ▶ General and specialist surgery (emergency, planned inpatient and planned day surgery)
- ▶ Obstetrician-led birthing unit
- ▶ 'Level 1 plus' neonatal care
- ▶ Children's inpatient and outpatient care
- ▶ Cancer services (including radiotherapy)
- ▶ Outpatients, diagnostics and therapies

Current services at Royal Hampshire County Hospital

- ▶ Accident and emergency department
- ▶ General medical inpatient care, including care of the elderly
- ▶ Specialist inpatient care - stroke
- ▶ General and specialist surgery (emergency, planned inpatient and planned day surgery)
- ▶ Obstetrician-led birthing unit
- ▶ 'Level 1 plus' neonatal care
- ▶ Children's inpatient and outpatient care
- ▶ Cancer services
- ▶ Outpatients, diagnostics and therapies

Would the proposals mean changes to our community hospitals, health centres and GP services?

This consultation is only about proposed changes to hospital services provided at Basingstoke and North Hampshire Hospital, Basingstoke, and Royal Hampshire County Hospital, Winchester. The proposals do not include any changes to services at Andover Hospital or any other acute or community hospitals in Hampshire and Isle of Wight. Nor do the proposals impact on community, mental health, learning disability and autism services, GP services, or health centres in our area.

In this document we refer to **Basingstoke and North Hampshire Hospital** as **Basingstoke hospital** and the **Royal Hampshire County Hospital** as **Winchester hospital**.



Our proposals impact on how these services could be organised in the future.

We are consulting on three options for delivering services in new ways across two main hospitals. We would love to hear your views on these options, or other options you think would help us address the challenges we describe in this document.

Listening to staff and the public

Throughout the process of developing potential options for the future of local hospital services, we have been listening to the expertise, experience and views of our staff, patients, their families and carers, and communities. What we have heard has influenced the proposals set out in this document. You can find out more about how staff and local people have been involved in these proposals, and the feedback we heard, on our website at www.hampshiretogether.nhs.uk or by phone on **0300 561 0905**.

What are 'acute' hospitals?

Acute hospitals provide emergency and specialist support and treatment which cannot be provided outside of a hospital setting. This can include complex surgery, care after an accident or during an episode of illness.

Have your say and help shape tomorrow's hospitals

To read our full consultation document and find out more visit www.hampshiretogether.nhs.uk or scan the QR code



You can also email hiowicb-hsi.mohhs@nhs.net call 0300 561 0905 or write to us at Freepost HAMPSHIRE TOGETHER



Why do we need to make changes?

We are delighted to be part of the government's New Hospital Programme that has given us funding to build a brand new hospital for Hampshire by the early 2030s, and invest in Winchester hospital. To make the most of this once in a generation opportunity, we need to consider how best to organise services in the future to help address some of the challenges we face and improve care for local people.

Keeping things as they are is not an option. There are four main reasons why we must change the way we deliver hospital services. These are summarised below.

Population



Our population is growing and getting older, meaning health and care needs are changing. For example, the overall population of Basingstoke and Deane, Test Valley, and Winchester will grow by around 5% over the next 20 years and the number of people over 75 will increase by around 53%. As the population gets older the need for health care will increase and our hospital services will have to adapt to care for more people, and people with more complex health needs.

Quality



Duplicating services across two main hospital sites impacts on the quality of care we provide because our resources – particularly specialist staff – are spread too thinly. Despite the efforts of our hard working staff, we struggle to consistently meet national best practice standards for staffing in key areas of care including maternity services, neonatal care, and critical care. Our neonatal units were both temporarily changed from level 2 to 'level 1 plus' because they do not see enough babies each year. Operations are often cancelled at short notice because we need to deal with emergency admissions, increasing waiting lists.

Buildings



Some of our hospital buildings, while much loved, are approaching the end of their usable lives. Parts of Winchester hospital date back to the 19th century, and almost 50% was constructed between 1985 and 1994. At Basingstoke hospital, 80% of the buildings were constructed between 1965 and 1974. It would cost over £625 million in maintenance alone to keep Basingstoke and Winchester hospitals functioning over the course of the next 15 years.

Finances



We need to be able to run health and care services with the money we have available. The challenges we face all contribute to a worsening financial position. By the end of the 2022/23 financial year, the NHS in Hampshire and Isle of Wight was overspent by £83.2 million.

A new clinical model of care

To address the challenges we face, we need to make changes. Organising care in different ways in the future and taking the opportunity of government funding to invest in our buildings would help us deliver the improvements we want to see.

We have identified a new potential way of providing hospital services. We refer to this as our 'clinical model of care' because it sets out how services could be organised and delivered but does not specify where services would be located.

Our proposed new clinical model of care is shown below. It sets out how services should be grouped together and how they could be organised in the future to improve outcomes for patients.



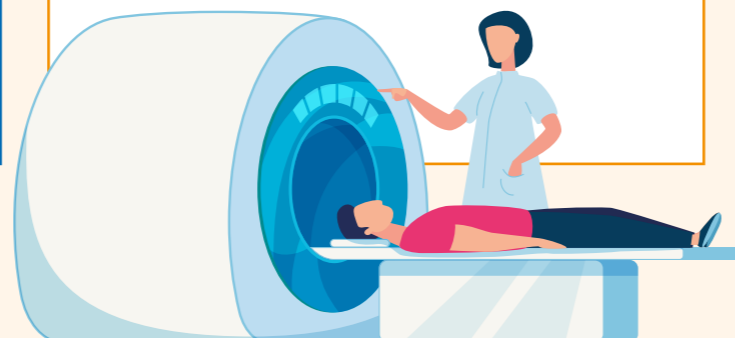
One hospital providing specialist and emergency care - referred to as the specialist acute hospital

- ▶ emergency department with trauma unit and children's emergency department, 24/7 doctor-led urgent treatment centre, and same day emergency care
- ▶ specialist emergency and inpatient care, e.g. for strokes and heart attacks (as well as other inpatient care),
- ▶ emergency and complex planned surgery
- ▶ obstetrician-led maternity care, with alongside midwife-led birthing unit
- ▶ conditions to retain a level 2 neonatal unit
- ▶ inpatient children's services
- ▶ a cancer treatment centre
- ▶ outpatients, diagnostics and therapies



One hospital with a dedicated planned surgery centre

- ▶ 24/7 doctor-led urgent treatment centre, and same day emergency care
- ▶ dedicated planned surgery centre providing lower risk planned operations and procedures
- ▶ step-up and step-down inpatient beds for general medicine and care of the elderly
- ▶ a midwife-led birthing unit
- ▶ outpatients, diagnostics and therapies



The key benefits of our proposed new clinical model of care are:

- ▶ **Bringing together specialist services for the most seriously ill patients on to one hospital site** would mean patients have better health outcomes and a more positive experience of care as a result of bringing services in line with best practice standards and national clinical guidelines. Doing this would also reduce duplication and make the best use of our specialist staff, equipment and other resources
- ▶ **Separating emergency and planned surgery as far as possible** by establishing a planned surgery centre with dedicated surgical staff for lower risk planned surgery and procedures would reduce the number of planned operations and procedures that are cancelled at short notice, it would also improve care and outcomes for patients
- ▶ **Doctor-led urgent treatment centres open 24 hours a day, seven days a week** with same day emergency care at both hospitals would be able to deal with most urgent care needs, in addition to an emergency department with a trauma unit at the specialist acute hospital for the most serious conditions
- ▶ **Providing holistic maternity care that puts pregnant women and people at the heart of services**, including developing a new alongside midwife-led birthing unit (i.e., one that is next to an obstetrician-led birthing unit) and a new freestanding midwife-led unit to give pregnant women and people more choice about how and where they give birth
- ▶ **Creating the conditions to retain a level 2 neonatal unit** that would see enough babies each year to meet national guidelines and have a dedicated rota of specialist neonatal staff, meaning fewer babies would need to go to hospitals outside of our area for care
- ▶ **Bringing a dedicated children's service to our area** including a separate children's emergency department, giving children and their families improved quality of care and outcomes, in line with Royal College of Paediatrics and Child Health standards
- ▶ **Creating step-up and step-down hospital beds and facilities** to care for people who do not need a specialist hospital environment but who need medical support overnight with a view to getting them well enough to get back home as soon as possible
- ▶ **Creating a cancer treatment centre** to provide a fully joined up and multidisciplinary service ensuring equity of care for local people, providing chemotherapy and radiotherapy
- ▶ **Providing outpatients, diagnostics and therapies as close to people's homes as possible**, ensuring that people have easy access to the most commonly used, day-to-day hospital services.

The trade-off of these benefits would be that some people would need to travel further for care. Some staff may also have a longer journey to work.

Developing the proposals for consultation

We followed a robust and thorough process for developing, considering, and evaluating the proposals we are putting forward for consultation. The process was led by senior doctors and involved a wide range of other health professionals and patient representatives.

Identifying the options

Having identified a proposed new clinical model of care, we looked at the possible ways we could organise services in the future. We looked at where services could be located on our current hospital sites, and the potential locations for a new hospital.



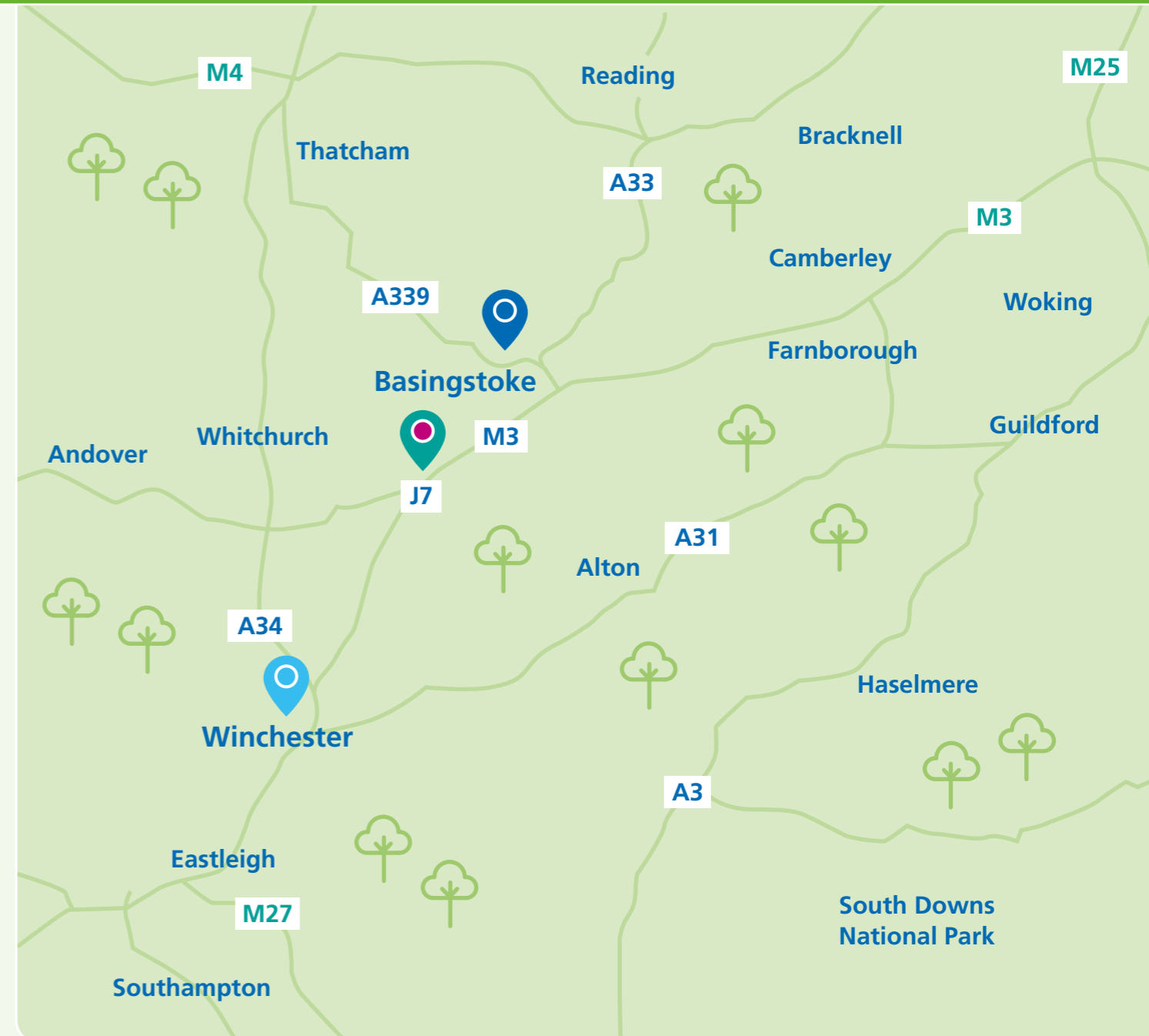
We concluded that the new hospital should be the specialist acute hospital because we would not have enough money to build a new planned surgery centre and bring our existing buildings up to the required standard for a specialist acute hospital.

We extensively explored potential suitable locations for the new specialist acute hospital. Through this process, it became clear that the Winchester hospital site is not suitable because it is not big enough and there is no adjacent land to expand onto. There were also no suitable locations near Winchester to build the new hospital.

We identified two viable sites for the location of a new hospital. One is located between Basingstoke and Winchester, near to Junction 7 of the M3, near North Waltham and Dummer. The other is the current site of Basingstoke and North Hampshire Hospital plus some adjacent land.

Therefore, we concluded that:

- ▶ Winchester hospital would be the best location for the planned surgery centre, along with a 24/7 doctor-led urgent treatment centre and same day emergency care, step-up and step-down inpatient beds, a midwife-led birthing unit and outpatients, diagnostics and therapies.
- ▶ in any option where the new hospital would be at the site near Junction 7 of the M3, outpatients, diagnostics and therapies would also be provided at the current Basingstoke hospital site, to keep routine care as close to home as possible.
- ▶ we should evaluate options that included step-down inpatient beds at the current Basingstoke hospital site.



- Potential new hospital at current Basingstoke Hospital site
- Potential new hospital near to Junction 7 of the M3
- Location of Winchester hospital (shown for reference)

Evaluating potential options

Having identified how our new clinical model of care could be implemented, and sites for a new hospital, we had a list of potential options for further evaluation. We also evaluated an option referred to as 'business as usual', where there would be minimal change to services.

This process showed that 'business as usual' was not a viable option, but we identified a shortlist of three options to take forward for consultation.

A more detailed overview of the options appraisal process is set out in a factsheet available at www.hampshiretogether.nhs.uk or by calling us on 0300 561 0905.

The options for consultation

We have shortlisted three options for consultation, one of which – Option 2 – is our preferred option for the future. This is an overview of the options.

Option 1	Option 2 (preferred option)	Option 3
New specialist acute hospital on the current Basingstoke hospital site and refurbishment at Winchester hospital	New specialist acute hospital near Junction 7 of the M3 and refurbishment at Winchester hospital	New specialist acute hospital near Junction 7 of the M3 and refurbishment at Winchester hospital
<p>Services at Winchester hospital in all options:</p> <ul style="list-style-type: none"> ▶ 24/7 doctor-led urgent treatment centre and same day emergency care ▶ Step-up and step-down inpatient beds for general medicine and care of the elderly ▶ Dedicated planned surgery centre ▶ Freestanding midwife-led birthing unit ▶ Outpatients, diagnostics and therapies 		
<p>Services at the new specialist acute hospital in all options:</p> <ul style="list-style-type: none"> ▶ Emergency department with trauma unit, children’s emergency department, 24/7 doctor-led urgent treatment centre and same day emergency care ▶ Specialist inpatient care e.g. stroke and heart attack and inpatient beds, including for general medicine and care of the elderly ▶ Complex planned and emergency surgery ▶ Obstetrician-led birthing unit and alongside midwife-led unit ▶ Conditions for a level 2 neonatal care unit ▶ Cancer treatment centre ▶ Outpatients, diagnostics and therapies 		
	<p>Services at the current Basingstoke hospital site:</p> <ul style="list-style-type: none"> ▶ Outpatients, diagnostics and therapies ▶ Planned day-case surgery 	<p>Services at the current Basingstoke hospital site:</p> <ul style="list-style-type: none"> ▶ Outpatients, diagnostics and therapies ▶ Planned day-case surgery ▶ Nurse-led step-down reablement and rehabilitation beds



While our proposals would not be implemented for some years, they would mean that:

- ▶ A&E would no longer be available at Winchester, although there would be a 24/7 doctor-led urgent treatment centre
- ▶ obstetrician-led maternity services would no longer be available at Winchester, but there would be a midwife-led birthing unit and antenatal and postnatal care
- ▶ there would be changes to where planned surgery would be provided, with the majority of planned surgery only being available at Winchester
- ▶ there would be changes to where some cancer treatment would be provided, with radiotherapy and some types of chemotherapy only available at the cancer treatment centre at the new hospital, but with other cancer care remaining local.

Why is Option 2 the preferred option?

We believe that, while all three options are viable and implementable, Option 2 has significant advantages, and fewer disadvantages than the other two options. Under Option 1 it would be much more complicated and expensive to build a new hospital on the current Basingstoke site, rather than at a new location. Option 1 would also have a higher risk of more people going to other hospitals outside our area putting additional pressure on those hospitals.

Option 3 includes some nurse-led step-down rehabilitation and reablement beds at the current Basingstoke hospital site for patients medically suitable for nurse-led care. While these beds would mean some patients could recover closer to home, which we know is important to people, it would mean we would need more nursing staff, or would have to split our current nursing staff across an additional site, which is more challenging to deliver.

Are these the only options you will consider?

We are open-minded about the potential for there to be other options that we could explore that would address our challenges. We hope that you will share any other suggestions or ideas you have when you respond to the consultation, including possible new options or variations on the options set out here.

Advantages and disadvantages of the options

In addition to the benefits of the model of care shown on page 7, our proposals would mean we could maintain day-to-day hospital services such as outpatients, diagnostics and therapies at Winchester and the current Basingstoke hospital site, as well as near Junction 7 of the M3 under Options 2 and 3, keeping the most frequently used services close to home. All the options would also help to give us a resilient workforce and fewer vacancies and improve the working environment for staff.

Each option has its own advantages and disadvantages that you may want to consider when responding to the consultation. These are summarised here.



Option 1

New specialist acute hospital on the **current Basingstoke hospital site** and refurbishment at Winchester hospital

Advantages

- ▶ The NHS does not need to purchase new land to deliver this option
- ▶ There are established public transport links to the current Basingstoke hospital site
- ▶ There would be less impact on travel times for people living in deprived areas because these areas tend to be in and around Basingstoke

Disadvantages

- ▶ Because the new hospital would be less centrally located in our catchment area there is a greater impact on average travel times compared to Options 2 and 3
- ▶ Because the new hospital would be less centrally located there is a higher likelihood of people going to closer neighbouring hospitals putting additional pressure on those hospitals, compared to Options 2 and 3
- ▶ Building the new hospital at the existing Basingstoke hospital would be more complex and take longer because of the need to deliver existing services on the same site during the build process which would take several years
- ▶ There would be disruption to current care during the build
- ▶ There would be less space for further expansion in the future compared to the site near Junction 7 of the M3
- ▶ This option has the most expensive capital cost of all three options

Option 2 (preferred option)

New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Advantages

- ▶ Because the new hospital would be more centrally located in our catchment area, there is less impact on travel times by car under this option, compared to Option 1
- ▶ Because the new hospital would be more centrally located, there is less likelihood of people going to other closer neighbouring hospitals, meaning less impact on those hospitals
- ▶ Building a new hospital near Junction 7 of the M3 would not disrupt current care at the existing Basingstoke hospital site during the years of construction
- ▶ The potential new site is larger than the current Basingstoke hospital site so offers greater flexibility and opportunity to expand services in the future if needed
- ▶ This option has the lowest capital cost of all three options

Disadvantages

- ▶ The NHS does not currently own the proposed site near Junction 7 of the M3
- ▶ New public transport routes would be needed to enable easy access to the hospital site
- ▶ This option has a greater impact on travel times for some people living in deprived areas

Option 3

New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Advantages

Same as Option 2 plus:

- ▶ Offers nurse-led step-down reablement and rehabilitation beds at the current Basingstoke site for patients medically suitable for nurse led care. This would provide additional access for people near Basingstoke who have been in hospital and still need inpatient care, but do not need the full range of specialist services

Disadvantages

Same as Option 2 plus:

- ▶ This option splits our nursing staff across an additional site because there would be nurse-led rehabilitation and reablement beds at the current Basingstoke hospital site
- ▶ To implement the beds we would need to refurbish additional space at the current Basingstoke hospital site, which would increase the cost of this option

Things to think about when responding to the consultation

This section gives a summary of the impact of the options and what our proposals might mean for you, your family, and the wider health and care system.

Access to services

We know that the impact of our proposals on travel times and access to services is likely to be an important issue for people.

Our proposals would improve access to many services and provide access to some new services. Under all three options, outpatient appointments, diagnostic tests, and therapies would continue to be provided at the Basingstoke and Winchester hospital sites. Under Options 2 and 3 these services would be at three locations compared to two now.

Our proposals would reduce waiting times for emergency and urgent care because more consultants would be available on site for more hours than they are currently, speeding up diagnosis and treatment.

There would be access to some services not currently provided locally, for example:

- ▶ two 24-hour, seven day a week doctor-led urgent treatment centres and more same day emergency care
- ▶ a dedicated planned surgery centre
- ▶ a dedicated children’s emergency department
- ▶ midwife-led birthing units.

In addition:

- ▶ A 24/7 doctor-led urgent treatment centre at Winchester would be able to treat around 60 percent of the patient cases that currently attend Winchester A&E.
- ▶ There would be the conditions to retain a level 2 neonatal unit.
- ▶ A planned surgery centre would mean fewer cancelled operations because of emergencies, helping to shorten waiting lists.
- ▶ Refurbishing existing hospital buildings and building a new hospital would improve physical access to services, particularly for people with disabilities and with sensory and information processing differences.

Travel times

Currently many of our most specialist services such as stroke, heart attack and trauma services are already only provided at one of our hospitals. The impact on travel times for those services would be minimal. For the services that are currently provided on both sites, all three options would have an impact on travel times for some people in the future, compared to now.

Evidence shows that where there are longer journey times, these would be more than offset by shorter waits to see a senior doctor on arrival at hospital, more consistent high-quality care, improved outcomes, shorter hospital stays, and services that are sustainable for the long term.

The table below shows average travel times to emergency and specialist care* by car during off-peak times, which is similar to travel time by blue-light ambulance.

	Current	Option 1	Option 2 and 3
Average (approximate)	20 minutes	30 minutes	30 minutes
Maximum (approximate)	45 minutes	60 minutes	50 minutes

*Care for the most serious life and limb threatening emergencies is already only provided at one of our hospital sites

The table below shows travel times to access planned surgery services by car during peak and off peak times.

	Current (off-peak)	All options (off-peak)	Current (peak)	All options (peak)
Average (approximate)	20 minutes	40 minutes	25 minutes	40 minutes
Maximum (approximate)	30 minutes	70 minutes	49 minutes	81 minutes

Travel times by public transport

We have not done detailed calculations about the potential impact of our proposals on access to specialist and emergency services by public transport because there is currently no public transport to the proposed site near Junction 7 of the M3. We have however, been discussing with relevant partners what public transport solutions would be needed if services change in the future.

We have looked at the impact on travel times by public transport to access planned surgery services. This shows an increase in average travel times from around 45 minutes to around 80 minutes. We are exploring ideas to minimise this impact, including volunteer transport schemes and demand response vehicles.

More information including patient stories and further detail on travel times is available in our factsheets at www.hampshiretogether.nhs.uk or by calling us on 0300 561 0905.



Changes to people's nearest hospital

In most cases people who currently use services at Basingstoke and Winchester hospitals would probably access care at either the new hospital or at Winchester hospital. However, all the options we are consulting on might mean a change in some people's nearest hospital for some care.

This could mean that some people access services at a new, and potentially unfamiliar hospital location. It could also put pressure on other neighbouring hospitals due to increased patient numbers and impact on South Central Ambulance Service because of longer journeys for some to the specialist acute hospital.

We are working closely with other hospitals and the ambulance service to understand the potential impact our proposals would have on them and if this would be manageable in the long term. We have received letters of support to consult on our proposals from hospital trusts that could be impacted and from South Central Ambulance Service.

When you respond to the consultation please let us know what you think we could do to reduce the impact of any concerns you may have about our proposals.

Expected cost of each option

We have been told by the government's New Hospital Programme that the likely budget for us to build a new hospital, and to refurbish Winchester Hospital is between £700 million and £900 million.

The table below gives the expected costs for each option. These are indicative costs, based on the best information we have available to us at this time.

	Capital cost in £millions
Option 1	£948
Option 2	£807
Option 3	£860

While the costs for Option 1 are above the budget, they are considered to be within an acceptable range, especially as costs are likely to change as the New Hospital Programme develops its approaches to construction and procurement and as more detailed plans are developed.



Giving your views and the next steps

We would like to know what you think about these proposals before we decide how to proceed. Our consultation runs from 11 December 2023 for 14 weeks, and you can share your views with us until midnight on **17 March 2024**.

You can read our full consultation document, find out more about our proposals and ways to get involved on our website at www.hampshiretogether.nhs.uk. There are lots of ways to share your views with us. In summary you can:

-  ▶ email us at: hiowicb-hsi.mohhs@nhs.net
-  ▶ write to us at: **Freepost HAMPSHIRE TOGETHER**
-  ▶ call us on: **0300 561 0905**
-  ▶ complete the consultation questionnaire on our website, or complete a paper copy and send it to: **Freepost HAMPSHIRE TOGETHER**
-  ▶ come to a face to face or virtual public meeting
-  ▶ invite us to come and speak to your community group

Next steps

After the consultation closes 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, together with NHS England in relation to specialised services, will consider the feedback from the consultation, along with a wide range of other evidence, information and data to develop a decision making business case and use that to decide which option to implement.

We will continue to engage people and share information about our work, including publishing the consultation report and papers that will inform the decision-making. 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.



When would a new hospital be ready?

Once a decision has been made on the future of acute hospital services in Hampshire, detailed implementation planning will begin. Subject to planning permission, we expect to be able to open the doors to our new hospital in the early 2030s.

Do you need this document in an alternative format or language?

If you or someone you know needs this document in an alternative format or language, please contact us on **0300 561 0905** or hiowicb-hsi.mohhs@nhs.net

જો તમને અથવા તમે જાણો છો તેવી કોઈ પણ વ્યક્તિ આ દસ્તાવેજની વૈકલ્પિક ફોર્મેટ અથવા ભાષામાં જરૂર હોય, તો કૃપા કરીને **0300 561 0905** અથવા hiowicb-hsi.mohhs@nhs.net પર અમારો સંપર્ક કરો

यदि आपको या आपके किसी परिचित व्यक्ति को इस दस्तावेज़ की आवश्यकता अन्य प्रारूप या भाषा में है, तो कृपया हमसे **0300 561 0905** या hiowicb-hsi.mohhs@nhs.net पर संपर्क करें।

यदि तपाईं वा तपाईंले जान्ने कुनै व्यक्तिलाई यो कागजात वैकल्पिक स्वरूप वा भाषामा चाहन्छि भने, कृपया **0300 561 0905** वा hiowicb-hsi.mohhs@nhs.net मा हामीलाई सम्पर्क गर्नुहोस्।

Jeśli Ty lub inna osoba potrzebuje otrzymać niniejszy dokument w innym formacie lub języku, prosimy o kontakt pod numerem **0300 561 0905** lub na adres hiowicb-hsi.mohhs@nhs.net

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Have your say and help shape tomorrow's hospitals

To find out more visit www.hampshiretogether.nhs.uk or scan the QR code



You can also email hiowicb-hsi.mohhs@nhs.net call **0300 561 0905** or write to us at **Freepost HAMPSHIRE TOGETHER**

Data protection

Any personal information we receive in response to this consultation will be protected and stored securely in line with data protection rules. This information will be kept confidential. There is more information about this on our website, see the consultation privacy notice at www.hampshiretogether.nhs.uk/privacy.