Abc

Duke of Cornwall Spinal Treatment Centre

Salisbury District Hospital

Salisbury

Director of Commissioning

XXXX CCG

Wiltshire

SP2 8BJ

Telephone : (01722) 336262

Extension 2449

Fax : (01722) 336550

Date

Dear Sir/Madam

**Re:** Hospital Number: xxxxxxxx

**GP:** xxxxx

Further to my letter dated XXXXXX, I am writing to inform you that at a multidisciplinary meeting held on XXXXXX it was agreed that the above patient will be ready for discharge on XXXXXX.

They will require help with care on discharge and to this end we are in contact with XXXXXXXXX at XXXXXXXX, tel XXXXXXX

They will not require help with care on discharge

They will/may also require specialist equipment (e.g. pressure relieving mattress) on discharge which we will request in due course from their local District Nurses and/or Occupational Therapist.

Should you require any further information please do not hesitate to contact me.

Yours sincerely,

Emma Leadbeater

Discharge Coordinator