

# **Accident & Emergency -** a 'one stop shop' for everyday healthcare needs

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# Executive Summary

North Middlesex University Hospital NHS Trust provides acute and emergency services, primarily to local people in Enfield and Haringey, with the Trust reporting high levels of Accident and Emergency (A&E) presentations.

In January 2018, over a period of one week, Healthwatch Enfield engaged with more than 600 individuals attending the Accident and Emergency department at North Middlesex University Hospital NHS Trust. It was our aim to build an understanding of 'routes' bringing people to A&E whilst also engaging local residents in conversations about what would support their decision-making going forward.

Through utilising a robust methodology, we gathered an evidence base and identified a key driver that brings people to Accident and Emergency at North Middlesex University Hospital NHS Trust. The key driver is convenience of access to instant medical help and diagnostics.

Despite the best efforts of the Trust and commissioners to deliver an efficient and effective urgent and emergency care service, that complies with the national 4-hour waiting time standard, individuals' choice to use Accident and Emergency as a 'one stop shop', going beyond the Urgent Care Centre offer, to access healthcare support, appears to have created a new model of demand that cannot be met by existing NHS structures.

Local people told us there is a need to think outside of the box, e.g. to develop local 'instant access and diagnostics centres' that would prevent over 50% of respondents from choosing Accident and Emergency as means of supporting their everyday healthcare needs. And there are opportunities to look at what can be done differently, particularly where existing pathways and services are concerned, and also to enhance understanding of how primary care can better respond to individual's needs.

We need to meet the 'demand' but we also need to re-educate that 'demand' to utilise services effectively and appropriately. The latter can be achieved by improving engagement and communication to support the individual decision-making process. The former, will require the Trust and NHS commissioners to work with local people to manage the gap and deliver urgent and emergency care services that meet individuals' needs.



# Background

In December 2017, 15,188 individuals attended the North Middlesex University Hospital A&E department. On average, less than 15% of people who presented in the department were admitted to hospital for further treatment.

Early in 2018, the leadership of North Middlesex University Hospital NHS Trust approached Healthwatch Enfield with a request to conduct qualitative and quantitative data collection, within the Trust's Emergency Department, to:

- (1) understand the patient's journey
- (2) detail the perceived gaps in service provision within the local health economy that contribute to the high levels of presentation at the department
- (3) co-design resources and ideas that would contribute to addressing any inappropriate use of Urgent and Emergency care services through the Trust

More than 37,000 lines of historical data were reviewed by Healthwatch Enfield in preparation for the work to identify attendance patterns and trends. Healthwatch Enfield also worked with the commissioning bodies for the research (North Middlesex University Hospital NHS Trust, NHS Enfield Clinical Commissioning Group and NHS Haringey Clinical Commissioning Group) to co-design the scope of the research activity.

This report provides an overview of our findings, articulating the patient's journey, as expressed by individuals who utilised urgent and emergency care services provided by the Trust, whilst also outlining opportunities for consideration by North Middlesex University Hospital NHS Trust, NHS Haringey Clinical Commissioning Group and NHS Enfield Clinical Commissioning Group.

# Methodology

Over a period of seven days, Healthwatch Enfield's representatives conducted 630 semi-structured interviews with individuals who presented at North Middlesex University Hospital NHS Trust's Accident and Emergency department. The interview included a range of qualitative and quantitative questions, in addition to collecting demographic information such as gender, age, ethnicity, postcode and registered GP practice.

In total, 55 hours of engagement activities were facilitated between Wednesday 24 January 2018 and Tuesday 30 January 2018, as per the schedule below:

| Date              | Session 1     | Session 2     | Session 3     |
|-------------------|---------------|---------------|---------------|
| Wednesday, 24 Jan | 07:30 - 10:30 | 11:00 - 14:00 | 20:00 - 23:00 |
| Thursday, 25 Jan  | 09:00 - 12:00 | 16:00 - 20:00 | -             |
| Friday, 26 Jan    | 08:00 - 11:00 | 12:00 - 15:00 | 17:00 - 20:00 |
| Saturday, 27 Jan  | 10:00 - 13:00 | 17:00 - 20:00 | 20:00 - 23:00 |
| Sunday, 28 Jan    | 10:00 - 13:00 | 14:00 - 17:00 | -             |
| Monday, 29 Jan    | 07:00 - 11:00 | 16:00 - 20:00 | -             |
| Tuesday, 30 Jan   | 09:00 - 12:00 | 16:00 - 20:00 | -             |

The sample size gathered represents 22.3%<sup>1</sup> of people who attended Accident and Emergency at the Trust within the timescales of the research activity.

Data was analysed based on details provided to Healthwatch Enfield's representatives. Due to the voluntary nature of individuals' participation in the interviews and taking into account that patients were, on occasion, 'called in' to see a healthcare professional, a standard set of data was developed but not collected for each individual. Therefore, the sample size varies depending on information available.

This report articulates Healthwatch Enfield's findings based on conversations with 630 individuals who attended the Accident and Emergency department at North Middlesex University Hospital NHS Trust.

Information on discharge status was obtained from North Middlesex University Hospital NHS Trust through matching anonymised identifiable data collected by Healthwatch Enfield (registered GP practice, gender, age, postcode, date and time of attendance) with information held by the hospital.



<sup>1</sup> % calculation excludes individuals who arrived by ambulance as we only spoke to people within the waiting areas

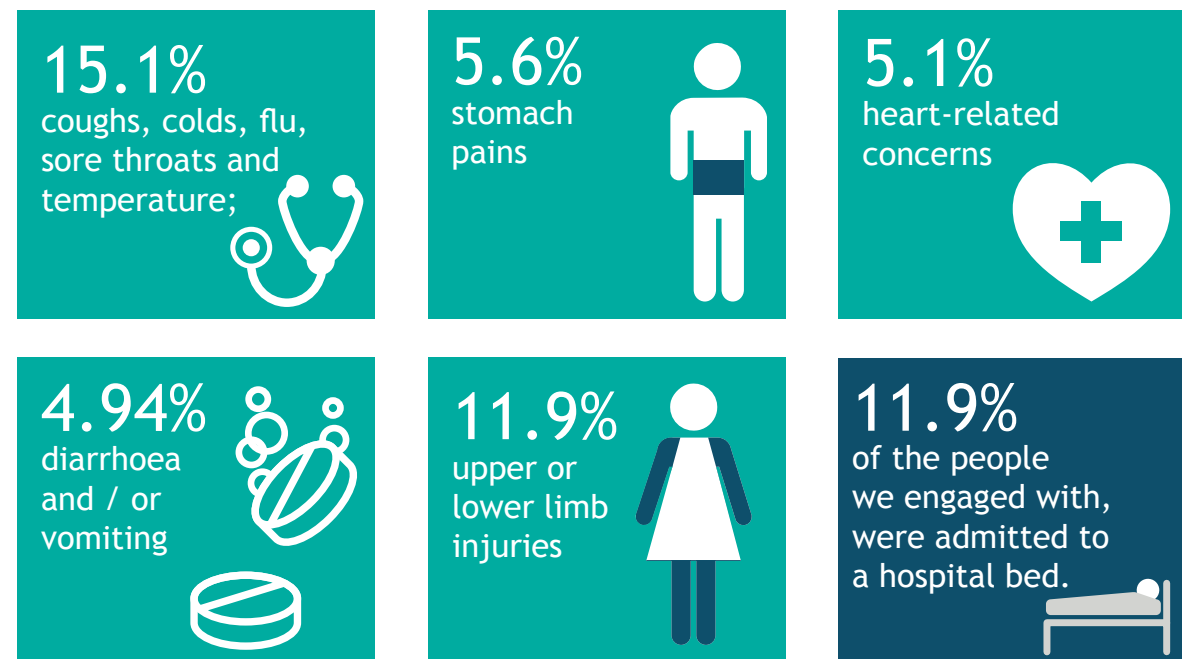
## Findings

# Understanding the patient's journey

## What brings you here?

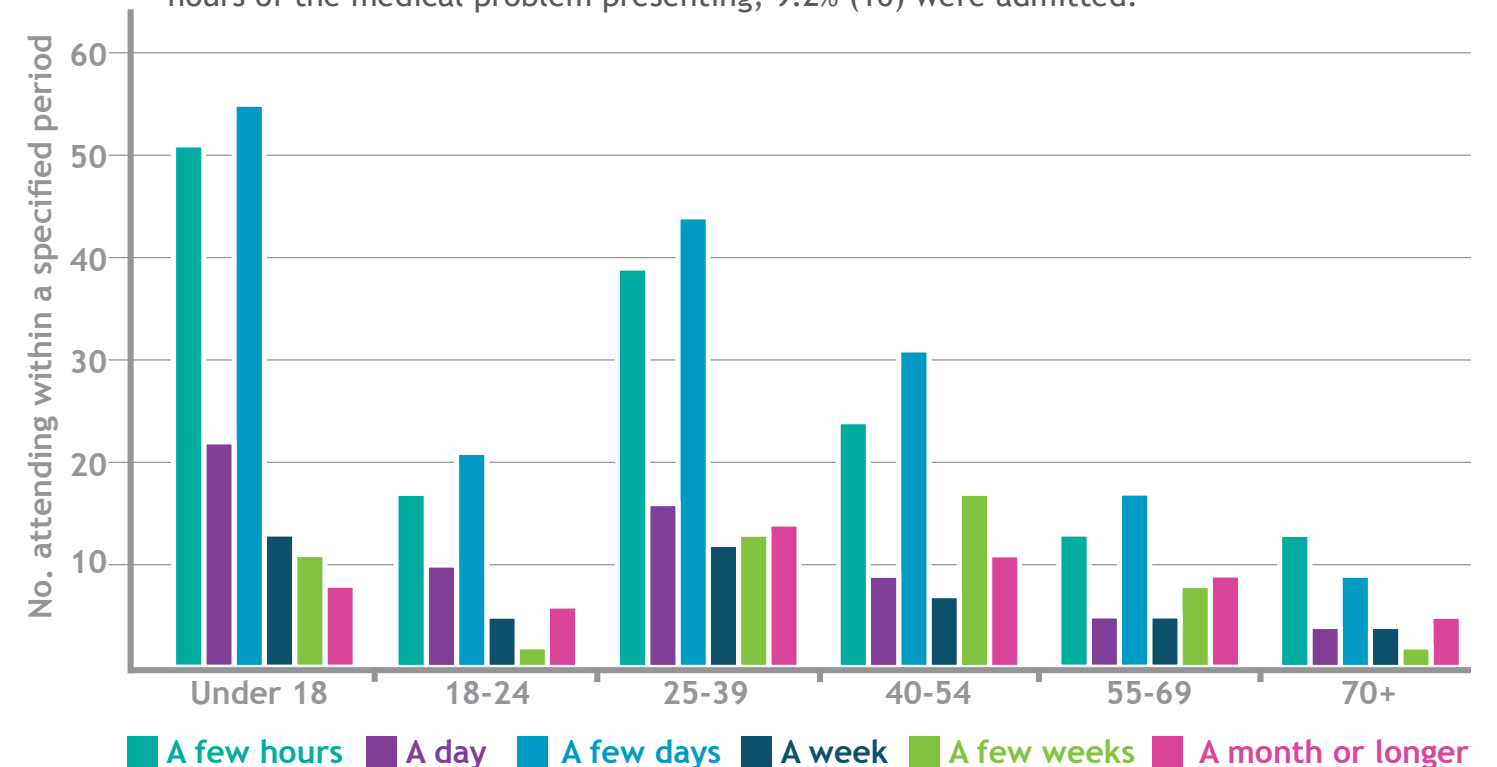
According to NHS England<sup>2</sup>, an A&E department (also known as emergency department or casualty) deals with genuine life-threatening emergencies, such as: loss of consciousness; acute confused state and fits that are not stopping; persistent, severe chest pain; breathing difficulties; severe bleeding that cannot be stopped; severe allergic reactions or severe burns or scalds.

Of 630 people we have spoken with, 13.1% (82) did not disclose or describe their presenting medical condition. The most common reasons<sup>3</sup> individuals mentioned as bringing them to the Accident and Emergency Department at North Middlesex University Hospital NHS Trust were:



As outlined on North Middlesex University Hospital NHS Trust's website, patients can refer themselves [to the Accident and Emergency department] for emergency and life-saving interventions. The website also refers to the UCC (urgent care centre) and later describes this as 'the GP-led UCC' and sets out 'what the UCC does not provide'.<sup>4</sup> 27.7% (174) of people reported that they chose to attend the Accident and Emergency department within a few hours of the medical problem presenting with the remaining 72.3% waiting a day or longer before visiting North Middlesex University Hospital NHS Trust.

Of the patients who attended the Accident and Emergency department within a few hours of the medical problem presenting, 9.2% (16) were admitted:



1 in 3 people (4 out of 13) aged 70+ (regardless of their gender or ethnic origin) were admitted to a hospital bed

2 out of 49 (4.1%) children were admitted to a hospital bed

2 out of 38 (5.3%) individuals aged 25-39 were admitted to a hospital bed

3 out of 24 (12.5%) individuals aged 40-54 were admitted to a hospital bed

<sup>2</sup> <https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx>  
<sup>3</sup> Representing 5% or more of the sample. The whole list of conditions is available in Appendix 2

<sup>4</sup> <http://www.northmid.nhs.uk/Our-Services/Accident-and-emergency>



## Accessing primary care services

4% of people we spoke with were not registered with a GP in Enfield or Haringey; with the majority of people not accessing primary care services presenting at Accident and Emergency on Saturday.

On average, 74.9% (472) of individuals who engaged with us did not try to arrange an appointment with their GP prior to attending Accident and Emergency at North Middlesex University Hospital NHS Trust due to individual's perceptions:

*'I didn't ring GP as I know there will be no appointments, so no point'*

*'I knew there wouldn't be any appointments anyway'*

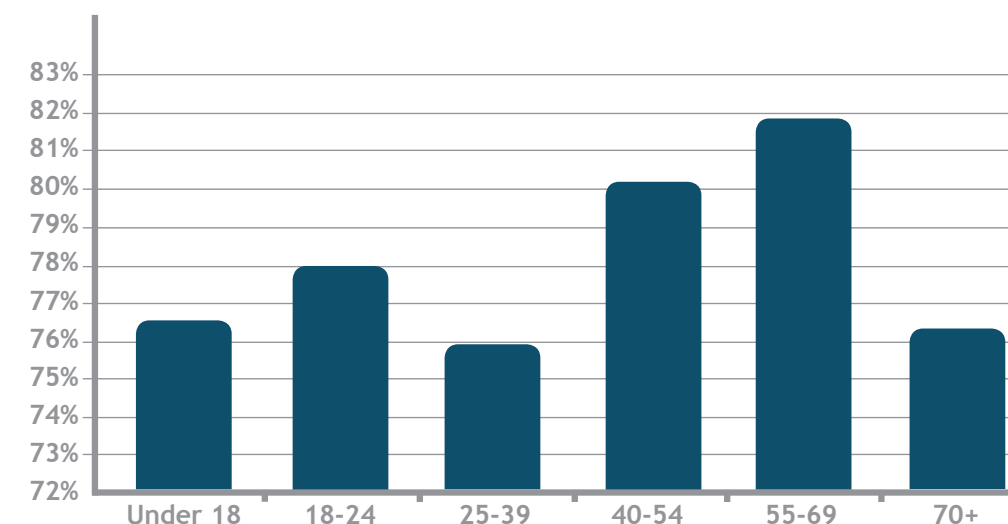
*'No point trying to get an appointment, I keep calling but can't get an appointment. Queued up last week for 45 minutes and still didn't get an appointment'*

*'I didn't even try GP as I thought I wouldn't get an appointment for 3 weeks'*

*'Always a long wait, didn't even try'*

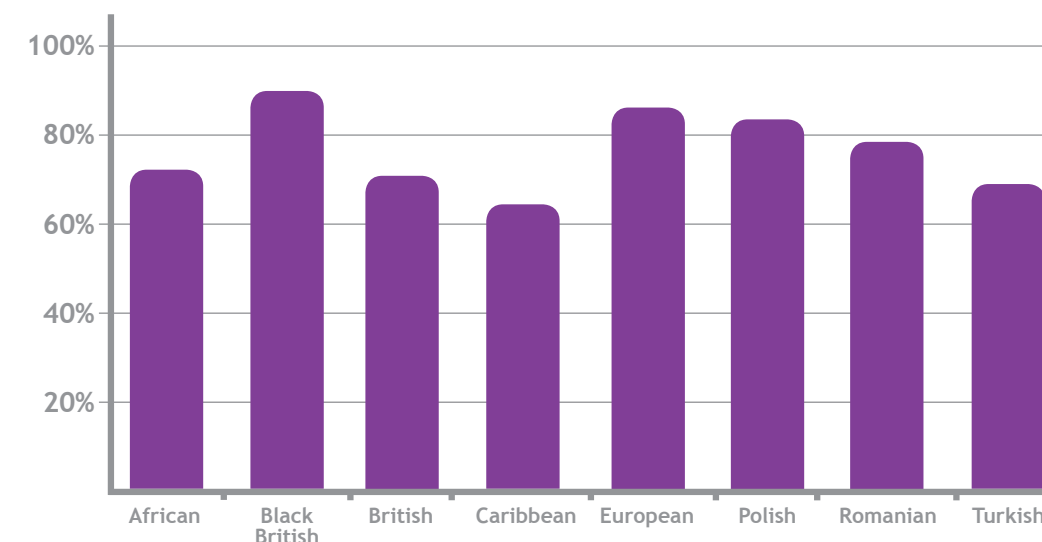
**74.9%**  
did not try to arrange an appointment with their GP prior to going to A&E

% of individuals who did not attempt to book a GP appointment (by age)



Individuals aged 40-69 were less likely to try and get a GP appointment compared to individuals of other ages.

% of individuals who did not attempt to book a GP appointment (by ethnicity)



Black British, European and Polish individuals were less likely to try and get a GP appointment compared to other ethnicities.

**20% of attendees, who tried to see their primary care physician, reported that they did not see a GP because there were no appointments available.**

*'Called GP about 20 times, without any success'*

*'I can't wait 2 weeks to see GP'*

*'GP receptionist advised to come to A&E as they don't have appointments'*

*'Tried to call but all appointments are booked'*

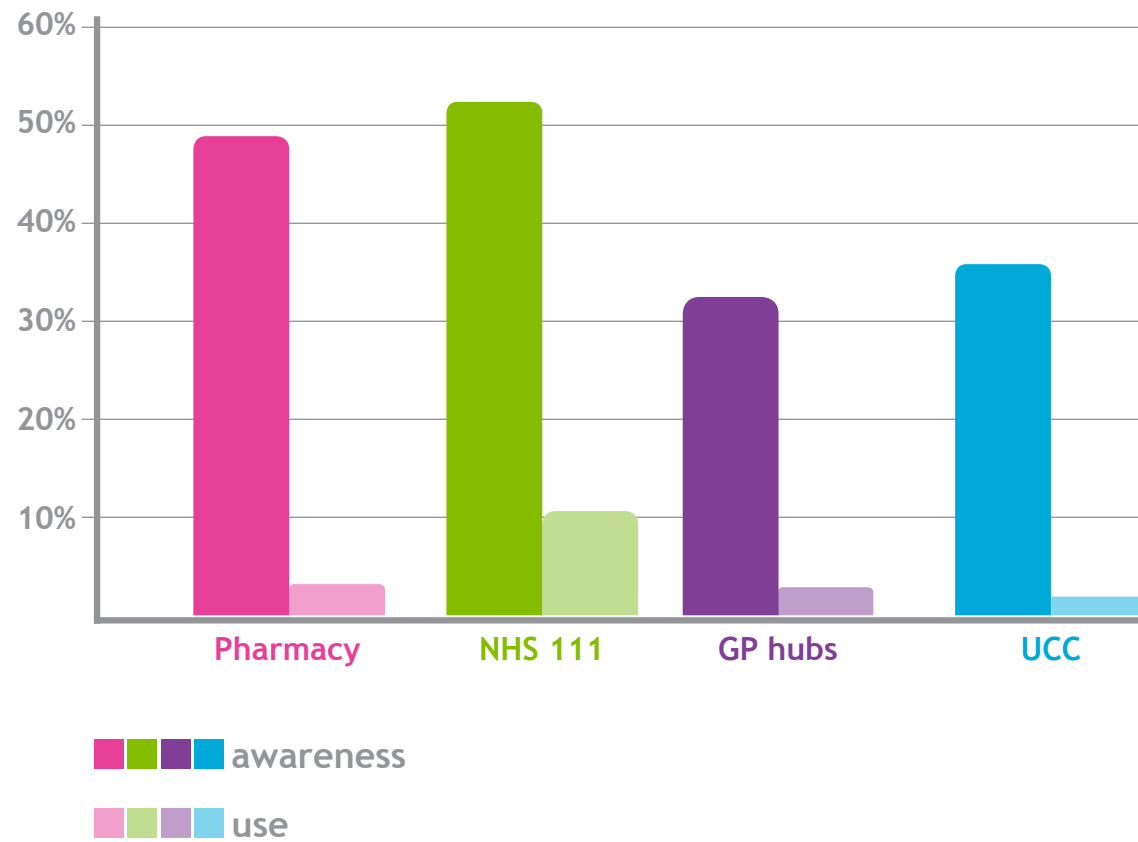
*'No GP appointments available, wanted to get seen before too late'*

*'Every day I phone them, and they are full'*

## Uptake of other healthcare services

Each year NHS England implements a programme of work to plan for and meet the increasing demand faced by each local system over the winter period. The initiatives are supported by a national campaign, Stay Well this Winter, which aims to raise local people's awareness of ways to seek urgent medical help outside of Accident and Emergency settings.

Of the 630 people we have engaged with, between 30% and 50% knew that they could access urgent medical support through services such as pharmacy, NHS111, out of hours GP hubs and Urgent Care Centres. On average, 4% of patients used one of these before attending the Accident and Emergency department.



### NHS 111

On average, almost 50% of individuals we engaged with, knew that they could seek medical help from NHS111 and 10% of people had phoned NHS111 before attending Accident and Emergency at North Middlesex University Hospital NHS Trust. More people were aware of NHS111 at weekends than weekdays but use of NHS111 was lowest during the weekend.

There seems to be lack of awareness of services offered by NHS111 alongside concerns about quality of support on offer:

*'I was going to call 111 but there is no point because they would have told me to come here as well'*

*'I was going to try 111 but because I think I need medication, I came here instead'*

*'I want to be seen physically and not talk over the phone'*

*'I don't know how to use 111'*

*'I have used NHS111 before and was not happy, they told me to come to A&E anyway'*

*'I don't like NHS111, they put you on hold too long'*

### Pharmacy

On average, almost 50% of people we spoke with, knew that they could seek medical help from their pharmacy with 3% having done so prior to attending Accident and Emergency at North Middlesex University Hospital NHS Trust. Individuals we heard from reported that their presenting medical condition was too severe to be dealt with through a pharmacy; some people also had a negative experience of accessing help in this way:

*'I have tried the pharmacist before but not today because I was really worried'*

*'I don't feel this is a situation to take to a pharmacy'*

*'I don't think the pharmacy can help'*

Awareness of pharmacy services was higher on weekends than weekdays but use of pharmacy services was lower on weekends than weekdays. Albanian and Bangladeshi individuals were least aware of pharmacy services as a source of help compared to other ethnicities.

Individuals aged 70+ were least aware of NHS111 (1 in 3) with individuals aged 18-24 and 25-39 reporting the greatest awareness. Bulgarian, Polish and Somali individuals were the least aware of NHS111 compared to other ethnicities.



## GP out of hours hubs

On average, 1 in 3 people knew that they could seek medical help from GP out of hours hubs with 3% having contacted the hubs before attending Accident and Emergency at North Middlesex University Hospital NHS Trust. 20% of weekend visitors had heard of the GP hubs; the lowest awareness of out of hours GP hubs was reported on Sunday at 5%, compared to the highest awareness on Thursday at 55%.

*'I didn't know about the out of hours hubs'*

*'I called the out of hours reception but was told to wait two hours so I came here instead'*

*'I couldn't get an appointment at the out of hours GP hub, it was full'*

*'I thought everywhere was closed on a Sunday'*

None of the Bulgarian or Somali individuals we spoke to had heard of the GP out of hours hubs.

## Urgent Care Centres

On average, 1 in 3 people had heard about Urgent Care Centres with less than 2% having utilised the services before attending Accident and Emergency at North Middlesex University Hospital NHS Trust. More people were aware of the Centres during the week than at the weekend; the reported use of Urgent Care Centres at the weekend was 0.00%. A higher proportion of attendees from an 'EN' postcode were aware of and used the local Urgent Care Centre, compared to

those from an 'N' postcode area. Bulgarian and Somali individuals were the least aware of Urgent Care Centres.

An analysis of feedback shared with Healthwatch Enfield revealed that there is some level of awareness of the UCC at North Middlesex University Hospital NHS Trust with confusion as to why the centre is co-located with Accident and Emergency. There is a general lack of understanding of services provided by Urgent Care Centres, particularly the one located at Chase Farm Hospital, part of Royal Free London NHS Foundation Trust:

*'Chase Farm is closed so I wouldn't go there'*

*'Didn't know about UCC and thought that you could only attend things within your catchment area'*

*'They can't see him at UCC as he is under 1 year. Has taken him there previously and was told to come to A&E'*

*'Last time my wife went to Chase Farm Hospital for a cut they didn't have a cauterising machine, they didn't have the facilities. So we came straight to NMUH because I don't think they have the facilities.'*

*'Can't stand Chase Farm Hospital - impossible to find way around.'*

*'I heard that the UCC is going to close'*

*'I need to get an x-ray so I can't go to Chase Farm Hospital UCC'*

Several people have also commented that on their previous experiences of accessing an Urgent Care Centre:

*'Urgent Care Centres don't do all the required / necessary tests in this case i.e. blood tests, urine tests. A&E will perform more hands-on tests'*

*'I called Chase Farm Hospital UCC, they said they wouldn't be able to do an ultrasound, so I was told to come to North Mid'*

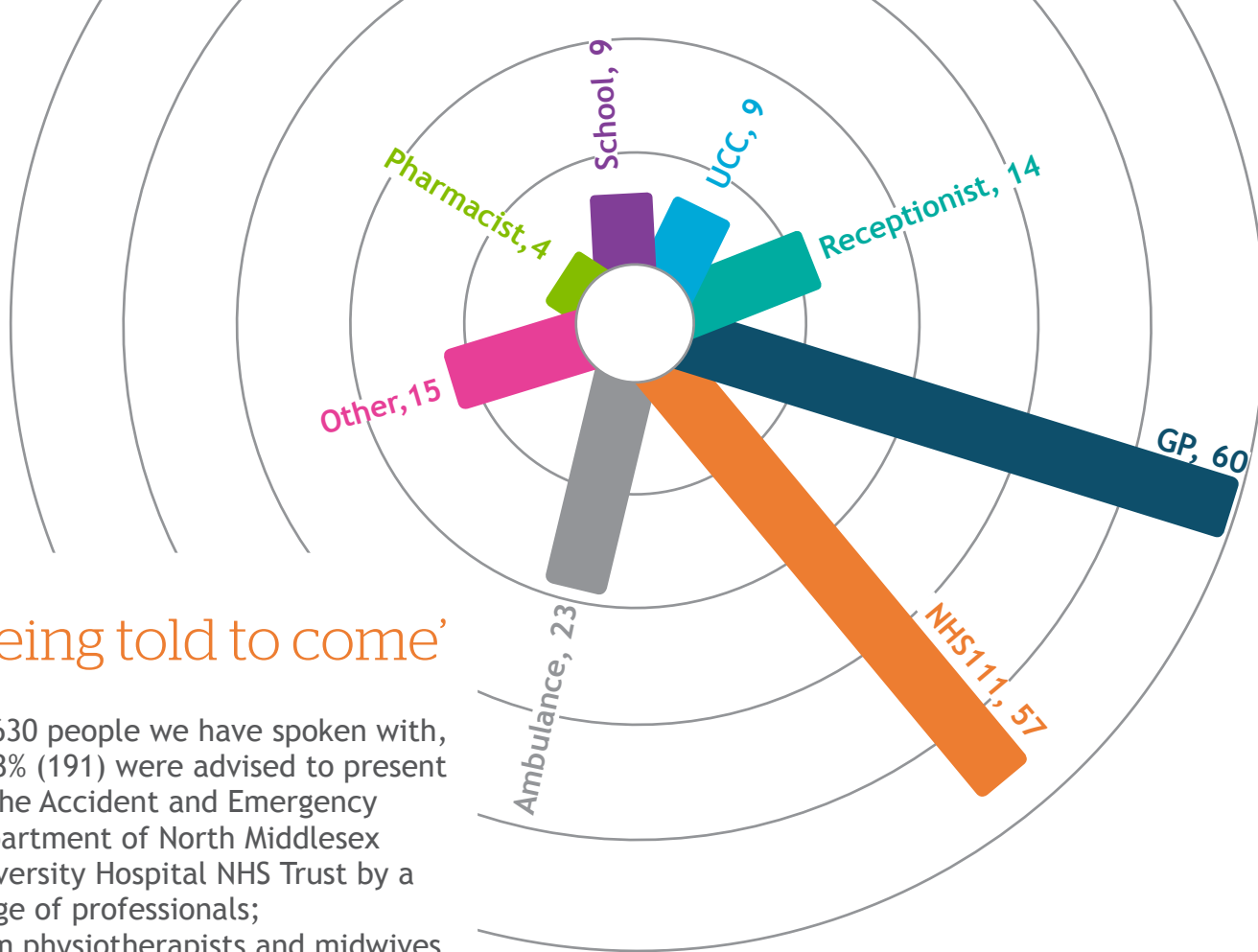
*'I was told I couldn't go to Chase Farm Hospital UCC because they don't have a CT scan there'*

*'I went to Chase Farm Hospital UCC but they told me to come to North Mid'*

*'I went to Chase Farm Hospital UCC but they couldn't do a blood test'*

*'I tried Chase Farm Hospital UCC and they do nothing'*



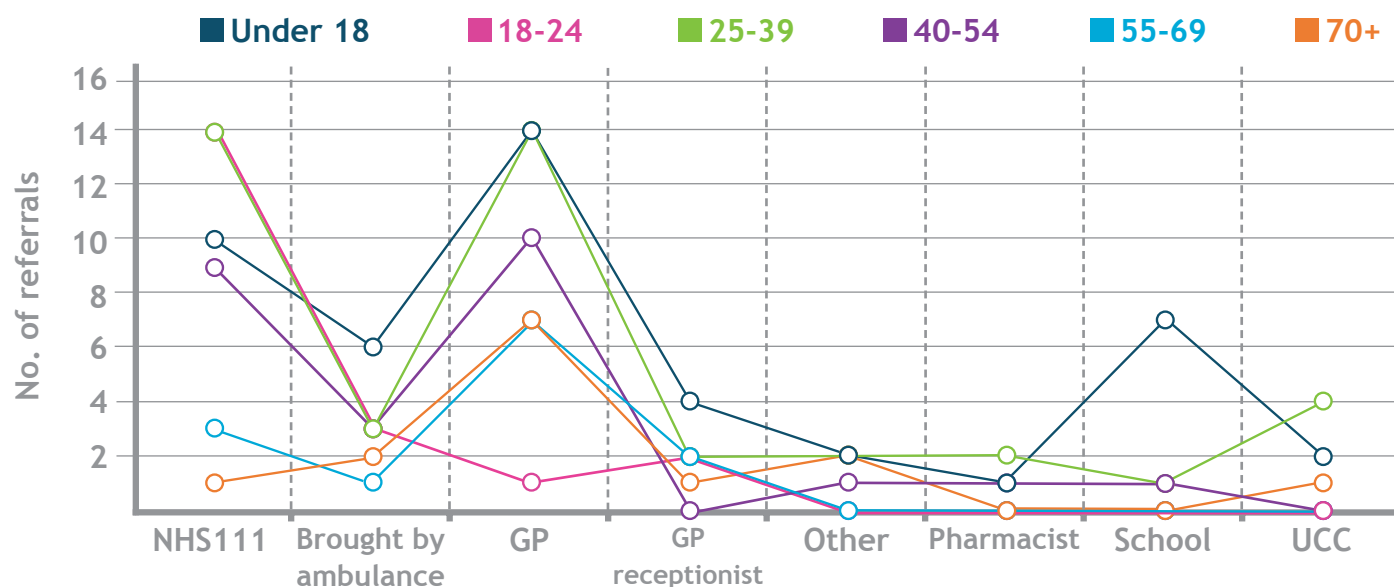


## 'Being told to come'

Of 630 people we have spoken with, 30.3% (191) were advised to present at the Accident and Emergency Department of North Middlesex University Hospital NHS Trust by a range of professionals; from physiotherapists and midwives through to schools and GPs, NHS111 and 999 operators.

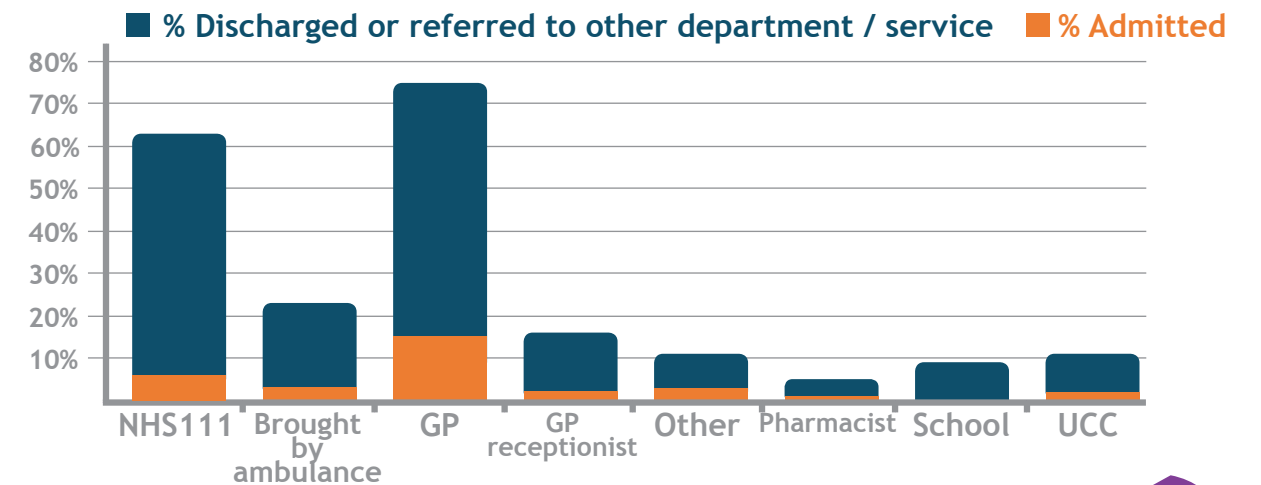
There is no correlation between the referral source and ethnicity of respondents or the referral source and the GP practice the individuals are registered with. However, an analysis based on age of people who presented at Accident and Emergency revealed that:

- individuals aged 70+ are least likely to be referred to the department
- children and young people 18 years old or younger are most often referred to the department with GPs signposting the highest number
- people aged 25 - 39 are the second highest group being referred to the department



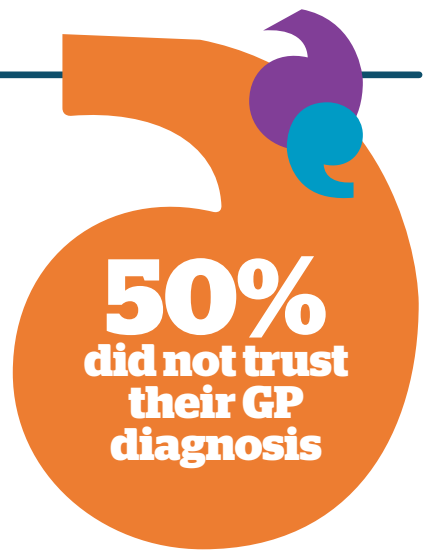
Of 191 individuals referred to Accident and Emergency at North Middlesex University Hospital NHS Trust, 16.8% (32) were admitted to a hospital bed:

- 25% of these patients were sent to the department by a GP
- 15% of these patients arrived in an ambulance
- 10% of these patients were directed by NHS111



## Quality of primary care services

23.4% (147) individuals saw a GP about their presenting health problem before attending Accident and Emergency at North Middlesex University Hospital NHS Trust. Almost 50% of them said that they did not trust the diagnosis and/or advice and treatment provided to them by their GP.



*'I don't trust the GP to help me'*

*'I have had many visits to the GP with no results'*

*'Saw GP yesterday and they didn't help so I came here straight away'*

*'I have seen 3 doctors, and none knew what was wrong'*

*'I have been to GP twice, he didn't think it was serious. But I am very worried'*

*'GP doesn't do anything'*

*'Saw GP earlier in the week, gave medication but it's not working at all'*

*'I saw GP and was told to take paracetamol, but it doesn't work'*

*'Saw GP last week who didn't prescribe anything for the condition so came here instead'*

*'GP didn't help me and now it has got more serious'*

*'Saw GP yesterday, despite antibiotics the pain is worse, so I came here'*

*'I am not pleased with the course of treatment applied by GP'*



# Convenience

North Middlesex University Hospital NHS Trust provides ‘a comprehensive, multi-disciplinary accident and emergency (A&E) and urgent care centre (UCC) service in modern buildings. A&E is open 24 hours a day, 365 days a year and is staffed by experienced doctors and nurses who deliver initial assessment and treatment to all patients who require medical care.’<sup>4</sup>

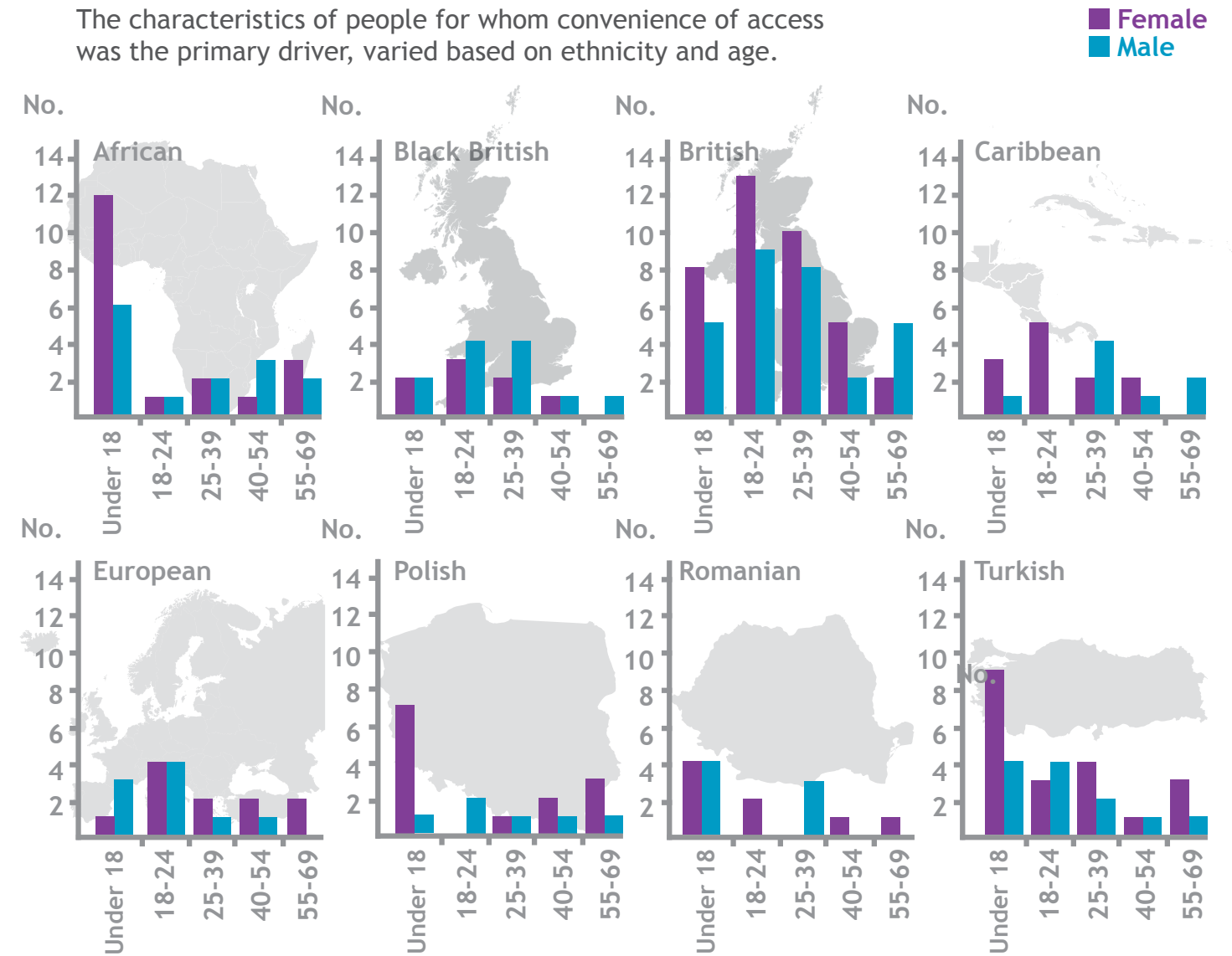
The nature of services provided by the department is the main driver for attracting high level of attendances. Instant access to a healthcare professional, alongside facilities to carry out diagnostic testing for anything and everything, have been identified as the highest factor influencing the individual decision-making process. On weekdays, more than 50% of people we spoke with stated that they have chosen to attend the Accident and Emergency Department at North Middlesex University Hospital NHS Trust due to convenience of access; that figure rose to over 75% at the weekend.



% of individuals for whom convenience of access was primary driver (by day of the week)

- ‘This is the quickest way to get seen as GP appts are usually about 2 weeks’
- ‘I have been here before and it’s the best place’
- ‘I come here regularly, they know me - have 3 clinics here’
- ‘They know my needs at North Mid’
- ‘It’s my day off’
- ‘It was easiest to just come to A&E’
- ‘I couldn’t get time off work to see a GP’
- ‘Coming to A&E is the fastest way to see a professional’
- ‘It is easy to wait at hospital A&E and get seen by the professionals’
- ‘I live close to North Mid so thought would just come here’
- ‘I came because I work here, so came after work’

The characteristics of people for whom convenience of access was the primary driver, varied based on ethnicity and age.



Instant access to help, was the key factor for people aged 25 to 54 who identified as British, Black British, Caribbean and European and for parents of children from African and Turkish communities. 3% of individuals aged 70+ identified convenience as the primary reason for attending the Accident and Emergency department.

30% of people we spoke to had attended A&E previously within the last 3 months with almost 50% of them demonstrating knowledge of other services to access urgent care such as Pharmacy, NHS111, Out of hours GP and Urgent Care Centres

- ‘I was here 2 months ago and told to come back if it returns’
- ‘I came last week but my throat still hurts’
- ‘I was here a few months ago for the same thing’
- ‘Thought it was best to return here as I was here the other day’
- ‘I was here yesterday, and they did tests’
- ‘I came on Tuesday and was told to come back if worried’



# What are the opportunities?

One of the important aspects of Healthwatch Enfield's research, conducted at the Accident and Emergency of North Middlesex University Hospital NHS Trust, was to engage local people in discussing options that could address the high levels of presentations at the urgent and emergency care department within the hospital.

Through facilitating 55 hours of research activity and having heard from 630 individuals, the following sections articulate potential opportunities for consideration by North Middlesex University Hospital NHS Trust, NHS Haringey Clinical Commissioning Group and NHS Enfield Clinical Commissioning Group that were co-designed with residents of Enfield and Haringey.

## Awareness of healthcare services



**1 in 3 people**

said that more information about healthcare services would help them find an alternative to Accident and Emergency; particular focus needs to be given to raise awareness amongst the diverse populations of the boroughs of Enfield and Haringey.

*'Knowing more about out of hours GPs would help'*

*'I would have used the GP out of hours, if I had known about it'*

*'I want more information about what services are available'*

*'I would have gone to urgent care, if I had known about it'*

*'Knowing about other services would have helped'*

*'Having information in other languages would be good'*

An argument could also be made about working with patients and developing a shared understanding of the nature of services provided through urgent and emergency care and the language that needs to be used to promote these. Our findings suggest that anything and everything perceived as an accident or emergency, rather than potentially life-threatening condition, warrants attendance at A&E at North Middlesex University Hospital NHS Trust.

## Digital Access



**1 in 3 people**

In addition to face-to-face support from a healthcare professional and accessing diagnostics, 1 in 3 people said that they would use their mobile or tablet to seek medical help as opposed to attending Accident and Emergency. Individuals aged 25-54 were more likely to say they would use this solution, compared to individuals of other ages.

*'I would definitely use this, so much easier if available on electronic devices'*

*'Video calling, or Facetime would be great'*

*'It would be good, if it saves me a trip to Accident and Emergency'*

*'It would be much quicker'*

*'It will save hanging around in a waiting room'*

*'It would be much easier to get information through an app'*

*'It could help a lot'*

*'It would be good if it was in other languages'*





## Instant access to medical help and diagnostics

Over 50% of people said that a local service would stop them from attending Accident and Emergency in the future, if:



facilities are located close to home; within 2 to 3 miles radius



individuals could walk-in, meaning they have instant access to medical help



support is provided by additional GPs and appointments, nurses, physiotherapists but with access to specialist advice from consultants



a variety of tests can be done on the premises, for example: x-rays, scans and blood tests

Our evidence base suggests that establishing a new and separate centre at North Middlesex University Hospital NHS Trust, going beyond the Urgent Care Centre offer, might be worthwhile as a direct response to a service model suggested by local people. Increasing GP streaming and their visibility could contribute to addressing the high levels of non-life-threatening presentations in the short-term, as outlined in the research carried out by the Primary Care Foundation<sup>5</sup>.

*'I know they will need an x-ray, so what is the point of a GP visit'*

*'I came to A&E only, quickest way to get checked thoroughly'*

*'Scanning facilities at GP surgeries would be useful'*

*'Need blood tests facilities'*

*'GP offering scans/tests etc'*

*'If they had a way to scan patients in the doctors surgery that would be good'*

*'If GP had x-ray machine I would go there'*

*'There should be health centres that do everything close to peoples house, e.g. pharmacy, x-ray, blood test, GP, nurse'*

## Reviewing processes, pathways and quality of care

Many patients have raised questions about the adequacy and effectiveness of the existing approaches to providing urgent and emergency care:

- 1 Individuals are being advised to present at Accident and Emergency, if they have concerns following a surgery or another form of an intervention
- 2 Women presenting with problems relating to early pregnancy are required to attend Accident and Emergency to obtain a 'letter' to the Early Pregnancy Service. All the women we spoke with stated they didn't understand why this is a prerequisite
- 3 The triage and streaming systems appear to patients to be a repeat of each contact with individuals commenting that they 'didn't understand the need to repeat the same story'. Access to interpreters is not available at the streaming stage making it impossible for healthcare staff to appropriately identify a treatment pathway for individuals who do not speak English.  
  
Individuals also questioned the effectiveness of the streaming and triage systems, for example: people who were sent to Accident and Emergency by the Urgent Care Centre at Chase Farm Hospital expressed their frustration that they had to undergo the initial assessment despite the fact that information was recorded and provided by the Centre
- 4 The use of digital technology was raised by patients for both reception and streaming with a suggestion to use 'height weight BMI blood pressure machines' installed in reception
- 5 Several people had been referred to Accident and Emergency from the out of hours GP hubs for diagnostics. Could a pathway be developed for any necessary tests to be arranged directly?
- 6 Could a pathway for accessing GP appointments be standardised and consistent across Haringey and Enfield enabling easier access e.g. via telephone, in person or online?  
  
Review of feedback suggests this varies across practices and boroughs; for example: with certain practices not allowing people to book appointments in person, others accepting bookings at 8am only and some offering a second opportunity to book in the afternoon.

A statistically significant number of people raising concerns about the quality of care within general practice indicates there is a need to engage with patients to enhance understanding of how primary care can better respond to individual's needs.

<sup>5</sup> [http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading\\_Reports/Reports\\_and\\_Articles/Urgent\\_Care\\_Centres/Urgent\\_Care\\_Centres.pdf](http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf)



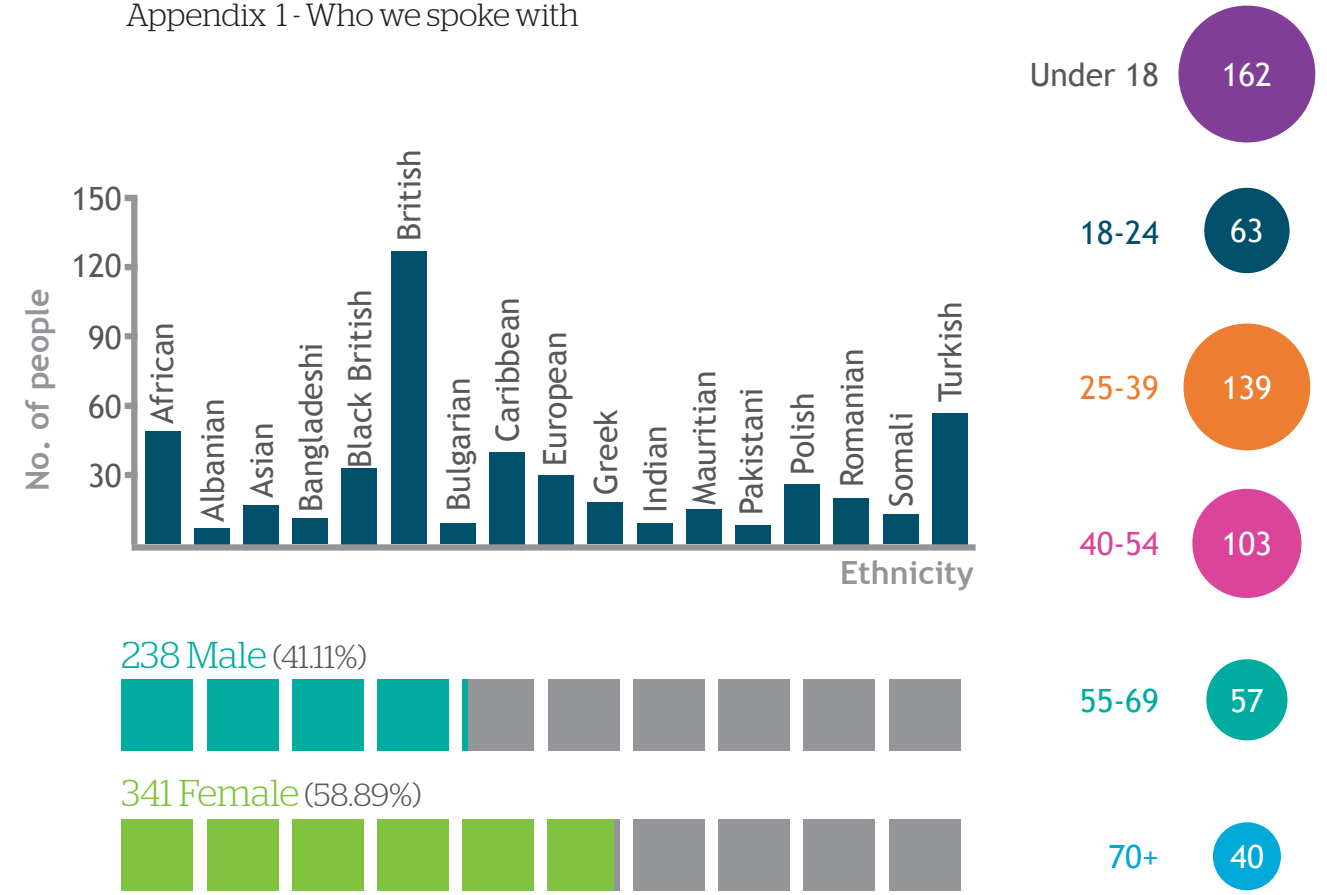
# Conclusion

In gathering a robust evidence base we have identified *convenience of access to instant medical help and diagnostics* as the main contributing factor for individuals' decision to attend Accident and Emergency at North Middlesex University Hospital NHS Trust. The choice to use Accident and Emergency as a 'walk-in, one stop shop' (which goes beyond the offer of an Urgent Care Centre) to access healthcare support appears to have created a new model of demand that cannot be met by existing NHS structures.

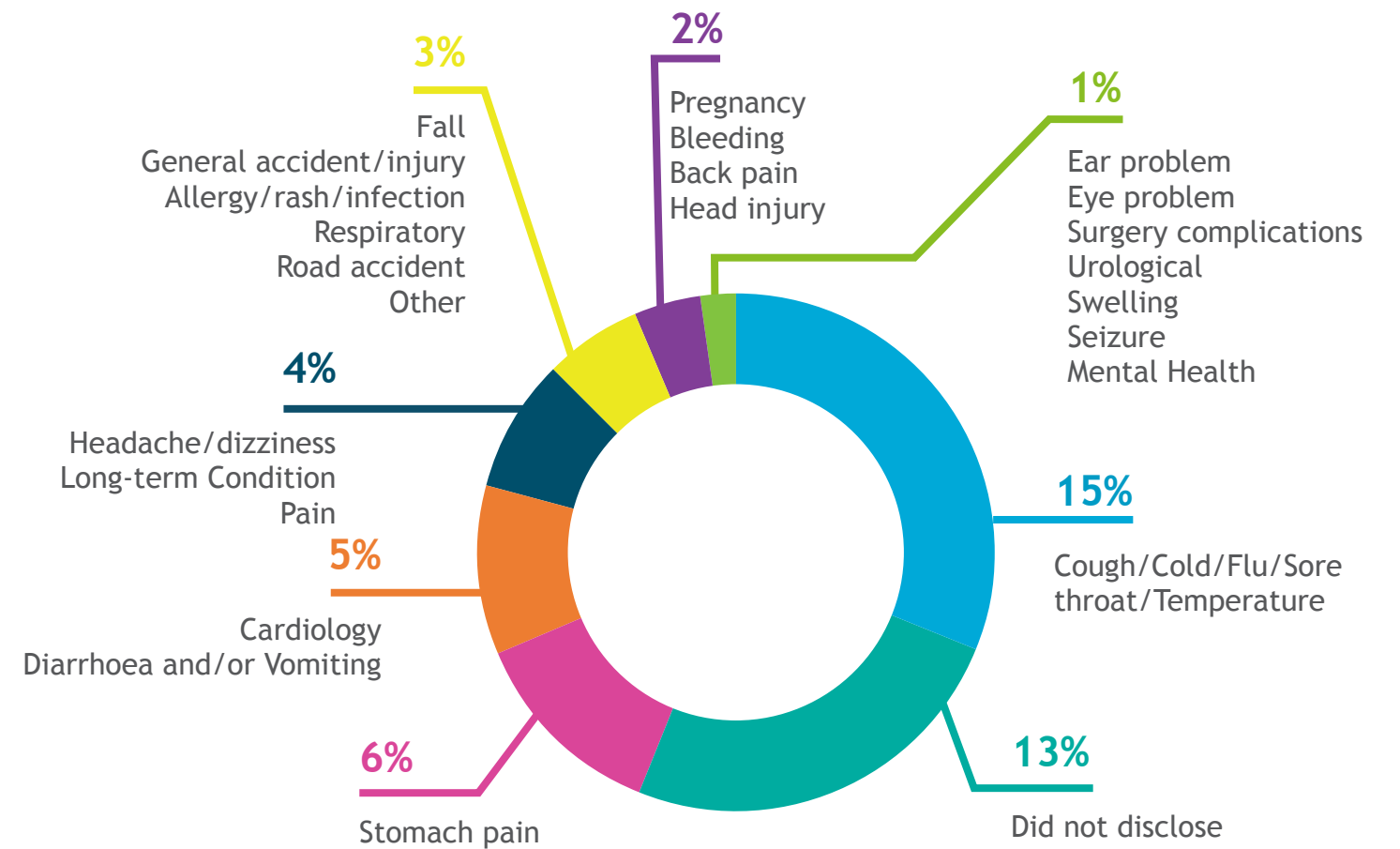
Given the detailed engagement with over 600 people, there is a need to think outside of the box, e.g. to develop local 'instant access and diagnostics centres'. There are opportunities to look at what can be done differently, particularly where existing pathways and services are concerned. In addition, there is also a need to enhance understanding of how the primary care offer can better respond to individual's needs.

The evidence gathered for this report provides an insight into how local residents negotiate primary care and health services on offer to them and reveals a mismatch between the current offer and the '24/7 expectations' of residents. We need to meet the 'demand' but we also need to re-educate that 'demand' to utilise services effectively and appropriately. The latter can be achieved by improving engagement and communications to support individual decision-making process. The former, will require the Trust and NHS commissioners to work with local people to manage the gap and deliver urgent and emergency care services that meet individuals' needs.

Appendix 1 - Who we spoke with



Appendix 2 - Presenting medical condition



This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.



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